May 3, 2019

Sam Hawgood, MBBS
UCSF Chancellor
Office of the Chancellor, Box 0402
550 16th Street, 7th Floor
San Francisco, CA 94143

Dear Chancellor Hawgood:

I would like to share with you the contents of an email that I sent to the members of the UC Academic Council on April 19. It states that the UCSF Academic Senate, through a vote of the Executive Council, strongly supports the affiliation agreement between UCSF and Dignity Health, and presents what I believe are some of the reasons behind that support. Please note that I made a minor change to the memo, correcting a misstatement about the MediCal activities of Dignity Health in California, which exceed the other private health care systems throughout the State, not in Northern California.

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Dear Members of the UC Academic Council

I have spent quite a lot of time deciding whether to write this note to you; in the end, I feel compelled to do so, for two reasons. First, I have been asked by various Council members if the UCSF Senate were involved in the affiliation initiative, and if so, if it truly were supportive of that initiative or if we were coerced into being so. Second, as far as I am aware, I am the only clinically active member of the Academic Council at this time, and I feel that I have a unique viewpoint that is important to share broadly before the discussion on Wednesday.

The UCSF Academic Senate has taken a major role in the UCSF-Dignity Health affiliation, from the outset of talks, and is actively supportive of the affiliation. The Senate created a task force in 2016 when UCSF expanded its affiliation with Santa Rosa Memorial Hospital, which is managed by Providence St. Joseph Health. Providence is a national, Catholic, not-for-profit health system. UCSF had run the neonatal service there for decades, but planned a larger affiliation a few years ago. We had felt inadequately consulted in advance of that arrangement and created the task force to address how the faculty should properly be involved, and how the Senate should play a role in that involvement. The task force generated an excellent report in October of 2016, which you all have received. We had a town hall meeting to disseminate the results of this task force to the UCSF community.

After that report, we met with the Administration and together created a joint Senate-Administration Review Committee, which produced a report in September of 2017, titled "Shaping UCSF’s Clinical Mission: Campus Affiliation Policy, Clinical Affiliate Agreements and the Healthcare Landscape.” The chair of that committee was a UCSF Senate faculty member, Rená Fox. Subsequently, the Dignity Health affiliation discussions expanded and we had a joint town hall meeting on the Dignity Health affiliation itself, inviting all faculty, staff and trainees to it.

Dignity Health is not our first affiliation with a Catholic system. Using the policy recommendations of the joint Senate-Administration policy document, we believe that UCSF is taking appropriate steps, and
the Senate has approved the affiliation. We have been assured that the Administration is following the recommendations of the reports, so that

1. No UCSF patients will have their care adversely impacted by this affiliation.

2. Dignity health patients will have increased access to care by the affiliation. At every Dignity site, information will be available (visibly) indicating what is not done at Dignity and that such care can be afforded at a UCSF facility BECAUSE of the affiliation.

3. No UCSF physician will be required to work in a system which s/he believes runs contrary to UCSF values.

Although Robert is right that the UCSF-Dignity Health affiliation impacts not only UCSF but the entire UC system, it is, at its core, a clinical affiliation. As such, it may have a reputational impact on the UC as a whole, but it has a major, practical impact on UCSF. In that regard, I think that my views as a clinician were best exemplified not by the UCSF presentation at the recent Regents Health Services Committee meeting, the arguments of which you have all heard, but by Regent Lark Park and Health Services Committee member, Dr. Sandra Hernández. They start at around the 4 hour, 21 min mark of the meeting.

Lark Park said that one should never use ONE principle to make decisions on complex problems. This is so true when considering clinical affiliations. The opponents of the affiliation are basing their opposition on the principle that UCSF should not be bound by the Ethical and Religious Directives (ERDs) of the Catholic church, and nothing that the UCSF Administration has said has fully convinced them that those ERDs will not impact UCSF physicians or their patients. Whether that contention is true or not, and I think that we will never agree on that point, there are other principles to consider when affiliating with other healthcare institutions.

