

The GrAAPvine

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From the president's desk

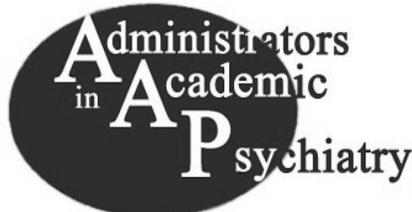
As you look back on your summer I certainly hope that you have taken a moment to relax and find some enjoyment in activities outside of work. I think **John DiGangi** (U Massachusetts) has the right idea. Several times when I've sent him an e-mail I have gotten a return e-mail message that says: "I'll be back in a few days - gone fishin'." I think what

he's saying (and I think it's great advice) is to take time for yourself and then get back to your work responsibilities when you return. I hope that we all find a personally meaningful way to take time for ourselves and our own interests. Now that the new academic year is here I'm sure each of you are now facing new challenges and opportunities. I remember the president of my university once said, as the summer heat disappeared, when he feels the cool Fall breeze it excites him to know that a new academic year is beginning and that he yearns to buy some new scholarly books to read and to participate in the campus activities. I certainly hope that you are looking forward to similar events and that you are planning on engaging and participating in our annual Fall conference this year.

The first few months of the year have started off with what I would describe as the quintessence of planning and execution. President-elect **Kevin Johnston** (U Indiana) and his committee are bringing together one of the best Fall conferences ever. It will be held in Washington D.C. November 8th at the Hotel Westin Embassy Row in conjunction with the American Association of Chairs of Departments of Psychiatry (AACDP). The conference will include the first Norman MacLeod Fall Lecture. Also, we look forward to the opportunity to meet and interact with our chairs and to enhance our professional knowledge by sharing a program of mutual interest. Dr. Joel Silverman, president of AACDP, shares a common desire to bring to you a well-orchestrated event. Please review Kevin's article for more details and registration materials should soon be forthcoming by e-mail.

Have you taken the opportunity to look at your AAP website lately? Under the direction of **Rich Erwin** (U Missouri), we are excited that the organization now has a copy of the current bylaws to keep you updated on

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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:

Tina Kummer

Georgetown University
202 687-2133
rrk4@gunet.georgetown.edu

And a very special welcome back to:

Patricia Birkmeyer

UTexas - Galveston
409-747-9758
pbirkmey@utmb.edu

David Logan

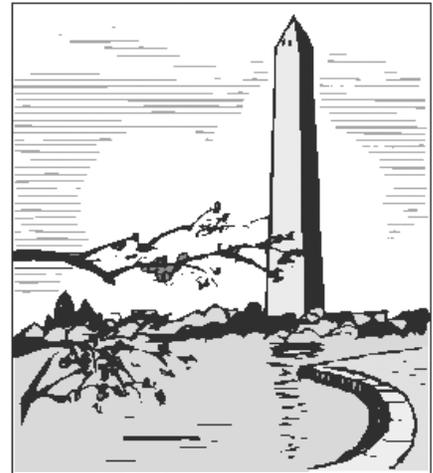
Drexel University
215-842-4712
dpl25@drexel.edu

Fall conference in the works

Get ready for a new conference concept when AAP meets for its Fall conference on Saturday, November 8, 2003. You will be able to choose between two tracks running concurrently. A Clinical Track of two presentations will be available for those wanting to concentrate primarily on this arm of our departments' mission, or attend separate programming including one presentation with a research focus and one with an educational focus.

Additionally, we will have general sessions for all attendees. This year we inaugurate our Norman MacLeod Fall Lecture and there will also be a clinical forensic presentation for the entire group.

The American Association of Chairs of Departments of Psychiatry will be meeting at the



same hotel and conducting a concurrent conference. We will have lunch together and a shared reception Saturday evening.

Plan on arriving on November 7 in time to go to dinner as a group around 7:00 pm. Arrangements are still being finalized.

The conference hotel is the Westin Embassy Row Hotel in Washington DC. Further details will be to you soon along with a full agenda and registration form. Block your calendar now and plan to attend.



Congratulations to Radmila and George Mars Cassidy who were married April 13, 2003. The Board and entire membership of AAP wish the couple a long and happy life together.

OOPS!

