The Department of Medicine brings together a diverse community of innovators. We aim to transform the way that medicine is practiced—through discovering new therapies and technologies, applying these discoveries to provide our patients with the best care, training future generations of outstanding physicians, and using our knowledge to impact how health care is delivered in this country and beyond.

One of our major goals is to be the most trusted and influential leaders in shaping health policy. Below are profiles of three faculty members who are already at the forefront of this effort.

Shaping Public Policy to Advance Health

Improving Quality of Care

With advanced degrees in medicine, public health and business, Neil R. Powe, MD, MPH, MBA, brings an impressive range of experience to his work of improving health outcomes both locally and nationally.

Powe is the Constance B. Wofsy Distinguished Professor of Medicine and chief of medical services at San Francisco General Hospital (SFGH). His training has included coursework in health policy and a fellowship working for the Department of Health and Human Services. “These experiences helped me understand how laws are made by Congress, how regulations are made in the health care industry, and what type of information policymakers want and need.”

Neil R. Powe, MD, MPH, MBA, chief of medical services at San Francisco General Hospital, helps shape policy at the highest levels.

“These experiences helped me understand how laws are made by Congress, how regulations are made in the health care industry, and what type of information policymakers want and need.”

– Neil R. Powe, MD, MPH, MBA

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Rotasa Foundation Supports Center for Vulnerable Populations

The Rotasa Foundation has awarded a $500,000 matching grant to the Center for Vulnerable Populations (CVP), a pioneering center based at San Francisco General Hospital (SFGH). The CVP conducts and disseminates innovative research and advances health communication to prevent and treat chronic diseases in at-risk populations.

The gift, given through the San Francisco General Hospital Foundation, will help the CVP expand its current infrastructure. This will enable the CVP to reach more patients in more communities and strengthen collaborations with others at SFGH in addressing the broad range of chronic illnesses affecting vulnerable populations.

“At the same time, the UCSF Department of Medicine has been coordinating its efforts to more effectively promote excellence. As I reported in the last issue, we have begun implementation of our strategic plan, with the ambitious goal of making the UCSF Department of Medicine the best in the country.

As part of that effort, the Department has developed a new mission statement. In addition to supporting excellence in patient care, research and education, our mission has expanded to include advancing public policy. In fact, our faculty members are already leaders in the development of policy at the local, regional, state, national and international levels. Our influence also extends beyond health policy, broadly affecting areas related to the well-being of individuals and entire communities.

Public policy is not a separate activity: it is interwoven into all aspects of our mission and professional activity. We are currently evaluating the ways we are already involved in public policy, and are determining how to further develop and support leadership in this area. We are also finding new ways to integrate public policy into our curriculum, helping to educate future leaders. We will strategize ways to share our public policy expertise at the local, national and global levels to influence the practice of medicine through the use of rigorously defined, concrete and measurable practices.

In short, we now have the opportunity to share our discoveries in patient care, medical education and research with a much broader audience. By explicitly including public policy in our new mission statement, we are re-committing ourselves to playing a guiding role in the public sphere. I look forward to working with you to improve the health and well-being of our communities and our world.

Sincerely,
Talmadge E. King, Jr., MD
Chair, Department of Medicine

Editorial Advisory Board:
Talmadge E. King, Jr., MD
Maye Chrisman
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The Rosalind Russell Medical Research Center for Arthritis celebrated its 30th anniversary last fall with a festive gala featuring a new documentary about the film star, and a guest appearance by the documentary’s narrator, actress Kathleen Turner. Russell starred in many Broadway shows and movies, including His Girl Friday, before she was diagnosed with rheumatoid arthritis. She became an advocate for increased research and education in arthritis and accepted a Congressional appointment to the Rheumatology Division of UCSF to house it. Today, the Center for Arthritis, and selected academic units across the country, allows them to secure funding from the National Institutes of Health (NIH) and other institutions.

National Commission on Arthritis, chaired by UCSF Professor Ephraim P. Engleman, MD.

After her death, Congress made a one-time grant in 1979 to establish the Rosalind Russell Medical Research Center for Arthritis, and selected UCSF to house it. Today, the Center supports the UCSF Division of Rheumatology’s innovative research on many rheumatic diseases, including rheumatoid arthritis, systemic lupus erythematosus and osteoarthritis.

Guests at the gala were among the first to watch “Life is a Banquet,” a documentary about Russell’s life, and were joined by Oscar nominee and Golden Globe Award winner Turner, who narrates the film and has become an honorary board member of the Center.

Board chair Paula Gambs, who spent a year planning the gala with a board subcommittee, says the high quality of UCSF’s researchers inspires the board to energetically support the division. “The faculty here is extraordinarily strong, and their research is incredibly valuable,” she says. “We’ve also achieved a critical mass: young people are attracted by these seasoned researchers, and want to come here to work in the best labs.”

