

The GrAAPvine

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From the president's desk

by Kevin Johnston, CMPE

With the upcoming 20th birthday for AAP, it is truly evident that we have found a way to be successful in helping each other. The growth in developing strategic management as a group and in identifying the needs of members and institutions is a tribute to the

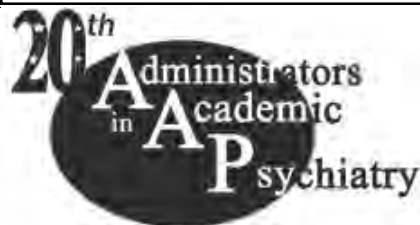
progressive leadership of the organization over the years.

Departmental chairman and administrators receiving this newsletter should consider the success of our association. You too can be part of AAP and realize the benefits. My chairman at Indiana University encourages my participation, knowing that the few thousand dollars towards travel to two meetings each year results in new ideas for our department, presentations that encourage professional growth, and relationships that allow for sharing of successes that other organizations realize.

We are supporting three missions as individual institutions and face daily challenges to succeed. Financial issues may be different for each region and each institution, but the means with which we address those issues can be consistent and can be shared. Research may be only clinical at some institutions, but may include basic science at others. With the varied levels of success and failure, let us find ways to share those best practices and make each institution successful in its research mission. AAP members are a great resource from which to learn of options and possibilities.

Education is also varied between institutions. We each need to find ways to support means of ensuring our individual states maintain the appropriate levels of psychiatrists, psychologists and other mental health providers that match our model of patient care. Funding the education of these professionals is a challenge, both institutionally and politically, no matter where your students/residents/fellows rotate. Again, AAP members can be of significant support.

Service and clinical care is certainly an area that we all routinely need to find ways to better fund while ethically meeting the needs of those who seek care that is not available elsewhere. We each have different models of care, at different levels of care, but we each have the vision to guide the model of clinical care within our state, whether it be through a hospital, the





AAPs to invade New York April 15 & 16

Rumors spread: Big Apple will be devoured at birthday celebration

by Pat Sanders-Romano

Midtown Manhattan is busily preparing for the planned invasion of the AAPs. Not since King Kong has there been so much excitement in New York.

In an effort to educate the AAPs (who are highly intelligent, according to research scientists), an innovative program has been developed by their leaders for Saturday, April 16th. The Marriott Marquis Hotel has agreed to provide housing for the invaders. According to unnamed sources, the AAPs are planning to complement their intensive training with some serious Monkey Business including dinners, a twentieth birthday celebration and an adventure (*see page 4*). Many of the AAPs are expected to remain in New York for the MGMA/APA Conference on April 17-19.

Program

“Leadership for Innovation” will be the theme of the Saturday April 16th Educational Conference. The program will feature the Newell Lecture by **Scott Wetzler, PhD**, Professor and Vice Chair at Albert Einstein College of Medicine. Dr. Wetzler will discuss Academic Psychiatry and Managed Care: An Innovative Approach.

“There’s No Place Like Home” according to **Kathleen Jordan-Sedgeman, RN MS** from the University of Michigan. She will enlighten us with us her experience launching a collaborative initiative to provide



visiting nurse services for all patients hospitalized in the Adult Psychiatry Unit. The morning will conclude with the always exciting “Take Two Minutes.” This year we are adding a Forms Forum and invite all participants to bring copies of innovative forms they have developed to share with members.

Still with an eye to innovation, after lunch and the annual business meeting we will shift gears a bit to look at the Past, Present and Future of Administration in Academic Psychiatry. A fun presentation of the *Past* is planned (complete with music!). Then, a panel presentation by **Radmila Bogdanich** (Southern Illinois U) and **Joe Thomas** (U Michigan) will cover the *Present*. Radmila’s presentation will be on implementing and measuring quality in outpatient psychiatry. Joe will outline the development and implementation of the first Depression Center in the country. **Brian Bronson, MD** of New York Harbor Health Care System will conclude the program, looking at the *Future* and the administrative challenges.

Hotel

The New York Marriott Marquis, located in Times Square, is the site for the AAP and the MGMA/APA meetings. A conference rate of \$209 per night is available by calling the hotel at (212) 398-1900 and asking for the APA/MGMA rate. The hotel is close to all midtown attractions, including Broadway theaters, restaurants, Rockefeller Center and.... Be sure to book early as the rooms will be filled quickly.

Meals

On Friday night we will be having our networking dinner at John’s Pizzeria on West 44th Street at 8:30. It should be a fun gathering for pizza, Italian food, dessert and mingling. The cost of Friday night will be \$35 per person. A continental breakfast, lunch and dinner on Saturday are included in the conference fee. For dinner and our birthday celebration we will go to Vintage Restaurant and Bar in “Hell’s Kitchen” on 9th Avenue. A Latin buffet is planned. The Vintage is a night spot in NYC, and although we will be there early in the evening, folks can stay on, on their own, to experience Late Night New York.

Conference fee

The fee for this conference is \$175, which includes the educational program, all meals on Saturday and a birthday celebration.

Please preregister now and be on the lookout for the registration flier soon.

A brief message about New York

As a “native New Yorker” I would like to welcome all of you to my home city for the AAP Spring Conference on April 15 and 16, 2005. I hope that you will benefit from the educational program the committee developed. I am also hopeful that you will be able to take a couple of extra days to explore New York. Aside from the planned activities and adventure, I’d love to share with you my ideas for what I think is the best of New York. Not to be missed is the newly reopened Museum of Modern Art, the Hayden Planetarium at the American Museum of Natural History, Rockefeller Center, Central Park (especially the Zoo), the Time-Warner Center, Grand Central Station, the Theater District (do plan to see at least one show: try for *Wicked* or *Mamma Mia* if you can). Walk on Madison Avenue to see how the other half lives, go to SoHo and see the elegant cast iron buildings, art galleries and boutiques. Visit Washington Square Park for great people watching or the Brooklyn Heights Promenade and walk across the Brooklyn Bridge. When you’re hungry, grab a bagel at ESS-A-BAGEL, a hot dog at a “Dirty Water” cart; or just about anything from a food cart: chili, jerk chicken, falafel, gyro, pretzels, knishes....

