The Clinical Affairs Committee (CAC) was called to order by Chair Meng on January 25, 2012 at 4:40 in room U-506. A quorum was present.

Approval of Minutes from November 16, 2011
The minutes of the November 16, 2011 meeting were approved (Attachment 1).

Chair’s Report
No report.

Analyst’s Report
No report

UCSF Medical Group and Medical Center Access Alignment Project – Margaret Martin, Executive Director, Strategic Planning and Managed Care, UCSF Medical Group and Ralph Gonzales, Associate Chair, Ambulatory Care and Clinical Innovation
M. Martin and R. Gonzales 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 (Attachment 2). Discussion included:

Background
- The recent disaffiliation with Brown & Toland significantly increased the need of UCSF primary care physicians for access to UCSF colleagues for referrals. As a result, new patients entered the UCSF healthcare system.
- Looking towards the future, when a patient enters the system in any way, the goal is to keep them in the system. Even if a patient only needs cardiology, later when they need routine care, UCSF should take the opportunity to treat that patient as a whole. That was the genesis of the Access Alignment Project, which seeks to improve access amongst UCSF physicians.
- They worked with UCSF primary care physicians to look at the competitive standards in the community to find out the standard waiting time for a specialty appointment, which is 14 days.
- Previous efforts to reduce referral times had little success so they tried to work the problems backwards, and all the solutions came from the faculty and medical leadership, not consultants.
Phase 1 – Implementation
The multi-step process for in-house referrals for core-patients was eliminated and is now far simpler. This may not apply if the referral comes from departments where the patient is not considered a core-patient (radiology). A direct scheduling option is now available in multiple specialties.

Q: Does that only apply for patients with PCPs?
A: Yes. This is a significant change for specialists, they are letting go of something important to them, which is control of their own schedule. Changes need to start in a manageable way. In time, there will be additional direct scheduling in place.

Q: Was the significant time lag a result of bad scheduling or lack of adequate staffing?
A: A supply and demand analysis was performed and it determined that for some areas there is a backlog, but it is in a stable area, and in some areas the demand far exceeds the supply. Part of this exercise is to make what is on the books more effective because in some specialties there are no funds to hire additional people and in others it is difficult to recruit.

Phase 2 – Medicine Subspecialties and Themes

Measuring Productivity
A Committee member noted that the metric for measuring her productivity is not reflective of her true efforts in clinical, research and administrative work. It would be better to measure work hours instead of work effort. M. Martin stated that they will continue to improve the metric moving forward.

Referrals
A referral ordering template in ApeX is currently undergoing pilot testing.

- Specialists can put “Smart Phrases” in ApeX to guide other physicians about:
  - The types of labs or tests they want to see before they evaluate a patient.
  - Any parameters the patient must meet to have their referral accepted.
  - These SmartPhrases are currently guidelines or recommended pre-visit evaluations, rather than required or mandatory procedures.
- 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 is forwarded to the correct person. If not, the case is sent back with an explanation for the referring doctor.

They have discovered that a significant number of questions and communications can be handled by email consultation between doctors. Therefore, as part of a pilot program, they are going to try reimbursing doctors a modest fee for MD to MD email consultations. The theory is that if UCSF reimburses some of the email communication, then it will allow more time for patient care.

Q: Although the Access Alignment Program improves the system, ultimately UCSF needs is more space, more funds, and more staff because the current model is not sustainable.
A: M. Martin stated that concurrently there are others working on the Long Range Development Plan and UCSF is expanding; however, UCSF is also limited by budgetary constraints and, in some cases, the ability to recruit and retain faculty. Thus, within these constraints, they are working to improve what currently exists.

Results/Review
Neurology
The Neurology Department has improved their referral times significantly by using supervised fourth year residents in a new clinic quite successfully.

Q: How are the patients doing? Have satisfaction surveys been done?
A: Press Ganey scores are not specific to a given clinic, but patient reports are good.
Orthopedics

- The Department of Orthopedics started with a 6 month back-log so it was a challenge.
- They changed their master schedule to nearly double the number of new patient appointments.
- They also centralized their scheduling management to minimize gaps in the schedule.
- Implementing these changes significantly reduced the backlog.

Q: It would be helpful to have one way for outside referrals to come in, like an email or electronic step instead of multiple faxes, calls or emails. Can they use the electronic medical record to set that up?

A: M. Martin: that is what we eventually want to set up.

Gastroenterology (GI)

Like Rheumatology, GI cannot hire enough faculty to meet the demand. It is difficult to compete with what community GI practices can offer. At UCSF, part of individual faculty salaries comes from teaching and administrative activities until they have enough grant funds.

Compensation

Committee members commented that UCSF has not yet had a frank conversation about whether UCSF should have clinicians working at multiple clinics a week to make their salary to make this model sustainable rather than requiring them to also teach and do administrative work.

M. Martin assured the Committee that the Access Alignment Project was not an effort to move UCSF in a more clinical direction, but was designed to provide better access to care for additional UCSF patients, thereby retaining them in-house, which benefits the entire UCSF community. She also pointed out that this program was not imposed on the faculty but was developed in conjunction with the faculty and leadership to improve access in a way that benefits everyone.

- Some Committee members responded that this program was imposed on faculty by Department Chairs and that the increased patient flow, without a commensurate increase in hiring or compensation or a change in expected responsibilities, is not welcomed by all faculty.

Several Committee members shared that it is hard to support their salary, depending upon their payor mix, because they treat complex patients who take significant time to treat.

The Committee feels that these issues of compensation need to be revisited.

Reports from the Schools

School of Dentistry – No report

School of Medicine

Unlike in some programs, if a fellow does not have grant support, they cannot stay on at UCSF.

School of Nursing – No report

School of Pharmacy – No report

Old Business

Council members inquired about the results of the survey about faculty life that was sponsored some time ago by Vice Provost for Academic Life Sally Marshall. The Committee requested that Vice Provost Marshall or someone from her office attend a Committee meeting to share the results with them.

New Business

Committee members shared reactions to the Chancellor’s recent speech:
• Members of the Committee felt that the Chancellor’s recent speech was unclear; especially when she said that UCSF needs “a different model.”
• They wondered what that meant. A few members suggested meeting with someone from the Chancellor’s office to find out and to offer some help in the upcoming process of change.
• Other members explained that the Chancellor was likely suggesting that UCSF needs to reduce the financial contribution it makes to the UC system in order to be sustainable.

One final concern raised was about the plan to put some of the smaller parts of the Cancer Center at Mission Bay while others remain at Parnassus. Committee members are concerned and do not feel that is feasible for patients or clinicians.

Chair Meng adjourned the meeting at 6:10

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