Sriram Shamasunder (pronounced “SHREE-ram shah-mah-SOON-der”), MD, DTM&H, and Phuoc Le (pronounced “fook lay”), MD, MPH, DTM&H, met in Haiti in 2010 while volunteering after the devastating earthquake. “We were amazed by the outpouring of support from health professionals who wanted to work in Haiti, but dismayed that people who had never worked in a resource-poor setting can end up doing more harm than good,” recalls Shamasunder.

“Having good will does not translate to having the expertise to do global health work,” says Le, noting that global health addresses health inequities in low-resource settings – whether internationally or within the US. “As physicians, we are at the very end of the line. We should go upstream to see what social, economic and structural factors led to disease, then provide mentorship in how to intervene as health care professionals.”

To build this kind of expertise, Le and Shamasunder co-founded the HEAL (Health, Equity, Action and Leadership) Initiative (healinitiative.org). The program builds on UCSF’s legacy of addressing health disparities wherever they occur, from caring for AIDS patients in the early 1980s, to pioneering new ways to prevent transmission of HIV, malaria and tuberculosis worldwide. Last fall, UCSF celebrated the 10-year anniversary of the founding of its Global Health Sciences (globalhealthsciences.ucsf.edu) program with an international symposium of global health experts.

HEAL Initiative co-founders Phuoc Le, MD, MPH, DTM&H, (left) and Sriram Shamasunder, MD, DTM&H, (right) meet with Maxi Raymonville, MD, an OB/GYN at a Haitian hospital run by Partners in Health. For every trainee from a high-resource setting who is enrolled in the global health program, the HEAL Initiative also trains a health professional from a low-resource setting.

**Healing the World**

**Training Global Health Experts**


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continued on page 8
From the Department Chair

Improving Health Locally – and Globally

One lesson from the current Ebola epidemic is how truly connected we all are. The best way to ensure our community’s health is to strengthen health systems and address health inequities, whether they occur close to home or across the world. As a public institution with a broad commitment to service, the UCSF Department of Medicine has long been a leader in this endeavor.

As our cover story illustrates, the new HEAL Initiative seeks to train a cadre of global health experts who have both the clinical skills to care for patients in resource-poor settings, and the knowledge to build health systems by creating effective partnerships. Co-founded by Sriram Shamasunder, MD, DTM&H, and Phuoc Le, MD, MPH, DTM&H, the HEAL Initiative has equity built into its organizational DNA. For every fellow who comes from a high-resource setting like the US, the program will also train a fellow based at partner sites in low-resource settings, e.g., Haiti, Liberia and Native American reservations.

Global health includes improving health among vulnerable and underserved populations in the US. Two of our outstanding alumni – Mia Lozada, MD, and Jennie Wei, MD, MPH – describe how they use skills they developed during residency to help their Navajo patients at Gallup Indian Medical Center in New Mexico.

This issue of the newsletter also includes a profile of Michael Peterson, MD, chief of medicine at UCSF Fresno, which has grown enormously under his leadership and serves a diverse mix of patients in the Central Valley.

We are tremendously grateful for two recent gifts to the Division of Cardiology. They are launching centers to address atrial fibrillation – an irregular heart rhythm that affects millions of Americans – as well as sudden cardiac death, the country’s leading cause of death. These gifts are part of Cardiology 2020, an ambitious plan to put UCSF at the forefront of discovery in cardiology. We are also pleased to highlight the Center for Prevention of Heart and Vascular Disease, which was established through another generous gift and helps patients prevent heart disease before it develops.

The UCSF Department of Medicine is committed to continually improving the quality and safety of care. As featured on page 12, we are pleased to showcase our new Systems Innovation, Quality Improvement, and Patient Safety Portfolio, a powerful new tool for recognizing faculty excellence. We are also proud to highlight several faculty members who have been appointed to leadership positions and those who have been recently named to endowed positions.

As always, I truly appreciate your extraordinary support, which provides seed money for some of our most creative and important efforts. Philanthropy is truly the engine of innovation, and we are grateful for your partnership in helping to create a world where everyone has access to quality health care.

Sincerely,
Talmadge E. King, Jr., MD
Chair, Department of Medicine
Julius R. Krevans Distinguished Professorship in Internal Medicine
Faculty Profile: Dr. Michael Peterson

UCSF Fresno: Coaching for Excellence

As a resident at the University of Wisconsin, Madison, Michael Peterson, MD, remembers pulmonologist Helen Dickie, MD, walking by and quizzing him about chest X-rays she pulled from nearby filing cabinets. “You dropped what you were doing, and she was going to teach you for a while,” says Peterson, now the chief of medicine at UCSF Fresno, Valley Medical Foundation Professor, and vice chair of the Department of Medicine. “She was very demanding of students, but she took great pride in helping you get better.”

