

Department of Medicine
RSA Monthly Meeting
July 16, 2009
8:30 to 10:00 AM, Laurel Heights 376

Present: Connie Archea, Gabriela Aranda, Ross Beard, Michele Benjamin, Michele Carter, Hung Dao, Joanne Dang, Jane Drake, Raymond Fong, Shawn Green, Estrella Garcia, Lynn Ha, Kristen Ha, Kathy Judd, Jennifer Kellen, Calvin Kwok, Rashaan Lyons, Brian Manning, Annie Mar, Christine Mok, Marienna Murch, Solat Navab, Wendy Ng, Eric Ormsby, William Rypcinski, Kate Shumate, Suzanne Sutton, Susana Szeto, Kapo Tam, Tanjira Wilawanchit, Joseph Wilson, Lei Lei Win, Eric Wu, Samantha Yee

Announcements

Effective August 1, 2009, the Department is mandating the use of a Clinical Trial Budget Template that was designed by Jennifer Kellen for all industry-sponsored clinical trials. There are currently scheduled two sessions of the training conducted by Jennifer on how to use the template and to understand better the strategies for budgeting industry-sponsored clinical trials. They are:

- Friday, July 31st from 2-4 pm in LH 376
- Friday, August 21st from 1-3 pm in LH 376

NIH OER Update

Eric Ormsby and Kate Shumate provided highlights of what they learned at the most recent NIH Regional Meeting, which was a 2-day workshop that included numerous policy changes. They copied the materials onto a CD-Rom for distribution. Please contact Suzanne Sutton for a copy. The highlights included the following.

- All 27 Institutes of the NIH were represented at the meeting and all NIH officials consistently emphasized that they should be contacted for questions, clarification, and comments. The general feeling was that they want to work with institutions and PIs to support scientific discovery.
- The new scoring system for peer review is defined in the materials provided.
- A new comment process or COI will be implemented soon.
- The public access policy that requires PIs to list all their NIH-supported publications in PubMed will be mandated. The policy has been in a pilot phase thus far.
- January 25, 2010 is the anticipated transition date for all T-grants to be submitted electronically through Grants.gov.
- PIs should keep their profiles updated regularly in eRA Commons, which is used by the Institutes to determine eligibility for early stage investigator status. Eligible PIs are contacted personally about certain FOAs.
- Reference letters for K proposals can be uploaded into the Commons by the writer.

- Delegated users cannot see the priority scores for applications, only PIs will see an additional section with the priority score and comments. The same is true for JIT document requests.
- A request to Change the grantee institution does not get automatic approvals. The NIH considers possible changes in resources, record of managing NIH awards, mentoring at the new institution before it will approve such requests.

New Version of Research Application Tracking System (RATS)

Yuri Mazur, Programmer who oversees all DOMBO systems for the Department of Medicine presented on the new RATS portal, which was developed for electronic routing and approval of proposals. All RSAs across sites are now required to use RATS for proposals that require Chair signature.

The new RATS enables electronic routing and signature of all proposals and letters, replacing the prior process of logging in, routing, and filing paper proposals. Please access the system at <http://dombo.ucsf.edu/RATS> and contact Yuri Mazur for any technical issues. Please contact Joseph Wilson, Kathy Judd, Wendy Ng, or Suzanne Sutton for any questions about how to use the system.

For proposals that were logged into RATS prior to July 16th, please access the proposal and the approval log at the following url: <http://dombo.ucsf.edu/RATSOld>. This site has all the historical information about the proposals that have been submitted but will not allow new proposals to be created.

We expect that new RATS will streamline the proposal review process and turnaround for signature.

Departmental Overview

Maye Chrisman, Associate Chair for Finance and Administration presented an overview of the Department of Medicine's current status and discussed some of the most pressing concerns such as salary reductions and furloughs, the financial state of the School of Medicine, and the Department's strategic planning process (materials enclosed).

For many RSAs, it was the first time that had met Maye and heard about the Department's size and its other activities such as clinical care and education. Maye will be present another update about the Department at a future RSA Meeting.

