

Ideas

o f r e f e r e n c e



Roger G. Kathol, MD

Objectives During My MPS Presidency

Roger G. Kathol, MD

I am fortunate to follow several very talented and energetic presidents who have accomplished much on behalf of psychiatrists in the State. It is my intention to follow in their proactive tradition by forwarding the interests of psychiatrists, as members of the community of physicians, attempting to improve the health of Minnesota citizens by moving behavioral health care back into the mainstream of medicine.

The Minnesota Medical Association recently published the Health Care Task Force Reform Report, which categorically states that behavioral health care should be handled just as other medical services are. In order for this to occur, substantive changes are necessary in the way that psychiatric services are fostered and supported by the reimbursement system in general medical settings.

It is my intent to help psychiatrists with interest in providing psychiatric care side by side with their general medical colleagues, uniting with them in creating a clinical environment in which they feel supported while attempting to improve the behavioral health of their patients. Specific objectives during my presidency, therefore, will include:

- Partnering with our primary care and medical specialist colleagues in the MMA to co-contract as medical, not behavioral health, network providers with equitable payment through medical, not behavioral health, benefits
- Increasing opportunities to practice psychiatry in the medical setting
- Encouraging psychiatrists to provide clinical support as non-psychiatrist physicians endeavor to administer outcome-changing behavioral health care

While this constitutes only a small step on the way to recognition that mental illness and substance abuse are as much a part of "medical" health as heart disease or diabetes, it starts us on a path of collaboration and communication in a world in which psychiatrists are isolated from the rest of their physician colleagues. ■

MPS PRESENTS

Primary Care Educational Series
**Primary Care Approach to
Integrated Care of Depression**

Tuesday, September 13, 12:00 PM
Mankato Clinic
Mankato, MN

CALL TO SCHEDULE TRAININGS

Call MPS at 651-407-1873 to schedule a training for the primary care doctors in your area.

Spring 2005

Volume XXXVIII

Ideas of Reference

is the newsletter of

the Minnesota

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Association.

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Ideas of Reference

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Ideas of Reference

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What is a psychiatrist?

The American Psychiatric Association has recently been working on a new effort to “brand” itself. A major impetus behind this public relations effort is the fact that many people seem to be confused about the difference between a psychiatrist and a psychologist. MPS President Will Dikel recently attended a meeting of the APA Board of Trustees in which this question was being discussed. He observed that, ironically, a major difficulty among these distinguished psychiatrists resided in first coming up with a consensus on what a *psychiatrist* does. Many of the psychiatrists at the table argued for an explanation along the lines of “a psychiatrist prescribes medication, and a psychologist does therapy”. While this is a simple and easily understood message, I share the concerns of many that this is a troubling oversimplification of what we as psychiatrists do.

One of the reasons behind the conceptual “splitting” of mental health treatments seems to have come from our insecurity as to our membership in the medical profession, or the implication we sometimes perceive that we are not “real doctors.” Emphasizing our use of medications is a natural defense against this charge. But is the act of prescribing medication the defining characteristic of a physician?

Historically, psychiatrists (at least in the US) were those physicians who served as superintendents of the asylums of the 19th century. Certainly these doctors did not primarily prescribe medications to their patients. Treatment largely consisted of what would now be considered occupational therapy, along with the provision of humane living conditions. Were these physicians “practicing medicine”? Lewis Thomas’s book “The Youngest Science” describes the historical role of the physician as providing diagnosis, prognosis, and a therapeutic relationship. Actual treatments consisted to a great degree of placebos and sage advice. We may be tempted to dismiss the medicine of 100 years ago, but its simpler form may help us see more clearly what the heart of being a physician is. Even now, medicine is not simply the act of prescribing medications. Cardiologists routinely recommend non-pharmacologic treatments for illnesses, such as diet, exercise, and cardiac rehabilitation, not to mention interventional therapies. This being the case, they are expected, of course, to have a thorough scientific understanding of these treatments. Psychiatrists do much in the same vein. Isn’t it our role to also understand, recommend, and even provide appropriate non-pharmacologic treatments? When we do so does this mean we are not “real doctors” or that we are not practicing medicine?

The history of clinical psychology is interesting, and perhaps instructive of the ways in which our

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MPS—Doin' a Pretty Good Job for 'Ya



by Will Dikel, MD
MPS President

(The title of this President's Letter stems from Howard Mohr's book, "How to Talk

Minnesotan", where "not too bad" is high praise indeed.)

