



Academic  
Senate

**Task Force on Clinical Affiliate  
Agreements and Quality of Care**

**Report to the Faculty**

**October 2016**

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*Nancy Milliken, MD*

*Thomas R. Moore, MD*

*Mary Norton, MD*

*David Nygren, PhD*

*Alan Shotkin, MD*

*Naomi Stotland, MD*

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## Introduction

As UCSF Health moves forward on its mission to create a Bay Area-wide health care network called “Canopy Health,” establishing new affiliations and expanding long-established affiliations are becoming ever more important. UCSF’s long-standing affiliations with SFGH and the SFVAMC have augmented UCSF’s ability fulfill and advance our triple missions of excellence in education, research and patient care.

The establishment of the Bay Area Accountable Care Network last year by UCSF Health and John Muir Health (now called Canopy Health), has brought UCSF fully into the current era of rapid growth in medical networks and affiliations. Canopy Health has added three new physician groups as both corporate shareholders and participating providers, creating a provider base of more than 4,000 physicians throughout the San Francisco Bay Area. These new shareholders include Hill Physicians Medical Group, representing physicians throughout Northern California; Muir Medical Group IPA, participating as part of the John Muir Physician Network, in Contra Costa, southern Solano and eastern Alameda counties; and Meritage Medical Network, with physicians in Marin, Sonoma and Napa counties. Canopy Health also has added seven hospitals to its network, in addition to its founding hospitals at UCSF Health and John Muir Health: San Ramon Regional Medical Center (a John Muir Health partner); Alameda Health System’s Alameda, Highland and San Leandro hospitals; Washington Hospital Healthcare System; Marin General Hospital and Sonoma Valley Hospital.

It was against this backdrop that the Task Force on Clinical Affiliate Agreements and Quality of Care began its work. The Task Force was created by the UCSF Senate Executive Council in response to faculty inquiries that followed the June 2016 announcement of a joint venture between St. Joseph Health and UCSF Benioff Children’s Hospitals to enhance and expand neonatal and pediatric services. The [press release](#) reported the extension of an existing UCSF collaboration with Santa Rosa Memorial Hospital (SRMH), which is managed by [Providence St. Joseph Health](#).<sup>1</sup> That announcement noted that under this expanded affiliation, UCSF outpatient pediatric specialty practices would partner with Annadel Medical Group pediatricians to expand the availability of UCSF subspecialty care available at a clinic located in one of Santa Rosa Memorial Hospital’s facilities. Services that could increase in availability include hematology (blood diseases), endocrinology and diabetes, gastroenterology, cardiology, neurology, organ transplantation support, nephrology (kidney care) and more. Providence St. Joseph Health would also expand obstetrical care at Santa Rosa Memorial Hospital.

In addition, the press release regarding this expanded affiliation also outlined several ways in which St. Joseph Health, Santa Rosa Memorial Hospital and UCSF Benioff Children’s Hospitals will collaborate including:

- Developing telehealth consult services to further enhance access to pediatric physician specialists;
- Providing opportunities for UCSF medical students and residents to participate in clinical rotations at St. Joseph Health facilities including Santa Rosa Memorial and Petaluma Valley hospitals;
- Creating educational programs for physicians, nurses and support staff; and
- Continuing to grow the obstetrical, neonatal and pediatric service lines through program development.

As became apparent, the differences in clinical practice and policies must be anticipated and accounted for in any clinical affiliate agreement. Of particular concern was the fact that Santa Rosa Memorial is a

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<sup>1</sup> On July 6, 2016, Providence Health & Services and St. Joseph Health formally merged to create Providence St. Joseph Health.

Catholic hospital and [Providence St. Joseph Health](#) is a Catholic healthcare organization. As a Catholic hospital, Santa Rosa Memorial is governed by the [Ethical and Religious Directives for Catholic Health Care Services](#) (ERDs), and the [press release](#) stated that the mission of St. Joseph Health was to “extend the healing ministry of Jesus in the tradition of the Sisters of St. Joseph of Orange by improving health and quality of life in the communities it serves.” A preliminary review of the issue indicated that there may be value in a Senate review of the process of affiliation and how it might impact both the quality and the range of clinical services offered, as well as the educational programs available at Santa Rosa Memorial.

## Process

On July 26, 2016, the UCSF Academic Senate Executive Council formed a Senate Task Force to assess and make recommendations regarding how UCSF approaches formation of affiliations between its Medical Center and other health care institutions. The Executive Council appointed Dr. Rena Fox, Chair of the Committee on Committees, to chair the Task Force. The Task Force members were appointed by the Committee on Committees and included a small group of UC Faculty and Staff Members (Appendix A).

