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Spring 2010

The GrAAPvine

Inside this issue

Administrators in Academic Psychiatry

From the president's desk

by Hank Williams

It's not too late to get your registration in for our AAP Spring Educational Conference April 23-25 at the Hilton Austin Hotel in Austin, Texas!

Please send your registration form in today, or give me a call (206-616-2069) or email (hankwil@u.washington.edu) and let me know you are coming. We realize getting checks processed at your institutions can take a while. That's okay.

This is a landmark year, as we are celebrating the 25th anniversary of the Administrators in Academic Psychiatry as an organization. You don't want to miss any of the special things we are planning.

The conference will be incredible once again, thanks to the hard work of AAP President Elect **Narri Shahrokh** (UC Davis), **Radmila Bogdanich** (Southern Illinois U), and **Doris Chimera** (Harris County, Texas Hospital District).

This year's event will include our traditional Friday night networking dinner, Saturday's Educational Conference program, Saturday evening's conference dinner, Sunday family brunch, and Jan Price's (U Michigan) annual adventure.

The AAP Board of Directors will meet during the day on Friday, April 23, and at lunch on Saturday, April 24 we'll hold our annual business meeting. Please let me know in advance any issues you would like the Board to consider, or anything you have to present at the annual business meeting.

The Academic Practice Assembly (APA) annual conference of MGMA will immediately follow our conference, April 25-27. I hope to have an AAP networking event during that gathering for all of us who will be staying.

There have been so many wonderful professionals throughout the years that have contributed to the development of this organization. Many of you are still active, and I hope all of you can attend.

AAP Past President **Steve Blanchard** (U Iowa) and his committee have been hard at work on our new slate of officers and board members for the coming year. We'll have these presented at the AAP business meeting.

Continued on page 3

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:

Mary Battaglia
University of Houston
Mary.Battaglia@uth.tmc.edu
(713) 500-2552

Susan Cook
University of Michigan
sjcook@umich.edu
(734) 647-5175

Carol DeCourcey
University of Massachusetts
decourcc@ummhc.org
(508) 334-0990

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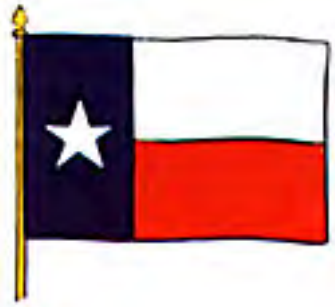
(601) 984-6500

Sondra Hornsey
Washington University (St. Louis)
hornseys@psychiatry.wustl.edu
(314) 362-7049

Crystal Mills, MBA
Louisiana State University
cmill1@lsuhsc.edu
(313) 813-2851

Austin first, biggest, best

1. Barbed wire was invented in Austin by John Grenninger to protect his watermelon crop.
2. In 1911, Austin's Austex Chili factory had the only tamale-making machine in the country, which had been invented here in the factory.
3. The first dam designed specifically for hydroelectric power built across the Colorado River was completed in Austin in 1893.
4. Pappy Lee O'Daniel invited every last Texan to attend an inaugural dinner at the Mansion in honor of his second term as governor in 1941. Twenty thousand people took him up on the invite. The guests devoured 19,000 pounds of barbecue, 1000 pounds of potato salad, and 1100 pounds each of pickles and onions. Thirty-two thousand cups of coffee were sweetened with 1,000 pounds of sugar.
5. The world's largest bat colony lives under the Congress Avenue Bridge. If you want to see this spectacle, remember to wear a hat!



6. Some 60 tons of discarded items, many of them bicycles, make up the skeleton and decoration of the Cathedral of Junk. Begun in 1989 in the yard of Vince Hannemann's Austin home, the structure is still a work in progress. There once stood a three-story tower in the back of the Cathedral, but he tore it down thinking he was finally done with his long-lasting project. But instead of dismantling the Cathedral further, and after having had a change of heart, he added three more rooms to the structure with the pieces of the former tower.
7. Proprietors Steve and Veronica Busti created the Museum of the Weird in the back of their gift shop to keep the tradition of old time dime museums alive. In addition to its collection of mummies, shrunken heads, and giant live lizards, the museum also delves into the paranormal, cryptozoology, and the unexplained, including a Bigfoot exhibit, a two-headed chicken and a fiji mermaid.

AAPs go to Austin - Save the date!

