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The GrAAPvine

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Administrators in Academic Psychiatry

From the president's desk

I am excited and touched by the opportunity I have to serve our organization as the president this year! We are in our 18th year and I certainly marvel at the caliber and depth of our organization. I especially appreciate each of you as colleagues and friends. We as administrators in academic psychiatry face an ever changing healthcare environment and challenges that will require us to exercise excellent technical and management skills. We are fortunate to have colleagues who demonstrate such strong leadership qualities and have created a unique web of friendships interlaced with e-mails and networking to strengthen us in our positions.

It was wonderful to see those of you who were able to attend our annual spring conference in Atlanta. As you reflect on the discussions and presentations I'm sure you can appreciate the professional skills of our members and what an excellent resource AAP is to all of us. Please take the time in this issue to read and glean the important thoughts summarized in the conference articles. I want to extend my appreciation to the individuals who so willingly shared their time as part of our planning committee or presented at the conference: **Kevin Johnston** (Indiana U), **Jim Landry** (Tulane U), **Brenda Paulsen** (U Arizona), **Jan Price** (U Michigan), **Nish Patel** (Mayo Clinic), **Jacalyn Rux** (Medical College of Wisconsin), **Pat Sanders Romano** (Einstein SOM), **Marti Sale** (U Kentucky), **Narri Shahrokh** (UC Davis), **and Liz Smith** Thomas Jefferson U). Many members have commented how important the two-minute hot topic discussion is to this meeting - thank you all for your participation. Also, we were honored to have **Karen Milner MD**, Director of Emergency Services, University of Michigan, as our William J. Newel keynote speaker this year.

Norm MacLeod (Harvard U), one of our organization's founders, and who served in many leadership roles over the years, was honored by the Board in our ASIG break-out session. In recognition of his commitment and service the keynote presentation of our future Fall conferences will be entitled The Norman MacLeod Fall Lectureship. We realize this is only a small way for us to express our deepest appreciation

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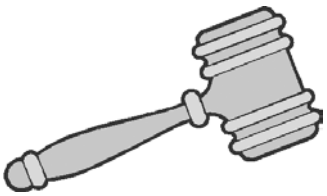
Introducing the 2003-2004 AAP board of directors

The 2003-2004 AAP Board of Directors was approved at the Business Meeting in Atlanta, Georgia. 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	Dan Hogge	University of Utah
President-Elect	Kevin Johnston	Indiana University
Immediate Past President	Warren Teeter	Wake Forest University
Secretary	Pat Sanders Romano	Albert Einstein College of Medicine
Treasurer	Brenda Paulsen	University of Arizona
Membership Director	Elaine McIntosh	University of Nebraska
Member-at-Large	John DiGangi	University of Massachusetts
Member-at-Large	Jim Landry	Tulane University
Member-at-Large	Nish Patel	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.

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

Susan Birnie
McMaster University
(905) 522-1155 x3468
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Hank Williams
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206 616-2069
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Bylaws changes

Several amendments to the bylaws were approved at the Business Meeting in Atlanta. Some of the changes reflect a renumbering of the articles or sections, and are not listed here unless there is also a substantive change to the language.

Members interested in receiving an electronic copy of the current bylaws should contact Jan Price at janprice@umich.edu or check the website at www.adminpsych.org, where they will be posted soon.

Article VI. Board of Directors. Section 15. Immediate Past President - The Immediate Past President shall serve as a member of the Board of Directors and shall perform such duties as may be delegated to him/her from time to time by the Board of Directors or by the President. He/she serves as the Chair of the Nominating Committee. **The Immediate Past President shall be responsible for drafting proposed amendments to the bylaws as specified in Article XIII, Section 1.**

Article VIII. Annual Dues.
Section 2. Dues for member applicants replacing a departing member at any point through the fiscal year may transfer, for the remainder of that year, to the replacement member.
Section 3. By annual consensus of the Board of Directors, dues for new applicants' initial membership year may be waived.

Article X: Use of AAP Name, Products and Proprietary Information
The submission, distribution, circulation and/or printing of any information or data that uses the name of Administrators in Academic Psychiatry, is gathered via a membership list and/or is a product of the organization's efforts in any venue other than to those accessed only by members of the organization must be approved by a two thirds (2/3) vote of the Board of Directors.

Article XIII: Amendments
Section 1. In consultation with the President, the Immediate Past President shall review the bylaws annually. If changes are recommended, either from this review or from Board of Directors discussion, the Immediate Past President shall draft proposed amendments for review by the board and ratification by the membership at the next general meeting.

Without the help of many people, *The GrAAPvine* would not be the caliber of newsletter that we are all so proud of. It is my pleasure each year to thank those of you who share your time and assistance writing articles whenever I ask. You are all so very precious to me - and I thank you sincerely.

Radmila Bogdanich
Wendy Carlton
Dan Hogge
Kevin Johnston
Richard Kennedy
Jim Landry
Janice McAdam
Paul McArthur
Elaine McIntosh
Joanne Menard
Janet Moore
David Peterson, FACMPE
Pat Romano
Warren Teeter

Jan Price

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for his many years of service. Additionally, I need to extend a special thanks to **Janet Moore** (Michigan State U), Past President who so willingly gave of her time this past year to reassume the role of Immediate Past President following Alex Jordan's departure from AAP. We are very fortunate to have **Warren Teeter** (Wake Forest U), who served as our President, and is a continual resource and mentor for me and absolutely a true friend to all of us. He has focused on continuing a strong strategic plan for the organization and strengthening our governance board so we actualize our goals and mission as a group. Lastly, may we acknowledge and extend our deepest appreciation to our previous board members and to those whose term expired this year in April - **Kevin Johnston** (Membership Director), and **Nish Patel** (Member at Large).

