UCSF Department of Medicine
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SAN FRANCISCO GENERAL

Smarter Systems, Better Care: Performance Improvement at ZSFG

The ZSFG Department of Medicine embraces a culture of performance improvement. Our hard-working providers, staff, and trainees continually work together on our True North goals (equity, safety, quality, care experience, workforce care & development and financial stewardship) to make our patient care and health care delivery system better. As we face the challenges ahead, our mission-driven teams continue to create systems that help everyone do their best work and innovate on ways to be the best stewards of our resources. This issue highlights a few of our colleagues who lead these important efforts.

Do What You Can, With What You Have


Elaine Khoong, MD

"Performance improvement is a systematic way to move from where we are with care delivery to where we'd like to be," said Elaine Khoong, MD, MS, Associate Professor in the ZSFG Division of General Internal Medicine and Medical Director for Quality Improvement and Patient Safety in the ZSFG DOM. "That can apply to any of our quintuple aims – quality of care, patient care experience, cost of care, clinician experience, and equity."

For example, Dr. Khoong worked with the primary care population health team and the health program coordinator for cardiometabolic disorders to leverage Epic's built-in population health tools. Together they piloted an outreach campaign to encourage diabetic patients to get their A1C tested. Patients received a text message stating they were overdue for their A1C, coupled with an automated order allowing them to drop in without an appointment to the ZSFG lab for a blood draw, or to schedule a lab draw at their local clinic.

"About 15 percent of these patients got an A1C," said Dr. Khoong. "Our team's time is our most valuable resource, and this let us test something that's a low lift from the health system standpoint. That lets us focus our high-intensity resources, like calling patients, on those who need that extra outreach. It's precision population health management, which is meeting a person where they're at, giving them the care they need when they need it."

On the other end of the spectrum, Dr. Khoong contributed to an effort to improve food security among Latine and Black patients with uncontrolled diabetes. Enrolled patients receive vouchers to buy fresh fruits and vegetables through the EatSF program, and also get connected with a nutritionist, pharmacist, and labs to help manage their diabetes. Two to three months after enrollment, patients experienced a

decrease in their A1C by about 1 point – for example, if it was 10.0 at baseline, it decreased to 9.0.

"This was a big team effort," said Dr. Khoong. "Blake Gregory, MD, formerly the Director of Population Health and Quality for Primary Care for the San Francisco Department of Public Health (SFDPH) and now Director of Primary Care for the San Francisco Health Network, was a strong advocate for securing more food vouchers. Our health program coordinator for cardiometabolic disorders helped set up the program, and health workers are doing a lot of the heavy lifting of enrolling patients. Our evaluation is conducted by a National Clinician Scholars Program fellow based at the Family Health Center."

There is a very pragmatic focus of performance improvement. "The primary goal is to improve care for your patients, reduce your costs, or improve your clinicians' experience, rather than creating generalizable knowledge," said Dr. Khoong. "We think about it as a 'learning health system,' or 'conducting health system-embedded research.'" While it may be difficult to rigorously measure the true impact of any given intervention, often the main objective of performance improvement is moving the needle rather than being exact on the mechanisms.

To increase likelihood of success, Dr. Khoong suggests aligning with existing organizational priorities that will facilitate access to data. "We're already reporting pay-for-performance metrics, San Francisco General True North goals, and CMS star ratings," she said. "It's not perfect, but it's good enough for reporting and getting graded and paid, based on it. Rather than coming up with a new dashboard, you can tap into existing infrastructure. It's like preparing a meal with ingredients already in your refrigerator. Maybe you'd prefer the lasagna had a different cheese, but is the cheese you have good enough?"

She encourages colleagues to reach out. "I'm happy to support people in their quality improvement, whether it's brainstorming ideas or help navigating the health system to access data for things that are already system priorities," said Dr. Khoong.

