



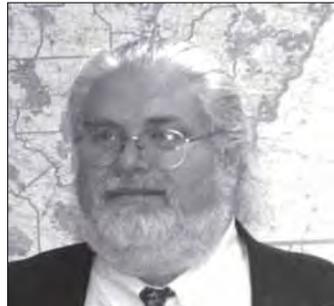
# The GrAAPvine

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## From the president's desk

by Jim Landry



**A**s I pen my last column as president, I would like to thank everyone for their help and support during this past year. Having a strong participating membership is one of the keys to a successful professional organization.

During our Spring Education in Boston (April 21), we will have our annual business meeting. At this meeting the nominating committee presents its slate of

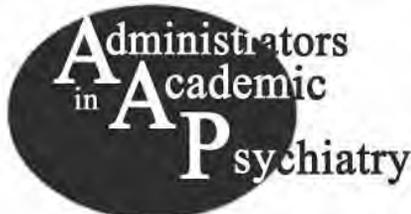
candidates for election to the board of directors, and updates are given by the various committee chairs. **Elaine McIntosh** (U Nebraska), president-elect, will assume the position of President at this meeting. It has been a joy to work with Elaine this past year, and we are all lucky to have her stepping into the role of president. Please join me in congratulating Elaine.

My dear friend **Jan Price**, editor of The GrAAPvine, set the deadline for articles for this issue smack in the middle of Mardi Gras. And since I told her I would submit one article on time while I was president, I am writing while sitting on the streets of New Orleans waiting for the next parade!

The Rex organization (Rex being king of carnival) has as its motto “pro bono publico” – for the public good. Growing up I always thought this referred to the person selected to be Rex – someone who during their lifetime contributed significantly to bettering New Orleans. I have come to realize that “pro bono publico” is so much more than that. As I sit on the curb I am amazed at how the diversity of the city comes alive on the streets – ethnically, racially, and socioeconomically – and during carnival everyone is an equal on the streets. It is wonderful that children, total strangers prior to a parade, play together in the streets and are best friends by the end of night. Old parade buddies reunite year after year, as everyone has their favorite spot to see the parades – kind of like getting to know your neighbors in a football stadium when you have season tickets.

As administrators we facilitate and engage in “pro bono publico” on a daily basis. We try to make our communities better places to live through the work we do, and serve the needs of our communities regardless of ethnicity, race, or socioeconomic status. Just as children embrace one another at a parade, we embrace our patients. Mental illness strikes across all levels of our community, and we provide assistance to

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## Comings and goings

Please feel free to call new members 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 the best of luck to the following member:

**Georgia McCray** of Vanderbilt University who is leaving for another healthcare facility.

## President's message (continued)

each patient, because they are part of us, part of our community. In helping our patients, we help ourselves become a better community.

Another organization in carnival has as its motto “pour la joie de vivre” – for the joy of life. Certainly, seeing all the children running around playing with smiles on their faces brings great joy. Part of our challenge as administrators is to bring the “joie de vivre” into our workplaces every day. We need to exude joy daily as we carry out our missions. I know this is difficult in light of policies, procedures, regulations, challenging faculty, staff, administrators, etc. However, our actions as leaders in our departments and universities need to set the tone among those we touch, exemplifying that we love our

community and serve it with great joy. I believe if each of us takes a step back from the rigors of our daily jobs and reflect for a moment, we all enJOY our role as administrators and dedicating ourselves to “pro bono publico.”

I want to close with a quote from Matthew Fox’s book, *On Becoming a Musical Mystical Bear*. “... Thou shall love your life with all your strength and energy, growing daily in the appreciation of the joys of life; and you shall allow and aid your neighbor to love his and do the same, using common norms of justice to determine life’s priorities.”

Thank you for being an inspiration in your community. Hope to see each of you in Boston!!

Jim



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*Ron Menaker (third from right) is made to magically appear on stage by magician, Nathan Burton (in black shirt), at the MGMA 2006 Annual Conference in Las Vegas, Nevada.*



## Revolutionary ideas at spring conference

The Education Committee has been working hard to provide AAP with another outstanding conference in Boston, Massachusetts on April 21. The Administrators in Academic Psychiatry conference, in conjunction with the Academic Practice Association conference, April 22 through April 24, will be located at the Marriott Copley Place in the heart of Boston.

