



Meeting of the San Francisco Division David Teitel, MD, Chair

Thursday, October 26, 2017 12:30 – 2:30 p.m. HSW 302

The fall 2017 meeting of the San Francisco Division was called to order by Academic Senate Chair David Teitel on October 26, 2017 at 12:30 p.m. in HSW 302, Parnassus campus, with a satellite room in Mission Bay.

I. Academic Senate Consent Calendar and Special Orders

- A. Consent Calendar: Approval of the Minutes of the May 11, 2017 Division Meeting (attachment 1)
- B. Consent Calendar: Approval of Revisions to Bylaw 122 Committee on Equal Opportunity (attachment 2)

ACTION: Item B was approved as authored. Item A was approved with minor editorial corrections.

- II. Division Updates Senate Chair Teitel
 - Chancellor's Fund
 - Senate Standing Committee on Space Planning

III. Chancellor's Campus Update – Chancellor Sam Hawgood

Chancellor Hawgood provided an overview on the following campus matters:

- UCSF had a strong financial year in 2016-2017. The campus is continuing to remove waste, to
 improve efficiencies, so as to insure that the funds we have are going towards the UCSF Mission.
 UCSF faculty won numerous awards, welcomed the new student class of 900 new students; 44%
 of which are first to graduate college; 22% first in family to be in medical/professional/graduate
 school.
- UCSF is the largest employee in Bay Area larger than City and County of SF. Convergence of meaningful technology with artificial intelligence and computer algorithms, UCSF is in the enviable position to make use of this. UCSF itself is a \$4B healthcare system.
- External (Country) v. Internal (UCSF): UCSF began 2017 quite nervous about how the new
 Presidential Administration's policies might impact the campus. Some of the larger issues directly
 affected UCSF research, healthcare, and immigration policies. UCSF become very active on
 two fronts, upping its advocacy efforts. The campus is also fortunate as it's the only UC Division
 with a full-time staff member in DC at the UCDC Office. Natalie Alpert and UCOP have been very
 comfortable with UCSF taking the lead in NIH matters. UCSF was supportive of healthcare reform
 lobbying to be taken up by UCDC, and UCOP.
- The campus has also benefitted from a partnership with Johns Hopkins University (JHU). As
 JHU is often turned to by DC politicians with healthcare questions, this has resulted in both UCSF
 and JHU visiting senators and representatives to answer their questions. UCSF was able to
 discuss with Republican senators in particular to address the proposed NIH budget cuts; the
 revised budget with increased NIH funding that followed was heartening.
- The potential loss of Medicare funds would have been disastrous for UCSF and UC Health in general. About a third of all CA residents are MediCal patients. This is up ten percent since the passing of ACA. There is already a \$300M subsidy to UCSF for MediCal patients to have that

- changed would have decimated the system. Right now sixty cents of the dollar (MediCal) and eighty cents on the dollar (MediCare) are reimbursed to UCSF.
- Indirect Cost Recovery: UCSF gets twice as much money back from indirect costs than we get from the State. The effort to curb indirect costs was soundly rebuffed by DC.
- Immigration: UCSF should be happy with UC President Napolitano and her stance to support DACA students. UC system has sued President Trump over his Executive Order. The hope is that there will be some bipartisan solution, and the order will be lifted.
- Natural Disasters Response: UCSF had two family and community practices which responded strongly to the fires. One of the two clinics, Vista Clinic, is closed for now as its inoperable. UCSF had fifty employees (including parents of students) who lost homes. UCSF has an ongoing Global Disaster Response Committee, led by Associate Chancellor Terri O'Brien to assist the campus in its response to global disasters.

Questions & Answers:

For the audience, the Chancellor addressed the following questions:

- Single payer insurance: Right now, it's a tag line for potential gubernatorial candidates. It's unclear what the truth will become once a campaign is run.
- Opinion of Lt. Governor v. current Governor: Current Governor seems to view universities in general as being there to educate. Both the current Governor and Lt. Governor hold the belief that universities and the UC System are inefficient in how they manage funding. UCSF is seen as being a wealthy campus in comparison to other UC divisions just based on our financial status. UCSF is up to demonstrating to any Governor that it takes this challenge seriously and actively.
- Parnassus campus: Looking over the next century, UCSF is an urban campus with two primary locations, and is most likely becoming more spread out as time progresses. UCSF also has a space ceiling, and needs seismic work on Moffitt-Long Hospital. Next year, we'll lay out a plan for the next twenty years for UCSF Parnassus. The campus intends to work as a community including with the Senate to develop that active plan, and bring it forth.

IV. Indirect Costs: What they are, why they are so important, and their future

- Daniel H. Lowenstein, Robert B. and Ellinor Aird Professor of Neurology and Executive Vice Chancellor and Provost, UCSF
- Sharmila Majumdar, Academic Senate Vice Chair, Vice Chair of Research in the Department of Radiology and Biomedical Imaging and Professor in the Department of Bioengineering & Therapeutic Sciences
- Michael Clune, Associate Vice Chancellor, Budget and Resource Management

Space is one component of UCSF's portfolio of assets: research, education, and clinical administration. To be good stewards of this particular asset, and to insure its equitable distributions, we should have clear policies of all aspects of campus space.

What are indirect costs (ICs), and why are they so important

EVCP Lowenstein stressed the importance of faculty advocating for their ICs. It takes about a year of being involved in managing a University in order to educate yourself on how IC work. ICs are the major source of funding to the University — they're separate from the three percent UCSF gets from the state. A video from the Office of Institutional Research was shown: A Primer on Indirect Costs at UCSF.