MPS is moving forward in a number of areas, due to the hard work and dedication of many of its members.

Here's an update on our activities with a Minnesota Psychiatric Society project overview:

1. The Integrated Care Task Force

This group, headed by Roger Kathol, M.D., a psychiatrist, internist and ex-health plan medical director, is working with State government and the health insurance companies to structurally support and fund the integration of primary care medicine and psychiatric care. Dr. Kathol's research has indicated that psychiatric patients are twice as costly to the health plans, with most of these costs arising from health care rather than mental health care expenses. Mental health carve-outs only give the illusion of cost savings- they are actually more expensive to the health plans. Integration of primary care and psychiatry will result in fewer unnecessary medical tests, better mental health screening of medical patients, increased knowledge of primary care physicians of appropriate psychotropic medication management techniques, and integration of psychiatric services directly into inpatient and outpatient medical units. We are seeking payment for psychiatric consultation to primary care physicians, and for reimbursement of all integrated services through medical rather than behavioral health insurance funds. An added benefit of this project will be to provide a defense against psychologist prescription privileges, as psychologists have tried to justify privileges by arguing that primary care physicians are poorly trained in the provision of psychiatric medication management. We have sought and received support for this project from the Minnesota Medical Society, the State Mental Health Advisory Council, The Minnesota Mental Health Association and NAMI Minnesota.

2. MPS' Primary Care Best Practices Educational Program

MPS has obtained grant funding to sponsor educational programs, provided by child and adult psychiatrists to primary care physicians in urban and rural Minnesota. This project dovetails with our Integrated Care project. MPS members will be providing training on mental health screening, psychopharmacology, thresholds for referral to psychiatry, and best practices in monitoring and managing difficult patients with comorbid conditions.

3. The Medical Necessity Criteria Project

Minnesota statutes* mandate that the mental health medical necessity criteria used by health plans have to be the criteria agreed upon by the providers in the field. MPS has created a task force, led by Floyd Anderson, M.D., that is reviewing the inpatient and outpatient medical necessity criteria of Minnesota's health plans and comparing them with those of the APA and of our own standards of care. We have responded to the health plans, and several have broadened their criteria, as a result of this project. We are now challenging the resistance of one health plan that maintains that its group of consultants, rather than the Minnesota Psychiatric Society, represents the standards of Minnesota psychiatrists. We expect to succeed in this challenge.

4. The MPS Correctional Caucus

This task force, led by Karen Dickson, M.D., has written a report that addresses the needs of mentally ill men, women, and children in the Minnesota Department of Corrections, Minnesota jails, and related settings. It then outlines concerns related to serving this population, recommends concrete actions that must be taken to address this growing problem, and suggests ways that the MPS can be involved in finding solutions.

We expect that this report will provide a blueprint for policymakers in their redesign of policies and procedures that impact psychiatrically disturbed people who are in Minnesota's Corrections systems.

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Council highlights

Highlights and Actions from the October 2004 and January 2005 Council Meetings

**Saturday, March 12, 2005, 9:00 AM
Fairview Riverside East, Minneapolis, MN**

President's Report—Dr. Dikel described the APA Board of Trustees meeting he attended in Washington and noted that MPS is well regarded for its initiative, leadership and administration. He was able to network and would like to improve our efforts by partnering with the APA.

Executive Director's Report—Ms. Vukelich reviewed the successful joint educational program with MPA and an official continuing relationship was discussed. She noted that MPS did not get the APF grant, but will continue to seek funding. She distributed materials supporting legislation to require post-secondary institutions to provide health insurance were distributed. These were produced by Gary Christenson, MD a psychiatrist and MPS member who sits on the State Mental Health Advisory Council and chairs the 17-25 Year-olds subcommittee. He will be invited to present an update at the July Council meeting. The State Advisory Council endorsed the MPS Primary Care Training and Integrative Care Project. Ms. Vukelich passed out promotional materials for upcoming trainings. She also reported that John Raymond had been working with her on membership processing and would support general administration soon.

MSCAP Report—Council reviewed a letter to the DEA opposing a new restriction on postdated prescriptions for monthly ADHD medications. Dr. Dikel described the situation. A letter opposing Rep. Paul's bill and Kennedy's and Gutknecht's opposition to early screening is being signed by MSCAP and Kennedy and Gutknecht MPS/MSCAP constituents.

Program Committee Report—Dr. Hardwig reviewed the Spring Scientific Meeting agenda. Council discussed award winners for the Recognition Dinner. The Private Practice Committee will determine the Private Practitioner of the Year. **Action:** The Paul Wellstone

Members on the go!

