

CIN

CONNECTIONS

Summer 2019 Issue:

Leadership for Continuous Change and Improvement



CALIFORNIA
IMPROVEMENT NETWORK:

BETTER IDEAS
for CARE DELIVERY

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Reflections from a CIN Managing Partner

Leadership Is Key to Achieving
a Culture of Quality

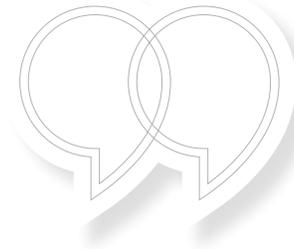


Twenty years ago, as a new medical director of a community health center, I first learned about the potential for quality improvement (QI) methodology to be systematically applied in a chaotic health care environment. Medical errors were leading to a huge mortality rate in the US health care system, and I realized system changes could improve the situation.

I learned as much as possible about the methods, theory, and statistical background of quality improvement, yet when it came time to implement large scale improvements at my organization, it proved to be more challenging than I had expected. Eventually, I discovered something that transformed my career: The key to large scale, sustainable quality improvement was to create an organizational “Culture of Quality.”

It is not sufficient for QI staff to understand quality; everyone from the top leadership to frontline staff needs to be dedicated to continuously looking for ways to systematically reduce waste, and better serve the needs of the customer/patient. Effective leaders must be able to promulgate this culture. In fact, if we are truly dedicated to improving the lives of the people we are responsible for in our

“In fact, if we are truly dedicated to improving the lives of the people we are responsible for in our segment of this complicated health care delivery system, we must be life-long students of leadership.”



segment of this complicated health care delivery system, we must be life-long students of leadership.

Reflections from a CIN Managing Partner

This issue of *CIN Connections* contains examples of leaders who have successfully implemented a Culture of Quality, including Zuckerberg San Francisco General Hospital (ZSFG) CEO Susan Ehrlich. With an emphasis on principle-based leadership and Lean methodologies, she has set up systems and conditions to sustain improvements.

No matter your current level of leadership experience, the leadership lessons summarized in this issue of *CIN Connections* are worth

spending some quiet time to review and contemplate. We hope these resources serve you well in this rapidly-changing environment.

Sincerely,

Robert Moore, MD, MPH, MBA

CIN Managing Partner

Chief Medical Officer

Partnership HealthPlan of California

FIGURE 1

How Effective Leadership Results in Improved Outcomes



Lean Management at Zuckerberg San Francisco General

This Hospital CEO Takes Lean
Management to Where It Counts:
Leadership Behavior

Featuring:

Susan Ehrlich

CEO

Zuckerberg San Francisco
General Hospital

After Susan Ehrlich, the CEO of Zuckerberg San Francisco General Hospital (ZSFG), received her personal development evaluation, she shared it and her resulting personal development plan with her executive team at an in-person meeting. “That was a humbling experience,” Ehrlich said.

“It turns out that leading with humility is really hard. Most people don’t expect leaders to be humble. In fact, at times you disappoint people by being humble.”

Ehrlich has set up systems and conditions to encourage ideal leadership qualities and behaviors, including humility. She oversees an organization with a budget of \$1.1 billion, a faculty of 5,400, and the ability to serve more than 1.5 million patients. Her impact extends throughout the organization, from executive leaders to frontline staff. Under her direction, ZSFG is preparing for a colossal change: the launch of Epic, an enterprise-wide electronic health record. At the CIN partner meeting on June 5, 2019, Ehrlich described ZSFG’s journey to this point.



Susan Ehrlich leads a staff meeting in her office at Zuckerberg San Francisco General Hospital.

Photo: California Health Care Foundation/
Josh Edelson

This Hospital CEO Takes Lean Management to Where it Counts: Leadership Behavior

ZSFG's Lean Journey

ZSFG is an exemplar in the application of Lean methodology in health care. Lean, a system of continuous improvement and learning, was originally developed in the automotive industry by Toyota Motor Company, and has since been implemented in health care organizations and other businesses around the world.