The theme for the APA Conference, "Revolutionizing Academic Medicine" takes a page out of history. Our AAP conference will follow this lead with the theme, "Revolutionizing Academic Psychiatry." The line-up of conference topics looks great. Thanks to **John DeGangi** (U Massachusetts), we have a trio of speakers from the University of Massachusetts. Douglas Ziedonis, M.D., Professor and Chair of Psychiatry will present the Newell Lecture, "Mentoring and Professionalism -- What is an Effective Mentor?"

Thomas Manning, Deputy Chancellor, Commonwealth Medicine, will present "Commonwealth Medicine: Applied Knowledge in Public Service." Commonwealth Medicine is a division of the UMass Medical School which has a diverse business base and significantly supports the medical school financially. Commonwealth Medicine was the brainchild of Aaron Lazare, M.D., former chair of UMass Psychiatry and Tom Manning, former administrator of



UMass Psychiatry. Commonwealth grew out of the Department of Psychiatry's public sector and state hospital contracting and is an excellent story of "Revolutionizing Academic Medicine." Our departments' research mission will be addressed by a presentation from Craig F. Ferris, Ph.D. entitled "Functional Imaging in Awake Animals – Translational Science Opportunities."

Arrangements are being completed for a presentation by Roger Kathol, M.D., founder and president of Cartesian Solutions, which is a medical management consulting corporation. Dr. Kathol's presentation will detail the concept of a blended medicine and psychiatry unit and reimbursement for services in this environment. Plans for our final formal topic will be a presentation by a representative from Open Minds on a financial management topic. We are planning to once again include the popular "Take Two Minutes" segment in our program.

The Friday networking dinner will be held at Tapeo Restaurant, a Spanish restaurant with great food in a European atmosphere and a sense of fun and adventure. The

If you have not already made plans to attend the AAP conference and the APA conference, here is some important information.

AAP Conference Registration  
Contact Steve Blanchard  
Steve-blanchard@uiowa.edu

Hotel Reservations  
Boston Marriott Copley Place  
Reservations: 1-800-266-9432

MGMA APA Registration  
Information: 1-877-275-6462

Administrators' Dinner on Saturday night will be at Skipjack's. Skipjack's is a favorite in New England with many fish entrees and other American cuisine. If you are a baseball fan and would like to attend a Red Sox game you can check out tickets at <http://boston.redsox.mlb.com>.

New to this year's Spring Conference will be a Sunday brunch. This will be a chance for members not attending APA to have a last opportunity to network with AAP colleagues or for those attending the APA conference to regroup before diving into the APA conference schedule. Jan Price is researching plans for the annual AAP adventure on Sunday afternoon.

If you haven't already received your conference brochure, look for it soon and plan on attending. See you in Boston!

## **Program Coordinator – Addiction Services**

### **EXPLORE WHAT MAYO CLINIC CAN DO FOR YOUR CAREER!**

The Mayo Clinic in Rochester, MN, has an exciting career opportunity for a Program Coordinator of Addiction Services within the Department of Psychiatry and Psychology. You will be working with Mayo Clinic's spectrum of addiction services including its residing level treatment, outpatient services, as well as the hospital consultation program. These are dynamic programs associated with the S.C. Johnson Genomics of Addiction Research Center. The Program Coordinator position involves program development, administrative duties, and patient care. This position serves as a resource for the staff in the program, works with other members of the administrative team to manage the daily operations of the program, coordinates the interactions of all the various disciplines that participate in the multidisciplinary team, provides ongoing assessment of the effectiveness of the program by performing research and data analysis, and assists in patient care.

To qualify for this position, individuals must possess a minimum of a Masters Degree in Counseling, Nursing, Social Work or similar field with related licensure. 3-5 years' experience in management and program development is required along with experience in substance abuse and dependence.

