



**Clinical Affairs Committee**  
**Maxwell Meng, MD, Chair**

## ANNUAL REPORT 2011-2012

**Primary Focus Points for the Year:**

- APeX Rollout Implementation
- Mission Bay Hospital Operational and Clinical Operations Planning
- Monitoring Changes Implemented by the Ambulatory Wait Time Surveys
- Monitoring Impact of Operational Excellence Changes on Clinical Practices
- Post-employment Benefits Changes for Clinicians

**Task Forces, Special Committees, and Sub-Committees:**

- Task Force on Senate Membership (Maxwell Meng)

**Issues for Next Year (2011-2012)**

- Clinical Faculty Representation in the UCSF Academic Senate
- Mission Bay Hospital Clinical Operations Planning
  - Updates, Offices, Coverage by Various Services
- Diversity Follow-up
- Salaries, Benefits, Retirement Updates
- Student Fees and Assistance (SOM)

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**2011-2012 Members**

**Maxwell Meng, Chair**

**Phil Rosenthal, Vice Chair**

Barbara Burgel

Geraldine Collins-Bride

Teresa De Marco

Betty Dong

John Feiner

Marcus Ferrone

Ruth Goldstein

Andrew Gross

Miguel Hernandez-Pampaloni

Mehran Hossaini

Jeff Meadows

Steven Polevoi

Hope Rugo

**Ex-Officio Members**

Mark Laret, CEO, UCSF Medical Center

**Guest**

David Morgan, Executive Director,  
Ambulatory Services, UCSF Medical Center  
(on behalf of Mark Laret)

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**Number of Meetings: 10**

**Senate Analyst:** Alison Cleaver

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## Systemwide Business

### **Report and Recommendations of the Task Force on Senate Membership**

Task Force Member Maxwell Meng updated the Committee on the ongoing matters involved with adding additional UCSF faculty to the Academic Senate. While the inclusion of the Adjunct and Health Sciences Clinical faculty into the UCSF Academic Senate remained on hold as of July 1, 2012, the Committee on Academic Personnel (CAP) along with the Vice Provost, Academic Affairs Office determined there would be no change to the composition of CAP so as to eliminate any Systemwide challenges to advancements decisions made by the committee. ([Appendix 1](#))

## Divisional Business

This year, the Academic Senate Clinical Affairs Committee took up the following issues related to the San Francisco Division:

### **APeX Rollout**

Seth Bokser, Member, Physicians' Advisory Group, APeX Rollout Committee and Doug Berman, Deputy Director, ITS went over the schedule for APeX rollout during 2011-2012. ([Appendix 2](#))

The mobile UCSF MyChart platform will allow patients to view upcoming and past visits, test results, request appointments, medication refills, and message non-urgent requests to providers. Faculty received three hours of training. The Medical Center also pays for software licensing, set-up, maintenance of voice-profile, and training. Departments pay for microphones. Separately there are ongoing APeX trainings in "Lunch & Learns". These weekly lunches and/or conference calls focus on specific topics such as ePrescribing.

### **Ongoing Ambulatory Training**

Faculty were also being encouraged to use Dragon for dictation purposes. There are also "Ambulatory 300" in-classroom brush-up trainings available. Providers can sign-up for them at <https://learningcenter.ucsfmedicalcenter.org>.

### **APeX and Research**

Doug Berman provided an overview for how the implementation of APeX will impact the other research-related databases pre-existing at UCSF. APeX is not intended to duplicate or complicate any such system. A campuswide survey revealed 197 systems of which—post-APeX rollout—eleven were eliminated as supplicates, thirteen added, and an implementation team created to work with faculty and staff to assist with conversion.

The APeX Research Team is exploring compliance with the policies of CTSI, IRB, CHR, and other such UCSF institutions. All clinical data gathered will be fed into the Integrated Data Repository and MyResearch. Since nearly all UC campuses (except Irvine) are now using APeX, there is a new program being developed to integrate research throughout the UC System. This initiative (UC Rex) will allow researchers from one campus to query information from across the different campuses. ([Appendix 3](#))

### **Payor Mix as Related to MediCare and Impact on Brown & Toland/Hill Physicians' Change**

Margaret Martin, Executive Director, Medical Group Strategic Planning & Managed Care, presented on market evolutions in California's insurance trends and San Francisco's managed care system. She provided an overview as well on San Francisco and UCSF specifically. Discussion focused on both bolstering outreach and increasing practice efficiencies such that the intended UCSF growth is accomplished in the right areas.

