

Psych-e News

DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL NEUROSCIENCES



School of Medicine

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University
Physician Group

Upcoming Events

DPBN Chairman's Grand Rounds July 2014

1:00 – 2:00pm

John D. Dingell VAMC
Auditorium

Special Grand Round Series

7/23 – Lisa MacLean, MD

"Feedback Along the Educational Continuum"

7/30 - Heidi Kromei, PhD

Paul J. Dougherty, MD
Vicky Diaz, PhD

"Introduction to the Clinical Competence Committee"

Please be on the lookout for an upcoming symposium on Friday, October 10, 2014 on Adolescent Substance Abuse and Treatment.

I. Greetings from the Chair

First, it is with mixed emotion that I announce the retirement of our CAO, Blair Coutant. Mr. Coutant will leave our department in the fall. Please look for an upcoming email about a reception in his honor on August 20th. In the upcoming months, we will be hosting numerous events as we continue to expand our collaborations and services across the community. I greatly appreciate everyone's efforts as we continue to move during these dire fiscal times.

News from the Faculty

- **Mark Greenwald, Ph.D.**, was interviewed by the Detroit News about medical marijuana. The article can be found at the link below.
<http://www.detroitnews.com/article/20140717/METRO01/307170037/Burning-issues-medical-pot>
- **Alireza Amirsadri, M.D., and Cynthia Arfken, Ph.D.**, and their team's paper, "Economic Grand Rounds: Experience With Mandated Use of Generic Medications for Patients Covered by the Mental Health Safety Net" was published and has received statewide recognition. James Haveman, Director of the Michigan Department of Community Health and his team have expressed strong interest in this work as well as their recent inpatient diversion publication. This growing body of work will be used to facilitate policy-making decisions at state level, underscoring the impact, state-wide, our Department is having. In addition, leadership DMC including Joe Mullany CEO of DMC and Suzanne White, DMC Chief Medical Officer as well as leadership at Tenet including their Chief Medical Officer consider this work "outstanding and consistent with Tenet's focus on lowering costs while maintaining and/or improving clinical outcomes".
- **Shibany Taormina, Ph.D. and David Rosenberg, M.D.** were interviewed by ABC 20/20 on July 17th. The program followed a child with OCD being treated in our department and following pre-post MRI, treatment and genetic testing. More information in upcoming months.

Research Activities

- **Mark Greenwald, Ph.D.**, had his newly published study, "A Population Pharmacokinetic and Pharmacodynamic Modelling Approach to Support the Clinical Development of RBP-6000, a New, Subcutaneously Injectable, Long-Acting, Sustained-Release Formulation of Buprenorphine, for the Treatment of Opioid Dependence", in the highly ranked journal, *Clinical Pharmacokinetics*. Dr. Greenwald's study was conducted in collaboration with global R&D team leaders at Reckitt Benckiser Pharmaceuticals (RBP). This highly innovative work evolved from his landmark positron emission tomography (PET), pharmacokinetic (PK), and pharmacodynamic studies with sublingual buprenorphine (Greenwald et al., 2003, 2007). Their unprecedented neuropsychopharmacological work has proven essential to the ongoing clinical development of a once-monthly subcutaneous

depot treatment for opioid use disorder, RBP-6000. Specifically, the FDA requested last year that RBP develop a model to predict relationships between plasma concentrations and levels of mu opioid receptor binding from buprenorphine, and how these biological indices predict its pharmacodynamic effects (e.g., opioid withdrawal suppression and opioid blockade). This type of comprehensive, empirically-based modeling has never been explicitly done before with any substance abuse medication, and is among the first in the entire psychiatric field.

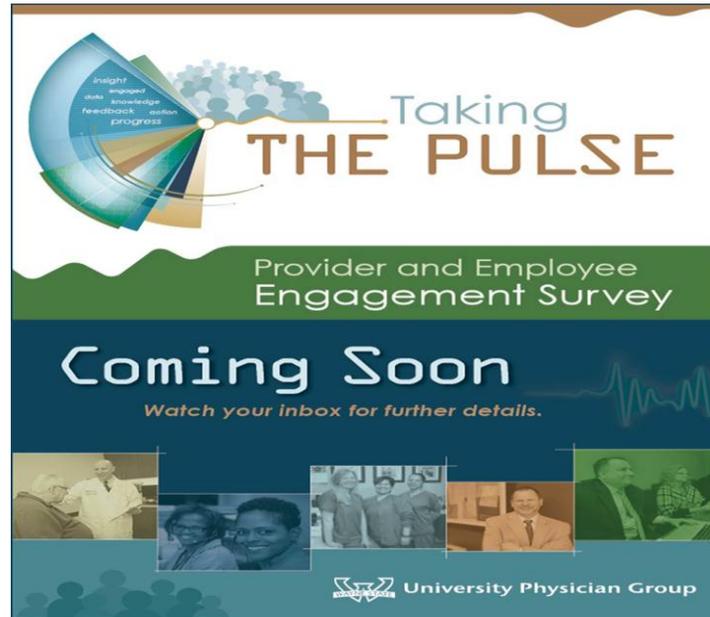
II. Office of Education and Training

- Welcome to our new PG-1 residents: Murtadha Abdullhussein, Shashank Agarwal, Khushminder Chahal, Hadi Farah, Samad Hassan, Randeep Hayer, Robert Loman, Ahmed Mohammed, Gina Papke, and Gabriel Tobia, and joining our 2nd year residents. Joining our Child and Adolescent Program are Sharma Faheem, Hanna Saad and Divya Vemuri. And finally, please welcome our Geriatric Psychiatry Fellow – Fahd Syed and Cori Chase, CRQPS-VA-UA.

