Clinical Affairs Committee
Ellen Weber, MD, Chair

MINUTES
Wednesday, May 27, 2009

PRESENT: Ellen Weber (Chair), Brad Hare (Vice Chair), Shoshana Arai, Karen Duderstadt, Susan Janson, Brent Lin, Max Meng, Conan McDougall, John Maa, Steve Pletcher

ABSENT: Chris Barton, Christine Cheng, Darren Cox, Amy Houtrow, David Morgan

GUESTS: Russ Cucina, Associate Medical Director, Information Technology, UCSF Medical Center
        Brian Herrick, Assistant Medical Director, Information Technology for Ambulatory, UCSF Medical Center

The Clinical Affairs Committee (CAC) was called to order by Chair Weber on May 27, 2009 at 4:37 p.m. in room S 30. A quorum was present.

The Minutes from April 22, 2009 were approved.

Chair’s Report
As follow-up from two meetings ago, this committee had requested representation on clinical affairs committees of other UCSF campuses. It was recently approved that a CAC representative can attend the SFGH Executive Committee meeting. Brad Hare has agreed to be the representative to that committee.

Vice Chair’s Report
The Coordinating Committee met with UC President Mark Yudof end of May. Yudof outlined budget issues systemwide and followed up with a Q&A section. His view was much larger issues than just UCSF. The tenor of the meeting was serious but encouraging.

On the question of instituting either a work furlough or a salary cut for faculty and staff, Mark Yudof outlined the overall approach systemwide, and implied that he would leave it to each individual campus on how they would implement.

On behalf of the Clinical Affairs Committee, Brad Hare posed the question of how to include the providing of superb clinical care within the promotions process for UCSF clinicians. Mark Yudof’s response was that it was a UCSF-specific issue and should be resolved by the campus itself.

Committee member Brent Lin raised the point that if faculty must take time off—can they work elsewhere during that time? This issue hasn’t been addressed as of yet.
Update on the UCSF Electronic Medical Record System for Ambulatory EHR – Russ Cucina and Brian Herrick

Presenters focused on four aspects of the electronic medical records system:

1. Documentation
2. Communication/Patient Portal
3. Efficiency
4. Future directions [next 6 months]

(1) Documentation: Up until August 2008 there were only two groups of information from which to pull data (ambulatory document categorization). This was the impetus to creating a big single bucket to contain everything within. School of Dentistry is not included

a. Dentistry has it’s own maxim which is not integrated with UCare at present.

b. UCare Note Writer is a web application for provider documentation—history, physicals, progress notes, consultations. Integrated with UCare, UCSF’s electronic medical records system. BH showed the committee how to input (various screens), including keeping notes without publishing in UCare.

c. Each group will create their own template with fields particular and necessary for their practice groups. There will be a learning curve to determine how to develop a template that looks like it was dictated (i.e. like how reports or notes are usually done).

d. Note Writer checks for DNU abbreviation and offers suggestions as needed.

e. Voice Recognition into UCNW will be part of the ambulatory UCare roll-out, using Dragon v10. A decrease in transcription costs is anticipated.

(2) Communications/Patient Portal

a. Intention is to have people use Note Writer for notes then fax from the system…one-stop shop. It can fax multiple reports. It can also maintain patient and provider favorites and create specific or generic fax cover. Also create a daily fax report to see everything that was sent.

b. Patient portal – MyHealth at UCSF – will address six aspects:

i. Secure Messaging
   1. Will enable patients to speak with doctors via email.

ii. Electronic Prescribing
    1. Pharmacy renewals, clinical results, unopened/total, and overdue
    2. Prescription doesn’t go through email, but directly to the pharmacy. If viewable, it is only so through the portal.
    3. Portal will examine any drug interactions if there are drug-to-drug issues.

iii. Results Notifications
    1. Lab results to ordering and referring provider’s inbox
    2. Faster notification than paper system
    3. Communicate results with “on-line” patients

iv. Scheduling (Future)

v. Referrals (Future)

vi. Virtual Visits (Possible Future)
c. Group Communication
   i. Targeted patient communications, i.e. preventive care programs (reminder to adolescents, booster shots for children).
   ii. Templated communication which can be tweaked per department/office.
   iii. Resource communication (flu shot reminder and attach links to local places to obtain one).

(3) Efficiency
   a. Vital sign capture
      i. You're able to use tablet or pc, wireless or hard wired.
      ii. There is an automatic importation to the EHR flow sheet.
   b. Tap and Go
      i. This information will go to everyone.
      ii. A user must sign-in first time each day, but beyond that just tap the system.
      iii. Facilitates multiple users.
   c. Patient Tracking Board
      i. A module within UCare.
      ii. Tracks the patient experience.
      iii. Improves workflow and internal practice communication.
   d. Outside Lab Entry
      i. This is useful for specialty practices who want to track outside labs.
      ii. It can be used for trending or tumor markers.

(4) Future Direction
   a. Projected roll out of the project is more than six months and less than five years.
      i. Staggered rollout will be used to determine usability and success for each module before rolling out to the next. The deployment plan hasn’t been completed yet.
   b. Paper notification
      i. There will still need to be some for those non-integrated practices, i.e. radiology.
      ii. Every doctor will have the option to turn off paper notification right now. But it’s up to the physician to check UCare, in those situations.
   c. Cross-notification
      i. If you’re an ambulatory physician, and (for example) want to look up all the asthma patients, is that option available? At present it’s not or easy to access.
      ii. The next stage is to have David Abram – Vice Chair of Radiology and heading up Business Repository projects in IT group—create such a database. He should come back and speak to the group.

Update on the Faculty Exit Survey – Ellen Weber
This has now been approved for trial testing on Survey Monkey or Zoomerang to committee members. The intention is to have it up and out before the end of the fiscal year. This is ongoing.

Reports from the Schools
Forgone due to time.

Old Business
None

New Business
None
Chair Weber adjourned the meeting at 6:05 p.m.

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