



UCSF Department of Medicine ZUCKERBERG SAN FRANCISCO GENERAL

State of the Department — We Persevere

A Message from Our Chief



2025 was arguably the most difficult and challenging year in the history of the UCSF Department of Medicine at ZSFG. It has been a marathon of physical and mental endurance.

We saw national legislation enacted that undermines the means by which we deliver high-performing and compassionate care in the face of persistently rising inpatient and outpatient volumes. Our research enterprise shook as delays or threatened cuts in funding hampered our fortitude and passion to make discoveries that benefit the health and healthcare of San Franciscans and people worldwide. Sadly, we lost a beloved and devoted colleague, Alberto Rangel, to a senseless act of violence from which we are healing. Nevertheless, in the face of setbacks and adversity, every step of the way, we are determined to continue our meaningful work. Although we have a lot to mend as we enter 2026, the state of our department remains strong.

-Neil R. Powe, MD

Mission and Values

DOM's mission is to "advance health by developing and supporting innovators in patient-



centered care, scientific discovery, medical education, and public policy." We affirm our core values: to take pride in conducting ourselves and our business as professionals, with respect for our patients and colleagues, and value the importance of inclusion of diverse backgrounds, lived experiences and talents.

Leaders and Workforce

ZSFG DOM encompasses 13 divisions: 198 core faculty, 76 volunteer faculty, and 522 staff. Neil R. Powe, MD, is Chief of Medicine at ZSFG, and the Constance B. Wofsy Distinguished Professor and Vice-Chair of Medicine, UCSF Leadership is comprised of a vice-chief, research chief, faculty experience and quality improvement directors, division chiefs, division managers, directors

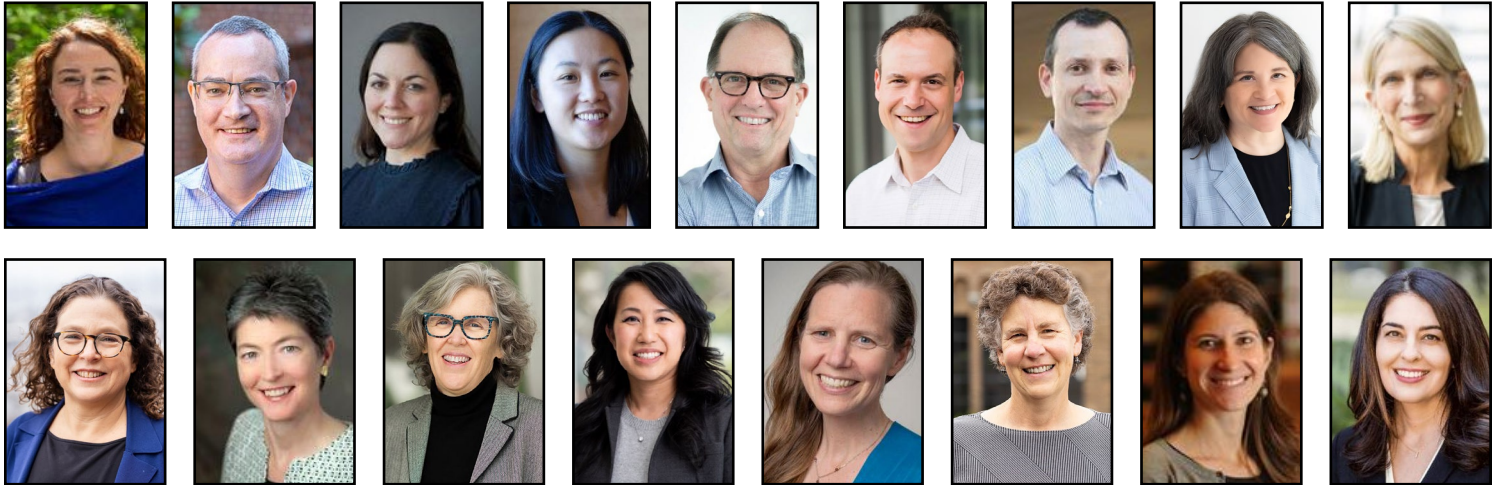
of clinical services, directors of educational programs for students, residents, and fellows, and functional area directors.

