

Ideas

o f r e f e r e n c e

APA at the Millennium

by Deane Manolis, MD, APA Assembly Representative

"Millennium" articles are a dime a dozen, and by the time MPS members read this, the turn of the millennium will be old hat. Nevertheless, this milestone seems to be a good opportunity to review the state of the American Psychiatric Association, an organization now well over 150 years old.

As the "Decade of the Brain" ends, psychiatrists have an ever-increasing understanding of the biopsychosocial basis for mental illness. But ironically, psychiatrists have found it more difficult to put new knowledge to use due to ever-increasing fiscal constraints and continuing stigmatization of mental disorders. Always an advocacy and educational organization, the APA now finds itself under increasing pressure as well, to provide leadership and promote significant change in these negative trends. Today's APA is seen by many members as irrelevant to their day-to-day practice struggles, and the organization is losing net membership.

Even now, as APA attempts significant organizational change, the "old boy's club" epithets are still heard. By chance, I found a copy of a Minnesota

Psychiatric Society newsletter from 1975 in which a long article by the Assembly Representative outlined the crises facing the APA (when it really was an old boy's club); a special APA "key conference" was convened to tackle these issues. The issues were almost identical to those faced by the APA today—the more things change, the more they stay the same.

So where *is* APA today? "Reinventing the organization" has been a catch phrase of the '90s, but I do believe that APA is finally in the process of reinventing itself. An intense strategic planning process in 1997-98 has effected plans to refocus and restructure the organization between 1999 and 2001. The November 1999 Assembly meeting and December Board of Trustees meeting were filled with heated debate and hard choices. As a result, there will be a significant shift and reallocation of financial resources to meet the goals of the strategic plan.

The main thrust of this change in focus will be increased advocacy for our patients and for the profession. Funds for these activities will be taken

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Ideas of Reference

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the Minnesota

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district branch of the

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Association.



Vote to change APA's tax status!

The APA election ballot of January 2000 includes a matter important to the future of the APA. Members are given an opportunity to vote to approve amended bylaws which would allow the APA to reorganize itself by establishing a non-profit organization under Section 501(c)(6) of the tax code. This will allow the APA to expand significantly its ability to advocate at all

levels for members and their patients.

APA's present charitable tax classification places strict limits on the resources it can devote to lobbying and other advocacy. It precludes sponsorship of a political action committee. It precludes providing significant financial assistance to MPS and all other district branches. The new organization could mean significant financial assistance from the APA to MPS without increasing membership dues.

This change will have little practical effect on members. Annual meetings and other educational opportunities will continue as before, as will other benefits of APA membership. The change will have only a minor effect on the tax deductibility of dues payments for APA members. Dues will be deductible as a business expense rather than charitable contribution, except the percentage that APA spends on lobbying activities. MPS is a 501(c)(6) organization, as is the AMA and most other national specialty organizations.

To pass, at least one third of eligible voting members must vote on this amendment, and of those, two thirds must vote in favor of the change.

The MPS Council urges you to vote—and vote for this change.

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Ideas of Reference

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An Editorial Statement

In recent months, there has been some discussion at the MPS Council and from others, about the editorial direction of *Ideas of Reference*. Some have perceived a bias toward organizational psychiatry.

To begin with, a review of my professional background might be in order. After a brief stint of military psychiatry, I have practiced in the private sector for 31 years. I was with a large psychiatric group for seventeen years, then a solo practice with expense sharing for the last fourteen years. I had an emphasis on hospital psychiatry until five years ago, with voluntary and paid leadership positions in two hospital organizations. I also was an appeals reviewer in the distant past for Blue Cross/Blue Shield, Preferred One, the APA, and Minnesota's PRSO. In the mid-1990s, I was the psychiatric medical director and did utilization review for the small SelectCare PPO.

Shortly after I became editor for *Ideas of Reference* in 1993, I established some goals for the newsletter at the request of the APA's newsletter subcommittee. These goals include:

- To inform the Minnesota Psychiatric Society membership of activities and actions of MPS Executive Council/leadership in local and national (APA) forums.
- To inform MPS membership of legislative and socioeconomic issues affecting psychiatry on state and national levels.
- To encourage MPS membership participation in district branch and other psychiatric organization activities.
- To provide news about individual/group activities of Minnesota psychiatrists.

I have tried to keep these goals in mind as I put together each issue of the newsletter. There has been considerable reporting on organizational activities in the "Neighborhood News" page of the newsletter, as the various psychiatric "neighborhoods" are groups of psychiatrists. Solo psychiatrists have not been well-represented in Neighborhood News, but with the recent invigoration of the MPS Private Practice Committee this should change.

Minnesota psychiatrists practice in many settings, and polls in recent years have noted an increasing number of employed psychiatrists, as is true nationally. In approaching the problems of "managed care" I recall the comment of a younger psychiatrist: "What's all this [concern] about managed care—its the only thing I've ever known". So, in putting together the newsletter, I must keep in mind psychiatrists in employed settings as well as private practice psychiatrists struggling with the burden of managed care requirements.

Considering the above, I shall try to maintain as balanced an editorial stance as possible, to represent

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A Bit of This and a Bit of That



by Galen Stahle, MD
MPS President

APA Reorganization MPS members should remember to vote for their candidates in the APA elections **and** to vote in favor of the reorganization of the APA. This reorganization is important in that it will allow APA to be a stronger

force for patient advocacy and to be more politically active. It will also allow APA to give back a larger portion of APA dues to the DBs. (i.e., directly to MPS). Leaving the ballot blank concerning the reorganization is equivalent to voting against it.

Update on political activity The meeting with AG Mike Hatch was postponed until January 24. The MPS Private Practice Committee has outlined a number of ideas/thoughts/recommendations it plans to present at that meeting. If you are interested in the specifics of these proposals, Floyd Anderson has these. In meeting and discussing issues with Board members of the Minnesota Physician/Patient Alliance (MPPA), we find they are actively pursuing several issues pertaining to patient rights and patient advocacy. Their aims and organizational goals closely parallel the wishes

viewpoints of psychiatrists in all settings. As always, I welcome material for the newsletter from any MPS member; unfortunately, there has been very little unsolicited material submitted since I became editor. I wish there were more.