Visit the following website for more information on Mayo Clinic's Addiction Services:  
[www.mayoclinic.org/chemical-dependency](http://www.mayoclinic.org/chemical-dependency)

**Mayo Clinic offers an especially rewarding and stimulating environment  
in which your career can excel!**

Mayo Clinic provides a competitive compensation package including health benefits, relocation allowance, professional travel, and much more!

If you are interested in this exceptional career opportunity, please visit [www.mayoclinic.org/jobs-rst](http://www.mayoclinic.org/jobs-rst) and reference job posting #13171. Please submit a cover letter and resume to be considered for the position.

Staffing Contact:  
Becky Stolp, Staffing Specialist  
Mayo Clinic Human Resources  
200 First Street SW, Rochester, MN 55905  
e-mail: [stolp.becky@mayo.edu](mailto:stolp.becky@mayo.edu)

# CMS publishes final patients rights rule on use of restraint and seclusion

## Better, more extensive training of staff required

**H**ealth care workers who employ physical restraints and seclusion when treating patients must undergo new, more rigorous training to assure the appropriateness of the treatment and to protect patient rights, according to a regulation published December 8, 2006 in the *Federal Register* by the Centers for Medicare & Medicaid Services (CMS).

The patients' rights regulations set forth, as a condition of participation (CoP) in the Medicare and Medicaid programs, the expectation that health care facilities will protect the rights of patients. These protections are part of Medicare's revised CoP requirements that hospitals must meet. The requirements apply to all participating hospitals including short-term, psychiatric, rehabilitation, long-term, children's and alcohol/drug treatment facilities.

"Through this regulation, CMS will hold all hospitals accountable for the appropriate use of restraint and seclusion," said Leslie V. Norwalk, acting administrator of CMS. "Today's action reinforces this administration's commitment to patient safety and the delivery of high quality health care services."

"These new rules demonstrate our commitment to advancing patient safety and patient rights in health care facilities," said Eric B. Broderick, D.D.S., M.P.H., Acting Deputy Administration at HHS' Substance Abuse and Mental

Health Services Administration. "Today we are taking needed steps to solidify training requirements and essential reporting to reduce and ultimately eliminate seclusion and restraints."

To address concerns about the improper use of restraints and seclusion and in response to the 4,000 public comments received on the interim final rule, the final regulation strengthens the staff training standard and specifies components of the training. The rule also expands the category of practitioners who may conduct patient evaluations when a restraint or seclusion tactic has been implemented.

CMS currently requires that a patient be evaluated "face-to-face" within an hour of the patient being restrained or secluded for the management of violent or self-destructive behavior. Prior to this rule, these actions had to be reviewed within that hour by a physician or "other licensed independent practitioner (LIP)." [This] action expands that list to include a trained registered nurse (RN) or physician assistant (PA). The rule requires, however, that when an RN or PA performs the one-hour-rule evaluation, the physician or other LIP treating that patient be consulted as soon as possible.

The basic rights specified in the regulation include a patient's right to notification of his or her rights in regard to their care, privacy and safety, confidentiality of their records, and freedom from

the inappropriate use of all restraints and seclusion, in all hospital settings.

In the development of this final rule, CMS has been sensitive and responsive to the comments of the provider communities, protection and advocacy associations, private citizens, and the health care community in general. The intent of this regulation is to ensure the protection of each patient's physical and emotional health and safety. In this final rule, CMS has addressed public comments without compromising these protections.

Under the new regulations, hospitals must provide the patient or family member with a formal notice of their rights at the time of admission. These rights include freedom from restraints and seclusion in any form when used as a means of coercion, discipline, convenience for the staff, or retaliation.

Stricter standards for when a healthcare facility must report the death of a patient associated with the use of restraints and seclusion have also been adopted with this rule.

The regulation is in [the December 8, 2006] *Federal Register* and [became] effective on February 06, 2007. It can be found at <<http://frwebgate5.access.gpo.gov/cgi-bin/waisgate.cgi?WAISdocID=929507415629+0+0+0&WAISaction=retrieve>>. (CMS Office of Public Affairs press release, December 8, 2006).

