

ZSFG CHIEF OF STAFF REPORT
Presented to the JCC-ZSFG on March 22, 2022
March 2022 MEC Meeting

CLINICAL SERVICE REPORT:

Family and Community Medicine (FCM) – Teresa Villela, MD, Chief

1. Vision – Healthy Families, Vibrant Communities
2. Structure of the Department/Clinical Service and Leadership – The Department’s updated organization chart was presented. Some key leaders who are critical in running the Department were noted, including Anthony Ababon (Operations and Finance Manager), Selena Estrada (Exec Asst and Credentialing Coordinator), Diana Coffa MD (Residency Program Director) and Lydia Leung, MD, (Vice Chief of Service).
3. Clinical Services
 - a. Family Health Center – This is the heart of FCM.
 - Organization and Leadership- The Family Health Center is comprised of DPH staff and UCSF physicians/programs. It is the largest primary care site within SF Health Network and provides multiple services and serves individuals of all ages and genders. The leadership team is interdisciplinary with members from DPH and UCSF. Also, the team members are building strengths through teamwork and building on their relationships.
 - Scope of Services - The Center provides full scope primary care that includes chronic illness care, prevention, and others. It also includes telehealth services which was previously available only by phone but became accessible via Zoom.
 - Telehealth and In-Person Visits: Show Rate – The show rate ranged from 65%-80% for pre-EPIC period and during the pandemic. Intense and sustained efforts increased show rate to 91%-93% for both telehealth and in-person visits. The efforts include patient-centered scheduling (eligibility workers call patients before scheduling versus simply sending appointments), offering in-person vs telehealth, reminder calls, and early release of clinic schedules for residents.
 - Special Clinical Services – These include care of families affected by HIV, Bridges Clinic (Substance Use Disorder Treatment), Diabetes Team Care, and others.
 - Practice Improvement Program – This a strong program with many projects and much to be done in area of equity.
 - FHC Patient Advisory Councils (PAC) – These well-functioning councils reflect the efforts to improve equity. There are currently 2 councils: Spanish PAC and English PAC. Soon, there will be an Adolescent PAC. These councils work on projects to provide feedback on ways to improve access and better serve patients.
 - FHC Values – The FHC values consider the space/environment of work, along with the following: (1) actively promoting equity and advocacy, (2) working on relationships and building communities, and (3) thinking of themselves as both teacher and learner at work. These values are used as a framework to focus all clinic meetings. Some topics discussed were racial caucusing introduction, misnaming, and other microaggressions particularly with people of color. Two significant steps undertaken to create a more inclusive environment for LGBTQ+ patients included the use of pronoun badges and renaming Women and Infants Clinic to Family Care and Reproductive Health Clinic.
 - Annual Retreats –The 2022 annual retreat is scheduled on March 17, 2022 and will mark the celebration of 50th year of the Family Health Center.

b. Family Medicine Inpatient Service

- Organization: Admissions and Staff - There are about 1,200 admissions/year served by attendings, residents, and a nurse practitioner.
- Inpatient Services - The work on shared census of duty hours among FCM and other inpatient services in the hospital was highlighted. Other efforts focus on COVID and multidisciplinary team building.
- QI Projects
 - Improving relationships between providers and bedside nursing staff - It is a resident-initiated project. A resident (typically a first-year resident) shadows a registered nurse from a Med Surge unit to observe tasks and interactions with patients/medical/other staff. The resident aims to understand better the nurse's work, along with the frustrations and ways of doing work in a manageable, even joyful, manner.
 - 30-day readmission rate – There has not been much work done on this project but will continue to do so particularly in partnership with social services and community organizations. The project aims to begin elimination of some social factors that are much prevalent among readmitted patients. Interdisciplinary work is key in project.

c. Adult Urgent Care Center

- Importance - This is an important resource for patients to have access on same day when needed and for collaborative work with ED, Primary Care on campus and in SFHN. Also, it is an essential point of access for those without primary care in the system.
- Leadership and Quality Improvement Efforts- The leadership group was acknowledged for being active in improving services, quality, and practice.
 - Many of the improvement efforts were presented. These include the lobby transformation that has been remarkable in ways of pivoting the needs as identified over the last couple of years.
 - The group is early adopters of the lean methodology. An A3 model was shared that focused on access to meeting patients' needs, changes done, and ways of collaborating with ED, Primary Care, and other departments. This model indicated that even if total visits were increased over the past several months, the Urgent Care staff maintained a remarkable and admirable lead time of 90 minutes for two-thirds of patients seen.

d. Skilled Nursing Facility (4A)