Ehrlich has taken ZSFG's Lean work to the next level by focusing not just on process performance, but the true driver (and most challenging aspect) of organizational transformation: leadership and management behaviors. "The tools won't cut it," Ehrlich said. "It's about how we support our leaders and

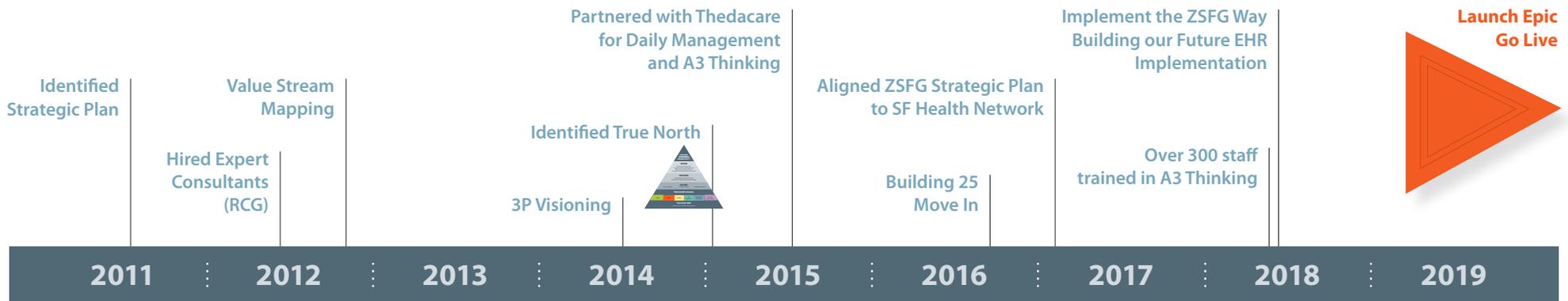
then support our line staff in service of meeting the needs of our patients."

Prior to her arrival, ZSFG had completed the first and second phase of Lean (Figure 2). The first phase, which Ehrlich describes as the "learning and tools" phase, involved value-stream mapping, a method for reaching goals while minimizing waste, as well as the strategic deployment of ZSFG's True North goals (Figure 3). "True North is our commitment to our patients and staff, by fulfilling our mission and achieving our vision," Ehrlich said. The six components of the ZSFG's True North goals are equity, safety, quality, care experience, developing people, and financial stewardship.

FIGURE 2

ZSFG Lean Journey: Tools to Leaders

The second phase of Lean, ZSFG's daily management system (DMS) began in 2015. The DMS uses problem-solving tools — including daily huddles, use of visual management tools with data, and stand-up meetings — that provide enhanced communication and alignment with ZSFG's True North.



This Hospital CEO Takes Lean Management to Where it Counts: Leadership Behavior

The ZSFG Way

The ZSFG Way is a system for hospital leaders to use in achieving their mission (and True North). It involves staff at all levels of the organization and includes tools, methodologies, and four values:

- 1. Align Together**
- 2. Enable Together**
- 3. Improve Together**
- 4. Care Together**

ZSFG's interdisciplinary urgent care workshop team is an example of the ZSFG Way in action. Using a value stream map with an emphasis on "align together," this group leveraged data and observations to better understand patient experience in their department. After moving into a new building across from the emergency department, they increased their number of visits by 30-50%.

Principle-Based Leadership

ZSFG's executive team recently underwent their third round of 360 evaluations, in which feedback is gathered from staff, colleagues, and supervisor(s), and also incorporates a self-evaluation. Ehrlich and the executive team members were evaluated based on principle-based leadership qualities derived from the Shingo Institute. These qualities fit well with the ZSFG North Star and ZSFG Way and include:

- **Respect Every Individual**
- **Lead with Humility**
- **Seek Perfection**
- **Embrace Scientific Thinking**
- **Focus on Process**
- **Assure Quality at the Source**
- **Flow + Pull Value**
- **Think Systematically**
- **Create Constancy of Purpose**
- **Create Value for the Customer/Patient**

