

B. THE SETTING FOR THE LRDP

The general setting for the LRDP comprises not only UCSF's existing facilities, but also of a complex set of academic, clinical, financial and governmental trends. This section reviews the academic and clinical missions of UCSF, specific goals of UCSF's four schools, the graduate school and the Medical Center, and the public and fiscal policies that affect academic medical centers. It also describes major plans and policies in San Francisco and other jurisdictions which affect UCSF.

The setting for the LRDP is comprised of a complex set of academic, clinical, financial and governmental trends, as well as UCSF's existing facilities.

THE ACADEMIC SETTING

Advancing the purposes of the *Academic Mission Statement* (included herein as Appendix C) and providing for the welfare of the Schools and the Medical Center are the foremost concerns to be met by the LRDP. As an academic medical center, UCSF has a broad and special set of responsibilities which differ from community hospitals whose primary mission is patient care. To quote from the UCSF Medical Center's *1993-94 Annual Report*:

“UCSF has a commitment to educate and train the next generation of health care professionals and health scientists; it has a vital obligation to invest in, and conduct research for, the advancement of science and medical technology; and UCSF has a responsibility to patients and the community to provide personalized, competitively priced patient care. Most important, UCSF has a special obligation to translate advancements in research and science into new and improved systems of patient care.”

UCSF's effort to meet this mission is best illustrated by reviewing what each school's principal aims are for the LRDP. Each of the four schools and the Graduate Division offer both professional training for health care practitioners and graduate programs in the basic biomedical sciences. Each school operates extensive research programs in fundamental knowledge and applied research through the Graduate Division. Each school also plays an important role in patient care and community service. Departments and Organized Research Units within each school are listed in Table 2.

SCHOOL OF DENTISTRY

The School of Dentistry consists of five instruction and research departments in the basic and clinical sciences. The School of Dentistry is ranked among the top dental schools in the nation and offers instruction towards the bachelor's degree in dental hygiene, the DDS degree, the MS and PhD in Oral Biology, and postgraduate professional programs in Advanced General Dentistry, Dental Public Health, Orthodontics, Pediatric Dentistry, Periodontology, and

TABLE 2: DEPARTMENTS AND ORGANIZED RESEARCH UNITS BY SCHOOL

Departments	Organized Research Units/a/
<u>School of Dentistry</u>	
Oral & Maxillofacial Surgery	
Growth & Development	
Restorative Dentistry	
Stomatology	
Dental Public Health & Hygiene	
<u>School of Medicine</u>	
Anatomy	Cancer Research Institute
Anesthesia	Cardiovascular Research Institute
Biochemistry & Biophysics	General Clinical Research Center
Dermatology	Hooper Foundation
Epidemiology, International Health & Biostatistics	Hormone Research Institute
Family & Community Medicine	Institute for Health Policy Studies
History of Health Sciences	Metabolic Research Unit
Laboratory Medicine	
Medicine	
Microbiology & Immunology	
Neurological Surgery	
Neurology	
Obstetrics & Gynecology	
Ophthalmology	
Orthopedic Surgery	
Pathology	
Pediatrics	
Pharmacology	
Physiology	
Psychiatry	
Radiation Oncology	
Radiology	
Surgery	
Urology	
<u>School of Nursing</u>	
Family Health Care Nursing	Institute for Health and Aging
Community Health Services	
Physiological Nursing	
Social & Behavioral Science	
<u>School of Pharmacy</u>	
Clinical Pharmacy	Molecular Design Institute
Pharmacy	
Pharmaceutical Chemistry	
<u>Other</u>	
	Proctor Foundation

/a/ An Organized Research Unit (ORU) is a formal academic agency with a separate budget and administration, officially established by The Regents, consisting of an interdepartmental group of faculty, students and staff engaged in research.

Prosthodontics; an accredited residency program in Oral and maxillofacial Surgery; and a postgraduate fellowship in Oral Medicine. The School's goals are to offer programs leading to a variety of careers including general practice, specialty practice, teaching, research and public health. Its mission statement focuses on efforts to expand its research program, strengthen the basic sciences and clinical science curriculum and improve the clinical preparation of dental practitioners. The School of Dentistry operates three clinical facilities, at the Parnassus Heights site, the Buchanan Street Dental Clinic, and at SFGH.