The Summer issue of *The GrAAPvine* (15.3) inadvertently omitted **Jackie Rux** (Medical College of Wisconsin) as a Member-at-Large. Jackie replaced Nish Patel for the 2003-2004 term.



Jan's gorgeous grandson, Alex!

President's message

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our organization's structure and governance. Also, you will find copies of previous *GrAAPvine* publications, a current listing of our Board of Directors, strategic goals for this year, and membership information. We hope to build more on this information site with important AAP issues in the future.

Often times we look at strategic goals as something we are required to write and distribute and then do nothing with. Our organization, however, has been very successful in articulating and focusing on these goals for a number of years. This year I am anxious that we keep a few of these specific goals in mind:

First, provide a friendly forum for our new members to learn about the management and practice of Psychiatry and allow them the opportunity to find specific ways to participate.

Second, establish our membership database as a specific location for members and the board to access and provide key information about our colleagues.

Third, discuss some specific ways for our group to collaborate

with our chairs and establish guidelines for the use and dissemination of benchmarking information and other projects.

We all have a chance to contribute in some fashion to our professional organization. We all know there is a strong correlation between successful membership and education programs and member participation. May I encourage you to take advantage of the opportunity to participate by contacting **Elaine McIntosh** (U Nebraska) our Membership Director or **Kevin Johnston**, our Chair of the Education Committee. I'm sure they will appreciate your assistance during the year.

William Anthony, an educator, once said: "One simple fact of life in organizations today is this: If competent people do not manage situations, then incompetent people will." Our competence will only increase if we focus on the specific tools we have within our organization to raise the bar of professionalism and not leave our future to mediocrity. This competency is reflected in our outstanding board members and how each of them are anxious to be effective in their roles: **Kevin**

Johnston (U Indiana), President-Elect; **Pat Sanders Romano** (Albert Einstein College of Medicine) Secretary; **Brenda Paulsen** (U Arizona) Treasurer; **Elaine McIntosh** (U Nebraska) Membership Director; **John DiGangi** (U Massachusetts) Member-at-Large, **Jim Landry** (Tulane U) Member-at-Large, and **Jackie Rux** (Medical College of Wisconsin) Member-at-Large. Lastly, our editorial staff: **Jan Price** (U Michigan), **Radmila Cassidy** (Southern Illinois U), and **David Peterson** (Medical College of Wisconsin), producers of our quarterly newsletters.

In conclusion, our Fall conference is a great opportunity to interact with our colleagues and enjoy the beauties of our national capital in Washington D.C. We will be the benefactors of a great deal of planning and coordination. You should receive by e-mail your registration packets from Kevin and if you have any questions you can e-mail him at kjohnsto@iu.pui.edu. Similarly, I am available if you have any questions or thoughts concerning AAP or our mission.

Dan

New study reveals widespread HIPAA noncompliance in emails

DALLAS—(BUSINESS WIRE)—June 5, 2003—Zix Corporation, a global provider of e-messaging management and protection services, today announced the results of a recent study conducted by its ZixResearch Center, revealing that many leading healthcare organizations are transmitting email messages containing federally protected health information over public networks without using appropriate safeguards, contrary to recently implemented regulations.

The study analyzed a sample of over 4,400,000 email messages sent and received by over 7,500 healthcare organizations, representing the inbound and outbound traffic for approximately seven days for each of the audited organizations, to determine what percentage of such messages contained protected health information. The study found that on average more than 53 percent of the top 100 U.S. healthcare chains and health systems, as well as 35 percent of the top 60 healthcare payors, had transmitted via plain-text email, information that these organizations are required to protect under the Health Insurance Portability and Accountability Act (HIPAA). Overall, 4.4 percent of outbound email that was analyzed contained protected health information, with the organizational totals ranging from 1.9 to 11 percent. The study covered unencrypted email traffic from organizations that had implemented a number of different kinds of solutions, including a variety of technology solutions, a reliance on

directives to employees or internal policy-only solutions, and a combination of these measures.

“One implication of these findings is that while some organizations have clearly found an effective way to meet requirements, others may have implemented solutions that are not working as expected,” said Jeffrey Fusile, partner with PriceWaterhouse-Coopers’ HIPAA Advisory Services Team. “They may be relying on encryption to meet this requirement without developing policies requiring that the encryption solution be used, or they may not be adequately enforcing their policies.”

