As a new internist at San Francisco General Hospital (SFGH), Hilary Seligman, MD, remembers asking a pre-diabetic patient about his diet. “Every day for lunch, he ate a piece of Spam between two cinnamon rolls,” says Seligman (pronounced SELL-ig-man). “My jaw dropped – could that possibly taste good? He said he had a dollar a day to spend on food, and eating this ensured he wouldn’t be hungry until the next morning. With this huge barrier, I realized it was going to be hard to help him not become diabetic.”

That dilemma launched her research into the impact of hunger on health. Seligman has become a medical expert on food insecurity – which includes hunger as well as reduced quality, variety or desirability of diet because of limited finances.

She is one of many Department of Medicine faculty members who are working to prevent disease before it occurs. Through innovative research, policy work, educational efforts and clinical care, these faculty members are pioneering ways to keep patients out of the hospital and helping them live longer, healthier lives.

Seligman is a core faculty member at the UCSF Center for Vulnerable Populations at SFGH, which is dedicated to improving health and reducing health disparities. She is particularly troubled by the ways that food insecurity contributes to the obesity epidemic and hurts diabetic patients’ ability to manage their disease. Patients who take diabetes medication but can’t afford to eat may develop hypoglycemia, or low blood sugar. The end of the month is particularly hard for patients who exhaust paychecks or food stamp benefits (now known as the Supplemental Nutrition Assistance Program).
Preventing Disease

The UCSF Department of Medicine is at the forefront of developing better therapies and treatments. We are also pioneers in prevention, helping to keep patients healthy and avoid the need for medical care in the first place (primary prevention) and helping to halt or slow the progress of disease after an illness or serious risk factors have already been diagnosed (secondary prevention).

The advent of Accountable Care Organizations is encouraging health systems to focus on the whole patient, providing timely interventions that can keep many people out of the hospital. This issue of Frontiers of Medicine highlights a few of our Department’s many innovative efforts in prevention:

- Hilary Seligman, MD, an internist at San Francisco General Hospital and a core faculty member of the UCSF Center for Vulnerable Populations, has become one of the nation’s foremost medical experts on food insecurity. Moving beyond the clinic, she is partnering with food banks nationally to pilot interventions for diabetes patients, and also advocates for policy changes at local and statewide levels.

- Sheri Lippman, PhD, MPH, has piloted novel approaches to preventing the spread of HIV in Brazil and South Africa, strengthening communities to increase their capacity to confront this disease. As a member of the Center for AIDS Prevention Studies (CAPS), she and her colleagues are helping to turn the tide of this epidemic.

These are just a few examples of our faculty’s groundbreaking work to develop new approaches that help ensure interventions actually reach people who need them.

This newsletter also features a distinguished alumna, Susan Desmond-Hellmann, MD, MPH, whose career has included leadership roles in biotechnology, serving as chancellor of UCSF, and now heading the Bill & Melinda Gates Foundation. We are also proud to feature the four newest members of our Council of Master Clinicians, who inspire all of us with their exceptional knowledge, passion for teaching and outstanding care of patients.

The Quality & Safety Corner reports on the exciting projects featured in our annual Quality and Safety Innovation Challenge, which has also spurred dissemination of new scholarship. In the last year, about one-third of symposium projects have been presented at regional and national conferences, and several have been published in peer-reviewed journals.

In addition, we also are honored to receive support from the Gloria and Richard Kushner Foundation to recruit and retain top-notch junior faculty members. We are privileged to partner with many of you in advancing our joint missions of clinical care, research, education and public policy. We thank you for your generosity, and are deeply grateful for everything that you make possible.

Sincerely,

Talmadge E. King, Jr., MD
Chair, Department of Medicine
Julius R. Krevans Distinguished Professorship in Internal Medicine
The UCSF Department of Medicine recently sponsored the fourth annual Quality and Safety Innovation Challenge, culminating in a symposium featuring posters from participating teams and a lively panel discussion about this year’s theme: improving patient-centered care and the patient experience.

“In order for most health care delivery systems to be successful, they need to focus on the ‘triple aim’: providing high-quality care, doing it in a cost-effective fashion, and providing a meaningful patient experience,” says Niraj Sehgal, MD, MPH, associate chair for quality improvement and patient safety.

The Department of Medicine is a national leader in the field of quality and safety, and the growing number of participants – 62 posters this year, compared to 24 the first year – reflects an increasing desire among trainees, faculty and staff to improve patient care and the health systems in which they work. The projects have also become more sophisticated, often including more data compared with previous years and incorporating multiple pillars of effective intervention design.

“Improving the quality and safety of care is like a four-legged stool,” says Sehgal. “We need complementary strategies that include educational interventions, audit and feedback mechanisms, consideration of system changes that can be put in place, and a focus on key cultural factors, such as local champions and an environment that is energized by change. In the past, projects might have touched on just one pillar, but now many of them touch on multiple ones, which is why they’re becoming more impactful.”

In addition, this year’s projects reflected a broader emphasis on extending efforts to improve the quality of care in clinic settings, particularly specialty areas such as cardiology, rheumatology and hepatology.