The Task Force was charged with: 1) Reviewing the affiliation process and how it might impact clinical services and educational programs; and 2) Assessing any factors that might limit the quality of care offered by the affiliate, particularly circumstances where the care provided by the affiliate would substantially differ from that provided by UCSF Medical Center at its own facilities, and/or deviate from standards of practice. The Task Force was specifically asked to address the following questions through interviews with key UCSF Health leaders, UC faculty, UC staff, and others specific to this affiliation (from SRMH and outside agencies):

1. Was the process followed for the formation of affiliations (specifically between UCSF Health and Santa Rosa Memorial Hospital) and was it optimal in terms of a) making reasonable and appropriate consultations with faculty clinicians and departments that might be impacted by the affiliation; b) conducting an assessment of any factors that might limit the quality of care offered by the affiliate; and c) exploring strategies that might circumvent policies that restrict the quality of care by the affiliate?
2. Do patients who choose to receive care at a candidate affiliate have similar or different expectations from patients who choose care at current UCSF facilities?
3. Would the training experience of students and residents who rotate through the affiliate differ from that received at UCSF Medical Center, and how would this impact their ability to apply said training in their future career?
4. How should the process of evaluating possible affiliates, and negotiating the specifics of an affiliation agreement be changed in the future to improve the value of the affiliation for UCSF Health, affiliate patients and any trainees who might rotate through the affiliate?

## How the issue was investigated

The following individuals were identified as interviewees to learn about the process of affiliations generally, and about the affiliation between UCSF Health and the Santa Rosa Memorial Hospital specifically:

Individual	Role or Expertise
Mark Laret	CEO, UCSF Medical Center
Jay Harris	Vice President, Mergers, Acquisitions & Business Development, UCSFMC
Stephen Wilson, MD, PhD	Chief Medical Officer, UCSF Benioff Children's Hospital
Linda Giudice, MD, PhD, MSc	Chair and Professor of Obstetrics, Gynecology and Reproductive Sciences
Nancy Milliken, MD	Professor Emeritus, Obstetrics, Gynecology and Reproductive Sciences
Dixie Horning	Associate Chair, Obstetrics, Gynecology and Reproductive Sciences
Lori Freedman, PhD	Assistant Professor, Bixby Center (focus on institutional directives)
Daniel Grossman, MD, FACOG	Professor of Obstetrics, Gynecology and Reproductive Sciences, Director Bixby Center
David Nygren, PhD	Consultant for UCSFMC with regard to St. Joseph affiliation
Thomas R. Moore, MD	Dean of Clinical Affairs, UCSD
Thomas F. Kelly, MD	Professor of Reproductive Medicine, UCSD
Lydia Ikeda	Business Officer, UCSD Reproductive Medicine

Following its interview with Vice President Harris in late August 2016, the Task Force expanded their list of interviewees to include the following individuals:

Individual	Role or Expertise
Lela Emad, MD	Chair of Obstetrics and Gynecology, Santa Rosa Memorial Hospital
Lena Kim, MD	UCSF Maternal Fetal Medicine faculty at Prenatal Diagnostic Center, Santa Rosa Memorial Hospital
Mary Norton, MD	Interim Chief Division of Maternal Fetal Medicine, UCSF Director of Outreach for Maternal Fetal Medicine
Alan Shotkin, MD	UCSF Neonatology faculty at Santa Rosa Memorial Hospital
Naomi Stotland, MD	Co-Director, Medical Student Education UCSF Department of Obstetrics, Gynecology and Reproductive Sciences

## Background on the Affiliation between UCSF and Santa Rosa Memorial Hospital

UCSF Benioff Children’s Hospital (formerly UCSF Children’s Hospital), a part of UCSF Health, has had an affiliation with Santa Rosa Memorial Hospital (SRMH) since the 1990s. The previous relationship of UCSF and SRMH has consisted of the following services:

- **Neonatology at the SRMH Neonatal Intensive Care Unit (NICU):** For the most part, the existing affiliation focused on the provision of inpatient neonatal intensive care. This included a UCSF Pediatrics faculty member, who is a board-certified neonatologist on site (or on call), to provide Delivery Room services (neonatal resuscitation) and acute and chronic neonatal intensive care. The other physicians at the NICU are SRMH Pediatricians. This care includes stabilization of infants for transport (for infants that require a higher level of care, as provided at UCSF Benioff Children’s Hospital San Francisco), acute interventions to improve status and allow for admission to the SRMH NICU, and less intensive stabilization for infants of lower acuity who otherwise meet criteria for admission to the SRMH NICU. The UCSF neonatologists have, for the most part, been hired to work primarily at SRMH, and, as such, they have participated fully in the medical staff at the hospital, and functioned as integral members of the team providing perinatal care.
- **Pediatric subspecialty outpatient clinics:** Other UCSF Pediatric faculty clinicians have provided clinical services in Santa Rosa, including several pediatric subspecialists staffing outpatient clinics. These clinics have not been on SRMH property. In recent years, these clinics were held as frequently as weekly, and as infrequently as monthly. These subspecialists have provided outpatient follow up for complex UCSF patients who live at a significant distance from San Francisco (but otherwise undergo surgical and non-surgical procedures in San Francisco and are admitted to SRMH, if necessary), and they have evaluated children referred for subspecialty consultation from non-UCSF primary care practices based in Santa Rosa and other locations remote from San Francisco.
- **Prenatal Diagnosis Center (PDC):** The PDC is an outpatient clinic focused on prenatal diagnosis and counseling staffed only by UCSF Obstetrics and Gynecology faculty in the subspecialty of Maternal and Fetal Medicine; SRMH physicians do not practice at the PDC. The other physicians at the PDC are SRMH OB/Gyn physicians. The PDC has been located in a separate building from SRMH.
- **Gynecologic Oncology:** UCSF Obstetrics and Gynecology faculty in the subspecialty of Gynecologic Oncology have at times attended a clinic focused on cancers of the female reproductive tract.

These services were all specialized services in which UCSF faculty had a role in providing care at the affiliate, which presumably is close to the patient’s residence, and specialized consultation and on-site care for NICU and PDC. UCSF receives 180 transfers from SRMH annually of neonatal patients and other children, who would have to go elsewhere – most likely Packard Hospital – if UCSF did not continue this relationship. Such a scenario would place these patients much further from home, and the transfer to a much more distant facility would place them at a greater risk. However, under the previous affiliation, the role of UCSF Obstetrics and Gynecology faculty was limited to prenatal diagnostic testing and gynecologic oncology.

## Findings of the Task Force

*The basis for the Senate's role in the UCMC affiliations process:*

1. [Administrative Policy 100-10](#) (see Appendix B), within the Office of the Executive Vice President and Provost, establishes guidelines and responsibilities for entering into affiliation agreements between UCSF and other institutions or hospitals. Policy 100-10 states that "UCSF may enter into affiliation agreements when it has been determined that the benefits and contributions of such affiliations substantially enrich and expand the teaching, research, clinical care, or public service programs of the campus. Affiliated institutions must be committed to excellence and demonstrate a record of achievement in their field." It is unclear whether the University applied or followed this policy in this case.
2. Per conversations with UCSF leadership, UCSF's primary criteria for affiliating with either new institutions or expanding existing affiliations are: High quality institutions; existing good relationships with UCSF faculty; well-aligned with UCSF's existing network; and institutions that are financially viable.

*In our interviews with multiple individuals (see above), the Task Force has learned the following:*

### Development of the expanded affiliation

Within the last couple of years, a new and expanded affiliation was proposed in order to better equip SRMH to gain membership in UCSF's accountable care organization, Canopy Health. The goals of the expanded affiliation between UCSF and SRMH included the following:

1. UCSF would gain the membership of SRMH in Canopy Health, and provide coverage in the Santa Rosa area.
2. SRMH would gain increased prestige, visibility and market share in the Santa Rosa area.
3. SRMH would gain an increased obstetrical patient volume.
4. SRMH would increase access to UCSF's top notch specialists for consultation in neonatology, pediatric subspecialties, prenatal diagnosis, and obstetrics.
5. UCSF would increase patient transfers from SRMH; and SRMH would gain increased access to UCSF for care of complex patients.
6. SRMH physicians would work with UCSF faculty members to improve SRMH clinical protocols, especially in obstetrics, and thus would improve the quality of obstetrics care at SRMH.
7. UCSF faculty members would work with SRMH physicians to create mechanisms to help mitigate and find workable solutions to the clinical scenarios in which services prohibited by the ERDs.
8. UCSF pediatric subspecialty clinics currently in Santa Rosa would move closer to SRMH, thus expanding clinic sessions to increase access for patients (both on-site and via tele-health).
9. UCSF would continue to hire neonatologists to staff the NICU as needed (local providers hired by UCSF); these would be UCSF faculty members who could also possibly provide instruction.
10. The UCSF pediatric subspecialty clinics would be part of UCSF Health.  
SRMH has the goal of relocating the PDC from off-site to a multi-specialty clinic building owned by SRMH. At this time, UCSF has not yet agreed to this item.
11. The PDC, and pediatric subspecialty units, would be considered part of "UCSF Health."



