

# THE GRAAPVINE

## From the president's desk

by Warren Teeter

It is an honor and privilege to serve as your president for the upcoming year. We have an outstanding organization of administrators in academic psychiatry who support each other with professional knowledge, leadership, friendship and even compassion when needed. I feel we all benefit from the interactions we have with each other not only at our conferences, but by e-mail and phone throughout the year. Many of our challenging issues are common among all of us.

Those of you who were able to join us last month for our annual spring conference in San Antonio will agree our organization is stronger than ever due to our quality membership and leadership. Special thanks to **Janet Moore**, Past President, who served as a mentor to both **Alex Jordan**, President and me as President-Elect over the past year. Alex's ability to focus on our strategic plan and to be able to meet all of the goals set for our organization is proof of his quality leadership. I am indebted to Alex for the guidance he provided to me and look forward for his availability to me over the coming year. Also, we are grateful to our dedicated board members for the past year whose term expired in April – **Florie Welch Munroe** (Treasurer), **Elizabeth Smith** (Secretary), and **Lindsey Dozanti** and **Radmila Bogdanich** (Members at Large). Special thanks go out to the AAP members who gave their time and effort in planning and presenting at our Spring Conference – **Brenda Paulsen, Dan Hogge, Radmila Bogdanich, Elizabeth Smith, Jim Landry, Lindsey Dozanti, Jan Price** and **Kevin Johnston**. We were fortunate to have with us **Russell Armistead**, Armistead Consulting, our William J. Newel keynote speaker and **Rob Duca**, Administrator, Surgery, University of California at San Francisco as presenters at our spring conference.

I look forward to an exciting and challenging year ahead. The foundation and leadership set forth by Alex has laid the groundwork for our having a strategically managed organization with specific goals. Some of this year's goals include:

- **Organizational Development** – Build on and update our Strategic Plan for 2002-2003.
- **Membership Services and Development** – Expand and replenish our membership base, evaluate and better understand how we can meet our members' needs, continue membership surveys, utilize our e-mail, ASIG database, newsletter and listserv capabilities to increase communications, and define more clearly the structure and mechanism on how to best continue with our benchmarking efforts
- **Educational Programs** – Keep the conference content fresh and attractive to attendees
- **Strategic Collaboration** – Develop intergroup participation in groups and subcommittees as deemed appropriate with the American Association of



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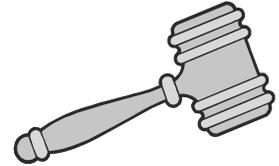
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## Monkey Business

### AAP introduces 2002-2003 board of directors

The 2002-2003 AAP Board of Directors were approved at the Business Meeting in San Antonio. The members of the Board welcome your comments and questions, so please feel free to contact any of them. Their E-mail addresses are printed on the back page of *The GrAAPvine*.



- President**
- President-Elect**
- Immediate Past President**
- Secretary**
- Treasurer**
- Membership Director**
- Member-at-Large**
- Member-at-Large**
- Member-at-Large**

- Warren Teeter**
- Dan Hogge**
- Alex Jordan**
- Pat Sanders Romano**
- Brenda Paulsen**
- Kevin Johnston**
- John DiGangi**
- Jim Landry**
- Nishith Patel**

- Wake Forest University
- University of Utah
- University of Washington
- Albert Einstein College of Medicine
- University of Arizona
- Indiana University
- University of Massachusetts
- Tulane University
- Mayo Clinic



### Comings and goings

If there are new AAP members in your state, please feel free to call them and personally welcome them to our organization. One of the things that makes AAP special is its friendly members! The hospitality offered by a personal contact will surely be appreciated.

For additional membership information, please refer to the AAP database at <http://www2.mgma.com/asig/login.cfm>.

AAP wishes to extend a warm welcome to the following new members:

**Nan Barker**  
University of South Carolina

**Jane Gruen**  
Columbia University

**Kim Erskine**  
University of Maryland

**Linda McLain**  
Joan C. Edwards School of Med  
Marshall University

**Sandra Richards**  
University of Michigan

**Carol Thomas**  
University of Louisville

AAP wishes good luck to the following member no longer with the Department of Psychiatry:

**Maureen Dunn**  
University of Rochester

### President's message (continued)

*Continued from page 1*

Chairs of Departments of Psychiatry (AACDP), especially as it relates to our collaboration at the Fall, 2002 conference and monitor our functionality and effectiveness of our efforts.

- **Governance** - Continue to prepare and conduct effective quarterly board meetings via teleconference or in conjunction with annual conferences.

At our business meeting on Saturday, April 13, the membership

endorsed our proposal to have our 2002 Fall Conference in conjunction with the Chairs' meeting on Saturday, November 9 at the Omni San Francisco. This will include a combined program during lunch, and an evening reception with the Chairs' group. Our board will meet on the afternoon of Friday, November 8.

Even though the terms have ended for some of our leadership, one of our strengths lies in our ability to prepare continuing leadership. We are excited to welcome both new and

returning officers and board members for 2002-2003 (see list above).

I look forward to seeing many of you at our fall conference in San Francisco. Dan Hogge (Dan.Hogge@hsc.utah.edu) welcomes your input in planning the conference. Please e-mail me at wteeter@wfubmc.edu or phone (336) 716-3544 if you have any questions or suggestions regarding AAP. I wish you all an enjoyable summer, and please make a special effort to have fun.

