Congratulations!
Future Family Physicians of the UCSF Class of 2013

Christopher Benavente
Northwestern University

Charlie Cassidy
John Peter Smith Hospital

Isabel Edge
O’Connor Hospital

Kathryn Hamlin
Contra Costa County Medical Center

Christine Henneberg
Contra Costa County Medical Center

Laura Ireland
Swedish Medical Center

Kendra Johnson
Contra Costa County Medical Center

Tanya Lagrimas
UCSF-San Francisco General Hospital

Anna Loeb
UCSF-San Francisco General Hospital

Neal Sheran
Contra Costa County Medical Center

Tracy White
Sutter Medical Center of Santa Rosa

Meggie Woods
UCSF-San Francisco General Hospital

Primary Care:
The Cutting Edge of Medicine

The Rodnick Colloquium
Innovations in Family & Community Medicine

UCSF Department of Family & Community Medicine
UCSF Laurel Heights Conference Center
May 30, 2013
Dr. Jonathan (Jack) Rodnick served as Chair of the UCSF Department of Family and Community Medicine from 1989 to 2003 and was a vital and integral member of our faculty until his passing in January 2008. To honor his legacy as a leader and scholar in family medicine, our department has created the **Jack Rodnick Memorial Fund**. These funds support the Rodnick Colloquium on Innovations in Family and Community Medicine and Rodnick Research Grant Program, providing pilot funding for research projects by medical students, residents, fellows, and junior faculty. Such grants are instrumental in giving “rising stars” in family medicine a head start in their scholarly pursuits and positioning them to compete more successfully for larger research grants from funders such as the NIH and private foundations.

Jack dedicated his life to improving medical education and patient care through intellectual inquiry and innovation. With the Rodnick Colloquium and Rodnick Research Grant Program, we invite you to join us in celebrating and continuing his legacy of giving.

For more information, please visit [www.familymedicine.medschool.ucsf.edu/giving](http://www.familymedicine.medschool.ucsf.edu/giving)
providers supportive of their reproductive health decisions. Providing safer conception options to serodiscordant couples is a critical component of promoting the reproductive rights of HIV-affected couples in the US.
not to take the class in order to examine barriers to patient participation in the class.

**Setting/Populations:** Lakeshore is a community–based faculty practice located in a primarily residential neighborhood of San Francisco; 16 providers serve a diverse patient population with a variety of medical needs and with an array of ethnicities and socioeconomic backgrounds. **Intervention/Study Design:** In order to examine clinicians’ experiences referring patients to the MBSR class, two students designed and administered a web-based survey. To investigate participants’ perspectives, two students conducted open-ended interviews with class participants as well as with patients who decided against taking the class. **Outcomes/Results:** A survey of 11 providers at Lakeshore revealed that all were familiar with MBSR and 9/11 (82%) had recommended MBSR to a patient. The most common reasons for recommendations were chronic pain and anxiety. Discussion of the class and flyers were the most common ways to recommend the class. Providers identified the cost of the class as the largest barrier to recommending the class. No providers felt lack of evidence about MBSR’s efficacy was a barrier; however, a second barrier identified by the physicians was a lack of awareness of the indications of MBSR and the range of diseases for which it had been shown to be effective. Among the seven patients interviewed, cost and timing of the class were identified as barriers. **Conclusions:** The most frequently identified barrier to the MBSR class was cost. The program will be implementing a more aggressive scholarship for those who sincerely wish to be in the class but are unable to pay the full fee. In the future, we hope to examine whether MBSR can be covered by insurance and how other established classes have addressed this issue. We will also be adding additional information and resources both to physicians and patients about the types of diseases that have been shown to be improved with MBSR.

**WEBER S, WALDURA J, COHAN D. Safer conception options for HIV serodiscordant couples in the US: experience of the National Perinatal HIV Hotline and Clinicians’ Network.**

**Context and Objective:** Approximately 50% of the estimated 140,000 heterosexual HIV serodiscordant couples in the US desire children. Serodiscordant couples and their providers may not know the range of options to help reduce the risk of HIV transmission to the uninfected partner during conception attempts. Moreover, many couples lack access to assisted reproduction technologies, such as sperm washing and *in vitro* fertilization. To help address these gaps in knowledge and access, the National Perinatal HIV Hotline and Clinicians’ Network provide consultation and referral to clinicians and serodiscordant couples in the US seeking safer conception options. **Intervention/Study Design:** Calls to the National Perinatal HIV Hotline and Clinicians’ Network from clinicians and patients seeking information and referral for safer conception options were analyzed to determine the number of calls, the direction of serodiscordance in the couple, and the types of question asked. **Outcomes/Results:** From 2006 to 2011, there were 152 calls regarding conception for serodiscordant couples, 68 from patients and 84 from clinicians. Call volume increased significantly over time (p value for trend < 0.001). 63% requested referrals for assisted reproduction. 34% sought risk reduction options when assisted reproductive technologies were unavailable or unaffordable, including pre-exposure prophylaxis (PrEP) and timed intercourse. A majority of the calls (83.6%) related to HIV+ male/HIV- female couples. **Conclusions:** The Perinatal HIV Hotline and Clinicians’ Network is increasingly utilized by clinicians as a resource for expert advice on periconception HIV risk reduction options and by HIV-affected couples seeking access to
student satisfaction and related skill sets. By creating a longitudinal service-learning course, we hope to create a more robust and meaningful experience for our first-year medical students and both community and civic partners. **Intervention/Study Design:** Students are divided into four working groups, paired with SF HIP navigators to address specific health disparities in both didactic and applied service settings. Didactic sessions cover principals of campus-community partnership, community assessment, and community-based research. Applied-service sessions include interviewing stakeholders, aggregating data, conducting literature reviews, and developing logic models. **Outcomes/Results:** The course is being evaluated using pre-/post-exposure surveys and focus groups for the students. Mid-point focus groups revealed high satisfaction, with a need for increased clarity of course objectives. SF HIP navigators and community partners will also be surveyed. **Conclusions:** PRIME-US students have made a lasting contribution to an innovative model for community-engaged research, and SF HIP has expanded a system to leverage UCSF expertise that includes service learning.

**STAFFORD M, WILSON E, SABA G. Developing roles and expectations for residency advisors and advisees.**

**Context and Objective:** The ACGME requires programs to have a resident advisory program with specified minimum meeting requirements. The advisory system at the UCSF/ SFGH Family and Community Medicine Residency Program (FCMRP) has been relatively unstructured. We sought to increase the structure and documentation of our program. **Setting/Populations:** In 2011-2012, we conducted an assessment of the UCSF/SFGH FCMRP advisory system with input from both residents and faculty. A common theme that emerged was the need for a more robust and structured resident advisory system. We therefore worked to create defined roles and expectations for advisors and advisees. We based our document on the Resident Advising Toolkit from Duke. **Intervention/Study Design:** We created a document that outlines roles and expectations for both advisors and advisees and provides suggestions for the content of the required advisor meetings each year. Supporting documents include templates for each required meeting which can be used to document the meetings. We have solicited feedback on the documents from faculty and residents and are currently in the process of creating the final draft. **Outcomes/Results:** We plan to introduce the guidelines for use starting in July 2013. We will survey residents and faculty before and after the implementation of the guidelines to assess our effectiveness in facilitating the advising process and to make any necessary changes. **Conclusions:** We have been able to engage resident and faculty support for our proposed changes to the structure of the advisory program. We anticipate that the added structure will lead to increased documentation of advisor meetings and bring us into better compliance with ACGME requirements.


**Context and Objective:** Mindfulness-based Stress Reduction (MBSR) has been shown to improve symptoms and increase coping skills in patients with a variety of diseases. In the spring of 2012, the UCSF Lakeshore Family Medicine Center started an MBSR program in the clinic’s waiting room. Third-year medical students, as part of a quality improvement project, surveyed providers, class participants, and patients who decided...
CONCURRENT TALKS 1

Team-oriented Care
Moderator: Monica Hahn, MD, MPH, MS 3rd Floor, Room 376
Efficiency and Efficacy of Inpatient Hospitalization for Patients with Complex, Multidisciplinary Needs
Jack Chase, MD
Abstract: Page 16

Teamwork in a Community Health Center: Measuring and Modifying Communication, Morale, and Job Satisfaction
Christine Hancock, MD, MS
Abstract: Page 19

The Effectiveness of Medical Assistant Health Coaching for Low-income Patients with Uncontrolled Diabetes, Hypertension, and Hyperlipidemia: A Randomized Controlled Trial
Rachel Willard-Grace, MPH
Abstract: Page 26

Innovative Approaches to Unmet Needs
Moderator: Heather Bennett Schickedanz, MD 3rd Floor, Room 384
Innovations in Medical Education: Cuba’s Latin American Medical School is Training Primary Care Physicians for Developing and Developed Nations
Brea Bondi-Boyd, MD
Abstract: Page 15

“I Don’t See Myself as a Medical Assistant Anymore”: Learning to Become a Health Coach, in Our Own Voices
Adriana Najmabadi
Abstract: Page 23

Remedy at UCSF: A Sustainable, Student-run Initiative
Lily Muldoon (MS3)
Abstract: Page 23

Birth and Disparities
Moderator: Perlita Perez, MD 4th Floor, Room 474
What is the Contribution of Socioeconomic Factors to the Black/White Disparity in Preterm Birth?
Paula Braveman, MD, MPH, and Katherine Heck
Abstract: Page 15

How are Provider Satisfaction, Practices, and C-section Rates Impacted by the Implementation of a New Model of Labor and Delivery at a Local Community Hospital?
Jennifer Rienks, PhD
Abstract: Page 24

Racial/Ethnic Disparities in Cesarean Delivery: How Important are Black/White Differences in Maternal BMI?
Susan Egerter, PhD
Abstract: Page 18

Further dissemination. Outcomes/Results: Fifty of each of the pamphlets in English or Spanish were printed (total=300); 24-26 of the English pamphlets and 18-20 of the Spanish pamphlets were distributed (total=130). Thirty-five individuals (15 Spanish, 20 English) completed surveys at the carnival. Approximately 50% of the respondents did not have health insurance, and >50% were not aware free or low cost clinics in the area. More than ½ of the respondents needed transportation to get to their medical appointments and were not aware of transportation services available for medical needs. Nearly ⅔ of the respondents did not own cell phones, and >50% did not have home internet services; 85% of the respondents found the pamphlets useful for themselves or someone they know. Conclusions: There appears to be a need to increase awareness of healthcare resources for the underserved, medical transportation services, and subsidized cell phone and internet programs in communities like Fresno. Increased distribution of these pamphlets may promote healthcare access in Fresno in the future.

Mittal P, Saiyed Z, McCaskey L. “Baby Steps”: a prenatal health coaching program with a focus on nutrition and wellness for underserved patients in San Francisco. Context and Objective: As part of an overall need in primary care for effective, team-based care, prenatal health coaching was developed for high-risk patients with difficult social circumstances. Led by Pooja Mittal, Site Director of Maternal and Child Programs at SFGH, two health coaches work with providers and behavioral health specialists to serve patients in need of extra social support in the areas of wellness, self-care, and nutrition. Such patients are identified and invited to participate by their providers. Intervention/Study Design: Health coaches have a panel of two to three patients at one time, including both in-person visits and follow-up phone calls once per month at the start of each patient’s second trimester. This follows visits and calls more frequently as pregnancy progresses. Over this six-month period, health coaches will draft action plans with patients and record improvement upon patient wellness, outlook, and stress level. Patient feedback will be requested post-delivery. Outcomes/Results: Study has launched and data will be available in the coming months.

Rouse Iñiguez J, Queen-Johnson A, Wilson E, Fleisher P, Vargas R, Quezada R, Liu W. PRIME-US and SF HIP: a longitudinal community engagement service learning project. Context and Objective: The PRIME-US curriculum has traditionally included one-time community engagement activities. This year, together with the Community Engagement & Health Policy Program (CE&HP), they designed a service-learning course for their first-year students centered on San Francisco Health Improvement Partnerships (SF HIP). SF HIP is an innovative program through CE&HP that convenes university, civic, and community-based partners to collaborate on addressing health disparities in San Francisco. The goal of this partnership is to provide students with the opportunity to learn about best practices in community engagement and to contribute in longitudinal community-based activities and partnerships. Setting/Populations: Service learning in didactic and applied-service settings is known to reinforce student interest in working with underserved communities. Longitudinal curricular activities have also been shown to increase
resident outpatient clinical teaching. In the urban, county-hospital-based UCSF/SFGH Family and Community Medicine Residency Program, we noted an inconsistency in reported resident outpatient precepting experience based on varied preceptor expectations, styles, and time-management approaches. In discussion, residents could easily specify which attendings they prefer to work with, but their rationale had not been articulated or explored. In order to better characterize what qualities comprise a strong outpatient preceptor and precepting encounter, we sought 360-degree feedback through an online survey of family medicine residents, mid-level practitioners (who also consult with our preceptors), and family medicine faculty attendings. Through this survey, we sought to identify consistent themes and areas of consensus around critical qualities and to use this to guide improvement in our residency's outpatient clinical training. **Setting/Populations:** Family and community medicine residency program focused on care for diverse, urban, underserved patient population. **Intervention/Study Design:** Rank-choice and free-text online survey. **Outcomes/Results:** There were 49 respondents in total: 16 faculty member; 29 residents; and four mid-level practitioners. From the residents' perspective, the most important qualities in a precepting interaction were efficiency, practical clinical management tips, and evidence-based guidance. While faculty also put evidence-based guidance on top, their other choices were providing focus with the visit and providing constructive feedback to residents during the encounter. Synthesis of resident comments demonstrated that positive precepting experiences were characterized by trust, efficiency, enthusiasm, humility, flexibility, and grounding in evidence-based medicine. In addition to the findings around preceptors themselves, the survey also revealed specific structural barriers to quality precepting and outpatient clinical practice. **Conclusions:** There was consensus among our resident learners that the most valued precepting qualities are efficiency, pragmatism, and evidence-based teaching. This information has led our residency program to focus on measures which foster these qualities in clinic precepting encounters. To this end, we have identified several areas for improvement in clinic restructuring, targeted faculty development, elaboration of expected resident clinical milestones, and expansion of precepting guidelines.

**LI F-Y, SANCHEZ J, LOPEZ R. Pamphlets to promote healthcare access in the Fresno community.**

**Context and Objective:** Factors impeding healthcare access in rural communities include inability to pay or obtain health insurance, lack of transportation means, and loss of communication with healthcare providers. The goal of this project is to develop pamphlets of resources to overcome these obstacles and assess for the need to distribute such information in rural communities. **Setting/Populations:** This study was conducted in collaboration with Fresno Healthy Communities Access Partners (FHCAP) in Fresno, California, home to a large underserved population. **Intervention/Study Design:** Three pamphlets were made to guide Fresno residents to: 1) connect with various health-related resources in the area; 2) become aware of transportation services available for medical needs; and 3) apply for government subsidized cell phone and internet services. Working with FHCAP, pamphlets were distributed at local community carnival event and administered a survey in English/Spanish to assess the demand and utility of these pamphlets and to patients at Clinica Sierra Vista, a community health center for the underserved. The remaining printed pamphlets were given to FHCAP to distribute in the future. An electronic version of the pamphlet was emailed to many local organizations for

---

**CONCURRENT TALKS 2**

<table>
<thead>
<tr>
<th>Title</th>
<th>Author(s)</th>
<th>Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advancing Medical Education</td>
<td>Renée Betancourt, MD</td>
<td>3rd Floor Room 376</td>
</tr>
<tr>
<td><strong>OSLER: A Five-step, Integrated Paradigm of Best Practices in Clinical Learning</strong></td>
<td>Steven Lin, MD, Grace Yu, MD, and Erika Shillinger, MD</td>
<td>Abstract: Page 21</td>
</tr>
<tr>
<td><strong>Point-of-care Ultrasound in Family Medicine Training</strong></td>
<td>Neil Jayasekera, MD</td>
<td>Abstract: Page 19</td>
</tr>
<tr>
<td><strong>Social and Emotional Intelligence Training for First-year Medical Students</strong></td>
<td>Oli Mittermaier, MS</td>
<td>Abstract: Page 22</td>
</tr>
<tr>
<td>Improving Care for HIV, HVC, and Teen Patients</td>
<td>Lealah Pollock, MD, MPH</td>
<td>3rd Floor Room 384</td>
</tr>
<tr>
<td><strong>A Longitudinal Training Program in Family-centered HIV Care for Residents at SFGH</strong></td>
<td>Mina Matin, MD</td>
<td>Abstract: Page 21</td>
</tr>
<tr>
<td><strong>Investigating Patient Attitudes toward Hepatitis C to Guide Implementation of a Primary-care-based HCV Treatment</strong></td>
<td>Kellene Eagen, MD</td>
<td>Abstract: Page 17</td>
</tr>
<tr>
<td><strong>It’s Easy to Talk about Sex...Except when You’re a Parent</strong></td>
<td>Bonnie Huang Hall, MD, PhD</td>
<td>Abstract: Page 18</td>
</tr>
<tr>
<td>Combatting Addiction</td>
<td>Nicole Bores, MD</td>
<td>4th Floor Room 474</td>
</tr>
<tr>
<td><strong>Outpatient Intranasal Naloxone Training and Distribution to Avert Prescription Opioid Overdose at San Francisco Community Health Network Clinics</strong></td>
<td>Mat Kladney (MS4)</td>
<td>Abstract: Page 20</td>
</tr>
<tr>
<td><strong>Use of a Mentored Faculty/Resident Team to Enhance Addiction Medical Education</strong></td>
<td>Kenneth Saffier, MD</td>
<td>Abstract: Page 25</td>
</tr>
<tr>
<td><strong>Bringing a Face to Addiction</strong></td>
<td>Eric Sanford, MD</td>
<td>Abstract: Page 25</td>
</tr>
</tbody>
</table>
and men living with HIV as part of a comprehensive HIV prevention practice. Setting/Populations: Data indicates over half of all pregnancies are unintended and contraception is underutilized, reflecting an unmet need for health services. Providers need training and resources to meet the specialized needs of men and women living with HIV infection. Intervention/Study Design: The Centers for Disease Control convened a panel of experts to identify gaps in services and create mechanisms for providing technical assistance and training to strengthen critical multidisciplinary skills to support HIV prevention through the integration of family planning, preconception care, and safer conception counseling and services in HIV primary care practices. Outcomes/Results: Based on the recommendations of a panel of experts convened by the Centers for Disease Control, a Contraceptive and Preconception Care Toolkit was developed to support the integration of reproductive health counseling in the HIV primary care setting. Conclusions: The toolkit synthesizes national recommendations with HIV-specific guidelines. The toolkit, now published online, includes a training curriculum that can be adapted, job aids for healthcare providers, and client educational materials.

