

ZSFG CHIEF OF STAFF REPORT
Presented to the JCC-ZSFG on December 28, 2021
December 2021 MEC Meeting

CLINICAL SERVICE REPORT:

Medicine Service Biennial Report - Neil R. Powe, MD, Chief

1. Mission, Vision, and Values

- a. Mission - To advance health by developing and supporting innovators in patient-centered care, scientific discovery, medical education and public policy
- b. Ambition - To be the best internal medicine service in the US
- c. Vision -To transform medicine through innovation and collaboration
- d. Core Values – Include diversity and commitment to social justice

2. Organization and People

- a. ZSFG Medicine Leadership Team –There are Clinical Program Leaders, Education Program Leaders, and Administrative Leaders. Also, there are Division Chiefs for the following 14 divisions:

- | | |
|---------------------------------------|-----------------------------|
| • Occupational Environmental Medicine | • Gastroenterology |
| • Experimental Medicine | • Endocrinology |
| • Hematology Oncology | • Nephrology |
| • Pulmonary | • Hospital Medicine |
| • Cardiology | • General Internal Medicine |
| • HIV, ID, and Global Medicine | • Lung Biology |
| • Vulnerable Populations | • Rheumatology |

- b. ZSFG Medicine Faculty and Staff – As of 10/24/2021, there are 757 faculty and staff comprising of the following: (1) 203 salaried faculty - 78 clinical FTEs, (2) 60 volunteer faculty, (3) 25 postdoctoral scholars, (4) 36 non-faculty academics, (5) 418 staff with 62 unique job titles, and (6) 15 MSP staff physicians.
 - Within each Medicine Clinical Division, there are Service-Line Leaders. There is an extensive range of activities within the Division with the different clinics and programs.
 - There is participation in 11 ACGME (Accreditation Council for Graduate Medical Education) training programs and other non-ACGME training programs.
 - Many key ZSFG clinical leaders are from Medicine Service.
 - There are overall UCSF Department of Medicine Leaders at ZSFG for Faculty Affairs, Research Affairs, and Education Affairs.
- c. Communication Strategies – These include email and list-serve, division chief meetings (twice/month), division meetings(monthly), department meetings and retreats (ad hoc), monthly newsletter, and twitter.

3. Budget and Finances

- a. Revenue (\$180.1M in FY21)– The largest component (59%) is from sponsored project revenue of \$106.1M. The second largest component (22%) is from ZSFG affiliation agreement of \$40M. Other sources amounting to almost \$20M are from state, ICR, gifts, etc. Additionally, about \$15M arise from profee/contracts.
- b. Expenses (\$178.1M in FY21) – The expenses are primarily salaries and benefits for faculty, staff, and non-faculty employees. The breakdown of expenditures by mission (i.e., education, clinical, and research) highlights the Department’s intensive research efforts.

Moreover, the core administration staff cost is about 3.35% (\$6M) of total expenditures which is often challenging to fund. Thus, other sources of revenue are vital with \$4.4M retained profee revenue.

Furthermore, the 14 divisions have varying expenditures by mission with HIV, ID, and Global Division posting the largest expenses in research and clinical practice. In FY20, the Medicine Service represents 20% of ZSFG's clinical budget but represents 60% of ZSFG's research revenue.

4. Clinical Services, Performance Improvement & Patient Safety

a. Clinical Services

- Principal Clinical Operations – They are the following:
 - Inpatient Principal Care – There were about 7K admissions across the 3 services.
 - General Internal Medicine – 5 Resident Inpatient Service and 3 Faculty Inpatient Service
 - Cardiology
 - Critical Care (Medicine Intensive Care Unit)
 - Inpatient Consultative Care
 - Primary Ambulatory Care
 - Specialty Ambulatory Care
- Inpatient Addiction Care Team (ACT)- This is a new program that has proven to be wonderful.
- Primary Care Services – The Richard Fine Peoples Clinic and the Positive Health Program (PHP) are the Department's primary care services. These services have been operating for 40-50 years. The Richard Fine Peoples Clinic and PHP have about 30K annual visits and 13K annual visits, respectively.
- Ambulatory Specialty Care – The clinic volumes continue to grow from FY2017 to FY2021, marked by reduction in FY2020 due to the pandemic.
- Clinic Visits/Procedures by Division (July 1, 2020 – June 30, 2021) – The divisions of Nephrology, Gastroenterology, and Cardiology posted the highest volumes.
- eConsult Volume – The eConsult service significantly expanded from 8 services at the beginning of the program to the current 18 services.