One final note. For the last several years, I have been looking for some editorial assistance through the newsletter and by word of mouth. John Scanlan recently volunteered, the first offer I have had. Subsequently, David Sudduth has offered to do some occasional writing. There has been some concern about John's helping with the newsletter because of his background with BCBSM (*see Council highlights*) but knowing John, I believe we can retain a balance in the editorial policy.

As many know, I recently moved toward semi-retirement. I plan to stay with the newsletter for a few more years, and I will plan for an orderly succession in the newsletter as I did with my practice.

As always, I would appreciate any feedback or comment about the content of the newsletter, including this column.

DCM

expressed in the poll taken of MPS members prior to last year's legislative session. Although they represent all physicians, their president is an MPS member (Lee Beecher) and they will be a strong ally of ours. MPS members should consider joining this group. Floyd Anderson, active fellow that he is, has reached out and wrapped his arms about NAMI. They have agreed to support with the full measure of their lobbying and voting power a Utilization Review Reform Bill. Please see Floyd Anderson's article in this issue of the newsletter for further details.

Why we should be wary of offset studies? I think I'll run the other way if I see one more study that shows that it is cost-effective for employers, managed care companies, insurance companies, etc. to treat mental illness. It seems to me that we in psychiatry put ourselves in a box when we constantly seek to prove we are economically a savings to others. Rather than that being icing on the cake it becomes the standard, i.e., in order to justify psychiatric treatment we need to show that it will make money for someone somewhere else. People should be treated for psychiatric illnesses as a part of basic right to medical care and because it is the right thing to do rather than because someone can make money from it. After being reduced from roughly 9% of the health care dollar spent to 3% or less we should be advocating for larger expenditure for mental health without having to justify it as money saved somewhere else.

Do we need a union or something quite like it? Washington, DC physicians had a hearing of a bill in November before the Washington, DC City Council to allow them to collectively bargain for patient and physician protections without violating federal antitrust laws. Issues included in the proposed bargaining procedure involved negotiating about clinical practice guidelines and coverage criteria, liability issues, utilization review procedures, and quality assurance programs as well as physician fees. Could this be done for the entire state of Minnesota through the attorney general's office? Since mental health carveouts are the rule in Minnesota could physicians do this on their own?

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Thank you!



New Directions for the U of M Department of Psychiatry

by S. Charles Schulz, MD



S. Charles Schulz, MD

I am appreciative of the invitation to describe some of the new directions for the Department of Psychiatry at the University of Minnesota. I have been Head of the Department since last summer and have been able to work with the faculty for nearly six months and been able to meet with a number of investigators around the University. I am very

happy to have been selected to this important leadership position and feel that there is a strong faculty and University upon which to build a leading Department. During the recruitment period and my early time in Minnesota, I have begun work on some initiatives that I believe can be constructive for the Department and the community.

In recent years there has been an explosion in the development of new medications and specific psychosocial interventions for patients suffering from psychiatric illnesses. Yet, few Academic Medical Centers have the capacity to test new treatments in a pleasant, safe and well administered setting. An initial goal for the Department is to establish a Clinical Trials Unit (CTU) to provide a center of excellence for clinical trials. The Unit is envisioned to be an ambulatory site with capabilities for patient assessment, physical evaluation, and other forms of testing (e.g. neuropsychological performance). In addition, the CTU can provide for diagnostic assessment for other research work.

Advances in brain imaging have allowed investigators to not only examine the structure of the brain in patients with psychiatric illness, but to also explore how the brain works through techniques like PET scanning and functional MRI. Faculty at the University of Minnesota are among the world leaders in this area and it is important for the Department of Psychiatry to collaborate with them to advance knowledge about the brain mechanisms of mental operations and mental disorders.

Many psychiatric illnesses have a family aggregation, yet it now appears that the heredity of psychiatric illnesses is complex. Most researchers feel that many genes are involved and that they interact with the environment to produce the symptoms that we, as

clinicians, see in our patients. The third major area of development for the Department will be to begin genetic research in collaboration with the Institute of Genetics. Genetic research can also advance through interaction with clinical trials and brain imaging. Medication response and side effects are related to genetic factors that may have practical consequences for practice. In addition, some researchers have begun using brain morphology and function as phenotypic characteristics of psychiatric patients as a part of their genetic linkage research. Therefore, the strength of research which involves clinical trials, brain imaging and genetics may not be in individual discoveries, but in their interactions.

There is one area that I feel has been underdeveloped in the Department and that is its relationship with the community. I believe that it is important for a University Department of Psychiatry to work closely with both the public and private sectors of psychiatry to best serve the local and regional communities. In addition, I believe that a Department should reach out to mental health consumers and their families to hear from them about the treatment they need and to extend a helping hand.

I would like to close by saying that I had been active in the Cleveland Psychiatric Society and found that I learned a great deal from the psychiatrists in Ohio. I look forward to participating in MPS activities and being a member of the greater Minneapolis-St. Paul community.

MMA Supports Paperwork Payment

The Minnesota Medical Association recently announced its legislative priorities for 2000. One of these is to develop legislation that requires managed care health plans and third-party insurance providers to pay physicians a reasonable sum for the preparation of any additional prior authorization requests that are required after an initial plan of care has been submitted for the treatment of patients with mental health conditions.

This action stems from a resolution brought to the MMA House of Delegates meeting in September, 1999 by MPS member Jim Jordan, MD. This issue is also a priority of the MPS Private Practice Committee, as reported elsewhere in this issue.

NAMI-MN Joins MPS in Search for Effective Legislation

by Floyd Anderson, MD



On December 9, 1999 the Board of Directors of the National Alliance for the Mentally Ill- Minnesota (NAMI-MN) voted to join the MPS Private Practice Committee in working to restore a higher standard for Minnesota psychiatric practice. A revitalization of H.F. No. 992 in the Minnesota Legislature is the shared goal. This simple but powerful bill was posted on February 25, 1999 and tabled in committee. It failed in part due to the objections of the Mayo Clinic and their influential political position.