### Members receive service awards

A very special ceremony highlighted the recent AAP Educational Conference in San Antonio, Texas. Members **John DiGangi** (University of Massachusetts) and **Kevin Johnston** (Indiana University) were presented with Member Service Awards and **Rich Erwin** (University of Missouri-Columbia) was presented with a Distinguished Service Award.

John received his honor for his work coordinating the 2002

Kevin was the author and compiler of the recent membership survey (see page 6). This survey was developed to ascertain member interests and needs and to determine the value of current



programs and offerings. The board will be using this very useful tool as we move forward with our strategic plan updates this coming year.

Rich was presented with the AAP Distinguished Service Award for years of dedicated service to the organization. Rich joined AAP in the summer of 1993 and soon after became involved by establishing our first e-mail listserv in 1995. His interest and involvement with technology led to him develop our website in 1999. He also was a co-presenter on "Telemedicine in Psychiatry" in Orlando that same year.

Rich served on the board in a number of capacities beginning in 1996 as a Member at Large, and while in that role, assumed Dave Logan's uncompleted term as Secretary-Treasurer, a position he held until 2000. He became the Membership Director for the 2000-2001 term, working to establish and then maintain the MGMA ASIG database for AAP, a role he continues to this day. He was also the planner and host of a very successful Fall Conference in St. Louis in 2000.



President **Alex Jordan** (University of Washington), President Elect **Warren Teeter** (Wake Forest University) and Past President **Janet Moore** (Michigan State University) were on hand to present the awards to these very deserving recipients.



membership drive which increased our constituency to 100. John organized and oversaw several subcommittees to identify and contact potential members. John contacted many of them personally and "sold" AAP by his enthusiasm.

### Updating the AAP directory

Perhaps the most valuable resource AAP offers its members is the opportunity to network with colleagues. The listserv provides a wonderful opportunity to do that "community-wide" but what if someone wants to follow up with a specific question - or just say hi? Well, if your AAP directory entry isn't current, you might not be reachable and you're too valuable to us for that to happen! So, please check your entry and make sure that all is up to date and correct. It will only take a few minutes and your colleagues will appreciate it.

Every member is assigned an MGMA Member ID (even if you aren't a

member of MGMA). If you don't know your number, contact Rich Erwin at 573-882-6277 or e-mail at [erwinrw@health.missouri.edu](mailto:erwinrw@health.missouri.edu).

Once you know your ID, go to page <http://www2.mgma.com/asig/login.cfm> and enter your Member ID and last name (you must capitalize the first letter). You do not need an Admin Password. Click "Member."

You will be brought to a screen that says "Welcome Member - Your Name!" Click on "Update your Record" at the top of the page and enter your correct information. When you have completed all the changes you will be able to preview what you've done and

then either "Correct" or "Save Changes."

Now that you are updated other members can click on either "Search by Name" or "Search by Profile" to find you. To use the profile option, find Administrators in Academic Psychiatry in the "ASIG" menu.

This should really only take a very few minutes out of your day, so please make this a priority. As an organization, we are only as useful as the information we have. We have so much to offer each other but we can only give it if we know how to contact each other.

### The "great AAPs"

*You've all been told the benefits of being a member of AAP - it is after all, the reason you joined us. Two educational conferences, the listserv, the GrAAPvine, member surveys and our website are all here for you to avail yourselves of. But, if you don't know how worthwhile these things are, you might not choose to partake. So, we've asked several members, some brand new, some a year or so "old," to give us their thoughts about AAP, the conferences and the benefits of attending these valuable resources.*

#### **Jim Landry, Tulane University, member since 2001**

I had been in healthcare industry for approximately ten years when I became an administrator in an academic department of psychiatry. Wow, was this different from anything else I had done previously! It took me about a year to find AAP, and it was the best discovery I have ever made. Honestly,



What I realized immediately was that the AAP group had a wealth of experience, and most importantly was happily willing to share their knowledge, experience and insights. The sharing of the knowledge base was a tremendous help as I struggled to get up to speed as an administrator.

I don't believe that I have ever been a part of an organization that has made me (a newcomer) feel so welcomed into the "club". I think this is key for newcomers, because if you feel a part of an organization, you are more likely to participate and give back to the group and become an active participant.

Semiannual meetings may benefit one initially as networking opportunities. Networking may be a catch phrase for the first one or two meetings, but after that one realizes that we are old friends - we are family.

And as family, we care about each other not in just a professional realm, but as human beings. Since administrators in psychiatry tend to stay in their positions longer than any other discipline, and since the pool of potential members is small (125 AMCs), we can afford to be concerned about each other on a personal level. Not only is this the charm of AAP, but coupled with common goals, obstacles, and challenges, we have a support group that understands each other.

In our departments, no one understands our successes, failures, and woes. In our AMC's, no other administrators really understands us, they say "psychiatry is different." The AAP provides the forum to gather and communicate with our peers, our friends, and yes our family, who really understand the day to day challenges of a psychiatry department. I am truly grateful to be part of this organization.

#### **Elaine McIntosh, University of Nebraska, member since 2002**

We have all been in this kind of situation—attending a meeting or gathering with a group of people we do not know. It is April 13, 2002, San Antonio, Texas. I am preparing to attend the day long AAP meeting. I take a deep breath, step outside the door of my hotel room and proceed down the hall to take the elevator five floors down to the conference room.



As I approach the registration table, five friendly, smiling faces greet me. Alex Jordan introduces himself. Then Warren Teeter and Nish Patel shake my hand. Their greeting is genuinely friendly. I am invited to help myself to the breakfast buffet. As more members approach to introduce themselves, I recognize names I have read in the GrAAPvine. Within just a few minutes, I do not feel like a stranger.

