



COMMITTEE ON CLINICAL AFFAIRS

Kenneth Fye, MD, Chair

Annual Report 2005-2006

The Committee on Clinical Affairs (CAC) met eleven times during the 2005-06 year. Glenn Chertow, MD, MPH served as Committee Chair from September 1, 2005 through December 2005. The Committee on Committees appointed CAC member Ken Fye, MD to assume the role of Chair in January 2006. Chair Fye and Member Stephen Kayser served 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 2005-06 was the implementation of Electronic Medical Records systems at UCSF.

The major issues reviewed and acted on by the Committee are summarized in this report.

- CAC Communication with UCSF Medical Center Administration
 - Ambulatory Care Clinic Task Force Recommendations
- Clinical Operational Concerns at UCSF
- Electronic Medical Record (EMR) Systems
- Opportunities for Communication between CAC and UCSF Clinicians

CAC Communication with UCSF Medical Center Administration

During 2005-06 CAC sought to improve its communication and working relationship with UCSF Medical Center Administration. CAC's goal is to increase its participation with the Medical Center regarding clinical and hospital decisions, and to be informed so that it can be proactive in the decision-making process regarding clinical affairs. Throughout 2005-06, a representative of Medical Center Chief Executive Officer Mark Laret attended and actively participated in CAC meetings. His representatives included Joan Spicer, Director of Home Health Care; Tomi Ryba, Chief Operating Officer; and David Morgan, Executive Director of Ambulatory Services. Each brought Medical Center perspectives and information useful for the Committee's discussions. For example, T. Ryba addressed crowding and other problems in the Emergency Department, and D. Morgan presented the recommendations of the Ambulatory Care Clinic Task Force and solicited feedback from the Committee. After D. Morgan's presentation, CAC members agreed to draft a response to the Task Force recommendations.

For 2006-07, CAC plans to choose two key issues on which to focus efforts in communications with Medical Center Administration. CEO Laret has requested that the Committee assist the Medical Center with developing a process to conduct exit interviews for clinical faculty who leave UCSF to determine the reason they are leaving. The Committee will draft a formal statement to submit to the Executive Committee with its suggested key issues, detailing the issues and suggested solutions or actions.

Clinical Operational Concerns at UCSF

CAC addressed three key concerns related to clinical practice at UCSF: 1) Overcrowding in the Emergency Department and its downstream effects; 2) The closing of urgent care clinics; and 3) Improving patient referrals between clinics and other or specialty services. During the year, Joshua Adler, MD, Director of Ambulatory Care Practices, and T. Ryba discussed these matters with the Committee.

Electronic Medical Record (EMR) Systems at UCSF

As Electronic Medical Records systems rolled out at UCSF in 2005-06, CAC members discussed clinician feedback on the use and functioning of the new system. The Committee noted significant problems with UCare such as: 1) Insufficient links between the system and patient billing; 2) The lack of UCare in the outpatient setting; 3) The unavailability of software patches for nonfunctional aspects of note taking, and 4) Problems with Medicare compliance. The Committee believes that the information in the PICIS EMR System needs to be made available to clinicians. Many are currently unable to access the system.

Communication between CAC and UCSF Clinicians

Throughout 2005-06 CAC members made efforts to improve communication between the Committee and UCSF clinical faculty. In February and April 2006, CAC distributed an informational newsletter, *CAC Alert* to all clinical faculty [Appendices 1 & 2]. Subsequently, CAC members received increased feedback from clinicians on issues under consideration by the Committee. The subsequent distribution of the *CAC Alert* is under consideration by Academic Senate leadership.

In his capacity as the Director of Volunteer Clinical Faculty Affairs for the Department of Medicine, Chair Fye has overseen the development and maintenance of a database of volunteer clinical faculty. This database was created to monitor volunteer clinical faculty activities including teaching, length of service, promotion and university requirements. The structure of this database could be a useful model to help CAC track clinical faculty departures from UCSF. Medical Center CEO Laret proposed that CAC conduct exit interviews for separating clinical faculty. That information could help both CAC and the Medical Center better address clinician needs.

To further facilitate communication between CAC and clinicians campus-wide, CAC will strive to ensure that the clinical concerns from all schools and departments will be considered by the Committee.

