THE REGENTS OF THE UNIVERSITY OF CALIFORNIA
OFFICE OF ETHICS, COMPLIANCE AND AUDIT SERVICES

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Alexander Bustamante
SENIOR VICE PRESIDENT
CHIEF COMPLIANCE AND AUDIT OFFICER

February 15, 2018

EXECUTIVE VICE PRESIDENT STOBO
EXECUTIVE DIRECTOR LARSEN

RE: Final Report Project No. P18A007: Medical Centers Clinical Enterprise Management Recognition Plans (CEMRP)

Attached is a copy of the final report for: Audit Services Project No. P18A007 Medical Centers Clinical Enterprise Management Recognition Plans (CEMRP). With the issuance of this final report, please destroy any previous draft versions. We very much appreciate the assistance provided to us by you and members of your staff during our review. If you should have any questions please feel free to contact me at 510-987-9646 (email: matthew.hicks@ucop.edu).

Matt Hicks
Systemwide Deputy Audit Officer

Attachment

cc: Senior Vice President Bustamante
        Systemwide Audit Manager Cataldo
        Data Manager Zorn
        Compensation Specialist Rodriguez
        Contractor Harrigan

UNIVERSITY OF CALIFORNIA
ETHICS, COMPLIANCE AND AUDIT SERVICES
OFFICE OF THE PRESIDENT
SYSTEMWIDE AUDIT

Senior Management Incentive Plans
Medical Centers Clinical Enterprise Management Recognition Plans
Audit No. P18A007
October 2017

Work Performed by:
Contract Auditor Harrigan
Data Manager Zorn

Work Reviewed by:
Systemwide Audit Manager Cataldo
Systemwide Deputy Audit Officer Hicks

Executive Summary

Introduction
As part of the University of California Office of the President (UCOP) 2017-18 fiscal year audit plan, Internal Audit completed an audit of the Clinical Enterprise Management Recognition Plan (CEMRP) for the five medical centers and UC Health.

CEMRP (the Plan), established by the Regents in July 2010, provides the opportunity for at risk variable financial incentives to those employees responsible for attaining or exceeding key clinical enterprise objectives. Participants in plan-eligible job positions are defined as the senior leadership of the clinical enterprise who have significant strategic impact and a broad span of control with the ability to effect enterprise-wide change.

At the beginning of each plan year, systemwide, institutional, and individual performance objectives are developed and approved by the medical center leadership, the Chancellors, University of California (UC) Health-systemwide and the Administrative Oversight Committee (AOC). Objectives relate to one or more of the following: financial performance, quality improvements, patient satisfaction, key initiatives in support of the strategic plan, and people and other resource management.

At the end of the plan year, participant performance is reviewed and rated as one component of the award recommendation. A second component is the local medical center (institutional) performance against plan, and a third component is systemwide "Clinical Enterprise" performance. If a participant's total cash compensation is over the established threshold of $304,000, awards are reported to the Regents. In addition, the Regents must approve any awards to executive officers. Beginning with the 2016/17 plan year, Tier I participants (medical center CEOs and Presidents and the Executive Vice President, UC Health) no longer have individual participant objectives but share common long-term objectives. The first long term incentive payout will occur after the conclusion of the 2018/19 plan year.

The AOC is assigned oversight of the plan, including development, governance and interpretation. CEMRP AOC membership includes the Executive Vice President – Business Operations, Vice President Human Resources, Executive Director – Compensation Programs and Strategy, and the Chancellors from the five campuses that have medical centers. The Executive Vice President UC Health and three representatives from a UC medical center are consultants to the AOC. The Senior Vice President - Chief Compliance and Audit Officer assures that periodic auditing and monitoring occurs, as appropriate. Non-material changes may be approved by the AOC while material or substantive changes to the Plan require the approval of the President and the Regents Governance and Compensation Committee and Health Services Committee.

In 2013, the AOC retained Sullivan, Cotter and Associates, Inc. (SullivanCotter) to aid in the program. SullivanCotter specializes in providing consulting services on executive, employee and physician compensation and benefits for the health care industry. The scope of their work was to assess the overall design, performance measures, and effectiveness of the incentive compensation program for the five UC Health Systems and develop

recommendations. SullivanCotter was retained by the medical centers again in 2017 to review and advise regarding plan objectives. Subsequent to the retention of SullivanCotter, we have noted continued improvement in the quality of the medical centers' descriptions and justifications of objectives.

Objective and Scope
The primary objective of this audit was to assess the accuracy of the CEMRP award calculations for plan year 2016/17 and award compliance with the Plan. We evaluated award criteria for accuracy and compliance for the systemwide, institutional, and participant performance reviews and award calculations. Our scope included award calculations that were based on the data provided by medical center management and we tested the systemwide and institutional results as well as a sample of participant performance results.

We also assessed the plan year 2017/18 systemwide and institutional (Health Systems) performance objectives for compliance with the Plan. We noted that institutional and systemwide objectives relate either to improving care or reducing costs (See also Appendix E).

Overall Conclusion
Based on the information provided, we did not identify any errors in calculations of CEMRP award recommendations that were presented for approval to the AOC or the Regents Committee on Compensation.

On a positive note, HR Compensation implemented a new streamlined process for AOC approval of new CEMRP positions and participants.

There were no changes to the 2017/18 CEMRP plan document except updating of dates.

We followed up on the prior year audit observations and management corrective actions. During this year's audit, we again noted some errors and a local customization of the award calculation template. The templates that are provided to the locations are password protected so that required fields cannot be changed which in turn facilitates compilation of data from all locations into one database for analysis and minimizes the possibility of errors.

While HR Compensation did complete the recommended action plan that included discussing and reinforcing with the Chief Human Resources Officers the need to utilize the standard template to help ensure accuracy, the issue was not resolved.

As part of this review, we performed analyses of plan year 2016/17 awards and plan year 2017/18 objectives that are included in the appendices to this report:

- Participant organization and position titles (Appendix A).
- Average awards by tier for plan year 2016/17 (Appendix B).
- Participant total awards by location and by Tier (Appendix C).

- Number of participant awards at each level (Threshold, Target or Maximum) by component: systemwide, institutional, individual (Appendix D).
- Benchmark and Baseline analysis of systemwide and institutional objectives for plan year 2017/18 (Appendix E).

Highlights of our analysis include:
- UCLA - has given out more awards at the Maximum level than any other medical center in each year of the past five years.
- UCSF - has significantly more participants than any other location.
- UC Davis - the majority (70%) of participants are clustered in the lowest tier, Tier III. This is not the case for any other location. Two medical centers have Tier I and Tier II participants only.
- UC San Diego was the least successful location in meeting their institutional objectives in plan year 2016/17.