I select a seat next to Howard (Howie) Gwon from Johns Hopkins and we begin a casual conversation about our respective departments.

As the day progresses, this warm and friendly atmosphere is present at every break and even at the luncheon-business meeting. I have to say that the Administrators in Academic Psychiatry rank at the top in making newcomers feel welcome.

Throughout the day, the presentations provided useful information specific to psychiatry. I particularly enjoyed the question and answer period in the afternoon. To be honest, this was one part of the program that I was not looking forward to. I anticipated a lack of participation or topics that did not impact my work. I was pleasantly surprised by the variety of questions, many of which were pertinent to my department. The exchange of ideas was lively with several administrators sharing their experience on each topic. I came away from the question and answer session thinking the AAP listserv will be a valuable resource for solving business problems.

The congeniality of the group overflowed to the APA conference. There were several occasions to network with other administrators at APA sessions and social functions. There was always an open invitation to gather with the group at social functions or to attend meetings with one of the group.

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## Monkey Business

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I came home from San Antonio with a sense of connection to the other psychiatry administrators. I would feel comfortable contacting any one of them for problem-solving input and am looking forward to our next meeting in San Francisco.

### **Brenda Paulsen, University of Arizona, member since 1999**

I started working at the University of Arizona Department of Psychiatry in July 1998. Before accepting the position I had eight years of academic administrative experience but no clinical experience. After accepting my position I felt like I had stepped off a ledge into an ocean of confusion with no lifeboat to be seen. That was until I went to my first AAP meeting. My department head had recommended I join AAP when I first started and encouraged me to attend the spring meeting in Orlando, Florida. Upon walking into the meeting room on Saturday morning, I was welcomed into the group and immediately felt comfortable. I knew I had found the lifeboat I had needed since starting my position. The information presented was relevant and very helpful. But the networking at the conference was priceless. Being able to ask experienced people questions, hear about common issues, and networking with peers was the best part. After attending the conference I used the listserv more often. I was able to put a face and a name together when I saw people's e-mail messages which made me more comfortable asking questions.



The next year I attended the spring conference in Phoenix. To my surprise and delight people remembered my name and came up to greet me. I have been involved with professional organizations before where no one ever remembered your name or said hello. AAP is not like that. It is an incredibly helpful and fun organization.

I strongly recommend that you attend the fall conference in San Francisco this November. The opportunity to network with your peers is well worth the time and expense. Becoming actively involved with AAP pays off in so many ways. You owe it to yourself and your career to attend a conference. I hope to see you there. I know you'll feel welcome.

### **Steve Blanchard, University of Iowa, member since 2001**

I am headed for my first meeting of the Administrators in Academic Psychiatry and I feel like a rookie. So far I have experienced the AAP group as a virtual community through the listserv and e-mail. It should be fun for this rookie to

meet this group of wise professionals. (Notice I didn't say old professionals.)

My experience with the group in person does not disappoint me. The opportunity to meet with a group of dedicated individuals proves to be very beneficial. The knowledge base represented by this group is extensive. Everyone is more than willing to answer a question or share an idea. I quickly come to appreciate the value that this group offers in terms of a sounding board for new ideas and a repository of information about the psychiatric industry. This is truly a valuable network that I have stumbled upon.



I would encourage members to join this network. The network will only become more valuable to us, the participants, as more of us participate. Whether the issues concern clinical, administrative or research matters someone is likely to have experience that will help to define the issue and clarify approaches. I continue to be amazed at the amount of learning that I acquire from practitioners.

This rookie left the meeting in San Antonio more appreciative of the individuals that make up AAP. (I learned that this acronym translates to "ape" with the appropriate mascot.) I look forward to the next opportunity to meet with this new found resource.

### **Pat Sanders Romano, Albert Einstein College of Medicine, member since 2001**

I approached the Fall 2001 meeting of the Administrators in Academic Psychiatry with trepidation that came from previous attendance at other professional conferences where I just didn't fit in. I stood in the lobby of the hotel on Friday night where we were to meet for an informal dinner and watched a group of people hugging each other and almost went back to my room to do room service. But something compelled me to be gutsy and go over to the group. It was the best career decision I have made. Both professionally and personally I found my cohort! By Friday evening we were exchanging ideas on dealing with issues specific to departments of psychiatry. By Saturday morning we were showing each other pictures of our kids and grandkids. By Saturday afternoon we had learned a great deal from the presentations pertinent to our every day professional life. By Saturday night we were discussing our fantasies for career change (wine shops, vineyards, etc.). On Sunday I kissed my new good friends good-bye. I have kept up with them over the months and feel so strongly about this organization and its meetings that I am now the Secretary!



### By-Laws changes

Several amendments to the bylaws were approved at the Business Meeting in San Antonio. Many of these changes were simply "cosmetic" changes to reflect modern ways of doing business. For example, in several places references to notification by telegram were deleted and e-mail inserted. Other changes were more substantial and related to the creation of two new standing committees - Membership and Education/Program Development. In addition to the new section added (see box), changes were made to corresponding sections where necessary to reflect changes in board responsibilities related to these new committees.

Members interested in receiving an electronic copy of the current bylaws should contact Jan Price at [janprice@umich.edu](mailto:janprice@umich.edu).

