

KURT SALMON ASSOCIATES

FINAL EXECUTIVE REPORT

CLINICAL ENTERPRISE STRATEGIC PLANNING: 2008-2015

UNIVERSITY OF CALIFORNIA SAN FRANCISCO MEDICAL CENTER

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In the winter of 2007, UCSF approved the development of a Clinical Enterprise Strategic Plan, encompassing all current and future clinical activity on the Parnassus, Mount Zion and Mission Bay campuses. Given the complexity of UCSF as an institution, it has been imperative that this planning process link seamlessly with previous planning efforts – two of which are integral to the context of this Plan. These include the *UCSF Campus Strategic Plan*, released earlier this year and focused primarily on the overall University vision, and the *2004 Long Range Development Plan*, detailing the master planning vision across all three campuses including Mission Bay. Thus, while this Clinical Enterprise Strategic Plan considered the research and educational missions, it did not attempt to define these strategies *per se*.

Ensuring a cohesive direction and harnessing the wealth of experience and innovation within UCSF were key requirements of this planning initiative. This resulted in a broad-based process involving more than 300 individuals:

- ¶ One-on-one interviews conducted with 60 senior clinical and administrative leaders
- ¶ Eight meetings with the 12-member Steering Committee, charged with stewarding the dialogue and approving final recommendations
- ¶ Several meetings with each of five large Sub-Committees (15-30 participants per group), charged with completing detailed analyses and crafting preliminary recommendations around one of five specific areas of interest: Growth & Capacity, Patient Mix, Outreach & Market Positioning, Care Delivery and Operations & Finance
- ¶ One meeting with the Clinical Chairs Committee, to integrate clinical direction and discuss barriers to implementation
- ¶ Two meetings with a 40-member Strategic Oversight Committee, comprised of senior faculty leadership, to provide input, test direction and offer counsel
- ¶ Two large Strategic Retreats, each with nearly one hundred participants, to discuss and identify priorities
- ¶ Two Town Halls, open to all in the UCSF community, to review and discuss project results

This *Final Executive Report* summarizes the work completed through this planning process, and consists of five major sections. Section I outlines the mission and vision of the clinical enterprise, providing the foundation on which all subsequent planning was based. Section II includes a précis of the findings of the *First Executive Report* (issued in April of 2008), to provide environmental and market context. The main body of this Report details a series of

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recommendations and supporting actions necessary to ensure UCSF's continued clinical success through the opening of Mission Bay in 2015 – encapsulated in Sections III and IV. The final section, Section V, lays out the communication timeframe for this Plan, and the decision sequence that must follow – activities that will occur over the last quarter of 2008.

I. CLINICAL ENTERPRISE VISION AND MISSION

The existing mission, vision and values for the UCSF clinical enterprise ---

Mission: **Caring, Healing, Teaching and Discovering**

Vision: **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

--- have served as the guiding premise for this planning process. No findings have emerged from this study suggesting that the current vision and mission statements will be less relevant over the timeframe of this Plan, and these words will continue to inform the decisions and priorities of the UCSF clinical enterprise.

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II. ENVIRONMENTAL AND MARKET CONTEXT

This section provides a brief overview of environmental and market dynamics that relate to the UCSF clinical enterprise, and summarizes their potential impact. Additional detail is provided in the *First Executive Report*, issued in April of 2008, and accessible through the UCSF website.

The Macro Environment –Projected Impact on UCSF’s Clinical Enterprise

Based on a detailed assessment representing the majority view of UCSF clinical and administrative leadership and their external advisors, a series of macro-environmental assumptions were made, with implications for UCSF highlighted below.

- ¶ UCSF facilities and clinicians will be even busier in the 2008-2015 timeframe than they are today. In the face of rising demand, UCSF will not be able to accommodate all that seek care. Decisions regarding which patients have access will become even more vital.
- ¶ Recruitment and retention of skilled professionals will become more difficult for all providers – UCSF’s academic environment will become a even more significant competitive differentiator.
- ¶ The gap in reimbursement associated with different patients (acuity, specialty, sponsor) will continue to widen. The challenge will not be in staying busy, but in staying profitable.
- ¶ All providers (including UCSF) will need to grow commercial volume to provide financial stability. Commercial patients (responsible for a greater proportion of their health care costs) will demand more information, more service and better results.
- ¶ Metrics to allow a comparison of “value” across providers will be developed first for routine and elective services. These services will see the greatest competition – and will therefore be at the highest risk of margin erosion as insurers tie reimbursement to key measures.
- ¶ UCSF will struggle to outpace community competition on metrics like access, cost and service. Competitive differentiators like physician/staff excellence, clinical outcomes, cutting-edge therapies and superior access to clinical trials/research protocols will need to be strengthened and demonstrated.