He brings a similar approach as an educator, administrator and researcher. Inspired by Dickie and the excitement of treating life-threatening conditions, Peterson completed a pulmonary and critical care fellowship at the University of Iowa, then served on the faculty there for 16 years. Though he enjoyed his work, he came to UCSF Fresno because he thought he could make a difference. “This was an opportunity to take a program that was struggling, and see if I could help it excel,” says Peterson.

In 1975, the California Legislature and the Veterans Administration created UCSF Fresno as a clinical branch of UCSF to address the severe physician shortage in the San Joaquin Valley. Today, its faculty and trainees work at the VA Central California Health Care System and Community Regional Medical Center, which includes a hospital, ambulatory clinics, Level 1 trauma center and the state’s third busiest emergency department.

Since Peterson arrived in 2002, he has led an era of tremendous growth. “Dr. Peterson has transformed the Department of Medicine at UCSF Fresno, more than doubling the size of the faculty, increasing the number of residents from 45 to 96 and establishing six new fellowship programs,” says Joan Voris, MD, former associate dean of the UCSF Fresno Medical Education Program. “He raised funds to establish a clinical research center and is a role model for other UCSF Fresno departments in starting and expanding their own research programs.” Upon Voris’s retirement in January, Peterson was named interim associate dean of UCSF Fresno.

Peterson is a highly respected educator, and compares teaching to coaching world-class athletes. “I tell [trainees], you’re already very good – my job is to help you get even better,” he says. “If you want to take half a second off your 100 meter time, it’s going to hurt a little bit. If you know all the answers, I’ll just make the questions harder, because that’s where you’ll learn.”

UCSF Fresno also created the LIFE (Longitudinal Integrated Fresno Experience) Program, a six-month clinical clerkship for third-year UCSF medical students – and partnered with other UC campuses to establish San Joaquin Valley PRIME (Program in Medical Education) for students who want to practice in the region.

Diversity and Discovery

UCSF Fresno serves a diverse community, including Latino, Hmong, Pakistani and Indian patients. “Fresno is one of those places you can practice global health without leaving home,” says Peterson. Many patients have conditions more commonly seen in the developing world. “When I came here, we weren’t doing much research,” said Peterson. “That bothered me. If we’re in a place with a disease that few others see, we should become the experts.” Peterson and his colleagues began running standardized tests for lung cancer on every patient with a suspicious chest CT scan. In addition to reducing the average diagnosis time from three months to seven days, they made a startling finding: one in three patients actually had coccidioidomycosis, also known as “Valley fever” – an infection caused by breathing in soil fungus that is especially prevalent in the Central Valley. In the past, many of these patients would have endured unnecessary surgery because of misdiagnosis as cancer. The team also developed a new lab test for Valley fever, and works with other UC campuses to discover better therapies.

In addition, Peterson established the UCSF Fresno Center for Clinical Studies, which supports more than 45 research projects, and collaborates with UCSF pulmonologist Michael Matthay, MD, on improving treatment of patients with acute respiratory distress syndrome.

In his free time, Peterson enjoys going on motorcycle road trips and traveling with his wife, Barbara, to visit their sons in Southern California and Montana.

Peterson appreciates the esprit de corps that has blossomed. Pointing to his gray jacket emblazoned with “UCSF Fresno Internal Medicine” — Michael Peterson, MD

“This was an opportunity to take a program that was struggling, and see if I could help it excel.”

— Michael Peterson, MD
Alumni Profile:
Dr. Mia Lozada and Dr. Jennie Wei

‘You Will Become Well’

For Mia Lozada, MD, and Jennie Wei, MD, MPH, a third of their patients live in homes without plumbing or electricity, most roads are unpaved and hitchhiking is a major form of transportation. But Lozada and Wei do not live in a developing country – they are physicians for the Indian Health Service (IHS), providing free health care to patients of the Navajo Nation at Gallup Indian Medical Center (GIMC) in New Mexico.

“I use almost every single thing I learned in residency on a daily basis,” says Wei. She and Lozada were residents in the UCSF San Francisco General Hospital Primary Care (SFPC) program, which trains physicians to become leaders in caring for underserved populations. GIMC has a 99-bed hospital and about 60 providers, including general surgeons, dentists and optometrists. However, patients must drive several hours to see specialists such as pulmonologists, gastroenterologists or rheumatologists, so Wei and Lozada draw on a breadth of skills from residency to provide as much care onsite as possible.

They also serve as field-based mentors for UCSF’s HEAL Initiative global health fellows, who alternate between rotations at GIMC and postings in countries including Haiti, India, Liberia and Mexico.