KWOK K, THOMAS N, TIRTADINATA T, LABUGUEN R. The Urgent Care Pathways program: institutionalizing a patient-centered diabetes intervention for entry into primary care.

Context and Objective: Adults lacking primary care services use urgent care services for chronic disease management. The SFGH Urgent Care Clinic’s Urgent Care Pathways program (Pathways) provides diabetes care, including lab surveillance and prescription management. The program’s goal is to facilitate expedited primary care with a focus on promoting health of individuals across the lifespan. Setting/Populations: San Francisco County residents lacking primary care diagnosed with diabetes. Intervention/Study Design: This case control study utilized retrospective chart review of patients enrolled in Pathways in 2012 (n=40). The intervention is comprised of patients who attended a Pathways medical visit. The control group consists of patients who did not attend a Pathways appointment. It was proposed that patients receiving the Pathways intervention will have at least 1% decrease in HgbA1c in six months with improved diabetes outcomes. Outcomes/Results: HgbA1c results were collected at baseline and at six months. Baseline HgbA1c for intervention group was 11.64% versus control 8.8%. After six months since the Pathways intervention, the HgbA1c for intervention group was 9.25% versus 8.49% for the control group. Intervention patients had a significant reduction >1% in HgbA1c six months after transfer into primary care home as compare to control patients. Further data will be evaluated for clinical and statistical significance of the Pathways intervention in the urgent care setting. Conclusions: Preliminary results from this chart review suggest HgbA1c improved after patients attended Pathways and primary care appointments. Existing research discusses only diabetes management programs based in the primary care setting. Thus, Pathways is an innovative, multidisciplinary approach to coordinating diabetes management in the urgent care setting. This patient-centered approach encompasses the team of clinicians, social workers, and diabetes educators necessary for optimal diabetes care.

LEE I, MOONEY CD. Practical, efficient, and evidence-based: Key qualities of a resident outpatient preceptor.

Context and Objective: While there is extensive medical literature examining predoctoral medical education, there is not a comparable body of literature addressing
presentation also will draw on SF HIP evaluation data. **Outcomes/Results:** Share successes, challenges, and recommendations for staff navigators in partnership/coalition building for health improvement. Some successes include the convening of policymakers, community leaders, and scientists to meet regularly for collaborative development of health policy for San Francisco, with meaningful contributions from UCSF learners. **Conclusions:** Staff navigators are critical to building and maintaining high-profile, multi-stakeholder partnerships for the translation of science into health improvement practice.

**HANCOCK C, SCHNEIDER D. Developing a comprehensive family medicine didactics curriculum: lessons and results from year one.**

**Context and Objective:** Structured and step-wise didactics curricula are a staple of preclinical education, but they are often difficult to formulate and coordinate in clerkship and residency settings. Both the availability of appropriate faculty/speakers and the time to design a curriculum remain major barriers. **Setting/Populations:** Community-based residency program residents and faculty. **Intervention/Study Design:** In our community-based residency program, we developed a committee to overhaul our existing didactics series with the goal of creating a comprehensive, engaging, and practical progression of morning and Thursday afternoon lectures. We first completed a needs assessment, involving residents and department leaders and reviewing topics and their appropriate venue and presentation mode. We then created a spreadsheet of all topics by discipline, incorporating presenter information, the timing of presentation, ratings for past lectures, and venue when possible. Subsequently, we initiated the process of revising this spreadsheet based on published AAFP Curriculum Guidelines and meetings with curriculum leaders in each subject area (pediatrics, obstetrics, etc.). **Outcomes/Results:** We completed a pre-implementation survey of resident (n=36) and faculty (n=15) satisfaction with the current curriculum, which showed that overall satisfaction with the current system was moderate; respondents’ biggest concerns were organization/structure, quality control, and lack of faculty participation. Subsequently, we completed the first phase of implementation of the new structure, which included the steps listed above, as well as implementation of a core lecture series during the first three months titled “Foundations of Family Medicine.” At the close of the intervention period in April 2013, we will complete another review of key areas of the curriculum during a day-long retreat and then re-survey the study population to test perceived changes in resident knowledge and engagement and overall satisfaction. In addition, we are in the process of obtaining ABFM In-Training Exam Scores pre- and post-intervention to determine whether there was expected or statistically different improvement during the study period within each class. Both quantitative and qualitative survey analysis are being employed. **Conclusions:** To be determined based on results of analysis discussed above.

**HOYT MJ, WEBER S, BURR C. Enhancing HIV prevention through integration of family planning, preconception care, and safer conception counseling in the HIV primary care setting: Developing a toolkit for implementation.**

**Context and Objective:** Men and women living with HIV often have limited access to counseling and services supporting family planning, preconception care, and safer conception counseling. Primary care clinicians may lack the knowledge or tools to easily integrate family planning, preconception care, and safer conception services for women

---

### CONCURRENT POSTER TOURS

#### Tour 3: Medical Students and the Future of Primary Care
**Guide:** Diana Coffa, MD  **Garden Room, 231**

11 Postoperative Recovery Profile of Patients Participating in a volunteer Ambulation Program
   - Hai Le (MS4), Pouya Khankhanian (MS4), and Neha Joshi (MS4)

12 Influence of Family Medicine Residents on Medical Student Interest in Primary Care: A Statewide Study
   - Steven Lin, MD, Grace Yu, MD, and Erika Schillinger, MD

13 Changes in Medical Students’ Exposure to and Attitudes about Drug Company Interactions from 2003-2012
   - Williams B. Shore, MD, FAAFP

14 Primary Care Leadership Academy: From Embryonic to Hypertonic
   - Margo Vener, MD, MPH

15 Changes in Pre-medical Students’ Perceptions of the Medical Profession after a Family Medicine Shadowing Program
   - Nichole Young-Lin (MS3)

---

#### Tour 4: Preconception/Conception
**Guide:** Christine Dehlendorf, MD, MAS  **Garden Room, 231**

16 Contraceptive Access in the Philippines: The Influence of Decreased Public Funding
   - Elizabeth Uy-Smith, MD, MPH

17 Developing a Financial Empowerment Program to Improve Health: Pilot Experiences at Three Black Infant health Program Sites
   - Mercedes Dekker, MPH

18 Partnering to Increase Breastfeeding Exclusivity in Latina Mothers: Leveraging Research to Strengthen Promotora Education
   - Laura Ireland (MS4)
are clear for world hospitals, Rotary International will consider having local Rotary clubs anywhere donate computers, iPads, or SmartPads to nearby needy hospitals to use with the gratis ICU EMR, with International Consultations available on the Rotary Web Internet Panel and with weekly CME. Setting/Populations: The setting is ICU patients entered into the Rotary-donated EMR in the Mama Tabatha Hospital in Kolwezi, Democratic Republic of the Congo; the Chidamoyo Christian Hospital in Karoi, Zimbabwe; the Hôpital Sainte Croix in Léogâne, Haiti; the Mary Johnston Hospital in Manila, Philippines; and the Besnon Hospital in Nagercoil, India. These five rural and urban hospitals will benefit from specialty consultations on ICU patients when requested from the Global Wide Consultant Registry being created by Rotary. The panel already includes adult and pediatric intensivists, infectious diseases specialists, stroke neurologists, general neurologists, cardiologists, hematologists/oncologists, dermatologists, psychiatrists, orthopedists, general surgeons, urologists, and more. Data will be obtained from the EMR and patient, nurse, and doctor questionnaires. Intervention/Study Design: The EMR has been installed in the Congo, Haiti, and the Philippines. It is being installed in Zimbabwe and India. By March, all ICU patients will be entered into the EMR with specialty consultations available from the Global Web Consultant Rotary Registry. The EMR will have the required patient demographics and clinical data, and questionnaires will provide indices of patient, nurse, and doctor acceptance/satisfaction. Outcomes/Results: The clinical outcomes data on specific diseases, including morbidity and mortality, will be compared to similar cases before the EMR, specialty consultations, and CME were started. The patients, nurses, and doctors will fill out questionnaires before and after the EMR, internet consultations, and CME experiences. Conclusions: This one-year pilot study in five international rural and urban hospitals will compare clinical outcomes and patient, nurse, and doctor attitudes before and after instituting an ICU EMR, international specialty ICU consultations, and weekly CME interactive conferences.

FLEISHER P, VARGAS R, QUEZADA R. The breakdown on trust building: how staff navigators are key to building academic-community health improvement partnerships. Context and Objective: As part of a national effort supported by the NIH to translate science into improvements in public health practice in clinical and community settings, the Community Engagement and Health Policy program of UCSF’s Clinical and Translational Science Institute (CTSI) launched SF Health Improvement Partnerships (SF HIP) in 2010. Operating within a health and health care disparities framework, SF HIP Partnership Working Groups (PWGs) integrate the interests, assets, and expertise of academic, community, and civic stakeholders to address San Francisco’s most compelling public health issues. By leveraging UCSF research expertise on identified health priorities, PWGs integrate scientific data and best practice evidence into those health improvement efforts. A key to the implementation of SF HIP is that “navigators” who manage these PWGs in a way that builds and maintains the trust of participating partners. This session will present the navigator skills, roles, and responsibilities necessary for successful planning, implementation, and evaluation of these high-profile, multi-stakeholder partnerships. Setting/Populations: SF HIP settings include San Francisco neighborhoods burdened by health and health care disparities. Populations include city residents and organizations that serve them; city/county policy makers, planners, and providers; and UCSF faculty, staff, and learners. Intervention/Study Design: Narrative reflection of the critical role staff members play in effective partnership/coalition-building, facilitation, mediation, project management, communications, dissemination, and strategy. This
clude Bridges to Community and Hermanos por la Salud. The project philosophy is based on community-oriented primary care, asset-based community development, ethics-based global health curriculum, and connections between local and global health. Capacity building for the local health workforce and enhancement of the public infrastructure will be of paramount focus. This project will provide an immersion experience in primary care and public health development for US and Nicaraguan medical trainees.

**Setting/Populations:** The RAAN Integrated Clinic will provide primary, preventative, and urgent care to residents of RAAN, while serving as a multinational training site for academic medical institutions based in the US and Nicaragua. Shoulder-to-shoulder partnership with community-based NGOs and MINSA will immerse clinicians in a continuity-focused project grounded in evidence-based medicine, cultural and linguistic competency, longitudinal mentorship, and collaborative public health research and intervention. Community capacity building will be emphasized throughout the project. Local stakeholders include the UCSF Department of Family and Community Medicine and UCSF Global Health Sciences. **Intervention/Study Design:** The multilateral clinician working group involved in this project has been involved in rural, primary health care delivery in RAAN for eight years. A formal partnership meeting between US and Nicaraguan partners was conducted on January 28, 2013, to discuss existing strengths and challenges and to create a formal plan including stakeholder responsibilities, goals and timeline, resources, and funding. Academic learning goals and objectives are informed by ACGME competencies for primary care and global health education. Treatment protocols and public health goals are based on Nicaraguan National Health Ministry data and WHO/PAHO guidelines. **Outcomes/Results:** Pre- and post-involvement data will be collected to evaluate effects on participants related to physical examination skills, diagnostic skills in low resource settings, cultural and linguistic competency, and competency and interest working with underserved populations. Data will be collected for monitoring and evaluation of public health and medical interventions. Collaborative research and publication between Nicaraguan and US clinicians will be pursued. **Conclusions:** The RAAN Integrated Primary Care Clinic is an example of academic, multilateral global primary care development. Focus is made to maximize asset-based community health development and build a framework for self-sufficiency, while teaching medical participants evidence-based medicine, cultural competency and brokerage, and allowing collaboration with government and NGO partners. The experience for medical trainees will fulfill ACGME requirements and presents an opportunity for transformative experience to build competency and desire to work with underserved populations, as well as to learn skills in community development and public health.

GUDE JK. Improving developing nations’ ICU care using an electronic medical record, telemedicine specialty consultation, and internet continuing medical education. **Context and Objective:** The Sebastopol Sunrise Rotary Club, International Rotary, and the Heberden Telemedicine Foundation (a nonprofit California corporation) have donated a US-certified electronic medical record (EMR) system to five urban and rural world hospitals for ICU consultations using an internet registry of international consultants. Continuing medical education on local cases is provided once weekly using GoToMeeting. Patient demographics, diagnoses, specialist consultations and outcomes in terms of morbidity and mortality, and patient, nurse and doctor surveys on acceptance/satisfaction from March to April, 2013, will be presented at the Lisbon International Rotary Meeting in June, 2013. The pilot study will continue for one year. If the benefits...
ABSTRACTS
Works Submitted but Not Presented

AYEBALE E, CASTILLO C, MCKAY E, DECARIA B, DUBOWITZ G. Obstetric anesthesia for cesarean section in Uganda.

Context and Objective: In low-income countries, and particularly sub-Saharan Africa, maternal morbidity and mortality is unacceptably high. Safe obstetric anesthesia has the potential to improve both maternal and neonatal outcomes. Currently there is little data documenting the particular type of anesthesia used for cesarean sections in sub-Saharan Africa. Our goal was to characterize the determinants of anesthetic choice for cesarean section at Mulago Hospital, a teaching hospital and national referral center in Kampala, Uganda. We believe that by observing and recording the current anesthetic practice and the determinants of anesthesia selection for cesarean section, anesthesia practitioners at Mulago Hospital can better delineate ways to improve their current practice. Setting/Populations: A prospective observational study and retrospective chart review of caesarean sections performed at Mulago Hospital between October and December 2012. Intervention/Study Design: A pilot study of anesthesia providers at Mulago Hospital querying them as to the indication for anesthesia (neuraxial vs. general) was completed. Subsequently, we conducted a retrospective chart review of cesarean sections during the study period. The study was a collaboration between UCSF family medicine and anesthesia residents and Makerere University anesthesia and obstetric residents; this interdisciplinary and international approach allowed for critical analysis of modifiable risk factors and will be the foundation for further capacity building efforts.

Outcomes/Results: We reviewed 489 charts were reviewed. Forty-one women underwent general anesthesia (GA) for cesarean section. The reasons were diverse. Many women (11) underwent GA for ruptured uterus or impending rupture; given the absence of ultrasound it is only at delivery that uterine rupture (6 women) can be diagnosed. Obstructed labor with or without complications such as preeclampsia or chorioamnionitis was also a common reason for GA (11 women). Abnormal presentation, such as an arm (4 women) or cords (4 women) were also documented as reasons for GA. Further analysis of the data is pending.

Conclusions: Overuse of GA is not the major contributor to maternal and neonatal morbidity; with few exceptions, the indications for GA were evidence based. The major reasons for poor outcomes at the study site seem related to triage decisions, time to cesarean section, and overall limited access to primary care. Future studies might be directed at understanding these determinants of health at Mulago Hospital.

CHASE J. RAAN Integrated Primary Care Clinic: A rural health collaborative and primary care training site.

Context and Objective: A collaborative primary care project advancing community health in North-Atlantic Autonomous Region of Nicaragua (RAAN.) Medical students, residents, and attending physicians from UCSF, the Lawrence Family Medicine Residency, and Tufts University School of Medicine will partner with the Nicaraguan National Health Ministry (MINSa), the National Autonomous University of Nicaragua medical schools, community-based providers, and community health workers in order to improve primary care for a vulnerable, rural population in the RAAN. NGO partners in...
In 2012, UCSF faculty returned to Cuba and met with 40 students, continuing several aspects of the earlier curriculum and beginning others. The US-based curriculum was developed to focus on culturally relevant clinical interviewing, US-specific clinical training experiences, and mentoring by US medical faculty. The Cuba-based curriculum targeted clinical skills and reasoning, documentation, integrating global health practice into one’s career, and residency training.

