



Clinical Affairs Committee
Phil Rosenthal, MD, Chair

ANNUAL REPORT 2012-2013

Primary Focus Points for the Year:

- APeX Rollout
- Clinical Diversity
- Clinical Enterprise Initiative and UCSF's Plans to become an Accountability Care Organization
- Communication Between the Clinical Affairs Committee and the Medical Center Leadership
- Mission Bay Academic Building
- Mission Bay Hospital Operational and Clinical Operations Planning
- Oakland Children's Hospital Merger
- Salaries, Benefits and Retirement Updates
- Senate Membership Issues

Task Forces, Special Committees, and Sub-Committees:

- Clinical Chairs Committee (Phil Rosenthal)
- UCSF Clinical Enterprise Steering Committee (Phil Rosenthal)

Issues for Next Year (2013-2014)

- Clinical Faculty Representation in the UCSF Academic Senate
- Faculty Workload
- Mission Bay Hospital Clinical Operations Planning
- Monitoring of the Clinical Enterprise Initiative and the Development of a Accountability Care Organization
- Monitoring Potential Changes to UCSF's Funds Flow Model

2012-2013 Members

Phil Rosenthal, Chair

Hope Rugo, Vice Chair

Zahid Ahmed

Christopher Barton

Barbara Burgel

Geraldine Collins-Bride

Teresa De Marco

Ruth Goldstein

Andrew Gross

Miguel Hernandez-Pampaloni

Jeffery Meadows

Maxwell Meng

Steven Polevoi

Nam Tran

Katherine Yang

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: 8

Senate Analyst: Artemio Cardenas

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

APeX Rollout

Over the course of the year, the Clinical Affairs Committee continued to monitor the ongoing implementation of the APeX, an electronic health records system, at UCSF. In February, Michael Blum, Medical Director of Information Technology at UCSF, was invited to update the Committee on the status and future of APeX. Dr. Blum informed the Committee that the two most pressing concerns for APeX included: 1) clinician time spent on filling out patient records and 2) the limited amount of technical staff resources available to troubleshoot problems. Given the problems, there have been a great number of successes: Overall communication is better; primary care providers know what specialists are doing; there is a better tracking of patient information; and medication administration has improved substantially. More work will be done in the future as APeX staff members continue to optimize the system.

Clinical Diversity

To follow up on diversity issues from the previous year, the Committee invited the Human Resources Director, Jennifer Hermann, and HR manager Jeff Chiu from the Medical Center to present on the Center's effort to increase diversity among clinical staff members. Hermann and Manager Chiu covered the following items:

- **Goals for Diversity:** The Medical Center feels it is important to have a workforce that matches its patient population.
- **Outreach:** UCSF HR has made a strong effort to participate in career fairs that include applicants from underrepresented populations. Staff members are also working hard to inform the community that UCSF is great place to work for all people of cultural and ethnic backgrounds.
- **Developing a Pipeline:** The Medical Center has worked to help its current staff to develop new skills that will allow each individual to progress through the ranks. Programs have been created including:
 - **EXCEL (Excellence through Community Engagement and Learning)**
 - EXCEL is a work-based learning program that uses both classroom and on-the-job training to prepare participants for career jobs in the health care sector.
 - **Internships**
 - Various internship programs have been developed across the city that allow individuals from underrepresented populations to participate in the UCSF work environment.
 - **School at Work**
 - This program allows Medical Center employees to take courses that help to build skills in math and written communication. The goal is to encourage staff members to achieve the necessary skills that will prepare staff to go back to school and obtain higher levels of education - from HS diplomas to Bachelor's degrees.
 - **Learning Savings Account**
 - This program was developed to help staff members save money for future tuition and school expenses. The goal is to have enough resources to match dollars that employees place into a special savings account.
- **Education:** The Medical Center has developed instruction materials to educate staff members about cultural competency
- **Evaluation:** A new Diversity and Cultural Competency Committee was recently created to evaluate how the organization is performing in creating a diverse workforce. The committee may recommend treatments and actions depending on the results.