Another important fact to note is that records of unprotected email are created wherever the email is sent. Each time a healthcare organization sends an email containing protected health information without the appropriate safeguards to another party, a record of the event may reside indefinitely on the recipient’s email server or in its archives. Once such a record has been created, it may be used as evidence of noncompliance by governmental regulators or by lawyers seeking to use it in civil litigation. “Email has been crucial evidence in a lot of high-profile lawsuits, and many defendants have been surprised when messages they had deleted from their own systems come back to haunt them from other parties’ archives,” said John R. Christiansen, an attorney at Preston Gates & Ellis LLP.

“What’s troubling about these results is the fact that organizations

may not be in compliance with HIPAA, and may not realize it,” said Daniel S. Nutkis, vice president, strategy and products of Zix Corporation. “While there have been many public statements and industry surveys asserting healthcare organizations are in compliance with HIPAA, studies like this show that organizations may not be aware of their actual email practices. They may not realize that they are sending high volumes of protected health information without protection, or that their employees are not using an appropriate technology solution or following protective email policies. At the same time, it is important to recognize that many organizations have implemented appropriate technologies and policies and are managing their email risks and HIPAA compliance, thus demonstrating that it can be accomplished.”

Nutkis noted that a comparison of the results of this study, which provides a snapshot of email usage after the April 14, 2003, HIPAA compliance date with the results of an earlier study done before the HIPAA deadline, indicates that there was a reduction in the percentages of emails containing protected health information sent without encryption. This reduction may reflect that the passing of the compliance deadline has had some effect in developing greater awareness of risks and adoption of appropriate solutions.

The results reported here are based on aggregated statistics

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derived from information captured during routine customer-commissioned audits by ZixAuditor™, Zix Corporation's email assessment service. The data set analyzed in this study was identified by domain name and categorized in groups of no less than 50 organizations to ensure that any individual organization's compliance could not be ascertained. This method was used to ensure the anonymity of audit participants and their trading partners. ZixAuditor can inspect email messages for specific terms, or in the case of HIPAA, a combination of terms, that would indicate the presence of PHI. It then categorizes the results by type of violations for reporting purposes. Nutkis noted that when ZixAuditor looks at the emails submitted by a participating

organization, it is reviewing emails generated by the audited organization (i.e., outbound), as well as emails received by that organization from third parties (inbound). The ratio of outbound to inbound messages analyzed is two to one. Information collected at a customer's request for an audit is kept strictly confidential and highly secure during the ZixAuditor analysis and then destroyed in accordance with the ZixAuditor Data Disposition Policy. Only the anonymous statistical data generated by the analyses is then aggregated for the purpose of the overall study.

The study demonstrates how easy it is for an organization's email to be scrutinized by its business partners, once an email is transmitted to them. "Any organization's security strategy and the degree of its effectiveness will

be obvious to all of its business partners," said Nutkis.

ZixCorp's audit tool has been in use for more than one year and its accuracy is continuously validated, using a methodology developed by the Hart eCenter at Southern Methodist University. More information on ZixAuditor can be found at www.zixcorp.com/zixauditor.

To assist organizations in better understanding the risks associated with protected health information and email, and for more information on the study, Zix Corporation has produced a white paper on the subject available without charge at www.zixcorp.com/riskstudy.

(For more information, visit www.zixcorp.com. Contact: ZixCorp, Dallas, Media Contact: Whitney Gilliam, 214/515-7338 or wgilliam@zixcorp.com).

MGMA News

MGMA and ACMPE internship-residency experience

The Medical Group Management Association (MGMA) and the American College of Medical Practice Executives (ACMPE) are working together to identify internships, residencies and fellowships in medical practice management to assist students interested in pursuing careers in this expanding field.

The MGMA and ACMPE Internship-Residency Experience will:

- Provide students a quick, easy list of positions specific to medical practice management available throughout the country.
- Allow organizations to

promote available positions to students at the national level and gain numerous candidates to help complete various projects.

- Give faculty another avenue to help students advance into fulfilling careers.
- Promote learning and growth for the student and preceptor.