**Outcomes/Results:** Anonymous program evaluation surveys were completed by participants at the end of the first session in San Francisco and combined with direct feedback offered by participants in Cuba. Students rated the program as outstanding and learned concrete skills that would be useful in residency training. **Conclusions:** The pilot project of the UCSF Enrichment Program for ELAM Students identified several important content areas and skill sets. The project also provided opportunities for mentorship and career advice. Ensuring that ELAM students receive appropriate training and mentorship for their transition to the US may contribute to efforts to increase the numbers of well-trained physicians working in underserved areas and to improve the diversity of our workforce.

---

**BODENHEIMER T. Solving the primary care physician shortage without more physicians.**

**Context and Objective:** Estimates project a shortage of 40,000 primary care physicians by 2020. Given the percent of US medical students choosing primary care careers, closing this gap is impossible. The “physician shortage” should be re-conceived as a demand-capacity gap. The objective of this presentation is to reorient the primary care clinicians and policymakers to think differently about this gap. **Outcomes/Results:** Four transformations have the potential to solve the primary care demand-capacity gap without many more clinicians: 1) create standing orders and scope of work regulations allowing RNs and pharmacists to be the primary care providers for patients with less complicated chronic conditions; 2) provide training, protected time, standing orders, and a business case for medical assistants to provide panel management and health coaching for preventive and chronic care; 3) place far greater emphasis on patient self-care, which reduces demand, and on training patients as peer health coaches for other patients with chronic conditions; and 4) accelerate the application of technologies in primary care, which can substitute for clinician and non-clinician personnel in processes for which computers can be programmed using evidence-based algorithms, such as panel management and medication refills. **Conclusions:** These four transformations substantially increase the capacity of and (for patient self-care) reduce the demand for primary care, thereby allowing the US to greatly narrow the demand-capacity gap without more physicians.

**CRAIG A, LEVY K, STEINAUER J, DEHLENDORF C. Examining content of contraceptive counseling: a mixed methods analysis.**

**Context and Objective:** Half of the 6.4 million yearly pregnancies in the US are unintended. Consistent use of effective contraception can prevent unintended pregnancy. Short-acting hormonal contraception (oral contraceptive pills, the ring, the patch, and injectable contraception) are the most commonly used methods, and require counseling regarding their benefits, side effect profile, and contraindications. The quantity and quality of current contraceptive counseling, especially for these commonly used methods, is poorly understood. **Setting/Populations:** English-speaking women aged 15-44 years, who identified as Caucasian, black, or Hispanic (n=349). Patients were recruited at the time of a visit to discuss contraception. **Intervention/Study Design:** Mixed methods data analysis. Patients completed pre- and post-visit surveys and had their visits audio-recorded and transcribed. Transcripts were coded for salient themes using modified grounded theory. **Outcomes/Results:** Our sample includes 224 women who chose a short-acting hormonal contraceptive and was made up of 44% whites, 32% blacks, and 23% Hispanics, with an average age of 26 years. After the visit, 60% of women chose the pill, 3% chose the patch, 22% chose the ring, and 15% chose injectable contraception. When asked about possible side effects, only 17% of women who chose the pill, patch, or ring identified spotting or irregular bleeding as a likely side effect. Among women who chose injectable contraception, only 40% knew the
maximum allowable duration between shots, and only 41% identified irregular bleeding as a likely side effect. Qualitative data identified several themes in counseling content, including that providers did not communicate clearly. Counseling about side effects was highly variable, with many providers failing to draw a distinction between frequent but non-dangerous side effects and more rare adverse events. Furthermore, counseling infrequently included short- and long-term non-contraceptive benefits. Finally, providers infrequently discussed strategies to improve method adherence or follow-up to assess method satisfaction. **Conclusions:** This research highlights areas neglected during counseling, many of which can impact a patient’s method satisfaction and continuation. Interventions to improve counseling for hormonal methods can target these areas in order to increase patient’s knowledge about contraceptive methods and their use.

WEBER S, COHAN D. Integrating reproductive health care for HIV-positive men into the primary care setting. **Context and Objective** Recent study results offer additional HIV prevention options supporting HIV-positive individuals’ healthy sex lives and providing safer conception options. HIV-affected heterosexual couples can nearly eliminate their risk of sexual and perinatal HIV transmission. However, information regarding preconception interventions, family planning, and safer conception options are not readily available, particularly for clinicians caring for HIV-positive men who have sex with women. **Setting/Populations:** Positive Reproductive Outcomes for Men (PRO MEN) is an initiative of the Bay Area Perinatal AIDS CenRe0 r(BAPAC) and based at the SFGH HIV Clinic. PRO MEN provides information to HIV-positive men to help determine their reproductive health intentions and to support clinicians integrating reproductive health care into the primary care setting. PRO MEN was funded by the Macy’s Foundation and launched by both BAPAC and the SFGH HIV Clinic staff. **Intervention/Study Design** During the PRO MEN pilot year, we led five focus groups with HIV-positive men who have sex with women to determine their experiences and beliefs about HIV prevention, family planning, and safer conception options. Calls to the FCM Department’s National Perinatal HIV Hotline highlighted clinicians’ questions and consultation needs. From these experiences, we identified themes and developed a video script, as well as patient and provider tools on safer conception options and lowering HIV sexual transmission. **Outcomes/Results** We produced a nine-minute, professionally filmed video and developed three patient brochures and one provider algorithm, now available for primary care clinicians. **Conclusions:** This is the first US-based effort to prioritize HIV-positive men’s reproductive health desires within a primary care setting. In the second year, we anticipate providing a monthly support group for men, producing two additional videos, and disseminating lessons learned through provider education. This model for integrating sexual and reproductive health care into the primary care setting is adaptable to other clinics and practices. Family medicine providers will be central to eliminating sexual and perinatal HIV transmission by providing quality care for HIV-positive men and their partners.

47. WIN AZ, CERESA C, ALLISON TA. The prevalence of malnutrition in frail older veterans. **Background:** Malnutrition presents serious risks to elders, and is a good predictor of length of hospital stay, morbidity and mortality, yet validated screening tools remain underutilized. A nation-wide group of dietitians, associated with Department of Veterans Affairs’ Home Based Primary Care (HBPC) programs, engaged in a multi-site quality improvement process to evaluate the feasibility of introducing a single validated screening tool across multiple sites. In addition to implementation, the intent was to assess baseline nutritional status for patients served by the programs. The Mini Nutritional Assessment short form (MNA-SF), a malnutrition screening tool that has been validated in multiple populations, was chosen as the standard. We present the initial findings of the group: the prevalence of malnutrition and risk of malnutrition among veterans in HBPC program. This is the first study to look at the prevalence of malnutrition among these frail, largely homebound elders. **Methods:** Local quality improvement (QI) projects were performed, using the MNA-SF, to determine presence of malnutrition and risk of malnutrition among patients from 18 HBPC programs across the country. Data was collected between April and September, 2012. Each site provided data in de-identified, aggregate form to a coordinating dietitian (CC). Due to the limited nature of the QI data, unadjusted prevalence was calculated for the entire sample size and for each site. **Results:** Over a six-month period, 2,252 veterans over the age of 65 were assessed using the MNA- SF. Of these, 909 (40.3%) of veterans were found to be at risk for malnutrition, and 344 (15%) were discovered to be malnourished. The overall prevalence rate was 55.6% for both malnutrition and “at risk” for malnutrition. **Conclusions:** In this group of frail, older veterans, the majority were either at risk of becoming malnourished or already malnourished. This finding underscores the need to identify patients at nutritional risk using validated tools in order to target timely interventions. Improved nutritional status can lead to improved quality of life and better clinical outcomes for patients. The data from this study provides baseline characterization of this population and serves as a rationale for the development of interventions.

48. WILSON E, BENITEZ C, JAIN S, MILLER C. The UCSF Enrichment Program for ELAM Students. **Context and Objective:** From 2008-2012, UCSF faculty partnered with US students from La Escuela Latinoamerica de Medicina (ELAM) to support their transition from the medical school run by the Cuban government to residencies in the US. The goal was to establish a course to support those students intending to return to the US for residency training. **Setting/Population:** ELAM provides a six-year medical education for about 10,000 international (non-Cuban) students, including 120 US students. Preference is given to students who come from the most under-resourced communities. The majority of ELAM students from the US are from racial/ethnic groups that are underrepresented in medicine. UCSF faculty interested in healthcare for underserved communities and mentoring students from diverse backgrounds embarked on the pilot of the UCSF Enrichment Program for ELAM Students. **Intervention/Study Design:** UCSF faculty traveled to ELAM to conduct an informal needs assessment with US ELAM students. Over two years, 20 US ELAM students participated in a structured curriculum in San Fran-
of clinicians and staff in primary care practices. **Setting/Populations:** We surveyed 231 clinicians and 280 staff members of 10 public and six university-run primary care clinics in San Francisco in 2012. **Intervention/Study Design:** This cross-sectional survey examined predictor variables including team structure, such as working in a tight teamlet, and perception of team culture. The outcome variable was the Maslach emotional exhaustion scale. Generalized estimation equations models were used to account for clustering at the clinic level. **Outcomes/Results:** Working in a tight team structure and perceptions of a greater team culture were associated with lower clinician exhaustion. Team structure and team culture interacted to predict exhaustion: among clinicians reporting low team culture, team structure appeared to have little impact on exhaustion, while among clinicians reporting high team culture, tighter team structure was associated with lower exhaustion. Greater team culture was associated with lower exhaustion among staff. However, unlike for clinicians, team structure failed to predict exhaustion among staff, either alone or as part of an interaction term. **Conclusions:** Team culture was strongly associated with emotional exhaustion among clinicians and staff in the primary care practices studied. Among clinicians, a tighter team structure was also associated with less exhaustion when team culture was high. These findings suggest that fostering team culture may be an important strategy to protect against burnout in primary care.

46. GREEN C. The Get Healthy Action Plan: a clinical tool for obese children and adolescents. **Context and Objective:** Childhood obesity has become a national epidemic, and many factors have been shown to both prevent and contribute to childhood obesity. The “Get Healthy Action Plan” (GHAP) is a clinical tool combining family history, behavior, and motivational assessment in questionnaire format for the physician to efficiently assess and counsel obese children and their families in the context of an office visit. This tool can be widely utilized across all primary care clinics at no additional cost to the health care system. **Setting/Populations:** The initial trial of the GHAP included 54 children at Kaiser Permanente in Santa Rosa, ages 2-18 years, with a body mass index (BMI) >95%. **Intervention/Study Design:** The questionnaire includes elements of the patient’s family history and health behaviors, along with a motivational scale. The home worksheet is a calendar including two to three agreed-upon goals. Follow up includes recommended phone contact every one to two months along with a nutrition or health educator visit at the clinician’s discretion. BMI is measured five to 12 months after the initial clinic visit. **Outcomes/Results:** Preliminary data of 54 children who had BMI measurement five or more months after the initial questionnaire showed a trend toward normal BMI in 70% of children (success group), versus an unchanged or worsening BMI in 30% of children (failure group). The success group had an average of two or more contacts (including phone, doctor visit, clinical health educator, or nutritionist visit), as compared to an average of one follow up contact in the failure group. Patients most preferred phone follow up due to convenience and no cost. Referrals to health educators for monthly follow-up had a no-show rate of 90%. **Conclusions:** The GHAP is a promising tool for primary care clinicians to efficiently and effectively assist the majority of families to improve both health behaviors and achieve a lower BMI. Active physician follow-up contributed to greater success, and patient compliance with automated non-clinician follow-up was poor. The preliminary success of the GHAP can be attributed to...
believe that socioeconomic issues affect child physical and mental health. They prefer care settings. Caregivers want providers to refer their children/families to community resources as needed and desire follow-up via telephone regarding access to/usage of the resource. Responses did not differ across public or privately insured pediatric patients’ caregivers.

44. MOONEY CD, SURFRIN C. Teaching resident physicians about substance use in pregnancy.

Context and Objective: Substance abuse disorders affect a wide array of populations; these disorders affect patients spanning socioeconomic classes, age, and race groups. Much of the curriculum surrounding substance abuse disorders is focused on specific medical specialties. Multidisciplinary curriculum that is adapted for different medical specialties, however, is less common. Through the knowledge gained at an addiction medicine training program funded by the National Institute on Drug Abuse (NIDA) paired with an obstetrics/gynecology mentor, the authors developed the idea of a multidisciplinary substance use curriculum. Through literature reviews, in-person interviews, and discussions with different specialties, a curriculum focused on “Substance Use in Pregnancy” was created and implemented. The teaching sessions began with a two-day seminar for UCSF Family and Community Medicine residents. This curriculum was subsequently adapted for UCSF Obstetrics/Gynecology residents and disseminated through multiple teaching sessions.

Setting/Populations: Teaching sessions for 12 family medicine and 11 obstetrics/gynecology residents; faculty members from both fields were present.

Intervention/Study Design: Pre- and post-training surveys and evaluations completed by family medicine residents; evaluations completed by obstetrics/gynecology residents.

Outcomes/Results: Overall, the teaching sessions led to much discussion between attendees and allowed for questions and answers about complex patient cases. The pre- and post-session surveys revealed knowledge gaps in the effects of substance use on pregnancy and neonatal outcomes among family medicine residents. The evaluations also revealed that there was knowledge gained regarding this subject and the level of comfort in discussing this topic increased.

Conclusions: There was consensus among both family medicine and obstetrics/gynecology residents that this curriculum was important to their education and the care of pregnant patients with substance use issues. The collaboration between a family medicine chief resident and obstetrics/gynecology mentor allowed for this curriculum to be appropriately adapted for different specialties. The discussion, pre- and post-training surveys, and evaluations revealed that this is a relevant issue for both of these medical specialties and that this curriculum can be effectively adapted to multiple fields. To this end, we will continue to explore adaptation strategies for this curriculum for other medical specialties that are also affected by this topic. Moreover, we will pursue dissemination avenues to extend this curriculum to other family medicine residencies.

45. WILLARD-GRACE R, HESSLER D, ROBERS E, DUBÉ K, BODENHEIMER T, GRUMBACH K. Team structure and culture are associated with lower burnout in primary care practices.

Context and Objective: Burnout is a threat to the primary care workforce. We investigated the relationship between team structure, team culture, and emotional exhaustion...
rate of penetration of the low-income population by HCP grantees is associated with the social deprivation index (SDI); and 2) whether the low income penetration rate (LIPR) by HCP grantees correlates with specific health outcomes—percent of adults with diabetes, low birth weight (LBW) rate, age-adjusted mortality rate, and cost of avoidable hospitalizations. Setting/Populations: The geographies chosen for this pilot analysis were two socio-demographically diverse, urban cities: Providence, Rhode Island, and Oakland, California. Intervention/Study Design: Secondary analysis of outcome variables was performed using existing national data sets. Simple regression was used to measure the outcome for each variable, based upon the SDI. The SDI and outcome variables were mapped at the ZCTA level. Using UDS data, HCP grantee penetration rate as a percentage of low-income population served was mapped at the ZCTA level. Outcomes/Results: Areas with high SDI scores have high LIPR by HCP grantees. Many of these regions also have poor health outcomes, given the strong correlation between SDI and health outcomes. In some cases, areas with high SDI and high LIPR by HCP grantees have better than predicted health outcomes. Conclusions: This analysis provides a unique perspective on the relationship between an area’s health outcomes, social deprivation level, and service by HCP grantees, albeit one potentially confounded by myriad factors influencing community-level health outcomes. Given the aim of HCP grantees to improve the health of underserved communities, these associations may add to growing evidence in support of community-focused primary care. Further exploration of the impact of individual HCP grantees would be enhanced by the analysis of internal clinical data, interacted with smaller area population data by region.

43. RUBENSTEIN L, GOTTLIB L, ADLER N. Social needs screening in pediatric urgent care settings.

Context and Objective: Poor socioeconomic conditions in childhood are associated with negative health outcomes and there is increasing interest among health providers and systems to address them. Little is known about pediatric caregivers’ priorities regarding health-related social needs, screening mechanisms or related interventions to meet those social needs. The purpose of this study was to understand these issues, specifically in pediatric urgent care settings. Setting/Populations: The study was conducted in SFGH and UCSF pediatric urgent care settings. The surveyed population in both urgent care clinics consisted of consenting, English-speaking caregivers over 18 years old.

