

# The GrAAPvine

## Inside this issue

1

*President's desk*

2-3

*Monkey business*

Comings and goings  
Nominating committee  
Spring conference plans  
Seattle fun facts

4-5

*Billing*

CMS inpatient payment system  
2004 conversion factor

5

Becoming an MGMA member

6-8

*Feature*

Preparing MDs for community  
psychiatry

9

*College corner*

10-13

*Research*

Mentored career development awards  
NIH regional seminars  
NIMH policy for R21 and R34  
applications  
NIAAA type 2 career development  
awards

14

*Back page*



## From the president's desk

Welcome to a new season of the year. Hopefully, the weather is changing in your part of the country and you will soon see new life in the flowers and trees as spring quickly approaches us. I certainly hope you will find with the change a certain amount of rejuvenation and perhaps some new

direction in your work and life.

Serving as your president this year has been a fabulous experience for me. I would like to take this opportunity to thank you all for your support and your trust during this past year. I am deeply honored that I've had this chance to work with you and enjoy our association. The board members have been exceptional in their responsibilities, in reaching our goals, and remaining focused on the issues that make a difference. To each of them I extend my warmest appreciation for their success and accomplishments. We are the recipients of the planning and execution of their responsibilities. Please take a moment at our next conference and extend your congratulations and appreciation to them.

Some of our major accomplishments this year were to create distinct educational tracks at our conferences and provide a greater interaction among our colleagues. We've had a chance to review and update our five year strategic plan with relevant goals and a clear direction for our mission. One of our greatest challenges was to develop a common and effective way for our members to access our membership information, advertise, and publish important data without compromising our security or the integrity of the server. Lastly, we wanted to see a greater percentage of our new members attend our conferences and be involved in AAP activities. We have seen tremendous support by these new members and we are fortunate to have so many talented and unique professionals in our group.

I want to take a minute and invite you all to attend our Spring Educational Conference to be held in Seattle, Washington on Saturday May 1<sup>st</sup> at the Seattle Sheraton Hotel and Towers. The conference planning is under the expert direction of our President-Elect **Kevin Johnston** (Indiana U) and the Education Committee. There will be fabulous presentations and break-out sessions for your own unique

*Continued on page 2*



### 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!

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

**James Wildman**  
UChicago  
(773) 834-4556

### President's message

*Continued from page 1*

interests in conjunction with the Academic Practice Assembly Spring Conference held May 2<sup>nd</sup> thru May 4<sup>th</sup>. More details are available in *The GrAAPvine*.

As part of the Spring Conference we will hold our annual business meeting and elections. At that time we will elect replacements for some of our board members. Each new board member brings a new perspective, a fresh outlook, and the chance to create change. So, I encourage your attendance and a chance to participate in our conference.

One of our greatest opportunities in the future will be to continue our collaboration with the AACDP (chair's group) and provide guidance and assistance where possible. We are fortunate

### Nominating committee to convene

**W**arren Teeter (Wake Forest), immediate past-president, will serve as chair of the nominating committee to submit a slate of officers to be elected at our annual business meeting on May 1 in Seattle. Two AAP members currently not on the Board will round out the committee. The slate will be submitted by e-mail to the AAP membership by March 31, in compliance with the association's bylaws, which requires member notification 30 days prior to the annual meeting.

This year, there are several open board positions: President Elect, Secretary, Treasurer, Membership Director, and two Members-at-Large.

Please consider accepting a position if you are contacted. AAP needs dedicated members to continue the good works of the board. If you are interested in serving on the AAP Board, or if you would like the committee to consider a nomination, please contact Warren at 336-716-3544 or [wteeter@wfubmc.edu](mailto:wteeter@wfubmc.edu).

to share with them common issues and bring to our joint meetings informative topics and discussions. I hope to see this relationship continue for years to come.

*The GrAAPvine* has always been impeccable and informative. We salute you, Jan, as the editor and your committee for the excellent presentation and format of our quarterly newsletters this year. Certainly, when our members participate and summarize a conference presentation or write an article it reflects the interests and thoughts of the members which can be both informative and helpful to our colleagues.

As in previous editions, I would like to leave with you a professional thought that I hope will serve you and hopefully give you a different perspective in your

professional work. Frank Czenvinski once wrote:

"As a middle manager in accounting, I once had a boss who was a CPA. He was meticulous. He questioned everything. He reviewed everything. He revised everything. I *learned* from him.

"He was eventually replaced by a manager who never questioned my work. He accepted it. He believed it. He made business decisions from it. I *grew* from him."

I feel I have grown while serving as your president this year. You have accepted me, believed in me, and we have made good choices because we sought the best answers for our organization. Wisdom is effectively applying the right approach at the right time. I wish you all the best in your personal and professional lives.

*Dan*

---

## Join us in Seattle for the spring educational conference

**Y**our Education Committee has pulled together an intriguing Spring



conference that offers support to you in many different areas. On Saturday, May 1 the AAP will be meeting in a

pre-Academic Practice Assembly (APA) conference in Seattle, Washington.