New MIT: Kelsey Carignan, MD (U of M), Dionne Hart, MD (Mayo)

Reinstatements: Susan Czapiewski, MD; Steven Harker, MD; Michael Saribalas, DO; Richard Walker, MD

Transfer In: Dorothy Anderson, MD (GM from IL), John Gherman, MD (MT from Queens County), Scott Oakman, MD (MT from MI)

Deceased: Louis Flynn, MD; Hildegard Graber, MD

Resigned: Barbara Johnson, MD

Advocacy Award will go to the Minnesota Legislature's Mental Health Caucus.

DHS Report—Council reviewed Dr. Realmuto's written report. Dr. Uecker discussed his meeting with DHS leadership and noted their request for MPS support for consultation and telepsychiatry. **Action:** MPS will write a letter of support.

Integrated Care Task Force Report—Roger Kathol, MD has not heard from Cal Ludeman or Kevin Goodno regarding convening the healthplans. The TERM training turned out to be much more expensive than originally thought. Instead of asking for additional funding, Roger suggested using US speakers (Wayne Kaden, Kurt Kroenke, etc.) with the money already allocated during the June dates already confirmed. Additional applicants would like to be part of the network. **Action:** Council authorized network expansion to include SMDC International Falls, Bethesda and NorthPoint (formerly Pilot City)

Secretary Treasurer's Report—Bill Clapp, MD reviewed the January and February 2005 Financial Reports. He would like to formulate a policy regarding target reserves. Dr. Clapp suggested contracting for monthly bank reconciliations to add another layer of accounting oversight. **Action:** Erin Ethier, CPA will be engaged to reconcile monthly bank accounts and support administrative changes related to going from cash to accrual accounting. **Action:** Dr. Larson will chair a small group meeting to support Linda as executive director in authority and pay.

Legislative Committee Report—Jonathan Uecker, MD reviewed recent activities including meetings with Senator Berglin regarding the DOC formulary. MPS will follow up with a letter and Dominic will meet with her again. **Action:** MPS will write a letter supporting adding a non-employee on the DOC Formulary Advisory Committee.

Dominic Sposeto reported that the revenue forecast improved. The governor offered a supplemental

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Are you in private practice?

Would you like to communicate with colleagues easily? MPS is launching a listserv for private practice members. If you are interested in enhancing your practice experience and getting feedback from colleagues quickly and easily, please email Linda Vukelich and she will add you to the list. Help us build the list by letting your colleagues in private practice know about this new venue.

2005 Gloria Segal Awards

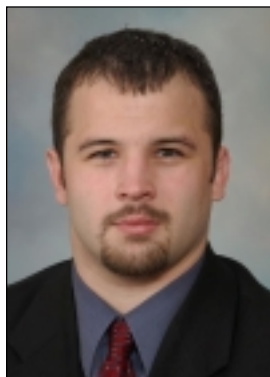


Senior medical students Benjamin Peake and Kerry Wangen are the 2005 Gloria Segal Award winners. This award is in memory of the late Gloria Segal, a Minnesota legislator who championed treatment excellence for the mentally ill and authored much of Minnesota's current mental health legislation.

The award, which includes a \$1,000 honorarium, is given to senior students at the University of Minnesota and Mayo Medical Schools, for excellence in pre-clinical and clinical psychiatric rotations, patient care, and research, as well as community involvement on behalf of the mentally ill, and enthusiasm for the profession of psychiatry.

Benjamin J. Peake

Benjamin J. Peake will graduate from the Mayo



Medical School in May. His accomplishments span academics, athletics and volunteerism. Mr. Peake graduated from North Dakota State University with a BS, majoring in microbiology and minoring in chemistry. He received honors and fellowships as an undergraduate and continued to excel in

medical school as the Mayo Medical School Outstanding Achievement Award winner for 2001-2003. As a researcher, Mr. Peake has interest in peer teaching and emergency medicine. His leadership experience includes tutoring Medical School underclassmen and acting as a teaching assistant. As a member of several medical associations he has additional experience as an officer too. His experience is as varied as his accomplishments, including microbiology in the private sector, volunteerism with youth anti-smoking activities, and a preceptorship working with community health service of the Prairie Island Reservation. He has the opportunity to work with patients and tribal leadership as he worked on public health projects there. Mr. Peake's experience and interest in numerous areas will serve him well.

Congratulations!

