

ZSFG CHIEF OF STAFF REPORT
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Department's Vision: To promote justice, quality, and equity in women's health care by providing exemplary patient care to all women; training and inspiring the next generation of reproductive health leaders; and improving policy and practice through research and scholarship

Details of the report are as follows:

I. Scope of Service

A. Research - The Bixby Center for Global Reproductive Health is the large research arm of the Department. There are about a dozen named programs which include research on abortion, contraception, and HIV in various places worldwide, along with the Safe Motherhood Program, STD Prevention Center Research Program, and others.

B. Clinical Services – These services are mostly done at ZSFG which include the Family Birth Center, Obstetrics Midwifery and Gynecology Clinic, Women's Option Center, Gynecological Surgery/Inpatient and Consult Services, amongst others.

1. Full-Scope Obstetrics and Gynecology – The following were highlighted:

a. Obstetrics

i. Independent Midwifery Service - This service is unique in the Bay Area and fairly unique across the country. The midwives are both clinically and financially independent. They have their own panel of prenatal patients who are followed all the way through pregnancy and delivery. Assistance by providers and nurses is only provided for high-risk patients.

ii. Vaginal Birth Attempts for All – These have led to great metrics around low cesarean rate and high vaginal birth after cesarean (VBAC) rate. The recognition largely of the cultures of midwifery and honoring birth as a natural process (as opposed to medicalized process) has led to team efforts by the providers, nurses, and midwives to try to honor patients' desire for vaginal birth.

b. Gynecology – There are 2 low-cost programs to address the needs of most patients who are unable to afford IVF and IUI, and they are the following: (1) low-cost IVF in partnership with UCSF and (2) low-cost IUI in partnership with Laurel Fertility, a local practice.

2. Clinical Highlights

a. Team Lily – This is a HOT team for pregnant patients struggling to engage in prenatal care (PNC) due to substance abuse, mental health issues, or homelessness (or all of them). This team of physicians, social workers, and patient navigators provides support and care for pregnant patients who typically do not receive PNC and only come in for delivery. Exceptional results have transpired with this service, and they are as follows:

i. 60% of patients with opioid use disorders started on medically assisted therapy

ii. 90% of homeless pregnant patients housed by time of delivery

iii. Averted 10 cases of congenital syphilis and 10 foster care placements

b. Telemedicine

i. Before the COVID pandemic, the Department received grant to provide MFM (Maternal Fetal Medicine) services via telemedicine in high-risk OB clinic. Due to established protocols and processes, the Department could easily and quickly transition to telemedicine when the pandemic began.

ii. The Department published an article in a major journal about the inequity of access to telemedicine experienced by publicly insured patients compared with privately insured ones.

3. COVID-Related Highlights

a. Advocacy – Dr. Dan Grossman, director of ANSIRH (Advancing New Standards in Reproductive Health), was instrumental in providing research and public research to allow medication abortion via telehealth.

b. Training – The CA Prevention Treatment Center typically conducts national trainings related to HIV and STI. With COVID, the Center quickly switched to contact tracing training with 800-1,000 individuals trained weekly.

c. Patient Support – The 5M Patient Pantry was initiated by Dr. Misa Perron-Burdick through grassroots efforts. With the pandemic, she noticed that patients were truly struggling with unemployment and inadequate food and supplies. The patient pantry (in a garage that eventually expanded to deliveries)

provided food/supplies to pregnant women and families with > 4,700 bags of groceries. The group currently partners with the Pediatrics Clinic and is supported by the SFGH Foundation (previously run solely by volunteers).

