



The

# GrAAPvine

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## From the president's desk

by Steve Blanchard



I just came in from mowing the lawn for the first time - a sure sign that Spring is finally arriving in the upper midwest.

I am struck by the way that all the members of AAP work to make our organization successful. This was again demonstrated during and following the Spring Conference in Orlando. As a group, we are anxious to learn from one another and have fun together. The interactions over the listserv, "Take Two Minutes," and dinner are evidence that

the commitment to AAP continues.

During the Spring Conference, the Board of Directors came together to review the status of a number of new and continuing initiatives including:

- Updates to the AAP Strategic Plan, which is key to providing direction and focus to our organizational development. (Thanks to **Margaret Moran Dobson** (U Toledo) for her leadership in revising and updating our working planning document.
- **Elaine McIntosh** (U Nebraska), **Rich Erwin** (U Missouri), **Margaret Moran Dobson** and **Jim Landry** (Tulane U) have initiated a review of the AAP website and technology use. The potential to expand these capabilities is exciting.
- **Hank Williams** (U Washington) and **Toni Ansley** (Ohio State U) have done a great deal of work to advance AAP's interest in benchmarking. Discussions are continuing with possible resources to provide useful data and information.
- **Tom Tantillo** (Children's Hospital of Philadelphia), incoming Treasurer, is working to clarify our organizational structure and to develop banking arrangements that are easily transferred as officers change.

I want to acknowledge the work of **Janice McAdam** (Kansas U) as Treasurer over the past three years. Thanks, Janice for taking care of business!





## 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 to extend a warm welcome to the following new members:



**Debra Kuhn**  
U Rochester  
(585) 275-4854  
debra\_kuhn@urmc.rochester.edu

**Debra Tatchin**  
U Michigan  
(734) 936-8318  
dtatchin@umich.edu

**Bill Gaupp**  
Baylor College of Medicine  
(713) 798-4876  
wgaupp@bcm.edu

## Awards presented to deserving members

Each year, AAP recognizes outstanding service to the organization by presenting several awards. This year, the Rising Star Award, given to new members who have made a contribution by serving on a committee, writing an article for the newsletter, or in some other way participating in the operation of AAP, were presented to **Toni Ansley** (Ohio State U) for her benchmarking efforts and **Marika Brigham** (U Florida) for being the "feet on the ground" for the Orlando Spring conference.

**Radmila Bogdanich** (Southern Illinois U), received the President's Award, given for

long-term commitment and contributions to the organization, for her long-standing *GrAAPvine* column, Suggested Reading, and for her work with AAP's second benchmarking survey on faculty compensation.

The Board of Directors Award was conferred upon **Dan Hogge** (U Utah) for leading the planning of the 2007 Fall conference in Park City, Utah. This award is given in recognition of a significant current contribution to AAP. Dan was not present at the conference so will receive this honor at the Fall meeting.



*President Elaine McIntosh presenting awards to Marika Brigham, Toni Ansley and Radmila Bogdanich.*

## Your 2008-2009 board of directors

The 2008-2009 AAP Board of Directors was approved at the Spring Conference business meeting in Orlando. The members of the Board welcome your comments and questions as well as your participation, so please feel free to contact any one of them. All email addresses and phone numbers are printed on The Back Page of *The GrAAPvine*.

<b>President</b>	Steve Blanchard	University of Iowa
<b>President-Elect</b>	Hank Williams	University of Washington
<b>Immediate Past President</b>	Elaine McIntosh	University of Nebraska
<b>Secretary</b>	Debbie Pearlman	Yale University
<b>Treasurer</b>	Tom Tantillo	Children's Hospital of Philadelphia
<b>Membership Director</b>	Tina Nesbeda	University of Massachusetts
<b>Member-at-Large</b>	Margaret Moran Dobson	University of Toledo
<i>Strategic Planning/Governance</i>	Lindsey Dozanti	Case Western University
<b>Member-at-Large</b>		
<i>Membership</i>	Narri Shahrokh	U California - Davis
<b>Member-at-Large</b>		
<i>Education</i>	Toni Ansley	Ohio State University
<b>Member-at-Large</b>		
<i>Benchmarking</i>		
<b>Webmaster (ex officio)</b>	Rich Erwin	University of Missouri
<b>Newsletter Editor (ex officio)</b>	Jan Price	University of Michigan