# The executive suite

## AAP members add to ACMPE membership growth



In last year's column at this time titled "Names, numbers and looking forward," I was able to note that Administrators in Academic Psychiatry (AAP) members' participation in the American College of Medical Practice Executives (ACMPE) had grown substantially. For this Spring edition of The GrAAPvine, I am pleased to be able to report again that this growth has continued and by my count, twenty AAP members are members of the ACMPE, representing approximately 15% of the AAP

membership.

Looking a little more deeply into the numbers, last year, Individuals with combined AAP and ACMPE membership totaled 18. This year's count of 20 represents a 10% increase in membership, despite a loss of 3 members who left the AAP. Thus (for those who are keeping track), we had 5 new members who chose to join the College (see table below).

ACMPE Nominees have chosen to begin the path toward board certification and earn the

designation

as a

Certified

Medical Practice Executive (CMPE) after successfully completing a 3-part exam/presentation process. Fellows (FACMPE) have earned the highest distinction in the College by writing a professional paper or three case studies related to health care organization and to the field of medical practice management. All ACMPE members need to maintain a defined level of continuing education credits.

<u>Name</u>	<u>Organization</u>	<u>ACMPE Status</u>
Bowan, Beverly	Texas Tech University Health Sciences Center	Nominee
Peters, Larry	NYU Medical Center	Nominee
Rahlf, Andrea	University of Illinois at Chicago	Certified
Reinhart, Jeff	Texas Children's Hospital	Nominee
Siwabessy, Randolph	University of California, San Francisco	Nominee
These 5 individuals join previous ACMPE members:		
Chimera, Doris	University of Texas Medical Branch	Nominee
Erwin, Richard	University of Missouri Columbia	Certified
Hyer, Judith	Texas A & M University	Certified
Landry, James	Tulane	Certified
McCray, Georgia	Vanderbilt University	Certified
Menaker, Ron	Mayo Clinic	Fellow
Morganthaler, Roxanne	University of Washington	Nominee
Munroe, Florie	Health Quest	Certified
Peterson, David	Medical College of Wisconsin	Fellow
Romano, Pat	Albert Einstein College	Nominee
Tapper Jeffrey	Northwestern University	Nominee
Taylor, Marietta	Basset Healthcare	Fellow
Thomas, Carol	University of Louisville	Nominee
Thomas, Joe	University of Michigan	Certified
Tunget Henry, Jennifer	University of Louisville	Nominee

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I have seen the ACMPE membership numbers from other MGMA and APA assemblies, societies and specialty interest groups. AAP's ACMPE membership numbers compare quite favorably to other groups, but where the AAP especially excels is in the number of members with Certified or Fellow status, with almost half of us having achieved that distinction.

We welcome the new members to the College and wish

the Nominees great success as they seek Certified and Fellow status in the ACMPE. (If I have inadvertently omitted someone, please let me know.)

Finally, I would be remiss in not thanking The GrAAPvine's Editor, **Jan Price**, and the AAP's leadership for their continued support of this column by allowing valuable newsletter space to be devoted to the topic of continuing education, professionalism and the benefits of membership in the American College of Medical

Practice Executives.

For more information on joining the ACMPE or the board certification and fellowship process, contact the ACMPE directly at 877.275.6462 ext. 889 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.

## MGMA offers variety of educational opportunities



In order to move you along on your path to Fellow status in the American College of Medical Practice Executives or just to enhance your knowledge, the Medical Group Management

Association provides a multitude of opportunities to its members for professional development. Conferences, executive seminars, web-based education, web and

audioconferences, books and information exchanges are among the choices members have for learning.

*The Core Learning Series* helps professionals hone their competency in Professionalism, Leadership, Communication, Organizational and Analytical Skills, and Technical/ Professional Knowledge and Skills by providing an array of resources in eight performance domains.

*The Academic Practice Assembly Educational Conference* (this year in Boston, Massachusetts April 22-24) 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 operations and financial activities of clinical practices and related operations. This program is appropriate for physicians, business accounting and nursing professionals involved in academic practice management. It's geared for all levels of expertise and experience in academic health care.

