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I. Executive Overview

A. Executive Summary

This document is provided so that readers who are unfamiliar with our Department of Psychiatry can gain a 'good grasp' of our activities over the past year. Our department continues to be financially stable, attracting quality trainees, and with faculty who are making prominent national academic contributions. Their efforts are recognized and greatly appreciated.

Peter F. Buckley, M.D.
Professor and Chairman
Department of Psychiatry and Health Behavior

B. Departmental Statistics

“Snapshot”

- 34 regular faculty appointments
 - 10 - Professor level
 - 7 - Associate Professor
 - 16 - Assistant Professor
- 2 Associate Dean appointments
- 50 clinical faculty appointments
- 7-year (2006-2014) accredited child and adolescent fellowship with 4 fellows
- 5 year (2006-2011) accredited psychology residency with 7 residents
- 3-year (2006-2009) accredited adult psychiatry residency with 20 residents
- 16 academic staff positions
- 999 adult inpatient admissions
- 465 child and adolescent inpatient admissions
- 23,389 outpatient visits
- \$3,593,768 clinical professional billing charges
- 3 federal grant awards
- 41 clinical, educational and research contracts

C. Current Department Faculty

Josephine Albritton

John Arena

Patrick Boudewyns

Peter Buckley

Bernard Davidson

Juan DeLecuona

Denise Evans

Adriana Foster

Priscilla Gilman

Henry Hobby

Amy House

Rebecca Jump

Brian Kirkpatrick

Christian Lemmon

Eric Lewkowitz

Donna Londino

Alex Mabe

Sahebarao Mahadik

Erick Messias

Ramanujam Mohan

Carmen Nichita

Ananda Pathiraja

Dale Peeples

Anil Pillai

Jeffrey Rausch

Susan Sato

Simon Sebastian

Sandra Sexson

Nitin Shendarkar

Stewart Shevitz

Lionel Solursh

Lara Stepleman

Lara Stepleman

Geoffrey Young

II. High Level Achievements

- Dr. Londino awarded Lasdon Foundation sponsored 2007 Educational Outreach Medical students summer scholarship grant.
- Amanda Gowans served as PRITE Fellow at Editorial Board.
- Dr. Carmen Nichita passed Forensic Psychiatry Board exam and now double board certified in General Psychiatry and Forensic Psychiatry.
- Dr. Peter Buckley assumes role of Associate Dean for Leadership Development.
- Dr. Sandra Sexson chaired PRITE Commission.
- Dr. Christian Lemmon recognized by dietetic interns as 2006-2007 Speaker of the Year for Augusta Area Dietetic Internship.
- Brian Miller, PGY-3 ran the Governor's Cup half-marathon to raise awareness and financial support for NAMI Augusta.
- Gareth Fenley and Edna Stirewalt participated in Georgia NAMI Walk event.
- Dr. Londino attended ABPN Child and Adolescent Psychiatry Exam Question Writing Committee and ABPN examiner.
- The MS Psychology program awarded \$50,000 research by Teva Neuroscience Foundation.
- Dr. Sandra Sexson speaker at the Georgia Academy of Pediatrics.
- The Department of Psychiatry moved to Stoney building
- Certified Peer Specialist Gareth Fenley received Achievement Award Lilly Reintegration Awards program.
- Dr. Alex Mabe and Gareth Fenley present at 3rd International Conference on Patient- and Family-Centered Care.
- Dr. Donna Londino accepted for Elam Mid-Career Women Faculty Professional Development.

- Dr. Lara Stepleman presented three posters at American Psychological Association.
- The Medical College of Georgia - Veterans Affairs Medical Center of Augusta Psychology renewed grant through the Graduate Psychology Education (GPE) program.
- Christian Lemmon presented at 35th Annual Behavioral Health Institute.
- Chris Bell awarded 2007 APA Division 17 Prevention Section Outstanding Graduate Research Award.
- Manzoor Usman received AACAP Educational Outreach Program Grant.
- Lara Stepleman presented at 2007 Carolinas Consortium on MS Conference.
- Dr. Sexson chaired AACAP's annual Lifelong Learning and Maintenance of Certification Institute.
- Dr. Stepleman awarded \$37,000 grant from Multiple Sclerosis foundation.
- Dr. Brian Miller won GPPA Skobba Award.
- Dr. Erick Messias selected Study Expert for Global Burden of Disease Study, coordinated by Johns Hopkins and World Health Organization.
- Dr. Sexson named to Top Doctors in America.
- Dr. Peebles becomes board certified in Child and Adolescent Psychiatry.
- Resident Drs. Sinato, Welch, and Saini presented at annual meeting of the American Psychiatric Association.
- Ms. Josepha Iluonakhamhe, a first year medical student received 2008 Student Summer Fellowship from Arnold P. Gold Foundation.
- Lisa Johns, first year medical student, received summer scholarship from Consortium of Multiple Sclerosis Centers.
- Dr. Brian Miller received "EVO" grant for 2008 from Oulu University Hospital, in support of his doctoral thesis research at University of Oulu, Finland.
- Dr. Brian Miller recently received American Psychiatric Institute for Research and Education (APIRE)/Janssen Pharmaceuticals Resident Psychiatric Research Scholars Fellowship.

- NAMI (National Alliance on Mental Illness) Georgia recognized Gareth Fenley, MCG Certified Peer Specialist, with "Gedi Knight" award.
- Adrienne Mott, first year medical student, received a School of Medicine Dean's Summer Fellowship to work with Dr. Lara Stepleman.

III. Strategic Planning

A. Educational Activities

General Psychiatry Residency Program

The 2007-2008 academic year was a year of continued growth and development of the quality and scope of the general psychiatry residency program. Significant achievements this past year included:

- 1) A commitment of the residency cohort to raise the bar and assume increased responsibility for their education and professionalism,
- 2) A demonstrable increase in research and scholarly activity, and
- 3) A significant improvement in national measures of achievement including PRITE scores and Psychodynamic Psychotherapy training as two examples.

The residency cohort this year took seriously their charge to enhance their professionalism and commitment to their educational program. With the leadership of the Chief Resident they initiated a system to enforce the 70% RRC attendance requirement at didactics and scheduled supervision. This was monitored quarterly and a remediation plan was created. The plan included a provision where residents who fell below this standard were assigned extra first call responsibilities by the Chief. Those whose attendance excelled were rewarded as it was their call that the offending residents took, so the former received one night less of call than their peers. In actuality this system found two residents the first quarter that fell below standard. For the remainder of the academic year attendance was satisfactory for all. The system worked well.

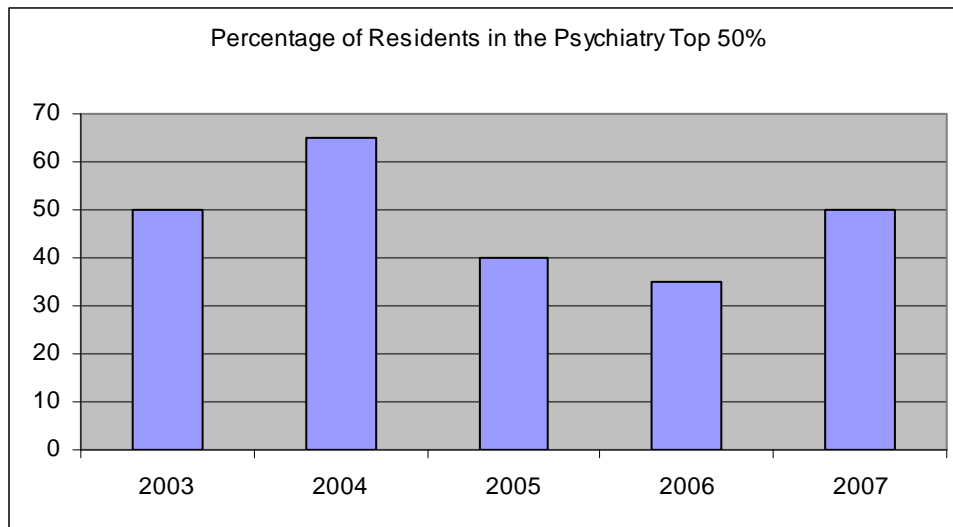
Residents also took more responsibility for journal club and case conference presentations. The quality of case presentations and grand rounds presented by residents has risen dramatically with clarification of standards and expectations and enhanced faculty supervision. A resident presentation at the winter meeting of the Georgia Psychiatric Physicians Association on Post Traumatic Stress Disorder received high praise for attendees as “one of the best presentations of the meeting.”

