Overview

- Recognitions
- Department mission, scope, strategic plan
- Selected highlights of year’s accomplishments
- FMC community as change agent: Translating academic work into systematic change
- The economic crisis and FCM
- Dr. G goes to Washington
Faculty Recognition:
Teaching Awards and Nominations

• Finalist, Cooke Award for the Scholarship of Teaching and Learning, UCSF Academy of Medical Educators
  – George Saba, Shelley Adler, Bill Shore

• Academy of Medical Educators Excellence in Teaching Awards
  – George Saba
  – Mike Potter
• **Best Lecture Award, UCSF Class of 2001**  
  – Dan Ciccarone

• **Nominee for UCSF Kaiser Teaching Award**  
  – Shieva Khayam-Bashi

• **UCSF Alumna Alpha Omega Alpha Inductee (elected by UCSF Class of 2009)**  
  – Susan Runyan

• **SFGH Chief of Medical Staff Elect**  
  – Todd May
2009 UCSF Martin Luther King Jr. Awards
Joanne Keatley (Staff Award)
Kathy Flores (Faculty Award)
• New Leaf, Services for our Community
  “Ricki Boden Service Award”
  – Joanne Keatley

• Robert Wood Johnson Foundation Ten Most Influential Articles of the Year
  – Diane Rittenhouse
UCSF Dept of FCM Staff

• Tier Two Award For Outstanding Service

– Geri van Engers
Elected to the Institute of Medicine

- Tom Bodenheimer
Faculty Additions

- Kevin Barrows
- Garnette Cotton
- Christine Dehlendorf
- Anne Gaglioti
- Rosalia Mendoza
- Pooja Mittal
- Dina Perez-Neira
Faculty & Staff Productivity

- Michelle Arteaga
- Roz Delisser
- Sarah Gumataotao
- Teresa Knox
- Ron Labuguen
- Naomi Lopez-Solano
- Pooja Mittal
- Sue Runyan
- Coral Ruppert
- Naomi Schoenfeld
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.
Overview of DFCM

• Ranked #6 among US depts of family medicine by US News & World Reports

• $32.8 million budget

• ~500 Faculty members
  – 56 core faculty in SF
  – 50+ additional part-time faculty, joint appts, non-faculty academics
  – >400 volunteer and affiliated residency faculty

• 41 Residents

• ~90 UCSF staff

• ~100 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 with Gen Int Medicine
- Faculty development program with Santa Rosa
- 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
  – Lakeside Senior Medical Center

• **Correctional Medicine Consultation Network**
Scope of DFCM: Research and Scholarship

- Diverse portfolio of research programs and projects
- $7.4 million annually in extramurally funded research grants
- 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 and Chancellor’s Office for University Community Partnerships
• National HIV/AIDS Clinicians’ Consultation Center
• Pacific AIDS Education and Training Center/I-Tech
• Developmental Primary Care program
FCM Strategic Planning Priorities

- Lead innovation in the clinical practice of primary care
- Enhance educational programs
- Create deeper and more meaningful programs in community engagement
- Promote diversity
- Build bridges within the department
FCM Strategic Planning Priorities

• Enhance research and scholarly productivity
• Assert more visible leadership at UCSF
• Promote faculty, resident and staff well-being and professional development
• Secure adequate space
• Improve finances
SFGH Family Health Center

• SFGH started enrolling patients in September, 2007
• FHC changes to increase capacity
  – Established evening clinics
  – Added staff
  – New chronic care programs (Spine Health, Diabetes, Psychosocial Medicine)
• Over 4,000 HSF enrollees have chosen FHC as their new medical home; of these, 1,500 are brand new pts.

FHC #1 Site for Healthy Family Enrollees!
New FHC Programs and Services

- Treat to Target
- Team up for Health
- PHASE
- Centering Parenting
- Takin’ Charge Program for Teens and Young Adults
- Group Medical Visits for Spanish speaking patients with diabetes
When I came to NYC in 1963
I worked nights till 12:00 midnight
in a cafeteria.