Please let me know if there is anything you need to know about or any assistance you would like. I’ll be giving you more NYC hints at the conference when I see you.

Pat Sanders Romano



Just married

The Board of Directors and the membership of AAP wish the best of luck to our very own Chris Williams and Kevin Johnston for a lifetime of love and happiness.



It is hard to believe that AAP is 20 years old. Being the first president I can look down from the “top of the mountain” as you might say. What do I see? I see an organization that has grown from a small group of people, who worked very hard to get it started, to a large group of people who continue to work hard and further develop AAP’s mission. I wish to sincerely thank each and every one of you who was or is a member of AAP. The foundation of AAP was built by each of you. I also want to thank my wife for her help that allowed me the time to work with the original group to get AAP started. Again, thank you to all for the great memories and best wishes to everyone in their future endeavors.

Bill Newel 1986-1987



Wow! It seems like only yesterday that I was a (young) member of the steering committee that was part of the creation of AAP. It was one of the most rewarding experiences of my life. Most of all, I remember the lasting friendships and memories. Even though I’ve been away from Psychiatry for many years, I remember planning meetings in San Francisco, Tucson and my first visit to the Grand Canyon with friends from AAP. I hope the organization continues to thrive as it is integral to the continued success of academic psychiatry. Best wishes to all current and former members.

Steve Valerio 1987-1988

N3w Yo7k by the numbers

- 1. How many flags fly in front of the United Nations Building?**
Currently 180, one for each member nation
- 2. What is the average number of people who pass through the Times Square subway station annually?**
53 million
- 3. How long is Broadway?**
150 miles - it begins in Lower Manhattan and ends in Albany, NY. By the way, it's official name is Highway 9.
- 4. How much did the Empire State Building cost to build?**
Built in 1930 and completed in just over a year, it cost \$24,000,000
- 5. How many acres is Central Park?**
843 acres or 6% of Manhattan's total acreage, including: 150 acres in 7 waterbodies, 250 acres of lawns, and 136 acres of woodlands
- 6. How many miles of subway track does New York (including all five boroughs) have?**
842. Laid end to end, the track would extend from New York to Chicago.
- 7. How much does the Times Square New Year's Eve ball weigh?**
1070 pounds - and is 6 feet in diameter
- 8. How big is Macy's, the world's largest department store?**
It covers 2.1 million square feet of space and stocks over 500,000 different items.
- 9. What is the annual trading volume on Wall Street?**
\$5.5 trillion
- 10. How many seats are in the Radio City Music Hall?**
6000 - Radio City Music Hall is the largest indoor theatre in the world. Its marquee is a full city-block long. Its auditorium measures 160 feet from back to stage and the ceiling reaches a height of 84 feet.



A walk in history



First, a few more questions:

1. How many steps are there in the Statue of Liberty?

There are 354 in a spiral staircase.

2. How many immigrants passed through Ellis Island?

Between 1892 and 1954, approximately 12 million steerage and third class steamship passengers who entered the United States through the port of New York were legally and medically inspected at Ellis Island.

3. How many truckloads of debris were removed from the rubble of the World Trade Center?

108,342 truckloads of debris were removed over an eight month period.. The cleanup was originally estimated to last a year.

4. How large is Chinatown?

Approximately 2 square miles, Chinatown is home to between 70,000 and 150,000 people, the largest concentration of Chinese in the western hemisphere.

On Sunday, April 17, our annual adventure will have interested AAPs visit Lower Manhattan on a subway, on foot and on a ferry. We'll ferry past the Statue of Liberty on our way to Ellis Island on the Circle Line. We'll visit Ground Zero, the site of

the World Trade Center, in the financial district, and have lunch in Chinatown at an authentic Chinese restaurant. (For those who are planning to visit Ellis Island, and who have relatives who may have gone through immigration there, the Ellis Island web site, <http://www.ellisland.org/> is a good place to visit. You can search through ships' original manifests and see photos of the ships).

And, if you want to wake up early, we're putting together a contingent to visit The Today Show in Rockefeller Center before the "real adventure" begins.

So, bring your walking shoes and a camera (but no photos in the subway, please) and prepare for a tour to remember!

Nominating committee seeks candidates

Each year our Bylaws provide us the opportunity to elect a new slate of officers for our AAP Board. This year **Dan Hogge** (U Utah) the immediate past-president, serves as the chair for the Nominating Committee. **Warren Teeter** (Wake Forest U) and **Elizabeth Smith** (Thomas Jefferson U) have been appointed members of the committee and have been actively involved in submitting recommendations for the new year.

This year the board adds an additional member-at-large (MAL) position to assist with new committee assignments including

strategic planning and benchmarking. The intent is to have four MAL with two elected every two years to provide a strong cadre of talent. In addition, are other openings this year for president-elect, secretary, treasurer, and membership director.

The slate will be presented at our AAP annual business meeting held in New York City on Saturday, April 16th. In anticipation of that vote, the proposed slate will be submitted to the membership by our current president, **Kevin Johnston** (Indiana U), at least a month

before that date for your review and consideration. Nominations other than those proposed by the committee may be made at our annual meeting only by voting members in attendance at that meeting.

