

# NAAPA News

## From the President's Desk

By Beth Ambinder

### Inside this issue

<b>President's Desk</b>	1
<b>Meet Your President</b>	3
<b>Clinical Benchmarking Survey</b>	3
<b>On the Grapevine</b>	4
<b>2013 Fall Education Meeting</b>	5
<b>Spring Conference Highlights</b>	6
Newell Lecture	6
TMS	6
Benchmarking Survey	7
Administrative Achievements	7
Applying Technology	8
Internet Resources for Depression	9
Training the Next Generation	9
Research Administration	10
Trainee Texting	11
FACMPE Certification	12
<b>Research News</b>	13
<b>The Back Page</b>	14



Welcome to the spring-summer edition of the NAAPA News following a very successful spring conference in the beautiful city of San Francisco. We were hosted by Marie Caffey from the University of California at San Francisco who coordinated an excellent program that touched on many areas of interest including, leadership transition, use of technology in depression, science and innovation as well as presentations from our members and their organizations.

An important activity that takes place after the conclusion of the meeting is the review of the feedback we receive from participant surveys. This is incredibly important to the planning committee and many of the changes you have seen over the last few meetings were implemented in response to this feedback. The overall score for the both the quality and value of the meeting was 3.88 out of 4 which is a really positive reflection of member satisfaction with the content, presentations and setting for the meeting. Of note is that the highest score was received by the second "Take Two" at 3.95 and is indicative of feedback we have consistently heard that information provided by our members is often the most useful and applicable to their colleagues own academic settings. "Take Two's" had been omitted from a prior conference due to scheduling constraints but based on feedback from the surveys, we scheduled outside speakers around them to ensure that adequate time was available for them.

The work on planning for the fall conference is already underway and the location for the conference is San Diego, California. Also in response to member feedback we are planning the location around the MGMA conference which is scheduled for October 6 – 9<sup>th</sup>. Some members who have not been able to attend were allowed to attend only one conference per year and had already committed to the MGMA conference despite their positions in academic psychiatry. We hope to reach this audience and attract members who are not regular attendees.

**NAAPA conference dates will be October 4<sup>th</sup> and 5<sup>th</sup> in San Diego** and thus immediately preceding the MGMA's opening on the 6<sup>th</sup>. Please mark your calendars and look forward to upcoming information on our website.

*Continued on Page 2*

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## President's message (continued)

Also in response to member requests, we are planning future conferences sooner to facilitate participation and are looking for a member to host the spring 2014 conference. If you are interested, please contact Glory Novak or myself and we can give you an over view of what is entailed. For those of us who have done this, it is actually a great way to get involved and explore the talent that exists in your own organizations.

Speaking of our website, Jennifer Collins, administrator for the University of Kansas has accepted responsibility for managing the website. Jennifer has previous website experience and is looking forward to adding content and ensuring that all members have ease of access. Please join me in welcoming Jennifer.

Another welcome addition to our group is Kim Katusha who was selected as the administrative coordinator for NAAPA. Kim joined us before the spring conference and was introduced to our members at the meeting. She will be an invaluable member of the group and provide support for conference planning, board meeting coordination and other organization activities that we have struggled to accomplish due to our competing priorities.

The Benchmarking Committee has been busy revising the survey undertaken a few years ago and presented some very preliminary results at the spring meeting. The revised survey has been edited a bit to reduce the time commitment necessary to complete it while retaining the survey questions that were felt to be essential to its use as a trending tool. The survey was distributed a few weeks before the spring meeting and conflicts with members budget preparations resulted in submissions from only nine institutions. Jeff Charlson from the University of Wisconsin will be chairing the committee succeeding Janet Namini and is hoping that as the budget cycle winds down that many other surveys will be received. This provided very valuable information for our membership in the past and we are excited that similar value will be forthcoming from the current

survey. He or the members of his committee, Pamela Wesley and John Herzke, are available to provide clarification or answer any questions you may encounter in taking the survey. Results will be made available at no cost for members who participate in the survey. Results from the previous survey by nonparticipants can be purchased on the website.