Clearly, as we segue into a new year the management of our organization needs to build on the structure and goal setting established by our previous presidents. In concert with the prior years' direction, following is a summary of this year's goals. (The entire 2003-2004 Strategic Goals can be found on our website):

Organizational Development:

- Focus on the strategic plan of the organization with an emphasis on individual board member goal setting and clear position responsibilities.

Membership Services and Development:

- Maintain our currently high membership level but secure and provide a new membership database that will provide important membership information, assist new members and encourage attendance at conferences, maintain a high-quality newsletter, and determine how we can best utilize surveys and our benchmarking information.

Educational Programs:

- Plan and host two conferences for the year with an emphasis on new member networking and education. Provide adequate resources to effectively plan and execute the ASIG break-out session at the APA Spring Conference.

Strategic Collaboration:

- Establish specific projects/goals with the American Association of Chairs of Departments of Psychiatry (AACDP) based on important intergroup issues with the intent of utilizing recently compiled survey data for educational and operational improvements.

Governance:

- Continue quarterly board meetings.

There is no question that we have taken on another year of great opportunities to improve and strengthen our organization. I firmly believe that if we put our members first we will know where we are going and how our goals will assist us to this end. Our objective is to make us all more effective in our professions and provide us with opportunities to serve our colleagues.

For the last few years we have enjoyed the opportunity of holding our Fall Educational Conference conjointly with the AACDP Fall Conference. This year the conference will be held in Washington, DC at the Westin of Embassy Row Hotel, on Saturday, November 8, 2003. The board believes that our collaborative efforts to share a conference segment with the chairs and exchange thoughts and ideas has had a positive impact on our organization. The Fall Conference has always been a success and provides us with excellent educational updates. We hope to see you there!

This summer brings a new opportunity for those who will be returning or who are new officers and board members. They will have a very rewarding experience and will provide us with great leadership. There is no question in my mind that we are fortunate to have in our organization a cadre of qualified and talented members who are willing to contribute and volunteer for our committees and projects. We look forward to a very engaging year.

Gilbert Arland once said: "Failure to hit the bull's-eye is never the fault of the target. To improve your aim, improve yourself." Certainly, I want to let you know that I am available for you with any needs, suggestions, or comments that you would like to share regarding our conferences or committees. I am available by e-mail dan.hogge@hsc.utah.edu or if you need to discuss an issue please get in touch with me at 801-581-8803. The summer months are a wonderful time to spend with your family and friends. I hope you will have a good time and enjoy your affiliation this year with AAP.

Dan

MacLeod lectureship announced

Jan Price presenting plaque to Norman MacLeod

by Janet Moore

While recognition is not new to **Norman MacLeod**, AAP's members hope the establishment of the MacLeod Lecture will be especially gratifying to him.

In a presentation made at the Atlanta MGMA AAP breakout session by his former University of Michigan associate, **Janis Price**, Norm graciously accepted a plaque documenting this honor.

Norm's impressive path to his current position as Director of Business Administration for Harvard Medical International includes Peace Corp volunteer in Brazil; administrator of the Department of Psychiatry and Neurology at Walter Reed Army Medical Hospital, executive officer, Medical Company, 23rd Infantry Division in Vietnam, administrator of the Institute of Psychiatry and Human Behavior of the University of Maryland Hospital, administrator of the University of Michigan Department of Psychiatry; and executive administrator of the consolidated Department of Psychiatry of Harvard Medical School.

In 1985, Norman joined Bill Newel, then administrator of the University of Wisconsin psychiatry department, and a handful of like-minded psychiatry administrators in the establishment of Administrators in Academic Psychiatry. Ensuing years found Norman serving the organization distinctively in a number of vital roles. From 1986-1988 he was the group's first secretary. His 1989-1992 presidential rotation period was one in which AAP's Faculty Incentive Survey Report was undertaken. The years 1987-1992 also found Norman leading The GrAAPvine staff as its first editor.

AAP heartily congratulates Norman on the institution of the annual MacLeod Fall Lectureship. The Board of Directors also challenges members, new and old, to strive to meet the examples of leadership and commitment to the organization set by Norm and other founding AAP visionaries.

Janet Moore is the administrator of the Michigan State University Department of Psychiatry.

> *I am writing to express my deep appreciation to you for the honor bestowed upon me by AAP with the establishment of the MacLeod Fall Lecture and for the special ceremony in Atlanta. It was wonderful to be honored in this way in the presence of my AAP colleagues and, as you could probably tell, I was deeply touched by this gesture on the part of AAP. It is something I will always treaure.*
>
> *Regards,*
>
> *Norman A. MacLeod*

Associate membership granted

The Board of Directors voted unanimously to grant Associate Membership status to three former AAP members: **Alex Jordan**, **Florie Munroe** and **Norman MacLeod**.

Alex Jordan served as member-at-large in 1999-2000 and in the presidential rotation beginning 2000. He left the University of Washington Department of Psychiatry in 2002.

Florie Munroe was the AAP Treasurer from 2000-2002. Her most recent psychiatry position was with Medical College of New York.

Norman MacLeod's career within AAP and psychiatry is long and varied. (See article above for highlights).

Associate members receive The GrAAPvine and may attend annual conferences at member rates, but may not vote or hold office in the organization.

Results of AAP listserv survey

Opinions on developing different tracks at our conferences

by Kevin Johnston

The survey questions below were circulated via the listserv for member input. Twenty-eight members responded, which represents approximately 25% of our membership. I would encourage anyone still wishing to respond to contact me at kjohnsto@iupui.edu so that we can have a broader representation of the membership. The "Yes" response percentage is listed to the right of each question. "Maybe" responses were counted as a "Yes." The Program Committee and Board will review the responses in developing future conferences.

