Vol. 24 no. 4
Fall 2012

The GrAAPvine

From the President's Desk

By Lindsey Dozanti

Inside this issue

As I write this article on a beautiful summer morning I hope everyone is doing well, and has been enjoying their summer spending time with family and friends. It always makes me pause when I receive my first email announcing the budget season is kicking off. It not only signals that summer is approaching its end, but it forces me to start thinking about the next year. And in the meantime, the fall conference is around the corner and the holiday season is fast approaching.

I'm excited to report that the fall conference planning is coming along nicely, and we have a packed house at the Wort Hotel. ***Jim Myers*** did a great job in the selection of the hotel, and the networking dinner promises to be a big hit. ***Beth Ambinder*** and ***Marika Brigham*** have put a lot of time in securing guest speakers which will be chocked-full of information that is sure to touch home with everyone. As a result of the spring survey feedback, "Take Two" will be back! For those of you who aren't familiar with this feature of the conference, it allows for one-on-one sharing of experiences or questions that have proven over the years to be beneficial for the person asking or sharing information and for the people who have similar experiences. This fall we are planning to expand the opportunity to learn more from each other by protecting time in the program for break out sessions. This will allow you expanded time to work in specific areas of interest identified through "Take Two". A draft program should be available for your preview and will be posted on the web site very soon.

The board held its ***2nd annual summer meeting*** on August 3rd which was hosted by ***Janet Namini-Ferino*** at Northwestern University. Janet also provided us with an opportunity to tour their adult inpatient unit which opened just over a year ago. The layout, design and art work are all something to be proud of, and for some of us the tour created a lot of envy! A few pictures have been included in the newsletter but by no means capture's the experience we had by touring it in person.

Administrators in Academic Psychiatry

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President's message (continued)

Northwestern University

Community Room used by Mental Health Organizations

Inpatient Gym

At this time, I'd like to highlight the areas we focused on which align with NAAPA's purpose:

To continue to promote the concept of professional management, and provide a forum for discussion of management issues pertaining to the field of psychiatry administration. The board spent time reviewing web site "traffic" as well as discussing enhancements to the site. To give you a snapshot from Dec 1, 2011 – August 1, 2012 there were 7,703 page views. The educational conference page had the highest page views, then the GrAAPvine. Speaking of the GrAAPvine, as previously mentioned ***Pat Kersey*** took on the role as newsletter editor and also attended her first board meeting. She was able to collect a number of ideas for upcoming newsletters and provided suggestions of her own on various agenda items throughout the day.

The educational-conference registration page was next in line based on number of views. This added feature made registration very easy the first go around, and we hope to make improvements for the fall conference registration, which will include streamlining the payment process.

The job posting page had just about 100 less hits than the registration page followed by the membership page. New visitors represented 59% of the traffic. We will continue to monitor, trend and report on web site activity. Please let us know if there is something you'd like to see added or improved upon.

To provide a mechanism for the gathering, analyzing and distribution of information pertaining to the field of psychiatry administration. The board spent time reviewing the information that ***Janet Namini-Ferino*** has been gathering as a result of her work with ***John Herzke*** and ***Pam Wesley*** as they prepare the "mini' version of the next benchmarking survey. The focus is to report on what's trending and meaningful in our day to day life at work, and to send separate clinical, research and educational surveys. All of this will be done working with the chairs of the AACDP and progress will be provided at the fall conference.

To promote cooperation, understanding and fellowship within the membership. Karen Owens, Member at Large, stood in for Annemarie Lucas who was unable to attend. Karen did a great job standing in, especially considering this was her first meeting, and I think it's fair to say that she now has a better understanding of the board's functions and responsibilities as well as the warmth of fellowship.

To be conscious of and work towards, the resolution of problems confronting heath and medical care in general and academic psychiatry in particular. The board reviewed the 2012-2014 Strategic Plan to ensure new board members had an opportunity to provide feedback and to monitor progress. There were a few formatting changes requested and as soon as those are made, the Strategic Plan will be posted on the web site for your convenience.