DMC/WSU Psychiatry & Behavioral Neurosciences 2014/2015 Residency Programs

General Psychiatry									
PG-1						<div style="border: 1px solid black; padding: 10px;"> <p>Geriatric Psychiatry Fellowship</p>  Fahd Syed </div> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>CRQPS-VA-UA</p>  Cori Chase </div>			
									
PG-2									
PG-3									
									
PG-4									
Child/Adolescent Psychiatry									
CAP I				<div style="border: 1px solid black; padding: 10px;"> <p>CAP II</p>  Ted Hunter </div> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;">  Jennifer Vinch </div>					

III. Other News



MESSAGE FOR ALL UPG PROVIDERS

1. **All E/M** (visits: inpatient and clinic) notes require a chief complaint. Simply indicating "follow up" is not enough. Please indicate a follow up for ----
 2. Include your impression. Diagnoses should be specific as possible.
 3. Avoid copying and pasting notes. The government is very focused on this and is taking action due to the seriousness of the issue. Make sure what you did for the patient on the date of service is very clear.
 4. Use macros carefully. It needs to make sense. There are several examples but one is as follows: We are seeing a standard statement for patients who are admitted and those who are discharged on the same note.
 5. Teaching physicians must attest to the resident's notes. If you sign off after the date of service, you must indicate the date that you saw the patient. If you saw the patient, you must also indicate that you saw the patient. If you didn't see the patient, please indicate it in your attestation.
 6. NP/PA/Midwife: If you review a case with a physician, please indicate it in your note. If a physician actually sees the patient also, then the physician should document his/her portion of the service. A standard attestation is not enough. The note would need to include some sort of demonstration of face to face. For example: I reviewed the following treatment options with the patient.... or Abd was soft, but tender in the RUQ, etc..
- Feel free to contact Cathy Barrett or Patti Perro for questions.

**"Humor is mankind's greatest blessing."
Mark Twain**

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WSU Physician Group to consolidate in Midtown site

By Jay Greene



COURTESY WAYNE STATE UNIVERSITY

Come 2016, physicians employed by the Wayne State University Physician Group will work in a \$53 million ambulatory care center on Woodward Avenue in Midtown.

All of the physicians employed by the Detroit-based **Wayne State University Physician Group** will report to the same clinic building when the group's \$53 million ambulatory care center opens in Midtown in 2016.

The planned five-story, 153,000-square-foot ambulatory center, at 3750 Woodward Ave., will house all of the nonprofit academic group's more than 15 specialty clinics in about 100,000 square feet, said Ken Lee, executive director of WSUPG and vice dean of business affairs for the medical school.



WSUPG has 2,255 physicians in its group practice.

"We are going to lease space and consolidate all our clinic offices in Detroit into one building," said Lee, adding that the group had considered acquiring and developing its own building.

"We talked about it, but I don't like owning real estate," he said. "We are health care" providers.

Ken Lee

Consolidation of the clinical practice also is expected to help WSUPG increase revenue by generating operating efficiencies and greater internal patient referrals, Lee said.

"We don't get the advantage as does (**University of Michigan Faculty Group Practice** and **Henry Ford Medical Group**) of having people in a central location," Lee said. "We will have one-stop shopping, an increase in referrals. We won't have the leakage" of patients going elsewhere.

Lee said WSUPG projects a 10 percent to 20 percent increase in patient revenue as referrals between specialists become more fluid and new patients seek the academic group. If revenue increases 10 percent, Lee said, WSUPG could generate an additional \$10 million in annual revenue.

John Ferchill, chairman and CEO of the Cleveland-based **Ferchill Group**, is developing the building for Southfield-based **Midtown Project LLC**, a group of local investors who have owned the building for more than 12 years. Midtown is represented by Southfield attorney Gary Novara.

Other tenants in the building, formerly called the Professional Plaza, could include one floor leased by the **Detroit Medical Center**, Ferchill said. He said the building will be rounded out with other medical, pharmacy, eye care, retail and food services.

"We intend to start clearing the site later this month, start demolition (in July) and open in 18 months," Ferchill said.

Jim Bieri, president of Detroit-based **Stokas-Bieri Real Estate**, said the tenants best suited for the space depend on its configuration, but a drugstore and food are good options.

"That area is always good for fast casual" dining, he said.

Over the past two years, the physician group has been consolidating about 160 office locations in Southeast Michigan into its four main buildings in Troy, Dearborn, Southfield and now Detroit, Lee said. In 2012, WSUPG opened a corporate administrative office in Troy that also has physician offices and an outpatient surgery center.

Some WSUPG physicians, including its obstetrics and gynecology group, already have an office at 3750 Woodward, just north of Mack Avenue and next to the new **Whole Foods Market**. Other tenants of the building include **Comerica Bank** and a **Subway** sandwich shop.

Lee said other physician group practices include family medicine, internal medicine, surgery, neurology, dermatology, ophthalmology and oncology.

Combining the offices isn't expected to directly save on real estate costs, Lee said.

"We will have a lot more efficient operation and a lot nicer place for patients to come," he said. "There will be cost savings from the fact we will cut down on front-office staff because of the combined lobbies. We will continue to expand, so we will have the same number of employees. We will have opportunity savings."

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