Summary of Strengths, Weaknesses, Opportunities and Threats (SWOT)

Correlating macro-environmental assumptions with the realities of UCSF’s market resulted in the development of a *SWOT* analysis summarized below.

- ¶ Strengths – The reputation of UCSF, the excellence of its clinical faculty and staff and the clinical outcomes associated with the treatment of high-complexity patients remain the key strengths of the organization. UCSF’s focus on treating unique and complex patients shields it to some extent from potential reimbursement cuts associated with commodity care. The recent operating profitability of the institution and strides in philanthropy provide financial flexibility. Strong ties to the community through direct patient care and relationships with San Francisco General and the Veterans Affairs ensure UCSF’s prominence within the Bay Area, and provide a great training experience for students. The national recognition associated with UCSF’s research and training programs have a positive impact on recruitment and brand differentiation.

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- ¶ Weaknesses – Major capacity constraints exist on the Parnassus campus, which limit future clinical growth. Operational inefficiencies exacerbate these constraints while increasing the overall costs of providing care. The care delivery model at UCSF is being challenged to keep up with the growth in volume, and recent regulatory issues have forced an even greater investment in personnel (i.e. NPs, hospitalists), further increasing costs. UCSF still has the service profile of a typical academic medical center – perceived as less friendly, less accessible and less convenient than relevant community alternatives – which risks negatively impacting its commercial volume. The adult enterprise has limited ambulatory outreach beyond the City, making it vulnerable to projected demographic and sponsor trends slated to occur in San Francisco. Ambulatory development tends to be driven by inpatient and departmental priorities instead of by market needs and a collective institutional assessment, leading to brand and service inconsistencies and uncoordinated delivery.
- ¶ Opportunities – UCSF may be able to leverage its expertise as a research powerhouse to shape and lead implementation of the next generation of medical care. Aging of the population and continued advances in technology will drive future volume growth. Addressing some of the existing operational inefficiencies will improve UCSF’s financial profile, and allow further investment in talent and technology. The approved expansion at Mission Bay will give UCSF a green-field growth opportunity that will distinguish it from competitors and promote the development of cutting-edge operational practices.
- ¶ Threats – The disparity in reimbursement between sponsor classes means any shift in UCSF’s sponsor mix towards low/non-paying volumes will negatively impact the financial viability of the institution. This threat is even more potent given capacity constraints. Coupled with UCSF’s existing cost structure, this could impact UCSF’s future debt capacity and capital financing capability. Any reduction in financial profitability risks the timely completion of Mission Bay and jeopardizes support to the academic programs – limiting the development of new research initiatives and hampering recruitment efforts during a period of national shortage. An additional threat is the growing clinical capabilities of Kaiser and Sutter in the provision of *High Complexity* care. As the lines of distinction are blurred, UCSF will have to work harder to grow its market share in targeted high-end services.

This contextual summary frames the planning direction detailed in Sections III and IV.

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III. HIGH-LEVEL STRATEGIC DIRECTION

UCSF is positioned to change health care in the Bay Area, the country, and the world by creating the next generation of clinical enterprise, and complement the academic vision presented in the *UCSF Campus Strategic Plan*. Three major differentiators have been identified through the planning process to inform the specific priorities of the coming years.

Best Care

Changing the clinical care paradigm will first require UCSF to push the boundaries of excellence in an area of traditional strength – the quality of clinical care delivered by its faculty and staff. The coming decade will increasingly see the public recognize the need to link clinical reputation to measurable clinical outcomes and quality. UCSF must be at the forefront of this revolution. For years, UCSF has leveraged clinical faculty excellence, cutting-edge technology and academic connectivity to provide high-quality care to the sickest patients in Northern California. Now, UCSF must use its resources to redefine what “high quality” truly represents to patients and their families. By developing innovative ways to raise quality and safety standards in an environment of finite resources, UCSF can pioneer a new value proposition in academic medicine.