Last but certainly not least, we spent some time talking about the ***Major Changes*** to be implemented ***in January 2013*** for the psychiatry section of CPT's. The AMA will be publishing the changes this fall and we will be spending time during the fall conference talking about the actions a practice can take, or has begun to take, to prepare for the code changes. Some of this information has also been sent via Google group. Between now and the conference, keep watching the APA website for new information and contact the Practice Management Helpline at 1-800-343-4671, or at hsf@psych.org if you have any questions.

As I conclude, though our summer days are numbered, there is so much to look forward to with the upcoming year. I have begun to focus on preparing for the spring 2013 educational conference. I'm pleased to inform you that it will be in San Francisco, and the meeting dates will be April 18th and 19th with a board meeting occurring on April 17th. Please hold the date and check our website at www.AdminPsych.org for ongoing educational conference information. I look forward to the opportunities before us and to seeing you soon!

ICD-10: Frequently Asked Questions

Looking for more information about the mandated transition to ICD-10?

What is ICD-10?
ICD-10 (International Classification of Diseases, tenth revision) is a diagnostic coding system implemented by the World Health Organization (WHO) to replace ICD-9, which was developed by WHO in the 1970s. The ICD code set is used to classify diseases and causes of illness recorded on claims and health records.
In the United States, when we refer to ICD-10 we are referring to the U.S. clinical modification of ICD-10, ICD-10-CM. The Department of Health and Human Services (HHS) issued a final rule in 2009 requiring covered entities that conduct electronic HIPAA standard transactions to transition from ICD-9-CM (our current code set) to ICD-10-CM code sets. ICD-10-CM is scheduled to replace ICD-9-CM on October 1, 2014.

ICD-10-PCS is a procedural coding system developed for reporting hospital procedural claims. ICD-10-PCS has no relationship with WHO. "ICD-10" is used as part of its name because the Centers for Medicare & Medicaid Services (CMS) wanted to link it to ICD-10-CM. After the implementation of ICD-10, hospitals will report the procedures patients undergo using ICD-10-PCS; however, physicians will continue to report their services using the Current Procedural Terminology (CPT®) code set.

How does ICD-10 compare to ICD-9?

Similarities: ICD-10-CM is similar to ICD-9-CM in many ways. The code sets share similar guidelines, conventions and rules. In addition, the organization of the codes are very similar.

Differences: ICD-10-CM introduces many improvements to coding. For example, in fracture care, the code can now differentiate between the initial encounter and many different types of follow-up encounters. The most important differences between ICD-10-CM and ICD-9-CM have to do with differences that impact information technology and software:

- ICD-10-CM now allows for more characters (three to seven) and requires a decimal point.
- Codes are alphanumeric, allowing laterality and providing a greater degree of specificity.

ICD-10-PCS have been completely revised. The revision will not affect CPT coding; however, physicians should be aware that documentation requirements will be significantly different, impacting inpatient medical record documentation.

- Codes have seven characters and no decimal points.
- Codes are alphanumeric.
- Codes are constructed through the assignment of characters, each one representing an aspect of the inpatient procedure.

When is the ICD-10 implementation date?
In January 2009, the Department of Health and Human Services (HHS) announced that ICD-10-CM and ICD-10-PCS would be implemented by October 1, 2013. In April 2012, HHS proposed a one-year delay. At present, the implementation date we are working with is October 1, 2014. This is a tentative implementation date; HHS will be releasing an update on this proposed delay after completion of the comment period process

What should providers do to prepare for the transition to ICD-10?
An ICD-10 transition plan should take into account specific practice or organization needs, vendor readiness, and staff knowledge and training. Providers can begin to prepare by taking the following steps. It is critical not to delay planning and preparation.

- Contact your billing service, clearinghouse, or practice management software vendor and ask them about their readiness plans. (Providers who handle billing and software development internally should plan for medical records/coding, clinical, information technology and finance staff to coordinate ICD-10 transition efforts.)
- Identify ICD-9 (and presumably ICD-10) touch points in your systems and business processes.
- Identify needs and resources, such as training, printing, budget, etc.
- Develop a project timeline and share it with all stakeholders. CMS has created recommended implementation guidelines for providers of all sizes, which may be useful as a starting point:

• Small/medium provider practices
• Large provider practices
• Small hospitals

Jackson Hole, WY

The upcoming NAAPA Fall Education Conference is Wednesday, October10 to Friday, October 12, 2012 in Jackson Hole, Wyoming.

