Clinical Affairs Committee
Steven Pletcher, MD, Chair

MINUTES
Wednesday, April 27, 2011

PRESENT: Steve Pletcher (Chair), Shoshana Arai, John Feiner, Ruth Goldstein, Miguel Hernandez-Pampaloni, Mehran Hossaini, Susan Janson, Jeff Meadows, Maxwell Meng, David Morgan, Phil Rosenthal, Hope Rugo

ABSENT: Chris Barton, Marcus Ferrone

GUEST: Rita Ogden, Vice Director, Operations, Ambulatory Services, UCSF Medical Center

The Clinical Affairs Committee (CAC) was called to order by Chair Pletcher on April 27, 2011 at 4:36p.m. in room S 118. A quorum was present.

Approval of Minutes from March 23, 2011 Meeting
The minutes were approved with revisions.

Chair’s Report
Chair Pletcher reported that the new medical records system is operational at several outpatient clinics. Member Janson commented that she is using it and training is essential for all users, however additional training will be needed to envision how to sufficient assist with the flow from patient meeting to inputting. It was recommended that clinics spend time with administrators to develop this.

Member Janson also recommended each group develop “super users” to assist when Systemwide support is lacking.

Presentation on Ambulatory Services Patient Wait Times Survey – Rita Ogden, Vice Director, Operations, Ambulatory Services, UCSF Medical Center
Rita Ogden presented on the preliminary results. Analysis was conducted on appointments between October and November 2010. Patients should have come into the clinics with survey cards between December and January 2011. The goal of the survey is to reduce patient wait time in reception areas and in clinics.

Based on the prior Patient Wait Time Survey conducted by the Cancer Center, they had a pre-existing list of possible reasons why a clinic would be running behind. In addition to the surveys sent to patients, practice managers were asked questions about start/arrival times for physicians and then asked to complete a survey on scheduling times. This served to establish a baseline.

When “emergencies” happen in clinics, David Morgan, xxttitle, advised informing other patients of this. The survey has found most are forgiving once they’re made away of it. So the entire clinic must be
involved in this. One option is to have the front desk equipped with headsets. For Specialty Clinics, the situation is the same.

Member Goldstein raised the issue of "acute care appointments" which blow everything off schedule. David Morgan advised that the goal is to build in 'catch-up time'. And, if the patient is being seen at Parnassus, there are both a pediatric urgent care and acute care diagnostics (ambulatory care).

Many clinics, as a result of this survey, are looking at how clinicians spend their time—percentage spent on unfunded research, on teaching, etc. They are aiming to get clinicians to increase patient time if feasible.

This data now needs to be presented to clinicians. Everyone within ambulatory services will get these results if their department was involved in the survey. It will be up to each individual clinic to handle resolution of any issue spotlighted by the survey. At the clinic analysis-level, that is where the differences in individual provider and the types of patients (simple/complex) will need to be examined. The intention is to have the long wait be the exception not the standard.

Members raised the idea of having Saturday clinics. David Morgan offered to staff it—because if faculty stay longer, than staff need to as well—but he needs a partner in this idea. At present, no CAC members could volunteer their department to participate in this project. David Morgan also supported the idea of a staggered provider schedule, as long as corresponding clinics and staff are willing.

An example is that Pulmonary has changed provider schedules so as to increase revenue, and pay for other things. They have been so successful at this that they're having to extend hours because people are stepping over one another to service patients.

Members raised questions:

1. What if the clinic shares space with another clinic, and for example the first clinic ends at noon and the second starts at 1pm. Patients cannot be added beyond 12:30pm.
2. Is there a spare room or two that clinics could use on a sign-up basis? That way the rotating room would always be in use.
3. Patients getting through to a live person when booking an appointment, and then separately, getting an appointment.
   a. David Morgan commented that if it's a simple appointment that's being booked, the call will go to the UCSF call center and can be handled. However anything more complicated than that cannot be handled by the call center.
   b. David Morgan said estimates are that UCSF will need 105 100%-time clinicians to satisfy patient needs. There just aren't, at this time, enough slots for patients. Also many faculty are both clinicians and scientists so their time is split. Pre-existing 100%-time clinicians cannot take on any additional patients.
   c. Josh Adler is working with Neurology, Orthopaedics, Dermatology, and Cardiology to improve appointment times for these departments, as they are the hardest to get into.
      i. Orthopaedics has resolved many of its issues with the new Ortho Clinic.
      ii. Cardiology has designated cardiologist-of-the-day to handle only urgent care matters or phone consults.

Member Goldstein asked about broad issues of clinicians at UCSF. DM said it depends on specialty and he cannot answer it overall as the issues are so varied. For scheduling purposes, at least a third of all practices have availability within fifteen days.

Update on Mt. Zion
David Morgan advised that this campus was now obtaining valet service for patients. There is no charge to use the valet.
The opening of the 1701 Divisadero Garage hasn’t resolved Mt. Zion parking issues, as it fills up by 10am. It is hoped that the valet will partially resolve patient issues, at least.

**Reports from the Schools**

**Medicine**
None.

**Nursing**
New Dean has joined and is conducting numerous information gathering meetings.

**Dentistry**
None.

**Pharmacy**
None.

**Old Business**

At the May meeting, members will discuss reports from their respective departments on interdisciplinary research inquiries, as requested by Clay Johnson at the March 2011 CAC meeting.

**New Business**
The survey on faculty satisfaction was released today.

Members commented that some CVs in the Advance System have errors within them. Analyst Cleaver will advise the CAP Committee as well as the office administering the Advance System. She will report back on any timeline for correction, as provided.

Chair Pletcher adjourned the meeting at 6:00 p.m.

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