Resident scholarly activity was also significantly enhanced. Dr. Brian Miller again won the GPPA Skobba award for the best resident research in the state of Georgia. Three residents, (two first year and one 4th year) presented posters at the annual meeting of the American Psychiatric Association in Washington, D.C. under the tutelage of the Associate Training Director, Dr. Erick Messias. Drs. Phil Sinato, Stephen Welch and Anil Saini accomplished this and greatly enhanced departmental visibility and recognition at the meeting.

PRITE Scores for this past year were as follows. The percentage of trainees in the top 50% of their peers nationwide increased from 35 % to 50 % of the resident cohort. Regarding those falling below the 30th percentile, the program showed a decline from 50% to 38%, also demonstrating an improvement but still indicating much more progress to be made. Much of the difficulty in scores centered on performance on the neurology questions posed on the PRITE. Because of logistical difficulties, the monthly clinical neurology that had been planned for the year was unable to be implemented. This will be tried this year.

Plans for the coming academic year include adding a neurology portion to the journal club format and arranging for either a departmental faculty member or a member of the department of Neurology to conduct regular teaching sessions with our residents.

Performance on the Psychodynamic Psychotherapy Test, a standardized test administered by 60+ programs around the country to assess knowledge of psychodynamic psychotherapy through the presentation of clinical vignettes showed the following:



Marked improvement with the PGY-2 group and some improvement in the PGY-3 group is noted. This is in part due to increased emphasis on this material in the didactic presentations, and enhanced efforts at focusing on such in supervision. Further work on trying to develop better patient experiences for trainees to learn psychodynamic psychotherapy will also be a focus of attention in coming year.

Resident Recruitment

Recruitment efforts were successful in the match that took place in March 2008. In addition to the five incoming PGY-1s (1 MCG graduate, one graduate from Mercer School of Medicine, and three international graduates) the department was successful in attracting two PGY-2 residents, one D.O. from California, and one international graduate completing his PGY-1 year in internal medicine in Michigan. Although pleased with matching for the 8th year in a row, there are challenges nationally in this regard. There has been a decline in U.S. graduates going into psychiatry, with numbers down about 9% over the past 4-5 years. This makes it increasingly competitive for programs to recruit U.S. grads, and therefore poses special challenges for MCG.

Much effort and thought has been given on ways to enhance recruitment for the coming year. Increasing contact time with faculty, updating the website to enhance its attractiveness and utility for prospective applicants, and targeted efforts to promote life in Augusta outside of the training program should all help to make this process go more smoothly.

Role of Associate Training Director

During the coming year the Associate Training Director position, filled by Dr. Erick Messias, will be enhanced and highlighted. With increasing departmental support, we will be able to more fully utilize the assets of Dr. Messias for the betterment of the training program. He has demonstrated his effectiveness as a mentor for scholarly projects by residents. He has taken over responsibility for the monthly journal club offering for the residents, a series that has been enthusiastically received by the resident body. He will renew his efforts as one of the principal instructors in psychodynamic psychotherapy for the department as well. His spirit, enthusiasm, and dedication to education has been well-received and well-regarded by

the department and the residents. This past year saw Dr. Messias receive both the Clinical Supervisor of the Year award and the Didactic Teacher of the Year award from the residency cohort. He was also recognized by the department with his receipt of the Educational Excellence Award presented by the faculty to a colleague demonstrating excellence and repeated substantial contributions to our educational mission.

Resident Contributions to the Profession

Resident contributions to organized medicine this past year were notable as well. Dr. Heerain Shah served quite capably as a member-in-training representative to the Board of Trustees of the Georgia Psychiatric Physicians Association. Dr. Stephen Fleming (PGY-1) and Chief Resident Dr. Ben Carr served with Dr. Shevitz as “Doctor of the Day” for the Medical Association of Georgia during the session of the Georgia State Legislature. We have also seen increased interest in GPPA and APA membership, and expect that this fall will see the program recognized as having 100% of its trainees’ members in the American Psychiatric Association. This will obtain a national recognition for the program.

Graduating residents moved on to fine professional positions. Dr. Ben Carr has moved to be Associate Medical Director at a private psychiatric hospital in Gadsden, A. Dr. Masood Zafar has accepted a position on the faculty at the University of West Virginia in their state hospital system. Dr. Brian Miller has taken a year off from his residency training to pursue a Psychotic Disorders fellowship under our Vice Chair Dr. Brian Kirkpatrick. Dr. Miller expects to obtain a Ph.D. through his collaboration with Finnish colleagues and will return for his PGY-4 year after this fellowship year. Dr. Heerain Shah accepted a child psychiatry fellowship position at Johns Hopkins University, and Dr. Alex Getz moved into the child psychiatry training program here at MCG.

We look forward to another year of growth and enhancement during the coming academic year.

Adult Psychology Residency Program

The MCG-Charlie Norwood Veterans Affairs Medical Center (VAMC) Psychology Residency operates under the broader institutional missions of the Medical College of Georgia and the Charlie Norwood VAMC to provide outstanding educational programs for health professionals, biomedical scientists and educators at the undergraduate, graduate, and postgraduate levels. In addition to excellence in training, this program continues to enjoy the national prominence of being 1 of 8 Psychology Residency/Internship Programs in the nation that have been awarded competitive federal training grants (Graduate Psychology Education (GPE) program of the U.S. Department of Health Resources and Service Administration (HRSA)/Bureaus of Health Professionals) for the past six years (three grant cycles) - an outstanding achievement and testimony to the quality of training and faculty at MCG. Consistent with the broad goals of our “Empirical Clinician,” model the positions currently held by our graduates are diverse with 30% holding postdoctoral fellowship positions (ten in academic medical centers and two in the VA system), 18% holding staff positions in VA medical centers, 26% private practice, 23% holding academic positions in medical/graduate schools, 3% holding staff positions in private medical centers.

Organization of the Training Program

The MCG-Charlie Norwood Psychology Residency represents a collaborative effort in regard to federal and local institutional support in achieving the training objectives. Given the breadth and complexity of the training objectives it is not surprising that a total of 49 faculty/staff are needed and contributed to the enterprise with the average faculty time contribution being 5.8% (8 faculty contribute 10% or more of their time to the consortium training efforts). We have 22-core faculty who are very active in daily training and 27 affiliated faculty members (17 M.D.s, one P.A., 2 Ph.D-R.N.s and 6 Ph.D.s) who have

less active roles. Although psychology faculty members apply a wide range of theoretical orientations in their clinical work and teaching, about half emphasize cognitive-behavioral approaches. All faculty members are committed to treatments based on scientifically sound empirical foundations.

The Psychology Residency organizes practicum activities and supervision around three four-month rotations, each designed to expose residents to a wide variety of patients with all types of diagnoses at varying levels of acuity and to provide specialty training in an area of interest to the resident. Also, throughout the year one day of the week is set aside for specialty track training, enabling a continuity of training experiences in the area of the resident's specialty interest. There are two rotations required of all residents: (1) The General Practice Rotation – located primarily at the Uptown VA, and (2) the Medical Psychology General Practice Rotation – located at the Downtown VA and MCG sites.

Tracks

Residents select one specialty training track in which the training will occur during a 4-month rotation and each Wednesday of the week (for the entire year). The tracks available are the following:

1. *Health Behavior Track*

A. *Health Behavior Track - Chronic Pain, Neuropsychological and Spinal Cord Injury Specialization.*

B. *Health Behavior Track -Trauma Specialization*

C. *Health Behavior Track –PTSD/Women's*

2. *Medical Psychology -HIV/AIDS Track*

3. *Psychology of Women Track*

2007-2008 Residency Training Outcomes

Psychology residents in the past year have been highly productive and successful during their training year. In regard to the specific goals/objectives of the program, based on the supervising faculty ratings all residents have met the training goals/objectives of the program by the completion of the training year based on the MCG –Charlie Norwood VAMC Clinical Psychology Residency Education Outcome Tracking Form. Cumulative Therapy Log data indicated that residents have achieved or exceeded their primary therapy goals in 86% (N=) of their therapy cases. All of the residents successfully participated in Outreach Educational and Prevention Teams designed to provide mental health education for consumers and providers in mental health and medically underserved areas in the East Central Region of the Georgia's Mental Health, Developmental Disabilities and Addictive Diseases (MHDDAD) system – providing 9 Outreach workshops in 4 different counties in the East Central region of the Georgia's MHDDAD system. During their residency training, psychology residents published 12 scientific papers/book chapters, submitted an additional 5 papers for publication, and presented 12 scientific papers/posters at national professional meetings. Of the 7 residents completing the program in June 2008, four successfully obtained postdoctoral fellowship positions in the specialty training area of their choice

and two obtained faculty positions in graduate psychology programs. The remaining resident is in the process of completing his dissertation work.

