UCSF Academic Senate

http://senate.ucsf.edu

Communication from the School of Nursing Faculty Council

Audrey Lyndon, PhD, RN, FAAN, Chair

September 19th, 2016

TO: Ruth Greenblatt, Chair of the UCSF Academic Senate

FROM: Audrey Lyndon, Chair of the School of Nursing Faculty Council

CC: Todd Giedt, Executive Director of the UCSF Academic Senate Office

RE: Review of UC Health Strategic Planning Materials

Dear Chair Greenblatt:

On September 16th, the School of Nursing Faculty Council reviewed the UC Strategic Plan and all supporting documents. Council members would like to thank the Regents for providing the UCSF School of Nursing faculty the opportunity to comment on UC Health materials. Overall, the Council members support the Mission, Vision, Values, Strategic Goals and Tactics outlined in the proposed strategic plan. Members especially support the goal of making sure the clinicians of the future are trained with a value-based, rather than volume-based mindset. Members believe the strategic plan could be improved by:

- Emphasize Education and Research: Council members believe that the Strategic Plan must include additional details on the relationship between UC Health and the UC campuses in regard to the education and research missions of the university. For example, on page 2 of the plan, a statement reads, “First, this is a strategic plan for only the clinical enterprise. It is not a strategic plan which provides direction for the research and educational programs associated with UC Health. This is not to ignore the fact that the clinical, educational and research programs are inextricably linked.” Members believe that these sentences conflict each other and should be revised. Rather than note a division between the UC Health Strategic Plan and the mission of the university, leadership should emphasize the connection and mutual benefit that education and research provide to clinical care, and visa-versa. The need for such integration is demonstrated throughout the remainder of the document as a number of values, goals, and tactics explicitly discuss the inherent relationships between excellence in clinical, educational, and research programs.

- Ensuring the Quality of Care: Council members agree that the UC Health Strategic plan must have an additional section which states that UC Health will provide a full range of high quality and comprehensive health care services for all patients. With the rapid expansion of the UC Health system, new affiliations are being made with providers that may or may not deliver the same quality of care to that patients would receive at a UC medical center. While we recognize the need to optimize service locations based on quality, we also seek to ensure the level of quality meets UC expectations and that populations are not disenfranchised from services (e.g. reproductive health services or high level specialty care) by geographic location or health system affiliation. To help guide all future UC Health leaders in the consideration of new provider relationships, it is important that the strategic plan include a statement that the services provided at UC must also be available to all patients elsewhere. These services may include end of life care and the full range of reproductive health services. This new section, possibly titled “Quality of Care” could be included under the Strategic Goals, or the Clinical Excellence section.

- Emphasize Using All Types of Clinical Providers to Their Full Scope of Practice: One opportunity to improve innovation, value, and clinical excellence within UC Health that is not explicitly addressed in

the strategic plan is utilization of all types of clinical providers to their full scope of practice. Empirical data support the idea that reduction of barriers to full scope of practice for non-physician clinical providers would enhance quality, value, innovation, and teamwork within UC Health.

- Additional Improvements: Attached are additional comments specific to sections of the draft Strategic Plan.

Overall, while Council members support the overall UC Health Strategic Plan. However, there must be improvements such as the emphasizing of the relationship between the mission of UC Health with UC and by adding a new section on ensuing the quality of care. If you have any questions about the committee's review of the survey, please contact me, or Academic Senate analyst Artemio Cardenas artemio.cardenas@ucsf.edu.

Sincerely,
Audrey Lyndon, PhD, RN, FAAN
Chair of the School of Nursing Faculty Council

Appendix 1: Additional Council Comments

Summary

Overall, the plan hits many of the factors considered important in a post-ACA world. Members applaud the focus on value, clinical excellence, innovation, efficiency, integration, and community health impact, and many of the tactics for achieving these goals. However, overall, this report would be strengthened by inclusion of:

- The critical role of innovation in manpower models
- New perspectives in how we partner with patients
- New methods of community integration
- A broader focus for innovation—beyond science and applied science focus,
- Interprofessional models—collaboration mentioned is only between specialties
- An innovative budgeting process or method that will be more inclusive and
- inspire innovation across areas and organizations, and track success in non---monetary strategic objectives
- A model and strategic plan for cultural and organizational change
- The value of integrated academic and clinical services
- How this plan for the UC Health System articulates with other major industry initiatives—local and regional health plans, professional reports on the future of healthcare, etc.