The bill would change the Minnesota Utilization Review Act in three ways:

1. It would define as making "a determination of medical necessity for a covered service based on clinical information" as "the practice of medicine".
2. It would force "a utilization review organization" to "file an annual report" of "the number and rate of denied claims for each procedure or service" and the "number and rate of denials overturned on appeal".
3. It would require that "the physician conducting the review be licensed in the state and must be currently practicing in the same specialty as the

physician who is ordering the care". MPS has already achieved this requirement in other legislation, but only that a "psychiatrist" review. Some of us believe that the reviewer should be practicing in the same psychiatric subspecialty as the doctor ordering the care. This bill would not affect us as it is now written. The authors would listen to a proposal from us if offered, but speak of it as a complication.

It is believed by some that the third change, requiring licensure in MN, led to its rejection by Mayo. The Private Practice Committee has inquired into this situation with the help of Drs. Mark Hansen and David Boyd, and expects the official position to be delivered in the near future.

Quite pleasantly and quite independently the Minnesota Patient-Physician Alliance (MPPA) had targeted this bill for their legislative action as well. Lee Beecher made the connection and is steering MPPA's resources in this new coalition. It appears that MPPA can find sponsors for the bill this winter. There will likely be revisions needed for a good chance at passage into law. The Private Practice Committee is exploring Texas legislation passed recently that is similar and reputedly effective, hoping to find assurance of success and proper wording.

Although developments seem promising for change, this psychiatrist was struck by what he learned while stumping for this action at the NAMI-MN Board of Directors' meeting in St. Paul. Only three psychiatrists are members of this organization! As a native Minnesotan, I took it for granted that Minnesota psychiatrists were aware of NAMI's steady growth, its priceless family services, and its enlightened view of the mental health system. NAMI-MN now boasts 29 local affiliates across the state, and has won awards for its 12-week "Family-to-Family" course. The power of

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Mental illness keeps good company.



It could affect you, a family member, a friend, a co-worker, a neighbor...



COUNT ME IN AS A MEMBER OF NAMI-MN

My tax deductible contribution to NAMI-MN will encourage improved services for people with mental illness.

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Private Practice Committee: Active, Revitalized

by Floyd Anderson, MD

The Private Practice Committee met on October 20, 1999 and December 8, 1999 with excellent attendance. Our meeting with Attorney General Mike Hatch was cancelled and rescheduled for January 24, 2000 at 4:00 PM. Setting the agenda and the style of the meeting has generated diverse and zealous advocates amongst ourselves and our several invitees to this meeting. We anticipate about ten psychiatrists and Dominic Sposeto to attend, with the primary goal being to get the AG's opinion on the practicality of each of our Top Ten action ideas. Our dream would be to secure some resources from that office and act on one or more of our ideas.

The Committee acted in four primary directions in Fall 1999:

1. Discovery of the wide variety of efforts going on to regulate the insurance industry in Minnesota and the nation. Dominic Sposeto and Drs. Lee Beecher, George Dawson, Tom Wittkopp, Deane Manolis, Bob Nesheim, and Judy Kashtan helped us here.
2. Support stalled legislation which would 1) define utilization review as the practice of medicine, 2) require a reviewer to be a physician practicing in the same specialty as the physician ordering the care, and 3) require insurers to report denials and appeals. An article about this effort can be found

- elsewhere in this newsletter.
3. Establish the minimum standard of allowable psychiatric care in Minnesota as an initial evaluation and ten followup sessions for the first year, and make the completion of prior authorization applications a billable procedure. Dr. Jim Jordan, the MPS Council, and the Minnesota Medical Association have started this action and we have formally pledged our support.
4. We petitioned the MPS Council to appoint the Private Practice Committee as independent reviewers of disputed coverage for MPS members (and MMA members - at their request). Eight district branches have established a review system of some sort, and most say few cases are referred. Others have formalized the process in great detail, with one having 20 psychiatrists available to effect their protocols. If the MPS Council approves of this, we will develop our own system using others' for ideas. Dr. Jeff Sawyer has agreed to lead this effort. The Private Practice Committee will assume that you endorse these basic directions if we don't hear from you. Contact Floyd Anderson with feedback or questions: <ander251@email.umn.edu>, fax (612) 588-2955 phone (612) 588-5000.

MPS Council Meeting Highlights

Highlights and action items from the November, 1999 Council meeting include the following:

The Council met at the DoubleTree Park Place Hotel, in Minneapolis, on Saturday, November 13, 1999, prior to the Fall Scientific Meeting.

Presidents report— Dr. Stahle reviewed a memo from Dr. Manolis regarding an assistant editor for the newsletter. Dr. Manolis noted that he had been seeking assistance with the newsletter for well over a year, and that Dr. John Scanlan had recently volunteered to help. Because of his long association with utilization review at Blue Cross/Blue Shield of MN, Dr. Scanlan's role in the newsletter had the potential for controversy. **Action:** After considerable discussion, the Council endorsed Dr. Scanlan as assistant editor of the newsletter with the understanding that Dr. Manolis retain final editorial review of the newsletter content.

Treasurers report—The September and October 1999 financial reports reflected continuing red ink for MPS year to date. A \$10,000 loss reflected APA's

problems getting payments to district branches due to a focus on insuring Y2K compliance of the APA computer system. Dr. Anderson also presented a 2000 proposed budget which reflected an excess of expense to income. After considerable discussion, approval of the budget was tabled until the January 2000 meeting when year-end final information would be available.

Program committee— Dr. Tomac reported that the March meeting on youth violence will not be a joint meeting between MPS and the Minnesota Society for Adolescent Psychiatry. MPS will assist only with CME accreditation and the meeting will be sponsored by MSAP.

APA Assembly report— Dr. Koch reported on the November APA Assembly meeting, indicating that the APA goal for 2000 will be to reallocate financial

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MPS Election 2000

In 2000, the MPS membership will elect a president-elect and two members of Council. The six candidates for office are listed with a response to the question, "What is the most significant issues facing Minnesota Psychiatry today? -- Suggested remedies?" A short candidate biography follows.

President - elect

Scott Crow, MD



The most significant issue we face as psychiatrists, both in Minnesota and throughout the country is the extremely low recognition rate for the illnesses that we treat. This leads to tremendous amounts of suffering and disability, as well as to mortality. The delay in diagnosis and the underdiagnosis of psychiatric illnesses also

leads to a vast underestimate of the importance of these illnesses and the percentage of our population that they affect, and this gets in the way of our attempts to obtain equal coverage because it tends to dilute our message and, therefore, our support.