Over the years, UCSF has trained more than 125 young physicians to become leaders in rheumatology. The board has made special efforts to support researchers at the beginning of their careers, as they set up their own laboratories and generate initial data improving health care delivery and access to care for patients with arthritis, an outstanding program investigating the genetics of autoimmune and rheumatic diseases, a leading clinical trials program that has pioneered breakthroughs in developing new drug therapies, and an innovative observational cohort that helps bring the latest treatments to members of vulnerable populations, particularly at San Francisco General Hospital.

“The last decade has brought a whole new class of drugs along that are focused on distinct components of the immune system that contribute to disease, and we were among the pioneers in that work,” says Wofsy. “Starting in the 1980s, we looked at monoclonal antibody therapies for rheumatic disease at a time when, frankly, it was common for our grant applications to be greeted with responses like, ‘This is an intriguing idea theoretically, but it will never be practical.’ Well, now it’s practical — it’s the way rheumatoid arthritis is treated. We are proud that we’ve had a central role in the emergence of much more effective treatments.”

Wofsy says the Center’s support is essential for supporting a wide range of future research, such as addressing the biology and public health impacts of arthritis — the nation’s leading cause of disability, according to the Centers for Disease Control and Prevention — to discovering better treatments for rare but devastating diseases like systemic lupus.

“Our Division of Rheumatology couldn’t succeed at the level we do without an extraordinary philanthropic foundation,” says Wofsy. “You can look around the country: there is no other program like this one, because there is no other foundation like the Rosalind Russell Medical Research Center for Arthritis.”

Pioneering Effective Treatments

David Wofsy, MD, associate director of the Center, says the board’s efforts have been critical to building such a strong division at UCSF. “We probably have the greatest breadth of research activities of any rheumatology program in the country,” he says.

That research includes groundbreaking discoveries about the molecular biology of rheumatology, one of the country’s strongest health services research programs focused on improving health care delivery and access to care for patients with arthritis, an outstanding program investigating the genetics of autoimmune and rheumatic diseases, a leading clinical trials program that has pioneered breakthroughs in developing new drug therapies, and an innovative observational cohort that helps bring the latest treatments to members of vulnerable populations, particularly at San Francisco General Hospital.

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Top photos, from left: Talmadge E. King, Jr., MD, chair of the Department of Medicine, Ephraim P. Engleman, MD, the Center’s director, actress Kathleen Turner and Mozelle King at the October gala; Engleman accepts a gift from Board Chair Paula Gambs.
shaping public policy to advance health

continued from front page

in the health care industry, and what type of information policymakers want and need,” says Powe.

Today, Powe helps shape policy at the highest levels. For example, as part of the American Recovery and Reinvestment Act (ARRA) – the $787 billion economic stimulus package passed a year ago – Congress appropriated $1.1 billion for comparative effectiveness research, which investigates the strengths and weaknesses of various medical treatments. Congress also charged the prestigious Institute of Medicine (IOM), an independent nonprofit organization, with developing priorities for how these funds should be used.

Powe was one of 24 experts who served on the IOM committee, which issued a report recommending 100 funding priorities. Many of these centered on health care delivery and health disparities. “The committee determined these two cross-cutting themes,” says Powe. “How do we use medical technologies to make sure that patients get the care they need, and how do we effectively use treatments in low-resource settings to help individuals from vulnerable populations?”

The report is now being used to direct funding priorities in comparative effectiveness research for the National Institutes of Health, the Department of Health and Human Services and the Agency for Healthcare Research and Quality. “The report made an immediate difference, affecting how ARRA money is being doled out around the country,” says Powe.

Powe has also played a key role in shaping the way patients with kidney disease receive care. In 2008, Congress passed the Medicare Improvements for Patients and Providers Act. Among other enhancements, the new law will provide Medicare coverage for patients with severe kidney disease for up to six physician visits to learn about their dialysis and transplant options.

Powe has conducted extensive research about chronic kidney disease, and demonstrated that informed patients actually live longer. He recently chaired a stakeholders group at the Agency for Healthcare Research and Quality in drafting recommendations for the content and format of these Medicare-funded education sessions. “Ultimately, we hope this will support ‘shared decision-making,’ in which providers fully inform and involve patients in decisions about their therapy, rather than just telling patients, ‘This is what I think you should have,’” says Powe.

“There are more than 500,000 patients in this country with end-stage renal disease who qualify for Medicare,” he says. “The stakeholders’ group helped assure that the rules by which providers are paid actually make sense and are based on evidence.”

Language Access: Found in Translation

“One out of five Californians speaks limited English,” says Alice Chen, MD, MPH, who directs the Adult Medical Center at SFGH. “Communicating with our patients is central to our ability to provide quality care.”

