



**Clinical Affairs Committee**  
**Brad Hare, MD, Chair**

## ANNUAL REPORT 2009-2010

**Primary Focus Points for the Year:**

- Curriculum Development for Faculty and Faculty Development
- Dissolution of UCSF - Brown & Toland Partnership; Creation of Hill Physicians Partnership
- Information Technology and Clinical Care
- Mission Bay Hospital Operational Planning
- Storing of Clinical Data in Academic Research Systems
- UCSF Clinical Enterprise Strategic Planning
- Changes to the Post-Employments Benefits system

**Task Forces, Special Committees, and Sub-Committees:**

- UC Commission on the Future Task Force to Review Initial Recommendations (Amy Houtrow)

**Issues for Next Year (2010-2011)**

- Mission Bay Hospital Operational Planning including having Clinical Operations added to the Hospital's Organizational Flowchart, and designating a head for those Operations.
- Monitoring of impact of Hill Physicians partnership on patient volume, patient mix and clinical faculty job satisfaction.
- Participation in discussions of changes to the post-employment benefits system.
- UC Commission on the Future – ensuring that recommendations by the commission include consideration of clinical services at the University.
- Continued, ongoing communication with the UCSF Medical Center and between the UCSF Campuses related to issues that concern faculty members.

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**2009-2010 Members**

**Brad Hare, Chair**

**Steven Pletcher, Vice Chair**

Shoshana Arai

Chris Barton

Christine Cheng

H. Quinn Cheng

Karen Duderstadt

John Feiner

Marcus Ferrone

Amy Houtrow

Shelley Hwang

Susan Janson

Brent Lin

Maxwell Meng

**Ex-Officio Members**

Mark Laret, CEO, UCSF Medical Center

**Guest**

David Morgan, Executive Director,  
Ambulatory Services, UCSF Medical Center  
(on behalf of Mark Laret)

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**Number of Meetings: 10**

**Senate Analyst:** Alison Cleaver

## Systemwide Business

### **Compendium Review**

Members reviewed the proposed changes to the Compendium, which governs systemwide review processes for academic programs, academic units, and research units. The committee did not opine on the proposed changes but did raise the following questions, which are issues that should be observed as the changes are implemented:

- How do changes in particular programs structuring—that feed into the state system or partner with it—affect that system? Has UC made the state system aware of the proposed changes?
- Might these changes stifle growth?

### **Task Force to Review the Initial Recommendations of the UC Commission on the Future**

Committee member Amy Houtrow sat on this task force, created in Spring 2010 to review first and second round recommendations by the UC Commission on the Future. Most of the clinically relevant issues fell within the Size and Shape workgroup in terms of examining the utility of practice doctorates for allied health professions in terms of national health care quality and issues. Member Houtrow provided the Task Force Analyst, Shilpa Patel, with summarized comments from the Clinical Affairs Committee.

## Divisional Business

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

### **Communication to Committee on Library and Scholarly Communication (COLASC) on Mission Bay Library Space Planning**

The CAC reviewed the COLASC proposed plan for Mission Bay Libraries in the Library Master Plan. Members strongly endorsed the current proposal and had further recommendations from a clinical perspective, emphasizing the importance of the Mission Bay Library to support the clinical mission of UCSF and asked that COLASC consider the following when further developing the proposal:

1. Expanding the library space at Mission Bay, especially the creation of and use of small conference rooms. Clinicians use such rooms 24/7 for case conferencing as well as for trainee meetings. As clinical services migrate to Mission Bay, the creation of a 24/7 access space, which includes conference rooms, is vital to clinicians. At present, planning for Mission Bay Hospital has allocated few such rooms and CAC members envision the library being used, in some minor capacity, in this manner when the hospital opens.
2. Separate access to a 24/7 library space with journals is crucial for late hours research to address needs related to immediate patient care. While much of that is handled via the internet, ongoing UCSF library issues with journal reduction, including online access, has made the availability of older journals in hard copy form all the more valuable.