Some of the potential remedies are in place and can be used and perhaps strengthened. Depression Awareness Day, along with similar efforts for both anxiety and eating disorders, are an important step in the right direction. Similarly, we've had excellent efforts in recent years aimed at publicizing Mental Illness Awareness Week and strengthening our links to consumer advocacy groups; however, these efforts are often concentrated in relatively limited areas in the metro area and selected spots throughout the state. Expanding these efforts to other parts of the state and strengthening our links to primary care providers (who typically first encounter these patients and have the best opportunity to initiate or coordinate an early intervention) will also be an extremely important strategy. Finally, we need to use the recent Surgeon General's reports on mental illness and on suicide as springboards toward broader, more favorable and insightful media coverage to counteract the sometimes harmful messages which we continue to hear (even from our governor).

Biography: I received a Bachelor's degree in microbiology, as well as my MD, from the University of Minnesota. Subsequently, I completed the psychiatry residency at the University of Minnesota, and in my final year was Chief Resident and Consult Liaison

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Sheila Specker, MD



Two primary issues surface in Minnesota psychiatry as the new millennium begins: universal coverage for mental health and substance use disorders and access to these services. Our patients are besieged by forces that deny them competent psychiatric care utilizing pharmacotherapies and psycho-

therapies in an integrated, individualized, and efficient manner. These forces might include inadequate insurance coverage, rigid "gate keeping" by non-clinicians, carveouts for mental health services, and lack of continuity of services due to regulation of provider networks. These same issues constrain the individual practitioner from providing the highest quality services and may contribute to the level of satisfaction in our practice specialty. MPS must advocate, whether legislatively or locally, to maintain the centrality of the physician-patient relationship in care delivery. Since all care systems have their strengths and liabilities, the role of MPS is central in ensuring that whatever system is in place allows for effective, individualized, efficient, and quality care.

As a medical educator, I believe that the future of psychiatry depends upon the infusion of new physicians. We must provide broad education and clinical experiences regarding all biopsychosocial aspects and provide mentorship that is far-reaching and attends to the needs of psychiatry in Minnesota. For example, access to psychiatrists in out-state Minnesota is often difficult due to fewer numbers of psychiatrists in these areas. Part of the rationale for beginning a combined family practice/psychiatry residency program was to train physicians in both of these disciplines so that they will be able to practice effectively in rural or underserved areas.

Psychiatry is an exciting, diverse field and challenges us to stay abreast on new developments, provide efficient, quality care and attend to our own professional development. MPS must lead us in all these fronts.

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MPS candidates



Council candidates

Karen Bruggemeyer, MD



There is no single most significant issue facing Minnesota psychiatry today. One only needs to briefly scan the APA election 2000 website to view the concerns expressed nationwide; it is no different in Minnesota. What is my concern? What has our profession become and what direction are we taking it? I'll never forget

the conversation I overheard between two medical students at HCMC; "Psychiatry is a joke." Is this how we are perceived by the future physicians of Minnesota? Psychiatry depends on new physicians and an increase in their active participation within the APA. Our professional image touches every aspect of what we as psychiatrists do for our patients and for ourselves. Why has it tarnished? I'm as guilty as the next Minnesota psychiatrist who hasn't been involved in the district branch. If I can do anything as a Councilor it would be my goal to reduce our profes-

sional apathy and work towards restoration of our professional stature. Our future literally depends upon it.

Biography: I'll admit it. I was suspicious when contacted by Dr. Ron Groat in regards to this "tremendous opportunity with MPS." AS a forensic psychiatrist it is my nature to be that way, I suppose. I am a graduate of the University of Minnesota Medical School and completed by psychiatry residency at the University of Minnesota. After spending several medical school clerkships, an internship, and a PGY-4 year at Hennepin County Medical Center (HCMC) I accepted a staff position there in 1992. During a leave of absence in 1994, I spent one year at "the other Rochester" (New York) in the Psychiatry and the Law Program at the University of Rochester School of Medicine. I returned to HCMC until accepting my current position at the Minnesota Security Hospital in the spring of 1999. My professional organizational activities have primarily been within the American Academy of Psychiatry and the Law (AAPL); I have served as a Councilor and Treasurer and am acting President of the Midwestern Chapter of AAPL.

Eric Dieperink, MD



The most significant issue facing Minnesota psychiatry today, and psychiatry in general, is the decreased emphasis on the value of the doctor-patient relationship. External and internal factors have contributed to this change. Third party reviewers and potential changes in confidentiality, with decreased security

of private information, intrude on this relationship. Also, with the interest in the biological basis and treatment of mental illness, there has been a neglect of the psychological and social context in patient care. Resident education is particularly affected by recent economic and political changes. As payment for resident services declines, staff supervision becomes more difficult. We need to continue to advocate for residency training that includes a balanced

biopsychosocial approach. Continued and expanded public education and legislative efforts by the Minnesota Psychiatric Society are needed to insure that we focus on this important issue.

Biography: I grew up in Afton, MN and attended the University of Minnesota Medical School. I completed my residency at the University of Colorado Health Sciences Center in Denver. For the past two and one half years I have worked at the Veterans Affairs Medical Center as a staff psychiatrist. My primary area of clinical interest is in mood and anxiety disorders, with a research interest in mood changes associated with hepatitis C and its treatment. I also coordinate the third year medical student clerkship. I have been a member of the American Psychiatric Association, the Minnesota Psychiatric Society and have served as the Early Career Psychiatry chair for MPS for the past two years.

Elect two of four

Robert Nesheim, MD



As a teaching internist some years ago, it was already clear that psychiatry was both evolving and being pursued, undergoing a biological transformation internally while social expectations mounted externally. Survival of the specialty remains uneasy. The best approach defines a “bridging” profession,

medically based while showing sufficient cultural and psychological enlightenment to allow dialog with other providers, government and social forces. To do this, we need to diffuse into various communities, work cogently in social and medical agencies and communicate with non-MD mental health providers and medical subspecialists alike. We coordinate cares for the chronically mentally ill but also consult expertly on refractory, temporarily impaired high-functioning clients. Knowledge of basic psychological tenets, psychopharmacology, medical neurology and enough social pragmatism to practice safely will define the surviving practitioner. Psychiatrists will

continue to have diverse (hopefully communicable) clinical skills but there remains sufficient ground for consensus with financial flexibility. Isolationism and atavistic entitlement go nowhere.