The Chair of the University of Washington Department of Psychiatry, **Richard Veith, M.D.**

(top), will provide us with inspirational direction in the annual keynote

Newel Lecture. **Alex Jordan**, past AAP member and President, currently with the University of Washington Department of Surgery, will be returning to share his perspectives about leadership in a very energetic and helpful forum. We will once again have two tracks, Academic and Clinical, for two sessions each. You will hear from a group which makes up the leadership for a research infrastructure team and from panels discussing classes they teach to residents, regulatory issues, telemedicine and institutional cultural changes.

As always, everyone will benefit from sharing with each other through the "Take Two Minutes" session where questions are raised and you have the opportunity to share your knowledge or absorb the comments from others.

Networking is a valuable outcome of this conference since we all possess so many experiences and so much knowledge that can be shared with others.

Don't forget to arrive early enough on Friday, April 30, to join us for an informal dinner. A registration form will be coming to you via e-mail, and will also be posted at our web site, <http://www.adminpsych.org/aap.htm>. The APA conference runs from May 2-4 at the same location. You can review the details and registration form for that conference at <http://www.mgma.com/education/calendar/2004apa.cfm>.

Plan now to attend this information-packed program and spend time with old and new friends!

## SEATTLE FUN FACTS

Seattle was built on seven hills. In the early part of the 20th Century two of these seven hills were removed so that the city could expand more easily.

In 1907 two teenagers borrowed \$200, rented the basement of a Pioneer Square saloon, outfitted it with some telephones and opened a business called American Messenger Company. Today that company is United Parcel Service (UPS).

In 1971, three Seattle partners opened the original

Starbucks Coffee shop in Pike Place Market. The world's first espresso cart (not Starbucks) was established below the Seattle Monorail terminal at Westlake Center in 1980. (It's now inside a Banana Republic).

The Farmer's Market at Pike Place Market, since 1907, is the longest continuously operating farmer's market in the US.

The Wave, a ubiquitous sight at sporting events around the globe, was born by UW cheerleader Rob Weller at a University of Washington vs. Stanford

University football game on October 31, 1981.

The only NBA basketball game to be called off due to rain was in Seattle on January 5, 1986 (there was a leak in the roof).

The world's first gas station opened in 1907 in Seattle at the Standard Oil Co. yard.

The Space Needle is fastened to its foundation with 72 bolts, each of which is 30 feet long.



# Medicare proposes new payment system for inpatient psychiatric facilities

The Centers for Medicare & Medicaid Services (CMS) has proposed a new Medicare prospective payment system (PPS) for inpatient psychiatric facilities to replace the existing cost-based payment system. The new system, which was required by the Medicare, Medicaid, and SCHIP Balanced Budget Refinement Act of 1999 (BBRA), is designed to assure appropriate payment for services to patients with severe mental illness, while providing incentives to facilities for more efficient care of Medicare beneficiaries.

The inpatient psychiatric PPS will affect about 2000 inpatient psychiatric facilities, including both freestanding psychiatric hospitals and certified psychiatric units in general acute care hospitals.

As required by the statute, CMS is proposing a per diem prospective payment system. The proposed base per diem amount will cover nearly all labor and non-labor costs of furnishing covered inpatient psychiatric services - including routine, ancillary and capital costs. The proposed per diem will not, however, include the costs of bad debts and certain other costs that are paid separately.

In addition, CMS is proposing to adjust Medicare

payments for specific facility characteristics that increase the cost of patient care. CMS is proposing that payment rates for individual facilities be adjusted to reflect geographic differences in wages. CMS is also proposing that rural providers would receive an increased payment adjustment, as would teaching facilities, to account for their higher costs of providing patient care related to being a teaching hospital.

CMS is proposing that the base rate be adjusted by factors that influence the cost of individual patients' care, such as each patient's psychiatric condition (the "diagnosis related group" or "DRG"), certain other medical and psychiatric comorbidities (other coexisting conditions that may complicate treatment), and age. In addition, research has shown that the costs of inpatient psychiatric care tend to be greatest at admission and a few days thereafter, and decline as the patient stabilizes. Therefore, CMS is proposing to adjust the per diem rate for each day up to and including day 8 to reflect the number of days the patient has been in the facility (variable per diem adjustment).

Other principle features of the proposed rule include:

- \* A proposal to make additional payments for "outlier" cases involving beneficiaries with extraordinary care needs to ensure appropriate care for the most ill beneficiaries.
- \* A proposal to establish a policy for interrupted stays - that is stays in which a patient is discharged from an inpatient psychiatric facility, but returns to the facility within 5 consecutive days. The readmission would be combined with the previous admission, reflecting the lower intensity of administrative and diagnostic resources in the readmission.
- \* A proposal for a three-year transition period that will be a blend of decreasing cost-based payments and increasing PPS payments, with full PPS rates becoming effective in the fourth year.

