



Shaping UCSF's Clinical Mission:

Campus Affiliation Policy, Clinical Affiliate Agreements and the Healthcare Landscape

Joint Senate-Administrative Review Committee
of the Campus Affiliation Policy

September 2017

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Executive Summary

Following 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 at Santa Rosa Memorial Hospital (SRMH) without appropriate faculty consultation, and subsequent report to the faculty by the UCSF Academic Senate [Task Force on Clinical Affiliate Agreements and Quality of Care](#), UCSF Executive Vice Chancellor and Provost Dan Lowenstein formed the Joint Senate-Administrative Review Committee (Joint Committee) in January 2017. This committee was charged with reviewing [Campus Administrative Policy 100-10](#), which governs clinical affiliations. In examining this policy, the Joint Committee discovered that academic and clinical affiliation programs within and external to the UCSF Medical Center (UCSFMC) are initiated in practice by department chairs. The nature of these affiliations is highly varied; some affiliations are strategic, and others are formed to provide referral services and improve quality of care. However, Policy 100-10 does not address affiliation agreements driven by Accountable Care Organizations (ACOs), as this policy was developed before the Affordable Care Act (ACA), which established the ACO process. Subsequent to the ACA, the evolution of UCSF's health system has included relationships with Canopy Health, as well as relationships through other affiliations. UCSF Health has moved quickly in developing clinical affiliations and professional service agreements that contribute to its network of medical centers. The Joint Committee observed that some affiliations may contribute to UCSF's educational and training mission, and noted that the training content (curriculum) falls under the direct authority of the Faculty and the Academic Senate. Thus, an interchange between the Faculty (via the Senate) and administrators needs to occur to ensure that education and training receive the required faculty oversight. Policy 100-10 currently covers three distinct affiliations – domestic training affiliations, foreign and international training affiliations, and institutional affiliation agreements. Since UCSF Health competes in the Bay Area health market, a central concern of the Joint Committee was developing mechanisms to facilitate the review of new affiliations, as well as the expansion of older affiliations.

In making its recommendations, the Joint Committee believes that affiliations should uphold or enhance UCSF's missions, standards and values. It further acknowledges that while current policy states that the Dean of each School the authority to initiate and enter into a training agreement, affiliation agreements often arise out of the Chancellor's office as part of a business need and to advance UCSF Health's strategic plan, including expansion of clinical programs. With this in mind, the Joint Committee recommended that UCSF: 1) Establish a new centralized affiliation office that would house professional services agreements (PSAs), as well as clinical affiliations originating from UCSF Health and the School of Medicine; and 2) establish a standing affiliation review committee inclusive of Senate faculty, UCSF Health, and campus leadership.

The Joint Committee further extended its recommendations in three areas – establishing a central office; forming a reviewing committee, and revisions to Campus Administrative Policy 100-10:

1. **Central Office:** The Joint Committee recommends the creation of a centralized office, which would be responsible for local revision and implementation of campus policy 100-10, ensure compliance of campus policy 100-10, and Regental and UC systemwide policies and procedures. It would also provide for the oversight, tracking of all affiliations, alignment and the implementation of affiliation renewals. Such an office would serve as a communications hub to the review committee throughout an affiliation agreement's lifecycle (see below), maintain a centralized website, and be responsible for discernment, if applicable.
2. **Review Committee:** Central to appropriate faculty consultation is the establishment of a standing review that would include representation from those responsible for the UCSF Health Strategy, the Office of Associate Dean Neal Cohen in the School of Medicine (SOM), and clinical faculty representation from the Academic Senate. Standing committee members should be familiar with the affiliations process and procedures that may be unique to it, so that they can review proposed actions rapidly without the need for special training. This standing committee would be held "on reserve" for both reviews of new affiliations and the revision of existing affiliations. An analogous

group might be those that are trained and "on standby" for faculty misconduct cases – the Peer Review Committee, or PRC. Members of the standing review committee would communicate the needs and concerns from impacted departments, including business units, to the centralized office.