Biography: Raised in southern Minnesota, my early training was typically Norwegian-eclectic with undergraduate research in biology and theology while at St. Olaf. Medical training and an Internal Medicine residency at UM/Mpls ('78) led to several years with the VA Psychological Medicine Section. Evolutionary change in psychiatry demanded more specific specialty training, with a second (psychiatry) residency at Mayo ('86). My subsequent practice has been within multi-specialty clinics in Rochester and Duluth, with concurrent CMHC work in Rochester and Superior WI. The Bush Medical Fellows Program is now kindly supporting a yearlong fellowship grant directed toward “improved clinical skills and policy review with improved cost-effectiveness of care.” I’m presently doing work/study at Hamm Clinic in metro St. Paul, teaching at UMD/Duluth Family Practice Residency and still over at MHC/Superior with ongoing street-level work at Duluth Detox and local shelters. Long-term professional affiliations include APA, MPS, GAP, MMA/local societies and MN PsA Foundation.

Robert Wasson, MD



For all of us in Minnesota it is essential that the issues made public recently by the Surgeon General concerning provision of mental health services be implemented. We need to promote the fact that what we do as psychiatrists is based on biochemical changes in the brain and the our treatments are as effective

and as life-saving as are treatments for hypertension and diabetes. Funding for this type of care has to be commensurate with the task. For rural Minnesota we need to continue to have resources for comprehensive treatment of our serious and persistent mentally ill patients. This means adequate funding for both inpatient and outpatient resources. Our community

hospitals cannot, with present funding, effectively treat the inpatient needs of the SPMI population that require long term hospitalization in a secure and safe setting. The potentially violent or assaultive long term patient does not fit in well with the more typically depressed patient on our small community hospital psychiatric units. It is essential that we continue to have available the resources of the Regional Treatment Centers in outstate Minnesota.

Biography: Dr. Wasson is a Balttle Lake, MN native. He attended the University of Minnesota as an undergraduate and graduated from medical school in 1962. In 1963, he went on active duty in the US. Navy. During his Navy career he served in Alaska and Japan on board the USS Hornet during the Apollo 11 and 12 recovery operation. In 1972, he began his psychiatric residency at the Naval Regional Medical Center in Philadelphia. Following this he served in Rota, Spain and Great Lakes, IL. After retiring from the Navy

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From MPS Neighborhoods

From HealthPartners

Because this is HealthPartner's first submission to this column, a few words of introduction are appropriate. HealthPartners Behavioral Health is the result of the merger between HealthPartners (including the former Group Health, Inc.) and Ramsey Clinic and St. Paul Ramsey Medical Center (now Regions Hospital). Thirty psychiatrists provide care across a network of sites that include 80 inpatient beds, 7 outpatient clinics, a 40-bed adult CD unit, adolescent CD treatment at five sites, and Safe House/Safe Alternatives, which are community based housing programs. We continue to promote a three-part mission of clinical care, teaching and research.

Highlights for the past year include:

- Kathryn Fraser, MD and Carol Novak, MD joined our staff.
- Graduated our first class of residents from the Hennepin-Regions Psychiatry Training Program and filled the 1999 match.
- Integrated geropsychiatry services into HealthPartners Geriatric Program providing on-site psychiatric services and staff training at nursing homes.
- Continued development of improving primary care mental health through the integration of behavioral health providers into primary care clinics.
- Development of a depression register to facilitate patient care and research.
- Psychopharmacology research including a study of Depot Risperidone, the first atypical neuroleptic in a depot preparation. (Referrals welcomed).
- Continued collaboration with the University of Minnesota psychology Department to study eye-tracking abnormalities in people with schizophrenia and affective disorders.
- Initiated an epidemiological study of suicide in Minnesota.
- In collaboration with the U of M and VAMC, James Jaranson, MD is studying methods for treating victims of torture.

With such a diverse set of activities, projects and clinical services, the challenge is to keep everyone informed! As we enter the new Millennium we look forward to advocating for increased support for mental health services, for educating the next generation of psychiatrists and behavioral health providers, and for enhanced understanding of the mechanisms that cause mental illness. Our hope for the coming years is that we can advocate with MPS members to achieve these goals.

*Daniel R. Hanson, PhD, MD
Richard L. Heinrich, MD*

From Park Nicollet Clinic

The Department of Mental Health at Park Nicollet Clinic/Health System Minnesota continues to grow slowly. We now have nearly 100 clinicians in six Park Nicollet Clinic locations. We lost our long-time administrator, Greg Winkel, to sarcoma in September, 1999. Greg's kindness and competence were gifts to us all, and we miss him.

We have added four psychiatrists this year. Charles Pearson, MD, joined us after completing the Hennepin Ramsey residency program in general psychiatry. M. Najeeb Khan, MD, joined our hospital practice after completing his addiction psychiatry fellowship at the VAMC in Minneapolis. After many years in private practice, Ed Chua, MD, has also joined our hospital practice. In January 2000, we will welcome Joseph Bechuk, MD, relocating to the Twin Cities from his Assistant Professorship at Wayne State University in Detroit. We will miss Barbara Jackson, MD, who has decided to join Minneapolis Psychiatric Institute, where she can concentrate solely on hospital work. Susan Czapiewski, MD, is also moving within HealthSystem Minnesota to the senior health program. She will also teach family practice residents at Creekside Family Physicians.

Eric W. Larson, MD

Staff Psychiatrist

An excellent opportunity exists for a Board Certified or Board Eligible Psychiatrist for a full time position at the St. Cloud Veterans Administration Medical Center, St. Cloud, Minnesota. The physician will provide primary mental health delivery service to a veteran population with long term mental illness. The incumbent will work in the St. Cloud Medical Center three days per week and travel two days per week to work at the community based outreach clinics.