#### Section 7.1 Standing Committees

Two (2) Standing Committees shall function in support of the Board of Directors. They are the Membership Committee and the Education/Program Development Committee. While it shall be the prerogative of the Board of Directors to formulate the operational charge, size and general composition of these standing committees, for the purpose of these Bylaws, the general charge to each shall be as follows:

- A. Membership Committee - The Membership Committee shall assist in the recruitment and maintenance of the varied and viable membership base necessary to adequately promote the stated purposes of AAP. Further, this committee shall develop the procedures necessary for enlisting new members. In the absence of any appointment to the contrary, the Membership Director shall serve as Chairperson of the Membership Committee. He/she will appoint at least two (2) other committee members.
- B. Education/Program Development Committee - The Education/Program Development Committee shall advise the Board of Directors on matters associated with advancing the educational goals of AAP. Such educational programming includes, but is not limited to, program development for any educational conferences sponsored by AAP. In the absence of any appointment to the contrary, the President Elect shall serve as the Chairperson of the Education/Program Development Committee. He/she will appoint at least two (2) other committee members.

### AAP Membership Survey

by Kevin Johnston

With 41 respondents to the recent survey, we gathered significant information to help our Board understand the needs and preferences of the membership. Everyone should have received an electronic copy of the survey results via e-mail. If you didn't receive your copy, please send a note to [kjohnsto@iupui.edu](mailto:kjohnsto@iupui.edu).

Networking and the listserv topped the list as the most important topics. Everyone agreed that our organization does very well sharing ideas when we are at meetings together and through e-mail. The GrAAPvine

once again was near the top of the list along with our Spring Conference. There was discussion concerning the Fall Conference and the midlevel rating it received. We probably need to better communicate the wonderful networking and learning opportunities experienced at the Fall Conference so that members recognize this benefit.

The Board received further support in knowing that AAP management by strategic directives and long-range planning is recognized by the membership as important. These strategic directives can now be modified

to support what the membership recognizes as important. Future meetings can also be directed to cover topics hitting the top of the list.

In support of our ongoing relationships and the needs of the organization, those at the Spring Conference completed a form to identify areas to get involved. You can do the same by e-mailing Kevin Johnston at the above address to volunteer to assist the Membership Committee, Education/Program Development Committee, Strategic Plan or Benchmarking support.

### How to survive with your chair and the dean's office

By Lee Fleisher

This year's William J. Newel Lecture was presented by **Russell Armistead**, Consultant and former Vice President for Health Affairs at Wake Forest University School of Medicine. Mr. Armistead began by reminding us why our chairs and the dean are important to us. Our chairs are, first and foremost, our bosses. They determine our success or failure, establish our compensation and promotion, and communicate to the dean and others about our effectiveness. The dean determines your chair, allocates resources to the department, and influences compensation and promotion of faculty. Mr. Armistead argues that the chair is the most important factor influencing our success as department administrators.

Advice was offered regarding how to deal with your chair. A selective list follows:

- Always be honest with your chair in private;
- Always support your chair in public;
- Keep your chair informed at the level he wants/needs to know; and,
- Listen to what is going on in the department (and School) and use it to anticipate and solve problems.

Mr. Armistead's final advice regarding getting along with your chair was, "If your chair forces you to represent untruthful information to the faculty or dean... find another position."

Armistead shared his thoughts regarding what deans want. He suggests that they want to be kept informed and not be protected from bad news, they want solutions to problems, chairs thinking strategically, collaboration between departments, new money, successful research and

a positive bottom line. Conversely, deans hate faculty coming directly to them to ask for something with no indication of the chair's support or a business plan, complaints without offered solutions and unproductive faculty who do not get feedback that there is a problem.

Mr. Armistead closed by sharing several ideas from an article by Milton Greenberg from the March 8, 2002 edition of *The Chronicle of Higher Education* entitled "Administrator's Guide to How Faculty Members Think". Among the most important points are:

- Any action by an administrator that appears to supervise a faculty member will be met by resistance and disdain, and
- Administration involves the management of people and money *in some rational proportion.*

*(Lee Fleisher is the administrator of the Vanderbilt University department of psychiatry).*

### Psychiatry consults – maximizing reimbursements

by Paul McArthur

**Dan Hogge** (University of Utah) provided a comprehensive review of the Psychiatric Consultation Service at his school and its experience in billing for services. His primary focus involved the provision of consultative services to individuals admitted to medical units.

Dan emphasized that patients admitted with co-morbid medical and psychiatric conditions represent a significant percentage of hospital admissions at any facility. These patients cost more; the importance of psychiatric consultation services is that successful provision of such services can reduce overall hospitalization costs. For individuals with ongoing medical treatment conditions, psychiatric interventions can help address, and in some cases even resolve, non-medical symptoms.

Critical to a successful consultation service is the medical

director, whose role is pivotal in the "selling" of services. To be successful in this role an individual must have not only strong professional knowledge and needs assessment skills, but excellent interpersonal skills as well. Successful team operations require planning for service provision and careful structuring of consultants' time. At the University of Utah, between 35 and 50% of all referrals are requested the day before or the day of discharge; 2/3 of all referral requests are received after 11:30 am. The unavailability of the attending medical physician can present a problem for the consulting psychiatrist and team. These circumstances lead to inherent problems in meeting same day clinical needs; a service that is underutilized may reflect difficulties in coping with these operating constraints.

