Clinical Affairs Committee
Phil Rosenthal, MD, Chair

ANNUAL REPORT
2013-2014

Primary Focus Points for the Year:

- Academic Senate Membership Update
- Accountability Care Organization
- Telemedicine and Telehealth at UCSF
- Review of Clinical Workflow Plans at the New Mission Bay Hospital
- Presentation on the Oakland Children’s Hospital Merger
- Presentation on the Update on Equipment for Disabled Patients
- Review of the New Funds Flow Model
- Presentation on the First Floor Pharmacy

Task Forces, Special Committees, and Sub-Committees:

- Clinical Chairs Committee (Phil Rosenthal)
  - School of Medicine Faculty Council (Phil Rosenthal)
- UCSF Clinical Enterprise Steering Committee (Phil Rosenthal)

Issues for Next Year (2014-2015)

- Clinical Operations Survey
- Move of Inpatient Care to Mission Bay Hospital
- Supporting Telemedicine and Telehealth at UCSF
- Monitoring of the Affordability Care Act Policy Reforms
- Monitoring UCSF’s efforts to be part of Accountability Care Organizations

2013-2014 Members

Phil Rosenthal, Chair
Hope Rugo, Vice Chair
Divisional Business

This year, the Academic Senate Clinical Affairs Committee took up the following issues related to the San Francisco Division:

Academic Senate Membership Update

In September, Paul Garcia, Chair of the Senate Membership Task Force, updated the faculty on the work of the task force over the past year. He first provided members of a history of the task force’s efforts. This included an appeal to the Systemwide Academic Senate for the inclusion of Health Sciences and Adjunct series faculty into the Academic Senate at the San Francisco Division. After receiving a denial, the task force worked on ways to expand membership at UCSF. The main outcome was the development of a standing order of the division that would allow all full-time faculty to become members of the senate. The standing rule was passed by a significant margin in August, so now all members of the faculty, regardless of series, will have the right to participate in the Academic Senate. However, there are some benefits that will not translate over until there are systemwide reforms. Some of these benefits include home mortgage loans and any easy process to Emeritus status. Over the next few months, members of each senate committee will review the bylaws and move to approve or disapprove. In regards to participation on systemwide committees, more work will need to be done to finding a way to grant the necessary non-salary senate appointments.
Bylaw Presentation

Committee members approved the proposed bylaw changes at the October meeting.

Accountability Care Organization

At the October meeting, Associate Chief Medical Officer Adrianne Green provided the committee members with an overview of UCSF’s effort to participate in a local Accountability Care Organization (Attachment 1). Dr. Green informed the members that an ACO is a partnership that manages a population of patients in a way that maintains or improves quality of care while decreasing cost by caring for patients across the continuum of health care services. Two years ago, UCSF entered into their first ACO when joining with other bay area health care providers to serve employees of the City and County of San Francisco. For a variety of reasons, initial outcomes from the ACO show mixed results in health care quality and cost information. The good news is that the group of providers is improving and hopes are high. If all goes well, UCSF could form its own ACO, or join others.

Report on the Academic Senate’s Meeting with the Chancellor Selection Committee

In February, Chair Phil Rosenthal reported on the information the Academic Senate provided the Chancellor Search Committee during the recent Campus Day event on February 20. Academic Senate members stressed the importance that the new candidate have an understanding of the many challenges UCSF currently faces, including diminishing NIH support and a high cost of living in San Francisco.

Presentation on Telemedicine and Telehealth at UCSF

In March, 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.

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**Presentation on the Review of Clinical Workflow Plans at the New Mission Bay Hospital**

At the May meeting, Dr. Elena Gates, Professor and Vice Chair, OB/GYN and Reproductive Sciences reported on the clinical workflow plans at the New Mission Bay Hospital. She provided the following report:

- The hospital is on schedule and on budget.
- The hospital will host “Day in the Life” scenarios to help train staff of new workflow plans.
- Tours of the hospital will be available throughout the fall.
- Most outpatient clinics will open on January 26. Inpatient care is slated to move on February 1, Super Bowl Sunday. Members were concerned that the timing of the move date would interfere with patient dissatisfaction. Chair Rosenthal suggested that the Committee write a letter advocating a change of date.
- There will be multiple workrooms and touchdown spaces throughout the hospital. There is an effort to make spaces multi-functional.
- MB will host open house events from October 21st-November 25th. There will be evening drop-in hours from 6-8 pm.
- All doctors will be working from multiple campuses. All patient rooms have flat screens with cameras so that doctors may converse with patients via videoconference. Telehealth carts will also be available.
- A member raised the issue that the three urology residents will now have to cover an additional hospital. In response, Dr. Gates reported that there will no longer be inpatient care at Mt. Zion, but that the volume of patients is still alarming.
- Members inquired about care for adults patients at the children’s hospital. It was noted that children’s hospitals often see patients beyond age eighteen depending on when they were diagnosed. It was not clear whether an adult with a medical emergency would be taken to MB if it was the closest hospital. In general, adult patients should be stabilized and transported to more appropriate facilities.

In response to the Sunday, February 1, 2015 Move of Inpatient Care to Mission Bay, CAC sent a memo ([Appendix 2]) suggesting that the move date of inpatient care to the Mission Bay hospital be changed. The committee received a response stating the move date will remain the same ([Appendix 3]).

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**Presentation on the Oakland Children’s Hospital Merger**

In May, Dr. Stephen Wilson, Professor, Pediatrics and Associate Chief Medical Officer at UCSF Benioff Children’s Hospital reported on the Oakland Children’s Hospital merger. He provided the following report:

- The goal is to build a broad base clinical network for children.
- The hospitals plan to grow through partnerships and a multifaceted foundation.
• The legal date of affiliation was January 1, 2014. The nature of the affiliation is private, non-profit. UC Regents is the sole board member. The renaming/joint branding of the hospitals was April 7, 2014. All components report to the chancellor. There is a common board of directors for the combined children’s hospitals.
• UCSF is aiming to broaden network development efforts with community hospitals. For example almost all Marin General Hospital patients that are referred are referred to UCSF. The goal is to have non-aligned patients be referred to UCSF as a default.
• Active efforts supporting integration include joint QI efforts, collaborative development of destination programs, and development of integrated satellite strategy.
• Some key challenges include:
  o the BCH-Oakland medical staff structure
  o complex and competing financial incentives
  o cultural integration
  o academic vs. clinical
  o the installation of two different instances of Epic.

Presentation on the Update on Equipment for Disabled Patients

In May, Michael Coleman, Manager, Workers Compensation reported on the acquisition of new equipment for disabled patients. He provided the following report:

• There was an incident where a patient was diverted from 1500 Owen Street. Since it is an ambulatory facility, patients are expected to be able to travel to the facility and exit their vehicle on their own accord.
• Two new pieces of equipment have been purchased. The first, called a steady, can hold a patient up to 400 pounds. It’s effective in assisting patients out of a wheelchair. The second piece of equipment is a sling lift called Maxi Move. Staff have been trained on using both pieces of equipment. Mission Bay will be equipped with a hundred ceiling lifts. Mobile lifts have also been strategically placed. Department managers should be informed of the location of the lifts and have staff that are trained in using them.

The Committee’s major concern was dissemination of information and awareness of what equipment is available.

Review of the New Funds Flow Model

Josh Adler, Chief Medical Officer and Professor of Clinical Medicine and David Morgan, Associate Director, Medical Center Administration provided a review of the new funds flow model. They provided the following report.

The way departments have funded clinical activity over the past fifty years has been complicated, non-transparent, and not aligned. The committee tasked with reviewing the system agreed that the previous model was not sustainable and noted the expenses exceeded reimbursement.

The goal of the new funds flow model is to work in a more collaborative manner. In addition, the new model aims to incentivize profitable clinical growth, preserve flexibility, engage faculty, create a predictable and simple system, and increase transparency and accountability. The current system includes incentives that prohibit growth.

The new model is based on four tiers. The first tier is payment by RVUs. It does not included compensation not related to health care. The second tier is based on margin sharing incentives. If the
University beats the goal collectively, the departments share in the excess funds. If the University does not reach its goal, the departments do not share in the loss. The third tier is based on University implemented performance goals, e.g. quality, patient experience, financial measures. These goals align with the current goals for staff. The fourth tier is based on staffing and the cost of hours worked.