We offer competitive salary and benefits along with a stable 40 hour weekly schedule for physicians. Applicants must be permanent residents or US citizens. To explore these opportunities call or write Patricia Hilsigen, Human Resources Office at 320-255-6412 or Clay King, Mental Health Services at 320-255-6480, ext. 6541. VA Medical Center, 4801 8th Street North, St. Cloud, MN 56303.

The Department of Veterans Affairs is an equal opportunity employer.

New Caucus for Managed Care Psychiatrists

by Richard Fortier, MD, Maine Psychiatric Association

Encouraged by strong Assembly support, the APA Board of Trustees endorsed the creation of a Caucus for Psychiatrists Working in Managed Behavioral Healthcare Organizations at its December meeting. This will give many members in the trenches a new voice and a vehicle for advocating for their needs which, I believe, have not been met by their professional association.

Somehow, in the clamor to oppose abusive managed care practices, APA culture has nourished an ethos that values resistance and pacifist non-participation (i.e., not “working for the Devil”). Considering the impaired access to needed treatment wrought by managed care during this decade, and considering the ethical quandaries that contracted participation creates, this ethos has been understandable and necessary for the profession.

Yet, patients and many fine, principled clinicians find that realities and the needs of their families give them no choice but to accept treatment relationships through managed care entities. The ethos of resistance and non-participation has left many MIT’s, early career psychiatrists and seasoned practitioners to “go it alone,” feeling alienated and without the support and valuable assistance they might expect from APA.

Members need information and practical guidance as they begin and develop practices. They need advice about negotiating contracts, about dealing with the tactics of MCO reviewers, and about coping with corporate buyouts, mergers and insolvencies. They need mentoring and role models for advocating for patients through MCO appeals processes and via state regulatory agencies.

Young psychiatrists with new clinical skills need advocacy to prevent exclusion from “closed” managed care panels. Some of this help, often not available through residencies, could be offered by APA or by District Branches. I understand that a “Reference Guide” on practice management for ECP’s has been developed, and that it addresses ways of coping with managed care. How many members in all career phases even know of its existence?

Despite problems encountered in previous efforts, APA should persist in developing a “Managed Care Report Card” by psychiatrists and patients, rating MCO performance; this type of project would be tremendously useful to members and to the public.

These are some of the issues I hope the new Caucus will be able to highlight and move forward through APA.

APA at the Millennium

Continued from page 1

from the budgets of the Assembly, the Board of Trustees, the Components, as well as a streamlined central administrative function. These funds, totalling 2.4 million dollars by 2001, will be increasingly shared with the district branches. Advocacy will take many forms to battle for improved access to care, non-discriminatory insurance coverage, non-discriminatory utilization review, scope of practice issues and issues of confidentiality and privacy. Many of these battles will take place at the state level, thus the need for revenue sharing with district branches.

In order to reallocate the funds and shift the focus, a true re-invention is necessary; thus it is imperative that the membership approve the bylaw change in the January 2000 election to allow the formation of an APA 501 (c) (6) entity.

In concert with these planned changes in the APA, 1999 has seen an increased public awareness of the problems of access to care for mental disorders. The White House Conference on Mental Health and Mental Illness drew a wide audience. A Surgeon General’s initiative identified suicide as a public health issue. Finally, the December 1999 Surgeon General’s report on mental illness may have the most impact of all. APA President Alan Tasman said that

the report “can do for mental illness what the 1964 Surgeon General’s report did for smoking and health”. These three initiatives were not entirely serendipitous, as APA had some input to each.

Also, as the ‘90s draw to a close, the public is becoming more and more disenchanted with managed medical care and legislatures are finally listening to the discontent. At the same time, our medical peers are becoming more aware of the problems of access for mental health care. For example, the December 1999 AMA House of Delegates meeting approved a resolution asking for the AMA to enact model state legislation for non-discriminatory utilization review and precertification for psychiatric patients.

Thus, at the turn of the millennium, we are seeing a convergence of events and trends that make significant improvement in the care of the mentally ill possible. APA can “seize the day” with its restructuring and reallocation of resources.

I have been accused of being an incurable optimistic, but with the foregoing, I do believe there is a brighter future for the APA as a relevant, energetic, and effective advocacy organization for our patients and our profession.





The Great Unicameral Debate

by Dominic Sposeto, MPS Lobbyist

Supporters of a single house or “unicameral legislature” in Minnesota have been around for many years, but their efforts received a huge boost when Governor Ventura decided to make it a major plank in his government reform agenda. Former governor Arne Carlson and several mostly Republican state legislators quickly endorsed Ventura’s proposal. Groups of legislators and members of the local media have started to make pilgrimages to Nebraska, the only state in the nation with a one house or unicameral legislature. Now that the Governor has backed unicameral, it will get a lot more attention in the months ahead and should be a hot issue when the legislature reconvenes in February.

In order for Minnesota to move from a two-house legislature to a single house, the voters must first change our state constitution. The state constitution requires both an elected state House of Representatives and a state Senate. But before voters can cast a vote to change our constitution, the legislature must first enact a ballot question to be put on the November 2000 election ballot.

This is where the push for a unicameral legislature loses most of its steam. Not surprisingly, many legislators are not enthusiastic about voting for a ballot question that could result in many of them losing their positions. However, with the Governor making this a top priority, it is probable that the legislature will have to at least conduct hearings and maybe even vote on the issue.

The Proponents

The idea of streamlining the legislative process by getting rid of one whole legislative body definitely has its appeal. The Governor has made no bones about his dislike for the many career politicians in St. Paul, and many voters who are upset or distrustful of the legislature will look at his proposal as a way to send a message to our elected officials. A group entitled “Single House (Minnesotans for a Single-House Legislature)” has been organized to work with Governor Ventura and push for a unicameral legislature in Minnesota.

Unicameral proponents offer two very sound changes that would occur under a unicameral legislature. First, it would obviously reduce the size of the state legislature. The Minnesota State Legislature with its 201 members, is one of the largest in the nation. Does a state with fewer than 5 million people really need a state legislature that is larger than those in New York, California, or Texas?