Designed for experienced administrators and their leadership teams, MGMA's *executive education courses* focus on strategic-level topics affecting group practices. These in-depth and highly interactive workshops are led by some of the nation's foremost experts and present unprecedented opportunities for skill enhancement, peer learning and team building.

More information about these and all of the MGMA educational

offerings as well as membership in MGMA can be found at

<http://www.mgma.com>.

### NIH eSubmission news

#### RO1 update

by Sheri Cummins

**W**ell, we did it—we made it through the first electronic R01 receipt date! I'm not going to say it was easy (we all prepared for it for over a year), but all the planning and preparing paid off with a smooth transition. NIH and Grants.gov provided stable systems, user support and good processing times. However, the effort put in by you, the applicant community, really made it happen. The business process and cultural changes, the training, and the communications needed to pull this off cannot be overstated. Thank you!!

Here are some of the highlights of the February 5 receipt date:

- The applicant community proved to be well-prepared. A record number of applications were submitted before the deadline (almost 3,000); 70% submitted an error-free application on the first attempt and 94% submitted an error-free application within two attempts.
- NIH planned for 4,500-5,000 applications for the February 5 deadline. We received approximately 4,000 new R01 research grant applications. Similar numbers are expected in March for renewal (competing continuation), resubmission (amended/revision), and revised (competing supplement) applications.
- This receipt date showed an increase in the use of system-to-system transmission of

application data with over 10% of the R01 applications submitted using this method. (System-to-system solutions are developed by institutions or purchased from commercial service providers as a means to submit just the application data elements directly to Grants.gov rather than using downloaded application packages). For system-to-system transmissions: 82% of the applications were error-free on the first attempt and 96% were error-free within two attempts.

- The average application size was 4.9MB and the largest R01 application received was 70.6MB.
- The eRA Commons performed well under the heavy load. eRA Commons experienced a new daily record of 19,283 logins on Feb. 5.
- The eRA Commons help desk, armed with additional resources to take support calls, was busy but the average wait time for service remained under three minutes.
- Although NIH has no way to track the total number of applications submitted using Macs, we do know that both the free Citrix service and the Mac-compatible form viewer were used to successfully submit R01 applications.

#### **We welcome your feedback**

We'd love to hear about your electronic application experience. Please send comments or suggestions via email to NIH Electronic Submission at

NIHElectronicSubmiss@mail.nih.gov.

Remember that there are some things NIH can change and other things that aren't under NIH control.

#### *Things under NIH control:*

- Opportunity language
- Application guide instructions
- Content of agency-specific forms (labeled PHS 398)
- Language of eRA Commons errors/warnings
- Support concerns
- NIH requirements
- Overall process

#### *Things not under NIH control:*

- Decision to use Grants.gov
- The Federal Office of Management and Budget (OMB) requires NIH to post opportunities and make available an electronic submission option through Grants.gov. NIH feels strongly that applications that are reviewed together should follow the same process and format; this translates into ALL NIH electronic applications using Grants.gov.
- Look, feel, content and navigation of the SF424 (R&R) forms
- Grants.gov must meet the needs of ALL Federal agencies, not just NIH. So, NIH instructions and requirements that are not needed by other agencies cannot be included in the standard forms (labeled SF424 or R&R).
- Ability to print entire application or check for agency errors before submission
- You are welcome to comment

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# Research News

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on any of the items above. We don't have authority to implement change in every area, but we can consider changes to areas under NIH control and raise awareness of concerns in areas outside of NIH control.

### **Type of application terminology**

The March 5 receipt date for renewal, resubmission, and revision R01 applications is right around the corner. Remember, Grants.gov has brought us new terminology for the Type of Application field of the SF424 (R&R) Cover Component (box #8). NIH is trying to change all of its materials to correctly reflect the new terminology, but it

will take some time. Please use the handy chart below as we work through this terminology change.

Note that in the PHS 398 paper world, when an applicant submitted a resubmission of a renewal they could indicate both types on their application. However in the new SF424 (R&R) world, only one option can be selected. In this example, the applicant would select "Resubmission".