### **UCSF Medical Group and Medical Center Access Alignment Project**

Margaret Martin, Executive Director, Medical Group Strategic Planning & Managed Care and Ralph Gonzales, Associate Chair, Ambulatory Care and Clinical Innovation presented an overview of the Access Alignment Project, which seeks to materially and substantially improve access to adult outpatient services for a core population of patients, including UCSF and One Medical Group PCPs. ([Appendix 4](#))

The project's genesis came about due to the disaffiliation with Brown & Toland, which increased the need of UCSF primary care physicians to have access to fellow colleagues for referrals. As a result, new patients can both enter and stay in the UCSF system.

#### **Phase 1: Implementation**

In-house referrals have been made easier to accomplish. For now, this only applies to patients with PCPs in the UCSF system. As this is a significant change for specialists, the attempt is to ease the scheduling shift in a manageable way.

#### **Phase 2: Medicine Subspecialties and Themes**

The metric for measuring productivity is being reviewed and will continue to be moving forward. A referral ordering template in APeX is currently undergoing pilot testing. A coordinator is in place on either side of the referral to review each request and makes sure that the guidelines are met. If they are, the case will move forward; if not, it will be sent back with an explanation for the referring doctors.

#### **Phase 3: Results and Reviews**

Of the departments currently involved in this project, most have seen strong improvement in patient scheduling however some began with a significant backlog.

#### **Compensation**

Committee members commented that UCSF hasn't determined yet whether UCSF clinicians should work at multiple clinics a week to make their salary and to make this new model sustainable. The added mission of teaching and administrative work, however, makes this idea difficult to achieve.

#### **Faculty Life Survey**

Results of the Faculty Survey conducted by the Academic Affairs Office were posted on that group's website. Still nearly one out of every three UCSF faculty are concerned with both salaries and the amount of time they spend with family. CAC will continue to monitor faculty satisfaction and the Academic Senate Office will contact the VPAA office regarding this survey in case there is follow-up needed.

#### **UCSF Governance Task Force**

Gordon Fung, Farid Chehab, and Ellen Weber, Members of the UCSF Governance Task Force received feedback from the committee on the Chancellor's proposed creation of an Advisory Board and other campus-wide changes. Members expressed concern about such a board potentially stifling academic freedom, and/or receiving flexibility to deal with upcoming changes in the health care market.

Members also seconded Guest Fung's concerns that clinicians aren't receiving due recognition. Committee members also discussed whether anyone in the Medical Center was hearing clinical concerns, and if there's any impetus for them and their committees to respond to such concerns. These issues are separate from those of the Governance Task Force. Overall CAC is interested in serving as a sounding board for Medical Center concerns and to insure that longstanding Medical Center committees are accountable to someone. This may take time to change but the Senate looks forward to working with the Medical Center administration to establish a stronger communication bridge.

#### **Mission Bay Hospital Operations Planning**

Kim Scurr, Executive Director, Mission Bay Hospital Planning and Executive Director, UCSF Benioff Children's Hospital and Scott Soifer, Member, Mission Bay Hospital Clinical Operations Planning

Committee provided an overview and update on the current status of the MB Operations Planning Projects. These large-scale operational plannings deal closer with Facilities and Campus issues rather than the Clinical Operations that are handled by a different committee.

### **Mission Bay Hospital Clinical Operations Planning**

Scott Soifer and Brian Herriot, Members, Mission Bay Hospital Clinical Operations Planning Committee and Brian Herriot updated committee members on the status of clinical operations planning at Mission Bay Hospital. The hospital is on track for a February 2015 opening. ([Appendix 5](#))

#### **Items of note:**

1. A Departmental Chair survey is forthcoming to query how they intent to handle consults. This is a departmental issue that MBH will work with clinics on for the time being.
2. A new UCSF Shuttle service is being developed for patients-only. These will be separate from current shuttles and assist patients who need to go from MB to other UCSF campuses.
3. There will be one Emergency Department but within it, an Adult area with at present plan, two beds. Separately there are eight ORs for children, eight reserved for adults, and eight that are interchangeable.

There will be a UCSF intranet webpage dedicated to physicians' topics on interest as related to MBH clinical operations planning.

### **Clinical Research Initiative (CRI)**

Associate Vice Chancellor Susanne Hildebrand-Zanki along with Margaret Tempero, Deputy Director and Director, Research Programs, UCSF Helen Diller Family Comprehensive Cancer Center and Bill Balke, CTSI CRC Director, presented on the CRI and in particular sought feedback on the review and revision of protocol processes and improvement of Finance & Administration Services.

