Today's Discussion

- Interview Highlights
- Summary Conclusions from the Planning Retreat
- Strategic Planning Process
Themes from the Interviews/Retreat
Themes from the Interviews

Leadership and Organizational Structure
- Eliminate silos – need more integrated, coordinated care (e.g. Hopkins, Cleveland Clinic) with appropriate incentives
- Enforce accountability

Care Delivery, Quality, Outcomes
- Refocus priorities on the patient
- Focus on delivering high-quality care
- Develop measures to track progress and build in alerts to track risk

Growth, Capacity, and Patient Mix
- Improve access and capacity on Parnassus campus
- Emphasize focused growth in volume and mix
- Increase marketing (physician outcomes, quality measures, service offerings, etc.)
- Understand long-term implications of transitioning services off Parnassus
- Future growth and mix must support Education and Research missions of UCSF
Themes from the Retreat

Retreat Summary

1. Huge variance in opinion about desired “outcomes” from this planning process
2. Fair level of agreement on most of the environmental trends themselves as they relate to the future risks/opportunities of the UCSF Clinical Enterprise
3. Strong consensus on the strengths and weaknesses of the UCSF clinical enterprise
4. Significant dissonance on the direction UCSF should pursue over the next decade – issues that will need to be addressed as part of this process

Conclusion

- There seems to be little issue with the SWOT analysis itself, but there is no consensus on which gaps/weaknesses should be prioritized, and how they should be addressed

  The implication is we go straight to the development of goals and strategies addressing each key “gap”... utilizing the Sub-Committee structures to innovate
Themes from the Interviews/Retreat

1. Huge variance in opinion about desired “outcomes” from this planning process
   - Some want more discussion about UCSF’s future direction, others want to focus on solving near-term issues that have already been identified
   - Lack of clarity on how this process interfaces with previous strategic planning work (2002 Strategic Plan, 2007 Campus Plan, etc.)

The previous Strategic Plan was successful in building agreement and consensus around key strategies for the institution to follow.

There is a clear definition of where UCSF’s clinical enterprise is headed through 2015.
Themes from the Interviews/Retreat

2. Fair level of agreement on most of the environmental trends themselves as they relate to the future risks/opportunities of the UCSF Clinical Enterprise. This consensus provides a good baseline for moving forward.

General consensus that:

- Healthcare demand will continue to grow - with ambulatory outpacing inpatient, and adult outpacing children’s
- The existing multiple payor system will remain through 2015 (no universal coverage)
- Patients will continue to have to bear a greater proportion of their healthcare costs, with most willing to accept limited choice to offset higher costs
- Reimbursement will continue to be tilted towards the surgical/procedural services
- Demonstrating higher clinical quality/outcomes will be key to improving both reimbursement (insurance tiering) and patient draw (consumerism)
- There will be a growing shortage of physicians in California, with the state requiring the UC System to increase its educational load
Similarly, strong agreement on the current strengths and weaknesses of the clinical enterprise.

**STRENGTHS**
- Cutting-edge programs & technology
- Clinical capabilities of faculty and staff
- Clinical quality and outcomes
- Recruitment of great talent
- Translational research
- Command of premium rates
- Multidisciplinary Clinical Care

**WEAKNESSES**
- Operational Efficiencies
- Deal with local competition
- Create flexible clinical staffing models
- Reputation/image with public
- PR & Marketing Relationships
- Referring MD relationships
- Turn Strategy into Action

**Physician/Faculty belief that the characteristic is a strength of UCSF**
Themes from the Interviews/Retreat

4. There was less consensus around the future direction of UCSF as a clinical enterprise, though there was strong support for the following...

Strong support:

- UCSF must continue to grow its clinical enterprise (admissions, visits, scans, etc.) in order to be successful, stagnancy is not a viable option

- Future inpatient growth needs to be focused on the “High Complexity” and “Moderate Acuity” patient bases
  - The key is to prioritize unique clinical services not readily available at other local providers, with an emphasis on inter-disciplinary, multi-specialty care

- Shifting the sponsor mix so that there is less reliance on MediCal is necessary for the financial viability of the adult clinical enterprise
  - Contrary opinion when the same question asked of pediatrics

- Future inpatient growth will not occur at UCSF without improvements to the outreach strategy

- UCSF must expand and enhance its patient safety and quality systems
Themes from the Interviews/Retreat

4. Significant dissonance on the direction UCSF should pursue over the next decade – issues that will need to be addressed as part of this process.

No agreement on whether:

- Shifting the clinical mix of patients at UCSF is more important than overall growth in patient volume.
- UCSF has reached steady-state with regards to its MediCal patient load, or if the situation will worsen over the next decade.
- UCSF should increase its provision of “Basic Care” to the local community if demand for these services increases in the future.
- UCSF’s best clinical care delivery model is likely to entail increasing the number of attendings, hospitalists, extenders - or some other alternative.
- The geographic focus of UCSF as an adult clinical enterprise should primarily be on the Bay Area, the West Coast or the world.
- UCSF, as an academic medical center, should continue to grow ambulatory services on the main campus, or shift the growth off-site.
- The relative priority of clinical care vis-à-vis the research and education missions is sufficiently balanced to ensure the future success of UCSF.
Process Discussion: Expected Outcomes

FOUNDATION

Foundation Statements
- Mission
- Vision
- Values

DIRECTION

Issues
- Issue A
- Issue B

Idea

Brainstorming

Strategies
- Strategy A1
- Strategy A2
- Strategy B1
- Strategy B2

IMPLEMENTATION

Implementation Tactics

FOUNDATION STATEMENTS define what the institution is, and where it wants to go.