The following points were raised in the discussion:

- A member questioned whether units with a high patient load will benefit from the funds they generate. Josh Adler and David Morgan noted that they were aware of the concern and were investigating solutions.
- The other UC medical campuses have models with varying degrees of similarity.
- It was noted that some Nurse Practitioners (NPs) and Physician’s Assistants (PAs) generate RVUs. Most NPs and PAs are considered staff and their RVUs and salaries accrue to the health system. A member commented that it would be ill-advised for the university to create a system where physicians compete with NPs. In addition, the new system may incentivize providers to prioritize less sick patients. In response, it was noted that this incentive already exists, but that the new system has just simplified the calculation.
- A member expressed concern over the difficulty with billing. Departments with good systems in place will be used as models.
- There is a misconception that salaries will be reduced by the new RVU system. Overall, more funds will be channeled to the departments, although distribution will be uneven.
- Under the new model, half of the decision makers are department chairs and physicians.

**Presentation on the First Floor Pharmacy**

Marilyn Stebbins, Professor, Clinical Pharmacy and Vice Chair of Clinical Pharmacy gave a presentation on the first floor pharmacy. She provided the following report.

- Medication management is critical in achieving desired health outcomes and needs to be pushed into the community. One of the project’s main goals is to create an actionable medication list for patients.
- The first floor project teamed up with the 48-hour nurse discharge phone call program to develop protocols. Of the 3582 calls attempted, 74% of patients were reached and 47% of total patients required callbacks. Of the total callbacks, 26% were medicine related. 18% of the callbacks escalated to the pharmacist. Many issues with medication could be alleviated by the meds to beds program and with better medication education.
- Pharmacists have access to the EMR and to APeX in the first floor pharmacy. The goal is to meet with the sickest patients and create a personalized visit for the patients. The patient is inundated with a lot of information at the time of discharge. Therefore, the ideal time for patients to visit the first floor pharmacy is before their first PCP visit. Eventually, this model will spread to community pharmacies. The medication consultation is free. The program is a School of Pharmacy service and not linked to Walgreens. There are plans to close the downstairs Walgreens. Patients may use the consultation service without having to fulfill their prescriptions at Walgreens.
- Professor Stebbins handed out a flyer titled “Get Your Medicine Checkup Today”. It outlines seven reasons why a patient may need a med checkup.
- Members advised that the sign outside clearly advertise the School of Pharmacy medication consultation. There is a misconception that the space is predominately Walgreens.
Reports from the Schools

School of Dentistry

- Pediatric Dentistry will be moving into the new Mission Bay Hospital.
- Faculty have concerns about Axium, the school's new electronic health record system, and whether the system will allow for data to be shared.
- 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.
- The time it takes to process affiliation agreements has dramatically increased.

School of Nursing

- Member Barbara Burgel reported on the School of Nursing's annual Rally event. Major issues concerning the school included the rollout of the new health compensation plan, online education, the development of a new DNP degree program, and the redesign of the MS curriculum.
- The Dean is working to find ways to use online content in the curriculum.
- There has been a Psychiatric placement at Langley Porter
- MS HAIL program enrolled its first group of students. This new degree program is interdisciplinary and is housed in the School of Nursing.
- The School is losing many faculty due to retirement and accepting positions at other institutions. This is a national trend.

School of Medicine

- The School of Medicine is working the reform of its curriculum. The new curriculum, titled "Bridges Curriculum," would put more emphasis on providing care in health systems and with diverse populations.
- Under the new medical school curriculum, medical students will take their medical boards exams step one and two a week apart. Taking the second exam is not predicated on passing the first.

School of Pharmacy

- Lisa Kroon was selected to be the new chair of the clinical pharmacy department and Interim Dean Joe Guglielmo was selected to become the new Dean of the school.
- The Dean and faculty started the process of redesigning the curriculum.
- The School held a curriculum redesign retreat to discuss the skills necessary in 2025 to advance healthcare. Inter-professional education continues to be discussed. There are logistical issues that need to be overcome.

VA

- The Clinical Chairs recently held a meeting to discuss how the VA pays for care. Currently the process is very complex and could be improved.
Task Forces and Other Committee Service

This year, members of the Academic Senate Clinical Affairs Committee served on the following Academic Senate task forces.

