



COMMITTEE ON CLINICAL AFFAIRS

Mary Malloy, MD, Chair

Annual Report 2004-2005

The Committee on Clinical Affairs enjoyed a productive year during which it met six times. The major issues reviewed and acted on by the Committee during 2004-2005 are summarized in this report.

Clinical Operations Survey Results

In June 2004, the Committee on Clinical Affairs released an electronic survey to all faculty in the Schools of Medicine, Nursing and Pharmacy, soliciting information on factors that contribute to the success of clinical practices at UCSF and identification of areas that could be improved. A similar survey was released to all faculty in the School of Dentistry with questions tailored to clinicians in dental practices.

Schools of Medicine, Nursing and Pharmacy

The results of the Clinical Operations Survey came primarily from the Schools of Medicine, Nursing and Pharmacy. A total of 185 responses were received. Two-thirds of the responses came from senior faculty and many respondents expressed concerns about protecting their anonymity. Several faculty members felt they might suffer “retribution” for talking with members of the Committee. The Committee suggested that such anxiety might have been a factor in the low response rate from junior faculty. Following receipt of the bulk of the responses to the survey, an additional 59 individuals either contacted the Committee or were called by the Committee as a follow-up.

Chair Malloy drafted a report of the responses for review by Committee members, Divisional Academic Senate Chair Leonard Zegans, MD, School of Medicine Dean David Kessler and UCSF Medical Center CEO Mark Laret ([Appendices 1](#) and [2](#)). The Committee further encouraged Chair Zegans to distribute the report to all department chairs and division chiefs.

The report details the problems highlighted by the survey results and makes recommendations for ways to remedy such problems. The Committee devoted substantial effort to discussing three major problem areas identified by the report, as follows:

Mentoring and Advocacy

The Committee discussed ways to improve mentoring for junior faculty and concluded that while resources exist, they are routinely underutilized by faculty. For example, various schools and/or departments offer orientation programs in which faculty neglect to participate. Even where such orientations are mandatory, there seems to be a disconnect in terms of faculty utilization of campus resources. Clinical volume worsens this problem, as faculty are often too busy to navigate the resources available to them.

The Committee felt that it may be helpful to require faculty to attend a “global” orientation, in addition to departmental orientations, that would assist new faculty in learning about human resources, pension plans, the campus culture and other aspects of life at UCSF. Currently, UCSF Medical Center has an effective orientation for its employees that provides a global introduction to the campus. Clinicians could be encouraged and/or required to attend this program.

Other Committee suggestions to improve mentoring included streamlining technology across schools to facilitate access to resources, developing standardized promotion criteria for faculty in the clinical series and establishing a cohesive orientation protocol from school to school.

Teaching

Committee members also discussed the perception of many faculty that teaching is a low priority for administration and some departments. UCSF is an academic institution, yet teaching often comes last behind patient care and research (both of which generate income for the campus). Many faculty who care for patients, particularly in the outpatient clinics, simply do not have adequate time to devote to teaching and feel that they cannot sacrifice the funding from clinical work that helps to pay part of their salaries.

Communication

The Committee invited David Morgan, Executive Director of Information Technology at UCSF Medical Center, to give a presentation on implementation of a single electronic medical record (EMR) system at UCSF that would improve quality of care, efficiency and physician satisfaction. Unfortunately, implementation of the planned system will not occur in the outpatient setting for at least another year.

School of Dentistry

F. Ramos-Gomez presented the results of the Dentistry Clinical Operations Survey ([Appendix 3](#)). Unfortunately, the number of responses was very low. Overall, however, the results were consistent with those of the other schools. Major issues identified by the questionnaire included the disparity between junior and senior faculty in level of satisfaction and concern over faculty welfare issues, such as salaries and parking. Dr. Ramos-Gomez reported that there was a lower response rate among senior faculty. In addition, the majority of respondents were from faculty in the In Residence series. The questionnaire results were submitted to the Dean of the School of Dentistry.

Interaction with Hospital Administration

The Committee enjoyed an effective relationship with senior administrators from the UCSF Medical Center during 2004-2005. Tomi Ryba, UCSF Hospital Chief Operating Officer, or Joan Spicer, Administrative Director of Home Health Care, were present at a majority of Committee meetings and maintained on-going e-mail communication with Chair Malloy related to matters needing attention by the Medical Center. Their interaction with the Committee provided members with an effective channel of communication to permit feedback regarding areas requiring improvement and to receive updates regarding clinical affairs at the Medical Center. The Committee anticipates that this interaction will continue during 2005-2006 and hopes to work with hospital administration in coordinating responses to problems highlighted by the results of the Clinical Operations Survey and individual faculty inquires. The Committee also will continue to identify

ways in which members can be involved in all relevant administrative groups that are working on issues that affect the practicing clinician.

