Nina Ireland: Transforming Lung Health

Nina Ireland suffered from emphysema for decades. But with excellent self-care and the help of her longtime doctor, UCSF pulmonologist Jeffrey Golden, MD, she lived an active life, tending her beautiful gardens and walking the San Francisco hills with her beloved German shepherds. After a brief illness, Ireland, 67, died in October 2010.

A few weeks later, UCSF learned some astonishing news: Nina Ireland had left almost her entire $48 million estate to the UCSF Division of Pulmonary Medicine, to be directed by Golden. Her bequest, the largest ever given to UCSF and likely the largest gift to pulmonary medicine, created the Nina Ireland Lung Disease Program.

Today, the endowment’s income is starting to have a real impact on UCSF’s efforts to build and sustain the world’s leading program for clinical care, training and research in lung disease.

“Dr. Golden was a true hero to her. She thought the world of him, and believed his work was so important.”

– Philip Spalding, Attorney and Trustee to Nina Ireland
The Power of Philanthropy

As this issue’s cover story describes, the UCSF Department of Medicine is seeing the first fruits of Nina Ireland’s extraordinary gift to support pulmonary medicine. We look forward to many decades of exciting discoveries that her generous bequest will make possible.

At UCSF, we are fortunate to receive many private donations, whether they come as bequests, as endowed chairs or distinguished professorships to support a specific position, as noted on p. 9, or gifts that provide much-needed operational support for the four parts of our mission: patient care, research, education and public policy. As state support and federal grant funding dwindle, the power of philanthropy is becoming increasingly vital to fueling innovations at UCSF that will change the face of medicine. We are committed to choosing wisely, making thoughtful decisions about how to best use each gift.

In this era of constrained resources and immense challenges, we cannot do everything. However, we have a great opportunity to invest in initiatives that have the most potential to transform health and health care for our patients, and we can then disseminate our findings nationally and internationally. As noted in the profile on p. 8, Mark D. Smith, MD, MBA, one of our many distinguished alumni, eloquently outlines a grantmaker’s perspective on making wise choices.

At the heart of the Department of Medicine are our outstanding faculty and staff. I hope the listing of their recent awards and the profiles of our most recent Master Clinicians help to illustrate the breadth of their accomplishments. We are continuing our Departmental strategic planning efforts to best utilize the talents of all our members, as we work to advance our mission. Our patients are the inspiration for all our efforts, and the Quality & Safety Corner highlights ways that we are working to provide more effective, efficient and coordinated outpatient care at all three of our campuses.

We are truly grateful for your support of the UCSF Department of Medicine, and are working diligently to be good stewards of the gifts that you have entrusted to us. Thank you for helping us to achieve our goals.

Sincerely,
Talmadge E. King, Jr., MD
Chair, Department of Medicine
Julius R. Krevans Distinguished Professorship in Internal Medicine

Innovations in Outpatient Care

With the quality and safety revolution of the last decade, so much of the initial energy has focused on the inpatient setting," says Niraj Sehgal, MD, MPH, associate chair for quality improvement and patient safety. Yet most health care is delivered in the ambulatory or outpatient setting – through clinics, rather than through hospitalizations. “We have an opportunity to proactively transform our ambulatory care systems to provide the highest quality care in a patient-centered fashion,” says Sehgal.

The Department of Medicine provides care in three diverse settings within San Francisco: UCSF Medical Center, San Francisco General Hospital (SFGH) and the San Francisco Veterans Affairs Medical Center (SFVAMC). All three sites are working to improve ambulatory care:

- At UCSF Medical Center, the Department of Medicine has appointed service chiefs for each specialty – such as cardiology and rheumatology – to lead ambulatory care improvements. Also, multi-specialty working groups focused on operations, quality and safety, and finance will develop strategies for achieving specific milestones – for example, ensuring that 70 percent of...
Nina Ireland

continued from front page

Simple Lifestyle, Exceptional Generosity

In 1916, Ireland’s great-grandfather purchased the Birmingham Slag Company. Her father was eventually elected president of the company, which later became the Vulcan Materials Company. Today, it is the country’s largest producer of construction materials such as crushed stone, sand and gravel.

Ireland was born in Birmingham, Alabama, one of five girls. She graduated from Chatham Hall, a boarding school in Virginia, and attended Rollins College in Florida. She moved to San Francisco, lived for a while in the Mission District, and was married briefly. She worked as a bank teller, and then held a government job.

She lived modestly, shying away from the limelight. “She wasn’t a society person by any means,” says Spalding. However, she enthusiastically renovated her Pacific Heights home, and often worked alongside her gardener to cultivate her exquisite yard. Ireland enjoyed art, collecting everything from ancient Chinese vases to delicate glass paperweights with floral designs, and she herself painted, mostly watercolors.

“She was extremely intelligent and well-read, and loved to talk,” says Spalding. “She also liked having a strong hand in the management of her finances, and would study the market. She was very much her own person. It was a great honor to be her attorney, because she was interesting, generous and wanted to do good things.