- Clinical Chairs Committee (Phil Rosenthal)
- School of Medicine Faculty Council (Phil Rosenthal)
- UCSF Clinical Enterprise Strategic Planning Group (Phil Rosenthal)

Going Forward

Ongoing issues under review or actions, which the Committee will continue into 2014-2015:

- Clinical Operations Survey
- Move of Inpatient Care to Mission Bay Hospital

Appendices

Appendix 1: Accountable Care Organizations at UCSF Presentation
Appendix 2: Sunday, February 1, 2015 Move of Inpatient Care to Mission Bay
Appendix 3: Response to Sunday, February 1, 2015 Move of Inpatient Care to Mission Bay Memo

Senate Staff: Artemio Cardenas; artemio.cardenas@ucsf.edu; 415-476-4245 and Jill Kato; jillkato@ucsf.edu; 415-476-1308
Communication from the Committee on Clinical Affairs

Philip Rosenthal, MD, Chair

June 2, 2014

Elena Gates, MD
Professor
Medical Director & Vice Chair
Obstetrics & Gynecology at Mission Bay

Re: Sunday February 1, 2015 Move of Inpatient Care to Mission Bay

Dear Dr. Gates,

As you know, the move of inpatient care to the new UCSF Medical Center at Mission Bay is scheduled for Sunday February 1, 2015. In an effort to assuage patient dissatisfaction, the Committee on Clinical Affairs recommends the move date be changed to a date other than Super Bowl Sunday. While the committee recognizes that a football game might not rank as the most important factor in the scheduling of this date, we recognize the impact it may have on patient morale. Therefore, compelling justifications outstanding, the committee recommends that the move date be rescheduled.

Sincerely,

The Committee on Clinical Affairs

Philip Rosenthal, MD, Chair
Hope Rugo, MD, Vice Chair
Christopher Barton, MD
Barbara Burgel, RN, PhD, FAAN
Geraldine Collins-Bride, RN, MS, FAAN
Teresa De Marco, MD
Andrew Gross, MD
Steven Hetts, MD
Timothy Kelly, MD
Lena Kim, MD
Brent Lin, DMD
Steven Polevoi, MD
Nam Tran, MD, PhD
Katherine Yang, PharmD, MPH

Senate Staff

Jill Kato, Interim Analyst

jill.kato@ucsf.edu; 415/476-9683
Dear CAC,

I’m forwarding for your information, the response received regarding the Super Bowl Sunday move of inpatient care to Mission Bay.

Best regards,

Jill

From: Rosenthal, Phil (Pediatrics GI)
Sent: Sunday, June 08, 2014 6:33 PM
To: Cardenas, Artemio; Kato, Jill
Subject: FW: Sunday February 1, 2015 Move of Inpatient Care to Mission Bay

Please see response from Elena. Please share this with the CAC members. Thanks, Phil

From: Gates, Elena
Sent: Sunday, June 08, 2014 5:38 PM
To: Rosenthal, Phil (Pediatrics GI)
Cc: Soifer, Scott
Subject: Sunday February 1, 2015 Move of Inpatient Care to Mission Bay

Dear Phil

I’ve shared your letter with Ken Jones, Josh Adler and other Med Center leadership. They appreciated the feedback and have offered me some thoughts on the decision about the move date:

We wanted to move on a quiet day, with a minimum of activity in the hospital and on the streets. (This was the advice of our transition consultants.) Historically, Sundays are the quietest day of the week. On Super Bowl Sunday –may be even quieter than usual.
We considered moving on Saturday, January 31, and “opening” on Sunday, February 1. We rejected this idea because it was viewed as too confusing for patients and families. Also, it introduces ambiguity with EMS and the State about when the Emergency Department will truly be “open for business.”
We have announced to the world (and our donors) that we are moving on February 1, 2015. It has been on the side of the building for well over a year. We want to open on-time. We don’t want/need to explain a change of opening date.

We’ve also talked about making the Super Bowl a celebratory theme for the move. In addition, there are many large flat screen displays in the hospital which can be tuned in to the game to allow move participants to watch.
I’m hopeful that all will go well.

Thanks again for your input into the process. Please feel free to send me additional thoughts from you and the committee.

Elena