The proposed rule was published in the November 24, 2003 Federal Register. Comments were accepted until January 23, and a final rule will be published later in 2004. (*Note: The proposed start date of April 1, 2004 will probably be delayed as comments are reviewed and changes to the proposed rule are made.*)

### 2004 conversion factor released

The Centers for Medicare & Medicaid Services (CMS) has released the 2004 conversion factors for physician and anesthesia services. The 2004 physician conversion factor is \$37.3374 and the anesthesia services conversion factor is \$17.4969. These conversion factors are effective for services rendered on or after Jan. 1, 2004.

The new rule revises the previously published final rule issued on Nov. 7. This new rule addresses several items, specifically; all relative value unit

(RVU) values are recalculated from those published in the Nov. 7 final rule. Therefore, previous RVUs are incorrect. Work Geographic Practice Cost Indices (GPCIs) have increased to 1.0 after Jan. 1 for 58 localities that fall below the national average. All GPCI values for Alaska have increased to 1.67. All other non-work GPCI values have remained the same.

The Medical Group Management Association (MGMA) has released an analysis of the fee schedule and its impact on medical group practices which

is available at <http://www.mgma.com/members/advocacy>.

The new rule has been posted today at <http://www.cms.hhs.gov/physicians/pfs/> and was published in the Federal Register on Jan. 6. Updated Microsoft Excel spreadsheets with RVU and GPCI values will also be available at <http://www.cms.hhs.gov/providers/pufdownload/rvudown.asp>. Additional billing guidance can be obtained from the One Time Notice (OTN) 34 available at [http://www.cms.hhs.gov/manuals/pm\\_trans/R34OTN.pdf](http://www.cms.hhs.gov/manuals/pm_trans/R34OTN.pdf).

#### Why you should be a member of MGMA

Only 30% of our current AAP members are also members of the Medical Group Management Association and of that number, only 78% are members of the Academic Practice Assembly of the MGMA. While it isn't a prerequisite of AAP to be a member of either MGMA or it's assembly, there are very good reasons to be:

- Access vital information, medical practice management tips, library research, legislative and regulatory developments, breaking news and industry trends
- Participate in any of 75 education events throughout the year

- Use MGMA benchmarking survey reports to address your practice challenges and improve performance
- Join any of 20+ MGMA Assemblies and Societies to build solid networks with peers in your practice specialty or business function area (*Editor's note: As part of your membership in MGMA you are entitled to membership in one assembly. Additional assembly memberships are available for a nominal fee.*)
- Use the online career resources
- Receive member discounts on products and services
- Become board certified in medical practice management through ACMPE

- Earn the highest distinction as a Fellow in ACMPE
- Network with some of the most knowledgeable and respected people in your profession

For more information or a brochure on MGMA, email [membership@mgma.com](mailto:membership@mgma.com) or call toll-free 877.ASK.MGMA (275.6462), ext. 889. For more information or a brochure on board certification through ACMPE, email [acmpe@mgma.com](mailto:acmpe@mgma.com) or call toll-free 877.ASK.MGMA (275.6462), ext. 889.



## Preparing psychiatrists-in-training for service in the community

by Mary Jo Swartzberg

During the 1970's the presence of psychiatrists serving in the community mental health sector in the United States was dramatically and rapidly diminishing. As an example, the percentage of community mental health staff positions filled by psychiatrists fell 37% between 1970 and 1977. The once strong association between community mental health and the psychiatric community had begun to unravel. Today there are many strategies in place to insure that psychiatrists in-training are being prepared to work in the community mental health setting. Unfortunately, this hasn't always been the case. But in order to have an understanding of why these strategies have been implemented it is important to have some insight into the transformation of community mental health over the last one hundred years.

Community mental health (a.k.a. public mental health) has had a long and circuitous history, which can be traced back to the 18<sup>th</sup> and 19<sup>th</sup> centuries when American "community psychiatry" had its early roots. However, real change in the culture of community mental health came post-World War II when Americans became interested in public health. A "can-do" attitude dominated the country and it was during this time that such public health strategies as primary preventive interventions and rehabilitative treatments for the mentally ill became popular.

By 1949, American social policy was changing and within this



climate the National Institute of Mental Health was created, ushering in change that legitimized help for those living with mental illness. The Institute devoted a great portion of its efforts to the search for community-based alternatives to the hospitalization of the mentally ill.

During the 1960's, the public mental health sector would again experience a paradigm shift, providing new directions in service planning and service delivery for people living with mental illness. It was the start of an era that would see less mental health hospitalizations. As an example, in 1962 there were 515,000 individuals residing in state hospitals in the U.S. By 1982 the count was down to 121,000. During this twenty-year span the emergence of community mental health centers (C.M.H.C.s) was beginning to take hold.

In the early 1970's, community mental health centers saw a diminished psychiatrist presence, due to a number of factors; it became increasingly difficult to attract new psychiatrists

for employment in the centers. It was equally as difficult to persuade psychiatrists already employed by community mental health centers to remain. Clearly, something had to change in order to maintain psychiatric services for those individuals who needed a psychiatrist.