## Website news

by Jim Landry and Margaret Moran Dobson

The review and revision of the strategic plan confirmed that we have outgrown our website and need to formalize the webmaster function for the organization. The Board of Directors started an initiative last year to update and upgrade the AAP website. The Website Committee is comprised of **Elaine McIntosh, Margaret Dobson-Moran, Rich Erwin, and Jim Landry**. The intent of this initiative is to update the look of the website and make it member friendly. The committee's intent is to add features such as on-line conference registration, a secure area for members only, searchable databases, and links



to affiliates. Board members will be responsible for updating and maintaining current information on the website.

Earlier this year, the board voted to make the Webmaster an ex-officio board member. Rich Erwin, AAP's webmaster for many years now, has graciously agreed to continue in this role, and as an organization we are indebted to him for his years of

service. AAP is searching for a member who is willing to be an assistant webmaster to Rich. Anyone interested should contact one of the committee members directly (see The Back Page for contact information). Rich and the assistant webmaster will be the portal for the AAP board to communicate with the website host to make necessary updates.

The committee is also seeking potential vendors to be the website designer/host. If you have worked with a company who designs and hosts websites and would recommend them as a potential vendor, please pass their name on to one of the committee members.

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# The executive suite

## Crowds at work

by David Peterson, FACMPE



James Surowieki's 2004 book, *The Wisdom of Crowds: Why the Many Are Smarter Than the Few and How Collective Wisdom Shapes Business, Economics, Societies and Nations*, is "about the aggregation of information in groups, resulting in decisions that...are often better than could have been made by any single member of the group." The Administrators in Academic Psychiatry's "Take Two Minutes" roundtable discussion, where members can pose unrehearsed questions and get spontaneous responses from fellow members, is an example of the helpfulness of wisdom from the crowd. Technically "the crowd," in this instance the AAP membership, is probably not diverse enough for Mr. Surowieki's theory to hold completely true, but still, the "Take Two Minutes" forum at the AAP annual conferences is a great opportunity to test an idea, assumption or find a solution to a problem. (In a virtual sort of way, the AAP's listserv is an online version of "Take Two Minutes.")

For example, "Take Two Minutes" at this year's conference offered a perfect forum to test the notion advanced by a speaker earlier that day that departments of psychiatry were "leaving money on the table" by not using more

E & M coding. To be sure, there are times when appropriately using an E & M code instead of a traditional psych code is financially advantageous, but in general, when this notion was tested in the "Take Two Minutes" forum, the group – "the crowd" if you will – seemed to dismiss the idea of increased financial opportunities through the use of more E & M coding in an outpatient setting, except in instances of significant medical complexity. The short version was: Been there; done that.

This was reassuring because no one wants to leave money on the table - to use an overused phrase - or to spend time and effort chasing phantom dollars.

The AAP Annual Spring Conference precedes MGMA's Annual Academic Practice Assembly conference, another gathering of crowds. Want to know what is on administrators' minds in academic medicine? Watch the attendance at the general sessions. Visit the breakout sessions and see which session is standing room only, or perhaps more importantly which room is not. Physician compensation is always a crowd pleaser. Electronic medical records are the new hot topic. Health care reform has cycled around like the summer buzz of the cicadas. Managed care is yesterday's news. Crowds at work.

Call it "networking," "continuing education" or the "wisdom of crowds." Whatever it is called, the idea of groups of professionals gathering together to share information on a periodic basis has value.

The American College of Medical Practice Executives (ACMPE) is also a crowd, a crowd of medical practice professionals who have gathered together to share information, establish standards, build a Body of Knowledge™ for medical practice management and establish methods for members to test their knowledge against this wisdom gathered from the crowd. So to share in the benefits of crowds at work, a membership in the ACMPE is worth considering.

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

### References

"The Wisdom of Crowds," [http://en.wikipedia.org/wiki/The\\_Wisdom\\_of\\_Crowds](http://en.wikipedia.org/wiki/The_Wisdom_of_Crowds) (retrieved April 14, 2008).

