### Call to Order and Approval of Minutes

- Chair Dr. Wachsman called the meeting to order at 5:05 p.m.
- Minutes for the October 4, 2016 meeting were submitted for approval.

- Minutes were approved.

### Dr. William Wachsman, Chair - Announcements

- Dr. Wachsman informed the group of upcoming events, namely: 1) the New Clinical Faculty Reception – on Tuesday, November 29th at the Faculty Club; and 2) the Roger Tsien Memorial, honoring the Nobel Prize winner on November 15th at the Scripps Paine Forum. He encouraged the council to participate and disseminate this information among their respective colleagues and departments.

- Dr. Wachsman also informed the group that a possible idea of a Roger Tsien endowed chair idea has been discussed by various faculty; Dr. Moore suggested a memo from HSFC to the Chancellor for consideration.

- Dr. Moore also announced the 3) Health Leadership Academy was being organized again for this year, with the initial meeting in December, and to encourage up-and-coming faculty leaders to apply.
**Dr. Thomas Moore, Dean for Clinical Affairs**

- Dr. Moore presented an update on Resource Alignment 2017 (RA2017). He acknowledged that Health Sciences are defined into 4 distinct boundaries in respect to RA2017: Medical Center, Vice Chancellor Operations, the Clinical Practice Organization (the previous Med Group), and the Departments.

- The Departments are now run by the CPO. Overall, the Executive Governing Board (EGB) is legally accountable and responsible for running CPO in a responsible way. New positions of CPO-COO and CPO-A-CFO are currently in recruitment.

- Dr. Moore’s presentation also discussed the CPO and its scope of operations and responsibility, which include the Professional Standards Committee, Compensation & Professional Practice Management, and Ambulatory Care Operations. Topics of increasing physician engagement, tighter compliance, and access to clinics were also considered.

- A summary table of distribution of funds from clinical compensation was disseminated. Health System collects all billing and collections, distributed to CARE payment (CSA, Med Director, OnCall Coverage, Specialty Based wrvu/rvu). A tax “Department Support Fund” goes to GME, ARC, IS. Remainder is filtered to Clinical Revenue Pool to fund clinical effort, and leadership support.

**HSFC Comments to RA2017 Presentation**

- Clinical overhead is still within UHC standard at 50% percentile. 70% better in our clinics, mainly due to underutilized days/clinics.

- Clinical billing is within 32% national percentile, and billing effectiveness has risen.

- Discussion ensued regarding non-procedural practices v. taxation of Departments. Compensation Committee is looking at the first 6 months review/audit to see if funding is being distributed correctly and will request to see the department sources. Need for standardization of practices from audit feedback back to the departments.

- Call center metrics were also discussed. Eight percent (8%) of calls are dropped and efforts to find blocks are being investigated. Other problems include physician requests for special templating, i.e., only at 11:30am, after 4:00pm, etc. Multiple clinic locations, can also cause strain to schedules and templates. A call center representative is also involved in these meetings to investigate.
### HEALTH SCIENCES FACULTY COUNCIL

**Minutes**

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#### Continued….

**Dr. Thomas Moore, Dean for Clinical Affairs**

- Dr. Moore noted that the key work streams for CPO improvement included: developing the CPO infrastructure; optimizing clinic operations management; transforming ambulatory access; enhancing patient experience, and developing a clinically integrated network.

- Other key notations include - Patient Experience is below national average. New patient recommendations of UCSD Health is at 7% percentile. Less abandoned calls at call center. Performance Excellence – work RVUs are up, potentially due to expanding clinic hours, however, support staff has increased. The CEP also meets with the CPO, to continually review the academic mission and participation.

#### Dr. Jess Mandel, Associate Dean for Undergraduate Medical Education

- Dr. Mandel presented an update that summarized the current SOM curriculum, recent changes and upcoming challenges. A brief history of curriculum reform was presented from 2007 – 2010, noting work from the curriculum working groups to the Core Curriculum Committee, resulting in the culmination in 2010 of the ISC (integrated scientific curriculum) which transitioned the traditional curriculum to connect between science, best clinical practice, organ-based curriculum, while also focusing on a more professional development learning environment.