- Organization – This facility is one of the few geographic units on the campus which has many advantages. An advantage is the ways that interdisciplinary work can be a true and major strength. All available services were noted, and these reflected the true teamwork at the facility.
- Service – It is a short-term skilled nursing facility and provides SNF level care for patients who may be unable to obtain it elsewhere. Some barriers faced by patients in being transferred to community facilities include immigration status, housing status, mental illness, substance use disorder, high needs (e.g., wound vacs, antibiotic or wound care frequency, etc.), and others.
 - Substance Use Disorder - Most facilities will not accept management with methadone. LHH does so and is beginning a pilot to include buprenorphine treatment. At 4a, management with methadone and buprenorphine are already done, along with some active inductions at times.
 - Importance - It is an important resource for maintaining flow out of the hospital, and the facility has 30 patient beds.
 - Admissions, Discharges, and Average Census by Week (6/28/20 - 4/24/21)- A graph was presented that signified the outbreaks within the facility of the staff and few

- patients. Despite the drops wherein patients had to be transferred out for quarantine, the average daily census of 29 was still maintained. Also, the average LOS was 33 days which was lower from LOS of 47-50 days five years ago. In addition, the number of admissions increased by about 40% in the same time period.
- COVID – Working around COVID has been important in the facility with its vulnerable patient population. There have been processes to detect and prevent COVID from early on. By mid-pandemic, there were adoption of iPads for residents to connect with family members. Moreover, the iPads also enabled family members to participate in interdisciplinary team meetings.
- e. Prenatal Partnership Program –. The program is an important collaboration between FCM with Ob/GYN and CNM services. The collaboration includes development of various educational courses and training programs.
 - f. Primary Care for patients at Behavioral Center’s Mental Health Rehab Center (MHRC) – This is a 47-bed locked unit located on campus with onsite psychiatric and primary care. The Department supervises the NP who provides primary care at MHRC.

4. Education

- a. Medical Students – There are about 38 medical students at ZSFG. The Model ZSFG Program is a collaboration among Pediatrics, Internal Medicine, and Surgery. The Program continues to be a favorite choice by 3rd-year students in their rotation.
- b. Regional Projects – These are facilitated by ZSFG faculty. The projects include those related to the following: (1) faculty development fellowship, (2) hospital opioid use treatment, (3) practice transformation, and (4) clinician consultation center -management of HIV, perinatal HIV, pre and post-exposure to prophylaxis, hepatitis C treatment, and substance use disorder management.
- c. UCSF – Another area of education is the collaboration with UCSF Family Nurse Practitioner Program; the Family Health Center provides clinical practicum for several NP students. Furthermore, there are other collaborative fellowships with other departments. Also, the fellowship in Integrative Medicine for underserved populations is in its third year.
- d. Residency Program – There are 45 residents, including 2 chief residents who staff many areas at ZSFG. On March 18, the class of 2023 will be announced. The following statistics on the program were relayed:
 - Graduates entering SFHN in the last 3 years – 36% (16)
 - Graduates in last 3 years of unmet need in California – 71% (up from 58%)
 - Graduates in last 3 years of unmet need in the US – 84% (up from 67%)
 - Current residents from historically excluded communities – 49% (up from 36%)
 - Current residents who speak a threshold second language – 68%

The Residency Program anti-oppression curriculum is in its second year. This curriculum began with faculty members being the learners in this framework; work is ongoing to identify ways and interventions to improve over time.

5. Community Engagement – There are several community engagement programs such as Summer Urban Health and Leadership Academy (SUHLA) and Student Run Free Clinics.
6. Research Programs – The research programs affiliated with ZSFG focus on advance patient center and structurally confident care. These programs investigate economic, social and policy influences on health and health equity.

7. Health Justice Scholars - The Health Justice Scholars was inaugurated this year. The program provides support for early faculty members whose work does not really fit into a traditional research focus. Two ZSFG faculty members are part of the inaugural class.
8. Recognitions – The teaching awards (Kaiser Award and Academy of Medical Educators Excellence in Teaching Awards) of various faculty members were acknowledged.
9. Financial Report
 - a. FCM has clinical and residency program funding sources. The budget is about \$14M, and the professional fee income from FCM in-patient service contributes about \$1M.
 - b. The overall financial report includes contracts and grants, along with sponsored research that increased from \$9M to \$11.4M this year.
10. Summary
 - a. Challenges/Opportunities – These include the following: (1) Family Health Center space, (2) leadership transitions in UCSF and DPH, (3) bouncing back from deployment of multiple clinical staff members, (4) keeping up with demand-driven salaries for primary care physicians, and (5) collaborating on anti-racism at a structural level.
 - b. Strengths – These include the following: (1) collaborative and talented leadership teams, (2) mission-driven people: staff, faculty, administrators, residents, and (3) diverse and engaged patients and families.