This Hospital CEO Takes Lean Management to Where it Counts: Leadership Behavior

FIGURE 3

The ZSFG Way

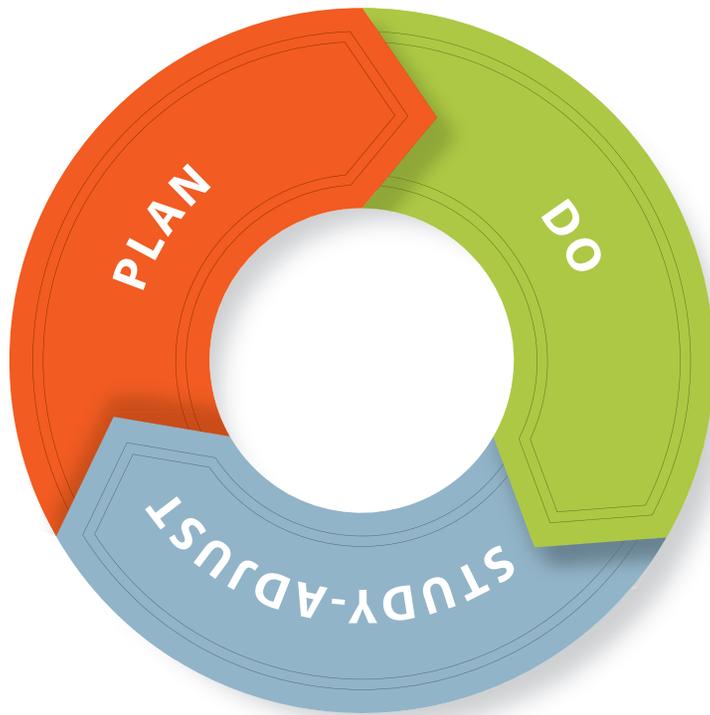
Key Elements:

- Align us to True North
- Problem-solve across our systems
- Measure improvement



The third phase of Lean started in 2016, after Ehrlich took over the helm of the hospital. Called “The ZSFG Way,” this phase focuses on the hospital’s leaders and leadership behavior.

This Hospital CEO Takes Lean Management to Where it Counts: Leadership Behavior



Personal Development — Plan Do Study Adjust (PDSA)

At ZSFG, the executive team members are evaluated on 360 results and principle-based leadership qualities; they then develop iterative personal development plans from these evaluations, as demonstrated in Figure 3.

FIGURE 4

ZSFG's PDSA for Personal Development

Plan:

360 Evaluations, Personal Development A3

The 360 evaluations lead to a personal development plan A3 for all members of the executive team at ZSFG. This one-page document outlines a problem statement, goals and targets, analysis, proposed countermeasures, a plan, and follow-up for each team member.

Do:

The personal development A3 turns into Leader Standard Work, a list of activities for leaders to perform on a daily, weekly, and monthly basis.

Study/Adjust:

The Leader Standard Work list constantly evolves, through self-assessment, repeat 360 evaluations, reflection, and feedback.

This Hospital CEO Takes Lean Management to Where it Counts: Leadership Behavior

Implementing an Enterprise-Wide Electronic Health Record: Epic

Implementing Epic is one of ZSFG's three strategic initiatives this year. "At our strategic retreat in December, we realized we really weren't on target," Ehrlich said. "We decided to double down as a team." The team identified all of the pieces of this process that were behind schedule and assigned leaders to each initiative. "For our team, this has been amazing. It has forced us to come together to focus on this singular problem."

Epic is scheduled to launch in August, and Ehrlich feels well prepared: "We're doing much better now, and our team has benefitted as a result."

About Susan

Susan Ehrlich is the chief executive officer of Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG). Prior to her appointment at ZSFG, Ehrlich held multiple leadership positions at the San Mateo Medical Center. She has extensive background in and knowledge of public health policy and finance at all levels of government. She is a Lean-certified physician executive with extensive expertise leading and transforming public health care organizations serving diverse populations. She completed the CHCF Health Care Leadership Program in 2007.

Ehrlich received a bachelor's degree in public policy from the Sanford School of Public Policy at Duke University and a master's degree in public policy from the Richard and Rhoda Goldman School of Public Policy at the University of California, Berkeley. She received an MD from the University of California, San Francisco.



For more resources on leading change, visit the [CIN Resource Page](#), which contains CIN's top picks for articles and books to guide leaders in an environment of continuous change.

How to Lead Through Challenging Times

Featuring:

Jean S. Fraser
CEO, Presidio Trust

Jean S. Fraser took over as head of the San Mateo County Health System during the Great Recession. “Here I was in a new job and the bottom was dropping out of our revenue,” Fraser said. “At the same time, thousands more people were coming to us for service, because they had lost their jobs — and health insurance — in the recession.”

Fraser managed to stay optimistic and lead her organization through this and other crises throughout her career. At the CIN partner meeting on June 5, 2019, she shared her top six tips for leading through challenging times.

1 **Share the pain and ask for help.** Take a pause when a crisis happens; don’t immediately rush into action. First you need to vent, rage, cry, or do whatever it takes to calm yourself down. Decisions should never be made in fear or frustration.

