

## **Clinical Affairs Committee**

Hope Rugo, MD, Chair

# **ANNUAL REPORT**

## **2014-2015**

### **Primary Focus Points for the Year:**

- Relationship between the Academic Senate and the Clinical Affairs Committee
- The Human Research Protection Program and CHR Application Process
- Chancellor's 500K Fund
- John Muir Business Project
- Accountable Care Organizations
- Student Genetic Testing Policy
- Clinical Affairs Representation at a system-wide level
- CTSI Programs
- Mission Bay Move and Parnassus Seismic Upgrade
- Telehealth at Mission Bay

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

- Faculty Councils/Clinical Affairs Committee Chancellor's Fund Approval Committee

### **Issues for Next Year (2015-2016)**

- APEX Updates
- Mission Bay Transition and Parnassus Building Updates
- UC System-wide Care
- Oct 2014 UCSF Medical Center Pulse survey
- Updated Salary Model

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### **2014-2015 Members**

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**Hope Rugo, Chair**

**Katherine Yang, Vice Chair**

Nima Afshar

Pilar Bernal De Pheils

Geraldine Collins-Bride  
Christopher Fee  
Steven Hays  
Steven Hetts  
Timothy Kelly  
Lena Kim  
Brent Lin  
Nam Tran

**Ex-Officio Members**

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David Morgan, Executive Director, Ambulatory Services, UCSF Medical Center

**Number of Meetings: 8**

**Senate Analyst:** Michelle Sanko

**Divisional Business**

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

**Relationship between the Academic Senate and the Clinical Affairs Committee**

Ruth Greenblatt, Vice-Chair of the Academic Senate presented the relationship between the Academic Senate, the various committees, and how they interact with the UC system as a whole. She also went over the responsibility of committee members and the academic senate staffers. Finally, she went over important issues that pertain directly to the Clinical Affairs Committee including diversity needs, improved communication, issues surrounding Mission Hall, and items to be discussed in the upcoming year.

The Academic Senate has direct authority over curricula and admissions, and is entitled to consult with the Administration over most other matters. It derives its authority from the Standing Orders of the Regents, and represents shared governance between administration the Administration and the faculty. All full-time employeesFull-time faculty in the Ladder-Rank, Clinical X, and In-Residence series are considered Ssenate members by the systemwide Academic Senate. For governance in local issues at UCSF, Senate membership has been expanded to faculty in the Health Sciences Clinical and Adjunct series. In most casesAt other campus, UC school funding is driven by undergraduate tuitions. However, since as UCSF is a graduate-level health sciences centercampus, we it is are unique to within the system and our its funding differs from that of other campuses. The Clinical Affairs Committee is also unique to UCSF, and gives full-time clinicians a voice in the policy-making process.

**The Human Research Protection Program and CHR Application Process**

Lisa Denny and Michael Thomas, both from the Human Research Protection Program, came to the meeting to present on some of the challenges that are faced in the CHR Application Process. It was found that 85% of all applications are returned at least once due to poor preparation and 50% of time is spent waiting for the corrected applications to be re-submitted. Again, this affects the overall timeline of all submissions. The program implemented several changes, including a fast track review and a 21-day deadline. The immediate impact of the changes was that 40% of the studies went straight to the

Committee agenda for approval, which is right around the industry standard. CHR is looking into changing the online application, as well as holding training sessions for first-time applicants in order to increase the number of applications that could be fast tracked. This should further improve approval time.

### **Chancellor's 500K Fund**

At the beginning of the year, the Chancellor's office gave \$500K to the Academic Senate for the committees to use. It was decided that the amount of money (\$91K) allotted to the Faculty Development Cluster would be split between the four schools (Medicine, Nursing, Dentistry and Pharmacy). All faculty, including clinicians, will be able to apply for these funds and the four faculty councils would select the recipients. Faculty will be able to apply for a broad set of items including training, travel, conference registration, professional coaching etc. A candidate would have to submit an expected budget (between \$2K-\$5K) before receiving the funds and follow up with receipts, invoices and an evaluation.

### **John Muir Business Project**

Jay Harris, Director of Strategic Development, UCSF Medical Center gave a confidential presentation on the developing John Muir Collaboration. Notes and presentation materials are available to committee members upon request.

### **Accountable Care Organization**

Jay Harris, Director of Strategic Development, UCSF Medical Center gave a confidential presentation on Accountable Care Organization. Notes and presentation materials are available to committee members upon request.

### **Student Genetic Testing Policy**

A new Student Genetic Testing Policy is being proposed by Dan Dohan, Associate Director for Training and Development at the Philip R. Lee Institute for Health Policy Studies and the Clinical Affairs Committee was asked to opine. The following questions and comments came up during the discussion:

- Are students obligated to participate in testing? The committee seemed particularly concerned about whether or not counseling would be available for tested students. They also asked questions regarding the effect on a student's insurance.
- Would the information and genetic material be destroyed once results were made known? The committee agreed that the instructor (specifically with influence over the tester's grade) would not have access to test results.