Chen – who speaks Mandarin Chinese and Spanish – has been at the forefront of improving language access for patients in healthcare settings. She serves as board vice president of the California Pan-Ethnic Health Network (CPEHN), an organization working to improve health care access and eliminate health disparities. CPEHN sponsored California’s Health Care Language Assistance Act, which requires private health plans and insurers to provide trained interpreters to patients.

While this is the first law of its kind in the country, passing it was just the first step. “A law is just words on paper until it is implemented,” says Chen. “It’s like a speed limit – its effectiveness depends on how well it’s enforced.”

One way Chen has worked to make language access a reality is by championing videoconferencing medical interpretation (VMI) at SFGH. This new technology gives medical providers immediate access to interpreters, and allows interpreters to see what is happening in the exam room – helping them more accurately describe diagrams and other visual information to patients. “Even though we have more than 25 full-time trained medical interpreters, it’s not enough to meet demand,” says Chen. “They used to spend half their time in transit, running from the Emergency Department to the clinic to the hospital wards. With the centralized VMI call center, they can serve many more patients.”

Another common obstacle for limited English speakers is deciphering prescription label instructions. Chen is working with Dean Schillinger, MD, Urmimala Sarkar, MD, MPH, and colleagues at Northwestern University to test the effectiveness of instructions translated into Chinese, Korean, Russian, Spanish and Vietnamese. “Once they’ve been translated and validated, there’s little excuse for pharmacies not to use them,” says Chen.

Alice Chen, MD, MPH, (right) has led efforts to improve language access for patients.
Chen. “We are partnering with the California Board of Pharmacy to upload these translations to its website in the hopes that it will assist pharmacists in doing the right thing for their patients.”

Chen is also helping the next generation of physicians become effective advocates. She and colleagues at SFGH and CPeHN received a grant from the Institute on Medicine as a Profession to design a new curriculum that teaches medicine and pediatrics residents skills such as writing opinion pieces, media advocacy, making legislative visits and using survey data to effect change.

Chen sees her work in advocacy and policy as a natural outgrowth of her role as a general internist. “Primary care is premised on a whole-person orientation,” she says. “You not only examine patients’ biologic systems, but also think about how their social milieu affects their disease processes. As physicians, we advocate every day for individual patients to access resources such as housing, disability and transit. We also need to create resources and local policies to improve the health of the community, and to advocate for legislative and administrative action to change large-scale policy that then filters back to the individual patient.”

She feels SFGH is a natural place for physicians drawn to policy work. “The marriage between San Francisco General and UCSF is a very powerful one, because you have thoughtful, smart, energetic people who are constantly thinking about developing and evaluating programs and policies that impact underserved communities,” says Chen.

Helping Make History

“I had the thrill of watching the debate and vote on the floor of the House of Representatives on the final health care reform legislation,” says Andrew Bindman, MD, chief of the Division of General Internal Medicine at SFGH.

This year, Bindman is in Washington, DC, as a Robert Wood Johnson Health Policy Fellow. He serves as a full-time staff member to Representative Henry Waxman (D-Calif.), who chairs the House Energy and Commerce Committee. “Congressman Waxman has been a leader for many years on health care, and I’ve been fortunate to work with him and his staff on proposals to expand health insurance coverage, support primary care and strengthen safety net hospitals and clinics,” says Bindman.

“I’m very hopeful that this new law will lead to significant improvements in access and quality of care,” says Bindman. “The legislation that passed isn’t perfect, but it is a huge step forward for covering the uninsured. It’s not the end of health care reform, but rather an important beginning for bringing equity and accountability to the health care system.”

Bindman’s experience as a primary care physician has provided invaluable skills for his work on Capitol Hill. “In my role with the Congress, I need to be familiar with a wide range of health policy issues and know how to diagnose and resolve the most common issues before referring the problem to colleagues with more specialized expertise,” he says. As one of only two physicians staffing the committee, Bindman’s 20 years at SFGH helped inform discussions with leadership from the House, Senate and White House on passing health care reform legislation.

One issue Bindman focused on is improving primary care payment – particularly for Medicaid, the federal-state insurance program for low-income Americans. Bindman’s previous research demonstrated that only about half of California’s primary care physicians accept Medicaid patients because of the low payment rates. Nationally, Medicaid reimburses primary care physicians at a rate that is only 66 percent of what they receive to care for patients with Medicare, the government insurance program that covers Americans who are 65 and older and people with permanent disabilities.

To help remedy this situation, the new law requires Medicaid to pay primary care physicians on a scale that is equal to or better than Medicare. “This is needed to increase capacity for an expected increase in the number of new Medicaid beneficiaries under health care reform,” says Bindman.

Bindman also contributed to elements of the health care reform legislation that will financially support the safety net. Hospitals like SFGH and UCSF serve a disproportionately large percentage of low-income patients, whose care is often complicated by a variety of social challenges, including language barriers. “My experience as a primary care physician at San Francisco General Hospital has been persuasive with policymakers when debating the merits of things like interpretation services for safety net providers and their patients,” says Bindman. “It was exciting that the work on primary care and safety net hospitals was included in the final legislation.”