Dan reviewed the composition of Utah's Psychiatry Consultation Team: .50 FTE attending psychiatrist, 1.25 FTE social workers, a resident (most

months), 1-2 medical students and a staff coordinator (10% FTE). Discussion pointed out that some departments around the country use psychiatric nurses rather than social workers. Also, efforts elsewhere have resulted in the development of on-line psychiatric consultation order systems. Lastly, a few facilities have gained approval for payment for phone consultation services by non-Medicare and non-Medicaid insurances.

Each consultation provided must reflect the work and opinion of the attending psychiatrist; follow-up visits need to reflect who justified the medical necessity for the consultation procedure. Dan reviewed the range of charges used at Utah for billing codes 99251 through 99254 and 99261 through 99263. Utah's charge distributions compare to the national distribution for these codes. It was pointed out that when services are provided within a

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## Conference Highlights



*Annual dinner at the Presidio  
Around table from left: Jim and Karen Landry,  
Warren Teeter, Dan and Lindsey Dozanti, John  
O'Laughlen, Margaret Moran.*



*Getting even! Rich Erwin getting "egged."*



*At the Hospitality  
From left: Warren Teeter, Joann Menard, Jim Landry,  
Ellen Francis*



*No, this isn't a bad case of dandruff! Just another egging.  
Around table from foreground: Lee Fleisher, Janet Moore,  
Liz Smith, Alex Jordan, Margaret Moran, Narri Shahrokh*



*AAP celebrates it's Sweet Sixteen! The hotel made a beautiful  
"ape" cake for the celebration.*



*Enjoying the APA Fiesta  
From left: Joann Menard, Elaine McIntosh and  
husband George, Ruth Erwin, Florie Munroe and  
husband, Val. Walking: John O'Laughlen*

## Conference Highlights

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managed care construct, it is important to clarify how revenues will be charged, viz., whether to medical or to specialty (behavioral care) components of the

premium. In discussing this, there is variation in how this is handled depending on geographic location and insurer identity.

Dan's summary was helpful in understanding what can be expected in collecting reimbursements for these

services. He noted for billing rejections and documentation requests there is always a slow turnaround between billing and collection.

*(Paul McArthur is the administrator of the University of Rochester department of psychiatry).*

## Benchmarking survey update

*by Radmila Bogdanich*

An update of the AAP Faculty Compensation benchmarking project was given by **Radmila Bogdanich** (Southern Illinois University) and **Elizabeth Smith** (Thomas Jefferson University). The number of survey respondents had increased to 50 since an initial presentation at the fall meeting. Most of the departments (70%) were in public medical schools. More than half (54%) had special relationships with state government agencies. An equal number had contracts and grants that fund institutes, faculty salaries and line items for residency programs. Grants and contracts and the practice plan were the largest source (72% each) of support for faculty contracts. The average number of FTE compensated faculty was 43 with a range of 5 to 200. The following activities made a profit: Outpatient clinical services (28%), clinical trials (23%), contracts for continuing

education/TA (18%), and research grants (17%). Most of the plans had practice plans that were centralized.

The presentation also covered practice plan participation, revenue generation, faculty incentive plans and practice plan expenses. A copy of the report will be sent to departments participating in the survey, once it has been updated. (There was an additional survey sent in after the presentation).

The AAP has decided that it will form a Benchmarking Committee to develop a plan on how to further utilize this information and to determine what direction the benchmarking project should take. Participants at the meeting had the opportunity to indicate if they would like to participate on the committee.

An informal presentation of this data will be made to the Economics Committee of the American Association of Chairs of Departments of Psychiatry (AACDP) at their spring

meeting in Philadelphia. At that time, the AACDP Economics Committee will provide input to our group regarding possible future directions for benchmarking from the Chairs' perspective. The executive committees of both the AAP and the AACDP will then conduct further discussions to clarify shared research needs and how the two groups might best work together to further common benchmarking goals. This is an important example of the type of work that might greatly benefit both the AAP and the AACDP, at the same time furthering our strategic objective of increased intergroup collaboration.

Survey participants can expect to receive their report by mid-June. If you would prefer to receive your report via e-mail, please notify Radmila Bogdanich at: [rbogdanich@siumed.edu](mailto:rbogdanich@siumed.edu).

*(Radmila Bogdanich is the administrator of the Southern Illinois University department of psychiatry).*

## Administrative leadership within an academic unit

*by Alex Jordan*

Everyone knows it's difficult to hold the attention of an audience right after lunch! However, our first speaker of the afternoon in San Antonio, **Rob Duca**, had no problem achieving this goal with a very informative and valuable presentation. Rob is the chief administrator for the Department of Surgery, University of California at San Francisco. He is also a past president of the Academic Practice Assembly of MGMA.

Rob's goals for the presentation were to present an overview of the

leadership roles one must assume within his or her department; explain the importance of appreciating the complexity of the environments within which we work, as well as the often conflicting forces; and, elaborate on the importance of being able to resolve issues that are brought to our attention in the course of functioning as an administrator in academic medical departments.

According to Rob, there are critical leadership roles we all must fulfill. Examples of these roles are problem solver, financial steward, knowledgeable resource, decision

maker, team builder and cheerleader. In order to function successfully, academic administrators must be comfortable with not only the breadth of role expectations placed upon us but also must develop a deep level of knowledge and skill in performing well in these roles.

With regard to navigating the complexity of the academic administrative environment, one key point is to deeply understand the multiple missions, lines of authority,

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## Conference Highlights

*Continued from page 10*

decision making structures and types of financial arrangements that operate among the various entities (school of medicine departments, medical centers, practice plans, etc.). Although each of these entities shares the commonly cited mission components of teaching, research and patient care, the orientation to these mission elements will be somewhat different depending upon the various organizational structures, business operations, and so forth.