Opportunities for Improvement and Action Plans

1. Advisory Oversight Committee (AOC) processes need improvement.

Per HR Compensation, there are some outstanding objectives for plan year 2017/18 that have not yet been approved by the AOC. These include some objectives for new plan participants, which were not available at the time of initial review, as well as some participant objectives in which changes were requested by HR Compensation as the initial version was not consistent with the plan. Also awaiting approval is the long-term objective, developed by UC Health, which is an objective shared by all of the CEOs. This long-term objective covers plan years 2017/18, 2018/19 and 2019/20.

The CEMRP plan document states "participant objectives will be reviewed prior to the start of the plan year or as soon as possible thereafter." Approval in Q2 of the plan year is not timely.

Action Plan:
HR Compensation will:
- *Provide Internal Audit Services with documentation evidencing AOC approvals of the outstanding objectives for plan year 2017/18 once they are approved by the AOC.*
- *Work with the AOC to ensure that review and approvals are timely and in compliance with the plan document.*
- *Revise the CEMRP submission and review process to facilitate meeting earlier deadlines, such as by June 30th for objectives.*

Target date:
March 1, 2018

2. Medical Centers continue to disable password protection on the award calculation template or make errors when completing it.

During this year's audit we noted, as we have in prior years, that several medical centers disabled the password protection on the award calculation templates. The templates that are provided are password protected so that required fields cannot be changed. This facilitates compilation of data from all locations into one database for analysis and minimizes the possibility of errors.

While HR Compensation did complete the action plan described previously, the issue has not been completely resolved.

In terms of errors, one medical center added links to an external spreadsheet, hosted on a medical center server, which cannot be accessed by staff at UCOP. Instead, they should have pasted in the text for each objective. This caused the consolidating script to pause at each individual form and attempt to connect to the medical center server.

Another medical center put the annual salary in the stipend field and left the base salary field empty, which required the data be reformatted for each participant prior to consolidation.

Action Plan:
HR Compensation will revisit this issue with the medical centers' Chief Human Resources Officers to determine and implement stronger effective measures to ensure the password protection on the templates is not disabled.

HR will also expand their review process so that errors can be noted and corrected before the consolidation process begins.

Target date:
May 1, 2018

POSITION	UC Davis	UC Irvine	UCLA	UC San Diego	UCSF	UC Health
Associate CFO			Tier II			
Associate Chief Experience Officer				Tier III		
AVC Health Sciences Advancement				Tier II		
Assoc VP, UC Health Chief Strategy Officer						Tier II
Chief Admin. Officer (plus 1 vacancy at UCSD)			2@ Tier II	4 @ Tier II	Tier II	
Chief Clinical Officer				Tier II		
Chief Communications Officer\CCO & Chief Marketing			Tier II	Tier II		
Chief Contracting Officer				Tier II		
CEO / President Health System	Tier I	Tier I	Tier I	Tier I	Tier I	
CFO/CFO Childrens Svcs	Tier II	Tier II	Tier II	Tier II	2@ Tier II	
Chief HR Officer/SVP HR/Chief Admin & HR Officer			Tier II	Tier II	2@ Tier II	
CIO /SVP CIO/Exec Dir Clinical IT		Tier II			Tier II	
CMO/ VP CMP at Benioff Children's Hospital Oakland	Tier II	Tier II		Tier II	Tier II	
CNO / Chief (UCLA) or Chief (UCD) Patient Care Svcs Officer	Tier II	Tier II	Tier II		Tier III	
Chief Innovation and Strategy Officer				Tier II		
COO - Medical Center/VP Med Center Administration	Tier II	Tier II		2@Tier II	Tier II	
Chief Pharmacy Officer/Vice President-Clinical Svcs					Tier II	
Chief Strategic Planning Officer /Chief Strategy Officer /Chief Strategy Officer Children's Svcs /Exec Dir Strategy & Business Dev./AVC Strategic Communications		Tier II	Tier II	Tier II	2 @Tier II	
Controller/ Controller CHO/VP Accounting (UCSF)	Tier III				1@Tier II and 1@Tier III	
Director Clinical Ops, Managed Care	Tier II					
Director Finance/Exec. Dir. Financial Ops	Tier III					
Director Health Sci Finance and Admin	Tier III					
Director Health System Contracts	Tier II					
Dir Patient Care Services	4 @Tier III					
Director Payer Strategies	Tier III					
VP Clinical Services					Tier II	
Exec. Advisor for Children's Health					Tier II	
Exec. Dir. Enterprise Networked Data Warehouse					Tier II	

APPENDIX A

POSITION	UC Davis	UC Irvine	UCLA	UC San Diego	UCSF	UC Health
Exec. Dir. Govm't & Community Healthcare Programs/ Dir Govm't Rel.	Tier III					
Exec. Dir Patient Experience/Patient Services	Tier III					
Exec. Dir Perioperative Nursing	Tier III					
Exec. Dir. Professional Services	2@Tier III					
Exce. Dir. Population Health					Tier II	
Exec. Dir./COO Ctr for Digital Health					Tier II	
Exec. VP Physician Services/Vice Dean Clinical Affairs					Tier II	
Exec. Vice Chancellor UC Health - UCOP						Tier I
Sr.VP – Adult Svcs/President UCSFMC					Tier II	
Sr. VP& Chief FP Officer and VP Faculty Practice Ops					2 @ Tier II	
Vice Dean Administration and Finance SOM					Tier II	
Vice President – Benioff Children's Hospital San Francisco					Tier II	
Vice President, Business Development/Business Dev. Officer PMB	Tier III				Tier II	
Vice President Cancer Svcs Finance/VP Finance for Physician Orgs					Tier II	
Vice President Facilities /Assoc Admin Facilities /Exec. Dir Facilities	Tier III				Tier II	
Vice President, Financial Planning & Budgeting					Tier II	
Vice President, for Physician Organizations, UCSF Health					Tier II	
Vice President, IT/Assoc. Chief Information Officer					Tier III	
Vice President, Major Capital Projects					Tier II	
Vice President, Marketing & Brand Mgt					Tier II	
Vice President, Perioperative Services					Tier III	
Vice President, Revenue Cycle/ Revenue Cycle Administrator/Director Revenue Services	Tier III			Tier II	Tier II	
VP-Strategic Development/VP Strategy-Cancer Enterprises					2 @ Tier III	
Regional Sr. Supply Chain Manager\VP Supply Chain				Tier III		
SVP Children's Services & President Benioff Children's Hospital					Tier II	
Vice Chancellor Univ. Dev./Alumni Relations					Tier II	

APPENDIX A

SUMMARY						
	Location	**Tier I**	**Tier II**	**Tier III**	**Total Eligible Positions**	**FY18 # Participants**
NOTABLE OBSERVATIONS	UCD	1	6	16	23	23
- UCSF has significantly more participants in the Plan than any other location.	UCI	1	6	0	7	7
- At UC Davis, Tier III participants account for 70% of their total.	UCLA	1	8	0	9	9
- UC Irvine and UCLA do not have any Tier III participants in FY18.	UCSD	1	16	2	20	19
- UC San Diego has the most vacancies.	UCSF	1	33	6	40	40
	UC Health System	1	1	0	2	2
	Total	6	70	24	101	100
	Note: "Eligible Positions" counts includes one vacancy at UCSD.					