- Dr. Mandel discussed recent changes to the curriculum which now include an Ultrasound Curriculum which is now performed at bedside. A Global Health Track has been implemented from 2015, which offers a didactic curriculum.

#### HSFC Comments/SOM Medical Curriculum

- Dr. Bazzo commented that the MET building has done much to bring the students the "hardware to open the software" and bring opportunities of graduate and CME education to clinical education.

- Dr. Savoia commented that RA 2017 does not look at UGME and they are also a workforce. Students learn most from the residents.
**HEALTH SCIENCES FACULTY COUNCIL**

**Minutes**

**November 1, 2016**

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<th>Dr. Jess Mandel, Associate Dean for Undergraduate Medical Education</th>
<th>complemented by away-experience, with the hope to increase participating students to 10 students. Global Health Track recently admitted their 2nd class, and away-rotations are screened carefully. For preclerkship work, a Master Clinician Curriculum in the Pediatrics Core Clerkship has also been added in May, and too early to access data.</th>
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<td>• Standardized Patient Curriculum in Neurology Core Experience – this is Peggy Wallace’s simulation center. The students experience difficult patients and behavior.</td>
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<td>• On the horizon, these pilots (interprofessional education, Master Clinician, Standardized Patient) will be reviewed and possibly expanded. The MS4 curriculum is challenging with residency program at next step. Dr. Mandel also announced the LCME accreditation site visit coming up in 18 months, crucial for preparation.</td>
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<td>• Outcomes &amp; Challenges – Since 2010, there has been excellent customer (student) satisfaction. USMLE scores have improved, student-faculty engagement has improved, along with application and matriculation rate increasing significantly.</td>
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<td>• Graduate questionnaire has significantly improved from 2010 – 2016. Main complaint is faculty not connecting with students, according to the students. Student resources – are above 50% percentile. Matriculation over 60%</td>
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**Dr. Rob El-Kareh, Associate Professor of Medicine**

- Dr. El-Kareh presented the proposal for the Health Informatics MS Program to the Council for their approval and endorsement prior to the Academic Senate meeting.

- Dr. El-Kareh explained that Health Informatics is a term used to apply public health and clinical informatics and placing that data back into clinical delivery.

- The projected need for employment is expected to grow 25-27% for careers in health informatics in the next few years alone.

- The Program Aim is a 1-2-year program that prepares students in the application of biomedical informatics to clinical systems. There are collaborations within the university (Supercomputer and Computer Science/Engineering), as well as with national and regional partners (i.e., VA, Kaiser, etc).

- Program Specifics include two curriculum tracks, two new course impact including Data Science & Analytics, Scripting & Databases, Change/Organizational Change

- Faculty Involved include DBMI faculty as well as SSPPS faculty

- Budget for FY1 are benchmarked at 30 students per incoming class, hoping to double in years FY 2 and FY3.

- Market research and strategy are to include major outreach through partner campus programs such as UC Davis, University of

**Comments/MS Program in Health Information Services**

- The group expressed need to reach out to other programs including international. Dr. Savoia commented about need to be circumspect with international programs and requirements. Dr. Jason Lam from Informatics offered that additional strategic opportunities locally in Southern California are currently being pursued, including USD. Dr. McKerrow commented that outreach into to the community including retail pharmacies show major interest in informatics.

**Action**

- HSFC motions to approve support the program. A letter endorsing the MS Health Informatics program will be forwarded to Biomedical Informatics prior to their meeting with the Academic Senate.
**HEALTH SCIENCES FACULTY COUNCIL**  
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| **Dr. Rob El-Kareh,**  
| **Associate Professor of Medicine** |
| • Washington, and University of Wisconsin/Milwaukee. Online schools also include OHSU, Northeaster University, University of Cincinnati, University of South Florida, and University of Illinois/Chicago. |

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<td>• The meeting was adjourned at 6:48 p.m.</td>
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<th><strong>Action Items</strong></th>
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<td>• HSFC motions to approve support the MS Program in Health Information Services. A letter endorsing the MS Health Informatics program will be forwarded to Biomedical Informatics prior to their meeting with the Academic Senate.</td>
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<th><strong>Next Meeting</strong></th>
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<td>• <strong>Tuesday, December 6, 2016 – 5:00 p.m.</strong></td>
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