



April 29, 2015

Barbara A. Garcia, MPA  
Director of Health  
San Francisco Department of Public Health  
City and County of San Francisco

Dear Ms. Garcia,

We, the chiefs of clinical services at San Francisco General Hospital and Trauma Center, are writing to express our support for a future enterprise Electronic Health Record (EHR) system for the Department of Public Health (DPH) that includes the San Francisco Health Network and the San Francisco General Hospital and Trauma Center. We have discussed potential EHR vendors at length and are convinced that EPIC is the best EHR that will meet the needs of the DPH, health professionals throughout the DPH, and the San Francisco residents' entrusted to DPH providers. We outline the rationale for our choice below.

First, we believe that *EPIC can provide the full scope of EHR services for the DPH* because it incorporates modules for acute care, ambulatory care, labor and delivery, intensive care, children's services, laboratories, operating rooms, inpatient psychiatry, and outpatient behavioral health among others, as well as for patient accounting, practice management and productivity improvement. The cost associated with the modules would be lower than other vendors because there are existing templates at UCSF that we could quickly and efficiently implement without incurring the time-intensive, expensive process of developing templates and workflows. We are mindful of the DPH's extensive ambulatory care system and believe that EPIC's ambulatory modules are far superior to others in terms of ease of use, ability to generate reports and being a truly integrated product that can interface with the inpatient, pharmacy, lab and imaging records.

Second, *many of our current clinicians are familiar and facile with EPIC* based on their clinical work at UCSF or from their training. Approximately 1000 physicians and 500 clinical staff at San Francisco General Hospital are involved in the delivery of primary or specialty care to 86% of the 123,440 patients in 70% of ambulatory/ancillary and 57% of total San Francisco Health Network encounters. In addition, 900 post medical graduate trainees (housestaff) are a large part of the workforce at SFGH. EPIC training is provided and supported by UCSF to all new in-coming post graduate clinical trainees who work at both UCSF and SFGH. Many of the trainees have learned on EPIC platforms before they arrived in San Francisco. Moreover, many DPH physicians practicing at non-SFGH San Francisco Health Network sites receive training at UCSF. *Therefore, the training costs and learning curve for the post-medical graduate trainees who practice in the DPH system would be less and shorter, respectively. Furthermore, and even more importantly, the alignment of EHR systems could reduce the likelihood of medical errors, patient harm and liability that can arise from a clinician's lack of familiarity and intermittent use of multiple EHR systems.*



Third, having *EPIC would promote timely exchange of health information* with other healthcare systems and between providers (UCSF, Sutter, Kaiser, Stanford) who also take care of San Francisco residents and use EPIC. Easy communication between systems is essential if the San Francisco Health Network is to thrive as an Accountable Care Organization and develop and maintain relationships or partnerships with other networks. In addition, the ability to readily obtain a patient’s records, test results or imaging reports from other hospitals will save money and time, important DPH resources, by reducing redundant and expensive testing.

Fourth, *EPIC has robust patient portals that promote and allow for meaningful engagement of patients* in their care. We believe better engagement of our patients will lead to better health and a lower cost of healthcare. It also allows us to easily meet “Meaningful Use” metrics of the Affordable Care Act.

Fifth, we believe *EPIC is the best platform to provide decision support to improve health outcomes, enhance quality of care, promote population health management and support value-based risk payment* in the San Francisco Health Network. EPIC provides tools for improving population health by integrating inpatient, outpatient, rehabilitation and preventive care. It includes registries for chronic conditions, medications, as well as wellness, and the ability to customize registries for our own use. Increasingly, payments from Medicare are based on our performance. EPIC will allow SFGH and DPH to collect and track outcomes necessary to capture performance-based, insurer payments. EPIC will also allow us to both track performance and provide decision support that will improve our outcomes.

**In summary, we believe that the DPH should choose EPIC as its enterprise EHR because of its capability to 1) encompass the broad scope of San Francisco Health Network services, 2) minimize training costs and potential patient harm, 3) communicate with other health systems, 4) engage patients, and 5) improve health system performance, thereby advancing the health and wellbeing of San Francisco residents.**

Thank you for considering our views on this critical decision.