Appendix B

Average CEMRP Award as Percentage of Base Salary by Fiscal Year in FY13-17

Tier 1 | Tier 2 | Tier 3

Location: UCD | UCI | UCLA | UCOP | UCSD | UCSF

Incentive levels: Threshold | Target | Maximum
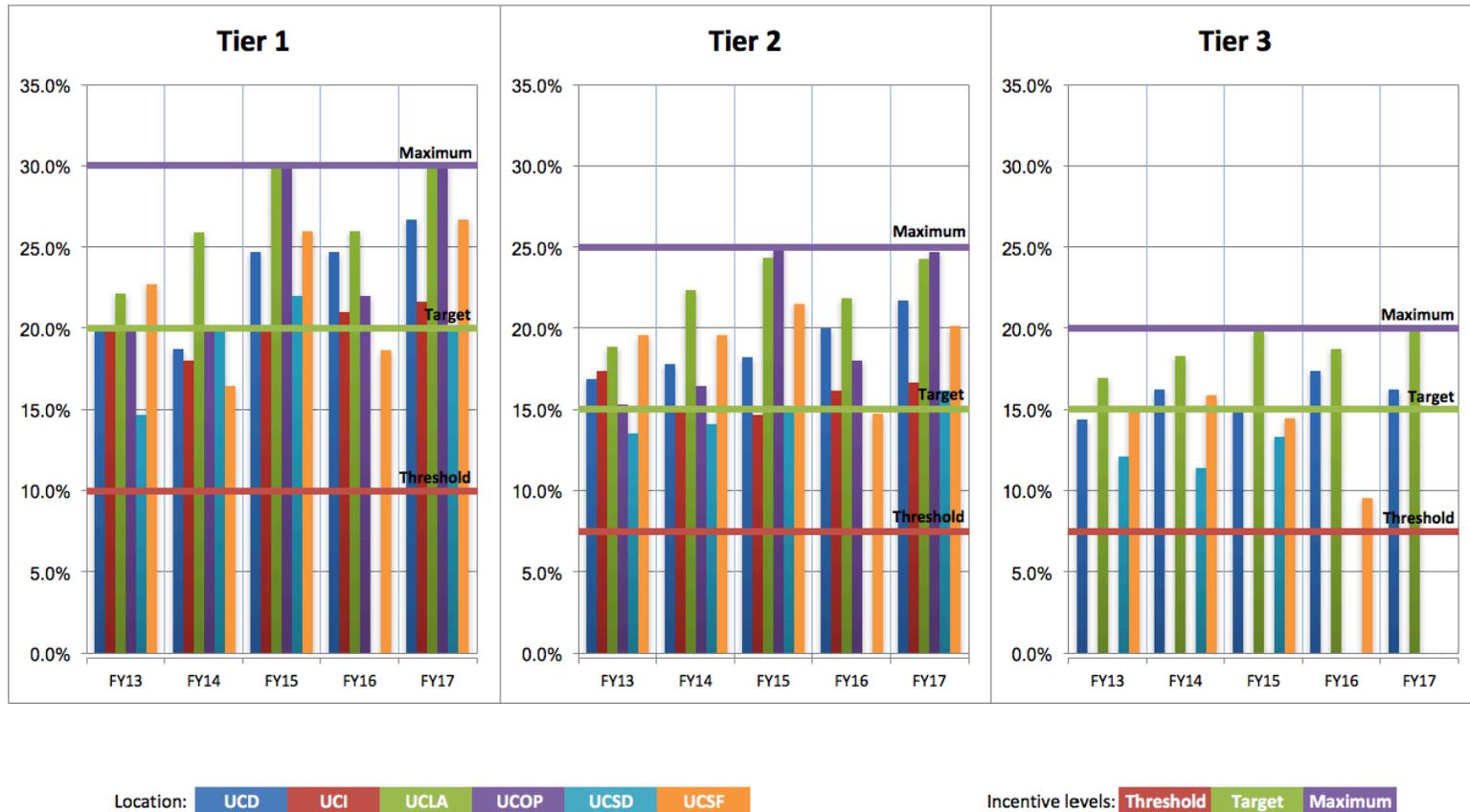
For the past five years, of the health systems, UCLA has awarded the highest award amount percentage in each of the three tiers.

	# of Participants FY17	Total Salaries (stipends included)	Average Salary	Total Awards ($)	Average Award ($)	Average Award (%)	Target as % of Salary	Max as % of Salary	Low %	High %	Low $	High $
Tier I												
UC Health	1	$ 633,782.00	$ 633,782.00	$ 190,134.60	$ 190,134.60	30.00%	20%	30%	n/a	n/a	n/a	n/a
UCD	1	$ 878,425.00	$ 878,425.00	$ 234,246.67	$ 234,246.67	26.67%	20%	30%	n/a	n/a	n/a	n/a
UCI	1	$ 800,000.00	$ 800,000.00	$ 173,333.33	$ 173,333.33	21.67%	20%	30%	n/a	n/a	n/a	n/a
UCLA	1	$ 998,648.00	$ 998,648.00	$ 299,594.40	$ 299,594.40	30.00%	20%	30%	n/a	n/a	n/a	n/a
UCSD	1	$ 785,000.00	$ 785,000.00	$ 157,000.00	$ 157,000.00	20.00%	20%	30%	n/a	n/a	n/a	n/a
UCSF	1	$ 1,041,543.00	$ 1,041,543.00	$ 277,744.80	$ 277,744.80	26.67%	20%	30%	n/a	n/a	n/a	n/a
TOTAL	**6**	**$ 5,137,398.00**	**$ 856,233.00**	**$ 1,332,053.80**	**$ 222,008.97**	**25.93%**						
Tier II												
UC Health	2	$ 522,478.45	$ 261,239.22	$ 129,402.79	$ 64,701.40	24.77%	15%	25%	24.33%	25.00%	$ 44,402.79	$ 85,000.00
UCD	7	$ 2,623,451.00	$ 374,778.71	$ 569,841.92	$ 81,405.99	21.72%	15%	25%	20.92%	22.08%	$ 51,726.82	$ 123,145.83
UCI	5	$ 1,733,997.69	$ 346,799.54	$ 292,671.67	$ 58,534.33	16.88%	15%	25%	15.42%	17.25%	$ 34,325.31	$ 94,848.75
UCLA	9	$ 3,553,970.34	$ 394,885.59	$ 864,687.48	$ 96,076.39	24.33%	15%	25%	23.35%	25.00%	$ 30,464.70	$ 160,499.25
UCSD	15	$ 4,669,254.46	$ 311,283.63	$ 758,575.74	$ 50,571.72	16.25%	15%	25%	14.87%	16.67%	$ 30,599.75	$ 75,220.17
UCSF	34	$ 13,158,890.61	$ 387,026.19	$ 2,637,720.83	$ 77,580.02	20.05%	15%	25%	17.08%	22.08%	$ 39,577.49	$ 141,000.00
TOTAL	**72**	**$ 26,262,042.56**	**$ 364,750.59**	**$ 5,252,900.43**	**$ 72,956.95**	**20.00%**						
Tier III	Only UCLA and UC Davis had Tier III participants.											
UCD	17	$ 3,446,935.05	$ 202,760.89	$ 564,775.27	$ 33,222.07	16.38%	15%	20%	12.67%	17.92%	$ 15,187.85	$ 48,147.40
UCLA	1	$ 336,526.00	$ 336,526.00	$ 67,305.20	$ 67,305.20	20.00%	15%	20%	n/a	n/a	n/a	n/a
TOTAL	**18**	**$ 3,783,461.05**	**$ 210,192.28**	**$ 632,080.47**	**$ 35,115.58**	**16.71%**						

