

Ideas

o f r e f e r e n c e



David Cline, MD

David Cline is MPS Practitioner of the Year

By Floyd Anderson, MD

The Private Practitioner of the Year Award was established 15 years ago by the APA in order to recognize that now-shrinking percentage of our ranks that privately

treat psychiatric patients. The recipient must have worked for at least 10 years in private practice as a member of the APA. Selection is based primarily on four variables: clinic work quality, community activity, district branch and APA activities, and work with other medical and mental health organizations. This year's winner was a unanimous selection by the Private Practice Committee, with exemplary service to his university, his state and his country.

His neighbors know him as a remarkably youthful white-haired older man who can be seen in his carefree moments wearing hiking shorts, a cigar, and the most convenient pair of socks. Coming from central Wisconsin via the U W Madison Medical School and the Gunderson Clinic in LaCrosse, this doctor built his house out of oak trees that he planted as an Eagle Scout and is at home in the woods. Indeed, he is the only psychiatrist I've seen with live trees growing up through his home office. He and his sister won the Tree Farmer of the Year Award in 1985 in his hometown of Sparta, WI. When Dr. David Cline and his bride Wanda entertain, there is usually a walk in the woods after dinner to appreciate the urban beauty of the Upper Mississippi Valley.

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Michael K. Popkin receives Hackett Award

by Benita Dieperink, MD

Michael K. Popkin, MD received the Hackett Award at the national meeting of the Academy of Psychosomatic Medicine in November of 2001. This is the highest honor bestowed by the Academy and represents acknowledgement of Dr. Popkin's commitment to excellence in teaching (particularly at the bedside), concern for others, intellectual curiosity, and leadership in consultation-liaison psychiatry.

The award is dedicated to the memory of Thomas P. Hackett, MD, the influential consultation-liaison psychiatrist from the Massachusetts General Hospital and past president of the Academy of Psychosomatic Medicine (APM). Dr. Hackett was the Chair of the Department of Psychiatry at MGH for 14 years and was the Head of the Consultation-Liaison service there prior to that. He was known for his wide range of interests, including tattoos and poisonous snakes,

and his unswerving interest in the human condition. He was an excellent scholar who always kept his focus on patient care. Dr. Hackett had myriad clinical interests, from depression and anxiety in cardiac patients to courage and psychological resiliency in fighter pilots. Dr. Hackett died suddenly and unexpectedly in 1988 at age 59.

Receiving this award was particularly meaningful to Dr. Popkin, who not only trained with Dr. Hackett but credits Dr. Hackett with stimulating him to choose consultation-liaison psychiatry for a career, "Tom Hackett was the most inquisitive person I have



Michael K. Popkin, MD

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Summer 2002

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Association.

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Ideas of Reference

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1/2 page	300	250	200
1/4 page	200	150	125
1/8 page	100	85	75

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Ideas of Reference

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From the Editor

It is striking to me, in thinking about the few issues of *Ideas of Reference* that I have been involved in creating, how much I am learning about colleagues' and consumers' work. The diversity of our interests and concerns requires a meeting place at least of our minds. We are so pleased to have increased psychiatry trainee and mental health consumer input into the newsletter. We welcome any contributions from our readers.

Benita Dieperink, MD



**Minnesota Association of
Community Mental Health Programs**

Annual Community Mental Health Conference

September 25 - 27, 2002

Pre-Conference Institutes on September 24 & 25
Madden's on Gull Lake • Brainerd, MN

Community Psychiatric Services:

- ◆ Depression, Memory & Birth of New Brain Cells, *Kevin Turnquist, MD*
- ◆ Negative Schizophrenic Symptoms, *Kevin Turnquist, MD*
- ◆ Dementia Care - East Meets West, *Tracy Tomac, MD*
- ◆ Mapping Suicide in Minnesota, *Peter Miller, MD*
- ◆ Examining Humanity's Dark Side, *Tracy Tomac, MD*
- ◆ Suicide Prevention: A Public Health Partnership with Community MH Programs, *Candy Kragthope, MSW, LGSW*
- ◆ Newer Antidepressants & Their Usage, *Randall LaKosky, MD*
- ◆ Atypical Neuroleptics, *Randall LaKosky, MD*