Do not vent in front of those who report to you. Don’t develop a brotherhood/sisterhood of victimhood — your job is to lead.

2 **Make a plan, including for the worst.** “The old adage is completely true: When the going gets tough, the tough get going.”

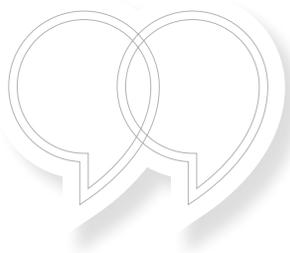
After the recession hit, Fraser knew the San Mateo County Health System would need to implement serious budget cuts. After first getting over her panic, she warned her team that cuts were coming. They couldn’t choose how big the cuts would be, but they could choose where they would fall. Together, her team made three plans: a 5% cut, a 15% cut, and 25% cut. Her organization ultimately had to implement a 12.5% cut, but because of the contingency planning, her team was relieved instead of horrified.

“When bad stuff is coming at you, lean in to the problem,” Fraser said. “Plan for the worst outcome you can think of, because you’ll realize you can survive it. If the worst doesn’t happen, then people are relieved instead of devastated.”

3 **Find the opportunity in the crisis and act.** When planning for budget cuts at San Mateo County Health System, Fraser asked her team: Is every dollar we’re spending the best dollar spent? Are there underperforming programs that could be tweaked? As a

How to Lead Through Challenging Times

“Every day, I make one or more mistakes, or I don’t perform as well as I thought I should have. In my first CEO job, I learned that forgiving myself frequently and rapidly is the only way I could continue to move forward.



result they eliminated programs that were underperforming or that had outlasted their usefulness. As one example, they transferred daily operation of a nursing home that wasn’t core to their mission to a private operator that was able to improve quality.

“Think long and hard about what you might be able to do during a crisis that you might not be able to do during other times,” Fraser said. “It positions your organization to thrive in the long run.”

4 **Forgive others and yourself and move on.**

When managing in challenging times, it’s critical to let a lot of things go and to forgive. “We need to get past the anger and get curious.” Try to see the world from other perspectives. Once you understand others’ motivations, then you are likely to be able to figure out a plan to move forward.

Once the Affordable Care Act passed, San Mateo Health System needed to hire staff to provide services to the newly-expanded patient population, but there was reluctance from leaders at the county. For several weeks, Fraser stewed about the stubbornness at the top. Finally, her husband challenged her to

find out why they wouldn’t budge. As it turned out, county leaders had many years’ experience with a cruel cycle: hiring people only to have to lay them off without severance when budgets were cut again. Once Fraser understood this reasoning, she worked with HR to create a severance policy for employees. This policy helped encourage county leaders to move forward with hiring.

In addition to forgiving others, leaders need to be able to forgive themselves. “Every day, I make one or more mistakes, or I don’t perform as well as I thought I should have. In my first CEO job, I learned that forgiving myself frequently and rapidly is the only way I could continue to move forward.”

5 **Do what you need to do to refresh yourself.**

When things are really getting you down, do what you have to do: Meditate, go to a movie, eat popcorn, read a trashy novel, go for a run, or whatever works for you.

Fraser is well known for going for a walk or a bike ride. “When you are facing something where you can’t be positive around other people, get out for a 20-minute walk. It’s amazing how you’ll come back with a fresh

How to Lead Through Challenging Times



Let go of the idea that if you work harder, or learn enough, or talk to enough people, you can improve every situation. Sometimes you just can't."

attitude." When you're in a leadership position, it's important to not spread your frustration, anger, or depression to others. In fact, you need to be a model of optimism.

6

Sometimes, you need to walk away. The greatest leaders understand when they're not the best leader for a specific situation. "At age 26, I took a job that I knew was wrong for me in the first week. I quit that job after one year. At 46, I took a job that I knew was wrong for me in the first week. I quit that job on Friday."

Let go of the idea that if you work harder, or learn enough, or talk to enough people, you can improve every situation. Sometimes you just can't. Sometimes it's the wrong fit. Sometimes you've run out of ideas or energy. When the frustrations outweigh the pleasures of a role, it's time to move on to the next opportunity.

For more resources on leading change, visit the [CIN Resource Page](#), which contains CIN's top picks for articles and books to guide leaders in an environment of continuous change.



About Jean S. Fraser

Jean S. Fraser has served as chief executive officer of the Presidio Trust (which runs the nation's only financially self-sustaining national park site) since 2016.

