AGENDA

SLU Business Manager Meeting
December 10th, 2009
DuBourg Hall, room 157 (Refectory Hall)
9:00a.m.-10:30a.m.

1) Announcements – Keith Emge
   • Sign in Sheet
   • November and December ‘What’s New?’

2) Card Access – Ann Gioia (20 minutes)

3) SLU Medical Home – Dr. David Schneider (20 minutes)

4) New Policies for Sponsored Programs – Joe Sanning (20 minutes)
Meeting minutes of the Saint Louis University Business Managers held at 9:00 a.m. on Thursday, December 10th, 2009 in room 157 of DuBourg Hall.

**Business & Finance Staff Present:**

Mary Drexl    Keith Emge    Mindy Fenton    Sharon Gajewski  
David Heimburger    Eric Lewis    Tom Meadows    Annaliese Neff  
Lisa Zoia

**Number of Business Managers Present:** 72  
**Number of Guests:** 6  
**Number of Business and Finance Representatives Present:** 8

Keith Emge welcomed everyone to the meeting.

**What’s New Review** - Keith Emge reviewed a few key items from the November and December issues of “What’s New”. These items included: the updates to the petty cash policies, promotional vendor listing, check status request, payment processing, new Dashboard reporting, concur expense updates, the move for Business and Finance, and payment detail reminders from Self-Service Banner. For more information and greater details read the latest What’s New.

**Ann Gioia** – Keith Emge introduced the first speaker, Manager of Parking and Card Services, Ann Gioia. Ann provided a handout explaining the Door Access Project which will involve securing buildings after hours and allowing only those individuals on a building access list to enter the building during “closed” hours. Ann said that Business Managers will complete the Door Access Criteria Form which will list who can get into the building, when they can get into the building and who is allowed to make changes to the building access form. Once this sheet is submitted the building will automatically be unlocked and locked for the hours listed. After hours the doors will only open when an employee with access to that particular building uses their proximity swipe card. If, by chance, the exterior door access is not a proximity lock then you will still be able to swipe your ID badge in order to gain access.

**Dr. David Schneider** – Dr. Schneider began his presentation by telling the Business Managers about the benefits of the patient-centered SLU Medical Home. Patients will have more time with professionals who provide not only care within the office, but they will also have a staff member on call so that a person may call with questions or concerns at any point of the day. This means that the medical group will have quick access to patient’s medical information and charts. The medical team will also communicate seamlessly between all professionals or ‘care settings’.

Dr. Schneider also said that patients will be able to view open slots for appointments and then book time for an appointment online. The medical group will also conduct weekly meetings to discuss significant issues with patients and compare thoughts. The new Electronic Health
Records system will be very beneficial in this setting. Dr. Schneider also stated that this program is not exclusive to just Saint Louis University employees and their family members covered by a SLU-sponsored medical plan. Instead, the plan can include the Saint Louis University employee who is covered by a SLU-sponsored medical plan and their family members who have other medical coverage. This makes the plan more patient and family-centered. For more information about the SLU Medical Home program, please view the presentation or click here.

**Joe Sanning** – Joe Sanning, Director of Sponsored Programs, introduced his staff - Dan Miller and Loretta Edwards and began talking about his new expectations for Sponsored Programs. Joe outlined what steps they will be taking in the future to ensure a compliant and successful program. The new policies Sponsored Programs is introducing fall mainly under the reporting process; transfers of income and expense, cost transfers, sponsored programs and what defines them, and sub-recipient monitoring. Joe also said that there are certain items that will be coming as topics in the future, which are: supplemental pay, more on cost transfers, allowable costs, allowable transfers, and federal equipment. For the entire presentation, look below for the powerpoint that was used.

**Final Announcements** – Keith Emge told the audience that there will be a few more updates to the December issue of ‘What’s New?’ and that a follow-up email will go out to the Business Managers.

Minutes respectfully submitted by Keith Emge.
Door Access

Once your building has been selected for door access either through a project or through the door access committee, these next steps need to be taken:

1. Complete the door access criteria form to provide the following information:
   a. Who can get into the building
   b. When they can get into the building
   c. Who can make changes to the building access form

   This form will need to be emailed by the Dean or AVP.

2. Submit completed form to PCS for programming. If additional information is needed for programming it will need to be done so in writing and submitted by the authorized departmental person.

3. If someone in your department would like to maintain your doors instead of PCS, a request for a partition can be made. This must be done so in writing. The partition will provide access to your logical devices, time zones and clearance codes. Your department will then be responsible to maintain your information. If assistance from PCS is needed, the request must be done in writing.

4. Request for reports from the system must be done in writing and may only be requested by the person authorized on the criteria form or the VP.

5. Any special request for the doors must be done in writing and made by the person authorized on the criteria form.

6. If an employee’s access needs to be changed or revoked, PCS must receive the request in writing by the person authorized on the criteria form.
# Door Access Criteria Form

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<th>Department</th>
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<th>Building</th>
<th>Phone #</th>
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**List external doors with the open and close times**

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<th>Door</th>
<th>Open</th>
<th>Close</th>
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2. 
3. 
4. 
5. 
6. 

Will this building be closed during University holidays? **Yes** **No**

Will the door open/close be different on weekend? **Yes** **No**

If yes please provide details:

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List below the criteria for faculty who may enter the building

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

List below the criteria for students who may enter the building

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please list the individuals within the department will have authorization to modify this criteria:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
The Patient Centered Medical Home

F. David Schneider, MD, MSPH
Professor and Chairman
Department of Family and Community Medicine
Saint Louis University
What is a PC-MH?