“Dr. Golden helped her a lot,” says Spalding. “I think his work was important for her living as long as she did, because she had pretty severe emphysema. She knew this would be an extraordinary gift, and thought that Dr. Golden would do right by it.” Because Ireland’s instructions for the gift were broad – just two sentences in her will – Golden worked closely with internal and external advisory boards to develop a wise stewardship plan. Together, they chose to support the research programs of budding fellows and junior faculty, establish a biorepository and clinical database and focus on four thematic areas of particular interest to Ireland: interstitial lung disease (ILD), lung transplantation, pulmonary rehabilitation, and global lung health and the underserved.

Investing in the Next Generation

Already, the funds have made an impact. “We are enthusiastic about the ways the Nina Ireland gift is supporting people,” says Dean Sheppard, MD, chief of the Division of Pulmonary, Critical Care, Allergy and Sleep Medicine at UCSF Medical Center. The division has one of the world’s leading fellowship programs, and provides extensive research and clinical training to young doctors who want to become pulmonologists. So far, the funds have helped 12 fellows enrich their educational experiences, as well as six junior faculty members who are establishing their own independent laboratories.

“We will have the biggest impact on lung disease around the world by investing in people early in their careers, making sure that they are primed to accomplish the most they possibly can,” says Sheppard.

The funds have also been instrumental in recruiting two new faculty members – Steven Hays, MD, medical director of the lung transplantation program, and Anthony Shum, MD, who conducts research on the causes of interstitial lung disease, with a third recruitment in process. In addition, they are helping support Jasleen Kukreja, MD, MPH, surgical director of the lung transplantation program.

The Ireland gift’s reach has extended to all UCSF campuses, providing funding for the John Murray Distinguished Professorship, which supports the chief of the Division of Pulmonary and Critical Care Medicine at San Francisco General Hospital (SFGH), and providing ongoing support to the San Francisco Veterans Affairs Medical Center’s Division of Pulmonary and Critical Care Medicine. It also created an Opportunity Fund open to all UCSF faculty, which will provide seed money for innovative research projects in lung disease. In the first round, faculty submitted 40 applications, and an expert panel of basic, translational and clinical scientists chose six projects for funding.

The Ireland funds have also brought leading scientists, researchers and clinicians together to brainstorm about the development of a transformative research initiative. While the discussions are still in the early stages, one big idea is “lung regeneration” – discovering ways to help damaged lungs repair themselves.

Building Research Tools

The Nina Ireland Lung Disease Program is also supporting the development of a more robust biorepository and clinical database, which will provide a wealth of information to researchers. Paul Wolters, MD, who is overseeing this initiative, began collecting blood and tissue samples of lung fibrosis patients 12 years ago. Other UCSF colleagues have made similar efforts over the years, and the ILD Program developed a clinical database with detailed information about patients who donated tissue. But without...
dedicated funding, it was difficult to collect information and specimens in a comprehensive way. The Ireland funds provide core support for the processing and storage of specimens and for the development of a web-based clinical database focusing on lung transplant, ILD, granulomatous disease (a specific type of ILD), and scleroderma, an auto-immune disorder that can affect the lungs, skin and joints.

The enhanced biorepository and database helped to spark a new partnership with Stanford – called the Northern California Scleroderma Research Consortium – involving pulmonologists, dermatologists and rheumatologists. Although individual patient records will be shielded to protect anonymity, researchers from either institution will be able to use these patient data and biosamples to conduct research.

“The power is in numbers,” says Wolters. The UCSF-Stanford collaboration will give researchers access to information about more patients with this rare disease. And because the database is web-based, it will be easy to invite other institutions to participate, supporting national and even international collaborations. The web interface also allows patients to answer symptom questionnaires online, further increasing the information available to researchers and reducing the data entry burden on staff. This model of data sharing could also be adapted to other areas of pulmonary research.

“We’re excited,” says Wolters. “This is an ongoing, longitudinal, multi-institutional, and hopefully one day multinational effort, with a very sophisticated level of detail related to patients with scleroderma. The Nina Ireland funds are helping things we have talked about for years actually happen.”

**ILD and Lung Transplant**

For many years, UCSF has been a leader in treating patients with ILD, a set of conditions involving fibrosis or scarring of the lungs. Many of these conditions are progressive and fatal. “I view the Ireland funds as a source of support for the ILD Program’s goals in the areas of patient care, education and research,” says Harold R. Collard, MD, the program’s director. “We’ve grown a lot in the last five years, and we want to continue that growth. It’s always a challenge to have the people and the time to do what you want to do, so this financial support can help us focus on our goals.”

“Although she never wanted a lung transplant, Nina was just fascinated by it,” says Golden. UCSF has performed more than 340 lung transplants since the program was established in 1991, and currently performs between 40 and 50 transplants annually. Despite caring for some of the most complex patients, the UCSF program’s outcomes are excellent: half of patients who receive lung transplants live for at least seven years, compared to a national average of only five and a half years. However, for reasons that are not well understood, nationally, survival rates are lower for lung transplant than patients who receive other transplanted organs, such as heart, kidney and liver, and have improved only marginally in the last 20 years. “We are hoping to use the resources from the Nina Ireland Lung Disease Program to better understand the issues related to improved survival after lung transplantation,” says Hays. For example, funds are supporting Mark Looney, MD, in developing a mouse model of lung transplant to study what happens to transplanted lungs during rejection. In another project, Jonathan Singer, MD, is investigating factors that may impact a patient’s quality of life before and after lung transplant.

