

# UC Health Division Strategic Plan 2025-2028

**Last Updated: April 2026**

# UC Health Mission

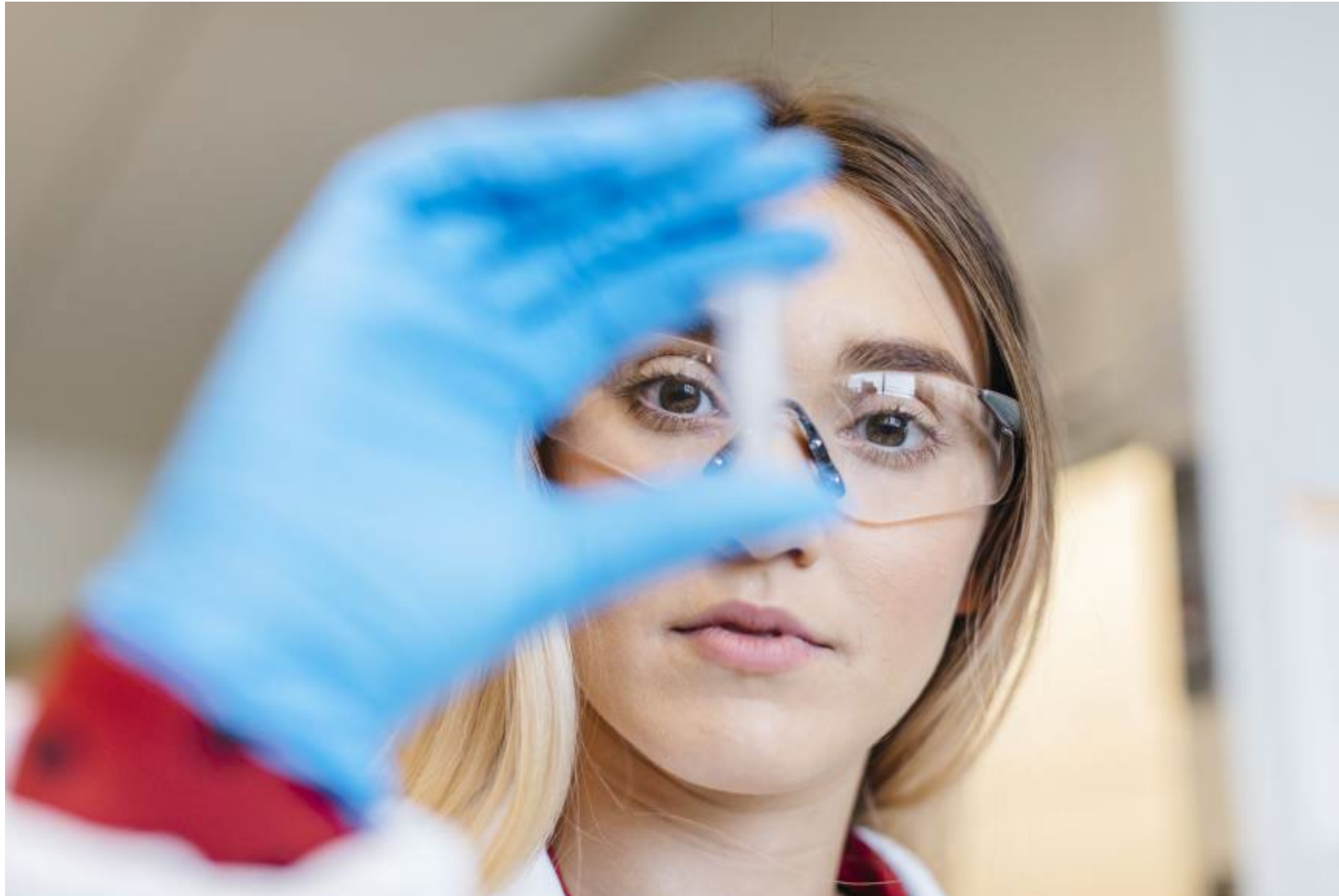
The University of California Health division at the University of California Office of the President is part of the University of California Health (UC Health) system which includes six academic health centers, 21 health professional schools, four children's hospital campuses and a Global Health Institute.

We act to align and support the system in pursuit of a tripartite mission and toward a common vision.

## UC Health System Tripartite Mission:

- Our ***clinical programs*** will provide high-quality care that is affordable, convenient, and navigable to our employees, students, and residents of California who are increasingly being left behind in the healthcare market.
- Our ***educational and training programs*** will expand an interdisciplinary workforce to address workforce shortages and improve health outcomes.
- Our ***translational and comparative research programs*** across the health sciences will develop the interventions, technologies, and solutions that will transform care and benefit all communities.

