FROM THE CHAIR – On September 14, 2011, 64 leaders in the Department gathered at Fort Mason for a half-day retreat to advance the Department’s Strategic Plan. Since the Strategic Plan’s inaugural retreat in 2009, much has been accomplished. And not surprisingly, new challenges have changed the financial and operational landscape for the Department. The purpose of the 2011 retreat was to review our progress and to discuss our plans for 2011-2012.

To open the retreat, I highlighted both the Department’s recent accomplishments and the expectations for 2011-2012. The Department is in good shape today, but there are significant challenges ahead. We face university budget cuts and complexities resulting from Operational Excellence. We are formulating ways to address the changes resulting from health care reform, implementation of new duty hours requirements for residents, and the need to operate our clinical services in a more integrated and coordinated manner, supported by significant projects like the APeX rollout (the electronic medical record system) at UCSF Medical Center.

Seth Landefeld reviewed the achievements of the Strategic Plan, thanking in particular the Champions who worked so hard to lead efforts in Research, Clinical Activities, the Economic Model, Education, Recruitment and Retention, Public Policy and Unified DOM. Five key priorities were chosen for Breakout Group sessions. Retreat participants chose two out of five breakout group sessions to attend. They were asked to develop ideas that the Department could implement in the next 1-2 years. Their input was invaluable as we determine the strategic priorities for 2011-2012.

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INSIDE
- Developing Leaders Across the DOM...page 2
- Improving Primary Care-Specialty Care Coordination...page 2
- Research Roundtable Discussions...page 3
- Growing Our Financial Resources...page 4
- An Ideal Ambulatory Education...page 4
Developing Leaders Across the DOM

In the Strategic Plan’s first 2 years, the critical roles of leaders across the Department have become increasingly apparent. Faculty and staff lead Divisions as well as clinical, educational, and research programs, yet few have trained for these roles. The Unified DOM Strategic Priority has highlighted these issues.

Seth Landefeld and Suzanne Kawahara facilitated discussions of key questions: Would opportunities for leadership training build a stronger Department? What are pragmatic ways we can develop leaders across the DOM?

Participants agreed that practical leadership development, open to all DOM leaders, is desired. In particular, they suggested, mentoring by existing chiefs or heads, developing a program customized to working at UCSF and understanding the primary objectives of a successful leader.

Action items for 2011-2012:
■ Develop and pilot a DOM Leadership Training Initiative.

Improving Primary Care-Specialty Care Coordination

Care coordination and improved access to care are central clinical priorities for the Department. Ralph Gonzales and Miriam Gonzalez-White introduced the Patient-Centered Medical Home-Neighborhood principles, developed by the ACP and the Council for Subspecialty Societies to improve primary care-specialty care coordination. The principles make explicit the components of a successful PCMH-Neighbor relationship, including bidirectional communication, timely consultations and referral access, and clear expectations regarding the division of co-management responsibilities. The group discussed Care Coordination Agreements (CCA) standards defined by each subspecialty in collaboration with primary care leadership – to define the appropriate workup prior to referral, the co-management responsibilities, and the communication expectations.

Action items for 2011-2012 from the retreat discussion include:
■ Improve the understanding of the primary care-specialty care relationships by conducting a brief survey to evaluate the referral relationship for a list of common patients.
■ Modify CCA definition to incorporate break-out group suggestions and communicate with national ACP PCMH-Neighborhood office.
■ Meet with the APeX referral design/build team to explore opportunities to integrate the CCA concept into the referral process.
■ Convene a multi-hospital working group to discuss strategies for implementing PCMH Neighborhood principles across all settings.
The Department of Medicine leads the country in NIH-funded research. To support high-impact research, the Department seeks to make the best use of limited resources. At the Retreat, The Associate Chair for Research, Bill Seaman, and the Director of Research Administration, Suzanne Sutton, led two roundtable discussions of possible targets for funding by the Department.

Emphasis was placed on identifying synergies with existing efforts on campus, without duplicating efforts.

Priorities were discussed with the view that strong ideas might generate additional support both within and outside the department.

The first priority from each of the two roundtable discussions was to support activities that will increase the success of applications for grant funding. Some ideas included:

1. Expand current efforts in the Chancellor’s Office to establish an administrative ‘strike force’ that would identify grant opportunities and would assist in the preparation of applications, particularly for large, collaborative, cross-disciplinary grants.

2. Provide stimulus funding to initiate cross-disciplinary and cross-site studies, incorporating efforts by the UCSF Program for Breakthrough Biomedical Research, and the UCSF Clinical and Translational Science Institute (CTSI) (including and the Research Allocation Program, RAP).

3. Work with the Chancellor’s Office and CTSI to fund infrastructure support, such as cores and statistical data analysis. It was noted that large grant applications to the NIH place considerable emphasis on support from the institution as a requirement for funding.

Other important priorities discussed included:

(i) recruitment and early support for new investigators, (ii) the expansion of patient cohorts for the advancement of human studies, and (iii) support for trainees. The importance of education in all research efforts was emphasized.

**Action steps to be pursued in 2011-2012 are:**

- To build on these discussions and to develop the implementation plans, Dr. Seaman and Ms. Sutton will lead a working group of ~12 faculty members from the Department.
Growing Our Financial Resources

Financial sustainability is important to achieving our mission. Currently our traditional sources of revenue, such as California state funding, are shrinking and our costs our rising. What can the Department do to adequately support its objectives? What are ways that we can “grow the pie?” Maye Chrisman and Michael Chen moderated a discussion addressing these issues. Participants suggested: (1) Improving our clinical billing systems to ensure appropriate capture of our clinical revenue; (2) Developing meaningful financial and non-financial incentives that balance work in our three missions of education, clinical care, research; (3) Promoting partnerships across our sites including joint faculty appointments and joint funding for shared activities (e.g., fellowship programs); (4) Exploring off-campus opportunities for clinical revenue; (5) Increasing effort on philanthropy; (6) Thinking about creative ways to promote the UCSF brand through CME opportunities.

The Economic Model Priority team will use the input to determine appropriate priorities for 2011-2012.

An Ideal Ambulatory Education

Recently, the DOM strategic pillar for education has focused on addressing the new common program requirements, particularly restrictions on trainee duty hours in the inpatient setting. We plan to spend the next several years addressing ambulatory education because we recognize that many graduates of our training programs will practice in the outpatient setting regardless of their subspecialty. There have been numerous innovations occurring in the outpatient setting including the institution of the electronic medical record, team-based care, and panel management.

We want to define the qualities of the ideal ambulatory education experience, to think through addressing the challenges and barriers to change, identify important stakeholders in the process, and elaborate some of the metrics that will help us define success. Pat Cornett, Beth Harleman and Sue Sheehan moderated two discussion groups focusing on ambulatory education.

Action steps their team will be pursuing in 2011-2012 are to:

- Further define best practices using national resources and internal expertise.
- Engage stakeholders at the clinic/leadership level in a needs assessment and continued brainstorm on the ideal ambulatory educational experience.
- Further develop/disseminate core curriculum, particularly as it pertains to subspecialty practice.
- Assess barriers to consistency of scheduling and work to improve reliability.

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

Our vision: Transforming medicine through innovation and collaboration.
Quotes from the Fishbowl

During the last session of the day, ten DOM faculty and staff participated in a “Fishbowl” exercise, led by Paul Volberding, where they shared their reflections on what they learned during the retreat and what messages they would take to their colleagues.”

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Bonnie Johnson
SFGH

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“Patients play a role in their own care. We can’t divorce ourselves from the patient.”

Ralph Gonzales
PARNASSUS