In the early 1980's the American Association of Community Psychiatrists (A.A.C.P.) was founded. This organization would provide strategies to help stem the tide of psychiatrists leaving the public mental health sector. In large part because of the activities of this new organization, the American Psychiatric Association developed *Guidelines for Psychiatric Practice in Community Mental Health Centers*. These guidelines helped to establish standards for the employment of psychiatrists at community mental health centers. During the 1980's significant effort was put forth to attract psychiatrists to work in community mental health; and, as well, increased effort was expended to improve and expand the training psychiatry residents receive to prepare them for the important clinical tasks associated with community psychiatry. Today, there are over 15,000 community psychiatrists practicing in the United States.

In order to meet the need and to address the lagging number of psychiatrists employed in the community mental health sector, specifically to insure that there are

*Continued on page 7*

Continued from page 6

ample psychiatrists in the N.W. Ohio area and elsewhere in Ohio, in 1994 the Ohio Department of Mental Health entered into a dialogue with the Department of Psychiatry at the Medical College of Ohio for the purpose of establishing a yearlong fellowship in Public and Administrative Psychiatry. Mary Kay Smith, M.D., then a 3<sup>rd</sup> year Psychiatry resident in the Department of Psychiatry, was awarded the fellowship. Following her fellowship year Dr. Smith was hired as the Director of the Public and Community Psychiatry Program (Program) in the Department of Psychiatry at the Medical College Ohio.

Dr. Smith subsequently applied for a grant from the Ohio Department of Mental Health (the first of eight annual grants) to establish, grow and sustain the Program, thereby bringing more highly trained psychiatrists into the community mental health system.

The primary mission of the Program at the Medical College is to educate psychiatrists in-training on the various aspects of the community mental health milieu, and, likewise, the rewards and benefits of working in this setting. Another, equally important, aspect of its mission is to educate 4<sup>th</sup> year medical students (who have decided to choose psychiatry as their career choice) so that they also have this same knowledge concerning the community mental health setting, which would provide a vital link regarding community mental health for the students between medical school and their psychiatry residency. The Program provides both psychiatry residents

## Community Shadowing Opportunities

Advocates for Basic Legal Equality, Toledo  
AIMHigh/Genesis, Toledo  
Alcoholics Anonymous, Toledo  
Behavioral Connections of Wood County, Bowling Green  
Bittersweet Farms, Swanton  
Century Health, Findlay  
COMPASS, Toledo  
Connecting Point, Toledo  
Consumer Union, Toledo  
Corrections Center of N.W. Ohio, Stryker  
Department of Family and Community Supports, Toledo  
First Call for Help, Inc., Napoleon  
Focus Healthcare of Ohio, Toledo  
Fulton County Health Center Stress Unit, Wauseon  
The Giving Tree, Port Clinton  
Harbor Behavioral Healthcare, Toledo  
Hospice of N.W. Ohio, Perrysburg  
Josina Lott Vocational Services Center, Toledo  
Juvenile Detention Center, Toledo  
Lucas County Sheriff's Department, Toledo  
Lucas County Youth Treatment Center, Toledo  
National Alliance for the Mentally Ill, Toledo  
Northcoast Behavioral Healthcare, Toledo  
Rescue Mental Health Services, Toledo  
St. Paul's Community Center, Toledo  
Senior Options Program, Toledo  
SASI, Toledo  
Toledo Correctional Institute, Toledo  
Unison Behavioral Health Group, Toledo  
YWCA of Greater Toledo

Table 1

and 4<sup>th</sup> year medical students (trainees) with a comprehensive education in community mental health. The following are some examples of the extensive training provided through the Program.

### COMMUNITY SHADOWING

An important aspect of the Program is community collaboration; and over the course of its nine year history the Program has forged and has maintained many community relationships, which have made it possible for the

psychiatry residents and medical students (trainees) to be placed in the N.W. Ohio community for the purpose of learning about the community. This educational experience is called "shadowing," which provides the trainees with a solid understanding of community services. The Program has a shadowing agreement with a variety of organizations in N.W. Ohio (Table 1) and which allows the trainees to shadow at each facility.

Continued on page 8

---

Continued from page 7

Each shadowing schedule is customized to fit the time availability/restrictions of each agency/organization and the time availability of each trainee. Through their shadowing experiences the trainees are able to gain valuable knowledge concerning the diverse backgrounds of these community agency/organizations. They are able to see the connection between local mental health boards as well as to gain an understanding of the various referral systems that are in place within each respective community. Through the shadowing experience the trainees also obtain a solid understanding of the funding sources that sustain each agency. Lastly, the trainees gain firsthand knowledge, by observation, of what a typical day is like within each of these agencies/organizations, specifically, the issues and problems that may arise during the a typical workday.

Prior to the shadowing assignment a meeting is held with each trainee in order to thoroughly explain the shadowing experience. Information, such as brochures or newsletters, on each agency/organization is given to the trainees so that they have some advance knowledge of the shadowing site. A pre- and post-shadowing experience questionnaire is given to the trainees in order to gauge their knowledge of community psychiatry before and after the shadowing experience.

#### DIDACTICS

In addition, the Program has also established a special didactic (lecture) series for the trainees in order to provide specific content in

areas that relate to community mental health. Both Medical College of Ohio Department of Psychiatry faculty and special guest speakers participate in the didactics.