NOTE: Due to retirement or less that one year in position, all locations had one or more participants who received a pro-rated award.

	# of Participants FY17	Total Salaries	Average Salary	Total Awards ($)	Average Award ($)	Average Award (%)
UC Health	3	$ 1,156,260.45	$ 385,420.15	$ 319,537.39	$ 106,512.46	27.64%
UCD	25	$ 6,948,811.05	$ 277,952.44	$ 1,368,863.86	$ 54,754.55	19.70%
UCI	6	$ 2,533,997.69	$ 422,332.95	$ 466,005.00	$ 77,667.50	18.39%
UCLA	11	$ 4,889,144.34	$ 444,467.67	$ 1,231,587.08	$ 111,962.46	25.19%
UCSD	16	$ 5,454,254.46	$ 340,890.90	$ 915,575.74	$ 57,223.48	16.79%
UCSF	35	$ 14,200,433.61	$ 417,659.81	$ 2,915,465.63	$ 85,748.99	20.53%

	Range of Awards %		Range of Awards $	
	Low %	High %	Low $	High $
UC Health	24.33%	30.00%	$ 44,402.79	$ 190,134.60
UCD	12.67%	26.67%	$ 15,187.85	$ 234,246.67
UCI	15.42%	21.67%	$ 34,325.34	$ 173,333.33
UCLA	20.00%	30.00%	$ 30,464.70	$ 299,594.40
UCSD	13.83%	20.00%	$ 23,265.71	$ 157,000.00
UCSF	17.08%	26.67%	$ 39,651.34	$ 277,744.80

	# of Participants FY17	Total Salaries	Average Salary	Total Awards ($)	Average Award ($)	Average Award (%)	Target as % of Salary	Max as % of Salary	Range of Awards (%)		Range of Awards ($)	
									Low	High	Low	High
UC Health												
Tier I	1	$ 633,782.00	$ 633,782.00	$ 190,134.60	$ 190,134.60	30.00%	20%	30%	n/a	n/a	n/a	n/a
Tier II	2	$ 522,478.45	$ 261,239.22	$ 129,402.79	$ 64,701.40	24.77%	15%	25%	24.33%	25.00%	$ 44,402.79	$ 85,000.00
UCD												
Tier I	1	$ 878,425.00	$ 878,425.00	$ 234,246.67	$ 234,246.67	26.67%	20%	30%	n/a	n/a	n/a	n/a
Tier II	7	$ 2,623,451.00	$ 374,778.71	$ 569,841.92	$ 81,405.99	21.72%	15%	25%	20.92%	22.08%	$ 51,726.82	$ 123,145.83
Tier III	17	$ 3,446,935.05	$ 202,760.89	$ 564,775.27	$ 33,222.07	16.38%	15%	20%	12.67%	17.92%	$ 15,187.85	$ 48,147.40
UCI												
Tier I	1	$ 800,000.00	$ 800,000.00	$ 173,333.33	$ 173,333.33	21.67%	20%	30%	n/a	n/a	n/a	n/a
Tier II	5	$ 1,733,997.69	$ 346,799.54	$ 292,671.67	$ 58,534.33	16.88%	15%	25%	15.42%	17.25%	$ 34,325.31	$ 94,848.75
UCLA												
Tier I	1	$ 998,648.00	$ 998,648.00	$ 299,594.40	$ 299,594.40	30.00%	20%	30%	n/a	n/a	n/a	n/a
Tier II	9	$ 3,553,970.34	$ 394,885.59	$ 864,687.48	$ 96,076.39	24.33%	15%	25%	23.35%	25.00%	$ 30,464.70	$ 160,499.25
Tier III	1	$ 336,526.00	$ 336,526.00	$ 67,305.20	$ 67,305.20	20.00%	15%	20%	n/a	n/a	n/a	n/a
UCSD												
Tier I	1	$ 785,000.00	$ 785,000.00	$ 157,000.00	$ 157,000.00	20.00%	20%	30%	n/a	n/a	n/a	n/a
Tier II	15	$ 4,669,254.46	$ 311,283.63	$ 758,575.74	$ 50,571.72	16.25%	15%	25%	14.87%	16.67%	$ 30,599.75	$ 75,220.17
UCSF												
Tier I	1	$ 1,041,543.00	$ 1,041,543.00	$ 277,744.80	$ 277,744.80	26.67%	20%	30%	n/a	n/a	n/a	n/a
Tier II	34	$ 13,158,890.61	$ 387,026.19	$ 2,637,720.83	$ 77,580.02	20.05%	15%	25%	17.08%	22.08%	$ 39,577.49	$ 141,000.00

FY17 CEMRP Participant Total Awards, Individual Awards, and Institutional Results
% at each Opportunity Level by Medical Center and by Tier

APPENDIX D

Total Awards at each Opportunity Level (Systemwide + Institutional + Individual components)

| Location | Tier I | | | | NOTABLE OBSERVATIONS |
	Not Met	Thres	Target	Max	
UCD				1	Only one Tier I participant did not receive and award in the Maximum
UCI				1	range.
UCLA				1	
UCSD			1		
UCSF				1	
UC Health				1	

| | Tier II | | | | |
| | Not Met | Thres | Target | Max | |
	0%	.1-7.5%	7.6-15%	15.1-25%	
UCD				7	100% of UCSF, UCLA and UC Davis Tier II participants received awards in the maximum range.
UCI			2	3	Over a third of Tier II participants received an award in the Maximum range.
UCLA				9	At UCSF, 62% of Tier II participants had awards in the Target range.
UCSD		1	3	11	
UCSF				34	
UC Health			1	1	

| | Tier III | | | | |
| | Not Met | Thres | Target | Max | |
	0%	.1-7.5%	7.6-15%	15.1-20%	
UCD		1		16	Only Davis and UCLA had Tier III participants.
UCLA				1	Over 95% of Tier III participants received an award in the Maximum range.