Due to the needs of SRMH, the new affiliation process occurred rapidly and UCSFMC leaders indicated that they concluded it was not practical to involve faculty in it. Thus, the following conditions and events precipitated the June 2016 announcement of the expanded affiliation:

- If UCSF did not act quickly, there was a risk of losing the existing relationship.
- Many faculty, who are key leaders and clinicians in the relevant departments, were not aware of the changes being planned.
- The few faculty members in Obstetrics and Gynecology who were involved in the process reported that they were informed “after the 11<sup>th</sup> hour.”

The formal announcement of the expanded UCSF-SRMH affiliation occurred via a [press release](#) that preceded formal information or communication to the UCSF Faculty, including the faculty in relevant departments. Some faculty members were not aware of the specifics of our previous agreement with SRMH and some were not familiar with SRMH and its philosophy of care. Many faculty members voiced concerns over being excluded from a process that directly affects their School/Departments/Division and one that involved provision of clinical services in which they are the UCSF experts. The content and timing of the press release created confusion, rumor and discontent among many faculty members. This included faculty from uninvolved departments who were concerned about what they perceived to be an odd announcement. The press release was made before certain faculty members were informed, and some leaders expressed regret that faculty members were not brought into the affiliation process earlier on.

Given the lack of communication around the affiliation, there were further concerns related to the changes in the structure of the affiliate, which appear to be not fully settled; i.e. merger of St. Joseph Health and Providence Health, to become Providence St. Joseph Health. Because the affiliate is part of a health ministry, and incorporates some special restrictions in the services it offers, faculty were concerned that the restriction might limit the scope of services offered such that they diverged from the standard of care. This concern was heightened by the incomplete restructuring process; the implications of these changes in terms of restrictions on medical services were unknown, as was how the affiliation with UCSF would be impacted by such restrictions in care. Although faculty members agree with the importance of the financial growth and stability of UCSF Health, many voiced concern that care should be taken with affiliations so UCSF physicians are placed in clinical settings where they are able to practice and teach evidence-based medicine that meets or exceeds the U.S. standard of care. It seemed possible that this specific affiliation risked placing faculty in a setting in which they would be asked to practice in a manner less than the standard of care, and one in which harm could come to some patients.

### **The SRMH affiliation as an example of the potential impact of spiritual doctrine**

Although there was considerable speculation over how the expansion of an affiliation with a health ministry hospital would impact quality of care, the Task Force discovered the following facts regarding faith-affiliated hospitals in general, as well as the process for a secular institution to affiliate with a faith-based institution.

- Catholic hospitals practice under the [Ethical and Religious Directives for Catholic Health Care Services](#) (ERDs), which can be enforced by the local Bishop for the hospital. The ERDs dictate which types of medical services are prohibited from taking place on the grounds of the Catholic healthcare site. The medical services prohibited by an ERD are readily available on public sites on the internet.
- There are methods to help a Catholic and a secular hospital affiliate and thereby allow both systems to practice under their own standards.

- A “discernment” process is done in which both parties review potential clinical scenarios that could present conflicts under the ERDs.
- Furthermore, a third party non-Catholic billing unit can be created for the payment of any procedures or services that would otherwise be prohibited by the ERD.
- These non-Catholic billing units allow Catholic hospitals to designate “carve-outs.” These are pre-agreed upon medical services that are prohibited by the ERD but could be done if they were under a non-Catholic billing unit. This can then allow some services or procedures to be provided in a Catholic setting when it is pre-determined as a “carve-out” and can be billed to a non-Catholic corporation.
- There are plans for UCSF and SRMH to have a discernment process for the affiliation with obstetrics and gynecology, but thus far, the Neonatology (NICU), Prenatal Diagnosis or Pediatric sub-specialties were not planned for a discernment process.

### Faculty concerns

Faculty members have identified several **potentially problematic clinical areas**<sup>2</sup>:

- Prescribing contraception and counseling for adults and teens, including emergency contraception following sexual assault
- Tubal ligations including those performed at time of cesarean section (an area of active litigation within the State of California)
- Abortions, including in situations needed for the health of the mother.
- Approach to parent preferences regarding resuscitation efforts for neonates born in a periviable period (23-25 weeks gestation)
- Pediatric palliative care
- Neonatal palliative care
- Inclusive care for LGBT patients (both adult and teen), pediatric patients whose parents are in same-sex relationships, such as pre-exposure prophylaxis for the prevention of HIV transmission.
- Acceptance of the [End of Life Option Act](#) for adults in terminal states.