The 2010 Spring Educational Conference of the Administrators in Academic Psychiatry will be held Saturday, April 24th at the Hilton Austin.

On Friday evening, April 23rd, you and your guests are invited to join us for an informal networking dinner, a great opportunity to catch up with old friends and make new ones.

Registration and a continental breakfast will kick off the day the program on Saturday. Linda Frost, J.D., Ph.D., Director of Planning and Programs, and Octavio Martinez, M.D., Executive Director for the Hogg Foundation for Mental Health will deliver the William Newel Lecture. Established in 1940, The Hogg Foundation's grants and programs support mental health services, research, policy analysis and public education projects.

Dena Stoner, Sr. Policy Analyst for the Texas Department of State Health Services, will speak on Federal and State partnership initiatives in behavioral health.

We will break for lunch and for our annual business meeting, which includes reports from the Board, presentation of awards and the election of officers and board members.

When we reconvene we'll hear about Integrated Health and Psychiatry from Kathy Reynolds, LCSW, former CEO

of Washtenaw Community Health Organization and Britta Ostermeyer, M.D., Chief of Psychiatry at Ben Taub General Hospital/Harris County Hospital District and Associate Professor at Baylor College of Medicine.

Our very own Radmila Bogdanich (Southern Illinois U) will lead a discussion on benchmarking and review the benchmarking questionnaire that her committee, in collaboration with Paul Summergrad, M.D. (Chair at Tufts and representative of the American Association of Chairs of Departments of Psychiatry has been working on.

We'll finish the day with everybody's favorite, "Take Two Minutes."

And, just for fun, since this year is AAP's 25th birthday celebration we are having a "party" during our afternoon break.

Join us for a fun dinner that night and for a family brunch on Sunday morning. How can you pass on such an exciting program? You can't!

Watch your e-mail and the AAP website, www.adminpsych.org, for further details and registration forms.

Call the Hilton Austin (512-482-8000) to make a reservation and identify yourself as an attendee of the Medical Group Management/ Academic Practice Assembly conference. A block of rooms is available until Friday, March 19th at a rate of $205/night for single or double occupancy plus state/local tax.

Ya'll come down, y' hear.

President's message

Continued from Page 1

Here's some exciting news!

AAP has won $750 as the "Most Improved" APA/MGMA group in submitting our annual data surveys to MGMA!

Last year we had 21 AAP organizations submitting their data, and this year we were up to 29! That's up 38%! Thank you all for submitting data, as this is so important for each of us in measuring the performance of our individual departments.

Toni Ansley (Ohio State U), Narri, and Radmila continue working with the Chair's group to update our joint Performance Benchmarking Survey. This is a very exciting project, and should be completed soon!

Thanks for a tremendous year as your president! It continues to be such a pleasure to work with and share friendships with this incredible group of professionals and wonderful human beings. I look forward to the future and serving AAP.

Obama administration issues rules requiring parity in treatment of mental, substance abuse disorders

Paul Wellstone, Pete Domenici Parity Act prohibits discrimination

The Departments of Health and Human Services, Labor and the Treasury, on January 29, 2010, jointly issued new rules providing parity for consumers enrolled in group health plans who need treatment for mental health or substance use disorders.

"The rules we are issuing today will, for the first time, help assure that those diagnosed with these debilitating and sometimes life-threatening disorders will not suffer needless or arbitrary limits on their care," said Secretary Sebelius. "I applaud the long-standing and bipartisan effort that made these important new protections possible."

"Today's rules will bring needed relief to families faced with meeting the cost of obtaining mental health and substance abuse services," said U.S. Secretary of Labor Hilda L. Solis. "The benefits will give these Americans access to greatly needed medical treatment, which will better allow them to participate fully in society. That's not just sound policy, it's the right thing to do."

"Workers covered by group health plans who need mental health and substance abuse care deserve fair treatment," said Deputy Treasury Secretary Neal Wolin. "These rules expand on existing protections to ensure that people don't face unnecessary barriers to the treatment they need."

The new rules prohibit group health insurance plans (typically offered by employers) from restricting access to care by limiting benefits and requiring higher patient costs than those that apply to general medical or surgical benefits. The rules implement the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA).

MHPAEA greatly expands on an earlier law, the Mental Health Parity Act of 1996 which required parity only in aggregate lifetime and annual dollar limits between the categories of benefits and did not extend to substance use disorder benefits.