Academy of Master Clinicians

Although most committee members agreed that the concept of an Academy of Master Clinicians could prove useful, questions remained as to the criteria for defining a Master Clinician, what their role in the academic medical setting would be, and the benefit for clinicians nominated to such an academy - including possible forms of compensation and recognition.

Issues for 2006-2007

The Committee on Clinical Affairs plans to address the following issues during 2006-07:

- Identifying At Least Two Areas Of Concern And Focusing On Developing Criteria And A Process For Addressing Those Issues
- Consideration Of CEO Laret's Request To Develop A Process To Evaluate Why Clinical Faculty Leave UCSF
- Continue Improving Processes of Communication Between CAC And Medical Center Administration
- Improving Communication With UCSF Clinical Faculty
- Continued Monitoring Of Clinical Concerns, Including Electronic Medical Records Systems

Respectfully submitted,

Academic Senate Committee on Clinical Affairs

Kenneth Fye, MD, Chair (Rheumatology)

Theresa De Marco, MD, Vice Chair (Cardiology)

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

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

Hugo (Quinn) Cheng, MD (Hospitalist)

Cathi Dennehy, PharmD (Clinical Pharmacy)

Hobart Harris, MD (Surgery)

Joan Howley, MD (Anesthesia)

Steven Kayser, PharmD (Clinical Pharmacy)

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

Mark Laret, Ex Officio (CEO, Medical Center Administration)

Mary Lynch, RN, MS, MPH, PNP (Family Health Care Nursing)

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

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

Shannon Thyne, MD (Pediatrics)

Ellen Weber, MD (Emergency Medicine)

Glenn Yokoyama, PharmD (Clinical Pharmacy)

Albert Yu, MD, MPH, MBA (Family and Community Medicine)

Academic Senate Staff:

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Committee on Clinical Affairs Attendance Record 2005-2006

Committee Member	09/21	10/26	11/30	12/21	01/25	02/22	03/22	04/26	05/24	06/28	07/26
Ken Fye (Chair)	X	Absent	X	X	X	X	X	X	X	X	X
Teresa De Marco (Vice-Chair)	RSVP'd Absent	X	Absent	Absent	X	RSVP'd Absent	X	Absent	X	X	X
Barbara Burgel	RSVP'd Absent	X	X	RSVP'd Absent	X	X	X	X	X	X	X
Nancy Byl	RSVP'd Absent	X	X	RSVP'd Absent	X	X	X	X	X	RSVP'd Absent	X
Hugo 'Quinn' Cheng <i>SOM-FC Rep</i>	X	X	X	X	X	X	X	X	X	RSVP'd Absent	X
Cathi Dennehy	Absent	X	X	RSVP'd Absent	X	X	X	RSVP'd Absent	RSVP'd Absent	Absent	Absent
Hobart Harris	RSVP'd Absent	Absent	Absent	RSVP'd Absent	X	X	Absent	RSVP'd Absent	X	Absent	RSVP'd Absent
Joan Howley	Absent	Absent	Absent	X	X	X	RSVP'd Absent	X	Absent	Absent	Absent
Steve Kayser <i>PAG Rep</i>	RSVP'd Absent	RSVP'd Absent	X	X	RSVP'd Absent	RSVP'd Absent	X	RSVP'd Absent	X	RSVP'd Absent	X
David Kessler <i>Ex-Officio</i>	RSVP'd Absent	RSVP'd Absent	Absent	RSVP'd Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
Mark Laret <i>Ex-Officio</i>	RSVP'd Absent	J. Spicer	T. Ryba	J. Spicer	J. Spicer	J. Spicer	J. Spicer	J. Spicer	J. Spicer	D. Morgan	J. Spicer
Mary Lynch	X	RSVP'd Absent	RSVP'd Absent	X	RSVP'd Absent	Absent	RSVP'd Absent	X	X	RSVP'd Absent	X
Francisco Ramos- Gomez	RSVP'd Absent	Absent	X	X	Absent	Absent	Absent	Absent	X	Absent	Absent
Brian Schmidt	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
Shannon Thyne	RSVP'd Absent	Absent	RSVP'd Absent	RSVP'd Absent	RSVP'd Absent	RSVP'd Absent	X	X	Absent	X	RSVP'd Absent
Ellen Weber	X	X	X	X	X	RSVP'd Absent	RSVP'd Absent	X	X	X	X
Glenn Yokoyama	X	RSVP'd Absent	X	X	X	X	RSVP'd Absent	X	RSVP'd Absent	X	RSVP'd Absent
Albert Yu	RSVP'd Absent	X	Absent	RSVP'd Absent	Absent	X	X	RSVP'd Absent	Absent	Absent	RSVP'd Absent