Kerry Ellen Wangen

Kerry Ellen Wangen will graduate from the University



of Minnesota Medical School later this year. This will be her second post-graduate degree. Her first was also earned at the U of M, a PhD in Food Sciences and Nutrition. Ms. Wangen's thesis hinted at her interest in medicine, "Effects of Isoflavones on Concentrations of Lipids and Bone Turnover

Markers in Postmenopausal Women." Her accomplishments in research and publications are impressive and equally diverse. She has worked with leaders at the U of M and the Mayo Clinic and spent several years working in law firms prior to that. With her unique training, Ms. Wangen brings together nutrition and medicine in her research. She is involved in professional associations and has participated in many medical school academic activities. Others have recognized her with academic awards and opportunities for study around the world. Spending time with family and friends, urban hiking, volunteering and listening to music top her list of things she likes to do in her free time. Clearly, the Gloria Segal Award is going to an energetic, well-trained and focused individual.

Ms. Wangen accepted her award at the Recognition Dinner on Friday, May 13.

MPS Needs You! Call the office today!

MPS Native American Psychiatric Issues Task Force

Read Sulik, MD has agreed to chair this important new task force. He has contacted national experts and we are developing the next steps with input from our partners at the Minnesota Society of Child and Adolescent Psychiatrists (MSCAP). Psychiatrists are needed to respond to children and families affected by the events at the High School. The task force hopes to

affect change in the rest of the community long term.

Women Psychiatrists Committee MPS Women Psychiatrists Committee Chair Kasia Litak, MD is stepping aside after several years in the position and we need someone to step in and lead this vibrant committee. Thank you, Dr. Litak for your outstanding leadership!

Contact Linda Vukelich if you can help.



APA Advocacy Program 2005

By Tony Bennett Shivers, APA State Legislative Field Representative

APA's advocacy training program was held in Washington, DC, on March 13-16. Building on last year's highly successful but more limited program, this year 91 APA members (Legislative Representatives, Presidents, Presidents-elect, District Branch & State Association Executive staff, members of the Committee on Government Relations, or other designees) came to Washington for one and a half days of intensive education and grassroots training before taking their newly sharpened skills to Capitol Hill for a day-long lobbying session. The program was a major success according to feedback we received from our participating members.

Drs. Jonathan Uecker and Roger Kathol attended from MPS. Both described the event as intensive and productive. They met with representatives for Representatives Jim Ramstad, Mark Kennedy and John Cline, as well as Senators Norm Coleman and Mark Dayton. Both will continue to communicate our positions on key legislative issues. We want to thank Dr. Uecker and Dr. Kathol for their time and commitment.

Participants represented 45 states plus the District of Columbia (totaling 54 individual District Branches and State Associations) – a record level of participation for this type of event – and visited nearly 270 House and Senate offices. In addition to timely panels on general healthcare and mental health issues featuring key Hill staff, APA members also heard keynote presentations from Kathryn Power, MEd, director of the Center for Mental Health Services, political insider Stuart Rothenberg, Representative Mike Burgess, MD (R-TX), and Jennifer Bright, MPA, vice president for state policy at the National Mental Health Association. Participants also received intensive “how to” training in grassroots advocacy and communications from Tony Shivers of the Department of Government Relations and Jason Young of the Office of Communications and Public Affairs.

APA participants also attended a reception

honoring Senator Gordon Smith (R-OR), author of last year's suicide prevention/campus counseling law, who spoke movingly about the tragic suicide of his son. The meeting with Senator Smith was particularly timely as he urged APA members to work the Senate to secure support for his amendment to remove some \$14 billion in Medicaid cuts from the pending budget resolution, and instead to replace the cuts with a Bipartisan Commission on Medicaid Reform. Our members responded magnificently. Just two days later, the Smith amendment passed the Senate.

Rounding out the program was a gala reception for

Members of Congress and health staff. Among the many attendees, Representative Patrick Kennedy (D-RI) spoke passionately about his family's experience with mental illness and alcoholism and his determination to pass a comprehensive law to require non-discriminatory coverage of treatment of mental illness, including alcohol and substance use disorders. ■

MPS Forms Native American Psychiatric Issues Task Force

MPS President put out a call for volunteers and Read Sulik, MD answered. Dr. Sulik will chair a new task force formed to address issues related to unmet psychiatric needs in the Native American population. Recent events at Red Lake may have been a catalyst, but this task force is looking at proactive ways to work with the Native American leadership and learn more about how things got to be the way they are; what experts know about how to address the concerns and how to provide ongoing help as a professional organization. Several MPS members have answered the call as task force members. Dr. Sulik is already meeting with Federal and Reservation personnel to respond to Red Lake specifically. More expanded responses will be forthcoming as the task force learns more. If you are interested in serving, please contact the office at 651-407-1873 or l.vukelich@comcast.net. ■



Congratulations!