Your willingness to accept a position if contacted is critical to our continued success and progress. We are fortunate to have such a talented group of professional members and we certainly need your participation. If you are interested in serving on the board, please don't hesitate to contact Dan Hogge by e-mail at dan.hogge@hsc.utah.edu.

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:

Ed Warhola

New Jersey Medical School/UMDNJ
(973) 972-5401
warholec@umdnj.edu

Good luck to **Patrice Guild** (Thomas Jefferson U) who has left Psychiatry for the Headache Center (I think there's a joke in there somewhere)!

President's message

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state mental health organization, the state hospitals, private patient care or other model that is unique to your area. While many areas have unique issue to deal with, there are others that may be similar and AAP connections can provide ideas and intellectual thought on new ways of providing care.

We are a diverse group and we can help each other. Please plan on attending the upcoming conference in New York. If you are not a member, please join AAP

at no charge for the first year, and come to the meeting, which is held in conjunction with the Academic Practice Assembly conference. You and your chair will be very pleased with the contacts, relationships, information, ideas and professional development you will gain during these few days that will continue for years to come. Just look at the 20 years of success for so many to date.

Kevin



Dues notices are coming!

Check your email for your 2005 AAP dues notice so you don't miss out on any of the valuable member benefits.



From 1985 as an active member to the subsequent years as the membership director, president elect and president, I was

afforded the opportunity to interact with professional psychiatric administrators. The learning curve was immense and the networking invaluable. I am fortunate to have been a part of AAP and will always be appreciative of the friendships acquired. Happy 20th Birthday, AAP. . . Apes Rock!

Kathy Roberts 1988-1989



Greetings AAP's! It's a real tribute to the strength of the membership that the group has not just survived, but flourished!

Congratulations and Happy Birthday!

You don't look a day older than 19!

Alice (Johnson) Greenwood
1989-1990



My best wishes go to AAP and to all its members, past and present, who have built AAP into the thriving, vital organization that it has

become. It's hard to believe that 20 years have past since AAP was formed in Dallas – it's no wonder I feel old!

Norman MacLeod 1990-1991

Academic Practice Assembly conference follows AAP



Leading breakthrough innovation in your academic practice

Health care has been slow to adopt innovation due to the complexities of bureaucratic inertia. But it doesn't have to be that way. This educational program—designed by experienced academic practice administrators—will give you the best thinking of experts skilled in leading breakthrough innovation in academic practices. Get a head start in the field by acquiring tips and insights on how to:

- Develop and apply organizational innovation capabilities
- Overcome practice challenges created by resident work-hour restrictions
- Understand strengths-based leadership
- Securely post medical data on the Web
- Turn quality patient care outcomes into dollars

Because some of the best information often comes from colleagues, this conference includes abundant opportunities for you to share ideas, experiences and solutions with other academic leaders.

At the MGMA 2005 APA Conference, you'll acquire tips and insights on how to:

- Learn from the leading innovation organization, IDEO, the design tools and methods to

implement innovation in your institution

- Discover ways to sustain entrepreneurial thinking in your academic organization
- Pay for performance—get the inside intelligence from this case study
- Learn from the best tactics to advance service excellence and service delivery
- Take back strategies to address the patient care and practice implications of resident work hour restrictions

This program is designed for executives, administrators and central plan professionals of academic health care systems, teaching hospitals and academically based physician practice organizations who manage the operational and financial activities of clinical practices and related operations.

If you join MGMA when you register for this conference, your \$95 membership application fee will be waived and you pay the reduced member registration fee. Just select "New MGMA member" on the registration form.

Continuing education units are available for this program. For additional information, refer to <http://www.mgma.com/education/calendar/apa05.cfm> and click on the *Register online* and *View brochure* links.

Administrators must link physician production, academia's mission

By Matthew Vuletich
MGMA writer/editor

When it comes to measuring the production of physicians in academic practices, the adage of the chicken and the egg applies. Did greater pressure on physicians in academia to boost production lead to more benchmarking, or did more benchmarking lead to increased pressure to boost production?

"The pressure to produce is really based on comparisons to benchmark data," says Kathryn A. Mahaffey, MPA, MGMA Academic Practice Assembly vice president and chief operating officer, Southern Illinois University Physicians and Surgeons Inc., Springfield. "It means greater accountability in general in academic practice."

Comparisons of academic and private practice physicians' work relative value units (RVUs) reveal no surprises. It's understood that in many specialties, because of teaching and research responsibilities, RVUs for physicians in academia trail those of private practice physicians. Likewise, it's no secret that median compensation for academic physicians also trails that for private practice physicians. The combination of the two "givens" can pose a challenge for academic administrators, though. How does one convince a physician who

thrives on the ethereal compensation derived from teaching and research that s/he needs to improve clinical efficiency to boost the bottom line?

The first step is at the top. Get the department chair to understand that polices need to establish production expectations. Marie Ann North, MBA, FACMPE, MGMA member and senior vice president, The Hunter Group, Dallas, used no-show data to convince a client that it was not acceptable to allow physicians to frequently bump clinical appointments. She demonstrated that the patients who were bumped also were the ones who had the highest no-show rates. The chair developed a policy to withhold bonuses from physicians who rescheduled too many clinical appointments.

Physicians also need to see the link between clinical activity and their research and teaching.

"Where there is no clinical margin, the clinical mission cannot be sustained, and the research and teaching missions suffer as well," says Billy Newton Jr., MGMA member and administrator of the Department of Pediatrics, Duke University School of Medicine, Durham, N.C. "We work with our faculty to help them understand this fact."