### **What do I put in the Federal Identifier Field of the SF424 (R&R) cover component?**

If "Type of Application" is "New", you can leave the Federal Identifier field blank on the first submission attempt. However, the

Federal Identifier field becomes a required field when submitting a Changed/Corrected application to address errors/warnings. When submitting a Changed/Corrected "New" application, enter the Grants.gov tracking number of the previous submission attempt (e.g. GRANT00123456). If you are unable to find the tracking number, enter "N/A".

If "Type of Application" is "Renewal", "Revision" or "Resubmission", enter the IC and serial number of the prior grant number (e.g. CA123456). For these types of applications, there is no need to change the Federal Identifier field when submitting Changed/Corrected applications.

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<b>New Grants.gov Term</b>	<b>Old NIH Term</b>	<b>Notes</b>
New	New	An application that is submitted for funding for the first time. Includes multiple submission attempts within the same round. (Type 1)
Renewal	Competing Continuation	Previous years of funding for the project have elapsed. Competing for additional years of funding to continue original project. (Type 2)
Revision	Competing Supplement	Request for additional funds for a current award to expand the scope of work. Applicants should contact the awarding agency for advice on submitting any revision/supplement application. (Type 3)
Resubmission	Revision or Amended Application	Application previously reviewed. A revised or amended application addresses reviewer feedback. (A1/A2)
Continuation	Progress Report	NIH does not use the SF424 (R&R) for Continuation Applications. (Type 5; Progress Reports are submitted directly to eRA Commons, not through Grants.gov.)

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### **Resist the temptation to scan**

I know it is a pain to have to turn an application that was originally prepared on a paper PHS 398 into an electronic SF424 (R&R) application, but unfortunately it must be done. If you are making the move from paper to electronic forms, please resist the temptation to scan sections of the paper forms. There are times when scanning simply can't be avoided, but (when possible) it is best to work from the original documents that can be appropriately edited for the current submission, converted to PDF

format and attached to the new application. Additional benefits of working from original documents include clearer images and the ability to extract text from the application image.

### **Rejection – It's all in the intent**

NIH noticed an increase in the number of applications that were "Rejected" prior to the February 5 R01 submission deadline. Some of the "Rejections" were to address identified Warnings, a few were to work through confirmed system issues and the rest... well, were not.

When is it OK to use the "Reject" option? It's all in the intent. The bottom line is

applications should not be submitted until there is an expectation that they are ready to go forward barring any unforeseen issues. Since applicants have no way to view the entire application until they submit, it is reasonable that they might want to make adjustments after viewing the assembled application if still before the deadline.

NIH does not condone the submission of "works in progress" or "test" applications. We have pretty strong feelings on this point – just don't do it!

*(Reprinted with permission. Sheri Cummins is the Communications Coordinator NIH Electronic Submission of Grant Applications).*

## **The research "piece of the pie"**

*by Hank Williams, MPA*

**M**ost schools and departments establish minimum requirements for a faculty member's allocation of time.

The allocations usually include some mix and match of research, clinic time, teaching, and administrative responsibilities. Agreements between faculty and the academic enterprise may be well defined legal documents or based on informal "handshakes" with the faculty member and the chair. If you want to get a faculty member talking, mention "required research endeavors."

Let's take a look at the research piece of this pie, how it's unique, and how schools report and track these activities.

The research mission in academic medical enterprises is often a priority, but not always.

Recent studies indicate that when research is a high institutional priority and the school works at a "research culture" among faculty, there is a greater embracing and output of research.

How does your enterprise track that output of research?

While many schools have a formalized approach for the faculty member, from the entry level to the advanced researcher, many times the approach to applying for research dollars is left up to the principal investigators themselves.

A new researcher is often required to follow a certain protocol in applying for research dollars, subject to department committee review and research priorities for the department.

Other researchers find there is little direction or priority, so the PI is pretty much free to pursue public and private research dollars as they

choose.

The continuous flow of proposals out the door is key to bringing in

those new research dollars, while internal seed funding, competitive internal funds, and bridge funds can also help stimulate a strong research culture.