Faculty also voiced concerns over potential negative outcomes of the affiliation on the **UCSF “name”**:

- That the UCSF name should represent cutting-edge medicine and the highest standard of care; adding the UCSF name to a system that restricts/prohibits certain aspects of medical care could contradict UCSF’s mission to be a provider of top medical care.
- That the UCSF name should represent and welcome all demographic groups in a given population.
- That the national recognition of UCSF as a leader in healthcare might be jeopardized by adding the UCSF name to hospitals and medical practices that may not practice the same standard of care; such affiliations could jeopardize the reputation of UCSF Health.

Faculty stressed the importance of the University of California system to maintain its status as a role model in respect to its **diversity** and commitment to inclusiveness, with the hope that these values be reflected at all institutions with which UCSF affiliates.

- Some religious groups have longstanding objections and denunciations of homosexuality, gay marriage and sexual relationships outside of marriage, which could impact the experience of patients who seek care at medical facilities linked to these specific faiths.
- Although some faith leaders and institutions are more open to offering services to the general public and providing standard of care than others, UCSF faculty have concerns about being in a mutual

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<sup>2</sup> At present, only .4% of inpatient admissions at SRMH are impacted by ERDs.

relationship with a hospital whose application of faith can limit clinical care to certain groups based on the ERDs.

The June 2016 press release mentioned that SRMH would be **training site** for UCSF medical students and residents. Given that the Regents have delegated authority of the curriculum to the Academic Senate, the Task Force made the following observations and voiced some concerns:

- The Task Force could not identify faculty members who were aware of this idea before the press release.
- Faculty members have concerns that if this were a stand-alone site for student training, then core aspects of clinical training would be missed, including contraceptive counseling and contraceptive procedures, abortions, and elective terminations based on results of prenatal diagnostic testing.
- The press release mentioned that SRMH would be a site for UCSF residents to rotate, but the Task Force could not identify any faculty members who were aware of specific plans in this area before the press release.
- It is crucial that the faculty, who are responsible for curriculum and experiential training, play the lead role in decisions about UCSF training opportunities at affiliate sites.

In line with its overall charge to consider the process(es) for **future affiliations at UCSF**, the Task Force voiced the following observations and concerns:

- Recognizing that affiliations are critical to the financial stability and growth of UCSF Health, faculty members believe that there must be the means for the provision of optimal care, including reproductive medicine, at affiliated sites.
- Many public academic medical centers affiliate with Catholic hospitals in some capacity, and it is expected that such affiliations will only continue to increase in number nationally.

## **Recommendations in Four Domains: Process, Standards of Care, Effects on Education and Training, and Public Perception**

*The Faculty of UCSF care deeply about excellence in patient care and education, the commitment to diversity and the reputation of their institution. The following recommendations are offered to assist in maintaining the integrity of our institution.*

### **Process**

- The Task Force understands the need for UCSF to make clinical affiliations that support UCSF's financial viability, thereby bolstering its mission of providing evidence-based, compassionate care.
- The Task Force believes that all affiliations should maintain or enhance the integrity of UCSF's mission, standards and values.
- The Task Force recommends that in the process of forming clinical affiliations, UCSF Health leadership should include all stakeholders early in the affiliation process, including Departmental leadership and key faculty clinicians.
- The Task Force recommends that the University of California devise a standardized process by which clinical affiliations are made, including outlining implications for clinical care and teaching. Towards that end, the Task Force recommends that the Executive Vice President and Provost convene a

committee to review Policy 100-10 in order to bring it in-line with current business practices so that it can be utilized and applied in future affiliations and expanding existing affiliations. The Task Force recommends that the Senate provide members for this committee to provide expertise in clinical care and education.

- The Task Force recognizes that some decisions need to be made on a constrained timeline, though such constraints should not circumvent an established process or policy.
- The Task Force recommends that faculty should be made aware of affiliations prior to planned public announcements.
- The Task Force recommends that UCSF Health looks outside of California to learn from already-existing relationships between faith-based health systems and secular academic institutions.