Future Plans The majority of new space needs in the School of Dentistry is for laboratories for their basic biomedical departments, where faculty are working towards a better understanding of head and facial development, oral cancer, bone implants, oral infectious diseases and soft tissue diseases. Clinical departments have needs for more research space to study the biology of aging, pain and pain management. Reconfiguring and remodeling of the School of Dentistry's clinical care space is necessary to respond to the rapid growth of the School's patient population.

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SCHOOL OF MEDICINE

The School of Medicine is the largest of UCSF's professional schools and is consistently ranked first or second among all medical schools in the country by its peers. The school offers the MD professional degree and graduate academic degrees (MA and PhD) in 19 disciplines related to human health, and 31 residency programs in medical specialties. Clinical instruction takes place in UCSF Medical Center facilities, as well as in other hospitals in the San Francisco Bay Area and around the state.

Future Plans Advances in medical care resulting from the knowledge of the genetic and molecular basis of diseases are expected to continue. A major goal of the School is to retain its broad strength in the biomedical and social sciences related to health and to continue integrating biological scientific knowledge with clinical applications.

Integrating biological knowledge with clinical applications is a major goal of the School of Medicine.

For purposes of description, School of Medicine departments are grouped into three main categories: basic biomedical science, clinical science, and social and behavioral science.

Fundamental research being done in the basic biomedical science departments involves the investigation of organismic processes from the smallest level to the largest. These departments, including molecular and cell biology, the biochemistry of cell replication, neurobiology, developmental biology, human genetics and structural biology all endeavor to achieve a better understanding of how the human organism is constructed at its most fundamental levels. Scientists in the basic biomedical sciences employ similar techniques in their laboratories. Typically, each laboratory unit includes on average one principal investigator or faculty member and 12 research staff. Because UCSF's research laboratories are so crowded, providing more space and modernizing old laboratories are the primary goals for this group of faculty.

Clinical science faculty conduct research on a vast range of human diseases to understand their fundamental origin and treatment alternatives. Internal medicine, reproductive sciences, pediatrics, orthopaedics, organ transplantation and neurology are some of the areas where UCSF's reputation has been solidly established. Research conducted by faculty in clinical science departments is conducted in various settings rather than in labs alone, including research laboratories, computer laboratories, hospitals, clinics and offices. Because of this, it is much harder to calculate an average amount of research laboratory space for clinical science departments. Nonetheless, a great deal of the research space needs for the clinical science faculty is for laboratories.

Faculty in the social and behavioral science departments work in health policy and services research areas such as the epidemiology of health and disease, biostatistical methods that underpin scientific research, and the economics and effectiveness of health care. They use office-type environments employing computers and interview rooms which offer privacy as well as tutorial settings, and space needs are for these types of spaces.

SCHOOL OF NURSING

The School of Nursing offers instruction towards the MS, PhD in Nursing and PhD in Sociology degrees which prepare students for leadership roles in nursing clinical practice, administration, teaching and research. The School is ranked among the top three nursing schools in the country and has well-established clinical, teaching and research activities in support of its academic programs. The School's goals are focused on increasing the range of educational programs supporting the profession, including advanced nursing practice, and on continuing its role as a national and international leader in nursing science, education and research.

New space is needed for the School of Nursing to relieve existing overcrowded conditions and to accommodate social science-based research programs.

Future Plans Expansion of the School's doctoral programs in nursing and sociology is proposed in order to train more nursing faculty and medical sociologists. Space is needed to provide relief of severe crowding in the School of Nursing research programs, as well as to provide for expanded and new programs in their social science-based research in health promotion and disease prevention, aging and gerontology, AIDS, symptom management, and family health studies.

SCHOOL OF PHARMACY

The School of Pharmacy is the only such school in the UC system and is ranked first among schools of pharmacy in the US by its peers. The School offers the Doctor of Pharmacy (PharmD) professional degree and the PhD degree in the pharmaceutical and pharmacological sciences, as well as postgraduate training in clinical pharmacy. Its primary goal is to provide the nation with pharmacists and pharmaceutical scientists with the skills necessary to adapt to changes in health care over a lifetime.

Future Plans Pharmacy researchers currently have about one-half of the laboratory space of their counterparts in other institutions. Ideally they require roughly twice as much laboratory space per faculty member as they have at present. More laboratory space is thus critically needed to relieve the extreme crowding in the School of Pharmacy’s basic biomedical departments so their faculty may continue to work on topics such as molecular pharmacology, pharmaceutical biotechnology, applied immunology and pharmaceuticals.