The new law requires that any group health plan that includes mental health and substance use disorder benefits along with standard medical and surgical coverage must treat them equally in terms of out-of-pocket costs, benefit limits and practices such as prior authorization and utilization review. These practices must be based on the same level of scientific evidence used by the insurer for medical and surgical benefits. For example, a plan may not apply separate deductibles for treatment related to mental health or substance use disorders and medical or surgical benefits-they must be calculated as one limit.

MHPAEA applies to employers with 50 or more workers whose group health plan chooses to offer mental health or substance use disorder benefits.

The new rules are effective for plan years beginning on or after July 1, 2010.

The Wellstone-Domenici Act is named for two dominant figures in the quest for equal treatment of benefits. The late Senator Paul Wellstone (D-MN), who was a vocal advocate for parity throughout his Senate career, sponsored the ultimately successful full parity act. He was joined by former Senator Pete Domenici (R-NM) who first introduced legislation to require parity in 1992. Champions of the legislation also included the bipartisan team of Representative Patrick Kennedy (D-RI) and former Representative Jim Ramstad (The issue of parity dates back over 40 years to President John F. Kennedy, and was also supported by President Clinton and the late Senator Edward Kennedy.

The interim final rules released today were developed based on the departments' review of more than 400 public comments on how the parity rule should be written. Comments on the interim final rules are still being solicited. Sections where further comments are being specifically sought include so-called "non quantitative" treatment limits such as those that pertain to the scope and duration of covered benefits, how covered drugs are determined (formularies), and

the coverage of step-therapies. Comments are also being specifically requested on the regulation's section on "scope of benefits" or continuum of care.

Comments on the interim final regulation are due 90 days after the publication date. Comments may be emailed to the federal rulemaking portal at: http://www.regulations.gov. Comments directed to HHS should include the file code CMS-4140-IFC. Comments to the Department of Labor should be identified by RIN 1210-AB30. Comments to the Treasury's Internal Revenue Service should be identified by REG-120692-09.

Comments may be sent to any of the three departments and will be shared with the other departments. Please do not submit duplicates.

Contact:
HHS: 202-690-6145
DOL: 202-693-8666
Treasury: 202-622-2960

(Press release January 29, 2010, Bazelon Center for Mental Health Law)

National Association of Psychiatric Health Systems

March 8-10, 2010
Washington, DC

Administrators in Academic Psychiatry Spring Conference

April 24, 2010
Austin, TX
www.adminpsych.org

Academic Practice Assembly Educational Conference

April 25 - 27, 2010
Austin, TX
www.mgma.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).

New programs aimed at treating PTSD and TBI in returning veterans

The Red Sox Foundation and Massachusetts General Hospital (MGH) have begun a multifaceted initiative aimed at helping veterans of the wars in Afghanistan and Iraq who are affected by post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI).

Thousands of soldiers who have returned from the wars in Iraq and Afghanistan struggle - often silently - with PTSD and TBI, referred to as "the invisible wounds of war." According to a 2008 RAND Corporation study, one in five service members from these combat theaters suffers from depression or stress disorders, including PTSD. In addition, nearly 20 percent of veterans of these modern wars have experienced concussions or other traumatic brain injuries during their tours of duty. In total, one-fourth of returning servicemen and servicewomen will have considerable difficulty adjusting to civilian life.

These deployment-related disorders too often go undiagnosed and untreated because of the unfortunate stigma associated with the emotional and psychological scars of the combat experience. The **Home Base Program** seeks to reach out to veterans who have - or may have - PTSD and TBI to encourage them to get the vital care and services they need to begin the healing process.

"It takes tremendous courage for a veteran to step forward and ask for help," says John A. Parrish, MD, director of the Home Base program. ". . . Thousands of veterans of the Iraq and Afghanistan wars who may be in rough shape psychologically avoid treatment because of this stigma. You see the devastating effects of PTSD and TBI in the growing rates of unemployment, substance abuse, homelessness and suicide among veterans. Home Base is committed to rebuilding lives, restoring families and finding better ways to treat these disorders."

Home Base consists of a four-pronged approach to mental health care: The *Home Base Clinic* provides diagnostic, treatment and referral services at Mass General and through various community resources in cooperation with a wide array of programs provided by the Department of Veterans Affairs. The clinical program offers a multidisciplinary approach to care and provide opportunities for veterans to participate in cutting-edge research protocols aimed at increasing understanding of PTSD, TBI and related disorders.