Michael Matthay, MD, and Kukreja have received support to implement a new technology called ex vivo lung perfusion, which could increase availability of donor lungs. Currently, about 70 percent of donor lungs are discarded because they do not meet transplantation criteria, but up to half of these discarded organs might become suitable if conditions such as infection and inflammation could be treated prior to transplant.

After lungs are removed from a donor, ex vivo lung perfusion ventilates them, supplies them with oxygen and removes carbon dioxide. This allows more time to evaluate the organs to determine their suitability for transplant. Eventually, this technology may allow the team to administer antibiotics, steroids and other medications to these “lungs in a box” to treat pneumonia and reduce inflammation. Similar technology has been successfully used in Europe and Canada.

“We hope to take lungs that would otherwise be denied for transplantation, improve the viability of the organ, and potentially even administer treatments that may make the transplant more successful,” says Hays. “We are also planning to use this technology to look at possible ways to heal lung injury using stem cells.”

“The ability to lead a program that can do innovative projects is very appealing,” says Hays. “This funding is allowing projects to take place that otherwise we would have a hard time getting started. We are building a comprehensive spectrum of research, which will improve outcomes in all areas. Through all of these efforts, we want to be a transformative program in lung transplantation.”

**Pulmonary Rehabilitation**

The Nina Ireland Lung Disease Program will also help patients maximize their quality of life – something that Ireland herself did by self-managing many aspects of her disease. “She knew how to measure her lung function at home, and set up nebulizers to help her inhaler medications,” says Golden. “She was into every kind of exercise, and would take her German shepherd, Star, up the hills and around the city.”

“We don’t have cures for many lung diseases, and a lot of our patients suffer quietly,” says Michelle Milic, MD. “Often, when someone has shortness of breath, they tend to do less, get more deconditioned, and become more short of breath. It’s a vicious spiral, where even the simplest of tasks can be overwhelming. Patients can get very depressed and anxious, often withdrawing from their social circles. Yet many of these things can be addressed and improved.”

To accomplish this, Milic is developing an interdisciplinary pulmonary rehabilitation program, which will include education, exercise and symptom management. Particularly with chronic obstructive pulmonary disease (COPD), such programs have been shown to help patients better control their symptoms, avoid unnecessary hospitalizations and improve their quality of life.
A typical program has group exercise sessions twice a week for six to eight weeks. Patients’ blood pressure, heart rate and oxygen levels are monitored, and staff develops an exercise regimen for each patient, which includes cardiovascular activity and strength training. Patients also learn about topics such as nutrition, how to use their inhalers, and stress reduction.

“Pulmonary rehabilitation can empower patients to understand more about their disease, become more involved in their own health, and know what to expect as their lung disease advances,” says Milic. “The program helps them with their physical level of function, and also helps with the psychosocial and sometimes spiritual aspects of their care. If a patient’s goal at the beginning of rehab is to dance at his or her granddaughter’s wedding, and you make that happen, that’s a really life-changing moment.”

She will work with DorAnne Doneksky, RN, PhD, NP, to study the long-term effects of pulmonary rehabilitation. The program will also help trainees gain experience in providing more extensive symptom management and advance care planning for patients with lung disease.

“I hope the program will eventually provide a holistic, world-class level of care for patients, along with a robust research arm, and that we’ll be able to match the impact of some of the great basic science discoveries that UCSF has made in pulmonary medicine,” says Milic.

Global Lung Health and the Underserved

Ireland wanted UCSF discoveries to reach patients who needed them, both locally and globally. “Although she was raised in wealth and had wealth at the end of her life, she saw people who did not have the resources that she had,” says Golden. “She felt very strongly that they should get more, and also wanted discoveries from a place like UCSF to be transmitted worldwide.”

COPD – a condition whose symptoms include cough, fatigue and shortness of breath – is a major problem both in San Francisco and worldwide, and the fourth leading cause of death globally.

COPD is a major problem both in San Francisco and worldwide, and the fourth leading cause of death globally. The Ireland funds are being used to study the impact of cleaner wood burning stoves (right) replacing open cooking fires in Guatemala.

Burn wood more cleanly. The study will measure lung function and biomarkers in sputum and blood, both in women who receive the new stoves, as well as controls, who continue to cook on open fires.

To be successful, the stoves must reduce smoke exposure while also gaining acceptance from the women. “The women have always cooked on open fires. We want to add to their workload,” says Balmes. “They are also more likely to live in an environment with mold and poor ventilation. We see this all the time at San Francisco General. We are trying to honor the memory of Nina Ireland by doing research into the root causes of global respiratory diseases as well as respiratory health disparities here in San Francisco, so we can address them with appropriate interventions.”

Vision for the Future

“The Nina Ireland gift will support us in making enormous progress towards the bold goals we have set for ourselves,” says Golden. “We are proud that the Nina Ireland gift is already making a difference for those in need in the Bay Area and globally.”