Margaret Tempero advised that there is currently a system in the Cancer Research Institute for feasibility reviews. It was disliked at the start--and now is standardized and appreciated--as faculty usually end up learning things. The Cancer Research Institute's is called a Peer Review Committee.

The CRI feasibility reviews will be conducted for anything related to human research and will accompany proposals going to the CHR. The hope is that such reviews will reduce the volume of proposals needed to be reviewed by the various CHR committees. Having such feasibility reviews in place will also demonstrate to outside funding agencies that UCSF overall can handle big-scale clinical trials.

### **MediCal Delivery System Reform Incentive Pool (DSRIP)**

Brigid Ide, Executive Director, Patient Safety & Quality Services and Josh Adler, Chief Medical Officer, UCSF Medical Center, presented on the status of the DSRIP program. This government-sponsored pay-for-performance initiative relates to population health goals of California Medical Systems. All "safety-net" public hospitals in the state of California--which includes Medical Centers at two UC campuses (UCSF and UCLA)--are in it. If each medical center meets its goals per category, per year, it will continue to receive funding.

The program as a whole will dispense \$3.3B over five years. This is not new government funding, however. It is repackaged funds previously distributed per the Medical Waiver that UCSF originally operated under. This pilot program goes through February 2013. Its focus is in four categories:

- Infrastructure Development
- Innovation and Redesign
- Population-focused Improvements
- Urgent Improvement in Quality and Safety.

### **Sustainability Efforts**

Gail Lee, Sustainability Manager, UCSF provided an overview on sustainability efforts. She advised that there are no sustainability champions in clinical settings, as that hasn't been the focus to date. It is hoped with increased efforts in the Medical Center, this will change during the 2012-2013 academic year. Separately, the Academic Senate is added a standing committee examining Sustainability.

### **Reports from the Schools**

#### **School of Dentistry**

The School went through the process of and achieved accreditation for the next seven years.

Mark Laret, CEO of the UCSF Medical Center spoke to the School about the growing importance of and demand for dental clinicians. Since then, SOD has contemplated opening new sites, including one at Misison Bay. That Hospital will now have both pediatric and general dentistry. The School of Dentistry is also installing portable buildings to allow for a quicker start-up.

#### **School of Nursing**

Process for improving faculty welfare and strengthening faculty/administration communication. Due to increased stress and concern for faculty welfare, the SON Faculty Council implemented a tri-part process to improve faculty welfare and strengthen faculty/administration communication.

- Step 1: A faculty-only "Come and Be Heard" meeting was held, facilitated by Andrew Parker, PhD, Manager of the Faculty and Staff Assistance Program.
- Step 2: Faculty feedback was presented to the Dean and the Dean's Council, who were receptive and responsive to concerns.
- Step 3: At the Full Faculty meeting the Dean responded to the faculty while open discussion took place. Dr. Parker was present to help guide and facilitate the discussion.

The School is closing its Nursing Management Program. It may become an Executive Level Program at some point.

The School is moving forward with the creation of a Nighttime Clinic. However there are no SON members in the Medical Group Business Services to see if Nurse Practitioners/SON faculty, who will be involved in such a clinic, can or should be added to the Medical Group. This has implications for contracts with insurers for reimbursements and is being explored. The Nighttime Clinic is slated to open January 1, 2013.

#### **School of Pharmacy**

No update.

#### **School of Medicine**

A new program is being set up to assist SOM Medical Students with financial issues and assist with any increase in fees. SOM Alumni are being contacted about supporting this program.

## **Task Forces and Other Committee Service**

This year, members of the Academic Senate Clinical Affairs Committee served on the following Academic Senate task forces.

- Task Force on Senate Membership (Maxwell Meng)

## **Going Forward**

Ongoing issues under review or actions, which the Committee will continue into 2012-2013:

- Clinical Faculty Representation in the UCSF Academic Senate
- Mission Bay Hospital Clinical Operations Planning
  - Updates, Offices, Coverage by Various Services
- Diversity Follow-up
- Salaries, Benefits, Retirement Updates
- Student Fees and Assistance (SOM)

## Appendices

- [Appendix 1:](#) Communication from UCSF Academic Senate Chair Robert Newcomer to UCSF Faculty on the Status of the Task Force on Academic Senate Membership
- [Appendix 2:](#) Schedule and Overview of APeX Rollout and Training
- [Appendix 3:](#) APeX and the Research Enterprise at UCSF
- [Appendix 4:](#) Access Alignment Project
- [Appendix 5:](#) Mission Bay Hospital Clinical Operations Planning Presentation

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