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## President's desk

*Continued from page 1*

I want to thank Elaine McIntosh for her dedication and leadership during the past year. Elaine has launched a number of projects that will carry over into this year and will further the development of AAP as a useful professional organization and resource.

Thanks to all who attended and participated in the Spring Conference. A total of 41 members attended the conference. A special thanks to **Marika Brigham** (U Florida) and **Warren Teeter** (Wake

Forest U) for their assistance with conference arrangements. Evaluations from the conference have been tallied and forwarded to the Education Committee. It was great to have another opportunity to share experiences and network together about our corner of the world.

Our membership continues to grow. Thanks to **Tina Nesbeda** (U Massachusetts) for her work in contacting potential members and tracking professional changes as they occur. Tina will distribute an updated membership directory later this Spring.

Looking ahead, the Fall

Conference is scheduled for October 16 and 17 in Sacramento, CA. Hank Williams and **Nari Shahrokh** (U California - Davis) are planning the agenda for this conference. Please mark your calendars and plan to attend the Fall Conference.

I want to thank each member for volunteering in all the ways you do. Special Kudos go out to **Jan Price** (U Michigan) for editing *The GrAAPvine* and to Rich Erwin for maintaining our current web site while we look to the future. Keep those questions and responses on the listserv coming!

## Web watch

<http://www.innovations.ahrq.gov/>

The Agency for Healthcare Research and Quality (AHRQ) has just launched a new website designed to facilitate the sharing and dissemination of new innovations in health care quality delivery. The website will be updated every two weeks and will include only strategies that have a significant potential to improve patient care delivery and are specifically designed to address health care disparities for populations such as low-income individuals, women, children, minority groups and other individuals with special health care needs.



### William J. Newel Lecture

## What exactly does Scientology say about psychiatry?

by Janice McAdam

The objectives of Dr. Vaughn McCall's presentation were to help the listener become familiar with Scientology terminology and theory; to understand why Scientologists oppose psychiatric treatment; and to be able to respond effectively to Scientologists. The importance of his presentation to administrators is that often activities psychiatry department faculty members become involved in catch the attention of Scientologists and that attention should not be dismissed lightly.

Dr. McCall decided to study Scientology after hearing Tom Cruise remarks on the June 25, 2005 NBC Today Show. After stating that he never agreed with psychiatry, Mr. Cruise told moderator Matt Lauer "You don't know the history of psychiatry. I do." That statement facilitated Dr. McCall realization that before criticizing Scientology, he needed to study its history.

L. Ron Hubbard was a writer of science fiction in the mid-20<sup>th</sup> century. He first wrote *Dianetics: The Modern Science of Mental Health* in the late 1940s and after a lengthy round to friends was finally



published in 1951. *Dianetics* comes from the Greek words *dia* meaning 'through' and *nous* meaning 'soul'. Dianetics is "a spiritual healing technology" and "an organized science of thought." Dianetics came first and then along with many other lines of thoughts and other religions, morphed into Scientology. Dianetics is part of Scientology, not the whole of it. Founded by L. Ron Hubbard in Los Angeles in 1954, Scientology is described as a religion, although practiced with or without reference to a higher power. It is considered the study of the spirit in relationship to itself, universes, and other life. It is really about being the best person you can be.

According to teachings of Scientology, in order to be the best you can one must get rid of engrams. Engrams are

physical imprints on cellular structure with origins from traumatic experiences on the unconscious, reactive mind. Engrams can happen as early in life as in utero. Sometimes in auditing sessions engrams are revealed from prior lives. Where in Hinduism the old life would be considered a reincarnation, in Scientology the life is considered a past life. Prior lives are accepted to have happened a trillion years ago and include lives on other planets and in other galaxies. Engrams are more likely to happen when unconscious such as during anesthesia or ECT.

Getting rid of engrams will allow a person to function at optimal level. Once you decide to pursue Scientology and improve yourself then you are considered "pre-clear." When all your engrams are eliminated through the auditing process you are considered "clear." Dr. McCall likened the auditing process to brainwashing because of the long, intense time taken on each engram, and finger snapping and holding onto the E-Meter. The E-Meter are two cans held in both hands attached

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## Conference highlights

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to a meter that actually reads the sweat produced.

