UCSF Academic Senate

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Communication from the Chair of the Clinical Affairs Committee

Katherine Yang, PharmD, MPH, Chair

September 29, 2016

Ruth Greenblatt, MD
Chair, UCSF Academic Senate
500 Parnassus Ave. MUE 231
San Francisco, CA 94143

RE: CAC Comments on the UC Health Strategic Plan

Dear Chair Greenblatt,

The Clinical Affairs Committee (CAC) has reviewed the draft UC Health Strategic Plan. Overall, members felt that a multi-disciplinary approach to healthcare needs to be better emphasized. While this may be implied in many sections of the report, it is not as clearly stated as CAC would like. Members also appreciated the fact that the Strategic Plan recognizes that UC should be well positioned to translate research discoveries to clinical practice. Indeed, this should be our edge over non-academic systems such as Kaiser. In addition to these over-arching comments, CAC members opined on a diverse range of issues touched upon in the Strategic Plan, which I have summarized below:

- UC Health Vision: UC Health aims to be the premier system for advancing health in the Western US. CAC found this approach to be interesting, and likened it to taking some of what is best in systems like Kaiser (high-risk in OB in Santa Clara, NSG in Redwood City, etc.). That said, members questioned whether UC will really be able to integrate all of the UC medical centers to this extent. They noted that academic institutions like UCSF are already providing tertiary/quaternary care and need to do so for the research/training mission, so this would be hard to pull off. That said, it mike make sense for subspecialized care (e.ge, rare surgeries and treatment of specific diseases or conditions).

- Strategic Goals and Imperatives:
    1) Value: The Strategic Plan states that UC Health will develop the scale, assets and capabilities to thrive in a value-based reimbursement environment. CAC members responded that this seems to be a critical element of the health vision, and Stanford seems very aggressive on this front. Key questions include how much should UC invest in satellite clinics, partnering with private practice providers, etc.? How can one grow and maintain quality?
    2) Clinical Excellence: The Strategic Plan posits that UC Health will strengthen UC's position as the destination for complex tertiary and quaternary care in the Western US, while ensuring excellent primary and secondary care delivery in our immediate communities. In considering this position, CAC commented that above all, we need to ensure clinical excellence in

California first before expanding to the Western US. They also questioned the financial incentive for such coordination. In addition, members were dubious about benefit(s) accrued by UCSF sending a patient with a rare disease to UC Davis just because they have a bit more experience with that disease. This is even more relevant for elective procedures. It is unlikely that physicians will refer out procedures that generate higher revenues to another UC campus.

3) Efficiency: The Strategic Plan proposes to accelerate the "Leveraging Scale for Value" program. CAC members criticized the Strategic Plan for not providing examples on how these efficiencies would be actually achieved, noting that reducing costs as a system and coordinating care implies a degree of integration that could be pretty disruptive. Additionally, stating that our system needs to become more value based and efficient, yet still placing an emphasis on very tertiary/quaternary services/interventions seems to miss the point of how the ACA is changing the marketplace (with the emphasis on prevention and primary care as where the true value in medicine lies). It is also important to ask the question whether the UC medical centers are integrating financially? Additionally, if a few UC medical centers lose money, do the others feel the impact? Finally, members requested an update on the LSV program.
4) Integration: CAC stressed the importance of shared governance, observing that the Academic Senate is not mentioned in this section. In addition, when leveraging existing campus expertise, this should not be limited to the medical center campuses but expanded to those campuses with expertise in Health Policy, Public Health, etc.
5) Community Health Impact: The Strategic Plan states that UC Health needs to improve the health of the communities we serve through local engagement, and improve the health of Californians more broadly through our delivery system and contributions to health policy leadership. CAC requested clarity on UC health policy goals, noting that UC maintains a robust State Governmental Relations team in Sacramento and in Federal Governmental Relations unit in Washington, DC that lobby UC's health policy priorities to elected leaders. The plan does not mention a governmental relations alignment strategy or engagement with UC's policy researchers and institutions to support these efforts. In addition, considerable thought needs to done how best to serve rural communities not near a UC medical center. How will these populations be served? By whom?

- Tactics for Achieving our Goals:
    1) Value: Under 'Tactics', the Strategic Plan proposes to develop a region-by-region growth, affiliation, and investment strategy. It also states its intention to launch a state-wide health insurance plan. CAC remarks that UC's assets and capabilities should be presented in this plan as those which separate it from Kaiser & other Academic Centers. In particular its research and healthcare workforce training engines should be emphasized. With respect to the insurance plan, CAC cautioned that this is a large undertaking, and UC would need to really establish itself in the suburbs to make this work.
    2) Innovation: The Strategic Plan aims to amplify UC Health's research impact. On this point, CAC commented that UC prides itself on the phenomenal research and cutting edge diagnostics/therapeutics, but those are also likely to be the most expensive and resource intensive (and thus may potentially have a smaller and smaller margin over time).

Conversely, primary care is relatively inexpensive to provide, has demonstrated big bang for the buck, but is clearly lacking in availability at UCSF and our communities.

3) Efficiency: CAC observes that it seems that there are looming reductions in staff or faculty positions (or salaries/benefits) at the same time that we are being asked to see more patients.
4) Integration: The Strategic Plan states that in order to develop a 'UC Health' culture, the governance and organizational model will need to be refined. In considering future integration, CAC members cautioned that UCSF must think carefully how it would benefit from further integration. In particular, it needs to ask how strong are the other UC medical centers right now, financially and otherwise?
5) Community Health Impact: The Strategic Plan states improve the health of the communities we serve through local engagement, and improve the health of Californians more broadly through our delivery system and health policy leadership. In particular UC Health will educate a health care workforce that can meet the health needs of California and beyond. On this last point, CAC commented that healthcare workforce development in California is fragmented, with several silos lacking a unified planning entity. UC is poised to lead a unified healthcare workforce initiative, and should start in California first, then expand to other states. Likewise, it might be wise to begin with the training of undergraduates, as so many of the State's health practitioners are educated within the UC system.

Thank you for the opportunity to opine on the UC Health Strategic Plan. If you have any questions on CAC's comments, please do not hesitate to let me know.

Sincerely yours,

Katherine Yang, PharmD, MPH
Chair, Clinical Affairs Committee, 2016-17
UCSF Academic Senate