Clinical Growth

A measure of near term clinical growth is essential for progress over the coming years. UCSF’s clinical enterprise must be able to drive the programmatic and acuity volumes needed to train and recruit the best talent, test novel care models, create translational research opportunities, and generate the margin needed to fund it all. Longer term, with the planned campus expansion at Mission Bay in 2015, and the resulting adult inpatient program expansion on Parnassus and ambulatory expansion at Mt. Zion, UCSF is in a unique position in academic medicine – a physical expansion providing a growth opportunity of more than 40%.

Shared Accountability

These advances in delivery of care and growth will not be possible without a greater culture of shared accountability. UCSF is renowned for its academic creativity and accomplishment. These same standards of excellence must also apply to the clinical enterprise and can only be effectively achieved by adopting high standards, demanding transparency against results, and enabling more cohesive decision making across the hospital and clinical faculty programs.

Within this context, this plan advances eight strategic themes. These eight themes are all interconnected, and progress towards 2015 will require UCSF to make material advances across all eight if any are to work effectively. Each theme reinforces the direction detailed above: *Best Care, Clinical Growth and Shared Accountability*.

Theme #1: Provide the Highest Quality Care to Patients

Discussion: The value equation in healthcare is a function of clinical quality, patient service and treatment price. As the public demand for transparency around all three metrics continues to heighten, UCSF must begin to develop a value proposition distinct from other providers in the

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market. Given its strengths, UCSF must tie the value proposition of the clinical enterprise to measurable and demonstrable metrics around quality, clinical outcomes and patient safety – while ensuring service and access remain competitive within the market.

Theme #2: Create the Next Generation UCSF Care Delivery Model

Discussion: Talent is becoming more expensive and less available, but the demands placed on clinical professionals (complexity, volume, regulation) continue to grow. On the current growth trajectory, the existing care models are unsustainable, and a new model will be needed to cope with the clinical realities of the next decade. The faculty and staff at UCSF are repeatedly recognized as the institution's greatest strength. UCSF must leverage their capabilities to develop an innovative, flexible care delivery model that can manage the volume and severity of UCSF's patient base while maximizing both quality and efficiency.

Theme #3: Educate, Recruit & Retain the Best Talent

Discussion: UCSF's current position in the top-tier of hospitals nationally is largely due to its reputation and the excellence of its faculty and staff. As the competition for talent accelerates, UCSF will increasingly need to prove itself as an organization where the best healthcare talent desires to work. Doing so will require it to continue to invest in the recruitment, retention and development of its employee base, ensuring that it remains the institution's most sustainable competitive differentiator over the long-term.

Theme #4: Maximize the Potential of UCSF Inpatient Facilities

Discussion: UCSF must ensure that there is an interim inpatient growth opportunity for the clinical enterprise in the 2008-2015 timeframe. This growth opportunity will be necessary to both support the institution's academic and financial goals, and to allow a gradual ramp-up of clinical activity to better align with the planned expansions in 2015. Capital realities limit new construction opportunities in this interim timeframe, placing greater emphasis on improving utilization of inpatient facility assets on the Parnassus and Mount Zion campuses.

Theme #5: Match Patient Mix to UCSF's Mission & Program Capability

Discussion: The composition of UCSF's patient base is tied to every aspect of the institution's objectives. Programmatic and acuity mix drive the training programs, recruitment targets, care models and link with translational research opportunities. Sponsor mix is inextricably tied to both the community mission of the institution, and its long-term financial viability. With demand projected to outpace available capacity in the 2008-2015 timeframe, it becomes vital for UCSF to match patient mix to core capabilities.

Theme #6: Expand Functional Ambulatory & Office Capacity

Discussion: Ambulatory growth must be closely aligned with inpatient growth. UCSF can not create a growth opportunity in one without the other or it risks damaging the integrity of its care

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continuum. Expansion of ambulatory capacity could have the dual effect of both improving access and generating additional financial revenue. None of the projected growth in clinical activity will be possible without successful recruitment initiatives, and at this time, the lack of office space is the greatest rate-limiting step to achieving this objective.

Theme #7: Achieve More Effective UCSF Referral Outreach

Discussion: UCSF has a history of independent, department-driven outreach initiatives – many of which are not aligned with the overall objectives and priorities of the clinical enterprise. This has led to a variety of disparate outreach models that could benefit from a more integrated and centralized approach. As the population continues to move away from the City, UCSF must proactively define its desired market position in terms of geographic outreach.

