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Subject: Psychiatry Pilot cover ltr for AIMS Guide

USF Health, Department of Psychiatry - Implementation of AIMS (Pilot Year)

The implementation of AIMS at the department level requires rapid access to accurate information from multiple systems including the practice plan, sponsored research, the FAST system and the USF Foundation. A centralized data bank of all this information is under development by the College of Medicine and is a key ingredient in the successful implementation of AIMS. For the Department of Psychiatry, the key data elements and unresolved measurement issues in the core mission areas of Clinical Care, Research and Education, including their related administrative functions, have been developed but we are not able to collect financial data as the system (DASHBOARD and details of same) are not yet operational.

The salient features of our plan are as follows:

Clinical Care

1. **Patient Service Revenue:** while charges, collections and wRVUs are available for each faculty member there is additional information that is needed to evaluate faculty productivity. Fast and easy access to resident and "incident to" billing that is captured under the billing provider is needed to accurately budget and evaluate productivity. A decision about whether the collections data will be on a cash (when funds are received) or accrual (when funds are earned) basis needs to be clarified. At the present time, the assumption is that the cash basis will be used. Another important AIMS implementation issue is the teaching supervision provided by faculty in the clinical environment. The Department AIMS Clinical Work Group provides 15 minutes of education credit to the attending for each hour of supervision provided to a resident and or medical student. This will be discussed in more detail under the education section.
2. **Other Clinical Care Revenue:** while contract medical services and contract medical directorships may be easily converted to wRVUs

the issue of converting clinical trial activity to wRVUs is a much greater challenge. There are numerous time consuming clinical trial activities that are not directly related to patient care that will require conversion to wRVUs. There have been preliminary discussions with the practice plan for psychiatry to develop pseudo-codes for clinical trial patient care activity. Basically, this would require faculty to complete a clinical trial charge ticket for each patient encounter. This will work well for the outpatient clinical trial visit activity. The Department also has clinical trials in an inpatient setting at Manatee Glens (for example kinetic studies) that are conducted in the inpatient setting and require the presence of a faculty member for long periods of time. We plan to make an hourly conversion to wRVUs in order to make this equitable. The major problem with all this remains unchanged and that is the accounting of clinical trial activity at the department level is on the cash basis. The accrual method of accounting would better match revenue and expenses. In many cases, the payment for services from industry occurs months after the services were actually provided even though the money is in the bank (earned)! It is one of the biggest disappointments in attempting to manage the budget in a mature manner.

At the present time, the AIMS Clinical Work Group utilizes a formula based on the ability of faculty members to generate 1.7 times their total compensation to ensure Divisional and Departmental solvency. An example is attached. An exception to this rule is the clinical trial divisions. The faculty / staff in those divisions work as a team and this splitting clinical trial revenue among faculty would be arbitrary since a wRVU conversion formula does not exist at the present time. Thus, for the clinical trial divisions, the focus is on divisional performance based on the annual budget.

Yet another important aspect of clinical trials for Psychiatry is how to manage the distribution of research RVU's. Since much of the research revenue in psychiatry is from clinical trials we have defined funding in a different manner than that of the Office of Research. As you all are probably aware - we may receive an Award for \$250,000 but perhaps only half of that (\$125,000) will be earned and paid to the university. So the Department of Psychiatry AIMS Research Work Group recommended that for clinical trials the RVUs should be based on revenue earned *not* the Award amount. Secondly, since clinical trials in the department require the efforts of many – the Work Group recommends that the RVUs be divided by the faculty who have shared in earning that RVU. This will accomplish several things, 1.) gives credit for effort where credit is due, 2.) recognizes research as a collaborative and team effort, 3.) provides opportunity for the Principal Investigators and the Sub-Investigators to earn RVUs for their efforts and contribution to the research, 4.) outlines a program that can easily be applied to the research support staff for when eventually support staff are also functioning under AIMS, 5.) Provides opportunity and incentive for non-research track faculty to get involved in research and provides a mechanism to measure their contributions which will help them in their AIMS requirement, and lastly 6.) it is fair. While we have not implemented these recommendations, we plan to seek approval from the Salary Committee for its use in the future.

Administration

The Department ADMIN-AIMS Work Group proposed and the faculty adopted the provision of credit to faculty members for the administrative tasks that they engage in both for the Department and the COM. Participation in our shared governance model is critical for sustaining our tri-partite mission – thus, defensible under concept of AIMS. Faculty members with administrative duties require that the Department buy their time from clinical revenue generating functions and education without placing them at a disadvantage when evaluating their clinical productivity. The greatest challenge has been tracking this information so it can be captured for each faculty member and then converted to a monetary value and shown as a funding source for their requirement to generate 1.7 times their total compensation. The rate has been established at \$90 per hour (expected cash collections minus overheads in the ambulatory clinic).

The department purchased an education grading and evaluation system which has been recently activated by the department. A component of this web based product provides faculty the ability to input administrative activities into a calendar which then may be used to generate reports identifying the type and amount of time spent in administrative functions. The department has developed a menu of administrative activities for insertion into this web based program. Once the vendor loads this menu of administrative activities into their web based program, faculty will be trained by department staff to use the program so that this data may be accurately captured.

Research

With the exception of the Clinical Trial activity discussed under service revenue above, the Department AIMS Research Work Group is finalizing intercalating Dr. Rao's proposal with our own.

Education

There are no databases that can be accessed to capture the educational activities provided by department faculty. At the present time, the department must create its own database to capture this information for AIMS.

In the clinical environment, as mentioned above, faculty are provided credit for time spent with residents and medical students. For each hour of supervision, the faculty member is given 15 minutes of educational credit. The total amount of credit is converted to hours and then multiplied by \$90 to derive the amount of state rate earned by that faculty member. This data, as well as non patient care educational activities (e.g., lectures), will be captured using the same web based program discussed under administrative activities.

One of the biggest challenges facing the entire COM is the perception among faculty that state rate is tied to the individual faculty member and cannot be removed and used for other faculty. In addition, several faculty members have large components of their salary funded by state rate (in most cases tenured faculty members) while other faculty have much

smaller state rate components but provide a great deal of educational effort. The Department's Education AIMS Work Group has attempted to address this issue by creating the category of "unused state rate" to identify available monies for individuals in the Department who are sustaining the educational mission and yet do not have any rate assigned to their salary. This distribution of state rate is for calculation purposes only and does not deny the faculty from receiving that which has contractually been made part of their compensation. However, it does put the burden of increased productivity on these faculty members to reach the 1.7 times compensation without the buffer provided by the unused state rate in their salary.

Respectfully submitted,

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