Administrators also play a role. They have to understand what



What an honor to be able to participate in the 20th birthday celebration of AAP! Little did we realize at the first

informal meeting in Chicago that such a positive organization for administrators of departments of psychiatry would be the result. But, it has! I am incredibly proud to have been part of this organization from its inception until my retirement in 1998. So many close bonds and friendships were formed that became a very important part of my career. The ability to "brainstorm" with others who have similar problems and to bounce ideas off someone whom you knew and respected was invaluable. To have at your disposal the knowledge from so many different areas was a learning experience which broadened my perspective. During the past six years, there have been many changes to academic medicine. It is so encouraging to see that AAP is continuing to be a solid source of information and camaraderie for its members. It is nice to see new names and also to find that many of the former names have remained involved. The addition of connecting with the chairs of the departments was also much needed and realized and this was a real catalyst for AAP. I look forward to the celebration and to seeing many of you again, as well as meeting new members. May there be many continued years of success for AAP!

Doris Haley 1991-1992

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Oh my gosh! Can it really be 20 years since Bill Newel held

that first AAP meeting, as he would tell it, "in a phone booth"! Time flies when you are having fun. And I know the AAPs are having fun as I keep up with you all via The GrAAPvine. I love the pictures. It's good to know that the AAP's still provide a very important social network to it's members. I do miss that! I still see lots of the familiar names and faces in the publication. I have watched the organization grow and develop and was thrilled at the partnership with the American Association of Chairs in the Department of Psychiatry and the development of the MacLeod Fall Lectureship. Bravo! The journey from the phone booth in 1985 to the fine organization you are today reflects the cadre of talented members who are willing to contribute and volunteer amid the changes, challenges and opportunities of healthcare delivery and medical education over this 20 year period. I am proud to have once been associated with you all. Congratulations and Happy 20th Birthday AAP's! Wheeze out those candles and save me a piece of cake!

Sandi Wigley 1992-1993

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motivates physicians. "Physicians need to find their niche and administrators need to recognize that niche and set productivity expectations accordingly," Mahaffey says.

"You almost have to look at physicians as individual cost centers," Newton asserts. "Each academic entity has to define its mission, establish its tactics and deploy its resources to achieve the mission. We start by defining our clinical need using productivity benchmarks, and then build our academic programs out of that activity. Our physicians are the building blocks, the major resource, deployed to accomplish

our tactics and ultimately our mission."

Once the center or department defines the mission and determines the productivity levels needed to accomplish the mission, it shouldn't be too difficult to find the patients to make the numbers. North says more patients now seek care from academic practices that are known for strong research. By taking advantage of this growing demand, physicians gain potential subjects for research projects.

"We have to get out of the mindset that academic centers are always going to be inefficient," North says.

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From apathy to epiphany: How to train residents in practice management

*By Matthew Vuletich
MGMA writer/editor*

Most medical residents care little about managing a clinical practice. With the growing complexity of health care, however, and the potentially catastrophic effects of bad business decisions, they should, says Linda Christianson, CMPE, MGMA member and lecturer and director of clinical revenue management, University of Washington School of Medicine, department of surgery, Seattle. She recommends establishing programs that teach residents skill sets to manage the business side of a clinical practice.

Moving residents from apathy to epiphany is not easy. Aside from being interested primarily in patient care instead of business, other potential impediments include time constraints, an overly ambitious curricula and attending physicians who have inadequate knowledge of general business practices.

Thus, when planning a program, Christianson recommends beginning with residency program managers and faculty leadership—ensuring that the impetus for such programs comes from faculty leadership. Keep the lessons simple and make them convenient for time-deprived residents.

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Topics that could be covered by training programs include marketing, contracting, general operations, financial management, legal issues, documentation and coding, human resources operations, medical information systems, consultants and community resources. Methods to impart these lessons can include lectures, workshops, case studies, special projects, videos and Web site training.

The Medical Group Management Association's resident training program, Primary Care Practice Management Essentials: The Business of Medicine, is based on the American College of Medical Practice Executives' Body of Knowledge—a comprehensive inventory of the competencies required for effective performance in practice management. ACMPE is the standard-setting and certification body of the Medical Group Management Association. It consists of five modules, says Adrienne Bien, MBA, CAE, MGMA Learning and Networking Center vice president. The first module provides tools, a checklist and guidance for establishing a practice. The second offers an overview of operations such as staffing and human resources issues. The third and fourth modules address billing and coding-related subjects. The final

module covers compliance with government regulations and malpractice-related issues.

The curriculum is presented from the patient's perspective, instead of the manager's, Bien says.

Christianson advocates stretching lessons over the duration of residency and keeping lessons relevant to what residents are learning at that time. In addition to nuts-and-bolts topics, she recommends that programs address ethics, community resources, patient-physician communication and time management.

Christianson also recommends that residents' spouses be included in discussions about financial considerations because they often help make financial decisions.

Of course, the effectiveness and relevancy of any training program must be evaluated. Surveys, interviews with recently graduated residents, testing and faculty-resident discussions are methods to evaluate a program.

One certainty of any plan is that the practice administrator is the one uniquely qualified to develop it. With collaboration from the residency program director, the administrator stands to enhance his or her role by developing and implementing the plan.

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I was an active member of AAP from 1988-1998. AAP has a

group of bright, energetic and collaborative members. This organization provides great mentorship and mutual respect of its colleagues, which has resulted in dynamic work at a national level. Happy Birthday AAP, I wish you many more years of greatness!

Donna Devine 1990-1991



I'm not sure what year I joined AAP, but I attended my first educational conference in Scottsdale

in 1990. I have missed only one since that time. It is very impressive to me to look back and see the consistent commitment to, and the resultant unflagging improvement in, the quality of the conferences and of the Board's efforts to serve the membership. I feel assured of the continued value of AAP to its members as I reflect on the transition of leadership from the old-timers to a newer generation. Mostly, I want to say how much fun it is to part of a group that knows how to play well together.