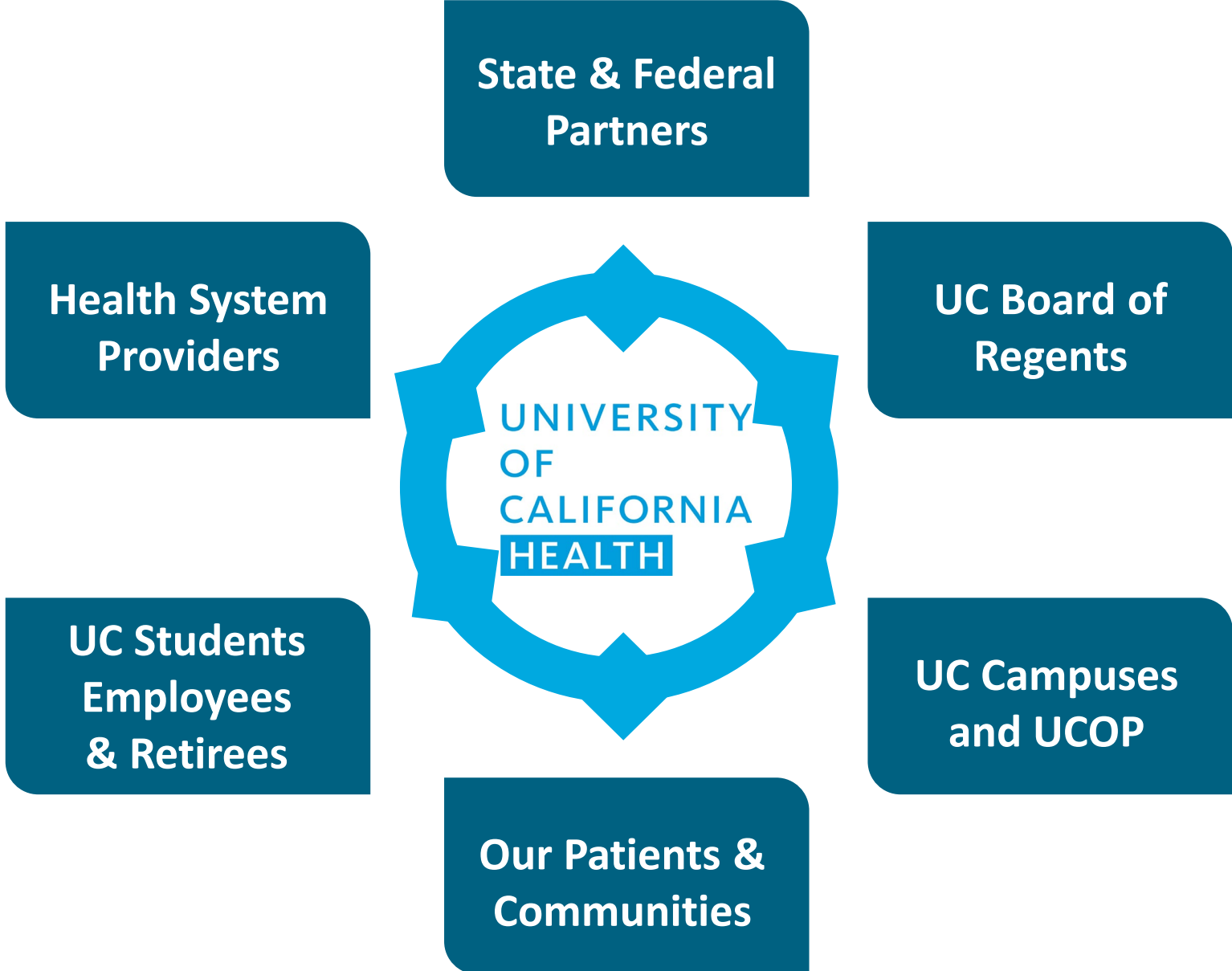
# Vision for UC Health



## UC Health Vision

*The University of California will remain the north star for improving the health of all people across the state of California, serving as a model for the nation and the world.*

# The Collaborative Influence of UC Health



# Forces Reshaping UC Health Strategy

Significant structural changes in healthcare are creating new challenges and opportunities

## Forces Reshaping Healthcare Markets

Growth of Aging and Underinsured Populations

Workforce Shortages

Growth in Government Payers

Commercial Payer Challenges

## Forces Reshaping Healthcare Policy

Risk of Medicaid/Medicare payment reductions

Reduced Federal Investment in Research

California State Priorities – Medi-Cal

Affordability of Health Insurance



## Forces Reshaping Care Delivery

Growth of Digital Health/AI

Accelerating Scientific Advances

Positioning Workforce to address Access and Disparities in Care

Instability of Community Partners and Affiliates

## Forces Reshaping the Role of the UCs

Growing Role as a Safety Net

Increasing Reliance of AMC revenues to offset financial risk to campuses

Training Program Placement Challenges

# UC Health Division Strategic Objectives and Goals

# UC Health Systemwide Strategic Objectives

**FY25-28**



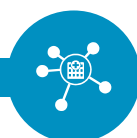
## State and Federal Engagement

Develop a roadmap for the UC Health system to protect federal/state health programs and improve its safety net partnership with the state



## Network Development

Sustainably position clinical services and training programs in geographic regions and neighborhoods that have been under-resourced



## Ambulatory Access and Experience

Improve the ambulatory access, quality and experience systemwide for our patients



## Employee and Student Health

Coordinate across UCOP, UC Health and campuses to support the health of employees and students



## Data Science and Innovation

Leverage systemwide data resources and infrastructure to support patient care, research, and innovation

# UC Health Systemwide Strategic Objectives and Goals

Shared Objective	UC Health Division-Led Systemwide Goals	Owner
<b>State &amp; Federal Engagement</b> Develop a roadmap for the UC Health system to protect federal/state health programs and improve its safety net partnership with the state	<ol style="list-style-type: none"> <li>Collaborate with UCOP and campus stakeholders to advocate for the protection of federal health programs</li> <li>Strengthen partnership with the state to enact policies that advance mutual goals with a focus on supporting UC's ability to serve Medi-Cal patients</li> <li>Collaborate with SGR and Communications to implement a strategic engagement plan to improve relationships with state legislators and officials</li> </ol>	AVP Murray and AVP Ma  AVP Murray  AVP Ma and Sr. Director Harper
<b>Network Development</b> Sustainably position clinical services and training programs in geographic regions and neighborhoods that have been under-resourced	<ol style="list-style-type: none"> <li>Partner with campuses as they strategically develop medical education programs and clinical services in new geographic regions</li> <li>Assist UC Health locations in navigating the potential impacts of Medi-Cal program changes on their strategies to improve care for under-resourced communities</li> </ol>	Dr. Rubin and Dr. McRae  AVP Murray
<b>Ambulatory Access &amp; Experience</b> Improve ambulatory access, quality and experience systemwide for our patients	<ol style="list-style-type: none"> <li>Align ambulatory care improvement efforts across medical centers, focusing on reducing waiting times for clinic appointments</li> <li>Align ambulatory patient experience improvements across medical centers, supported by systemwide reporting on patient experience metrics across all UC academic health centers by FY 26-27</li> </ol>	Dr. Cherry
<b>Employee and Student Health</b> Coordinate across UCOP, UC Health and campuses to support the health of employees and students	<ol style="list-style-type: none"> <li>Partner with Systemwide Human Resources to improve and modernize UC Health's participation in employee benefit plans</li> <li>Partner with Academic Affairs, UC Finance, UC Health and campuses to improve health access and affordability for UC students</li> </ol>	AVP Nelson
<b>Data Science &amp; Innovation</b> Leverage systemwide data resources to support patient care, research, and innovation	<ol style="list-style-type: none"> <li>Safely and responsibly position systemwide data resources to support patient care, research, and innovation</li> </ol>	CHDO Han and Dr. Rubin

## Goal 1. Collaborate with UCOP and campus stakeholders to advocate for the protection of federal health programs

**Goal Owner:** *AVP Erica Murray and AVP Tam Ma*

**Goal:** Collaborate with UCOP and campus stakeholders to advocate for the protection of federal health programs

**Opportunity:**

Changes in federal priorities necessitate vigorous advocacy to protect UC Health’s research, clinical, and public health funding in an era of on-going uncertainty and in light of potential major changes to the federal budget for health programs and the regulations and rules governing Medicaid, research, and public health programs. Critical areas focus include advocating to protect:

- Federal Medicaid and Medicare funding
- Federal research funding
- Federal public health program funding

Areas in which UC Health can make advances include:

- Advancing research and clinical priorities through strategic advocacy as changes to federal funding sources are considered
- Collaborating with UC locations and legal to coordinate responses and challenges to funding cuts/threats

**Proposed Solution:**

UC does not have control over the ultimate policy outcomes but can work to inform policymakers and other external stakeholders regarding the impact of proposed changes on UC’s clinical care, research and teaching missions. UC can:

- Clearly communicate the impact of proposed changes within and outside the UC
- Experiment with different framings and communicate effect on constituencies that may sway legislators (e.g. working Americans, veterans, rural counties in CA)
- Partner with other entities to explore and pursue strategies to protect federal funding

## Goal 1. Collaborate with UCOP and campus stakeholders to advocate for the protection of federal health programs

### Indicators of Progress and Results:

**1. Efforts and outcomes from collaborative work groups:** As UC Health partners with Federal Government Relations (FGR) to share information, agree on priorities, and develop and executive advocacy strategies, we will track the progress of these initiatives and ensuing policy-related outcomes

**2. Periodic Updates on issues that have significant impact – e.g., NIH funding, Medicare/Medi-Cal:** The health policy team will periodically update shared priorities, including the coordinated strategy they will pursue around changes in funding or policy that impact UC