Postgraduate Outcomes

- In the past 8 years including the Class of 2009, our residency program has had the opportunity of recruiting 45 graduate students representing 31 different accredited clinical and counseling psychology graduate programs.
- In the past 8 resident classes recruited including the Class of 2009, twelve residents (26%) could be classified as representing an ethnic minority (above the 17 percent current minority enrollment in all psychology graduate programs in the United States as reported by the APA as reported by the National Center for Education Statistics).
- In the past 7 resident classes, post-graduate success has been consistently high with 100% having graduated from their respective doctoral programs and 97% graduating within six months of completing their residency.
- For the past 7 resident classes, eighty-two percent of all our graduates and 100 percent of the graduates seeking postdoctoral fellowships obtained postdoctoral fellowships in their desired area of study upon completion of our program.
- For the past 7 resident classes, 100% were employed within six months of completing their residency. Consistent with the broad goals of our “Empirical Clinician” model the positions currently held by our graduates are diverse with 30% holding postdoctoral fellowship positions (ten in academic medical centers and two in the VA system), 18% holding staff positions in VA medical centers, 26% private practice, 23% holding academic positions in medical/graduate schools, 3% holding staff positions in private medical centers.
- The MCG-VAMC consortium has an enduring track record of producing psychologists who pursue careers that are directed toward integrated approaches to health care issues. Including data from the last 7 graduating classes, 70 percent are now actively engaged in the fields of medical/health psychology relevant to adult and/or child interdisciplinary health care settings.

25 Year Anniversary of the MCG-Charlie Norwood VAMC Psychology Residency

On May 2-3, 2008, the MCG-Charlie Norwood VAMC Psychology Residency celebrated its 25 year anniversary of service. Eighty of our 178 Alumni along with twenty of their guests traveled from all around the country to join us in this celebration of this our residency training milestone – our alumni are serving in 30 states and three countries outside of the United States. As part of this celebration, Dr. Kelly Wilson of the University of Mississippi provide a one-day workshop on “Using Acceptance and Commitment Therapy with Your Most Difficult Cases” Dr. Wilson is one of the co-founders of ACT and has devoted himself to the development and dissemination of ACT and its underlying theory and philosophy for the past 18 years, publishing 32 articles, 20 chapters and 4 books. On the evening of May 2, 2008 we hosted a dinner at the Pinnacle Club atop of Augusta for faculty, alumni, and friends. Dr. Nadine Kaslow, Professor at Emory University School of Medicine Department of Psychiatry and Behavioral Sciences, provided the keynote address on the future of professional psychology. On May 3, 2008 Dr. David Riggs, Executive Director of the Center for Deployment Psychology in Bethesda, Maryland, provided a half-day workshop entitled, “The Impact of Military Deployments on Service Members and Their Families.”

Proposed Curriculum Changes for 2008-2009

In the coming academic year, the psychology residency has redesigned its curriculum to establish the following changes:

1. Curriculum requirements will no longer require neuropsychological training and instead neuro-cognitive assessment training will be required. Due to the variability of training in neuropsychological assessment skills of entering residents it was determined that it would be more feasible to focus on neuro-cognitive assessment training that provided didactics in principles of neuropsychological assessment and administration/ interpretation of neuro-cognitive tests and practicum experiences in neuro-cognitive assessment.
2. The Medical Psychology Rotation will be redesigned to provide more opportunities for interdisciplinary training/service in the area of spinal cord rehabilitation. To be continued will be practicum experiences involving multiple sclerosis, pain disorders, HIV/AIDS, and consultations within adult and child mental settings.
3. In the coming academic year, the Psychology Residency will continue to partner with Project GREAT (Georgia Recovery-Based Educational Approach to Treatment) to immerse psychology and psychiatry faculty and residents in the recovery model of mental health care, and to assist Project GREAT in the dissemination of these recovery knowledge, skills and attitudes throughout the community mental clinics in Georgia's MHDDAD Region 2. To achieve this goal:
 - a. Project GREAT and its staff will provide recovery training to the faculty and residents of the Department of Psychiatry and Health Behavior.
 - b. Outreach Educational and Prevention teams (consisting of one faculty member, one psychiatry resident, one psychology resident, and the Peer Support Specialist) will be assigned to community mental health centers in Georgia's MHDDAD Region 2. The Outreach Educational and Prevention teams will provide workshops to their assigned community mental centers on the recovery model and will engage in follow-up supervisory meetings with the community mental health staff to develop their recovery knowledge, skills, and attitudes. Training in the recovery model of mental health services will continue to be a point of emphasis within the residency and will include workshops and outreach presentations being presented by faculty and residents throughout the state of Georgia.

Medical Student Education

Medical student education remains a vital function of the department and it has been an eventful year in this regard

Dr. Jo Albritton has continued in her role as Medical Director of the Clinical Skills Program in the School of Medicine. This is a notable leadership role in undergraduate medical education, and recognition by the school of Dr. Albritton's appointment to this position is a significant achievement for the department.

In light of this commitment, Dr. Albritton will be turning over the psychiatry clerkship to Dr. Adriana Foster during the next year. Dr. Foster has done an excellent job in her role as Associate Director of Medical Student Education and this clerkship responsibility is a natural extension of those duties. Dr. Foster is now a core educator in the ECM program.

In addition to Drs. Foster and Albritton, departmental involvement in undergraduate education continues with others involved in the Essential of Clinical Medicine offerings. Dr. Shevitz continues as a communication lab, and ECM 1 and 2 small group leader. Dr. House and Dr. Lemmon lead ECM small

groups. Dr. Lewkowicz and Dr. Peebles are involved in ECM 1 Communication Lab. And this past year Dr. Erick Messias served very capably as coordinator of the ECM 1 course for the Phase 1 students, and principal lecturer for the Statistics and Public Health pieces of the ECM 1 curriculum.

The department has committed significant new resources to medical student education with the appointment of Dr. Adriana Foster as clerkship director this coming academic year and increasing the time commitment to this activity. Under Dr. Foster's leadership, the Psychiatry Interest Group continued to focus and take more direction. A summary of the past year's meetings are as follows:

PSIG meetings

May 9, 2007 - PSIG meeting in CL-1103 (freshman classroom) with Drs. Mahadik, Londino & Foster

August 2, 2007 - Freshman Orientation Table

October 24, 2007 - PSIG Organizational Meeting

December 5, 2007 - PSIG Meeting (held in the main hospital)

January 23, 2008 - Careers in Psychiatry Meeting

March 26, 2008 - March PSIG Meeting

April 30, 2008 - PSIG Meeting in First year classroom Eating Disorders

Total attendance: 160 students

2 students attended national meetings and presented reports (APA and the American association of Geriatric Psychiatry)

The department again sponsored student attendance at the annual meeting of the American Psychiatric Association and the Psych Sign meeting of student interest groups from around the country. Stacey Wermert, a third year medical student at MCG, attended and brought back many good ideas and suggestions for the group for the coming year. Josepha Iluonakhamhe is a rising second year student at MCG with great energy and enthusiasm who will be the MCG PsychSign president for the coming year.

Students have also been involved in summer research (2 students did summer research with Lemmon and Stepleman), 2 have shadowed in the emergency room and 2 medical students involved as co-authors in book writing with Drs. Buckley, Foster and Londino.

This activity seems to be paying off, as seven junior MCG students have declared Psychiatry as their field of study at this writing.

The current clerkship sites for junior clerks include the following:

1. 3S, MCG
2. 9N, MCG
3. Consults, MCG
4. VA Hospital
5. Laurelwood Hospital, Gainesville
6. Georgia Regional Hospital, Augusta
7. Georgia Regional Hospital, Milledgeville
8. Georgia Regional Hospital, Rome
9. Georgia Regional Hospital, Thomasville

A revamping of the entire clerkship experience will be undertaken during the coming academic year. The School of Medicine has decided to shorten the psychiatry clerkship from six weeks to four weeks

beginning July of 2009. Although this will shorten the length of the exposure to psychiatry, it is hoped that this will enrich the students experience by providing each student who does rotate with more clinical exposure as the number of clerks accommodated on each rotation will be 1/3 less than was previously the case.