Innovative manpower models, models for cultural change, a commitment to implement these models throughout the organization, a willingness to incorporate patient, community members, network organizations, and providers and faculty across disciplines is critical.

Preamble:

We are missing an opportunity to differentiate ourselves in the market if we are not addressing the role of the clinical faculty and those specializing in healthcare communication and leadership in the academic schools, and their academic research and inventions in the provision of care in the UC Health System. They address it in the Mission Statement: to “catalyze innovation to identify the cures of tomorrow, deliver unparalleled clinical care, and train the workforce of, and for, the future’ and in some sections, but much of the perceived value of UC Health Centers come from the innovation of their academic faculty and the unique opportunity for using clinical contact with patients to inform research and translating that research to practice efficiently.

1: Mission.

The mission statement is strong but would add partnering with our patients and their communities. This conveys more of a sense of respect for the patient’s knowledge, expertise, and contribution to their own care and that of their community.

2. UC Health Vision

Under first bullet, we could add that we partner with our patients in their individual care and the health of their communities—for reason outlined above.

The Council expects more of a focus in the vision statement on lifespan planning and case management, as those are important reimbursement changes from CMS and other payers. The report mentions patient satisfaction in their concept of patient centeredness, but not lifespan planning and case management, although the mention of needing to form partnerships alludes to this notion.

Bullet 3 or 4 - There should be an explicit mention of the need to plan for change management. Collaborations across campuses are complex and will require an organizational and cultural plan for change. This itself becomes a source of innovation. Most collaborations fail.

Bullet 5 is about assets—providers should be called out as the most important assets. The plan also doesn't address workforce issues it seems. For example, the report does not address consideration of the types of primary care providers to be employed, such as advanced practice nurses, for extending capacity to serve greater numbers with high quality care, and provide primary care in more community based services, although the health of communities, and in particular low income Californians. Elsewhere there is mention of post---acute care assets and the need to align resources, but no mention of manpower plans to achieve that.

Although the Health Services Committee may not have the oversight over academic departments, they could address possible contributions of these school faculty and research.

4. Strategic Goals and Imperatives

1: Value – Section needs to be more specific when saying "collaboration with our faculty practices" to say something closer to "the design of new manpower models for the delivery of services by interdisciplinary teams". Collaboration with faculty practice
can imply very traditional models of care across medical specialties when we want the scope to be across disciplines.

3: Innovation - Very science focused. Need to include the development of new models of service delivery, manpower models, no communication and team models, etc.

4: Include innovative models of change management here. Cost reductions rely on a higher level of collaboration. We have tried to partner across organizations and campuses in the past with varying degrees of success. What is needed is an innovative model for organizational and cultural change, which includes new staffing models, new care initiatives, an emphasis on case management and lifespan planning, and new models of care.

5: UC Health Culture - Need to include new, more efficient methods of communicating and delivering high quality services in a more cost effective manner. They mention "deeper collaboration, optimization and alignment, but they need a plan to accomplish that which is both a competitive advantage and key to the success of the other elements of the plan.

6: Community Health Impact - This needs to suggest what we can do differently or more efficiently to have a community health impact. It appear to reflect what we are already doing, rather than what goals we are setting for improvement. The goals should be more precise, measureable and we need a plan for recognizing when we are successful, and resources to support the initiatives when we fall short.

Tactics for Achieving our Goals

Value - Again, a key aspect of this will be a change management plan, and the adoption of no sacred cow philosophy for looking at manpower in delivering services.

Clinical Excellence - Again, no mention of innovative models of providing clinical excellence, for example, incorporation of evidence based practice, new models for training and incentivizing clinical partners, more seamless coordination of services for the patient across health care organizations.
Point 4 should be Develop Change Management plan to organizational and cultural change.

Innovation, Efficiency - Again, missing the critical value of change management and staffing, leadership and incentives in innovation.

Integration - Important to include both financial and non---financial strategic goals in the “robust system--- wide performance dashboards”. These non---financial strategic goals might include patient satisfaction, employee satisfaction, efficiency measures for referral and documentation targets etc.

Community Health Impact - No clear sense of what changes we would like to see in community impact or its measurement.