Child & Adolescent Psychiatric Services:

- ◆ Tx of ADHD and Mood Disorders in Substance Abusing Adolescents and Adults, *Dennis Staton, MD*
- ◆ Practical Problems, Possible Solutions in ADHD Assessment, *John Selden, PhD, LP*
- ◆ Adolescents & Alcohol Abuse: Key Brief Interventions to Motivate Teens, *Margaret Ribeiro, MA, NCC*
- ◆ Updates on New Medical Tx for ADHD, *Elizabeth A. Reeve, MD*
- ◆ An Unnatural Act Committed Between Non-Consenting Adults?, *William Dikel, MD*
- ◆ Long-Term Outcomes of Childhood Disorders, *Susan Jenkins, MD*

Pre-Conference Institute -

- ◆ Preventing Violent & Delinquent Behavior in Youth
Gerald August, PhD, LP

Programs will be mailed out in early July

For more information call our fax-on-demand at 1-888-653-6014
or the Association office at (651) 642-1903

Roll up your sleeves!



by M. Kevin O'Connor, MD
MPS President

As the summer solstice is upon us and I begin my year as president of the Minnesota Psychiatric Society a number of thoughts come to mind.

First and foremost is the notion that this organization thankfully has many talented and energetic members who are willing to work on behalf of their colleagues and patients. We would like to thank Eric Dieperink and Karen Bruggemeyer for their service as elected counselors to the district branch Council over the last two years and welcome David Opsahl and Floyd Anderson as our newly elected counselors. Roll up your sleeves!

Among the myriad tasks and challenges we face is the effort to discourage insurance companies from securing profits for their stockholders and governmental entities and from balancing their budgets by arbitrarily depriving our patients of appropriate and effective treatment. The irony of many of these shortsighted refusals and denials is that study after study has demonstrated that the prompt, expert, and effective treatment of serious psychiatric disorder results in substantial savings in lost work days and expenditures for non psychiatric health care. Possibly we have not been as effective as we might be in getting this message across. Another explanation of course is

that the message has fallen on deaf ears or as my Irish grandmother used to say: "There are none so deaf as those who won't hear." Forming effective alliances with groups representing our patients and their families is one way of turning up the volume of our message. We hope to engage in a dialogue with as many of these groups as possible in the coming months.

A year is a very brief period of time in administrative terms and one realistically can not hope to see much come to fruition during such an interval. This is why Karen Dickson, your president elect, and I have sat down to discuss in depth what we see as the organization's needs and priorities over the next two years. Among these are:

- The recruitment of more members and the encouragement of greater participation by members
- A more proactive stance towards state government
- Establishing common ground and shared concrete goals with organizations representing our patients and their families and
- A means of better tracking the organizations initiatives and activities to insure continuity and accountability. We welcome your opinions on this.

As Thomas Paine said during another and more profound crisis: "These are the times that try men's souls."

Enjoy the summer! ■

MPS plans October meetings in Rochester



Join us in Rochester for excellent CME and enjoyable camaraderie. We are planning a relaxing reception at the historic Maywood Mansion for Friday, October 11 featuring cool jazz and fall colors. Docents will be on hand to answer questions about the mansion as well. You are invited to enjoy dinner and still have time for quiet walks through the gardens and pleasant conversations with friends.

The CME meeting on Saturday offers different rewards. We have speakers who will cover the latest:

- Genomics
- Disaster response from ground zero

- New pharmacology and treatments for depression and anxiety.