One proposal to look at these changes are as follows:

	1st year	2nd year	3rd year	4th year
NOW	MEDI 5145	Small groups/ pharmacology	6 wk Psychiatry Clerkship	Senior Electives (4 wk.)
	Freshman Electives		Electives	
	Psychiatry Student Interest Group			

	1st year	2nd year	3rd year	4th year
PROPOSED	MEDI 5145	Small groups/ pharmacology	4 wk. Psychiatry Clerkship	Senior Electives (4 wk.)
	Freshman Electives	ECM II Psychiatry intercession (one afternoon)	Psychiatry participation in chronic illness intercession 2 wk. Electives	

Increasing research opportunities and outpatient experiences are also part of the proposed picture. Working groups will be established to flesh out these initial proposals during the coming year. Dr. Foster is actively involved in increasing psychiatric exposure to Phase II students and exploring the feasibility of using virtual patients to teach psychiatric interviewing.

It should also be noted that a monthly meeting of those faculty interested in and involved in medical student education has been established. This is the departmental Medical Student Advisory Group and consists of Dr. Shevitz, Dr. Albritton, Dr. Foster, Dr. Sexson, the Chief Resident, and student representatives from various years. This group will take an increasingly important role as an avenue to promote and expand medical student educational efforts by the department in the coming year.

The department also contributes to the medical student educational mission by its involvement in Admissions and Promotions. Drs. Shevitz, Lemmon, and for the coming year Londino are members of the Admissions Committee of the School of Medicine. Dr. Geoff Young, Associate Dean of Admission, is also a departmental member.

Dr. Shevitz chairs the Student Promotions Subcommittee for the Class of 2010 and Dr. Lemmon also serves as a subcommittee member in the student promotions process.

B. Research

The Department of Psychiatry and Health Behavior is in the process of a profound change in culture, in which research becomes an integral part of all of the components of the department. The department now has a wide range of research in child and adolescent psychiatry, adult psychiatry, and health psychology. Our psychology residents have long been involved in research projects during their year of residency; psychiatry residents have become more involved in research as well.

The department has also raised its visibility with visit by national figures in psychiatric research. This year Dr. William T. Carpenter, Jr., one of the world's premiere figures in the study of psychotic disorders, visited the department. Dr. Carpenter spent a day presenting Grand rounds and consulting on the development of the departmental research portfolio. Other prominent figures are also scheduled to visit.

The new Brain Discovery Institute will be an important development at MCG. Our department has been strongly involved in the planning for the Institute, with Dr. Buckley one of the steering committee members and Dr. Kirkpatrick the organizer of a key program, Psychotic Disorders.

Child and Adolescent Psychiatry

Several research projects are being conducted on developmental disorders. Dr. Londino's treatment trial in Asperger's provided evidence for the efficacy of risperidone in Asperger's disorder. She has also completed a magnetic resonance spectroscopy study in that disorder. A study of quantitative EEG in attention deficit disorder is also being conducted.

Collaborations with other investigators at MCG have increased in the last year. Dr. Nick Patel, a faculty member in the UGA School of Pharmacy who holds a joint appointment in Psychiatry, is developing treatment studies in child and adolescent affective disorder. Dr. Londino has also developed collaborations with the Department of Physical Therapy and the School of Nursing.

Adult Psychiatry

Psychotic Disorders

Several projects are being conducted in the area of psychotic disorders. The department has two RO1 grants from the National Institutes of Health (NIH) in this area, plus a competitive supplement to one of these grants. Areas of active investigation include:

- Comparisons of the efficacy and acceptability of different antipsychotics
 - Dr. Buckley's study of injectable risperidone is one of our NIH-funded projects
 - Clinical trials with other antipsychotics are also underway
- Use of circulating neurotrophins to predict relapse in stabilized patients
 - Research in the departmental preclinical laboratories provide the rationale for this project, for which Dr. Buckley is the principal investigator. This project is also funded by NIH.
- Physical health in people with no affective psychosis, with a focus on physiological abnormalities that are found prior to antipsychotic treatment
 - Dr. Kirkpatrick's project, which is funded by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), has found several abnormalities in newly diagnosed, antipsychotic-naïve patients with no affective psychosis. We are also developing a multicenter network for the study of such patients in North America, in a collaboration with Emory

University, the University of Ottawa, the University of Calgary and the University of Massachusetts

- Adult circulating stem cells
 - Kirkpatrick has found the first evidence for an abnormality in psychotic disorders in this important system of the body
- The differential genetics of deficit vs. nondeficit schizophrenia
- Mortality in schizophrenia
 - We have continuing collaborations in this area with two centers in Finland, as well collaborations with other groups internationally.

Department faculty members are also participating in editorial and leadership positions in schizophrenia research. Dr. Buckley is the chair of the NIH Schizophrenia, Elderly and Spectrum Disorders Review Committee, and is the editor of two journals, *Clinical Schizophrenia and Related Psychoses* and *Dual Diagnosis*. He also serves as a member of the international advisory board for the International Congress on Schizophrenia Research, the most important psychosis-related research meeting in the world. He will head a satellite meeting for family members of people with schizophrenia at the Congress; this meeting was very well received when held at the last Congress. Dr. Kirkpatrick is Associate Editor of *Clinical Schizophrenia and Related Psychoses* and is on the Editorial Board of *Schizophrenia Bulletin*. He will also be the guest editor for the fall 2008 issue of the *Bulletin*. The department is also a site for an NIH-sponsored consortium for treatment studies of patients with psychosis and substance abuse.

In the summer of 2008, the department hired its first fellow in psychotic disorders, Dr. Brian Miller. More information on Dr. Miller's work can be found in the section on resident research.

Department members working at the Veterans Administration Medical Center have a long history of work in psychotic disorders, especially innovative treatments for psychosis, and participation in nation-wide VAMC genetics studies. Our faculty members who run preclinical laboratories are based at the VAMC.

Other Research

Dr. Messiah is conducting a series of related studies on the relationships among inflammation, medical illnesses, depression and suicide. This has been an area with extensive involvement of psychiatry residents.

Dr. Foster is conducting work in the new field of pharmacogenetics, one aspect of "individualized medicine." She is using the new gene chip technology to assess slow, normal, and rapid metabolizers of medications, to determine whether genotype is related to risk of side effects. This work is a collaborative effort with strong researchers in the Department of Pathology.

Health Psychology

The Health Psychology group conducts research in several areas. These include eating behaviors and eating disorders (Dr. Lemmon), family interventions in juvenile offenders (Dr. Davidson), and recovery from psychosis and clinicians' acceptance of the recovery model (Dr. Mabe). Drs. Arena and Jump are conducting research in the psychological treatment of chronic pain. Dr. Stepleman is conducting research on psychotherapy in HIV+ patients, as well as depression, quality of life, and sexual function in patients with multiple sclerosis. Our psychology residents consistently produce refereed publications during their tenure in the department.

Preclinical Laboratories

Drs. Mahadik and Pillai are basic science faculty members in the Department of Psychiatry. Both conduct research related to psychotic disorders, and both are involved in parallel clinical studies. Their work has led to several important clinical translational research projects.

Dr. Mahadik has a longstanding interest and a long list of publications on abnormalities in oxidation/reduction and fatty acid metabolism in schizophrenia. He has also worked on circulating neurotrophins and their relationship to psychotic symptoms.

Dr. Pillai is conducting research on neurotrophins, and their relationship to the dopaminergic and GABAergic systems. He has also begun related work on the reelin and sprouty signaling pathways.

Several basic scientists also hold joint appointments in Psychiatry. Drs. Alvin Terry (cholinergic mechanisms and antipsychotics), Lin Mei (neuregulin1 and ErbB receptors), Clare Bergson (calcyon), and Almira Vazdarjanova (plasticity) are other basic scientists with close ties to the department who are interested in translational work related to schizophrenia.

Resident Research

An academic project has become a requirement in the psychiatry residency. Their efforts have resulted in poster presentations at the 2008 American Psychiatric Association meeting by four MCG residents. These are expected to lead to the submission of two articles. Dr. Messiah is spearheading this program, and there is every reason to believe that this will not be a one-time success.

Dr. Brian Miller, who will begin the fellowship in psychotic disorders this year, has three articles published or accepted in refereed journals this year. He has also received several awards: the University of Oulu (Finland) Hospital-EVO Grant, the *Journal of Psychiatric Practice* Resident Paper Award, the APIRE Janssen Resident Psychiatric Research Scholars Fellowship, the Joe & Hope Skobba Memorial Award of the Georgia Psychiatric Physicians Association and a Resident Travel Award for the 24th Annual Pittsburgh Schizophrenia Conference.