Beth Harleman, MD, serves as Vice Chief of Medicine; Peter Hunt, MD, serves as Associate Chief of Research; Larissa Thomas, MD, serves as Director of Faculty Experience; and Elaine Khoong, MD, serves as Director of Quality Improvement and Patient Safety. Several ZSFG faculty serve as leaders in the DOM, including Associate Chair for Clinical Research Diane Havlir, MD and Associate Chair for Faculty Experience, Urmimala Sarkar, MD.

Nineteen faculty members occupy key leadership roles in ZSFG administration. Recent appointments include Carolyn Hendrikson,



ZSFG Faculty Leadership



Row 1, left to right: **Beth Harleman, MD** Vice Chair, **Peter Hunt, MD** Associate Chair, Research, **Larissa Thomas, MD** Director, Faculty Experience, **Elaine Khoong, MD, MS** Director, Quality Improvement & Patient Safety, **Division Chiefs**— **Joel Ernst, MD** Experimental Medicine, **Terrence Friedlander, MD** Hematology & Oncology, **Brian Graham, MD** Pulmonary & Critical Care, **Mary Gray, MD** Cardiology, **Diane Havlir, MD** HIV, Infectious Diseases & Global Medicine. **Row 2: Margot Kushel, MD** Health & Society, **Jacquelyn Maher, MD** Gastroenterology & Hepatology, **Elizabeth Murphy, MD, PhD** Endocrinology, **Oanh Nguyen, MD, MAS** Hospital Medicine, **Eleanor Bimla Schwartz, MD, MS** General Internal Medicine, **Gina Solomon, MD, MPH** Occupational, Environmental & Climate Medicine, **Delphine Tuot, MD** Nephrology, **Jinoos Yazdany, MD, MPH** Rheumatology.

ZSFG Staff Leadership & Support Team



Far left: **Leonard Telesca**, Director of Administration and Finance. **Row 1, left to right: Christine Khuu**, Associate Director of Finance & Administration, **Maura Temple**, Clinical Operations Manager, **Raeni Miller**, Research Administration Manager: **Division Managers** — **Amy Akbarian**, Gastroenterology and Rheumatology, **Eunice Chang**, HIV/AIDS, Infectious Diseases & Global Medicine, **Jenny Fowler**, Cardiology and Pulmonary & Critical Care, **Gato Gourley**, Health & Society, **Mary Ellen Kelly**, Endocrinology and Hematology & Oncology. **Row 2: Serena Lee**, Occupational, Environmental & Climate Medicine, **Serena Loya**, Nephrology, **Fonda Smith**, Experimental Medicine, **Jennifer Thomas**, General Internal Medicine, **Justin Vang-Moore**, Hospital Medicine; **Central Administration Support Team** — **Abraham Nelson**, Executive Analyst, **Catherine Chui**, Administrative Officer, **Jennifer Fish**, Education Programs Coordinator, **Elysia Roberts**, Senior Administrative and Project Coordinator.

For any news or ideas, please contact Leonard Telesca
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UCSF Department of Medicine



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 Hospital and Trauma Center

MD as Medical Director for Risk Management and Regulatory Affairs, Marlene Martin, MD as Physician Chief of Care Experience, and Andreas Mitchell, MD as Medical Director for Performance Excellence and Improvement.

A large number of faculty participate in medical staff committees. Many faculty and staff participate on UCSF institutional committees to help drive improvements in the areas of Human Resources, Research Administration, Opportunity and Outreach, Family Services, and other important issues that impact our employees.