What about the principle of serving the underserved, critically important to the mission of the UC? To that end, the UC medical schools all have PRIME programs, which attract medical students specifically interested in serving California’s unmet health needs, with each campus having its own focus. Those students spend an extra year in medical school so that they can focus on these underserved populations throughout their training. That extra year is financially supported, often at another institution, and it often results in a Master’s degree in Public Health directed toward the particular area. UCSF’s PRIME program is “serving the urban underserved,” and my daughter was one of its recent graduates. She is now a final year resident in Family Medicine at San Francisco General Hospital, and plans to work at the San Francisco Department of Public Health (DPH) clinics next year. These graduates walk the walk. So, let’s consider which healthcare system to affiliate with based upon the principle of serving the underserved. Dignity Health is the largest private provider of Medicaid patients in the country, and in California outperforms Stanford Health, Sutter Health, and Kaiser Permanente in treating MediCal patients. In the same vein, it is the only safety net system in the San Francisco area other than UCSF (which includes San Francisco General Hospital), committed to accepting all patients, whether they can pay or not. According to THAT critically important principle of providing universal, equitable health care, to which the UC is absolutely committed, perhaps UCSF should not affiliate with Kaiser (which we do), Sutter, or Stanford, but should affiliate with Dignity Health.

What about the principle of caring for patients with mental health problems, also a terribly underserved population? This is a particularly critical issue in major California cities like San Francisco, where large
portions of the homeless population suffer substantial mental illness. The DPH recently put out a request to all hospitals in San Francisco to create an inpatient mental health rehabilitation program. Who responded? UCSF joined with the city and three other public and private partners to open the San Francisco Healing Center, a 54-bed facility at St. Mary’s Medical Center. Only a Dignity Health hospital, with UCSF support, accepted the request and set up a program within its doors. No other hospital in San Francisco is part of this major initiative to expand inpatient mental health rehabilitation in our city.

What about the principle of caring for the LGBTQ population, in support of equitable care for this marginalized group? You all should listen to Sandra Hernández talk about her time as an HIV physician when HIV-AIDS came to San Francisco in the 1980s. She talks eloquently of the epidemic, and how St. Mary’s was the only hospital other than SFGH (which was, and is, a world leader in treating HIV-AIDS), which had an inpatient program specifically for these patients. And who were the physicians working at St. Mary’s doing this heroic work? They were primarily gay physicians trained at SFGH. And today, the only hospital other than UCSF in San Francisco which performs gender affirming surgery is St. Francis.

It is true that UCSF strongly disagrees with Dignity Health concerning the reproductive rights of women and the treatment associated with those rights. Their approach to end-of-life issues may also be not congruent with ours. However, when looking at the totality of our principles, our values, and our care of patients, UCSF aligns far more closely with Dignity Health than with any other healthcare system in Northern California. Moreover, Sandra Hernández made an impassioned plea to engage, not disengage, with groups who are equally committed to caring for our patients but who might have different values. She believes that only by engagement can we improve the care of all patients, by sharing care where we can and doing for each other in areas where we can’t. And by the way, Sandra Hernández, formerly the director of the San Francisco DPH and the CEO of the San Francisco Foundation, and currently the president and CEO of the California Health Care Foundation, is a gay physician who worked in the SFGH AIDS clinic from 1984 to 2016. She too walks the walk.

As a clinician, I am committed to ensuring that we do everything possible to improve access to and quality of care of patients in Northern California. There is no way of doing so without aligning with other healthcare systems. There is no system in Northern California whose principles, values and commitment to serving the underserved align fully with ours. As much, or more than, any other healthcare system, Dignity Health’s do align with UCSF’s. In its motto, UCSF states that it is committed to “advancing health worldwide.” To advance health in Northern California, the UCSF Academic Senate supports UCSF’s affiliation with Dignity Health.

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Chancellor Hawgood, if you have any questions about the memo, or would like to discuss this matter further, please do not hesitate to contact me.

Sincerely,

David Teitel, M.D.
Professor of Pediatrics