Upcoming Meetings:

- *No meeting in August*
- *RSA Meeting on September 17, 2009 at 8:30-10 am in LH 376*
- *RSA Meeting on October 15, 2009 at 8:30-10 am in LH 376*
- *RSA Meeting on November 19, 2009 at 8:30-10 am in LH 376*
- *Holiday event on December 17, 2009 at 8:30-10 am in LH 376*



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Department Snapshot

Overview, Challenges, Plans

Maye Chrisman

Department of Medicine

RSA Meeting

July 16, 2009

Agenda

- I. DOM overview**
- II. Current issues**
- III. Strategic plan**
- IV. Discussion**

The Department of Medicine is the largest department at UCSF

- **39 divisions at three main sites**
- **Annual operating budget of \$256 million**
 - \$153 million in expenditures at Parnassus/Mt. Zion
 - \$83 million in expenditures at SFGH
 - \$21 million through VAMC and NCIRE (not on UC books)
- **Total headcount of 2,635:**
 - 550 HSCP faculty (393 in 2001)
 - 104 non-faculty academic
 - 54 MSP physicians
 - 527 volunteer faculty
 - 94 Emeritus and recall faculty
 - 392 residents/fellows (360 in 2001)
 - 914 staff (985 in 2001)

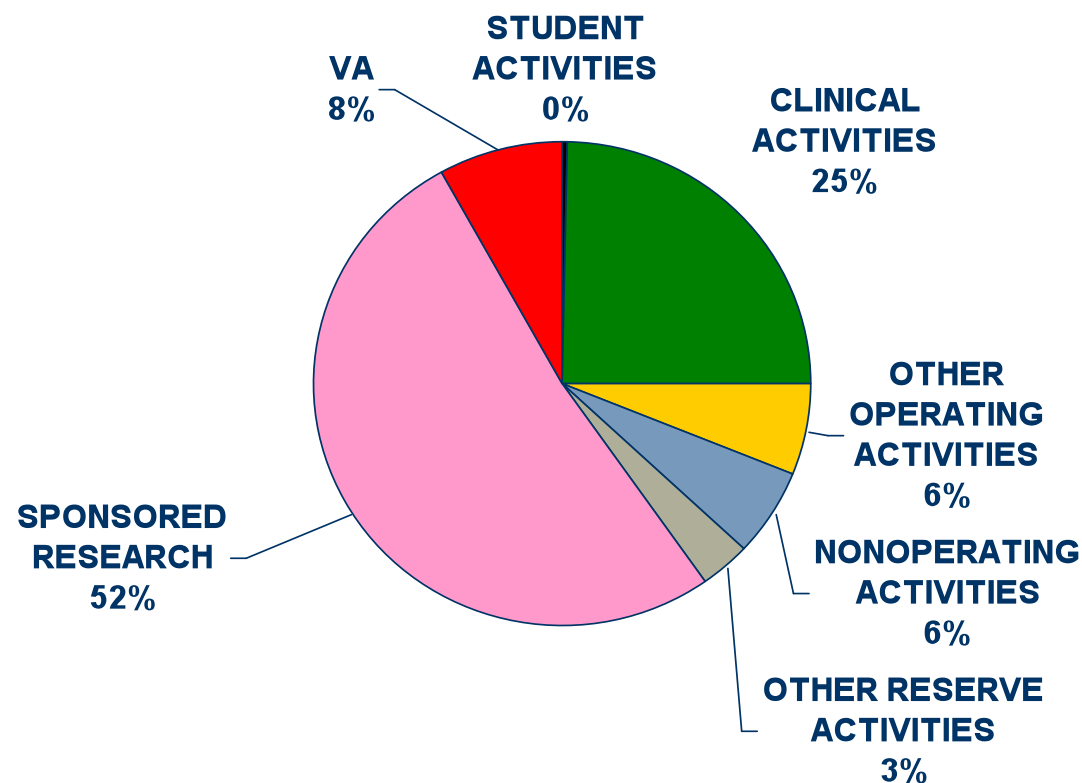
Interdisciplinary centers and programs

Center / Program	Head
AIDS Research Institute	John Greenspan
Center for AIDS Prevention Studies (CAPS)	Stephen F. Morin
Center for Vulnerable Populations	Dean Schillinger
Curry Tuberculosis Center	Philip C. Hopewell
Institute of Molecular Medicine	Donald Ganem, Art Weiss and Shaun Coughlin
Lung Biology Center	Dean Sheppard
Medical Effectiveness Research Center for Diverse Populations	Eliseo J. Perez-Stable
Medical Informatics	Ida Sim
Palliative Care	Steve Pantilat
SFGH Rice Liver Center	Jacquelyn J. Maher
SFGH Renal Dialysis Center	Sam James
UCSF Renal Dialysis Center	Kerry Cho

Affiliated organized research units

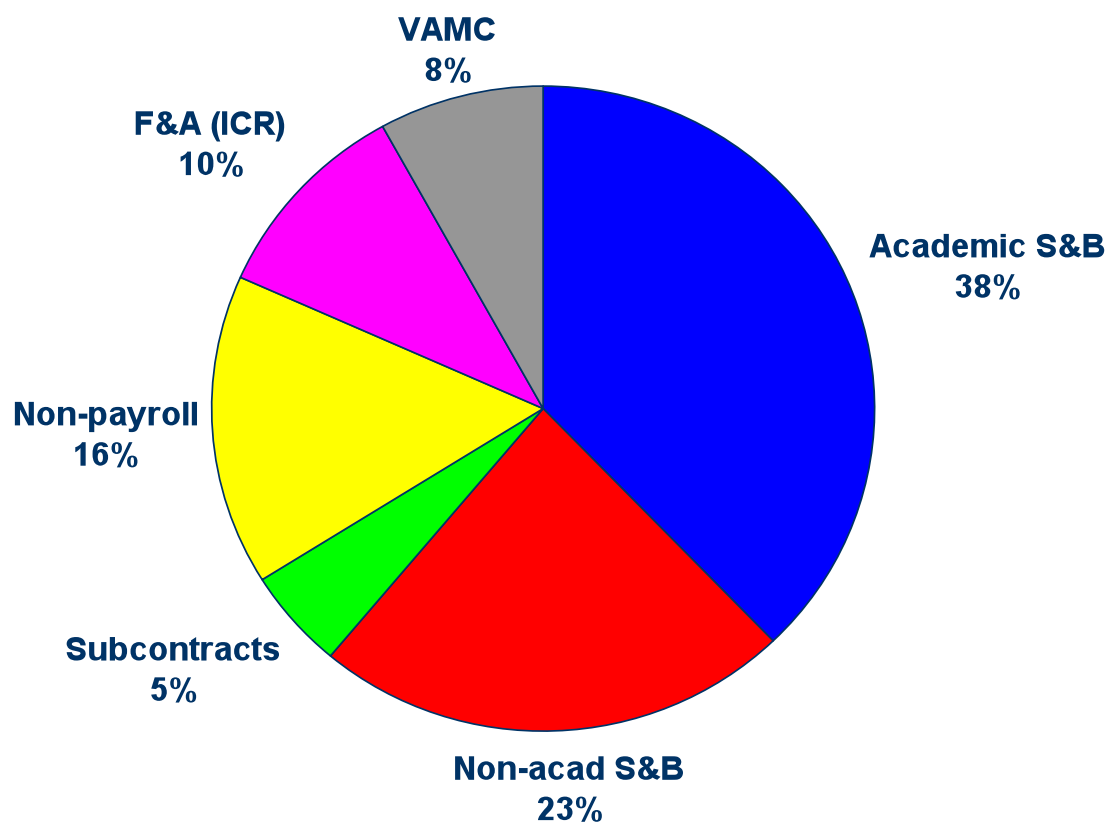
ORU	Head
Cardiovascular Research Institute	Shaun Coughlin
Diabetes Center	Jeffrey Bluestone
Osher Center for Integrative Medicine	Susan Folkman
UCSF Helen Diller Family Comprehensive Cancer Center	Frank McCormick
Gladstone Institutes	Robert W. Mahley