To go beyond “clear” is the condition of “Operating Thetan” or spirit. At this point the mind and body are separated from the third part of your being, or thetan, which is superior. The thetan has an electrical field and maintains continuity between lives. After you die, the thetan will wander around looking for a new body to occupy. When a baby is born the thetan finds a new life. That is how a person will have prior lives.

Scientology has no regard for psychiatry or psychology. To demonstrate the disdain for psychiatry and psychology, the code of Scientology includes three positions regarding psychiatry and psychology.

Code #5 To expose and abolish any and all physically damaging practices in the field of mental health.

Code #6 To help clean up and keep clean the field of mental health.

Code #7 To bring about an atmosphere of safety and security in the field of mental health by eradicating its abuses and brutality.

As Dr. McCall explained, Scientologists believe that since Scientology is a religion and

psychiatrists and psychologists oppose religion, then psychiatrist and psychologist oppose Scientology. ECT is bad because it adds engrams to the body, move engrams around in the body and causes brain damage during the time when unconscious and vulnerable to new engrams. ECT rearranges the electrical field surrounding the body and causes bad health.

Psychotropics are stored in body fat for years. The drug residues produce a “woodenness of personality and a noticeable difficulty in the ability to absorb and comprehend or retain and apply new data.” The solution to drug residues is to go through a “purification program.” A five hour per day regimen last for 18-20 days. For 30 minutes you are to run to break a sweat to release toxins. The other 4.5 hours is spent in a sauna. To clean out the fat, you are to take 2 tablespoons to ½ cup of polyunsaturated oil. You are also to drink 1-3 glasses of calcium-magnesium daily and eat lots of vegetables. And remember to take you multivitamins.

L. Ron Hubbard labeled persons opposed to Scientology as suppressive. He described suppressive people as having antisocial personality disorder. “The suppressive person

seeks to upset, continuously undermine, spread bad news and denigrate Scientology... For the good of the church... such a person is *officially labeled* a suppressive person so that others will know not to associate with him.” Once labeled a suppressive person the harassment, looking through trash, smear campaigns, and lawsuits will begin. To know if Scientology is lurking in your community, look for ads that ask people to report shock treatment that does not work.

Dr. McCall cautioned that Scientologists should be taken seriously when talking lawsuits. They have methodically gone from state to state bankrupting ECT equipment manufacturers. Even though Scientology is not relevant to today’s psychiatry and psychology, its adherents continue to believe that psychiatry suppresses individualism and freedom.

If you would like more information on this topic Dr. McCall published an article in the Journal of Religion and Psychiatry that is available upon request. Please send your request to Warren Teeter at [wteeter@wfubmc.edu](mailto:wteeter@wfubmc.edu).

*(Janice McAdam is the administrator of the Kansas University department of psychiatry).*

### Reimbursement maximization: Are you leaving money on the table?

By Elaine McIntosh

Irvin L. “Sam” Muszynski, who serves as Director of the Office of Healthcare Systems and Financing at the American Psychiatric Association, presented several points on the art of obtaining reimbursement for services. Mr. Muszynski began his presentation by qualifying the application of his comments by stating “If you have seen one academic medical center, you have seen one academic medical center.”

The presentation stressed the importance of proper coding in relation to documentation and careful audits to reveal payment opportunities. Mr. Muszynski quipped that 90862 is not a zip code and stated that it is important for coders to be specifically familiar with psychiatry coding. He also warned that there are major policy changes on the horizon. There are indications that there will be future restrictions on



rehabilitative services and the use of 90862 (medication management) for chronic patients by Medicaid. The key question will become “when has improvement ended” as the determining factor of how long Medicaid will continue to reimburse for services. Shifting to private sector payers, Mr. Muszynski indicated that, since payers make their margin on the claims processing segment of their business, there may be even more administrative requirements that will increase their margin and reduce physician reimbursement. Retrospective “take backs” of claims reimbursements, which

currently are six months to a year, may have expanding time frames.

