



Clinical Affairs Committee
Steven Pletcher, MD, Chair

ANNUAL REPORT 2010-2011

Primary Focus Points for the Year:

- Impact of Health Care Reform on UCSF
- Impact of Operational Excellence on Clinical Services at UCSF
- Post-Employment Benefits

Task Forces, Special Committees, and Sub-Committees:

- Task Force on Senate Membership (Maxwell Meng)

Issues for Next Year (2011-2012)

- APeX Rollout Implementation
- Mission Bay Hospital Operational Planning including having Clinical Operations added to the Hospital's Organizational Flowchart, and designating a head for those Operations.
- Monitoring Changes Implemented by the Ambulatory Wait Time Surveys
- Monitoring Impact of Operational Excellence Changes on Clinical Practices
- Post-employment Benefits Changes for Clinicians

2010-2011 Members

Steven Pletcher, Chair

Maxwell Meng, Vice Chair

Shoshana Arai

Chris Barton

John Feiner

Marcus Ferrone

Ruth Goldstein

Miguel Hernandez-Pampaloni

Shelley Hwang

Susan Janson

Jeff Meadows

Phil Rosenthal

Hope Rugo

Ex-Officio Members

Mark Laret, CEO, UCSF Medical Center

Guest

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

Number of Meetings: 10

Senate Analyst: Alison Cleaver

Systemwide Business

Report and Recommendations of the Task Force on Senate Membership

Clinical Affairs Committee members reviewed and commented on the UC Systemwide [Report and Recommendations of the Task Force on Senate Membership](#). Overall Faculty Council members supported the creation of a UCSF task force to examine the benefits of being a member of the UCSF Academic Senate. Members especially made note that at UCSF Senate and non-Senate faculty have similar and overlapping responsibilities. Yet the separation of them as voting bodies weakens the Senate's power. Council members also supported the push to have UCSF take on more independence from the Systemwide Academic Senate. CAC Vice Chair Meng served on the UCSF Task Force. ([Appendix 1 | 2](#))

Divisional Business

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

Ambulatory Services Patient Wait Times Survey, Ambulatory Services, UCSF Medical Center

Rita Ogden, Vice Director, Operations, Ambulatory Services, UCSF Medical Center presented in spring 2011 on the preliminary results of the survey conducted on appointments between October and November 2010. The goal of the survey was to reduce patient wait time in reception areas and in clinics. The intention is to have the long wait be the exception not the standard.

Based on the prior Patient Wait Time Survey conducted by the Cancer Center, they had a pre-existing list of possible reasons why a clinic would be running behind. In addition to the surveys sent to patients, practice managers were asked questions about start/arrival times for physicians and then asked to complete a survey on scheduling times. This served to establish a baseline.

UCSF will be developing a unified policy regarding late and no-show patients. At present they must define what the campus will do unilaterally after two no-shows by the same patient. Approval for this must go through the Legal Department.

Ambulatory Wait Times, Cancer Center

Laurel Bray-Hanin presented on the two-year survey and cumulative report conducted within the Cancer Center on patient wait time. There has been a correlation between an improvement in wait time and improvement in the campus's Press Ganey patient satisfaction figures. Overall, in 2008, 74.4% of patients were seen on time; in 2010, that has risen to 81.1%. Included within the report was a patients' survey on their wait process. Only fully completed surveys were measured.

The Cancer Center will be utilizing the APeX transition as an opportunity to evaluate schedule templates and wait time patterns. CAC members drafted a communication to the APeX Physicians' Board supporting APeX being used to implement more standardization of patient wait times at the point of appointment scheduling or types of patients. ([Appendix 3](#))

Clinical Affairs Committee Shift

In early 2011, Academic Senate Executive Director Heather Alden provided an overview on her meeting with David Morgan, Executive Director, Ambulatory Services. Dr. Morgan felt CAC members were overemphasizing the power of the Medical Center to address and resolve issues. He mentioned the following areas where CAC could have an impact:

1. Databases/systems that don't speak to each other
2. Support for clinical faculty—what are the key issues which need bolstering?

3. Promotion of clinical faculty (between 3yrs to under 20yrs) is a serious issue CAC members could provide assistance and ideas on how to impact the promotion process.
4. Information provided to Dept. Chairs may not flow down beyond that, nor do issues brought to Dept. Chairs get communicated up to David Morgan. CAC could impact communication flow.
5. How did the Hill Physicians merger affect clinicians' practices?

CAC members responded that on both the topic of the promotion of clinical faculty and on the Hill Physicians' merger, some matters should be addressed by the administration on the former, and by the departments themselves, on the secondary matter.