**3. Monitoring key moments of engagement and strategy:** UC Health engages with federal policymakers to advocate for the needs and priorities of the UC by preparing for legislative discussions, providing expert testimony, and collaborating with other institutions to influence policy decisions. The team will clearly communicate the impact of proposed changes within and outside the UC; provide different framings and communication efforts focused on unique impacts to key constituencies that may sway legislators (e.g. working Americans, veterans, rural counties in CA). As the UC Health team implements a strategy to communicate real and potential impacts of Federal Government actions across local, state and federal partners, we will track those engagements, as measured through direct meetings and convenings, as well as subsequent impact and results

**4. The strength of partnership with key trade associations (e.g., CAPH, AAMC) to advocate for resources and policies:** UC Health will provide periodic updates on its partnerships with key trade associations that provide vigorous advocacy to protect federal Medicaid, Medicare, public health, and research funding

### Governance and Workgroups:

- UC Health Federal Workgroup
- UC Health Office of Strategic Partnerships
- UC Systemwide Medi-Cal Steering Committee
- Collaborative engagement with CEOs, CSOs, CFOs, Legal, Reimbursement Directors, Governmental Relations Directors, and others

## Goal 1. Collaborate with UCOP and campus stakeholders to advocate for the protection of federal health programs

### Key Strategies/Timeline:

	<b>Actions &amp; Timeline</b>	<b>25-26</b>	<b>26-27</b>	<b>27-28</b>
1.1	Monitor proposed and actual actions at the federal level by convening and participating in UCOP organized workgroups			
1.1.1	Identify funding cuts and policy changes or threatened cuts and policy changes that impact UC and develop coordinated response			
1.2	Offer UC Health expertise to guide advocacy deliverables and responses			
1.2.1	Provide input on framing strategy to communicate real and potential impacts of Federal Government actions			
1.3	Actively engage with federal policymakers to advocate for the needs and priorities of the UC by preparing for legislative discussions, providing expert testimony, and collaborating with other institutions to influence policy decisions			
1.3.1	Clearly communicate the impact of proposed changes within and outside the UC; provide different framings and communicate effect on constituencies that may sway legislators (e.g. working Americans, veterans, rural counties in CA).			

## Goal 2: Strengthen partnership with the state to enact policies that advance mutual policy goals, with a focus on supporting UC's ability to serve Medi-Cal patients

**Goal Owner:** AVP Erica Murray

**Goal:** Strengthen our partnership with the state to enact policies that advance mutual policy goals, with a focus on supporting UC's ability to serve Medi-Cal patients

**Opportunity:**

During a period of significant upheaval to government-sponsored health programs, UC Health seeks key expertise within UC Health to guide Medi-Cal and supplemental/state-directed payment strategy. This strategy will need to be increasingly adaptive to major changes in the Medi-Cal program during a period of political uncertainty. Working alongside campus leadership UC Health's Office of Strategic Partnerships can seek to protect UC's critical role as a safety-net partner for California by assuring that financing and payment models can sustain the provision of services provided by our UC faculty and staff in our academic health center and affiliate locations.

Critical areas to sustain include:

- Providing inpatient care to Medi-Cal patients
- Providing Emergency Department services as a backstop to a stressed public and community hospital system

Areas in which UC Health can expand services, assuming necessary alignment of payment models and resources, include:

- Increasing access to specialty care
- Connecting patients to Medi-Cal resources that can better transition patients back to their communities
- Strengthening behavioral health infrastructure and workforce
- Training the future Medi-Cal workforce

**Proposed Solution:**

UC Health will work collaboratively with the state and regional partners to protect Medi-Cal funding, including state directed payments, and seek better payment models to support sustainable investments that improve the delivery of care to Medi-Cal members, care management for members transitioning home from our hospitals, development of healthcare workforce training programs in high-need specialties and regions, and investments in target specialties and regions.

## Goal 2: Strengthen partnership with the state to enact policies that advance mutual policy goals, with a focus on supporting UC's ability to serve Medi-Cal patients

### Indicators of Progress and Results:

#### Service Use Measures

1. Change in Specialty Care Volume within affiliate or owned facilities, whether by direct or e-consult care.
2. Change in Inpatient Medi-Cal Volume, within owned and affiliated facilities, over time
3. Change in Volume of Behavioral Health Services, within owned and affiliated facilities, over time

#### Measure of Community-based Service Referrals

4. Change in volume of community-based program referrals supported by site relationship with enhanced care management providers

#### Finance Measures (Balancing Measures)

5. Estimate of uncompensated care in Medi-Cal across time
6. Estimate of uncompensated care in Medicare across time
7. Medicare Advantage (MA) MA volume, by UC vs. non-UC health plans
8. Community Benefit Spending Over Time

### Governance and Workgroups:

- UCOP Stakeholder Engagement Workgroup
- UC Systemwide Medi-Cal Steering Committee
- Collaborative engagement with CEOs, CSOs, CFOs, Reimbursement Directors, and others

## Goal 2: Strengthen partnership with the state to enact policies that advance mutual policy goals, with a focus on supporting UC's ability to serve Medi-Cal patients

### Key Strategies/Timeline:

	<b>Actions &amp; Timeline</b>	<b>25-26</b>	<b>26-27</b>	<b>27-28</b>
2.1	Through a national search, hire highly qualified AVP of Strategic Partnerships by June 2026			
2.1.1	Seek regental and presidential approval for new AVP of Partnerships position			
2.1.2	Identify national firm and conduct fair hiring process			
2.1.3	Onboard the AVP of Strategic Partnerships by June 2026			
2.2	Conduct assessment of current Medicaid landscape			
2.2.1	Meet with location leadership to understand current needs for systemwide support of local Medi-Cal and community-partnered strategy			
2.2.2	Assess current Medicaid funding streams and identify opportunities to maximize use of existing resources and payment programs to sustain current services			
2.3	Optimize partnerships and payment models			
2.3.1	At the behest of campus interest, develop optimized payment models			
2.3.2	Meet with campus, county, state, and federal stakeholders to review models that best facilitate expansion of services			

### Goal 3. Collaborate with SGR and Communications to implement a strategic engagement roadmap to improve our relationships with state legislators and officials

**Goal Owners:** *AVP Tam Ma and Sr. Director Heather Harper*

**Goal:** *Collaborate with State Government Relations (SGR) and Communications to implement a strategic engagement roadmap to improve our relationships with state legislators and officials*

**Opportunity:**

UC Health developed strong working relationships at the state level during the COVID pandemic and can build on those to expand collaboration on shared priorities, including Medi-Cal, health care workforce growth in key shortage fields and geographic regions, behavioral health care and maternal care. Given threats to health care funding and access, having strong relationships with state legislators, elected officials and policy makers is paramount. UC Health needs to build understanding with this audience about the role and impact of UC's academic health system in the state's health care ecosystem as well as general support for UC's ability to contribute to health care workforce growth, maintain or expand access to care, and continue discovery and innovation.

**Proposed Solution:**

Collaborate with SGR, Communications and the External Relations and Communications (ER&C) leadership to identify critical state stakeholders, assess our relationship with them and engage them. Position EVP Rubin and other UC Health leaders in this work, alongside leaders and subject matter experts from UC academic health centers and health professional schools. Focus on relationship building, enhancing direct lines of communication, enhancing our storytelling in top strategic areas, evolving our digital channels and engaging with third parties such as associations, advocacy and research groups, associations, industry analysts and others.