In explaining the various complexities, the issue of authority seems to be very important. To get a good handle on the matter of authority within our organizations, Rob advised asking yourself a few key questions such as: "Who has the discretionary power to carry out various assignments?" "What are the major areas of accountability in the various academic settings?" "What are the

basic line units, such as departments or sections?" and "What is the formal delegation of authority and responsibility?" The answers to these probing questions will often provide direction to the administrator who is searching for solutions to mission-critical problems facing his or her department.

Resolving issues and conflicts is a big part of all our jobs! Some valuable advice in this area included:

- Know yourself - don't try to know everything, don't bluff.
- Don't fall into the trap of self-importance. Delegate!
- Don't expect adulation, it seldom comes.
- Know your chair - speak with them often, you may be their only true confidante.
- Know your faculty - be accessible, be data oriented and know the numbers, help them cut through bureaucracy

Finally, Rob laid out for us his "Top Ten List of Academic Management

Truth." It is such a valuable list that it's worth repeating here:

- 1) Play - having fun is contagious!
- 2) Trust your gut - do what is right.
- 3) Always give credit to others.
- 4) It's show time - you are always on stage
- 5) Always know "Who will do what by when?"
- 6) If you are not equitable, it will show.
- 7) Take time to celebrate successes.
- 8) Don't hide behind closed doors.
- 9) If you don't explain, they won't listen.
- 10) Toes, toes, toes - mistakes are OK.

I'm sure that other attendees at our San Antonio conference will agree that Rob Duca's presentation not only helped to reinforce our existing understanding of how to be effective in our roles, but also gave us fresh insights into how to continuously strengthen our individual executive performance.

*(Alex Jordan is the administrator of finance and planning of the University of Washington department of psychiatry).*

## Will you take two minutes?

*by Brenda Paulsen*

I had the pleasure of facilitating a discussion at the Saturday afternoon meeting entitled "Will You Take Two Minutes?" It was an opportunity for each of the attendees who wanted to participate to take two minutes to either ask the group for advice on an issue of interest or to share an issue with the group which we could benefit from knowing. We allowed about one minute for members of the group to respond. The following are the notes that **Jim Landry** (Tulane University) graciously took to allow follow-up by phone or e-mail.

1. **John DiGangi** (U Mass) - **Global Billing** - Payment for professional fee are routinely included in global hospital rate. How have you negotiated with hospital?

**Lee Fleisher** (Vanderbilt U) - Global Billing negotiated and paid regardless of receiving payment

**Joe Thomas** (U Michigan) - negotiated separate billing rates from hospital

2. **Dan Hogge** (U Utah) - **Compliance Plans** - Do you perform regular audits of doctors? What is the relationship with compliance office?

**Howie Gwon** (Johns Hopkins U) - advisory with compliance office;

**Elaine McIntosh** (U Nebraska) - 5 audits per quarter; some at 100% audit - committee within departmental faculty and staff

**Jan Price** (U Michigan) - Peer audit, sample semi annually where 3-5 records are reviewed. If problems are found during retrospective audits then money is returned to payors

**Ellen Francis** (U Oklahoma) - Returns monies

**Margaret Moran** (Medical College of Ohio) - audits and return

money if an issue, physician is put on 100% audit

**Rob Duca** (UCSF) - pre audit is better

3. **Ellen Francis** (U Oklahoma) - **HIPAA** - Patients in Oklahoma can't get direct access to medical records. What implications will HIPAA have?

**Rich Erwin** (U Missouri) - Psychotherapy notes can only be reviewed by originator.

**Lee Fleisher** (Vanderbilt U) - have someone from Psych on every HIPAA committee

**Jan Price** (U Michigan) - State law requires turning over medical record to patient. Proposed regulation changes regarding the consent form may make this issue moot.

Several people expressed concern about access by other AMC doctors.

*Continued on page 11*

## Conference Highlights

### Take two minutes

Continued from page 10

4. **Warren Teeter** (Wake Forest U) – What have people done to **reduce dictation cost?**

**Radmila Bogdanich** (Southern Illinois U) - use templates

**Rich Erwin** (U Missouri) – If you use an outside dictation firm the transport of data can be a violation of HIPAA due to security and accessibility of the computer transcriptionist uses.

**Rob Duca** (UCSF) - Voice Recognition

**Lee Fleisher** (Vanderbilt U) - Limit choice when system is up and running

**Radmila Bogdanich** (Southern Illinois U) - residents are an issue because the do dictate too much.

5. **John O’Laughlen** (U Washington) - **Psychology training** - Can they bill for supervision of psychology interns?

**Ellen Francis** (U Oklahoma) - Masters can bill Medicaid using their own licenses

**Elaine McIntosh** (U Nebraska) - **Neuropsych testing** – how much time can you bill?

**Brenda Paulsen** (U Arizona) - Bill for time spent on initial evaluation where supervisor is physically present.

For non-Medicaid/Medicare, bill for entire testing period.

6. **Lee Fleisher** (Vanderbilt U) - Does anyone have an organized program for **bonus or incentive for staff?**

**Howie Gwon** (Johns Hopkins U) - Incentive based on professional fee billing, net collection and A/R days. They used these criteria because they needed to quantify incentive base.