Membership in our organization has remained relatively stable over a number of years and although new members are added annually, there is generally a comparable number leaving the organization due to retirement and job changes. We are sad to say good bye to Radmila Bogdanich who is leaving NAAPA and her most recent board membership role as past president following her acceptance of an administrator position in neurosurgery at the University of California at Davis in sunny Sacramento, California. The organization truly benefited from her willingness to get the first survey to completion, role as president and knowledge about its history. We wish her all the best in her new job and location. Although Liz Stevenson became a member about a year ago, she attended her first NAAPA conference representing the Oregon Health and Sciences University. We look forward to seeing her again at future meetings and offer our welcome to her. Ruth Irwin from the University of California at Los Angeles has joined the board as chair of the membership committee. She and Tony Bibbo from the University of Maryland, will be working to recruit new members, welcome them to NAAPA and ensure that our ever changing database remains current. If you were not at the conference and have any changes to your profile, please contact either she or Tony so that you will not miss any communication they may want to get out to our members. Continuing to explore opportunities for identifying new members and engaging existing members in our conferences, committees and web activities is one of my goals for the coming year and I will be working closely with the membership committee on activities to advance these goals.

Last but certainly not least, I would like to welcome Glory Novak to the board as president elect. In this position she will chair the education committee and prepare to succeed me as board president in April 2014. Glory has had a number of responsibilities within NAAPA over the years, including board membership as the chair of the membership committee. She has a human resources background prior to her current role as an administrator and demonstrated this expertise at the fall 2011 conference in Santa Fe with a presentation on employee engagement. With the economic challenges we are all experiencing, improving engagement among our staff is sometimes daunting and Glory's insight will be something we can all benefit from exploring. I look forward to working closely with her over the coming year.

Our "google groups" networking is rapidly becoming a go-to place for members to discuss new programs they are interested in developing, managing patient flow and attendance in outpatient settings and how to approach changes in billing and coding. The usefulness of google groups is enhanced by active participation and we encourage all members to make checking in and adding your comments a regular part of your week. I am frequently asked by faculty to survey my colleagues on various topics and they consider this access a valuable part of my membership. Although we are all busy, using your time and energy efficiently by learning from others successes and mistakes can provide added value to your organization.

In closing, I am looking forward to a very productive year and getting to interact with new members and members who have been "quiet" members that are now looking for a chance to increase their involvement and perhaps pursue a specific interest. I am looking forward to hearing from our members and welcome you to contact me at 410-955-5129 or via email at [bambind@jhmi.edu](mailto:bambind@jhmi.edu).

Sincerely,

Beth

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# Meet Your 2013-14 President, Beth Ambinder, MBA

## Johns Hopkins Hospital

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**Editor: Congratulations on becoming NAAPA's President. Our members appreciate the leadership and commitment that you bring to this position. Many already know you but some newer members would like to know about your healthcare experience:**

*Thank you, Pat for your kind words. I came to behavioral health about 6 years ago having come from two other clinical departments, neurology and neurosurgery. I have worked in a variety of healthcare roles including nursing, nursing and medical administration and finance. I like to think that each of these positions allowed me to bring a slightly different perspective to the next one. My current position is that of Administrator in the Department of Psychiatry at Johns Hopkins Hospital. We have a large number of inpatient beds at 88 adult and 12 child including several specialty services as well as a growing outpatient presence.*

**Editor: Beth would you please tell us why you joined NAAPA and some of the benefits you garnered as a result of your membership?**

*I joined NAAPA at the urging of my predecessor, Howie Gwon, who some members may remember. He told me that it had been a valuable source of information and professional development for him during his 16 year tenure as the department administrator. My first meeting was quite memorable as I arrived in Park City Utah around 6:00 pm in time for the networking dinner and was called at 8:00 am the next morning when the Joint Commission arrived. It was a quick turnaround to Baltimore that day! Over the years this has been my "go to" place for information about services, procedures and new initiatives like EPIC and many times I am asked by my physician colleagues to survey the*

*group on how others manage things and am always surprised by the large number of responses that are forthcoming in a matter of days. I have been known to come to the meetings with a long list of topics for discussion at the very popular "take two" sessions. I also recall recruiting you to the organization when we met at another meeting and promising you that our meeting would be of great value to you and it must be true because I don't think you have missed a meeting since then.*

**Editor: Yes, I've attended every meeting since you recruited me to NAAPA. I consistently find the meeting content, and networking invaluable. So thanks for encouraging me to attend.**

**Editor: Where do you see our organization going in the future in order to stay relevant to our membership?**

*I think our online presence and website our critical to the strength and value of our members. Although I encourage everyone to come to meetings twice a year, but there is simply too much going on in health care to limit our interactions to the meetings. Members need real time information to adapt to the new realities and that requires access to member input within a matter of days if it is to be useful to them in making decisions. I also think we should continue to explore benchmarking among our organizations and how to collect data that can be used for trending how things are evolving as economic developments such as sequestration, grant funding and reimbursement undergo dramatic changes. Lastly, we need to get more people into the group so that we can provide access to even more of our colleagues who have careers in behavioral health but don't quite know how we can contribute to their organizations.*

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## Clinical Benchmarking Survey 2013

NAAPA is still accepting responses to the 2013 survey. If you have questions or need guidance to complete the survey tool, please contact John Herzke, MBA, [jherzke1@jhmi.edu](mailto:jherzke1@jhmi.edu)

The link to the survey is below.

