Overview

• News and recognition
• Department history, mission, and scope
• Progress on departmental strategic plan
• Broader environmental context of primary care
Faculty Recognition:
Teaching Awards and Nominations

• Academy of Medical Educators Molly Cooke Award for Excellence in Curriculum Development
  – Margo Vener and Beth Wilson

• Academy of Medical Educators Direct Teaching Awards:
  – Kirsten Day-Thomas
  – Sarah Lowenthal
  – Rick McKinney
  – Katie Murphy
  – Susan Runyan
  – Lisa Ward
• UCSF Training in Clinical Research Program’s Excellence in Teaching Award
  – Christine Dehlendorf

• Nominees for UCSF Essential Core Teaching Awards
  – Daniel Ciccarone
  – Manjushree Deshpande
  – Shieva Khayam-Bashi
  – Jessica Muller
California Academy of Family Physicians
“Family Physician of the Month”

– Ron Labuguen
– Lisa Ward
UCSF Dept of FCM Staff

• Tier Two Award For Outstanding Service
  – Kristen Marchi

• “Great People” Awardee
  – Alberto Marquez
Faculty Additions

• Adrienne Kassis
• Rick McKinney
• Larry Boly
• Stephen Rao
• Christine Dehlendorf
• Rosalia Mendoza

...And Departures:

• Wendy Buffet
• Manju Deshpande
• Marilyn Skaff
In Memorium:
Jack Rodnick
Faculty, Resident & Staff Productivity

- Sandeep Bhuller
- Catherine Cubbin
- Agnes Dela Fuente
- Jennifer Edman
- Jessica Evert
- Ilma Garcia
- Katherine Hsieh
- Melody Lee
- Naomi Lopez-Solano
- Todd May
- Linda Truong
DFCM:
History and Mission

• Began as an “autonomous division” over 30 years ago
• Established as a formal department at UCSF in 1987
• UCSF-SFGH FCM Residency Program established in 1971
DFCM Mission Statement

• to educate students and residents in family medicine with an emphasis on meeting the needs of the economically disadvantaged and the medically underserved;

• to advance knowledge in family and community medicine; and

• to develop methods of primary care that are effective, efficient, and accessible to all people.
Scope of DFCM

- Consistently ranked in top 10 of all US Departments of Family Medicine
- $29 million annual budget
- ~500 Faculty members
  - 52 core faculty in SF
  - 50 additional part-time faculty, joint appts, non-faculty academics
  - >400 volunteer and affiliated residency faculty
- 41 Residents
- 93 UCSF staff
- >75 clinic staff who are SFDPH or UCSF Medical Center employees
Scope of DFCM: Education

- Extensive medical student education programs
  - Preclinical, clerkships, electives, PRIME, PISCES, Model SFGH, global health, etc
- Core residency at SFGH with 41 residents
- 3 affiliated residencies (Fresno, Salinas, Santa Rosa)
- Research fellowship
- NP, Pharm D education
- Health career pipeline programs
Scope of DFCM: Clinical

• SFGH
  – FHC ~40,000 visits
  – UCC ~25,000 visits
  – FM Inpatient Service 1,100 admissions
  – SNF, Prenatal Partnership Program, others

• UCSF Medical Center
  – Lakeshore ~21,000 visits + OB
  – Lakeside Senior Medical Medical Center
Scope of DFCM: Research and Scholarship

- Diverse portfolio of research programs and projects
- $8.6 million annually in extramurally funded research grants (2006-07)
- Top 10 for US FM Depts in NIH funding
- Fourth most prolific FM dept in peer-reviewed publications
  - >100 journal articles 2004-2007
Scope of DFCM: Community Service

- Community Partnership Resource Center
- Correctional Medicine Consultation Network
- National HIV/AIDS Clinicians’ Consultation Center
- Pacific AIDS Education and Training Center/I-Tech
We are all making a difference!
Example:
FHC Teamlet Project
Physician centered Teams

- MD
- MA
- PHN
- RN
- SW
- Nutritionist

Patient

Family

Community
Teamlet Model
Primary care visit

- Faculty facilitated Shared Decision making
- Medication reconciliation, education, closing-the-loop, action plans, phone follow-up (between-visit)
- Review of symptoms, diagnosis, medications, education, goal-setting
- Communication about medical decision-making, goals of care, panel management

Visit → Pre-visit → Post-visit

Faculty
R1 MD
Patient
Family Community
Health Coach
Team huddle

Communication about medical decision-making, goals of care, panel management
Chronic Care Clinics

- Same day every week
- 13 PGY1s divided into 3 teams
- “Linkage” faculty: 3 on each team
- Health coaches
- Panel managers
- Nutritionist active member of team; PHN
- Patients [15 of 50 patients on PGY1 continuity panels]
- Language concordance as one of the major objectives to improve self-management support and team relationships with our patient population
Teamlets at Work!
## Ongoing Evaluation

<table>
<thead>
<tr>
<th>Measures</th>
<th>Baseline Data (prior to 7/07)</th>
<th>4/08</th>
</tr>
</thead>
<tbody>
<tr>
<td>BP &lt;130/80 for DM and CAD</td>
<td>40.3%</td>
<td>47.5%</td>
</tr>
<tr>
<td>BP &lt;140/90 for Others</td>
<td>50.0%</td>
<td>81.4%</td>
</tr>
<tr>
<td>LDL &lt;100 for DM and CAD</td>
<td>38.7%</td>
<td>53.3%</td>
</tr>
<tr>
<td>LDL &lt;130 for Others</td>
<td>43.3%</td>
<td>65.7%</td>
</tr>
<tr>
<td>HbA1c &lt;7</td>
<td>24.6%</td>
<td>34.4%</td>
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<tr>
<td>Self-Management Goal Documented</td>
<td>0%</td>
<td>45.3%</td>
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Synergy: Teamlet Project