With the many different organizational structures we have within our departments and internal to our individual Schools of Medicine, not all AAP members are necessarily administrators working with all three missions as part of their position. Some focus only on clinical activities, others in more specific areas such as billing, while some may have a heavy emphasis on research. To provide a broader educational opportunity at our Spring and Fall conferences, the Board discussed the possibility of offering different educational tracks simultaneously, with perhaps a common topic for all tracks at the beginning and end of the day or days (if we expanded to a two day conference). Before we begin to consider this change and develop a plan, we would like to know your interest in the change.

1. Would you be interested in having the track concept for conferences?	(75%)
2. Would you be interested in having the track concept available for some of your staff to attend a conference?	(54%)
3. Would you be willing to extend our AAP conference in the Fall to two days ?	(79%)
In the Spring?	(61%)
4. Which of the following tracks would you support?	
a. Administrative	(89%)
b. Clinical	(89%)
c. Research	(75%)
d. Education	(68%)
e. Mental Health Managed Care Business (if your department owns a Managed Care Business)	(21%)
f. Canadian specific issues	(0%)
g. Other (please list)	
1) Public Health	(1 response)
2) Clinical Trial	(1 response)
3) Billing	(1 response)
4) Levitation	(inside joke from the conference)
5. Do you own a Mental Health Managed Care Business?	(14%)

Traveling?

Does your job or personal life require you to travel to exotic destinations? If so, don't forget to give your AAP friends and colleagues a call when you get in their town. Getting together for a cup of coffee or lunch is a great way to network and form closer ties within our AAP family. If you are every in Piscataway, stop in and say "Hi" to Maria Sciancalepore. If you get to Ann Arbor in the dead of winter, call Bob Davies – I am sure he would be glad to give you a tour of his depression center.

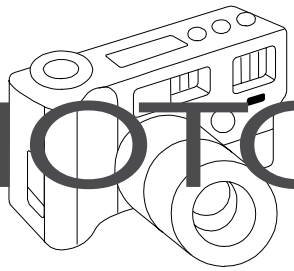
Take the time to visit with a friend. Have a safe and happy summer.

Jim Landry

Brenda Paulsen and Kevin Johnston

Hank Williams, Warren Teeter and John DiGangi

Standing: Sherry Hogge, Jan Price, Janet Moore Seated: John O'Laughlen, Dan Hogge, Jim Landry



PHOTOS

Carl and Marti Sale

Kevin Johnston, Jan Price, and Dan Hogge - What more could a girl ask for?

Joanne Menard and Alex Jordan

John DiGangi and Jackie Rux

Janice McAdam and Pat Romano

The attendees of our Spring program in Atlanta, Georgia were truly rewarded for their presence. The conference planners did a wonderful job preparing a well rounded program, including both external and AAP member presenters. Once again, the "Will You Take Two Minutes" session proved especially popular - although we certainly took more than two minutes per question! A special welcome should be extended to Roxanne Morganthaler, Hank Williams, and Nan Lewis who are new members and first time conference attendees.

I'm known for planning the AAP Annual Adventure and admit to having planned a very mild adventure Sunday morning at the Cyclorama. But Mother Nature had a much bigger adventure in store - Atlanta had thunderstorms, hail, tornadoes and an earthquake during the week we were there!

Read the next few pages for the presentation summaries - and whet your appetite for the next conference to come. We hope to see you ALL in Washington DC in November!

Jan

The William J. Newel Lecture:
The academic-public partnership

by Pat Sanders Romano

Dr. Karen Milner, presenter of the William J. Newel Lecture, opened up the Spring 2003 Conference Program with an enlightening talk on the Academic – Public collaboration. Dr. Milner serves as Director of Psychiatry Emergency at the University of Michigan Health Services and Medical Director of Washtenaw County Community Support and Treatment Services.

Historically, the collaboration of medical schools and public institutions began in the 1970's with the recruitment of psychiatry residents into public service. The University of Maryland Medical School initiated rotations into special units at the Maryland State Hospitals in the 1970's. The state of Oregon was also successful in training community psychiatrists. Initially, there was considerable reluctance by the Chairs to become involved in community psychiatry, as there was concern about decentralization, incompatibility of mission and educational opportunities.

Now, based upon a recent survey (1994) of the American Association of Chairs of Academic Departments of Psychiatry, community mental health rotations are acknowledged as having major importance in the training of residents. The chairs see the programs as having unique populations, an opportunity for research and for revenue enhancement. There are disadvantages though, due to the potential for poor supervision and lack of university control over education, heavy service demands, geographic separation and bureaucracy. For a good relationship between the university and the public sector, there need to be compatible goals, leadership support, communication and monitoring, university control and close physical proximity.

Dr. Milner's experience has been in the development and implementation of the Washtenaw County Community Mental Health Center's Managed Behavioral Care organization. In this instance, the County and the University collaborated to set up a public organization to manage services for persons with mental illness, developmental disabilities and addictive disorders. Her challenges have been to transition from contract physicians to faculty FTE's, integration of behavioral and physical health to provide a continuum of services, identification of high cost utilizers, identification of health risks in the population, and communication between mental health and primary care practitioners.

The Center, in large part because of it's collaboration with the University, can now boast of increasing viability in the managed care environment while building clinical and research activities. Educational and personnel achievements have been realized, including medical clerkships to introduce all medical students to the concept of caring for the severe and persistently mentally ill, resident rotations that foster recruitment, the development of a full time faculty, and a strong sense of pride.

Pat Sanders Romano is the administrator of the Albert Einstein School of Medicine department of psychiatry.