Theme #8: Define a Stronger Culture of Shared Accountability and Action

Discussion: UCSF needs to create broad-based governance structures with the membership and authority to implement shared initiatives across the clinical enterprise. Clearly, the clinical enterprise comprises a host of different organizations across the UCSF campuses, and an effective common forum must exist to ensure all the various initiatives come together.

IV. DETAILED STRATEGIC RECOMMENDATIONS

Below each of the Strategic Themes is a series of more detailed recommendations. These are presented here, along with a summary of the rationale that accompanied the discussion around each key action.

Theme #1: Provide the Highest Quality Care to Patients

Recommendation 1.1: *Create an infrastructure that allows the UCSF clinical enterprise to tie its value proposition to superior quality, patient safety and clinical outcomes*

The basic value equation correlates three variables – quality, service and price. While improving service and lowering the cost structure are important objectives for UCSF’s clinical enterprise, they will never be long-term

$$\text{Value (V)} = \frac{\text{Quality (Q)} * \text{Service (S)}}{\text{Price (P)}}$$

sustainable differentiators. UCSF’s competitive advantage is in the quality of care it provides – and the cutting-edge technology and talent available within the institution to sustain it. With recent transparency mandates and the growth in consumerism, UCSF must be able to demonstrate its superior quality, or risk erosion in public and payer confidence.

Recommendation 1.2: *Communicate UCSF’s results in clinical quality, patient safety and clinical outcomes to a broad external audience*

The urgency around measuring and communicating meaningful data related to quality and safety has grown exponentially in the past few years. This has led to an increased public appetite for information – much of which is now available on a proliferation of government, insurer and third-party websites offering to “compare” hospitals and physicians on the basis of clinical outcomes and quality. UCSF, which wants to build its value proposition around superior quality, safety and clinical outcomes, must have the data available to prove its superior position. This will require UCSF to be at the forefront of the national debate on this topic, and necessitate transparency around quality results reporting – even if the underlying message is not always positive.

Recommendation 1.3: *Pursue service standards for the UCSF clinical enterprise that are competitive in the Bay Area market*

UCSF has had multiple initiatives aimed at improving inpatient and ambulatory service standards for both patients and their referring physicians, with varying degrees of success. Many of the characteristics of the UCSF clinical enterprise – the scale and density of the Parnassus campus, the academic nature of the clinical faculty, the often chaotic environment due to patient complexity – are inherent to UCSF and will always place it at a service disadvantage when compared to smaller, more compact community providers. However, patient-centered care is a core value of the enterprise, and UCSF must continue to enhance the consumer experience to remain competitive in the Bay Area market.

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Theme #2. Create the Next Generation UCSF Care Delivery Model

Recommendation 2.1: Increase the number of non-resident and mixed (resident and mid-level) services to reduce reliance on the resident model

The growth in inpatient volumes projected over the next ten years cannot be supported by simply increasing resident numbers, given the restrictions on functional resident clinical capacity and funding mechanisms for the same. This will require UCSF to develop alternative care models, emphasizing a team approach to care, that are less dependent on residents. Several services at UCSF have already moved away from resident-focused care models (e.g. advanced heart failure, BMT) because the treatment/protocol standardization on these units diminishes their usefulness as teaching environments for general residents. UCSF will need to explore opportunities to transition other such services where appropriate.

Recommendation 2.2: Expand the hospitalist program

UCSF has been a pioneer of the original hospitalist concept, and continues to have one of the premier hospitalist services in the country. As the labor market for hospitalists continues to tighten, UCSF must build upon its reputation to further strengthen its hospitalist capabilities. Academic studies have repeatedly demonstrated improved clinical quality and efficiency associated with hospitalist management of inpatient units, including co-management of post-operative patients. An expansion of the hospitalist core would give UCSF the capability to accommodate the programmatic growth priorities of the clinical enterprise, while improving clinical outcomes and enhancing efficiency on the inpatient units.

Recommendation 2.3: Explore residency expansion initiatives in some departments if aligned with institutional clinical priorities

Several departments within UCSF have both the clinical volume and the willingness to support an increase in resident positions. With the state of California in the midst of a physician shortage, UCSF is in a position to expand a select number of its residencies to help alleviate this scarcity. However, given the prestige associated with UCSF's training programs, it is essential that expansion only be considered if there are the appropriate resources (i.e. faculty, clinical volumes, teaching space) in place to ensure that the quality of the educational experience is maintained.