Their patients bring a particular mix of strengths and vulnerabilities. Navajos have an extremely strong kinship system, and homelessness is virtually nonexistent. However, they are more than twice as likely as the average American to live in poverty, and are genetically predisposed to certain rheumatic diseases. Many patients must drive 100 miles to buy fresh fruits and vegetables, and diabetes and obesity are widespread. Many Navajos worked in uranium mines, contributing to increased rates of lung disease, and uranium has contaminated some of the reservation’s well water.

Alcohol abuse is a major problem, and Lozada and Wei have cared for many patients in their 20s and 30s with severe alcoholic hepatitis, some of whom die within a few months. “I had never seen this disease in such devastating frequency until I got to the reservation,” said Wei. They and their colleagues are working to improve treatment of alcoholism through a combination of counseling, rehabilitation services and medication.

Because it can be challenging to recruit doctors, the IHS frequently hires physicians for short-term contracts, which means that patients often see a different doctor every few months. Lozada and Wei have worked at GIMC since 2012, and are starting to establish long-term care relationships with patients. “The longer we’ve been here, the more patients seem to open up,” says Lozada. “Over time, these relationships have become even more rewarding and the therapeutic alliances even stronger.”

In addition to building trust, she and Wei have learned more about Navajo cultural norms from patients and colleagues. For example, a firm handshake can be considered aggressive, and avoiding eye contact can be a sign of respect. Asking directly about illness is seen as wishing disease upon a patient, but folding in such questions during a physical exam can be more effective. A positive way to end appointments is using a Navajo phrase meaning, “You will become well,” indicating good wishes for their health. Providers can also refer patients to the Office of Native Medicine, which engages medicine men to conduct healing ceremonies in a hogan, a traditional Navajo structure located next to the medical center.

“The relationships with patients and colleagues, and the sense of giving back to a population that has sacrificed so much, are what make us want to stay.”
— Mia Lozada, MD
“One of the most important things I learned in residency was how little we as doctors can do sometimes,” says Wei. “That’s why it’s so important to work as a team with social workers, case managers, nurse practitioners and others to keep patients as safe and healthy as possible.” Public health nurses and community health representatives are vital members of that team, making home visits to take vital signs and conduct patient education. Because of transportation challenges that many patients face, they are the only health workers that some patients ever see.

From Residency to Reservation

The seed for working with the IHS was planted when Wei spent a summer rotation as a medical student on another part of the Navajo reservation in Kayenta, Arizona. “The Navajo people were extremely warm and appreciative of our care,” says Wei. “My mentor stayed there for 10 years, and I could see that her life was so rewarding.”

Wei and Lozada chose the SFPC program because of its emphasis on social justice and dedication to underserved patients. One of Wei’s mentors was the program’s director, Sharad Jain, MD. “He allowed us to be innovative, yet held us accountable to our values,” says Wei.

“Jennie was an outstanding resident, ensuring that her patients received the best possible care despite their medical and social complexity,” says Jain. “In her current work, she continues to provide high quality and evidence-based care to vulnerable populations, and creatively works to address social determinants of health.”

During residency, Wei worked at Lyon-Martin Health Services, a nonprofit clinic, and learned how to care for transgender patients and prescribe hormone therapy. In Gallup, the HIV doctor asked Wei if she would start a transgender clinic on the reservation. Many transgender patients went without health care because they feared discrimination, and bought hormones online or off the street that they took unsupervised.

Wei and her team now see such patients in a transgender clinic twice a month. “I’ve learned an incredible amount about Navajo traditional views on gender, which extend beyond the binary model to this third gender, called Nàdleehi,” says Wei. “In the Navajo creation story, they are given very important places in society. Despite these traditional views, many still experience physical and emotional trauma.”

“This clinic has been one of the most rewarding experiences,” says Wei. “You talk to somebody for an hour about their experiences and struggles, and at the end they give you a hug and say, ‘I am so happy you’re here. I can’t believe that we’re able to have a service like this on the reservation.’ We’re very lucky at UCSF and SFGH to get this specialty type of training, and to help somebody in such a profound way.”

One of Lozada’s residency mentors was Claire Horton, MD, MPH. “Many times, I would talk with Claire about how I wanted to make things better, and she said, ‘It really sounds like you like quality improvement,’” recalls Lozada. “She gave a name to my interests, and was instrumental in linking me up with clinics in the Bay Area to see innovative QI projects.”

“Mia was an extraordinary resident – compassionate, intelligent and passionate about helping individual patients,” says Horton. “She also worked on several projects during residency that significantly improved the way we deliver care at SFGH. She’s taken that passion to her work in the IHS, and it’s been a delight to see the way she is teaching and mentoring the next generation of physician leaders!”

Lozada now directs QI efforts in her department at GIMC, including a multidisciplinary team to reduce preventable hospital readmissions. She also led efforts to initiate Schwartz Center Rounds, a carefully structured forum that allows health care providers to discuss social and emotional issues they face in caring for patients and families. “It’s been wonderful to get our staff together to talk about challenges that have been plaguing us, and accomplishments that get us excited,” says Lozada.