FY17 CEMRP Participant Total Awards, Individual Awards, and Institutional Results
% at each Opportunity Level by Medical Center and by Tier

APPENDIX D

Institutional Results				**(Based on Medical Center meeting their 3 defined objectives)**

	Not Met	>Not met =Thres Threshold Range	>Thres =Target Target Range	>Tar = Max Max Range	NOTABLE OBSERVATIONS
UCD				X	UC San Diego was the least successful location in terms of meeting their institutional objectives.
UCI			X		
UCLA				X	
UCSD		X			
UCSF				X	

FY17 CEMRP Participant Total Awards, Individual Awards, and Institutional Results
% at each Opportunity Level by Medical Center and by Tier

APPENDIX D

Individual component of Participant Awards (Based on individual's performance)	
Tier I	**NOTABLE OBSERVATIONS**
Tier I participants did not have individual objectives.	Tier I participants have a shared long term objective over a 3 year period that will pay out with the FY19 awards.

	>Not met =Thres	>Thres =Target	>Tar = Max	
		Tier II		
Location	Not Met	Thres	Target	Max	**NOTABLE OBSERVATIONS**
UCD				7	44% of Tier II participant awards were in the Maximum range.
UCI			2	3	UC Davis was the only location where all participants received an award in the Maximum range.
UCLA			4	5	UCSF had the lowest percentage of Tier II participants with an award
UCSD		1	3	11	that was Target level or higher.
UCSF	1	13	18	2	
UC Health			1	1	

	Tier III			
	Not Met	Thres	Target	Max	
UCD		1		16	Only Davis and UCLA have Tier III participants
UCLA				1	

APPENDIX E

Performance Objectives	Objective Description or Measure (Condensed)	Benchmark / Baseline
Systemwide-Entity		
1. LEVERAGING SCALE FOR VALUE AT UC HEALTH In FY 2018 UC Health, with direction from the UC Regents Committee on Health Services, will continue the systemwide "Leveraging Scale for Value" (LSFV) initiative. This program brings together the management of the UC medical centers to accelerate aligned operations, focusing this year on supply chain/procurement, information technology and labor. The ultimate objective is to improve quality, create greater value and enhance UC Health operating margin.	<u>SUPPLY CHAIN AND PROCUREMENT LSFV IMPROVEMENT</u> The LSFV Supply Chain team will deliver spend savings through systemwide strategic sourcing and supply chain efforts. This will require UC Health and Medical Center Supply Chain Leaders to partner with key stakeholders across the UC system to influence and strategically source spend across pharmacy, laboratory, cardiology, surgery, purchased services, and general procurement categories. With the commitment and support of the UC Health Leadership (CEO's, CFO's, COO's and Medical School Deans), the Category teams will innovate and engage with stakeholders to achieve value and improved supply chain costs. Supply chain and procurement's contribution to the success of these objectives will be through achieving between $115 M and $150 M in supply chain savings during FY18. (Same savings as FY17) Threshold: 115 Target: 125 Max: 150 <u>INFORMATION TECHNOLOGY:</u> The LSFV Information Technology leadership team will continue their efforts to coordinate infrastructure development, systems management, and strategic planning. As a result of these joint efforts ongoing spend will be reduced and resources will be deployed more efficiently. Threshold: 22 Target: 24 Max: 26	

Performance Objectives	Objective Description or Measure (Condensed)	Benchmark / Baseline
1. LEVERAGING SCALE FOR VALUE AT UC HEALTH (continued)	LABOR MANAGEMENT: Labor Management will be measured by process improvements and the total expense savings achieved from the following three Key Performance Indicators (KPIs): 1) Productivity: Total Hours Worked per CMI Adjusted Discharge. 2) Overtime: Overtime Hours as a Percent of Total Worked Hours. 3) Contract Labor: Contract Labor Hours as a Percent of Total Worked Hours. Measure Notes: • Objective dashboard will be developed to track progress for all five medical centers and for auditing purposes. This dashboard will be sent to UCOP quarterly. • Improvement baseline will be based on Action-OI (FY16 Q4 through FY17 Q3). • Actual results will be based on Action-OI (FY17 Q4 through FY18 Q3). • Any additional expenses related to labor disputes or campus-wide Epic implementations will be excluded from the actual results. • IT contract labor will be excluded from total contract hours Threshold: Achieved combined KPI expenses savings in excess of $2M Target: Achieved combined KPI expenses savings in excess of $5M Max: Achieved combined KPI expenses savings in excess of $10M	
2. CLINICAL IMPROVEMENT: The purpose of the UC Health enterprise clinical objective is to develop sustainable, systemwide initiatives resulting in significantly improved clinical quality outcomes.	Improvement Measure: "Excess Bed Days" will be grouped by Vizient reporting medical centers (i.e, UCD Health, UCI Health, UCLA Ronald Reagan MC, UCLA Santa Monica MC, UCSD Health, and UCSF Health) and defined as: Vizient Observed LOS - Vizient Expected LOS (2016 Risk Model (AMC) --- Number of Patients	Measure notes: "Excess Bed Days" results will be grouped by UC's Vizient reporting entities. Measure source: Vizient Clinical Data Base/Resource Manager Tool, Patient Outcomes report. **Improvement Baseline:** "Excess Bed Days"

Performance Objectives	Objective Description or Measure (Condensed)	Benchmark / Baseline
2.CLINICAL IMPROVEMENT (continued) The success of this initiative is important for UC Health to deliver efficient, high-value, and consistent clinical care throughout the entire enterprise. To support this system-wide approach, the Clinical Improvement Objective for FY18 will be a continuation of Reduction in Excess Bed Days.	Measure source: Vizient Clinical Data Base/Resource Manager Tool, Patient Outcomes report. Exclusions: Patients admitted for Psychiatry, Obstetrics, Neonatology, and Rehabilitation services. Improvement Baseline: The baseline period for "Excess Bed Days" will be July 1 2016 through March 31, 2017) grouped by Vizient reporting medical centers. A 3% reduction in the number of excess bed days per 1000 cases compared to the measurement period will be used to determine targeted improvement (see below). Success for this goal: The calculation will be based upon the full data for 10 months of "Excess Bed Days" (July through April). The total will be calculated by an aggregate of all measurements for the 10 month period. This will provide an accurate picture of the results. Threshold: ($M) 3 out of 6 grouped medical centers achieve a 3% reduction in excess bed Target: ($M) 4 out of 6 grouped medical centers achieve a 3% reduction in excess bed days. Max: ($M) 5 out of 6 grouped medical centers achieve a 3% reduction in excess bed days Consistent with FY17, a "maximum" objective of 5 out of 6 medical centers was selected just in case unexpected circumstances disrupts the operations of one of our medical centers and adversely effects throughput. This objective is worth 1/3 CEMRP's value and each performance level is equally weighted.	baseline will be July 1 2016 through March 31, 2017 grouped by Vizient reporting medical centers. **Success for this objective will be:** A 3% "Excess Bed Days" measure reduction from the corresponding group's baseline.
3. Financial Performance	Achieve Net Operating Margin(margin before non-operating revenue/expense) Budget Target to Sustain Needs of Health Sciences(*excludes non-cash expenses for pension/post-retirement health, all new UCOP system-wide professional fee contracts and any strike related costs)	Baseline: FY 16-17 Pre-audited Results = $278.5M and 11% Net Operating Margin*