The *Home Base Family Support Program* focuses on helping children and spouses of military service members and veterans better cope with a parent or loved one who is experiencing serious problems adjusting and integrating into home life after deployment because of PTSD or TBI or other combat-related issues.

The *Home Base Research Program* consists of a wide variety of ongoing PTSD and TBI studies at the MGH under the Home Base banner. The research component will draw upon the collaborative model used in the Center for the Integration of Medicine and Innovative Technology (CIMIT), a consortium of hospitals, universities and other organizations in which scientists from a range of disciplines share ideas, expertise and perspectives to find solutions to specific clinical problems.

The *Home Base Education Program* offers information and training through web-based learning and on-site seminars that broaden the network of community providers trained to care for veterans with PTSD and TBI and their families. The program uses the educational resources available through the structure of the MGH Psychiatry Academy and the MGH Academy to reach health care professionals. The educational program will also provide

interactive information, materials and resources for veterans and families. The curriculum is being designed in conjunction with experts from the National Center for Post-Traumatic Stress Disorder at the VA Boston Healthcare System.

For more information about the Red Sox Foundation and Massachusetts General Hospital Home Base Program, visit http://www.homebaseprogram.org/.

The University of Michigan Depression Center is partnering with the **Real Warriors Campaign**, a successful United States Department of Defense public education initiative designed to combat the stigma associated with seeking care for PTSD, depression, sleep disturbances, and traumatic brain injury. Originally geared toward servicemen and women, the partnership seeks also to encourage athletes to get the care they need, and to use their powerful voices to convey that getting help is a sign of strength.

Players on the football field have expressed similar concerns to real warriors on the battlefield, and have been rapidly learning that real strength comes from seeking help and returning to their team.

"The stigma around seeking care for PTSD, depression, TBI and related issues can be overcome", says John Greden, M.D., executive director of the UM Depression Center. "Players and veterans in sports, and soldiers and veterans in the military are learning that they are not alone, that treatment works, that buddies and teammates can help, and that getting help is a sign of real strength."

The Real Warriors Campaign is sponsored by the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. The campaign is designed to help servicemembers overcome the stigma associated with seeking psychological help and encourage servicemembers to seek out help when they need it.

Lt. Gen. Eric Schoomaker, surgeon general of the Army and commander of U.S. Army Medical Command, explained that the Army works hard to encourage soldiers to overcome the stigma associated with seeking out mental health assistance.

"One of our challenges is to lower the stigma of getting follow-up counseling," Schoomaker said. "We are working in every venue we can to do that. The Army leadership, recognizing that stigma is a major part of that, has undertaken in the last two years very aggressive top-to-bottom sensitization and education of the force."

The Real Warriors Campaign uses social networking, radio, television, posters, flyers, and a Web site to reach active duty servicemembers, military veterans, members of the National Guard and the Reserve, as well as family members and health professionals. The campaign features stories of real service members who have sought treatment and are continuing to serve.

The marketing campaign is designed to change the opinions of soldiers, sailors, airmen and marines about what it means to seek out psychological health treatment, so that eventually, those servicemembers will be as comfortable seeking out assistance for mental health issues as they are seeking out assistance with physical issues.

"Real Warriors know that seeking care is a sign of strength that benefits themselves, their families and their units and Services," reads the campaign literature. That literature, and more information is available on the Real Warriors Web site at www.realwarriors.net.

Excerpted from Massachusetts General Hospital press release, September 17, 2009; University of Michigan Newswise release February 5, 2010; and Army News Service release May 21, 2009.