Second, a single house legislature would do away with conference committees. Conference committees are six to ten member committees appointed by the

House and Senate leadership to work out differences between versions of bills already passed by the House and Senate. Over the years, conference committees have become a bit more than just fine tuners. These small groups of legislators have changed major provisions in bills and frequently have added additional provisions or spending programs that were not included in the original bills. Both former Governor Carlson and current Governor Ventura decry the actions of these conference committees. Conference committees tend to meet in the late evening and early morning hours often shielded from public scrutiny. Many lobbyists, including yours truly, have seen proposals enacted by the House and Senate only to have them dramatically altered or eliminated by a conference committee in the waning days of the session.

The Opponents

The opponents of a unicameral legislature are also organizing a group to oppose the governor’s unicameral effort. They call themselves “OUCH” which stands for Opponents of a UniCameral House. Their steering committee includes former governor Wendell Anderson, three former House speakers and several current legislators.

They deny that a unicameral legislature will make the system any better and could make it worse. They contend that reducing the number of legislators reduces citizens’ opportunity to get involved. They opine that under the current system Minnesotans are far more involved in their state government than are Nebraskans.

Opponents of the unicameral legislature don’t argue with the point that a one-house legislature would be more efficient and make it easier to pass laws. But they question whether Minnesotans really want it easier to make new laws? OUCH points out that our founding fathers actually wanted to make enacting laws more difficult. That’s why they created a house and senate as a system of checks and balances that would weed out proposed laws unless they garnered the support of both legislative bodies.

Under a two-house system, each person in effect gets two legislators. So if they don’t like one, they still have access to another elected representative or senator. Opponents also feel that with more committees and more legislators examining any given issue it is much more likely that the pros and cons of each issue will be debated and understood.

A Solution

I would agree that some change in our legislative process would be a good idea. However, I don’t

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Members on the go!



New Members In Training:

Sofia Firoz, MD

Residency—Hennepin-Regions

Jon E. Grant, MD

Residency—University of Minnesota

Lalit Gupta, MD

Residency—Mayo Graduate School of Medicine

Yeseswini Kamaraju, MD

Residency—Hennepin-Regions

Patricia Kinyrs, MD

Residency—Mayo Graduate School of Medicine

Stacey E. Parks, MD

Residency—Hennepin-Regions

Ilona Polis, MD

Residency—University of Minnesota

Jenny Tsai, MD

Residency—Mayo Graduate School of Medicine

Transfer In:

Lon J. Augdahl, MD from Wisconsin

Practicing—Lake Region Hospital, Fergus Falls

Lyle Christopherson, MD from Oregon

Practicing—Southwestern Mental Health Center

Vanita Mishra, MD from Pennsylvania

Practicing—New Ulm Medical Center

S. Charles Schulz, MD from Ohio

Practicing—University of Minnesota

Read Sulik, MD from Kentucky

Practicing—St. Cloud Hospital

Transfer Out:

Frank Munoz, MD to Pennsylvania

Upgrade to General Member:

Susan J. Meland, MD

Residency—University of North Carolina

Practicing—Douglas County Hospital

Reinstate and Upgrade:

Haramandeepp Makkar, MD

Residency—Johns Hopkins University

Practicing—St. Cloud Hospital

APA Fellows:

Daniel Hanson, MD

Elizabeth Reeve, MD



Psychiatrist Members

as of
October 1, 1999:

3

NAMI-MN
970 Raymond Avenue
Suite 105
St. Paul, MN 55114

Minnesota Society for Adolescent Psychiatry Spring 2000 Conference Explosive Violence and Teenagers: Adolescent AMOK in America

Saturday, March 25, 2000 St. Paul Hotel

Co-sponsored by the Minnesota Psychiatric Society

MINNEAPOLIS — The Department of Mental Health at Park Nicollet Clinic/HealthSystem of Minnesota seeks highly qualified applicants for new positions in outpatient psychiatry at its locations in St. Louis Park and Brooklyn Center. Successful candidates will join 24 psychiatrists and 68 clinical professionals in a growing practice. We are primarily a clinical practice, but opportunities exist for teaching and research. Faculty appointment are obtainable through Hennepin County/Regions Medical Centers and the University of Minnesota. HealthSystem Minnesota is a comprehensive healthcare system that contracts with all major insurers. Salary and benefits are competitive. Send resume and cover letter to Missy Fisher, Mgr., Clinical recruitment, Park Nicollet Clinic/HealthSystem Minnesota, 3800 Park Nicollet Boulevard 7N, Minneapolis, MN 55416; fax: (612) 993-2819; for additional information call Missy Fisher (612) 993-6025/ toll free (888) 437-5004 or Eric Larson, MD (612) 993-3307.

Members on the go!



MPS Fall Meeting

by Linda Vukelich

The MPS Annual Fall Scientific Meeting began with an evening at the 510 Restaurant featuring a wine tasting dinner and a talk about mental illness and great art. The food and wine were delightful and the presentation was entertaining and thought provoking. The opportunity to relax and talk to colleagues was enhanced by this beautiful setting and wonderful food.

The next day, the CME meeting was held at the DoubleTree Park Place Hotel in Minneapolis. Thomas Hurwitz, MD began with a talk about sleep disorders. Robert Ursano, MD followed with information about Disaster Planning on a national level and introduced Sheila Jowsey, MD who informed attendees about the new MPS Disaster Preparedness Committee's good work. She encouraged all MPS members to take the Red Cross training and become responders. The afternoon focused on the mentally ill in prisons. Christine Sigurdson, MD reviewed the mentally ill in prisons and jails and also participated in a panel discussion of issues related to prisons and the mentally ill.

MPS Program Committee chair Tracy Tomac, MD



Top: Mental Health Care in MN Prisons Panelists: Nan Schroeder, MN Dept. of Corrections; NAMI-MN VP Joe Zwack; moderator Karen Dickson, MD; Karen Bruggemeyer, MD; Larry Dailey, MD; and Christine Sigurdson, MD. **Left:** Robert Ursano, MD, APA Disaster Comm. chair; Sheila Jowsey, MD, MPS Disaster Comm. chair; Tracy Tomac, MD, MPS Program Comm. chair.



asks for your ideas for future MPS meetings. Call the office with input.

Dr. Crow

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Psychiatry Fellow. Since graduating, I have worked on the faculty at the University and for a number of years ran the consult psychiatry service. Currently I am an Associate Professor of Psychiatry and Medical Director of the Psychiatry Clinic. My research interests are primarily in eating disorders.