Comments were given to Dan Dohan following the discussion.

### **Clinical Affairs Representation at System-wide Level**

Academic Senate Director, Todd Giedt, began a discussion about addressed Clinical Affairs representation at the system-wide level. After some research it was decided that there is no way for Clinical Affairs to be specifically represented system-wide. As noted above, there is not a systemwide "Clinical Affairs" committee. However, there are every year some clinical X faculty members are appointed to different systemwide committees at UCOP the systemwide Academic Senate, so there is some representation at that level for any clinical issues that may come up (e.g., the University Committee on Faculty Welfare). Specifically, he mentioned that there is faculty appointed to the UCOP Committee on Faculty Welfare, where clinical issues are most often discussed.

It was suggested that, if the committee feels there are issues that need to be escalated to a system-wide level, it first collaborates with other health sciences campuses. UCSF is the only school in the system that has a dedicated Clinical Affairs Committee and more research should be done to understand how other health sciences campuses in the UC system deal with clinical representation in the Academic Senate.

### **Clinical and Translational Science Institute (CTSI) Programs**

Deborah Grady, Interim Director at CTSI, gave an update to the Committee on the various programs being run by CTSI at the moment, including clinical research services, level-specific training programs, and a residency program that is unique to UCSF. Grant programs include a small-fellow program for K award recipients and a "Big K Program" that awards up to \$25,000 in research. In addition, CTSI is introducing a profile software package that will enable faculty to search for specialists and mentors via online profiles in PubMed and Scopus.

One of the programs introduced to the committee was BRAID, a collaboration of five UC CTSI groups. With this collaboration, IRB's can be approved by their other counterparts. Deborah also gave details on a developing research data browser that would pull a variety of databases into a server. The committee responded favorably but with questions about how one would request access to such a database and where the information would come from. Access would come from a consult service and would be used with an APEX login. Currently UCSF has funding for such a system but the goal is to have country-wide access. Currently, the five UC schools involved in the BRAIN collaboration have access.

### **Mission Bay Move and Parnassus Seismic Upgrade**

Cristina Morrison from the School of Medicine Dean's office gave the committee an update on some of the changes planned for the Parnassus campus and how they would affect staff and faculty in terms of space and convenience. In addition, she reported that the initial move to the Mission Bay campus went according to plan with only minor issues. She attributed the success of the move to the incremental moves that happened in September and October.

On the Parnassus campus, lab renovations will be completed by August in the Clinical Sciences Building and University Hall. Student housing will exist in the top 3 hall of UCH. The committee was asked for suggestions on communication with staff and faculty on the Parnassus campus to facilitate the move. Ideas included attendance at senate committee meetings, weekly emails/updates detailing the impact of the construction and highly visible signs so that paths and walkways are clearly marked.

Ms. Morrison also gave an update as to how the new space would be used. While much of it would be lab space and activity-based workspace, there will be micro-offices measuring 7 x 10 feet. Department allocation has already been programmed and the committee inquired about how much private space would be lost in the transition. The committee suggested that at Town Hall might be an appropriate method of relaying space planning information.

### **Telehealth at Mission Bay**

Linda Branagan, Director of Telehealth Programs at the UCSF Medical Center gave a presentation on different telehealth techniques being used at the new Mission Bay campus. Currently, there is a three-facet approach to this new technology: Onsite Consulting, eConsults, and video consultation. In a video consultation, a patient can be in a room with a tablet speaking with a specialist with a tablet. In an eConsult, a patient will be in a room with a nurse using a digital stethoscope that can relay information to a specialist at a completely different location. The stethoscope can palpate certain parts of the body for

additional information. Special training would be necessary for nurses involved in telehealth. The session is documented in Apex and billed accordingly.

So far, this technology has been used the most by the Nephrology department with the Neurology using it about fifty percent of the time. One positive result of telehealth is that it has taken some pressure off of clinics and freed up additional patient appointment space. One major obstacle, however, is that most states have different rules and there is the potential to violate state malpractice law if proper research is not done beforehand. Additionally, some meeting tools such as WebEx and Skype aren't encrypted and cannot be used. Telehealth Programs at UCSF has a resource center and is happy to aid in the process of scheduling and managing technology.

### **Task Forces and Other Committee Service**

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

- Faculty Development Fund Committee (Hope Rugo)

### **Going Forward**

Ongoing issues under review or actions, which the Committee will continue into 2015-2016:

- UC System-wide Care
- Parnassus Seismic Upgrades and Construction

### **Appendices**

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