“It’s a privilege and a wonderful experience working with the Indian Health Service,” says Lozada. “The relationships with patients and colleagues, and the sense of giving back to a population that has sacrificed so much, are what make us want to stay.”
The UCSF Division of Cardiology has launched Cardiology 2020, a bold plan to advance key areas of cardiology-related research, patient care and education in the coming decades. “In recent years, we have made remarkable advances in treating coronary disease, and we want to make similar progress in how we prevent and treat other forms of heart disease,” says Jeffrey Olgin, MD, chief of the Division of Cardiology. “In partnership with our supporters, our vision is for UCSF to be at the forefront of discovery in these new frontiers in cardiology.”

**Cardiology 2020 is already off to an exciting start, with the recent commitment of two major gifts:**

**Robert A. Naify** has pledged $17 million to establish the Robert A. Naify Center for Atrial Fibrillation Research. Atrial fibrillation is the most common abnormal heart rhythm problem, affecting nearly 3 million Americans. It is a leading cause of stroke, and often produces debilitating symptoms, including shortness of breath, dizziness and fatigue. Yet physicians are unable to predict which patients will develop this condition, and current treatments merely suppress the abnormal rhythm, rather than addressing the underlying causes of atrial fibrillation.

“The Robert A. Naify Center for Atrial Fibrillation Research will bring together a broad range of researchers to discover ways to predict, prevent and cure atrial fibrillation,” says Olgin. “UCSF has a long history of excellence in this area, and Mr. Naify’s gift will catapult our efforts to develop better treatments for patients.”

“We are making this gift in the hopes of helping other heart patients have more productive lives,” says Naify. “Jan and I are very proud that the research we are supporting will help patients with atrial fibrillation enjoy better health and improved quality of life. Thanks to Dr. Olgin and his team for their diligence and dedication to the project.”

**Charles Schwab** has pledged $15 million to establish the UCSF Center for Prevention of Sudden Cardiac Death. The number one killer in the United States, sudden cardiac death (SCD) is responsible for 425,000 deaths annually – yet many patients have no symptoms until the fatal incident, making prevention difficult. The Center will include the Murray R. Davis Faculty Fund, which will help recruit and support leading researchers, and the Schwab Venture Fund, which will provide seed money for high-risk, high-reward investigations related to SCD.

“Building on our existing expertise and partnerships, the UCSF Center for the Prevention of Sudden Cardiac Death will develop better ways to identify patients and populations at high risk, and provide potentially life-saving interventions before tragedy occurs,” says Olgin.

Schwab made this gift in memory of his son-in-law, Murray R. Davis, who passed away suddenly in 2012 at the age of 57. Davis was a loving husband to Virginia Schwab Davis, a devoted father to their three sons, and a longtime youth baseball coach who also served as president of the Piedmont Baseball Foundation. “UCSF’s work on sudden cardiac death is an important cause to support and I am happy to do so,” says Schwab. “I would love it if Murray’s memory can help contribute to preventing the tragedy of SCD for others.”

“These two gifts are truly transformative,” says Olgin. “Their size and structure allow us to do things that we cannot do with ordinary research funds from the National Institutes of Health.” These include establishing endowments to support dedicated research time for key faculty members, building shared resources such as a biospecimen bank and a clinical research database, and creating pilot grants to jump-start innovative research projects.

“Cardiology 2020 is our blueprint for the next chapter of discovery, innovation and patient care,” says Olgin. “We are thrilled by the outstanding support we have received so far, and look forward to collaborating with many others to improve heart health for our patients at UCSF and around the world.”

For more information about how to support Cardiology 2020, please contact Senior Director of Development Eileen Murphy at emurphy@support.ucsf.edu, or (415) 502-0746.
**Dr. William Grossman**

**Preventing Heart Disease**

Forty years ago, cardiologist William Grossman, MD, spent much of his time in the intensive care unit, pulling patients back from the brink of death. He developed close bonds with many of them, and worked with them after hospital discharge to try to prevent recurrent illness. “I realized that prevention was a lot of fun, and it was more satisfying in some ways,” says Grossman, now the Charles and Helen Schwab Endowed Chair in Preventive Cardiology. “It was very clear that you could often prevent recurring heart attacks and heart failure, if you had a cooperative patient.”

This longstanding interest led Grossman to envision the UCSF Center for Prevention of Heart and Vascular Disease (healthyheart.ucsf.edu). It was established in 2008 through a gift from the Charles and Helen Schwab Foundation, and receives additional support from other generous donors. Grossman, the Center’s director, along with co-director Anne Thorson, MD, and their colleagues Michael Crawford, MD, Nisha Parikh, MD, Eveline Ostreicher Stock, MD, and Ethan Weiss, MD, conduct more than 2,500 physician office visits annually.