This year’s symposium drew more than 120 attendees, and featured a panel discussion about how to foster meaningful patient-centered care, with Catherine Lucey, MD, UCSF School of Medicine vice dean for education, Rita Redberg, MD, MSc, chief editor of JAMA Internal Medicine, and Christine Ritchie, MD, MSPH, Harris Fishbon Distinguished Professor in Clinical Translational Research and Aging.

The four award-winning projects from the 2013-14 Quality & Safety Innovation Challenge that were recognized at the symposium included:

**San Francisco General Hospital:** “Improve Early Access to Malaria Treatment and Primary Care in Mali”: Ari Johnson, MD; Ian Alley, MPH; Jessica Beckerman, MD; Ichiaka Kone, MD, MPH, MBA; Djoume Diakite, MD; Claire Horton, MD

**San Francisco Veterans Affairs Medical Center:** “Interprofessional Development of an After Visit Summary in a Community-Based Outpatient Clinic to Improve Patient Satisfaction”: Chelsea Bowman, MD; Eugene Fan, MD; Joseph Hippensteel, MD; Anna Strewler, RN; Jonathan Van Nuys, NP; Daniel Wheeler, MD; Shalini Patel, MD; Meg Pearson, MD

**UCSF Medical Center:** “Structured Referrals and eConsults: Downstream Impact on Access, Utilization and Cost in a Fee-for-Service Setting”: Nathaniel Gleason, MD; Priya A. Prasad, MPH; Michael Wang, BS; Sara Ackerman, PhD; Jennifer Monacelli, BS; Chanda Ho, MD, MPH; Delthia McKinney, MPH; Ralph Gonzales, MD, MSPH

**Special Award for Patient Experience:** “Transforming the Patient Experience – UCSF Medical Center Hepatology Practice”: Bilal Hameed, MD; Marion Peters, MD; Aleksandrina Eppel, MBA; and Hepatology clinic staff

To view all the projects, please visit http://tiny.ucsf.edu/challenge.
Prevention

continued from front page

Assistance Program, or SNAP), which in California average about $5 per person per day.

In a recent study published in Health Affairs, Seligman’s team studied California hospital admissions over nine years. They found that the poorest patients experienced a 27 percent increase in hypoglycemia admissions during the last week of the month, compared to the first week of the month. By contrast, hypoglycemia admissions for higher income patients remained stable throughout the month.

“Only the most severe hypoglycemia cases get admitted,” says Seligman. “Usually, you drink a cup of orange juice and you’re fine. But what if you have nothing to eat?” She notes that for every hypoglycemia admission, there are probably many other patients who experience symptoms at home – along with complications that can eventually lead to loss of sight, amputation and kidney failure. “That is a huge cost to our medical system, and to patients’ quality of life,” says Seligman.

Developing New Solutions

“These ‘Big Data’ projects are important for creating motivation towards policy solutions, but we also need to develop interventions,” says Seligman. One such endeavor is her collaboration with Feeding America, the country’s largest domestic hunger relief organization, to pilot diabetes intervention programs at three food banks nationally. As the project’s lead scientist, Seligman and her colleagues screen food bank recipients for diabetes, offer diabetes education onsite and provide weekly diabetes-appropriate food boxes.

“We have to start thinking about moving prevention outside traditional places where doctors work, and into places where our patients feel the most comfortable,” says Seligman. “Food pantries are a great place to do that, because they are open at convenient hours, people are already going there every week, and we have this incredible opportunity to give food.”

“Hilary’s work demonstrates what can happen when you marry rigorous academic research with strong community partnerships and a dedicated commitment to policy and advocacy in such an important arena as food insecurity,” says Kirsten Bibbins-Domingo, MD, PhD, MAS, director of the UCSF Center for Vulnerable Populations at SFGH and the Lee Goldman, MD Endowed Chair in Medicine. “She is poised to continue to make important contributions that will improve the health of some of our most vulnerable communities.”

Seligman serves on the San Francisco Board of Supervisors’ Food Security Task Force and the boards of the San Francisco-Marin Food Bank and California Food Policy Advocates. She also trains residents how to identify food insecurity in patients, how to adjust medications if consistent access to food is a challenge, and strategies for connecting patients with the hunger safety net.

“One in seven households in the US is at risk of going hungry because they can’t afford food,” says Seligman. “We as physicians need to step up as community leaders and say that SNAP benefits are not adequate, and that an apple and peanut butter should be no more expensive than a bag of Cheetos.”

Seligman and the UCSF Center for Vulnerable Populations at SFGH recently received a lead gift from the Hellman Foundation to build EatSF. This initiative brings together community organizations, food vendors, the San Francisco Department of Public Health, other healthcare organizations and private philanthropy to develop a sustainable fruit and vegetable voucher delivery system in San Francisco. The goals are both to increase low-income residents’ access to healthy food, and stimulate demand for these items – helping to avoid dietary tradeoffs in which people choose cheap calories over nutritious foods in order to reduce hunger.

“We are thrilled that the Hellman Foundation recognized Hilary’s leadership in this area and have helped launch EatSF with this lead gift,” said Bibbins-Domingo. “With additional support, this initiative could help improve access to healthy food for all San Franciscans.”

Although overcoming food insecurity is no small challenge, Seligman says she is continuously inspired by the tobacco control movement – whose leaders also include many Department of Medicine faculty members.

