Clinical Operations Survey Report - Appendix

COMMITTEE ON CLINICAL AFFAIRS

Mary Malloy, MD - Chair

RESULTS OF THE CLINICAL OPERATIONS SURVEY distributed June 7, 2004

The questionnaire was sent by e-mail to all faculty salaried at 50% or more in all the schools and departments. 126 surveys were completed and another 69 returned partial responses. 59 additional responses were obtained: 33 initiated by a phone call or visit from a committee member; 26 initiated by the respondent. We will term this latter group of 59 individuals **"personal"** responders**.** We deliberately contacted more junior faculty because they were not well represented among the "**e-mail"** responders.

The answers to many of the questions reflected the academic rank of the responding faculty. 83 e-mail respondents gave the name of their practice; most of the personal respondents named their practice setting but many stated some reluctance to do so. These did not want their Department (or sometimes their Division) chair to know their identity, expressing concern about possible negative feedback.

Demographics

The majority of respondents were located at Parnassus (70%), and were physicians (90%). Most of the e-mail respondents spend less than half time in the practice setting whereas 70 % of the personal respondents spend more than 75% time.

	e-mail	**personal**
Male	63%	49%
Female	37%	51%
General care	21%	64%
Specialty care	79%	36%
Professor	41%	0
Associate	19%	6%
Assistant	35%	49%
Instructor	5%	45%

Questions relating to practice operation

Wait times for a new patient to see the practitioner varied greatly from 2 days to 6 months. The longer intervals were largely in specialty practices. Follow-up appointments were more readily available. Almost

all practices have a mechanism in place for urgent visits, although many frequently refer their patients to the urgent care clinic or emergency department for this purpose.

The majority rated the accessibility of laboratory and radiology services, as well as the reporting of results from these services, as “adequate”. A frequently mentioned problem was the long wait time for patients to get blood drawn at 400 Parnassus. Accessibility of nutritional and translator services was about evenly divided between positive and negative responses. It was suggested that a speaker phone system for centrally located translators might help in some instances.

Other specific questions:

	e-mail	**personal**
The overall operation of your practice is		
Efficient	20%	12%
Somewhat efficient	38%	36%
Somewhat inefficient	29%	34%
Inefficient	13%	18%
Are you aware of elements included in overhead charges for your practice?		
Yes	41%	33%
Are you consulted re overhead costs?		
Yes	21%	9%
Do you know who is responsible for setting contractual charges?		
Yes	41%	26%
Are you involved in setting these charges?		
Yes	6%	1%
Are you expected to generate part of your salary from your practice?		
Yes	79%	93%
If so, is this expectation met?		
Yes	81%	68%

	e-mail	**personal**
Do you have adequate time to deliver quality care?		
Yes	69%	58%
How often do you meet with the administrative practice manager?		
Frequently	33%	0
Infrequently	38%	20%
Never	14%	43%

No manager (or unaware of a manager)	15%	37%

Input into how/by whom appointments are made, how the front desk is staffed /trained, and into other staffing decisions (nurses, LVNs, etc):
15 to 30% (personal/e-mail)) of the more junior faculty had input into these matters while 30 to 60% of the more senior faculty had input. There were many comments about the need for faculty to be involved in these decisions that so directly affect the practice both in terms of efficiency and morale. Most providers would like the opportunity to work with the front desk or other staff responsible for making appointments, devising a system that also is responsive to other providers both at UCSF and elsewhere. Messages from physicians and patients too often go unanswered. Those who staff the call center should meet the providers and learn from them what is expected.

About half think that their departments provide adequate professional personnel to staff the practice in terms of faculty, fellows and residents. Others are badly overbooked and need additional personnel if the practice is to meet the demand for appointments within a reasonable time frame (and allow the providers time for teaching or research).

About 50% think that medical transcription for their practice is acceptable and another 30% think it is sometimes acceptable. There is a universally expressed need for adequate computerized records such that any provider can know another's thoughts and plan for a shared patient (including from hospitalizations) and see all of the laboratory and other test results. There is great concern that the IT process for change is happening much too slowly and that the quality of patient care suffers as a result. Many called for interim solutions.

Several suggested that a nurse specialist could be very helpful in getting the patients seen, doing medication and diet counseling/monitoring, and arranging for other visits or procedures. Others think the front desk staff could, if properly trained, take care of the referrals and appointments for procedures. Physicians often have to spend their time on authorizations, referrals, etc. that could be delegated to others.

There were many suggestions that B & T reimbursement must be addressed (again!). Providers would like to understand how their services are marketed and to have a voice in this. Many do not know who in their group is involved in these negotiations and others do not think that their best interests are represented by the faculty who are already involved. Many called for discontinuing the Dean's tax and think that money should be used by the practices that generate it as a way to help support teaching and research.