[NAAPA 2013 Clinical Benchmarking Survey](#)

# On the Grapevine

**P**lease feel free to call new members and personally welcome them to our organization. One of the things that makes NAAPA special is its friendly members! The hospitality offered by a personal contact will surely be appreciated.

NAAPA wishes to extend a warm **welcome** to the following new members:

**Suzanne Balduzzi-Williams**

Administrator  
Psychiatry  
Virginia Commonwealth University  
(804)828-4032  
sbalduzzi-williams@mcvh-vcu.edu

**Carol DeCoursey**

Sr Academic Administrator  
Psychiatry  
University of Massachusetts  
(508)856-6526  
carol.decoursey@umassmemorial.org

**Andrea DeRochi**

Director of Patient Care Services  
Langley Porter Psychiatric Hospital and Clinics  
University of California, San Francisco  
(415) 476-7874  
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**Brian Donnellan**

Director of Finance & Administration  
Psychiatry & Behavioral Sciences  
Stanford Health System  
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**Geoff Erickson**

Administrative Director  
Psychiatry  
Univ. of Utah School of Medicine  
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Geoff.erickson@hsc.utah.edu

**Tom Mahle**

Administrator  
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**Michael McDaniel**

Administrator  
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**Leslie Pierson**

Business Manager  
Psychiatry and Behavioral Medicine  
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Leslie.pierson@seattlechildrens.org

**Rebecca Schmitt**

Director of Psychiatric Services  
Tufts Medical Center  
(617)636-1752  
rschmitt@tuftsmedicalcenter.org

**Summer Todd**

Business Manager  
Psychiatry  
Wright State University  
(937)223-8850  
Sommer.todd@wright.edu

NAAPA wishes to extend a **fond farewell** to the following members:

**David B. Allen**

Executive Administrator  
Psychiatry  
University of Alabama Birmingham

**Dan Hogge**

Administrator  
Psychiatry  
University of Utah

**Steve Mueller**

Administrator  
Psychiatry and Behavioral Sciences  
University of Texas Medical Branch

**John Flanagan**

Director of Operations  
Psychiatry  
Weill Cornell Medical College

NAAPA wishes to acknowledge our newest **Honorary Members** :

**Radmila Bogdanich**

University of California, Davis

**Janis Price**

University of Michigan Medical School  
(retired)

**Hank Williams**

University of Washington

**Register Now and Book Your Room**  
**National Association of Academic Psychiatry Administrators**  
**2013 Fall Education Meeting**  
**Friday and Saturday, October 4-5, 2013**



- **Member Registration \$300 ([click here to register](#))**
- **Book Studio Suite at Residence Inn San Diego Downtown/Gaslamp Quarter for \$185 per night .**
- **Visit the link to reserve or call 1-619-487-1200 and mention NAAPA. Hotel rates are only guaranteed through September 4.**
- **Extended hotel dates are available so you can also attend the MGMA at this great rate and location!**

## Newell Lecture: “Accidental Chair, Intended Chair”

### UCSF Chairman’s Transition

Matthew State, M.D., Ph.D., Professor | Lowell Tong, M.D., Professor

UCSF Department of Psychiatry

On the day of the presentation, Dr. State had been Chair of the Department of Psychiatry for exactly one month. He had come to San Francisco from Yale where he had been the Division Director for Child Psychiatry and run a very large research operation. He discussed his observations of the overall recruitment process and what had ultimately led to his decision to accept the offer. He talked about the support he had received from both the acting chair, Dr. Tong and the administrator, Marie Caffey and how invaluable that had been both during the recruitment and after arrival. It was very important to him that he have the support of the UCSF executive team to actively participate in development