3. Campus policy 100-10: The Joint Committee recommends that the policy should not delineate between affiliations driven by health systems, both internal and external to UCSF, and institutional affiliations made for other reasons. Business agreements and teaching affiliations should be separated in the policy revisions, as teaching affiliations should remain under the domain of each school's Dean. Guidelines or a statement on the "alignment of values" should be included to determine the affiliate's appropriate path at entry point. Finally, policy revisions should include guidelines for the expansion of existing affiliations, which is separate than entering into new agreements.

As noted above, the Joint Committee was particularly concerned about the impact of affiliations upon UCSF's educational mission, particularly their potential impact on trainees. Thus, the Committee recommends keeping training affiliation agreements in a separate category, but under the overarching umbrella of UCSF affiliations. Therefore, the Joint Committee recommends maintaining most of the current language in the policy under domestic training affiliation agreements, but wishes to add the following:

1. Training agreement(s) may be initiated by the Chancellor's Office. In such cases, the impacted departments must be involved directly throughout the process.
2. Clarification of the frequency of audits. The presence of a centralized office and standing affiliation review committee would facilitate regular audits.

I. Overview

Introduction

As UCSF Health continues to expand its footprint and increase its market share through strategic partnerships and affiliations, the role that clinical academics play serves to inform and help steward the full integration of UCSF's clinical, research and academic missions becomes more vital. Against the backdrop of a rapidly consolidating healthcare landscape, UCSF is poised to scale its clinical and academic footprint through its new Accountable Care Organization (ACO), Canopy Health, as well as through its shared governance with the faculty. The faculty's role is critical in forming successful alliances, although previously this role was not well defined. Looking forward, it is clear that ensuring affiliations can both meet the goals of the administration and align with the values of the faculty should be an overarching priority. Towards this end, a set of guiding principles are needed to help UCSF establish sound, thoughtful processes for the formation or expansion of affiliations.

California is home to 136 ACOs that enter into professional service and/or affiliation agreements with commercial health plans, physician networks, facilities and institutions to deliver the highest quality of care. Since successfully licensing its own ACO in the fall of 2016, UCSF's Canopy Health has grown exponentially. Its network includes over 4,000 physicians, including many UCSF clinical faculty, 15 hospitals and academic medical centers, and 3 Independent Practice Associations (IPAs). For the quarter ending March 31, 2017, Canopy Health reported \$20,526,500 in revenue, \$1,417,585 net income loss, and 14,889 enrollees.¹

Process

Following the [report](#) to the faculty by the *Task Force on Clinical Affiliate Agreements and Quality of Care*, UCSF Executive Vice Chancellor and Provost Daniel Lowenstein formed the *Joint Senate-Administrative Review Committee* (Joint Committee) in January 2017 in response to the second of eight final Task Force recommendations:

"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 Chancellor 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 recommended that the Academic Senate provide faculty representatives to be seated on the policy review committee and thus, the Joint Senate-Administrative Review Committee's work is anchored in [Campus Administrative Policy 100-10](#).

The Joint Committee was appointed by the Senate's Committee on Committees (CoC), and included a small group of faculty representing the original Task Force, the Academy of Medical Educators, the Clinical Affairs Committee (CAC) and clinical practices, including adult outpatient medicine, obstetrics and gynecology and adult and pediatric hospital medicine (Appendix A). To ensure continuity, CoC appointed Rena Fox, MD, who chaired the *Task Force on Clinical Affiliate Agreements and Quality of Care*, as chair of the Joint Committee. While Executive Vice Chancellor and Provost (EVCP) Lowenstein elected not to appoint members from the UCSF campus administration to the Joint Committee, the Committee interviewed campus leaders and staff members from the administration in the execution of its charge.

¹ California Department of Managed Healthcare

The Joint Committee was charged with reviewing Campus Administrative Policy 100-10 (Policy), and was asked to give special attention to the following critical areas:

1. **Alignment of values between the affiliate and the UCSF Health's Strategic Plan:** The affiliate's practices and values must support and align with UCSF Health Strategic Plan priorities: leader in destination programs, promote both a high value system of care and a culture of Continuous Process Improvement (CPI).
2. **Communication between the administration and the faculty:** The timing and method of communication regarding UCSF affiliations from the Administration to the faculty must be prioritized. All parties agreed that the announcement and press release of the expansion of the affiliation between UCSF and St. Joseph Health/Santa Rosa Memorial Hospital (SRMH) could have been better communicated to the faculty and the public. Towards that end, the Joint Committee was asked to develop language that addresses how communication about affiliate agreements will be delivered to the faculty, and how updates to this policy will be communicated across the campus and the UCSFMC administration.
3. **Integration of feedback from the Senate:** Although the previous policy required Senate consultation, additional clarification is needed in the updated policy. Senate consultation should be emphasized under the 'Policy' section and should consist of getting feedback from the Senate's CAC early in the process of investigating new affiliations. Likewise, the *ad-hoc* evaluation committee that examines proposed affiliations should be made more explicit, and include members from CAC.
4. **Expansion of existing affiliations:** While the current Policy on Affiliation Agreements is intended for new affiliations, it does not consider the review of the expansion of existing affiliations, as was the case with the St. Joseph Health/SRMH affiliation. The new policy should include the review of the expansion of existing affiliations.
5. **Specific attention to training agreements:** One of the key observations from the original Senate Task Force was the stipulation that affiliation agreements must specifically address the anticipated impact on trainees. The Task Force further recommended that in order to assure high-quality standards for educators, focused attention must be given to how faculty appointments at affiliates are made and maintained, which may include soliciting consultation with the Senate's Committee on Academic Personnel (CAP). In addition, the review committee may want to specify that Deans, who currently have the responsibility over training agreements, consult with the School Faculty Councils when negotiating new or existing agreements. While the Joint Committee acknowledged that training agreements are under the scope of each school's administration, the Committee commented on issues that sometimes impact trainees, albeit secondary to the campus affiliation policy.

The Committee focused its review on the first four areas.

II. Background and Concerns

Background on UCSF Affiliation Agreements

Historically, Institutional Affiliation Agreements and Training Affiliation Agreements were initiated in each of UCSF's four Schools, partly in response to efforts driven by the State Legislature in the 1990s to address the state's workforce needs and shortage of health care providers in California. During this time, the Legislature expanded the scope of practice across several health disciplines on the back-end, with the intent of releasing the valve of licensed providers to fill California's unmet needs in [Health Professional Shortage Areas](#)².

In response to the state's efforts to expand the scope of practice, UCSF formed an affiliation with a family practice at SRMH and formed the Neonatal Intensive Care Unit (NICU) in the mid-1990s. UCSF Fresno was established in a similar manner, and was approved through a Memorandum of Understanding (MOU) signed by the Vice Deans for Education of each school.

With the exception of OB/GYN physicians, UCSF did not carry the clinical liability for physicians practicing at SRMH; it only carried liability for teaching duties. Therefore, two separate policies; one for teaching and one for private practice covered physicians with whom UCSF affiliated at SRMH.

Origins of Campus Administrative Policy 100-10

UCSF's authority to enter into affiliations is grounded in its Regental Delegation of Authority (RA) 0916, codified in 1986 under the **UC Board of Regents Standing Order 100**.

[100.4: Duties of the President of the University](#)

(dd) Except as otherwise specifically provided in the Bylaws and Standing Orders, the President is authorized to execute on behalf of the Corporation all contracts and other documents necessary in the exercise of the President's duties, including documents to solicit and accept pledges, gifts, and grants, except that specific authorization by resolution of the Board shall be required for documents which involve or which are:

- 1. Affiliation agreements with other institutions or hospitals involving direct financial obligations or commitments to programs not previously approved.*
- 2. Agreements with associations composed of medical staff for collection of professional fees for services rendered to patients at University or affiliated teaching hospitals.*

In 1986, President Gardner delegated his Presidential duties under Standing Order 100.4 to the Chancellors. In his April 8, 1998 memo, UCSF Chancellor Debas issued a re-delegation of his duties under RA 0916 to members of his cabinet, and directed them to pay particular attention to Regental approval and reporting requirements associated with affiliation agreements. Chancellor Debas' memo can be found here: <http://policies.ucsf.edu/ra916>.