Clinical Enterprise Initiative and UCSF's Plans to Become an Accountability Care Organization

In the spring of 2013, UCSF initiated a new Clinical Enterprise Initiative aiming to develop strategies that would help to ensure the financial sustainability of UCSF. An integral part of the initiative was to find ways to successfully develop an Accountability Care Organization – an organization devoted to providing quality and low cost primary care services with accountability measures. To help provide the Committee members with more

information on UCSF's plans, guests were invited to present on the topic. The first guest, Kevin Grumbach, Chair of the Department of Community and Family Medicine, was invited in February to discuss the current state of UCSF as a primary care provider and to describe some of the strategies the institution could take to better position itself to compete with other providers in Northern California. In his presentation, Dr. Grumbach reviewed recent federal health reform measures and discussed steps UCSF would need to take to meet a potential increase in the overall demand for health care.

In May, another guest, Megan Ingraham, Senior Manager with Manatt Health Solutions, provided more information to the Committee on UCSF's Clinical Enterprise Strategic Planning initiative. She provided the Committee with presentation materials ([Attachment 1](#)) that were a part of the recent retreat and described the organizational thinking regarding the changes the consultants were recommending. Megan informed the committee that UCSF has completed several of the initial planning steps including the establishment of a steering committee and the development of an environmental assessment report. She also informed the committee that Chair Phil Rosenthal has been appointed to the steering group and thus he should be available to provide future feedback and information to CAC in the future. Finally, the committee reviewed the environmental assessment report developed by the consulting group and presented to the steering committee. This report showed that while UCSF has a strong position in tertiary and quaternary care, the Medical Center only has a small portion of the adult primary care market. This is due to strong efforts from competitors like Kaiser and Sutter who are doing a good job at providing quality primary care services for the lowest-cost to customers. The report also showed that UCSF's market share is threatened by other institutions like Stanford who have started to expand their network by buying up private practices and developing strategic partnerships. Coupled with recent health reforms that will lead to more individuals with insurance and a greater demand for primary care, UCSF has identified the need to develop strategies that will help the University compete in the market before the remaining share is obtained by other competitors. The institution must now find out how to develop its network and develop an Accountability Care Organization that will provide a continuum of care to all patients. Questions must be asked on who should be included in an expanded network and what will be the role of each participant.

With the first phase of the planning process almost complete, the group is now moving into the second phase of engaging the UCSF community by asking for feedback on strategies and tactics. Soon, UCSF faculty and administrators will be receiving a survey asking them to provide feedback on the general direction of the project. The Committee will continue to monitor the Clinical Enterprise Initiative and provide consultation whenever needed.

Communication Between Clinical Faculty and Medical Center

A goal of the Committee for the 2012-2013 term was to improve communication between the Medical Center and the Clinical Affairs Committee. On October 30, Chair Phil Rosenthal; Vice Chair Hope Rugo; Academic Senate Chair Bob Newcomer; and Academic Senate Secretary Brad Hare met with Mark Laret to discuss ways to improve communication. Overall, Mr. Laret was very receptive and was willing to find solutions. Outcomes from this meeting included:

- Chair Rosenthal will now attend all of Clinical Chairs meetings. The Clinical Chairs group reviews and approved annual budgets and major program proposals. Membership includes Medical Center CEO Mark Laret, SOM Dean Sam Hawgood, and the Clinical Chairs. Over the course of the year, Chair Rosenthal attended these meetings regularly and was able to report on a wide variety of important issues, including:
 - Layoffs
 - Changes to ICD Codes
 - Challenges with billing and collections related to APeX
 - Medical Center Budget Updates
- Mr. Laret recommended that CAC members should be appointed to the "Clinical Chairs" equivalent groups at the SFGH and the VA. Once appointed, CAC members on these groups can report to the CAC as needed. To follow up on this recommendation, member Christopher Barton was designed as the representative for SFGH. For the VA, the committee was unable to find a representative.
- Upon request of the faculty, Mr. Laret agreed that a member of the Medical Center should attend the CAC meetings. Faculty agreed that this representative does not have to attend every month. David

Morgan, Executive Director of Ambulatory Care Services, volunteered to attend the meetings and was very helpful. Over the year, Mr. Morgan answered faculty questions and offered to be a conduit with those in Medical Center.