Performance Objectives	Objective Description or Measure (Condensed)	Benchmark / Baseline
Long Term Objective		
"Medi-Cal" Objective The purpose is to engage the leadership (CEOs) of the medical centers in developing a UC Health-wide plan for addressing the challenges associated with the growing number of individuals enrolled in Medi-Cal. This is a Tier I only objective (UC Health and CEOs/Presidents) that pays out after FY19 year-end.	The components of this systemwide strategy will include: • Constructing a new Medi-Cal physician upper payment limit (UPL) for all UC physicians. This will provide more alternative reimbursements for physicians providing care to this population. • Deliver on the commitment that each medical center will have a contract with at least one managed medical plan in its service area using alternative payment methods (APM). • Institute at least one care management protocol for the Medi-Cal population to provide access to UC Health. The ultimate objective is to have a "UC Health Way" for managing the health needs of the Medi-Cal population. Achievement will be judged at the end of the FY 18-19 year and graded as follows: Threshold: Achievement of one of the above Target: Achievement of two of the above Maximum: Achievement of three of the above	Baseline: UC Health's clinical enterprise has experienced a 10% increase in Medi-Cal volumes. The increase resulted in approximately $600M in uncovered expenses for UC Health systemwide.
Medical Centers – Institutional		
UC Davis **1. Patient Satisfaction:** Improve Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS): Care Transition Score Developed by Centers for Medicare and Medicaid Services in which performance to this score may impact hospital payments.	The Sacramento-Sierra healthcare market is one of the most competitive in the United States today. Informed patients have more choices and consumerism will impact hospitals more than ever. Thus, it will be imperative that UC Davis Medical Center focuses its attention on the patient's experience throughout the continuum of care. Emphasis placed on how patient's transition between various types of care is critical and will require support from all departments and services across the organization to ensure we provide the best quality of care for those we serve. Threshold: Achieve 1.0% improvement in Care Transition Score: 56.0% score Target: Achieve 2.9% improvement in Care Transition Score: 57.0% score Max: Achieve 4.5% improvement in Care Transition Score: 57.9% score	Baseline: July 01, 2016 to March 31, 2017: 55.4% Data Source: Inpatient Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Scores and Press Ganey (Data and Benchmarking)

Performance Objectives	Objective Description or Measure (Condensed)	Benchmark / Baseline
UC Davis 2. **Quality Improvement:** Reduce Hospital Mortality Rate. An aggregate Mortality Metric to measure overall performance Hospital patient mortality is publicly reported by the Centers for Medicare and Medicaid Services, individual State reporting, U.S. News and World Report Hospital Rankings and The Leapfrog Group.	Reducing hospital mortality is essential to achieving high-performance in public reporting and benchmarking in Patient Safety Domains and critical in maintaining a positive operating margin that will enable UC Davis Medical Center to continue its mission of improving lives and transforming healthcare. UC Davis Medical Center will set the mortality metric to 0.434 (1% reduction) to perform at threshold. To outperform this ratio under the new 2016 Vizient risk model for academic medical centers, UC Davis Medical Center will set its target objective at 0.432 (1.5% reduction). To achieve maximum objective, UC Davis Medical Center will strive to achieve 0.430 (2.0% reduction), which is the Vizient median for academic medical center hospitals. Improving the mortality metric also provides UC Davis Medical Center an opportunity to increase diagnosis and treatment of pre-existing conditions through a collaborative improvement effort that includes other University of California medical centers. Improvement will contribute to higher quality, revenue, patient safety, and overall care. Threshold: Achieve 1.0% reduction in hospital mortality metric: 0.434 mortality metric Target: Achieve 1.5% reduction in hospital mortality metric: 0.432 mortality metric Max: Achieve 2.0% reduction in hospital mortality metric: 0.430 mortality metric	Baseline July 1, 2016 to March 31, 2017: 0.438 mortality metric Internal reporting (Data) and Vizient [1](Benchmarking)
UC Davis 3. **Financial Performance:** Reduce Length of Stay Metric. Internal Financial Reporting Tools (Data) and Vizient (Benchmarking	Reducing the LOS metric is critical to UC Davis Medical Center's mission of improving lives and transforming healthcare. UC Davis Medical Center will set the LOS metric to 0.180 (1.0% reduction) to perform at threshold. To outperform this ratio under the new 2016 Vizient risk model for academic medical centers, UC Davis Medical Center will set its target objective at 0.177 (2.8% reduction). To achieve maximum threshold, UC Davis Medical Center will strive to achieve 0.174 (4.4% reduction), which is the median ratio for academic medical center hospitals.	Measure: Observed/Expected Length of Stay (LOS) Internal Financial Reporting Tools (Data) and Vizient (Benchmarking)

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[1] UC Davis Medical Center historically utilized University HealthSystem Consortium for clinical benchmarking. In 2015, the Consortium merged into Vizient. Vizient is a culmination of VHA Inc., a national health care network of not-for-profit hospitals; University HealthSystem Consortium, an alliance of the nation's leading academic medical centers; and Novation, a group purchasing organization jointly owned by VHA and University HealthSystem Consortium.