2005 Distinguished Fellows



Suzanne Witterholt, MD

Dr. Witterholt is a psychiatrist employed by Minnesota's State Operated Services Division of the Department of Human Services. She is director of Ananda Services for Dialectical Behavior Therapy. Ananda's mission is to increase the community's capacity to effectively treat persons with Borderline Personality Disorder and related conditions. Having consulted extensively in Minnesota and throughout the United States, she is actively involved in the teaching and implementation of DBT in the public mental health sector.

Dr. Witterholt is married to Jonathan Uecker, MD who is active in the MPS Legislative and Ethics Committees. Her greatest accomplishment to date is shared with Jonathan: their two sons, Elijah, age 6 and Gabriel age 4. ■

Congratulations!

MPS congratulates Drs. Renato Alarcon, Robert Baumer and James Jordan for achieving Distinguished Life Fellow Status. We recognize new Life Members Drs. John Eichten, James Guerrero and Boyd Hartmann. We honor Edwin Smelker, MD for Fifty-Year Membership and Richard Magraw, MD for his Fifty-Year Distinguished Life Fellow status.

What is a psychiatrist?

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culture has viewed mental illness as opposed to other medical illnesses. We don't have physiologists or cell biologists doing clinical work, after all. One of the major differences between the two disciplines is that psychiatry, unlike psychology, has always been a clinical discipline. Our job description is to be experts in the diseases we treat, and to offer whatever treatments, pharmacologic or otherwise, that are helpful for ameliorating our patients' suffering. I suspect that underneath the efforts of psychologists to gain prescribing ability lays a growing notion of the psychologist as the primary mental health provider in our culture nowadays. We may have inadvertently fostered this notion in our efforts to cast ourselves as "real doctors", as if we weren't always so.

Eric Brown, MD

Peter Miller, MD

Dr. Miller is the Medical Director of the Human Development Center, the community mental health center serving Duluth, as well as Carlton, Lake, and Cook Counties. He has worked at HDC since 1985. Dr. Miller is originally from rural northern Idaho, attended medical school at the University of Washington in Seattle, internship at the University of Vermont in Burlington, and psychiatric residency at the University of Saskatchewan in Saskatoon. Over his years in Duluth, Dr. Miller has worked to build the psychiatry department at HDC. At one point he was the only psychiatric staff person. Now there are a total of five psychiatrists, four advanced practice nurses, and 3 RN's. He has done extensive work in nursing homes and in corrections. He has been a frequent speaker at educational functions for the community and has also worked closely over the years with the Minnesota Association of Community Mental Health programs. He helped develop a psychiatric training site in Duluth for the Augsburg College physician's assistant program. He has been an active member in the Minnesota Psychiatric Society, at present is a member of the Correctional Caucus and the Greater Minnesota Committee. When not busy with psychiatry, he enjoys astronomy, reading, canoeing, and the occasional motorcycle ride. ■

FDA Testimony on Approval Process, Pediatric Antidepressants

APA and the American Academy of Child and Adolescent Psychiatry (AACAP) testified at the US Senate Health, Education, Labor and Pensions Committee hearing on the FDA approval process, including labeling changes for the prescription of antidepressant medications to treat children and adolescents with depression.

Child and adolescent psychiatrist David Fassler testified that medication, in general, and the SSRI antidepressants in particular, are an important option when treating child and adolescent depression. Dr. Fassler's testimony pointed out the need for more research. The APA and AACAP called for the formation of a pediatric and adolescent Central Nervous System Advisory Committee at the FDA comprised of experts including child and adolescent psychiatrists and pediatric neurologists. ■



Susan Meland, MD, is new MPS Medicare Carrier Representative

By Eric W. Larson, MD

Susan Meland, M.D., an MPS psychiatrist from Alexandria, is the new MPS representative to the Minnesota Medicare Carrier Advisory Committee. This committee plays a key role in determining Medicare policies for all specialties in this state. I will step down after four years, and will remain the alternate representative for her first year. She has been attending state meetings in the past year, and attended the APA Medicare Advisory Committee in May 2005, so she is meeting the key people she needs to know in order to keep informed and get things done. I am glad to hand the baton to someone so energetic and interested in representing us well at this important committee. Susan assures me that quarterly trips from the lake country to the big city will not be too big a burden.