So, how do faculty members get "credit" for the proposals they submit, and the research dollars represented? First, the output, flow, and progress of proposals at the institution must be tracked.

Many types of systems are available to track proposals, their status, and eventual success or failure. In your institution there are



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# Research News

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likely several sources of this information, including your own department.

The University of Washington is typical. We have three sources of information about Psychiatry research proposals and their status: Office of Special Projects (OSP); Dean's Office, School of Medicine; and Department of Psychiatry Finance Office. Each of these sources has some type of tracking database, either purchased or homegrown. Timing and process issues don't always allow the three sources to reconcile at any one point in time, so the Psychiatry Finance Office takes the other two databases twice a year and reconciles them to its own.

In addition to being tools for tracking and monitoring the progress of research proposals,

these systems can produce reports for chair and research oversight committees. Typical information provided might be:

- How many proposals were submitted last month?
- To what funding sources?
- How many direct and indirect dollars?

When a proposal is funded, most systems can take the proposal information and "convert" it to project information for continued internal reporting.

Outside the realm of financial project reporting, your chair and oversight committees often want a macro view of department research projects, to understand:

- How many active research projects each PI has?
- How many dollars does the project have?
- When did the project start, and when does it end?

Some systems are now taking this information a step further, and producing revenue "pipeline" reports, to anticipate dollars for the future. These reports can be used to monitor:

- proposals still under consideration, and the dollars they represent, by year
- Newly funded projects, and their future dollars by year, and
- Continuing projects, and their remaining dollars, by year

Your department should also be able to give faculty members and the chair reports about individual proposal productivity and funding success.

Hopefully, this information can help the chair and faculty member in those periodic reviews of performance and productivity and the research "piece of the pie." (*Hank Williams is the finance administrator of the University of Washington department of psychiatry and behavioral sciences*).



## Coming attractions

Administrators in Academic Psychiatry Spring Conference

April 21, 2007

Boston, MA

[www.adminpsych.org](http://www.adminpsych.org)

Academic Practice Assembly/Medical Group Management Association

April 22-24, 2007

Boston, MA

[www.mgma.com](http://www.mgma.com)

National Association of Psychiatric Health Systems Annual Meeting

"Behavioral Healthcare Leadership in Action"

April 29 - May 1, 2007

Washington, DC

[www.naphs.com](http://www.naphs.com)

The GrAAPvine provides information about educational opportunities of interest to its members. It does not necessarily endorse these programs (except, of course, our own!)

## The back page

During an annual psychiatrists convention, three psychiatrists take a walk. "People are always coming to us with their guilt and fears," one says, "but we have no one to go to with our problems. Since we're all professionals, why don't we hear each other out right now?"

They agree that this is a good idea. The first psychiatrist confesses, "I'm a compulsive shopper and deeply in debt, so I overbill patients as often as I can."

The second admits, "I have a drug problem that's out of control, and I frequently pressure my patients into buying illegal drugs for me."

The third psychiatrist says, "I know it's wrong, but no matter how hard I try, I just can't keep a secret."



### Editorial staff

#### Editor:

Janis Price

#### Associate Editors:

Radmila Bogdanich

David Peterson

Hank Williams

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  
Section Administrator  
Department of Psychiatry  
University of Michigan Health System  
UH9D 9822B  
Ann Arbor, MI 48109-0118  
(734) 936-4860  
(734) 936-6880 Fax  
janprice@umich.edu

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(316) 293-2669

#### Secretary

Debbie Pearlman  
debbie.pearlman@yale.edu  
(203) 785-2119

#### Membership Director

Steve Blanchard  
steve-blanchard@uiowa.edu  
(319) 356-1348

#### Immediate Past President

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

#### Members at Large

Margaret Moran Dobson  
(Strategic Collaboration)  
margaret.moran@utoledo.edu  
(419) 383-5651

Joanne Menard (Membership)  
jmenard@u.washington.edu  
(206) 341-4202

Hank Williams (Benchmarking)  
hankwil@u.washington.edu  
(206) 616-2069

Marti Sale (Education)  
mssale00@pop.uky.edu  
(859) 323-6021 x266



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