#### ONE-ON-ONE MEETINGS

All trainees meet with the Director of the Program once a week during the Public and Community Psychiatry Program rotation in order to give ample opportunity for questions and answers, as well as to maintain follow-up and continuity.

---

*The trainees have perspective that "community psychiatry" encompasses a wide range of individuals, who have various diagnoses as well various economic backgrounds, reflective of an all-inclusive community mental health perspective.*

---

The American Association of Community Psychiatrists maintains that community psychiatrists no longer practice only in community mental health. Rather, they practice in a wide range of settings within an increasingly diverse mental health system. Community psychiatrists continue to face many challenges in an effort to provide quality care to all individuals, regardless of the severity of the illness or economic circumstance, in order to maintain the continuum of service for all those in need.

The Medical College of Ohio Public and Community Psychiatry Program is making great strides in helping to educate and prepare its trainees to enter the service of

community mental health to insure that psychiatric services are maintained for those in need. The trainees are well equipped with strong clinical abilities and a solid understanding of the wide range of community services that are available to those who live with mental illness. Ultimately, this knowledge base will assist psychiatrists in providing quality care. The trainees have perspective that "community psychiatry" encompasses a wide range of individuals, who have various diagnoses as well various economic backgrounds, reflective of an all-inclusive community mental health perspective. Lastly, these trainees will be better informed concerning the various connections between community agencies/organizations.

Additional information can be obtained by contacting the author at:

Mary Jo Swartzberg, B.A., M.L.S.  
Program Director  
Public and Community Psychiatry;  
Operations Manager  
Ohio Coordinating Center of  
Excellence for Illness  
Management and Recovery  
Department of Psychiatry  
Medical College of Ohio  
Ruppert Health Center  
3210 Glendale Avenue  
Toledo, OH 43614-5809  
419-383-5696  
mswartzberg@mco.edu

Excerpts taken from the following source:

Vaccaro, J. V., & Clark, G. H. (Eds.). (1996). Practicing Psychiatry in the Community. Washington, D. D.: American Psychiatric Press.

---

## The college corner

### Preparation critical for passing college board exams

by Dave Peterson, FACMPE

I am often asked how one prepares for taking the **American College of Medical Practice Executives' (ACMPE) Board Certification Exams**. Successfully passing this panel of 3-part exams allows ACMPE members to advance to **Certified Medical Practice Executive (CMPE)** status and take the next step toward **Fellowship (FACMPE)** status. The 3-part exams test a standardized body of knowledge for the practice executive and consist of a 175 question objective exam, an essay exam and a presentation requirement. The objective and essay portions of the exams are given at an ACMPE sanctioned location while the presentation requirement can be fulfilled in a variety of venues.

To prepare for the exams, the first resource I always steer board candidates to is the book, *Ambulatory Care Management*, by Austin Ross, Stephen J. Williams and Eldon L. Schafer. This book is a great practice primer on topics such as the legal environment, financial management, operations management, human resources management, planning and marketing the group practice and strategic management issues. The book can be purchased through the MGMA Resource Center.

In addition to studying *Ambulatory Care Management*, I also recommend reviewing the criteria listed for the ACMPE's *Body of Knowledge*. Not

surprisingly, many of the topics found in the College's *Body of Knowledge* are also in the previous resource. This can be found online and downloaded from MGMA's website at [www.mgma.com](http://www.mgma.com).

I also encourage board candidates to stay current with the latest literature such as MGMA's *Connexion* and other professional publications and online resources.

Finally, there is the College's self-study tutorial module, offered online through [www.mgma.com](http://www.mgma.com) that can help identify knowledge gaps and direct the board exam candidate into areas that might need refreshing or brushing up. I recently spoke with a candidate who is preparing for the board exams and he spoke highly of the ease of use and helpfulness of the online module. Completing the course of study was a real confidence builder for him.

The exams test a wide body of knowledge and skill sets, so all of the resources above are useful tools as one prepares for the exams.

I asked two of our AAP colleagues who have successfully completed their Boards about their recommendations and here's what they had to say. **Jim Landry CMPE** at Tulane says: "I would encourage everyone to join the College and begin the path to being a Certified member by sitting for the exams. Even if you do not have time to study, start the process - it is the first step. You will probably be surprised at how much knowledge you have accumulated just by doing "your job." If you do

not pass on the first go round, the College provides feedback on areas of the exam where you did not test well. This will help focus your attention (and save valuable time) on areas that need to be review for the next go round."

**Kevin Johnston, CMPE** at Indiana says: "When I prepared for the exams, I worked through review of different MGMA/ACMPE reference guides. Going to their web site and reviewing articles from all areas of departmental administration, such as human resources, clinical, academic, research, finance and regulatory issues. I don't remember the name of the book I used, as it is on loan, but I purchased a textbook (*Editor's note: Kevin probably means the Ambulatory Care Management book referred to above*) from MGMA, which also covered all these areas. There are so many areas to know, that during the exams, I relied on my practical experience and logical thought process to work through many answers. I would have benefited in studying more in the areas where the University primarily handles issues, such as HR regulatory details."