**Prevention is in the Details**

A pillar of the Center’s approach is an intensive initial visit with a cardiologist to review medical and family history, diet and exercise habits, and medications, combined with thorough follow-up. Grossman asks patients to bring in pill bottles of every drug, herbal supplement and over-the-counter medication they take. “Going through all the details is the best way to uncover information,” he says. “Lots of times, things come out that the patient hasn’t told anybody.”

One patient was referred for resistant hypertension – high blood pressure that remained above target despite using three or more medications to treat it. Grossman asked whether the patient was taking any over-the-counter medications. The patient said that his orthopedic surgeon recommended taking Advil, a nonsteroidal anti-inflammatory drug (NSAID), for knee pain. “NSAIDs can cause severe hypertension in susceptible individuals,” says Grossman. After stopping the daily Advil, the patient’s blood pressure became normal. “The referring [primary care] doctor never asked if he was taking NSAIDs, and the patient didn’t consider them medicine because they weren’t prescribed. Finding out some of these things can often explain why the patient is not responding to treatment.”

Since 2010, the Center has been located on the Mission Bay campus in the Smith Cardiovascular Research Building, which houses most of UCSF Medical Center’s cardiologists and cardiac diagnostic facilities. Patients can see their cardiologist, have their pacemaker checked and get a treadmill test or echocardiogram, all in one visit.

**Healthier Patients and Communities**

Although many of Grossman’s patients see him for secondary prevention – seeking to prevent another heart attack, for example – an increasing number seek help to prevent cardiac-related problems before they occur. “I was taking care of an 80-year-old man who’d had a heart attack, and his 50-year-old son just wanted a checkup,” says Grossman. “Another guy in his 40s went for a life insurance exam, and was shocked to find out his blood pressure was 230/120. A lot more people are self-identifying as needing primary prevention.”

In addition to prescribing medications to address hypertension and high cholesterol, Grossman and his colleagues help patients find ways to eat a heart-healthy diet, quit smoking and exercise regularly.

The Center also educates the community through its website, patient newsletters, and seminars on topics such as women’s heart health and the effect of sugar on health. In addition, the Center trains prevention cardiologists through a one-year fellowship program, and conducts prevention research, including developing an app to encourage exercise and healthy eating.

For Grossman, effective prevention all comes back to thoroughness and building trusting relationships. “My role model when I was growing up was our family doctor,” he says. “My patients respond to the idea of having their doctor really know them.”
health leaders, as well as the opening of the new Global Health and Clinical Sciences Building on the Mission Bay campus.

**Equity in Health and Education**

Starting in July, the HEAL Initiative will offer a two-year paid fellowship program in global health for physicians seeking both clinical skills and knowledge of how to strengthen health systems in partnership with communities, governments and nonprofits. For example, physicians are often unprepared to care for patients in environments without electricity or clean water, let alone X-rays, electronic medical records or lab tests.

“How do they provide outstanding care with a lot less?” asks Le. “We teach them to work with what they have.” Fellows learn to identify symptoms of common diseases through the physical exam and history-taking, and become skilled in analyzing blood samples under a microscope for common pathogens. They also receive rigorous ultrasound training, a technology which is more affordable and portable than X-rays and can be a powerful diagnostic tool. Fellows also learn how to connect with community resources and draw on successful models to improve health.

Every six months, fellows alternate between an international rotation at a partner site in Haiti, India, Liberia or Mexico, and a domestic rotation at one of the hospitals in the Navajo Nation in rural New Mexico or Arizona. (Please see related article on pages 4-5.)

All fellows earn a master’s degree in public health through UC Berkeley’s online program; tuition is covered by the HEAL Initiative. They receive ongoing support from field-based mentors, as well as site visits from UCSF faculty who fly out for one to two weeks during each rotation. Fellows also participate in a weekly videoconference with faculty and other fellows to discuss challenging cases and provide mutual support.

One of the HEAL Initiative’s cornerstones is equity. “For every person from a high-resource setting that we train, we provide that same opportunity to somebody from a resource-poor setting,” says Le. For each rotating fellow enrolled in the program, partner sites select a locally based health care professional – such as a Haitian pharmacist or Liberian nurse – who also becomes a HEAL Initiative fellow. These locally based fellows continue to work full-time at their jobs while receiving mentorship from UCSF faculty and field-based supervisors, participating in weekly videoconferences and earning MPH degrees from UC Berkeley.

“People from the [local] communities are extremely smart, and are the absolute experts in that community,” says Le. “To make real change, we need to provide them with tools and support, because they’re going to be the ones...”
Leading the way in improving their health care systems.”