Performance Objectives	Objective Description or Measure (Condensed)	Benchmark / Baseline
	Reducing the LOS metric provides UC Davis Medical Center an opportunity to lower costs, increase revenue, and reduce clinical variation to improve quality, strengthen margins, protect patient safety, enhance patient access to inpatient care, and provide higher value care. Smoothing the flow of patients in and out of hospitals and other health care settings can help to reduce overcrowding, prevent poor handoffs, and avoid delays. Threshold: Achieve 1% reduction in the Length of Stay metric:0.180 LOS metric Target: Achieve 2.8 reduction in the Length of Stay metric: 0.177 LOS metric Maximum: Achieve 4.4% reduction in the Length of Stay metric: 0.174 LOS metric	
UC Irvine 1. **Quality Improvement** A) Decrease healthcare-onset clinical Clostridium difficile B) Improve compliance with hand hygiene	A) UCI performance (Cdiff) was the worst in Orange County in CY 2015, and one of the worst in CA. Other potential Infection Control metrics could include CLABSI/CAUTI, but UCI has been a high performer (i.e. low rates) for both items for the past few years. (Projected NHSN SIR would be near DHS HAI Action Plan for 2020 goals even with new 2015 re-baselining). B) Hand hygiene is the cornerstone of infection prevention; it is the most important action organizations can take to prevent HAIs, and is included in all regulatory surveys. Although FY17 ended with a housewide compliance rate of 90%, EIP analyzed the data and separated it by unit observers (reflects ~53% of observations) vs. ancillary depts (reflects ~47%) that travel through the hospital. One team in particular, Radiology/CT, was chosen by EIP as a validation team. They receive more frequent training and feedback so when there are unit specific concerns, EIP will pull the Rad/CT and compare. Rad/CT comprise ~57% of the total ancillary obs so carry statistical significance. For this reason, EIP has selected to break out the FY17 HH data and provide corresponding weights. Unit observers will carry 25%, Secret Shoppers (non-unit based observers) will comprise 75%, with 37.5% to	Baseline: Prior Year A) 0.75 cases per 1000 patient days. (Rate is proxy measure until NHSN SIR is available) B) 88% Benchmarks A) Healthcare onset (HO) Cdiff is a CMS HAC/VBP and CMS STAR element. This outcome is publically reported by CDPH, and submitted for several Quality measures (Leapfrog, Magnet, etc.). This outcome is a key measure in the PRIME program. Note that NHSN has been experiencing multiple issues with data collection and analysis stability since January2017. Monthly rates are submitted as a proxy measure until NHSN HO Cdiff data stabilizes. When validated NHSN data is

Performance Objectives	Objective Description or Measure (Condensed)	Benchmark / Baseline
UC Irvine 1. **Quality improvement** (continued)	Rad/CT, and 37.5% to non Rad/CT ancillary areas (PT/OT, EIP, Q&PS, Transport/Lift Team, RT). This adjusted our data to 88%. Threshold: A) 0.73 per 1000 days B) 88 Target: A) 0.71 per 1000 days B) 90% Max: A) 0.69 per 1000 days B) 92%	available, all rates and targets for achievement will be revised/resubmitted.

UC Irvine
2. **Patient Satisfaction**
	A. Improve HCAHPS overall hospital score
	B. Improve CG-CAHPS "recommend this provider office" score
	
	  Note: HCACHPS is Hospital Consumer Assessment of Healthcare Providers and Systems
	  CG-CAHPS is The Clinician and Group Consumer Assessment of Healthcare Providers and Systems.
	
	Threshold: A. 78.3% B. 90.1%
	Target: A. 79.6% B. 90.8%
	Maximum: A. 81.9% B. 91.9%
		Baseline: Prior year:
		A: 77.8
		B: 89.8
		
		Benchmarks: A) For HCAHPS benchmarks, PG Advisor recommended 2017-2018 benchmarks were based on Received Date data 7.01.16 - 5.17.17 from the All Press Ganey Database. Their 2016-2017 benchmark recommendations were based on 7.01.2015 - 6.13.2016 All Press Ganey Database.
		
		B) For CG-CAHPS benchmarks, PG Advisor recommended 2017-2018 benchmarks were based on Received Date data 7.01.16 - 6.30.17 from the All Facilities Database. Their 2016-2017 benchmark recommendations were based on 7.01.2015 - 6.13.2016 All Facilities Database.

UC Irvine **Financial Performance** - Budgeted Modified EBIDA	This metric excludes those expenses where investment and debt decisions have already occurred such as depreciation and interest. By focusing on modified EBIDA (Operating Earnings Before Interest, Depreciation and Amortization) you are	Baseline: Prior year measure of 15.90%. Based on Un-Audited

Performance Objectives	Objective Description or Measure (Condensed)	Benchmark / Baseline
UC Irvine **3. Financial Performance (continued)**	focusing solely on current operations and not past decisions. This metric is further modified by eliminating Actuarial based pensions and health care retiree costs where the cost can fluctuate based on estimates, market drivers and decisions made at the UCOP level. Again, the focus is on Operations and controllable revenue and costs thereby eliminating costs not related to current operations and one-time events. Threshold: 14.06% (95% of FY18 Budget target) Target: 14.8% (100% of FY18 Budget target) Maximum: 15.54% (105% of FY18 Budget target)	Financial Results for June 30, 2017 fiscal year-end.
UCLA **2. Quality Improvement** Movers Scorecard	Over the last 3 years, UCLA adopted a "MOVERS" Quality scorecard. MOVERS is an acronym that captures key publicly reported quality measures and strategic performance goals. The six domains of MOVERS in FY18 are described as follows: (1) Mortality or Risk-Adjusted Mortality; (2) Outcomes, including CMS Core Measures (The Joint Commission (TJC) Composite), Population-Based MSSP Quality Gate Measures, Emergency Department (ED) Throughput (Door to Discharge) and HBIPS (Psychiatry); (3)Value-Based Care Redesign, with a focus on reducing length of stay (LOS) (the best of either LOS actual days vs. LOS Index); (4) Experience, including Overall Rating for Ronald Reagan UCLA Medical Center, UCLA Medical Center, Santa Monica, and Resnick Neuropsychiatric Hospital plus the Overall Rating for our Physicians (using weighted contribution to an overall Health System score); (5) Readmissions Reduction (unplanned); and (6) Patient Safety, including the PSI-90 and CAUTI and CLABSI rates. The MOVERS scorecard represents a substantial improvement in the way UCLA visibly tracks and manages clinical outcomes for the purpose of improving quality and ensuring value and is modified annually to meet our strategic goals. The MOVERS scorecard was first incorporated into staff goals for UCLA in FY16. MOVERS is designed to promote and support a strong and vibrant culture of quality and patient safety through a comprehensive set of strategic quality measures. Quality outcomes are generally weighted evenly between both acute care hospitals (Ronald Reagan UCLA Medical Center and UCLA Medical Center, Santa Monica) since each is separately licensed, and their publicly reported measures have a significant impact on organizational reputation. The Resnick Neuropsychiatric Hospital and our ambulatory network of clinics also contribute to the scoring system through selected goals. The MOVERS	Benchmarks are recalibrated each year. Mortality: University Hospital Consortium (UHC) Risk Adjusted Mortality Report / Outcomes: UHC Hospital Quality Measures Report - Composite Measures - The Joint Commission (TJC) Accountability Measure; MSSP - Internally Tracked / Value: Internally Tracked / Experience: H-CAHPS -CG-CAHPS / Readmissions: UHC Vitals in Safety Report - 30 Day Unplanned Readmissions / Safety: UHC Quality & Safety Report -AHRC Patient Safety Composite Index; NHSN - CLABSI and CAUTI rates.

