

School of Dentistry Full Faculty Meeting

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Saturday, October 1, 2016
8:00a.m – 2:00 p.m.
California Academy of Sciences

Chair Oberoi called the School of Dentistry Faculty Retreat to order on October 3, 2015, at 8:31am.

Chair's Report and Welcome

Faculty Council Chair Oberoi welcomed the faculty and reported on the following items:

- **Mission of the School**
- **Overview of School Departments**
- **Faculty Council Membership**
- **Primary Focus Points from Last Year**
 - Chancellor's Fund
 - Curriculum Reform
 - Approval of the 2016 Graduating Class
 - Posthumous Degree Policy
 - Updated Charge for the Education Policy Committee
 - Tobacco Policy Statement
 - Increasing Student Membership to the Admissions Committee
 - University of California Retirement Plan (UCRP)
- **Issues for 2016-17**
 - Curriculum Reform
 - Implementation of the Strategic Plan
 - Accreditation – Site Visit Scheduled for April 2019
 - Chancellor's Fund
 - Dental Center at UCSF

Dean's Report

Dean John Featherstone reported on the state of the school:

- **Mission Statement:** Advancing health through excellence in Patient care, education and discovery. Tagline: excellence in patient care, education and discovery.
- **Strategic Objectives:** Patient Care, Education, Discovery, People, and Business
 - I. Patient Care. *Provide outstanding integrated patient centered care under the banner of the UCSF dental center.*
Sunil Kapila is heading up planning group to develop this center. He pointed to the recent successful overhaul of the night clinics.
 - II. Education. *Prepare the next generation of clinicians and scientists for a rapidly evolving health care system.* Initiatives to further this goal include:
 - Curriculum revision
 - WREB 97% pass rate
 - Coordinated educational services
 - Recruitment of Sara Hughes as the new Associate Dean for Education and Student Affairs effective January 2017. Peter Sargent was lauded for his continued hard work as interim Associate Dean.

- Upgrade of preclinical lab facilities

III. Discovery. *Be a world leader in scientific discovery and its translation into improved patient care and public health.*

- SOD is #1 in NIH funding for the 24th year
- HSW7 and HSW8 are operational and decanting from clinical sciences is complete. The transition was smooth. Tom Lang deserves special recognition for getting all of the groups to work in concert.
- The Golden Lab is being renovated.

IV. Business

- Increased demand for appointments
- Increased costs for faculty

Curriculum Efforts

Faculty member Sophia Saaed updated the faculty on the school's efforts to revise the curriculum:

Background:

- Retreat: In early 2014, then Faculty Council Chair Mehran Hossaini held a retreat for faculty to discuss the idea of revising the curriculum.
- Working groups: Out of the retreat came two working groups named Wiz Kids and the Dream Team. The first workgroup, Wiz Kids, would recommend ideas for how the existing curriculum could be improved. The second workgroup, Dream Team, was responsible developing an entirely new curriculum.
 - At last year's retreat, both teams presented.
 - Leaders from both teams came together to create a steering committee. The steering committee created parameters based on Kern's 6-step system:
 - 1 - Problem Identification and General Needs Assessment What is the health care problem that needs to be solved What are the current vs. ideal approaches?
 - 2 - Needs assessment of targeted learners. What do your students need? What does your school need?
 - 3 - Goals and specific measurable objectives. What are the specific measureable goals and aims?
 - 4 - Educational Strategies. What teaching and assessment methods are best suited to your objectives. Blueprint 2017 – Roll-out 2019. Aligning with other schools on campus and aligning with the SOD strategic plan.
 - 5 - Implementation. What resources are necessary to deliver this curriculum?
 - 6 - Evaluation and Feedback. It is usually a two-year process to iron out the kinks.

Student Report – J.Youssef

- Areas of Improvement. Students need full access to patients on and off campus. If a patient is added to a student's cue, they have no ability to reschedule.
- Rotations/Externships Schedule. Find a way to fix billing between the floors to best utilize space and empty chairs.
- Santa's Wish List. Would like to have a student run retreat where major issues can be discussed then and there.

OKU Dental Honorary Award

The OKU award to recognize the top 10% of dental students. It's a way to recognize high achieving students as we do not have a grade system. The recognition banquet will be in the spring for student inductees.

Building a Culture of Continuous Process Improvement and Innovation – R. Gonzalez

How can we take our delivery system to another level? What problem are we trying to solve?

- We are at 95th percentile in terms of healthcare costs.
- In 2014, on average, a new patient with a seizure disorder could not get an appointment with the neurology clinic for over four weeks. If you go out to the marketplace, specialty care can be same day service.
- Basic bedside manner is starting to deteriorate. This has to do with our environment. "How likely are our physicians to recommend UCSF as a workplace?" The response to this was -11.