### **Standards of care**

- UCSF takes pride in providing evidence-based, compassionate care to a diverse population. The Task Force has concerns about the potential implications of restrictions on clinical care imposed by the religiously-based care edicts.
- While the Task Force acknowledges that faith-affiliated medical centers have historically provided important care to populations in underserved and impoverished areas, none-the-less there is a basis for concerns that these medical centers are restricted in being able to provide what is considered standard and contemporary care in several important clinical areas. The primary example concerns the limitations on medical care provided to women due to policies prohibiting many services in reproductive health (e.g., abortion, sterilization, contraception) and in end-of-life options.
- Further, Catholic institutions proscribe aspects of care to lesbian, gay, bisexual and transgender (LGBT) people. In affiliating with any institution, UCSF should involve faculty and key thought leaders in considering whether or how UCSF can create a beneficial relationship and still maintain its mission and values to promote diversity.
- The Task Force believes special care should be taken when UCSF is considering any new relationship with a faith-based institution.
- In all business decisions, UCSF should keep in mind the great value of its name and reputation for clinical excellence, and seek to avoid actions that might diminish this reputation or convey a false impression that the quality of care at an affiliate matches that are UCSF-owned facilities. This principle should also influence how UCSF associate status is applied to the clinical staff of affiliates.

### **Effects on education and training**

- As a public University, UCSF plays an important role in education and clinical training. The Task Force recommends that affiliations specifically address the anticipated impact of the affiliation on trainees.
- To assure high-quality standards for educators, the Task Force recommends that focused attention be given to how faculty appointments at affiliates are made and maintained. Soliciting the opinions of the Committee on Academic Personnel will be valuable in this process.

## Public perception

- To avoid potential misperceptions in the public about what an affiliation with UCSF means, the Task Force recommends having a standard way to describe and name affiliations (e.g., “SRMH -- a Catholic hospital affiliated with UCSF”).
- The Task Force recommends that materials be made available to patients that clearly describe any differences in the clinical services offered at the affiliate compared with those at UCSF. A consent process may be appropriate if and when significant differences in the scope or standard of care exist between the affiliate and UCSF-owned facilities.
- Advertisements for the affiliate should not mislead the public in terms of which services are provided by UCSF, as opposed to the local affiliate. For example, if the affiliation only includes provision of neonatal care by UCSF faculty, it should not be implied that the perinatal (obstetric) care will be provided by UCSF faculty or adhere to a UCSF standard of care.
- In this same vein, care needs to be taken in the content and timing of public announcements concerning affiliations since the public’s familiarity with the affiliations may depend largely on these announcements.
- Public perception goes beyond patients, extending to those who may not understand the true nature of an affiliation. For example, members of the public, including potential and current donors, may be concerned about how a UCSF affiliation may be a tacit agreement with principles and doctrines held by religious institutions that may compromise the quality of care offered to certain groups (e.g., women, LGBT individuals). The Task Force recommends that clear statements to the public be made available that fully explain the nature of the affiliation.

## Conclusions and Final Recommendations

1. Recognizing that clinical affiliations are business decisions that require agility, it remains important that there is early engagement with relevant faculty/department leadership during the process of any affiliation.
2. A process for clinical affiliations should be formalized for UCSF Health, which could serve as a guide for other health systems within the UC system. Accordingly, the Task Force recommends that the Executive Vice President and Provost convene a committee to review Policy 100-10 in order to bring it in-line with current business practices so that it can be utilized and applied in future affiliations and expanding existing affiliations. The Task Force recommends that the Academic Senate provide faculty representatives to be included on this policy review committee for [Affiliation Agreements Policy 100-10](#).
3. UCSF faculty should be informed of clinical affiliations and what types of activities the affiliations might entail before public announcements are made.
4. Public perception and timing of clinical affiliations are important, including perceptions among the UCSF philanthropic community whose missions and values may not be aligned with those of the affiliate.
5. Commonalities and differences may coexist within the affiliates' clinical practices. For instance, there may be shared values in charity care, increasing access to high-quality care and addressing inequalities and disparities in health. Yet these may coexist with differences in the approach to reproductive health, end-of-life care, and inclusivity for some groups of patients (e.g., LGBT).
6. Communication to the public should be very clear as to the nature of the affiliate hospital and the affiliation itself, e.g., "a Catholic hospital affiliated with UCSF Health".
7. A clinical affiliate being considered as an educational site needs to be evaluated for the effect that differences in practice may have on the learners' education.
8. Faculty series appointments and promotions for clinicians based at affiliate sites should be commensurate with the respective faculty roles and responsibilities. After a thorough evaluation, an affiliation may require consideration of a new series if these faculty members do not have a sufficient role in education to meet criteria for advancement. Affiliate clinicians should wear UCSF identifiers only if their training and record of care is commiserate with a UCSF associate title.

