Maestro Care Charge Reconciliation - Game Show Style

How Do I get Access to Maestro Care?
How do I get access to Maestro Care?

• Anyone can access View Only training in LMS at anytime.
• 5 minute module with 3 questions.
• Must be completed before requesting Maestro Care access

How do I get access to Maestro Care?

• Once training is complete, a service now ticket can be submitted.
• Approval from employee’s manager in Service Now
• Instructions on Maestro Care Research Wiki
How do I get access to Business Objects?

First, what is RMDM and Business Objects?

- RMDM is the Research Management Data Mart
- RMDM pulls in data from several systems at Duke to create a single source of truth for administrative decision making across Duke Health
- Business Objects is a suite of applications that allows users to view, sort and analyze data using:
  - Reports
  - Dashboards
  - Ad hoc queries
How do I get access to Business Objects?

- Research Administrators tell the FPM in their unit to submit a SN ticket for RA’s access

- Research Administrator confirm with their FPM that they should be given access to BO. Email Matt Schultz and copy FPM.
Why can’t I run a report in Maestro Care?

RSH Record

• Also known as the Study Administration Record in Maestro Care
• Each protocol has one set up in Maestro Care
• Contains very important information for each protocol
• Users and Providers for the protocol are listed here
RSH Record

From the CRC Dashboard, click the Study Administration Record link:

RSH Record

Search for the desired protocol:
RSH Record

Select and accept the desired protocol:

<table>
<thead>
<tr>
<th>Study Code</th>
<th>Study Name</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRO00045773</td>
<td>Thrasos THR-184</td>
<td>Active</td>
</tr>
</tbody>
</table>

RSH Record

Research Study Thrasos THR-184 [PRO00045773]

General Information

Study Information

Thrasos THR-184

Study code: PRO00045773

Approved amt: 

IRB approval: 

NCT #: 01830920

Status: Completed [2]

Study type: 

Description:
A Phase II, Multi-Center, Parallel-Group, Randomized, Double Blind, Proof-Of-Concept, Adaptive Study Investigating Th Of THR-184 Administered Via Intravenous Infusion In Patients At Increased Risk Of Developing Cardiac Surgery Associated-Acute Kidney Injury (CSA-AKI)
RSH Record

A Phase II, Multi-Center, Parallel-Group, Randomized, Double Blind, Proof-Of-Concept, Adaptive Study Investigating The Effect Of THR-184 Administered Via Intravenous Infusion In Patients At Increased Risk Of Developing Cardiac Surgery Associated Acute Kidney Injury (CSA-AKI).

DUKE UNIVERSITY
2016 Symposium for Research Administrators
How do I find my fund code in Maestro Care?
How do I find my WBSE in Maestro Care

• The RSH record has a lot of valuable information!
• The WBSE will be listed in the Report Grouper tab
• If a WSBE has been closed the number will be replaced with XXXXXXX
• Monthly Maestro Care Database available on the FPM Wiki

How to find my WBSE in Maestro Care?

From the CRC Dashboard, click the Study Administration Record link:

- Report Listing
- Quick Launch to Research Activities
  - Patient Research Studies
  - Study Administration Records
How to find my WBSE in Maestro Care?

Search for the desired protocol:

Select and accept the desired protocol:

DUKE UNIVERSITY
2016 Symposium for Research Administrators
How to find my WBSE in Maestro Care?

DUKE UNIVERSITY
2016 Symposium for Research Administrators
How to find my WBSE in Maestro Care?

Fund code will be listed here

Why is everyone talking about linking? What is linking?
What is linking?

- Research-related encounters need to be linked prior to or during an encounter for the bills to track properly.

What is linking?

- Important take aways:
  - Visits need to be linked prior to closure of the encounter.
  - Charges from an encounter linked to a research timeline will pass through a research charge router, which will direct the charge to the appropriate bucket.
  - Linking visits with a relevant study protocol will ensure accurate billing of study charges.
  - If a visit/charge is linked after the encounter is closed the charge will not route properly.
What kind of trial can send a charge to insurance?

Qualifying Trial Status

• What does it mean to be a “Qualifying Trial” and why is it important to determine a study’s qualifying trial status before beginning the budgeting process?
  • A trial must be considered “qualifying” in order to bill Medicare and other third-party payors for routine costs
Qualifying Trials – What are “Routine Costs?”