Faculty pay: Changing a culture

by Janet Moore

Despite the daunting subject, Kevin Johnston, psychiatry administrator at Indiana University, adeptly described the step-by-step process by which his department has moved to a quantifiable, merit based, faculty salary approach.

Many of us could identify our departments with Kevin's description of IU psychiatry's faculty salary status when this project began. Salaries were set and maintained in an inequitable and subjective manner. There was no dependable mechanism for salary adjustment when identifiable productivity was increased or decreased.

Through careful planning and attention to faculty involvement and "buy-in," Johnston's department was able to successfully implement a new faculty salary setting methodology based on quantifiable output.

The IU group, fully supported by a visionary new chair, included a small group of select faculty and Johnston. They began by reviewing the department's strengths and weaknesses, defining mission expectation, clarifying funding sources and anticipating potential faculty reaction. Next came defining measures. They identified all aspect categories of each of the three department missions: teaching, research and service. Using AAMC survey findings as the baseline, they established equitable salary targets.

The level of detail used in tracking the final system is impressive. All activity is assigned an "S"-Value, and entered into the faculty activity/pay tracking database. A Compensation Committee manages the rules, holds annual meetings with each faculty member, and accepts recommendations for redefinitions and midyear changes as necessary.

Johnston reports results to date include increased teaching and publications; an increase of 50% in grant proposals; grant awards increase of $3M; and improvement in committee interaction, Grand Rounds, and faculty meeting attendance.

Over time, compensation changes have varied from 10% reductions to a 70% increase. Johnston cautions that changing faculty culture is far from a short-term project. IU Psychiatry's successful conversion can serve to inspire others who have been contemplating a more defensible salary system for their faculty. Further information is available by contacting Kevin at kjohnsto@iupui.edu.

Janet Moore is the administrator of the Michigan State University department of psychiatry.

Research roundtables

Participants in this morning session were split into three groups to discuss issues of relevance in the area of research administration. Following are summaries of each of the roundtable discussions.

by Janice McAdam

In small group discussion on current issues related to research facilitated by **Brenda Paulsen** (U Arizona), the following problems were identified. In some instances suggestions for solutions were given, while in others the problem tended to be illusive for the moment.

Issue # 1: Indirect costs share inadequate due to several factors: a) Grant administrative costs can no longer be funded. Although this is still a cost to each department participating in the research there is no longer funding in grants for this item; b) NIH keeps reducing the costs that will be covered. Along with the elimination of the administrative costs other real costs have been eliminated such as phones, computers, in some cases, and some supplies. All are consumed within the research but not recoverable in the grant funding; c) Upstream administrative departments take a portion. A poll of the various psychiatry departments for each medical school represented showed that the research departments' share of indirect costs were 0% - 50%. Some research departments then

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share their portion with the top-level executive branch of the medical school; and d) Cross-subsidizing the research departments outside of the psychiatry departments. Structurally, some psychiatry departments have their own research departments. Although these departments act the same as the university's research department the funding is still required to go through the university research "to help the research mission."

Solution: The first step to increasing the indirect funding to the department would be to generate discussions between all departments participating in research. Step by step the culture can change. Instead of asking for the whole pie, start with just a bigger piece.

Issues #2: Researchers wanting dollars back but research funds are just covering costs.

Solution: While showing the researcher the hard facts is one solution, this answer does not also appease the faculty member. An alternative is to cover costs from a different funding source. This way the Principal Investigator will receive an incentive to continue in research activities. This solution is not viable if other funding sources are already strained.

Issue #3: The group identified many concerns with the effort surveys and reporting. The chief concern was how to ensure the validity of information provided by the faculty in comparison to what they are really doing without adding a time clock. Issues surrounding this problem were: a) Federal grant audit would be costly for penalties; b) All compensation may not be reported; c) Lax attitude toward their completion at some medical schools; d) Individuals look at the data but will not change it to reflect reality - the tendency is to look good on paper; and e) Difficulty of validation of funding and time spent and difficulty with tasks that can be multi-categorized.

Solution: At the division level, hire administrative staff to review with the faculty (one on one) their functions and the time used for each, then reconcile with their salary.

Issue #4: A strong focus for promotion and tenure (P&T) is on research through requirements of publications. Teaching and clinical work have minimal importance in P&T. However, all three areas, clinical, research, and teaching, are the foundations of medical school missions. With the strong emphasis on academics for promotion, the faculty with a primarily clinically-focused workload do not understand why their work is not important, especially when the income brought in by them through clinical services and contracts are what keep the department functioning in a positive financial bottom-line.

Solution: One institute has three different P&T tracks. The first is the classic academic track, the next is a clinical track with the focus on clinical work, and third is a contract track, which allows the faculty to sign a contract for services without requirements of P&T. This takes a change at the regents or university level but can be worth investigating.

Issue #5: By the time advertising and sign up for the study is completed, are pharmaceutical trials remaining profitable? Large initial costs are not always covered if the sign up quota is not met.

Solution: These costs should be budgeted and guaranteed in the contract for the pharmaceutical trial.

Issue #6: How to maintain research management at the department level?

Solution: Elevate junior faculty into research through a mentoring plan whereby junior faculty members work with a senior researcher in various research projects.

Issue #7: How to afford homegrown grant specialist?

Solution: This goes back to issue #1 where costs for administrative functions end up not being covered in grant funding. The best solution would be to give them some other function within the research that is covered or hope that other funding sources will be available to support this activity.