“Reducing smoking seemed equally impossible 20 years ago, and look how far we’ve come,” says Seligman. “We can do it again – we’ve just got to keep working on it.”

Sheri Lippman:
Recipe for Change

Street theater, murals and gender equality workshops are some of the innovative tools that Sheri A. Lippman, PhD, MPH, an epidemiologist at the Center for AIDS Prevention Studies in the Division of Prevention Science, is testing to improve HIV prevention in South Africa.

That nation currently has more than 6 million people living with HIV/AIDS. In some areas, residents have a 40 percent chance of becoming HIV+ by age 40. “My work looks at how you create cohesive communities so they can confront epidemics,” says Lippman, who began her career by piloting social interventions among Brazilian sex workers to prevent HIV and other sexually transmitted infections.

Although there have been major biomedical advances in HIV treatment in recent years, significant social and
logistical barriers to HIV prevention, testing and treatment remain. By analyzing literature from social movements, community development and related fields, Lippman and her collaborators identified key elements that support “community mobilization,” or engaging groups to take action towards a common goal. These include having a shared concern, the ability to problem-solve together, mutual trust, leadership, organizations and social networks, and working together on collective activities such as meetings or rallies. “We’re looking for a ‘recipe’ – the key combination of things we need for change to occur,” says Lippman. “Just like basic science requires a hypothesis and method, the same thing goes for social sciences – we need a recipe to guide mixing the basic ingredients.”

Working in Mpumalanga, a rural area of South Africa with a particularly high prevalence of HIV, Lippman’s team, which includes investigators from the University of North Carolina, the University of the Witwatersrand’s Rural Public Health and Health Transitions Research Unit, and South Africa-based nonprofit Sonke Gender Justice, has designed and are testing a combination of culturally competent strategies to prevent HIV and gender-based violence, including:

- **Educational workshops:** Through its “One Man Can” project, Sonke Gender Justice conducts intensive two-day workshops for men ages 18 to 35 on topics including masculinity, alcohol abuse and intimate partner violence. “In many places, it’s a sign of weakness to reach out for support, go to a clinic, or to let your girlfriend tell you that you need to use a condom,” says Lippman. “These workshops help participants think about how they can be healthy men who feel good about who they are, and who aren’t trying to exert power over others in a way that puts themselves or their partners at risk.”

- **Street theater:** Sonke Gender Justice also trains community mobilizers who stage an “argument” on the street about a topic like condom use, drawing a crowd. The actors then facilitate an impromptu discussion about HIV, a topic that in South Africa is generally considered an individual rather than a community problem. “The stigma around HIV is remarkable, and has been a huge impediment to making progress with prevention,” says Lippman. “There is a total communication breakdown when it comes to discussing sexuality. Just generating dialogue is a huge part of what the mobilizers are doing.”

- **Educational murals:** The team has engaged community members to paint murals about various topics related to gender and supporting people with HIV, and trains them to engage passersby in discussions about the artwork.

- **Digital stories:** The team has produced videos about gender, HIV, alcohol abuse and making change occur. The mobilizers screen these videos and lead discussions about them.

Lippman and her collaborators have randomized 22 different communities, half of which are receiving the community mobilizing intervention, and are evaluating which elements appear to be most effective. “We’re trying to improve the science amidst all of the excitement around community engagement,” she says. “If we do effect change, we can show how we did it and offer the approach as a best practice to other groups.”

“Just because we build it, doesn’t mean people will come,” says Marguerita Lightfoot, PhD, chief of the Division of Prevention Science. “Sheri’s work addresses the crucial issues of getting our innovations to be suitable for and accepted by those who need them.”

Lippman’s next NIH-supported project will focus on treatment as HIV prevention – getting people diagnosed and on treatment earlier, which improves their prognosis and also greatly reduces transmission risk. She is also interested in ways that her community mobilization framework can be applied to other communities and issues, such as improving nutrition or reducing gun violence in the US.

“Biomedical tools and social interventions are complementary, and can be much more effective if done together,” says Lippman. “When we succeed in combining these approaches for HIV prevention, I think we will see the change that we’ve been waiting for.”
2014-2015 master clinicians

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.

From History to Medicine

Bradley Lewis, MD, director of hematology at San Francisco General Hospital (SFGH), has always gravitated towards complex challenges. During college, he joined Students for a Democratic Society and the Weather Underground, speaking to campus groups about the Vietnam War. “People didn’t know how to think about political and social issues in a coherent way, so I went back to school in history,” said Lewis. “I wanted to look at how people solve problems that don’t have solutions.”

After graduating from the Massachusetts Institute of Technology with degrees in biochemistry and history, he pursued a PhD in history. An advisor recommended going to medical school to help him land a tenure-track job in history. He took her advice, but fell in love with medicine, abandoned history, and became a hematologist.

In 1984, he began his practice at Alta Bates Hospital in Berkeley, just as the AIDS epidemic was devastating the hemophilia community. “I wasn’t happy to see my patients get sick, but I liked the emotional intensity, and needing to think your way through to a solution in an area where the answers weren’t clear,” said Lewis. He established the adult hemophilia program at Alta Bates, directing it for over 20 years, and also co-founded the East Bay AIDS Center.