The Ireland gift is a living legacy, generating about $2 million annually in investment income to support a broad range of patient care, research and educational activities. While endowment income is already committed to thematic initiatives described above, this gift is expected to encourage grateful patients or others inspired by the work of division faculty to designate support for all areas of pulmonary medicine. “Lung disease reaches beyond the four thematic areas supported by this program, and we will be in a much better position to accomplish any dream that people have to impact lung disease, because of the base that is built from the Nina Ireland program,” says Sheppard.

“By raising additional operational funds, we will have the flexibility to pursue emerging opportunities,” says Golden. “This, combined with Nina Ireland’s extraordinary generosity, will allow us to take a nimble and entrepreneurial approach to leading innovations in all areas of pulmonary medicine that will change the lives of people with lung disease.”

■
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.

Breadth of Excellence

Pulmonologist James K. Brown, MD, says that the direction of his career depended a lot on two key transitions. After medical school and two years of residency at Johns Hopkins, in 1974 he moved to UCSF where he encountered inspiring teachers of pulmonary medicine. “Though Hopkins had provided outstanding training, I didn’t hear much about lung diseases,” says Brown. “UCSF was leading the growth of this subspecialty. The teaching in pulmonary medicine here was inspiring, as were the very committed investigators.”

Brown completed his medicine residency, plus a year as a chief resident working under Lloyd H. “Holly” Smith, Jr., MD. He subsequently entered UCSF’s pulmonary medicine and research fellowship program. Then came the second transition. “Dr. H. Benfer Kaltreider, chief of pulmonary medicine at the San Francisco Veterans Affairs Medical Center (SFVAMC) at the time, called me one day,” recalls Brown. “He described the VA as the best kept secret at UCSF. After eventually moving to the VA, I came to agree. It is a wonderful hospital to work in. The patients are appreciative of the care, the quality of staff at all levels is quite high, and the smaller scale of the facility makes it easy to seek out advice from colleagues.”

At the SFVAMC, Brown currently oversees a large outpatient pulmonary clinic, which provides care for about 60 patients weekly. He directs the pulmonary function laboratory and helps to coordinate care for patients with lung cancer including through regular attendance at a weekly multidisciplinary thoracic tumor board. He also directs the program for patients with sleep apnea, which affects about 20 percent of veterans, and, in 2011, co-founded a sleep laboratory with neurologist Graham (Alec) Glass, MD.

Brown serves as SFVAMC site director for the UCSF Pulmonary and Critical Care Medicine Fellowship Program. He cultivates a learning environment for trainees, organizing teaching conferences as informal talks, reviews of difficult cases and journal clubs. He has won teaching awards from residents and fellows and also attends in the SFVAMC’s ICU.

“He artfully juggles a large and varied load of clinical responsibilities without losing focus on what is best for patient care,” says George H. Caughey, MD, chief of the Division of Pulmonary, Critical Care and Sleep Medicine at the SFVAMC and the Julius and Lillian Nadel Endowed Chair. “Dr. Brown is an accomplished academic physician with a rare combination of skills and a stellar reputation as clinician and educator.”

Brown conducts research on the causes of the abnormal growth of smooth muscle cells that occurs in the airways of patients with several pulmonary disorders.

In his spare time, Brown plays squash. He is married to Tish Brown, ADA coordinator for the Fine Arts Museums of San Francisco; they have three grown children.
Never Give Up

As an internist and liver specialist at San Francisco General Hospital (SFGH) for more than 30 years, F. Joseph Roll, MD, has cared for patients struggling with big challenges, including psychiatric disease, addiction and homelessness. Yet no matter how difficult their situations, he finds quiet joy in helping them.

“Listening to patients’ stories is intensely fascinating, and I appreciate thinking creatively about ways to solve problems,” says Roll. “I try to accept where they are, and get some clues about what they would rather be doing. Most people want a more stable life, and if you give people time and opportunities, they naturally try to approach better health. Often the answer comes from the patient.”

After finishing his fellowship training in hepatology and pathology, Roll was recruited to SFGH in 1981 as assistant director of the Rice Liver Laboratory. He investigated the scarring process that occurs in liver fibrosis and cirrhosis, as well as factors involved with alcoholic liver disease. Roll also treated hospitalized patients and those visiting the SFGH Liver Clinic, eventually transitioning to providing clinical care full-time.

For 11 years, Roll was the medical director of SFGH’s Emergency Department Case Management Program. This innovative program helps patients who frequently visit the emergency room, making at least five ER trips per year and sometimes up to 75 visits annually. The program connects them with a team, including a nurse practitioner, psychiatrist, medical doctor and social workers, to address underlying causes of their health crises.

“It is an amazing project, and the social workers are really trained to figure out interventions to help them,” says Roll. The team often visits patients wherever they are living, whether it is under a freeway or in a shelter. “It gave me insight into the tough circumstances that people live in, and how unsafe and traumatized they can be,” says Roll.

Despite these grim conditions, Roll keeps an open mind. “One of the things that graduates of the program have said is how much they appreciate that we never gave up on them,” he says. “You see people making big changes in their life – kicking their drug habit, going back to school.” The team recently helped a patient in his 70s who had been homeless for decades find housing.