From Centers for Medicare and Medicaid Services:

- “Items or services that are typically provided absent a clinical trial (e.g., conventional care);
- Items or services required solely for the provision of the investigational item or service (e.g., administration of a noncovered chemotherapeutic agent), the clinically appropriate monitoring of the effects of the item or service, or the prevention of complications; and
- Items or services needed for reasonable and necessary care arising from the provision of an investigational item or service in particular, for the diagnosis or treatment of complications.”

Qualifying Trials – What are NOT “Routine Costs?”

- “The investigational item or service itself
- Items and services provided solely to satisfy data collection and analysis needs and that are not used in the direct clinical management of the patient
- Items and services customarily provided by the research sponsors free of charge for any enrollee in the trial.”
Qualifying Trial Criteria

In order to be classified as a “qualifying clinical trial,” a study must meet the following three requirements.

“1. The subject or purpose of the trial must be the evaluation of an item or service that falls within a Medicare benefit category
2. The trial must not be designed exclusively to test toxicity or disease pathophysiology. It must have therapeutic intent; and
3. Trials of therapeutic interventions must enroll patients with diagnosed disease rather than healthy volunteers. (Trials of diagnostic interventions may enroll healthy patients in order to have a proper control group.)”

Qualifying Trial Criteria (cont.)

• The following studies may be automatically “deemed” qualifying:
  • Trials funded by NIH, CDC, AHRQ, CMS, DOD, and VA;
  • Trials supported by centers or cooperative groups that are funded by the NIH, CDC, AHRQ, CMS, DOD and VA;
  • Trials conducted under an investigational new drug application (IND) reviewed by the FDA; and
  • Drug trials that are exempt from having an IND under 21 CFR 312.2(b)(1)
Qualifying status in a nutshell

• A trial has to be qualifying in order for any study-related charges to be billed to the subject’s insurance
• Non-qualifying trials must have all study-related charges covered by the study.
• When in doubt, consult your institution’s compliance office and/or your Medicare Administrative Contractor (MAC)

What are the names of those darn financial reports in Maestro Care?
What are the names of those darn financial reports?

- The home for both of these reports is in Business Objects
- Reports can be accessed from the Duke ORI website
- The BO RSH 010 is also known as the FPM Reconciliation Report
  - This report is no longer available in Maestro Care

RSH010 For Excel Report

This report displays financial transactions (hospital and/or professional billing), to assist FPMs, GMs and FMAs in research HAR reconciliation.

This provides the same result as RSH010b report in Maestro Care, but in an Excel export-friendly format.
Charge Reconciliation Report

This report, based off the logic employed in the RSH 010 report, is to help financial personnel reconcile charges between Maestro Care and SAP.

- Includes report data from Maestro Care and SAP
- Maestro Care portion is from RSH010
- SAP portion is the CJI3 report, specifically filtered by GL 696400- outpatient care
How can I reconcile my Maestro Care patient care charges against SAP?

A reminder....

This report, based off the logic employed in the RSH 010 report, is to help financial personnel reconcile charges between MaestroCare and SAP.
Charge Reconciliation Report

• Includes report data from Maestro Care and SAP
• Maestro Care portion is from RSH010
• SAP portion is the CJI03 report filtered by GL 696400

Accessing the reports, start at the Duke ORI website

Office of Research Informatics

Where Research Meets Informatics

https://medschool.duke.edu/research/research-support-offices/office-research-informatics
Scroll down to the menu on the right and select ORI Data Reporting

The Office of Research Informatics (ORI), led by Chief Research and Academic Information Officer Iain Sanderson, is a comprehensive research hub that combines Information Technology (vended system selection, custom software development, technical and user support, system integration), academic informatics, research faculty and curriculum development, as well as data stewardship.

ORI’s mission is to create and support the world’s leading research infrastructure, including a cohesive portfolio of useful and user-driven applications that realize the Integrated Research Home, as well as support Duke Health’s Learning Health and Personalized Health visions.

Scroll down and select Maestro Care Reports

- Enrollment Dashboard
- Enrollment Reports
- Finance Reports (Leadership Users)
- Finance Reports (Departmental Users)
- MaestroCare Reports
- Personnel Reports
- Protocol Reports
Select the appropriate report

**RSH010 for Excel Export** - This report displays financial transactions (hospital and/or professional billing) to assist FPMs in research HAR reconciliation. This provides the same result as RSH010b report in MaestroCare, but in an Excel export-friendly format.