It was suggested that an overall review of space be done so as to avoid overcrowded clinical areas on some half days and "nearly vacant" clinics at other times.
53 of the e-mail respondents and all the personal respondents offered helpful suggestions for improving the services available in their practices. Most think that morale and satisfaction would be greater, and the practice would function more efficiently, if they were consulted about staffing, involved in the "business" aspects of the practice ("just like in the real world"), and were privy to discussions/decision making/planning. Practice groups that meet regularly to discuss all issues related to the practice appear to have a much higher level of satisfaction.

Questions relating to teaching

	e-mail	personal
Do you teach in your practice setting?		
Yes	92%	70%
Do you have adequate time to teach?		
Yes	60%	58%
Is there a method of getting helpful feedback on teaching?		
Yes	69%	55%

The desire to teach was nearly unanimous. One respondent summed it up by saying "After all, that's why we are here – to be teachers. Otherwise we would not be in a university setting". Many were disappointed that the opportunity to teach does not exist for them or is not a satisfactory experience. Among the more junior faculty, the recurring theme is that teaching takes time; there is great pressure to keep up the pace of seeing patients to generate more income; therefore there is inadequate time for teaching. Few felt that their efforts in teaching were acknowledged by department chairs. "We are called in and told to make more of our salary by seeing more patients, but not a word of encouragement or praise for a job well done." "Our chair doesn't think that what we do is important to the department." Productivity expectations need to be "recalculated": "if we are to teach, we must have time to teach and we must be paid for it." There is a "disconnect" at UCSF regarding "the expectation that we teach and the lack of support or reward for doing it." Some feel that the Academy of Medical Educators is a "farce" and "elitist", and suggest that all interested faculty should be given equal opportunity and support for teaching.

A total of 84 gave helpful comments about ways to enhance teaching efforts. Many stressed the need for an additional room for a student. Several suggested that 2 faculty could "share" a student during a clinic session such that one or the other could be teaching and then "play catch-up" with his/her own patients while the other worked with the student on another case. Increased training and efficiency of support staff would allow the physician to concentrate on patient care and teaching. Greater availability of video recording of faculty practice could allow some teaching at a non-clinic time. There is a general request for better feedback on teaching. Several had found negative (and positive) student comments in their files, seeing them for the first time! Some suggested that the course director should meet briefly with all faculty who teach in that course to give suggestions, review goals and objectives, and provide feedback.

Questions relating to clinical research

	e-mail	personal
Do you presently do clinical research?		
Yes	69%	26%
Do you have protected time for research?		
Yes	44%	22%
If not now doing research, would you like to?		
Yes	47%	61%

Are you aware of existing resources to get started in research?

Yes	46%	38%

It is thought that the opportunity to partner with an experienced researcher, or perhaps with a nurse clinician if the person is already experienced, would enhance the ability to conduct clinical research even with the very limited time available. The need for help with grant applications to help support "release" time was mentioned by many. "It comes down to time, time, time!" If research is not funded somehow, " it can't happen because of the pressure to generate income from the practice."

Misc.

Have you received mentoring from your division chief or other?

Yes	54%	29%

Many do not have an identified mentor. Several suggested that to actually meet with their assigned mentor would certainly be helpful. Others have met with a mentor but found the experience "frustrating" or "not at all helpful" because they felt the mentor was "not really interested in the careers of junior faculty" or was "just fulfilling an assignment".

Do you usually find it easy to refer patients to colleagues at UCSF?

Yes	49%	36%

Is it easy to communicate with colleagues about patient care?

Yes	66%	41%

Is it usually easy to admit a patient to the ED?

Yes	62%	65%
N/A	27%	16%

Is it usually easy to admit a patient to the hospital?

Yes	45%	44%
N/A	27%	25%

A total of 102 respondents provided additional comments/suggestions relating to communication with peers and ease of referrals at UCSF. Some of these were:

Frequently update all phone numbers, including pagers, and e-mail addresses on line. Make the operators aware of changes.

Each department or division needs to establish a way to see patients who have urgent problems within 24 hours, and let the rest of the faculty know the process.

"It all comes down to how long you've been here; whom you know; and how much clout you have". Junior faculty need a chance to get to know the senior faculty in all the specialties; which patients the specialist thinks should be referred; what the specialist would like to have done ahead of time, etc. Prompt feedback from the specialist is needed.

Patients are often sent to the ED for admission. Faculty in the OPD are sometimes intimidated by residents telling them they won't accept a patient directly from the clinic. "It's the patient who loses in the end".

Rate your overall satisfaction with your clinical practice

	e-mail	**personal**
Excellent	17%	0
Good	52%	24%
Fair	26%	58%
Poor	5%	18%