“He embodies commitment, compassion, clinical astuteness, humility and kindness,” says Dean Schillinger, MD, chief of the SFGH Division of General Internal Medicine. “Joe is universally loved by his patients, and the residents’ nickname for him – ‘St. Joe’ – speaks volumes. His unusual decision to transition from lab research into full-time primary care was particularly noteworthy, and capitalized on his penchant for working on complexity.”

Roll recently retired to spend more time with his two grandchildren, but continues to train SFGH residents one afternoon a week. He is married to Joel Anne Chasis, MD, a hematologist/oncologist who also recently retired from UCSF and Lawrence Berkeley National Laboratory.

Clinically Active Master Clinicians
(SPECIALTY / YEAR INDUCTED)

- Ann Bolger, MD
  Cardiology / 2009

- John Cello, MD
  Gastroenterology / 2008

- Henry “Chip” Chambers, MD
  Infectious Diseases / 2011

- Hugo “Quinn” Cheng, MD
  Hospital Medicine / 2010

- Patricia Cornett, MD
  Hematology/Oncology / 2007

- Lloyd Damon, MD
  Hematology/Oncology / 2008

- Jonathan “Jody” Garber, MD
  General Internal Medicine / 2010

- Nora Goldschlager, MD
  Cardiology / 2008

- Harry Hollander, MD
  Infectious Diseases / 2009

- John Imboden, MD
  Rheumatology / 2011

- Richard Jacobs, MD
  Infectious Diseases / 2007

- Harry Lampiris, MD
  Infectious Diseases / 2011

- Kenneth McQuaid, MD
  Gastroenterology / 2009

- Ken Sack, MD
  Rheumatology / 2008

- Lawrence Tierney, MD
  General Internal Medicine / 2008

- Margaret Wheeler, MD
  General Internal Medicine / 2010

- Kenneth Woebner, MD
  Endocrinology/Metabolism / 2007
The core challenge of philanthropy is: how do you take an amount of money that is trivial compared to the scope of the problems, and make a difference?” says Mark D. Smith, MD, MBA, president and chief executive officer of the California HealthCare Foundation (CHCF).

His foundation’s mission is to work as a catalyst to fulfill the promise of better health care for all Californians, supporting ideas and innovations that improve quality, increase efficiency and lower the costs of care. The foundation makes grants totaling about $40 million annually. “If you are running a free clinic, that sounds like all the money in the world,” says Smith. “But the Medi-Cal program has spent three times that already today. The good news is that we have few constraints on how we spend it, save our own creativity.”

**Medicine and Business**

Born and raised in Brooklyn, Smith enrolled at Harvard in 1968, becoming a political leader on campus and helping form the Afro-American Studies Department. Midway through college he took several years off, helping lead the first African Liberation Day demonstration and working in textile mills in the South. While finishing his Afro-American Studies degree at Harvard, he enrolled in pre-med courses after developing an interest in the social and political aspects of medicine.

After earning his medical degree from the University of North Carolina in 1983, he started his primary care residency at San Francisco General Hospital (SFGH). “Within a couple of months, those of us who trained at that institution at that time knew more about what we would later come to call HIV than any doctors in the world,” says Smith. He specialized in HIV/AIDS, and continues to see patients at SFGH’s Positive Health Program. Many of his peers and mentors became legends in the field. “They combined a spirited inquiry and academic rigor with great compassion and humanity,” he says.

As co-president of the housestaff union, he also served on the hospital’s executive committee, getting his first glimpse of health care financing. “It became clear to me that there was a whole world of organizational and management science that I knew nothing about,” says Smith. So while completing a general internal medicine fellowship at the University of Pennsylvania, he also earned an MBA as a Robert Wood Johnson Foundation Clinical Scholar at the Wharton School.

After serving in several clinical and policy positions related to HIV/AIDS, he joined the Henry J. Kaiser Family Foundation, in part attracted by the different kind of intellectual challenge that philanthropy offered. He has led the CHCF since its founding in 1996.

**Investing in Sustainability**

“At CHCF, we try to act as a catalyst – something that, when added to a system, creates movement which then can be self-sustaining,” says Smith.

For example, he watched many pilot programs disappear after initial grant funding ran out. “Those programs were never scaled, priced or organized for sustainability,” he says. He established CHCF’s Health Innovation Fund, which invests in businesses that further its mission. It recently funded a small tele-dermatology company with a strong business model. “They have a sales approach and a pricing structure that means the patients are getting seen, the clinics are happy, and they are making money,” says Smith.

Smith also helped found the CHCF Health Care Leadership Program, a part-time fellowship based at UCSF’s Center for the Health Professions which helps health care professionals develop management, finance, accounting and negotiation skills. “That program is a direct outgrowth of my experience in the Robert Wood Johnson Clinical Scholars Program and the MBA program, and helps clinicians successfully assume management responsibilities,” says Smith.

Most recently, the CHCF led a collaboration of eight foundations, the Centers for Medicare and Medicaid Services, 15 states, and the design firm IDEO in developing a user-friendly interface for health benefits exchanges, called Enroll UX 2014. If the recently upheld Affordable Care Act is fully implemented, the program could help up to 40 million Americans enroll in health insurance plans. “It was an amazing collaboration of different actors from around the country, with a great outcome,” says Smith. “We hope this will accelerate the usability of the exchange to millions of people.”