Lee Fleisher 1994-1995



WOW!
Twenty
years old!! It
seems like
only
yesterday a
small group
of us were in
Dallas discussing whether or not to
form AAP.... how beneficial would it
be??? Luckily the chemistry was
just right, we all clicked, and AAP
has been nonstop ever since. Thanks
everyone for ALL the absolutely
phenomenal memories... AAP you
rock. Best wishes for continued
success and even more great
memories.

Judy McElroy 1995-1996



Remember
when...
* Some of
us went
parasailing
when we
were in
Marco

Island? Many of us never thought
we would go up in a parasail, but
after seeing Jan drifting into the
sky...

* We were in Hawaii for our
meeting?

* Several AAP members took a
raft ride (organized by Jan Price,
of course) which embarked at the
base of Hoover Dam? And
everyone got sunburned?

* When one AAP member was
propositioned when we were in
Las Vegas?

* Psychiatry academic budgets
were... well, bigger?

* There weren't HIPAA rules?

* All of the Friday evening get-
togethers?

Happy birthday AAP!

Mary Jo Swartzberg 1996-1997

Pointers ensure that academic practices collect their due from clinical trials

By Matthew Vuletich
MGMA writer/editor

Every penny counts in a clinical trial. To make sure a practice receives all the pennies it earns, Jane Mang, RN, BSN, MAT, senior trainer, Clinical Research Site Training, recommends seven steps for managing clinical trials:

- Conduct a protocol feasibility analysis;
- Prepare an accurate budget;
- Negotiate contracts in detail;
- Track clinical activity accurately;
- Track sponsor payments;
- Establish a timeline for paying bills; and
- Produce post-study financial reports.

Protocol feasibility - Parts of this phase overlap with later stages. It is here that a practice determines the members of the research team and their roles. The team should include the principal investigator, coordinator, sponsor and site administration staff.

Determine whether the practice has worked with the sponsor or clinical research organization (CRO) in the past and whether that experience was satisfactory. If no history exists, the practice should check with colleagues about the CRO's reputation.

Next, examine your patient population to answer several questions: Does the practice have the right patient population? How will patients be recruited? Will that

population be recruited by a competing study? Is the study's enrollment goal realistic?

Scrutinize the study protocol. Is it well designed? Is the study question important? Is its duration appropriate? What other departments or services will be called on to help with the study?

Practices should examine the study procedures to determine their frequency and difficulty. Also evaluate your staff—is it qualified for the study or is training needed and available? Will specialists be required? Do you have adequate office space and equipment for study activities and records?

Accurate budgeting - This phase requires an accurate assessment of the time and costs the study will demand. Consider the costs that will be associated with operations, such as radiology, pharmacology and surgery. Look at overhead and the potential cost of additional employees. Try to anticipate hidden costs, as well. Review these figures with others. Keep in mind that the draft protocol frequently translates to a draft budget.

When examining the budget, consider whether the sponsor pays for prestudy activities even when the study is scrapped before enrollment. Will the sponsor pay for screening failures? Does the study pay enough upfront to keep it afloat? Consider every potential expense.

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Contract negotiation -

During the contract development phase, check all contractual definitions to determine what the sponsor will and will not pay for and when. Make sure that contracts include renegotiation clauses. Will the sponsor consider suggestions or modifications to areas of the protocol that are not feasible?

“Everything is negotiable,” Mang says. “If not, you might have to forgo some studies.”

Tracking - Track everything. Subjects recruited and enrolled, enrolled visits completed and

unscheduled enrolled visits are just a few examples. Track the financial elements of a study daily.

Sponsor payments - The practice should define and track when and how much the sponsor will pay for study activities. Verify that the payments are made.

Paying bills - Next, the practice should determine when it will pay its bills, how much they are, then verify that it is done.

Post-study financial reports - So, was it worth it? Collect all the information and produce post-study financial reports to answer that question.

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COMING ATTRACTIONS

Administrators in Academic Psychiatry Spring Educational Conference

April 16, 2005
New York, NY

Academic Practice Assembly Educational Conference

April 17-19, 2005
New York, NY

National Institutes of Health Regional Seminars in Program Funding and Grants Administration

April 7-8, 2005

Hosted by the University of New Mexico in Albuquerque, NM.

- NIH electronic research administration labs will be offered on Wednesday, April 6.

June 23-24, 2005

Hosted by Purdue University in West Lafayette, Indiana.

- NIH electronic research administration labs will be offered on Wednesday, June 22.

(see <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-05-019.html> for additional information)

Medical Group Management Association Educational Conference

October 23-26, 2005
Nashville, TN



Happy Birthday to AAP and thank you for all of your counsel and support over the years. AAP has been a vital resource and has provided me

with an important connection to a community of dedicated professionals that would not have been possible otherwise. As with any great organization, it has been the hard work and commitment of all who participate that has help AAP meet the needs of its members. The members of AAP have served as mentors, advisors, friends and extended family. It is truly a pleasure to be a part of such an illustrious group. May we have many more years of success and continue to bring our members the resources and support they need.

John O'Laughlen 1997-1998



Happy Birthday AAP! Twenty years and going strong. Isn't it great? I wasn't there for the first meeting, but I made it to West Palm

Beach, Florida, thanks to Bill Newel. He convinced me to attend and made me feel so welcome and special. I became the Executive Administrator of Psychiatry at The University of Chicago in 1979, and I can tell you I was a much better administrator and enjoyed my job even more after becoming a fellow AAP. Not before or since have I seen such a "connected" group. We had great fun through the years (and witnessed some very interesting sights). I benefitted greatly from the knowledge so freely shared, but mostly I value the friends found and never lost. I really miss being a part of you, and hope all of you who are now members and those yet to join will be inspired as I was to continue in your careers, especially through rough times made better by the comradeship available in AAP. Happy Twentieth!