UCSF Health Strategic Plane 2014-19

Creating the culture of continuous process improvement – LEAN healthcare. LEAN healthcare requires an organization's cultural commitment to applying the scientific method to designing, performing, and continuously improving the work delivered by teams of people, leading to measurable better value for patients and other stakeholders. What LEAN is not:

- A program
- As set of quality improvement tools
- A quick fix
- A responsibility that can be delegated
- 6 Principles of Lean:
 - A commitment to continual improvement. Always striving to achieve better.
 - High value system of care. It is represented from the perspective from the patient. What is value added? It's not just about cost, but about outcomes.
 - Unity of purpose. Not only senior leadership. Need to include staff.
 - Respect for people. The people doing the work. The people on the front lines. The staff doing the work.
 - Visible management. You can't know how you're doing if there is no transparency on the goal.
 - Flexible Regimentation. A way to improve efficiency in work. Standardize the work so that it can be followed and audited.
- Implementation at UCSF
 - Phase I 2012
 - Value stream mapping and Kaizen principles
 - Team leader development (senior leaders/directors) two times a week
 - Performance excellence office
 - Phase II 2014
 - Unit based leadership teams
 - Structured (A3) Improvement Cycles and WIPs (True North)
 - LEAN Training (mid-level/front line leaders)
 - Data access and analytics
 - CPI hub
- Exceptional Care: the UCSF Health perspective
 - Mission
 - Vision
 - Values
 - True North Pillars

Hospitals with high employee and physician engagement has higher outcomes. If you want to have a increased outcomes, a transformative customer service experience is the lynch-pin.

UCSF Dental Center: A Center of Collaborative Excellence – S. Kapila

There is a brand identity with UCSF Medical Center. What does the layperson think about SOD? Teaching. But we are a health care provider. We need to rebrand. Initially, we did not worry about making money. Our focus was on training excellent clinicians. UCSF has innovators, and risk takers. The problem with that is that we tend to work independently. Collaboration is the key. The audacious goal is to be a leader in collaborative dental care within an academic health center that will serve as a novel and successful clinical care.

The intent is to accomplish the following:

- Clinical: Facilitate delivery of optimal seamless patient centered care under the banner of UCSF Dental Center
- Education: Prepare the next generation of clinicians and scientists for a rapidly evolving health care system
- Discovery: Be a world leader in scientific discovery and it's transition into improved patient care and public health
- People: Create and maintain a supportive work and learning environment that attracts the best faculty, staff, students and trainees who can meet the changing needs. Friendly referral and inter-provider communications

Report from Working Groups

Each working group was assigned a question and tasked to address the three changes indicated.

I. Patient Care Domain

A. *Group 1: How do we best coordinate patient care amongst different disciplines in graduate clinics and Faculty Practices? [Brian Bast]*

1. Group Model
2. IT
3. Patient Coordinator

B. *Group 2: How do we build greater success in patient care and satisfaction at the Dental Center? [Leslie]*

1. General Comments
 - a) Better communication between patients and providers (pre-doc and postgrad programs)
 - b) Be able to see the care being provided from one specialty to another
 - (1) *There should be one chart (EMR) to eliminate repetition.*
 - c) Consistency between departments (reducing chance of multiple charges/transactions)
 - d) More follow-up "pop-ups" to make sure procedures have been completed (e.g., following up w/CAMBRA and perio recall follow-ups)
 - e) Streamlining CDT codes based on level of access
2. Top three priorities in achieving this goal
 - a) Continuity of patient care.
 - b) Value added educational experiences.
 - c) Patient education/better patient outcome in tracking.

II. Education Domain

A. *Group 4: How can the Dental Center contribute as a driver of change and improved student learning? [Ben Chafee]*

1. Dental Center should model "ideal" patient care delivery
 - a) Access to all patient data.
 - b) Share outcome data.
 - c) Multidisciplinary care exposure.
 - (1) *"Team" dentistry philosophy (instill)*
 - (2) *Utilize post-grad clinics/FPs*

