

UC Health COVID-19 Response and Recovery

Carrie L. Byington, MD

Executive Vice President, UC Health

July 31, 2020

UC Health by the Numbers

19 health professional schools (6 med schools, 2 dentistry, 4 nursing, 1 optometry, 2 pharmacy, 2 public health and 1 veterinary medicine) training ~15000 students

UCSF ranked #6 and UCLA #7 nationally by US New & World Reports
All UC medical centers ranked among the best in the state

5000+ faculty physicians; 14,000+ nurses

12 hospitals with 3900 beds with ~173K Admissions and 7.5 million outpatient visits

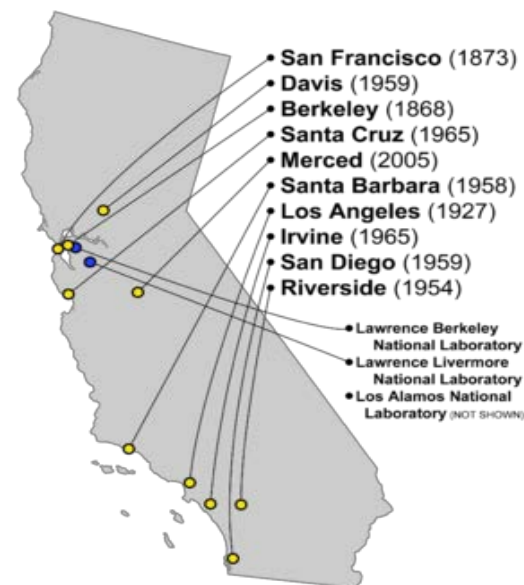
5 NCI Comprehensive Cancer Centers; 5 NIH CTSA

Treat some of the most critically ill in CA—case mix index ranges from 1.83 to 3.06 in FY 2019, compared with CA's acute care hospitals at 1.1 to 1.5

15 million individual patients seen in the past 15 years—One secure data warehouse with ~ 200 million encounters

Train 2/3 of the medical students and 1/2 residents in California

~\$2 billion NIH funding



**BEST
HOSPITALS**

U.S. News & WORLD REPORT

RANKINGS

UC Health Division Core Values—January 2020

ACCOUNTABILITY

We are responsive to the public and our stakeholders' needs, follow through on our commitments, and take ownership for our decisions and actions.

EXCELLENCE

We adhere to the highest standards of professionalism, quality, and expertise. We strive to be leaders in our respective disciplines and to **foster a system that delivers superior outcomes.**

INTEGRITY

We set high ethical standards and lead by example. We act in a credible and trustworthy manner. We treat all people with dignity, respect, professionalism, and fairness.

COLLABORATION

We believe collective insight and action produces greater results than that of any individual or organization. We facilitate the exchange of information, expertise, and skills to optimize resources and generate the highest quality outcomes. **We foster teamwork and, where appropriate, systemness.**

INNOVATION

By establishing an environment which supports creative and diverse thinking, we consistently evaluate perspectives, re-define problems, and seek opportunities to identify, test, and implement new solutions that produce desired outcomes. **We accept risk taking as an opportunity to learn.**

MISSION DRIVEN

We are dedicated to and align our work with the University's commitment to education, research, and public service.

DIVERSITY & INCLUSION

We embrace diversity, equity, tolerance, and inclusion in all forms. We strive for a community that fosters an open, inclusive, and productive environment where we respect the potential of all individuals to make a positive contribution.



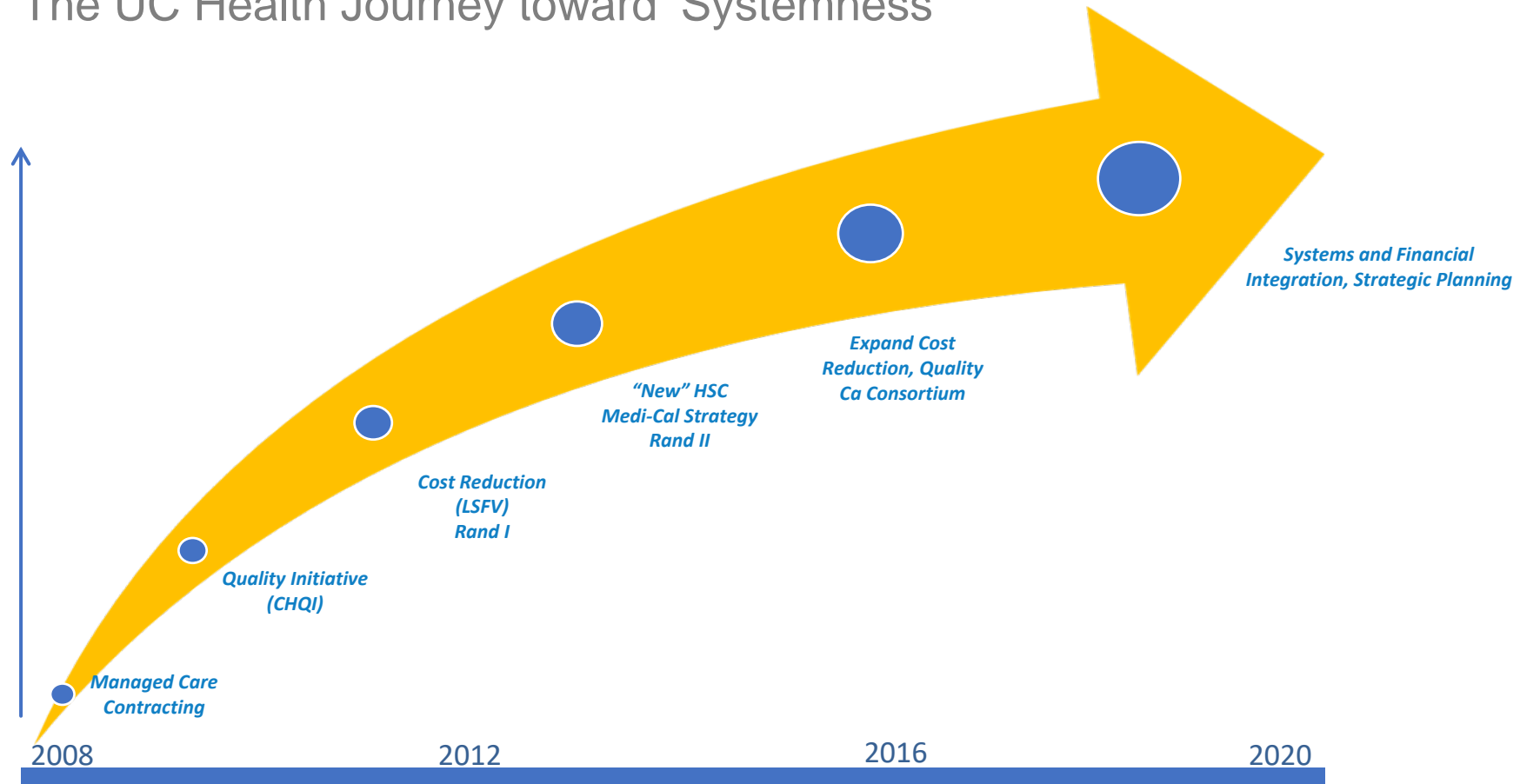
System-Wide Goals that Require Collective Action

UC Health system-wide goals include our aspirations to:

- Improve the health of all people living in California now and in the future
- Promote health equity through the elimination of health disparities
- Reduce barriers to access to our clinical, education, and research programs by creating more inclusive opportunities for employees, students and trainees

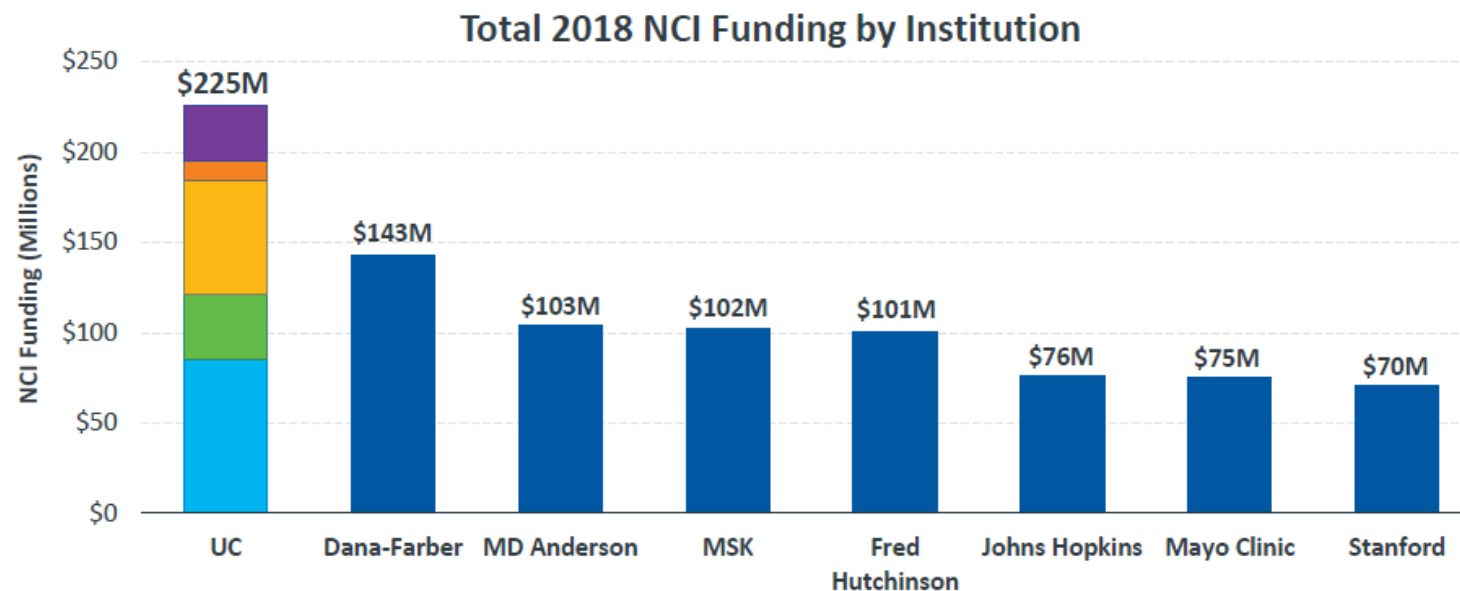
UC Health System

The UC Health Journey toward 'Systemness'



