The Clinical Affairs Committee (CAC) was called to order by Chair Phil Rosenthal on March 26, 2014 at 4:32 p.m. in room CL-221. A quorum was present.

Approval of the February 26, 2014 Minutes
Committee members approved of the minutes.

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

- **Indirect Cost Proposal:**
  - The Academic Senate committees are currently in the process of reviewing and responding to the proposal to require that all grants provide at least 10% indirect cost revenue for the institution. The increase is being proposed to help compensate for the research that does not currently generate indirects. Senate members are particularly concerned that the proposed requirement would restrict faculty from applying to grants from the many foundations and non-profits that predominately don’t compensate for indirect costs.

- **Gift Assessment Proposal:**
  - In line with the Indirect Cost proposal, University leadership is proposing to increase the percentage the campus charges on gifts and endowments. The funds would be used to compensate for increasing administrative and core infrastructure costs. In response to Senate’s push back on the assessment, campus leadership has grandfathered all previous gifts given to the university, but they will not grandfather endowments. The Senate is now in the process of developing a set of alternatives for the campus to consider.

Presentation on Telemedicine and Telehealth at UCSF
Medical Director of Information Technology at UCSF Dr. Seth Bokser reported to the committee on the status of Telemedicine at UCSF. He provided the following report:

- **Difference between Telemedicine and Telehealth:** Dr. Bokser explained that there is a distinct difference between the terms telemedicine and telehealth. Telemedicine refers strictly to the use of technology to provide remote medical care. Telehealth on the other hand is much more comprehensive and covers not only telemedicine, but also all other health care activities that can
be replicated online or through the use of technology. He clarified that what UCSF is engaging in is telehealth.

- **Recent Investments:** With the use of technology in the clinical setting, telemedicine and telehealth have become more important part of the current and future work of physicians, hospital administrators and policy makers. In particular, policy makers and patients are interested in the capacity of telehealth to improve the quality of care provided to underserved populations in California and the US. As a result, a significant amount of investment has been allocated by the government and UCSF to develop the necessary infrastructure. In UCSF’s case, our institution has been awarded multiple grants to develop and propagate the use of telehealth.

- **Standardization:** When the state and federal government initially funded telemedicine and telehealth, each provider organization would develop its own processes and techniques. The freedom to develop different methods allowed the necessary experimental environment to develop best practices. Now that telehealth is becoming more ubiquitous, the national focus is on the standardization of the best processes for the delivery of telehealth.

- **Strategic Planning:** As the University and the Medical Center are in the process of strategic planning, telemedicine and telehealth are a key component of future plans. From serving patients across the UCSF campuses, to serving patients across the state and the world.

- **Telehealth at Mission Bay:** The new Mission Bay Hospital will include state-of-the-art hardware to facilitate telemedicine and telehealth to our patients. Trainings for physicians, nurses and support staff will start soon.

- **Request for Support:** Dr. Bokser asked the Committee to support future telemedicine and telehealth initiatives on campus. He informed the group that we are only just starting to realize the benefits of telehealth and the leadership of the Medical Center and campus should support the investment in future infrastructure.

Q: What about billing? Do insurance companies compensate for the telemedicine?
A: Some private insurance companies compensate telehealth consultations. However, the government still does not pay for such consults. Hopefully in the future, insurance policies will be changed in order to serve patients covered by public payers.

Q: What about patient satisfaction?
A: This issue has been studied and the literature can go both ways. From UCSF’s experience, patients have been very satisfied with the telehealth consults. This was because the patients were excited with efficiency and the novelty of the consult. However, some patients may be unsatisfied with not being able to meet the physician in person. UCSF will have to continue to work to find out where telemedicine and telehealth fits within the continuum of care.

**Reports from the Schools**

**School of Dentistry:**
- Pediatric Dentistry is participating in a joint initiative with faculty at UC Berkeley. The goal of the initiative is to research Oral Health and Nutrition. There will be a conference to showcase research on April 26.

**School of Nursing:**
- None

**School of Medicine:**
- None

**School of Pharmacy:**
- None

**VA:**
- None

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

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