He also spent one month every year moonlighting on the hematology service at SFGH, which provided an outlet for his passion for teaching and a window onto groundbreaking AIDS discoveries. In 2006, he was recruited to the UCSF faculty full-time. Lewis uses the same skills he honed as a historian to explain complex hematology issues. “Information can be passed on more efficiently by a book, but I can make it memorable with stories,” he says. “Also, you need to look seriously at the edges of the picture – if things don’t quite fit, you need to have a good reason for why, or keep puzzling it out until it works.”

“Brad has a way of explaining complicated concepts precisely and memorably, without oversimplifying them, tailoring his explanations to his target audience,” says Beth Harleman, MD, associate program director of the UCSF Internal Medicine Residency Program.

Lewis loves caring for seriously ill patients, but watching so many of them die has been challenging. “A mentor told me, ‘One of the blessings of being in this business is that you get to feel,’” he says. “A hundred years ago, the clergy would mediate between life and death. Physicians have taken over that job to a large extent, guiding people across the passage between the known and the unknown.”

Although he serves as an attending physician at least 10 months annually, Lewis balances intense clinical work with other passions, including flying planes and skiing. He has two grown children, Jesse and Rebecca, and is married to Lorinda Coombs, RN, MSN, ARNP, a former nurse practitioner at SFGH who is currently a PhD candidate at UCSF. Together they have a 5-year-old daughter, Eleanor.

Caring for the Whole Patient

Sprained wrists, stomach pain, skin infections – as medical director of the UCSF Screening and Acute Care Clinic, Paul L. Nadler, MD, sees all these conditions and more. In addition to the fast pace and variety, he enjoys working with his hands. “Building a splint is very tactile and creative, almost like sculpting,” says Nadler. “I also get to chat with patients about things that might not come up in a formal medical interview.”

For example, a patient might mention that he injured his ankle after a Saturday night pub crawl. “I might find out about an untreated condition such as alcohol abuse that could benefit from.
counseling,” says Nadler. “It can be a teachable moment, when they are open to considering issues that might have led to their injury.”

Many of the clinic’s patients are young people who do not regularly see a doctor. The ailments that bring them in can actually provide a golden opportunity. “My goal is to expand the definition of acute care to also address underlying health issues,” says Nadler. He and Ralph Gonzales, MD, MSPH, chief innovation officer for the UCSF Health System, developed a tablet-based questionnaire that patients can complete in the waiting room to identify risk factors for conditions such as HIV or hepatitis B. “It allows us to provide more comprehensive care in a nonjudgmental, efficient way, yet doesn’t distract us from the issue at hand,” says Nadler.

He also created a system that allows patients to book same-day appointments online or over the telephone. “Before, patients didn’t know if they’d be seen in 30 minutes or three hours, and were terrified that if they went to the bathroom, they’d miss their name being called,” he said. “When patients feel their time is being respected, they come in happier.”

Early in his own career, Nadler found he was underprepared to treat many acute care issues, such as orthopedic injuries and eye conditions. “It’s not uncommon for somebody to present to us with significant problems that can be overlooked if you don’t ask specific questions or perform specific exam techniques,” he says. “We teach residents so they leave with a skill set to effectively take care of their patients.”

“Paul is truly revered for his combination of clinical expertise, kindness and generosity,” says Fran Dreier, FNP, MHS, who has worked with Nadler for more than a decade. “His answers always stimulate reflection, while respecting the autonomy of the questioner.”

Nadler often puts in 12-hour days, including many Saturdays, and sees about 160 patients a week. Yet his enthusiasm continues to energize him. “If a person or their family member is ill, almost nothing else seems to matter,” he says. “I’m fortunate to have the training and experience that, in many cases, allow me to make a difference. That’s a very privileged position.”

In his free time, Nadler enjoys sailing, running and spending time with his wife, Helen, and their young daughter, Elizabeth.

The Power of Teaching

“It’s an honor to have a window into a person’s life when they’re at their most vulnerable,” says Bradley Sharpe, MD. As associate chief of the Division of Hospital Medicine, he helps oversee care of about 100 hospitalized patients a day at UCSF Medical Center. “The intensity of the interaction with patients is profound,” he says. “I try to make a connection and help them feel at ease.”

He builds rapport by sitting down to talk with patients and families, using their words and language when possible. “If a patient says, ‘I’m having heart trouble,’ I say, ‘Let’s talk about your heart trouble,’ rather than ‘You have congestive heart failure,’” says Sharpe. “Also, studies have shown that clinicians often talk too much. I try to elicit patients’ goals and what they’re worried about, and get them to do most of the talking.”

Sharpe is passionate about medical education. He serves as associate program director for the UCSF Internal Medicine Residency Program, and teaches faculty in different departments to be more effective teachers. “People may know everything about a disease, but how do you teach so it changes the way trainees take care of patients?” he asks. Sharpe strives to establish a positive learning climate and provide specific feedback to learners. “Instead of saying, ‘Great job with that patient,’ I’ll say, ‘You clearly explained the plan without medical jargon – that was great,’” he says. “Rather than saying, ‘You were rude to that patient,’ I’ll say, ‘You got up to leave while the patient was still talking,’ which focuses on specific behaviors.”
Sharpe loves teaching about his “favorite disease,” community-acquired pneumonia. “I like the physical exam, the evidence base, and knowing that patients usually get better,” he says. Sharpe also coaches trainees on improving oral case presentations – in which they outline a patient’s history, physical exam, lab results and their own clinical reasoning – encouraging them to focus on what listeners need to hear and to practice presentations out loud. On a national level, Sharpe helps organize the Academic Hospitalist Academy, a boot camp course for junior academic hospitalists. He is also a board member of the Society of Hospital Medicine, the national organization for hospitalists.