NCI Funding

In 2018, UC Collectively Received More than 50% Greater NCI-Funding Than Any National Peer

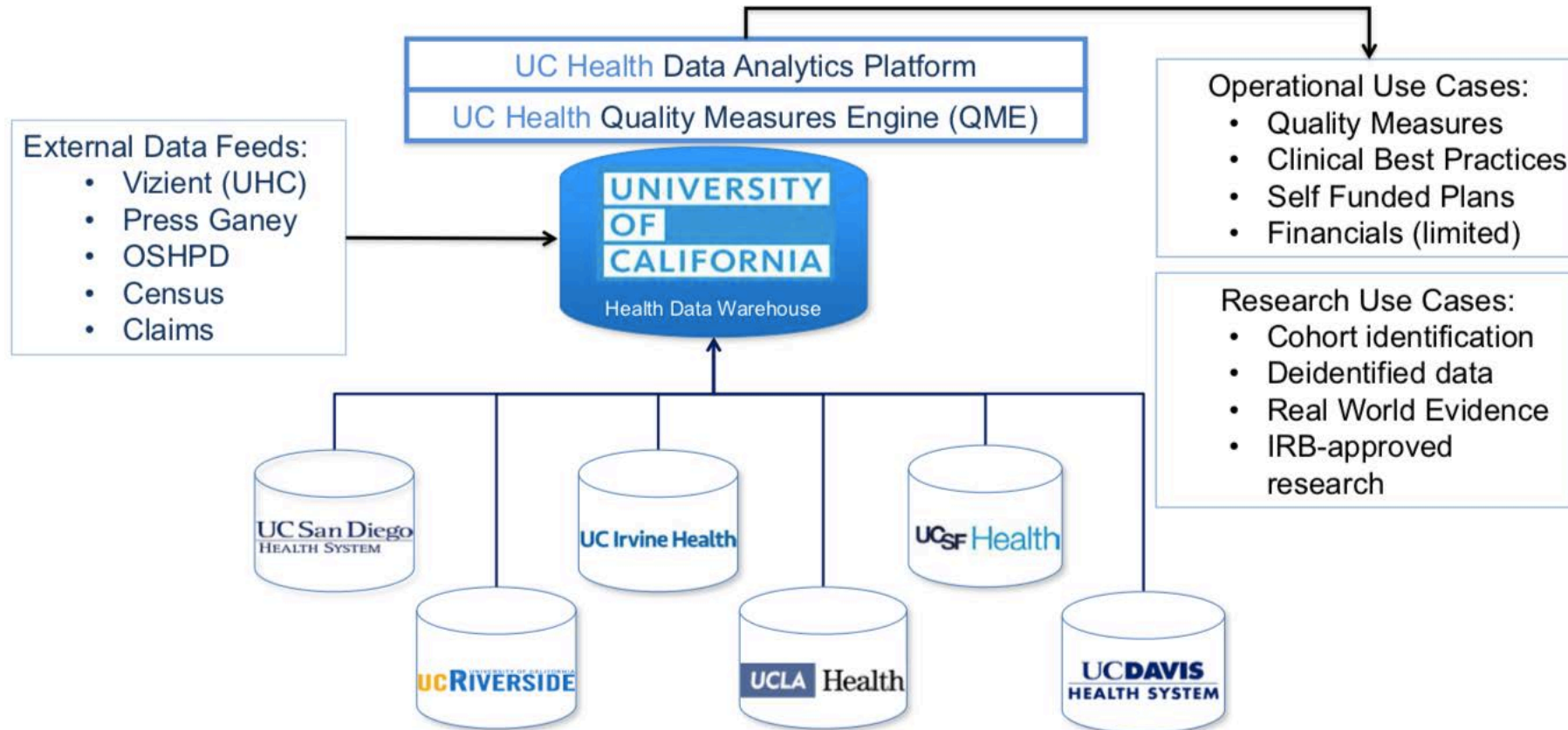


UC Institution	Percent	Total Funding
UC Davis	13%	\$ 30,126,744
UC Irvine	5%	\$ 10,724,671
UC Los Angeles	28%	\$ 63,843,988
UC San Diego	16%	\$ 35,703,665
UC San Francisco	38%	\$ 85,203,576
UC Total	100%	\$ 225,602,644

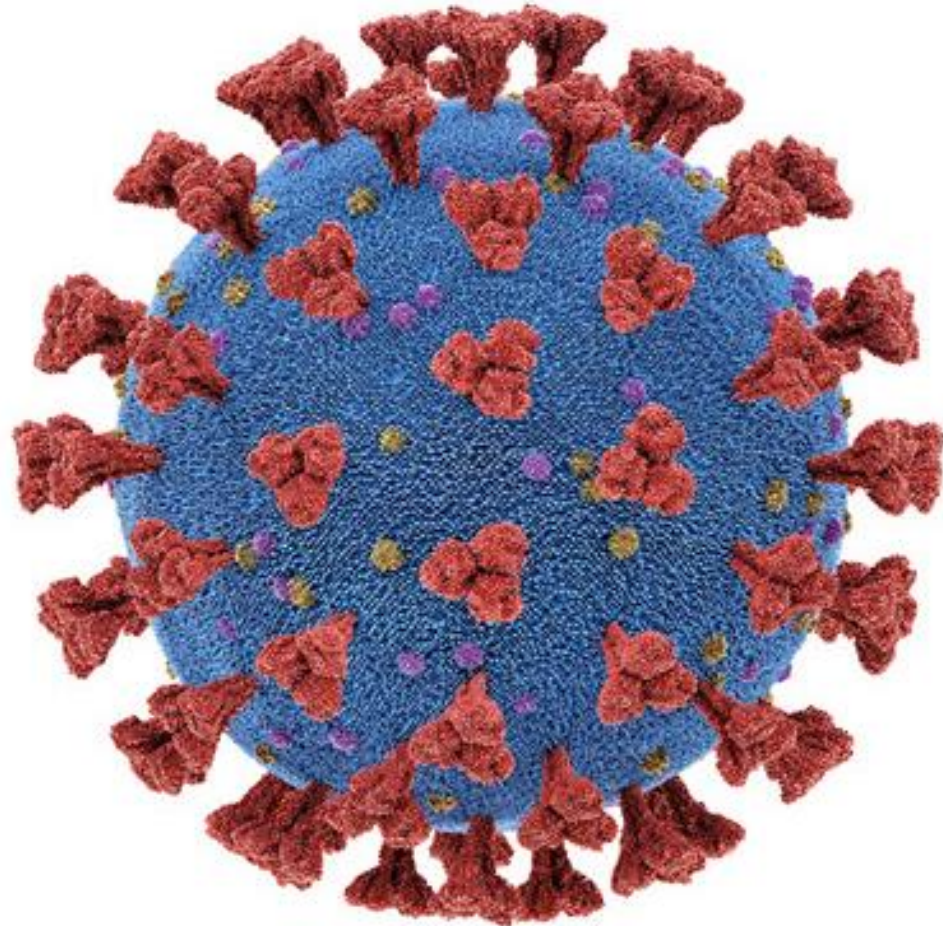
Having received 50% more NCI funding than the closest competitor, UC faces a unique opportunity to leverage its resources to lead high impact research and clinical excellence