Performance Objectives	Objective Description or Measure (Condensed)	Benchmark / Baseline
UCLA **1.Quality Improvement (continued)**	dashboard consists of 12 strategic measures, with 11 measures that are publicly reported. New to FY18 are ED Throughput (Door to Discharge), PRIME (colorectal screening, blood pressure control, diabetes care, tobacco cessation, and c-section rates), Overall Rating (instead of Would Recommend), Unplanned Readmissions (instead of all-cause), and CLABSI and CAUTI rates. Threshold: Status = 12 Quality Rating Points Target: Status = 21 Quality Rating Points Maximum: Status = 25+ Quality Rating Points	
UCLA **2. Key Initiative Supporting Strategic Plan**	Stabilize the average boarding time for Emergency Department (ED) patients across UCLA Health; excluding patients with an 'Admit to Psychiatry' disposition. Threshold: Maintain the current UCLA Health ED weighted average boarding time of 6.61 hours. Target: Reduce the current UCLA Health ED weighted average boarding time by to 6.36 hours. Maximum: Reduce the current UCLA Health ED weighted average boarding time by 7.5% to 6.13 hours.	Baseline: FY17 YTD: weighted average boarding time of 6.61 hours (Reagan 9.69 hours and Santa Monica 3.14 hours). Data is collected through Care Connect Electronic Medical Record (EMR) and reports are reviewed and evaluated monthly.
UCLA **3. Financial Performance**	Achieve Net Operating Margin(margin before non-operating revenue/expense) Budget Target to Sustain Needs of Health Sciences(*excludes non-cash expenses for pension/post-retirement health, all new UCOP system-wide professional fee contracts and any strike related costs) Threshold: $98.6M = 3.9% Net Operating Margin Target: $103.6M= 4.1 Net Operating Margin Maximum: $108.6M = 4.3 Net Operating Margin	Baseline: FY17 Pre-audited Results = $278.5M and 11% Net Operating Margin*
UCSD **1.Quality Improvement**	Improve quality of care provided to patients measured by decreased readmission rates.	Baseline: FY17 Actual 12.11%

Performance Objectives	Objective Description or Measure (Condensed)	Benchmark / Baseline
UCSD **1.Quality Improvement (continued)**	Note: Next years target gets us nearly halfway to being in the TOP 10 and we would anticipate that we would shoot for the TOP 10 the next year. Threshold: 1% improvement. Target: 2% improvement. Maximum: 3% improvement.	Benchmark: Vizient Top 10 hospitals for the most recent rolling year equals 11.58%
UCSD **2. Patient Satisfaction**	Increase patient satisfaction by reducing appointment wait times. Measured by: % of new patients booked within 7 days. The best we have done to date is March 2017 where we had 44.7% of patients booked in 7 days. Threshold: 10% improvement. Target: 20% improvement. Maximum: 30% improvement.	
UCSD **3. Patient Satisfaction**	Patient Satisfaction: Likelihood to Recommend Inpatient (HCAHPS) Ambulatory (CG CAHPS) Threshold: 1% improvement. Target: 3% improvement. Maximum: 5% improvement. The point structure for threshold, target & max is being used, as it ensures that we are focusing both on inpatient AND outpatient patient satisfaction. Based on the way the survey tools work, a composite score was not possible. • Inpatient (HCAHPS)- Recommend - definitely Yes: 77=1 point • Inpatient (HCAHPS)- Recommend - definitely Yes: 78=2 points • Inpatient (HCAHPS)- Recommend - definitely Yes: 79=3 points • Outpatient (CG-CAHPS)- Recommend - definitely Yes: 32=1 point • Outpatient (CG-CAHPS)- Recommend - definitely Yes: 35=2 points • Outpatient (CG-CAHPS)- Recommend - definitely Yes: 38=3 points	Baseline - Prior year measure: 77/32

Performance Objectives	Objective Description or Measure (Condensed)	Benchmark / Baseline
UCSF 1. **Quality Improvement** Achieve Zero Harm	Building on last year's focus to reduce specific numbers of harm events to our patients and employees, the goal is to further reduce them in the coming year. The interdisciplinary nature of harm prevention and the strong linkage to organizational culture warrant the system-wide focus on these harm events, which directly and indirectly impact patients and staff. Each unit or clinic will have access to their local harm event data, which will allow local solutions to reducing the harms most relevant to their area. Examples of harm events that have an organizational focus are: CLABSI (Central Line-Associated Bloodstream Infection), CAUTI (Catheter- Associated Urinary Tract Infection), VAP (Ventilator-associated pneumonia), patient falls with injuries, serious safety events, C-diff infection (Clostridium difficile), reportable privacy breaches, workplace injuries to staff, infection exposures, etc. Threshold: Decrease by 50 events Target: Decrease by 75 events Maximum: Decrease by 100 events	Baseline: FY17 to date decreased harm events by 82 compared to FY16 baseline. Metrics are collected through a variety of sources including: Hospital Epidemiology & Infection Control (HEIC) surveillance monitoring, validation & reporting, Patient falls reported in Incident Reporting system and referred to Nursing Performance, Improvement for review/validation, serious safety events reported in Incident Reporting system and reviewed/validated by Patient Safety, Reported Privacy Breaches reviewed/validated by Privacy Office and referred to Regulatory Affairs for reporting to California Department of Public Health, Reported Workplace Injuries to staff reviewed/validated by HR/Safety Officer.
UCSF 2. **Patient Satisfaction** Create an exceptional experience for our patients and their families.	Similar to years past, CREATING AN EXCEPTIONAL EXPERIENCE FOR OUR PATIENTS AND THEIR FAMILIES is a key strategic priority for UCSF Health and one of the True North pillars. In FY17, to create greater accountability and motivation across the organization, we intentionally changed the institutional objective from setting a specific patient experience score that all units needed to achieve to setting a requirement that all units must improve at least .01% from their previous year baseline score. This was done to acknowledge that all units are not created equal. It was our belief that units can improve their own performance when	Baseline: Prior year results of 62% improved (42 unit out of 68 units) Data collected by Press Ganey survey process

Performance Objectives	Objective Description or Measure (Condensed)	Benchmark / Baseline
	they focus on small tests of change and process improvements. In FY17, we have seen breakthrough achievements in performance in almost every area of focus. As a result, the same methodology will be utilized to incentivize improvement in FY18. Threshold: 55% improved (42units) Target: 59% (45 units) Maximum: 62% (47 units)	
UCSF **3. Financial Performance**	Lower our costs. Note that the cost per case rises with each budget year due to inflationary increases such as salary (3.5%), health benefits (4%), drug costs (4%), and utilities (6%). UCSF Health has limited the overall increase in cost per case to 2.2% over the FY17 budget due to the $106 million of value improvements and cost reductions planned in the FY18 budget. Threshold: $24,844 (budget) Target: $24,720 (0.5% reduction) Maximum: $24,596 (1.0% reduction)	Baseline: Prior year measure- FY17 to date – UCSF Health - $24,307 Benchmark: Achieve the 75th percentile among University Healthcare Consortium (UHC) peer group

NOTABLE OBSERVATIONS
Institutional and Systemwide objectives relate either to improving care or reducing costs.