One method to further advance the medical practice management profession is to establish opportunities for individuals interested in medical group practice management to have hands-on experience. Therefore, the Internship-Residency Directory has been developed offering positions for students wanting to gain experience

in practice management.

MGMA and ACMPE supports and promotes the personal and professional growth of health care leaders to advance the profession of medical practice management. We believe that students, faculty and the hosting organization will grow personally and professionally after the internship-residency experience.

To learn more about the MGMA and ACMPE Internship-Residency Experience, go to <http://www.mgma.com/acmpe/internshipexp.cfm>.



President's commission offers prescription for broken mental health system

Bazon Center, NAMI, NASMHPD, NMHA call on Bush and Congress to take action

ALEXANDRIA, VA. (July 22, 2003) — The President's New Freedom Commission on Mental Health today released its long-awaited report, including recommendations to improve America's broken mental health system. Together the Bazon Center for Mental Health Law, NAMI, National Association of State Mental Health Program Directors and National Mental Health Association commend the Commission for its work. Our organizations call on President Bush and Congress to now take the bold steps needed to realize the Commission's recommendations and make mental health a national priority.

"Mental health advocates today call on the nation's leaders to capitalize on this historic opportunity to address the growing crisis in public mental health systems," said Robert Bernstein, executive director of Bazon Center for Mental Health Law. "Policymakers have a choice — they can put this report on a shelf and continue the past policies of hopelessness, or they can act on its recommendations and make recovery-focused services a priority for millions of Americans with unmet mental health needs."

In its interim report, the Commission found America's mental health system to be "in shambles," resulting in millions of people with mental illnesses not receiving the care they need. The final report calls for transforming fragmented public mental health

services into a system focused on early intervention and recovery. Such a system would provide people with mental health needs the treatment and supports necessary to live, work, learn and participate fully in their communities.

Research shows that people with—or at risk of—mental health disorders need access to a range of advanced treatments, early interventions and supports that are both culturally appropriate and consumer- and family-centered. Without broad access to such services and supports, people with mental illnesses can face school failure, unemployment, substance abuse, homelessness, arrest, incarceration, increased reliance on emergency facilities, and suicide.

"We cannot wait another day, another year or another decade for real progress," said Richard Birkel, Ph.D., national executive director of NAMI. "We do not want another Presidential Commission, Surgeon General's report, state audit or newspaper expose telling us what we already know too well. Let today be the turning point. Let today begin the transformation of a broken system of care to one that provides recovery-oriented, community-based treatment and services that we know will work."

In April 2002, the president established the Commission to help eliminate inequalities in mental health care. The Commission was to conduct a comprehensive study of mental health delivery systems and recommend policies that—if implemented by federal, state and

local governments—would improve the mental health system and, in turn, improve the services that millions of adults and children with mental health problems need.

"The stakes are too high for us to continue with business as usual," said Robert Glover, executive director of the National Association of State Mental Health Program Directors. "Our organizations are joining together to demonstrate the urgency of need, to underscore the promise of effective services for millions of Americans with mental illness, and to work with federal officials to make those services available to all who need them."

The Campaign for Mental Health Reform was founded by the Bazon Center, NAMI, NASMHPD and NMHA to serve as a focus for federal policy advocacy for the mental health community. Twelve other mental health advocacy organizations have joined the Campaign as partners. The Campaign's goal is to work directly with federal policymakers to make access, quality and recovery in mental health services the hallmark of our nation's mental health system.

"The Commission's report is a prescription meant to fix a mental health 'system' that is on the verge of plunging from crisis to catastrophe," said Michael Faenza, president and CEO of the National Mental Health Association. "It offers a great chance for

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The college corner

Landry passes Board Certification exams - Computerized exam format unveiled

by David Peterson, FACMPE

Jim Landry, CMPE (Tulane) just recently had his two presentations accepted by the American College of Medical Practice Executives (ACMPE), marking completion of his board certification exams and achieving Certified Medical Practice Executive (CMPE) in the College. It was at the Spring 2001 Conference that Jim decided to begin his journey toward certification and after successfully reaching this certification goal, Jim is ready to take the final step toward achieving Fellow status in the College.