**MaestroCare Protocol Access Report** - This report will allow authorized users (RPM/FPM) to view a list of personnel who can view a protocol in MaestroCare, along with their role and user ID. This report will only return protocols for which there is at least one personnel with viewing rights in MaestroCare.

**Charge Review Workqueue 2062 Export** - Export of MaestroCare Workqueue 2062 (CRC Review). This is an enhanced view of the workqueue in MaestroCare, with more granularity regarding review status.

**Charge Reconciliation Report** - This report, based off the logic employed in the RSH 010 report, is to help financial personnel reconcile charges between MaestroCare and SAP.

**Charge Reconciliation Report Tip Sheet** - This tip sheet is provided to help with the Charge Reconciliation Report.

---

Accessing Business Objects with your net ID

![Duke Medicine Maestro Insight login page](image-url)
Charge Reconciliation Report

- If you search by BFR all fund codes under that BFR will be returned
- You cannot search by BFR and Fund Code- you must choose one or the other.

DUKE UNIVERSITY
2016 Symposium for Research Administrators

Charge Reconciliation Report

Enter value here
Click to move value over

I have moved two fund codes over (same method applied for BFR)

DUKE UNIVERSITY
2016 Symposium for Research Administrators
Once the report is run, you can export to excel.

If you would like to filter, you will need to delete the header rows 1-11 and 14-15.

Now you can filter to items of interest:
Maestro Care data:

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>MaestroCare Fund Code</td>
<td>MaestroCare Fund Code (only the FIRST fund code is taken)</td>
</tr>
<tr>
<td>MaestroCare Protocol ID</td>
<td></td>
</tr>
<tr>
<td>MaestroCare Payment</td>
<td>The payment associated with that MaestroCare transaction</td>
</tr>
<tr>
<td>MaestroCare Summary Payment</td>
<td>The summed payment, of all MaestroCare transactions that occurred on the same day, with the same fund code</td>
</tr>
<tr>
<td>MaestroCare Payment Date</td>
<td></td>
</tr>
<tr>
<td>HSP Account Name</td>
<td></td>
</tr>
<tr>
<td>HSP Account ID</td>
<td></td>
</tr>
<tr>
<td>Tech Prof</td>
<td>Technical or Professional charge</td>
</tr>
<tr>
<td>Provider Name</td>
<td></td>
</tr>
</tbody>
</table>

SAP Data

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAP Posting Row</td>
<td></td>
</tr>
<tr>
<td>SAP Company Code</td>
<td></td>
</tr>
<tr>
<td>SAP Charge Amount</td>
<td>The charge amount associated with the SAP transaction</td>
</tr>
<tr>
<td>SAP Summary Charge Amount</td>
<td>The summed payment, of all SAP transactions that occurred on the same day, with the same fund code</td>
</tr>
<tr>
<td>SAP Date</td>
<td></td>
</tr>
<tr>
<td>Org Unit BFR</td>
<td>Organizational unit</td>
</tr>
<tr>
<td>Org Unit Description</td>
<td>Text description of the organizational unit</td>
</tr>
<tr>
<td>Line Item Text</td>
<td>Line item text associated with the SAP transaction</td>
</tr>
<tr>
<td>Document Header Text</td>
<td>Document Header Text (note: Will only show up beginning in June 2016)</td>
</tr>
</tbody>
</table>
The magic of the report, the reconciled data

<table>
<thead>
<tr>
<th>Reconciled</th>
<th>The results of the reconciled attempt (either found in both systems, or found in one system only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MaestroCare Count</td>
<td>The number of times a unique MaestroCare transaction shows up (only relevant for when the transactions are found in both systems)</td>
</tr>
<tr>
<td>SAP Count</td>
<td>The number of times a unique SAP transaction shows up (only relevant for when the transactions are found in both systems)</td>
</tr>
</tbody>
</table>