- d. OB COVID Case Management – Pregnant women are slightly unique patients during the pandemic because of the issues on visitors and babies. Every time a new COVID guideline was released by other ZSFG departments, such had to be adapted to OB patients with issuance of new COVID guideline by the Department. Moreover, the contact tracers were uncertain in dealing with pregnant patients. Thus, the Department had to develop its own Case Management Team to oversee pandemic-related matters for pregnant women.
 4. Pregnancy Pop-Up Village- The Pop-Up Village has been created for the last 3 years with the leadership of Dr. Malini Nijagal. The event debuted in July 2021 at Bayview. It is basically a community partnership among community-based organizations, DPH/City groups, and clinicians to provide one-stop shopping for pregnant women. The program is meant to be both a wellness activity and a medium for patients to connect with the needed services within their community (known to be conducive for health). The August event has been delayed due to COVID.
 5. Anti-Racism Work – The co-directors, Dr. Biftu Mengesha and Ms. Ana Delgado, have been spearheading the efforts for the last 3-4 years. A full-time staff member was employed earlier this year to support the endeavors. The ASEISC (Anti-Racism, Equity, Inclusion, and Structural Change) Strategic Plan was noted; Perinatal Group initiatives were relayed. The Perinatal Group developed the following:
 - a. CPS (Child Protected Services) Timeout – This is a toolkit for collective decision-making among necessary parties to contact or not the CPS for the best interest of the patients.
 - b. Deescalation Checklist – With frequent cases of patients with opioid usage disorder, situations have to be oftentimes deescalated with preference of not calling the deputies. Should deputies be contacted, the checklist is used to deescalate situations.
 - c. Equity Debriefing Tool
- C. Structure of the Department/Clinical Service and Leadership
1. Family Birth Center – Dr. Eleanor Drey is the Medical Director of the Birth Center. The birth volume continues to slowly decrease which is worrisome; attempts to obtain contracts are underway, and renewal of marketing efforts is forthcoming. The decline in births reflects situation across all birth centers in the City with lower decrease at the Family Birth Center.
 2. Women’s Option Center (6G) – The center has also experienced decreased pregnancy rate.
 3. Obstetrics, Midwifery and Gynecology (OMG) Clinic –
 - a. New Name - The Clinic was previously known as Women’s Health Center. The new name is not gender specific, and “Midwifery” is in the center as midwifery is central to the Clinic’s endeavors.
 - b. Volume – In FY 2020-2021, 45% of visits were telehealth.

II. Faculty and Residents

- A. Clinical Faculty, Midwives, Consulting MD Faculty – The 3 groups were collectively acknowledged. After few years of recruitment attempts, Dr. Ben Li is the current Director of the Maternal Fetal Medicine (working 50% at ZSFG), and the position has elevated the OB services at the Department.
- B. Residency – There are 40 residents per year with focused recruitment of UIM (Underrepresented in Medicine) for at least the past decade (about 50% UIM). Moreover, the Song-Brown grant from state allows residents to work at more federally qualified health centers and aims employment in these settings by the residents after graduation.

III. Performance Improvement and Patient Safety Initiatives

A. PIPS Projects

1. Postpartum Follow-Up – This is an active initiative because the 74 % overall rate of postpartum follow-up plummets to 58% for Black/AA women.
2. Exclusive Breastfeeding Rate – This initiative has been successful because of the Department’s extremely dedicated efforts. Any increase in formula feeding is immediately analyzed and addressed.

- B. Hospital and Medical Staff Committees – A list of involvement by various providers and midwives was presented.

IV. Financial Report for FY 2020-21(includes Bixby Center) – The total budget is \$48.5 M. Research amounts to about \$40 M with profees and affiliation agreements at relatively \$3.5M - \$4M each.

V. Summary

A. Strengths

1. Mission-driven faculty, staff, and residents
2. National and international impact of research and advocacy (Bixby Center)

3. Resilience, creativity, and team effort throughout COVID
 4. Broad and significant research funding
 5. Equity focus
- B. Challenges
1. Clinical
 - a. Decreasing Birth Center and abortion volume
 - b. Unstable funding source to maintain Team Lily - completely supported by grant funding; close to obtaining DPH funding
 2. Diversity/Equity
 - a. Lack of diversity among relatively small and stable clinical faculty
 - b. Lack of funding for ongoing training
 3. Education – Family Planning becoming ACGME subspecialty (loss of salary support)
 4. Research – No NIH funding for abortion research
 5. Large division (50 faculty, 100 staff) – challenging geography on space issues (20 at LH, 50 in Oakland)
- C. Goals for 2020-2021
1. Clinical
 - a. Keep working on contracts/marketing to increase OB volume
 - b. Increase accessibility to managed care Medi-Cal, San Mateo Health Plan
 - c. Optimize outside referrals to Women’s Options Center
 2. Diversity and Equity
 - a. Prioritize A3 goals and create roadmap
 - b. Engage all clinical areas and research groups
 - c. If financially feasible, recruit for UIM generalist
 3. Prepare for post-Roe era and respond to need for abortion services