- When the Medical Center begins the process of strategic planning, Mr. Laret announced that would like to include a member of CAC to participate. This was followed up with the appointment of Chair Rosenthal to the Clinical Enterprise Strategic Steering Group.

Mission Bay Academic Building

A hot topic for the Senate during the 2012-2013 term, the Clinical Affairs Committee worked diligently throughout the academic year to provide campus leadership with alternatives to the plans to incorporate an activity-based workspace in the under construction Mission Bay Academic Building. Concerned that the planned workspace would lack privacy, wouldn't have enough storage, and would eventually hurt faculty recruitment and retention, the Clinical Affairs Committee worked through the year to communicate faculty concerns and call for reforms before the space would be built.

Starting in November, the Clinical Affairs Committee members joined members from a Mission Bay Academic Building Working Group and the Committee on Research in writing a letter to administration pointing out problems with the new space and providing several alternatives ([Attachment 2](#)). In January, Vice Chair Rugo represented the Committee on a conference call with project leaders. Attendees at this meeting included several members of the Senate Leadership, SOM Dean Sam Hawgood and Co-Chair of the Campus Space Committee, Bruce Wintroub. After the meeting, Vice Chair Rugo commented that while Dean Hawgood and Bruce Wintroub were receptive to faculty concerns, but they were not open to making changes to the current plans to build the open workspace. Campus leaders explained that with the University's constraints with space and money, there just isn't any other alternative. The Committee then spent the next few months joining the Senate's continued effort to reform the activity-based workspace plans.

In April, Chair Rosenthal and member Jeffery Meadows attended the Mission Bay Academic Building workspace mock-up tour hosted by Vice Dean Bruce Wintroub. Attendees of the mock-up tour noted that they were not impressed with the space plans and there is a considerable lack of privacy and storage. Faculty are also skeptical of leadership's assumption that the building will only be occupied with no more than 50% of the faculty at one time.

In the 2013-2014 term, Committee members hope to work with the administration to find ways that will mitigate the effects of moving into the limited activity-based workspaces.

Mission Bay Hospital Operational and Clinical Operations Planning

In March, Scott Soifer, Executive Vice Chancellor of Clinical Affairs; Brian Herriot, Director of Mission Bay Operations Planning; and Elena Gates, Chief of General Gynecology, gave a presentation to the Committee on the status of the Mission Bay Hospital. The group gave an overview of what has been developed at the Mission Bay campus; the timeline for the remainder of the project; and provided a description of continuing challenges. According to the group, the project is still on schedule to open in February of 2015. To ensure that everything is working when the hospital goes live, some clinicians will begin moving into the space and testing the systems as soon as August of 2014. A major challenge for the success of the hospital relates to the budget constraints and pending layoffs. Management will have to find ways to do more with less. If faculty want more information on the project, a new intranet site has been created where anyone can find current project documents and details. The intranet site can be found here: <https://mbop.ucsf.edu>.

Oakland Children's Hospital Merger

In January, Jay Harris, Chief Strategic and Business Development Officer of the Medical Center, updated the Committee on the proposed merger with Oakland Children's Hospital. Jay gave an overview of the transaction and the financial terms of the agreement. According to Jay, Oakland Children's Hospital will benefit from the merger because they will now have advantages of scale for physician recruitment, retention and programmatic offerings. UCSF will benefit from the transaction by becoming one of the nation's top five children's hospitals in size and research, and UCSF will be able to offer more comprehensive services to its patients. Jay concluded his presentation with an overview of the remaining timeline. The target closing for the merger is set for July 2013.

Salaries, Benefits and Retirement Information

In September, Paul Green, Chair of the Committee on Faculty Welfare, presented to the committee on the status and future of UC Faculty Salaries, Benefits and the Retirement Plan. Highlights of this presentation include:

- Salaries
 - The University has not fulfilled their promise to increase faculty salaries. To compensate for this problem, some of the campuses are going off-scale, while other campuses remain on-scale. UCSF is not part of the scale system because it is part of the Health Science Compensation Plan. Potential raises might be contingent on the passage of Proposition 30.
- Health Benefits
 - Health benefit costs are increasing. Paul Green and committee members agreed that the University should look into offering incentives as part of the health benefit plans. Committee members mentioned that offering incentives is common practice at other businesses and institutions.
- Retirement
 - Retirement costs are increasing. As a result, the University is now requiring contributions.
- Other Issues
 - Affirmative Action and Diversity – the University is tracking faculty salary equity. Soon a system wide UC report will be released on this issue.
 - As a result of a recent tragedy at UCLA, the University is taking action by requiring new compliance training. Faculty should anticipate new training modules.