New laboratory space is critically needed to support School of Pharmacy activities.

The School of Pharmacy is the only professional school without an identifiable building at the Parnassus Heights site for its academic programs, and a goal of the School is to procure a site at Parnassus Heights to consolidate its academic programs and to further expand and decompress its laboratory-based research programs.

GRADUATE DIVISION

UCSF plays a major role in the education of the next generation of scientists in the disciplines relevant to human health. A broad range of opportunities is available for graduate students: broad interdisciplinary instruction in the basic biological and biomedical sciences, a similar program in pharmaceutical and pharmacological sciences, programs in the social and behavioral sciences, and graduate education in nursing. These backgrounds are intended to prepare students for roles as academic scientists and clinical scholars. To that end the Graduate Division focuses on recruitment programs and on building the broadest possible programs in biological, social and behavioral sciences, with emphasis on integrated approaches. The Graduate Division works closely with the four schools to determine curriculum and enrollment targets.

Table 3 illustrates the number of students enrolled in each school during the 1994-95 academic year, and the projected enrollment of each school in 2003-04, the final year for which projections are currently available. For purposes of this LRDP, it is assumed that enrollment after 2003-04 will remain relatively constant.

TABLE 3: THREE-TERM AVERAGE ENROLLMENT, 1994-95 AND PROJECTED 2003-04

School	1994-95	2003-04
School of Dentistry	449	486
School of Medicine	2,097	2,232
School of Nursing	589	618
School of Pharmacy	<u>581</u>	<u>680</u>
TOTAL	3,716	4,016

THE CLINICAL SETTING

GENERAL BACKGROUND³

American health care is currently undergoing a fundamental realignment.

American health care is currently undergoing a fundamental realignment that is being driven by large and powerful economic, social, scientific and technological forces, many of them external to the traditional health care industry. The broader setting affecting this LRDP cannot be understood without some reference to these broad influences.

The single biggest driver of health care change has been the enormous cost of health care in the United States.

Cost of Care The single biggest driver of health care change has been the enormous cost of health care in the United States. The cost of care has been increasing at a phenomenal rate over the past three-and-a-half decades, and the U.S. now has the most costly health care system in the world, at one trillion dollars annually. This cost now significantly strains both public and private ability to pay the taxes and premiums necessary to sustain it.

Excess Capacity The enormous expenditures in support of health care have resulted in an overbuilt and extremely costly infrastructure of hospitals and health care providers. In 1993, the U.S. had 25% more employees per bed than the United Kingdom and 69% more than France. It also had a rapidly growing ratio of physicians and nurses to the population, up from 159 per 100,000 in 1970 to 237 per 100,000 in 1992.

Move to Managed and Integrated Systems of Care The high cost of the U.S. health care system coupled with this pattern of excess capacity is creating two new market forces aimed at changing health care in the country: competition for health care revenues and consolidation of health care providers.

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Competition for health care revenues is increasing as private and public purchasers of care organize themselves into large purchasing cooperatives. In California, these cooperatives are best typified by the Pacific Business Group on Health and CALPERS.⁴ The combined purchasing power of these cooperatives is exerting price restraint over insurance premiums, and insurers, in turn, are forcing health care providers associated with them to compete on the basis of cost and quality of care. In the period from 1992 to 1995, the presence of these organized purchasers reduced insurance premiums by between 2% and 10% each year.

The second, more visible health care market change is also in response to these demands placed by purchasing cooperatives. Medical care providers, hospitals and professional groups are moving into larger and larger integrated systems of care to manage costs, enroll a stable base of patients, and be in a position to compete for large pools of enrollees. Some of these systems are held together

³ Information on the changing nature of the national health care system has been provided in part by Professor Edward H. O'Neil, Executive Director, The Pew Center for the Health Professions at UCSF, and co-author of a recent report prepared by the Chancellor's Task Force on Health Care Reform.

⁴ California Public Employees' Retirement System.

by ownership bonds, but the more dominant set of relationships is through partnerships, exclusive and long-term contracts and sale of services. Instead of having a health system characterized by independent medical providers in solo or small group practice working with independent hospitals, the emerging system has large aggregations of providers linked to systems that have many different health care facilities.