Lana Moore 1998-1999

Extension of expiration date for various research career development (“K”) program announcements

Notice: NOT-OD-05-011
National Institutes of Health (NIH)

The Office of Extramural Research gives notice of the extension of the expiration dates for the following Program Announcements:

PA-00-003 Mentored Clinical Scientist Development Award (K08) published 10/8/99, (<http://grants.nih.gov/grants/guide/pa-files/PA-00-003.html>)

PA-00-004 Mentored Patient-Oriented Research Career Development Award (K23) published 10/8/99, (<http://grants.nih.gov/grants/guide/pa-files/PA-00-004.html>)

PA-00-019 Mentored Research Scientist Development Award (K01) published 12/2/99, (<http://grants.nih.gov/grants/guide/pa-files/PA-00-019.html>)

PA-00-020 Independent Scientist Award (K02) published 12/2/99, (<http://grants.nih.gov/grants/guide/pa-files/PA-00-020.html>)

PA-00-021 Senior Scientist Award (K05) published 12/2/99, (<http://grants.nih.gov/grants/guide/pa-files/PA-00-021.html>)

The above announcements remain active until revisions can be issued in 2005. Please note that the PHS 398 application form has

been recently revised. The new form is available at: <http://grants.nih.gov/grants/forms.htm>.

Interested applicants are encouraged to contact the program staff person listed in the relevant announcement prior to submission. An updated list of contacts is available at <http://grants.nih.gov/training/extramural.htm>. Additional information about career development awards is available on the K Kiosk at <http://grants.nih.gov/training/careerdevelopmentawards.htm>.

Inquires associated with this notice should be submitted to: Walter Schaffer, Ph.D.
OEPMailbox@mail.nih.gov

NIH establishes website for new investigators

Notice: NOT-OD-05-014
National Institutes of Health (NIH)

New investigators are the innovators of the future – they bring fresh ideas and technologies to existing biomedical research problems, and they pioneer new areas of investigation. Entry of new investigators into the ranks of independent, NIH-funded researchers is essential to the health of this country’s biomedical research enterprise. NIH’s interest in the training and research funding of new investigators is understandably deep and longstanding. Over the years, special programs to assist new investigators in obtaining independent research funding have been created. These special programs were discontinued because they were unable to significantly and positively affect the overall ability of new investigators to obtain independent research support. In spite of these and other efforts, the average age at which an

investigator first obtains R01 funding has increased by five to six years (to 42 for PhD degree holders and 44 for MD and MD/PhD degree holders). In addition, although the overall numbers of new R01 investigators has increased, the proportion of R01 grants going to new investigators has remained at approximately 6% of the total R01s awarded throughout the doubling of the NIH budget.

Currently, NIH encourages new investigators to self-identify by checking a box on the face page of their R01 applications so that they can be given special consideration. Peer reviewers are instructed to focus more on the proposed approach than on the track record, and to expect less preliminary data than would be provided by an established investigator. In addition, many NIH institutes and centers give new investigators special consideration in their selection for funding, and in some cases provide five years of support

instead of the four that is the NIH average duration for a grant.

NIH remains committed to identifying and attracting new independent biomedical researchers and will continue to explore novel ways to accomplish this. However, it cannot do it alone. Institutions must continue to look for ways to reduce the duration of graduate and postdoctoral training and find new ways to enable new investigators to compete successfully for extramural funding.

The NIH Office of Extramural Research (OER) announces the posting of a new website that articulates NIH’s continuing commitment to new investigators (see http://grants.nih.gov/grants/new_investigators/index.htm). The website describes current policies, data related to the influx of new investigators, resources that new investigators can use to understand and work with the NIH, and helpful hints that might be useful in constructing a first application for NIH support.

Salary limitation on grants, cooperative agreements, and contracts

Notice: NOT-OD-05-024
National Institutes of Health (NIH)

This notice provides updated information regarding the salary limitation for NIH grant and cooperative agreement awards and extramural research and development contract awards. On February 13, 2004, the Fiscal Year (FY) 2004 information on the salary limitation was published in the NIH Guide for Grants and Contracts.

For sixteen consecutive years, Congress has legislatively mandated a provision for the limitation of salary. For FY 2005, the Consolidated Appropriations Act, Public Law 108-447, 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 \$175,700 for the period January 1 through December 31, 2004. Effective January 1, 2005, the Executive Level I salary level increased to \$180,100.

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 Act 2005, "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. This is the fifth year that the limitation has been linked to Executive Level I of the Federal Pay Scale.

Please see the salary cap summary and the time frames associated with existing salary caps at http://grants.nih.gov/grants/policy/salcap_summary.htm.

Implementation of new salary limitation:

- No adjustments will be made to modular grant applications/awards or to previously established commitment



Congratulation AAP!

Twenty great years. As they say, time flies when you're having fun. We must be

having a lot of fun. I became the University of Michigan Department of Psychiatry administrator on January 1, 1993 and joined AAP shortly thereafter. That seems like only yesterday.

In my early Psychiatry years, many current and former members of AAP were extremely helpful to me. They shared knowledge, insight and provided guidance. Many continue to do that today, twelve years later. The AAP organization which celebrates its 20 year anniversary this year provides a forum, a venue, an opportunity but the members give life to the organization. We, the members of AAP provide the knowledge, the coaching, the inspiration, the camaraderie, the moral support, the network and the friendship.