Clinical Operations

ZSFG DOM provides clinical operations across four areas composed of inpatient principal care (General Medicine, Cardiology, and Critical Care), inpatient consultative care, primary ambulatory, and specialty ambulatory care. In FY25, the inpatient Medicine service had 4,668 admissions, MICU 749 admissions, and Cardiology 1,065 admissions, delivering high-quality care to some of the most medically and psychosocially complex patients in San Francisco. We are proud to maintain a diverse cadre of inpatient attending staffing, including hospitalists, outpatient generalists, subspecialists, and community volunteers, all of whom contribute expertise to the robust educational and clinical environment.

Five inpatient general medical services have faculty attending physicians who supervise and teach residents and medical students. Three inpatient medical services have faculty attending physicians who provide direct patient care, and another co-manages patients with orthopedic physicians and provides medical consultation. The medical intensive care unit has pulmonary faculty physicians who supervise residents and fellows who provide care to critically ill patients. The cardiology inpatient service has cardiology faculty physicians who supervise residents and fellows providing care to patients with cardiovascular disease including those critically ill. Fifteen consultative services, including Palliative Care, Pain Management, and the

Addiction Care Team, round out the DOM’s inpatient presence, providing expert assistance and connection to outpatient services.

ZSFG DOM continues to innovate with progressive and groundbreaking primary care programs in the Richard Fine People’s Clinic (RFPC) and the Division of HIV, Infectious Diseases, and Global Medicine. The RFPC was established in 1970 as one of the first outpatient clinics at a public hospital in the United States. Led by Director Emily Wistar, MD, with the goal of providing excellent, compassionate care to all, the RFPC fulfills a tradition of advocacy and activism. The Division of HIV, Infectious Diseases, and Global Medicine was established in 1983 with one of the nation’s first dedicated HIV clinics “Ward 86”. Led by Chief Diane Havlir, MD, and Associate Chief Monica Gandhi, MD, Ward 86 represents a comprehensive medical model with 15 programs, including social services and case management.

Primary and specialty care visits in ZSFG DOM are growing, with programs in place to facilitate patient access, improve communication, and assure timely procedures. Across ZSFG and LHH, DOM supports 31 eConsult service lines, including programs in Weight Management, Home IV Antibiotics, Cancer Genetics and Prevention, and Direct Access Endoscopy.

Across the ZSFG DOM, generalists and subspecialists are committed to providing high quality, patient-centered care. In recent years we have weathered sizable increases in demand for both inpatient and outpatient clinical services. Faculty have risen to continued challenges in patient census and access concerns, working tirelessly to improve processes and collaboration to support our patients. DOM leadership is actively involved in advocacy to maximize resources and protect provider well-being in challenging times.

Performance Improvement

Our department drives and supports performance improvement in both inpatient and ambulatory settings. The inpatient medicine

Key ZSFG Clinical Leaders from DOM

- Amy Ou- ACMO Care Coordination
- Bob Brody- Medical Director, Health at Home
- Jeff Critchfield- Vice Dean ZSFG
- Gabe Ortiz- Chief Medical Officer
- Susan Ehrlich- ZSFG CEO
- Seth Goldman- Informatics Director, Digital Health & Tech. Integration
- Antonio Gomez- Associate Chief Medical Officer, Critical Care Services
- Nicolas Iverson- Medical Director of Patient Flow
- Vivek Jain- Co-Director, Infection Control
- Elizabeth Murphy- Co-Medical Director, Sub-Specialties, eConsults
- Shreya Patel- ACMO Specialty Care
- Edgar Pierluissi- Director of Acute Care of Elderly (ACE) Unit
- Neda Ratanawongsa- Chief Medical Informatics Officer
- Lisa Winston- Hospital Epidemiologist & Associate CMO, Med/Surg Services
- Lucas Zier- Cardiology PRIME and QIP Lead
- George Su- Medical Director, Telehealth
- Marlene Martin- Physician Chief of Care Experience at ZSFG
- Carolyn Hendrickson- Medical Director, Risk Management and Regulatory Affairs for ZSFG
- Andreas Mitchell- Medical Director, Performance Excellence and Improvement at ZSFG