Janice MacAdam is the administrator of the University of Kansas department of psychiatry.

by Paul MacArthur

Pat Romano (Albert Einstein SOM) passed out a 3-page chart depicting Departmental Administrator research roles showing Function, Responsibilities, Facilitation Role and Leadership or Support Provision. The functions listed include: General Management, Preparing Grant Applications, Expenditure Control, Cost Transfers, Purchase of Goods & Services, Hiring, Human

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Resources Management, Labor Certification, Cost Accounting/ Cost Analysis, Determination and Implementation of F&A Rates, Annual A-133 Audit, Compliance, Inventory Control, Building Maintenance, Grant Reporting Requirements, Contract Closeout and Technology Transfer.

Many of the participants in the discussion group indicated there was a new and increased emphasis on research by their Dean's Office. Comments centered on how funding is needed beyond actual grant dollars allocations in order to succeed in supporting research. No one in the group received Dean's funds in amounts adequate to fund such additional needs. The following strategies and sources of additional support were identified: Clinical revenues or taxes on clinical revenues (Einstein, Vanderbilt, Rochester); leveraged support from VA, state or other contracts (Yale, Nebraska); clinical or industry trials taxes (Indiana, Vanderbilt); taxes on modular grants (Wisconsin).

Other topics discussed included difficulties establishing infrastructure to support research (including grooming and retaining capable administrative assistants; grants specialists and clerical staff for research support); the use and control of Purchasing cards (P-cards); use of software to track clinical trials (Indiana); and the relatedness of faculty compensation to grant productivity (Yale, Indiana).

Paul McArthur is the administrator of the University of Rochester department of psychiatry.

by Joanne Menard

The third research roundtable discussion was led by **Marti Sale** (U Kentucky). The group was comprised of departments with varying levels of involvement in psychiatry research, ranging from heavy emphasis on federal funding for the neurosciences and applied health services to clinical drug trials to minimal research funding. In spite of the varying types of research studies and amount of emphasis among the group's participants, there was a consensus that it was advantageous for departments to be engaged in research and that there was a need to increase research funding.

Marti reviewed the status of Psychiatry research at the U. of Kentucky, which has federal funding with NIMH, NARSAD and NIDA and also contracts with state government. She revealed that her Kentucky department has a large research study on Alaskan Eskimos (we asked for detail on how that happened!).

There was further discussion on how to increase research funding and provide staff support to researchers. Some group members reported increased efforts to centralize research staff support for proposal searches and grant writing and to provide seed money for pilot studies. Jim Landry (Tulane U) relayed his recent experiences in adding central staff to support PIs in pre- and post-award areas.

It was agreed that researchers (and administrators) would like to have more centralized support, but that funding for that staff support would necessarily be incremental.

Joanne Menard is administrator of the University of Washington, Harborview Medical Center department of psychiatry.

Will you take two minutes?

"Take two minutes" is the interactive part of our conferences where a member poses a question and our colleagues respond with their experiences and share how issues are handled in their departments. The following is a recap of the spring conference exchange.

by Jim Landry

Jan Price (U Michigan) started us off with, ***"How are administrators handling the policy of patient /doctor communications via e-mail?"*** **John Blatecky** (Virginia Commonwealth U) stated that if the patient initiates the e-mail contact with the doctor, the doctor should respond "I can't guarantee confidentiality." If the patient responds with an "okay", this authorization is put in the file and the dialogue can proceed via e-mail. **Brenda Paulsen** added that The University of Arizona does not permit e-mail communication with the patient. **Janice MacAdam** (U Kansas) stated that the doctors cannot initiate the E mail communications.

Roxanne Morganthaler (U Washington) stated that they put a

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HIPAA confidentiality statement on e-mail correspondence. Jan Price was concerned with confidentiality of printed e-mails in light of state regulations and HIPAA. **John DiGangi** (U Massachusetts) asked why there was concern if all employees sign a confidentiality agreement. John Blatecky cited a recent hacking of the university email system as the reason for their concern.

Marti Sale (U Kentucky) inquired as to how many folks had ***electronic medical records for psychiatry***. Kentucky currently excludes psychiatry records from the central EMR system. **Rich Ewin** (U Missouri) states that his department also excludes from the central EMR system and further noted that psychotherapy notes must be excluded from medical records. **Lee Fleisher** (Vanderbilt U) stated that the psychiatry data is on a separate server and only medications are on the central system. Jan Price also stated that at Michigan they also have a separate server. Jan is the only one who can grant access to users, there is no automatic access. **JoAnne Menard** (U Washington) felt that excluding psychiatry entirely did not encourage good cohesive patient care due to multiple care sites within the system, and inquired as to what was the ***definition of psychotherapy notes***. Jan Price responded that any note that documents a counseling session and is kept separate from the record is defined by HIPAA as a psychotherapy note. If the counseling session note is not kept separate from other notes that documentation would not be considered a psychotherapy note and is not "superprotected." **Pat Romano** (Albert Einstein SOM) summed things up by stating, "anything that is in an integrated note is not protected."

John DiGangi inquired that if the doctor doesn't feel psychotherapy notes should not be in the file, how do you bill for service? Rich Erwin stated that psychotherapy notes are not needed for billing, service documentation is. **Nan Barker** (U South Carolina) confirmed that the existence of psychotherapy notes must be documented. However, if notes are destroyed there is a potential audit problem.

Janet Moore (Michigan State U) posed the second question. The Dean's office asked her to take on additional responsibilities. In addition to her current job, she must now take on the same job/role for another department. Is this situation occurring among other Administrators? If so, ***what are some coping strategies in order to handle the amount of responsibility and pressure?*** John Blatecky, responded that Virginia Commonwealth U has administrators who share multiple departments – related or small. Lee Fleisher stated that at Vanderbilt administrators are not being assigned to multiple departments. He suggested that administrators meet together with their own agenda so they are networking. **Jim Landry** (Tulane U) stated that there is a formalized Department Business Officers Network that meets with the Associate Dean for Administration and Finance monthly, and a clinical department section of this group also meets monthly with the Executive Director of the Faculty Practice Plan on clinical business issues. **Kevin Johnston** (Indiana U) stated that as his department grew, he reallocated resources by hiring people under him, such as HR and research administration so he didn't have the day-to-day responsibilities and he could address the higher level issues. John DiGangi shared that his administrative volume is too high to handle everything so he has also hired people for HR, etc.