Defining a unique entry in MC and SAP

<table>
<thead>
<tr>
<th>Maestro Care</th>
<th>SAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. HSP Account ID</td>
<td>2. Posting Row</td>
</tr>
<tr>
<td>3. Research Name</td>
<td>3. Fiscal year</td>
</tr>
<tr>
<td>4. Study Code</td>
<td>4. Source Doc Number</td>
</tr>
<tr>
<td>5. Tx Fund Code</td>
<td>5. Reference</td>
</tr>
<tr>
<td>6. HSP Account Name</td>
<td></td>
</tr>
<tr>
<td>7. Tx Post Date</td>
<td></td>
</tr>
<tr>
<td>8. Tech _Professional</td>
<td></td>
</tr>
<tr>
<td>9. Payments</td>
<td></td>
</tr>
</tbody>
</table>
We have a match!

- MaestroCare Fund Code = SAP Fund Code AND
- MaestroCare Posting Date = SAP Document Date AND
- MaestroCare Transaction Line = SAP Transaction Line AND
- Any of the four following statements are true:
  - MaestroCare Payment = SAP Charge OR
  - MaestroCare Summary Payment = SAP Charge OR
  - MaestroCare Summary Payment = SAP Summary Charge OR
  - MaestroCare Payment = SAP Summary Charge

Calculating Summary Amounts

- A MC summary payment is calculated by
  - Summing together all Maestro Care payments with the same fund code and date. An example is shown below, with three Maestro Care payments that were posted on 10/6/2014, under the Fund Code 2032841:
  - Payment 1 (3.42) + Payment 2 (98.25) + Payment 3 (113.28) = Maestro Care Summary Payment (214.95).

<table>
<thead>
<tr>
<th>MaestroCare Fund Code</th>
<th>MaestroCare Protocol ID</th>
<th>MaestroCare Payment</th>
<th>MaestroCare Summary Payment</th>
<th>MaestroCare Payment Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2032841</td>
<td>PRO00027625</td>
<td>3.42</td>
<td>214.95</td>
<td>10/06/2014</td>
</tr>
<tr>
<td>2032841</td>
<td>PRO00027625</td>
<td>98.25</td>
<td>214.95</td>
<td>10/06/2014</td>
</tr>
<tr>
<td>2032841</td>
<td>PRO00027625</td>
<td>113.28</td>
<td>214.95</td>
<td>10/06/2014</td>
</tr>
</tbody>
</table>

*For both MC and SAP if there was only one charge amount on a particular day, then that amount is the summary payment*
Calculating Summary Amounts

- SAP Summary Payment is calculated in a similar method
  - Summing together all SAP payments with the same fund code and date. Each SAP payment will have a SAP summary payment. An example is shown below, with two SAP Charge Amounts that were posted on 11/22/2014, under the Fund Code 2032841:
  - SAP Charge Amount 1 (-1.58) + SAP Charge Amount 2 (15.68) = SAP Summary Charge Amount (14.10).

<table>
<thead>
<tr>
<th>SAP Posting Row</th>
<th>SAP Company Code</th>
<th>SAP Fund Code</th>
<th>SAP Charge Amount</th>
<th>SAP Summary Charge Amount</th>
<th>SAP Date</th>
<th>Org Unit BFR</th>
<th>Org Unit Description</th>
<th>Line Item Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>10</td>
<td>2032841</td>
<td>-1.58</td>
<td>14.10</td>
<td>11/22/2014</td>
<td>6880203060</td>
<td>Brain Stimulation an</td>
<td>PB:GRANT PYT REV BCN03501563 11 24 14</td>
</tr>
<tr>
<td>2</td>
<td>10</td>
<td>2032841</td>
<td>15.68</td>
<td>14.10</td>
<td>11/22/2014</td>
<td>6880203060</td>
<td>Brain Stimulation an</td>
<td>PB:GRANT PYT BCN03501562 11 24 14</td>
</tr>
</tbody>
</table>

We have a match! Four different ways

- If the MaestroCare Payment (Individual Payment) equals the SAP Charge Amount (Individual Charge), the Reconciled column will display ‘Yes, MaestroCare Payment Matches SAP Charge’
- If the MaestroCare Summary Payment (Summary Payment) equals the SAP Charge Amount (Individual Charge), the Reconciled column will display ‘Yes, MaestroCare Summary Payment Matches SAP Charge’
We have a match! Four different ways