The benefits of Board Certification are numerous. Please don't hesitate to ask your colleagues or me if you have questions about the process. And, congratulations to **Patricia Haugaard**, Clinical Administrator for the Department of Psychiatry at Emory University as AAP's newest

*Continued on page 12*

## Mentored career development awards: Change in NIH policy concerning concurrent support from career development award and a research grant

NOTICE: NOT-OD-04-007  
National Institutes of Health (NIH)

With this notice, the National Institutes of Health (NIH) modifies its policy on mentored career development awards (K Awards) to allow award recipients to hold concurrent support from their career award and a competing research grant when recognized as a Principal Investigator or subproject Director. Thus, mentored career award recipients in the last two years of their support period will be permitted to reduce the level of effort required for the career award and replace that effort with an NIH research grant or subproject provided they remain in a mentored situation. This policy will permit those candidates who are ready to apply for and receive NIH research support to continue to benefit from the period of protected time offered by the career development award.

### Background

NIH mentored career development mechanisms are intended to support a period of career development in preparation for a role as an independent researcher (see <http://grants.nih.gov/training/careerdevelopmentawards.htm>). In some cases, current NIH policy has delayed the period of transition to independence until the career award is completed or nearly completed.

This policy has often led to a

hiatus in research support and an increased likelihood that career award recipients will not transition to independent research support. In rare cases, the NIH has discontinued mentored career awards at the time of receipt of independent research funding. With this announcement, the NIH will discontinue the practice of early termination of a career award when the recipient receives an NIH research project grant or when the recipient is named as the director of a subproject on a multi-project NIH grant. This policy is consistent with the NIH Roadmap Initiative in terms of promoting the career development of clinical researchers (see <http://nihroadmap.nih.gov/>). It is our hope, that this change in policy will facilitate the transition of all mentored career award recipients to independent NIH research support.

### Implementation

Effective for competing applications submitted for February 1, 2004 and beyond, mentored career award recipients, in the last two years of career award support, are encouraged to obtain funding from NIH either as Principal Investigator on a competing research grant award or cooperative agreement, or as project leader on a competing multi-project award. Requested budgets for a competing research grant or a subproject on a multi-project grant should request appropriate amounts for the salary

and associated costs for the career recipient's effort.

At the time the research grant is awarded, the effort required on the career award may be reduced to no less than 50 percent and replaced by effort from the research award so that the total level of research commitment remains at 75 percent or more for the duration of the mentored career award. This change in policy applies to the following mentored career award mechanisms: K01, K07 (developmental) K08, K22, K23, and K25, as well as the individuals mentored through institutional K12 awards. To be eligible for salary support from the Center or Research Project Grant (RPG):

(1) The career award recipient must be the named Principal Investigator on a competing NIH research project grant (R01, R03, R15, R21, R34, etc.) or the recipient must become the sub-project director on a competing multi-component research or center grant or cooperative agreement (P01, P50, U01, etc.).

(2) The career award must be active when the RPG or center competing application is submitted.

(3) The career award must have no more than two years of support remaining by the planned start date of the Center or RPG award.

In a letter accompanying the Center or RPG application, the chair of the mentored award

*Continued on page 11*

*Continued from page 10*

recipient's department or other responsible institutional official must provide evidence that the recipient will continue to focus on the development of his/her research career, will continue to have access to his/her mentor, and that the recipient's total level of research effort will be maintained and protected at a minimum of 75 percent.

When a mentored career award recipient obtains independent support, as described above, the NIH Institute or Center supporting the career award will

adjust the level of effort committed to the career award to no less than 50 percent consistent with maintaining total research effort at 75 percent or more of total professional effort. NIH will maintain the total salary amounts committed to the career award if consistent with the adjusted level of effort and institutional base salary (up to the legislative limit). The career award may also be adjusted to avoid budgetary overlap. Consistent with long-standing policies, additional salary for career award recipients may not be derived from NIH research grants

unless the recipient is the named Principal Investigator on the research grant or has been named director of a subproject on a competing multi-component NIH grant.

For additional information concerning this change contact: Walter T. Schaffer, Ph.D. Acting Director, Office of Extramural Programs NIH Research Training Officer 6705 Rockledge Drive, Room 3537 Bethesda, Maryland 20892-7922 Phone 301-435-2687 FAX 301-480-0146 EMail [ws11q@nih.gov](mailto:ws11q@nih.gov)

## 2004 NIH Regional seminars in program funding and grants administration

NOTICE: NOT-OD-04-018  
National Institutes of Health (NIH)

Looking to learn about obtaining and managing NIH grant awards? Two regional seminars covering topics related to NIH extramural program funding and grants administration are planned for 2004. The regional seminars provide information about the entire funding process, from opportunity identification and application preparation through post award administration. Presentations are targeted towards researchers new to NIH, research administrators, post docs and trainees. Informal interaction between seminar participants and NIH program, grants management, review and grants policy staff at the seminar to address individual issues is highly encouraged.

We are also offering hands-on computer training in NIH electronic research administration in conjunction with each of the seminars. There will be a lab targeted towards grants administrators, another for principal investigators, and a third specifically on the preparation of electronic financial status reports.