Previously, she led the San Mateo County Health System, and before that, the San Francisco Health Plan, which developed a first-in-the-nation program providing affordable health care to all uninsured San Franciscans. She has taught and consulted on leadership and management issues. Fraser is a graduate of the National Outdoor Leadership School, Yale University, and Yale Law School.

Breaking Down Communications Roadblocks at L.A. Care Health Plan

Featuring:

Cynthia Carmona

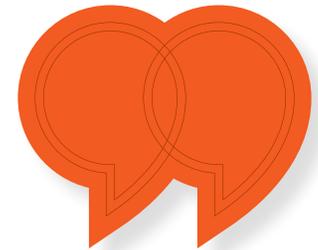
Senior Director of Safety Net Initiatives
L.A. Care Health Plan

In the 18 months Cynthia Carmona has served as senior director of safety net initiatives at L.A. Care Health Plan, she has focused on creating a strong foundation, improving communications, and building relationships with her team and across departments. “Building trust comes first, then comes accountability,” Carmona said.

For example, the implementation of the Health Homes initiative, a complex case management Medi-Cal program, has required a high level of trust and “a black belt in communication,” Carmona said. “Actions taken as part of one project impact other departments, and without good communication, you risk unintended negative consequences.”

In supporting efforts across the 2,000-person organization, she has been challenged by the many “gates and stops.” Reporting and approval demands seem to pop up at every turn. Carmona works with other directors to ensure effective communication while reducing these repetitive requirements. “The leadership challenge is walking the line where we have the appropriate level of structure, but not too much structure with too many gates,” she said.

“Building trust comes first, then comes accountability.”



Real-time communication with her core team keeps work moving and everyone up-to-date. “I favor personal interactions over email when it’s appropriate. Quick face-to-face conversations and phone calls, even text messaging using our personal cell phones, can be more effective,” Carmona said. “Part of my role is to make communication easier and better.”

Carmona helps her staff balance their resources within L.A. Care’s environment of constant change and competing priorities. “We talk about what success looks like in each initiative,”

Breaking Down Communications Roadblocks at L.A. Care Health Plan

she said. "I want people to be comfortable with the idea that sometimes 'done is better than perfect'"

Looking forward, Carmona will focus on other departments' needs, in addition to her own. There are lots of changes underway at L.A. Care, including reorganization efforts, Carmona said. "I want to collaborate with other departments through challenging times. It's important that

we consider ourselves part of a larger team, not just one within our own department."

Taking a cue from the CIN meeting's keynote speakers [Susan Ehrlich](#) and [Jean S. Fraser](#), Carmona will also focus on honesty and truth-telling with her team, including between herself and her executive leadership. "How am I helping my boss?" she asked. "Am I providing my executive leader with honest feedback?"

Cynthia Carmona, senior director of safety net initiatives, L.A. Care Health Plan, spoke about breaking down communications barriers at the CIN partner meeting.



Adapting Change Management Theories and Tools at the Center for Care Innovations

Featuring:

Tammy Fisher

Senior Director
Center for Care Innovations

The Center for Care Innovations (CCI) supports safety net health care organizations in transforming care for vulnerable populations. The organizations they support are constantly changing. “Our goal is to create a commitment to learning, and for the long term,” said Tammy Fisher, CCI’s senior director.

To that end, CCI integrates change management and leadership principles across its programs. “We don’t stick to one change model, but rather borrow from several,” Fisher said. Some of the models CCI adapts for its programs include [adaptive leadership from Ron Heifetz](#), [learning organization principles from Peter Senge](#), and [the transitions framework of William Bridges](#), in addition to [models from John P. Kotter](#), [Helen Beven](#) and [the Heath brothers](#). CCI’s programs also draw on quality improvement methods including cycles of plan-do-study-act, human-centered design, and Lean.

While CCI adapts frameworks from outside authors and experts, they maintain a focus on specific values. “We’ve agreed on four guiding principles to build a strong learning culture within safety net organizations,” Fisher said.



Tammy Fisher, senior director, Center for Care Innovations, speaks at the CIN partner meeting in Oakland, California.