Future Directions

The increasing research has the potential to reach a critical mass soon in the department. The productivity of the psychiatry residents, which is a new phenomenon for us, is one of several reasons for optimism for the quantity and quality of the research in the department in the future. Much of our work involves collaborations with other MCG departments (e.g. Pathology, Neurology, Medicine and Pediatrics), and other collaborations are on the horizon. These and other trends lead to optimism about our efforts to obtain an Eminent Scholar in health psychology and one in biomedical neuroscience related to mental health. The department is in an expansion phase, and research training and a commitment to research will be important factors in recruiting new faculty members, as we develop our identity as a strong research department.

C. Clinical Activities

The departmental clinical activities over the past year focused on the following themes:

- Relocation to new practice space specifically designed for the departmental operations
- Further refinement of clinical policies and procedures leading to greater efficiencies
- Development of a data reporting infrastructure necessary to support the mission of the department
- An increased commitment to the Recovery Model and Patient and Family Centered Care
- The development of strategic planning initiatives that will guide the course of departmental clinical activities for the next three years

The Stoney Building

Relocation of the Department of Psychiatry and Health Behavior Outpatient Clinic and academic offices to the historic Stoney Building marked another turning point in the history of the department. The building was renovated with the specific needs of an academic, psychiatric practice in mind. Patient and family advisors were intimately involved in the processes of design of the building, the selection of finishes as well as the process of the transition to the new location.

Many facets of the building design have contributed to levels of patient care unachievable in the past. The patient waiting area was redesigned to create a separate child and adolescent waiting area in response to comments and requests from clinic patients and family members. A separate area was created so that patient vital signs could be assessed while preserving patient privacy and dignity. Several examination rooms were created, significantly increasing the clinic's clinical and research capacity. Several large rooms were included in the building design that serve as group therapy, teaching, supervision and meeting rooms. The building features a closed circuit video surveillance system and other security features to augment staff and patient safety. A new multi-room audio/video recording system has been installed to aid in the clinical supervision of residents. All finishes and artwork were selected to compliment the overall stately and historic appearance of the building, resulting in an environment that is welcoming and therapeutic.

Outpatient Clinical Operations

Department performance with regard to clinical productivity for the year was positive. While charges for services declined by 2.2%, income increased by 2.6% due to increased efficiencies detailed below. Toward the end of the previous academic year policies and procedures were put in place to generate increased efficiencies in the outpatient clinic operations. A new faculty and resident leave request procedure was put in place to insure that adequate notice was given to patients when it was necessary to cancel clinics due to faculty or resident absences. This policy also insured that alternate faculty would be available to supervise resident clinics when faculty were absent for routine leave. Simultaneously, clinics were rearranged so that patients whose insurers require more intense faculty supervision would be grouped together in clinics supervised by faculty available for increased supervision. The combined effect of these operational changes was significant. Noncompliant charges were reduced from a monthly high of \$16,538 to a monthly low of \$0. The average non-compliant charges were \$6,753 per month for the first six months of the year and decreased to \$991 per month for the last six months of the year. Additionally, the percentage of patients whose appointments were rescheduled with less than 45 days notice declined from a high of 7% to a low of 2% and is now consistently under the institutional average. In addition to these operational improvements faculty and staff sustained their performance concerning timeliness and accuracy of filing charges with near perfect performance in coding accuracy and very few late charges.

The department's new environment was designed to accommodate a new patient care function. Dedicated space was built into the clinic to accommodate Patient Care Assistants whose job is to perform vital signs checks, check problem and allergies lists and perform pain assessments and medication reconciliations with clinic patients. During the past year two Patient Care Assistants were hired to perform these functions. Both positions have been filled. The result has been a dramatic improvement in patient care and regulatory compliance.

Over the past year considerable effort was dedicated to the issue of the outpatient clinic late cancellation and no-show rates. During the previous year the clinic no-show rate had been reduced from 26.5% to 22.4% through changes inpatient scheduling policies. Advances in operations over the past year have helped reduce the no-show rate to the range between 23.8 % and 18.3%. This decrease was due, in part, to the institution of automated appointment reminder calls to patients. During the past year considerable effort was dedicated to devising a plan to further reduce the no-show rates and late cancellation rates. This initiative is described in greater detail under "Expectations/Directions for the Coming Year" below.

Early in FY 08 faculty and staff led by Dr. Alex Mabe developed a new specialty ADHD Evaluation and Treatment Program founded on evidence based practices. This program is designed with two distinct components that can be accessed together or separately depending on the needs of the patient and family. A consultation component is designed for providers in need of diagnostic assistance with patients with known ADHD diagnoses not responding as expected to treatment of patients difficult to diagnosis. This component involves multiple levels of assessment and result in the patient being referred back to the provider with treatment recommendations. The treatment component involves individual, family and group based treatment for both the patient and the caregivers. The program has been very successful and expansion is planned for this year.

The Intake and Triage Service operated successfully again this year having operated 365 days, 24 hours per day and averaging averaged 349 contacts per month including Emergency Department presentations and assistance with direct admissions to the Adult, Geriatric and Child and Adolescent psychiatric inpatient units. Admissions to MCG psychiatric units resulted from 38% of these contacts. Transfers to other facilities resulted from 30.5% of the contacts. Of all patients assessed 28% were self-pay status however only 3.6% of patients admitted to MCG psychiatric units were classified as self-pay. Self-pay admissions to MCG psychiatric units resulted from refusals of patients to accept transfers to alternate facilities.

During the past year the Physician's Practice Group (PPG) proposed a plan to open a new outpatient and ambulatory surgery care center in Columbia County. The Department of Psychiatry was very fortunate to be asked to have a presence in the proposed facility. Leadership from the department was also asked to participate in the planning of dedicated space in the new building. Recruitment of a dedicated faculty member will be located there full time will soon be underway. This clinician will provide outpatient adult and child and adolescent psychiatric services. The presence in Columbia County will assist the department in broadening its referral base as well as its payer mix.

Inpatient Clinical Operations

This year marked the first full year with Dr. Erick Messias as the Medical Director of the adult inpatient psychiatric unit. During the last year, adult inpatient volume increased by 5%. The number of attending physicians serving on the unit decreased from three to two, allowing for improved continuity in unit programming and inpatient care. A process improvement plan was put in place to better insure the comfort of patients during the process of rounds. Patients have frequently complained that sitting before the attending physician, the resident, possibly two or more medical students and nursing students during daily rounds can be very intimidating and frightening. Through working with the Behavioral Health

Advisory Council, a process was put in place to minimize the number of professionals involved in rounds, prepare patients for the experience, monitor their comfort with the process, and debrief those following rounds to determine the impact of the experience. Preliminary results indicate the improvements have had a positive impact on patient comfort.

This year presented challenges for the child and adolescent unit in terms of maintaining census. Overall patient days for the year were 13% below the previous year. Some of this decline was due to a decrease in the overall length of stay and some may have been due to the opening of a new child and adolescent crisis stabilization unit by the community mental health center. Regardless, efforts to add to the child and adolescent inpatient programming continued and a policy was adopted to allow parents of children to stay overnight on the unit given availability of space and appropriate levels of acuity. Marketing efforts during the next year will focus on bolstering this important program.

During the past year the entire MCG campus adopted a tobacco free policy. A few months after that policy went into place the inpatient psychiatric units followed suite after careful preparation. Nicotine replacement therapy protocols were researched as well as interactions between psychotropic medications and nicotine withdrawal. "Stop smoking" resources were made available to patients for use after discharge. The transition went much better than anyone expected with very few complaints from patients and some even expressing appreciation for having been shown that they were capable of ceasing tobacco use. The staff uniformly approved of the change and appreciated no longer having to manage the difficulties of arranging the unit schedule around "smoke breaks." Work will continue on developing tobacco cessation resources for patients.

Patient Satisfaction

Over the past year the department exceeded the excellent results achieved with Press Ganey patient satisfaction scores during the previous year. For the year, both outpatient psychiatry and inpatient psychiatry met their target scores. Outpatient psychiatry achieved mean scores exceeding the target for six months and exceeding high performance for six months. Adult and geriatric inpatient psychiatry achieved scores exceeding the target for six months and scores exceeding high performance for three months. Child and adolescent inpatient psychiatry achieved scores exceeding target for four months and scores exceeding high performance for six months. These were some of the highest patient satisfaction scores in the health system and contributed to the organization meeting target during several months. This goal had not previously been achieved.