Physicians Advisory Group (PAG)

Committee members K. Fye and S. Kayser continued to serve as liaisons to the Physicians Advisory Group (PAG) on behalf of the Committee. They reported to the Committee periodically regarding the activities of PAG. A major focus of PAG during 2004-2005 was the development and implementation of an EMR system at UCSF.

Clinical Issues Related to Campus Planning

The Committee held extensive discussion regarding clinical issues related to campus planning and the Mission Bay campus specifically. Committee members expressed concern that planning decisions have a major impact on the clinical faculty whose voice may not be adequately represented in this process. Chair Malloy stated that she attended a meeting with Bruce Komiske, Executive Director of Clinical Facilities, to discuss these issues. She indicated that Executive Director Komiske was very open to input from “rank and file” clinicians and would hold informational meetings regarding clinical services at Mission Bay.

T. Ryba added that hospital administration will be forming a committee to facilitate planning of the transition of San Francisco General Hospital (SFGH) to Mission Bay. She also suggested that the Committee invite Tim Mahaney, Director of Design and Construction at Mission Bay, to present to the Committee during 2005-2006 regarding expansion issues that will affect clinical faculty.

Implementation of an Electronic Medical Record (EMR) System at UCSF

David Morgan, Executive Director of Information Technology at UCSF Medical Center, gave a presentation on the status of efforts to implement a comprehensive electronic medical record (EMR) system on campus. The reasons for needing an EMR are clear and were addressed in the Clinical Operations Survey Report. UCSF has already contracted with IDX for a clinical and financial information systems software suite. In addition, capital has been placed on hold in the Master Hospital Plan in order to implement the EMR. The greatest obstacle to implementation is that campus Information Technology Services (ITS) currently lacks the bandwidth and human resources necessary to handle a project this large. Until ITS completes other projects of top priority, the timeline for EMR implementation is unknown.

Some clinicians have expressed concern that the arrival of EMR will radically alter clinical practice. In order to help clinicians adjust to such change, Executive Director Morgan hopes to implement EMR in a test/pilot practice rollout of the new system. It is anticipated that this will help to identify challenges and ensure a smooth transition.

Chair Malloy remarked that even though the EMR implementation timeline is unclear, it is helpful for clinicians to have some sense of what to expect when the new system is rolled out. She recommended that Medical Center IT staff send out an informational e-mail to and set up meetings with various practice groups. Executive Director Morgan agreed to draft and vet an e-mail to Chair Malloy for the Academic Senate to disseminate the message to clinical faculty across schools. Chair Malloy also suggested that the

Clinical Affairs Committee draft a communication to Chair Zegans urging action on EMR implementation that could be transmitted to UCSF Medical Center CEO Mark Laret.

Documentation Requirements and Clinical Care

Vice Chair Chertow brought forth the concern that the documentation needs of clinical care providers at UCSF are not being met due to the increasing demands of medical billing. The problem is that all providers will be required to dictate notes by July 1, 2005 for billing purposes. Dictation is not an efficient way of documenting patient care because it requires transcription before co-providers and/or attending physicians can obtain necessary information about patient history. In order for clinical care to be effective, turnaround of documentation needs to be immediate. Clinicians feel that billing should not trump patient care.

Chi-yuan Hsu in the Department of Nephrology raised this concern with the Medical Faculty Association and drafted a letter to the Clinical Affairs Committee outlining the problem and requesting the assistance of the Academic Senate ([Appendix 4](#)). After holding extensive discussion on this issue, the Committee determined that billing decisions are made at the departmental level. The Committee identified Robert Wachter as the appropriate individual in the Department of Medicine to contact about this issue. Chair Malloy agreed to contact Dr. Hsu to convey this information and discuss further strategies to address the problem. The Committee also discussed drafting a follow-up communication to Chair Zegans for transmittal to the Chancellor.