Source: NIH Database - 2018 NCI Award Funding

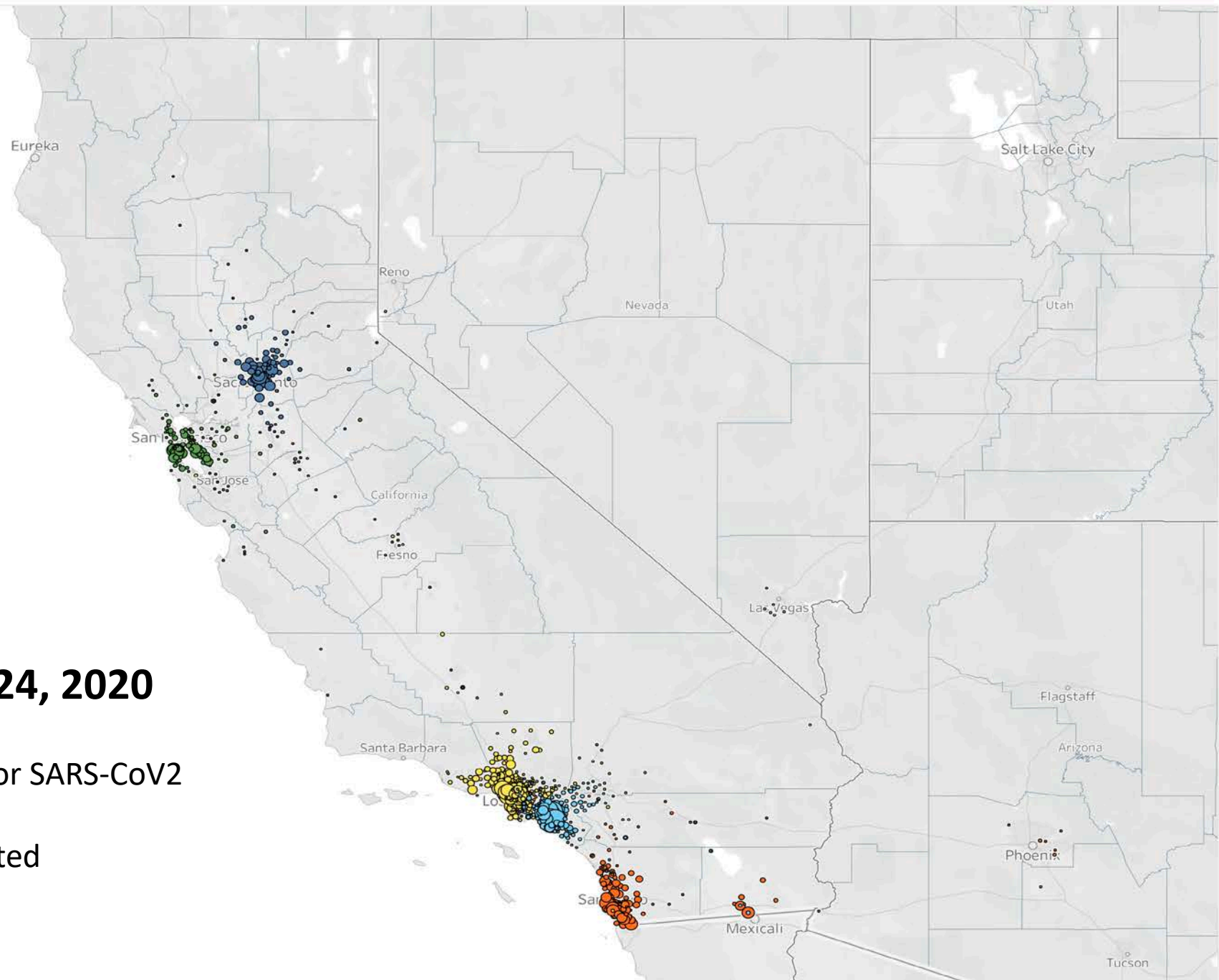
UC Health Data



*The world asks of us
only the strength we have and we give it.
Then it asks more and we give it.*



The Weighing by Jane Hirshfield—1994
Poet in Residence UCSF 2017



MRN

- 1
- 20
- 40
- 60
- 80
- 100
- 117

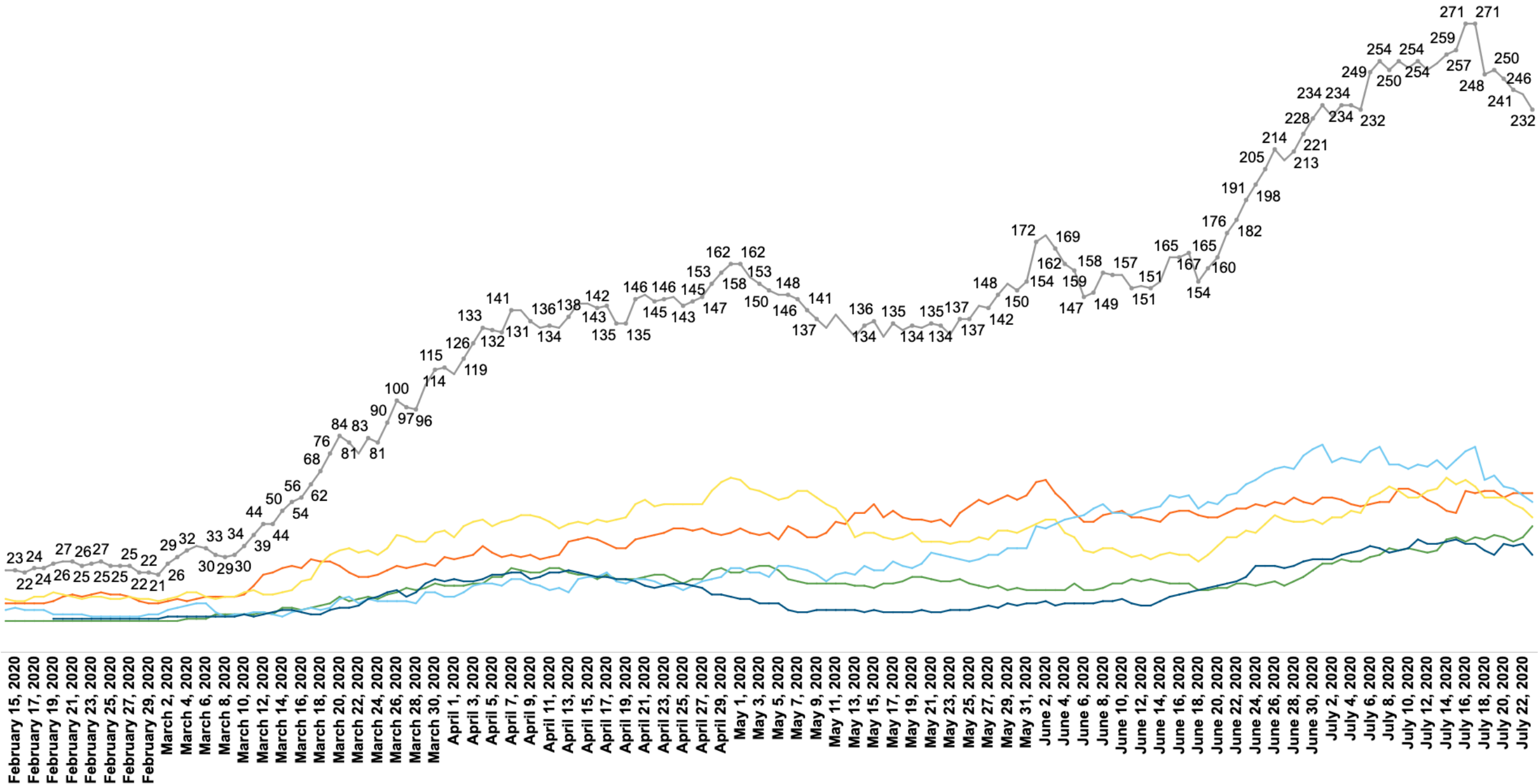
Uc Site

- UCD
- UCI
- UCLA
- UCSD
- UCSF

UC Health Data July 24, 2020

- Tested ~170K patients
- Cared for 6273 Positive for SARS-CoV2
 - 1665 Inpatients
 - 232 currently admitted
- 132 deaths

COVID-19 positive inpatients seen during each day
Patients are counted if present in an inpatient stay at any point during a day