- B. *Group 5: How can we utilize the clinical, interactive and organizational strengths and structure of the Dental Center to enhance the educational experiences of our students?*
- III. Business Domain
- A. *Group 6: What kind of financial reporting will help faculty, program directors and staff make optimal proactive management decisions for efficient cost-effective operations and educational experiences? [Christian]*
1. Ethical Practice
 2. Real-time Financial Data on a daily basis with the ability to adjust.
 - a) Production
 - b) Collections
 - c) Overhead/costs
 - d) New Patient numbers
 3. Explanation of Hidden Costs
 4. Patient Conversion Rate
 - a) Referral Sources, Calls, Consults, Patient Loss
 - b) Follow Tx Plans
 - c) Faculty/Residents/Students
 5. Alternative Reimbursement
 - a) FQHC?
 - b) FFS/Encounter
 6. Auxiliaries
 - a) Staff
 - b) RDH, RDAEF, Dental Therapists
- B. *Group 7: What should be our benchmarks for financial and patient care outcomes? [Kalenderian]*
- a) Examples
 - (1) *Dean sets 5% margin*
 - (2) *Patient referrals as a benchmark*
 - (3) *Facilitate internal referrals from UCSF primary care to Dental Center*
 - b) Priorities
 - (1) *Financial Solvency*
 - (2) *Excellent Patient Care*
 - (3) *Increase Patient Safety CQI*
 - c) LEAN is Embedded Through:
 - (1) *Strategic Alignment*
 - (2) *Visible Management*
 - (3) *People Development*

C. Group 8: What kind of staffing synergies and best practices can we build into the Dental Center? [Centore]

1. Examples (Focus on Patient Experience and problem solving and efficiency)
 - a) Pre-doc clinic assistants: knowledgeable in clinical operations and problem solving.
 - b) FGP Staff know how to schedule patients
 - c) Medical Center: Scripted communications regarding pain.
2. Top 3 Priorities in Staff Behavior. Staff performing at the highest level, representing UCSF and competing with private practice “experience”
 - a) Problem Solver
 - b) Creative
 - c) Kind
 - d) Team communicator
3. How to embed LEAN and Business Process Improvement
 - a) Patient Satisfaction Survey
 - b) Staff defined job descriptions to increase work flow and efficiency
 - c) Employee satisfaction with flexible job description
 - d) Beginning and end of clinic session huddle
 - e) Allow local change for success
 - f) Incentivize staff
 - g) Educate and reward staff
 - h) Allow staff to make changes

Department Reports

Department Chairs reported on the recent news from their respective departments

Cell and Tissue Biology

- Website has been overhauled
- Have 15 faculty, 40 post docs, and 20 PhD students
- The department is financially healthy. Every PI has at least 1 NIH grant.
- Currently finishing up search for a junior faculty member
- New faculty members include Fred Chang and Sophie Dumont
- Andrei Goga will co-direct the new SOD-centered Head and Neck Cancer Center
- The department continues to share and administrative team with the Department of Microbiology and Immunology. This has been hugely successful. Works because the departments are both small in size and have some overlap.

Oral and Maxillofacial Surgery

- New faces of the department include Leah Bowers and Natalie Heavilin, David Trent, and Chirag Patel.
- The department currently serves four sites. OMFS sits on the medical boards and aids in patient care.
- The department is expanding and will begin providing care at Mission Bay.
- Recruitment for new faculty continues.
- Interim Chair Bast continues to work on inter-professional education with the School of Medicine.

Orofacial Sciences

- Several clinical disciplines comprise this Department including Craniofacial Anomalies, Oral Medicine, Oral Pathology, Oral Radiology, Orthodontics, Pediatric Dentistry and Periodontology.
- Cross-disciplinary clinical, teaching and research activities characterize this Department, which benefits from strong interactions within the Dental School, other campus Schools and the Medical Center.
- Educational activities are broad, providing both predoctoral and postdoctoral students alike with a strong basis of knowledge and clinical experience.

- Research in the Department covers a broad spectrum of basic, translational and clinical sciences that complement the clinical activities of the Department. These include extramurally funded studies of oral mucosal and salivary gland diseases, including those common in people with HIV infection (conducted through the Oral AIDS Center), oral cancer, xerostomia, Sjögren's Syndrome.
- Patient treatment services provide the highest level of patient care focusing on the latest and most effective treatment methods. [The Oral Medicine Clinical Center](#) (formerly known as the Stomatology Clinical Center) specializes in the diagnosis and treatment of oral soft tissue and salivary gland diseases and serves as the basis for predoctoral student education.
- The Oral Pathology Diagnostic Laboratory, one of the largest in Northern California, offers world-class tissue diagnostic services for dental and medical practitioners.
- Periodontology focuses on the diagnosis and management of the various periodontal conditions and provides treatment with osseo-integrated implants.
- [The Center for Craniofacial Anomalies](#) provides multidisciplinary consultation and comprehensive treatment of children with various birth defects.

Preventive and Restorative Dental Sciences

- Dr. Elsbeth Kalenderian appointed Chair for Department of Preventive and Restorative Dental Sciences
- Dr. Stuart Gansky named to Lee Hysan Chair of Oral Epidemiology

Old Business

None

New Business

None

The meeting adjourned at 2:03pm

Senate Staff:
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