Patient and Family Centered Care and the Recovery Model

During the past year the department Patient and Family Centered Care initiatives were led by the Behavioral Health Advisory Council. The Council was very involved this year in several initiatives. Members of the Council assisted in the design and renovation of the new department location, the Stoney Building, offering valuable input into design, finishes and artwork. Members served on the Clinical Operations Committee that oversaw the redesign of operational processes within the new clinic as well as the transition of patients to the new location. Behavioral Health Advisory Council members were included as members of each of three Strategic Planning Committees that were formed to plan the departmental strategic initiatives for the next three years.

A major initiative undertaken by the Council involved efforts to support national mental health anti-stigma campaigns. Members met with MCG Health, Inc. administrators from Public Relations, Legal and Family Services Development departments to address the issue of institutional stigmatization at MCG. As a matter of policy, MCG had not been involved in public relations activities featuring patient with

mental health or substance abuse disorders disclosing publicly their mental health or substance history. It was felt that privacy regulations precluded such disclosures. As a result of the meeting the policy was changed. In response to this change the Behavioral Health Advisory Council began working with the MCG Public Relations Department to plan anti-stigma publicity events to coincide with National Mental Health Month. Working with a local television station three patient advisors were interviewed concerning their experiences with mental illness and these interviews were aired during coverage of National Mental Health Month. Additionally, as part of the same observance, five department faculty members took part in a televised mental health call-in event which allowed viewers to call in to the program and ask questions about mental health related topics. The event was very successful. These types of events are a first in the area and plans are underway for an expanded series next year.

Reporting Infrastructure

Over the past several years data concerning department performance has been primarily provided by PPG, and has been in the form of parameters concerning professional charges for faculty provided or supervised clinical services. While these data are important and must be monitored, many of the metrics stabilized over time as process improvements were implemented. For the department to move to the next level of performance it has been necessary to begin monitoring a slightly different group of processes related not only to charges and income, but also operations and quality. Monitoring these processes involves extracting data from numerous sources throughout the health system.

A new reporting package was constructed which combines data addressing charges and income, service volume, service mix and quality measures. Targets were set for each parameter setting threshold, target and high performance goals. The data required were collected by the department and are synthesized monthly by PPG. Data elements being tracked include:

<i>Financial Indicators</i>	<i>Outpatient Performance Indicators</i>	<i>Inpatient Performance Indicators</i>
<i>Charges</i>	<i>Outpatient Visit Volumes</i>	<i>Admissions</i>
<i>Payments</i>	<i>No-Show Rate</i>	<i>Patient Days</i>
<i>Payer Mix</i>	<i>Visits per Day</i>	<i>Average Length of Stay</i>
<i>Net Collection Rate II</i>	<i>% of New Patients</i>	<i>Press Ganey Scores</i>
	<i>Group Treatment %</i>	<i>Seclusions and Restraints</i>
	<i>Non-Compliant Charges</i>	
	<i>Coding %s Against UHC</i>	
	<i>Press Ganey Scores</i>	
	<i>Patients Bumped <45 Days</i>	
	<i>Appointment Availability</i>	

This metrics “Dashboard Indicator Report” will be modified as business needs change. Work will now begin on creating individual faculty metrics reports that will include a subset of indicators contained in the departmental report.

Additional Highlights

Throughout the past year department faculty adoption of the electronic medical record reached 100%. While there are still training issues faculty members have now all converted to the use of PowerChart Office including PowerNotes and Easy Script for electronic prescriptions. A training needs assessment is planned for the near future to help maximize skill levels and insure that users are as efficient in their use of the system as possible. The Department of Psychiatry and Health Behavior is a leader in the adoption of the electronic medical record at MCG.

Over the past year marketing assistance was sought from MCG Strategic Support. Assistance was provided for the production of brochures to promote the child and adolescent psychiatric inpatient unit and the ADHD Consultation and Treatment Program. Assistance also included the purchase of mailing lists and funding multiple mailings to publicize both programs.

Approximately three years ago Blue Cross and Blue Shield of Georgia made a decision to cancel a subcontract for management of their behavioral health benefit. After Blue Cross assumed management of the benefit, MCH Health was unable to come to terms with Blue Cross on behavioral health rates for their HMO product. As a result many MCG faculty and staff who were insured under the BlueChoice HMO were unable to access services either through the psychiatry outpatient clinic or in the MCG inpatient psychiatric units. This year MCG renegotiated the entire Blue Cross and Blue Shield of Georgia contract and succeeded in including both inpatient and outpatient psychiatric services for the BlueChoice HMO product. As a result now all MCG employees with this coverage are able to receive services through the department. This breakthrough rectified a serious disadvantage for MCG employees and opened a new revenue stream for the department.

As one of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) 15 National Patient Safety Goals accredited health systems, MCG Health, Inc. is required to have a policy in place that insures assessment of suicidality of all patients with a primary mental health diagnosis. The Department of Psychiatry and Health Behavior produced a policy that has now become the institutional policy for assessment of suicidal potential for both the hospital and all ambulatory facilities managed by MCG Health, Inc.

Expectations/Directions for the Coming Year

The upcoming year will feature a focus on carrying out recently developed clinical strategic initiatives. These initiatives have the common goal of extending the departmental reach further out into the health system, the consumer community and the provider community. The department will plan and conduct public and provider forums and in-service education events on topics of current interest. These community and provider education events will be presented, when possible, by departmental content experts. The ultimate goal will be to establish the Department of Psychiatry and Health Behavior at MCG as the authoritative source of current, state of the art information concerning the diagnosis and treatment of mental and behavioral health disorders. This education and information function will also serve to promote the expertise, services and programs offered by the department.

An additional goal will focus on further infusing departmental clinical and consultative resources within other clinical programs and services throughout the health system. Additional contracts and partnerships will be sought similar to those now in place with the Canter Center, the Multiple Sclerosis Program, Infectious Disease and the Pain Clinic that fund the availability of psychiatric services within those programs. New target service will include Women's Health and Cardiology among others.

Some of these strategic initiatives, particularly those involving outreach to community members and providers through forums and in-service education, will be made possible through the first formal

departmental marketing budget which was established this year with funds made available by the MCG Office of Strategic Support and augmented by the Physician's Practice Group. Most of this budget will be dedicated to establishing a program of continuing community and professional education concerning mental health issues.

Over the past year considerable effort has been expended addressing the outpatient clinic late cancellation and no-show rates. The no-show rate alone has in the past exceeded 26%. Operational improvements now in place have resulted in this rate decreasing to between 23.8% and 18.3% over the past year but this source of revenue loss is far too high to be allowed to continue. Over the past year a faculty committee drafted a department-specific late cancellation and no-show policy that has now been through numerous levels of institutional review and approval. Departmental leaders are now in the process of operationalizing this new policy. The policy sets specific conditions of attendance at therapeutic appointments and places responsibility upon providers (faculty) for enforcing these conditions. Consequences such as fees, requirements for scheduling appointments on-site and discontinuation of services have been included in this new policy. Implementation of the policy will be challenging but the therapeutic and business benefits of success are considerable.

The inpatient psychiatric units have operated at a disadvantage due to outdated and unattractive physical space. MCG has allocated funds to renovate the units and meetings are underway with architects and interior design experts to plan the renovations. Patient advisors have been involved in this process and have approved all plans. Work on the renovations is scheduled to begin in September, 2008. These improvements will result in a dramatic change in appearance to the units. The milieu and therapeutic environment will improve markedly. The renovations will also yield a marketing potential not previously achievable.

As one aspect of the new MCG capital improvement program, renovations to the emergency departments are planned. The emergency departments are no longer adequate to manage the volume of cases presenting. Additionally, MCG sees a disproportionately greater share of psychiatric cases in the Emergency Department, probably by virtue of its status as a level I trauma center and because MCG offers inpatient psychiatric services. As a result of these factors the MCG Emergency Department is inadequately equipped to treat emergency psychiatric cases. Psychiatric patients are often seated and interviewed in the hallways, compromising patient comfort, dignity and privacy. Negotiations in the course of planning for the Emergency Department renovations have resulted in a commitment to include psychiatry specific space in the renovation plans. The tentative plans call for a closed area to include several separate patient rest areas with space for family members, dedicated interview rooms and a separate restroom. Renovations should be completed during 2011.