² Geographic term designated by the Health Resources & Services Administration

Current campus policy

The current Policy covers three distinct affiliations:

- Domestic Training affiliations
- Foreign and International Training Affiliations
- Institutional Affiliation Agreements

An important distinction between institutional affiliation agreements and training affiliations is that the latter are exclusively initiated and completed by the Deans of each individual School. The scope for an institutional affiliation agreement can include or not include a clinical component, such as a professional services agreement (PSA) and/or the provision of care by UCSF clinical faculty. The Joint Committee reviewed the clinical components of Institutional Affiliation Agreement policy.

1. PSAs are similar to business transactions in that their life cycles are managed by the administration in the SOM, or by a UCSFMC department chair who has authorized a PSA with another UCSFMC department. PSA's are processed quickly because the contractual agreement involves only one or two services. The SOM receives an average of 20-25 PSAs per month, and renews them every five years.
2. Campus and UCSF Health Affiliations are completed within weeks or months once the parties are comfortable moving forward with a formal affiliation, through an MOU or Letter of Intent (LOI). In an average year, UCSF will authorize two to three affiliations, such as the affiliation with SRMH. These affiliations may include clinical and non-clinical components.

Components of the Medical Center and UCSF Health affiliations

Academic and clinical affiliation programs within and external to the UCSFMC are initiated by department chairs. Some affiliations are strategic, and others are formed to provide referral services and improve quality of care, such as the affiliation with Washington Hospital in Fremont. Programs originating from the Schools are related to the work done by faculty in the Health Sciences Compensation Plan (HSCP) outside of UCSF, since the HSCP does not allow faculty to conduct clinical work outside of UCSF, unless it is under an affiliation agreement.

Under the umbrella of institutional affiliation agreements, UCSF Health, and the subsequent alignment of health systems, are non-clinical affiliations and exclude UCSF clinical faculty from the affiliation agreement. The first such alignment with the John Muir Medical Center and the Muir Medical Network launched Canopy Health in the spring of 2015. Under this affiliation, John Muir and UCSF assume equal risk, and the clinical providers at John Muir are not employed by UCSF.

Since then, the evolution of UCSF's health system has included relationships with Canopy Health (UCSF is a shareholder), as well as relationships through other affiliations. UCSF Health has moved quickly in developing clinical affiliations and professional service agreements that feed into its medical centers.

Findings

The Joint Committee, in its review of Policy 100-10 and in the context of its charge, identified the following findings and concerns.

1. Policy 100-10 does not address affiliation agreements driven by ACOs, as the Policy was established long before the federal Affordable Care Act and the current healthcare landscape.
2. PSAs sometimes originate externally from UCSF. For example, a PSA was recently initiated by a group of pediatric cardiac surgeons from Kaiser Permanente that enjoyed broad support from UCSF faculty. The PSA was a result of the Kaiser surgeons' desire to offer this sub-specialty care to their patients in-house, which UCSF Health agreed to on behalf of the faculty. In addition, this PSA included a strategic component, in that its intent was to discourage Kaiser from approaching Stanford Children's Health to fill this need.
3. UCSF is a party to the competitive Bay Area health market, which involves several large health networks. By their nature, affiliation opportunities are time-limited and sensitive. Therefore, affiliation agreements are often fast-tracked and occur with some privacy.
4. There is no formal review process for smaller affiliations, such as the Gladstone Institutes.

Concerns

1. In some cases, UCSF does not have sufficient clinical volume required by its residency programs. Affiliation arrangements can broaden the access of UCSF trainees to clinical volume, and benefit affiliates as well. For example, some UCSF residents complete cardiac care rotations at Kaiser.
2. As surgery patients require 24/7 care, UCSF has to provide substitutes for UCSF surgeons who are providing care at Kaiser in order to ensure that specialized care is delivered at UCSF facilities in their absence. There is concern faculty can become overburdened by agreements and affiliations that send UCSF experts to provide services away from the UCSFMC.
3. While some affiliations benefit UCSF clinical training programs, others could reduce the access of UCSF trainees to patients. Increasing access to hospital beds is a common benefit of affiliation. Certain specialties, such as neurosurgery, require residents to be trained intensively in inpatient settings. Residents and neurosurgery faculty could potentially see a reduction in the number of beds available to neurosurgery patients in their residency program, as a result of an institutional affiliation agreement. This may result in a smaller pool of UCSF-trained neurosurgeons and researchers. The health system is not necessarily aware of the academic implications of institutional affiliation agreements.
4. UCSF Health may be hesitant to involve the Senate and faculty due to concerns over the amount of time needed to get appropriate faculty input. Creation of a standing, pre-trained review group could address this concern. Despite the time required, faculty reiterate the importance of conducting faculty consultation. As part of the Joint Committee's discussion around consultation, some important questions emerged: How are decisions about the most relevant issues that affect other decisions being made? Who makes decisions when there is disagreement or a lack of consensus between UCSF leadership and the Senate?