When Bindman returns to UCSF in the fall, he plans to teach a new course about disseminating research to decision-makers. Although publishing in peer-reviewed journals like the New England Journal of Medicine is an important first step, Bindman says it is also critical for academics to engage the media and constituency groups in communicating a consistent, clear and loud message to policymakers. “While in Washington, I’m learning how to better formulate messages to translate evidence-based work into policy,” says Bindman.
Helping Patients Breathe Easier

Ken Sovey enjoyed an active life. He exercised daily, never smoked, and always took the stairs when inspecting buildings for his work in insurance claims. Several years ago, the Santa Cruz resident was puzzled when he couldn’t build up his endurance while running. He knew something was really wrong when he had trouble climbing a flight of stairs. “I thought, maybe this is what it is to get old,” recalls Sovey, now 47. “But I wondered, why am I so out of breath that I can’t even talk?”

His doctors discovered he had lung fibrosis, i.e., scar tissue formation. Sovey came to UCSF’s Interstitial Lung Disease (ILD) Program, one of a few centers nationwide specializing in the treatment of lung scarring. Its members include experts in pulmonology, pathology and radiology – including Talmadge E King, Jr., chair of the Department of Medicine, who spent much of his career investigating different types of ILD.

The term “interstitial lung disease” includes many disorders that cause lung injury and scarring and interfere with breathing. These disorders can be difficult to diagnose, because the most common symptoms are shortness of breath and coughing – symptoms found in most lung disorders. Some patients develop ILD after chronic exposure to environmental agents like mold, while others’ ILD is related to connective tissue diseases such as rheumatoid arthritis. However, for many patients, the cause is unknown.

Many subtypes of ILD are treatable, if a patient is correctly diagnosed early enough. “Knowing what process you’re trying to prevent the progression of has significant management implications,” says Harold R. Collard, MD, director of the ILD Program. “Early, accurate diagnosis gives patients the best chance to respond to therapy.” A multidisciplinary panel of experts confirms the diagnosis of each patient and develops detailed management recommendations.

Connecting Patients with Resources

In January 2009, UCSF physicians determined that Sovey had idiopathic pulmonary fibrosis (IPF), a common form of ILD whose cause is still unknown. Even though IPF does not yet have a cure, UCSF has several clinical trials of experimental therapies that Sovey may participate in.

Sally McLaughlin, RN, MSN, the ILD Program’s nurse, provided Sovey and his local pulmonologist with information to help manage his disease. “An important aim of the program is to help patients keep doing the things they love to do,” says McLaughlin. “We provide resources and ways to help make that happen.”

McLaughlin referred Sovey to pulmonary rehabilitation, a series of exercise and education classes which help patients increase exercise function, reduce breathlessness and improve quality of life. She also explained different oxygen equipment options to Sovey, who uses a portable oxygen concentrator when he runs errands or flies, and uses another machine at home. Physicians also referred Sovey for a lung transplant evaluation. “UCSF told me, we’re on the cutting edge of research, and we’re trying to find a treatment for this,” says Sovey. “But if all else fails, they said I’d be an excellent candidate for transplant.”

The UCSF ILD Program also runs a monthly support group called Living Well with ILD, and hosts a daylong seminar for patients and their families as well as a workshop for medical providers.

Hope for the Future

In addition to outstanding patient care, UCSF is at the forefront of ILD research. “We have learned so much about the biology of scar formation in the last two decades,” says Collard. “I’m very excited about our progress in developing new therapies that target specific pathways in fibrosis. This will provide treatments that are more effective and less toxic than currently available.”

As part of UCSF’s research efforts, more than 1,000 patients are participating in a registry which allows scientists to access their clinical data and blood and tissue samples. The registry is helping researchers, including many pulmonary fellows training in ILD, discover more about the biology and epidemiology of these diseases.

Collard’s dream is to create a UCSF Fibrosis Center, where discoveries about scarring diseases could be shared across disciplines. For example, ILD physicians could collaborate with cardiologists studying scar formation after a heart attack, or gastroenterologists studying cirrhosis of the liver.

For his part, Sovey continues to work full-time and exercise daily. “I know they see a lot of people, and the fact that they remember me when I come in means a lot,” says Sovey. “It’s very important when you’re a patient to have a personal connection, because you know they’ll do their best for you. At this point, they’re kind of an extended family.”

From left: Harold R. Collard, MD, director of the UCSF ILD Program, lung patient Ken Sovey and Sally McLaughlin, RN, MSN, program nurse, discuss ways to manage Sovey’s disease. His doctors discovered he had lung fibrosis, i.e., scar tissue formation (see example inset in bar at top of page).
New Hospital Breaks Ground

On a bright autumn day last October, UCSF leaders joined San Francisco Mayor Gavin Newsom for the ground-breaking of a new San Francisco General Hospital (SFGH) to replace the existing public hospital, where more than 1,500 UCSF faculty and staff treat patients and conduct life sciences research.