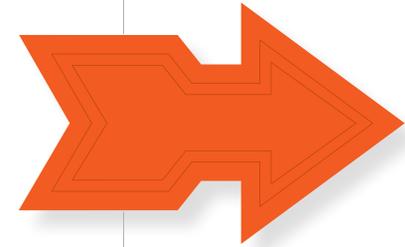
1. **Vulnerability.** This involves testing ideas, and being open to failure as an essential part of learning.
2. **Humility.** Humble leaders can bring people together and drive change.
3. **Abandoning mental models.** This involves the “beginner’s mindset,” or letting go of preconceived notions of leadership.
4. **Personal mastery and team learning.** Mastery allows leaders to become role models and help their teams reach new heights.

Adapting Change Management Theories and Tools at the Center for Care Innovations

CCI's Catalyst program, for example, focuses on human-centered design knowledge and capacity. CCI helps leaders develop a "beginner's mindset," through which people abandon existing mental models and become curious and humble. Participants also develop creative confidence, and play with prototypes and visual data displays.

Looking Forward

CCI is testing a change management series, built from their mixed model of quality improvement and human-centered design. This series is organized using W. Edwards Deming's four-part System of Profound Knowledge, which provides the foundation for quality improvement. CCI is also testing, with Aspen Labs, a simplified version of their blended approach, called "leading profound change."



Seven Leadership Tenets from Sunita Mutha

By:

Sunita Mutha, MD, FACP

CIN Managing Partner

Director, Healthforce Center at UCSF

I can be an impatient person. I entered health care to make peoples' lives better and sometimes I'm infuriated by the dysfunction of our health care system. I want change now

and I want it fast. I want a vibrant, charismatic leader to come in and fix this broken system.

Unfortunately, lasting change doesn't work that way.

Change requires bringing people together — and when you bring lots of people together, the change might move slowly. There might be disagreements or differing perspectives. It can take time to get a group of people moving in the same direction. But it takes a village to create big and lasting change — to create transformation.

Change is certainly happening in health care — at times, it can feel like too much. In fact, all of this change has led to fatigue at a minimum, burnout, and even death. Electronic health records, for example, are painful for many of us right now, but we can't discount the fact

that patients value this innovation. Many patients like to have control over their own data and health information. It would be ridiculous to consider going back to a paper system. Might this change get easier and improve care in the long run? I think so.

Managing continuous change requires continuous learning. Quality improvement methods are well designed to support this. Plan-do-study-act (PDSA) involves small cycles of learning and change. You may not want to bet your entire organization on something that's untested, but continuous learning and action will lead to long-term results.

Whether you're leading transformation efforts to holistically address social needs that impact health or integrating behavioral health and primary care at your organization, just remember: Lasting change takes time, work, code-sign, and coalition-building. We're in this for the long haul.

As a sometimes-impatient person, is this hard for me to accept? Absolutely. But with practice, it gets easier, and results in change that lasts.

Seven Leadership Tenets from Sunita Mutha

1. **Leaders think about the big picture.**

Leadership is thinking beyond yourself. I am contributing to a mission that effects positive change in health care. All of my efforts contribute to that mission — it is what drives and motivates me.

2. **Leadership is a team sport.** A leader isn't always the one at the front of the room. At times, a leader's biggest contribution is connecting and supporting people behind the scenes.

My Leadership Philosophy

After nearly two decades of teaching, mentoring, and managing, my leadership style and philosophy have evolved. I now know that leadership can be defined and practiced in many ways. Below are seven tenets about leadership that are true for me and the organization I lead, Healthforce Center at UCSF. What about you? What is your leadership philosophy?

3. **Leaders support and nurture others.**

I want my legacy to be helping people become better versions of themselves. A mentor gave me that gift and I want to help those that I work with — residents, staff, and leadership program participants — believe in themselves and grow.

4. **Leaders value honesty and candor.**

As long as I believe I'm doing things with honesty and awareness, then I feel like I'm doing my best. I show up as fully as I can, engage as fully as I can, and try to be as candid with people as I can. Honesty also translates into admitting your mistakes, because we all make them. Acknowledging flaws is an important part of leading.

5. **Leaders take the long view.** We need more leaders who have the foresight to plan for future generations, and put short-term politics aside to consider the long-term consequences.

6. **Leaders make time for reflection.**

The best leaders I've seen are the ones who can stop, reflect, and ask themselves what they did well and what they need to do differently. They surround themselves with people who give them honest responses, not what they think the leader wants to hear.