Jim passed this third component of the 3-part board exam process with a presentation titled "Outpatient Psychiatry Financial Feasibility – Some New Ideas" and by leading a panel discussion [with **Steve Blanchard** (Iowa) and **Pat Romano** (Albert Einstein)] titled "HIPAA Implementation, Compliance Issues and Pharmacy Guidelines for Donations." Presentations were made at the Spring 2002 and Fall 2002 AAP meetings.

Says Jim about the credentialing and board examination process, "As administrators we do everything. The **Body of Knowledge** that the College tests covers a lot of topics, and requires a large and diverse knowledge base. I was not

surprised that I passed the objective or essay questions, as they represent issues that administrators deal with on a regular basis, for me being certified is validation that I really do know what I am doing. I would urge my fellow AAPs to pursue the college, there is a time commitment, but I know everyone of my AAP colleagues could be certified."

Jim notes further, "in a recent listserv email soliciting potential presenters for the Fall meeting, AAP President-elect **Kevin Johnston, CMPE** (Indiana) specifically made an appeal to those who are seeking certification in the College. This is a direct effort of the AAP Board to help AAP members meet the presentation requirement. I urge all College candidates to take advantage of this opportunity."

The recent experience Jim has had with the presentation requirement of the exams is indicative of the College's philosophy of making the examination process relevant, meaningful and accessible to more ACMPE members. Continuing with this philosophy, the ACMPE Board of Directors approved the transition from the traditional paper-and-pencil format to a computerized format. These computerized exams will be delivered in an environment proctored by Certified Medical Practice Executives and Fellows.

Initially, the exams will be offered at a network of 10-15 ACMPE member facilities across the country three times per year. According to Andrea Rossiter, FACMPE, MGMA-ACMPE Senior Vice President, Professional Development, based on calls and conversations with members, "we expect the response to a soon to be released 'call for facilities memo' to be excellent." Says Rossiter, "The College is pleased with the enthusiastic response to the new exam process from the ACMPE membership."

Benefits of the new exam process include increased access to the exams, a more "job-relevant" delivery of the essay exam (moving from handwritten to word-processed responses) and immediate feedback to the examinee on the objective portion of the exam.

This latest change to a computerized exam format is an indication of the dynamic process continually underway at the College. With the change in the oral exam requirement from a 30-minute, on-site exam to evidence of 2 professional talks or presentations and the new computerized exam format, the College has made two significant changes to the exam process in the last 12 months. The exams are continually changing to meet member needs and Jim Landry is

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President's commission

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advocates, consumers and family members to work with federal leadership towards fundamental change. But without commitment, action and funding this report is

worth no more than the paper it is written on.”

(The Campaign for Mental Health Reform. Contact: Christopher Burley, Bazelon Center, 202-467-5730 x 133 or cburley@bazelon.org; Bill

Emmet, NASMHPD, 703-739-9333 x 136 or

Bill.Emmet@nasmhpd.org; Elizabeth Adams, NAMI, 703-524-7600, elizabetha@nami.org; Heather Cobb, NMHA, 703-797-2588 or hcobb@nmha.org).

College corner

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the AAP's newest addition to the Board Certified ranks who has experienced the change. Congratulations, Jim!

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 peterston@mcw.edu or at the Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin, 8701 Watertown Plank Road, Milwaukee, Wisconsin 53226.



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>

National Association of Psychiatric Health Systems Annual Meeting

May 14-16, 2004

Washington, DC

More information: <http://www.naphs.org/AnnMeeting/2004Announce.html>

Academic Practice Assembly Annual Conference

May 2-3, 2004

Seattle, WA

Revised NIH policy on submission of a revised (amended) application

NOTICE: NOT-OD-03-041
National Institutes of Health (NIH)

On June 27, 1997 the NIH issued a notice in the NIH Guide for Grants and Contracts (see <http://grants.nih.gov/grants/guide/notice-files/not97-011.html>) that limited the number of revised or amended applications permitted as well as the time window during which those amended applications would be received. This announcement reiterates the NIH policy on the number of amended applications permitted but eliminates the two-year restriction on the receipt of those applications.

Accordingly, the NIH will not consider any A3 or higher amendment to an application for extramural support. But, beginning on the date of this announcement, there is no longer a time limit for the submission of the first and second revisions (A1 and A2). This policy applies to all NIH extramural funding mechanisms.