Intervention/Study Design: Quantitative and qualitative interview tools were developed based on literature review. Open-ended interviews were conducted with 10 consenting caregivers in each of the two urgent care settings (n=20), and caregivers also completed closed-ended questionnaires. Outcomes/Results: A sizeable majority of respondents affirmed their belief that social conditions affect child physical health, though only half saw a relationship between caregivers’ education level and child physical health. Ranking a list of 15 social needs, most caregivers indicated that difficulties meeting food and housing needs are the most relevant to child health. Responses (65-85% depending on which social factor asked about) also suggested that caregivers are willing to be asked about socioeconomic needs in the health care setting. Caregivers ranked preferences regarding social screening formats. The order of preference was in-person, computerized, and paper-based. Respondents expressed no preference or objections to being asked about social and non-medical needs across different pediatric health care settings (urgent care, emergency care, and primary care). 95% wanted follow-up via phone or email regarding referral resource access. Conclusions: Caregivers admission, on average 5.7 days into their hospitalization. Based on chart review, this appears to result from: 1) time needed to prepare disposition is greater than time needed to treat acute illness; or 2) disposition planning is begun later than acute care planning (lack of synergy). Such patients then have LLOC hospital days waiting for an acceptable discharge plan. A compounding factor is the quality of documentation of comorbid illness—limited clinical documentation increases the speed of LLOC designation due to underreporting of severity of illness. Trends specific to admitting diagnosis and inpatient service were evaluated regarding causes of lengthy hospitalization (e.g., a majority of orthopedic patients experienced delays in discharge due to lack of an accepting rehabilitation facility.) Conclusions: Low level of care designation is a clue to high levels of social complexity/vulnerability among SFGH inpatients. Essentially 100% of patients admitted from the SFGH emergency department qualify for acute hospitalization. Once admitted, the efficiency of care and discharge is impacted by lack of synergy between medical treatment and community discharge planning. In order to improve the quality of care and efficiency of hospitalization for our most vulnerable clients, SFGH inpatient services must become aware of the vulnerability of patients at admission and work toward addressing challenges to community living prior to achievement of medical stabilization. A plan for improving efficiency and efficacy of care for high complexity patients is created based on this data involving inpatient and outpatient medical services and community-based organizations.


Context and Objective: Hepatitis C (HCV) infection and its sequelae—including cirrhosis, liver failure, hepatocellular carcinoma, and death—disproportionately affect injection drug users, low-income residents, patients with mental illness and minorities. Locally, the burden of this disease falls upon a population mirrored by clients of the Housing and Urban Health Clinic (HUHC), a clinic serving patients living in supportive housing. Despite the consequences of untreated disease, few patients within our community have been treated. While treatment is known to be rigorous, we hypothesize that with a support system tailored to the unique needs of people with histories of substance abuse, mental health disorders, and complex medical co-morbidities, we can initiate primary-care-based treatment and successfully match outcomes produced by patients treated in other health systems. Setting/Populations: This research was conducted in conjunction with an urban clinic that integrates primary and behavioral care to serve adults both homeless and living in supportive housing. Intervention/Study Design: This study was two-fold, including the establishment of a weekly HCV support group and qualitative data collection. Twelve participants were interviewed regarding their knowledge and beliefs towards HCV. A thematic review of data was conducted to identify attitudes and beliefs about HCV and HCV treatment. Outcomes/Results: Since April 2012, 55 distinct participants have attended the weekly HCV group which is co-facilitated by a physician and nurse from the HUHC. Weekly topics address testing, infection, treatment, nutrition, exercise, harm reduction, substance abuse, and self-care. Thematic review of participant interviews identified lack of knowledge, awareness of symptoms, fear of interferon, stigma of infection, social stability, food access, and support as determinants of one’s desire to undergo HCV treatment. Conclusions: The establishment of this support group is evidence that it is both inexpensive and feasible when championed by community leaders dedicated to educate patients with HCV about self-care, disease manage-
ences between and how to apply for Social Security Disability Insurance, Supplemental Security Income, California State Disability Insurance, and Paid Family Leave. It also focused on how disability is defined by these programs while encouraging the audience to think about disability as contextual, as a mismatch between ability and environment. A resource packet containing application instructions and descriptions of programs with local contacts was electronically disseminated. Lastly, a handout was created for patients with brief descriptions of the aforementioned programs along with specific resources and contact information for their community. Outcome/Results: The presentation and resources were well received with multiple providers acknowledging that their knowledge prior to the presentation of public assistance programs was poor and that the presentation and resource packet would be helpful and utilized. Conclusions: Providers rarely receive formal training in public assistance programs and the application process. With this intervention including formal training and electronic resources that are easily searched and retrievable, providers will be able to assist their patients in applying for public assistance.

41. LWIN T, HUGHES S, MORTIMER R, LOPEZ R, SHWE T, PAUL S. Rates of hospitalization among HIV positive patients in Fresno, California, 1998-2011. Context and Objective: HIV/AIDS mortality is associated with frequent hospitalizations. The hospitalization rate among HIV positive patients was reduced shortly after the introduction of Highly Active Antiretroviral Therapy (HAART). However, causes for admission are less well defined during the later HAART era. This study determined the rates and causes of hospitalization among HIV positive patients in Fresno during three HAART timeframes: early (1998-2002); mid (2003-2007); and late (2008-2011). Setting/Populations: HIV positive patients who attended one specialty (HIV/AIDS) clinic in a large metropolitan area and were at least 18 years old at their first visit. Intervention/Study Design: Retrospective cohort study from 1/1/1998 to 8/31/2011. Outcome/Results: In the 14-year period, 1,389 patients were followed for 5,177 person years. The population was 77% male; 43% were Hispanic; the average age was 39 years (sd=10); and 46% were men having sex with men. 451 patients (32.0%) were hospitalized 1,194 times (range = 1-26 times per patient), of which 519 hospitalizations (43.5%) were for AIDS-defining illnesses. Total hospital incidence rates per 10 person years were similar during early, mid, and late HAART periods: 2.25 (95% CI 1.88-2.68), 2.32 (95% CI 2.14-2.52), and 2.30 (95% CI 2.10-2.51) respectively. The incidence rates for AIDS-defining illnesses declined from 1.23 (95% CI 0.96-1.55) in early HAART to 1.09 (95% CI 0.97-1.22) in mid HAART; and 0.84 (95% CI 0.72-.97) in late HAART periods. Conclusions: There were no significant differences in hospitalizations among the three HAART periods. Rates of hospitalizations for AIDS-defining illnesses declined over time.

42. BENNETT H, CHENG N, FAHEY C, FINNEGAN S, BAZEMORE A, PETTERSON S. Social deprivation, health, and service by Health Center Program Grantees: regional comparisons. Context and Objective: Measures of social deprivation can be used to predict health outcomes, which may in turn inform the distribution and allocation of health care resources. Health Center Program (HCP) grantees aim to provide primary care to medically underserved communities and vulnerable populations. Social deprivation may be an appropriate index to determine the placement of HCP grantee sites, as well as predict health outcomes in specific regions. Our objectives were to determine: 1) whether the
WALDURA J, KESTER K, BARNES R. Primary care clinicians as providers of HIV care: a needs assessment in preparation for a telemedicine intervention.

Context and Objective: A healthcare crisis is looming for HIV-infected patients in the US—the need for HIV care will soon outstrip the availability of trained HIV providers. As a result, HIV-infected patients will be increasingly cared for by primary care providers (PCPs), many of whom lack the experience to deliver high-quality HIV care. There is clear need to improve HIV capacity in primary care, however the optimal way to achieve this is not yet known. We seek to gain insight into the current relationship of primary care providers to HIV care and to elicit input about ways in which telemedicine can be leveraged to improve HIV competence. Setting/Populations: This qualitative study includes non-HIV expert primary care physicians from community clinics in California.

Intervention/Study Design: We will conduct 20-25 telephone interviews with PCPs. Domains of inquiry include current capacity to provide HIV care, attitudes and perceived barriers towards HIV care, and experience with telemedicine. Sessions are recorded, transcribed, and coded to identify unifying themes. Thus far, we have conducted nine of the targeted 25 interviews. Outcomes/Results: At this interim analysis, themes are emerging that suggest the following: 1) HIV is viewed as a complex and fast-moving field of medicine, outside of the normal comfort zone for PCPs; 2) although primary care providers can deliver adequate HIV care with the help of expert consultation, they perceive that the overall care is still superior in the hands of dedicated HIV clinics with full ancillary services; and 3) when faced with questions about HIV patients, individualized consultation with a specialist is the preferred method of ancillary support (i.e., curbside consultation with a colleague or telemedicine hotline) versus a self-help/online method (i.e., UpToDate). Conclusions: Primary care clinicians are not yet comfortable as providers of comprehensive HIV care; however, they are dedicated to delivering excellent care to their patients. While they still prefer to refer HIV patients to centers of excellence when possible, they are willing to adopt full responsibility for care when necessary, if provided with adequate consultative support. Telemedicine consultation may be an increasingly important tool for PCPs who lack access to colleagues with HIV expertise who can assist them in their care.

HANCOCK C, SHAW E, GROBEL H, DUNCAN P. Teamwork in a community health center: measuring and modifying communication, morale, and job satisfaction.

Context and Objective: Recent expansion of Community Health Centers (CHCs) as a part of healthcare reform presents new challenges for teamwork and communication. As staff and provider numbers increase and patient volume grows, employees who previously worked together in small teams now find themselves a part of much larger organizations with many new members. Problems with job satisfaction, morale, and burnout are known effects of poor teamwork in the healthcare environment and have important implications for recruitment and retention of providers and staff in underserved settings. This study aims to measure teamwork, job satisfaction, morale, continuity, and burnout in an expanding CHC setting and test the effects of an intervention on teamwork efficacy. Setting/Populations: The staff and providers of three clinics within a CHC (n=119) were surveyed with respect to the measures listed above at the beginning and the end of the intervention period (September 2012-May 2013). The study population was predominantly female, bilingual, and middle-aged. Intervention/Study Design: The test clinic underwent a series of rapid teamwork experiments during the intervention period, including a strategic planning session, installation of a compliment box, and a display of the clinic care teams profiling of the staff member of the week, clinic social events, and others. These experiments were coordinated with the clinic and MA managers, and third-year family medicine residents who took on an “ambulatory chief” role. The stated goal of the interventions was to increase the average teamwork score on the survey by 10% by the end of the intervention period. Outcomes/Results: Initial data showed some baseline differences between the test clinic and the two control clinics. Follow-up data will be collected and analyzed prior to the symposium to determine the effectiveness of the intervention and any correlates of effective teamwork across clinics.
four areas: patient and family care; medical knowledge; practice-based learning and improvement; and interpersonal and communication skills. This elective takes an integrative and interprofessional approach to relationship-centered EOL care, cross-cultural understandings of death, and the spiritual dimension of dying. Highlights include didactic and experiential core seminars, presentations by EOL care providers and researchers (including physicians, nurses, integrative medicine practitioners, chaplains, and anthropologists), hospice visits, and the exploration of personal understandings and transformational opportunities of EOL care through the discussion of literature, writing, and reflection. Outcomes/Results: The course was taught for the first time in April 2012. We will present a summary of evaluations from this first iteration. Conclusions: EOL care has a workforce shortage of trained practitioners to meet existing needs and this deficit is likely to increase. The literature reveals gaps in competence and confidence, as well as high rates of burnout, in those providing EOL care. Our ultimate goal is to improve EOL care by increasing the knowledge, skills, comfort level, and self-care of future and current practitioners.

38. MOIR A, WHITE D, HUGHES S. Parental satisfaction over time when children are not given antibiotics for viral infections.

Context and Objective: Overuse of antibiotics is fueled in part by providers trying to satisfy parents’ treatment wishes. Our previous research had shown that parents were generally satisfied with care at the time of the visit when their child did not receive antibiotics for viral illnesses. This study followed parents for 10 days to see if they remained satisfied and if they sought additional care. Setting/Populations: Children diagnosed with a viral infection at one rural family medicine clinic in Selma, California, between December 2008 and May 2012. Intervention/Study Design: This was a prospective study of self-reported parental satisfaction where his/her child was diagnosed with a viral infection and did not receive an antibiotic prescription. Parents participating in the study completed a survey asking about demographics, satisfaction, and antibiotic need. Satisfaction questions used included a 10-point Likert scale. Follow-up phone calls were made three- to five days and again seven to 10 days after the initial visit asking the same satisfaction questions and about additional care or medications given to the child. Paired t-tests were used to look at differences over time in parents’ satisfaction. McNemar’s test was used to look at changes in perceived antibiotic need. Outcomes/Results: 100 participants enrolled and completed the initial questionnaire; 82 parents were contacted for the first phone follow up, and 74 were contacted for both follow ups. On average, parents rated educational information as helpful on initial visit at 9.37. This number significantly increased by 0.26 (p=0.03) at final follow-up. On average, parents rated their happiness with initial medical care a 9.49. Parents’ level of satisfaction with treatment on initial encounter was 9.63. This significantly decreased by 0.20 (p=0.048) at the first follow up, but was not significantly different on second follow up; 64% of parents did not think their child needed an antibiotic at the initial visit. No differences were found over time. Four parents sought further care during the study. There were no emergency room visits. Conclusions: Parents were highly satisfied at the initial visit and their satisfaction with education received increased over time. Overall, most parents did not feel that their children needed antibiotics.
Intervention/Study Design: A table prominently set up at rally point at SF Trans March 2012 collected 144 surveys designed to identify both critique of past experiences with transgender care but also to identify whether integrated care would be preferable to silo care if it were available. Second qualitative tier: Ten patients were identified and four in-depth interviews completed with scripted interview to evaluate current issues/ barriers at UCSF Lakeshore in order to identify potential quality improvement (QI) measures and corroborate real-life trends posed by survey. Outcomes/Results: SF Trans March 2012 survey: Completed surveys (n=144) were collected during a pre-march rally. Of 94 transgender patients surveyed, only 57% were satisfied with their care. Sixty percent had avoided healthcare in the past due to cost, transportation issues, poor treatment, and fear of embarrassment. Almost 50% prefer clinics where they could have integrated services (primary care in addition to transgender services) and there was no difference in preference by transition stage (p=0.50). In-depth interviews: Out of 10 patients contacted, four agreed to in-depth interviews; patients, from both male-to-female and female-to-male groups, ranged in age from 24-70 years and in both. The scripted questionnaire lasted 15-30 minutes. All respondents generally preferred integrated clinics. The barriers encountered included improving simplicity of care and difficulty with requirements for hormones. Interface with staff and forms identified as potentially contributing to barrier. Potential outreach ideas were proposed. QI measures taken: the first provider in-service training occurred in October 2012, with a second in preparation; a revised transgender (GLBTQQI) intake form was proposed for UCSF-wide use; new smartphrases for use to track hormonal reassignment/surgical reassignment are being proposed; posting awaiting approval. QI measures still to come: establish a medical home for transgender patients at UCSF Lakeshore as a prototype for training and PCMH integrating transgender care broadly in primary care. Conclusions: We propose that UCSF Lakeshore begin to integrate transgender care as a prototype for how transgender care should look in PCMHs. Early in transition, group visits similar to those currently used for diabetes education or HCV education could be utilized to focus on early needs. This could also serve as a training locus for medical students, residents, and other providers who desire training. Patients will then have their care integrated into a regular primary care setting.

37. ADLER SR, MILLER BJ, JOSEPH D, COULTER YZ. Integrative approaches to end-of-life care: developing an interprofessional elective. Context and Objective: Despite improvements in the quality of care available to patients at the end of life, there is a widening gap between the care patients require and the care they receive—and this is particularly true for underserved populations. This discrepancy is exacerbated by gaps in competence and confidence, as well as high rates of burnout in those providing end-of-life (EOL) care. The Education Programs of the Osher Center for Integrative Medicine and the Zen Hospice Project have developed a unique educational collaboration that builds on our expertise in educational program development in integrative medicine, healthcare, and social justice for the underserved, health professional training, and interprofessional teamwork. Setting/Populations: This is an 80-hour block elective open to medical, nursing, pharmacy, and dentistry students, residents, and fellows, and will take place at the Osher Center for Integrative Medicine and Zen Hospice Project’s Guest House. Intervention/Study Design: Learning objectives are based on the 2009 Hospice and Palliative Medicine competencies, v2.3, and address who are on routine opioid analgesic therapy and are at high risk for overdose. Naloxone has been successfully distributed in San Francisco to at-risk individuals for more than 10 years but never on an outpatient basis for prescription opioid overdose. Setting/Populations: Chronic pain patients receiving routine opioid analgesic therapy at San Francisco CHN clinics. Intervention/Study Design: In conjunction with clinic coordinators, city pharmacists, and an existing naloxone distribution program, training was developed for medical providers to identify individuals at risk for opioid overdose and provide them naloxone prescriptions. A 25-minute presentation was developed for medical professionals at each clinic, including guidelines for identifying at-risk patients, clinical scenarios, scripts for discussing opioid overdose, and instructions on how to train patients to use naloxone. Clinics were given kits for providers that included an intranasal distribution atomizer, an informative brochure for patients, and instructions on how to prescribe naloxone. Outreach material was developed to inform patients on the risk of opioid overdose and information about naloxone. Outcomes/Results: Twelve training presentations have been scheduled for medical providers, nurses, and allied health staff at the community sites. On-site provider counseling has been conducted at the SFGH General Medicine Clinic to assist medical providers in clinical discussions with patients about naloxone prescriptions and opioid overdose. More than 300 individuals receiving chronic opioid prescriptions will receive mailings discussing opioid overdose and information about naloxone prescriptions. Conclusions: Intranasal naloxone is a safe, inexpensive, and cost-effective means to avert the growing problem of opioid analgesic overdose. Medical providers can be trained to identify at-risk patients and prescribe naloxone given active support from clinic directors, a coordinated training schedule, and established reimbursement for naloxone prescriptions.