Senate Membership Updates

Chair of the Senate Membership Task Force, Paul Garcia, presented to the Committee on the status of the campuses effort to expand senate member rights and privileges to the faculty in the Adjunct and Clinical Sciences. Dr. Garcia provided the Committee with a background on the effort to expand senate membership rights by discussing why system wide senate did not approve in the 2011-2012 term. He then informed the faculty of the current options for the UCSF Senate going forward. Some of the options left on the table include:

- The UCSF Senate could use an interpretation of the APM that would allow for non-senate series faculty to be granted non-paid and temporary Senate appointments. This would allow a non-senate faculty member to have their votes recognized by the system wide Academic Senate and would allow non-senate faculty members to sit on system wide committees.
- The UCSF Senate could ask the President or the Chancellor to bring this issue to the Regents for review. This is most likely not going to happen any time in the near future.
- At the Division level, the UCSF Senate has the right to rewrite and edit the bylaws in any way they want. Thus, a lot of progress to expand membership rights could be made through bylaw revisions.
- There is a proposal to create a new Academic Senate that includes all full-time faculty members. This new Senate would look just like the current senate. In the case a non-senate member is appointed to a system wide committee, the senate could grant the non-paid, temporary, senate designation.

Later in the year, Clinical Affairs Committee members participated in a campus-wide Senate Membership Survey that asked all faculty members if they would approve of expanding membership rights to faculty in the Health Science Clinical and Adjunct series. With a relatively good response rate, the results of the survey showed that there is overwhelming support for extending senate membership rights and privileges to non-senate faculty. Committee members were informed that the Senate Membership Task Force will continue to work on a solution to allow all full-time faculty to become members of the senate at UCSF.

Reports from the Schools

School of Dentistry

- The Department of Oral Surgery searched for a new Chair.
- Dentistry will soon be implementing Axium, a new electronic dental record system similar to APeX. The School anticipates that there might be some issues with the program similar to those experienced with APeX.

School of Nursing

- The School of Nursing is working the Medical Center to develop a new overnight clinic.

- The School is undergoing a strategic planning process.
- The Urgent Care Clinic is looking for a location. Several locations are being considered. Committee members supported the Clinic and hoped a location will be agreed upon soon.
- Faculty voted to explore the DNP. The vote was only to approve the development of a degree program proposal.

School of Medicine

- Monitoring the rollout of APeX
- Reviewing the APM 670 Health Science Compensation Plan
- Involved in providing feedback to administration regarding the Mission Bay Academic Building

School of Pharmacy

- Faculty members in the School of Pharmacy are concerned with the space plans for Mission Bay and whether similar plans will be considered for the Clinical Science building and UC Hall.
- The School is up for accreditation.
- There are plans for the School of Pharmacy to take over the space that was formerly the campus bookstore and develop a new outpatient facility. A major goal of the new facility, called the “First Floor Project,” is to create accurate medication lists, or histories, that will be portable across platforms, both internal and external of UCSF.

Task Forces and Other Committee Service

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

- Clinical Chairs Committee (Phil Rosenthal)
- UCSF Clinical Enterprise Strategic Planning Group (Phil Rosenthal)

Going Forward

Ongoing issues under review or actions, which the Committee will continue into 2013-2014:

- Clinical Faculty Representation in the UCSF Academic Senate
- Faculty Workload
- Mission Bay Hospital Clinical Operations Planning
- Monitoring of the Clinical Enterprise Initiative and the Development of an Accountability Care Organization
- Monitoring Potential Changes to UCSF’s Funds Flow Model

Appendices

[Appendix 1](#): Clinical Enterprise Retreat Presentation

[Appendix 2](#): Mission Bay Activity-Based Workspace: Questions and Concerns



December 18, 2012

Bonnie Maler, Associate Dean, Space Strategy & Administration, School of Medicine
Co-Chair, Mission Bay Academic Building Steering Committee
malerb@medsch.ucsf.edu

Re: Faculty concerns regarding the activity-based workspace plan

Dear Associate Dean Maler:

The faculty members signed below, including members of the Mission Bay Academic Building Work Group, the Clinical Affairs Committee (CAC) and the Committee on Research (COR) have compiled the following list of questions and solutions and concerns regarding the activity-based workplace plan for the Mission Bay Academic Building. Our immediate focus in these comments is on the Mission Bay Academic Building.