In submitting a revised application, it is worth noting that, a lengthy hiatus after the initial submission may be marked by significant advances in the scientific field and the comments of the reviewers may no longer be relevant. Principal investigators and their institutions need to exercise

their best judgment in determining the advisability of submitting a revised application after several years have elapsed.

The policy limiting the number of revisions was established following analysis of data indicating that investigators who receive initial funding for an amended application have a lower success rate in obtaining support for a follow-on competing application. The likelihood of subsequent success decreased with an increasing number of amendments. After three reviews, it was felt that it was time for investigators to take a fresh approach to their research proposals.

Investigators who have submitted three versions of an application and have not been successful often ask NIH staff how different the next application submitted has to be to be considered a new application. It is recognized that investigators are trained in a particular field of science and are not likely to make drastic changes in their research interests, however, a new application following three reviews is expected to be substantially different in content and scope with more significant differences than are normally encountered in a revised application. Simply rewording the title and

Specific Aims or incorporating minor changes in response to comments in the previous Summary Statement does not constitute a substantial change in scope or content. Changes to the Research Plan should produce a significant change in direction and approach for the research project. Thus, a new application would include substantial changes in all sections of the Research Plan, particularly the Specific Aims and the Research Design and Methods sections.

In the referral process, NIH staff look at all aspects of the application, not just the title and abstract. Requesting review by a different review committee does not affect the implementation of this policy. When necessary, previous applications are analyzed for similarities to the present one. Thus, identical applications or those with only minor changes will not be accepted for review.

Inquiries

Office of Extramural Programs
Office of the Director
Phone 301-435-2768

Division of Receipt and Referral
Center for Scientific Review
Phone 301-435-0715

NIH policy on direct cost charges for IRB review

NOTICE: NOT-OD-03-042
National Institutes of Health (NIH)

This is a reminder that no costs associated with the review of human research protocols by an Institutional Review Board (IRB) may be charged as direct costs for NIH-funded research involving

human participants, unless such costs are not included in the institution's facilities and administrative rate (F&A). This policy is consistent with OMB Circular A-21 which requires that "all costs incurred for the same purpose, in like circumstances, are either direct costs only or F&A (indirect) costs only with respect to

final costs objectives." The NIH recognizes the increased compliance costs associated with human subjects protection and is addressing this issue through the Human Subject Research Enhancement Program. The NIH continues to explore the feasibility of alternative approaches to further address this issue.

Suggested reading

Suggested reading is intended to apprise AAP members of informative publications in health care administration, mental health and other related fields which have been read by our colleagues and may be of interest to other members as well. Members are encouraged to submit to The GrAAPvine a complete bibliographic citation and a synopsis of any books or articles which the reader has found to be insightful and believes would be relevant reading for other psychiatry administrators.

Leadership and the New Science; Discovering Order In A Chaotic World, Margaret J. Wheatley; Berrett-Koehler Publishers, San Francisco, 197 pages.

Last fall, a new Chair assumed the leadership position in the department I work in. Change and reorganization are an inevitable force with any new leader. As we all know, change can also be disruptive, scary and cause chaos in an organization. In order to create a better understanding of the dynamics underlying our “change process” a colleague I worked with suggested I read Margaret Wheatley’s book, *Leadership and the New Science*.

This book is very different from most books you’ve ever read on leadership because of its emphasis on new science. New science research comes from a number of areas including physics and quantum theory, biology, chemistry and theories of evolution and chaos. In new science, the emphasis is on the whole rather than the parts.

The author discusses Chaos Theory and how order and chaos are both contained in order and that chaos is necessary to develop a new creative order. The author tells us that we must understand chaos as a life process that releases our creative powers. Order comes out of chaos. Order is always present; we just don’t see it all the time.

Each of the chapters in this book examines certain scientific perspectives and organizational phenomena. The emphasis in new science is on holism rather than parts. Systems are understood as whole systems and emphasis is put on the *relationship* within those two networks. A very simple example the author uses to illustrate this point is a quote from Donella Meadows of an ancient Sufi teaching: “you think because you understand one you must understand two, because one and one makes two. But you must also understand *and*.”

Most of our organizations are currently designed around 17th century principles of Newton’s physics. We manage by separating things into parts, we believe that influence occurs as a direct result of force exerted from one person to another, we engage in complex planning for a world we keep expecting to be predictable, and we search continually for better methods of objectively measuring and perceiving the world.