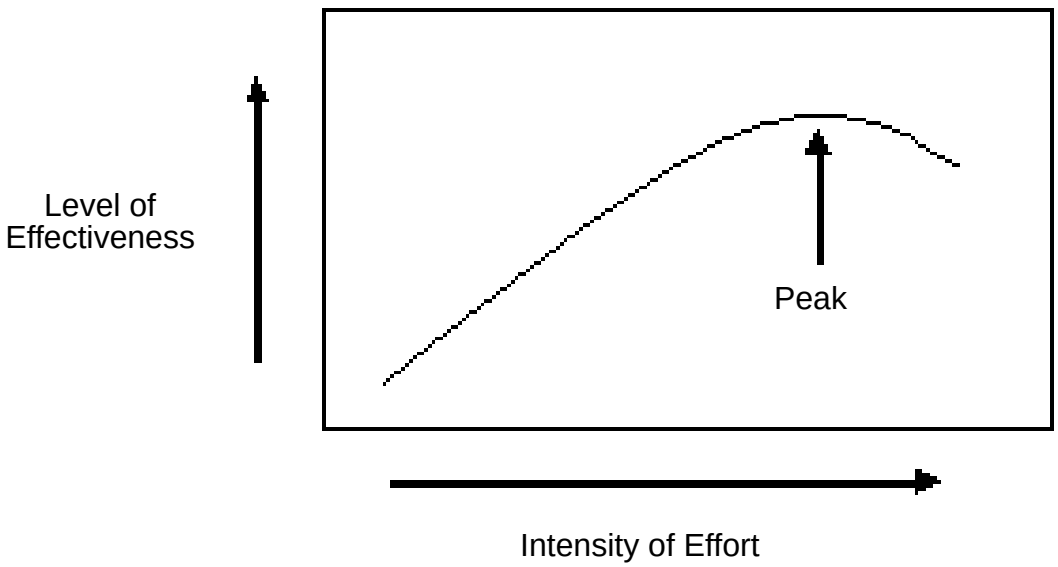
Management by "mostly right"

Those who are experienced in the practice of management are familiar with a host of management theories that have been proposed over the years ranging from Maslow's hierarchy of needs to some grounded in the meditation movement ("I'm OK, You're OK."). There have been, for example, ideas such as "Theory X," "Theory Y" and then "Theory Z." There has been the theory of "Management by Objectives" followed by, what many have called, the theory of "Management by Walking Around." All of the various theories have some merits, most of which are focused on worker productivity and job satisfaction, but when leaders are faced with an environment of scarce financial resources, limited staff and perpetual tugs on time, sometimes a theory of "management by mostly right" gets the job done.

The basic premise in a "theory of management by mostly right" is similar to the premise in the economic theory of "diminishing returns;" that is, at some point in a process, adding an additional resource - in this case, management oversight or work effort - yields a smaller and smaller gain in proportion to the resource added. The classic Econ 101 example is drinking beer and its relationship to satisfaction. At some point in an evening of beer drinking, each additional beer results in less satisfaction and sometimes too often, results in a negative outcome. Similarly, adding more management effort to a project can sometimes yield very little additional gain, and can sometimes serve as a detriment to the project.

The graph below is often used to illustrate the idea of diminishing returns where the incremental (economists like the word "marginal") value added from added effort declines as the intensity of effort increases. In theory, any effort added up to the peak of the curve increases overall value or effectiveness and any more effort added after the curve peaks will decrease value or effectiveness. The graph also shows that the intensity of effort applied early in the life of the project results in the biggest gains with subsequent incremental gains decreasing over time (economists like to refer to the

Relationship of Effort to Effectiveness



"change in slope" of the line).

There is considerable anecdotal evidence that "mostly right" can often work. There are echoes of "mostly right" in the statement, "don't let perfect get in the way of a solution," a statement frequently heard nowadays from public and private sector leaders and a statement supporting the notion that getting it "mostly right" is better than not getting it at all. When introducing system change, assembling a budget, developing a new service or undertaking a project, getting it "mostly right" is often enough and not worth the additional effort to get it "perfectly right."

The challenge, though, buried within a "theory of management by mostly right" is identifying if and when it can be applied. To be sure, "mostly right" does not work in "zero tolerance" worlds such as compliance, legal and other areas where getting it "completely right" trumps "mostly right." Moreover, mostly right does not mean sloppy, careless or excuse inattention to detail.

"Mostly right" is a management decision on how to smartly allocate a limited resource – time would be a good example - and achieve a maximum impact. So, in a management environment of scarce resources, sometimes "mostly right" is just the right management tool to use to maintain momentum, keep a project moving forward or implementing a change.

The **American College of Medical Practice Executives (ACMPE)** has identified the skill sets necessary to help administrators judge when "mostly right" is good enough and when "exactly right" is necessary. Membership in the **ACMPE** helps administrators tap into these skill sets so that the work of organizations can continue, even in an environment of limited resources.

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

The Board and membership of Administrators in Academic Psychiatry send our sincere sympathy to Doris Chimera on the loss of her husband.