Pressure to Downsize The combination of a costly health care system and excess capacity, now organized into integrated systems of care, will create pressure to decrease the size and number of hospitals and the number of physicians and other providers.

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New Values in Health Care Delivery The changes brought about by these new systems of care will not be limited to creating larger integrated organizations and downsizing the provider components; there will be new values incorporated into health care. These new values will challenge many of the current values dominant in health care delivery. The most important of these shifts will be:

- A balancing of the biomedical perspective in health care with those stemming from knowledge of the social and behavioral aspects of medical treatment;
- A movement away from tertiary (highly specialized inpatient) hospital care as the center and focus of health care;
- A movement away from the dominance of the medical care system by physician-specialists to one that is balanced with the perspective of generalists, such as family physicians; and
- Movement away from the physician as solo practitioner to more emphasis on the work of the health care team.

Each of these changes will strongly influence the concept of academic health centers that has developed over the past five decades. The institutions that will survive this transition must respond to these changing aspects of health care delivery.

CHANGES IN THE CALIFORNIA DELIVERY OF HEALTH CARE

Radical changes are taking place in the California system of reimbursement for medical care, including reimbursement to academic medical centers for the training of physicians and other health professionals. A move to capitated rates⁵ in health insurance is of particular importance. These are pre-determined levels of spending that will be paid by a health maintenance organization, an employer or a government health service to a health care institution for a given number of patient “lives.” This approach forces a budget discipline on all

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⁵ Capitation refers to the system through which Health Maintenance Organizations (HMOs) pay a fixed monthly fee, per member, to primary care physicians in advance of services rendered.

medical treatment. The costs associated with training health care professionals, now borne by academic medical centers, have not been separately allocated to teaching hospitals under capitated formulas.

UCSF is responding to these changes by contracting with HMOs, expanding outpatient facilities, and creating small community-based primary care clinics.

UCSF is responding to these changes in a number of significant ways: contracting with several HMOs to provide tertiary or quaternary care; renovating more space for outpatients; and creating community-based primary care clinics run by UCSF. Physicians with sub-specialties in clinical fields, such as ophthalmology or neurosurgery, are expected to be reduced in number and more primary care physicians will be trained. More teaching will be carried out in settings other than at the traditional hospital bed and that will require additional changes. If clinical income is reduced, funding for research conducted by clinical faculty is also likely to be reduced.

The UCSF Medical Center is pursuing a merger with Stanford University Health Systems in which operational control of the clinical facilities and practices of UCSF and Stanford University would be transferred to a non-profit, public benefit corporation. In May 1996, The Regents agreed to investigate the formation of this entity, and in July 1996 The Regents approved, in principle, the organization of the governing board of the proposed non-profit corporation. In November 1996, The Regents authorized the formation and initial capitalization of the non-profit, public benefit corporation. The Regents also approved the name “UCSF Stanford Health Care” (UCSF-Stanford) for the corporation, which had previously been referred to as the “New Corporation” or “Newco.” Final action to approve the proposed merger has not yet been taken. Please see Chapter 3, Clinical Programs, for a discussion of the potential merger of clinical activities at UCSF and Stanford University and other clinical affiliations.

In addition, the UCSF Medical Center has completed an agreement with the UCSF Medical Group and the California Pacific Medical Group to create a new medical network, known as Brown & Toland Medical Group, for certain types of managed care contracting. The formation of Brown & Toland would essentially result in a change in management structure of existing physician practice groups. The new medical group will facilitate referral of patients to physicians practicing at UCSF Medical Center, UCSF/Mount Zion, or California Pacific Medical Center. As UCSF reconfigures its clinical programs over the next fifteen years to meet demands of managed care and other changes in health care financing, the campus may also create other joint clinical programs with other local health care enterprises.

UCSF’S CLINICAL PROGRAM HIGHLIGHTS

UCSF’s hospitals and clinics play a central role in its purposes and mission. Historically, UCSF has had a particular mission and leadership role in California as one of a limited number of referral, teaching and research hospitals serving the western United States. In this role, UCSF has provided very specialized care to patients within a large geographic area. UCSF is also expanding its traditional role in primary care.

UCSF's clinical facilities include 560 licensed beds at Moffitt/Long Hospitals at Parnassus Heights, 70 licensed beds at the Langley Porter Psychiatric Institute also at Parnassus Heights, 375 licensed beds at UCSF/Mount Zion, and several patient care satellites in San Francisco and the Bay Area. Affiliated facilities include 582 licensed beds at SFGH and 378 licensed beds at the VAMC.