activities which are critical to departments of Psychiatry with less than optimal revenue potential from professional services. Dr. State also talked about how he was building his management team and his appreciation of the Department’s position upon arrival and that he credited to the leadership Dr. Tong had provided during his interim role. Dr. Tong had been the acting chair for the 18 months prior to Dr. State’s recruitment and arrival. He had not had this role in mind and was recruited somewhat by accident. He had previously served as the residency director and was quite surprised by the offer. He was encouraged by a colleague who had also served in this capacity and thought it gave a unique perspective into

decision making at the University level. Dr. Tong wanted to ensure that the Department was moving forward during his tenure and that it not stagnate waiting for someone else to arrive. Although he was hoping a permanent chair would be arriving in 18 months, he did not place this limit on the Dean as he wanted there to be time to recruit an excellent candidate even if that didn’t happen in that amount of time. He also ensured that he would have an opportunity to work on a project after his tenure with some committed time to do this. Dr. State continues to rely on him for input which is especially important arriving as an external candidate.

## Transcranial Magnetic Stimulation, an Evolving Practice

Marika Brigham, University of Florida

Juan Recinos, University of Florida

In 2008 the FDA cleared TMS for the treatment of major mood disorders and through January of 2013, 270,000 of these procedures had been used to treat 11,000 patients. NeuroStar, the main manufacturer of the devices in the US, reports having 471 stimulators in locations across the country. Growth in the number of procedures is directly correlated to the addition of TMS as a covered procedure by Medicare and Blue Cross Blue Shield, Optima Behavioral Health and Health Net in some locations. The University of Florida has 7 providers who are trained to perform the procedures in two locations, Gainesville and Vero Beach. The most active site is Vero Beach which has grown to a projected 1,000 procedures in FY13 in just

two years. The procedures in FY10 for Gainesville have grown from approximately 200 per year to about 400 in FY13. The increase in Vero Beach is attributed to dedicated efforts to educate providers on the procedure and its role in the treatment of depression. Administrators discourage physicians from participating in financial discussions with patients and although insurance companies are making it difficult to get an authorization, more covered lives means that more patients can receive the services. The presentation included a graph of HAM-D ratings for 8 patients with scores ranging from 15 to 35 prior to treatment falling to below 10 for all patients at the end of 5 weeks of treatment. It is felt that more patients and providers will elect this treatment as

insurance coverage becomes available and efficacy is clearly established. As administrators this is a line of business that can be financially advantageous under the right circumstances.



## American Psychiatry Clinical Benchmarking Survey

Janet Namini-Ferino, Northwestern University

John Herzke, John Hopkins Hospital

**T**he Benchmarking Committee including Janet Namini-Ferino, Pam Wesley and John Herzke had made revisions to the survey that was distributed a few years ago and sent it out to the NAAPA membership a few weeks before the conference. The goal of the revisions was to update the content, streamline the survey so that completion would be less labor intensive and returns increased but to maintain those questions for which the ability to trend data would be valuable. The number of surveys returned by the start of the conference was only 9 so the presentation stressed the preliminary nature of the results. A conflict with budget deadlines prevented

some members who want to participate from doing so and members were encouraged to continue to submit surveys over the next few months. One of the observations they made was that despite a fairly comprehensive definition guide, many questions did lead to the need for clarification. They are encouraging members to contact them both for guidance on how to complete the survey and how to interpret specific questions. Jeff Charlson will be assuming chairmanship of the committee and will be assuming Janet's membership on the board for benchmarking. The survey previously completed continues to be available on line for a fee to nonparticipants and requests for copies have been ongoing.

All of the conference attendees expressed their support for the completion and tabulation of this survey and commented on the value it held for both themselves and their organizations.



## Science Enabled by Administrative Achievements

Laurence Tecott M.D., Ph.D.

UCSF Department of Psychiatry

**D**r. Tecott tailored his presentation to the role administration had played in his academic success. His area of research is the role of genetics and behavior and in his early career he became interested in the effects of serotonin on behavior. Serotonin plays a role in most aspects of human behavior.

### **Molecular Genetics to Behavior**

Dr. Tecott received scientific acclaim for his lead article in **Nature** with groundbreaking research on the mouse genome. The research went on to study the role of lifestyle in behavioral disorders such as obesity and found that it was rarely due to a decreased metabolic rate.

### **Department provides my very own Butler**

As Dr. Tecott's academic success evolved, he needed better space to monitor the

environment the mice were housed in and was assisted by his administration in locating a building named the Butler Building. He and his team developed an entire system to monitor all aspects of mouse behavior.