• If the MaestroCare Summary Payment (Summary Payment) equals the SAP Summary Charge Amount (Summary Charge), the Reconciled column will display ‘Yes, MaestroCare Summary Payment Matches SAP Summary Charge’

• If the MaestroCare Payment (Individual Payment) equals the SAP Summary Charge Amount (Summary Charge), the Reconciled column will display ‘Yes, MaestroCare Payment matches SAP Summary Charge’

Other notes about the Charge Reconciliation Report

• Maestro Care Data is updated nightly and is one day behind

• The SAP data is updated monthly.
  • It is YEAR TO DATE data.
  • The data from SAP is updated every month, on the 12th, with the exception of July.
  • In July, the data is updated on the LAST DAY OF THE MONTH (July 31st). This is to allow for year-end closing.
How do I know if my coordinator has reviewed the charges?

• The RSH 010 was the original home for this information.
• We have incorporated this data into the charge reconciliation report for one stop reporting
• This data must be accessed prior to exporting the report to excel
Incorporating RSH 010 CRC review into report

**Professional and Hospital Billing**
The links to the Hospital Billing and Professional Billing sub-reports will only work in the Business Objects environment.

<table>
<thead>
<tr>
<th>2930072</th>
<th>PRO00046510</th>
<th>72.64</th>
<th>596.80</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Billing Detail (Click to view)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Billing Detail</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Click to view (only works in Business Objects environment)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Troubleshooting**

DUKE UNIVERSITY
2016 Symposium for Research Administrators
My Charge Reconciliation Report comes up blank?

Security

• There are no additional security restrictions on SAP data
• For Maestro Care charges, security functions in a similar manner to other Maestro Care reports.
  • If you are associated with the RSH record for a specific protocol in Maestro Care you will be able to see charges for it.
  • If you are not associated with the RSH record, you will not be able to see these charges.
My Charge Reconciliation Report says “No, in Maestro Care but not in SAP”

“No, in Maestro Care but not in SAP”

• Check your Dates!
• Posting Date vs Document Date

Example:
• Document date in SAP is manually entered incorrectly as 1/6/2015 instead of 1/06/2016 and Maestro Care Transaction dates are 1/6/2016.
• Document date is currently used in the report. Posting date is usually restricted and not easily pulled into a report.
“No, in SAP but not in MaestroCare”

• Is your Fund Code still in Maestro Care?
• When a fund code is removed in Maestro Care it is replaced with XXX-XXXX
• Charges show up in SAP but there is no fund code in Maestro Care to create a “unique” entry

No, In SAP, but not in Maestro Care

• Take a look at your JV line item text
• Each bundle JV is manually assigned a Batch Control Number (BCN)
• PRMO can trace the BCN back to actual charges
• This can happen with client accounts and subject injury
No, In SAP, but not in Maestro Care

- JV’s for fees which are billed outside of Maestro Care
  - Example: CDU or CMRI

DUKE UNIVERSITY
2016 Symposium for Research Administrators

Financial Assessment and Management (FAM) and Patient Care Costs
FAM and Research Patient Care Costs

Current Process

<table>
<thead>
<tr>
<th>Restricted</th>
<th>Unrestricted</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Risk</td>
<td>High Risk</td>
</tr>
<tr>
<td>100% sample</td>
<td>Material</td>
</tr>
<tr>
<td></td>
<td>30% sample</td>
</tr>
</tbody>
</table>

Errors recorded in FAM Validation Tool

New FAM process

- 100% Validation for restricted and unrestricted codes
- FAM Validation Tool will be used as electronic record of 100% validation and reconciliation of Maestro Care Charges
- Errors are records in Maestro Care and not in FAM tool
- FAM metrics do not apply to Patient Care transactions
Validation /Reconciliation

• Reconcile general ledger line item detail to the HAR in the Maestro Care RSH010 – automated process with the new Charge Reconciliation report
• Research “unreconciled” items
• Review RSH010 to verify all transactions have a “Y” in the CRC review column
• Follow up with transactions that have a “N” in the CRC review column
• If the transaction reconciles between the ledger and the RSH010 and there is a “Y” in the CRC review column, validate transaction in the FAM Validation Tool

DUKE UNIVERSITY
2016 Symposium for Research Administrators

FAM Validation Tool

DUKE UNIVERSITY
2016 Symposium for Research Administrators
FAM Error Analysis Report