QUESTIONS AND CONCERNS

Insufficient consultation with stakeholders: The Academic Senate is a resource for these kinds of consultations. Despite repeated efforts by the Academic Senate Clinical Affairs Committee (CAC) starting in 2007, faculty concerns about the need for faculty office space and education space in the new hospital were not addressed. CAC eventually learned that faculty offices and education space would be located in a separate building; however, the plan for the activity-based workspace was not discussed with CAC.

Meetings with faculty and departments were “information only”, not iterative consultations, and came late in the process. Regardless of the options to be implemented, this is such a crucial decision that the faculty impacted by this must be consulted early and often. As this kind of configuration is also planned for the remodeled space at Parnassus faculty consultation is and will continue to be essential. We strongly urge evaluating a pilot program before expanding activity-based workplace plans beyond the Mission Bay Academic Building.

For example, we know that there were no meetings involving the Pediatrics faculty or its leadership about this issue until it was a fait accompli, and the meetings were just for information, not input. One meeting told us about the existence of the activity-based workplace model a couple of months ago, and another meeting described its structure and function.

The faculty believe that the activity-based workplace could adversely impact the perception that UCSF is a good place to work. Some faculty have already said that this building is sort of the “last straw” for them and that UCSF is becoming an undesirable work place. One issue that does not appear to be considered is that some faculty still use books, which may not be available in electronic form. A faculty member typically stores books in her or his office. Faculty members may also store teaching materials, clinical materials, and staff may have such needs.

This may also be problematic for faculty who have functional needs to use voice recognition software. For example, it is not uncommon for people to develop health conditions such as carpal tunnel syndrome in which accommodations such as voice recognition software would be used instead of manual typing. Such faculty would need private space to dictate compositions. In addition such faculty may need to dictate confidential information.

Confidentiality concerns, including HIPAA, IRB, HR and academic requirements: Patient privacy compliance is a real concern for clinicians. Clinicians are encouraged to be available to their patients for phone calls, results, advice, etc., however if the activity-based workplace makes it impossible for a provider to be working on a manuscript or grant at the work station and pause, seamlessly, to take a patient call, providers may be discouraged from responding to patients promptly. They will be more likely to have the patient leave a message – rather than leave the workstation and find a focus room.

In a recent meeting, Deborah Yano-Fong, UCSF Chief Privacy Officer assured that HIPAA compliance within the open workspace will be simple because everyone in the "neighborhood" will be HIPAA cleared. However, one of the tenets of HIPAA is for PHI to be on a need to know basis¹, so even though most people within earshot will have been trained to keep the information confidential, hardly any of them would need to know that specific information for their UCSF work. Moreover, it seems unlikely that non-UCSF people will not be present in the space and unlikely that all will be cleared for the knowledge of specific patient details. In that case, will students, applicants, vendors, etc. be barred from the space, and if so, how will this be accomplished?

Our understanding is that it is a HIPAA violation for any provider not caring for a patient to be privy to any medical information about that patient. So it is not just insuring that non-providers who are in the building don't have access to patient information, but any clinician who is working in this space and does not care for a patient, should also not have any access to his/her information unless explicitly consulted for healthcare purposes. This will be impossible to guarantee with the open cubicles.

The following types of patient information could be visible to others from many different types of devices during the course of a normal day for clinical faculty members:

- shadow charts, medical records from outside hospitals, computer screens, PACS radiographic pictures, radiographs, etc.
- audible information: dictations; phone conversations: with MD, family, patients; curbside consultation information.
- This does not address confidential information exchanged between faculty and sponsors, or other types of private interactions.