The importance of being able to carefully control the environment lead to the development of specialized laboratory equipment much of which was actually assembled by Dr. Tecott and his team.

### **Move to Mission Bay**

After several productive years in the Butler Building, UCSF developed a new research campus on Mission Bay and Dr. Tecott and his team moved to this location which allowed them to be co-located with other university research labs.

### **Bridge across turbulent waters**

As with many funded scientists, changes in

projects being funded and available NIH funds, lead to a period where the laboratory lacked adequate resources to continue its work. The department administration provided bridge funding to enable the laboratory to continue its work until additional grant funding could be generated.

### **Lifestyles of the small and whiskered**

Dr. Tecott's academic success was further bolstered when he had a featured article in the Proceedings of the National Academy of Sciences leading to a patent being issued and another pending. The study was deemed to be of "exceptional scientific significance" and contributed to renewal of his ROI funding.

### **The mouse lifestyle business**

The mouse phenome project utilizes a systems biology methodology where everything is measured and is less reductionist than methodologies where one variable

is altered and analyzed. There is essentially no hypothesis and sophisticated analyses using multivariate analysis are done to determine what can be demonstrated by the experiment.

#### **Academic/commercial synergies**

As Dr. Tecott's findings have evolved, there is now commercial value from his studies and laboratory equipment designs that he is attempting to market outside of

the academic arena. This is a balancing act and requires a new skill set that is not generally required of an academician. There are issues relating to conflict of interest as well as conflict of effort, how much time can be devoted to ongoing academic work versus commercial interests. He has looked to entrepreneurial advisory resources for assistance with license acquisition, IP protection as well as laboratory start up resources.

Along his multifaceted career, Dr. Tecott has felt great value in the support of his departmental administration and gave credit to the assistance both in time and more concrete resources that have contributed to his success.

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## Applying Technology to Stress, Depression and Health

Aiofe O'Donovan, Ph.D. Assistant Professor

UCSF Department of Psychiatry

**D**r. O'Donovan's presentation discussed the development of an app for a smartphone which would assist individuals coping with stress that could lead to symptoms of depression and other physical disease.

Dr. O'Donovan then talked about biological aging and the role telomere length plays in the aging process. Factors which reduce telomere length and accelerate biological aging are:

- Shorten with cell division
- Shorten with inflammation and oxidative stress
- Shorten across the lifespan
- Short immune cell length leads to diseases of aging and increased risk of early mortality.

Chronic stress, pessimism and child trauma have all been demonstrated to have a negative impact on telomere length. By the mechanisms described above, stress leads to shortened telomere length which leads to accelerated biological aging and ultimately to diseases of aging. Like stress, threat perception appears to negatively impact telomere length although the ability to perceive threat is necessary for survival. Increased perception of threat activates the biological stress response. This maybe the mechanism of stress effects on cellular aging.

Dr. O'Donovan noticed the many applications that we use our smart phones

to process for us. If a smart phone can perform all of the above functions, it could also function to produce an ABM (attention bias modification) and the one she is developing uses words that have a 75-100% neutral impact such as 'dishwasher'. An ABM can reduce the threat bias and anxiety. The objective of an ABM is to assist patients with resolving psychological stress (REP's).

The next segment of Dr. O'Donovan's talk was to discuss the actual development of a mobile app and her first piece of advice was to have a working plan but be willing to change the plan. There are two techniques most commonly used to launch an app and these are the waterfall and agile methods. The agile approach allows more rapid launch and uses an iterative approach to reduce the risk and create products that are 'launchable' throughout development. The development process follows a continuous improvement cycle exposing flaws faster and reducing waste. The process is composed of 5 phases; design, build, configure, test and release. Its value is achieved faster as releases arrive at the customer more frequently.

Prototypes of the app can be developed with power point or paper and are important for visual representation of the finished product. Dr. O'Donovan worked with a team of 4 people and held daily meetings using an on line meeting program. She stated that it is impressive



how much can be accomplished and how well team members stay on task with such frequent meetings since there are no delays in getting tasks completed before it is time for the next meeting.

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## Developing Internet Resources for Depression

Yan Leykin, Ph.D.



### Looking for health information online

- Internet is the leading source of health information, it's private, free and convenient
- In national polls, 80% of those polled sought health information
- Information quality is uncertain

### Depression

Most patients are untreated and are:

- -Unknown to professionals
- -Unable or unwilling to seek services
- -Unaware of condition and services

Current model: waiting for people to come to us.