## Goal 3. Collaborate with SGR and Communications to implement a strategic engagement roadmap to improve our relationships with state legislators and officials

### Leading Indicators:

- Assessment of key stakeholders completed
- Agreement with UC Health and ER&C Leadership on goal and level of effort completed
- 5-7 specific legislators and officials identified for focused relationship building efforts
- Meeting support materials, fact sheets and messages prepared
- Governance structure set up and operating
- Engagement with incoming state administration

### Outcome Indicators:

- Changes of perception by legislative and administration stakeholders and specific behavioral changes (e.g., willingness to engage, hold meetings)
- Legislators and administration officials vocally supportive on issues that matter to the UC Health system

### Governance and Workgroups:

- UCOP Stakeholder Engagement Workgroup
- Collaborative engagement with Health VCs, CEOs and their government relations and communications staff

## Goal 3. Collaborate with SGR and Communications to implement a strategic engagement roadmap to improve our relationships with state legislators and officials

### Key Strategies/Timeline:

	Actions & Timeline	25-26	26-27	27-28
3.1	Identify key legislative stakeholders and prioritize relationship development			
3.1.1	Work with SGR to identify key legislative and administration stakeholders for UC Health			
3.1.2	Work with SGR to create a baseline assessment of UC's relationship with them			
3.1.3	Assign relationship owners to guide and organize connections with priority stakeholders			
3.1.4	Self-assess the current strength of our relationships with the stakeholders			
3.1.5	Work with SGR to develop and activate a prioritized outreach plan – starting with a few legislative and administration stakeholders (with focus on incoming administration)			
3.2	Improve engagement with third-parties			
3.2.1	Identify and prioritize associations, advocacy groups and research entities			
3.2.3	Assign relationship owners to guide and organize engagement			
3.2.4	Self-assess the current status of involvement with each priority organization			
3.2.5	Develop and activate a plan for value-added engagement			
3.3	Activate and sustain governance structure			
3.3.1	Hold regular UCH-SGR-Communications working group meetings to exchange information on upcoming opportunities and issues; prepare for Sacramento visits; and provide read outs from meetings held			
3.4	Ensure foundational meeting and relationship support materials are in place			
3.4.1	Identify and prioritize most useful materials in advance of needs (e.g., fact sheets, talking points, statements)			
3.4.2	Create and update materials			
3.5	Enhance story telling in top strategic areas			
3.5.1	Create a narrative calendar to guide content development, inform leaders and internal partners, and solicit input			
3.5.2	Create content in various formats (written, video, graphic) to use across owned, earned and paid channels			
3.5.3	Evolve and activate digital channels			
3.6	Evaluate efforts			
3.6.1	Monitor and assess the progress in relationships with prioritized stakeholders			
3.6.1	Host annual meeting with ER&C to reflect, adjust strategy and pursue outcomes			

## Goal 4. Partner with campuses as they strategically develop medical education programs and clinical services in new geographic regions

**Goal Owners:** *Dr. Deena McRae and Dr. David Rubin*

**Goal:** *Partner with campuses to expand the physician workforce and increase access for under-resourced populations through development of medical education programs and clinical services in physician shortage areas*

**Opportunity:**

Expand UC's delivery of clinical services and training programs in the Central Valley and Inland Empire. Safeguard and expand clinical training opportunities through key partnerships with healthcare systems in the Riverside and Merced/Fresno areas.

Opportunities include:

- Stabilize and expand the number of clinical rotations and training sites for UCR SOM
- Expand clinical services offered by UC Riverside Health
- Stabilize and grow the clinical rotations for UC Merced/UCSF Fresno

**Proposed Solution:**

1. Initiate the development of a health campus at UC Riverside
  - a) Support UC Riverside in building an integrated clinical network that repositions the UCR Health Medical Group to support managed care entry, grow a referral base for UC quality tertiary and quaternary care, and stabilize School of Medicine training experiences throughout the Inland Empire
  - b) Support the integration of clinical and educational strategies that can stabilize the UCR School of Medicine
2. Implement the strategic plan, secure long-term affiliate partners for clinical training, and secure funding for Central Valley medical education programs
3. Improve recruitment and retention of physicians in the Inland Empire and Central Valley, particularly in primary care and specialties in high need
4. Support the UCSF and UC Merced as they implement a partnered strategy to stabilize and grow clinical training sites for SJV PRIME+ and a future independent School of Medicine

## Goal 4. Partner with campuses as they strategically develop medical education programs and clinical services in new geographic regions

### Indicators of Progress:

- Develop plans and secure financing and regional partners to support the growth of the UCR Health clinical enterprise
- Secure new clinical training sites that can better serve a growing student body and finances for UCR School of Medicine
- Develop and implement a strategy to grow the SOM's capability to train up to 500 medical students
- With UCSF, finalize 15-year strategic plan of establishing an independent medical school at UC Merced
- Establish long-term affiliation agreements to secure clinical experiences for medical students in the SJV PRIME+ program and residents in the UCSF Fresno residency/fellowship programs
- With CHCF funding, complete an assessment and report of the increasingly competitive market for clinical rotations
- Complete a workforce analysis to determine which specialties are in most need and establish/expand those GME programs in shortage areas
- Use data to advocate for legislation and policy that will prioritize UC health professional trainees and protect their clinical training sites supporting the establishment of UCM SOM and expansion of UCR SOM

### Results:

- Growth in patient volume and clinical sites, more faculty, and generation of new revenue which can support UCR SOM
- Sufficient number of faculty and clinical experiences for UCR SOM to support medical school expansion toward 500 students
- Reliable clinical training sites for SJV PRIME+ in preparation for 1st cohort's transition to medical school in summer 2027
- Secured funding to implement the 15-year strategic plan for establishing an independent medical school at UC Merced
- Increased number of funded GME positions in Inland Empire and Central Valley with retention of graduates in the area

### Governance and Workgroups:

- UC Riverside Health/UCOP working group
- UCR Chancellor, UCR Medical School Dean/Vice Chancellor, Department Chairs , Dr. McRae and relevant stakeholders
- UCSF Medical School Dean, UC Merced Chancellor/Assistant Chancellor, Dr. McRae and relevant stakeholders

## Goal 4. Partner with campuses as they strategically develop medical education programs and clinical services in new geographic regions

### Key Strategies/Timeline:

	Actions & Timeline	25-26	26-27	27-28
4.1	Initiate the development of a health campus at UC Riverside.			
4.1.1	Support UC Riverside in building an integrated clinical network that can support entry into managed care and grow referrals for subspecialty and quaternary care.			
4.1.2	Support the integration of a clinical strategy and academic strategy that sustains and grows the UCR SOM.			
4.2	Secure funding opportunities for medical education programs in the Central Valley.			
4.2.1	Identify action items and owners and begin execution of the UCM SOM strategic plan.			
4.3	Improve recruitment and retention of physicians in the Inland Empire and Central Valley, particularly in primary care and specialties in high need.			
4.3.1	Secure clinical training sites and rotations to adequately support expansion of UCR SOM and the transition of SJV PRIME+ cohort to medical school.			
4.3.2	Increase number and percentage of residency and fellowship graduates who remain in under-resourced areas to practice.			
4.3.3	Increase number of UC GME positions in the Inland Empire and Central Valley.			