Guest Clune advised that one part of their office safeguards resources while the other tries to increase IC percent returns. Plus, the Budget & Resource Management Office intends to be as transparent as is feasible.

Attendees asked about the potential for renegotiating rates, if that's a possibility — or it just a dream? Guest Clune advised that the UCSF focus is F&A is because the CA State hasn't been as supportive of the UC system. The F&A Fed return rate is 58%. It's a long process back and forth clarifying the numbers. The government was at UCSF in Sept to examine if buildings were actually being built where we say they are. In the past UCSF has been successful in increasing IC rate. Also trying to increase IC rate from the

state, or Foundations is difficult; as an example, when the Gates Foundation is paying 10%, the Fed Govt wants to know why they're paying more, rather than increase even more what they're paying.

Sometimes it's easier for PI to do the subcontract, and let another institution to do the grant (if their institutions IC rate is higher than UCSF's). Is there a way to improve this?

It depends on who is doing the cost sharing. Sometimes it's better to educate middle management who don't understand how they (middle management) are actually paid. On Foundations, It will be very difficult to start incentivizing indirect cost rate for promotion/advancement or other metrics, or to start viewing those who get better rates as 'better' within the university. UCSF has been very holistic in its approach and that has made the campus who it is.

Further somehow tying ICs to space is a bad idea esp. as great ideas are often done by Foundations. However, some of these procedures should be simplified.

Can a broader view be give on the history of the rate and the reasons for its variance over the past decade?

The UCSF rate has improved from 54.5% to 58%. Administrative costs are driving this. Plus, the cost of unfounded mandates has increased. Plus, Facilities costs are truly the bigger drain as the building retrofits aren't covered. We're seeing better returns on privates but Fed rates are stymied. How do we fill that \$75M gap? This is largely filled by philanthropy. UCSF has been amazingly successful in the past few years on that front.

V. Campus Space Policy for Education and Clinicians – its time has come

- David Teitel. Academic Senate Chair
- Kevin Souza, Associate Dean for Medical Education
- Rosalind De Lisser, Director of the Psychiatric Mental Health Nurse Practitioner Program, School of Nursing
- Chanhung Lee, Professor of Clinical Anesthesia & Director of Neuroanesthesia Fellowship
- John DeAngelo, Assistant Vice Chancellor for Educational Technology Services

Chair Teitel gave an overview to the audience on the general topic, and invited panelists to discuss their particular role in space at UCSF.

<u>Panelist DeAngelo</u> advised that one third of all educational rooms are at MB. General assignment spaces, all things video, AV engineering and interface design, strategic planning for learning spaces fall under the Educational Technology Services (ETS) purview. Six years ago, there were fourteen different ways of interacting with A/V systems; now, there's only wo ways. ETS provides full service for the facilities they cover. Audience members asked how it was determined what would be covered at what time? Guest DeAngelo advised that there is a ten-year plan and they're halfway through those ten years.

ETS is currently developing field services, food services, a program office, and a change management group. They're also examining ways in which to make booking rooms more seamlessly. Recommendations just about to be made.

<u>Panelist Souza</u> provided an overview on educational spaces both principles guiding them and policy. Definitions and principles of the education space ecosystem include a shared model, non-classroom spaces for learning; proximity or teachers and education administration.

How does UCSF define a comprehensive learning space? Classrooms/labs, simulation space, studying alone or in collaboration, places for coaching/mentoring, clinical training sites, gathering/community space (i.e., new Student Success Center), administrative space – all of these fit the definition. The campus thinks carefully on how to set policy to satisfy these varied spaces. Space itself can be shaped to align to our values and principles. Overall spaces that facilitate and encourage collaboration are highly valued.

In order to promote high-value care, we must promote simulation centers. So questions are asked on how can we design spaces to flatten hierarchy in healthcare. There are some very strong set-in hierarchies

which we're working with and around. In order to promote flexible or multi-use spaces, we must examine if the spaces nourish the soul and the mind. Learners spend a lot of time in these spaces — so they need to fit this.

<u>Panelists De Lisser</u> addressed the audience and encouraged questions or comments.

Comment: Some of the discussion makes me very nervous - envision a place where people have to steal little bits of space. Not the model UCSF has been based on. A lot of collaborative learning and team learning takes place in private offices, so to remove those eliminates this as an option AND increases the space issues at UCSF. Open Space doesn't work for everyone.

Q: How we partner with administration (from a CME-focus) is important, and it would good if the MH technology was matched throughout the rest of the campus. Plus, even though we were hosting meetings at Mission Hall, we still couldn't talk to people in hospitals without a special five-digit code. A: Panelists advised this was something else that was already being worked on.

Comment: Research is rarely talked about as much as education or the clinical mission. For (the speaker's) particular department roughly 80% is dedicated to research and a lot of space doesn't seem to discuss this. Want to make sure the research component of the UCSF mission is considered along with education and clinical.

Comment: are there faculty on these round tables which serve all our mission needs AND can speak to the issue of faculty who have a disability. That largely seems to be forgotten in a lot of these discussions.

<u>Panelist Lee</u> provided an overview on some specific space issues that clinicians face: There is no focused policy on clinical spaces outside of the hospital. How clinicians talk about space is also different:

- Depending on the specialty, clinicians use space differently
- Frequent over-scheduling of clinical time
- Desire or pressure of academic productivity

Q: How can faculty get involved in space issues?

A: This is partly why the Senate created a committee specifically on Space Planning last academic year—to give people a central location to direct questions. There is a portion of the Senate site being set up as well where people can input their comments.

VI. Old Business

There was no old business.

VII. New Business

There was no new business.

VIII. Adjournment

Chair Teitel adjourned the meeting at 1:47

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