Problem: how to help those who don't show up.

Possible solution – reach people where they are, offer services such as giving information or creating comprehensive interventions.

### Mood Screener

Goal: understand who searches for depression information

Visitors by language      % eligible

English	122,000	82%
Russian	37,000	85%
Chinese	17,000	94%
Spanish	19,000	91%

The results represent individuals from 215 countries.

Over a 2 week period rates of depression ranged from 71% of Spanish speaking participants to 49% for participants taking the survey in Chinese. Thoughts with suicidality ranged from 75% for Spanish speaking participants to 69% among Chinese participants although a history of suicidal attempts was significantly higher for the Chinese participants than for other represented languages. Suicidal attempts were for all groups a much smaller percentage than reported suicidal ideation. Of the participants with evidence of depression those getting treatment with antidepressants and or psychotherapy ranged from 24% of English speakers to only 6% taking the survey in Chinese.

### Conclusions

The internet is a good place to create resources

Frighteningly few receive needed care

Variability by language

- Cultural factors
- Availability of services in specific languages

Wake up call

Benefits of internet interventions include;

- Reach – Can be available anywhere, any time
- Scalability – Many can use at the same time
- Time and cost effectiveness – Cheap development and use Privacy and confidentiality – Reduce stigma of

treatment seeking

- Fidelity – Deployed exactly as tested
- Acceptability – Maybe more than with clinicians
- Empirical support – Smoking cessation, weight loss, anxiety, diabetes management, insomnia, depression

Alternatively, drawbacks of internet interventions are:

Therapeutic contact

Non-verbal cues

Alliance; personality match

Safety

- Crisis
- Therapeutic contract

Flexibility

Only what is programmed

- Links to other resources
  - Cannot deal with idiosyncrasies
- Can offer generalized (but generalizable) guidance

## Reconfiguring Research Administration at UCSF

Marge O'Halloran, MBA, MPH

Director UCSF Research Services

In 2010, UCSF undertook a comprehensive Operational Excellence (OE) initiative with the goals of improving administrative services and decreasing the cost.

### The OE process was focused on:

- Reducing costs
- Reducing administrative burden for faculty
- Developing career paths and improved training for staff
- Investment in systems
- Elimination of unnecessary steps
- Improve policies and procedures to reduce risk
- Ensure excellent service to all departments

The timeline occurred over a three year period with the first year devoted to organization and process, the second devoted to redesign of the pre-award process and the third year consolidation of IT infrastructure.

Previously the pre-award process was fragmented with staff located across the decentralized departments. Processes and policies were outdated and there were insufficient technology tools. The 2,000 faculty at UCSF submit 5,000 proposals annually and generate 30% of UCSF's revenue.

The service center model was used to develop Research Management Services (RSM). This is comprised of 10 teams across 5 campuses with each team assigned to client departments. Service center teams attended immersion training and the teams were rolled out in 4 phases over a one year period. Principles for funding the centers were simple and transparent with no disadvantage for the PI's.

The source of funding was the indirect cost pool with the remainder returned to the Schools using the previous allocation methodology. Costs are monitored by an advisory board.

Although the process went well, as with any major process change, there were some lessons learned, among them:

### Prepare for potential challenge areas

- Space, like any academic medical center there is rarely vacant space
- Recruitment, they have actually been able to recruit a number of law school graduates
- Communications to all stakeholders is critical
- Resistance to change, always an issue
- Process details
- Implementation schedule changes
- Us vs. them

### Ensure Accountability

- Service level agreements with departments
- Monthly reports to client departments
- Performance monitoring and evaluation

### Working in a service center is different than working in a department

- Need to find a balance between accommodating client departments and ensuring consistency in service
- The pre-award process has not remedied the problem of faculty submitting grants at the last minute that create extra work for the pre award staff which everyone feels need to be accommodated in the interest of the institutions funding stream.
- It also doesn't appear that there have been significant decreases in costs to the departments but there is a general sense that especially smaller depart-



ments have benefited from the expertise of the teams.