LIN S, YU G, SCHILLINGER E. OSLER: A five-step integrated paradigm of best practices in clinical teaching. Context and Objective: Teaching medicine is highly gratifying yet enormously complex. Many useful models of clinical teaching have been proposed, but few paradigms exist that integrate these best practices into an easy-to-remember and practical tool that is robust across diverse settings and can be rapidly applied in the daily education of medical students and residents. Setting/Populations: Academic medical center and affiliated community-based family medicine residency program. Intervention/Study Design: We created an integrated paradigm of best practices in clinical teaching that builds upon the work of leaders in the field of medical education. The five pillars that make up our paradigm are as follows: 1) objectives; 2) setting and learning climate; 3) learner-centered teaching; 4) evaluation and feedback; and 5) reflection. Outcomes/Results: This new paradigm is currently being evaluated as a faculty development model for the Educators-4-CARE (E4C) Faculty at Stanford University School of Medicine, as well as for family medicine residents in the O’Connor-Stanford Leaders in Education Residency (OSLER) Program. Conclusions: The OSLER paradigm offers a comprehensive set of five major teaching principles with key questions and tools that can be used across a spectrum of settings to optimize clinical teaching in the day-to-day education of medical students and residents.
MATIN M, NEWSTETTER A, LEUNG L, BORES N, BALANO K, HAMMER H. A longitudinal training program in family-centered HIV care for residents at SFGH.

Context and Objective: Although the American Academy of Family Physicians now recommends training residents in HIV, we are unaware of existing training programs in caring for HIV-affected families. We aimed to develop a curriculum that promotes proficiency in and inspires postgraduate careers in family HIV care. Setting: The UCSF Department of Family and Community Medicine has multiple programs to support an innovative residency-level training program at SFGH’s Family Health Center, including the Family HIV Clinic (FHVIC), the Pacific AIDS Education and Training Center, and the National HIV/AIDS Clinicians’ Consultation Center. The FHVIC cares for HIV-positive patients and their families, including partners and HIV-exposed infants. Intervention: We developed a two-year longitudinal program for four residents. Our model includes small-group didactics and workshops, online modules, and continuity clinical experience incorporating interprofessional training with physicians, pharmacists, nurses, and social workers. The diversity of patients, scope of care, and inherent focus on relationships offers broad education in screening, preventive care, pre- and post-exposure prophylaxis, diagnostic dilemmas, and antiretroviral treatment. Beyond the FHVIC, residents work with SFGH Family Medicine Inpatient Service and the Bay Area Perinatal AIDS Center. Outcomes: Residents are monitored for progress on curricular milestones, allowing for bidirectional feedback. Additionally, continuous supervision of patient panels ensures exposure to a diversity of clinical experience. As part of our evaluation mechanism, pre- and post-training tests are administered. A welcomed consequence of this novel program has been increased interdepartmental communications and partnerships, including with the Positive Health Program and the SFGH Nursery. Conclusions: For future directions, a core-competencies evaluation tool is being developed with the Northwest AIDS Education and Training Center. We will follow the career paths of our graduates, as well as evaluate the feasibility of achieving specialist certification upon graduation via the American Academy of HIV Medicine. Additionally, we will conduct site visits with extramural faculty for dissemination purposes. We plan to submit our work to peer-reviewed conferences and journals to further fuel exchange of ideas.

MITTERMAIER O, NISSEN T, WILSON E. Social and emotional intelligence training for first-year medical students.

Context and Objective: The objective is to pilot an experiential social emotional intelligence (EI) training program for first-year medical students. Specific focus was on skill building in the domains of “professionalism” and “interpersonal and communication skills.” Setting/Populations: Among the six ACGME core competencies, approximately 60% of these skills can be classified as “hard” or “technical” skills, while 40% are “soft” or “social emotional” competencies. Over the past 15 years, EI has been proven to be a vital ingredient to “excellence” and “professionalism” in the business community. However, in the medical community (especially in medical schools), practical training of EI skills continues to lag behind. Unlike technical/scientific knowledge, EI skills have traditionally been difficult to measure, let alone teach. With the advent of assessment instruments such as the Multi Health System’s Emotional Quotient Inventory (EQ-I), accurate data is available to aid in the development of emotional intelligence competencies. This assessment identifies an individual’s EI strengths/weaknesses and gives concrete strategies to develop the EI skills with the support of a coach or mentor. Intervention/Study Design: Over an 11-week period during the first six months of medical school, the intervention triad includes physician, nutritionist, and promotora (community health worker). Simultaneously, project staff members finalized the provider triad training modules and are developing a web-based training format. Outcomes/Results: Among the first 23 participants enrolled, there was a significant weight loss for the intervention group vs. the control group (-0.5 lbs vs. +2.0 lbs, p=0.012) and significant change in BMI (-0.6 kg/m² vs. +0.1 kg/m², p=0.004). There was a trend for differences in change in triglycerides (-14.8 vs. +4.8, p=0.12), as well. Attendance at AHF sessions among intervention youth was high, ranging from 82% to 98%. Conclusion: In this group medical appointment model of obese and overweight Hispanic children 5-11 years old at two FQHC sites, study participants lost weight and BMI over a 10-week period. These preliminary results are quite encouraging. The trend for changes in triglycerides, which might reflect decreases in soda consumption, was also encouraging but will likely require more time to reach a level of significant change.


Context and Objective: Community-oriented primary care (COPC) is a systematic approach to health care based on principles derived from epidemiology, primary care, preventive medicine, and health promotion with demonstrated positive health benefits for communities worldwide. The COPC model encourages interdisciplinary collaboration among public health practitioners, community leaders, and health professionals to jointly identify and implement community-based health care interventions. Growing recognition of the value of the COPC process in family medicine training has recently prompted several residencies in Kenya to create COPC curricula. This study assesses current practices and expectations of resident-driven COPC projects during family medicine training in Kenya. Study Design: Semi-structured interviews and focus group discussions (FGD) were conducted among COPC educators, practitioners, and academic stakeholders in family medicine programs at Aga Khan University (AKU) in Nairobi, Kenya, and Dar es Salaam, Tanzania, and at Moi University in Eldoret, Kenya, regarding the implementation of COPC projects as part of family medicine residency training. Outcomes/Conclusions: The finding of this study will help to inform COPC curriculum development at AKU and similar family medicine programs interested in implementing COPC. Specific recommendations for COPC implementation in the Kenyan context will be provided. Data analysis and conclusions to be completed April 2013.


Context and Objective: Transgender people are known to be underserved because of insensitive providers, lack of provider training, and poor access to care. Most care has focused on transition and provision of transgender services in “silo” settings. UCSF primary care has no training pathway or coordinated clinical services for adult transgender healthcare. With the move toward integrated, patient-centered medical homes (PCMHs), the UCSF Lakeshore Family Medicine Center assessed the need for integrating transgender care into existing primary care services and potential obstacles. In addition, we sought to identify specific quality improvement measures to improve services and access to care for transgender patients. Setting/Populations: Initial study was an uncontrolled questionnaire at the SF Trans March in March 2012. In depth interviews with
Experiential Leadership Initiative (EXLI) provided EI training for 16 first-year medical students and seven faculty mentors. The students and faculty completed the EQ-i self-assessment from which a personal report was generated. Students participated in two la carte didactic training sessions, online journaling, and weekly check-ins with mentors to track progress on their self-generated EI goals.

Context and Objective: SFUSD is the seventh largest school district in California, educating over 56,000 students. There are 44 documented languages spoken in SFUSD, and 26.5% of students speak English as a second language. NSLP is a federal program that reimburses public schools for “nutritionally balanced” low-cost or free lunches. NSLP sets caloric restrictions and standard amounts of fruit, vegetables, and whole grains with nutritional determinants based on the “Dietary Guidelines for Americans,” a publication by the USDA. In the 2009-2010 school year, three SFUSD schools piloted complete compliance with NSLP, increasing NSLP participation by 27%. SFUSD decided to expand full NSLP compliance to all district middle and high schools in 2010-2011. Our original objective was to determine whether this change to full NSLP compliance in SFUSD impacted student obesity. Setting/Populations: Fifth-, seventh-, and ninth-graders in California public schools in 2002-2011. Intervention/Study Design: We fit a regression model predicting %BMI in Healthy Fitness Zone (HFZ) as a function of year, school district, and presence of treatment (NSLP à la carte item intervention). Our data is all district level %BMI in HFZ measurements for California public schools in 2002-2011. Outcomes/Results: We found a statistically significant increase in percent of SFUSD students in the HFZ after implementation of NSLP, but in the process we discovered several issues in the California Department of Education data, namely: %HFZ definition changes three times over a 10-year interval; the data publishes the percent of students in HFZ rather than individual BMI; and in doing so conflates underweight and overweight students; the data contained at least five data formats from 2002-2011; Fitnessgram, the company collecting data for the CDE, charges researchers for access to actual BMI values. Conclusions: These data issues severely limit access and utility of federal data on American public school children. To address this issue, I am in the process of posting a consistent, organized version of California Department of the Education (CDE) fitness data set, including steps to reconstruct data, a list of inconsistencies, code for constructing set, final files, code for regression model, and alerting CDE and advocacy groups as to the need for directly publishing BMI instead of HFZ % data. Though we observed a statistically significant increase in %BMI in HFZ after NSLP compliance, it’s unclear if HFZ can be used as a surrogate for decreased BMI given the above issues.

34. SEIGEL A, WILLIAMS M, CADIZ A. Evaluation of “active and healthy families”: a family-based group medical appointment model for childhood obesity in federally qualified health centers. Context and Objective: To evaluate the impact of an innovative and sustainable group medical appointment model for the prevention and treatment of child obesity and to develop an effective method for its dissemination to new clinics serving low-income families across the state and nation. Settings/Populations: This study takes place in two Contra Costa County Federally Qualified Health Centers (FQHCs). Participants are 40 Hispanic youth aged 5 to 12 years with a body mass index (BMI) ≥ the 85th percentile for age and sex, and their parents. Intervention/Study Design: This is a randomized controlled trial of the Active and Healthy Families (AHF) program, comparing changes from baseline to post-intervention (10 weeks) in BMI, fasting blood sugar, and blood lipids in youth randomized to the intervention to those in a wait-list control group. We will also compare changes in weight between parents of children in both groups. The AHF program is a five-session intervention with groups meeting biweekly. AHF interdisciplinary Experiential Leadership Initiative (EXLI) provided EI training for 16 first-year medical students and seven faculty mentors. The students and faculty completed the EQ-i self-assessment from which a personal report was generated. Students participated in two didactic training sessions, online journaling, and weekly check-ins with mentors to track progress on their self-generated EI goals. Outcomes/Results: Students and faculty submitted a pre-pilot questionnaire exploring their understanding of specific EI concepts and terms. The same questionnaire was completed at the conclusion of the 11-week pilot, and the responses were compared. Throughout the pilot, students and faculty mentors met weekly. Although the results were mixed, several key themes emerged as strengths and areas of improvement for future years. Conclusions: EXLI solicited input from students and select faculty at the end of the pilot via two, in-person group debriefs. We intend to use this evaluation data to improve the structure, timing, and content of the EI curricular content for upcoming programs for first-year medical students.

MULDOON L, GOULD J, MIRSKY J, WOODS M, JAIN S, KANZARIA H. Remedy at UCSF: a sustainable student-run initiative. Context and Objective: The US healthcare system annually discards 33 pounds of medical waste per patient per day. Remedy at UCSF (R@UCSF), an interdisciplinary service-learning program, reduces this medical waste and health disparities through socially responsible supply redistribution. Medical supplies are recycled and delivered to under-resourced regions in need of primary care. Setting/Populations: Founded by UCSF medical students, R@UCSF partners student volunteers from each of the UCSF health professional schools with other health professionals working in underserved communities internationally. Intervention/Study Design: R@UCSF provides a sustainable experiential curriculum for students to link essential medical supplies with underserved communities by recovering unused surplus at UCSF. Students first identify supplies that are discarded due to federal regulations or procedural excess but remain in demand by recipient clinics. Students hold educational sessions for staff to put unused medical supplies in collection bins placed throughout the hospital. Through the UCSF Interprofessional Health Education Program, R@UCSF recruits nursing, medicine, dentistry, and pharmacy students. These student volunteers collect, transport, and sort donated medical supplies. Students then coordinate supply redistribution with UCSF staff traveling to in-need clinics. Outcomes/Results: Quantitative and qualitative evaluation to inform program improvement is ongoing. More than 50 students have engaged in the program. R@UCSF surveys students to determine how the program has impacted travel-abroad experiences, formation of career plans, and potential for scalability outside of UCSF. For example, a medical student integrated the R@UCSF model at Kaiser Oakland Hospital during her third-year clerkship. The volume and type of collected supplies and donations to receiving communities are recorded. R@UCSF has donated over 26,000 pounds of supplies in the past four years. From 2010 to 2012, the organization directly supplied health projects in more than 20 countries. Conclusions: Student participation is high, reflecting the desire of students to work in teams to engage in systems-based practice to help address real-world problems. Student enthusiasm, administrative support, storage space, and socially responsible donation are essential for success. The R@UCSF model can be implemented at other medical centers with the ability and responsibly to decrease waste, support primary care, and reduce inequity worldwide.
NAJMABADI A, ARAUJO C, CANIZALEZ D, PRADO C, DEvore D, GHOROB A, GARDNER H, WILLARD-GRACE R, CHEN EH, HESSLER D, BODENHEIMER T, THOM DH. “I don’t see myself as a medical assistant anymore”: learning to become a health coach, in our own voices.

Context and Objective: Health coaching conducted by medical assistants may improve the health of patients with chronic conditions, and the model is growing in popularity. However, little is known about the experience of becoming a health coach. This study explores the experiences of medical assistants as they moved into a new role as a health coach. Setting/Populations: The study was conducted with three health coaches and one health coach trainer working in two San Francisco safety net clinics as part of a large, randomized, controlled trial, the Health Coaching in Primary Care Study (2010-2013). Intervention/Study Design: A focus group was conducted in November 2012 and subsequently transcribed. Using participatory methods, all of the participants of the focus group and the research assistants on the project took part in data analysis and identification of codes and themes. Outcomes/Results: Several themes emerged from this focus group. Learning to become a health coach was a surprisingly emotional process that entailed not only learning new skills but also learning to have uncomfortable discussions and becoming highly aware of one’s own body language, behavior, and feelings. Assuming the new role required unlearning things that we had been taught as medical assistants, such as the unspoken rule that medical assistants are primarily concerned with the provider’s needs rather than the patient’s needs. As health coaches, we were given the freedom and time to get to know patients more deeply, and our connection with patients and understanding of their barriers enabled us to be successful at helping patients manage their chronic illnesses. Finally, becoming a health coach had profound impacts on our personal lives by helping us open up on an emotional level not only with our patients but with our families, and the experience helped us build confidence to speak up during our own medical visits and those of our families. Conclusions: Being a health coach is a transformative experience and an ongoing learning process. Organizations training health coaches should be aware of the dramatic shift in perspective that this new role requires and the support that is required to help medical assistants as they move into this new role.

RIENKS J, NIJAGAL M, GILLESPIE K, OLIVA G. How are provider satisfaction, practices, and C-sections rates impacted by the implementation of a new model of labor and delivery at a local community hospital?

Context and Objective: In 2011, a community hospital implemented a new model of inpatient labor and delivery to increase financial sustainability and access of privately insured patients to certified nurse midwives (CNMs). Previously, the hospital had two separate systems, with privately insured women delivering with an obstetrician/gynecologist in private practice (PrivOB), and publicly insured and uninsured women delivering with a CNM for uncomplicated births or with a hospitalist obstetrician/gynecologist (HospOB) in births with complications. The new model is now staffed by all three types of practitioners. Given the previous large differences in the cesarean section (C-section) rates for nulliparous, term, singleton, vertex births between the two systems (30.4% for private pay, 15.6% for publicly insured or uninsured women), we are interested in understanding the attitudes, opinions, and experiences related with condoms, circumcision, and antiretroviral medications. Additional pamphlets include evidence-based information for guiding parents in discussing their HIV status with their children, outline steps for disclosure, and anticipate children’s questions and reactions in the disclosure process. Outcomes/Results: The FHIVC providers routinely facilitate open discussions between HIV-positive patients and their families. The educational tools we developed may help to achieve higher rates of disclosure to partners and children and help us to foster healthier relationships. Conclusions: Systematic review of global literature shows that planned disclosures empower patients and families for building healthy relationships. If helpful for patient-centered care, our newly created FHIVC resources can be exported to other community clinics caring for HIV-affected families.