ISSUES identify what the institution must address to achieve this direction.

IDEAS are the institution's way of creatively identifying potential solutions for each issue.

STRATEGIES are prioritized and refined ideas, and define how each key issue will be addressed.

TACTICS identify the specific activities and resources needed to support each strategy.

"Givens"

Steering Committee

Sub-Committees and Strategic Advisory

Steering Committee

Executive Leadership

KSA

www.kurtsalmon.com
Process Discussion: Existing Foundation

UCSF Medical Center Foundational Statements

Mission:
Caring, Healing, Teaching and Discovering.

Vision:
To be the best provider of health care services, the best place to work and the best environment for teaching and research.

Values: Embodied in the acronym PRIDE:

P for Professionalism, how we conduct ourselves and our business
R for Respect for our patients, families, ourselves and each other
I for Integrity, always doing the honest, right thing
D for Diversity, understanding and embracing the diverse beliefs, needs and expectations of our patients, community and employees
E for Excellence, what we strive for in everything we do
Process Discussion: Sub-Committee Approach

Approach

- Currently, six sub-committees have been identified:
  - Care Delivery Model, Outreach/Market Positioning, Growth and Capacity, Patient Mix, Workforce Development and Operations/Finance
- Each Sub-Committee is currently scheduled to meet three times
  - Meeting #1 will focus on establishing a baseline understanding of the current situation, and discussing key implications from the data analysis
  - Meetings #2 and #3 will be high-level ideation sessions, focused on utilizing information discussed in Meeting #1 (and any additional data required) to develop recommendations to the Steering Committee
### Process Discussion: Sub-Committee Scope

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<th>KEY ISSUES and TOPICS FOR DISCUSSION</th>
<th>Care Delivery</th>
<th>Growth &amp; Capacity</th>
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<th>Outreach</th>
<th>Workforce</th>
<th>Operations &amp; Finance</th>
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* Primary forum for discussion  

** Secondary forum for discussion
Discussion: Care Delivery Model

Overarching Issue:
- UCSF's current clinical manpower model is not set up to treat the growing volume and complexity of its patient base without compromising quality and safety.

Charge:
- Identify new manpower models and necessary infrastructure to ensure UCSF provides the highest quality clinical care (outcomes, safety) to its patients, and understand the implications for the overall enterprise.

Potential “Brainstorming” Topics:
- Identification of the appropriate care provider that needs to be associated with each aspect of the patient’s care.
- Reduction in reliance on house staff to provide clinical care (future 60-hour work week, growing use of extenders).
- Changing work patterns/lifestyle requirements of new attending staff.
- Correlation between clinical delivery model in-house, and the overall clinical quality/safety within the hospital.
- Development of realistic, evidence-based quality metrics:
  - Adoption by the medical staff; Utilization of metrics as a strategic differentiation.
Discussion: Outreach and Market Positioning

Overarching Issue:

- UCSF lacks a robust, coordinated outreach strategy - which hampers its growth initiatives and reduces its ability to compete on patient service and access

Charge:

- Identify outreach initiatives needed in the future, and the implications for UCSF priorities, incentives and relationships both on- and off-campus

Potential “Brainstorming” Topics:

- Community benefit and health access issues in the Bay Area
- Extent of geographic outreach by specialty and acuity – and implications for UCSF
- Importance of relationships with referring physicians
- Development of future affiliations with community providers
- Building brand recognition for select clinical programs
Discussion: Growth and Capacity

Overarching Issue:
- UCSF does not have the requisite capacity needed to support growth today, which could lead to reduced quality and efficiency in the future.

Charge:
- Identify near-term capacity solutions to accommodate growth until the opening of Mission Bay - and understand the implications for the overall enterprise.

Potential “Brainstorming” Topics:
- Discussion regarding potential growth targets by specialty and acuity.
- Identification of current shortages in capacity that adversely impact patient care.
- Feasibility of shifting volumes/entire programs off-site.
- Relationship between growth in ambulatory and inpatient capacity.
- Identification of excess capacity at alternate locations/providers.
- Improvements in functional capacity through operational initiatives (e.g., decreased LOS, improved OR throughput, etc.).
- Changes in technology and implications for future demand and capacity needs.
Discussion: Patient Mix

Overarching Issue:
- Existing resource constraints (space, staff, capital) make it difficult for UCSF to accommodate every patient that comes to it for care

Charge:
- Identify the optimal patient mix UCSF should target to achieve all aspects of its mission (community, clinical, academic, fiduciary) – understanding the implications to the overall enterprise

Potential “Brainstorming” Topics:
- Desired mix of patients by acuity/complexity, by specialty – and implications on resource requirements and financial feasibility
- Patient base needed to support the teaching and research missions
- Impact of changing the sponsorship mix of patients that receive care at UCSF
- Implications of changing UCSF’s patient mix on other community providers
  > Matching the appropriate level care to the appropriate provider setting
# Process Discussion: Work Plan

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<th>DATE</th>
<th>Steering Committee</th>
<th>Retreats</th>
<th>Care Delivery</th>
<th>Growth &amp; Capacity</th>
<th>SUBCOMMITTEES</th>
<th>Operations &amp; Finance</th>
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