Some 20 major departments are run by UCSF at either Moffitt/Long Hospitals or UCSF/Mount Zion.⁶ Within these, 60-plus programs, specialties, subspecialties and multi-disciplinary clinical treatment centers have been established, focusing on topics from AIDS to vascular conditions. Recent clinical program highlights include a consolidated pain center, a multidisciplinary program for the treatment of multiple sclerosis, a new endoscopy unit with state-of-the-art facilities, a multi-specialty clinical cardiac center, an expanded children's medical center, a new stroke center, a stereotactic radiosurgery program, a neurospinal surgery service, pediatric cardiac surgery, kidney and liver transplant programs and expanded laparoscopic surgery services.

OUTPATIENT SERVICES

The treatment of patients in the outpatient setting is an increasing fact of life under the new managed care environment for health care financing. The UCSF Medical Center accommodated a combined total of 349,279 outpatient visits at Parnassus Heights and UCSF/Mount Zion in 1993-94. In addition, a primary care satellite clinic has been established in Daly City, and a new primary care satellite clinic opened in the Lakeshore District of San Francisco in May 1994.

THE FUNDING SETTING

The funding environment also is a central aspect of the setting for the LRDP. Public policy is changing dramatically in ways that are affecting all academic medical centers, including UCSF. These changes are affecting the agenda of research, the funding for basic and clinical research and the financial structure of academic medical centers.

Over the past year, increasing attention has been focused on the future of academic health centers in a dramatically changing world. Much of the financial base of what we have known as the academic health center may be reduced over the next decade. Funding reductions are expected from most sources that have traditionally supported medical education and basic science research: patient care income, federal support for residency training, federal support for basic biomedical science and state support for higher education. This will mean that premier institutions like UCSF must make plans for a future that does not depend solely upon these resources. Responding to this

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⁶ Additional clinical programs are carried out by UCSF faculty at SFGH and the VAMC, but these are directed and funded by the host institutions rather than by UCSF, and thus are not included in this discussion. See the appropriate sections in Chapter 5, Plans for Existing Sites, for a description of plans at those sites.

information, UCSF's LRDP will seek to implement the proposals set forth herein in flexible and innovative ways discussed briefly in the final chapter of the LRDP.

FEDERAL FUNDING OF SCIENTIFIC RESEARCH

Federal funding for basic science, provided via the National Institutes of Health (NIH), is becoming more scarce. The non-defense sector of federal research expenditures has suffered, in comparison with defense expenditures, over most of the last 25 years. While there is some indication that research reductions will not continue further downward and may stabilize, it is not clear whether or not they will increase appreciably in the future.

Though UCSF has been one of the two top recipients of NIH funding for many years and is now the eighth-highest recipient of all federal funds in higher education, it is still the case that the total amount of funding for basic science research is declining and it is unclear what the future funding stream will be.

Two recent federal reports point to a changing national policy for the support of science from the direct federal subsidy that has characterized the post-World War II era. Together, these reports point to a research landscape characterized by the following:

- More emphasis on Centers of Excellence, where institutions identify specific market areas in which to specialize;
- More public-private partnership for research funding; and
- More creativity and innovation in the institutional mechanisms for conducting research.

FEDERAL POLICIES TOWARD REIMBURSEMENT OF COSTS FOR FEDERALLY SPONSORED RESEARCH

A related issue is the position taken by the federal government concerning its willingness to repay research institutions for indirect costs incurred as a byproduct of conducting federally sponsored research. These costs include items such as the facilities in which the research is conducted, library books, environmental health and safety programs and others. By placing an absolute limit on those reimbursements, current federal policy does not compensate universities for any amount by which the indirect costs exceed the federal formula.

STATE FUNDING

UCSF's ability to plan for the future has become less certain due to the State of California's limited ability to support higher education expansion and capital construction needs. In the past decades California's economy has been so robust that, had it been a nation, it would have been the seventh richest nation in the world. With the decline in federal expenditures for the defense industry,

shifts of manufacturing jobs to other countries, and other macro-economic shifts, California's economy has softened. Some bond measures have failed in recent elections, including those which would have provided many hundreds of millions of dollars for capital construction in higher education. Although there are signs of an improving economy, it is difficult to predict what revenues may be available to UCSF and other state-supported institutions in the coming years from state sources.