Designed by Fong & Chan Architects, the new, nine-story, 448,000-square-foot hospital with 284 acute-care beds will be built amid the medical center’s historic red brick buildings on the Potrero Avenue campus. The new hospital is projected to cost $887.4 million, and is scheduled to open by 2015.

The groundbreaking represents a major milestone in the long partnership between UCSF and SFGH, a public hospital owned by the City and County of San Francisco and operated by the Department of Public Health’s Community Health Network.

“At SFGH, our doctors provide health care to the city’s most vulnerable patients, while the hospital provides a multicultural training ground for the school’s educational programs and a rich research environment,” says Sam Hawgood, MBBS, dean of the UCSF School of Medicine and vice chancellor for medical affairs.

SFGH operates the city’s only level I trauma center, and has specialized equipment and experts available around the clock to treat the most critically injured patients. The designation also requires SFGH to conduct clinical research to advance the care of patients with life-threatening injuries. – Lisa Cisneros

DGIM Celebrates 30th Anniversary

A lot of fundamental clinical learning needs to happen in the ambulatory setting. Second, patient-doctor communication is key. This is a learnable skill, just like writing, and we teach it. Third, we try to resolve patients’ problems as much as possible within primary care, and to know when referrals to specialists are needed.” To develop residents’ skills, the program provides rotations in specialties such as orthopedics and dermatology.

For current residents, graduates and faculty, the reunion was an evening of inspiration and appreciation. “Despite the low reimbursement rate for primary care and low salaries… this is work that is meaningful,” says Stephen J. McPhee, MD, who organized the event. “It was really moving to listen to what people have done at different stages of their careers.”

“Our reunion was a rare chance to reconnect with generations of UCSF residents from all corners of the country who have become leaders as general internists,” says Iris Cheng, MD, FACP, a graduate who now serves as medical student clerkship director at Carolinas Medical Center. “I feel privileged to have spent my early professional years in medicine at UCSF, where my love of teaching and practicing general internal medicine was inspired and cultivated.”

“Twenty years past completing residency what strikes me as the most extraordinary about those years was how strong the mentoring was,” says Mitchell H. Katz, MD, director of the San Francisco Department of Public Health. “To this day I still seek career advice from Steve Schroeder… I think it was the strength and breadth of the training that I received that has enabled me to run San Francisco’s health department for these past 12 years.”
Recognizing Clinical Excellence

Each year, the Department of Medicine recognizes outstanding physicians who have exceptional knowledge, superior teaching and communication skills, and an ability to provide compassionate, appropriate, effective and high quality patient care. The newest members of the Council of Master Clinicians are profiled here.

Improving Hospital Care

“Hospitalizations are incredibly trying times for patients and their families,” says Hugo Quinny Cheng, MD. “Even though it can be challenging, it’s important to find the time to talk things over with families, answer their questions, and let them know you are there for them.”

Cheng is a hospitalist, a relatively new type of specialist who oversees care of hospitalized patients. In 2007, he established the Comanagement with Neurosurgery Service, providing a full-time hospitalist to partner with neurosurgeons in caring for patients recovering from surgery for brain tumors, spine disease and other complex neurological disorders.

These patients often have other serious conditions and an increased likelihood of developing medical complications, such as blood clots in the leg, which can be fatal if they travel to the lungs and obstruct blood flow. “As hospitalists, we automatically follow these high-risk patients’ vital signs and labs and manage their medications to prevent complications, and are readily available to address any complications much more quickly than would otherwise happen,” says Cheng. The new service has helped improve the quality and safety of care, and has increased provider satisfaction on the neurosurgery service.

Cheng says one of the most enjoyable parts of his job is teaching and learning from medical residents. “It’s a real treat to work with what are clearly the best residents in the country, with their passion, knowledge and skill sets,” says Cheng. One focus of his teaching is helping them cultivate their sense of informed judgment when caring for patients before and after surgery. “Rather than following guidelines by rote and automatically ordering a fancy diagnostic test, I encourage residents to think through how the results of that test would change their management of that specific patient,” he says.

Cheng is widely admired by his faculty colleagues. “Quinny isn’t flashy, he just always gets the job done – with great integrity, good humor, and unflagging dedication to doing what’s right for patients,” says Robert Wachter, MD, chief of the Division of Hospital Medicine.

Cheng says he is humbled to be recognized as a master clinician. “I’m incredibly honored to have been given this recognition,” he says. “The people who have received this honor previously are physicians I have the greatest admiration for, and I’m stunned to be included among them.”

Cheng lives in Pacifica with his wife, Mary, a biologist, and their son, Marcus. Cheng enjoys playing electric guitar, and says he cultivates a secret hope of someday joining a rock band.