Furthermore, study staff may need to store materials, including items of cash value, materials for study visits, which may be on paper. These materials may be required by funding agencies or the FDA.

We would appreciate a written document explaining the steps the faculty will be taking to avoid each of these potential HIPAA exposures, with the reality that the neighborhood will not be assuredly free of outsiders. Furthermore, given that faculty are at risk for substantial personal fines for HIPAA violations, the faculty would like to know what protection they will be provided from the Medical Center should a HIPAA violation be cited as a result of exposure in the open space e.g. who pays the fine? Who will respond to JCAHO concerns?

The UCSF IRB needs to be consulted regarding space for storage of confidential research documents, such as consent forms. The standard UCSF language is that all identifying materials will be kept locked in cabinets accessible only to study staff, within a locked office also accessible only to study staff. Researchers may need to conduct confidential conversations to recruit or engage with study participants.

Supervisors need audio privacy as well to meet with the staff they supervise. Research staff also need to be able to interview or converse with study participants in space that enables sound privacy. Sound privacy might also be an issue for some interactions with students. The only space being configured this way is space used by clinicians, educators, clinical researchers. The new labs all have private and sizable offices with space for support staff in proximity. This gives the impression that these groups of faculty and scientists are second class citizens at UCSF.

¹<http://hipaa.ucsf.edu/Privacy%20Handbook.pdf> (see Appendix 1 for excerpts)

Voice access: How will occupants of the building make phone calls? Will everyone receive a cell phone so they can easily transition to a separate space for private phone conversations? If yes, does the building include plans to boost cell phone reception so that users will not drop calls?

Inefficient use of space: There is concern about the inefficiency of having to move repeatedly between the assigned workspace and the “focus rooms” to take patient calls (including asking patients to hold while we look for a room), to meet with trainees for feedback session which are supposed to be confidential, to hold other confidential discussions with faculty and staff colleagues. Will there be enough private and/or meeting space for peak demand hours?

Quiet, private space to de-stress: Clinicians, in particular, have very busy days in clinical practice. There is a need for peace and quiet when the opportunity arises. Surgeons who work in the very stressful OR environment all day need a place to go at the end of the day where they can, literally, put their feet up, doze for a few minutes, unwind in privacy, make calls, etc. As many of the clinicians in some of the “neighborhoods” are surgeons, they may all descend on the building at the end of the day and not find enough focus/huddle rooms. In addition, there is concern about the noise level between phone calls, music, noise from online training or CME.

Educational needs: How will UCSF’s education mission be met if some individuals are excluded from shared space due to privacy and confidentiality concerns?

Loss of community: There is concern that people will just go home early and work from there, come in late, or work from home entirely. This will be counterproductive in terms of our ability to collaborate. Will faculty use the shared workspace? Will they disappear from UCSF once their clinics and meetings are over?

Loss of faculty: Will faculty leave UCSF because of the new space plan?

Faculty recruitment: Several have voiced concerns about the ability to recruit excellent candidates if we can’t offer them an office. Will it become more difficult to recruit faculty to UCSF with the new space plan? Faculty come to UCSF for the environment with colleagues and this workspace model is would not help an already difficult environment due to decreasing funding, increasing cost of living and a changing clinical landscape.

Fundraising: How will faculty feel about inviting potential donors to come visit us at our cubicles?

Application of an activity-based workspace in an academic health sciences institution: We can find no evidence of this being tried anywhere for any academic or medical setting. This needs to be evaluated within the context of our peer institutions, i.e. the top five academic medical centers in the nation, not in comparison to the information technology or media industries. With no prior history of using such a model in an academic medical campus, do we really want to go ahead without prior evaluation?

Generation gap? The assumption from administration is that there is a generational gap and that junior faculty would be willing to work in the activity-based workplace. Not all junior faculty agree. When competing with our peer institutions for recruitment, we would need a much stronger set of evidence that offering cubicles instead of offices will be viewed as a strong plus by potential recruits.