“Brad is among the very best clinical teachers in our department,” says Robert M. Wachter, MD, chief of the Division of Hospital Medicine and Lynne and Marc Benioff Endowed Chair in Hospital Medicine. “He is also the kind of person that anyone would love to have as his or her doctor – whether the problem required ‘Dr. House’-like brilliance or just sitting at the bedside of a dying patient, quietly listening.”

“My proudest moments are when I see someone teaching what I taught them,” says Sharpe. “If I teach 10 residents the appropriate antibiotics for pneumonia, and then each of them teaches eight interns, that’s the exponential power of teaching.” He is married to Margaret Fang, MD, MPH, also a UCSF hospitalist. Together they have two young daughters, Alexandra and Ariadne.

An Exquisite Balance

Endocrinologist Dolores Shoback, MD, has discovered many secrets of the parathyroid glands, four pea-sized organs in the neck. Small but mighty, they regulate the bloodstream’s calcium balance by releasing parathyroid hormone (PTH), which stimulates bones to release calcium and kidneys to hoard it rather than releasing it into the urine.

Besides forming bones, calcium plays a critical role in helping muscles contract, nerve cells fire and blood to clot. Calcium is plentiful in seawater, but not on land – so when our ancient forebears crawled out of the ocean, they evolved ways to tightly regulate this essential mineral. “This is definitely a system where things need to be just right,” says Shoback. If PTH levels are too high, people develop osteoporosis and kidney stones; too low, causes numbness, cramps and other serious problems.

Shoback, recruited to the San Francisco Veterans Affairs Medical Center (SFVAMC) in 1983, led studies in development of calcimimetics – drugs that trick the parathyroid glands into thinking that bloodstream calcium levels are high, thereby inhibiting PTH release. This research contributed to approval of the first calcimimetic to treat hyperparathyroidism – overly active parathyroid glands – and parathyroid cancer. She also made key discoveries about calcium-sensing receptors, which are found not only in the parathyroid glands, but also in almost every cell in the body. Shoback helped define how such receptors in cartilage interact with various hormones to regulate bone growth. “These cells are scoping out what’s in the environment, because tissues have to have enough [calcium] to make a structurally competent bone,” says Shoback.

She brings the same scientific rigor to caring for patients, many of whom have diabetes or osteoporosis. “Medicine is an art, but there is a lot of science involved,” Shoback says. “It is a great advantage to be able to interpret new clinical research when making a recommendation to a patient.” Says endocrinologist Anne Schafer, MD, “Dr. Shoback is constantly attentive to patients’ needs, exceedingly thorough, and immensely compassionate.”

One of Shoback’s strongest role models was Johns Hopkins clinician Philip Tumulty, MD. “What was most impressive was how he dealt with situations where he couldn’t come up with a diagnosis,” she says. “He never abandoned his patients. He maintained a healing relationship. Many times with diabetes, the disease progresses. You may not be able to reverse deterioration of sight or kidney function, but the patient actually needs you even more at that point. You continue to be their doctor, and to support them and their family.”

An esteemed educator and consultant, Shoback is internationally respected, and recently chaired annual meetings of the Endocrine Society and the American Society for Bone and Mineral Research. She is married to John Imboden, MD, chief of the Division of Rheumatology at San Francisco General Hospital and himself a Department of Medicine Master Clinician. They have two grown children, Tom and Elizabeth, and enjoy opera and international travel.
Dr. Susan Desmond-Hellmann
Bringing Her ‘A-Game’

usan Desmond-Hellmann, MD, MPH, jokes that her residency application to UCSF felt like a long shot. A 1982 graduate of University of Nevada, Reno’s fledgling medical school, she says it was a “very positive surprise” to be accepted to UCSF.

On the first day of residency, another state school alumnus – Nicholas Hellmann, MD, who had attended the University of Kentucky – caught her attention. “We looked at each other and thought, ‘I have a kindred spirit there’ – and we’ve been kindred spirits ever since,” she says about Hellmann, who became her husband and an infectious disease expert.

As a resident, she looked up to leaders such as then-Chair of the Department of Medicine, Lloyd “Holly” Smith, Jr., MD. “He could tease you and yet make you feel loved, while setting an atmosphere where you knew you had to bring out your ‘A-game,’” recalls Desmond-Hellmann. “For someone like me from a small school who had never seen such a truly extraordinary assembly of talent, I found it incredibly inspiring.”

“I have been a ‘Sue Aficionado’ since she and Nick began as trainees,” says Smith. “She has a broad knowledge of medicine, public health and the medical sciences, consummate communication skills, diplomacy, and a long and authentic interest in global health. Her experiences and interests are remarkably congruent with the challenges that lie ahead.”