Smith lives in Oakland with his wife, Pamela Calloway, an attorney. Together they have a grown son, Langston, who currently lives and works in Beijing.
**recent appointments**

**Kirsten Bibbins-Domingo, PhD, MD, MAS**

Kirsten Bibbins-Domingo, PhD, MD, MAS was appointed the director of the UCSF Center for Vulnerable Populations at San Francisco General Hospital and Trauma Center (CVP).

In addition, Bibbins-Domingo was appointed the first recipient of the Lee Goldman endowed Chair. Lee Goldman, MD, currently the dean of the faculties of Health Sciences and Medicine and executive vice president for Health and Biomedical Sciences at Columbia University, served as chair of the UCSF Department of Medicine from 1995 to 2006. A number of donors, including Alan Kates and David and Cecelia Lee, created the endowed chair to carry on Goldman’s commitment to cardiac clinical epidemiology, especially in at-risk patients and vulnerable populations.

Bibbins-Domingo’s current work focuses on understanding the interaction among social, behavioral and biological factors that place vulnerable groups at risk for cardiovascular disease early in life, and population-wide policy interventions that may prevent disease in these groups. She was also recently appointed director of the CVP, which is dedicated to improving health and reducing disparities through discovery, innovation, policy, advocacy and community partnerships.

Bibbins-Domingo earned a PhD in biochemistry, a medical degree and a master’s degree in clinical research, all at UCSF, where she also completed her residency training.

**Jacquelyn J. Maher, MD**

Jacquelyn J. Maher, MD, has been appointed chief of the Division of Gastroenterology at San Francisco General Hospital.

Maher joined the UCSF faculty in 1987. Her research and clinical expertise is in alcoholic and non-alcoholic fatty liver disease. She is program director of the NIH-funded UCSF Liver Center, and also directs the T32 postdoctoral training program in hepatology at UCSF. She is a standing member of the DDK-C Study Section, an associate editor of the journal *HEPATOLOGY*, and recently completed a term as secretary of the American Association for the Study of Liver Diseases.

Maher earned her medical degree from the Duke University School of Medicine, where she also completed her residency, and completed a gastroenterology fellowship at UCSF.

**Christine S. Ritchie, MD, MSPH**

Christine S. Ritchie, MD, MSPH, was appointed as the first recipient of the Harris Fishbon Distinguished Professorship in Clinical Translational Research in Aging, which was created through a unique collaboration among UCSF, the Harris Fishbon Fund and the Jewish Home of San Francisco. She will lead the development of a UCSF research program, located at the Jewish Home of San Francisco, to improve the care and quality of life of older adults by translating research findings into clinical benefits for older adults with serious illnesses.

Ritchie was recruited from the University of Alabama at Birmingham, where she held numerous leadership positions. Her research focuses on advanced illness and multimorbidity, care transitions, supportive care in cancer and other serious illnesses, and informatics and emerging technology in chronic disease management. She is a graduate of the University of North Carolina Medical School, Chapel Hill. She completed her training in internal medicine and a fellowship in geriatric medicine from the University of Alabama at Birmingham, and a master of science in Public Health.

**Margaret Tempero, MD**

Margaret Tempero, MD, was appointed as the first recipient of the Rombauer Family Distinguished Professorship in Pancreas Cancer Clinical and Translational Science. The professorship was created through the generosity of Koerner Rombauer, whose wife, Joan, received care from Tempero, and their children, Sheana and K.R.

Tempero earned her master’s degree in clinical pathology, and medical degree, and completed her internal medicine residency and oncology fellowship, at the University of Nebraska Medical Center in Omaha. She served on the faculty there until her recruitment to UCSF in 2000, where she served as chief of medical oncology and deputy director of the UCSF Helen Diller Family Comprehensive Cancer Center. She is currently the director of the UCSF Pancreas Center.

**non-UCSF appointment**

**C. Seth Landefeld, MD**

C. Seth Landefeld, MD, has been named chair of the Department of Medicine at the University of Alabama at Birmingham.

Landefeld was recruited to UCSF in 1997 as founding chief of the Division of Geriatrics, and later also served as associate chair for strategic planning and implementation for the Department of Medicine. Under his leadership the division has grown to over 28 faculty and 19 staff on three UCSF campuses. Several faculty have won national awards for excellence in mentoring, education, or research, and the Division has established outstanding programs, including the Hartford-UCSF Center of Excellence, the NorCal Geriatrics Education Center, and the SFVAMC Quality Scholars Program. Most recently, the division founded the Program for the Aging Century, funded by the S.D. Bechtel, Jr. Foundation, to catalyze the transformation of health care for older Americans and their families.