### The interventions that contributed to the success of the program included;

- "High touch" and structured change management
- Strong, visible, supportive senior leadership
- Adaptability in implementation
- Perfection prior to implementation won't happen
- Plan to implement and refine
- OE faculty oversight committee
- It takes a village
- Broad campus representation in the assessment and design phases
- Collaboration with client departments in the implementation phase required

## Is That Trainee Texting during my session?

Erick K. Hung, MD

**D**r. Hung presented generational differences between various professionals currently working in health care today with a specific focus on millennials as they are the primary age group for residents now. He began by asking questions such as, “What do you do on your friend’s birthdays”, a millennial might rely on a reminder on Facebook to send a message whereas a baby boomer might send an actual a card a week before the event. Next he asked “How do you listen to and purchase music?”. A millennial would be unlikely to purchase an entire album and more likely to use Spotify and Pandora to access music. He also asked about how we keep up with events and although baby boomers might watch TV and subscribe to a newspaper, millennials would use Twitter or the Colbert Report to keep them informed. In terms of meeting up with friends, millennials are less likely to make a plan in advance by phone and more likely to spontaneously text a friend when they happen to have free time. Doctor appointments are also not likely to be made by phone and more likely to be made via email or utilizing a walk in appointment.

Dr. Hung provided the following three ground rules for his presentation:

- He is providing a lens, not an answer
- Values, not judgment
- Remember the limit so generalizations
- He then reviewed the generations and the values and events that define them

The group was then asked to brainstorm what challenges were encountered in teaching Millennials in the didactic setting. Some of the comments were that giving assignments without explaining rationale is unlikely to garner enthusiasm from this generation and they expect to be active participants and not just lectured to for an hour. They also are technologically savvy and need a variety of educational tools that take full advantage of this skill set. A second discussion about the challenges supervising Millennials focused on their need to constantly learn new skills and be involved at increasingly responsible levels of the organization. They are unlikely to do the same work for long periods of time without opportunities for enrichment.

### Principles and Strategies

The Changing Needs of Millennials  
Increasing use of technology  
Greater focus on work-life balance  
Tend to closely identify with authority figures (a go to the top mentality)  
Crave immediate feedback

### Potential Challenges

Tendency to multitask  
Can be perceived as less motivated by other generations  
Redefinition of professional boundaries (again a go to the top mentality)  
Difficulties when receiving negative feedback

### Potential Opportunities

Technologically savvy  
Appreciate collaborative learning  
Appreciate strong faculty mentorship  
Respond well to clear communication,

expectations, and feedback  
Lastly, Dr. Hung talked about specific strategies to increase millennial engagement in the educational process.

### Four principles to Ace Millennials

Tailor instruction to learner’s needs  
Embrace multi-tasking and technology  
Apply interactive team-based learning  
Engage learners in their education Process.



## The Road to Achieving FACMPE Certification

David Peterson

Medical College of Wisconsin

Do you want to?

- Show evidence of job knowledge?
- Add a credential that is respected by others?
- Build or enhance a professional network?
- Achieve recognition by peers?
- Join governance and other committees at a national level?
- Participate in the development of others?
- Stay current in the healthcare field?
- Support and uphold a standard of behavior in the profession?
- Develop a transcript and evidence of continuing education?
- Enhance earning potential?

If any or all of the above sounds appealing, the **American College of Medical Practice Executives (ACMPE)** might be right for you.

As the “standard-setting and certification division of MGMA-ACMPE,” the **ACMPE** was established in 1956 to “provide board certification, self-assessment and leadership development for medical practice executives.”

So what do you do to become “boarded” as a Certified Medical Practice Executive (**CMPE**)?

- Signal your interest in the ACMPE by filling out an application.
- Apply to start the board certification process.
- Prepare for and pass the 175 question multiple choice and essay exams.
- Show evidence of 50 hours of continuing education.

And to achieve Fellow status (**FACMPE**)?

- Submit an application to begin the process.
- Gain prior peer-reviewed approval of a topic and outline.
- Write one (1) peer-reviewed professional paper or three (3) case studies.
- Meet the continuing education requirement.

MGMA and the ACMPE offer a number of resources to assist the prospective Certified Medical Practice Executive or Fellow through this process. Online resources include the ACMPE area of the website @ [www.mgma.com/acmpe](http://www.mgma.com/acmpe). Other resources include an ACMPE Knowledge Assessment, ACMPE Certification Exam Workbook, publications, workshops, mentoring and an ACMPE eGroup found in the Member Community.

Two other useful tools are first, the book titled Physician Practice Management, 2<sup>nd</sup> Edition – Essential Operational and Financial Knowledge by Lawrence F. Wolper, MBA, FACMPE and second, the Medical Practice Management Body of Knowledge Review Series, 2<sup>nd</sup> Edition. The review series covers the eight domains identified in the ACMPE’s Body Of Knowledge, domains that include 1) business operations, 2) financial management, 3) human resource management, 4) information management, 5) organizational management, 6) patient care systems, 7) quality management and 8) risk management.