## Goal 5. Assist UC Health locations in navigating the potential impacts of Medi-Cal program changes on their strategies to improve care for under-resourced communities

**Goal Owner:** AVP Erica Murray

**Goal:** Assist UC Health locations in navigating the potential impacts of Medi-Cal program changes on their strategies to improve care for under-resourced communities

**Opportunity:**

Each UC academic health center works with its faculty leadership to develop regional strategy to support the care of residents in under-resourced communities. Similarly, campuses without UC academic health centers (e.g. UC Riverside and UC Merced) are developing new programs to better serve similar residents within their regions. During this period of significant change to government-sponsored programs (Medi-Cal and Medicare), the Office of Strategic Partnerships will provide key technical assistance to assure that financing and payment models at the state and local level align to support the preservation, or where possible, the initiation of programs that can better meet community health needs. Even during a time of potential threats to key programs, new opportunities to access key Medi-Cal resources and/or develop new regional partnerships can help campuses sustain or strengthen their clinical or training programs, and key community and health system partnerships. By leveraging these relationships, UC Health can support campus-led strategies to improve community networks by optimizing available funding and contracts across key plans and agencies.

**Proposed Solution:**

The AVP of Strategic Partnerships will guide work through:

- 1. Strategic Partnerships & Advocacy:** Engage UC academic health center leadership to identify key priorities to preserve access to care for under-resourced communities. Build strong relationships with local governments and managed care plans to facilitate payment models and key partnerships that can sustain and protect key initiatives.
- 2. Innovative Payment Models:** Adapt to changes in payment models and financing sources to protect key programs and guide the development of key initiatives where possible. This includes securing funding through value-based payment models, grant programs, and partnerships with safety-net providers such as FQHCs and other community agencies.
- 3. Legislative & Policy Support:** Oversee the development of a legislative agenda that advocates for policies ensuring financial sustainability for UC Health's efforts. Engage with policymakers to influence reimbursement models and workforce development funding.
- 4. Workforce & Infrastructure Development:** Partner with UC health profession schools and state agencies to secure funding for workforce training programs that support critical workforce needs. Engage in regional planning to identify resource gaps and develop financing strategies that might permit service development even during a period of downturn in federal financing for healthcare programs.
- 5. Performance Metrics & Continuous Improvement:** Establish key metrics to track the evolution of service delivery for Medi-Cal patients and in under-resourced communities over time. Utilize data analytics to assess reimbursement trends, identify funding opportunities, and optimize financial strategies to preserve regional access to services.

## Goal 5. Assist UC Health locations in navigating the potential impacts of Medi-Cal program changes on their strategies to improve care for under-resourced communities

### Key Metrics:

- Service volume (Medicare and Medi-Cal) across California regions and by community social vulnerability index category
- Medi-Cal and Medicare service volume for ambulatory and inpatient care, by region (for owned and partnered facilities)
- Community Engagement and Investment Spending, in total, and by region across time
- Enhanced Care Management Referral Volume, by Region, across time

### Balancing Metrics:

- Uncompensated Medi-Cal expenditures, by regions and across time
- Uncompensated Medicare expenditures, by regions and across time

### Governance and Workgroups:

- Office of Strategic Partnerships (*to be established by UC Health Division at UCOP*)
- UC academic health center leadership
- Health Equity Leaders
- UC Health leadership in Finance, Academic Health Sciences, and Clinical Affairs

## Goal 5. Assist UC Health locations in navigating the potential impacts of Medi-Cal program changes on their strategies to improve care for under-resourced communities

### Key Strategies/Timeline:

	<b>Actions &amp; Timeline</b>	<b>25-26</b>	<b>26-27</b>	<b>27-28</b>
5.1	Conduct a national search for a highly-qualified AVP of Strategic Partnerships by June 2026			
5.1.1	Seek approval for new AVP of Partnerships position from stakeholders, including UC President and Regents			
5.1.2	Identify national firm and conduct fair hiring process for AVP			
5.1.3	AVP of Strategic Partnerships starts in UC Health position by June 2026			
5.2	Conduct assessment of current landscape for expansion and partnership opportunities			
5.2.1	Meet with location leadership to understand current needs for systemwide support of local Medi-Cal and community-partnered strategy			
5.2.2	Identify partnership and financing opportunities			
5.3	Establish partnerships and funding opportunities for location expansion			
5.3.1	At the behest of campus interest, identify funding opportunities and execute MOUs for priority programs			

## Goal 6. Align ambulatory care improvement efforts across medical centers, focusing on reducing waiting times for clinic appointments

**Goal Owner:** *Dr. Robert Cherry*

**Goal:** *Align ambulatory care improvement efforts across medical centers, focusing on reducing waiting times for clinic appointments*

**Opportunity:**

The median lag time for new clinic patients among the six UC academic health centers is currently 15 days over the last four quarters or just above the 25th percentile (Vizient Ambulatory Quality and Accountability Scorecard). In collaboration with CDI2, the Chief Health Officer will work with subject matter experts across the UC Health system to make incremental improvements in median lag time over the next several years through site-driven solutions aligned with their strategic enterprise plans.

**Proposed Solution:**

The UC academic health centers will identify barriers to access for new patients and implement interventions that do not compromise existing outpatients and result in an increase in ED visits or unplanned readmissions. Success will be defined through incremental improvements in median lag time over the next several years. In collaboration with UC academic health center patient experience leaders, the Population Health team, and the Center for Data-driven Insights and Innovation (CDI2), proposed solutions for integrating and visualizing patient experience data (CGCAHPS and HCAHPS) will be explored. Improved data analytics will provide better clarity on the types of interventions needed to improve ambulatory access throughout the enterprise and for selected service lines (ex. primary care, oncology, maternal care, etc.).

## Goal 6. Align ambulatory care improvement efforts across medical centers, focusing on reducing waiting times for clinic appointments

### Indicators of Progress and Results:

Leverage data to measure progress and results for proactive integrated care in primary and specialty care settings:

- Review data definitions and assess for gaps in the CDI2 database
- Implement process for pulling local campus data and uploading to Vizient
- Develop integrated dashboard +/- blended UC academic health center data to drive short- and long-term strategic goals
  - Making improvements will result in meeting our systemwide goals and caring for the under-resourced communities we serve
  - Specifically, our short-term Ambulatory Network Access goal measures reduction in median lag time to median. The achievement of the goal is dependent on maintaining or exceeding baseline outpatient volumes

### Governance and Workgroups:

- Systemwide Ambulatory Quality Leads
- Health Equity Leaders
- Chief Medical Officer/Chief Nursing Officer Group
- Chief Quality Officers
- UCH Clinical Quality Committee
- Population Health groups
- Center for Data-driven Insights and Innovation (CDI2)

## Goal 6. Align ambulatory care improvement efforts across medical centers, focusing on reducing waiting times for clinic appointments

### Key Strategies/Timeline:

	Actions & Timeline	25-26	26-27	27-28
6.1	Improve new patient lag time (days) to clinic appointment by achieving a median of less than or equal to 15.0 days OR a 1-day reduction in median lag time based on each UC academic health center's baseline.			
6.1.1	Improve data analytics by working with CDI2 and systemwide subject matter experts to provide clarity on the types of interventions needed to improve ambulatory access throughout the enterprise and for selected service lines (ex. primary care, oncology, maternal care, etc.).			
6.2	Implement and improve an integrated UC Health Ambulatory Access Dashboard to propose short- and long-term goals that meet the objectives of the strategic framework			
6.3	Partner with CDI2 and UC academic health centers' subject matter experts to monitor progress towards the goals which will focus more on improvement work.			