32. BOLOUR A. Effects of pre-rounding on efficiency and resident satisfaction on an inpatient family medicine service.

Context and Objective: There is a dearth of published evidence on the merits of pre-rounding. Given new resident duty hour restrictions, cutting down on unnecessary hours is important. This study aims to quantify if pre-rounding offers any benefits in efficiency of team rounding and resident satisfaction. Setting/Populations: The study was performed on an inpatient family medicine service at Natividad Medical Center from December 2012 to January 2013. Three resident physicians and six attending physicians participated in the study. Intervention/Study Design: Inpatient teams were divided into week-long control groups (with pre-rounding) and experimental groups (without pre-rounding). For effects on efficiency, attending physicians were asked to record number of patients seen and how long it took for the team to round on those patients. For effects on resident satisfaction, the following three statements were ranked by residents on a Likert scale (1=strongly disagree, 5=strong agree): 1) I was an important member of the team this week; 2) Learning was as important as service this week; and 3) I received appropriate feedback from attending this week. Residents were also asked give open-ended answers to questions about what worked well and what didn’t. Outcomes/Results: In the control group, 97 patients were seen with an efficiency rate of 25.7 minutes per patient, whereas in the experimental group, 85 patients were seen with an efficiency rate of 21.9 minutes per patient. With regards to resident satisfaction: statement 1—control group 4.66, experimental group 4.00; statement 2—control group 4.33, experimental group 3.5; and statement 3—control group 3.33, experimental group 3.50. Conclusions: Team rounding efficiency does not seem to be affected by whether residents pre-round on patients. Resident satisfaction was also not significantly affected by pre-rounding. Further studies on pre-rounding and its effects on medical education, patient satisfaction, and patient outcomes should be pursued.


The 2009-2010 pilot study limiting a la carte items in three San Francisco Unified School District (SFUSD) schools demonstrated an increase National School Lunch Program (NSLP) participation and was therefore expanded to all SFUSD schools in the 2010-2011 school year. The program’s expansion allows SFUSD to be reimbursed by the federal government for more lunches and increases program participation; however, it is unclear if the intervention achieves the program’s aim to impact students’ obesity. We analyze statewide longitudinal BMI data collected in years 2002-2011 for California pub-

Context and Objective: Kaiser Permanente (KP) offers high-quality, effective primary care for patients using an innovative, comprehensive model. Based on KP’s strong commitment to developing the primary care workforce, UCSF and KP developed a partnership in 2011 to place FCM 110 clerkship students at KP sites throughout the Bay Area, from Union City to Rohnert Park, for part or all of their clinical experiences. Some sites are as far as 1.5 hours from San Francisco, a substantial increase from previous commute times for FCM 110. We wanted to assess the impact students’ clinical experiences at KP on attitudes about the Kaiser model. Setting/Populations: From January 2012 to February 2013, 63 third-year medical students rotated at KP during their FCM 110 clerkships and worked with 70 preceptors. Intervention/Study Design: Starting in May 2012, we administered a pre- and post-clerkship survey with Likert-scale questions to assess changes in students’ attitudes and beliefs about the KP system. We also compared student evaluations of teaching between those placed at a Kaiser facility and those from the overall clerkship evaluations. Outcomes/Results: Response rate was 77-96%. Student attitudes showed statistically significant increases in the following items: KP provides excellent patient-centered care, preventive care, primary care, and access to specialty services; and KP provides a positive work environment for physicians. No statistically significant change was seen in students’ attitudes about the following: KP provides efficient care and cost-effective care; KP promotes work-life balance; and interest in KP for residency. From qualitative data, students listed KP experience strengths as: electronic medical records system, integrated system; and available patient resources. Challenges included short visit times/number of patients scheduled and lack of reserved time to respond to patient emails and calls. In evaluations of teaching in 2011-12, students ranked KP sites higher than overall FCM 110 sites for teaching (4.50 vs. 4.17), feedback (4.08 vs. 3.7), achieving course objectives (4.52 vs. 4.24), and clerkship overall (4.42 vs. 4.12). Conclusions: KP provides excellent opportunities for students to learn to function in a high-functioning primary care system and also be exposed to the KP system. Students were willing to travel for a strong educational experience.

LIM H, MATIN M. Educational tools for clinicians to decrease stigma and empower HIV-affected families to foster healthy relationships.

Context and Objective: The SFGH Family Health Center’s Family HIV Clinic (FHIVC) needs educational tools for empowering HIV-affected families to protect HIV-negative partners and to decrease stigma and secrecy from children. Educational tools explaining the risk of HIV transmission between serodiscordant heterosexual couples per specific sexual act, and the respective protective measures that can be practiced, are not readily available in simple language. Additionally, parents with HIV are often uncertain about disclosing their status to their children. Setting/Populations: The FHIVC fosters healthy beginnings for infants born to HIV-positive parents. These families routinely have concerns about the risk to HIV-negative partners and their children. Many HIV-positive patients, and especially women, lack a sense of community in living with a communicable chronic illness and seek guidance from their providers for navigating relationships in their families. Intervention/Study Design: We created educational brochures as visual tools to aid discussions during patient visits. We used lay language and accessible imagery to aid clinicians in starting open discussions with patients and families. Brochures describe the risk per sexual act, including cartoons to quantify risk, and discuss risk reduction strategies for labor and delivery, use of CNMs, C-sections, and vaginal births after C-section (VBAC) among these practitioners prior to and after the implementation of the new model. Setting/Populations: The setting is a medium-size community hospital located in northern California; participants include PrivOBs, HospOBs, and CNMs. Intervention/Study Design: Participants completed a baseline survey and follow-up survey 18 months later exploring: career satisfaction, attitudes about midwives, attitudes and practices regarding C-sections, experiences of pressure to perform an elective C-section from different sources, responses to various scenarios with varied patient characteristics, and opinions about and the impact of the new model. T-tests were conducted to assess for differences in mean responses between providers types (PrivOBs, HospOBs, and CNMs) at baseline and at follow-up, and to assess changes over time. Outcomes/Results: Our presentation highlights the many significant differences between CNMs and PrivOBs, and HospOBs and PrivOBs, at baseline, and if and how career satisfaction, attitudes about midwives, VBACs, and C-sections, and experiences of pressure to perform a C-section that is not medically necessary have changed since the implementation of the new model. We also explore attitudes and opinions regarding implementation of the new model and its impact on provider perceptions of patient care, and examine C-section rates among privately and publicly insured women pre- and post-implementation. Conclusions: Satisfaction with the new model is high, while some differences between provider types persist.

SAFFIER K, SHAH N, RODELO L, WRIGHT C. Use of a mentored faculty/resident team to enhance addiction medicine education.

Context and Objective: One hundred-twenty million Americans are affected by the harmful use of alcohol and drugs and addiction, more than all the persons with heart disease, diabetes, and cancer combined. Due to societal stigma and limited training, residents are often unprepared to deliver essential preventive care and treatment of substance use disorders (SUDs). A national survey of residency directors and leaders in medical education recommend increased training and integration of SUDs into physician education. Our objectives are to develop faculty and resident competence in: 1) screening, brief intervention and referral to treatment (SBIRT) for harmful alcohol and drug use; 2) motivational interviewing (MI) applied to primary care behavioral interventions; 3) the science and treatment of SUDs; and 4) leadership skills to advocate for effective SUD education. Setting/Populations: Contra Costa Family Medicine Residency Program (CCFMRP) is one of five programs participating in the Medical Education and Research Foundation’s Champions Project. Two faculty and one or two residents from each program are involved in addiction medicine curriculum enhancement and integration from August 2012 to May 2014. Intervention/Study Design: Participants completed personal and program SUDs needs assessments prior to attending 10 hours of faculty and curriculum development, an eight-hour workshop, MI for Busy Clinicians, which preceded a 25-our addiction medicine review course. Subsequently, every two months, online mentoring sessions are held for all five programs to plan interventions and monitor progress. Our program’s innovations include an SBIRT pilot that will be expanded system-wide and a preceptor-resident MI study using coaching and feedback to promote MI proficiency. Outcomes/Results: Evaluation of knowledge, behavior, and attitudes of faculty and residents began with the Physicians Competence in Substance Abuse Test. An attitude/experience questionnaire was also administered, and the preliminary results of both
will be shared and repeated in 2014 at the project’s conclusion. All curricular innovations are being evaluated by residents and our faculty/resident team with rating forms. Additional onsite education and learner evaluation of faculty/resident teams will occur in October 2013. **Conclusions:** We are encouraged that our mentored faculty/resident team approach to enhance addiction medicine education can be a model for other programs.

**TIRADO S, SANFORD E, SASSON N, TISCARENO J, TUNZI M. Bringing a face to addiction.**

**Context and Objective:** As a recipient of a Substance Abuse and Mental Health Services Administration (SAMHSA) Screening, Brief Intervention, and Referral to Treatment (SBIRT) grant, the UCSF Natividad Family Medicine Residency Program developed a training program that took residents out of the hospital and into the community where addicts encounter the challenges of daily life, bringing the human face of addiction to the forefront. Patients plagued by addiction often feel dehumanized by the medical system. Traditional resident training is documented to be associated with decreased physician tolerance for this chronic disease. Our study sought to determine if seeing addicts in the context of their day-to-day experience increased residents’ empathy and impacted their motivation to learn SBIRT skills. We explored whether residents were more effective at providing appropriate counseling and interventions when addicts became more humanized. **Setting/Populations:** Our four-year project of resident training took place at UCSF Natividad Family Medicine Residency Program and various community sites throughout Monterey County. **Intervention/Study Design:** Residents engaged in community learning giving health presentations to field workers, training promoters, and participating in drug courts, treatment programs, Al-anon, and homeless clinics. In addition, residents undertook intensive one-on-one addiction medicine didactics, as well as preceptor observation and feedback sessions in the homeless clinic and emergency department. Residents were videotaped in the family medicine clinic followed by self-assessment and faculty feedback. To solidify their SBIRT skills, residents became motivational interviewing trainers and patient advocates. Pre- and post-intervention surveys and formal tests were given to the residents to measure changes in attitude, knowledge and skills. **Outcomes/Results:** We documented increased resident competency, as measured on surveys and tests, since our SBIRT training program was implemented. Faculty found increased empathy and better management of addicted patients. Knowledge, attitudes, and skills were positively impacted. **Conclusions:** Our program’s community learning in multiple venues has humanized addiction and empowered residents to play more productive roles with patients. To move beyond an academic understanding, residents benefit from community work by seeing the struggles of their patients’ lives. Our hope is that this engagement has opened the possibility for greater mutual understanding. The presentation will include a live action documentary selected by SAMHSA showcasing Natividad’s innovative SBIRT training a model for other family medicine residencies.

**WILLARD-GRACE R, CHEN EH, HESSLER D, BODENHEIMER T, THOM DH. The effectiveness of medical assistant health coaching for low-income patients with uncontrolled diabetes, hypertension, and hyperlipidemia: a randomized controlled trial.**

**Context and Objective:** Many patients with chronic disease do not reach goals for management of their conditions. Medical assistant health coaching is an innovative way to views for residents graduating from the UCSF Fresno Family and Community Medicine Residency Program between 2009 and 2012. **Intervention/Study Design:** Three graduating classes of residents were asked to review the Diversity Mission Statement and to complete the Diversity Mission Evaluation Questionnaire, a 26-item assessment tool developed by Ducker and Tori (2001) that uses a four-point Likert scale. Responses were confidential. Three different classes were included: a baseline group with no exposure to the curriculum; a group with one year of exposure; and a group who completed all three years of the curriculum. Responses were dichotomized to measure “Agreement” or “Disagreement.” Percentages of responses were compared between the three groups on all 26 items. **Outcomes/Results:** There were 11 residents in each class. Twenty-six participants for a response rate of 79% (11/7/8). Five items indicated the residents felt the program had always done well in the culture of the university around diversity. Fourteen items showed improvement with exposure to the curriculum, while four others fluctuated over the years. Three items noted the need for improvement regarding religion and spirituality, sexual orientation, and disabilities. **Conclusions:** The cross-cultural curriculum was effective in improving residents’ perception regarding how well the residency met the Diversity Mission Statement. Areas needing improvement will be addressed by adjustments in the curriculum.

29. **PANCHAL AS, HILL-SAKURAI L. Development of a “Longitudinal Management of Patients and Populations” curriculum for longitudinal, integrated clerkship students.**

**Context and Objective:** It is well established that continuity of care is associated with improved health outcomes for patients, including increased use of preventive care services and improved chronic illness management. Panel management has been shown to improve preventive and chronic condition care measures and may play a role in decreasing health care disparities. Undergraduate medical education must give students the skills needed to provide excellent continuity of care for both individual patients and a population of patients. Current educational approaches to teaching these skills involve mostly observation in a clinical setting, preceptor guidance, and implicit expectations for student performance. **Setting/Populations:** Our pilot involves students in longitudinal integrated clerkships (LICs) at UCSF. LIC students are in an ideal setting for learning how to provide excellent continuity of care and are expected to perform various tasks related to longitudinal management of patients, but they are often not guided explicitly through these tasks. Criteria for grading of these skills have thus far been unclear to students. **Intervention/Study Design:** We have created and are piloting a “Longitudinal Management of Patients and Populations” curriculum to address the described gaps in undergraduate medical education. The curriculum is being administered to LIC students in the 2012-2013 academic year and includes seminar time, a skills checklist, and a self-audit of chronic disease management performance. **Outcomes/Results:** In pre-course surveys, faculty endorsed the utility of a checklist of required tasks in longitudinal management of patients. Final results of pre- and post-course surveys and qualitative data from both students and faculty will be presented. **Conclusions:** Our novel curriculum may provide a useful template for teaching the skills of longitudinal care to medical students. It provides more structured and explicit instruction for students and a more structured grading template for preceptors. In the future, this curriculum could be adapted for medical students in traditional block rotations and could be adopted by other primary care departments (e.g., internal medicine).
ing. A key anticipated outcome is increased awareness by both staff and students of complex trauma, vicarious trauma, and how to promote resiliency. Conclusions: This community/residency partnership increases the organizational capacity at both ROCK and GROW to recognize and address trauma among staff and students. At the residency level, the COPC curriculum builds the capacity of residents to incorporate community engagement into their future careers.

27. GOLDSCHMIDT RH, WEBER S. Consultations provided by the UCSF HIV Warmline, PEPline, and Perinatal HIV Hotline inform national guidelines and policies.

Context/Objective: The National HIV/AIDS Clinicians’ Consultation Center (NCCC) is a national telephone consultation service funded by HRSA and CDC and based in the UCSF Department of Family and Community Medicine. The NCCC provides consultation for clinicians via the Warmline (HIV/AIDS prevention and management), PEPline (managing exposures and post-exposure prophylaxis for HIV and hepatitis B and C), and Perinatal HIV Hotline (managing HIV positive pregnant women and their exposed infants). Clinicians’ calls to the NCCC serve as a national needs assessment, identifying prevention and management guidelines that require clarity or rewriting, and can help inform national policy.

Setting/Populations: Calls from throughout the US are answered by physicians (family medicine, general internal medicine, infectious diseases, and obstetrics/gynecology) and clinical pharmacists. All are expert in HIV management and primary care of HIV.

Intervention/Study Design: Formal and informal quality improvement sessions throughout the year identify trends and emerging issues in HIV care related to national guidelines. A total of 14,734 calls were received in 2012 (Warmline 1428; PEPline 12,854, including 10,386 occupational and 2,468 non-occupational; and Perinatal HIV Hotline 452).

Outcomes/Results: From this national experience, the NCCC informs national guidelines groups and federal agencies by providing feedback on “real-world” HIV prevention and treatment questions, many of which are not adequately addressed in national guidelines. NCCC providers served as members of the CDC occupational post-exposure management guidelines scientific advisory committee, Health and Human Services national perinatal HIV guidelines committee group, and PHS national opportunistic infections guidelines committee. NCCC members served as advisors to the CDC Elimination of Mother to Child Transmission Stakeholders advisory group, CDC non-occupational post-exposure prophylaxis guidelines scientific advisory committee, and CDC HIV pre-exposure prophylaxis scientific advisory group. Conclusions: The extensive experience of the NCCC Warmline, PEPline and Perinatal HIV Hotline in providing consultation on real-world clinical questions is a valuable source of information in developing, revising, or discontinuing national guidelines and informing national policy. Because the NCCC receives questions from expert and non-expert clinicians nation-wide across a wide range of disciplines and specialties, including a great number of primary care clinicians, the NCCC serves as a bridge between real-world practice and national guidelines.

28. JARMAN BM, HUGHES S, LOPEZ R. Cross-cultural curriculum assessment project: impact on residents’ views regarding the program’s diversity mission.

Context and Objective: As part of a HRSA training grant, a three-year cross-cultural curriculum was developed for residents in the UCSF Fresno Family and Community Medicine Residency Program. The assessment looked at three levels of exposure to the curriculum to note changes in how residents judged the program in relation to its Diversity Mission Statement. Setting/Populations: The assessment occurred during exit inter-
Study Design: Evaluation consists of qualitative and quantitative assessment of changes after individual sessions and program completion in the following: procedural volume; self-assessed confidence; trainee satisfaction with the program; knowledge about strategies for overcoming potential barriers; and intent to provide abortion services post-graduation. Results: In the first year of the CREATE program, 25 PGY3 advanced trainees applied and began participation, compared to 13 PGY3 advanced trainees in the previous year. Initial session evaluations demonstrated improved self-assessed knowledge, confidence, and understanding of complication management (mean increase of 1 on 5-point Likert scale). The most highly rated session features were: using patient stories to inform advocacy messages (4.9); selection of topics and content (4.7); speakers (4.7); and opportunities to problem-solve (4.7). Session data is pending on practice barriers. Residents valued and requested additional discussion of complications that can arise with abortion procedures, and they reported that sessions fostered community and motivated professional development with respect to reproductive health. Conclusions: Training programs that provide assistance for navigating obstacles to practice initiation may improve comprehensive reproductive health provision among graduates. Innovative approaches to increase procedural volume with sustainable models, and experience with complication management may further expand graduate provision.


