**Call to Order and Approval of Minutes**
- Chair Martin called the meeting to order at 5:05 p.m.
- Minutes for the December 2013 meeting were submitted for approval.
- The minutes were approved.

**Chair Announcements**
- Chair Martin thanked Vice Chair Cosman for leading the Council meeting in December.
- Chair Martin introduced Crisella Caisip as the new administrative support person for the Council.
- Chair Martin announced that Dr. Vivian Reznik will be asked to return to complete part 2 of her presentation on HS Faculty Affairs.

**David A Brenner, Vice Chancellor Health Sciences Announcements**
- Dr. Brenner provided a brief update regarding the status of several recruitments. The recruitment for the Dean of Pharmacy was completed, and recruitments are currently in progress for Psychiatry and Surgery.
- Dr. Brenner reported that research lab BARF2 will be opening in February.
- Dr. Brenner informed the council that the campus is proceeding with strategic planning. The strategic plan will incorporate several themes i.e. research and student life. Two independent assessments were made – the strategic plan and an administrative review – and two recommended changes were the
**HEALTH SCIENCES FACULTY COUNCIL**  
*Minutes*  
*January 9, 2014*

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<tr>
<th>Creation of a Chief Financial Officer position and changing the reporting line of the VC – Research Affairs.</th>
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<td>• In discussions with Chancellor Pradeep Khosla, the Chancellor stated that 20 FTEs will be available for multi-disciplinary faculty, but proposals should be developed and presented to the Chancellor for these positions.</td>
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| **Paul Viviano,**  
**Chief Executive Officer,** **Health System and Associate Vice Chancellor—Health Sciences** |
| --- |
| • CEO Viviano presented an update for the health system.  
• CEO Viviano reported that in 2013, the health system worked on the strategic planning process which involved about 250 faculty, staff, and management.  
• San Diego is a highly competitive and consolidated health care market, but this provides a great opportunity for UCSD to grow although the market is mature. The market share has roughly doubled which is positive for the expansion of faculty recruitment, programs and services. However, the biggest challenge is that the system is full and with no capacity.  
• According to the inpatient growth profile, a growth of 15% has occurred in major programs over the last four years despite a market that is relatively static. Brand recognition of UCSD as a clinical delivery system is on the ascent, and growth is also a result of UCSD contracting with other health plans.  
• The strategic plan for the health system is based on the following core themes which will guide its clinical programs as well as the entire health system: clinical excellence, performance excellence, patient experience, and growth.  
• CEO Viviano discussed that the disadvantage of an academic health system is the operational cost. Based on the latest data, the cost profile |

| Click here to see the presentation:  
**Presentation Viviano 010714.pptx** |
| --- |
| **Q:** Where are the major discrepancies in costs?  
**A:** Still looking at data, but biggest variances are in medical supplies, medical implants and devices, |
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reflects that of the 200 academic medical centers in the US, UCSD is in the worst 20th percentile.

- Initiatives are in place to reduce costs. For example, if a department can reduce costs on devices, half of the savings will be given to the department which can be invested in faculty recruitment or other needs of the department. This initiative resulted in $2M in savings in the first year. UCSD will also try to use cost savings in concert with other UC health systems for more effective savings.

- There is an Executive Committee that oversees various councils and the entire integrated health system. The councils are to develop individual strategic plans for each area. Using a shared governance and management model will create stronger leadership and a better patient experience.

- CEO Viviano discussed the Clinical Program Councils, their functions, and strategic plan components.

- Construction for Jacobs Medical Center (JMC) continues. It is an $850M investment with a $150M outpatient pavilion, and is integral to UCSD’s goal to be a nationally recognized health system.

chemotherapy drugs, and overtime. These are four areas where UCSD is out of market and out of range, but initiatives are in place to reduce these costs.

- Q: Where does reimbursement come into play?
- A: UCSD has done a good job from a reimbursement standpoint. We have negotiated effectively with a Medi-Cal waiver which provides extra reimbursement for Medi-Cal patients because UCSD is a public hospital. However, because of pressures of health care reform, health insurance exchanges, and bundle payments, UCSD needs to get costs in line and be more competitive.

- Q: As we increase shared services, how will these be integrated and goals be met?
- A: Some programs and services will go to other areas such as Hillcrest. As we add capacity to the health system, the right delivery system should be evaluated by each department and the departments should design what their delivery system will look like going forward. For some, the answer might be faculty, others might want residents, etc.