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Recommendation 2.4: *Develop core resident and non-resident staffing models for inpatient units as needed by service*

Due to the diversity of conditions and patient acuities across services, UCSF will always have a wide range of care delivery models across the institution – hence stringent standardization of the care delivery model is neither feasible, nor desired. However, development of a “core” model allows services to experiment while having a “base case” with which to compare results.

PROPOSED Core Resident Model (for every 12 patients)	PROPOSED Core Non -Resident Model (for every 12 patients)
<ul style="list-style-type: none">⌘ One attending/hospitalist⌘ Two residents⌘ Two interns⌘ One student <p><i>Flexing up or down depending on service needs</i></p>	<ul style="list-style-type: none">⌘ One attending/hospitalist⌘ Two mid-level providers⌘ One clerk <p><i>Flexing up or down depending on service needs</i></p>

Recommendation 2.5: *Restructure workflow on inpatient units to allow all clinical providers to spend more time with the patient*

Simply adding more clinical providers on the inpatient units will not ensure better care delivery, and may simply add incremental costs. A core principle of restructuring work processes should be to maximize the use of the clinical decision-making capabilities of providers already on the units. Medical and nursing staff should be spending the majority of their time in providing the clinical care for which they are trained. Shifting non-clinical tasks to other providers should be pursued where appropriate. The UCSF *Models of Care* study recently demonstrated that more than 30% of clinical provider time is currently being spent on administrative tasks, time that would be better spent in patient-centered care.

Recommendation 2.6: *Ensure the care delivery model supports a consistent standard of clinical care on a 24/7 basis*

UCSF, like every other hospital in the country, has two distinct care delivery models – one that operates from approximately 7:00a - 7:00p, Monday through Friday, and another that functions off-hours. Although the facilities in which these two care delivery models exist are identical, they in fact represent two very different medical environments. The off-hours hospital has fewer experienced clinicians, lower staff-to-patient ratios and fewer residents. Recent national studies have correlated care lapses during off-hours with higher mortality and readmission rates, more surgical complications and more medical errors. UCSF must examine the quality and safety of its existing off-hours care delivery model, and make changes where necessary.

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Theme #3: Educate, Recruit and Retain the Best Talent

Recommendation 3.1: *Implement recruitment initiatives enabling UCSF to meet its goals around clinical growth and patient mix*

The clinical capabilities of UCSF's faculty and staff are consistently highlighted as the most significant strength of the institution. As volumes continue to grow, recruitment of high-level talent will be essential to support the objectives of the clinical enterprise. This recruitment will have to occur in an environment where the gap between supply and demand for clinical professionals (including physician sub-specialists, registered nurses, pharmacists, etc.) continues to widen. Coupled with the changing workforce dynamics and the increasing demand for healthcare, California is expected to see a huge shortage in healthcare talent for the next decade, which will further increase recruitment competition.

Recommendation 3.2: *Create retention initiatives enabling UCSF to identify and develop the next generation of UCSF leadership*

Recruitment initiatives are important to ensure a steady pipeline of talent, but UCSF's greater challenge is to retain the best and brightest members of its workforce. The cost of recruiting and training a new employee is several times higher than the cost of retaining someone already on staff, and regular turnover adversely affects both continuity of care and overall morale. Talented professionals stay at institutions that promote their development and delegate them responsibility. UCSF's ability to develop clinical and leadership skills within its existing employee base will have a profound influence on its future success.

Recommendation 3.3: *Strengthen the relationship between UCSF and its employees*

Given the many challenges associated with enhancing patient care, sustaining growth and maintaining financial viability within the existing healthcare environment, it is imperative that UCSF's working community be as cohesive as possible.

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Theme #4: Maximize Potential of the Current UCSF Inpatient Facilities

Recommendation 4.1: Increase functional bed capacity by 60+ beds across both major campuses

The 16-bed ICU addition on 13 Long (operational at the end of 2008) will represent the last new capacity added on the Parnassus campus through 2015. To ensure there is sufficient cash flow to support both Mission Bay and future seismic retrofitting requirements, there will be no new inpatient capacity added at Mount Zion in this interim period. This means the inpatient growth opportunity at UCSF, through the opening of Mission Bay, must be generated primarily through better utilization of existing assets.