Captain of the Emergency Department

Before becoming a doctor, Jonathan “Jody” Garber, MD, traveled the world as a cook on a merchant ship. In addition to baking sometimes lopsided sheet cakes – one of the vessels permanently listed to one side – he also learned a lot of people skills. “Working on a ship is not unlike working in a medical center, where you are in close quarters with people under somewhat stressful conditions,” he says with a laugh.

Garber applied those skills when he became chief of the San Francisco Veterans Affairs Medical Center (SFVAMC) Emergency Department in 1998. At that time, it was a temporary moonlighting perch for former residents, but Garber transformed the department. He built a seasoned team of dedicated faculty members who are passionate about caring for acutely ill patients. In addition, Garber has also worked locally and nationally on disaster preparedness, planning for catastrophes such as earthquakes and pandemic flu.

“His encyclopedic knowledge of urgent care medicine and internal medicine makes him the de facto...
consultant for the ER’s faculty and residents,” says Gurpreet Dhaliwal, MD, a colleague at the SFVAMC. “The degree of commitment to his job can be simply summarized: 24/7 there is no voicemail. You will always reach Dr. Garber, unless he is already occupied helping someone else.”

Garber is a beloved teacher who says that careful listening is essential to his work. “One of the beauties of working at the VA is we see patients with such a variety of backgrounds – some live in small trailers on the sides of mountains, others are middle class or are marginally domiciled,” says Garber. “They all have their own fascinating stories to tell. We’re taking care of people, not problems.”

Despite his reputation as a stellar diagnostician, Garber says he is humbled and surprised every day. “When I was in training, I was told it takes 15 to 20 years to feel comfortable in your skin as an internist,” he says. “That’s still a work in progress. It’s building an ever-expanding database, which is your day-to-day experience.” He credits his jobs before medical school with giving him a head start.

In addition to working as a merchant seaman, Garber also worked as an orderly and physician’s assistant. In the early 1980s, one of his roles was roaming the streets, cafés and methadone clinics of New York, using a 50-page questionnaire to interview injection drug users in an effort to discover what factors might be contributing to the HIV/AIDS epidemic. He also worked at a large detox hospital in Lower Manhattan, learning about the manifestations of substance abuse.

Today, Garber lives in San Francisco with his wife, Ellen Griffin, who is the communications director for San Francisco State University. Their son, Sam, studies acting at New York University’s Tisch School of the Arts.

**Writing the Book**

“Sir William Osler said it’s more important to know the patient who has the disease, rather than the disease the patient has,” says Margaret Wheeler, MD, referring to one of the founders of modern medicine.

Wheeler, a primary care physician at San Francisco General Hospital (SFGH), recalls a patient with diabetes and hypertension who complained of chest pain while praying. “I thought, that’s a pretty sedentary activity,” says Wheeler. “Then I asked him, ‘Show me how you pray.’” The patient, an imam, demonstrated several of the postures used in Islamic prayer – which include standing, bowing and kneeling in quick succession. “I thought, of course he has heart disease!” she recalls with a laugh.

Wheeler has a large primary care practice at SFGH, including many patients with complex social histories and chronic diseases. “She combines top-notch clinical expertise with an extraordinary degree of insight and compassion for her patients,” says Alicia Fernandez, MD. “Dr. Wheeler sets the standard for clinical excellence in primary care at UCSF.”

Before attending medical school, Wheeler worked as an English teacher and freelance editor. Those skills proved valuable when she and colleagues at SFGH edited *Medical Management of Vulnerable and Underserved Patients: Principles, Practice and Populations*. It is the only existing textbook of its kind, and includes best practices for caring for marginalized groups such as seniors, immigrants and homeless people.

“Each day in the life of certain high-risk patients, we realized there weren’t easy places to go for reference for things that came up all the time,” says Wheeler. “For example, what do you do when a patient can’t read? We wanted the book to be evidence-based, so it wouldn’t just be some soft-hearted doctor saying that prison is bad for your health. Can we document that? What are the illnesses that are worse for you in prison? How many are incarcerated for substance use? Is prison preventable? We wanted to address issues faced by vulnerable populations in the same way as other medical issues.”

In addition to her clinical duties, Wheeler is the SFGH site director for medical student clerkships, and leads projects with the California Emerging Infections Program on diseases including whooping cough and Creutzfeldt-Jacob disease, a rare brain disorder. She has also worked with torture victims seeking asylum through Survivors International, a San Francisco–based nonprofit, and provided care to the uninsured in West Yellowstone, Montana.

In her free time, Wheeler enjoys hiking and reading. She is married to David Large, PhD, a history professor who divides his time between Montana and California. They have a daughter, Alma, and a son, Josh.
Dr. J. Gregory Fitz

‘Eternal Student’ Becomes Medical School Dean

The ability of UCSF to take talented people and point them in the right direction is one of its greatest strengths,” says J. Gregory Fitz, MD, who was recently appointed dean of the University of Texas (UT) Southwestern School of Medicine.