- Q: How is strategic plan integrated with Rady?
- A: UCSD has a small overlap with Rady from a health system perspective. Most of the relationship with Rady is with the School of Medicine from a research and academic perspective more than a health system perspective. Rady's clinical practice is separate from UCSD.

- Q: What about resident education?
- A: There are currently 885 residents and fellows which is a $50M/year expense. UCSD receives $45M of the $50M, so $5M is provided from the health system. However, the $45M may be cut by 1/3, so the gap will grow from the $5M expense to $20M.

Dr. Lindia Willies-Jacobo, Assistant Dean, Diversity and

Dr. Lindia Willies-Jacobo presented an overview and update of the PRIME-HEq program.

Click here to view the presentation:
| Community Partnerships                                                                 | PRIME-HEq is 1 of 6 UC programs whose focus is training medical students who want to ultimately provide care, leadership, and advocacy for the underserved population. It is a 5-year dual degree program where students get a medical degree and a master's degree. The program emphasizes a multicultural, multidisciplinary approach to patient care as well as an emphasis on research and healthcare advocacy.  
- The mission is to produce culturally and linguistically competent doctors with a focus on California's underserved communities. Many students also have a passion for issues in global health.  
- Students are encouraged to take a language requirement, although it is not an admissions requirement.  
- Students developed four pillars for the program: community outreach and advocacy, research, diversity in medicine, personal and professional development.  
- Dr. Willies-Jacobo discussed the application process for PRIME. Students apply through AMCAS process and also submit a secondary application expressing their interest in PRIME.  
- Student demographic represents a broad level of diversity and 60% women.  
- Curriculum includes three PRIME specific electives. Students also participate in ambulatory care apprenticeship but they are paired with somebody who does underserved medicine.  
- Dr. Willies-Jacobo reviewed the PRIME curriculum and Master’s program. For the Master’s degree program, students can go anywhere they choose.  
- PRIME has several community partnerships |
| Q: Are students required to take a Spanish course?  
A: Students are strongly encouraged to take a language requirement and the Spanish medical program has been rejuvenated. |
| Q: If a student is not selected for PRIME, are they put back in the applicant pool?  
A: Yes, applicants not selected for PRIME are still eligible for admission to School of Medicine. Actually, students have to be admitted to SOM before they get admitted to PRIME. |
| Q: What are the 10 slots?  
A: The 10 slots are folded into the 125 medical students and receive a small stipend. |
| Q: Why aren’t there more slots?  
A: There isn’t enough funding for more slots.  
Q: Is tuition paid for the master’s program?  
A: Tuition isn’t provided for the master’s program, but students are given a stipend of $3,000/year. In addition to the $3,000 annual stipend, each PRIME-HEq student is given a $25,000 scholarship upon return for their 4th year |
and does various outreach activities. One of the most recent projects was students going to a migrant farm and doing health screenings. Students also serve on admissions committees, the PRIME student council, and participate in PRIME conferences.

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<tr>
<th>Old Business</th>
<th>NO OLD BUSINESS WAS DISCUSSED</th>
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<tr>
<td>New Business</td>
<td>NO NEW BUSINESS WAS DISCUSSED</td>
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<tr>
<td>Adjournment</td>
<td>The meeting was adjourned at 6:19 p.m.</td>
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<td>Next Meeting</td>
<td>Tuesday, February 4, 2014, 5:00 to 6:30 pm Dean’s Large Conference Room BSB 1320</td>
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<td>Action Items</td>
<td>Follow-up with Dr. Reznik re: a second presentation to the council.</td>
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of medical school. Master’s programs do have fellowships and other forms of funding. The program at UC Irvine is the only one that receives state funds.

- Q: Do students have an ISP requirement?
- A: There is no ISP requirement because in the master’s program, all students must complete a thesis.
- Q: Do students have to pay for their program?
- A: Yes, but for the program at Harvard, some funding (up to one-third) is provided.
- Q: Do you see the program expanding?
- A: The program is all in California, but there are a few other schools throughout the country with similar programs like University of Wisconsin and Utah.
- Q: Is the program still considered a Hispanic Center of Excellence?
- A: Yes, the school is still considered that. Many students in PRIME are also Hispanic Center of Excellence scholars and get additional funding.
- Q: Is there a PRIME residency?
- A: UC Irvine started a PRIME residency and there is possibly one at UCSF.