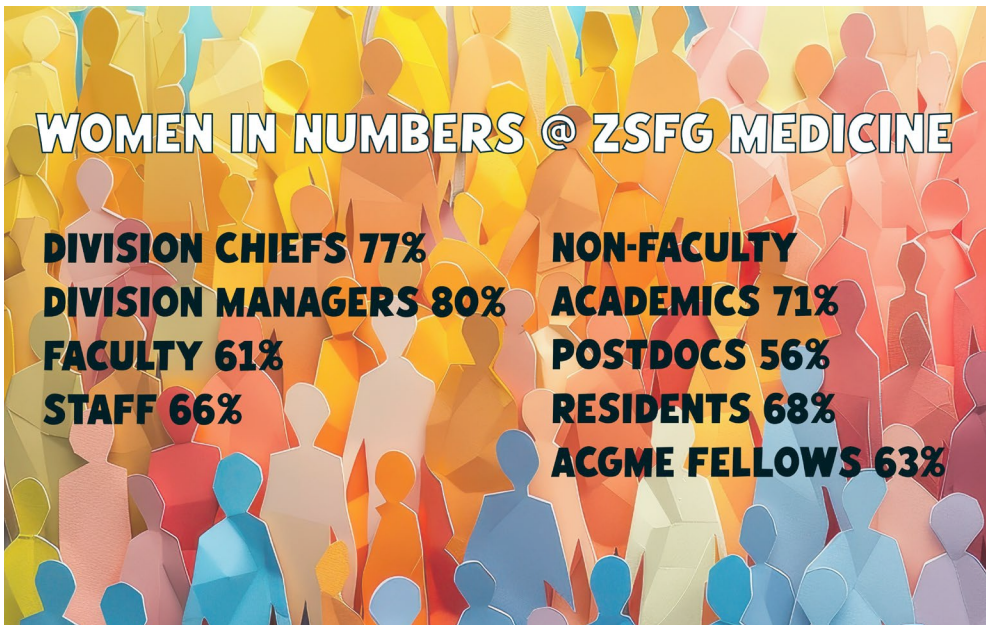
Marrying Technology and Operations to Improve Efficiency

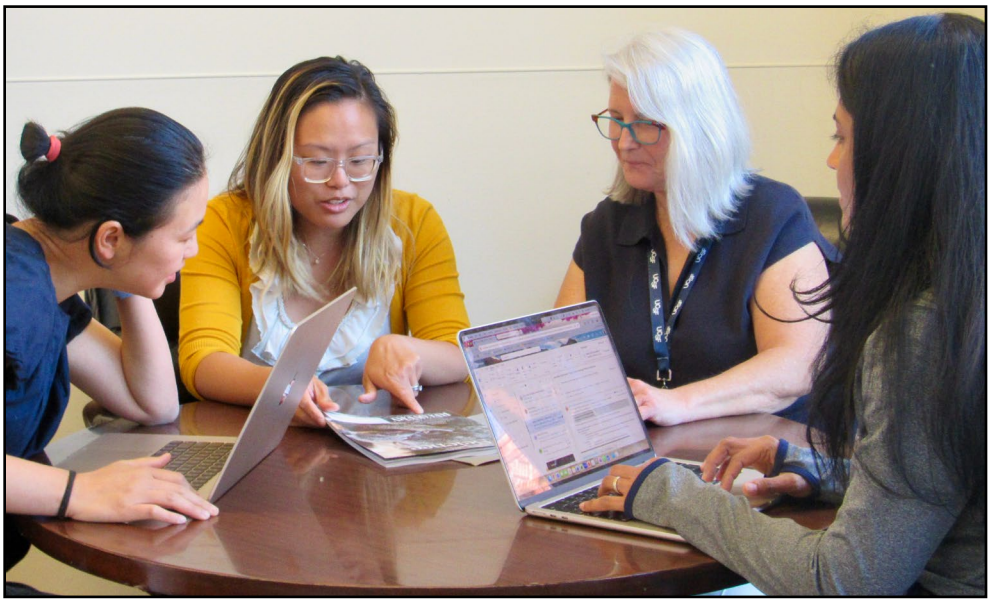
Shreya Patel, MD

"Performance improvement is about improving efficiency, minimizing waste, and working smarter, not harder," said Shreya Patel, MD, MPH, Associate Professor in the ZSFG Division of Gastroenterology and Associate Chief Medical Officer for Specialty Care and Diagnostics at ZSFG. "In the safety net, we have finite time, resources, space, and money. By being creative, we can do more with less as we work to be the best health care delivery system in the country."

Dr. Patel collaborates with the ZSFG Epic team and more than 50 ZSFG specialty clinics on the access optimization project. It seeks to make scheduling specialty appointments more convenient and efficient for patients, staff, and providers, reduce no-show rates, and get patients in to see specialists sooner, rather than waiting up to a year.

One innovation is patient self-scheduling. After a patient has been triaged by a specialist, they receive a text giving them the option to schedule their own appointment, instead of needing to call during business hours and sometimes play phone tag. Patients also get to choose an appointment





Left to right: Dr. Elaine Khoong, Dr. Amy Ou, Maura Temple, and Dr. Shreya Patel.

that works for their schedule, rather than being assigned a specific date and time. "If we can make dinner reservations online, why can't patients schedule doctor's appointments online, too?" said Dr. Patel. "This allows them to pick a convenient time, easily reschedule if needed, and opt-in to a waitlist in case an earlier appointment opens up."