Theme #5: Match Patient Mix to UCSF's Mission and Program Capability

Recommendation 5.1: Focus future incremental adult inpatient growth in high and moderate-complexity care

UCSF is primarily a tertiary/quaternary hospital with high-end technology and subspecialty-trained faculty. It represents a very expensive care delivery venue for patients with basic, uncomplicated illnesses that can be treated with equal effectiveness at smaller community providers. In 2007, roughly 10% of UCSF's adult bed complement was occupied by low-complexity patients, driving a census of nearly fifty (50). While this census of basic volume must be maintained in order to support the teaching programs, new incremental growth should be focused in the delivery of more complex forms of care.

Recommendation 5.2: Pursue programmatic growth occurs in a rational, controlled manner

Baseline growth (due to population and aging) is projected to drive 1,500-1,800 incremental admissions to UCSF over the 2008-2015 timeframe. This growth will occupy ~ 30 beds of incremental capacity. This suggests another ~ 30 beds of inpatient capacity will be available to allow strategic growth in select specialties. These specialties continue to be those UCSF has placed a priority on over the last five years.

Recommendation 5.3: Ensure future patient mix supports UCSF's educational and research requirements

UCSF has one of the largest basic science programs in the country, and is a flag-bearer nationally for translational medicine. The continued success of its educational (more than 5,000 students, residents and scholars) and research (nearing \$1 billion in annual extramural research funding) missions is closely linked to the breadth and depth of its complement of patients.

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Recommendation 5.4: *Implement a set of institutional policies to stabilize UCSF's sponsor mix at recent levels*

As the disparities in reimbursement levels (for both hospitals and physicians) between commercial, Medicare and Medi-Cal patients continue to widen, it is essential for UCSF to sustain the sponsor mix of recent years to ensure the margins necessary to fund the academic mission and future campus developments.

Theme #6: Expand Functional Ambulatory & Office Capacity

Recommendation 6.1: *Improve exam room utilization (visits/room/day) to provide for growth in ambulatory visits within the existing infrastructure*

UCSF has posted 3% annual growth in ambulatory clinic activity for the last five years, and this trend is likely to continue given demographics and market share growth projections. While some of this ambulatory activity can be delivered off-site, some increase in ambulatory activity on the Parnassus campus is to be expected. In the absence of an increase in the number of exam rooms, this can only occur if utilization of the existing complement of exam rooms is improved.

Recommendation 6.2: *Ensure sufficient office space is available to support projected growth of the clinical faculty*

The lack of office space on campus is a rate-limiting factor for continued clinical growth, and has already impacted several high-profile recruitments. The assignment of academic offices at UCSF today does not follow a standardized set of criteria. The Departments are not charged rent for academic offices (even if they are located in clinical space), which makes it difficult for the medical center to create a business rationale for developing new office buildings, and leads to many people occupying offices that were not originally assigned to them.

Recommendation 6.3: *Focus the development of any ambulatory growth (exam room or outpatient ancillary capacity) off the main campus*

Across the country, academic medical centers in urban settings have been pushing ambulatory activity off the main campus to create more space for inpatient and research expansion. UCSF is in a similar position, with ambulatory clinic activity at UCSF having grown to nearly 800,000 clinic visits but with more than three-quarters of this outpatient activity still occurring at Parnassus. Given existing space constraints on Parnassus Heights and patient access issues associated with the density of the existing campus, there are limited opportunities to grow clinic exam room capacity on the main campus.

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Theme #7: Achieve More Effective UCSF Referral Outreach

Recommendation 7.1: *Establish an institutional Outreach Oversight Committee that will act on behalf of the enterprise and be responsible for prioritizing and coordinating future UCSF outreach initiatives*

Current outreach initiatives at UCSF are departmentally-driven, and more reactive to specific competitive issues than proactively coordinated to support broader institutional strategies. This has led to the uncoordinated development of many small clinics, instead of exploring opportunities to develop a larger integrated presence in key geographies. Over the 2008-2015 timeframe, coordinated selection of outreach sites and models will be imperative to ensure that clinical enterprise goals around patient mix (programmatic, acuity, sponsor) are achieved, creating the referral pipeline that will eventually drive volumes after Mission Bay opens.