III. Recommendations: Process, Standard of Care, and Impacts to the Educational Mission

Guiding Principles

UCSF faculty members are deeply invested in the integrity of academic medicine and delivery of care. The Joint Committee maintains that affiliations should uphold or enhance UCSF's mission, standards and values. It further acknowledges that while current policy grants the Dean of each School the authority to initiate and enter into a training agreement, affiliation agreements often arise out of the Chancellor's office as part of a business need and/or to advance UCSF Health's strategic plan, including the expansion of its clinical programs.

The following recommendations offer guidance to strengthen the implementation of affiliation policies and UCSF's culture of excellence.

Process

The Joint Committee voiced its support:

1. To establish a new centralized affiliation office that would house PSAs, as well as clinical affiliations originating from UCSF Health and the SOM.
2. To establish a standing affiliation review committee inclusive of Senate faculty, UCSF Health, and campus leadership.

In determining where affiliation reviews would receive the necessary subject matter expertise to assist UCSF Health and campus leadership in carrying out complex affiliation reviews, the Joint Committee recommends that new and existing clinical and institutional affiliations be reviewed by the Senate's CAC or a sub-committee of its principals. The Joint Committee recognized that charging an ad hoc committee with reviewing a consistent stream of time sensitive affiliation runs counter to the nature of ad hoc committees, which are by definition, temporary.

Subsequently, the Joint Committee agreed that having a centralized inventory would more easily identify the service areas where existing agreements are clustered, and therefore facilitate the streamlining of the development of larger agreements.

Suggested functions of a centralized office

1. A centralized office would be responsible for local revision and implementation of campus policy 100-10, ensuring compliance of this policy, as well as Regental and UC systemwide policies and procedures.
2. A centralized office would provide oversight, alignment and implementation of affiliation renewals.
3. A centralized office would serve as a communications hub to the review committee throughout an affiliation agreement's lifecycle, including discernment if applicable. This will be particularly important when working with an affiliation candidate that the faculty may be sensitive to, such as an affiliation that is aligned with a religious institution.

Options for establishing an affiliation review committee

1. Establish a standing review committee that includes representation for those responsible for UCSF Health strategy, Office of Associate Dean Neal Cohen in the School of Medicine, and clinical faculty representation from the Academic Senate. The standing committee would be held "on reserve" for both reviews of new affiliations and the revision of existing affiliations. An analogous group might be those that are trained and "on standby" for faculty misconduct cases – the Peer Review Committee, or PRC. Members of the standing review committee would communicate the needs and concerns from impacted departments, including business units, to the centralized office.
2. Establish the expected time for Senate feedback to allow for the processing of UCSF Health affiliation requests to proceed in a timely manner.

Possible functions of an affiliation review committee

1. Members of this committee would communicate the needs and concerns from impacted departments, including business units, to the centralized office. In order to streamline communications, the review committee would submit a cover sheet with questions specific to each affiliate candidate.
2. An MOU or LOI would act as a notice to the review committee and start the clock. A signed non-disclosure statement from members would be necessary before the review could begin.

Recommendations on revisions to campus policy 100-10

1. Policy revisions should include guiding principles inclusive of UCSF values. See *Standards of Care* below.
2. The policy should not delineate between affiliations driven by health systems, both internal and external to UCSF, and institutional affiliations made for other reasons.
3. Business agreements and teaching affiliations should be separated in the policy revisions, as teaching affiliations should remain under the domain of each School's Dean.
4. Guidelines, or a statement on the "alignment of values," should be included to determine the affiliate's appropriate path at entry point; whether the affiliation can be expanded as written, or if an expansion necessitates a second review.
5. Policy revisions should include guidelines for the expansion of existing affiliations, which is separate than entering into new agreements.