Fitz arrived at UCSF in 1979 as an internal medicine intern, and went on to become a gastroenterology fellow, assistant chief of the medical service, director of the internal medicine residency program at Moffitt/Long Hospitals, and assistant professor of medicine before joining the faculty at Duke University Medical Center.

“I came for a training environment that I thought was outstanding,” says Fitz. “A lot was expected of residents, and the level of responsibility was greater than was customary... The combination of hard work and mentorship was hard to beat.”

He was especially inspired by Lloyd Hollingsworth “Holly” Smith, Jr., MD, longtime chair of the Department of Medicine. “He has a wonderful ability to say just the right thing,” says Fitz. “The first quote I remember from him is, ‘It’s hard to read the handwriting on the wall when your back is up against it.’ He had the ability to crystallize goals, and really built the department to be one of the greatest in the country.”

Among other mentors, he counts Bruce Scharschmidt, MD, then the chief of gastroenterology, who now works in the biopharmaceutical industry. “He introduced me to the laboratory world, in a way that embraced both clinical and research themes, and was central to my development at UCSF,” says Fitz.

“But in truth, there were many faculty members that played such a role. There aren’t many institutions where you could have that depth, creativity and emphasis on excellence that would support many different approaches to careers in medicine.”

He also credits UCSF with instilling the value of lifelong learning. Fitz, a world expert in liver cell function, has seen his field transform over the last three decades. “Nothing that I spent my career on was operative when I was there as a resident,” he says. “The clinical world has evolved so quickly, with liver transplantation and immunosuppression, and the research world has evolved in other areas of interest. You can’t learn anything more than an approach in an area of emphasis, because the pace of change demands that you change with it. UCSF was able to instill the importance of being an eternal student.”

Combining Clinical and Research Excellence

After teaching at Duke and directing the gastroenterology fellowship program there, he led the division of gastroenterology and hepatology at the University of Colorado Health Sciences Center. In 2003, he and his wife, Linda, moved to Dallas when he joined the faculty at the UT Southwestern Medical Center. He served as professor and chairman of the Department of Internal Medicine before becoming dean of the UT Southwestern School of Medicine last summer.

“UT is a wonderful scientific environment,” he says. “We have four Nobel laureates and 30 members of the National Academy of Sciences or Institute of Medicine. As a result, it has an incredible scientific base. The goals of the school are to extend its clinical work into an arena that combines excellence in basic science with application to a growing patient base.” As part of that endeavor, UT Southwestern will build a new hospital in the next five years, significantly expand its faculty, and launch a major initiative in cancer research.

“Anyone who has spent time at UCSF appreciates the balance between the clinical and research arenas and that exposure to excellence under both umbrellas,” says Fitz. “It was a wonderful experience, but it also shapes how I think about what we’d like to do here.”

Joshua Adler, MD, has been appointed chief medical officer of UCSF Medical Center.

He is responsible for overseeing quality, safety, efficiency and effectiveness of inpatient and ambulatory care.

Adler earned his medical degree from UC San Diego and completed his internal medicine residency and chief residency at UCSF. Since joining the UCSF faculty in 1994, he has served in leadership positions at the San Francisco Veterans Administration Medical Center, and directed ambulatory care at UCSF Medical Center. Adler also directs Pathways to Discovery, a program designed to increase scholarship and leadership among UCSF trainees.

“I hope to make UCSF the safest and most reliable medical center it can be, while maintaining the preeminence of all of UCSF’s missions,” says Adler. “In addition to amplifying our current efforts to deliver care in the safest possible way, I also want to engage all our trainees in learning the principles of patient safety and quality, and helping us resolve what they see as problems.”

Adler also wants to identify and share best practices across the medical center, such as consistently notifying patients about test results and providing timely access to care. “Two priority areas are communicating clearly upfront about what the entire patient experience will be – everything from where to park, to the details of their procedure or visit – and then delivering on it,” he says. “It’s a change in culture,
to prioritize communication with patients and with each other, as highly as we prioritize clinical expertise."

Jeffrey Olgin, MD, has been appointed chief of the Division of Cardiology at UCSF Medical Center.

Olgin received his medical degree from the University of Pennsylvania, and completed his residency, cardiology fellowship and cardiac electrophysiology fellowship at UCSF. After spending seven years on faculty at the Indiana University School of Medicine, he was recruited back to UCSF as chief of cardiac electrophysiology. Olgin has developed novel techniques for ablation of atrial arrhythmias, and his research investigates mechanisms of atrial fibrillation and atrial remodeling. Olgin also leads a large, multi-center clinical trial in sudden death prevention.