Mr. Muszynski indicated that a shortage of physicians to underserved areas is not going to change. However, he stated that there may be some opportunities to relieve this problem. This relief may be in the form of federally funded health centers and improved reimbursement for telepsychiatry.

The presentation closed with a statement that there are no home runs for psychiatry reimbursement. His final recommendations were to do comprehensive audits for billing opportunities, network with peers, and have department chairs seek continued assistance from the American Psychiatric Association.

*(Elaine McIntosh is the administrator of the University of Nebraska department of psychiatry).*

### Treating obsessive-compulsive disorder And why you should care

by Pat Sanders Romano

Dr. Eric Storch, Assistant Professor of Clinical Psychiatry at the University of Florida, provided the attendees of the 2008 Spring Conference with a very informative presentation on

Obsessive-Compulsive Disorder. Dr. Storch specializes in the cognitive behavioral treatment of adult and childhood OCD.

OCD is characterized by obsessions and/or compulsions. Obsessions are recurrent,

persistent and distressing thoughts, images or impulsive that are experienced as intrusive and inappropriate. Compulsions are repetitive behaviors or

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## Conference highlights

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mental acts that are aimed at preventing or reducing distress or preventing an unwanted event from happening. Common symptoms are contamination and cleaning; self doubt and checking, repeating; out of order and ordering and symmetry; hoarding; doing things “just right”; aggressive images; sexual images; mental rituals (e.g., counting, repeating words). Comorbidity is common with Tourette’s, depression, other anxiety disorders and, for children, disruptive behavior disorders. Interestingly, up to 80% of adults with OCD had onset in childhood or adolescence. There exists a need to catch OCD earlier than is currently the practice.

Treating OCD is important. It is a chronic condition that if untreated leads to significant social, academic and familial impairment. Treatment generally consists of either psychotropic medications or Cognitive Behavioral Therapy (CBT). Psychiatrists tend to not use CBT as a treatment modality since it requires a long session to accomplish. Studies have indicated that psychotropic medication provides some improvement but does not eliminate all symptoms and does not lead to remission. Dr. Storch’s research and experience has indicated that CBT is a more effective modality.

CBT for OCD consists of exposure response prevention and cognitive restructuring (CT). In Exposure Response

Prevention (ERP) patients are gradually exposed to anxiety-provoking stimuli while refraining from engaging in rituals. The therapist works with the patient to create a list of events that cause rituals (easiest to hardest). Then they progress up that list slowly, focusing on things one at a time, where the patient does not engage in rituals. *In vivo* works best but it is possible to use ERP through imagery. The therapist



does not leave the situation until anxiety drops. Dr. Storch shared a number of wonderful examples of how he has used this treatment (some of them pretty scary).

Cognitive Behavioral Therapy is based on the notion that OCD arises from inaccurate beliefs about OC stimuli. In CT, the patient is taught to identify and correct anxiety provoking thoughts that motivate compulsive behaviors. Patients have incorrect beliefs; they think of the worst—and they believe that if they think about it then they’ve done it. In the cognitive model, thoughts predict feelings which predict behavior. Common cognitive errors are: “I can’t remember if I checked my door lock.”

(doubt/uncertainty); “I could get HIV from sitting on a public toilet seat.” (overestimating probability); “I’ll get sick and die if I go near sick people without washing afterwards.” (catastrophic thinking); “If my mom develops cancer, it is my fault.” (responsibility).

Why should we care? Because studies have showed that CBT is more successful than medications and, in fact, when administered as a combination treatment with medication, CBT alone was as effective as the combination therapy. Unfortunately few people have access to clinicians trained in empirically supported OCD treatment. It is estimated that over 5 million Americans who would benefit from therapy do not receive complete treatment. This is due to lack of training or training in non-evidence based therapies, the limited number of practitioners available and therapist reluctance.

Dr. Storch points to his current appointment at the University of Florida as a breakthrough for the Psychiatry department in that they are experiencing increased intradepartmental referrals, better patient outcomes and improved public perceptions. Now there is teaching of evidence based psychotherapy (just like medicine!) and increased scholarly production by child residents.