## Goal 7. Align ambulatory patient experience improvements across medical centers, supported by systemwide reporting on patient experience metrics across all UC academic health centers by FY 26-27

**Goal Owner:** *Dr. Robert Cherry*

**Goal:** *Align ambulatory patient experience improvements across medical centers, supported by systemwide reporting on patient experience metrics across all UC academic health centers by FY 26-27*

**Opportunity:**

Information about patient experience is typically collected by UC academic health centers via surveys – across a variety of services and patient populations. However, there are currently limitations in reporting out on patient experience metrics in an integrated fashion across all UC academic health centers, especially as it relates to ambulatory patient surveys. This is because UC academic health centers use several different vendors for survey administration, data collection, and reporting – asking different questions and collecting data at different intervals. In addition, CMS does not have a well-defined, regulatory-driven process for survey tracking and benchmarking. There is an opportunity to work to address these limitations and the measurement of patient experience – by identifying shared questions, systematizing and standardizing data collection efforts and negotiating vendor contracts, in order to support improvement efforts in this area.

**Proposed Solution:**

The Chief Health Officer, in collaboration with UC academic health center patient experience leaders, the Population Health team, and Center for Data-driven Insights and Innovation (CDI2), will explore potential solutions for the integration and visualization of patient experience data. The CHO has begun by supporting patient experience leaders in identifying a shared question which can be administered across current surveys. Stakeholders will work on identifying additional questions which can be standardized and reported over time. We recognize that standardization will be difficult given the long-term nature of various vendor contracts and their termination dates.

## Goal 7. Align ambulatory patient experience improvements across medical centers, supported by systemwide reporting on patient experience metrics across all UC academic health centers by FY 26-27

### Indicators of Progress and Results:

To measure progress and results, there is a need for:

1. Improved data integration would allow for a better assessment of performance gaps, especially as it relates to ambulatory patient surveys, and devise targeted interventions to achieve strategic priorities.
2. Improved outpatient and inpatient data by blending it with Epic data and other sources to better understand the relationship between patient experience and clinical outcomes.
3. Information incorporated into a UC Health Community Engagement Report to create a narrative on local market engagement.
4. Improvements in ambulatory patient experience scores across sites

### Governance and Workgroups:

- Clinical Strategy and Operations (CSO)
- Systemwide Ambulatory Quality Leads
- Chief Patient Experience Officers
- Health Equity Leaders
- Center for Data-driven Insights and Innovation (CDI2)
- Population Health groups
- Chief Medical Officer/Chief Nursing Officer Group

## Goal 7. Align ambulatory patient experience improvements across medical centers, supported by systemwide reporting on patient experience metrics across all UC academic health centers by FY 26-27

### Key Strategies/Timeline:

	<b>Actions &amp; Timeline</b>	<b>25-26</b>	<b>26-27</b>	<b>27-28</b>
<b>7.1</b>	Convene to identify common questions about patient experience			
7.1.1	Convene UC academic health center patient experience leaders to discuss survey questions			
7.1.2	Stakeholders work to identify standard/shared questions which can be asked – starting with 1 as a pilot			
7.1.3	Stakeholders work to include the pilot common question in current surveys and collect data			
7.1.4	Stakeholders monitor results and work to identify additional common questions to implement			
<b>7.2</b>	Work to standardize data collection and improve visualization and analysis			
7.2.1	Improve outpatient and inpatient patient survey data integration and dashboard visualization			
7.2.2	Conduct a feasibility assessment and select a data model for reporting, collaboration with patient experience leaders and CDI2.			
<b>7.3</b>	Leverage data for patient experience improvement efforts			
7.3.1	Improve data integration would allow for a better assessment of performance gaps, especially as it relates to ambulatory patient surveys, and devise targeted interventions to achieve strategic priorities			
7.3.2	Improve outpatient and inpatient data by blending it with Epic data and other sources to better understand the relationship between patient experience and clinical outcomes			
7.3.3	Information could be incorporated into a UC Health Community Engagement and Investment / Community Health Needs Assessment report to create a narrative on local market engagement			
7.3.4	Create and implement a Long Term Incentive (LTI) on patient experience in the next 3 years			

## Goal 8. Partner with Systemwide Human Resources to improve and modernize UC Health’s participation in employee benefit plans

**Goal Owner:** AVP Zoanne Nelson

**Goal:** Partner with Systemwide Human Resources to improve and modernize UC Health’s participation in employee benefit plans

**Opportunity:**

UC academic health centers care for thousands of university employees and their dependents through the health benefit programs managed by Systemwide Human Resources (SWHR). UC Health and SWHR have an opportunity to work together to improve and modernize the Blue & Gold HMO and UC self-funded health plans. UC academic health centers acquired eight hospitals in 2024 and are expanding their clinical network which improves access for employees closer to their home and work. UC Riverside continues to grow its clinical presence as well. The health care and health insurance industries are evolving as are employee expectations. SWHR has also brought in new leadership and has begun analyzing performance and trend data, past practices and assumptions, and best practices to modernize the management of the plans and UC Health’s participation in them.

**Proposed Solution:**

UC Health has been working with SWHR on the reorganization and transition of the self-funded health plan group from UC Health to SWHR and the onboarding of the new SWHR Sr. Executive Director of Health Benefits. UC Health also participated in the RFP process for a new PPO plan third party administrator. UC Health also retained advisory services to analyze opportunities to improve UC Health’s participation in the HMO plan and meets regularly with SWHR to discuss progress. SWHR will continue the process of data collection and analyses including the total remuneration study and an employee benefits survey. Both parties will continue to explore ways that data and analyses can provide insights into future improvements to the plans.

## Goal 8. Partner with Systemwide Human Resources to improve and modernize UC Health's participation in employee benefit plans

### Indicators of Progress and Results:

- More employees as a percentage of total are attracted to the Blue & Gold health benefit plan
- TPA agreements for all UC Plans are effectively managed to the benefit of the University

### Governance and Workgroups:

- UC Health Benefit Plan Working Group
- UC Health Executive Leadership
- UCOP Executive Leadership
- SWHR-led Working Group(s)/Committees

## Goal 8. Partner with Systemwide Human Resources to improve and modernize UC Health’s participation in employee benefit plans

### Key Strategies/Timeline:

	<b>Actions &amp; Timeline</b>	<b>25-26</b>	<b>26-27</b>	<b>27-28</b>
8.1	Partner with Systemwide HR to modernize the Blue and Gold HMO and PPO plans			
8.1.1	SWHR finalizes the TPA strategy for PPO plans			
8.1.2	UCH participates in the SWHR RFP process for B&G plan to optimize value and network access for UC employees			
8.1.3	Health locations are expanding access to primary and specialty care for UC employees			
8.1.4	SWHR and UCH improve pharmacy management			
8.2	Implement a data-sharing agreement and platform with SWHR to enhance employee access and quality of care			
8.2.1	Data sharing protocols between SWHR and UC Health are established			
8.2.2	Data sharing protocols between SWHR and UC Health are implemented			

## Goal 9. Partner with Academic Affairs, UC Finance, UC Health and campuses to improve health access and affordability for UC students

**Goal Owner:** AVP Zoanne Nelson

**Goal:** Partner with Academic Affairs, UC Finance, UC Health and campuses to improve health access and affordability for UC students

**Opportunity:**

UC student health and counseling centers provide valuable services to the 290,000+ students who study at the University of California. About half of these students participate in UC-sponsored health insurance plans, of which 8 of 10 campuses utilize the UC Student Health Insurance Plan (UC SHIP). Demands on these services have grown over the past few years and continue to grow. Ensuring these services meet access, quality and affordability standards requires financial and operational sufficiency and sustainability. Four departments across three divisions work to coordinate systemwide efforts: UC Health Student Health, Academic Affairs Graduate, Undergraduate and Equity Affairs (GUEA), and UC Finance Risk Services, and Budget Analysis and Planning. Challenges facing the centers include increasing demand for services, overutilization of emergency departments, recruitment and retention challenges for qualified medical staff, the need for modernized fee schedules and establishing 3<sup>rd</sup> party billing capabilities (pending plan and design outcome).