Memory by Carmen Q.

Coke, Root Beer  15 ¢
Pie a la Mode    40 ¢
Frenchburger     85 ¢
French Fries     25 ¢
Shakes           40 ¢
Root Beer Floats 30 ¢
Ham & Cheese Sand 85 ¢
SFGH Skilled Nursing Facility: Inaugural Medicare Rating System

• SFGH SNF the only hospital-based SNF in San Francisco (of 7 total) to receive 5-star Medicare rating, and the only public SNF to receive 5 star rating
Correctional Medicine Consultation Network
Number of UCSF Graduates Matching in Family Medicine
Resident CQI Projects

- Improving Cycle Times through the FHC (Kohar Der Simonian and Victoria Cordy)
- Clarifying Reasons for Parents’ Choice to Access Same-Day Care at the Children’s Health Center Rather than the FHC (Kelse McKinley)
- Patient Impressions of Chronic Pain Care Provided by Residents (Jennifer Blair)
- Enhanced Nurse Triage to Improve Patient Flow & Productivity-Orange Team (Lisa Lam)
- Reducing the backlog of patients awaiting appointments (Adela Tam and Alexis Williams)
- Improving Hepatitis B Screening & Vaccination Rates in Adult Asian/Pacific Islander-Americans (Jimmy Chen and Kevin Kuzia)
- FOCUSING On Latinos with Uncontrolled Diabetes: obstacles to adherence (Belinda Magallanes)
Translational Science:
Research as an Agent of Change and Sustained Improvement
Mike Potter
Flu Shot-Colorectal Cancer Screening Project

• Question:
  – *What if everyone aged 50-80 who got a Flu Shot each year also completed a Home Fecal Occult Blood Test?*

• Intervention:
  – Have nursing staff give hemoccult kits and ed to patients during flu shot clinics
Offering Annual Fecal Occult Blood Tests at Annual Flu Shot Clinics Increases Colorectal Cancer Screening Rates

Michael B. Potter, MD
La Phrenaisamy, MPh
Esther S. Hudes, PhD, MPh
Stephen J. MacPhre, MD
Judith M.E. Walsh, MD, MPh

1Department of Family and Community Medicine, University of California San Francisco, San Francisco, California
2Department of Epidemiology and Biostatistics, University of California, San Francisco, California
3Department of Medicine, University of California, San Francisco, California

ABSTRACT

PURPOSE We wanted to determine whether providing home fecal occult blood test (FOBT) kits to eligible patients during influenza vaccination (flu shot) clinics can contribute to higher colorectal cancer screening (CRCS) rates.

METHODS The study was a time-randomized trial. On 8 days of an annual flu shot clinic at the San Francisco General Hospital, patients were offered flu shots as usual (control group) and on 8 other dates, patients were offered both flu shots and FOBT kits (intervention group).

RESULTS The study included 514 patients aged 50 to 79 years, with 246 in the control group and 268 in the intervention group. At the conclusion of the flu season, FOBT screening rates increased by 4.4 percentage points from 52.0% at baseline to 57.3% (P = .07) in the control group, and increased by 29.5 percentage points from 54.5% to 84.3% (P < .001) in the intervention group, with the change among intervention participants 25.4 percentage points greater than among control participants (P value for change difference <.001). Among patients initially due for CRCS, 20.2% in the control group and 88.0% in the intervention group were up-to-date at the conclusion of the study (P < .001). In multivariate analyses, the odds ratio for becoming up-to-date with screening in the intervention group (vs. the control group) was 11.3 (95% CI, 5.6-22.2).

CONCLUSIONS Offering FOBT kits during flu shot clinics dramatically increased the CRCS rate for flu shot clinic attendees. Pairing home FOBT kits with annual flu shots may be a useful strategy to improve CRCS rates in other primary care or public health settings.