*(Pat Sanders-Romano is the administrator of the Albert Einstein College of Medicine department of psychiatry).*

### Why do I love you like I do?

#### A brief personal reflection

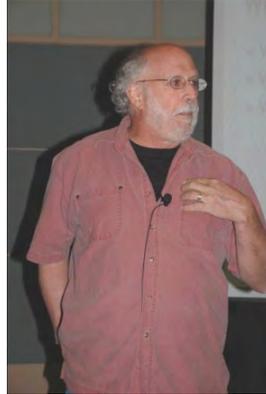
by Betty Slavicek

Lee Fleisher began his presentation explaining the steps he went through to decide what to talk about for his presentation. He entertained the following topics: Why do I love you like I do? Why am I the way I am? Why do I do the things I do?

He pondered each of these questions and decided to speak about, “What is important to me – Lee Fleisher?” After a few moments he realized, why would the audience care what is important to me? But they might be interested in what is important to them.

Fleisher pointed out that each of us has values that are the foundation of our lives and are used as the basis for who we are. These are called core values. They represent our highest priorities and what motivates us. He explained that most of the things that cause us stress are really not important issues. In fact, the daily stressors we face are not things that go against our core personal values but are small annoyances that interrupt our day.

He went on to say that identifying our personal values is important to understanding ourselves and our reactions to situations. So, the group was asked to participate in an



exercise to identify five things that are “very important to me.” They were asked to choose five of their primary values from a list of over 80 “common personal values.” Not surprisingly, the variety of answers was as unique as each individual in the room. It was clear that different things are important to each individual. He also explained that our core personal values also change and adapt over time as we grow, gain life experience and increase our knowledge base.

As part of discovering ourselves, identification of what we enjoy and don’t enjoy in life is crucial. Do we spend more time doing the things we don’t like? Are we longing to do other things but don’t have time?

To help the group focus on this, another exercise was introduced to identify ten “things I love to do”. The activities

were then categorized and rated. Ultimately, the group was asked to choose the things they wanted to do more frequently. Then they were to determine how to make it happen, by establishing a plan to do the things we enjoy more often. The importance of making time to do the things we enjoy doing was emphasized

Fleisher summarized his presentation by pointing out four important thoughts:

1. It is important for each of us to identify our core values.
2. Living in agreement with one’s values is fulfilling.
3. When put in a position where you are unable to honor a value, you will experience stress. No amount of relaxation, meditation, etc. will eliminate the stress until the values conflict is resolved.
4. Make time for things that bring you joy, happiness and pleasure.

The take away lesson from Lee Fleisher’s presentation was that life is a balance. Vital to a “good life” is to know what our values are, be true to our values, know what we enjoy and spend time doing what we enjoy.

*(Betty Slavicek is the divisional administrator of the New York University department of psychiatry).*

Photo

gallery



*AAPs love to party!*



*Elaine McIntosh and Jackie Rux*



*More party monkeys!  
Margaret Moran and Pat Sanders Romano*



*JoAnne Menard*



*Future AAPs?*



*John OLaughlen and Hank Williams*

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# What's new?

## Opening of nation's 2nd depression center gets national network under way

by Kara Gavin

**F**or decades, cancer centers and heart centers across the country have worked together to improve patient care, set national standards and foster new research for all types of cancer and cardiovascular disease.

Now it's depression's turn.

With the founding of a new Depression Center at the University of Colorado Denver School of Medicine, a national effort to link centers focused on depression and bipolar disorder has shifted into full gear.

The new Colorado center, on the Anschutz Medical Campus in Aurora, CO, joins the University of Michigan Depression Center – which since 2001 has been the nation's only comprehensive center devoted to patient care, research, education and public policy in depression and related disorders.

The two centers — and new centers now being planned at more than a dozen universities across the country — will soon form a National Network of Depression Centers.

The NNDC will make it easier for psychiatrists, psychologists, social workers and other mental health professionals to share information and best practices, and to team up for major projects.

In fact, today's

announcement of the new Colorado center comes just before the one-year anniversary of a meeting that brought representatives from many of those other universities together at the U-M center. That meeting laid out the framework for the NNDC, and launched a "foundation phase" for the network that continues today.