DUKE UNIVERSITY
2016 Symposium for Research Administrators

FAM Error Analysis Report

DUKE UNIVERSITY
2016 Symposium for Research Administrators
FAM Error Analysis Report

### Sampling Results and Trends 007/2016 to 000/0000

<table>
<thead>
<tr>
<th>BFR</th>
<th>BFR Desc</th>
<th>F</th>
<th>R</th>
<th>Category Description</th>
<th># Times</th>
<th># Times Sampled</th>
<th># Times Valid</th>
<th>% Times Val</th>
</tr>
</thead>
<tbody>
<tr>
<td>086601512</td>
<td>Ctr Applied Genomics and Precision Med</td>
<td>7</td>
<td>6</td>
<td>Patient Care</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>100.00</td>
</tr>
<tr>
<td>086601525</td>
<td>Medicine-Endocrinology and Metabolism</td>
<td>4</td>
<td>4</td>
<td>Patient Care</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>100.00</td>
</tr>
<tr>
<td>086601535</td>
<td>Medicine - Gastroenterology</td>
<td>11</td>
<td>11</td>
<td>Patient Care</td>
<td>11</td>
<td>11</td>
<td>11</td>
<td>100.00</td>
</tr>
<tr>
<td>086601545</td>
<td>Medicine - Oncology</td>
<td>4</td>
<td>4</td>
<td>Patient Care</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>100.00</td>
</tr>
<tr>
<td>086601555</td>
<td>Medicine-Infectious Disease</td>
<td>1</td>
<td>1</td>
<td>Patient Care</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>100.00</td>
</tr>
<tr>
<td>086601555</td>
<td>Medicine-Rheumatology and Immunology</td>
<td>1</td>
<td>1</td>
<td>Patient Care</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>100.00</td>
</tr>
<tr>
<td>086601585</td>
<td>Medicine Pulmonary</td>
<td>3</td>
<td>3</td>
<td>Patient Care</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>100.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BFR</th>
<th>BFR Desc</th>
<th>F</th>
<th>R</th>
<th>Category Description</th>
<th># Times</th>
<th># Times Sampled</th>
<th># Times Valid</th>
<th>% Times Val</th>
</tr>
</thead>
<tbody>
<tr>
<td>086601515</td>
<td>Medicine - Cardiology</td>
<td>7</td>
<td>6</td>
<td>Patient Care</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>100.00</td>
</tr>
<tr>
<td>086601518</td>
<td>Medicine - Cell Therapy and Hematologica</td>
<td>2</td>
<td>1</td>
<td>Patient Care</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>100.00</td>
</tr>
<tr>
<td>086601525</td>
<td>Medicine-Endocrinology and Metabolism</td>
<td>4</td>
<td>1</td>
<td>Patient Care</td>
<td>4</td>
<td>1</td>
<td>4</td>
<td>25.00</td>
</tr>
<tr>
<td>086601535</td>
<td>Medicine - Gastroenterology</td>
<td>14</td>
<td>14</td>
<td>Patient Care</td>
<td>14</td>
<td>14</td>
<td>14</td>
<td>100.00</td>
</tr>
<tr>
<td>086601546</td>
<td>Medicine - Hematology</td>
<td>4</td>
<td>1</td>
<td>Patient Care</td>
<td>4</td>
<td>1</td>
<td>4</td>
<td>25.00</td>
</tr>
<tr>
<td>086601550</td>
<td>Medicine-Infectious Disease</td>
<td>4</td>
<td>1</td>
<td>Patient Care</td>
<td>4</td>
<td>1</td>
<td>4</td>
<td>25.00</td>
</tr>
<tr>
<td>086601555</td>
<td>Medicine-Rheumatology and Immunology</td>
<td>6</td>
<td>6</td>
<td>Patient Care</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>33.33</td>
</tr>
<tr>
<td>086601585</td>
<td>Medicine Pulmonary</td>
<td>6</td>
<td>6</td>
<td>Patient Care</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>33.33</td>
</tr>
</tbody>
</table>

- Total: 116 - 59 - 59

DUKE UNIVERSITY
2016 Symposium for Research Administrators

### Questions?

**Reaching New Heights in Research Administration**

DUKE UNIVERSITY
2016 Symposium for Research Administrators