What did we learn: The public wants to see our data

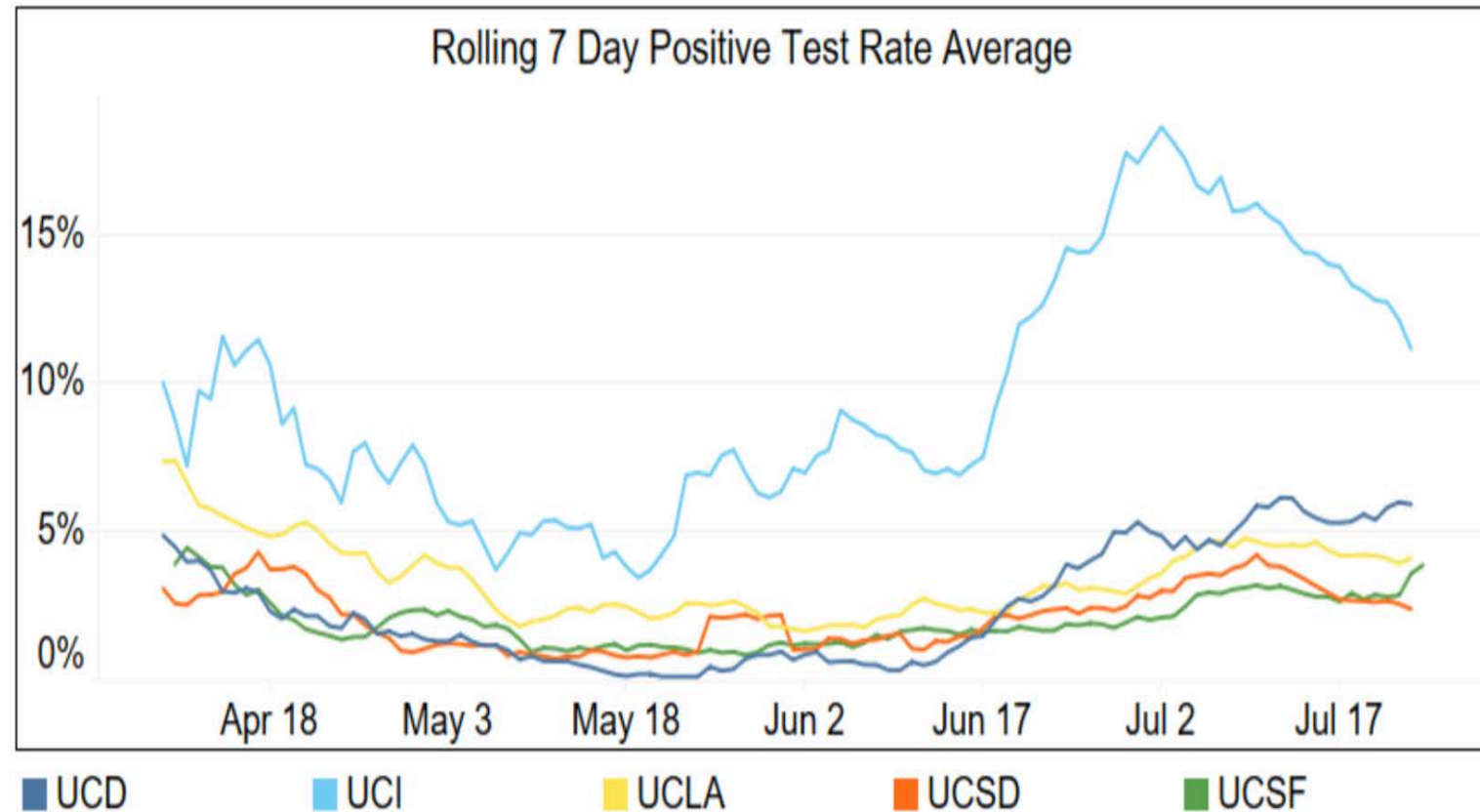
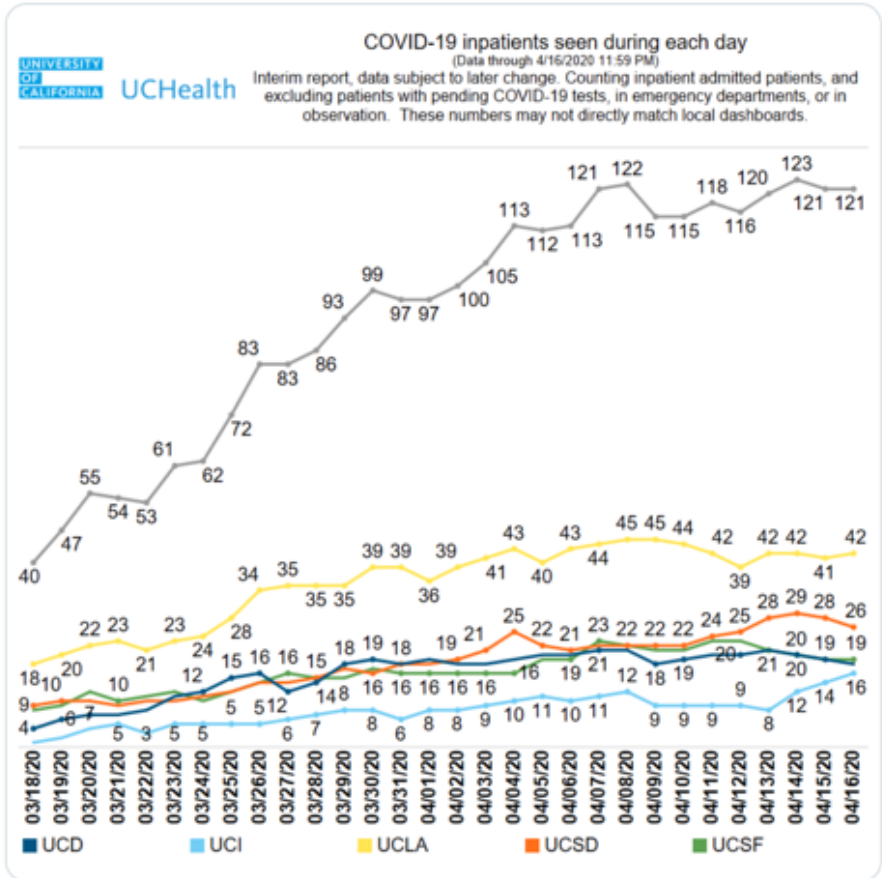


University of California Health
@UofCAHealth

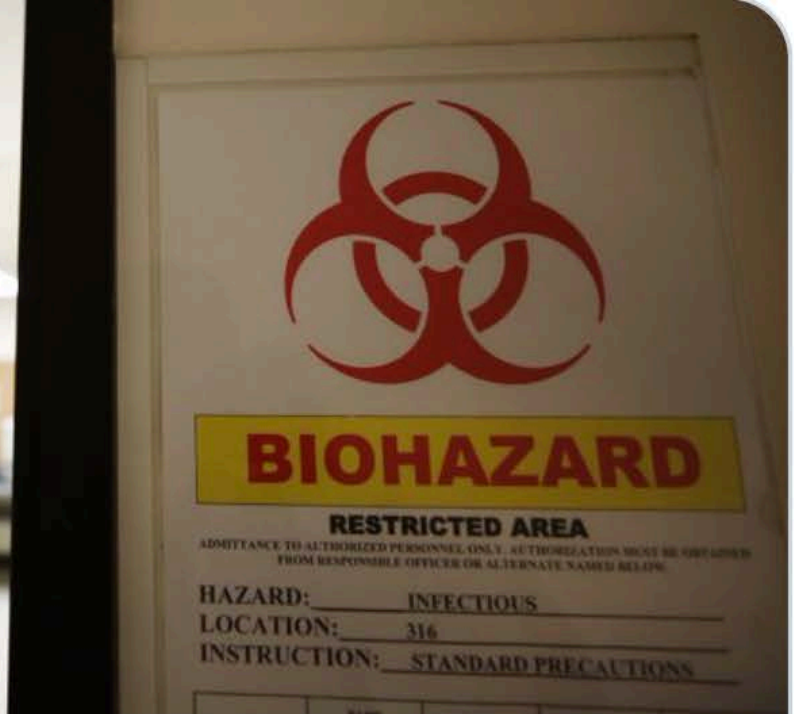
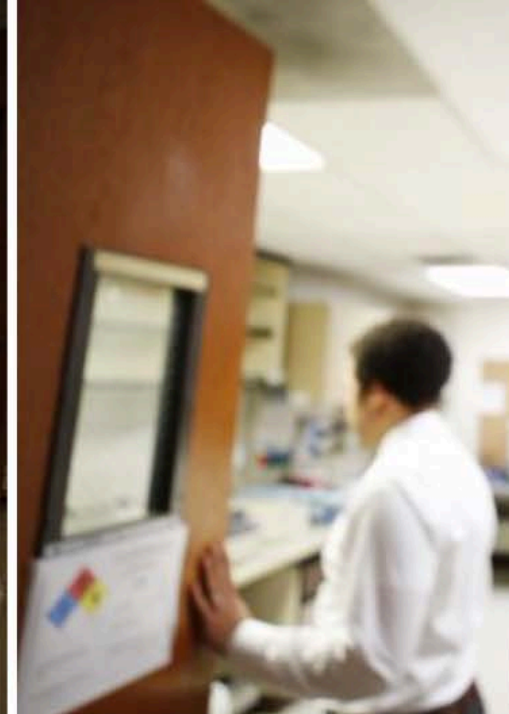
1/6 Daily #COVID19 update: 298 #SARSCoV2 positive patients have needed admission to date in any of our 10 hospitals and 5 academic medical centers; 166 patients have been discharged home. @UofCAHealth hospitals cared for 121 #SARSCoV2 positive inpatients yesterday.