Add a little motivation to some time and resources and you are on the path toward Board Certification and Fellowship status. What’s wrong with that picture?

For information on joining the ACMPE or the board certification and fellowship process, contact the ACMPE directly at 877.275.6462 ext. 1888 or contact David Peterson, FACMPE at 414.955.8990, email at [peterston@mcw.edu](mailto:peterston@mcw.edu) or at the Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin, 8701 Watertown Plank Road, Milwaukee, Wisconsin 53226.



I had the privilege of speaking on this topic at the spring meeting in San Francisco. Thank you to the NAAPA leadership for giving the topic of professional certification and achieving Fellowship status an emphasis at the meeting.

# Research News

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## So You're Ready To Collaborate...Now What?

By *Charles Bartunek, J.D.*, Senior Contracts Associate, Johns Hopkins University  
Bloomberg School of Public Health, Office of Research Administration

The following article was posted 3/13/2013 at [www.bloggingora.com](http://www.bloggingora.com), and is reproduced with permission of the Johns Hopkins Bloomberg School of Public Health, Baltimore, MD.

Forwarded By Hank Williams, MPA

While collaboration among institutions has long been a staple of the research arena, its popularity has greatly increased in recent years. For one, with resources at a premium both from funding arms and from a PI's institution, researchers are looking for any way possible to offset many of their expenditures and obligations. Additionally, the ability to communicate and share data through the internet has facilitated the ability for PIs on opposite sides of the planet to work together on a single project.

Technological advances notwithstanding, the issues affecting cooperative research relationships remain largely the same as they were thirty years ago, and continue to require due diligence on the part of PIs and Research Administration personnel alike. To that end, there are a few basic questions that should be asked, and adequately answered, when contemplating teaming up with an outside investigator.

*What specific tasks will each PI be performing? For what deliverables (if any) will each PI be responsible?*

Any and all research activities to be performed should be spelled out in the Statement of Work or similar document, with the responsibilities of each party clearly defined. If the PIs will, in fact, be working jointly on a particular aspect of the project, this should be identified as well. Any overlap may cause headaches with respect to contractual terms such as intellectual property ownership and indemnification, so it is vital for the roles to be delineated accurately.

*Will any PI be using existing Intellectual Property of his/her Institution in the collaborative effort?*

Institutions want to make sure that their IP is protected at all times, and regularly include language in contracts that preserve these rights, even if there is little chance of this "Background IP" being incorporated. Consequently, each PI should determine if they will be utilizing any such BIP, and communicate with their ORA accordingly to ensure that it is referenced properly in the accompanying research contract.

*Will any PI be using data or materials previously created under contract from a third party?*

Let's say that PI Smith of JHU and PI Jones of VCU want to work together to determine the efficacy of certain treatments for kidney malfunction. PI Smith has in his possession samples that he obtained through a previous award from Globex Corporation, which he wishes to utilize in his collaboration with PI Jones. Before proceeding, PI Smith must review his Globex award to confirm that any such future use is permitted under its terms.

*Will any proprietary data of one Institution be shared with an outside collaborator?*

Depending on the size, scope and financial setup of the research, use of any Confidential Information must be protected by, at minimum, a Non-Disclosure Agreement, or a specific clause in a larger research agreement.

*Who will be the primary contact person at each Institution? For the entire project?*

The phrase "Too many cooks in the kitchen" is certainly applicable to collaborative research. Consequently, it's important to identify the Lead PI at each Institution through whom all questions and concerns will flow. Additionally, if the collaborators will be reporting to or otherwise interacting with a third party, it may be appropriate to designate one PI as the Lead PI for the entire team to streamline both incoming and outgoing communication.

*If this is a sponsored project, how will funds be distributed? And on what schedule?*

Nothing can sour a relationship faster than a dispute over money, especially when there are a gaggle of research personnel all claiming pieces of a single disbursement. In the event that the collaborative effort is being funded by a third party, the PIs, their respective departments and ORAs should ALL be on the same page with respect to payment schedules and their respective amounts.

# The Back Page

## Meet Your Board of Directors 2013-14

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### Meet Kim Katusha - NAAPA Administrative Coordinator

Kim brings to NAAPA considerable experience within the field of administrative academic psychiatry.



Visit the NAAPA website at: <http://www.adminpsych.us>