- Clinical practice innovation & improvement
- Education and training
  - Residents
  - Staff
  - Patients
- Community engagement
- Research
FCM Strategic Planning Priorities

• Improve finances
• Lead innovation in the clinical practice of primary care
• Enhance educational programs
• Create deeper and more meaningful programs in community engagement
FCM Strategic Planning Priorities

- Promote diversity
- Build bridges within the department
- Secure adequate space
- Enhance research and scholarly productivity
- Assert more visible leadership at UCSF
- Promote faculty, resident and staff well-being and professional development
FCM Strategic Planning Priorities: Areas of Good Progress

• Lead innovation in the clinical practice of primary care
• Create deeper and more meaningful programs in community engagement
• Build bridges within the department
• Enhance research and scholarly productivity
• Assert more visible leadership at UCSF
FCM Strategic Planning Priorities: Areas of Mixed Progress
Improve Finances

• Successful grant generation
• Improved SFGH finances
• Challenges:
  – Economics of operating a primary care practice in UCSF Medical Center context
  – Decimation of federal primary care training grant support for core educational programs
### Title VII Program Funding

<table>
<thead>
<tr>
<th>Program</th>
<th>FY 2005 ($million)</th>
<th>FY 2006 ($million)</th>
<th>% Change</th>
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</thead>
<tbody>
<tr>
<td>Health Careers Opportunity (HCOP)</td>
<td>$35.6</td>
<td>$4.0</td>
<td>-88.9%</td>
</tr>
<tr>
<td>Centers of Excellence (COE)</td>
<td>$33.6</td>
<td>$11.9</td>
<td>-64.7%</td>
</tr>
<tr>
<td>Primary Care</td>
<td>$88.8</td>
<td>$41.3</td>
<td>-53.5%</td>
</tr>
</tbody>
</table>

**Cost of Iraq War to US:**

$275M per day
Enhance Educational Programs, with the following priorities

- Predoctoral: increase UCSF medical students’ interest in family medicine and the quality of their experience in the FCM 110 clerkship
- Residency: recruit outstanding US medical graduates to the program
- Fellowship: sustain a high quality family medicine research fellowship program
Number of UCSF Graduates Matching in Family Medicine
Number of UCSF Graduates Matching in Family Medicine

- 1993: 10
- 1994: 15
- 1995: 25
- 1996: 30
- 1997: 20
- 1998: 15
- 1999: 10
- 2000: 5
- 2001: 5
- 2002: 10
- 2003: 15
- 2004: 20
- 2005: 25
- 2006: 30
- 2007: 25
- 2008: 20
Our Residents...

...Our Strength
Promoting Diversity
DFCM Core Faculty by Rank and Sex

- Total: 20 Men, 31 Women
- Assistant: 3 Men, 16 Women
- Associate: 5 Men, 11 Women
- Professor: 12 Men, 4 Women
Underrepresented Minorities as % of Residency Graduates, 2004-2007

UCSF FCM Residency

All UCSF Residencies
Underrepresented Minorities as % of Matriculating UCSF Medical Students
Staff
Promote faculty, resident & staff well-being & professional development

- Faculty mentoring program
- Resident work hour limits
- Staff training and development
- Parties

- Challenges
  - Meaningful self-care programs and work environment conducive to healthful lifestyles
Secure Adequate Space

- Ward 22 & Prop 1D funds
The Future of Family Medicine: 
Renaissance or Relapse?
Family and Community Medicine and Primary Care: Historical Challenges in the US

- Undervalued and under-rewarded
- Outmoded practice models and daunting practice demands
- Uncivilized health care system
Family Medicine Residency Positions and Number Filled by U.S. Medical School Graduates
Proportions of Third-Year Internal Medical Residents Choosing Careers as Generalists, Subspecialists, and Hospitalists

Is the Pendulum Swinging Back in Our Direction?
In Massachusetts, Universal Coverage Strains Care

Dr. Katherine J. Atkinson of Amherst, Mass., has a waiting list for her family practice; she has added 50 patients since November.
Healthy San Francisco is not insurance, but a reinvention of the San Francisco health care safety net, that will enable and encourage residents to access primary and preventive care. It provides a Medical Home and primary physician to each program participant, allowing a greater focus on preventive care, as well as specialty care, urgent and emergency care, laboratory, inpatient hospitalization, radiology, and pharmaceuticals.
Healthy San Francisco: Enrollees with FHC as Medical Home as of April 2008

- Total: 1,906
  - No prior visits 527
  - Prior visits 1,379

- 10.7% of total HSF Enrollment

- #1 among all participating HSF clinics in enrollment of patients with no prior visits

- FHC Implemented Evening Clinics in 2007/08
Senate Health Committee Hearing on Primary Care Workforce: February, 2008
UCSF Medical Center Strategic Plan and Primary Care
IBM TO BACK NEW ORGANIZATION’S GOAL TO REVOLUTIONIZE HEALTHCARE IN UNITED STATES

Pledges support, resources in support of the Patient-Centered Primary Care Collaborative and its Patient-Centered Medical Home Model

ARMONK, NY, May 10, 2007 – IBM pledged today that it will dedicate its influence, technologies, services and knowledge base to help a new, emerging consortium of employers, physicians and consumer groups win its fight to revolutionize America’s ailing healthcare system. The consortium, called the Patient-Centered Primary Care Collaborative (PCPCC), is a coalition originally proposed by IBM in early 2006 dedicated to advancing a new primary-care model called the Patient-Centered Medical Home.
Reason for Optimism
…and Pride
Thank you!