Through this committee, we significantly improved Medicare policy on psychiatry a few years ago. We were able to gain permission for clinicians of different disciplines- psychiatrists and psychologists, for example- to simultaneously use diagnostic code 90801 at the beginning of care. We also were to remove a key limitation of sessions regarding psychotherapy, and after significant effort, successfully removed the time

requirement of 25-30 minutes from the medication management code 90862. This process took over a year. However, the Committee, made up of other medical specialties, supported us, and the Medical Director, Kathy Brooks, M.D., listened and helped us communicate with key Medicare leaders in our four-state region.

Sometime in early 2005, Susan will seek MPS input through a separate email about the latest proposed Medicare psychiatry policy. The proposed new policy preserves the improvements we achieved two years ago. There are some new challenges, most notably new language about medical necessity in psychotherapy that seems to make it easier to deny payment. The Medical Director is seeking our guidance on how to avoid needless documentation burdens, while appropriately safeguarding Medicare dollars from paying for unnecessary psychotherapy.

Thank you for the opportunity to serve MPS as Medicare representative. We will seek a new alternate representative, or two, in the next year. It is an opportunity to learn, to represent psychiatry and MPS, and to advocate for Medicare patients. ■

HIPAA Security Rules: Another Deadline

by Gwen Lehman, Pennsylvania Psychiatric Society Executive Director

Having adjusted to the HIPAA privacy rules, conforming your standard consent forms to HIPAA requirements, giving your patients a "notice of privacy practices," and otherwise complying with the rules, you should be feeling more at ease than you were when the privacy rule was first issued.

Unfortunately, the work isn't over. All physician practices covered by the HIPAA rules must comply with additional "security" rules by April 21, 2005. The term "security" refers to safeguarding access to, and the integrity of, protected health information in its electronic – as opposed to paper - form.

Must I comply?

If you are not required to comply with HIPAA requirements under the privacy rule – that is, if you do not transmit medical records, billing records, or other protected patient information electronically, and no billing or other external service does so on your behalf, you are not required to comply with the HIPAA security rule. (You should, of course, carefully

protect all records from unauthorized access even if you are not required to comply with the specific safeguards and methods of the HIPAA security rules.)

If you do transmit such information electronically, no matter how little or infrequently, by now you should already be compliant with the privacy requirements for both electronic and paper records. By April 21, 2005, you will also need to comply with the HIPAA security requirements for the electronic records.

What do I need to do?

The first step, and one required by HIPAA, is to take stock of your situation. In HIPAA language, you must conduct a risk analysis.

Then you will need to establish a plan for what you need to do, and by April 21, 2005, you will need to implement solutions that meet specific HIPAA requirements. You will also need to appoint a security officer, establish policies and procedures, and periodically train staff. The security officer may be yourself,

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Scientific smorgasboard

Compiled by Eric Brown, MD

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Could we have blood tests for schizophrenia and bipolar disorder someday?

Assessing the Validity of Blood-Based Gene Expression Profiles for the Classification of Schizophrenia and Bipolar Disorder: A Preliminary Report

American Journal of Medical Genetics Part B (Neuropsychiatric Genetics) 133B:1–5 (2005)

Ming T. Tsuang,^{1,2} Nadine Nossova,³ Tom Yager,³ Min-Min Tsuang,⁴ Shi-Chin Guo,⁴ Kou Ge Shyu,⁵ Stephen J. Glatt,¹ and C.C. Liew^{3*}

Recent advances have facilitated the use of blood-derived RNA to conduct genomic analyses of human diseases. This emerging technology represents a rigorous and convenient alternative to traditional tissue biopsy-derived RNA, as it allows for larger sample sizes, better standardization of technical procedures, and the ability to noninvasively profile human subjects. In the present pilot study, we have collected RNA from blood of patients diagnosed with schizophrenia or bipolar disorder (BPD), as well as normal control subjects. Using microarray analysis, we found that each disease state exhibited a unique expressed genome signature, allowing us to discriminate between the schizophrenia, BPD, and control groups. In addition, we validated changes in several

potential biomarker genes for schizophrenia and BPD by RT-PCR, and some of these were found to code to chromosomal loci previously linked to schizophrenia. Linear and non-linear combinations of eight putative biomarker genes (APOBEC3B, ADSS, ATM, CLC, CTBP1, DATF1, CXCL1, and S100A9) were able to discriminate between schizophrenia, BPD, and control samples, with an overall accuracy of 95%–97% as indicated by receiver operating characteristic (ROC) curve analysis. We therefore propose that blood cell-derived RNA may have significant value for performing diagnostic functions and identifying disease biomarkers in schizophrenia and BPD.