Ann Fam Med 2009;7:11-23. DOI: 10.1370/afm.934

INTRODUCTION

Incidence of and mortality from colorectal cancer can be reduced with colorectal cancer screening (CRCS). In the United States, recommended CRCS tests have long included the annual, guaiac-based, home fecal occult blood test (FOBT). Flexible sigmoidoscopy every 5 years, annual FOBT plus flexible sigmoidoscopy every 5 years, double-contrast barium enema every 5 years, or colonoscopy every 10 years. Recently, fecal immunochemical testing, stool DNA testing, and computed tomographic colonoscopy have also been endorsed as screening methods.

Despite these testing options, only slightly more than one-half of eligible adults aged 50 years and older report being up-to-date with CRCS. Parity as a result, colorectal cancer remains the second leading cause of cancer death in the United States. Primary care remains the most important access point for CRCS, but primary care offices frequently lack systems to ensure that CRCS is offered when needed and to support patient adherence to tests that are ordered.

Providing CRCS where uninsured or underinsured patients receive...
FLU-FOBT Program in Primary Care at Chinatown Public Health Center

Year 1 of a 3-Year CDC-Funded Study
The FLU-FIT Program at Kaiser Permanente Northern California ACS Funded Study

Principal Investigators: Carol Somkin (KPNC), Mike Potter (UCSF)

Co-Investigators: Teresa Dao (KPNC), Sharon Brill (KPNC), Judith Walsh (UCSF), Steve McPhee (UCSF), Lynn Ackerson (KPNC), Lisa Clarke (UCSF), Vicky Gomez (KPNC), Michael Horberg (KPNC) TR Levin (KPNC), Larry Green (UCSF), Russ Glasgow (KPC)
Center on Social Disparities in Health

- Paula Braveman
- Susan Egerter
- Kristen Marchi
- Et al.
A twin philosophy: Good health requires personal responsibility and a societal commitment to remove the obstacles preventing too many Americans from being healthy and making healthy decisions.

The recommendations focus on people and the places where we spend most of our time:

- Homes and Communities
- Schools
- Workplaces

Building a healthier America is feasible in years, not decades, if we collaborate and act on what is making a difference.
<table>
<thead>
<tr>
<th>The 10 Recommendations</th>
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<tbody>
<tr>
<td><strong>1</strong> Ensure that all children have high-quality early developmental support.</td>
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<td><strong>2</strong> Fund and design WIC and SNAP (Food Stamps) programs to meet the needs of hungry families with nutritious food.</td>
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<tr>
<td><strong>3</strong> Create public-private partnerships to open and sustain full-service grocery stores in communities without access to healthful foods.</td>
</tr>
<tr>
<td><strong>4</strong> Feed children only healthy foods in schools.</td>
</tr>
<tr>
<td><strong>5</strong> Require all schools (K-12) to include time for all children to be physically active every day.</td>
</tr>
</tbody>
</table>
The 10 Recommendations

6 Become a smoke-free nation. Eliminating smoking remains one of the most important contributions to longer, healthier lives.

7 Create “healthy community” demonstrations to evaluate the effects of a full complement of health-promoting policies and programs.

8 Develop a “health impact” rating for housing and infrastructure projects that reflects the projected effects on community health and provides incentives for projects that earn the rating.

9 Integrate safety and wellness into every aspect of community life.

10 Ensure that decision-makers in all sectors have the evidence they need to build health into public and private policies and practices.
Why Your Zip Code May Be More Important to Your Health Than Your Genetic Code
The Economic Crisis

• What it means for UCSF and DFCM
Decreasing Funds

• State UC Funds
  – FY09: -6%
  – FY10: -11%
  – FY11: -7.5%

• CCSF Funds for UCSF Affiliation
  – FY09: -2.5%
  – FY10: -5%

• UCSF Endowment income
  – -5-10%...