“The HEAL Initiative is a necessary and innovative response to the global workforce shortage that is hampering the improvement of health for vulnerable populations in the US and abroad,” says Madhavi Dandu, MD, MPH, a HEAL Initiative faculty member who also directs UCSF’s Masters of Science in Global Health program.

“With a focus on equity, the fellowship meets the demand of US trainees who seek post-graduate mentored training in global health delivery, while working hand-in-hand with health professionals based at partner sites who also receive mentorship and training.”

Global Health Bootcamp

To kick off the two-year fellowship, all fellows and faculty convene at UCSF for a monthlong global health bootcamp (globalhealthbootcamp.org), which provides intensive instruction in health system design, quality improvement, ethics and leadership training. Fellows learn hands-on skills such ultrasound training and take part in small group discussions. They also participate in ethics simulations in the state-of-the-art Kanbar Center for Simulation and Clinical Skills Education (meded.ucsf.edu/simulation) on the Parnassus campus. Fellows interact with professional actors who portray patients in difficult situations, debriefing with faculty and peers after each scenario.

“Let’s say you’re faced with a patient whose spleen has ruptured, and they need surgery,” says Le. “You are a physician but not a surgeon, and the nearest hospital is 10 hours away. What do you do? We teach our fellows to consider all the key players and ramifications when making an important decision in a resource-poor setting, and that goes far beyond what we’re typically taught in medical school and residency.”

A four-day version of the bootcamp debuted last October, offered as a continuing medical education course to 36 health care professionals from all over the world. Participants in this mini-bootcamp found the concrete skills, exchange of ideas and relationship-building useful.

“One key idea I will take home is collaborating with community health workers – those who do not have formal medical training – to help deliver health care services,” says Beatrice Kirubi, MD, a medical coordinator for Médecins Sans Frontières (Doctors Without Borders) in Kenya. “It offers treatment and jobs to the local community, and it’s something we should look at.”

“Most of us are not at an institution that has the resources, leadership, organizational skills and connections found on the UCSF campus,” says Angela Caffrey, MD, a gynecologic oncologist at West Michigan Cancer Center in Kalamazoo, MI, who volunteers at a Kenyan hospital. She found the historical overview of global health given by Joia Mukherjee, MD, MPH, a Harvard faculty member and chief medical officer for Partners in Health, especially valuable. “It was incredibly useful, succinct and memorable, and I really feel it should be a required talk for anyone entering a helping profession,” says Caffrey.

“If global health is a movement of people that are committed to international solidarity, the bootcamp started to do that by having Haitians and Ugandans and people from San Francisco and New York learn together,” says Shamasunder.

Justice and Medicine

Le and Shamasunder both have deep roots in global health. Le was born in Vietnam in 1976; when he was five, he fled to Hong Kong on a fishing boat with his family. He received virtually no health care until he emigrated to the US in the early 1980s. “Growing up, I heard stories from my mom that sparked me in a real interest in addressing these injustices in health care,” he says.

As an undergraduate, Le spent a year studying acupuncture in Beijing, witnessing health care disparities in an urban setting. While earning his master’s degree in public health from UC Berkeley, he spent months conducting research in Tibet. A graduate of Stanford Medical School, Le completed his residency in internal medicine, pediatrics and global health equity at Harvard Medical School, and cared for patients in rural Haiti, Malawi and Peru.

Shamasunder grew up in Southern California, the son of Indian immigrants. While an undergraduate at UC Berkeley, he took a poetry class from activist and writer June Jordan, who became his mentor. “She changed the way I thought about justice and people who don’t have the basics,” says Shamasunder. He remembers Jordan holding up a back-page photo in the New York Times of a flood that killed thousands of Bangladeshis. “She said, ‘If this was a bunch of Americans, it would be front page news! What kinds of people are valued less? Who gets sick, and why?’ Global health was a natural marriage of my interest in political activism and medicine.”

After completing his medical degree from New York Medical College and his residency at Harbor-UCLA, Shamasunder worked in several poor countries, including Burundi. “One of the hardest things to watch is a mother who trekked miles to the clinic, only to have her child die of something treatable like malnourishment,” he says. “You’d watch this mom strap a dead baby to her back to walk miles back home to bury that child. That was the first time I saw people dying from things we know how to treat, and it’s based on systems failures and not having a strong enough workforce. To be effective, I realized I needed other skills, like quality improvement and knowing how to mentor community...
HEAL Initiative’s Partner Organizations

- Compañeros En Salud (pih.org/country/companeros-en-salud) works to improve primary health care in the sierra of Chiapas, one of the poorest regions of Mexico.

- Jan Swasthya Sahyog (jssbilaspur.org) provides preventive and curative services in the tribal and rural areas of Bilaspur district of Chhattisgarh state in central India.