Thanks to a generous donation from retired investment banker George Wieggers, the U-M Depression Center has launched a Center Assistance Program that will help other NNDC members launch their own Depression Centers. Wieggers, a resident of Colorado, donated to found the Colorado center, which will open in August.

"Ever since we at Michigan launched our center, we had a vision of a national network that would help transform the way depression and bipolar illnesses are treated, studied and viewed in the United States and around the world," says John Greden, M.D., the executive director of the U-M Depression Center. "This is why we initiated contact with a number of universities that we knew had excellent depression and bipolar programs, and the desire to take steps to found a dedicated center. Now that the network is forming, we're eager to share with them what we have learned in our first

seven years – and to learn from them as well."

Greden notes that cancer was once only whispered about, rarely cured, and carried a stigma that was similar to what depression and bipolar disorder still carry.

But now that depression, bipolar disorder and other conditions have been shown to be just as "real" as cancer — rooted in biological factors such as genetics and brain chemistry — the new network will continue the growing momentum to make that stigma a thing of the past.

It will also work to find ways to help people who have depression and bipolar disorder get the best possible diagnosis and treatment, including treatment for other co-existing conditions such as addictions and anxiety disorders.

Just as cancers were once rarely cured, and now have become mostly survivable diseases with the right detection and treatment, depression and bipolar disorder may one day reach the same state.

And since the World Health Organization has named depression as one of the most disabling human illnesses, and an estimated 19 million Americans suffer from it at any

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given time, the effort to improve depression care and understand it better through research is much needed.

Later this year, the founding members of the NNDC will meet again to adopt a charter for the NNDC, and set priorities. As time goes on, more centers will be welcome to join the network according to membership conditions that are being developed.

Although each center will be different according to the organizational structure of its home institution, the initial group of attendees agreed that it would create powerful momentum if standards are created and that others try for the same comprehensive approach that Michigan has taken.

Greden, the Rachel Upjohn Professor of Psychiatry and Clinical Neurosciences at the U-M Medical School, also notes that philanthropic support

will be crucial for most of the centers, as funding for facilities, start-up costs, professorships, research pilot grants and special programs may be needed.

The Michigan center has been fortunate to attract donations that have ranged from a few dollars up to \$13 million in the years since its founding, including gifts from the late Mary and Edwin Meader, Waltraud Prechter, Phil Jenkins, Tom and Nancy Upjohn Woodworth and many others, including Foundations. That support, and many other gifts, allowed the U-M Health System to complete in 2006 the new Depression Center/Ambulatory Psychiatry facility in the Rachel Upjohn Building on its East Medical Campus.

Another factor that will be key to the success of any depression center is the cooperation of many individuals from multiple areas of the center's home university, to

leverage the expertise and energy of many faculty and staff involved in depression care, research and outreach.

At U-M, the Depression Center now has more than 180 members, drawn from numerous departments of the Medical School, as well as the School of Public Health, the School of Nursing, the School of Social Work, the Dental School, the Division of Kinesiology, and the VA Ann Arbor Healthcare System.

Moving forward, Greden says, the NNDC's participating centers will work together with a common mission: "To improve the quality, effectiveness, and availability of depression and bipolar diagnosis, treatment, and prevention so patients can lead better lives." Stated differently, he confidently states, "Together, we will conquer these disorders."

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## Thank you

*I wanted to take this opportunity to thank all of my AAP colleagues for your expressions of kindness following the loss of my mother. Those of you who have experienced the death of a loved one know the importance of comforting words at such a time of sadness. I am proud and happy to call you my friends and thank you for the support you have provided over these past few months.*