Landefeld was a Rhodes Scholar, earned his medical degree from Yale, completed his residency and chief residency at UCSF, and completed a fellowship in general internal medicine at Harvard.
Congratulations to the faculty in the Department of Medicine for their achievements and contributions during 2011-12. They include the following awards and honors:

**Teaching and Mentoring Awards**

Robert Brody, MD
John Murray Award for Academic Excellence in Internal Medicine and Dedication to the Humanitarian Mission of SFGH

Richard Brooks, MD
Excellence in Teaching Award, Haile T. Debas Academy of Medical Educators

Melvin D. Cheitlin, MD
2011-2012 Dickson Emeritus Professorship Award

Gurpreet Dhaliwal, MD
Excellence in Teaching in the Inpatient Setting, Harry J. Kaiser Award

Pedram Fatehi, MD
Excellence in Innovative Teaching, 2011 Essential Core Teaching Award

Monica Gandhi, MD, MPH
Sarlo Award for Excellence in Teaching, UCSF AIDS Research Institute, 2011

Elizabeth Harleman, MD
Excellence in Teaching in the Classroom Setting, UCSF Kaiser Award

Harry Hollander, MD
Distinction in Teaching Award for faculty at UCSF, 2012 Academic Senate

Claire Horton, MD
Richard J. Haber Excellence in Teaching in Primary Care Award

Priscilla Hsue, MD
Award for Outstanding Mentoring, UCSF AIDS Research Institute

Mallory Johnson, PhD
Distinction in Mentoring Award, Academic Senate

Jane Koehler, MD, MA
Essential Core Teaching Award for “Outstanding Lecture,” UCSF School of Medicine Class of 2012

Lorriana Beard, MD
Selected Member, Academy of Medical Educators

Lowell Lo, MD
Excellence in Teaching Award, Academy of Medical Educators

Alex Monto, MD
Excellence in Teaching Award, Haile T. Debas Academy of Medical Educators

Paul Nadler, MD
Excellence in Teaching Award, Haile T. Debas Academy of Medical Educators

Stephanie Rennke, MD
Excellence in Teaching Award, Haile T. Debas Academy of Medical Educators

Charles Ryan, MD
Mentor Award, Division of Hematology/Oncology

Peter Sayre MD, PhD
Essential Core Teaching Award, Hematology Small Group Instructor

Michelle Schneidermann, MD
Cooke Teaching Award for the Scholarship of Teaching and Learning, Academy of Medical Educators

Niraj Sehgal, MD
Cooke Teaching Award for the Scholarship of Teaching and Learning, Academy of Medical Educators

Arthur Weiss, MD, PhD
UCSF Lifetime Mentoring Award

**External Awards, Honorary Degrees**

Paul Blanc, MD, MSPH
Elected Fellow, Collegium Ramazzini

Kerry Cho, MD
Elected Fellow, American College of Physicians

Shaun Coughlin, MD, PhD
Lucian Award, McGill University

Susan Desmond-Hellmann, MD
Honorary Degree, Princeton University

Ephraim Engleman, MD
Elected Master, Pan American League Against Rheumatism

Mitchell Feldman, MD, MPhil
Fulbright research fellowship, Kyoto University

Robert Grant, MD, MPH
One of 2011’s 100 Most Influential People in the World, Time Magazine

Warner Greene, MD
Elected President, American Association of Physicians

Carl Grunfeld, MD
Lifetime Achievement Award, Albert Einstein College of Medicine Alumni Association

David Irby, PhD
Abraham Flexner Award for Distinguished Service to Medical Education, Association of American Medical Colleges

Talmadge King, Jr., MD
Breathing Life Award, American Thoracic Society Foundation

Jane Koehler, MD, MA
2011 Walter E. Stamm Mentor Award, The Infectious Diseases Society of America

Barrie Massie, MD
John Blair Barnwell Award for Outstanding Achievement in Clinical Science, Veterans Administration

Michael Matthay, MD
Honorary Degree, University of Paris

J. Michael McCune, MD
and Steve Deeks, MD
Thomas M. Kelley Leadership Award, Project Inform

Anthony McDonagh, PhD
Research Award, American Society for Photobiology

John Murray, MD, DSc
Union Medal, International Union Against Tuberculosis and Lung Disease

Neil Powe, MD, MPH, MBA
Fulbright Senior Research Award, Centre for Public Health and Equity, Bangalore, India

Michael Shlipak, MD
Elected Member, American Society of Clinical Investigation

Eric Small, MD
Group B Achievement Award, Richard L. Schilsky Cancer and Leukemia

John R Teerlink, MD
Inducted Fellow, Royal College of Physicians in the United Kingdom

Robert Wachter, MD
13th Most Influential Patient Safety Advocates in the U.S., Becker’s Hospital Review

US-UK Fulbright Scholar, Imperial College, London

Named 24th Most Influential Physician Executive in the U.S., Modern Healthcare Magazine

Louise Walter, MD
Elected Member, American Society for Clinical Investigation

Arthur Weiss, MD, PhD
Lifetime Achievement Award for Outstanding Research and Career Achievements, American Association of Immunologists

Prescott Woodruff, MD
Elected Member, American Society for Clinical Investigation

**Public Service Committees, Societies, Associations & Publications**

Andrew Auerbach, MD, MPH
Editor-in-Chief, Journal of Hospital Medicine

Grant Colfax, MD
Named to the Office of National AIDS Policy, White House Domestic Policy Council

Molly Cooke, MD
Best Articles in Medical Professionalism, ABIM Foundation

David Daikh, MD
Treasurer, Association of Specialty Professors

Susan Desmond-Hellmann, MD
Distinguished Citizen Award, The Commonwealth Club, San Francisco