The seminars will be held on:

- May 6-7, 2004 in Miami, FL hosted by the University of Miami and Florida A&M University, College of Pharmacy and Pharmaceutical Sciences (hands-on computer labs to be offered on May 5).

- June 24-25, 2004 in Seattle, Washington hosted by the University of Washington School of Medicine (hands-on computer labs to be offered on June 23).

A draft program and logistical

information for the seminars are posted at: <http://grants.nih.gov/grants/seminars.htm>. Questions regarding registration or logistics should be directed to the host universities at the address provided on the websites. Questions on the program content may be directed to Megan Columbus, NIH Regional Seminar Coordinator, at tel. 301-435-0937 or [megan.columbus@nih.gov](mailto:megan.columbus@nih.gov).

The host institutions will be ready to accept registrations soon. Until then we would encourage you to put yourself on the mailing lists to be notified when registration does become available by using the contact information for the host institution at <http://grants.nih.gov/grants/seminars.htm>. Both the seminars and the computer labs tend to fill to capacity, so register early!

# NIMH policy for applicants planning to submit R21 or R34 applications

NOTICE: NOT-MH-04-001  
National Institute of Mental Health  
(NIMH)

The purpose of this notice is to alert the scientific community that effective immediately, applicants requesting R21 support through Program Announcements (PAs) issued prior to March 18, 2003, by the National Institute of Mental Health (NIMH), including those PAs in which NIMH is listed among other institutes, must comply with the requirements of the current NIH-wide Exploratory/Developmental Research Grant Award (PA-03-107), available at: <http://grants.nih.gov/grants/guide/pa-files/PA-03-107.html>.\*

Specifically, the NIMH will only accept R21 applications that request a project period of up to 2 years with a combined budget for direct costs of up to \$275,000 for the 2-year period. The request should be tailored to the needs of the project, but no more than \$200,000 may be requested in any single year, and the research plan may not exceed 15 pages.

Additionally, if you are planning to submit an NIMH-related clinical research application that was in response to one of the PAs that listed the R21 mechanism, you may instead consider

submitting an R34 application as described in PAR-03-078, "From Intervention Development to Services: Exploratory Research Grants (R34)," <http://grants.nih.gov/grants/guide/pa-files/PA-03-078.html>.

The R34 allows for a project period of up to 3 years with a budget of \$450,000 across the 3 years, with no single year exceeding \$225,000, and including a 25-page research plan.

(As described in the notice titled, *Revised NIH Policy on Submission of a Revised (Amended) Application* <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-03-041.html>, if you are submitting an R34 for the first time, even if it was previously submitted as an R21, it will be assigned as a new application. It should therefore be submitted under the new application deadlines and should not contain a three page introductory response or marked text, as is required for an amended application. AIDS applications, whether new or amended, are due on the same receipt date, that is, either the Jan 2, May 1, or Sept 1 yearly receipt dates. All NIMH R34 applications undergo peer review conducted at the NIMH.)

\* Three program announcements will NOT follow this guidance, that is, the PAs below will continue to solicit a distinct R21 as noted in their specific guidances: *Innovative Exploratory Studies and Technology Development in Neuroinformatics Research (R21)* at <http://grants.nih.gov/grants/guide/pa-files/PA-03-036.html>; *Building Translational Research in Behavioral Science* at <http://grants.nih.gov/grants/guide/pa-files/PA-02-062.html>; and Innovation Grants for AIDS Research at <http://grants.nih.gov/grants/guide/pa-files/PA-02-046.html> or its subsequent renewal. For these announcements, carefully read and follow their instructions for the R21.

Direct your questions about this notice to:  
Jean G. Noronha, Ph.D.  
Division of Extramural Activities  
National Institute of Mental Health  
6001 Executive Boulevard, Room 6154, MSC 9609  
Bethesda, MD 20892-9609  
Rockville, MD 20852 (for express/courier service)  
Telephone: (301) 443-3367  
FAX: (301) 443-4720  
Email: [jnoronha@mail.nih.gov](mailto:jnoronha@mail.nih.gov)

## College corner

*Continued from page 9*

member to the College.

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](mailto:peterson@mcw.edu) or at

the Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin, 8701 Watertown Plank Road, Milwaukee, Wisconsin 53226.

## NIAAA acceptance of type 2 career development (K-series) applications

NOTICE: NOT-AA-04-001  
National Institute on Alcohol  
Abuse and Alcoholism (NIAAA)

This notice is to inform potential applicants of changes in NIAAA policy regarding the acceptance of competing continuation (Type 2) applications for Career Development (K-series) awards.

1. NIAAA will no longer accept competing continuation (Type 2) applications for the K05 Senior Scientist Award (<http://grants.nih.gov/grants/guide/pa-files/PA-00-021.html>), and the K07 Academic Career Award (<http://grants.nih.gov/grants/guide/pa-files/PA-00-005.html>).