**Warren Teeter** (Wake Forest U) – They give palm pilots, special lunch, or non cash incentives.

**Jan Price** (U Michigan) - spot awards up to \$500 at the discretion of the manager

**Elaine McIntosh** (U Nebraska) - Withheld .25% from legislature funding for staff incentive from \$500 - \$2500.

**Rob Duca** (UCSF) - Dept Managers Incentive Plan - Divisional Managers - Tier 1 any staff up to 5% of salary; Tier 2 is decided by Dean’s office up to another 5%

University of Virginia has a web sight with compensation plan

7. **Rich Erwin** (U Missouri) – Does any one calculate **RVUs for educational time?**

**Kevin Johnston** (Indiana U) - RVU for educational activities - already developed

**Rob Duca** (UCSF) - point system developed by chair with emphasis on strategic plan

**Narri Shahrokh** (UCDavis) - value to every activity and is used in negotiation of salary

8. **John DiGangi** (U Massachusetts) - **Medicare time and effort reporting** - How do people handle the annual reporting requirements?

**Sandy Richards** (U Michigan) - at the division level.

**Jan Price** (U Michigan) – report two weeks for all activity not just at the hospital

**Ellen Francis** (U Oklahoma) - Chair to pull in from faculty

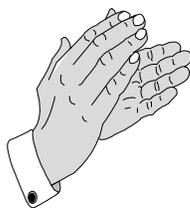
9. **Jan Price** (U Michigan) - Adult inpatient unit and **commitment hearings** – The cost of transportation is very expensive. Has any program used telecommitments?

**Steve Blanchard** (U Iowa) - court doesn’t have resources to accommodate cost of telemedicine.

Sheriff transports avoided when courthouse in hospital.

(*Brenda Paulsen is the administrator of the University of Arizona department of psychiatry.*)

## Congratulations!!



- ... Margaret Moran and John Dobson on their recent marriage. Best wishes for a lifetime of happiness.
- ... Alex Jordan on passing all three elements of the ACMPE exam (see Page 15)
- ... John O’Laughlen on being elected MGMA’s Academic Practice Assembly President-Elect.

# Outpatient psychiatry financial feasibility - some new ideas

by Marti Sale

In Monday afternoon's breakout session of the 2002 MGMA Academic Practice Assembly conference, **Jim Landry**, the Senior Department Administrator for Psychiatry/Neurology at Tulane Medical School discussed some new ideas to increase revenues in our departments. At a time when reimbursements are decreasing, finding new streams of revenue has become a major requirement for each of us. Jim suggested that there are three important considerations: financial, volume and access.

Jim had several suggestions regarding the financial aspect of generating new revenue. One was to develop a cost based fee schedule. Another was to say no to MCOs and only accept full payment at time of service (In his program, intakes did not decrease but cash collections were up 7%). Some clinics offer patients a discount for payment at time of service while others just make cash at time of service mandatory.

Jim had several suggestions for finding revenue through grants or contracts such as antiterrorism

funding, if your state has such funds. Important information to ask is how do you access these funds, what is required of the psychiatry department, and what kind of support does the state mental health/public health department give. Another idea was to develop a telemedicine practice and find grants through the National Library. Several of the attendees stated that their departments already use telemedicine quite a bit and that it could be a strong revenue enhancer. The corrections facilities are really looking into telemedicine because it does not require them to transfer the patient/inmate out of the corrections facility. This decreases the facility's cost for health care. The MDs could apply for a license to dispense drugs through the clinics and charge a dispensing fee. Some facilities have gone to a "concierge practice" whereby patients pay an annual fee and use the clinic when necessary.

To increase volume, it was suggested that departments build referral systems within their medical centers and surrounding areas. A forensics clinic whereby departments partner with their legal community is a

money maker that in many instances can be taxed at a lower rate by the practice plan. Develop mobile crisis units that operate around the clock to respond to emergency rooms without psychiatry units. However, the one major thing that can be done to increase volume is to get and keep your name in front of the public through advertising with your public relations department.

Many people want to speak to a provider when they call in, not to a support staff person. Try to develop some type of "provider of the day" program to afford referring doctors the opportunity to speak directly with a provider, and have that clinician return all calls within 15 minutes, if possible. This will build community goodwill and increase volume.

Jim's final words were "no margin, no mission". Do not leave yourself open for long term losses. Cut and run if there is not sign of significant improvement in the near future. No department can continue all of its missions (education, research, and patient care) without funds.

*(Marti Sale is the administrator of the University of Kentucky department of psychiatry).*

## Coming attractions

June 6-7, 2002

**NIH regional seminar in Program Funding and Grants Administration for 2002**

Louisville, KY

<<http://grants.nih.gov/grants/seminars.htm>> for information and registration

November 8, 2002

**Administrators in Academic Psychiatry/American Association of Chairs of Departments of Psychiatry Joint Fall Meeting**  
San Francisco, California



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## The College corner

### Jordan advances to certified status; AAP members take exams

by David Peterson, FACMPE

There must have been something in the San Antonio air other than the southwestern fragrances of the Riverwalk during this year's annual spring conference because four AAP members sat for the American College of Medical Practice Executive (ACMPE) certification exams. **Rich Erwin** (University of Missouri), **Kevin Johnston** (Indiana University), **Jim Landry** (Tulane University) and **Florie Welch Munroe** (St. Mary's Medical Center) took all or a portion of the 3-part exams that are designed to test a medical group practice administrator's body of knowledge. Passing the objective, oral and essay exams and meeting the ACMPE continuing education requirement allows members to advance to Certified status in the College.