After residency, Desmond-Hellmann and Carlin Long, MD – now chief of cardiology at Denver Health Medical Center – served as co-chief residents at Moffitt Hospital. “So many things about working with Carlin were great – his sense of humor, his intellect,” she says. “These jobs can be overwhelming, and I learned the value of having a buddy and teaming up.”

Desmond-Hellmann completed her oncology fellowship at UCSF and joined the faculty, caring for AIDS patients with Kaposi’s sarcoma and lymphoma. She and her husband then spent two years as visiting faculty members at Makerere University and the Uganda Cancer Institute, studying heterosexual transmission of HIV. One memorable experience was visiting a rural hospital. “Just because we had a little cooler box with chemotherapy, people would literally circle the hospital, waiting,” she says. “I developed an incredible humility about the challenges, and the importance of collaboration with people in low-resource settings.”

Leading through Partnerships

After returning from Uganda and a brief stint in private practice, Desmond-Hellmann went to work at Bristol-Myers Squibb, where she joined and eventually led the team developing the cancer drug Taxol. She was recruited to Genentech, eventually becoming president of product development and overseeing the creation of cancer therapeutics, including Herceptin and Avastin.

In 2009, she became the ninth chancellor of UCSF. “I think one of the most important things a chancellor does is put the right people in the right jobs,” says Desmond-Hellmann, who considers building her leadership team and helping to recruit top talent as her greatest accomplishments. She is also proud of establishing the UCSF Discovery Fellows Program, the largest endowed program for PhD students in the UC system, and increasing engagement with the high tech, biotech and private sector communities.

In May, she became CEO of the Bill & Melinda Gates Foundation, which has made grants totaling more than $30 billion in support of its mission to help all people lead healthy, productive lives. “I’m excited about the amazing and daunting opportunity to bring more funds than have ever been brought before, philanthropically, to engage in solving inequities across the world,” she says. “Nobody does that by yourself – it’s all about collaboration, partnership and teamwork. You can’t accomplish things without resources, but it isn’t only about money – it’s about clarity and intent to make an impact…. If my skills can help in this effort, along with partners of the Gates Foundation across the globe, I will be thrilled.”

Her advice to current residents: every year, learn something new. “When I was a second-year fellow, my mentor left UCSF,” she says. “My backup strategy was to get a master’s in public health from UC Berkeley, focusing on epidemiology and biostatistics. I would not let a year go by with me taking it easy.”

Desmond-Hellmann maintains a fast pace outside of work, and is an avid runner and bicyclist. She and her husband are looking forward to outdoor adventures in the Pacific Northwest.
faculty awards

Congratulations to the faculty in the Department of Medicine for their achievements and contributions during 2013-14. They include the following awards and honors:

Public Service Committees, Societies, Associations & Publications

Jeffrey Bluestone, PhD
Elected, Member, Institute of Medicine (IOM)

Peter Chin-Hong, MD, MAS
Appointed Director, Pathways to Discovery Program in Clinical and Translational Research

Molly Cooke, MD
Elected, Member, Institute of Medicine (IOM)

Jonathan Garber, MD
Elected Chair of the ACGME Accreditation Council for Graduate Medical Education (ACGME)

Eric Goosby, MD
Elected, Member, Institute of Medicine (IOM)

Matthias Hebrok, PhD
Appointed Chair, Cellular Aspects of Diabetes and Obesity Study Section, NIH

Benjamin Kim, MD
Selected, Clinical Research Training Institute (CRTI), American Society of Hematology (ASH)

Anne Kinderman, MD
Recognized for Outstanding Contributions, Coalition for Compassionate Care of California (CCCC)

Jack Levin, MD
Recognized on 50th Anniversary of his discovery of LAL—Limulus Amebocyte Lysate reagent, Parenteral Drug Association (PDA)

Mary C. Nakamura, MD
Appointed Member, Skeletal Biology Development and Disease Study, NIH

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

Suzanne Noble, MD, PhD
Burroughs Welcome Award, Investigator in the Pathogenesis of Infectious Disease

Margaret Tempero, MD
Editor-In-Chief, Journal of the National Comprehensive Cancer Network

External Awards, Honorary Degrees

Louise Aronson, MD, MFA
Arnold P. Gold Foundation Professorship, Arnold P. Gold Foundation

Elected, Alpha Omega Alpha Honor Medical Society Outstanding Mid-Career Clinical Teacher of the Year Award, American Geriatrics Society

Robert Baron, MD, MS
Parkin J. Palmer “Courage to Lead Award” for extraordinary accomplishment in Graduate Medical Education, Accreditation Council for Graduate Medical Education (ACGME)

Elected Chair, Accreditation Review Committee, Accreditation Council for Graduate Medical Education (ACGME)

Elected to Steering Committee, Group on Resident Affairs, Association of American Medical Colleges (AAMC)

Elected Chair, Integrating Quality Program, Association of American Medical Colleges (AAMC)

Kirsten Bibbins-Domingo, MD, PhD
Mid-Career Research Mentor Award, Society of General Internal Medicine (SGIM)

Daniel Bikle, MD, PhD
Elected to the Board, International Bone and Mineral Society

Alicia Fernandez, MD
Board of Governors, Patient-Centered Outcomes Research Institute (PCORI)