"UCSF boasts one of the top cardiology divisions in the country and one of the most sought-after training programs for cardiology fellows," says Olgin. "My goal is to not only maintain this level of excellence but to develop the program into the finest in the country. With the upcoming opening of the Cardiovascular Research Building and Cardiology Clinic at Mission Bay, anchored by the Schwab Center for Prevention of Heart and Vascular Disease, we bring together an incredible collection of talent and resources.

"We also have an unprecedented opportunity to recruit top clinical and basic cardiology researchers, particularly cardiovascular geneticists, preventive scientists and epidemiologists, and cardiac imaging researchers. Connecting research and clinical activities will hopefully lead to a new model of cardiovascular medicine, with translation of basic research into clinical research and patient care."

Dean Sheppard, MD, has been appointed as chief of the Division of Pulmonary, Critical Care, Allergy and Sleep Medicine at UCSF Medical Center.

Sheppard received his medical degree from the State University of New York at Stony Brook, did his internal medicine residency at the University of Washington, and completed his pulmonary and critical care fellowship at UCSF. He joined the UCSF faculty in 1980, and continues to serve as the founding director of the Lung Biology Center.

Sheppard is among the world’s most influential and creative scientists researching molecular mechanisms of lung diseases, including asthma, chronic obstructive pulmonary disease, emphysema, acute lung injury and pulmonary fibrosis. His laboratory studies a family of genes called integrins, which are important communicators between cells and their external environment and are involved in almost every biological disease process. Sheppard’s discoveries have led to development of new therapies that could eventually help patients with currently untreatable lung diseases.

As chief of his division, one of Sheppard’s goals is to build stronger connections between clinical and basic science research at UCSF to speed the translation of laboratory discoveries into effective new treatments for patients. “Our division has terrific programs, talented faculty, and world leaders in a number of areas,” says Sheppard. “My first task is to help us build a better sense of community to be sure these extraordinary strengths synergize with each other. I’d like to create an ethos where people can see how much more we can accomplish if we work well together.”

Hal F. Yee, Jr., MD, PhD, has been appointed chief medical officer for San Francisco General Hospital and Trauma Center (SFGH).

He is responsible for overseeing patient care as the hospital’s physician representative and medical director of quality, risk and utilization management and health information technology at SFGH.

Yee received his medical degree and a PhD in physiology from UCLA, and completed his residency, gastroenterology fellowship and postdoctoral fellowship at UCSF. He was recruited as SFGH’s chief of gastroenterology and hepatology in 2004, a position he continues to hold, and also directs the Center for Specialty Access and Quality. Yee is also the William and Mary Ann Rice Memorial Distinguished Professor of Medicine.

Originally a laboratory-based scientist with expertise in cell biology, Yee’s current research seeks to improve the effectiveness and efficiency of specialty care delivery, focusing on the interaction between primary care providers and specialists, and integrating health information technology into practice.

“As chief medical officer, my two main goals are to better coordinate and manage how we deliver health care across the whole of San Francisco’s safety net to improve access to, and quality of, patient care… and to ensure that all our patients can benefit from the outstanding innovations and discoveries of our faculty, staff and trainees,” says Yee. “I hope to assist San Francisco’s safety net in creating and testing innovative ways to provide health care that can serve as a national model for providing access to better quality care at lower cost.”
Division of General Internal Medicine Celebrates 30th Anniversary

Last October, current and former residents and faculty gathered to celebrate the 30th anniversary of the founding of the Division of General Internal Medicine (DGIM) and the 35th anniversary of UCSF’s primary care residency program.

“Our residency has been a model since its inception, and we have produced leaders in public health, academia, education, research, clinical work and administration,” said Mitchell Feldman, MD, MPhil, at the event.

DGIM became a separate division in 1980, with Steven Schroeder, MD, Distinguished Professor of Health and Health Care, as its founding chief. In addition to providing outstanding patient care and educating future leaders in medicine, the division conducts innovative research in areas such as smoking cessation, depression, health disparities and cancer screening. The primary care residency program began in the mid-1970s, and now has more than 330 graduates, including Eric Goosby, MD, global AIDS coordinator with the U.S. Department of State, and Robert Steinbrook, MD, a national correspondent for the New England Journal of Medicine.

Eliseo J. Pérez-Stable, MD, chief of the DGIM, says the residency program is based on three pillars. “First, many patients today have chronic illnesses, but actually never require hospitalization,” he says.

Stephen J. McPhee, MD
Endowment Created

The Department of Medicine is pleased to announce the creation of an endowment in honor of Stephen J. McPhee, MD. McPhee was one of the first faculty members hired in the Division of General Internal Medicine, and has inspired generations of patients, residents and faculty members with his clinical expertise and compassionate care. If you would like to participate in this giving opportunity, please contact Associate Director of Development Olivia Herbert at (415) 476-9878 or oherbert@support.ucsf.edu.