b. Performance Improvement

- Care Delivery for ZSFG COVID-19 Patients – The Division of HIV, ID, & Global Medicine established a multidisciplinary COVID-19 care team that has organized and directed the care of ZSFG patients throughout the pandemic. The team holistically addresses areas that include daily rounds, infection control, coordination with the laboratory, advise on therapeutics, evaluation for trials, and ID consultation.
 - COVID-19 Outcomes: 2020-2021 Pandemic
 - There were over 1,100 COVID-19 positive inpatients during the pandemic.
 - Of the 937 hospitalizations for symptomatic COVID-19 patients, 25% required ICU care, of whom 62% required mechanical ventilation.
 - Ninety-five percent (95%) of patients were successfully discharged with 5% overall mortality rate. These scenarios were very different from those in other parts of the state and country.
- Occupational and Employee Health Service – Though the team was under resourced and unprepared, it successfully stepped up to establish OHS hotline screening and triage, testing and surveillance, hotline provider support, and case investigation which have continued to date.

- Community-Based COVID-19 Activities- These include the following:
 - Unidos en Salud (United in Health) – administered COVID tests and immunizations in the Mission
 - Benioff Homelessness and Housing Initiative (BHHI)/Center for Vulnerable Populations – administered tests in the Bayview and Tenderloin for unsheltered homeless adults
 - Latinx Center of Excellence - administered tests in the Eastbay, Oakland and Fruitvale districts
- Resident Work Hours: Structural Changes – There have been extensive efforts to promote workforce care and development with multiple structural changes in residency and department/hospital.
 - Novel Cultural Changes
 - Net Rounding 2.0 – standardized best practices for rounding to optimize teaching and patient care
 - Sign-Out Reimagined – standardized handoff tool and sign-out curriculum
- Reducing the Work per Patient – There are ongoing efforts to reduce the work per patient through various ways that interact with EPIC.
- Clinical Leaders Professional Development Program – The second cohort recently concluded. There are many mid-level clinical leaders who run the clinic and often do not have preparation to do so. The goal is to show the Department’s mission and values with key clinical leaders, administration, and finance on leadership styles, navigation of conflicts, and better understanding of DEI. This program has been very well received.
- Recognizing Excellence
 - Faculty awards (internal and non-internal awards) given by the Medicine Service were noted.
 - Staff awards handed out were recognized.
- Net Promoter Score (NPS) ZSFG Data, FY21
 - Recommended Place to Work – Medicine Service ranks third.
 - High Burn Out Composite – Medicine Service ranks fourth in staff burned out from work and/or becoming callous towards people since employment.
 - Mentor – Medicine Service ranks third in terms of staff having a mentor who helps with professional life.
 - Overall Support – Medicine Service is in the mid-tier in terms of staff feeling supported in work life (“a great deal and a lot”). This area is being analyzed for improvement.
- Inpatient Care: Improving Care for People with Substance Use Disorder with the Addiction Care Team - The number of intakes increased by 236% into successful residential post-discharge which was truly an amazing feat.
- Inpatient Care: Reduce 30-day Heart Failure Readmissions – There are continued efforts on heart failure readmissions which are the most common type of readmission. Some progress has been achieved, along with progress in decreasing disparity gap in readmissions for Black/African American patients. More progress is to be done.
- Primary Care: Cancer Screening – EPIC go-live significantly and negatively impacted screening programs which was followed by the pandemic. Extensive efforts have been ongoing to regain status with active outreach, new telehealth workflows, and transitioning back to in-person care as much as possible. Also, disparities in Black/African American cancer screening rates are being addressed.

- HIV Primary Care – The pandemic also negatively affected HIV virologic suppression rates. In response, the team at Positive Health Clinic restored inpatient care, expanded social work services and housing referrals. These efforts led to success in increasing the proportion with virologic suppression; results were published in the journal AIDS.
- Specialty Ambulatory Care – Access has been maintained. With in-person and telehealth visits, the overall visit rates have been maintained.
- Specialty Care
 - eConsult Response Time - The response time for eConsults has been maintained. Only 2 clinics are not meeting metric, and work is ongoing to address so.
 - Immunizations- Flu vaccinations fell short while COVID vaccinations achieved high prevalence.
 - MyChart Activation – The activation of MyChart posted poor performance and thus, needing improvement.
- OPPE Metrics – Examples were presented.
- Medical Staff Committee Membership – Faculty members are engaged in multiple committees.
- UCSF DOM Master Clinicians – Many ZSFG Medicine faculty have been inducted into the Master Clinicians designation for professional excellence.