Recommendation 7.2: *Work closely with the UCSF School of Medicine, translational research scientists and others to ensure sufficient outreach is achieved to meet teaching requirements and sustain clinical trials activity*

UCSF is one of the nation's foremost training and research programs, which is a sustainable differentiator for both patients and their referring physicians. Outreach initiatives provide UCSF with a unique opportunity to increase patient referrals by engaging referring physicians in joint teaching and/or research activities, while also giving their patients access to cutting-edge protocols at UCSF.

Recommendation 7.3: *Focus on expanding relationships with physicians and community hospitals in Northern California to ensure patients are cared for in the appropriate care settings*

UCSF is an integral part of the healthcare delivery system in Northern California, and has historically worked collaboratively with many providers to ensure patient access to care across the region. As one of the few medical centers in Northern California with the resources necessary to treat the highest complexity conditions, UCSF must strive to match its clinical capabilities with patients that would best benefit from its care, promoting the use of other community resources when appropriate.

Recommendation 7.4: *Focus marketing strategies on increasing awareness of the UCSF brand regionally*

UCSF consistently ranks in the top ten nationally in terms of both research activity and clinical reputation. UCSF must be able to leverage these distinctions to create a perceptual difference between itself and other providers in the market based on name recognition. The UCSF brand must invoke a value proposition distinct from every other competitor in the market... faculty, community partners and referring physician alumni will all benefit from this sharper focus.

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Theme #8: Define a Stronger Culture of Shared Accountability and Action

Recommendation 8.1: *Create a new governing forum with more responsibility and authority for the direction of the UCSF clinical enterprise*

The clinical enterprise spans across the medical center, the school, and clinical departments, and in this regard is not a formalized organization at UCSF. However, the strategic future depends on a strong measure of coordination across these entities and a more effective forum for collective decision-making must be established to move this plan forward.

Recommendation 8.2: *Create a set of expectations for all key participants in the UCSF clinical enterprise*

UCSF is well known for a rigorous set of expectations in academic work and contribution. A similarly rigorous set of expectations for clinical service – distinct from intellectual freedoms – is essential to further raising the standards of patient care going forward. These expectations must address both the patient service and quality of care aspects of clinical work across all participants.

Recommendation 8.3: *Institute routine, transparent reporting of progress versus the Strategic Plan across all clinical enterprise governing forums*

Transparency is an essential avenue for advancing a higher level of shared accountability across the clinical enterprise. UCSF's progress and results against the aims of the strategic plan must be widely shared and discussed, both to advance understanding and to direct attention to shortfalls.

Recommendation 8.4: *Create stronger incentives to encourage excellence in clinical service work and results*

The advancement of a stronger model of service and results to patients and referring physicians must be supported by more compelling rewards than are currently in place. These rewards should be broadly defined, covering career advancement, compensation, recognition, and resource prioritization.

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V. IMPLEMENTATION AND NEXT STEPS

The recommendations included in this Plan have now been vetted and approved by senior leadership. Over the next three months, the clinical enterprise will move from development to implementation – with core measures, timeframes and responsibilities assigned for each recommendation. This section details the next steps associated with the implementation of this Plan, and the communications vehicles needed to ensure that the tenets of the Plan are understood throughout the clinical enterprise. These next steps are included below in chronological order.

- ¶ August-September 2008 Strategy and Business Development resources within UCSF will work with their external advisors to create a set of metrics and timeframes for implementation of each key recommendation
- ¶ Early-September 2008 A final meeting of the Steering Committee will be held to discuss the implementation timeline for the 2008-2015 Clinical Enterprise Strategic Plan
- ¶ Mid-September 2008 A final meeting of the Strategic Oversight Committee will be scheduled to communicate Plan milestones and timeframes, and collect input around potential barriers to implementation
- ¶ October 2008 Several Town Hall sessions will be organized (both at Parnassus and Mount Zion) to elicit reaction to the strategic direction encapsulated in this Plan
- ¶ End-2008 The Chancellor’s Office will review and endorse the recommendations encompassed in this Plan
- ¶ End-2008 The 2008-2015 Clinical Enterprise Strategic Plan will be presented to the UCSF Faculty Senate for discussion and ratification
- ¶ Early-2009 UCSF will institute development of the Clinical Enterprise Board and begin implementation of prioritized recommendations