Chancellor’s example? We heard that the Chancellor will move her offices to the Mission Bay Academic Building. The nature of her work is more focused on meeting with others whereas the faculty need focused quiet time to write grants, etc. In the case of our clinical faculty, they need confined space to look at private patient information and receive/send phone calls that are sensitive without a need to pack up, go to a quiet room, re-log-on to sensitive information. Also, there is skepticism that this well-intentioned gesture by the Chancellor will be permanent.

PROPOSED SOLUTIONS

1. **Pilot program:** Immediately initiate a pilot program for faculty, who volunteer and desire to do so, to use an activity-based workplace with proper evaluation of the concerns raised.
2. **Hybrid plan:** Plan for a hybrid approach, with some of those closed rooms being shared private offices and central space overflow if both faculty are there at the same time.
3. **Individual group configurations:** Allow each group to configure their space to meet their own needs.
4. **Reduce demand for the space:** Give faculty members and/or groups the option to not leave their current space, such as faculty who do not need proximity to the Mission Bay Hospital.
5. **Contingency planning:** Plan for the possibility of reorganizing the space after a specified, multi-year trial period which would be used to carefully evaluate its efficacy and risks.

We appreciate the opportunity to share our thoughts and look forward to hearing from you soon.

Sincerely,

Robert Newcomer, PhD, Chair
UCSF Academic Senate

Mission Bay Academic Building Work Group

David Teitel, MD, Chair
John K. Chan, MD
Lee-May Chen, MD
Chad Christine, MD
Shin Hirose, MD
Hanmin Lee, MD
Anna Meyer, MD
Eric Nakakura, MD
Hope Rugo, MD (CAC member)
Alan Venook, MD
Duan Xu, PhD (COR member)

Clinical Affairs Committee Members

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Hope Rugo, MD, Vice Chair
Zahid Ahmed, DDS
Teresa De Marco, MD
Jeff Meadows, MD
Max Meng, MD
Kathy Yang, PharmD, MPH

Committee on Research Members

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Glenna Dowling, RN, PhD, FAAN
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Pamela Flood, MD
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Kirby Lee, PharmD
Janel Long-Boyle, PhD, PharmD
Judith Moskowitz, PhD, MPH
Vineeta Singh, MD
Matthew Springer, PhD
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APPENDIX 1

UCSF Privacy and Confidentiality Handbook (emphasis added):

<http://hipaa.ucsf.edu/Privacy%20Handbook.pdf>

Page 8: **Who is authorized to access confidential PHI?**

PHI may be accessed without patient consent under certain circumstances, which are further described in the UCSF "Notice of Privacy Practices." **Doctors, nurses, and other licensed providers on the health care team may access the entire medical record, based on their "need to know."** *All other members of the workforce may access only the information needed to do their jobs.* Moreover, certain uses for the purpose of Treatment, Payment and health care Operations (TPO) are permitted without HIPAA authorizations.

Page 9: **MEDICAL RECORD ACCESS AND CONTROL**

Medical records are maintained for the benefit of the patient, medical staff, and the hospital, and shall be made available to any of the following persons or departments upon request:

- **Treating physicians**
- **Non-physicians involved with the patient's direct care (i.e., nurses, pharmacists)**
- Any authorized officer, agent, or employee of the Medical Center or its Medical Staff (i.e., Risk Management, Patient Relations)

Page 15: **HOW TO COMPLY WITH THE SECURITY RULE**

What Steps Must I Take to Safeguard Computer Resources and PHI?

There are several steps that you must take to protect the privacy and electronic security of PHI, a few of which are listed below.

Document and Workstation Security

1. Log off or lock access to computers when you leave, even if only for a moment.
2. Keep computer systems up-to-date with current operating system security patches and antivirus definitions.
3. Ensure that computer systems meet UCSF minimum security standards. See <http://security.ucsf.edu/EIS/Names/MinimumStandards.html>.
4. **Ensure that computer screens and displays with access to ePHI are not visible to unauthorized individuals (which includes clinicians not involved in a patient's care) or passersby.**
5. Keep confidential or sensitive information locked away when not in use. File documents in locked cabinets or drawers when you have finished with them.
6. Be alert to recognize and report all privacy and security incidents to your department supervisor or manager. For privacy issues, contact the Privacy Office (415-353-2750), and for IT security issues call UCSF IT Customer Support (415-514-4100).