service continues to care for many unique patients each month, with an average daily census of 90-100 patients, depending on the month. Quality improvement efforts on the inpatient medicine service have focused on ensuring safe patient care and manageable provider workloads by creating a dedicated service for lower-level-of-care patients and activating an emergency overflow service during winter surge months. The inpatient house staff have focused on improving rates of hepatitis C treatment by initiating treatment for admitted patients with prolonged hospitalization or referring eligible admitted patients for outpatient therapy. Our medical ICU teams are increasing the adoption of care bundles that optimize patient recovery and minimize harm while in the ICU.

The Addiction Care Team (ACT) continues to

see 2000+ patients each year, ensuring that over 80% of patients with opioid use disorder (OUD) are discharged with medications for opioid use disorder (MOUD). ACT works to maintain these high rates of providing MOUD and to increase the use of medications for tobacco and alcohol use disorder, as well as monitoring for disparities in uptake of medications.

Our ambulatory primary care and specialty services care for thousands of unique patients each year. The internal medicine primary care clinic at 1M has focused on improving disparities in diabetes, hypertension, and cancer screening outcomes. The Ward 86 HIV clinic continues to implement low-barrier HIV care models and improve uptake of long-acting injectable ARTs, resulting in >90% rates of viral suppression among their patients.

The pulmonary and hepatology teams have worked with radiology to optimize the ordering of lung and liver cancer screening imaging tests. The gastroenterology division has worked to improve attendance at colonoscopy appointments by making patient-facing information about colonoscopies accessible to primary care providers. The nephrology division implemented an Epic-based reminder to increase rates of microalbumin testing among patients at risk for developing chronic kidney disease. Oncology continues to work with their surgical and radiology colleagues to optimize time to diagnosis and treatment for all cancer types. Endocrinology has also reinstated thyroid pathology review sessions with surgery and pathology resulting in improved decision-making and reduction of unnecessary testing.

ZSFG DOM Members of The Haile T. Debas Academy of Medical Educators



Katherine Brooks, MD
Hospital Medicine



David Chia, MD
Hospital Medicine



Alicia Fernandez, MD
General Internal Medicine



Meghana Gadgil, MD
Hospital Medicine



Sara Goglin, MD
Rheumatology



Beth Harleman, MD
Hospital Medicine



Kate Lupton, MD
General Internal Medicine



Jennifer Mandal, MD
Rheumatology



Mimi Margareten, MD
Rheumatology



Megan O'Brien, MD
Hospital Medicine



Lisa Ochoa-Frongia, MD
General Internal Medicine



Binh An Phan, MD
Cardiology



Edgar Pierluissi, MD
Hospital Medicine



Sumant Ranji, MD
Hospital Medicine



Mike Reid, MD, MPH, MA
Infectious Diseases



Harini Sarathy, MD
Nephrology



Justin Sewell, MD, PhD, MPH
Gastroenterology



Shelene Stine, MD, MPH
Hospital Medicine



Larissa Thomas, MD
Hospital Medicine



Vanessa Thompson, MD
General Internal Medicine



Lisa Winston, MD
HIV, Infectious Diseases
& Global Medicine

Finances

The ZSFG DOM budget supports vital clinical, research, and educational efforts. For FY25 ZSFG Medicine revenue sources amounted to \$237 million, with 59% from research contracts and grants, 7% from clinical professional fees, 25% from the City and County of San Francisco (CCSF) Affiliation Agreement, and 7% from the combination of endowments, state funds, recharges, and indirect cost recovery. In FY25, ZSFG DOM had \$242 million in expenditures: 61% for research, 33% for clinical operations, and 6% for education. In that same period, the ZSFG DOM comprised 21% of the total SOM clinical enterprise and 63% of the total SOM research enterprise at ZSFG.

