The Clinical Affairs Committee (CAC) was called to order by Chair Pletcher on February 23, 2011 at 4:36 p.m. in room S 118. A quorum was present.

Approval of Minutes from December 15, 2010 Meeting
The minutes were approved with revisions. A clean version of the minutes will be uploaded to the Senate website.

Chair’s Report
Chair Pletcher presented an update on the Report and Recommendations of the Systemwide Task Force on Senate Membership that was discussed at the Coordinating Committee. A separate task force has been created to focus on key issues UCSF faces regarding this report. Clinical Affairs Vice Chair Max Meng serves on the new task force.

Chair Pletcher also provided an overview on some of the potential issues that may arise for UCSF due to the new funding streams financial model the UC System is rolling out. The goal is to have a more transparent approach to funding. UCSF may be detrimentally impacted due to the fewer number of students—in comparison to other campuses—but it is an area of ongoing negotiations between the campuses. Chair Pletcher will provide additional information as available.

Presentation on Shift in CAC – Heather Alden, Executive Director, UCSF Academic Senate office
Executive Director Heather Alden provided an overview on her meeting with David Morgan, Executive Director, Ambulatory Services. He felt CAC members were overemphasizing the power of the Medical Center to address and resolve issues.

David Morgan mentioned the following areas where CAC could have an impact:
1. Databases/systems that don’t speak to each other (clinical research is affected)
2. Support for clinical faculty—what are the key issues which need bolstering, such that in place, faculty can focus on the tri-part mission of UCSF?
3. Promotion of clinical faculty (between 3yrs to under 20yrs) is a serious issue CAC members could provide assistance and ideas on how to impact the promotion process.
4. David Morgan thought information he provided to Dept. Chairs may not flow down beyond that, nor did issues brought to Dept. Chairs get communicated up to him. CAC would like to impact communication flow.
5. How did the Hill Physicians merger affect clinicians’ practices?
   a. CAC members commented that response varies by department. Some (radiology) have resulted in less patients but that loss has been offset by a better contract negotiation. For other departments the issue is that patients cannot see PCPs and choose to go to CPMC—but don’t want to leave their insurance to do so.
   b. Preliminary statistics of the merger, as seen by Vice Chair Meng at another meeting, showed the number of visits was fairly comparable to before the merger. Both Pediatrics and Ob/Gyn had been hit and hadn’t recovered to date.
   c. As related to Hill Physicians East Bay in particular: the goal, when the contract is renegotiated, is to have patients visit UCSF easily.

On the topic of the promotion of clinical faculty, CAC members countered that the following should be addressed by the administration, as well:
1. Pay of private practice as related to UC compensation (although it varies per field);
2. Make UC junior faculty feel like they’re part of something ‘special’
   a. Support them in doing what they’re experts in or what to specialize in. Not providing them with such support impacts the quality of doing the work that they want to do – this includes nurse practitioners and clerical support.
3. Clinicians in the review process shouldn’t be penalized if their inability to focus on research or publishing stems from a lack of administrative or research support. Without adequate assistance, all three aspects of the UCSF mission can falter; but as clinicians’ primary focus is on clinical work that will take precedent over the other two, if support is the issue.
4. The Faculty Exit Survey should be used by the Office of Academic Affairs to get faculty feedback. Of the original beta-test group, promotion (within those in that faculty range) wasn’t the issue but the survey can be tweaked to focus on those individuals.

Other topics CAC members want to explore:
1. Mission Bay Hospital updates and more fully addressing some of the CAC issues raised, especially for SON faculty with patients at both MB and Parnassus locations.
2. How can CAC distribute information from its meetings? Would a bi-annual newsletter be read? Would a survey to clinicians seeking their input on key issues be helpful? Members wondered on the rate of return on such a survey. A post-survey email to clinicians communicating the results will close the loop.
3. Access to clinical data for researchers.
4. On the status of general medicine at Parnassus. CAC members hoped the administration would readdress their response (that there are general medical facilities i.e. ER and acute care facilities) as it didn’t address the wait times of acute care nor the fact that patients going to such facilities can only have one symptom at a time.
5. Outcome of Patient Wait Time Survey expansion to include Ambulatory Services. A survey has been circulated but only preliminary data has been collected to date.

Reports from the Schools
Medical
None.

Nursing
The new Dean starts April 2011.

The SON/SOM/SFVA have been awarded a $5 million grant over 5 yrs to establish a Center of Excellence in Primary Care Education. The trainees are nurse practitioner students and medical residents working and learning together in teams to provide and improve patient-centered care to veterans.
Dentistry
None.

Pharmacy
None.

Old Business
Members reviewed and approved two letters with edits: (1) CAC response to the Systemwide Report & Recommendation of the Task Force on Senate Membership; and the (2) APeX Letter to the Advisory Board Analyst Cleaver will finalize and route to the appropriate people within the week.

At January’s Coordinating Committee a key topic was the division’s response to the Report & Recommendations of the Task Force on Senate Membership. A UCSF Task Force has been formed to more specifically address how to include non-Senate members into the Senate. CAC Vice Chair Max Meng will serve on that new Task Force.

CAC members asked if there was an option to have a campus-specific shift of some clinicians to Clinical X and likewise for Adjunct. Executive Director, UCSF Academic Senate office, Heather Alden commented that opposition to such an idea comes from undergraduate schools who aren't seeing as much growth as medical and professional institutions.

1. Members said that percent time may be one way to determine who should be Senate faculty.
2. Separately, members raised questions of the financial concern for shifting people from one non-Senate to Senate.

New Business
None.

Chair Pletcher adjourned the meeting at 5:50 p.m.

Senate Staff:
Alison Cleaver, Sr. Senate Analyst
alison.cleaver@ucsf.edu; 415/476-3808