Context and Objective: The goal of the UCSF/SFGH Family and Community Medicine Residency Program’s Community-oriented Primary Care (COPC) curriculum is for residents to learn community-engagement skills to address health at a community level. PGY1 includes an introduction to COPC and to three local communities; the class subsequently picks one target community. In PGY2, residents learn about community assessment and project design and participate in community site visits which include key informant interviews. The class forms a partnership with one or more community-based organizations (CBOs) by the end of PGY2. Collaborating with the selected partners, they develop and implement an intervention in PGY3. Setting/Populations: The residency Class of 2013 chose to work in Visitation Valley, focusing on youth exposed to trauma and people working with these youth. They formed a partnership with two CBOs that were already actively collaborating. Real Options for City Kids (ROCK) promotes positive development in children aged 6-17 years through in-school and after-school learning enrichment. Global Resiliency Outreach Work (GROW) aims to build resiliency in trauma-exposed youth through mentoring and counseling. Intervention/Study Design: The three partners (COPC, ROCK, GROW) developed workshops about trauma for the staff and students in the after-school program. The workshops have been/will be conducted by COPC residents and focus on: 1) understanding adverse childhood experiences and their effects on health/behaviors; 2) vicarious trauma, compassion fatigue, and self-care; and 3) how to help those affected by trauma. Outcomes/Results: These three workshops are being piloted with staff and student groups through Spring 2013. Feedback will be collected to improve the lesson plans. The curricular materials will be compiled and stored by ROCK and GROW so that they may be used for future staff train-

Context and Objective: Although self-management support (SMS) improves diabetes outcomes, it is not consistently provided in health care settings due to insufficient time. One solution is the use of peer coaches, who are patients with diabetes trained to provide diabetes SMS to other patients. A quantitative paper describing this project shows that patients with diabetes who engage with peer coaches have significantly improved glycemic control compared with controls. This paper explores the process by which this same group of peer coaches engages with their patients.

Setting/Populations: This qualitative study explores the reasons for success of peer coaches who participated in a randomized controlled trial demonstrating that low-income patients who received assistance from peer coaches in five San Francisco Department of Public Health community clinics reduced their HgbA1c levels significantly greater than a control group.

Intervention/Study Design: A four-person focus group and 17 qualitative semi-structured interviews were conducted with community-based peer coaches in San Francisco. Transcripts were coded and analyzed using methods based on grounded theory to develop a theoretical model of peer coach roles.

Conclusions: Diabetes SMS is lacking in primary care, and primary care providers no longer have time to provide this essential component of chronic disease management. Peer coaches are a highly motivated and effective potential workforce uniquely positioned to teach and empower patients by building trust through shared experiences. The variability in coaching styles suggests an inherent diversity among peer coaches that must be accounted for in future strategies for design, recruitment, training, and oversight of peer coaching programs.

2. ROUSE ÍÑIGUEZ J, POTTER MB, GRUMBACH K. The San Francisco Bay Area Collaborative Research Network: a partnership of community clinicians, practices, and UCSF.

Context and Objective: The mission of San Francisco Bay Collaborative Research Network (SF Bay CRN) is to encourage, facilitate, and lead mutually beneficial practice-based research partnerships between community-based primary health care organizations, practices, and clinicians in the San Francisco Bay Area and UCSF. SF Bay CRN promotes translational research incorporating the priorities and perspectives of diverse clinical service providers and their patients, with a vision of accelerating improvements in primary care outcomes in diverse communities that frequently experience health disparities. Our objectives are to further engage clinician and clinic systems members, leverage UCSF expertise through SF Bay CRN consultation and linkage, and further develop communication tools for the network.

Setting/Populations: The SF Bay CRN membership includes more than 400 individual primary health care providers working in...
family medicine, pediatrics, general internal medicine, nursing, clinical pharmacy, and dentistry. Additionally, the network touts clinic and health care organization level memberships from 25 care organizations at 70 provider sites with thousands of additional primary health care clinicians throughout the SF Bay Area. These clinicians and clinical care organizations engage in primary care, health promotion, disease prevention, population health, and community development. Intervention/Study Design: SF Bay CRN members frequently access the network to request consultation from our faculty, share upcoming training opportunities, funding opportunities, recruitment needs and dissemination and implementation of practice-based research findings in clinical practice. Outcomes/Results: In the last two years we have established a multidisciplinary steering committee, a small-grants program to seed community-initiated research projects, and a practice-based research consultation service that has provided more than 15 in-depth consultations in the past year. We have developed linkages with UCSF Clinical Research Services at CTSI which promise to increase the engagement of UCSF clinical researchers with SF Bay CRN and built new partnerships with several community-based health care organizations which will expand the potential for mutually beneficial practice-based research in the future. We have expanded our communication efforts, creating the SF Bay CRN eNews and working with CE&HP to showcase SF Bay CRN partnerships on YouTube and Twitter, which have a combined 1500+ subscribers. Conclusions: With support from the CTSI Community Engagement and Health Policy Program, CTSI Clinical Research Services, and other project-based funding, SF Bay CRN is actively developing a community of university and community-based practice-based researchers and positioning itself as a center for practice-based research consultation and collaboration at UCSF and in the SF Bay Area primary care community.

3. BRODE E, BAZEMORE A, GRUMBACH K. Primary care in accountable care organizations: the role of primary care in the future healthcare system. Context and Objective: Accountable Care Organizations (ACOs) were one of the proposed healthcare delivery reforms in the Patient Protection and Affordable Care Act of 2010 to meet the Institute for Healthcare’s Triple Aim of improved population health, improved patient experience, and reduction of healthcare spending. There is much data to support the role of robust primary care in the improvement of quality and reduction of cost. The objective of this study was to determine the impact of the ACO structure on primary care. Setting/Populations: ACO stakeholders nationwide, predominantly District of Columbia. Intervention/Study Design: An IRB approval was granted from UCSF. Using semi-structured stakeholder interviews, this study qualitatively assessed national expert opinion on primary care within the ACO. Outcomes/Results: Through framework analysis, six themes emerged: 1) there are factors in the ACO Final Rule that promote and inhibit the foundational role of primary care; 2) the most effective way to bend the cost curve is through payment reform, which requires ACOs to accept risk and create internal incentives that promote primary care; 3) the transformation of primary care practices into patient-centered medical homes is critical for ACO success; 4) the ACO model will vary widely by region based on the primary care population within that area, as well as the local healthcare market; 5) the future of primary care in the ACO is not prescribed, requiring primary care to seize the opportunity to become central to the ACO; 6) even if primary care takes a central role in ACOs, it is unlikely that the ACO model will substantially impact the overall healthcare system unless certain goals are accomplished. Conclusions: The primary care community must educate themselves in...
Administrative goal will be six bilable doctor visits per hour and maximized secondary care/educator billable visits. **Setting/Populations:** Pregnant adolescents/teens in a public health department FQHC model clinic in Salinas California, predominantly bilingual Spanish/English-other and monolingual Spanish. **Intervention/Study Design:** Longitudinal study without control. We are currently trying to form a partnership with a neighboring FQHC to add a cohort control but this has not yet been confirmed. The research will follow all adolescent/teen pregnancies that opt-in from the Monterey County Public Health Department’s Family Medicine and Women’s Health Clinics to be followed over a period of 1.5-2.5 years. Patients will attend monthly group prenatal visits in addition to any other indicated visits with their primary care providers. During the group visits, patient care will be provided by a physician and prenatal care coordinator in a visit-linked model. The physician will provide regular assessments of maternal fetal health following the standards of current prenatal care. After receiving a 10-minute private assessment the physician, patients will return to continue participating in the education/empowerment group. During the group interaction the prenatal coordinator will facilitate a brief check-in for the patients to help community building, followed by a prescheduled healthcare educator and time for discussion. Educators and topics include certified/licensed lactation consultant, certified nutritionist/dietitian, certified childbirth educator, intervention prevention, and parenting. A trial partnership will be attempted with Mt. Toro High School teen mothers program to provide high school credit for attending nine to 10 sessions to further increase teen empowerment. Legal permission by participants will be obtained for privacy purposes in the group visit setting in accordance with HIPAA guidelines. This research project will include evaluation by the Hospital IAB for approval. **Outcomes/Results:** With such a small study population, statistical significance will not likely be achieved. Regardless, this pilot study will be assessed with the assistance of the Monterey County Public Health Department Epidemiologist Means outcomes, based on surveys of patient interim experience, will be presented and long-term outcomes will be assessed in detail for future presentation. **Conclusions:** Conclusions will be divided into two categories, patient outcomes and administrative outcomes. Patient outcomes goals are to improved patient satisfaction, reduced preterm labor, reduced interventions, improved screening, increased breastfeeding success, continuation of high school education, improvement of parenting skills/confidence, increase in reliable postpartum contraception use, and prevention of second teen pregnancy episodes. Administrative outcomes will hopefully prove successful in maximizing or significantly increasing bilable encounters and efficiency for all involved care providers. The overall goal is to not only sustaining but improving quality of prenatal care and care provider work flow.


**Context and Objective:** The use of smartphone applications (“apps”) to assist with weight management is highly prevalent, but data on efficacy is sparse. We conducted a study to determine whether apps focused on diet and/or anthropometric tracking contain features consistent with behavioral change theory. **Setting/Populations:** We conducted a comparative assessment of the top-rated, free smartphone apps in the “Health and Fitness” category of the iTunes App Store (n=200). The pre-determined inclusion/exclusion criteria to categorize apps were based on commonality in functionality, fea-

### 4. DEUTSCH M, BHAKRI V. The cardiovascular and metabolic health of transgender people: implications in primary care.

**Context and Objective:** Data on the baseline metabolic and cardiovascular health of transgender persons is limited. Additionally, scant and conflicting data exist about the effects of cross-sex hormone treatment (csHT) on these health states in transgender persons. The Institute of Medicine stated in a 2011 report on the health of LGBT people that, “all aspects of the evidence base for transgender-specific healthcare need to be expanded...[in] addition, there is a need for more research on the health implications of hormone use.” This study aims to collect data at baseline and after six months of csHT on a number of biomedical indicators, as well as a survey of patient attitudes about primary care. The study also aims to explore the feasibility of conducting prospective community-based research on transgender patients in a setting previously focused on HIV clinical research in primarily gay, non-transgender men. The project is a collaboration between the LA Gay & Lesbian Center’s (LAGLC) Transgender Health Program (THP), the Community Clinics Association of Los Angeles County (CCA-LAC), and the Clinical and Translational Sciences Institute at the University of Southern California Keck School of Medicine. **Setting/Populations:** Hormone-naive transgender patients (mix male-to-female and female-to-male) presenting to the LAGLC THP for initiation of csHT (n=57). The LAGLC is a Ryan White grantee and Federally Qualified Health Center (lookalike) and has an extant research department with a breadth of experience in clinical and public health research. The LAGLC THP has a current census of approximately 550 transgender patients and has been in operation since 2009. **Intervention/Study Design:** The study was designed to: 1) measure lipid profile, blood pressure, BMI, and waist circumference and administer a brief patient survey on attitudes about primary care at baseline and after six months of csHT; and 2) explore issues in conducting prospective clinical research on transgender patients in a community-clinic setting and inform institutional changes which may better facilitate such work. **Outcomes/Results:** All baseline data has been collected and will be analyzed as part of an interim descriptive report.

### 5. ROSENBAUM J, BURNS A, HSIEH A, WILSON E. Using technology to improve access to community resources.

**Context and Objective:** Patients at county hospitals and clinics often have needs beyond standard medical care. Highland Hospital is a safety net hospital in Alameda County that routinely treats patients whose needs include food, shelter, legal assistance, and mental health. Other cities have had success creating community databases and using volunteers to vet and disseminate the resources. Unfortunately, trained individuals are not always available to help access the resources. The objectives of this project were to create an application through which providers and residents could access community resources at all hours of the day and to make the database easy to maintain. **Setting/Populations:** This project was done out of Highland Hospital, a safety net hospital in Alameda County. The target population is care providers for vulnerable populations in Alameda County, including emergency providers at Highland Hospital and mental health providers at Children’s Hospital Oakland. **Intervention/Study Design:** A team of medical students and professionals, social workers, and undergraduates contacted community service providers to obtain information about them, as well as the resources
that they use within the community. A Google form was created for easy resource submission. The application was written in objective-C. The beta-testing group consisted of 11 Highland Hospital emergency physicians, a social worker, and a psychologist at Children’s Hospital Oakland.

Outcomes/Results: The result of this project is an iOS application. Resources can be easily uploaded online, the updated database can be downloaded at any time, and users can provide feedback about existing resources. The database is sorted into categories and searchable with keywords. Resources can be updated via an online form and new versions of the database can be downloaded at any time. Conclusions: The application successfully created a simple interface for a single database that is easy to maintain and can help providers in any field assist community members in accessing resources. End-user feedback was 100% positive. Next steps also include gathering further information on the use of the application, integrating user feedback about the resources into the application, and expanding to other counties. If used broadly, the application could better inform the county regarding resource usage enabling better resource allocation.


Context and Objective: UCSF’s Program in Medical Education for the Urban Under-served (PRIME-US) is a special track for medical students committed to working with urban underserved communities. PRIME-US students in their fifth-year Capstone course engage in an intensive month-long group project designed to advance their leadership and health care management competencies as part of our longitudinal curriculum. Students are able to apply additional skills acquired in their MPH/MS degree programs.

Setting/Populations: Last fall, four Capstone students served as a consultant team for Chinatown Public Health Center (CPHC), a community-oriented primary care (COPC) clinic in the San Francisco Department of Public Health system. CPHC is a safety-net community health center serving a predominantly low-income and vulnerable urban population with low English proficiency and health literacy. CPHC has been actively engaged in primary care transformation toward achieving Patient Centered Medical Home and service excellence.

Intervention/Study Design: The consultant team was given the project objective to “improve the patient care experience at CPHC from the moment they walk through the door to the moment they leave.” They began by meeting with clinic leadership who pledged full support and necessary resources for their project. Under the guidance of the CPHC Associate Medical Director, the students conducted work flow/cycle-time analysis from the perspective of patients, shadowed registration staff, interviewed clinic management, conducted focus groups and surveys with CPHC staff, completed point of care (POC) surveys with patients, and presented their findings and recommendations at a CPHC all-staff meeting.

Outcomes/Results: Students achieved the project objective, exhibited effective team work, and gained hands-on experience in clinic management in a primary care setting. Although challenged by a short timeframe and ambitious objective, students were able to provide valuable recommendations to the clinic and advance their leadership and health care management competencies.

Conclusions: When challenged with an intensive month-long group project and provided appropriate guidance, support, and resources, senior PRIME-US students can succeed in accomplishing project objectives and advancing their leadership and health care management competencies.


Context and Objective: The SFGH Family Health Center sought a system for obtaining useful and necessary input from the patients we served. Our objective was to create a venue for engaging patients and families in our quality improvement efforts, in partnership with clinic providers and staff.

Setting/Populations: This project is a partnership between patients, clinic providers, and staff at the Family Health Center (FHC) and the General Medicine Clinic (GMC) at SFGH.

Intervention/Study Design: We established a forum for patients to provide their unique and invaluable perspective to clinic management, staff, and providers, in an effort to improve care and patient experience at the SFGH FHC and GMC. Secondarily, we created a toolkit for other clinics interested in creating a patient advisory board.

Outcomes/Results: The FHC and GMC now collectively have four operating patient advisory boards. These boards now serve an integral role, facilitating feedback and providing new avenues for patient input. We have also developed a toolkit to provide guiding steps for the creation of patient advisory boards for other clinics.

Conclusions: We learned that forming a patient advisory board and shifting the culture to facilitate patient engagement requires ongoing, focused work, and dedicated staff. There must be strong leadership support as well as staff time to work on development and maintain relationships with the patient advisors. When working with patients in a safety net setting, the clinic must budget for expenses that board members incur by attending meetings (bus fare, taxi vouchers, and attendance incentives). There are important lessons regarding how to ensure long-term sustainability, especially the importance of board members having a sense of ownership and responsibility for the board. Most importantly, we learned that while we benefitted from tools and experiences shared by other organizations, in order to create a successful patient advisory board, the clinic must tailor its board to the needs of the patients served and the participants.

21. HILL C. Adolescent/teen group prenatal visits: a longitudinal study of empowerment and intervention within the FQHC model.