### **Curriculum Development for Faculty/Faculty Development**

CAC member Mehran Hossaini engaged the Committee in a discussion regarding faculty development given that most schools and departments are dealing with similar issues. He outlined specific issues within the School of Dentistry, as an example of problems that were inherent in all schools, including lack of advanced training, no formalized school-wide quality assurance program, and little inter-school collaboration.

Proposed areas for creating faculty development include:

1. Calibration of teaching methodology in order to find ways where students are exposed to standard methods of training in both the clinical and teaching settings.

2. Using the Kanbar Center to develop internal training systems, including team training. Currently, most people work in isolation and there is a real push towards collaborative work environments.

### **Dissolution of UCSF - Brown & Toland Partnership/Creation of Hill Physicians Partnership**

Jay Harris, Chief Strategy & Business Development Officer, UCSF Medical Center, and Josh Adler, Chief Medical Officer, UCSF Medical Center, presented on the current state of the transition to Hill Physicians from Brown & Toland. Included in the presentation was the projected percentage by which clinical practices will be affected, as well as methods by which to advise patients of the transition and reduce the project percentage impact. To fill a perceived gap in care, UCSF has created a non-teaching 100% clinical care practice to begin in 2010 at the Mt. Zion. Ultimately, it will move to China Basin campus. The Clinical Affairs Committee recognizes the important impact of these changes to clinical care at the UCSF Medical Center. The Committee plans to monitor this impact as the transitions occur.

### **IT & Clinical Data Storage**

#### **Academic Research Systems**

Michael Kamerick, Director, Academic Research Systems, OAAIS, provided an overview to the committee on the current status of four different research information systems at UCSF: Integrated Data Repository; MyResearch Portal; REDCap (research electronic data capture); and the Clinical Data Access Program. Members opted to provide a letter of support to Dr. Kamerick to support his efforts by OAAIS in their development of these programs and to provide a list of priorities for that development from a clinical perspective. The Committee sees multiple applications of this effort, both in clinical research and in direct provision of clinical care, particularly in the outpatient management of chronic diseases.

#### **EPIC Conversion**

Seth Bokser, Director of IT, UCSF Children's Hospital and David Morgan, Executive Director, Ambulatory Services, UCSF Medical Center presented at a joint Clinical Affairs and School of Medicine Faculty Council meeting in December 2010. They provided both committees with an overview of the transition from UCare to a new electronic medical record system, EPIC. This mature system is already in use at UC San Diego and UC Davis. By UCSF adopting its use, it also provides a unique opportunity to fulfill the UCSF mission of standardizing clinical systems. Some discreet patient data will be transferred over, and access permitted for the UCare and Stor systems for legacy purposes. It will take upwards of thirty-six months to implement Epic. The Clinical Affairs Committee recognizes the significance of a fully functional electronic medical record to both patient care and faculty job satisfaction in the clinical services. Further updates will be provided to both committees as they are available.

#### **Patient Portal**

Opinder Bawa, Director, Information Services Unit, School of Medicine updated both Clinical Affairs and School of Medicine Faculty Council members at the December 2010 joint meeting, on the current patient portal situation. Due to the length of implementation time for Epic, UCSF is moving forward with development of several portals including MyHealth (Relay Health). It's crucial to have a single avenue for online access for all UCSF medical/clinical interactions (HIPPA compliance); however, the portal will be integrated and work with all other portals on campus.

### **Kanbar Simulation Center**

Manuel Pardo, MD, Faculty Director, Kanbar Simulation Center, provided an overview of the center, which will create a centralized learning center where health professions students develop competence in clinical procedures, physical exams skills, and telemedicine consultation and presentation skills. The Clinical Affairs Committee sees many opportunities to develop clinical trainings, including interdisciplinary training, using the resources of the Kanbar Center.