Joe Thomas (U Michigan) has a structure in place that was designed to meet the needs of their clinical programs – good financials and patient satisfaction. However, with a push to increase the research portfolio, he isn't sure the current ***departmental structure*** will work. Joe was searching for suggestions. **Debbie Pearlman** (Yale University) stated that research divisions cross institutional boundaries for collaboration and mentorship. However, the clinical piece of the business is still siloed. Debbie further indicated that the faculty usually negotiate the amount of time spent on clinical versus research time. Lee Fleisher has the opposite situation. His current chair fosters research, utilizing very specific sections. This structure works well for research, but at the expense of organizing effectively for clinical services. Once the budget is set for the year, then clinical structure controls clinical percentage. Each of Lee's faculty members falls into either 80/20 clinical or 80/20 research so the faculty have a focus – this methodology has had a positive impact.

University of Indiana has silos but have assistant research chairs.

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Kevin further explained that the section heads look at various activities and determine what jobs need to be filled and which faculty are needed to fill those slots.

Jan Price inquired if anyone had organizational charts that show reporting and silos. Debbie Pearlman stated that they could not draw the chart. Jim Landry said his looked like a tic tac toe grid.

Tony Bibbo (U Maryland) asked if there was a move to ***contract revenue versus fee for service***. Jim Landry stated that 90% of his psychiatry business is contracted. Marti Sale stated that they are 70%, and John DiGangi weighed in at 50%. Tony stated that they are moving in the direction of contracting. Jim's advice was to go after the competition, both public and private, but that it is crucial to provide excellent service and develop relationships with the contractors.

Tony asked where the best reimbursement is. Debbie thought detention was wonderful, and Marti agreed. Marti's department is moving away from insurance because of the bad reimbursement rates. Jim agreed with Marti, although he has providers who want to be able to take insurance for the benefit of patient care. **Dan Hogge** (U Utah) added that they are taking only self-pay fee for service, and that the child psychiatry is charging well. Lee felt that the child faculty could demand and get their rates.

John DiGangi thought that forensic or sexual disorders clinics were also profitable. Lee stated that they have been doing this for a long time, with payment made up front. **Warren Teeter** (Wake Forest U) mentioned ECT and sleep lab as the only unique services in his department. Warren also thought there was a niche for physicians who were being sued. His department was approached by the risk management department to offer confidential counseling for providers involved in malpractice cases.

Thanks to all who participated in this group discussion. I would like to particularly thank Brenda Paulsen who scribed the notes for this session.

Jim Landry is the administrator of the Tulane University department of psychiatry.

Denial management – How to track denials if your computer won't

by Kevin Johnston, CMPE

Sara Larch, FACMPE, Chief Operating Officer, University Physicians, Inc., University of Maryland, stressed that four questions should be asked about your denials:

- Percent of claims denied
- Top two reasons claims are denied
- Percent of claims reworked (usually not known)
- Percent of reworked denied claims paid (usually not known)

In discussing the revenue cycle, it is critical that the Explanation of Benefits (EOBs) are clearly understood by your payment processors. These individuals should possess the right skill set to know and understand the EOBs, including the electronic claims submission structure. If a department has a centralized structure, it is important that the department get sufficient data detail from the central office to insure a reasonable comfort level.

Payors today tend to have more ways to say no to deny a claim. It is easy for insurers to identify reasons to deny, as we tend to make many mistakes. Sara shared that 60% of their denials were actually the fault of the school. Analyzing denial data does require tools. The University of Maryland uses the IDX sub-system rejection module to extract denials on a routine basis into Excel, where the denials are manually reworked.

Targeting areas to rework requires statistics. Sara recommended looking at the denial rate by payor, extrapolating volumes by denial reasons to address large volume issues and identifying trends over time. Sara was able to coordinate a reduction in denials from 33% to 13% of the claims over a four-year period. Outcomes of this analysis included cancellation of some contracts and identification of some payors they talked with to create a change.

It must be noted that the cost of denial claims reworked can

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create a loss on a claim, due to the additional processing. Maryland was losing millions and was able to convince management to add 3 FTE's to support front-end activities in an effort to reduce the denial potential. Denials were cut in half on those that were their fault. Identification of denials which cannot be appealed are very important to reduce wasted effort.

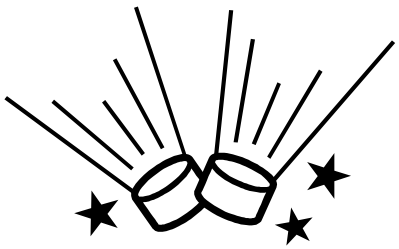
Some common practice errors and suggestions were mentioned:

- Patient name must match the name on the card exactly
- Patient address must match the address on the card exactly
- Spaces, commas, etc., for name and address must match exactly
- IDX's sub financial class can be automated to assign the mental health financial class
- May want to put your own person on the front end if your billing office has a centralized structure
- Get all insurance cards
- Pay attention to the time limit for filing an appeal (usually less than a clean claim filing limit)
- Don't appeal unappealable claims
- Monitor payor coding since many may not recognize or utilize current standardized coding
- Dig into the detail and select specific issues to address

Sara expressed the need to organize information flow to the correct person or area in an efficient and timely manner. The web site http://www.eappealsolutions.com/ describes a company which manages appeals. Look at "claims scrubber" software, but compare the cost, including manual time, to the value of total manual time commitment to do the same work. If purchasing software for a centralized structure, it is best to work the files at the department level.