FY10 DOM expenditures by funding source (\$256M)



Note: Includes \$236 million as reported in the Consolidated Operating Budget, as well as \$21 million in funding through VAMC

FY10 DOM expenditures by type (\$256M)



Note: Includes \$236 million as reported in the Consolidated Operating Budget, as well as \$21 million in funding through VAMC; most of the VAMC funding is for academic S&B

DOM is the engine that drives UCSF's research enterprise

- **The sponsored research activity of DOM faculty represents 34% of SOM and 28% of UCSF's sponsored awards (FY08)**
 - DOM's NIH awards comprises 32% of SOM and 27% of UCSF
 - DOM's non-NIH awards comprises 37% of SOM and 30% of UCSF
- **Total ~\$265 million and 942 active awards**
- **Average of \$758,214 per awarded PI**
- **For contracts and grants managed directly by DOM, \$26.5 million in indirect cost recovery was generated in FY08**

**2009
NIH Funding
DOM Ranked #1**

DOM has significant clinical operations at three sites

- **Parnassus/MZ**

- In FY09, a projected \$52 million in collections
- 53,000 wRVUs, 200,000 outpatient visits and 8,300 inpatient admits
- 100-140 imputed clinical FTEs, depending on benchmark (UHC vs. MGMA)

- **SFGH**

- \$16 million affiliation agreement with City and County of San Francisco
- Over 75,000 outpatient visits and 3,300 hospital discharges annually.
- 33 clinical FTE funded by affiliation agreement.

- **VAMC**

- 1,928 medicine admissions (38% of total VAMC admissions)
- 60.6 clinical VA FTE allocated across 85 jointly-appointed faculty

Education/Teaching

- **Residency Programs (>160 residents)**
- **Clinical fellowship subspecialty programs.**
 - 15 ACGME-accredited programs
 - Additional non-ACGME-accredited programs
- **Research fellowship programs**
 - 107 post-doctoral fellows

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Financial crisis

- ***Dean's Office commitments:*** Recession and state budget crisis greatly exacerbated pre-existing structural problems in the SOM Dean's Office's finances
 - Dean's Office projected a \$31m deficit in FY10 and \$28M in FY11, potentially exhausting SOM's \$59M reserves by the end of FY11
 - Recent decisions reduced total commitments through FY13 from \$170M to \$106M by canceling \$10M in commitments and deferring \$54M to FY14 or beyond
- ***Stock market plunge:*** The portion of the Department's reserves held in a UCOP quasi-endowment fell by \$2.2 million (24%) in FY09

DOM response to crisis

- **Operations:** Minimize disruption to current operations at both the Departmental and Divisional level.
- **Funds flow:** Continue providing support to programs, but only on an as-needed basis.
- **Commitments:** Honor recruitment and retention agreements BUT reduce rate of spending and transfer of funds.

Regents approved “hybrid furlough” plan on July 15

- Graduated furloughs (4-10%) based on employee salary rate (X for faculty)
- Exempted categories still to be defined
 - Patient care
 - Sponsored research
- Numerous open issues
 - Payroll system changes
 - Impact on part-time, variable employees, quick hires
 - Ways to minimize impact

Research: key concerns shared with Dean's Office

- Decline in NIH funding
- Cost of grants administration/compliance
- Funding of DEM (resolution of agreement with the Campus)
- Funding for CAPS
- Support and retention of K awardees
- Recruitment of physician-scientists (especially bench researchers – IMM funding)
- Lack of laboratory bench space
- Creation of DOM BRU

Cost of research administration vs. ICR return to departments

- **DOM received \$3.4 million in ICR (including NCIRE JPAs and \$150K augmentation for CAPS)**
- **DOM has 58.13 FTE RSAs, totaling \$4.9 million in salary and benefits**
 - 43% from unrestricted funds
 - 24% from ICR
 - 32% from allowable sponsored funds (e.g., private grants, P01s, U01s)
- **DOM's RSA team manages \$160 million in direct costs across 1,081 awards**