The author argues that those rules no longer suffice, that science has changed dramatically since that time and we have to apply the principles learned from new science. In order to do this, we need to look at the dynamics of living *systems*. Although systems are composed of parts, we cannot understand a system by looking solely at its parts, just as we cannot understand a problem in isolation. We must look at the system in its

entirety. Only at that time can we begin to gain an understanding of fluctuation, disorder and change. We must remember that all systems contain both order and disorder. Instead of looking at cause and effect, we should examine patterns, feeling, directions and intuition. Relationships and how things connect are the key to understanding things.

Organizations must seek information, both good and bad. Openness and information sharing in an organizational system creates a stronger system. Also, people need to be connected to the identity of an organization; they also need to be connected to new information. The more information someone has, the better decision they can make. The author also states that it’s important for people to develop relationships with people throughout the system, bypassing traditional boundaries.

Ms. Wheatley examines major issues that affect those of us who work in organizations. She answers such questions as how complex systems change, how to create flexible and adaptive structures that enable rather than constrain, and how we resolve personal needs for autonomy and growth with an organizations needs for prediction and accountability.

The author states that our challenge is to think of life as a “process and participate with things as they unfold, expect to be

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surprised.” She further states: “All life lives off-balance in a world that is open to change. And all of life is self-organizing. We do not have to fear disequilibrium, nor do we have to approach change so fearfully. Instead, we can realize that, like all life, we know how to grow and

evolve in the midst of constant flux. There is a path through change that leads to greater independence and resiliency. We dance along this path by maintaining a coherent identity and by honoring everybody’s need for self-determination.”

If you’re looking for a book that will change the way you look

at things, this is it. You’ll create an understanding of why change is a necessary and vital part of life and that without it, we would never be able to adapt and thrive in our ever-changing environment.

(Reviewed by Radmila Cassidy, administrator, Southern Illinois University Department of Psychiatry)

Proposed 2004 Medicare physician fee schedule released

The Centers for Medicare & Medicaid Services (CMS) has released the proposed 2004 Medicare Physician Fee Schedule, which is scheduled for Aug. 15 publication in the Federal Register. As predicted, the proposal contains a 4.2 percent cut in Medicare physician reimbursement for 2004, cuts

projected to continue through 2007. The 4.2 percent cut will take effect in January unless Congress intervenes. MGMA members should continue to ask their congressional representatives for changes to the 2004 payment cut.

Additionally, the proposed rule discusses changes in the formulation of the Medicare

Economic Index, the malpractice geographic practice cost indices, the definition of diabetes for diabetes self-management training and certain G codes.

MGMA will soon release a full analysis of the proposed rule. To read the full text of the proposal, go to <http://www.cms.hhs.gov/regulations/pfs/2004/>.

CY2004 Medicare Physician Fee Schedule Impact Chart As published in the August 15, 2003 Federal Register

Impact of RVU Changes and the Physician Fee Schedule Update by Physician, Practitioner and Supplier Subcategory

Specialty	Medicare Allowed Charges (\$ in Millions)	RVU Changes	Physician Fee Schedule Update	Total
Physicians: PSYCHIATRY	\$ 1,075	0%	-4.2%	-4%
Practitioners: CLINICAL PSYCHOLOGIST	\$ 452	0%	-4.2%	-4%
CLINICAL SOCIAL WORKER	\$ 278	0%	-4.2%	-4%
NURSE PRACTITIONER	\$ 438	-1%	-4.2%	-5%

8/11/2003

The office exercise plan

MONDAY: Beat around the bush. Jump to Conclusions. Climb Walls. Wade through paperwork.

TUESDAY: Drag my heels. Push my luck. Make mountains out mole hills. Hit the nail on the head.

WEDNESDAY: Bend over backwards. Jump on the band wagon. Balance the books. Run around in circles.

THURSDAY: Toot my own horn. Climb the ladder of success Pull out all the stops. Add fuel to the fire.

FRIDAY: Open a can of worms. Put my foot in my mouth. Start the ball rolling. Go over the edge.

SATURDAY: Pick up the pieces.

WHEW, WHAT A WORKOUT!!!!



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