7. **Leadership is situational.** We are all leaders and we are all followers. Does everyone have the same title? No. Does everyone feel like they are leaders? No. There are plenty of places in my life where I'm a follower. Sometimes that's exactly the right role for me.

Seven Leadership Tenets from Sunita Mutha

About Sunita

Sunita Mutha, MD, FACP, is the director of Healthforce Center at UCSF. For over 15 years she has been engaged in transformational leadership in health care with a special focus on emerging leaders and inter-professional training.

Sunita Mutha of Healthforce Center, right, discusses managing change with Lisa Pratt from San Francisco Health Network at the CIN partner meeting on June 5, 2019.



CIN Partners' Progress Managing Financial Risk and Total Cost of Care

Since the spring partner meeting on managing financial risk and total cost of care, CIN partners have been busy reassessing their efforts and taking action on this issue. Below are a few highlights from the work they've done to contain costs.



We have a new focus on being cautious about spending money to save money. If people say you have to spend money to save money, they're usually wrong. It doesn't mean it's not the right thing to do."

Robert Moore, Partnership HealthPlan

"L.A. Care has developed a pay-for-performance program for hospitals, and is developing one for long-term care facilities. We collaborated with both Inland Empire Health Plan and Partnership HealthPlan in this development. We are partnering with state and national organizations such as California Maternal Quality Care Collaborative and National Healthcare Safety Network to obtain and analyze data. We are rolling out the program in late 2019."

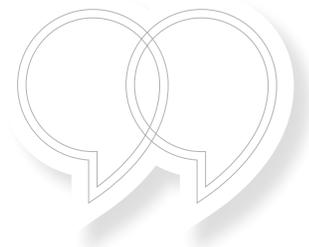
Cynthia Carmona, L.A. Care



Group activity at the CIN partner meeting on June 5, 2019, in Oakland, California.

"CQC is learning about the new primary care payment models just released by the Centers for Medicare & Medicaid Services, and is facilitating a meeting of our stakeholders to surface alignment for changing the payment structures of primary care.

Melora Simon, California Quality Collaborative



Get Involved and Join Us

CIN Connections has resources available to help you lead change at your own organization, and also address the other critical priority areas the network has identified.

CIN Resource Page: Leadership for Continuous Change and Improvement

CIN's top picks for articles and books to guide leaders in health care organizations in an environment of continuous change.

Understanding the Fundamentals of Managing Financial Risk and the Cost of Care

How can health care leaders better manage financial risk and total cost of care? How can they provide better value? CIN has recently released two publications to help answer these questions:

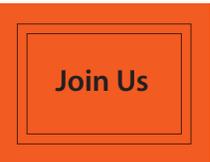
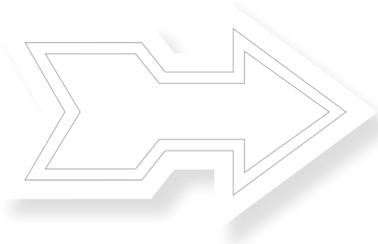
CIN Connections, Spring 2019: Managing Financial Risk and Total Cost of Care

This issue of CIN Connections features Mitch Katz, MD, head of the largest public health care system in the country, and other health care leaders across the state who share strategies to manage total cost of care.

Fundamental Concepts for Managing Risk & Understanding Total Cost of Care

This lexicon provides a foundational understanding of costs and payment models. It can equip medical and finance teams with shared knowledge and understanding of terminology so they can more easily collaborate, and can educate staff and clinicians throughout an organization to better understand the terminology used by leadership.

REGISTER NOW: Webinar Series — The ROI for Addressing Social Needs in Health Care



Join Us

Back by popular demand, CIN's webinar series The ROI for Addressing Social Needs in Health Care explores organizations' efforts to assess and address homelessness, food insecurity, and social isolation in an effort to improve clinical outcomes and control total cost of care. Register now to learn about successes and strategies from leading health care organizations, including Kaiser Permanente and Contra Costa Health Services.

California
Improvement
Network Better Ideas
for Care Delivery



Healthforce
Center at UCSF

CIN is a project of the California Health Care Foundation and is managed by Healthforce Center at UCSF.

Join Us

[Sign up
here.](#)

Learn more and stay apprised of quality improvement resources, events, and opportunities for engagement offered through CIN.

Have you tested out any of the quality improvement recommendations or tools included in this issue? Tell us how it went. We are here to answer your questions or connect you to additional resources. Email us at CIN@ucsf.edu.

Contact Us

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