Changes in NIH grant application forms affect 2011 funding

NIH has restructured the application forms and instructions for submissions effective January 25, 2010. The new format will apply to nearly all types of applications.

GENERAL NOTES:

Applications submitted to NIH using incorrect application forms (including applications that have an incorrect mix of old and new forms) will be delayed and may not be reviewed.

A summary document of changes has also been provided by the NIH, and can be found at: http://enhancing-peer-review.nih.gov/docs/application_changes.pdf

The page limits have been reduced generally to twelve pages but please check the RPA or Program announcement for new and resubmissions.

Applicants must return to the FOA (Funding Opportunity Announcement) or the reissued PARENT Announcement to download the new application forms and instructions for due dates on or after January 25.

NIH is now requiring a different set of standards for RCR training on all NIH Training grants, including incorporation of face to face instruction with on-line training. The new requirement is **Notice Number: NOT-OD-10-019.**

When submitting to NIH, Use Adobe Forms B which can be found on Grants.gov and NIH eCommons.

IMPORTANT CHANGES

Research Plan: Three sections of the current Research Plan (Background and Significant, Preliminary Studies/Progress Report, and Research Design and Methods) will be changed to Research Strategy (see below)

Research Strategy (in a single PDF file) will have three parts:

- Significance
- Innovation
- Approach (in addition to the overall research description, includes two sub-sections):
  - Preliminary studies for new applications, or
  - Progress Report for renewal/revision application

(Note that the list of publications for the Progress Report goes into a different section (5.5.5) and does not count towards the page limit).

Facilities and Resources: The Facilities and Other Resources section will be changed to:

- Require a description of how the scientific environment will contribute to the probability of success of the project
- For Early Stage Investigators (ESI), describe the institutional investment in the success of the investigator (e.g. resources, classes, etc.)
- The Facilities and Resources section is part of the R&R Other Project Information in the SF 424 (R&R) application, and part of the Resources Format Page in the PHS 398 application

Biographical Sketches:

- Personal Statement**:** A new Personal Statement will be incorporated as Part A, changing the parts formerly called A, B, and C to Parts B, C, and D.
- Publications: Include no more than fifteen, and make selections based on how recent the publication, importance to the field, and/or relevance to the application
- Page limit remains at four pages.

Table of Page Limits

Section of Application with Page Limits

Section of Application with Page Limits	Page Limits *
Introduction to Revision Application For all Activity Codes	1 page
Introduction to Resubmission Application For all Activity Codes, EXCEPT Training T, D43, D71, K12, and R25 applications	1 page
Introduction to Resubmission Application For institutional Training (T), International Training (D43, D71), Institutional Career Awards (K12), and Research Education Applications (R25)	3 pages
Introduction to Revision or Resubmission Applications For each project and core of multi-component applications	1 page
Specific Aims For all Activity Codes that use an application form with the Specific Aims section	1 page
Research Strategy For Activity Codes R03, R13/U13, R21, R36, R41, R43, Fellowships (F), SC2, SC3	6 pages
Research Strategy For Activity Codes R01, single project U01, R10, R15, R18, U18, R21/R33, R24, R33, R34, U34, R42, R44, DP3, G08, G11, G13, UH2, UH3, SC1, X01	12 pages
Research Strategy For each project and core of multi-component applications, such as Program Project/Center (P)	Generally 6 or 12 pages**
Research Strategy For all other Activity Codes	Follow FOA instructions
Combined: Research Strategy and first four items of Candidate Information For Individual Career Development Award (K) Applications	12 pages
Items 2-5 of Research Training Program Plan For Institutional Career Development and Research Training Applications, including K12, T, D43, and D71	25 pages
Research Education Program Plan For Research Education Grant Applications (R25)	25 pages
Commercialization Plan R41, R42, R43, R44	12 pages
Biographical Sketch For all Activity Codes except DP1 and DP2	4 pages
Biographical Sketch For DP1 and DP2	2 pages

***FOA instructions always supersede these instructions.**

******Each project or core will follow the page limit of the equivalent activity code. For example, if a project is equivalent to an R01, the project will be allowed 12 pages. Review the FOA and IC website for details.

Announcements may be viewed at Number NOT-OD-09-149 and the subsequent notices NOT-OD-10-002, NOT-OD-10-008, NOT-OD-10-016

Nurse: Doctor, there's an invisible man in your waiting room.

Doctor: Tell him I can't see him now.

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

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