## Appendix A: Membership of the Task Force on Clinical Affiliate Agreements and Quality of Care

<b>Member</b>	<b>Role/Title</b>
<b>Rena K. Fox, MD</b>	<i>Chair</i> Professor of Clinical Medicine, Division of General Internal Medicine, UCSF
<b>Deborah Greenspan, DSc, BDS</b>	<i>Member</i> Professor of Clinical Oral Medicine, Division of Orofacial Sciences, UCSF
<b>Roberta L. Keller, MD</b>	<i>Member</i> Professor of Clinical Pediatrics, Vice Chair, Clinical Translational Research Neonatal Services, Fetal Treatment Center, Neonatal ECMO Program, UCSF Benioff Children's Hospital, UCSF
<b>Barbara Koenig, PhD, RN</b>	<i>Member</i> Director, UCSF Bioethics Program, Institute for Health and Aging, UCSF
<b>George F. Sawaya, MD</b>	<i>Member</i> Professor of Obstetrics, Gynecology and Reproductive Sciences, Division of Epidemiology & Biostatistics, UCSF
<b>Phyllis Tien, MD</b>	<i>Member</i> Professor of Medicine and Clinical Pharmacy, Veteran's Administration Medical Center, Division of Infectious Disease, UCSF

## Appendix B: Administration Policy on Affiliation Agreements

Topic **Academic Administration**

Policy Number 100-10

Reviewed Date January 13, 2013

Responsible Office

- **Office of the Executive Vice Chancellor and Provost**

### **Purpose**

UCSF may enter into affiliation agreements when it has been determined that the benefits and contributions of such affiliations substantially enrich and expand the teaching, research, clinical care, or public service programs of the campus. Affiliated institutions must be committed to excellence and demonstrate a record of achievement in their field. Agreements must articulate the commitments and responsibilities of each institution, and specify terms for reimbursement for all services provided by UCSF to an affiliated institution.

This policy establishes guidelines and responsibilities for entering into affiliation agreements between UCSF and other institutions or hospitals.

### **Definitions**

- **Domestic Training Affiliation Agreements:** Written agreements initiated by a department or school for the training of UCSF students, postdocs or fellows, or the accommodation of UCSF faculty researchers or instructors at another domestic U.S. university or institution; and/or the training of students, postdocs or fellows, or the accommodation of faculty researchers or instructors, from other domestic U.S. universities or institutions, at UCSF.
- **Foreign or International Training Affiliation Agreements:** Written agreements initiated by a department, school or a Chancellor's program/unit for the training of UCSF students, or the accommodation of UCSF faculty researchers or instructors at a foreign or international university or institution; and/or the training of students and the accommodation of faculty researchers or instructors, from a foreign or international university or institution, at UCSF.
- **Institutional Affiliation Agreements:** Institutional Affiliation Agreements: Written agreements whereby the campus enters into affiliations for specific purposes, which may include, but are not limited to training. These agreements may cover the provision of faculty and staff for hospital and patient care services (e.g., San Francisco General Hospital, Veterans Affairs Medical Center), and/or research programs involving facilities, operational agreements, or personnel agreements (e.g., the Gladstone Institutes, the Howard Hughes Medical Institute, the Ernest Gallo Clinic and Research



Center, the Northern California Institute for Research and Education). See Life Cycle of an Institutional Affiliation Agreement.

### **Policy**

- A. Domestic training affiliation agreements are initiated by a department or school, which is responsible for drafting a written proposal and submitting it to the appropriate dean for review and approval prior to negotiating an agreement with a proposed domestic affiliate. Approval from the department chair is required for all proposed domestic training affiliation agreements prior to submission to the appropriate dean's office. The dean of each school has been re-delegated authority by the Chancellor to enter into domestic training affiliation agreements.
1. Agreements must clearly articulate the expectations, responsibilities and liabilities of each entity for research, teaching, public service and patient care activities. Affiliates must expressly agree to cover the full cost of services provided by UCSF, either through the reimbursement of indirect costs or by payment for specific services provided. All agreements must conform to all University policies and requirements including, but not limited to, those related to intellectual property (i.e., patents, licenses, copyright, etc.), publications, insurance, indemnification, personnel, and use of the University name.
  2. The originating department and/or school is responsible for obtaining required reviews and approvals, negotiating, and administering training affiliation agreements with domestic institutions.
  3. 3. Standardized templates approved by Campus Counsel are to be used, unless a request for exception is approved prior to execution by Campus Counsel.
  4. 4. UCSF reserves the right to audit any and all records of affiliates consistent with applicable laws and University policies.
- B. Foreign or International Training Affiliation Agreements are initiated by a department, school or a Chancellor's program/unit, which is responsible for drafting a written proposal and obtaining any necessary approvals. Departments are responsible for submitting proposed agreements to the appropriate dean for review and approval before submission to the Office of the Executive Vice Chancellor. Individual departments developing proposals for foreign or international training affiliation agreements must notify the appropriate dean within each school early in the development process. In addition, consultation with UCSF Global Health Sciences prior to submission of a proposal to the Executive Vice Chancellor is recommended. Approval by the department chair and the appropriate dean is required for all proposed foreign or international training affiliation agreements submitted by a department or school to the Executive Vice Chancellor. However, agreements initiated by a Chancellor's program/unit will be submitted