• Compounded by diminishing resources at Dean’s Office for strategic support for departments
Increasing Expenses

• UCSF Defined Benefit Employer (Department) Contribution
  – FY10: +4%
  – FY11: +2%
  – FY13: +2%

• Data network recharge
  – $35 per month per UCSF employee FTE
DFCM Strategies to Respond to New Fiscal Realities
Villela Strategy
Fahari Strategy
Outsourcing Strategy
Grumbach-Mozesson Strategy

- Tighten belts
- Optimize efficiencies
- Maximize revenue
- Address underlying structural financial vulnerabilities
- All members of DFCM be part of the solution
Primary Care is in Critical Condition…
But is the Pendulum Swinging Back in Our Direction?
Mr. President, what did you want to talk with me about?

“We’re not producing enough primary care physicians.”

“The New York Times

“Shortage of Doctors an Obstacle to Obama Goals”

Page 1, April 27, 2009
Senator Daschle, Senate HELP Ct Confirmation Hearing
Jan 8, 2008: “Every country starts at the base of the pyramid with primary care, and they work their way up until the money runs out.”

… “We start at the top of the pyramid, and we work our way down until the money runs out... And so we have to change the pyramid. We have to start at the base.”
"We need to expand support for workforce training programs, including Title VII, Title VIII, and National Health Service Corps programs, which incentivize students to pursue careers in the primary care health professions."

Kathleen Sebelius
Secretary of Health and Human Services
Senate Finance Committee Confirmation Hearing
April 2, 2009
• “Overhaul of the health care system must not only provide for universal coverage but also for more primary care doctors and nurses to ensure that an insurance card actually gives the holder access to treatment.”
Senator Orrin Hatch
Senate Finance Committee Roundtable
Reforming America’s Health Care Delivery System
April 21, 2009

• “The US is first in providing rescue care, but this care has little or no impact on the general population. We must put more focus on primary care and preventive medicine. How do we transform the system to do this?”
There is a primary care physician workforce shortage. Many Americans lack access to primary care providers. How do we reverse this shortage and what is the timetable to do this?”
Randy MacDonald, Sr VP
House Ways and Means Hearing April 29, 2009

“I will start with the very last question asked by the committee--what is the single most important thing to fix in healthcare? Primary care. Strengthen primary care -- transform it and pay differently using a model like the Patient Centered Medical Home.”

Congressman: “And the second issue?”

“Well, if you don't fix the first issue and do not have a foundation of powerful primary care then you can do nothing else. You have to fix primary care before you can even begin to address a second issue.”
A Comprehensive Federal Initiative to Revitalize Primary Care

- Physician payment reform
- Infrastructure investment and facilitating practice redesign
- Training pipeline
- Research
A 20th Century Model of Primary Care Is Not Meeting the 21st Century Needs of Either Patients or Primary Care Clinicians
We know where we want to go…but getting there is difficult.

• Change is hard
USDA Agriculture Extension Cooperative Service

• Partnership between USDA, land grant universities, farmers since 1914

• Extension agents in every US county – local practice “coaches”

• Agents linked to regional hub of agriculture department at a land grant university
  – resource for research evidence on best practices and promising innovations

• Extension agents and farmers work collaboratively to solve problems identified by the farmers

• Berwick: “one of the most successful innovation-spread programs ever seen in this country”
Adopter Categorization on the Basis of Innovativeness

Lifelong Learning: Cooperative Extension Service educators such as Dallas Mount, who serves Platte County, are available in every Wyoming county to help you.
The UCSF Primary Care Extension Agents: Clinic Coaches
Proposal for a US Primary Care Extension Program

HHS

State Hubs

Local (County) Extension Offices
Primary Care Extension Program Goals

• Create and sustain local learning communities
• Facilitation of primary care practice redesign
• Technical assistance in the application of HIT
• Staff training for team-based practice
• Generate and disseminate research evidence
• Support local primary care workforce development
• Shared resources across practices (e.g., case managers)
• Engage with local public health agencies, community agencies, patients and the public to address local health needs and primary determinants of health
Purple Ticket Holder Tunnel of Doom
“It is such a gift to be able to do work you are passionate about. It’s the work itself that is the gift.”

Joanne Keatley
Thank you!