Kirsten Fleischmann, MD, MPH
Vice Chair, Writing Committee, American College of Cardiology/American Heart Association (ACC/AHA)

Michael Harper, MD
Advisory Committee on Interdisciplinary Community-Based Linkages, US Department of Health and Human Services

Millie Hughes-Fulford, PhD
Top discovery on the International Space Station, American Astronautical Society

Talmadge E. King, Jr. MD
Elected Regent, American College of Physicians (ACP)

Annie Luetkemeyer, MD
John Carey Young Investigator Award, AIDS Clinical Trials Groups (ACTG)

Neda Ratanawongsa, MD, MPH
Chief Medical Informatics Officer for CareLinkSF, San Francisco Health Network

Chair, Society of General Internal Medicine 2014 Annual Meeting Program Committee

Christine Ritchie, MD, MSPH
President Elect, American Academy of Hospice and Palliative Medicine

Melvin Scheinman, MD
Distinguished Scientist Award (Clinical Domain), American College of Cardiology (ACC)

Nelson Schiller, MD
Lifetime Achievement Award, American Society of Echocardiography (ASE)

Dean Schillinger, MD
Everett M. Rogers Lifetime Achievement Award in Public Health, American Public Health Association (APHA)

David Schoepfer, MD, MAS
Young Investigator Award, American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR)

Steven A. Schroeder, MD
Gustav O. Lienhard Award, Institute of Medicine (IOM)

Teaching and Mentoring Awards

Nima Afshar, MD
Excellence in Teaching Award, Haile T. Debas Academy of Medical Educators

Jack Chase, MD
Excellence in Teaching Award, Haile T. Debas Academy of Medical Educators

Lindsey Criswell, MD, MPH
Resident Clinical and Translational Research Mentor of the Year, CTSI Resident Research Training Program

Denise L. Davis, MD
Excellence in Teaching Award, Haile T. Debas Academy of Medical Educators

Rena Fox, MD
Excellence in Teaching Award, Haile T. Debas Academy of Medical Educators

Monica Gandhi, MD, MPH
John L. Ziegler Outstanding Mentor Award, UCSF Global Health Sciences

Deborah Grady, MD, MPH
Lifetime Achievement in Mentoring Award, UCSF Faculty Mentoring Program

Sharad Jain, MD
Oster Distinguished Teaching Award, School of Medicine Class of 2014

Adeena Khan, MD
Teaching Award for Clinical Faculty, School of Medicine Class of 2014

Ryan Laposis, MD
Excellence in Teaching Award, Haile T. Debas Academy of Medical Educators

Carlin Senter, MD
Excellence in Teaching Award, Haile T. Debas Academy of Medical Educators

Justin Sewell, MD, MPH
Excellence in Teaching Award, Haile T. Debas Academy of Medical Educators

Michael Steinman, MD
Distinction in Mentoring Award, Associate Professor level, Academic Senate

Michi Yukawa, MD, MPH
Excellence in Teaching Award, Haile T. Debas Academy of Medical Educators

Teacher of the Year, UCSF Division of Geriatrics

Leslie Zimmerman, MD
Outstanding Educator Award, American Thoracic Society
Recruiting Top Talent

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“Our researchers generate new knowledge about how social and medical conditions interact to affect health, and develop and test a range of innovative interventions in clinical and community settings to optimize health for underserved populations,” says Dean Schillinger, MD, chief of the Division of General Internal Medicine at SFVAMC. “Obtaining funding for such interdisciplinary, ‘non-traditional’ research is extremely challenging, particularly for early-career faculty members. The Gloria and Richard Kushel Foundation’s gift allows us to identify, support and nurture junior clinical investigators who can leverage their science to alleviate suffering among those most in need.”

“I have been very fortunate to work with great people,” says Kushel. “It’s true in our business, and it’s true in anything that you do – you’ve got to get the best people working on the toughest problems. We hope this gift helps UCSF attract and retain some of the best people. The group there is incredibly impressive, and we want to help them build their team.”

To learn more about how you can support the Department of Medicine, please contact Executive Director of University Development Olivia Herbert at (415) 476-9878 or oherbert@support.ucsf.edu.

Endowed Chair Appointments

Anna Chang, MD
Gold Headed Cane Chair

Vaikom Mahadevan, MD
William W. Parmley Endowed Chair in Cardiology

Kenneth McQuaid, MD
Marvin H. Sleisenger Endowed Chair

Brian Schwartz, MD
Gold Headed Cane Chair

UCSF Awards

Susan Buchbinder, MD
Jane Bailowitz, MD Award, Medical Service SFVAMC

Adithya Cattamanchi, MD
Global Health Faculty Award, UCSF Nina Ireland Program in Lung Health

Stephen Echaves, PharmD
Robert Lull Award: SFVAMC non-Medicine Service Consultant of the Year, SFVAMC

Ephraim P. Engleman, MD
Rosalind Russell-Ephraim P. Engleman Rheumatology Research Center re-named in his honor

Nathaniel Gleason, MD
CHQI ROI Scale-Up Fellowship Award

Elizabeth Harleman, MD
John F. Murray, MD Award for Excellence in Academic Medicine and Dedication to the Humanitarian Mission of SFVAMC