Nora Goldschlager, MD
Hospital Provider of the Year Award, Emergency Medical Services and San Francisco Paramedic Association

Chi-yuan Hsu, MD, MSc
Elected Member, American Society of Clinical Investigation
Laurence Huang, MD  
Chair, Microbiology, Tuberculosis and Pulmonary Infections Assembly, American Thoracic Society

Sumana Kesh, MD  
Pearl Award for Service, Mount Zion Campus of UCSF

Anne Kinderman, MD  
Young Investigator Award, American Academy of Hospice and Palliative Medicine

Tung Nguyen, MD  
Appointed Member, President’s Advisory Commission on Asian American and Pacific Islanders

Delphine Tuot, MD  
Elected Member, American Society of Nephrology Communications Committee

Kirsten Bibbins-Domingo, MD, PhD, MAS  
Lee Goldman Endowed Chair in Medicine

Sunil Koliwad, MD, PhD  
Gerald Grodsky, PhD/JAB Chair in Diabetes Research

Yerem Yeghiazarians, MD  
Leone-Perkins Family Endowed Chair in Cardiology

UCSF Appointments

Lindsey Criswell, MD, MPH  
Chief, Division of Rheumatology, Parnassus/Mount Zion

Ralph Gonzales, MD, MSPH  
Associate Chair for Ambulatory Care and Clinical Innovation, UCSF Department of Medicine

William Seaman, MD  
Associate Chair for Research, UCSF Department of Medicine

Paul Volberding, MD  
Director, AIDS Research Institute

Associate Chair for Global Health, UCSF Department of Medicine

Prescott Woodruff, MD  
Vice-Chief for Research, Division of Pulmonary, Critical Care, Sleep and Allergy

Harry Hollander, MD  
Gryphon Award for Teaching Excellence, UCSF Department of Medicine

Arthur Weiss, MD, PhD  
Ephraim P. Engleman Distinguished Professor of Rheumatology, Howard Hughes Medical Institute investigator, UCSF Faculty Mentoring Program’s 2012 Lifetime Achievement in Mentoring Award

Bonnie Johnson, MSW  
Director of Administration, UCSF Department of Medicine

Holly Smith Awards

Two members of the Department of Medicine received Holly Smith Awards for Exceptional Service to the School of Medicine. Molly Cooke, MD (shown at far left), founding director of the Academy of Medical Educators, was recognized for growing the academy from an inspirational idea into a flagship model, leading a collaborative national movement with other institutions, and helping set the international standard for medical education. Laurae Pearson, administrator for the Division of Experimental Medicine, helped grow her division from one faculty member to 15 faculty and 84 staff over the past six years. She was recognized for her efficiency, grace and unwavering dedication.
Innovations in Outpatient Care

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new patients are scheduled and seen within two weeks of referral. Past quality improvement efforts were often siloed within individual specialties, but this multidisciplinary approach will speed development of improvements and facilitate rapid sharing and adaptation of successful models across the department. “Our main goal is to optimize the patient experience, using mechanisms that support physicians and synchronize and leverage our efforts,” says Ralph Gonzales, MD, MSPH, associate chair for ambulatory care and clinical innovation.

One of SFGH’s many innovations is developing computer-based registries for patients who have been treated for conditions such as thyroid or colon cancer. “There’s a temptation to have a patient come back every three months so you don’t lose track of them, but depending on their condition, they may only need to be seen once a year,” says Alice Chen, MD, MPH, chief integration officer at SFGH. “The registries allow us to risk stratify patients, proactively reaching out to patients who need to be seen more frequently.” Tailoring the frequency of follow-up visits helps ensure that patients receive the care they need, while also freeing up appointments for other patients who urgently need specialty care. This is critical, since the wait time for some SFGH specialty appointments can be weeks to months.

“Access to care is part of quality, and at SFGH, we are always trying to find innovative ways to do more with less,” says Chen. “We have a growing cadre of really dynamic leaders who are redesigning and improving our systems, and evaluating and disseminating ways to improve clinical care.”

At the SFVAMC, patients now receive care from an entire team, which includes a provider, registered nurse, licensed vocational nurse and clerk. Recently, the teams were expanded to include medical residents, nurse practitioner students, social work interns and other health profession trainees. Teams “huddle” a few times a week to divvy up tasks and better coordinate care of patients – for example, having a nurse pre-order labs for the morning of a diabetic patient’s upcoming visit, so he and his doctor can discuss the results and adjust medications during the appointment.

The goal is to have every team member working at the top of his or her license. “To efficiently and cost-effectively deliver care, we are going to have to do it in teams,” says Maya Dulay, MD, assistant director of medical practice at the SFVAMC. “But to teach people how to do this, you need to put them in a functional team. Teamwork also requires a different skill set, so we’ve developed a formal curriculum to teach things like how to communicate interprofessionally and delegate the appropriate tasks.”

All of these efforts reinforce the Department of Medicine’s commitment to innovation in ambulatory care. “Sharing best practices across our diverse care settings is a real opportunity we have, and must take advantage of, moving forward,” says Sehgal.