Your Tweets earned 1.8M impressions over this 91 day period

Follow @UofCAHealth for these numbers every afternoon



UC San Diego
HEALTH SYSTEM
Center For Advanced Laboratory Medicine



UNIVERSITY OF CALIFORNIA

BERKELEY • DAVIS • IRVINE • LOS ANGELES • MERCED • RIVERSIDE • SAN DIEGO • SAN FRANCISCO

SANTA BARBARA • SANTA CRUZ



EXECUTIVE VICE PRESIDENT - CHIEF OPERATING OFFICER

OFFICE OF THE PRESIDENT
1111 Franklin Street, 12th Floor
Oakland, CA 94607-5200
510/987-0500

March 18, 2020

EXECUTIVE VICE PRESIDENT BYINGTON

RE: REQUEST TO ESTABLISH THE UC HEALTH COORDINATING COMMITTEE

President Napolitano ↔ Chancellors

UCOP MRT

UC-HCC ORG CHART

CEOs ↔

UC-HCC Chair
Dr. Carrie Byington

UC-HCC
Executive Group

- Larry Anstine
- Carrie Byington
- Steve Gonias
- Nam Tran

Gov't Outreach

Planning Team
Leads: Zoanne Nelson
Amina Assefa

Existing Systemwide
Groups

- CMO & CNO
- Occupational Health
- Health Emergency Managers
- Health Safety Officers
- Finance
- Supply Chain
- Student Health
- Others as needed

Resumption
Lead: Larry Anstine

Operations
Lead: Jordan Cathey

Hospital
Command Centers

Procurement
Lead: Dougie Graham

RST Procurement

COVID-19 SME Working Groups

Public Health
Lead: Brad Pollock

Laboratory
Lead: Steve Gonias

Telehealth
Lead: Tom Nesbitt

Clinical Research
Lead: Dan Cooper

Infectious Disease
Lead: Susan Huang

Education
Leads Cathryn Nation
Heather Young

Bioethics
Lead: Rochelle Dicker

Acronyms:
 MRT - Management Response Team
 RST - Response Support Team
 SME - Subject Matter Expert
 UC-HCC - UC Health Coordination Committee

Health Press Releases

CATEGORIES

[All News](#) >

[Research](#) >

[Health](#) >

[Arts & Humanities](#) >

[Students & Alumni](#) >

[Faculty & Staff](#) >

[Administration](#) >

[Video](#) >

[UC in the News](#) >

[Press Room](#) >

[Health Press Releases](#) >

[Current Issues](#) >

What makes UC unique?

Extraordinary
students from
across California.

EXPLORE THE
DATA >

UC hospitals gradually resume essential services based on 10 principles

UC Health

Monday, May 4, 2020

Today, the University of California's hospitals announced a gradual resumption of essential services at all five medical centers across the state.

"After extensive consultation with clinical leaders, we determined that further delays of essential health care services may result in more harm to patients than a careful resumption process," said Dr. Carrie L. Byington, executive vice president of UC Health and an infectious disease expert.

"Our academic medical centers provide complex and specialized procedures for a wide array of life-threatening conditions. Based on local conditions, our hospitals will begin phasing in essential services. Even as we take these measured steps, we remain poised to respond to a COVID-19 patient surge if it materializes," Dr. Byington added.

Many procedures were postponed as part of preparedness for a possible surge of patients with COVID-19. Each UC Health location has developed resumption plans to meet the needs of its community while following systemwide principles and receiving guidance from local public health officials. The 10 UC Health principles are:

- Remaining prepared for potential future surges and monitoring indicators and trends.
- Continuing expansion of screening and testing protocols.
- Allowing visitors, with precautions and consistent with applicable public health orders, to support our patients' clinical and psycho-social needs.
- Observing universal masking recommendations from the Centers for Disease Control and Prevention and California Department of Public Health.
- Exercising caution for employees in high-risk groups.
- Resuming deferred essential and preventive services based on local conditions.
- Relying on qualified health care providers to determine which patients are at risk if procedures are further delayed.
- Continuing contact tracing of employees who test positive in consultation with local health departments and consistent with local policies.
- Using telehealth, when feasible, to limit exposure.
- Encouraging physical distancing whenever possible.

Share



Contact

**University of California
Health**
uhealthnews@ucop.edu
[u](#)

- **Coordination with State and Local Health Departments**
- **Phased or Staged Resumption and Scenario Planning**
- **Risk Assessment and Designated Point of Contact**
- **Health Screening, Clinical Testing Capacity, Contact Tracing**
- **Housing, Case Management, Student Health**
- **Individual Risk Reduction Measures**
- **Students, Faculty, and Staff at Increased Risk for Severe Illness**
- **Access Limitations**
- **Environmental Health and Safety**
- **Communication/Stakeholder Outreach**

UC Health

OVERVIEW

STAFF

FUNCTIONS

LEGISLATIVE ADVOCACY

REPORTS & RESOURCES

UCH Coordinating Committee Guidance

In response to the spread of SARS-CoV-2, University of California Health convened a coordinating committee comprised of subject matter experts from around the system. The guidance below endeavors to help campuses and our academic health centers during these challenging times. The pandemic is evolving, and local conditions may change rapidly. These documents are iterative and subject to revision as necessary.

University of California Campuses

- [UC Systemwide Testing and Tracing Task Force \(T3\) Recommendations to the President and Chancellors](#)
- [Working Document: Symptom Screening Task Force Recommendations](#)
- [Strategies for Reducing Transmission of SARS-CoV-2 at UC Campuses](#)

Academic Health Center Operations

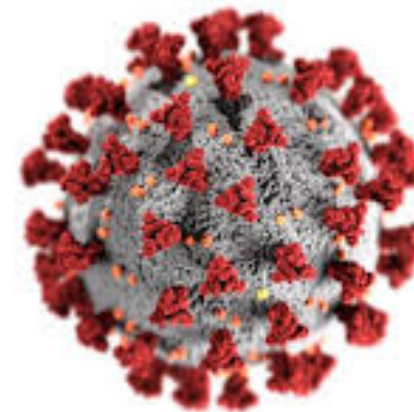
- [Return to Normal Onsite Operations and Remdesivir Allocation Guidance](#)
- [Allocation Guidelines for Remdesivir if Demand Outstrips Supply](#)
- [Allocation of Scarce Critical Resources under Crisis Standards of Care](#)
- [Principles for Resumption of Non-emergency Services](#)
- [Health Care Personnel COVID+ Self-reporting and Return to Work Guidance](#)
- [Guidance to Pregnant Faculty, Trainees and Staff](#)
- [Use of Personal Protective Equipment \(PPE\)](#)
- [Droplet and Contact Precautions](#)

Travel Guidance

- [Policy of Health Care Workers Returning from Level 3 Countries](#)

SEE ALSO

- [Regents Principles for Responsible Operations – COVID-19](#)
- [Consensus Standards for Campus Operations – COVID-19](#)
- [COVID-19 Regent Updates from EVP Byington](#)
- [COVID-19 Information for UC Employees](#)
- [Main UC COVID-19 External Site](#)
- [General UC COVID-19 Guidance and Policy](#)
- [UCOP COVID-19 Site](#)



<https://www.ucop.edu/uc-health/reports-resources/uch-coordinating-committee-guidance/index.html>

https://www.ucop.edu/uc-health/staff/bios/carrie_byington.html

Bioethics--First Charge Standards of Care

<p>Space- usual beds fully utilized</p> <p>Staff- usual staff, including called in off duty</p> <p>Supplies- Usual or cache/stockpiled</p> <p>Level of Care- usual care</p> <p><i>Conventional</i></p>	<p>Space- PACU or pre-op beds used. Singles conversion to doubles</p> <p>Staff- Longer shifts, different staff configurations and supervision</p> <p>Supplies- Conserve, adapt, substitute, re-use supplies</p> <p>Level of Care- Functionally equivalent care, but may be delayed</p> <p><i>Contingency</i></p>	<p>Space- Cot-based care, ICU- level care in stepdown or monitored units</p> <p>Staff- Significant change in nursing and MD ratios, major changes in clinical responsibilities</p> <p>Supplies- Rationing of select supplies and therapies</p> <p>Standard of Care- Crisis care, may have to triage medical care and ventilators</p> <p><i>Crisis</i></p>
--	--	---

Allocation of Scarce Critical Resources under Crisis Standards of Care

**University of California Critical Care
Bioethics Working Group**

Ethical Principles in Crisis Standards of Care

Guiding Principles with this goal in mind:

Save the most lives

- Duty to care and promote the public good
- Duty to plan for crisis
 - Duty to steward scarce resources
- Respect each individual and his/her moral equality
- Justice
 - Fairness and equity
 - Transparency
 - Protection of populations with special needs and vulnerabilities

Translating Discovery into Health

University of California Biomedical Research Acceleration, Integration, & Development (UC BRAID) creates opportunities to improve health for Californians and beyond. Our platform for collaboration helps catalyze innovative ideas and build and leverage shared resources. [READ MORE](#)