¹Department of Psychiatry, Institute of Behavioral

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Psychiatrist Needed at Zumbro Valley Mental Health Center

Zumbro Valley Mental Health Center (ZVMHC) is looking to replace one of its adult Psychiatrists, seeking part-time to full-time. ZVMHC serves a wide variety of persons with psychiatric needs with about 50% of clients being severe and persistently mentally ill. It is vital that the Psychiatrist is willing to enter a practice agreement with and mentor two psychiatric Clinical Nurse Specialists who are highly experienced in working with community mental health clients. Ongoing caseload for the psychiatrist would be approximately 400 persons if full-time.

We need a Psychiatrist who is comfortable working with a wide variety of patients and who is experienced in working with patients with co-morbid health conditions. We also run a Psychiatric Acute Care Clinic one day per week using a multidisciplinary team to process persons who need to be seen within one week or are expected to need more intensive intervention. In this setting, the Psychiatrist receives intake assessment information from a Registered Nurse and social worker about the patient and spends her or his time with the patient to

determine the best course of treatment in a short time frame, with follow-up appointments over the next six weeks.

A Psychiatrist with administrative experience is considered a plus, as is experience working in a variety of service delivery models. Opportunities exist for this psychiatrist to review and re-design the service delivery system to maximize the efficiency of patient care.

Zumbro Valley Mental Health Center has been serving the mental health and substance abuse needs of Olmsted and Fillmore Counties since 1965. Our vision is to help people with behavioral health needs to live and participate successfully in their home communities. We provide services to a variety of persons from diverse cultural backgrounds, so multicultural skills are highly valued.

If you are interested in this opportunity, please contact Douglas Panser, M.A., L.P. at Zumbro Valley Mental Health Center at (507) 281-6240, extension 118 or email at douglasp@zumbromhc.org.

advertisement

Scientific smorgasboard



President's Letter *Continued from page 3*

5. The Mental Health Authority Bill

MPS has introduced a bill that begins transferring oversight of Minnesotans' psychiatric disorders from the Department of Human Services to the Department of Health. It establishes a mental health epidemiologist position, whose role will be to track and distribute information to Minnesota's physicians and to the State about the nature and extent of treated and untreated psychiatric disorders in Minnesota. Minnesota has mental health access statutes** that are not being enforced, and we believe that this bill will result in data being generated that will force the State to adequately oversee HMO contracts. (HMOs are required to have both timely and geographically accessible access to mental health care, including adult and child psychiatric care).

The bill also directs the Department of Health to distribute information about psychiatric disorders to Minnesota's physicians on an ongoing basis, similarly to information that is now provided regarding infectious diseases. This will include information about epidemiology, effective screening, diagnosis and treatment, thresholds of referral to psychiatry, care of patients with comorbid conditions, methods of obtaining consultation from psychiatrists, outcome measurements, etc.

The bill is a facet of MPS' larger efforts to shift Minnesota's mental health policies from a social services to a public health approach. We believe that this will result in more successful early intervention efforts, more cost-effective interventions, improved patient care for medical disorders, and reduced suffering of patients who have unidentified or inadequately treated psychiatric disorders.

Given the present administration's unwillingness to consider legislation that requires funding, this bill did not pass this year. It has generated considerable discussion among State departments and legislators, and will hopefully begin to reframe the model of mental health oversight in Minnesota. We will continue to advocate for this bill in the future.

6. Department of Human Services Lawsuit

MPS has joined NAMI Minnesota in a class action lawsuit that is suing the Minnesota Department of Human Services for their policy of charging Medicaid patients a co-pay for prescriptions. We believe that the co-pay is discriminatory, cost-ineffective, and that it will result in clinical deterioration for many severely and persistently mentally ill Minnesotans who have severe financial difficulties, and for whom even minimal co-pays are not affordable.