Workforce Care and Development

In 2025, the DOM launched Faculty Experience Town Halls to provide updates and get input from faculty around priorities previously identified through listening sessions and the Net Promoter Score survey. We hosted 3 town halls on: compensation and clinical work, experience in the ambulatory setting, and research faculty experience. In order to address total pay differences across sites, the salary scale was increased for clinical faculty to improve compensation parity.

The department continued to proactively advocate for winter surge support for the inpatient service, continuing a resident admitting moonlighting role that could flex across inpatient medicine, cardiology, and MICU, and established a lower level of care service staffed by the Division of Hospital Medicine to create additional capacity for acute care admissions and MICU transfers. We also worked to preserve essential clinical hires in the face of a challenging funding climate.

In response to feedback about the business proposal process, the DOM held an information session with the Dean’s office and CMO to clarify common questions and the anticipated process for the next budget year. In 2025, the Chief continued his tea talks with faculty to hear about challenges, generate ideas, and share progress related to faculty experience.

With support of the Academic Senate Community Building Fund, we also launched work-life integration groups for faculty in similar life/career stages to be able to share resources and support, and held several sessions for researchers to come together around response to funding cuts. As a result of DOM advocacy, a Dean’s office parking task force was established to address campus parking challenges. The Department also worked closely with the Dean’s Office to

coordinate additional mental health and debrief supports for faculty and staff after the death of Alberto Rangel.

The 2025 Gallup Staff Engagement mean score (4.14) reflected a modest dip from the 2024 score (4.23), though this change was not statistically significant and remains indicative of steady engagement among our staff. Staff overwhelmingly agree or strongly agree that their supervisor or someone at work cares about them, that they believe the mission of their work is important, and that their colleagues are committed to quality work. Approximately 22% of staff members are experiencing burnout, which is a slight improvement from 2024. Nonetheless, this continues to be a challenge that we remain dedicated to improving.

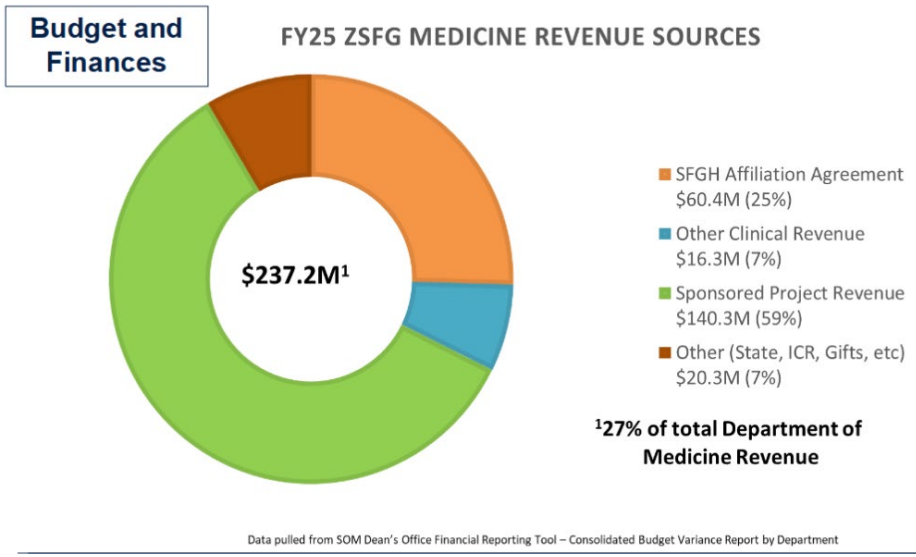
Department employees are recognized annually with the ZSFG Medicine Faculty Awards and the ZSFG DOM Staff Excellence Awards. Additionally, faculty and staff were represented as recipients of multiple hospital, Department of Medicine, university, and national awards.