Appendices

Appendix 1: CAC Alert (February 22, 2006)

Appendix 2: CAC Alert (April 4, 2006)



Clinical Affairs Committee

Kenneth H. Fye, MD Chair

Communication from the Chair

February 22, 2006

Clinical Affairs Committee Alert

The response to the last *Alert* was very gratifying, in that several new clinical faculty concerns were raised and solutions suggested. In this *Alert* I'd like to review some of those new concerns and provide follow-up to some of the issues that were raised in the last *Alert*.

1. The question of the financial and legal validity of the "attestation note" was re-discussed with Kevin McLaren of the Department of Medicine. He assured us that the issue was reviewed by both the legal and financial arms of the University, and their collective opinion is that the "attestation note" is financially and legally acceptable.
2. Josh Adler reminded the Committee that there is already a functioning "Urgent Referral Program" intended to help clinicians arrange timely sub-specialty referrals. The contact person is Tatyana Feferman (e-mail Tatyana.Feferman@UCSFMedicalcenter.org or phone number 502-9394, cell 254-4391). It is easy to imagine this program being overwhelmed, but it can clearly be of short term benefit until a more viable long-term solution can be devised.
3. One of the clinical faculty noted the lack of collegiality among faculty, and the sense of isolation felt by junior faculty new to the UCSF system. He suggested that we create a program to help new faculty learn to live within the UCSF community. There is, however, a mentoring program already in place and available. This program is headed by Mitchell Feldman. Cynthia Lynch in the Office of Academic Affairs would be a good source of information. Also, there is no reason the Clinical Affairs Committee could not work with the Mentoring Program to help with problems that might be unique to clinical providers.
4. One of the sub-specialists, in response to the last *Alert*, commented that the most frustrating referrals came from primary care physicians within the UCSF system, who tend not to dictate their notes into the STOR system. Therefore, the background and purpose of the referral is frequently unclear to the sub-specialist expected to provide service to the patient. Although clearly a major issue, it may become less of a problem after the launch of the out-patient UCCare system, at which point all notes and consults will be digital and available to all.
5. The anesthesia and surgical services reminded the Committee again that the operative and perioperative computer program at UCSF cannot communicate with UCCare. This means that after a patient leaves the recovery room there is no way for the providers on the floor to access the perioperative records. This is clearly a major issue that has yet to be resolved by IT.

6. The Nursing, Physical Therapy, Dental, and Pharmacy School representatives reminded the Chair and the Committee at large that the Clinical Affairs Committee is responsible for the welfare of all of the clinical health care providers in the UCSF community, not just physicians and medical students. Therefore, problems within all the disciplines need to be brought to the attention of the committee.
 - a. The School of Nursing representative noted the difficulty in arranging training positions for nurse practitioners within the UCSF system.
 - b. The School of Pharmacy representative noted that they provide elective positions for outside resident trainees, but cannot get other outside local institutions to find spots for UCSF trainees.
 - c. A representative from Physical Therapy reminded us that there is no on-campus out-patient clinical therapy presence, making it difficult to provide University-based clinical experience for trainees.

These issues will be brought before the Coordinating and Executive Committees of the Academic Senate.

One of the larger issues before the Academic Senate is the active role of the Clinical Affairs Committee. Are we merely a conduit for the transmission of information from the leadership concerning decisions that have already been made, or are we an advisory body, intended to provide clinical in-put before decisions are made by the university and medical center leadership? One of the duties of the Committee as stated in the Bylaws is "To conduct regularly scheduled reviews and report on the conditions of the various clinical entities operated by or affiliated with UCSF." One way we, as clinical faculty, can prove our value as advisors is to provide advice when asked. Dean Kessler just announced the formation of a committee to consider the problems surrounding the construction of a new San Francisco General Hospital. In his e-mail he outlined a number of specific issues and requested in-put from the faculty. As clinical faculty, this is an opportunity (and responsibility) to provide such in-put before critical decisions are made. I urge the clinical faculty to consider the questions raised by Dean Kessler and respond appropriately, either directly to the Dean or, if you prefer, to the Clinical Affairs Committee, and we will pass on your thoughts and opinions.