Up to 30 percent of patients are now self-scheduling specialty appointments, freeing up staff time to help those who prefer scheduling the traditional way. Since doctors and nurses sometimes handle scheduling when clinics are short-staffed, self-scheduling helps everyone. "It's powerful to help people get back to practicing at the top of their license," said Dr. Patel.

She and her colleagues are also establishing templates for urgent and routine appointments. "If a provider needed to urgently see a patient, they've had to ask staff to reschedule another patient to free up a slot, which required a lot of manual back-and-forth," said Dr. Patel. "Now there's a 'hold and release' pattern for urgent appointments. Urgent patients get first priority, but if there isn't a need, after a certain point those appointments get released to the general pool, which allows us to see routine patients sooner. Hotels and restaurants have been doing this for a long time, but we're just now catching up in health care."

They are also customizing scheduling templates for each clinic. For example, often the Ear, Nose, and Throat (ENT) team determines that a patient needs audiology testing before seeing an otolaryngologist. "Our Epic team is phenomenal, and built a linked appointments feature," said Dr. Patel. "That allows ENT to send the patient a message saying they have two appointments to schedule, and ensures the audiology appointment always comes before the ENT appointment. Previously the otolaryngologist had to manually coordinate all that with the primary care physician."

Engaging all stakeholders – including clinical, operations, and financial teams – and co-creating a solution arekeys to success. "Be on the ground and ask, 'What are your pain points, and where can we help?'" said Dr. Patel. "People have different levels of enthusiasm or fear around change. Listen, ask more questions, and understand where they're coming from. Also, the performance improvement cycle is continuous. We always see how things go, get lots of feedback, and tweak things to iterate and improve."

Dr. Patel is passionate about performance improvement. "I'm incredibly lucky to advocate for my clinics so we can improve patient care," she said. "I love solving problems, and that's what makes this job really fun."

Curiosity and Persistence

Amy Ou, MD

"Most problems are much more complicated than you first perceive, once you dig into them," said Amy Ou, MD, Assistant Professor in the ZSFG Division of Hospital Medicine. As Associate Chief Medical Officer for the Department of Care Coordination, she works with colleagues across departments and disciplines to improve patient care coordination.

For example, when providers discharge a hospitalized patient, they enter what's called

a "discharge disposition" into the electronic medical record (EMR). The Centers for Medicare and Medicaid (CMS) have a list of options; however, that list was not nuanced enough for ZSFG's patient population.

"One of the CMS discharge dispositions is 'discharge to home,' but we were historically selecting this option even if they were discharged to the street, a shelter, or medical respite," said Dr. Ou. "We wanted to better track where our patients were actually going when they leave the hospital. At first, I thought, 'This will be quick – let's just come up with a list of places that people tend to go after discharge and get it updated.'"

As she talked with more stakeholders, she discovered there were regulatory reasons behind the existing list, including bill coding that was essential for receiving CMS reimbursement for care provided. After two years of work, she and her colleagues eventually modified the EMR to create a provider-facing solution that would provide a more detailed description of where patients went, but also an insurance-facing term that matched subcategories like "street" and "shelter" to the umbrella "discharge to home" CMS category. "Going to all the stakeholders with an open mind was really helpful, allowing me to formulate a better plan to update these items in a way that didn't interfere with their work," said Dr. Ou.

She finds several approaches helpful in this work. "If someone tells us 'no' without providing a logical reason, I approach the problem with genuine curiosity and keep asking 'Why?'" said Dr. Ou. "It's important to go to staff who are actually doing the work to understand their perspectives and motivations. I try to read the room, remember that other people's needs may be different than mine, and tailor my communication to each person. Some people prefer a quick text; others want more flowery, polite communication in person or by phone."

Dr. Ou thoughtfully incorporates data into performance improvement work. "We're not running a randomized controlled trial, but we do use data to guide us," she said. "I'm working on finding the balance between ensuring that data is good enough so we don't make wrong assumptions, but not becoming so focused on having perfect data that we can't move forward."

Dr. Ou appreciates engaging in performance improvement work at ZSFG. "This hospital is very mission-driven, where the patient is at the center," she said. "Part of my work is connecting the dots for frontline providers. I tell them, 'We're not telling you to discharge this patient [who no longer has a medical need for hospitalization] because we're trying to make more money, but because there are 20 other patients in the Emergency Department waiting for this bed.' One of the biggest challenges we face is increasing financial limitations, as each year we're having to do more work for less money. Often frontline staff have the best ideas for what improvements we could make, and I encourage them to be vocal about problems they encounter. While we can't solve them overnight, we can take steps towards solutions."