**Proposed Solution:**

To better support the ongoing work and challenges facing student health and counseling, UC Health organized a governance review to formalize the structures of collaboration across UCOP and between UCOP and the campuses. UCOP is meeting more frequently internally, and with the Student Health and Counseling Directors, Vice Chancellors of Student Affairs (VCSAs), and Chancellors as needed. In January 2025, UCOP launched an assessment to explore the feasibility of 3<sup>rd</sup> party billing, and efforts are underway to access Medi-Cal funding for mental health services via the CIBHI Initiative. Two locations, UC Berkeley and UCLA, migrated to Epic in 2025 in part due to financial support from UCOP. UC Riverside plans to transition their SHC to Epic in 2026. Additional efforts such as modernizing SHIP reimbursement methodologies and exploring opportunities for greater collaboration between the academic health centers and student health are underway.

## Goal 9. Partner with Academic Affairs, UC Finance, UC Health and campuses to improve health access and affordability for UC students

### Indicators of Progress and Results:

- UC SHIP fee schedules are modernized and the programs move toward financial stability and sustainability
- Emergency department use is redirected to student health centers or urgent care
- Other forms of revenue that support access and services to all students are explored and established
- Best practices of collaboration between health centers and student health centers are shared and implemented

### Governance and Workgroups:

- UCOP Working Group
- UCOP Executive Advisors
- UC SHIP Executive Oversight Board
- Student Health and Counseling Directors' Meetings
- Vice Chancellors of Student Affairs Meetings
- Council of Chancellors Meetings

## Goal 9. Partner with Academic Affairs, UC Finance, UC Health and campuses to improve health access and affordability for UC students

### Key Strategies/Timeline:

	<b>Actions &amp; Timeline</b>	<b>25-26</b>	<b>26-27</b>	<b>27-28</b>
9.1	Develop, assess, conduct systemwide efforts to improve access and affordability for students, and financial sustainability for student health and CAPS centers			
9.1.1	Complete Riverside Epic implementation			
9.1.2	Complete third-party billing assessment, conduct plan and design phase, and where viable, proceed to implementation phase			
9.1.3	Develop an integrated financial forecasting model as a foundation for developing pathways to financial sustainability			
9.1.4	Identify best practice collaboration models between UC's academic health centers and student health centers. Socialize best practices across campuses and implement as appropriate across locations.			

## Goal 10: Safely and responsibly position systemwide data resources to support patient care, research, and innovation

**Goal Owners:** *Chief Health Data Officer Cora Han*

**Goal 10:** *Safely and responsibly position systemwide data resources to support patient care, research, and innovation*

**Opportunity:**

UC Health is at a pivotal moment where artificial intelligence (AI) and analytics based on large, high quality data sets will be crucial to driving advancements in health care delivery, education, and research. There is a significant opportunity for UC Health to lead the way in enabling data-driven improvement of human health by building artificial intelligence and analytics resources that utilize and enhance the rich system-wide data in the UC Health Data Warehouse (UCHDW) in a safe and responsible way. As the UC Health community continues to leverage its deep expertise in AI, data science and research, there is opportunity to build awareness and utilization of the UCHDW to achieve operational goals, enable systemwide research opportunities through the Data Discovery Platform and our internal and external research consortia, and develop collaborations with third parties that will generate new sources of revenue. Recognizing the transformative power of AI in healthcare, CDI2 is well positioned to develop and share algorithmic models and resources across all of UC Health's strategic goals. As we partner with operational and research leaders to deploy these advanced tools, CDI2 remains fundamentally committed to the responsible stewardship of health data, ensuring robust guardrails are in place to guarantee safety, reliability, fairness, transparency, privacy, and cybersecurity.

**Proposed Solution:**

To address these challenges, UC Health will implement a multi-pronged solution:

1. Expand technical capabilities of the UCHDW and other data assets, develop innovative data analytics, and implement advanced tools including AI tools.
2. Establish and promote safe and responsible data governance principles so that UC Health can leverage its advanced technical infrastructure, data analytics, and novel AI tools towards shared objectives.
3. Promote and advance UC Health's utilization of its varied data assets, including systemwide consortia and research platforms, and foster partnerships that will harness data insights toward shared objectives.

## Goal 10: Safely and responsibly position systemwide data resources to support patient care, research, and innovation

### Indicators of Progress and Results:

- 10.1 Modernize key technologies used on UCHDW platform to create functionality for advanced analytics and AI tools
  - a) Self-service patient cohort discovery tool launched and user base number established. Demonstrate growth in users year over year
  - b) Clinical notes ingested into the UCHDW; de-identify clinical notes and obtain third party certification for the deidentification process
  
- 10.2 Partner with operational business leaders across UC to develop new features for UCHDW analytics and AI platform in furtherance of UCH strategic goals
  - a) Collaboration with partners on AI model projects each year
  - b) Operational analytics logic expanded and converted into data features for each project
  - c) Develop tailored chatbots with operational partners using carefully curated data
  
- 10.3 Build and promote strong data governance processes throughout UC Health
  - a) Development of tangible, usable guidance tools and resources on risk mitigation in using health data and responsible AI
  - b) Advocate for, align, and disseminate updated governance resources for new CDI2 data and revenue projects consistent with systemwide framework and academic mission
  
- 10.4 Promote new revenue streams by launching Real-World Evidence and AI resources and services to external partners
  - a) Convene Systemwide RWE Collaborative monthly to promote cross-collaboration across UCH with respect to RWE and AI resources and opportunities
  - b) Launch Real-World Insights pilot with at least three industry partners
  
- 10.5 Empower UC Health community to increasingly leverage the UCHDW for research and discovery
  - a) Increased number of outreach presentations and demos for CDI2 research resources delivered systemwide each year
  - b) Increased number of investigators demonstrating engagement, via increased publications derived from data resources
  - c) Development of technical solutions to expand access for UCHDW tools and resources to health professional schools at non-health campuses (e.g. UCB School of Public Health, School of Optometry)

### Governance and Workgroups:

- Governance: CDI2 Oversight Board; UCHDW Technical Governance Committee; Quarterly cybersecurity briefings to UCOP CRE (cyber risk responsible executive) and CIOs
- Workgroups: UC Systemwide Health Data Oversight Committee; UC Health AI Governance Forum; UC Real World Evidence Collaborative; Chief Data Officer Convening, Systemwide Research Collaborative