This new Psychiatry Emergency Department staffed by Intake Coordinators from the Intake and Triage Service, Psychiatric Technicians and Department of Psychiatry and Health Behavior residents will represent a significant improvement in the care offered to emergency psychiatric patients in the Central Savannah River Area (CSRA).

IV. Institutional Effectiveness

The last fiscal year has been both exciting and full of achievements for the Department of Psychiatry and Health Behavior. The department continues to experience financial stability and remains successful in education, research, patient care and overall operations. In an effort to build on past successes and take the department to a new level, 2008 was the year to embark on the creation of a new strategic plan that will cover the next three years. The plan is near completion and includes a comprehensive vision for the future. It will serve the department well.

New Home for Psychiatry and Health Behavior - One of the largest accomplishments in the department in 2008 was the relocation of **the faculty, staff, residents and outpatient clinical activities from Pope Avenue where it had been operating for many years, to the historical Stoney Nursing building (EG) on St. Sebastian Way.** The move took place in October, 2007 and by all accounts was very successful. The planning for the relocation began approximately a year and a half before the actual move date and included input from the School of Medicine, MCG Health, Inc., patient advisory boards and faculty, residents and staff of the department. It was no small task to move such a large group of departmental members, but the results exceeded expectations. The feedback from consumers and department members has been extremely positive. There is no doubt that this is a wonderful opportunity that will have a long lasting positive impact.



Stoney Building

Having the support of the institution in this process has been invaluable. Not only was psychiatry allowed to occupy new space, but also to have that space renovated and changed into a pleasant environment that accurately reflects the department. Having the support of faculty, residents and staff in the department was also key as their approval of the project was important to the success of it. A very significant amount of time and energy was spent on the transition to the new space, which is steeped in history, but now has a new face that complements the past. It truly gives patients the quality environment to which they are accustomed by visiting MCG Hospitals and Clinics. 2009 proves to have more in store for the area surrounding the new building as construction begins on the new Cancer Clinic which will be adjacent to the Cancer Center that now stands across Laney Walker. We are enthusiastic about this addition as our new strategic plan includes an increase in collaborations between the Department of Psychiatry and the areas of cancer, women's health, MS (Neurology), etc. These collaborations will prove to be complimentary to everyone involved.

Overview of Financial Operations - The department continues to have a positive bottom line despite external factors that have negatively impacted the institution, the school and the department. These external factors include increased costs and reductions in state support to the institution, which ultimately impact the department, and in reductions in institutional support to the department. It is important to note that psychiatry is not alone in that these reductions have also been experienced by each School of Medicine department and by departments of psychiatry across the country. Maintaining a positive, strong financial status involves consistent improvements in key performance measures and revenue cycle management, attracting outside contracting agencies by offering specialized services, identifying additional financial resources (philanthropy), reducing departmental costs, increasing educational teaching, increasing research funding and making other positive changes that have yielded a secure position. Efforts to sustain past and current financial success are outlined below.

The Bottom Line – “No Margin, No Mission” - Departmental revenue fluctuates annually, but overall the trajectory is positive. A completed recruitment plan over the last five years has yielded a new group of key faculty members whose contributions to the department have been, and will continue to be very valuable. With securing high quality faculty members comes the dilemma of funding these positions while managing to maintain a positive bottom line. It is often several years before a faculty member is producing at a financially viable level and fully contributing financially to the department. Due to this, managing financial resources becomes key. As these new recruitments settle in, the department is making plans to once again add to the cadre of faculty. A recruitment plan was recently submitted to the School of Medicine Dean’s Office for approval. These recruitments are vital to the mission and strategic plan for the department in that they will allow for the opportunity to replace positions vacated through attrition and add positions that are necessary to take the department to the next level.

Another issue that plays a role for all SOM departments relates to a steady increase in operating expenses. This continues to be a pattern as additional previously reliable fund resources diminish. Fortunately, the department has been able to withstand financially despite these facts.

As evidence of this, the department continued its trend of submitting a positive budget to the Dean of the School of Medicine by doing the same for fiscal year 2008. This positive bottom line was realized as budgeted, and is evidence of the high level of productivity and efficiency that has become a daily practice for faculty, residents and staff in the department. Projecting the overall budget for a department proves very difficult when the volatility discussed above exists; however, this has been accomplished each year. With the constant uncertainty, it is imperative that the department carefully weighs all factors and establishes a plan for the future. Fiscal year 2008 was the year to create this plan that will be the road map for the next three years and beyond. This plan will include a continuation of current efforts in key strategic areas and address new opportunities for financial resources such as philanthropy, community service contracts, etc.

Revenue Cycle Management and Performance Metrics - The departmental performance metrics related to the Physician’s Practice Group (PPG) have been revised to more accurately reflect the needs of the department. Monitoring of these metrics takes place at all times and the results have been favorable. Required to improve the metrics is a close relationship between the billing coordinator for PPG and the clinical faculty, residents and staff, frequent monitoring through regular meetings with PPG and monitoring by administrative leadership. Inefficiencies in revenue collections related to resident supervision (non-compliant charges), documentation, etc. have been greatly improved. These changes were an enhancement to changes made in FY 07, which were made to ensure maximum revenue for work performed. In addition, the department continues to achieve favorable results from compliance reviews.

Department and Faculty Productivity Measures - As has been the case for several years, PPG continues to submit quarterly information regarding psychiatry coding, revenue and other key indicators for productivity and financial operations to the University Health System Consortium – Association of American Medical Colleges Family Practice Solutions Center UHC-AAMC FPSC). This resource for academic medical centers is a tool that allows all participating academic medical centers to compare data and make changes according to trends in their particular field. It can be used for short term correction and long term strategic planning and has been very valuable for psychiatry.

Tools such as this are an important part of departmental performance and individual faculty performance. In the past year, administration has been examining productivity measures and mission based management measures throughout MCG and outside institutions (i.e. Ohio State University, University of Michigan) in order to create a strategy for correctly identifying performance measures that are best suited for psychiatry. These measures will allow effort to be appropriately aligned with funding and allow for further maximization of revenue. Taking this approach is exceedingly important as the department searches for opportunities to further enhance revenue while reducing costs to strengthen itself for further negative factors that will play a part in its future. As continues to be the case, it is to the department's advantage that there still exists opportunities for improvement in these areas.

Revenue Distribution Plan (Faculty Member Incentive Plan) – Once again, the department has maintained a financial status that allows it to participate in the PPG revenue distribution plan (RDP), or PPG faculty member incentive plan. If the department experiences a positive bottom line or surplus, faculty members that achieve an individual financial surplus receive incentives. In the past year, it appears that overall productivity has increased as the plan continues to pay incentives. The plan rewards faculty members for exceeding expectations and maintaining high productivity, however it also has a built in mechanism to prevent the department from suffering a deficit as a result of distributing incentives. This measure was taken to protect the departmental finances, but still allow incentives for individuals where due. A move that will benefit the department as the environment continues to reveal threats to department finances.

Outside Relationships/Grants and Contracts – The psychiatry discipline lends itself to taking advantage of opportunities offered by outside agencies that are in need of services. The department currently has a number of relationships with other departments at MCG and community agencies. As the state budget continues to decrease and state agencies (i.e. adult and youth correctional system, community mental health agencies, etc.), look for ways to support mental health services, the Department of Psychiatry is often called upon for assistance. This assistance not only provides vital services and expertise at an affordable cost, but also provides a unique and exceptional opportunity for educating MCG medical students and residents. These acquisition and continuation of these contracts ebbs and flows as outside agency needs fluctuate over time, therefore the relationships with these agencies change over time. New contracts that were negotiated in the CSRA (Central Savannah River Area) and throughout the states of Georgia and South Carolina over the last year include: one for forensic services, one for auditing the state mental health system and several for psychological services. The department is increasingly aware that these new and renewed relationships represent increased awareness and need of our services across the southeast. The department values these relationships as they provide organizations with a cost effective solution for mental health needs which translates into quality patient care, while also providing MCG with an outstanding educational opportunity.

Faculty Recruitment – As mentioned above, the department recently rounded out a multi-year recruitment plan and is now in the process of preparing for additional recruits in the areas of forensics, adult general psychiatry, child and adolescent psychiatry, consultation-liaison and neuroscience. There will also be a position created for the new Columbia County project through the Physician's Practice

Group. This project has a private practice type model and psychiatry is pleased to be included. It will allow for better referrals and a presence in a new area.