The following sections on *Standards of Care* and the *Impacts on the Educational Mission* integrate the Joint Committee's charge with issues or unintended consequences that sometimes surface during the affiliation process. Its emphasis on UCSF's *Standards of Care* and *Impacts on the Educational Mission* underscores the role that academics have in advancing and supporting mission-critical initiatives.

Standards of Care

1. Special care should be taken when UCSF is exploring an affiliation or agreement with a faith-based institution.
2. In all business decisions, UCSF should keep in mind the great value of its name and reputation in clinical excellence. UCSF should seek to avoid actions that might diminish this reputation or convey a false impression that the quality of care at an affiliate matches that at UCSF-owned facilities. This principle should also influence how UCSF 'associate' status is applied to the clinical staff of affiliates.
3. The affiliate's practices and values must support and align with UCSF Health Strategic Plan priorities, including maintaining its leadership in destination programs, promoting a high value system of care, and a culture of Continuous Process Improvement, or CPI.

News of an affiliation agreement should be delivered to the impacted departmental faculty prior to a public announcement of the new affiliation. Utilizing the SOM's Communicator's Chatter platform, UCSF Announcements, or the EVCP's newsletter are ways in which the centralized office can communicate updates to new and existing affiliations.

Impacts on the Educational Mission

As a public University, UCSF plays an important role in education and clinical training. The Joint Committee recommends that affiliations specifically address the anticipated impacts of affiliations to trainees. Thus, the Committee recommends keeping the training affiliation agreements in a separate category, but under the overarching umbrella of UCSF affiliations.

The Joint Committee recommends maintaining most of the language in the policy under domestic training affiliation agreements the same, except adding the following:

1. Initiation of a training agreement may be initiated by the Chancellor's Office. In such cases, the impacted departments must be involved directly throughout the process.
2. Clarification of the frequency of audits. The presence of a centralized office and standing affiliation review committee would facilitate regular audits.
3. Include in the review of clinical affiliations, consideration of educational and training impact. When adverse impacts are foreseen, solutions to mitigate training harm should be sought and created.

IV. Conclusions

Initially, the Administration developed UCSF's Affiliation Campus Administrative Policy 100-10 as a response to the State Legislature's efforts to address California's health care provider shortage. It was amended as recently as 2013 to facilitate clinical affiliations and professional service agreements across UCSF's four schools and the UCSFMC, all of which interact with the newly formed ACO Canopy Health. Thus, what began as a workforce development policy, informing academic and clinical practice, has evolved into a clinical affiliation policy largely driven by regional market conditions.

On the whole, the Joint Committee believes that Campus Administrative Policy 100-10 can be strengthened by not delineating between affiliations driven by health systems and institutional affiliations made for other reasons. However, business agreements and teaching affiliations should be separated in future policy revisions, with teaching affiliations remaining under the authority of the respective School Deans. A statement on an "alignment of values" should be included to determine the affiliate's appropriate path at entry point; for example, whether the affiliation can be expanded as written, or if an expansion necessitates a second review. The Joint Committee also advocates for the establishment of a central office to provide oversight, alignment and implementation of affiliation renewals, as well as serving as a communications hub to the review committee throughout an affiliation agreement's lifecycle, including discernment if applicable. Central to appropriate faculty consultation is the establishment of a standing review committee that would include representation from those responsible for the UCSF Health Strategy, the Office of Associate Dean Neal Cohen in the SOM, and clinical faculty representation from the Academic Senate. Standing committee members should be familiar with the affiliations process and procedures that may be unique to it, so that they can review proposed actions rapidly without the need for special training. As noted above, this standing committee would be held "on reserve" for both reviews of new affiliations and the revision of existing affiliations. Members of the standing review committee would naturally communicate the needs and concerns from impacted departments, including business units, to the centralized office.

In closing, the Joint Committee is optimistic that both clinical affiliations and professional service agreements can co-exist in academic medicine under a single institutional affiliation policy, when impacted faculty are engaged early, working alongside the administrative leadership throughout the affiliation lifecycle.