- Last Mile Health (lastmilehealth.org), known in Liberia as Tiyatien Health, saves lives in the world’s most remote villages by recruiting, training and supervising talented community members to become professional community health workers.

- Zanmi Lasante (pih.org/country/haiti) operates clinics and hospitals at 12 sites across Haiti’s Central Plateau and lower Artibonite, and is the largest nongovernment health care provider in Haiti. It is the flagship project of Partners in Health (pih.org).

- The Indian Health Service (ihs.gov), an agency within the US Department of Health and Human Services, is responsible for providing federal health services to American Indians and Alaska Natives.

- The UC Berkeley School of Public Health offers an online master’s degree in public health program (onlinemph.berkeley.edu).

building on those longstanding alliances, in recent months Shamasunder, Le and other HEAL Initiative faculty have gone to West African countries affected by the Ebola epidemic, working with organizations such as Last Mile Health in Liberia, a HEAL Initiative partner. “The Ebola pandemic is helping people understand that building health systems everywhere is important to our own security,” says Shamasunder. “Ideally, all these doctors and nurses who are going to Liberia will take care of Ebola patients but also build the health system, so when the next virus comes down the pipeline, the system isn’t dependent on a bunch of Americans or Europeans.”

“Ebola is a symptom of a much more chronic problem,” says Le. “We need to tackle both this ongoing battle with Ebola, at the same time we work to improve the infrastructure and address the root causes of this disease.”

Sustainable Transformation

In addition to its visionary mission of promoting health and educational opportunities globally, the HEAL Initiative has an innovative business model. Each partner site invests in the project on a sliding scale. In return, partner sites get well-trained, closely mentored health care professionals who have made a two-year commitment to service. Also, by having their own staff members become HEAL Initiative fellows, they grow their own organizations’ expertise and leadership capacity. “Everybody has some skin in the game, which translates to accountability and long-term, true partnerships,” says Le. “It has to be win-win for everybody.”

The program has received generous initial philanthropic support, but Le and Shamasunder hope it will become financially self-sustaining in a few years. “We have built economies of scale into our financial model, so the cost of educating each fellow goes down the more fellows we recruit,” says Le.

A number of other potential partners have expressed interest in working with the HEAL Initiative, including organizations in Oakland, Nepal, Mali, and the Rikers Island jail system in New York. Le and Shamasunder hope to eventually have thousands of graduates who together will form a cadre of global health experts. “These people will be leaders in settings across the world who will strengthen health systems and provide better access to health care for the poorest, most vulnerable populations,” says Le.

“The HEAL Initiative came out of deep reflection on our own experiences,” says Shamasunder. “This is the training program that Dr. Le and I would have liked to have done ourselves.” One inspiration is the Highlander Folk School in Tennessee, a leadership institute for Southern civil rights activists that trained Rosa Parks shortly before her act of civil disobedience sparked the Montgomery bus boycott in 1955. “We’re aspiring to build something like that in global health, where our graduates think about health differently for the rest of their lives,” he says. “We hope they learn ways of transforming themselves, the places they work and the patients they care for in a deep and meaningful way.”

For more information about ways to support the HEAL Initiative, please contact Executive Director of Development Olivia Herbert at (415) 476-9878 or oherbert@support.ucsf.edu.
Promotions & Appointments
Saluting Outstanding Faculty

Paul Blanc, MD, MSPH, has been appointed chief of a newly integrated three-site Division of Occupational and Environmental Medicine at San Francisco Veterans Affairs Medical Center, San Francisco General Hospital and UCSF Medical Center. A clinician-researcher, expert in occupational disease, and international leader in assessing occupational and environmental exposure risks, Blanc joined the UCSF faculty in 1988. He received his medical degree from Albert Einstein College of Medicine in New York, and a master’s degree in industrial hygiene from the Harvard School of Public Health. He is a former Robert Wood Johnson clinical scholar, Fulbright senior research fellow and author of How Everyday Products Make People Sick.

Michael Blum, MD, has been appointed the associate vice chancellor for informatics for UCSF, a new position that coordinates and leverages UCSF’s information technology assets. Blum leads the Center for Digital Health Innovation, which develops and validates new technologies and apps that harness patient-reported and sensor-based data as well as a wealth of genetic and environmental data. This information is used to tailor health care to each patient, an emerging field called precision medicine. Blum, a cardiologist and the chief medical information officer for UCSF Medical Center, earned his medical degree from New York University School of Medicine. He completed his residency and cardiovascular medicine fellowship at Yale, and joined the UCSF faculty in 2003.

V. Courtney Broaddus, MD, has been appointed the John F. Murray, MD Distinguished Professor in Pulmonary Medicine. Broaddus is chief of the Division of Pulmonary and Critical Care at San Francisco General Hospital. Broaddus earned her medical degree from the University of Pennsylvania, where she also completed her residency. She completed her fellowship in pulmonary disease at UCSF, and joined the faculty in 1986. Her research investigates molecular mechanisms involved in inflammation and apoptosis in mesothelioma and lung cancer. She is editor-in-chief of the upcoming 6th edition of the Murray & Nadel’s Textbook of Respiratory Medicine, the premier textbook in pulmonary medicine.