Jan Price

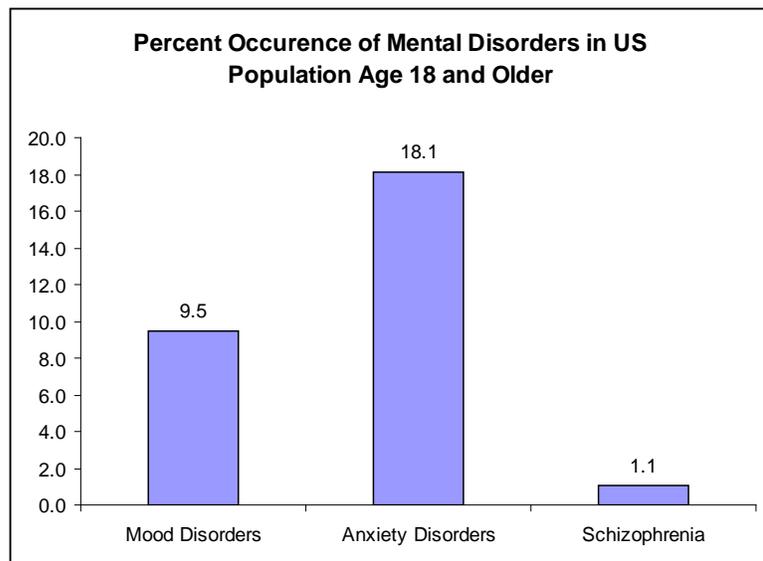


## CME issues 2008 HCPCS changes

The Centers for Medicare & Medicaid Services has reposted the recent scheduled release of modifications to the Healthcare Common Procedure Coding System (HCPCS) code set to incorporate new changes.

HCPCS code	Long description	Short description	Effective date
<b>NEW</b>			
G0396	Alcohol/subs interv 15-30 min	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and brief intervention 15 to 30 minutes	1/1/2008
G0397	Alcohol/subs interv >30 min	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and brief intervention greater than 30 minutes	1/1/2008
<b>DELETED</b>			
G0376		Smoking and tobacco use cessation counseling visit: intensive, greater than 3 minutes up to 10 minutes	1/1/2008

# PSYCHIATRY BY THE NUMBERS



Source: National Institutes of Mental Health website

## The Joint Commission hospital-based inpatient psychiatric services core measure set

The Joint Commission and the National Association of Psychiatric Health Systems (NAPHS), the National Association of State Mental Health Program Directors (NASMHPD) and the NASMHPD Research Institute, Inc. (NRI) are continuing to work together to identify and implement a test set of core performance measures for Hospital-Based Inpatient Psychiatric Services (HBIPS).

Work on specifications for the following test measures has been completed:

- Assessment of violence risk, substance use disorder, trauma and patient strengths completed

- Hours of restraint use
- Hours of seclusion use
- Patients discharged on multiple antipsychotic medications
- Discharge assessment and aftercare recommendations are sent to next level of care providers upon discharge

Data collection for the test set began with January 2007 discharges and continued throughout 2007. An update will be posted on the final pilot test results in the near future. The final measure set will be submitted to the National Quality Forum (NQF) for consideration and endorsement. It is anticipated that the finalized set of measures will

become available to psychiatric hospitals in the fall of 2008 to meet Joint Commission performance measurement requirements.

Updates may be posted on the website (<http://www.jointcommission.org/PerformanceMeasurement/PerformanceMeasurement/Hospital+Based+Inpatient+Psychiatric+Services.htm>) from time to time, including specific timelines as they become available. If you have any questions about this project, please contact, Celeste Milton, Associate Project Director, at: 630-792-5925 or via email at: [cmilton@jointcommission.org](mailto:cmilton@jointcommission.org).



### Coming attractions

#### **Administrators in Academic Psychiatry Fall Conference**

October 16-17, 2008  
Sacramento, CA  
[www.adminpsych.org](http://www.adminpsych.org)

#### **Medical Group Management Association Annual Conference**

October 19-22, 2008  
San Diego, CA  
[www.mgma.com](http://www.mgma.com)

#### **Association of American Medical Colleges Annual Conference**

October 31 - November 5, 2008  
San Diego, CA  
[www.aamc.org](http://www.aamc.org)

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

A woman talks to a psychiatrist and says, "You've got to help me doctor, my husband thinks he's a racehorse! He neighs, sleeps on straw, and even eats grain!"

"No problem," says the doctor. "I can heal him, but it's gonna be costly!"

"Oh, money isn't an issue," says the disgruntled wife. "He's already won two races!"



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### 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:

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