The Clinical Affairs Committee (CAC) was called to order by Chair Phil Rosenthal on March 20, 2013 at 4:34 p.m. in room S-118. A quorum was present.

Approval of Minutes from the February 27, 2013 Meeting (Attachment 1)
The minutes were approved.

Chair's Report
Chair Rosenthal reported on the following items:

- **Coordinating Committee:**
  - Dr. Alan Venook updated the committee on the recent efforts to change the school's plans include an activity-based workspace design in the new Mission Bay Academic Building. He informed the Committee that despite numerous communications and discussions, the administration is refusing to go in a different direction.
  - The Chair of the Senate Membership Task Force presented the results of the campus-wide senate membership survey. With a relatively good response rate, the results of the survey showed that there is overwhelming support for extending senate membership rights and privileges to non-senate faculty. The Senate Membership Task Force will now work on a solution to allow all full-time faculty to become members of the senate at UCSF.

- **Clinical Chairs Meeting:**
  - The Medical Center is in the process of implementing a set of budget cuts. Cuts and layoffs are being made to align the organization with competitor institutions and to prepare for the opening of the Mission Bay Hospital in a couple of years. Clinicians will soon see the effects of the budget cuts and layoffs.

UCSF Medical Home Project Update
Kevin Grumbach, Chair of the Department of Community and Family, updated the Committee on the development of the UCSF Medical Home. In particular, he reviewed impacts it will have on clinicians. Dr. Grumbach informed the Council that the Medical Home project was started to develop a better model for primary care at UCSF. With new health care legislation set to take effect UCSF will need to shift its model for the delivery of care to meet the needs of patients in the future. To make primary care services more
efficient and effective, the Medical Center is now reevaluating the role of doctors, nurses and others to find out how to best utilize resources. Lately Kaiser has been praised for the efficiencies they have employed in their model for delivery of care and UCSF should look to implement similar types of systems. Along with systemic reforms, the Medical Center is also looking at changing the model for billing. For example, the current fee-for-service method is not working. Care providers need to be compensated for the entirety of the care rather than on piecemeal tasks. Other improvements include changes to scheduling and patient service.

Q: How many patients must be included in the Medical Home for it to be sustainable?
A: Currently the UCSF system has 60,000 patients included in the home. For the Medical Home to be sustainable and successful, it will need to include around 100,000 people. Growing the network is a challenge because, as a tertiary and quaternary institution, UCSF is not set up in a way to be supportive of primary care systems. In order for UCSF to reach its goal, new affiliations will need to be made in San Francisco and in Northern California.

Q: Are there any universities similar to UCSF that offer a good model for primary care?
There are others like the Mayo clinic and the University of Utah that do a good job in providing quality primary care. In the UC system, UCLA has been successful by buying up some of the larger groups in the Los Angeles area and creating affiliations.

Q: Will pharmacy and dentistry be included in the Medical Home?
A: Yes, some pharmacists are included in the model, but not very many. This is because most private payers will not pay for a separate pharmacist visit. Only some select plans will pay for it. This is unfortunate because in an efficient model, the best care giver (physician, pharmacist, nurse) will be placed in a situation that best serves the patient. For example, there are instances when the pharmacists can do the treatment at a lower cost than having the patient visit a physician. Dentists will be included in the home by finding opportunities to have dentists train other providers with dentistry skills.

Mission Bay Hospital Update (Attachment 2)
Scott Soifer, Executive Vice Chancellor of Clinical Affairs; Brian Herriot, Director of Mission Bay Operations Planning; and Elena Gates, Chief of General Gynecology, gave a presentation to the Committee on the status of the Mission Bay Hospital. The group gave an overview of what has been developed at the Mission Bay campus; the timeline for the remainder of the project; and reviewed some of the continuing challenges. According to the group, the project is still on schedule to open in February of 2015. To ensure that everything is working when the hospital goes live, some clinicians will begin moving into the space and testing the systems as soon as August of 2014. A major challenge for the success of the hospital relates to the budget constraints and pending layoffs. Management will have to find ways to do more with less. If faculty want more information on the project, a new intranet site has been created where anyone can find current project documents and details. The intranet site can be found here: https://mbop.ucsf.edu.

Reports from the Schools

School of Dentistry
No Report

School of Medicine
No Report

School of Nursing
No Report

School of Pharmacy
No Report

Old Business
None.

**New Business**
None.

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

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