In closing, Sara encouraged the slowing down of charge entry personnel, with incentive applied to accuracy rather than speed. She also encouraged talking with major payors on a routine basis. Payors know who are watching their business.

Kevin Johnston, CMPE is the administrator of the Indiana University department of psychiatry.



Coming attractions

Administrators in Academic Psychiatry/ American Association of Chairs of Departments of Psychiatry Joint Meeting
November 7-8, 2003
Washington, DC

Medical Group Management Association Annual Conference
October 12-15, 2003
Philadelphia, PA
More information: http://www.mgma.com/education/annconf/index.cfm

Society of Research Administrators International Annual Meeting
October 18-22, 2003
Pittsburgh, PA
More information: http://www.srainternational.org/newweb/meetings/annualmeeting/index.cfm

Academic Practice Assembly Annual Conference
May 2-3, 2004
Seattle, WA

The college corner

Morganthaler sees opportunity and certification in College

by David Peterson, FACMPE

New AAP member, **Roxanne Morganthaler** (University of Washington) is the newest member of the American College of Medical Practice Executives (ACMPE) and it was the draw of opportunity and board certification that led her to join.

When asked about her rationale for membership, Roxanne stated that she views this as a "great opportunity to become a member of a group that is clearly the best in the field" and to join a "group of people who have committed the time and energy to become the best, demonstrated by their affiliation with The College." After getting better acquainted with all that the College has to offer, Roxanne intends to pursue the certification process by taking the 2-part exams, fulfilling the presentation requirement and achieving Certified Medical Practice Executive (CMPE) status.

Regarding the certification process, other AAP members are moving ahead. **Jim Landry** (Tulane U) has submitted his paperwork to the College for review with the goal of having his two presentations approved and then advancing to Certified Medical Practice Executive status. Jim is already thinking of a theme for the professional paper process as he looks forward toward working toward Fellow status in the College.

Kevin Johnston, CMPE (Indiana U) successfully completed his "boards." He is currently reviewing the field and the requirements necessary to successfully begin and ultimately complete the professional paper process. Both Jim and Kevin are actively evaluating topics for the professional paper process.

The opportunity to become board certified is a significant draw for new members of the ACMPE. Board certification is a process to evaluate one's skill set against a formalized Body of Knowledge. Once accepted into the certification program, members must accumulate an appropriate level of continuing education credits, must pass a 175 multiple choice question objective exam, successfully respond to 3 essay-style, written questions and then submit evidence supporting the delivery of 2 public presentations on a topic pertinent to the field.

Morganthaler wants to embark on this process. Johnston has successfully completed it and Landry is on the final leg of certification. We need to congratulate all of them on their journey and wish them continued successes as they continue on.

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) 456-8990, email at peterson@mcw.edu or at the Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin, 8701 Watertown Plank Road, Milwaukee, Wisconsin 53226.

OIG releases new pharmaceutical company compliance guidance

The Department of Health and Human Services Office of Inspector General (OIG) released final compliance program guidance for pharmaceutical manufacturers which identifies risk areas for both physicians and pharmaceutical manufacturers under the federal anti-kickback statute.

The key risk areas include:

- "Switching" arrangements — when a company offers cash payments or other benefits each time a patient's prescription is changed to the manufacturer's product;
- Detailing payments — when a company compensates physicians for listening to sales representatives market pharmaceutical products;
- Consulting and advisory payments;
- Business courtesies and other gratuities; and
- Educational and research funding.

The compliance guidance is available at http://www.oig.hhs.gov/fraud/complianceguidance.html.

Salary limitation on grants, cooperative agreements, and contracts

RELEASE DATE: March 18, 2003
NOTICE: NOT-OD-03-034
National Institutes of Health (NIH)

For fourteen consecutive years, Congress has legislatively mandated a provision for the limitation of salary. For FY 2003, the Consolidated Appropriations Resolution 2003, Public Law 108-7, which includes appropriations for the Department of Health and Human Services, restricts the amount of direct salary of an individual under an NIH grant or cooperative agreement (referred to here as a grant) or applicable contract to Executive Level I of the Federal Executive Pay scale. The Executive Level I annual salary rate was $166,700 for the period January 1 through December 31, 2002. Effective January 1, 2003, the Executive Level I salary level increased to $171,900.

For the purposes of the salary limitation, the terms "direct salary," "salary," and "institutional base salary" have the same meaning and are exclusive of fringe benefits and facilities and administrative (F&A) expenses, also referred to as indirect costs. An individual's institutional base salary is the annual compensation that the applicant organization pays for an individual's appointment, whether that individual's time is spent on research, teaching, patient care, or other activities. Base salary excludes any income that an individual may be permitted to earn outside of the duties to the applicant organization.

NIH grant/contract awards for applications/proposals that request direct salaries of individuals in excess of the applicable rate per year will be adjusted in accordance with the legislative salary limitation and will include a notification such as the following:

According to the Consolidated Appropriations Resolution 2003, "None of the funds appropriated in this Act for the National Institutes of Health, the Agency for Healthcare Research and Quality, and the Substance Abuse and Mental Health Services Administration shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level I" of the Federal Executive Pay Scale.

In summary, Table 1 reflects the time frames associated with the existing salary caps from FY 1999 through FY 2003.

Implementation of new salary limitation

- No adjustments will be made to modular grant applications/awards or to previously established commitment levels for non-competing grant wards issued with FY 2003 funds.