Enhancements to Committee on Clinical Affairs Website

The Committee discussed a proposal to have a Frequently Asked Questions (FAQ) page on its website and an interactive web feature that would allow faculty to contact the Clinical Affairs Committee with questions and concerns related to clinical issues on campus ([Appendix 5](#)). The Committee also brainstormed ways to field the inquiries that would be generated by the website interactive feature. Questions brought forward via the website could be discussed at each monthly meeting of the Clinical Affairs Committee. The Committee could then address issues with department and division heads with the support of the Divisional Senate Chair. Additionally, the Committee could collaborate with representatives from hospital administration who could vet issues to Medical Center CEO Laret. Inquiries requiring prompt attention could be assigned by the Chair to Committee members who could provide a quick response.

The Committee agreed that website enhancements would be very helpful in order to address issues raised by the Clinical Operations Survey. However, it will be important to ensure that faculty are aware of these new resources. Vice Chair Chertow proposed sending out a postcard announcement to clinical faculty once the website upgrades are in place. D. Null added that the Committee could notify faculty about the website features through listservs and links on departmental home pages. N. Byl suggested advertising the website enhancements in *Newsbreak*, UCSF's bimonthly newspaper. Senate staff will consult with the Academic Senate webmaster in 2005-2006 about design and implementation of the new website features.

Future Role of the Committee on Clinical Affairs to Address Systemic Problems in Clinical Care

The Committee invited Tamara Maimon, Executive Director of the Office of the Academic Senate, to address ways in which the Committee on Clinical Affairs can become a more effective advocate to address systemic and recurring problems in clinical care. Executive Director Maimon had two specific ideas with

respect to the future role of the Committee. First, the Academic Senate leadership should work with Medical Center and Hospital CEO Laret and Vice Chancellor of Medical Affairs Kessler to clearly identify the role of the Clinical Affairs Committee to ensure that it is utilized to the fullest extent for consultation on all matters that affect clinical operations at UCSF. To this end, Executive Director Maimon suggested that the Senate leadership for 2005-2006 meet with Vice Chancellor for Medical Affairs David Kessler and Medical Center CEO Laret. Another idea was to encourage the formation of a “blue ribbon” committee to address and identify workable solutions to high profile issues, such as the conflicting roles of UCSF as an educational institution and a business enterprise and the ensuing conflicts felt by faculty related to prioritization of teaching, patient care, and patient billing. Some UCSF faculty believe that procedures are in place in some departments that prioritize patient billing over patient care and education. The Committee endorsed these ideas and discussed specific ways to implement them. Shaping the future role of the Committee on Clinical Affairs will be an issue of ongoing concern in 2005-2006.

Issues for 2005-2006

The Committee on Clinical Affairs will address the following ongoing issues during 2005-2006:

- Implementing the Recommendations of the Clinical Operations Survey Report
- Clinical Issues Related to Campus Planning
- Implementation of an Electronic Medical Record (EMR) System at UCSF
- Documentation Requirements and Clinical Care
- Enhancements to the Committee on Clinical Affairs Website
- Future Role of the Committee on Clinical Affairs to Address Systemic Problems in Clinical Care

Respectfully submitted,

Academic Senate Committee on Clinical Affairs

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Glenn Chertow, MD, MPH *Vice Chair* (Nephrology)

Barbara Burgel, RN, MS, COHN-S, FAAN (Community Health Systems)

Nancy Byl, PhD, PT (Physical Therapy and Rehabilitation Science)

Teresa De marco, MD (Cardiology)

Cathi Dennehy, PharmD (Clinical Pharmacy)

Kenneth Fye, MD (Medicine)

Hobart Harris, MD (Surgery)

Steven Kayser, PharmD (Clinical Pharmacy)

David Kessler, MD *Ex Officio* (School of Medicine)

Mark Laret *Ex Officio* (Medical Center Administration)

Daniel Null, MD (Medicine)

Francisco Ramos-Gomez, DDS, MSc, MPH (Growth and Development)

Mack Roach, MD (Radiation Oncology)

Brian Schmidt, DDS, MD, PhD (Oral and Maxillofacial Surgery)

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Appendices

[Appendix 1:](#) *Clinical Operations Survey Report*

[Appendix 2:](#) *Clinical Operations Survey Report (Appendix)*

[Appendix 3:](#) *Dentistry Clinical Operations Survey Results*

[Appendix 4:](#) *Hsu to Malloy – Billing and Patient Care*

[Appendix 5:](#) *CAC Website Enhancements Proposal*