# Goal 10: Safely and responsibly position systemwide data resources to support patient care, research, and innovation

## Key Strategies/Timeline:

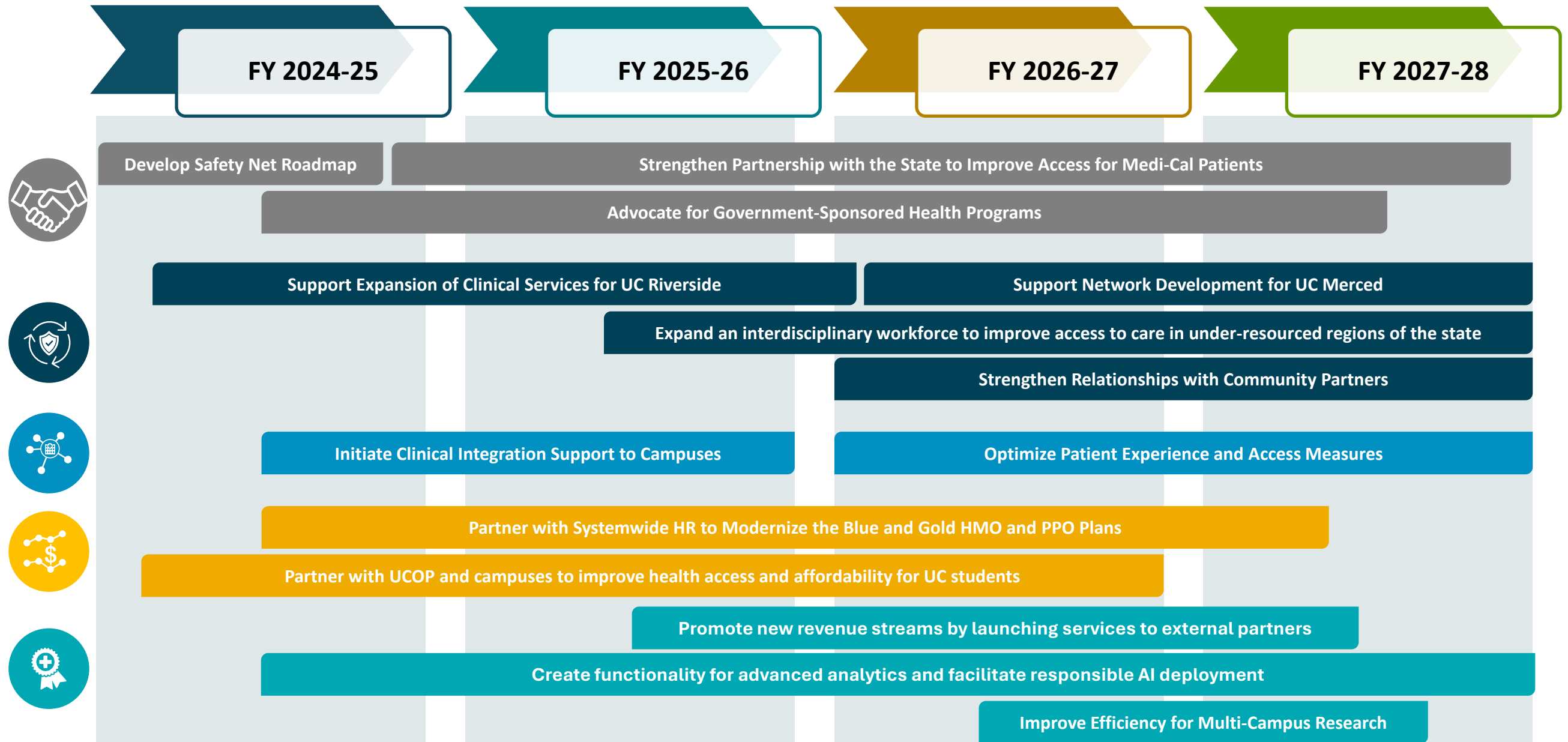
	Actions & Timeline	25-26	26-27	27-28
10.1	Modernize key technology used on UCHDW platform to create functionality for advanced analytics and AI tools			
10.1.1	Implement new self-service patient cohort discovery tool; install infrastructure and test; announce tool and train users			
10.1.2	Ingest clinical notes into UCHDW from 2018-; apply rigorous de-identification with external certification to ensure strong privacy and security protections; incorporate into CDI2 secure data science research enclave.			
10.1.3	Select and deploy LLM tools to extract insights from clinical notes into accessible knowledge for operational and research use.			
10.2	Partner with operational business leaders across UC to develop new features for UCHDW analytics and AI platform in furtherance of UCH strategic goals			
10.2.1	Develop and share AI models in collaboration with operational business leaders			
10.2.2	Convert and expand operational analytics logic into data features that can be used to train and support AI models			
10.2.3	Develop tailored chatbots using carefully curated data to support systemwide business and clinical needs.			
10.3	Build and promote strong, equitable data governance processes throughout UC Health			
10.3.1	Implement updated data sharing guidelines from President’s Task Force report			
10.3.2	Advance coordinated systemwide advocacy in state and federal forums to promote responsible health AI innovation			

# Goal 10: Safely and responsibly position systemwide data resources to support patient care, research, and innovation

## Key Strategies/Timeline:

	Actions & Timeline	25-26	26-27	27-28
10.4	Promote new revenue streams by launching Real-World Evidence and AI resources and services to external partners			
10.4.1	Launch Real-World Insights service with external partners; refine and optimize based on feedback			
10.4.2	Build systemwide presence via RWE Collaborative and annual CDI2 conference			
10.4.3	Explore collaboration with external partners around AI tools and expert services to support real-world healthcare innovation			
10.5	Empower UC Health community to increasingly harness power of varied data assets for research and discovery			
10.5.1	Increase visibility of and access to UCHDW and systemwide data resources among the research community			
10.5.2	Increase usability of UCHDW and data resources, especially by early career investigators and those with less technical capacity/resources			
10.5.3	Assist researchers in effectively identifying patients for disease-specific clinical trials			

# Multi-Year Outlook



# UC Health core systemwide efforts are ongoing

## Access, Quality, Clinical Integration & Patient Experience



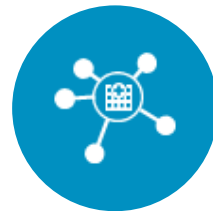
- Clinical quality and safety
- Population health
- Behavioral health
- Anatomical donation program

## Interdisciplinary Workforce



- PRIME programs
- UME/GME accreditation
- Workforce development

## Healthy Communities



- Global health
- Community benefit assessment and reporting
- Sustainability

## Financial Sustainability



- Commercial payer contracting
- Revenue cycle management
- Financial reporting

## Fiscal Resilience



- Strategic sourcing support
- Pharmacy support

# Strategic Planning Team

Name	Title	Department
David Rubin, MD	Executive Vice President	UC Health Immediate Office
Eileen Foster	Chief of Staff	UC Health Immediate Office
Zoanne Nelson	Associate Vice President	Finance and Strategy
Deena McRae, MD	Associate Vice President	Academic Health Sciences
Lisa Badovinac	Deputy for Academic Health Sciences	Academic Health Sciences
Cora Han, JD	Chief Health Data Officer, Executive Director	Center for Data-driven Insights and Innovation
Robert Cherry, MD	AVP and Chief Health Officer	Clinical Affairs
Georgette Lewis	Deputy to Chief Health Officer	Clinical Affairs
Heather Harper	Head of Communications and Sr. Director	UC Health Communications
Tam Ma, JD	Associate Vice President	Health Policy and Regulatory Affairs