7. Native American Task Force

The Red Lake High School tragedy has raised our awareness of unmet psychiatric needs in the Native

American population. Their rates for suicidal ideation, suicide attempts, drug and alcohol use and alcohol related deaths are much higher than in the general population. MPS is joining MSCAP to create a task force, led by MSCAP president, Read Sulik, that will explore methods by which Minnesota's psychiatric community can partner with other state and local agencies to address this complex issue. If you are interested in lending your time and expertise to the project, please contact our executive director, Linda Vukelich, at: l.vukelich@comcast.net

Please let us know if there are other projects that you believe would benefit you and your patients. And, of course, please volunteer to work on the project. As Margaret Mead said,

"Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has."

and, in the words of Antoine de Saint-Exupery:

"If you want to build a ship, don't herd people together to collect wood and don't assign them tasks and work, but rather teach them to long for the endless immensity of the sea." ■

Council highlights

Continued from page 4

budget and put all the money into k-12 education and created a 75 million-dollar fund to offset federal cuts. The governor is not putting any money into Medicaid. The Mental Health Authority bill is unlikely to get a hearing. The smoking bill and Smoke-free air bills are dead. There is a bill to commit addicted pregnant moms. There is no fetal abuse bill. No position will be taken.

There is a bill to allow small businesses to opt out of some insurance which would get around parity like the self insured larger corporations. **Action:** Mr. Sposeto will write to the authors opposing this bill.

Area IV Report—Judy Kashtan, MD asked for feedback about what our priorities should be, especially if psychologist prescribing should be APA's biggest expense. **Action:** Dr. Kashtan will work with Dr. Kathol to draft an Action paper changing the direction from reactive to proactive, including training, collaboration and integration. MPS needs an official Area IV MIT rep. Our MIT reps will determine who will serve and report back to the full Council. Negar Beheshti, MD reflected on her experience at the public relations training in Chicago. She was at a meeting and talked with Commerce Commissioner Glenn Wilson. She will follow up and meet with him about Medicare and CD issues.

President Elect's Report—Eric Larson, MD reported that one of his goals as president will be contracting.

Gloria Segal Award—Maurice Dysken, MD reported on the Gloria Segal award winners and the fund. ■

Continued ...

HIPAA Security Rules

Continued from page 8

an employee, or someone hired on retainer to be called on as necessary.

What kinds of technical protections are necessary?

The security rule itself spells out specific requirements and lists other considerations that must be addressed in some fashion. Examples of the required technical safeguards include methods for restricting access to authorized users of the electronically-stored data, identifying and tracking users by using unique user IDs, controls to protect data from alteration, authentication controls to ensure that unauthorized users cannot gain access by pretending to be someone else (e.g., through use of passwords or other methods), and methods to ensure security during transmission of data in your system.

The systems sold by software vendors for medical practices may include the technical protections required. If you are required to comply with HIPAA, you will want to discuss this with your vendor and information technology (IT) personnel after familiarizing yourself with the security rule.

Where can I get help?

To view the HIPAA security rule, go to the APA's website at <www.psych.org> and type in "HIPAA security" under the search function. Then click on "securityfinalrule."

The AMA also provides help, through its Handbook for HIPAA Security Implementation, priced at \$119 for AMA members and \$149 for others. It can be ordered through the AMA Press Online Catalogue by visiting <www.amapress.com>. ■

Scientific smorgasboard

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Genomics, University of California, San Diego, La Jolla, California ²Harvard Departments of Epidemiology and Psychiatry, Harvard Institute of Psychiatric Epidemiology and Genetics, Boston, Massachusetts ³ChondroGene, Inc., Toronto, Ontario, Canada ⁴Ju Shan Hospital, Taoyuan, Taiwan ⁵Shin Kong Medical Center, Taipei, Taiwan. ■

Part-time Psychiatrist Needed

The Counseling Clinic, Inc. in Brooklyn Center, MN is currently looking for a part-time psychiatrist. We are a Rule 29 clinic. The hours we are looking for are every other Monday, 2 p.m.-7 p.m. (flexible), excellent pay. If interested please call Diane Mathisen at 763-560-4860 or fax a resume/vita to 763-503-1430.

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Ads ...

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Calendar

- June 2** **Primary Care Approach to Integrated Care of Depression, Morris** Stevens Community Medical Center. Call 651-407-1873 for more information or to register for this dinner meeting at 6:30 PM.
- August 27** **MPS Council Gathering** Location to be announced. Call 651-407-1873 or go to <www.psych.org> for more information.
- September 13** **Primary Care Approach to Integrated Care of Depression, Mankato** Mankato Clinic. Call 651-407-1873 for more information or to register for this lunch meeting at noon.
- September 15-16** **Minnesota Medical Association Annual Meeting** Minneapolis Marriott City Center, Minneapolis. Call 612-378-1875 for more information.
- September 19-20** **University of Minnesota Psychiatry Update** Call 651-407-1873 for more information.

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