Rich, Kevin, Jim and Florie join a growing pool [that includes **Joe Thomas** (University of Michigan)] of AAP members who are in the certification exam-taking process.

Says Jim about the certification exams, "the objective exam is fairly straightforward, just long – 175 questions. The essay and the oral were more challenging, in that one has to actually write or verbalize why one would make a decision. Most of us make hundreds of decisions a week, and never think about all the components and experiences that go together to make correct... decisions. However, in the oral and essay exam, one needs to outline the thought process."

Florie sat for all three portions of the exams too. She believed the essay questions were "fair" and about "current topics." The oral exam

questions were "appropriate" and the 3 examiners "made me feel very comfortable and it was a positive experience." (Editor's note: Effective July 1, 2002, the oral exam requirement has been changed. Candidates must provide evidence of two appropriate 30-minute oral presentations instead of the on-site oral "board" that Florie describes.) Florie found the questions on the objective portion of the exam a bit too detailed, in her opinion, and found the exam to be "heavy on labor law."

Kevin had taken and passed the oral and objective portions of the exams at the fall meeting in San Antonio so he only sat for the essay portion of the exam during the spring meeting. Kevin thought the essay exams were the "more difficult" of the three, "especially because one of the questions related to an issue normally not experienced in an academic practice." Kevin found the textbook, *Ambulatory Care Management* by Ross, Williams and Schafer, a good reference tool to "bridge the gaps."

Rich sat for the objective portion of the exam, having already passed the oral exam last year and plans to take the essay later this year or next.

Jim summed the experience up nicely with his statement, "What struck me the most was how broad the 'body of knowledge' is for this certification, and truly how much we, as administrators, are expected to know on a daily basis."

In the meantime, **Alex Jordan, CMPE** (University of Washington), who sat for the exams in two different sittings, first taking and passing the objective portion exams and then taking

and passing the oral and essay exams later last year, has achieved Certified status in the College. One of Alex's goals as President of the AAP was to heighten the importance and visibility of the College. Alex followed his own advice, achieving Certified status and, it would appear by the experience in San Antonio, helped to inspire others to sit for the exams.

Alex thought the objective portion of the exam seemed to be the "hardest." Like Kevin, Alex notes that there are questions "we don't encounter on the academic side of medical practice," but that these don't make the test "impossible to pass." His advice to those thinking about pursuing certification is, "Trust that you can and will achieve the goal of certification and get started. Consider taking a tutorial offered by the ACMPE" (which Alex found quite helpful). "Enjoy the process! Certification is a chance to broaden your knowledge base and this is a challenging and rewarding experience."

Please join me in congratulating Alex on his achievement and let us hope the fragrance of success was also in the air in the San Antonio as we wish Rich, Kevin, Jim and Florie good luck as they await the results of the their exams.

For more information on joining the ACMPE or the certification process, contact the ACMPE directly at (303) 397-7869 or contact David Peterson, FACMPE at (414) 257-7227, e-mail at [peterston@mcw.edu](mailto:peterston@mcw.edu) or at the Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin, 9455 Watertown Plank Road, Milwaukee, Wisconsin 53226.



*The Board and membership of AAP express its sincerest sympathy to the family of Dan Hogge on the recent loss of his mother.*

# Humor



One day while walking down the street a highly successful University Administrator was tragically hit by a bus and she died. Her soul arrived up in Heaven where she was met at the Pearly Gates by St. Peter.

"Welcome to Heaven," said St. Peter. "Before you get settled in though, it seems we have a problem. You see, strangely enough, we've never once had a University Administrator make it this far and we're not really sure what to do with you." "No problem, just let me in," said the woman. "Well, I'd like to, but I have higher orders. What we're going to do is let you have a day in Hell and a day in Heaven and then you can choose whichever one you want to spend an eternity in."

"Actually, I think I've made up my mind . . . I prefer to stay in Heaven," said the woman.

"Sorry, we have rules..." And with that St. Peter put the executive in an elevator and it went down to Hell. The doors opened and she found herself stepping out onto the putting green of a beautiful golf course. In the distance was a country club and standing in front of her were all of

her friends and they were all dressed in fine evening wear and cheering for her. They ran up and kissed her on both cheeks and they talked about old times. They played an excellent round of golf and at night went to the country club where she enjoyed an excellent steak and lobster dinner. She met the Devil who was actually a really nice guy and she had a great time telling jokes and dancing. She was having such a good time that before she knew it, it was time to leave. Everybody shook her hand and waved good-bye as she got on the elevator. The elevator went back up to the Pearly Gates and found St. Peter. "Now it's time to spend a day in Heaven," he said.

So she spent the next 24 hours lounging around on clouds and playing the harp and singing. She had a great time and when her time was up St. Peter came and got her. "So, you've spent a day in Hell and you've spent a day in Heaven. Now you must choose your eternity," he said. The woman paused for a second and then replied, "Well, I never thought I'd say this, I mean, Heaven has been really great and all, but I think I had a better time in Hell." So St. Peter escorted her to the elevator and again she went back to Hell.

When the doors of the elevator opened she found herself standing in a desolate wasteland covered in garbage and filth. She saw her friends were dressed in rags and were picking up the garbage and putting it in sacks. The Devil came up to her and put his arm around her. "I don't understand," stammered the woman, "yesterday I was here and there was a golf course and a country club and we ate lobster and we danced and had a great time. Now all there is a wasteland of garbage and all my friends look miserable." The Devil looked at her and smiled. "Yesterday we were recruiting you. Today you're staff."



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## Publication deadlines

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