Nisonger Center - UCEDD  
Executive Committee 10/22/12

Attending:  Dr. Rabidoux, Dr. Aman, Dr. Ratliff-Schaub, Karel Smith  
Meeting convened at 9:35 a.m. – 357G McCampbell Hall

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**Agenda**

**Informational:**  
10 min.

**Mission-Area UPDATES:**  
15 min.
- Education/Training (Rabidoux)  
- Service (Ratliff-Schaub)  
- Research (Aman)

**Discussion:**  
65 min.
- Retirement of Leadership Faculty  
- Shared Services Update  
- Strategic Planning Retreat & Agenda  
- Clinic Revenue  
- IHIS Update
**Minutes**

**Informational:**

- Revised schedule for remaining 2012 EC Meetings: 11/19 and 12/10 (one meeting in Nov/Dec).

**Mission Area Updates:**

**Education/Training:**

- **Autism Institute 2013 (June 25th)** will be a full-day event, keynote speaker in the a.m. (Marsha Maelick); Dr. Hellings will present in the afternoon.
  - The hope is to make this more of an income generating event. Paula will be meeting with Karel, Blackwell has already been reserved.
  - Online registration can be routed through Department of Continuing Education to process credit card payments (Karel will research).
- Psychology IDD Applications will begin again in January.

**Service:**

- **Rachel’s maternity leave:**
  - Dr. Hellings and Karel are reviewing financials on Friday.
  - Have discussed hiring Rachel into a lead Medical Assistant position and hiring another Medical Assistant to cover in her absence and continue once she returns as an Assistant MA.
  - Dual Diagnosis patients (referred by Dr. Campo)? are being seen outside of the Contract? (we need to let our Leadership know that she is seeing non-Contract patients).
  - Dr. Hellings anticipates an increase in the clinical load... (ie. Non-Contract patients?)
  - Does the Dental Clinic see non-contract patients? Is that allowed?
  - Taking 12 weeks of leave, and due 1/21?
  - Dual Diagnosis Clinic name change?

**Research:**

- **Research registry** is still not submitted to the IRB. Dr. Aman will meet with the IRB in advance of submitting.
- Drs. Aman & Hellings are working on a clinical intake (follow) form... may eventually become the basis for some type of database (currently residing in Dr. Aman’s office)
- **Allison Lamb** is now on board; handout is profile of all IDDRC’s. Also includes the year that the grant was awarded which is helpful information; our competition would be 2014 that includes University of Washington, Vanderbilt, and Baylor. We should target Bill Smoyer from NCH – head of research institute (nephrologist with a personal interest in autism)).
Dr. Lecavalier may end up writing the IDDRC Grant.
Dr. Aman thinks they will become more demanding on the applied side and become more translational. Emphasis has typically been more neuroscience based.
Before December 31st we may only have enough time to identify a few to be involved and have an inaugural meeting. Is Mike’s 10% time enough for the IDDRC to get off the ground?

Discussion:

- **Retirement of Leadership Faculty:**
  - **Dr. Izzo:**
    - Returning as Transitions Program Director (similar to Tom) at reduced capacity (80%?) after 2 months of retirement; with a new position (supervisor has to write a letter explaining why a new person isn’t being considered)? Paula recently went through this with Sherry’s return.
    - Dr. Izzo will need to assign another PI to her grants for those 2 months.
  - **Dr. Aman:**
    - Decision is strictly arithmetic; influenced by OPERS modifications that include COLA and adjusted average of last 5 years of highest pay, as oppose to the last 3 years of highest pay.
    - Will spend 10% time on IDDRC.
    - One grant is a no-cost extension year ($6 Million network grant); Other grant is CHARTS – under recruiting; will also go into a no-cost extension (currently in it’s 5th year); how much work remains? Also metformin (supports Mike @ 5%). One industry contract…. Marc will advertise for Mike’s replacement (Mike will continue in an advisory capacity)....
    - Dr. Aman didn’t seem to indicate that he would be returning for more than the 10% commitment to the IDDRC and any additional advisory capacity for replacement and Dr. Hellings’ support.

- Not aware of any other Faculty/Staff retiring.
- Discussion surrounding **Associate Director and/or Director of Research** replacements?
  - Will recruit with Psychology for Director of Research position. Will begin a National Search for the Faculty position to replace Dr. Aman. Karel says that Mike’s position is a higher priority, Paula asks about the commitment for the Associate Director position.
    - **Director of Research:**
      - Dr. Lecavalier? Dr. Aman isn’t sure he would want to assume responsibility.
• Dr. Aman believes the ideal situation (replacement?) would be a Partnership between Pharmacology and Psychopharmacology at the Center – an early mid-career level person.

♦ **Associate Director:**
  • Needs to be someone who understands UCEDD’s and who doesn’t mind engaging the Public; from within?
  • Karel will email the Associate Director Position Description to Executive Committee following the meeting.
  • Dr. Benson? Does she have the time to commit to the level of support Marc needs?
  • Dr. Rabidoux? Indicated that she’s VERY busy, not sure she could handle the level of support Marc needs and wouldn’t want to give up the role of Director of Training or take the time to train her replacement in that role. Certainly not interested in moving offices.
  • Dr. Havercamp? Obvious perceived conflict of interest? Also super busy with new grant and her own Program getting off the ground...

• **Shared Services Update:**
  o College level as added Booker Wooten (Senior Accountant) to Shared Services.
  o Amy will be involved in staffing/services.
  o Booker will begin Monthly Administrator meetings for updates, MOU’s etc. (November will be the first of these); He’s on vacation until the end of October; so no MOU until after that.
  o Financial issues – only issues seem to be delays in getting originals to OSP.
  o HR – still day to day issues.

• **Clinic Revenue:**
  o The clinics (Autism and Family Directed); aren’t currently generating enough revenue to support Rachel @ 50%.

• **Strategic Planning Retreat:**
  o 4 hours; based on doodle availability final dates are:
    ▪ May 6, 2013 (from 12-4)
    ▪ May 20, 2013 (from 12-4)
    ▪ May 21, 2013 (from 12-4)
  o Apply sub-teams to the 4 goals.... Each objective has about an hour to present updates solicit opinions/feedback. Submit edits/tweaks by 2/22/12? Re-establish ‘teams’ and send Tamara Program area folks to receive invitation and official ‘save the date’.

• **IHIS Update:** Karel has a conference call with Tammy to discuss billing today, has been playing phone tag with Brenda; will ask Tammy again. As far as she knows we are still ‘on the list’.
- How will IHIS implementation impact additional MA support? At NCH, the MA doesn’t touch the file after the patient is registered. Once the clinician sees the patient – it goes directly to billing via ‘electronic encounter’... Rachel would manage rejection database... but may not have that last final step... may not have support of Johnnie to help with provider numbers.

**Clinical Revenue:**
- Handout – FY12 Clinical Revenue; and July-September 2012.
- $63,000 - $20,000 for Rachel
- 50% Jessica and 50% clinic support for new person to cover for Rachel while on leave.
  Karel is hoping for a main registration area for every clinic (including Dental).
- Clinic Coordinator (ie. Medical Assistant) is essential for backup and 40 hours/week.

*Meeting was adjourned at 11:10 a.m.*

*Minutes respectfully submitted by Tamara J. Hager*