2. NIAAA will accept competing continuation (Type 2) applications for one additional five-year period for the K02 Independent Scientist Award (<http://grants.nih.gov/grants/guide/pa-files/PA-00-020.html>), and the K24 Midcareer Investigator Award in Patient-Oriented

Research (<http://grants.nih.gov/grants/guide/pa-files/PA-00-005.html>).

3. Other K-series Career Development awards supported by NIAAA (K01, K08, K18, K23, K25) remain non-renewable, as indicated in the respective program announcements.

This change is effective for applications submitted for the March 1, 2004 receipt date.

Inquiries about review procedures or other policy issues for NIAAA Career Development (K-series) awards should be directed to:

Eugene G. Hayunga, Ph.D.  
Chief, Extramural Project Review Branch  
Office of Scientific Affairs  
National Institute on Alcohol Abuse and Alcoholism  
6000 Executive Boulevard, Suite 409, MSC 7003  
Bethesda, MD 20892-7003  
(express/courier use Rockville, MD 20852)

Telephone: (301) 443-4375  
Fax: (301) 443-6077  
e-mail: [ehayunga@mail.nih.gov](mailto:ehayunga@mail.nih.gov)

Inquiries about fiscal matters pertaining to Career Development (K-series) awards should be directed to:

Judy Fox  
Chief, Grants Management Branch  
Office of Planning and Resource Management  
National Institute on Alcohol Abuse and Alcoholism  
6000 Executive Boulevard, Suite 504, MSC 7003  
Bethesda, MD 20892-7003  
Telephone: (301) 443-4704  
Fax: (301) 443-3891  
e-mail: [jsimons@willco.niaaa.nih.gov](mailto:jsimons@willco.niaaa.nih.gov)

Inquiries about specific research objectives and other scientific aspects of the NIAAA Career Development (K-series) awards should be directed to the program official(s) indicated in the appropriate announcement.

## Change of address for several offices of NIDA

NOTICE: NOT-DA-03-008  
National Institute on Drug Abuse  
(NIDA)

The Office of Extramural Affairs, the Grants Management Branch and the Contracts Management Branch of the National Institute on Drug Abuse are now located at the following addresses:

**Office of Extramural Affairs**  
National Institute on Drug Abuse  
6101 Executive Boulevard Suite 200, MSC 8401  
Bethesda, MD 20892-8401  
Rockville, MD 20852 (express/courier service)

**Grants Management Branch**  
National Institute on Drug Abuse  
6101 Executive Boulevard Suite 242, MSC 8403  
Bethesda, MD 20892-8403  
Rockville, MD 20852 (express/courier service)

**Contracts Management Branch**  
National Institute on Drug Abuse  
6101 Executive Boulevard Suite 263, MSC 8402  
Bethesda, MD 20892-8402  
Rockville, MD 20852 (express/courier service)

Phone and fax numbers are the same.

## The back page

### How smart are you????

(Thank you to Mary Jo Swartzberg)



- 1) How long did the Hundred Years War last?
- 2) Which country makes Panama hats?
- 3) From which animal do we get catgut?
- 4) In which month do Russians celebrate the October Revolution?
- 5) What is a camel's hair brush made of?
- 6) The Canary Islands in the Pacific are named after what animal?
- 7) What was King George VI's first name?
- 8) What color is a purple finch?
- 9) Where are Chinese gooseberries from?
- 10) What is the color of the black box in a commercial airplane?

1) 116 years; 2) Ecuador; 3) Sheep and Horses; 4) November; 5) Squirrel fur; 6) Dogs; 7) Albert; 8) Crimson; 9) New Zealand; 10) Orange

#### Editorial staff

##### Editor:

Janis Price

##### Associate Editors:

Radmila Cassidy

David Peterson

The GrAAPvine is published quarterly and distributed to the members of Administrators in Academic Psychiatry as part of the membership in AAP.

#### Publication deadlines

Publication deadlines are on the 5th of February, May, August and November. News items and articles are welcome and should be sent to:

Janis Price  
Division Administrator  
Department of Psychiatry  
University of Michigan Health System  
UH9C 9151  
Ann Arbor, MI 48109-0120  
(734) 936-4860  
(734) 936-9983 Fax  
janprice@umich.edu

#### 2003-2004 Board of Directors

##### President

Dan Hogge  
Dan.Hogge@hsc.utah.edu  
(801)581-8803

##### President-Elect

Kevin Johnston  
kjohnsto@iupui.edu  
(317)274-2375

##### Treasurer

Brenda Paulsen  
bpaulsen@u.arizona.edu  
(520)626-2184

##### Secretary

Pat Sanders-Romano  
promano@aecom.yu.edu  
(718)430-3080

##### Membership Director

Elaine McIntosh  
emcintos@unmc.edu  
(402)354-6360

##### Immediate Past President

Warren Teeter  
wteeter@wfubmc.edu  
(910)716-3544

##### Members at Large

John DiGangi  
digangij@ummhc.org  
(508)856-2799

##### Jim Landry

jlandry1@tulane.edu  
(504)584-1975

##### Jackie Rux

jrux@mcw.edu  
(414)257-7239

Visit the AAP website at: <http://www.adminpsych.org>