A PC-MH is a proposal to organize care based on the Institute of Medicine’s definition of patient-centered care:

“providing care that is respectful of and responsive to individual patient preferences, needs, values and ensuring that patient values guide all clinical decisions”

Institute of Medicine, Crossing the Quality Chasm: A New Health System for the 21st century, March 2001; Presentation to the Patient-Centered Primary Care Collaborative: Call-to-Action Summit; Bob Doherty, SVP, Governmental Affairs and Public Policy American College of Physicians
What is a Patient-Centered Medical Home?

- Patients have a **relationship** with their personal physician.
- The **care team** is responsible for providing and arranging health care needs.
- The practice-based care team takes collective responsibility for patients' **ongoing care**.
- Patients can expect care to be **coordinated** across care settings and disciplines.
- **Quality** is measured and improved as part of daily work flow.
- Patients experience **enhanced access** and communication.
- Practice uses EHRs, registries, and other **clinical support systems**.

So What Does This Really Mean?

- Where you’d want to get your medical care
- High quality, evidence-based
- Great communication with the practice
- The practice is the unit of care
- Team-oriented
  - Physician, nurse, front office, care manager
  - Nutritionist, pharmacist, PT/OT, counselor, etc
- Ongoing care monitoring
Why?

- Current system is uncoordinated, costly, old-fashioned
- Time to modernize
- Integrate information technology
- We can do better for our patients
Who’s on the Team?

- Gillian Stephens, MD – Medical Director
- Bill Manard, MD – Physician
- Chris Jacobs, MD – Physician
- Ellen Gruszczynski, RN, MPH – Care Manager
- Donna Wells, MA – Medical Assistant
- Mary Moore, MSW – Social Worker
- Natalie Brooks, PharmD – Clinical Pharmacist
Who’s on the Team?

- Tim Randolph, Clinical Laboratory Scientist
- TBA, Registered Dietitian
- TBA, Physical Therapist
- TBA, Occupational Therapist
- TBA, Physician Assistant
- TBA, Family Nurse Practitioner
Special Features

- Weekly team meetings
  - Case management
  - Continuous quality improvement
- Care Management/Coordination
- Group Visits
- Pharmacotherapy consultation
- (Hopefully) Integrated mental health
“For better or worse, I have come to believe that we – patients, families, clinicians, and the health care system as a whole—would all be far better off if we recalibrated our work such that professionals behaved with patients and families not as hosts in the care system, but as guests in their lives.”

Don Berwick, MD
Institute for Healthcare Improvement
Office of Sponsored Programs

New Policies
Joe Sanning - Director, Sponsored Programs
December 10, 2009
New Policies

• Reporting Process
• Transfers of Income and Expense: Cost Transfers
• Sponsored Programs
• Subrecipient Monitoring
Reporting Process

- No reports or closeout will be filed late.
  - Reports will be done based on official University records (G/L) at the date of report.
  - Departments input must be received week before due date to be recorded in the G/L.
  - Effective October 1, 2009
Transfers of Income and Expense: Cost Transfers

- Limits transfers of items over 60 days passed the original transaction date
- Requires “Due Diligence” language
- Provides method of tracking where breakdowns of controls are occurring.

- Establishes Documentation Standards
  - Sufficient documentation
    - PI authorizes allowability
    - Support for transaction (receipts etc… )
Transfers of Income and Expense: Cost Transfers

- Documentation Standards (continued)
  - Substantial documentation (Over 60 days)
    - Sufficient documentation
    - Describe who, what, where, when, why, and how
    - What are you doing to ensure it does not occur again

- Requires transfers related to effort reports to have a recertified effort report attached.

- Sponsored programs will be submitting transfers instead of returning to departments. Departments will be copied.
Transfers of Income and Expense: Cost Transfers

- Transfers over 60 days passed original transaction
  - Provide sufficient documentation
  - Fill out and attach Late Cost Transfer Form
    - Signed by Chair (log in)
    - Signed by Dean (Log In)
    - Signed by subject of effort report if LR
    - Recertified effort if necessary
    - Sent to Sponsored Programs to determine allowability
Transfers of Income and Expense: Cost Transfers

- January 1-March 31, 2010
  - Amnesty Period
    - Get in all old transfers

- Policy Effective
  - April 1, 2010
Sponsored Programs

• Defines Sponsored award
  – Mechanisms
    • Grant
    • Contract
    • MOU

• Establishes no de minimus standard for sponsored awards
Sponsored Programs

• Establishes that all sponsored activity must be proposed through ORS and all post award activity must go through OSP
• All negotiations must go through ORS
• All Financial information is supplied by OSP
• Faculty/PI do not make the determination of Gift/Award, it is done in ORS
Sponsored Programs

• Effective January 1, 2010
Subrecipient Monitoring

- Most done in OSP
- Subaward/Vendor Checklist with Dept.
- Include sanctions for non compliance
  - High Risk
  - Additional Monitoring
  - Payments withheld until back in compliance
  - Effective January 1, 2010
Coming Soon!

• Supplemental Pay
• Cost Transfers
• Allowable Costs
• Allowable Activities
• Federal Equipment
Questions?