Sincerely,

Digitally signed by Brian Bast  
DN: cn=Brian Bast, o=SFGH,  
ou=SFGH,  
email=brian.bast@ucsf.edu, c=US  
Date: 2015.05.01 10:42:16 -0700

Brian Bast, DMD, MD  
Chief of Oral & Maxillofacial Surgery

Benjamin Breyer, MD  
Chief of Urology

James Dilley, MD  
Chief of Psychiatry

James W.  
Dilley, MD

Digitally signed by James W. Dilley, MD  
DN: cn=James W. Dilley, MD, o=UCSF,  
ou=Dept. of Psychiatry,  
email=James.Dilley@ucsf.edu, c=US  
Date: 2015.05.04 15:14:59 -0700

Eberhard Fiebig, MD  
Chief of Laboratory Medicine

Eberhard Fiebig

Digitally signed by Eberhard Fiebig  
DN: cn=Eberhard Fiebig, o=UCSF/SFGH,  
ou=Dept. Lab Medicine,  
email=efiebig@ucsf.edu, c=US  
Date: 2015.05.04 15:32:34 -0700



*WE Finkbeiner*

Walter Finkbeiner, MD, PhD  
Chief of Pathology

*Elena Fuentes-Afflick*  
Elena Fuentes-Afflick  
2015.05.08 10:35:37  
-07'00'

Elena Fuentes-Afflick, MD  
Chief of Pediatrics

J. Claude Hemphill  
III, MD, MAS

Digitally signed by J. Claude Hemphill, MD, MAS  
DN: cn=J. Claude Hemphill, o=UCSF,  
ou=Department of Neurology,  
email=jhemphill@sfgh.ucsf.edu, c=US  
Date: 2015.05.08 11:43:46 -0700

J. Claude Hemphill, MD  
Chief of Neurology

*Rebecca Jackson*  
Rebecca Jackson, MD  
Chief of Obstetrics and Gynecology

*Geoff Manley*

Geoff Manley, MD  
Chief of Neurosurgery

Robin Stackhouse, MD  
Acting Chief of Anesthesia

Dr. Robin  
Stackhouse

Digitally signed by Robin Stackhouse, MD  
DN: cn=Robin Stackhouse, o=UCSF,  
ou=Anesthesia, email=rstackhouse@ucsf.edu, c=US  
Date: 2015.05.07 16:31:56 -0700

Toby Maurer, MD  
Chief of Dermatology

Toby  
Maurer, MD

Digitally signed by Toby Maurer, MD  
DN: cn=Toby Maurer, MD, o=UCSF,  
ou=Dermatology,  
email=toby.maurer@ucsf.edu, c=US  
Date: 2015.05.07 16:31:56 -0700

Theodore Miclau, MD  
Chief of Orthopedic Surgery

*Theodore Miclau*

Peter Muskat  
Peter C. Muskat, M.D.  
Chief of Surgery

Digitally signed by Peter Muskat  
DN: cn=Peter Muskat, o=UCSF at SFGH, ou=Surgery  
Department, email=pmuskat@ucsf.edu, c=US  
Date: 2015.05.05 11:48:12 -0500

*Neil R. Powe*  
Neil R. Powe, MD  
Chief of Medicine

Digitally signed by Neil R. Powe M.D.  
DN: cn=Neil R. Powe M.D., o=School  
of Medicine, ou=UCSF at SFGH,  
email=neil.powe@ucsf.edu, c=US  
Date: 2015.04.30 17:06:03 -0700

*Marika Russell*  
Marika Russell, MD  
Chief of Otorhinolaryngology

Malini Singh, MD  
Chief of Emergency Medicine

*Malini Singh*

Jay Stewart, MD  
Chief of Ophthalmology

Teresa Villela, MD  
Theresa Villela, MD  
Chief of Family and Community Medicine

Digitally signed by Teresa Villela, MD  
DN: cn=Teresa Villela, MD, o=UCSF - Family and  
Community Medicine, ou=San Francisco General  
Hospital, email=TVillela@fcm.ucsf.edu, c=US  
Date: 2015.05.07 15:14:53 -0700

*Mark Wilson*  
Mark Wilson, MD  
Chief of Radiology, MD