So, here's a toast to AAP... and to all past, current and future members.

Keep up the good work.

Joe Thomas 1999-2000



Congratulations AAP, on 20 fruitful years!

This organization is unique among professional groups in its

tradition of naturally welcoming mentorship of new members, and its continuously evolving adjustments to the career demands of its affiliates. I am personally grateful for the professional support, many wonderful memories, and enduring relationships AAP has provided. Here's to the next 20 years!

Janet Moore 2000-2001

Continued on page 14

levels for non-competing grant awards issued with FY 2005 funds.

- NIH competing grant awards with categorical budgets reflecting salary levels at or above the new cap(s) issued in FY 2005 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 in those years restricted to Executive Level I (see Salary Cap Summary, [FY 1990 – FY 2005]), if adequate funds are available in active awards, and if the salary cap increase is consistent with the institutional base salary, grantees may rebudget to accommodate the current Executive Level I salary level and contractors may charge at

the higher level. However, no additional funds will be provided to the prior year grant awards 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 pay an individual's salary amount in excess of the salary cap 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/offers 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.

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.

Notice on implementation of Office for Human Research Protections (OHRP) guidance on research involving coded private information and biological specimens

Notice: NOT-OD-04-069
National Institutes of Health (NIH)

On August 10, 2004, OHRP issued Guidance on Research Involving Coded Private Information of Biological Specimens, which is available at <http://www.hhs.gov/ohrp/humansubjects/guidance/cdebiol.pdf>. This guidance is addressed to Institutional Review Boards (IRBs), Investigators, and funding agencies.

This guidance will affect the way the NIH and the applicant institutions process applications involving coded private information

and biological specimens from human donors. At this point, the National Institutes of Health is assessing how best to implement the OHRP Guidance while taking into consideration the requirements defined in Title 45 CFR Part 46 (Protection of Human Subjects) for funding agencies (<http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.htm#46.120>). We are also trying to assess the impact of this policy change on the NIH clinical research portfolio.

In order to minimize confusion for applicants considering projects involving coded private information and biological specimens, the NIH will require grant applications and

contract proposals to adhere to existing procedures described in the PHS 398 and in applicable Requests for Proposals (RFPs) until new instructions are announced. Additionally, reviewers will continue to use existing instructions in evaluating these applications and proposals.

The NIH will develop appropriate instructions related to this guidance with the expectation that implementation will occur with the January 10, 2005 receipt date. In preparation for implementation, all appropriate forms and announcements will be modified and training for reviewers will be provided.

The college corner

Professional milestones

by David Peterson, FACMPE

20th Birthday Greetings to the AAP membership from the American College of Medical Practice Executives!

The upcoming anniversary celebration of the Administrators in Academic Psychiatry (AAP) is a significant milestone for the organization, indicating that there is enough interest among a group of dedicated professionals to sustain an organization geared toward “promoting professional management, providing a forum for discussion, gathering, analyzing and distributing information, increasing professional and technical knowledge. . . and working toward the resolution of problems confronting health and medical care in general and academic psychiatry in particular.” (We can thank the AAP bylaws for this information).

Perhaps not so coincidentally, the AAP’s mission coincides with and nicely complements the mission of the American College of Medical Practice Executives (ACMPE). These missions include “supporting and promoting the personal and professional growth of health care leaders to work collaboratively to advance the profession of medical practice management.” (We can thank the

ACMPE mission statement for this information).

Organizational milestones are really the result of individual member aspirations and contributions. The ACMPE offers individuals the opportunity to achieve their own professional milestones through its nomination, board certification and fellowship processes.

Past columns have focused on each of these milestones and each offers its own reward.

The AAP celebration of its 20th anniversary and birthday, offers all of us the opportunity to review our own individual professional milestones. As you think about your own professional growth, remember that the ACMPE offers identifiable benchmarks of personal achievement.

In the meantime, Happy Birthday AAP!

(For more information on joining the ACMPE or the board certification and fellowship 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).



Involvement with AAP remains among my most positive career experiences, and will always stand as a great treasure in my mind and heart. Being

new to academic medical management in the early 1990s, I found AAP to be an immediately accessible resource in the form of a supportive, knowledgeable network of peers. My decisions to serve on the AAP board in various roles, and then finally to move into the president’s role were decisions which yielded enormous dividends regarding my own professional development, understanding of the field, and a group of invaluable lifelong friendships. Here’s wishing AAP the best possible 20th year celebration, my heartfelt and ongoing appreciation, and my deepest encouragement for any members seeking to serve in a leadership capacity.

Alex Jordan 2001-2002



I have been a member for the past 14 years of AAP’s 20 years and was fortunate to serve as president.

AAP has provided me with valuable professional development and friendships that have enriched my career. I’m proud of the contribution we have all made to the mission of academic psychiatry and look forward to a bright future for AAP.

Warren Teeter 2002-2003





The obvious litmus test of any organization or business is its

ability to grow and be recognized as an entity with a cadre of highly skilled professionals. I am very honored and proud to say that I am a member of AAP and I have enjoyed the warmth and association of our colleagues for many years.

I remember a guest speaker at one of our conferences stating that the average tenure of an administrator in other disciplines was about five years. He was totally surprised when he discovered that over fifty percent of our colleagues in attendance at the meeting have been in Psychiatry for more than fifteen years.

We are an elite group of professionals and we have set the standard for strategic goals and planning in academic organizations. We have set the standard for membership involvement and participation and our educational programs are quintessential. May we continue to set the standard for another twenty years and raise the bar of professionalism in academic centers.

Lastly, as we have been told, no one can match our parties and social events! So, as we approach our anniversary this spring let's have a great time and celebrate the strength and collegiality of AAP!