DOM has made a significant investment in developing faculty through mentored K-awards

- **DOM has 51 active awards (30% of UCSF)**
 - 9 K01s, 16 K08s, 25 K23s, 1 K99/R00
- **Department supplements \$543,054 annually from discretionary accounts (60%) and profeses (40%)**
- **Challenges and opportunities to make this sustainable for DOM**
 - Reduce negotiated salaries
 - Increase gifts and unrestricted sources of revenue
 - Strategically manage the number of K applicants supported

Similar to research administration, securing funding for education administration is challenging

- **DOM's residency program had 161 FTEs in FY09; 96% were clinical rotations at the three main hospitals**
- **CCSF does not provide sufficient funding for clinical rotations at SFGH; those rotations are subsidized through dwindling 19900 funds**
- **The three hospitals fund 48% of residency program administrative expenses; DOM funds the remaining 52% through profes (\$1.6M at Parnassus/MZ, \$0.4M at SFGH)**

	Resident rotations (FY09 FTE)	% of Total
UCSF	63.3	40%
SFGH	48.8	30%
VAMC	42.1	26%
Other	0.3	0%
Non-clinical rotations	6.2	4%
Total	160.7	100%

Resident funding (FY09 FTE)	% of Total
63.4	39%
44.5	28%
44.9	28%
7.9	5%
160.7	100%

Admin expense funding (FY10 \$K)	% of Total
\$520K	14%
257K	7%
1,006K	27%
1,944K	52%
\$3,727K	100%

Education administration funding (cont.): DOM had 14 ACGME-accredited fellowship programs in FY09*. Per ACGME guidelines, fellowship directors should receive 25-50% protected time (approx. \$1.1M annually)

Program	# of accredited slots	DOM target support based on program size
Cardiovascular Disease	21	50%
Clinical Cardiac Electrophysiology	3	25%
Critical Care	4	25%
Endocrinology	6	25%
Gastroenterology	18	50%
Geriatrics	8	35%
Hematology/Oncology	18	50%
Infectious Disease	10	35%
Interventional Cardiology	2	25%
Nephrology	11	35%
Occupational Medicine	8	35%
Pulmonary Disease & CCM	18	50%
Rheumatology	8	35%
Transplant Hepatology	2	25%
Total	137	5.0 FTEs

*Note: Does not include Palliative Care (starting in FY10), Medical Toxicology at SFGH, and Allergy (affiliated site for Stanford program)

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Department of Medicine

Our mission is:

To advance health, the Department of Medicine develops and supports innovators in patient-centered care, scientific discovery, medical education and public policy.

*We define **mission** as the reason our organization exists.*

Department of Medicine

Our vision is:

Transforming medicine through innovation and collaboration.

Patient Care: Provide the highest quality clinical service that is the first choice for patients and referring physicians.

Research: Be the leading engine of scientific discovery to advance health and attract the world's best investigators.

Education: Be recognized as innovators in education, attracting and developing the next generation of leaders in medicine.

Public Policy: Be the most trusted and influential leaders in shaping public policy to advance health.

A **vision statement** articulates what we want our organization to become, and defines the overarching direction of the Department of Medicine.

Strategic Priorities

- Create a sound and transparent **economic model** for the DOM to ensure the sustainability of the programs essential to its mission, congruent with its values and culture.
- Develop a sustainable and comprehensive program to **recruit and retain the best** and the brightest faculty and staff.
- Develop a plan for the **research enterprise**, including space and infrastructure, at all sites (SFGH, VAMC, Parnassus and Mission Bay) that satisfies current and future needs.
- Create a **unified DOM**; develop mechanisms and infrastructure to improve communication and collaboration across sites, disciplines, programs and our four missions.
- Organize **clinical activities** to improve quality, safety, efficiency and patient and provider experiences.
- **Create the best academic model of student, residency and fellowship training supported with appropriate resources, including funds, space and infrastructure.**
- Develop a plan for advancing **public policy**.

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