These trends may affect the ability of UCSF to move forward aggressively with LRDP implementation in the short term. However, over the long term there is room for optimism: the state's economy is showing signs of recovery from recession, and creative strategies for repositioning UCSF to respond to managed care policies look promising. In addition, UCSF continues to maintain its competitiveness in vying for federal funding of scientific investigation.

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CLINICAL FINANCING

The reorganization of health delivery and health financing discussed above will have repercussions on UCSF's overall funding in ways that are not yet completely clear, but could include the following:

- A period of capital expenditures associated with renovating UCSF's existing hospitals and clinics, adding improved hospital information systems, and building or renovating satellite clinics;
- A period of intensive effort to lower UCSF's operating costs through a "value improvement project," to rethink which services are provided, how they are provided, and what staffing is needed to support them;
- Over the long term, the possibility of reduced clinical fee income for discretionary uses as UCSF's competitive environment forces a reduction in costs, among which are costs not directly associated with the clinical enterprise;
- Associated with reduced income is the possibility that clinicians associated with UCSF, and in particular, specialists and sub-specialists, will decline in numbers as primary care becomes a larger element in the total UCSF clinical mission; and
- Funds for medical education, now raised from a combination of support from the state, private insurers and Medicare, may be reduced by these funding entities.

ALTERNATIVE FUNDING SOURCES

Like many public universities, the University of California has encouraged its campuses to seek additional support from private gifts and grants. UCSF is making a particularly strong effort in this regard, as its small student enrollment relative to other UC campuses has meant that state funding, which is largely enrollment-driven, now contributes only about 12% of UCSF's total

operating budget. In July 1996, UCSF will complete its first campus-wide fund-raising campaign, which is expected to raise \$530 million to cover programs and services in areas such as health sciences education, cancer, AIDS/HIV, aging, basic science research, neurological science and health, genetics and children's health. UCSF expects to rely heavily on private giving for many of the construction projects described in this LRDP.

PLANNING RELATIONSHIP WITH THE CITY AND COUNTY OF SAN FRANCISCO

UCSF has had both a formal relationship with San Francisco's planning entities and an informal one. Formally, pursuant to its authority under the state constitution, UCSF operates without necessary adherence to the *San Francisco General Plan* or *City Planning Code*. However, as a general approach, UCSF makes a good-faith effort to meet the spirit and intent of local policies. For example, for purposes of determining the physical development capacity of any particular site, UCSF uses local policies on height, bulk, setbacks and floor area ratios. This LRDP calls for plans which are consistent with local land use, zoning and planning policies, and UCSF will endeavor to implement plans in keeping with that goal.

Three local planning or related documents have been referred to in the development of the 1996 LRDP for sites within San Francisco:

- The *1987 Memorandum of Understanding* (MOU) between UCSF and the City and County of San Francisco, which establishes a cooperative relationship between UCSF and the City and establishes a mechanism through which information on planning activities is shared. The MOU is included herein as Appendix E.
- Relevant *San Francisco General Plan* policies which provide a policy basis for particular standards in the *City Planning Code*. Those relevant policies include, among others, portions of the Urban Design Element, the Residence Element, the Community Facilities Element, the Transportation Element, the Environmental Protection Element and the Recreation Element.
- Section 304.5 of the *San Francisco City Planning Code*, referring to Institutional Master Plans, which the MOU indicates the City Planning Commission will use as the basis of any review it conducts of UCSF's master planning documents.

CITY AND REGIONAL PLANS AFFECTING UCSF

Several plans in the vicinity of the three potential major new campus sites which could have a substantial effect on UCSF's plans have been referred to in the development of this LRDP including the following:

- **San Francisco Planning Department's *South Bayshore Plan* and the City of Brisbane's *1994 General Plan***, covering properties owned by Tuntex U.S.A. in both cities, portions of which are considered for a potential Brisbane Baylands-Executive Park major new campus site.
- **San Francisco's *Mission Bay Plan***, which covers the properties owned by Catellus Development Corporation at Mission Bay, a portion of which is considered for a potential Mission Bay major new campus site.
- **The City of Alameda's *Harbor Bay Business Park Development Agreement***, covering property owned by Doric Development Corporation at Harbor Bay, a portion of which is considered for a Harbor Bay major new campus site.