Education and Our Learners

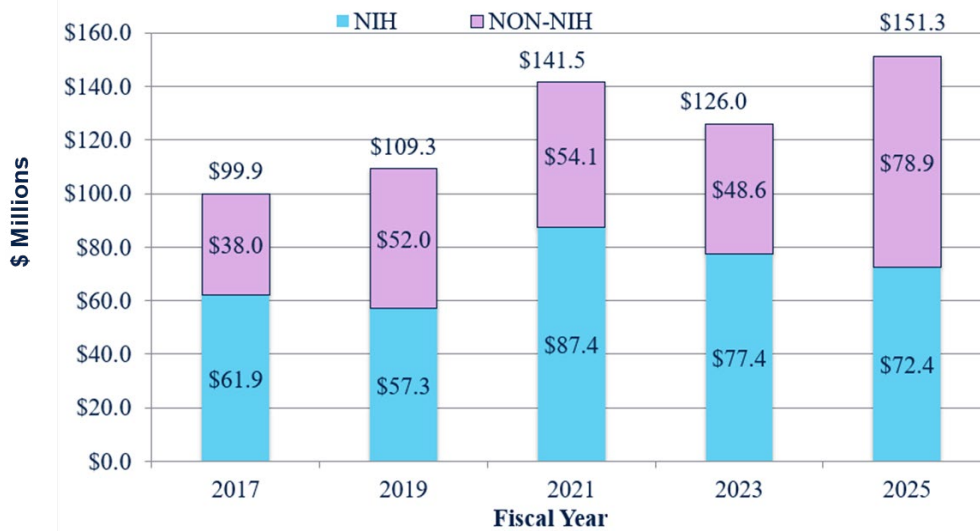
In ZSFG DOM, we host: 31 residents each month across inpatient services, 50 residents in continuity clinics, 10 full-time equivalent clinical fellows, 25 Post-doctoral scholars, and more than one-third of each UCSF medical class learns on-site at ZSFG DOM. Rebecca Brusca, MD, MPH, serves as Inpatient Site Director for the residency program, and Binh An Phan, MD, as Site Director of Medical Student Clerkship.

The ZSFG Primary Care Internal Medicine Program, directed by Joan Addington-White, MD, and Lisa Ochoa-Frongia, MD, is committed to the mission “to teach the practice of comprehensive, high-quality medicine for the underserved and to cultivate the next generation of leaders in primary care, education, advocacy, and scholarship.” ZSFG DOM participates in nine ACGME fellowships.

Pooja Lalchandani, MD, and Harry Cheung, MD, lead as Inpatient Chief Residents, and Tamara Sanchez-Ortiz, MD, leads as Ambulatory Chief



Research Funding



Resident. Internal Medicine residents participate in community medicine programs that include working in the Homeless Outreach Team (HOT), Street Outreach Services (SOS), supportive housing, and Medical Respite.

The UCSF Primary Care Addiction Medicine Fellowship, directed by Paula Lum, MD, MPH, encompasses 19 dedicated ADM board-certified multidisciplinary faculty. Since 2017, 26 fellows have completed the training.

The Department continues active involvement in UCSF Bridges curriculum, a medical student program that “educates MD graduates to excel in the competencies needed by 21st-century physicians.” Five ZSFG DOM faculty serve as coaches: Bethlehem Churnet, MD; Veronica Manzo, MD, MS; Mimi Margaretten, MD, MAS; Meghan O’Brien, MD; Jamie Yao, MD.

Research

This past year has been incredibly chaotic for our federally funded ZSFG-DOM research community. We navigated grant terminations and restorations, delayed reviews of grant proposals, delayed funding of successful grants, and massive disruptions to federally funded research occurring outside the United States. These burdens were particularly significant for people working in areas that are newly

undervalued by the current Federal leadership. Despite all these challenges, our community has leaned into our shared mission to harness the power of science to help the most vulnerable among us, both locally and globally. Instead of throwing up our hands, we have gotten to work finding a way to push this important work forward.