5. Educational Programs

a. Who We Teach –

- Students - There are 52 students (> 1/3) of each Med School Class annually.
- Residents
 - 3 chief residents (2 Inpatient and 1 Ambulatory)
 - 31 residents/month on inpatient services
 - 50 residents with continuity clinics
 - 4 residents in ED rotation
 - 10 clinical fellows
 - 25 post-doctoral scholars
- b. Rankings – In 2019, UCSF ranked third in best Internal Medicine Programs by U.S. News & World Report. In 2021, UCSF received the highest (first) rank across the country.
- c. Premier SF Primary Care Program – The mission is to train students to take care of underserved patients and to be leaders in primary care, education, advocacy, and scholarship. The residency offers more ambulatory experiences in primary care, as well as community activities which are not included in a traditional residency. The program also includes curriculum on narrative and social medicine advocacies.
- d. UCSF Primary Care Addiction Medicine Fellowship – This fellowship was started several years ago which has developed physicians to be leaders in care of persons with unhealthy substance use.
- e. Teaching about Care for Vulnerable Patients – There is participation in Model ZSFG and other initiatives/programs to care for vulnerable population.
- f. Bridges Curriculum Clinical Microsystem Clerkship – There are 7 Bridges Coaches from the faculty who help the medical students in quality improvement projects aligned with ZSFG True North metrics.
- g. Academy of Medical Educators, Teaching Awards, Other Awards and Honors– Additional four faculty members were inducted into the Academy since 2020. In 2020-2021, there were multiple teaching awards, along with other awards and honors.

- h. National Honor Societies – Faculty members of American Society of Clinical Investigations (n=15), Association of American Physicians (n=13), and National Academy of Science (n=5) were noted.
6. Research – The research is directed towards the discovery for the betterment of patients.
 - a. Research Awards – In 2021, research funding increased to \$141M annually primarily due to the COVID-19 (almost doubled since 2011). Most funds are from NIH.
 - b. ZSFG Percentage of Total UCSF DOM Research Awards and Total NIH Awards in 2021 – The ZSFG Medicine Service faculty represents 21% of the entire UCSF DOM faculty. However, ZSFG Medicine Service represents 23% of the research funding. In terms of NIH research funding, ZSFG Medicine Service represents 41% of the NIH research funding. These were due to five of the top ten UCSF recipients of NIH Research Awards coming from ZSFG Medicine Service faculty
 - c. ZSFG Total Sponsored Research Dollars Awarded by Division and Fiscal Year – Data was presented with the Division of HIV, ID, and Global Medicine receiving the highest funds.
 - d. Research Centers – There are a number of research centers. One of which is the new PRISE (Partnerships for Research in Implementation Science for Equity) Center. The Center is a hub that aligns both applied research and training to promote the use of cutting-edge methods within the Medicine Service’s delivery systems and partnerships to address implementation problems. The goal is to build capacity of ZSFG/SFHN clinical units. There are initial projects with both Health Department and ZSFG.
 - e. Diseases and Conditions – These include infectious diseases, chronic diseases, cancer, and other conditions. There is basic biomedical research in many areas.
 - f. Crosscutting & Other Themes – These include disparities and health equity, prevention, social and environmental exposures, health care delivery, disease mechanisms, methods, and interventions.
 - g. Number of Publications – There are 821 publications in FY 2021 which are mostly COVID-related. Some examples were presented which included research on COVID-19 and health disparities.
7. Major Challenges and Goals
 - a. Major Challenges
 - Continuing weariness and stress post-COVID on work and life well-being
 - ACGME challenges
 - Generating clinical and operational data in a timely fashion for feedback on performance
 - Stewarding a clearer but complex funds flow: explore use of incentives
 - Space for ambulatory clinical operations
 - b. Goals
 - Emerge from COVID-19 maintaining resilience and economic stability using strategic and equitable stewardship of resources
 - Innovate and improve quality, safety, patient-centeredness, integration and efficiency of care
 - Recruit, develop, manage, and maintain talent (faculty, trainees, and staff)
 - Continue to improve communication and collaboration within Department and outside
 - Advance philanthropy to support missions