Hotel reservations can be made at Wort Hotel, www.worthotel.com or by calling 1-800-322-2727.

Conference Attractions

****Wednesday, October 10****

Calle Mambo plays the Mangy Moose Saloon in Teton Village -- The world-famous Mangy Moose is one of the most eclectic establishments in Jackson Hole! Calle Mambo is a high-energy Latin/salsa band that always pleases a crowd. http://mangymoose.com/

- **Grand Teton National Park**—towards dusk you can listen to Elk Bugling, a very unique experience.
- **Granite Hot Springs** 40 min south of Jackson $6 adults $4 kids (beautiful) - there's also a beautiful water fall here.
- **Grizzly Country Wildlife Adventures** - http://grizzlycountrywildlifeadventures.com/yellowstone-tours/
- **Jackson hole Historical Society & Museum—** open Monday-Saturday, 10am-6pm / Sundays open 12pm-5pm. Adults $6. Current Exhibit: *Key Ingredients: America by Food*
- **National Museum of Wildlife Art** - just north of town - lots of cool (some old) paintings of wildlife, exhibits, kids play room, café. Open Daily 9am-5pm. Adults $12
- **Jackson Hole Wildlife Safaris** - http://jacksonholewildlifesafaris.com/summer-safaris/
- **Teton Science School Wildlife Expeditions** - http://www.tetonscience.org/index.cfm?id=wildlife_expeditions
- **Yellowstone National Park**
- **Galleries, shopping, museums and restaurants downtown**

Old Faithful

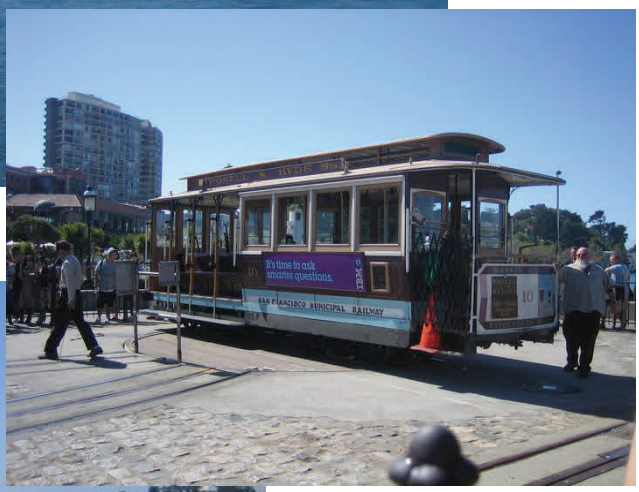
- Lots of other events will be advertised that week in Jackson Hole Daily (free daily newspaper)
- Events calendar—www.**jacksonholechamber**.com/visit and http://www.jacksonholechamber.com/events/

Grand Prismatic Hot Springs

Save the Date

NAAPA Spring Conference

Thursday, April 18 to Friday, April 19, 2013



Human Subjects in Research: Things to Consider

By Hank Williams, MPA

When your Principal Investigators propose to use human subjects in a National Institute of Health (NIH) grant application, there are a number of things to which you need to pay particular attention. The following documentation from the NIMH website provides a wealth of information regarding these issues. Complete and official guidelines for fulfilling the requirements for human subjects use in grant applications can be found at the site: www.nimh.gov.

A grant application involving human subjects must include the following information:

1. A section labeled "Protection of Human Subjects" which describes the proposed involvement of human subjects, including an assessment of risk, the steps taken to protect the subjects from risk, potential benefits from the study to the subjects and others, and the importance of the knowledge to be gained from these studies.
2. A plan must be provided describing the inclusion of women, children and minorities in the research project or adequate justification for why a particular category might be excluded (e.g., a study might propose to exclude children, given adequate justification).
3. A table indicating **anticipated** enrollment figures for the above categories (women, children and minorities) must be included.