Thank You,

Kenneth H. Fye, MD, Chair
Clinical Affairs Committee

**COMMUNICATION FROM THE COMMITTEE ON CLINICAL AFFAIRS****Ken Fye, MD, Chair**

CAC Alert

The Clinical Faculty Newsletter of the Academic Senate Clinical Affairs Committee

*April 4, 2006**Kenneth H. Fye, MD, Chair***The Academic Senate Clinical Affairs Committee met on Wednesday March 22, 2006.****General Issues before the Committee****1. Communication from CAC with Clinical Faculty**

Reports of the issues and problems raised by and for the Clinical Affairs Committee have been previously circulated only to members of the Academic Senate with a 50% appointment or more. Therefore, most of the clinicians in the University community have been unaware of the efforts of the Senate to identify and voice the clinical concerns of the faculty to the leadership of the University and the Medical Center. From now on the CAC "Alert" will be circulated to all clinical faculty. The clinical faculty are encouraged to contact the CAC with any issues or concerns that need attention. The CAC can only be an effective advocate for the clinical faculty if it is aware of their concerns.

2. CAC as Advisory Body to the UCSF Medical Center

It is clear that the CAC at present is not able to effectively fulfill its responsibility as an advisory body to the leadership of the University and Medical Center. The CAC has, at best, been an inefficient conduit of information from the leadership back to the clinical faculty concerning decisions that have already been made. The Executive Committee of the Academic Senate is aware of this issue and is taking steps to empower the CAC so that it can fulfill its mandate.

3. WASC Accreditation

UCSF is now preparing for accreditation by the Western Association of Colleges and Universities (WASC). This accreditation is based on the quality of the present and future educational experience of the student body of the University. It does not depend upon the experience or quality of the residency and fellowship programs within the medical center. However, all of the federal funding that helps to support those residency and fellowship programs (on the order of \$100,000,000) depends on this accreditation. Therefore, it behooves us all to help the Academic Senate in any way we can with the accreditation process.

4. Scholarly Communications

The development of electronic scholarly communications has raised major questions regarding the nature of scientific publications. How do we, as an academic community, deal with such issues as

copyright, authorship, and peer review in the modern climate of electronic communications? A series of “white papers” concerning this issue are available from the Academic Senate, who encourage any of the faculty to voice their views on this issue.

School-Specific Issues

School of Pharmacy

The School of Pharmacy has played a major role in the formation and functioning of the Anti-coagulation Clinic. This clinic has been a valuable resource for both patients and clinical faculty. Apparently, the existence of the Anti-coagulation Clinic is in question. It would be helpful if the CAC had some feedback from the clinical faculty at large vis-à-vis the value and/or problems associated with this clinic.

School of Nursing

The nursing school has been particularly concerned about the effect that electronic communications are having on scholarly publications. Issues concerning positions for Nurse Practitioners within the university system have been raised in past meetings but have been tabled. The CAC is inviting views of the clinical faculty on this issue.

School of Dentistry

Representative not present.

School of Medicine

The inability of PICIS to “talk” to UCare is still a problem. Although clinicians have, for the most part, managed to work around the problem, the inability of the physicians caring for a patient on the floor to have access to the events that occurred in the operating and recovery rooms is, if nothing else, disconcerting. Dr. Blum has been invited to attend a meeting of the CAC to discuss this issue.

The Clinical Affairs Committee encourages every interested clinician to respond to this *Alert*. Our mandate is to voice your views concerning clinical matters at UCSF. We can only do that if you communicate your concerns. Please send your comments to CAC via the Academic Senate by e-mail to ucsfsenate@senate.ucsf.edu.

Respectfully Submitted,

Kenneth H. Fye, MD
Chair, Clinical Affairs Committee
UCSF Academic Senate