Dan Hogge 2003-2004

Suggested reading

Nan: A Six Sigma Mystery by Robert Barry, PE, Ph.D.
American Society For Quality (ASQ) Quality Press
Milwaukee, Wisc. 53203 c. 2004

Quality keeps popping up more and more frequently on my radar screen these days. Whether it's due to managed care reviews, accreditation requirements or competition in the marketplace, we're all being increasingly asked to define our services in terms of demonstrated quality outcomes. In his book Nan: A Six Sigma Mystery, Robert Barry utilizes a refreshing approach to teach us about Six Sigma and how it's concepts can be used to improve quality, productivity and profitability while reducing errors in a health care environment. Instead of a traditional academic approach, where the author outlines theories and explains various concepts, Barry has written a mystery novel that takes place in a hospital setting and incorporates Six Sigma principles to solve the deaths of two patients.

The book's main character, Nan has just been promoted to Vice President of Nursing. To help her prepare for this new executive position, the hospital had just sent her to a six-week management-training course in Six Sigma. Upon her return and as she assumes her new duties, she finds out that there will be no honeymoon period in her new position. The hospital's Chairman of the Board died in the hospital due to cardiac complications and a baby has died in the pediatrics unit. Everyone is quick to blame the nursing staff and/or physician involved. Nan utilizes the skills she learned in her Six Sigma training, and approaches

the problem with the belief that *the sources of error are in the system and not with the staff*. Right off the bat, she teaches her nursing staff the importance of error reduction and system improvement rather than blaming others. She does this through her actions, rather than lectures. As other departments become involved in the investigation of the two deaths, Nan also teaches them these skills and gets their buy-in into the process as well (sometimes rather skeptically however).

Nan's detective work is engaging and thought provoking. As I read this novel, I learned concepts I could immediately apply to my own work. I also learned a lot about the corporate structure of a hospital, risk management, how to handle reporters and detectives, what it takes to be a perfect secretary and, of all things, the inner workings of a computer hard drive. The characters of the various hospital department heads seemed like they could resemble those in any of our hospitals. The book was very easy reading and quite entertaining.

So, what is Six Sigma all about? The main goal of Six Sigma is to improve outcomes. Why the term "Six Sigma?" The "sigma" stands for standard deviations; and six standard deviations means that the errors, which may occur, are so far out on the tail that they aren't as worrisome. Right now, it is thought that healthcare in general is at the

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“one sigma” stage. There is definitely room for improvement, especially since oftentimes life and death are involved.

Barry says that the management attitude behind Six Sigma is: “face it, find it and fix it.” Most errors continue because management tolerates the error. Six Sigma management principles say we should set high goals and implement plans to achieve them in a systematic fashion, within a work environment where all employees are moving in the same direction. Then, we can examine ways to reduce errors that are made because of the systems we have in place that produce those work outputs. In order to do that we must observe, measure and track each *sub process* within the system because that is where errors are likely to occur. Since each process is controlled, the outcomes become controlled as well. Six Sigma does not support incremental change because that type of change would not produce an overall favorable outcome. The process starts with a numerical goal and works backward to make sure that each stage of the process is complementary to the achievement of that goal.

Six Sigma was created by Motorola and quickly adopted by GE, IBM and other manufacturing companies, then expanded to financial services companies such

as American Express and Bank of America and now into healthcare. Many of the above companies require that candidates for any management positions within their company must be a Six Sigma Green Belt at a minimum. (The degree of Six Sigma proficiency follows the martial arts, Green Belt, Black Belt and Master Black Belt; the various levels are achieved by completing course work, projects and training programs).

Some argue that Six Sigma principles can't be as readily applied in health care as manufacturing because we don't output tangible products but rather provide a service. I disagree and think that healthcare can learn a lot from this process, and that it is indeed very important to examine the systems we have in place as we provide our various services. As managers, we need to be willing to look at how we do things and toss out the “but we've always done it this way” philosophy. We also need to be “not so quick” to blame our staff. We must develop the kind of culture within our departments where our employees know that they will be supported when an error occurs and that we will look at *improving the system* that allowed that error to happen, rather than immediately blaming the employee.

(This book was reviewed by Radmila Bogdanich, administrator of the Southern Illinois University Department of Psychiatry).



As I reflect on my membership in AAP since 1997, when I was a “Newbie”

Administrator in

Psychiatry, I am so thankful for those who initially welcomed me into the organization. Having never worked in an academic department or in the mental health field, I had much to learn. The warmth and fellowship was so refreshing and the friendships blended so easily into ongoing relationships which helped me to better understand so many facets of my job. Being involved in the “Great Adventures” and the social gatherings were fun, but my growth as an administrator was supported by so much I heard from other AAP members. Because there are so many members over the years who helped me grow, I will not mention names. These personal interactions at educational conferences, over the phone and on the listserv helped me to be creative in approaching problem solving and organizational development within my department. Involvement in committee support and eventually Board membership, helped me to be more interactive with others (though the pictures taken at different times were a little embarrassing) to take new ideas back to my department. Thank you to all who have touched my life through AAP. Let's enjoy this celebration and look forward to many more years of personal growth together.

Kevin Johnston 2004-2005



The Board of Directors and the membership of AAP wish Jim Rodenbiker (Creighton U) a speedy recovery following surgery.

The back page

A two for the price of one joke - with a psychiatrist AND a monkey!! With apologies!!

Gorilla: I'm feeling terrible, Doctor. I keep thinking I'm a Great Dane.



Doctor: As your psychiatrist, I can tell you it's better if you go bananas. But how long have you been feeling this way?

Gorilla: Since I was a puppy!



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

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