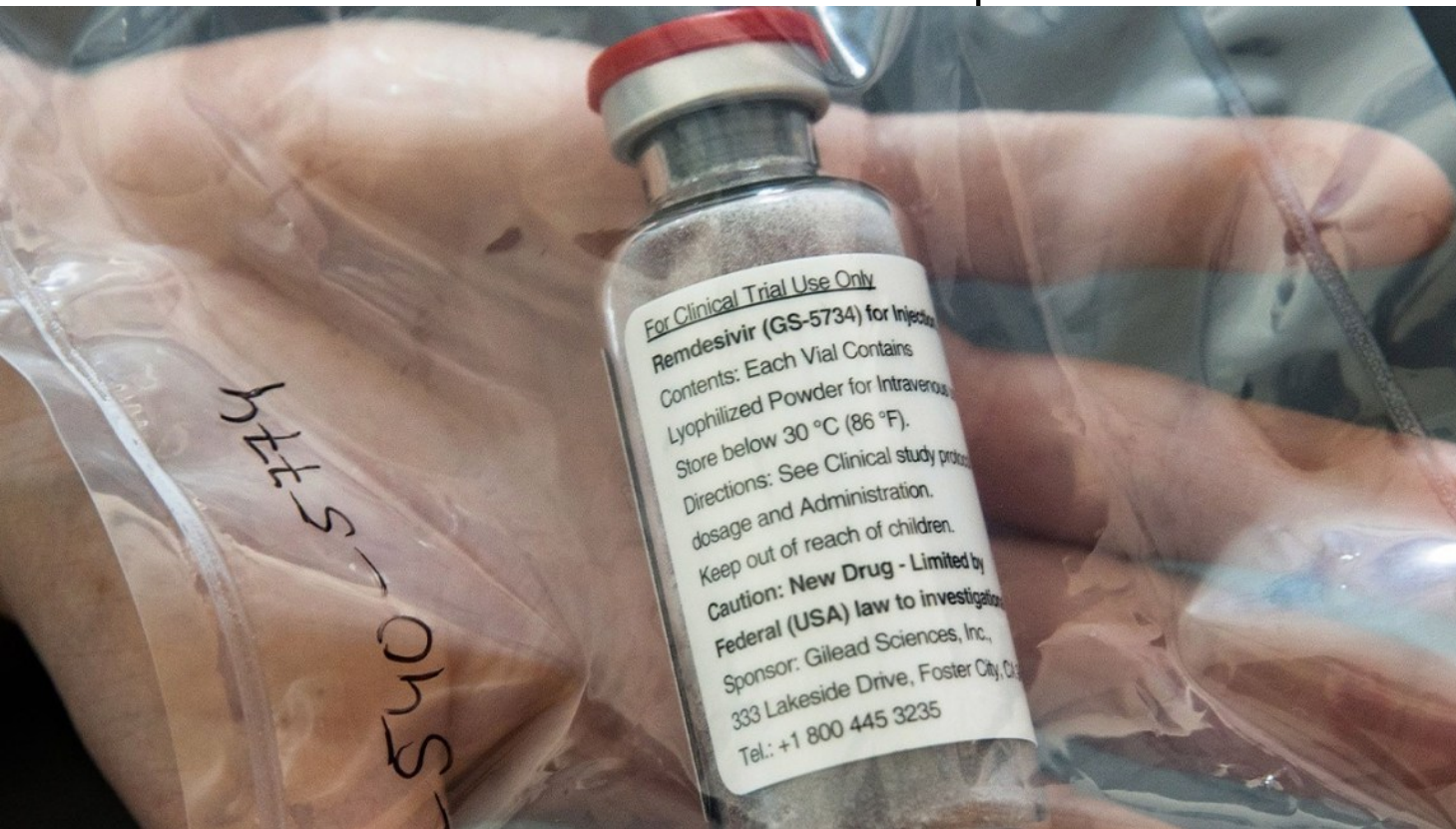
COMING SOON! UC-Wide COVID Research Data Set (CORDS)

Active Clinical Trials at All Five Medical Centers

Remdesivir
([NCT04280705](#))

Pending and Active Clinical Trials at One or More Medical Centers

Sarilumab – Davis and UCLA ([NCT04315298](#))
 DAS181– UCLA and UCSD ([NCT03808922](#))
 Tocilizumab – UCLA and UCSD ([NCT04320615](#))
 Azythromycin – UCSF ([NCT04332107](#))
 Mesenchymal stem cells – UCSF ([NCT03818854](#))
 HCQ (prevention) – Davis, UCLA, and UCSF ([NCT04332991](#))
 HCQ (treatment) – UCLA ([NCT04328961](#))
 Acetaminophen and Ascorbate – UCSF ([NCT04291508](#))
 Colchicine – UCSF ([NCT04322682](#))
 Colchicine – UCLA ([NCT04355143](#))
 Aviptadil – Irvine ([NCT0431697](#))
 PUL-042 – Irvine ([NCT04313023](#))
 PUL-042 – Irvine ([NCT04312997](#))
 Azithromycin/HCQ- UCSF VA ([NCT04363203](#))
 Azithromycin/HCQ- UCSF (NCT04358081)
 Azithromycin/HCQ- UCSD (NCT04358068)
 Leronlimab – UCLA ([NCT04347239](#))
 Leronlimab – UCLA ([NCT04343651](#))
 Canakinumab – UCSF ([NCT04334980](#))
 Selinexor – Davis and UCLA ([NCT04349098](#))
 Gimsilumab – UCLA (NCT04351243)
 Mavrilimumab – UCLA (NCT# Pending)
 Hyperbaric Oxygen – UCSD ([NCT04327505](#))
 Oral Vaccine - UCSD ([NCT04334980](#))
 Ramparil – UCSD ([NCT04366050](#))
 TAK-981– UCSD ([NCT03648372](#))
 Convalescent Plasma - UCSF (NCT #pending)
 Convalescent Plasma - UCSD, UCLA, UCI (NCT# pending)
 Convalescent Plasma - UCLA (NCT# pending)
 Positional Practice- UCSF ([NCT03896763](#))





Recovered from COVID-19? Your plasma can help!

[Learn how >>](#)



UC Health COVID Research Data Set (UC CORDS)

- 76646 patients, 2076 positive, 521 with an admission
- Access open up to all UC Health research faculty, staff, students
- Access through each campus's existing secure research environment
- HIPAA Limited Data Set (deidentified, but with dates)
 - UCSF IRB has approved our UC Health Limited Data Set work as HIPAA Exempt
- Sign UC-wide CORDS Data Use Agreement
 - Cannot download the dataset or remove from the environment
- All UC Health IRB directors are in agreement
 - Not Human Subjects Research (NHSR)
 - No IRB submission is required for end users
- Regenerated every Wednesday, transferred Thursday and Friday

University of California COVID Research Data Set (UC CORDS)

Overview

The University of California COVID Research Data Set (UC CORDS) is designed to be a timely data set for research purposes, containing SARS-CoV-2 testing results and inpatient COVID-19 treatment information (for those positive for the virus) collected from across UC Health. It is a HIPAA Limited Data Set (LDS) generated from the UC Health Data Warehouse (UCHDW), a UC-wide centralized database with data from all of the medical centers. Certain direct identifiers are removed, but dates of services are retained. The data set is distributed weekly to each UC Health site and will evolve over time as the UCHDW adds more patients and clinical depth.

UC CORDS, as well as the UCHDW, are using the OMOP Common Data Model version 5.3.1.

UC Health Site Contacts for Access to UC CORDS

UC Davis	Kent Anderson	Kander@ucdavis.edu
UC Irvine	Kai Zheng / David Merrill	Kai.zheng@uci.edu / Damerril@hs.uci.edu
UCLA	Albert Duntugan	ADuntugan@mednet.ucla.edu
UCSD	Mike Hogarth / Jennifer Holland	Mihogarth@health.ucsd.edu / Jaholland@ucsd.edu
UCSF	Rick Larsen	Rick.Larsen@ucsf.edu

This is What Everyone Can Do to Reduce SARS-CoV-2 Spread During Civil Protesting

[Home](#) > [This is What Everyone Can Do to Reduce SARS-CoV-2 Spread During Civil Protesting](#)

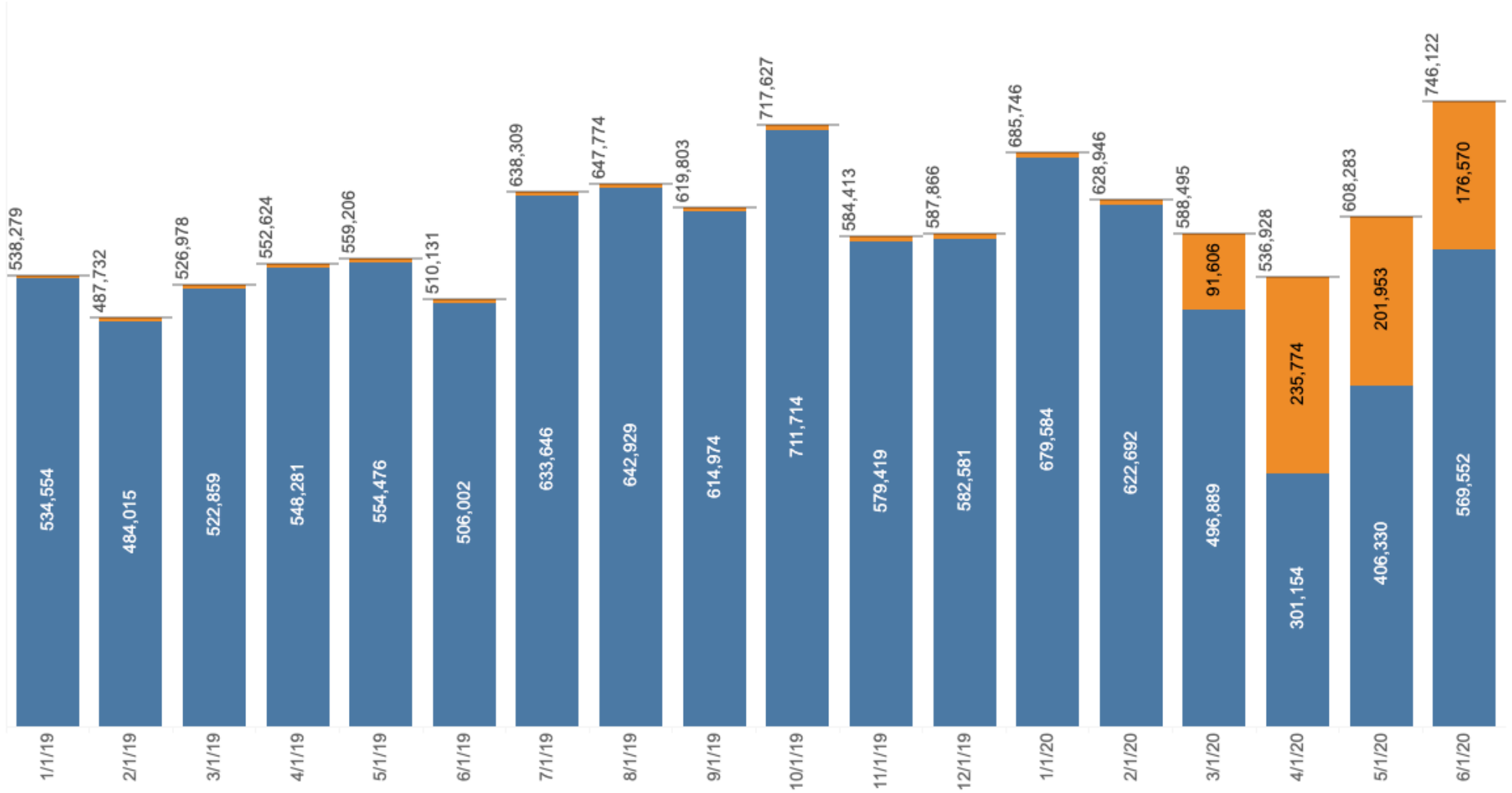
This is What Everyone Can Do to Reduce SARS-CoV-2 Spread During Civil Protesting