- NIH competing grant awards with categorical budgets reflecting salary levels at or above the new cap(s) issued in FY 2003 will reflect adjustments to the current and all future years so that no funds are awarded or committed for salaries over the limitation.

- For awards issued with FY 2002 funds, if adequate funds are available in active FY 2002 awards, and if the salary cap increase is consistent with the institutional base salary, grantees may rebudget to

FY 1999 Awards (Executive Level III)	
➢October 1, 1998 through December 31, 1999	$125,900
➢January 1, 2000 through December 31, 2000	$130,200
FY 2000 Awards (Executive Level II)	
➢October 1, 1999 through December 31, 1999	$136,700
➢January 1, 2000 through December 31, 2000	$141,300
➢January 1, 2001 through December 31, 2001	$145,100
FY 2001 Awards (Executive Level I)	
➢October 1, 2000 through December 31, 2000	$157,000
➢January 1, 2001 through December 31, 2001	$161,200
➢January 1, 2002 through December 31, 2002	$166,700
FY 2002 Awards (Executive Level I)	
➢October 1, 2001 through December 31, 2001	$161,200
➢January 1, 2002 through December 31, 2002	$166,700
FY 2003 Awards (Executive Level I)	
➢October 1, 2002 through December 31, 2002	$166,700
➢January 1, 2003 and beyond	$171,900

Table 1: Summary of existing salary caps, 1999-present

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accommodate these salary levels and contractors may bill at the higher level. However, no additional funds will be provided to the FY 2002 grant award and the total estimated cost of the contract will not be modified.

- An individual's base salary, per se, is not constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to NIH grants and contracts. An institution may supplement an individual's salary with non-federal funds.

- The salary limitation does not apply to payments made to consultants under an NIH grant or contract although, as with all costs, those payments must meet the test of reasonableness and be consistent with institutional policy.

- The salary limitation provision does apply to subawards/subcontracts for substantive work under an NIH grant or contract.

- Competing grant applications and contract proposals that include a categorical breakdown in the budget figures/ business proposal should continue to reflect the actual institutional base salary of all individuals for whom reimbursement is requested. In lieu of actual base salary, however, applicants/offerers may elect to provide an explanation indicating that actual institutional base salary exceeds the current salary limitation. When this information is provided, NIH staff will make necessary adjustments to requested salaries prior to award.

Inquiries

Questions concerning this notice or other policies relating to grants or contracts should be directed to the grants management or contracts management office in the appropriate NIH Institute or Center.

Reminder to applicants about requirement to submit complete and up-to-date other support information

NOTICE: NOT-OD-03-029
National Institutes of Health (NIH)

NIH requires submission of complete and up-to-date "other support" information before an award can be made. Other support includes all financial resources, whether Federal, non-Federal, commercial or institutional, available in direct support of an individual's research endeavors, including but not limited to research grants, cooperative agreements, contracts, and/or institutional awards. Training awards, prizes, or gifts are not included. Applicants should not include information on other support in the PHS 398 competitive grant application submission, but should be prepared to follow "just-in-time" procedures to submit current other support information when the application is under consideration for funding. Grantees must also report any changes in other support as a part of the annual progress report.

Information on other support assists awarding agency staff in the identification and resolution of potential overlap of support. Overlap, whether scientific, budgetary, or commitment of an individual's effort greater than 100 percent, is not permitted.

Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salary) are requested in an application but are already provided for by another source.

Commitment overlap occurs when a person's time commitment exceeds 100 percent, whether or not salary support is requested in the application. While information on other support is only requested for key personnel (excluding consultants), no individuals on the project may have commitments in excess of 100 percent.

Scientific overlap occurs when: (1) substantially the same research is proposed in more than one application or is submitted to two or more different funding sources for review and funding consideration, or (2) a specific research objective and the research design for accomplishing that objective are the same or closely related in two or more applications or awards, regardless of the funding source.

The Institute/Center scientific program and grants management staff review other support information prior to award. Resolution of overlap occurs at the time of award in conjunction with applicant institution officials, the principal investigator, and awarding agency staff. Changes to other support information are monitored throughout the project as part of the annual progress reviews.

A philosophy of life

A philosophy professor stood before his class and had some items in front of him. When the class began, wordlessly he picked up a very large and empty mayonnaise jar and proceeded to fill it with rocks, about 2" in diameter. He then asked the students if the jar was full. They agreed that it was.

So the professor then picked up a box of pebbles and poured them into the jar. He shook the jar lightly. The pebbles, of course, rolled into the open areas between the rocks. He then asked the students again if the jar was full. They agreed it was.

The professor picked up a box of sand and poured it into the jar. Of course, the sand filled up everything else. He then asked once more if the jar was full. The students responded with a unanimous "Yes."

The professor then produced two cans of beer from under the table and proceeded to pour the entire contents into the jar, effectively filling the empty space between the sand. The students laughed.

"Now," said the professor, as the laughter subsided, "I want you to recognize that this jar represents your life. The rocks are the important things in life - your family, your partner, your health, your children - things that if everything else was lost and only they remained, your life would still be full. The pebbles are the other things that matter like your job, your house, your car. The sand is everything else . . . the small stuff. If you put the sand into the jar first," he continued, "there is no room for the pebbles or the rocks. The same goes for your life. If you spend all your time and energy on the small stuff, you will never have room for the things that are important to you. Pay attention to the things that are critical to your happiness. Play with your children. Take time to get medical checkups. Take your partner out dancing. There will always be time to go to work, clean the house, give a dinner party and fix the disposal. Take care of the rocks first - the things that really matter. Set your priorities. The rest is just sand."

One of the students raised her hand and inquired what the beer represented. The professor smiled. "I'm glad you asked. It just goes to show you that no matter how full your life may seem, there's always room for a couple of beers."

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