### **Membership Bylaws**

Committee members notified the Committee on Committees (COC) in fall 2010 of the absence of non-direct clinical representative on the committee. Ruth Goldstein, Radiology, joined the committee in

January 2010. Members did not see a need to follow-through with a bylaw change request, but did want the COC to ensure that when staffing the Clinical Affairs Committee annually, a non-direct clinical care practitioner (e.g., clinical faculty from radiology, pathology, or laboratory medicine) is always included as a member.

### **Mission Bay Hospital Operational Planning**

Elena Gates, Professor and Vice Chair, Obstetrics, Gynecology and Reproductive Sciences, updated the committee on the planning process including sustainability, and engaged in conversations about the operational planning. On hold or undetermined during 2009-2010 is when the planning for medical staff personnel or for faculty offices for Mission Bay Hospital will be decided. A website has been created to show the progress on planning [www.missionbayhospitals.ucsf.edu](http://www.missionbayhospitals.ucsf.edu).

Dr. Gates also advised the committee of the physician performance evaluation/medical staff bylaws 2009 Amendments. These require attending physicians to be board-certified in the specialty in which they practice. Exceptions, which might be granted, include physicians who trained in another country and may not be eligible to sit for board exams or in specialties where board exams do not exist. In such cases, the Department Chair may write a letter of exception.

### **Communication to Ad Hoc Committee on Attending Physician Oversight**

The Committee drafted a communication to Dr. Gates, member of this Ad Hoc Committee convened to address this particular mandate. This communication was in support of the committee's efforts and to recommend that policies be objective, explicit and specific regarding the role of attending physician oversight of trainees (residents and fellows) in clinical settings. In addition, improved communication will also foster a supportive environment for training and clinical care at UCSF.

### **Changes to the Post-Employment Benefits System**

Through members' participation at Senate Coordinating Committee, Executive Committee and Divisional meetings, the Clinical Affairs Committee monitored discussions about the critical issue of post-employment benefits. The Committee notes the importance of such benefits to recruiting and retaining the best clinical faculty and staff to support the clinical enterprise of UCSF.

### **UCSF Development Office**

The Clinical Affairs Committee was apprised of changes afloat in the UCSF Development Office, lead by Carol Moss, Vice Chancellor for Development. The Committee is excited to learn of these changes and encouraged the Development Office to focus more attention on development for clinical programs and services.

### **Stipends for Senate Committee Chairs**

The Committee drafted a communication to UCSF Academic Senate Chair Elena Fuentes-Afflick supporting the elimination of stipends for chairs of Senate committees that require minimal time commitment. Stipends for more intensive committees, like Committee on Academic Personnel, should continue to be funded.

### **Faculty Exit Survey**

CAC continued to support the distribution and use of the Faculty Exit Survey by the Academic Affairs Office. It was disappointed that due to budget cuts and furloughs, that office was unable to manage distribution and data receipt during 2009-2010 and put the Faculty Exit Survey on hold. The Committee strongly encourages the Academic Affairs Office to resume distribution of the Exit Survey as soon as budgets permit.

## Task Forces and Other Committee Service

This year, members of the Academic Senate Clinical Affairs Committee served on the following Academic Senate task forces or other campus committees as representatives of CAC or the Academic Senate. Where possible, the reports from these task forces or committees are linked to or attached to this Annual Report.

- Liaisons to the School Faculty Councils (Brad Hare, Medicine; Karen Duderstadt, Nursing; SOD, Mehran Hossaini; SOP, Kurt Giles)
- Task Force to Review the Initial Recommendations of the UC Commission on the Future (Amy Houtrow)

## Going Forward

Ongoing issues under review or actions which the Committee will continue into 2009-2010:

- Operations planning regarding Mission Bay
- Monitoring of impact of Hill Physicians partnership on patient volume, patient mix and clinical faculty job satisfaction.
- Participation in discussions of changes to the post-employment benefits system.
- UC Commission on the Future – ensuring that recommendations by the commission include consideration of clinical services at the University.
- Continued, ongoing communication with the UCSF Medical Center and between the UCSF Campuses related to issues that concern faculty members.

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