In FY 2024-2025, our sponsored research funding actually grew by 6% to \$151M in total grant support, though for the first time in several years, non-NIH funding surpassed NIH funding (\$79M vs \$72M). While some of this shift may have predated the Federal disruptions of 2025, it speaks to the remarkable resiliency and hustle displayed by our faculty in securing non-traditional sources of research grant support in the face of Federal funding uncertainties. Our faculty have also led legal challenges to earlier grant terminations (Thakur v. Trump), resulting in the restoration of >\$1B in research funding across the entire University of California system.

Indeed, our faculty have been courageous and resilient in navigating the challenges of 2025, and continue to conduct and publish impactful science, from a study in JAMA informing local, state and Federal policies on homelessness, to a clinical trial in Nature, providing a path forward to eventually cure HIV in a study that Steve Deeks, MD, Division of HIV, ID and Global

Medicine says “could only have been done at ZSFG.” By sharing our successes and resilience strategies with one another, and by reminding each other of our shared values and mission, we empower each other with the strength and determination to continue growing our research community and supporting the next generation of researchers for years to come.

Space

This past year the Department of Medicine Central Administration, Division of Cardiology and Division of Hospital Medicine moved to a temporary home in Building 10 (Wards 13 and 12) in preparation of their former spaces in Building 5 for ambulatory care. Resident and student teaching conferences have also moved to this new location. Pride Hall continues to evolve as a remarkable community for learning, networking and sharing to support innovation.

Stepping Ahead in 2026

Challenges are ahead in 2026. We are fortunate to have a creative, committed, and talented faculty, staff, and trainees. Our faculty, housestaff, and fellows deliver outstanding, high-quality care. Our creative colleagues engaged in research are inspiring and resilient in keeping funding levels near their traditional levels. All of us teaching and mentoring about -- the diseases we encounter, patients’ lives, our healthcare setting, professionalism, systems improvement, and more -- are remarkable stewards of future human capital in the health professions. So there is much to do.

First, we must embrace our colleagues in Ward 86. They need our tremendous support as they return to the work environment where world-class care has been provided for over 40 years to people with HIV. We need to work with our DPH and ZSFG colleagues to make our entire campus free from violence. Your responses to a department-wide survey in December are helping in this regard. We need to make sure every employee, regardless of where they work, feels safe, can spot evolving tensions, and knows how to respond to and effectively report threats. We need to work collaboratively with campus



security to have the right balance between safe policy enforcement, respect for all persons, and civil liberties. We need to trust each other more than ever before.

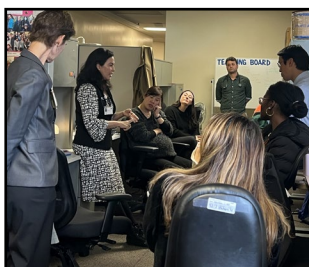
The restrictions on Medicaid funding of care for undocumented immigrants will test our ability to deliver accessible, high-quality, and efficient care to an ever-growing number of patients. We will continue to advocate citywide, statewide, and nationally for the resources to provide fundamental care for the patients in our safety net system.

We have learned a lot from our resiliency in research this past year navigating funding decisions. We learned to stay true to our mission. We learned to effectively articulate to funders that the research we do to improve health is essential and non-partisan. And we learned to work collaboratively with each other to find alternative work for our colleagues when grants were terminated, a practice we should continue, which is also useful for unanticipated funding gaps. The threats are not over and will require ongoing stamina.

Let's be cautiously optimistic that in 2026 and beyond, all of us in the Department of Medicine will persevere in the purpose and connection that brings luster to Zuckerberg San Francisco General Hospital and makes it a wonderful place to work.

Newsletter Edition Contributors

Thank you to our special edition editors and contributors: Rebecca Brusca, Ali Cunningham, Beth Harleman, Peter Hunt, Elaine Khoong, Christine Khuu, Neil Powe, Leonard Telesca, and Larissa Thomas



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