IRB Approval

An Institutional Review Board (IRB) must approve the protocol the PI proposes to employ in their research involving human subjects. However, this IRB approval is no longer required prior to review of the NIH grant application. If the priority score is determined to be sufficiently favorable, NIH staff will contact you or your PI requesting notification of IRB approval of the protocol. This change was made in part to reduce the burden on IRBs to review protocols for applications which will not receive serious consideration for funding. Notification by NIH to submit IRB approval forms is not a guarantee of funding! It merely indicates that the application is under further consideration.

Human Subjects Use Decision Chart

The definition of what constitutes human subjects research can be somewhat unclear at times. The Office for Human Research Protection (OHRP) has prepared a series of decision charts which can be useful in sorting through what constitutes human subjects research and when research might be exempt from IRB approval processes. Please see the NIMH website for more information on this topic, and a link to OHRP.

Human Subjects Research Issues

There are so many additional issues for consideration around Human Subjects, it's likely your institution already has a rigorous process in place. Following are some of those additional issues by topic category. Each has some great documentation in place on the NIMH website:

Guidelines and Training

- Human Subjects Research: Things to Consider
- Training in Human Subject Research
- NIH Information on Informed Consent

Ethics

- Internet-based Research Interventions: Suggestions for Minimizing Risk
- MRI Research Safety and Ethics: Points to Consider
- Ethical Issues to Consider in Developing, Evaluating, and Conducting Research Post-Disaster

Privacy

- Guidance on Research Involving Coded Private Information or Biological SpecimensExternal Link: Please review our disclaimer.
- Privacy Protection for Research Subjects
- Certificates of Confidentiality

Recruitment

- Recruitment of Participants in Clinical Research
- Research Involving Individuals with Questionable Capacity to Consent
- Clinical Research Outreach Notebook

Safety

- Data and Safety Monitoring in Clinical Trials
- Issues to Consider in Intervention Research with Persons at High Risk for Suicidality
- MRI Research Safety and Ethics: Points to Consider

Continuing Education

By David Peterson, FACMPE

The recent graduation of the department's latest resident class caused me to reflect on the words of a former Senior Associate Dean and Executive Director of the Medical College of Wisconsin's graduate medical programs. He was a regular speaker at psychiatry's resident and fellow graduation event and, with considerable sincerity and gravity, he regularly and predictably reminded (some might say admonished) the graduates that "continuous learning" was expected of them.

Learning, he would say, does not end at the graduation event, but continues throughout the graduate's medical career.

He would also say that the graduates should not forget to "take care of themselves" as they pursued their career.

The same advice could and should be delivered to the medical practice executive. Learning does not end with the award of a degree or certificate. Learning – continuing education in the vernacular – needs to, well, continue. All of the professions have some type of continuing education (CE) requirement. The legal profession is one. Certified Professional Accountants are another. To be sure, the medical profession and all of the allied health professionals surrounding it have CE or CME requirements.

For the medical practice executive, The **American College of Medical Practice Executives (ACMPE)** has a board certification process and requisite continuing education requirement. The board certification process is rigorous, as is the maintenance and accumulation of CE credits.

How does one earn, maintain and record continuing educations credits? The three are not as hard as they might appear.

The ACMPE has a CE self-report process. ACMPE members can log in to their account at www.mgma.com/acmpe. The ACMPE maintains a transcript of CE events logged. It is viewable online and nicely printable and presentable when necessary. It becomes a record of continuing education and can serve as a useful tool for evidence of personal and professional advancement.

Some CE activities that are recognized by the ACMPE are:

- Attendance of educational programs (the **Administrators in Academic Psychiatry (AAP)** spring and fall conferences would qualify),
- College/university coursework and independent study courses,
- Authored published articles, books and chapters,
- Published web course content,
- Books edited,
- Formal oral presentations at least 30 minutes in length,
- Participation in distant learning programs, and
- Poster sessions to name a few.

Through the AAP's quarterly newsletter, the twice-yearly educational conferences and a robust listserv, not to mention the work AAP members do within their own departments, members have a wealth of continuing education opportunities. Add in programs offered by the **Medical Group Management Association** and ACMPE, and AAP members have a considerable number of CE tools at their disposal to allow them to "keep learning and take care of themselves."

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 414.955.8990, 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.

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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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