Share this



Civil unrest over George Floyd’s murder during this SARS-CoV-2 pandemic will increase community transmission of this highly contagious virus and contribute to increased incidence of morbidity and mortality associated with COVID-19. Any large gathering creates risk for transmission. This risk impacts all participants in protests, including protestors, law enforcement officers, journalists, and bystanders. While many have urged protestors to wear facemasks to reduce virus spread, no specific, written safety recommendations for these activities have been developed to mitigate risk or to plan for an outbreak among anyone who attends, as well as their household members. Moreover, protestors themselves do not control all of the factors contributing to risk. For example, law enforcement officials control rules of engagement, including the circumstances when booking and incarceration are employed rather than citation. Public health authorities perform or facilitate testing, early diagnosis, contact tracing, and treatment. All of these actions can reduce the risk of spread of COVID-19. We invite all stakeholders to engage in these considerations and discuss what they can do to reduce transmission in their communities, agencies, and jurisdictions.

Ambulatory Visit Volume



	1/1/19	2/1/19	3/1/19	4/1/19	5/1/19	6/1/19	7/1/19	8/1/19	9/1/19	10/1/19	11/1/19	12/1/19	1/1/20	2/1/20	3/1/20	4/1/20	5/1/20	6/1/20
Ambulatory	534,554	484,015	522,859	548,281	554,476	506,002	633,646	642,929	614,974	711,714	579,419	582,581	679,584	622,692	496,889	301,154	406,330	569,552
Telehealth	3,725	3,717	4,119	4,343	4,730	4,129	4,663	4,845	4,829	5,913	4,994	5,285	6,162	6,254	91,606	235,774	201,953	176,570

Virtual Care-Transform how we deliver collaborative care—UC Care Everywhere

- The knowledge and expertise of our faculty and staff is our greatest asset –reducing barriers to accessing that asset is good for society and makes financial sense Providers working across campuses
- Patients being able to seamlessly get the best of UC providers without having to “move campuses”
- Larger provider pool = improved access





I am looking for

I am a

Programs

A-Z Index

COVID-19



practice
social
distancing



if sick, stay
at home



wash hands



cover your
cough



call your
provider

COVID-19 UPDATES

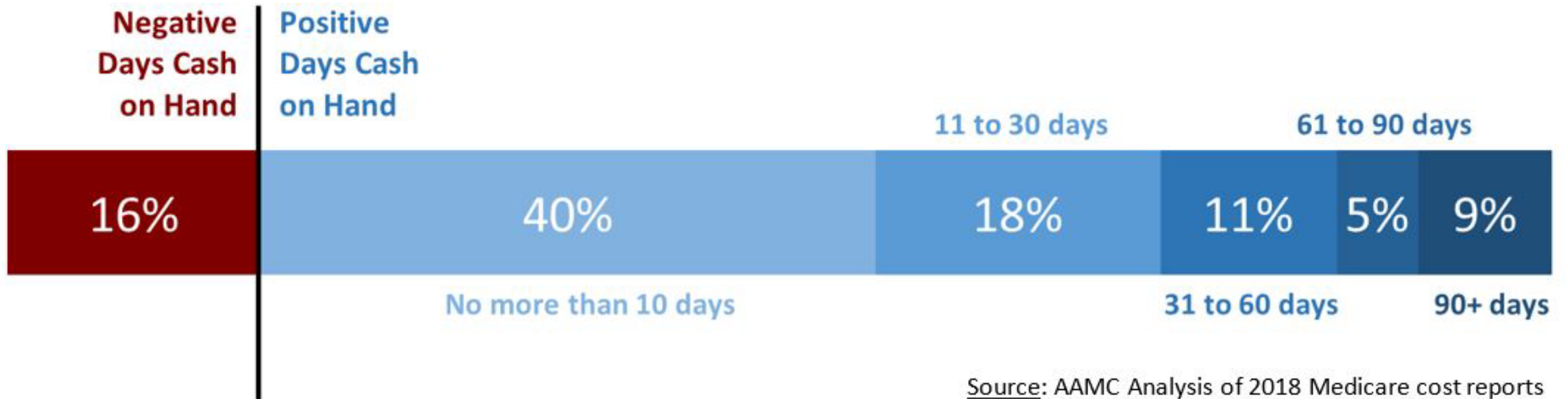
(Coronavirus Disease 2019)

cdph.ca.gov/covid19

Hospital	Pre-surge Beds	Surge Beds	Total Beds	Surge Beds as % of Pre-surge
UC Davis	625	273	898	44%
UCI	402	163	565	41%
UCLA	726	374	1,100	52%
UC San Diego	803	174	977	22%
UCSF	1,242	497	1,739	40%
TOTALS	3,798	1,481	5,279	39%

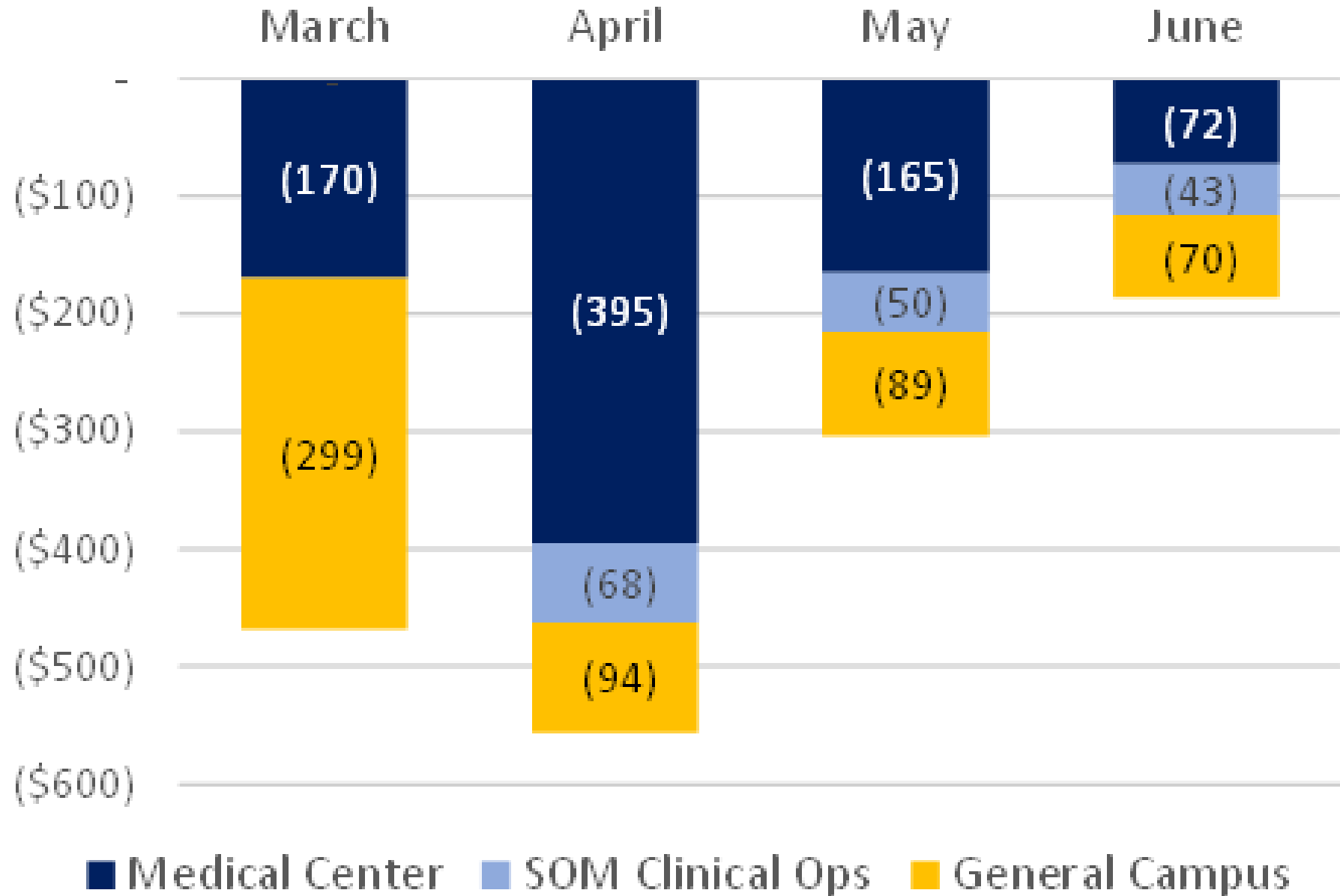
The Financial Health of Hospitals Amid the COVID-19 Pandemic