Context and Objective: This project is designed to assess both outcomes and workflow in a visit-linked model intended to optimize patient empowerment and outcomes while meeting FQHC requirements. Patient goals include improvement in screening, reduction of preterm labor and interventions, breastfeeding, patient empowerment, secondary prevention, access to community resources, and time spent with patient educators.
betes are particularly relevant in the Latino community, which is disproportionately affected by these diseases. In a previous study of Latina mothers at the SFGH Family Health Center (FHC), we found that despite a desire to breastfeed exclusively, many women used a combination of formula and breastmilk due to problems with breastfeeding or lack of support. Our goal was to address these concerns by providing breastfeeding education to Latina community leaders. Setting/Populations: We partnered with the Central American Resource Center (CARECEN) promotoras program, which has been a vehicle over the last several years for empowering Latina women to be peer educators and advocates. Since our previous study identified breastfeeding concerns in the Latina community, this project’s target population was Latina women in San Francisco, with a focus on first providing breastfeeding education to promotoras. Intervention/Study Design: This community-engaged project was designed to strengthen the partnership between UCSF and CARECEN. We met regularly to identify a health topic of mutual interest, determine the nature of the project, and define each partner’s role. We reviewed the literature and searched for best practices around breastfeeding education and used this knowledge to design a “train the trainer” curriculum, which was then translated into Spanish. Outcomes/Results: The final curriculum consisted of eight modules, covering the benefits and mechanics of breastfeeding, as well as common myths, problems, and solutions. Two training sessions were held (7 hours total) for five promotoras. On preliminary review of surveys, this curriculum led to changes in the participants’ knowledge and attitudes surrounding breastfeeding. We also obtained funding that will allow the promotoras further time to modify the curriculum, receive feedback, and deliver community workshops. As we continue to work together over the coming months, we will obtain additional data about the downstream effects of these interventions. Conclusions: Collaboration between UCSF and community organizations can be mutually beneficial, in our case by leveraging research to strengthen promotoras education.

19. ALINGOG K, CAREY J, CHOU C, FEIERABEND S, LONGSTROTH D, MEGA J, REINKING J, ROE T, SULLIVAN G. A process for standardizing ambulatory curriculum. Context and Objective: In 2010, the Contra Costa Family Medicine Residency Program (CCFMR) created its Ambulatory Curricular Group (ACG) in response to a program-wide needs assessment that identified strengthening of ambulatory training as a priority. Setting/Populations: The ACG is composed of faculty supervisors from ambulatory rotations and three resident representatives. Intervention/Study Design: The ACG is near completion of a five-step plan to improve our ambulatory training. First, we used a group process to identify that our top ambulatory challenge was lack of standardization of ambulatory education, i.e., disparate education of residents based on clinic site, preceptors, and more. Second, ACG identified a set of core topics as a focus of our ambulatory training and efforts to standardize teaching. A list of 30 adult medicine, 15 pediatrics, 10 women’s health, and five mental health core topics were compiled based on common diagnoses seen and topics covered in family medicine textbooks. The list was approved by residents, faculty, and residency leadership groups. Third, a gap analysis of the core topics was done through a survey asking all residents to rate how prepared they were in managing each of the core topics using a Likert scale from 1-4 (least to most). A gap was defined as any core topic that scored <2 for PGY1 residents, <2.5 for PGY2 residents, or <3 for PGY3 residents. Fourth, the respective ambulatory departments then implemented interventions to address these gaps. We also purchased Yale

7. MITTAL P, GHOSH P. Pediatric hypertension at the SFGH Family Health Center. Context/Objective: The SFGH Family Health Center (FHC) serves 12,000 patients a year including children, adolescents, and adults. The FHC provides primary care for a large population of pediatric patients (ages 2-18 years). While many topics are routinely addressed in pediatric health care maintenance visits, it was unclear whether providers were recognizing pediatric hypertension. We hypothesized that a significant number of hypertensive pediatric patients were not receiving initial diagnosis or follow up for their hypertension. Setting/Populations: Pediatric patients (ages 2-18 years) at SFGH FHC at risk for hypertension. Intervention/Study Design: We conducted a chart review of 1,104 pediatric patients, aged 2-17 years, and assessed which patients had hypertension based on their last reported blood pressure measurements. We found that 101 (9%) patients had blood pressure readings consistent with stage I hypertension. Of these, only one patient had follow-up for this issue. For the remaining patients, the diagnosis of hypertension was neither indicated nor addressed in their chart. We believe that the reason hypertension was not addressed during these visits was due to lack of adequate provider education on pediatric hypertension, and we concluded that a holistic, team-based educational approach would be the most comprehensive solution. Outcomes/Results: We created an educational tool for providers that comprehensively details appropriate approaches to assessing and addressing pediatric hypertension. We will also post normal pediatric blood pressure values in clinic rooms for each age group so that providers have easy access to this information during clinic visits. We have created educational tool for nursing staff which includes normal pediatric blood pressure values and a screening rubric. We will create and provide educational pamphlets to patients and families about pediatric hypertension. Conclusions: Our study demonstrated the necessity of proper documentation and diagnosis of pediatric hypertension at the FHC; we address the need by creating educational material for the entire medical team. We plan to implement our educational efforts and examine the effects of our plan in follow-up studies at six- and 12-month intervals. We will expand our plan with more detailed analysis of workflow to better determine where further interventions would be appropriate.

8. HILL-SAKURAI L, BUI Q, CEDARS E, COONTZ K, FREEZE B, JACKSON K, WALKER E. Improving patient wait times: evaluating clinic changes through student-driven quality improvement projects. Context and Objective: Patient wait time in ambulatory visits is a critical component of patient satisfaction and is increasingly used as a benchmark of healthcare quality. At the UCSF Lakeshore Family Medicine Center, late arrival of patients was identified as one factor contributing to excessive patient wait time, since the provider who sees a late patient often ran late for all subsequent appointments. Previously, clinic policy was to ask patients to arrive 15 minutes before their appointment time; however patients who arrived as late as 15 minutes after their appointment time were seen. In February 2012, with the input of the Lakeshore Patient Advisory Council, Lakeshore implemented a new arrival policy. Patients are assigned an arrival time 20 minutes prior to their scheduled appointment times. If patients arrive after their arrival times but before their appointment times, their visits may be truncated. Patients who arrive after their appointment time are rescheduled in most situations. This new policy was hypothesized to decrease overall patient wait times and visit length by eliminating the tardiest patients from the schedule. Setting/Populations: UCSF Lakeshore Family Medicine Center, a community-
Compared to the highest wealth quintile, women in the lowest wealth quintile were more likely to rely on public sector sources for contraception (adjusted odds ratio, AOR 4.98 (95% CI 3.53, 7.03) and report higher unmet need for contraception (AOR 2.25, 95% CI 1.81, 2.81). Conclusions: In the Philippines, the increase in unmet need for contraception may stem from policies defunding public contraceptive subsidies. Low-income women may experience decreased access to public contraceptive sources and disproportionate unmet contraceptive need associated with withdrawal of public funds.

17. DEKKER M, EGERTER S, BEASLEY M, BRAVEMAN P. Developing a financial empowerment program to improve health: pilot experiences at three Black Infant Health program sites.

Context and Objective: Current science provides strong support for interventions that address social factors, including those tightly linked with poverty, to improve maternal and child health. We received funding from the WK Kellogg Foundation to develop and implement a supplementary intervention—the Financial Empowerment Program (FEP)—for California’s Black Infant Health program (BIH), the nation’s largest statewide community-based program for pregnant and parenting African-American women. Setting/Populations: During August-October 2012, we piloted the FEP at three of the 15 BIH Local Health Jurisdictions (LHJ). Participants were current BIH clients who had completed the 10-week prenatal and/or postpartum core BIH group series. BIH staff recruited up to 15 participants per LHJ; participation was voluntary. Intervention/Study Design: The FEP included four weekly group sessions designed to improve participants’ practical financial knowledge and skills, reduce stress through increased sense of control over their finances, and promote positive health-related behavior change. BIH staff at the pilot sites participated in a two-day training before facilitating the FEP intervention using standardized curriculum materials and implementation protocols. Staff and participants completed pre- and post-intervention assessments and gave feedback about their experiences, providing qualitative and quantitative data to assess preliminary program effectiveness and guide improvements before implementation at other BIH sites.

Outcomes/Results: FEP was successfully implemented at each pilot site. Staff and participant feedback was overwhelmingly positive. Pilot participants appeared more likely to use personal financial tools and more confident in setting financial goals. Suggestions for improvement included: 1) reducing the amount of material covered; 2) including more interactive activities; and 3) considering approaches for continued participant engagement beyond the four-week group-based intervention. Conclusions: Strengthening BIH clients’ capacity to cope with financial challenges and BIH staff’s skills in communicating about financial issues represents an important enhancement of the BIH Program. Following revisions based on the pilot, the FEP intervention should be implemented at additional BIH sites, with the ultimate goal of integrating key aspects into the core BIH Program model. Comprehensive staff training is an essential component for successful implementation; developing trainings for all BIH staff to improve effective communication about financial issues with all clients should be considered.

18. IRELAND L, MITTAL P. Partnering to increase breastfeeding exclusivity in Latina mothers: leveraging research to strengthen promotoras education.

Context and Objective: Nationally, Latina mothers have a high rate of breastfeeding initiation but a lower rate of exclusivity. The association between exclusive breastfeeding and positive health outcomes is well established. Decreased risk of obesity and dia-
come clear that competency with electronic information systems is a new skill to be developed among both learners and educators. Through a qualitative analysis survey of both learners and educators, we anticipate identifying specific areas that may lend themselves to curricular interventions.


Context and Objective: At the SFGH Family Health Center’s Refugee Medical Clinic (RMC), a significant proportion (estimated 59%-75%) of newcomer refugee patients report mental or emotional health symptoms and/or trauma exposure. Despite the significant prevalence of patients with trauma exposure and mental health symptoms, only 3-8% of patients are documented as referred to mental health resources. A collaborative effort between the Newcomers Health Program (NHP) and UCSF/SFGH family medicine residents aims to address this gap and increase the number of referrals to appropriate mental health support services. Setting/Populations: The NHP, a program of the San Francisco Department of Public Health, is a clinic- and community-based health program that serves refugees and immigrants in San Francisco. Approximately 250-300 health assessments per year are provided through the clinic-based Refugee Health Assessment Program (RHAP), in collaboration with the RMC. Intervention/Study Design: Through a series of continuous quality improvement (CQI) projects, a multipronged approach to address the discrepancy between the high incidence of mental health issues and/or trauma exposure and low referral rates was initiated. Outcomes/Results: We developed a comprehensive referral list of culturally congruent, community-based mental health organizations to be used by providers during patient visits; integrated a mental/behavioral health referral tracking system within the newcomer refugee clinic database; and implemented a series of Trauma-informed Mental Health trainings for residents, Family Health Center providers, and NHP health workers/interpreters to improve mental health assessments, referrals, and incorporation of clinic-based behavioral health teams. Conclusions: We anticipated that our interventions will increase referral and utilization of local community mental health resources, improve analysis of barriers to mental health referrals, and increase collaboration between NHP health workers and RMC providers.

11. LE H, KHANKHANIAN P, JOSHI N, CREVENSTEN H. Postoperative recovery profile of patients participating in a volunteer ambulation program.

Context and Objective: Early mobilization, when combined in a multimodal perioperative care program (enhanced recovery after surgery protocol, or ERAS), proves beneficial to postoperative patients. However, no study to date specifically looks at early ambulation with assistance from volunteers alone and its impact on the wellbeing of postoperative patients. Setting/Populations: We established an ambulation program called Walking to Recovery (WTR) in which college volunteers help walk patients recovering from abdominal surgery at UCSF Medical Center. Patients participating in WTR (experimental group) were compared to patients who did not (control group). Intervention/Study Design: Postoperative recovery profile survey (PRP-17) was administered on day of discharge to 15 experimental patients and compared to 15 control patients. Medical records were reviewed to gather indication for surgery, type of surgery, length of hospitalization, and postoperative complications. Outcomes/Results: Experimental patients and controls were approximately matched by severity of surgery. The WTR
patients had lower PRP-17 composite scores than control patients (9.9 vs. 12.5, p=0.003), and higher indicator sums (9.8 vs. 8.4, p=0.04). WTR patients had a significantly lower mean immobilization score (0.3 vs. 0.8, p=0.04). A trend favoring the experimental group was seen on every axis of recovery, though this did not reach statistical significance. There was no significant difference in length of hospitalization. Conclusions: Walking with volunteers was associated with a better postoperative recovery profile as indicated by significantly improved PRP-17 composite scores and indicator sums. WTR serves as a sustainable, cost-effective model program for other hospitals to emulate as part of the standard of care of postoperative patients. We are spreading WTR to other services at UCSF and strongly believe WTR can benefit hospitalized patients in general.

12. LIN S, YU G, SCHILLINGER E. Influence of family medicine residents on medical student interest in primary care: a statewide study. Context and Objective: The number of primary care physicians in the US is shrinking. For medical students, lack of role models during medical school is one of the top barriers to selecting a primary care specialty. Setting/Populations: All eight allopathic medical schools and 39 family medicine residency programs in California. Intervention/Study Design: To investigate the role of family medicine residents as teachers in renewing medical student interest in primary care, an online survey was conducted of every family medicine residency program in California. Match data from 2007 to 2011 were obtained from three Northern California medical schools—Stanford, UCSF, and UC Davis. Outcomes/Results: Overall, 96% of California’s family medicine residency programs believe that medical student interest in primary care is influenced by exposure to family medicine residents. In Northern California, increasing levels of medical student exposure to family medicine residents as teachers during medical school were associated with higher five-year match rates into primary care specialties, especially into family medicine. Conclusions: Innovative programs that increase medical student exposure to family medicine residents as teachers and role models during medical school may be explored as a strategy to combat the national shortage of primary care physicians.

13. SIERLES F, SHORE W, CHAO J, KESSLER K, MINTZ M, BECK G, STARR S, LYNN J, CLEARY L, BRODKEY A. Changes in medical students’ exposure to and attitudes about drug company interactions from 2003-2012. Context/Objective: There has been extensive documentation of and concern about conflicts of interest associated with drug company-medical student relationships. Responses to these concerns have included recommendations that medical schools and academic medical centers develop policies and teach about drug company-physician and drug company-student relationships. It is not known whether these interventions have been associated with changes in medical students’ exposures to and attitudes about drug company interactions, or what factors influence these students’ beliefs and behaviors. Our objective was to ascertain third-year medical students’ 2012 exposure to and attitudes about drug company-student interactions, compare these results with exposures and attitudes we reported in 2003, and learn about factors that influence these behaviors. Setting/Populations: This is a 2012 follow-up study of third-year medical students at eight US medical schools. Intervention/Study Design: A 77-item anonymous questionnaire was distributed to third-year medical students at eight medical schools. Surveys were distributed using optical scanning sheets at five schools, on-line at two schools, and a combination of both at one school. Data were imported into SPSS version 19; independent sample t-tests were used to compare 2003 and 2012 results. Each school’s AMSA Pharma-Free Scorecard rating and its mean exposure index was documented. Outcomes/Results: Response rate: 866/1273, 68%. Compared to 2003, significantly fewer students were exposed to drug company gifts, meals, and events including lunches. Significantly fewer students in 2012 felt they were entitled to gifts and felt they could be influenced by gifts. Significantly more in 2012 perceived that their schools had taught them well about how to interact with drug company representatives. Conclusions: Third-year medical students in 2012 were less likely to have been exposed to drug companies interactions and more apt to have skeptical attitudes about these interactions than in 2003. Schools are more likely to have rules that restrict interactions and to teach students more about these interactions. More interactions occur in private office settings than in academic or community clinics. Since these interactions continue to occur to a considerable extent, strengthening restrictions and teaching about student-drug company interactions needs to continue with recommendations for private outpatient clinics.

14. VENER M, WILSON E. Primary Care Leadership Academy: from embryonic to hypertonc. Context and Objective: Many students matriculate to medical school enthusiastic about primary care; unfortunately many lose interest prior to residency selection. Forming a Primary Care Leadership Academy (PCLA) may help support primary care career interests. The goals of the PCLA are to promote learner engagement in primary care innovations efforts; support career interests in primary care; and enhance primary care education, mentoring, and advocacy at UCSF. Setting/Populations: We recruited all levels of medical students, residents, fellows, and faculty from the Departments of Family Medicine, Internal Medicine, and Pediatrics to help form the PCLA. Intervention/Study Design: We formed a working group to delineate PCLA goals, strategies, and membership. The PCLA launched in September 2012. Outcomes/Results: More than 40 medical students, 15 residents, two fellows, and eight faculty members have participated in regular PCLA meetings and activities. Membership continues to expand. The PCLA planning group helped lead the education sessions of the UCSF Primary Care Summit. PCLA members have mentored first- and second-year students considering primary care and have organized targeted outreach to third-year students considering primary care careers. PCLA efforts have resulted in approval of an Ambulatory Care Sub-Internship and a new elective coordinated by first-year students. PCLA has recently begun to produce a report on Primary Care Transformation in California’s 10 medical schools. In the project, PCLA members will interview primary care faculty and students at all 10 California medical schools about primary care transformation efforts at their institution. This report will be provided to the California Advanced Primary Care Institute to help guide future efforts. Conclusions: PCLA unites different disciplines and all levels of learners, promoting collaboration between primary care learners and faculty in different departments. When united, this group effort may have a larger impact than that of a single specialty on promoting primary care transformation, education, and advocacy.