These recruitments will allow the department to take advantage of opportunities that will be advantageous in the areas of research, education and patient care. In addition, the department has increased the number of clinical faculty members. The hope for the future is to have these valuable colleagues more involved in activities that will be beneficial to department and community. The School of Medicine has been committed to supporting recruitment activities by the department. We look forward to working with them on the new package that will complement our plans for the future.

Faculty Development and Retention - In the delicate environment in which psychiatry operates faculty development and retention is a priority. Ensuring that faculty members develop over time and have the resources necessary to be productive and content in their positions at MCG is very important to the school and the department. Led by our Vice Chairman, Dr. Brian Kirkpatrick, the past two years have represented the beginning of a faculty development initiative within the department. The efforts complement the framework already provided by the institution, and have recently been positively recognized by the School of Medicine. A development manual was created as a guide and the plan includes individual meetings on an annual basis to specifically discuss development issues. The topic is also discussed at faculty meetings and in other venues designed to examine the issues. Research opportunities are discussed as well as options to increase portfolios in the areas of education and institutional service. The faculty members have embraced this process and seem pleased to have guidance and leadership related to enhancing their careers. Development and retention are a part of the new strategic plan and will continue to be a part of the fabric of the department in a more formal manner.

Staff Recruitment – With faculty members, recruiting key staff members to support clinical and academic operations is essential. In the past year, we have added an Office Associate, dedicated to the Child and Adolescent program and to our psychology program. We have also filled a vacancy by hiring a new Administrative Assistant to the Chairman. These positions will allow for more complete support of the faculty, residents and department administration and make the academic support staff structure whole. On the clinical front, vacancies were filled in the outpatient clinic and staff members were also added on the inpatient units. These recruitments allow the department to provide a full range of services to increase patient satisfaction. Thus far, the feedback regarding these changes has been positive. Efforts to appropriately align manpower with operation needs in the department will continue in an area that is ever changing.

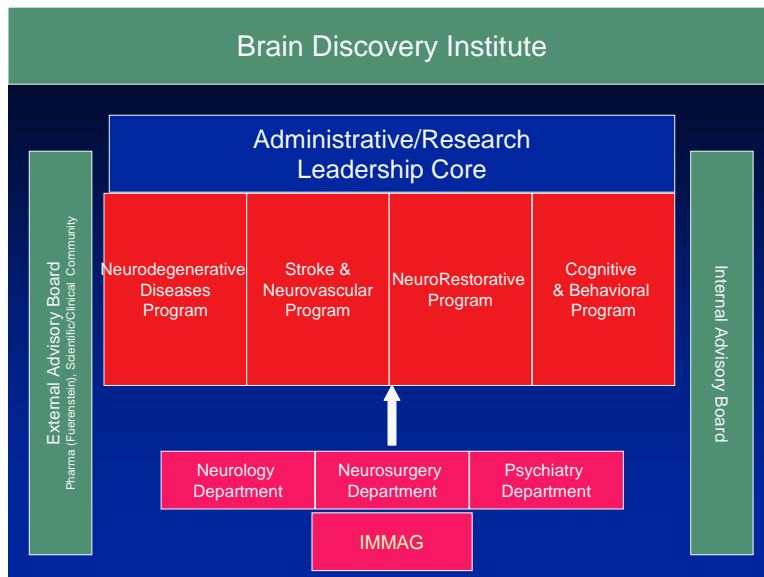
Operations - The Department of Psychiatry is currently assisting to develop and testing a new program that will be imperative for strategic planning and organization. Upon request, the MCG Health, Inc. Information Services Division has been very supportive by creating a product called E-Administrator. It is a system that allows for goals and objectives and actions items associated with these, to be established and monitored over time. Details regarding tasks and activities related to departmental and individual priorities can be entered into the system and assigned to department members for action. It also has the capability to generate action lists, meeting agendas, status reports, etc. It is the hope that this will allow the department to become better organized and monitor progress related to the strategic plan and other short term and long term goals. By clearly identifying priorities and expectations, each responsible party will be able to establish action items necessary for completion of tasks. The system will impact each area of the department and is expected to tremendously increase efficiency and effectiveness at all levels.

Research and the Brain Discovery Institute – The path of gaining public recognition at a state and national level through many research and patient care programs/projects continued in 2008. Renewal of a grant through the Georgia Department of Human Resources for the Certified Peer Specialist (CPS) Program is in process. The grant funds provide research related to a model using a certified peer support

specialist in the mental illness recovery process. The title is “Project GREAT,” Georgia Recovery-Based Educational Approach to Treatment, and involves a person that is in recovery from a mental illness, and who provides peer support services, serves as a consumer advocate, provides consumer information and peer support for consumers in emergency, outpatient or inpatient settings. We are very fortunate to have hired a CPS last year and we are extremely excited to announce that we have now hired a second CPS. The key department members will educate mental health professionals and mental health consumers about self-directed recovery which is in line with the institution’s initiatives for patient and family centered care. The program assists consumers in regaining control over their own lives and over their own recovery process. The department is completely committed to adopting the principles of self-directed recovery and to educating future clinicians regarding this groundbreaking concept that is transforming mental health in the state of Georgia and across the nation. This is evident in the new strategic plan that specifically addresses these efforts for the future. The department is grateful for the opportunity to continue in this type of alternative model and expects to provide a fully integrated program to assist clinicians and consumers in recovery.

In addition, research funding is expected to increase in the department as new faculty members are recruited and faculty development leads current members to new opportunities. The department also continues to have involvement with the Division of Mental Health and with the Carter Center in Atlanta which offer a wealth of potential research growth.

The newly established Brain Discovery Institute at MCG will provide a great opportunity for the department which has been strongly involved in the planning for the program. Dr. Buckley serves as a steering committee member and Dr. Kirkpatrick has been chosen to organize the Psychotic Disorders Program, one of the four programs. This institute will prove to be very beneficial to the department as it provides funding for recruitment and for research projects. Plans include a dedicated support staff member, faculty recruitment and translational research. The institute is fully supported by the Dean of the School of Medicine. It is the hope of the school that this will foster research and allow for quicker discoveries that will translate into better patient care.



From a national standpoint, the department continues to be visible with federally funded research, a groundbreaking peer specialist program and a number of faculty members receiving recognition.

For example, Dr. Sandra B. Sexson, Chief of Child, Adolescent and Family Psychiatry is serving her third year as the Council on Medical Education and Lifelong Learning's representative to the institute.

The Future - Strategic Planning - Fiscal year 2008 created the need to develop a new departmental strategic plan. The previous plan served the department well, but new goals and objectives were needed to take the department to the next level. Planning began by a kick off meeting and a series of team meetings to determine the future needs of the department. It was decided that this plan should differ from previous plans by having a more narrow focus with attainable goals. On the other hand, it was decided that it is time for the department to set high level goals that will allow it to go to the next level.

Department members had the opportunity to provide feedback on the previous plan and on ideas for the new plan. They were also given the option of participating on one of three teams that were formed in the three key areas of education, research and clinical care. Once these teams were established, and a leader was chosen for each. The teams consisted of faculty, residents, staff (clinical and academic) and representatives from the patient advisory board for psychiatry. Each team met regularly to set goals and determine objectives and action items for each. After several months of meetings, a strategic planning retreat was held at the Morris Museum of Art with representatives from each team in attendance. The retreat gave the opportunity to review the results of team meetings and to discuss issues. It also gave the opportunity for department representatives to hear feedback from the community regarding how the department is viewed, which was very informative. The feedback from all involved was very positive. The preliminary team goals are as follows:

1. Team Title: Beyond the Stoney Building: Community Outreach

Goal: Facilitate public awareness, early interventions, clinical innovations and advance our academic missions

2. Team Title: Come Train at MCG – Educational Innovators and National Leaders in Recovery

Goal: National prominence in psychiatric education

3. Team Title: Brain Discovery Institute

Goal: Promote translational research and innovation in our research

The plan sets high, but reasonable expectations for the future and will allow the department to achieve goals that will indeed, take it to the next level.

Success for the Department of Psychiatry and Health Behavior continues and despite external factors, the future is bright. The expectation is for 2009 to be no different. The steady path of conservative, careful planning will continue to be followed and there is no reason to believe that psychiatry will be recognized as a leader in many key areas going forward. It strives to be a stable, contributing department in the School of Medicine and at MCG.

V. Conclusion

The department has made a major transition to the Stoney Building, a great opportunity. The educational programs remain strong and this past year shows a greater trend toward self determination and personal responsibility in education. Research collaborations continue at national and international levels. Our clinical programs are advancing more toward a recovery-based approach. Our department's contributions to the institution are also noteworthy.