I was first involved with MPS as a member-in-training representative throughout the final two years of my residency. Subsequently, I was chair of the MPS Early Career Psychiatrists Committee for several years, and for three years was the chair of the MPS Program Committee, ending in 1999.

Dr. Specker

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Biography: I received my medical school, psychiatry residency, and addiction fellowship training at the University of Minnesota with a family practice residency at the University of Wisconsin. Since 1990, I have been on faculty in the Department of Psychiatry of the University of Minnesota and have specialized in the area of addiction psychiatry. My clinical focus has been on dual disorders and eating disorders and I am medical director of a special populations treatment program. Research interests include medication

development in substance abuse and relapse dynamics. Administratively, I am co-director of the Combined Family Practice/Psychiatry Residency Training Program and director of the Addiction Fellowship Program at the University of Minnesota. Professional organizational activities include recent completion of a term as MPS councilor, member of the MPS Addiction Psychiatry Committee, current member of the MMA Physician Support Services Committee, and medical consultant for the statewide Health Professionals Services Program, a monitoring and diversion program for licensed health care professionals with psychiatric/physical/substance use disorders.

Dues Amnesty—Last Chance!

MPS members, especially those in large practice groups, should remind non-member peers of the APA dues amnesty program that will end on March 1, 2000.

There are a number of former MPS/APA members who are most welcome to rejoin the organization. All that is required is payment of dues for 2000 by March 1, 2000.

For more information, call Linda Vukelich, MPS executive director, at (651) 407-1873.



NAMI-MN Joins MPS

Continued from page 5

its legislative network dwarfs that of MPS and MPPA, and its 2000 legislative agenda includes such goals as "Increase the fee-for-service Medical Assistance rates for mental health services", "Ensure that court-ordered services covered by a health plan will be deemed medically necessary", and permit immediate substitution of a non-formulary drug if "the formulary does not adequately address the needs of the patient". NAMI-MN is truly "Minnesota's Voice on Mental Illness".

As the most affluent members of this **alliance**, I bring to you the palpable sense of neglect from that dedicated Board of Directors. I expect you as Minnesota psychiatrists to join NAMI-MN. Simply cut out the application on page five, enclose a check, and address a very important envelope. I will provide ongoing counts of how many of us belong in future issues of this newsletter. Thank you for your attention to this matter.

Council Highlights

Continued from page 6

resources more toward patient advocacy and assisting district branches. This long-range plan is contingent on the reorganization of the APA, which must be approved by the membership in the January 2000 election. District branches were asked to strongly encourage members to vote for this bylaws change.

Membership report— Dr. Anderson reviewed the membership transactions. **Action:** The Council approved five members in training, four general members transferring into Minnesota, and one member transferring out.

Private Practice Committee— Dr. Anderson reported the Committee had adopted two resolutions: to advocate for a universal form to be used by all insurers for pre-authorization purposes, and asking MPS to identify and authorize the Private Practice Committee to act as an external appeals organization for disputes between patients/psychiatrists and insurers. This was tabled until the January meeting.

Dr. Wasson

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in 1982, he was in private practice in Illinois before joining the Fergus Falls Medical Group in 1988. He helped establish an inpatient psychiatric unit at Lake Regions Hospital in Fergus Falls. He has served as the Medical Director since its opening in 1988. He served on the Executive Board and the Board of Directors at Lake Region Hospital. He is a graduate of the Blandin Foundation Rural Leadership Program. He is Board Certified in psychiatry and preventive medicine / aerospace medicine. Dr. Wasson and his wife, Karen, live in Battle Lake, MN. They have three adult children.

The Great Unicameral Debate

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support change to a single body legislature.

My approach would be simply to reduce the current number of legislators, making our legislature smaller and more manageable. This could be accomplished by a ballot initiative to reduce the size of the legislature to say a house of 100 representatives and a senate of 50 members. This would reduce the size of the legislature by 25 percent and still maintain an elected representative and an elected senator for every Minnesotan. A state legislature of 150 would still be quite large, but it would bring us more in line with the rest of the country.

Conference committees could still pose problems. However, as long as you have two legislative bodies you need some mechanism to work out differences between the versions of bills they pass. Conference committees serve this purpose. Again a fix is simple. The legislature, primarily its leadership, must enforce its own rules that limit what actions conference committees can take. Rules already exist that prohibit some of the very things unicameral proponents find abusive. If legislative leaders would not ignore these rules for the sake of immediacy and prohibit these committees from altering items passed by both bodies, the system would be greatly improved.

Dumping the two-body system of legislative government seems to be a rather simplistic approach without any true merit. We need two houses to assure the best laws arise from the legislature. A more appropriate approach would be to try and fix the current system.

Of course, over at the capitol there is a saying, "If it isn't broke, fix it until it is."(!)

APA Election 2000

Although this issue of *Ideas of Reference* will reach MPS members sometime after the APA election materials are mailed, MPS leadership reminds you of the importance of this election. Please pay special attention to the constitution and bylaws amendments, one of which is extremely important to the future of the APA.

Also note that in addition to the national candidates, MPS members will elect an Area IV Trustee between candidates Drew Clemens of Ohio and Dick Thurell of Wisconsin.

Please review the election information in the December 3, 1999 issue of *Psychiatric News*. Extensive election material can also be accessed on the APA website <www.psych.org>.

Continued...



Calendar

- Feb 3-6** Treatment Update 2000, Colorado Psychiatric Society, Keystone, CO. For more information, call CPS at (303) 692-8783.
- Feb 18-22** Annual Meeting, American College of Psychiatrists, Naples, FL. For more information, call (510) 704-8020.
- Feb 24** Mental Health Day on the Hill (MN). For more information call (651) 645-2948.
- March 1-4** Annual Meeting, American Psychosomatic Society, Savannah, GA. For more information, call (703) 556-9222.
- March 25** Minnesota Society for Adolescent Psychiatry Spring 2000 Conference, St. Paul Hotel, St. Paul, MN. For more information, call (651) 999-0563.
- May 13-18** Annual Meeting, American Psychiatric Association, Chicago, IL. For more information, call (202) 682-6000.

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