Byron Lee, MD, has been appointed the inaugural holder of the Samuel T. and Elizabeth Webb Reeves Endowed Chair in Arrhythmia Research. Lee earned his medical degree from Harvard Medical School, completed his residency, cardiology fellowship and cardiac electrophysiology fellowship at Stanford University Medical Center, and earned a master’s degree in clinical research at UCSF. He joined the UCSF faculty in 2002. Lee specializes in cardiac device implantation and ablation for patients with abnormal heart rhythms, also known as arrhythmias. His research interests include arrhythmias after organ transplant, effects of TASER and marathon running on the heart, new ablation techniques, and implantable cardiac defibrillator complications.

V.S. Mahadevan, MD, has been appointed the inaugural holder of the William W. Parmley Endowed Chair in Cardiology. Mahadevan earned his medical degree from Stanley Medical College at the University of Madras, completed residency at Doncaster Royal Infirmary in the UK, followed by fellowships in cardiology research, interventional cardiology, adult congenital heart disease and intervention at Belfast City Hospital, Royal Victoria Hospital and Queens University in Belfast, Royal Brompton Hospital in London, and Toronto General Hospital. He served as a consultant cardiologist at Manchester Royal Infirmary until his recruitment to UCSF in 2014. Mahadevan has pioneered less invasive treatments for patients with heart defects, including heart valves, which can be placed through a catheter rather than requiring open heart surgery.

Charles J. Ryan, MD, has been appointed the inaugural holder of the Thomas Perkins Distinguished Professorship in Cancer Research. Ryan earned his medical degree from the University of Wisconsin, Madison, completed his residency and chief residency at the University of Wisconsin Hospital and Clinics, and completed a medical oncology fellowship at Memorial Sloan-Kettering Cancer Center and the Joan and Sanford I. Weill Medical College of Cornell University in New York. He joined the UCSF faculty in 2003. Ryan’s clinical practice focuses on advanced prostate cancer, testicular tumors and other malignancies of the genitourinary tract. His research focuses on designing and conducting clinical trials of novel therapies for advanced prostate cancer.
Quality & Safety Corner

QI Portfolio Recognizes Excellence

“As a faculty member, when you apply for a promotion, it’s an opportunity to reflect on your career,” says Niraj Sehgal, MD, MPH, associate chair for quality improvement and patient safety. “What is the work that is important to you? What impact are you making?”

In addition to leading groundbreaking work in clinical care, research and education, many UCSF Department of Medicine faculty members are improving the quality and safety of patient care. To help recognize these efforts, the Department introduced a new Systems Innovation, Quality Improvement, and Patient Safety Portfolio (the “QI Portfolio”). Modeled on the Educator’s Portfolio, which UCSF has used for years to help faculty showcase accomplishments in teaching, mentorship and the scholarship of learning, the completed QI Portfolio can be uploaded as part of a faculty member’s promotions packet, and is reviewed by the Department’s promotions committee.

For example, a faculty member who spent many hours working to reduce preventable hospital readmissions might previously have those efforts buried on their curriculum vitae, reduced to a one-line citation stating, “Member, Readmission Task Force.” The QI Portfolio provides a more detailed description, including that the faculty member led analysis of UCSF’s hospital readmission rates, developed improvement strategies, and created a multidisciplinary team to implement those approaches. There is also room to note presentations of QI work at conferences, and concrete results of QI efforts.

In the first two years since its adoption, almost 70 faculty members have completed the QI Portfolio. “Quality improvement and patient safety are a big part of what we do as a Department, and are a major component of our training programs,” says Sehgal. “As a Department, we value people who are committed to this work. The QI Portfolio is simply another instrument that further allows people to capture that work as part of their advancement process.”

The Department of Medicine is the first within the UCSF School of Medicine to adopt the QI Portfolio, and is one of just a handful of departments nationwide to incorporate this as part of the promotions process. Sehgal and his colleagues are conducting a formal analysis of who completes the QI Portfolio, what motivates them to do so, and their career trajectories, which they plan to publish in the near future.

“Of the phone calls I get from colleagues around the country, the implementation of the QI Portfolio is among the most frequent questions,” says Sehgal. “As academic medical centers, we need to devise solutions to improve care within our own clinical enterprises, and develop and disseminate models that work. One of the best ways to do that is ensuring that our Department recognizes and rewards people who are committed to making the system work better.”

For more information about the QI Portfolio, visit medicine.ucsf.edu/safety/programs/portfolio.html.