Percent of Hospitals by Their Days Cash on Hand



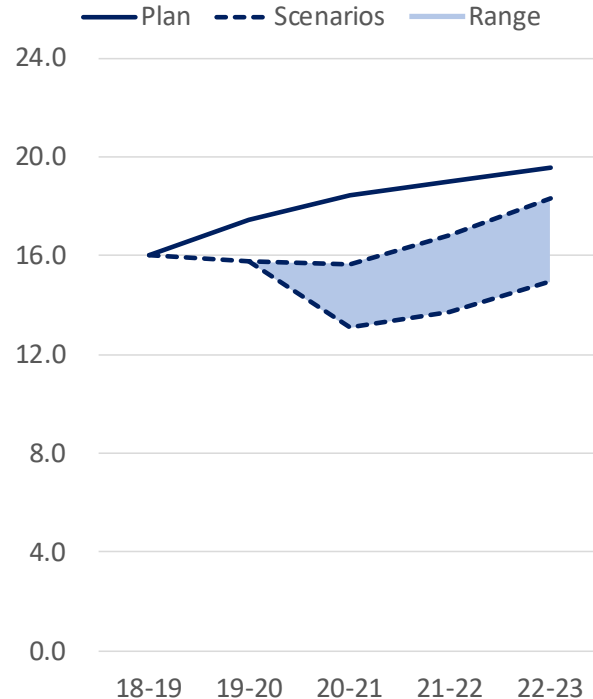
The COVID-19 pandemic is threatening the financial viability of hospitals. A recent OIG report shows that hospitals are fast-depleting their cash reserves due to increasing costs while preparing for and treating the surge of COVID-19 patients, and decreasing revenues due to their need to cancel elective procedures and services. With hospitals relying on these reserves to continue operations during these financially strained times, we looked at 2018 Medicare cost report data to compute the days cash on hand of all IPPS hospitals. This week's Data Snapshot (above) shows the number of days hospitals could continue to operate with the cash reported on hand or in banks in 2018. Overall, 56% of hospitals have cash on hand for no more than 10 days, with this being the case more specifically for 44% of AAMC-member hospitals. This analysis underscores the importance of the timely distribution of coronavirus relief funds to hospitals.

Lost Revenue by Month



Medical Center/Clinical Practice Revenues

Medical Centers/Clinical Activities



- Large immediate impact as COVID-19 limits other services
- Gradual recovery although timeframe is uncertain

Factors Influencing Recovery

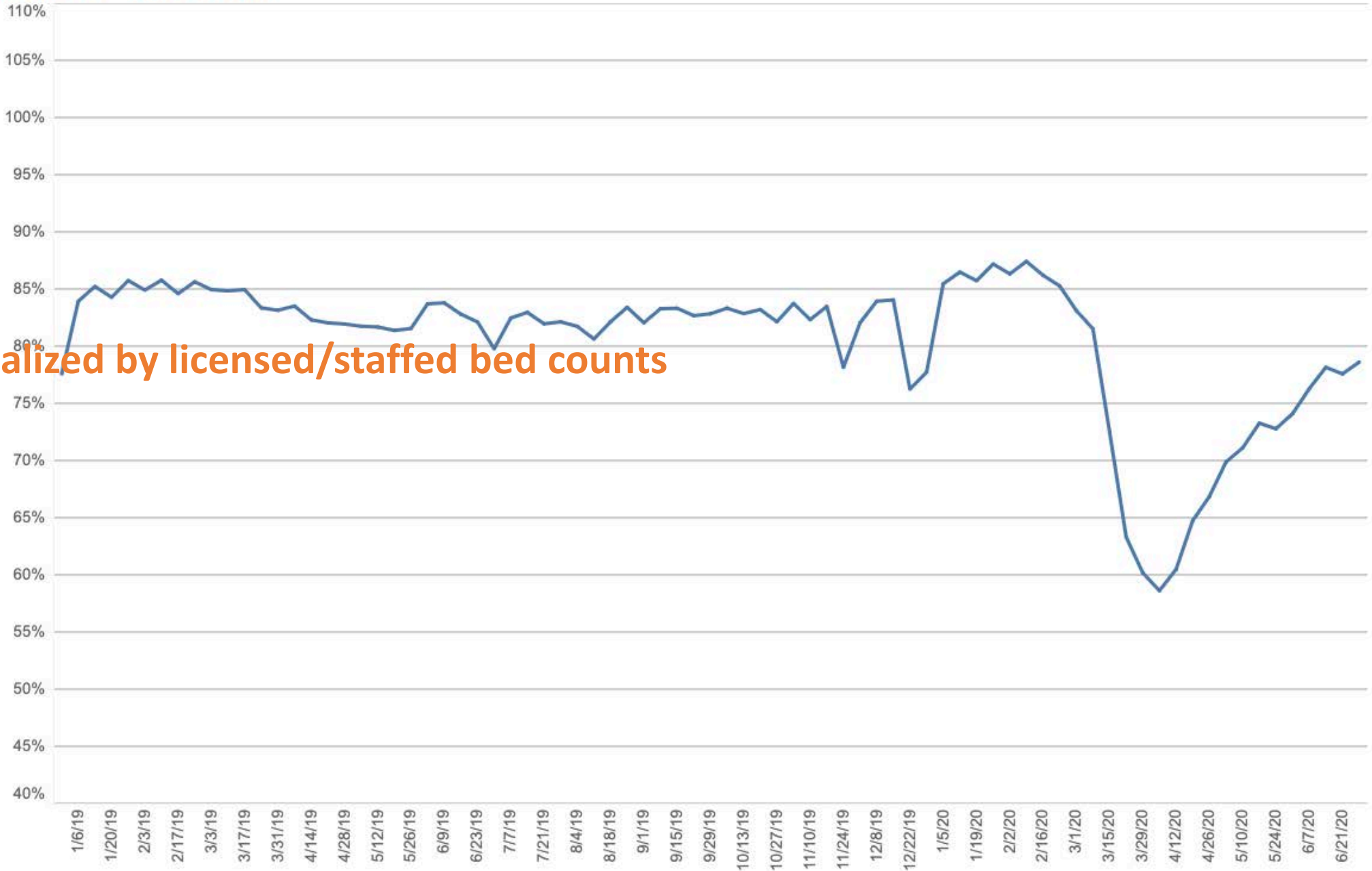
Stabilizing revenue and liquidity

- Ability to quickly ramp up operations at both medical centers and clinics
- CMS Advance Payment Program availability
- CARES Act funding for healthcare providers
- Expanded COBRA coverage
- Opportunities: affiliations, expanding capacity (patient beds, telemedicine services)

Risks to revenue

- Change in payor mix due to unemployment
- Future waves of COVID-19 cases (regional)
- Continued 'shelter-in-place' orders
- Supply chain disruptions
- Staffing costs of new care models for testing, tracing, distancing, and impacts to efficiency

Normalized by licensed/staffed bed counts



COVID-19 Funding

UC
Total
\$494M

CARES Act: Provider Relief Funds Received (as of 07/23/2020)

Since April 10, the US Department of Health and Human Services has distributed nationwide approximately \$122 Billion of the \$175 Billion in the Provider Relief Fund provided by Congress in the CARES and Stimulus 3.5 Acts:

- \$50B General Distribution to hospitals and health care providers
- \$15B to providers that participate in Medicaid/CHIP programs that have not received the General Distribution
- \$12B “High-Impact” / Hot-Spot Distribution (first tranche) + \$10B (second tranche)
- \$10B Rural Distribution (first tranche) + \$1.1B (second tranche)
- \$4.9B to Skilled Nursing Facilities
- \$5B to Nursing Homes
- Unspecified portion to HRSA to cover uninsured COVID-19 patients
- \$500 million to Tribal Hospitals, Clinics, and Urban Health Centers
- \$10B for Eligible Safety Net Hospitals (first tranche) + \$3B (second tranche)

Of these distributed funds, UC Health has received approximately \$494M systemwide:

- \$290M representing the UC share of \$50B in General Distribution funding
- \$194M representing the UC Share of \$10B targeted to safety net hospitals (first tranche)
- \$10M representing UC share of \$10B “High-Impact” / Hot Spot Distribution (second tranche)







THANK YOU