directly to the Executive Vice Chancellor. The Executive Vice Chancellor has been re-delegated authority by the Chancellor to enter into foreign or international training affiliation agreements.

1. Foreign or international training affiliation agreements will be evaluated through the Office of the Executive Vice Chancellor by an appropriate standing committee of the UCSF Global Health Sciences to assess proposals for potential contributions of academic merit and benefit to the University. The Senior Vice Chancellor – Finance and Administration will review and evaluate the proposed agreement as to business, financial, and legal matters.
  2. Agreements must clearly articulate the expectations, responsibilities, and liabilities of each entity for research, teaching, public service, and patient care activities. Affiliates must expressly agree to cover the full cost of services provided by UCSF, either through the reimbursement of indirect costs or by payment for specific services provided. All agreements must conform to all University policies and requirements, including but not limited to those related to intellectual property (i.e., patents, licenses, copyright, etc.), publications, insurance, indemnification, personnel, and use of the University name.
  3. UCSF reserves the right to audit any and all records of affiliates consistent with applicable laws and University policies.
- C. Institutional Affiliation Agreements are initiated by a department or school, which is responsible for drafting a written proposal and submitting it to the appropriate dean for review and approval before submission to the Office of the Executive Vice Chancellor. Individual departments, when developing proposals for institutional affiliation agreements must notify the appropriate dean within each school early in the development process. Approval by the department chair and the appropriate dean is required for all proposed institutional affiliation agreements. The Executive Vice Chancellor is responsible for negotiating and administering all institutional affiliation agreements.
1. Institutional affiliation agreements will be evaluated by an ad hoc committee comprising members of the Academic Senate, as recommended by the Academic Senate Committee on Committees and appointed by the Executive Vice Chancellor, to assess proposals for potential contributions of academic merit and benefit to the University. The Senior Vice Chancellor – Finance and Administration will review and evaluate proposed agreements as to business, financial, and legal matters.
  2. Agreements must clearly articulate the expectations, responsibilities, and liabilities of each entity for research, teaching, and patient care activities. Affiliates must expressly agree to cover the full cost of services provided by UCSF, either through the reimbursement of indirect costs or by payment for specific services provided.

Agreements must specify service level commitments and method of reimbursement. All agreements must conform to all University policies and requirements, including but not limited to those related to intellectual property (i.e., patents, licenses, copyright, etc.), publications, insurance, indemnification, personnel, and use of the University name.

3. All Institutional Affiliation Agreements shall include language requiring formal, periodic reviews at no more than five-year intervals.
4. UCSF reserves the right to audit any and all records of affiliates consistent with applicable law and University policies.

### **Responsibilities**

- A. The appropriate vice chancellor or dean, or dean's designate, is responsible for ensuring that UCSF faculty and staff comply with the terms of affiliation agreements.
- B. Approval Authority:
  1. Authority to enter into domestic academic training agreements is delegated to the deans.
  2. Authority to enter into foreign or international training affiliation agreements is delegated to the Executive Vice Chancellor.
  3. Authority to enter into institutional affiliation agreements is delegated to the Executive Vice Chancellor and Senior Vice Chancellor – Finance and Administration. Institutional affiliation agreements may require additional review and approval by units including, but not limited to, the UC General Counsel and the Office of the President. These approvals will be sought by the Executive Vice Chancellor.
  4. Agreements involving lease, rental, or commitments of space must be approved by the Office of Real Estate Services. Agreements that include services provided by campus units must be approved by the dean or vice chancellor responsible for the units providing services.
  5. Agreements that require the provision of services and/or activities at the UCSF Medical Center must be approved by the Medical Center Chief Executive Officer or designee(s).
- C. Annual Reports: Schools shall submit annual reports of all domestic training affiliation agreements executed in accordance with their delegated authority to the Office of the Executive Vice Chancellor by June 30 of each fiscal year.
- D. Program Reviews: The Executive Vice Chancellor shall oversee the completion of a comprehensive review of all Affiliation Agreement elements (i.e., academic program, administration and finance) at a minimum of every five years.