"Decade of Human Biology" Initiative

Clay Johnston, Chair, CTSI Subcommittee, DHB Initiative presented on this project which is separate from the overall Strategic Plan, and is focused on how UCSF can differentiate itself from other health sciences campus and medical centers. There are numerous different committees exploring this – both research and in clinical/translational areas. The environmental drivers behind it are: cost, public concerns, funding, and education. The initiative is in the development stage and information is still being gathered.

Clay Johnston is interested in what, other than money, would be an incentive for creating partnership between clinicians and researchers. At present, there are meetings occurring between UCSF and some foundations to fund interprofessional research projects. CAC members suggested:

- Balancing/equaling the haves/have-nots in terms of research and clinical groups.
 - Those groups with a strong pre-existing infrastructure can easily facilitate changes— which will then result in them receiving grants. Those groups without such infrastructure will be unable to move forward in this new model. Members proposed that any changes made should insure that such groups do not fall behind.

EPIC/APeX Rollout

In fall 2010, Seth Bokser, Chair, APeX Rollout Committee, presented on the status of the rollout focusing on the following aspects:

1. Timeline of the roll-out:
2. Faculty involvement
3. Areas UCSF Rollout team is examining:
 - a. Ambulatory;
 - b. Business;
 - c. Inpatient;
 - d. Technical;
 - e. Research & Education

CAC members asked:

1. How much research data would be available in a searchable format through EPIC?
2. Having the ability to do clinical Q&A and quality improvement mini-research projects in APeX?
3. If APeX can capture issues of errors, i.e. creating markers in the system in case issues arise?

Bokser and his colleagues plan to return to CAC in 2011-2012 to discuss the potential for these types of advanced functionality with APeX.

Mission Bay Hospital Planning

In spring 2011, CAC members heard a presentation from Cindy Lima, Executive Director, Mission Bay Hospital Projects Manager, and Kimberly Scurr, Director, Hospital Operations Planning Mission Bay Hospital Project. They provided a status update on the development and construction of the new Mission Bay Hospital. The intention is that by moving some groups to Mission Bay, it will allow other departments

to grow into those previously occupied spaces at Mt. Zion or Parnassus. All surgery will be at Mission Bay. This includes all men's surgery as well. Kimberly Scurr answered CAC members questions on the operational aspects of the new hospital including consults, rush biopsies, oncology for breast cancer patients and faculty childcare. ([Appendix 4 | 5](#))

Operational Excellence: Multi-campus "BearBuy" Procurement Program

In spring 2011, Jim Hine, Executive Director/Materials Manager, Procurement Business Contracts, presented on the newly developed joint-procurement program done in partnership with UCB.

The intention and goal behind this program is that the same amount of time and money the campus is currently spending on goods and services can be spent on teaching, health care, and research. The campus is aiming to develop the infrastructure and technology to facilitate this. Combined this will allow the UC system and especially UCB/UCSF to address policies and rules that don't make sense. Efficiencies, ease of use, visibility, speed, cost savings, and compliance will benefit. ([Appendix 6](#))

Post-employment Benefit Changes for Clinicians

Steven Cheung, Chair, Academic Senate Academic Planning & Budget (APB) committee presented in fall 2010 on the implications of proposed post-employment benefits for clinicians. He explained the differences between the defined benefit vs. contribution plans. The latter is the primary plan used at most companies and universities at present. He provided an overview of the history of how the UC system got here and explained the various options and also spoke to the results of the PEB Survey, and how Senate, Clinical, and Adjunct Faculty answers varied. CAC members encouraged a representative from APB and separately a representative from the Faculty Welfare Senate committee to update committee members on the ongoing status of Post-employment Benefit Changes.

Task Forces and Other Committee Service

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

- Task Force on Senate Membership (Maxwell Meng)

Going Forward

Ongoing issues under review or actions, which the Committee will continue into 2010-2011:

- APeX Rollout Implementation
- Mission Bay Hospital Operational Planning including having Clinical Operations added to the Hospital's Organizational Flowchart, and designating a head for those Operations.
- Monitoring Changes Implemented by the Ambulatory Wait Time Surveys
- Monitoring Impact of Operational Excellence Changes on Clinical Practices
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Appendices

[Appendix 1:](#) Report & Recommendations on the Task Force on Senate Membership

[Appendix 2:](#) Clinical Affairs Committee Response to the Systemwide Report & Recommendations on the Task Force on Senate Membership

[Appendix 3:](#) Clinical Affairs Committee Letter to the APeX Advisory Board.

[Appendix 4 | 5:](#) Mission Bay Hospital Planning Presentations

[Appendix 6:](#) Multicampus “BearBuy” Procurement Program (Operational Excellence)

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