Building Supportive Systems for Reimbursement

Maura Temple

When a business prepares its tax return, it's important to fill out each form completely and document every business-related expense. Similarly, the ZSFG Department of Medicine must submit complete, carefully documented paperwork when requesting reimbursement from insurers like Medi-Cal and Medicare for care we provide.

"Performance improvement creates workflows that are efficient, streamlined, and reduce duplication of effort," said Maura Temple, CPC, CEMC, Clinical Operations Manager for the ZSFG Department of Medicine. "We ensure that providers' documentation is clean and has all the necessary information to bill insurers and get reimbursed on the first pass."

Ms. Temple leads a team of five coders who prepare and submit billing documentation for inpatient-related care to the ZSFG billing office. In partnership with Abhishek Karwa, DO, Faculty Lead for Professional Service Reimbursement and Associate Professor in the ZSFG Division of Hospital Medicine, her team engages in provider education. Together they help ZSFG Department of Medicine physicians navigate the labyrinthine requirements for claiming reimbursement for care of hospitalized patients.

"The motto is, 'If you didn't document it, it didn't happen,'" said Ms. Temple. "We don't direct physicians about what they need to document, but we ask them to review anything that's unclear, and give them the opportunity to edit that note for billing purposes. Our goal is to reduce nonbillable notes as well as [reimbursement] delays."

Since rules and regulations change over time – including a major update to Medicare inpatient documentation guidelines in

2023 – Ms. Temple's team helps ensure that billing documentation has the best chance of receiving full, prompt reimbursement. For example, if providers review a lab test or imaging result and describe how it helped shape the patient's care plan, they can often increase the reimbursement amount that the ZSFG Department of Medicine receives.

Ms. Temple and her team developed a PowerPoint presentation and a recorded training to help educate attending physicians and residents. They also gently remind attendings that they need to review trainees' care notes, see the patient themselves, and attest to the accuracy of the trainee's note within 24 hours in order for that care to be billable. If an attending has several nonbillable notes in a short period of time, Ms. Temple and her team expedite their outreach and offer assistance to help subsequent notes be billable.

Ms. Temple is working with colleagues in the billing office and the San Francisco Department of Public Health to establish systems that identify any Epic notes that have not generated a charge to insurers; they can also help trigger a charge if needed. "We want the system to work for us and make things more efficient for providers, instead of us chasing after these gaps manually," she said. Looking ahead, Ms. Temple anticipates that AI could one day assist with both documentation and coding, though anticipates human oversight will still be necessary.

Ms. Temple would like to improve data access to enhance the revenue cycle, and to increase collaboration with others involved in the complex process of successfully obtaining reimbursement for provider billable charges. "In this day and age, when we're starting to see more difficulty having insurance cover certain populations, it's even more critical that what can get billed to a payer gets billed," she said.

Ms. Temple feels very privileged to work at ZSFG. "It's a great team, and I feel appreciated every day," she said. "Everyone is genuinely dedicated to patients and works together to give the best care to them. My goal is to capture the revenue associated with that care." In the current circumstance of cutbacks to public insurance, financial stewardship including managing reimbursement is essential to providing high quality health care.

"While we certainly face obstacles ahead, our tradition of innovating, collaborating, and keeping our patients at the center of all we do will continue to guide us. We are grateful to these exceptional women leaders, and all of you in ZSFG DOM, as we hold true to our mission of excellence, equity, and resilience." said Beth Harleman, Vice Chief of Medicine and Professor in the Division of Hospital Medicine.

-Elizabeth Chur

Editors: Neil Powe, Leonard Telesca, Ali Cunningham

Left to right: Dr. Elaine Khoong, Dr. Amy Ou, Maura Temple, and Dr. Shreya Patel.

SPOTLIGHT

Congratulations!

- **Silvia Vilarinho, MD** has been named Chief of the ZSFG Division of Gastroenterology and Hepatology, effective July 1.
- **Rebecca Berman, MD** has been appointed the president-elect of the Association of Program Directors in Internal Medicine (APDIM).
- The Lown Institute, a nonpartisan healthcare think tank, has named ZSFG in its annual ranking as one of the top 20 U.S. hospitals for community benefit among 2716 acute care hospitals in the U.S and 2nd among 255 hospitals in California. Community benefit measures the extent of hospital investment in free care and community health.
- Nominations are open for the 2026 Krevans & Medical Faculty Awards. The awards will be presented to the recipients at our annual celebration on Tuesday, May 19, 2025.

2026 Krevans Award Nomination Form

2026 ZSFG Medicine Faculty Awards