Claire Horton, MD, MPH
Inaugural recipient of the Performance/Quality Improvement Award, SFVAMC

Laurence Huang, MD
Henry F. Chambers, MD Award, Medical Service SFVAMC

Jeffrey Kohlwees, MD
Excellence and Innovation in Graduate Medical Education Award, UCSF

Mary Margaretten, MD
Ephraim P. Engleman Award for Excellence in the Field of Arthritis Research, UCSF Division of Rheumatology

Rena Pasick, DrPH, MPH
UCSF Faculty Award for Excellence in Community Partnerships

Michael Shlipak, MD, MPH
Alpha Omega Alpha Gold-Headed Cane Society, School of Medicine Class of 2014

Tacara Soones, MD, MPH
Dr. Martin Luther King, Jr. Award, UCSF Office of the Chancellor

Stephen Tomlanovich, MD
Exceptional Physician Award, UCSF Medical Center

promotions & awards

Maye Chrisman, MBA

Maye Chrisman, MBA, associate chair for finance and administration, received the Chancellor’s Award for University Management. She earned her MBA from the Wharton School at the University of Pennsylvania, and joined UCSF in 2003. Chrisman was recognized for her effective partnership with all levels of campus leadership. In addition, Chrisman has spearheaded several IT-based innovations, including an online budgeting tool for the Department of Medicine and a UCSF-wide faculty payroll application that replaced a laborious paper-based process. She also participates in the Academic Business Officers Group Mentorship Program.

Lindsey Ann Criswell, MD, MPH, DSc

Lindsey Ann Criswell, MD, MPH, DSc, has been appointed the Jean S. Engleman Distinguished Professor of Rheumatology. Criswell, chief of the Division of Rheumatology at UCSF Medical Center, has identified many genes which contribute to the onset and progression of rheumatoid arthritis and systemic lupus erythematosus. She received her medical degree from UCSF, her master’s degree in public health from UC Berkeley, and a doctor of science degree in genetic epidemiology from the Netherlands Institute for Health Sciences. She completed a postdoctoral fellowship in rheumatology at UCSF, and joined the UCSF faculty in 1992.

Kenneth McQuaid, MD

Kenneth McQuaid, MD, has been appointed chief of the medical service at the San Francisco Veterans Affairs Medical Center (SFVAMC) and vice chair of the Department of Medicine. He earned his medical degree from UCSF, completed his residency and chief residency at Hennepin County Medical Center in Minneapolis and his gastroenterology fellowship at UCSF. McQuaid joined the SFVAMC in 1992, and has served as chief of the Division of Gastroenterology there since 2007. He was recently appointed as the Marvin H. Sleisenger Endowed Chair. He has received numerous teaching awards, and is a member of the Council of Master Clinicians.

in memorium

Wallace V. Epstein, MD

Professor Emeritus Wallace V. Epstein, MD, died on February 19, 2014. He trained as a rheumatologist at Columbia University’s School of Medicine for Physicians and Surgeons, and was recruited to the UCSF faculty in 1957 to develop a rheumatology research program. His areas of expertise included rheumatoid factor and laboratory testing in the rheumatic diseases, eye manifestations of rheumatic disease, treatment of severe systemic lupus erythematosus, economic and social costs of arthritis, access to specialty care, and evidenced-based medicine in rheumatic disease treatments. Dr. Epstein was also a beloved mentor, a highly respected clinician and an accomplished woodworker.

To make a contribution in Dr. Epstein’s memory, please contact Olivia Herbert at oherbert@support.ucsf.edu or (415) 476-9878.
*donor profile*

Gloria and Richard Kushel Foundation

Recruiting Top Talent for Tough Problems

“T he people at UCSF are an incredibly dedicated group of outstanding medical professionals and scientists,” says Rich Kushel. “But they are competing for great talent with a lot of other big universities and medical centers, some of which have a real funding advantage. My wife and I wanted to help UCSF attract the best early-career faculty, and help them grow and blossom.”

Kushel, chief product officer for global investment management firm BlackRock, and his wife, Gloria, recently made a gift through their family foundation to help accomplish this goal. Their donation provides seed funding to recruit and retain the most promising junior faculty members to the Division of General Internal Medicine at San Francisco General Hospital (SFGH), helping them establish their research programs.

The first recipient is Courtney Lyles, PhD, who is investigating the best ways to teach patients to engage with electronic patient portals – websites that allows them to securely communicate with their doctors and manage aspects of their health care online. Many vulnerable patients face additional challenges in taking full advantage of this resource, such as limited computer access or low literacy.

The Kushels were inspired in part by Rich Kushel’s sister, Margot Kushel, MD, an SFGH internist and an expert in the health problems of homeless adults. “Through my sister, we have been very exposed to the work of UCSF, and the difference that the people there are able to make,” says Rich Kushel. “When you focus on underserved populations, you have lots of grateful patients, but not typically ones who are able to make a donation to help build the program. We thought this was a place where we could really make a difference.”

“This generous gift from the Kushels will allow us to develop creative faculty leaders who are courageously tackling fundamental issues important to the health of vulnerable patients,” says Neil R. Powe, MD, MPH, MBA, chief of medical services at SFGH and the Constance B. Wofsy Distinguished Professor.

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