We will offer this excellent slate and still conclude at 1:00 PM, leaving you plenty of time to enjoy a beautiful fall weekend in Rochester. ■



Maywood Mansion



2002 State Legislative Wrap-up

by Dominic Sposeto, MPS Lobbyist

Legislative Report

It took the state legislature nearly six weeks longer than anticipated but it finished its business and went home on May 20th. The major task of the 2002 state legislative session was to address the state's \$2.4 billion budget deficit. They did so through two separate bills, one dealing with \$1.95 million of the budget shortfall enacted early in the session. The second and more difficult bill addressed an additional \$439 million revenue shortfall that occurred while the legislature was in session. □

After a great deal of partisan bickering, the legislature was able to balance the state budget without an increase in taxes or significant cuts in state spending. The legislature instead chose to spend reserve funds, postpone payments and speed up collections. These "accounting shifts" were strongly criticized by the Governor as "the easy road" and very shortsighted. □

The legislature made some fairly substantial cuts to mental health services in its first round of budget cutting. However, as a result of pressure from mental health advocates including MPS, many of the funding cuts were restored in the second budget bill. Given the state's ongoing revenue shortfall, we were fortunate. The reductions in mental health treatment funding will be noticeable but not as dramatic as originally proposed. □□

The following is a brief description of the major pieces of legislation that were acted upon or monitored by the MPS Legislative Committee during the 2002 legislative session. □

Civil Commitment

Last year, the state legislature amended the civil commitment law to remove the term "imminent" from the criteria of imminent danger of injury to self and others as a criterion for civil commitment. This change was supported by MPS and was designed to encourage earlier intervention for the severely mental ill. This year, the legislature adopted additional changes to the statutes relating to law enforcement officials by eliminating the same word, imminent. It will allow a peace officer to take into custody and transport persons who are mentally ill and in danger of injury to self and others if they are not immediately detained. The new law also clarifies the commitment law to authorize the commitment of mentally ill persons to community hospitals. □

At the request of mental health advocacy groups, the law also directs the Commissioner of Human Services, in consultation with mental health consumers and providers, to provide a report to the legislature regarding mental health services. The report will focus

on the unmet needs of children, adults and families, the barriers to meeting these needs and long-term strategies to overcome these barriers. The report is due back to the legislature by January 15, 2003. □

In response to a March shooting by Minneapolis police of a machete-wielding Somali man, an amendment was added to the commitment bill that will require the state to study the mental health needs of the state's immigrant and refugee communities. □

Budget Reductions

The governor had originally proposed closing Fergus Falls, Ah Qwah Ching and Willmar regional treatment centers, but the legislature rejected his plan. Fortunately, the legislature restored \$4 million in funding for state operated services in the phase 2 budget bill. The legislature directed the Department of Human Services to consult with community representatives to evaluate and recommend strategies to consolidate the delivery of state operated services in the future. □

The legislature did enact a modest reduction in payments to hospitals for inpatient and outpatient services including mental health treatments. Beginning July 1, 2002, hospital payments will be reduced by one-half of one percent. These rate reductions apply to both the Medical Assistance and General Assistance Medical Care programs. □

The phase 2-budget bill contained an important provision that was supported by MPS. It requires prepaid health plans to pass on to mental health providers the increase they received for outpatient mental health services under legislation enacted last year.

Drug Rebate Program

Anti-psychotic medications will not require prior authorization where there is no generically equivalent drug available.

Border State Treatment

Two proposals were enacted in response to mental health treatment access problems in rural MN that will allow state program recipients to receive treatment in states bordering Minnesota. A new law will allow persons committed under our civil commitment law to receive treatment from a facility in a border state if that facility is closer to the patient than a facility in MN. States receiving MN patients would have to contract with the Department of Human Services and agree to comply with Minnesota's commitment laws

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Achievements & advancements MPS Spring meetings



Recognition Dinner

On May 9 nearly 100 attendees met to honor MPS members and others for their contributions to psychiatry, psychiatric patients and the community at large. Governor Jesse Ventura added to the celebration by naming May 9, 2002

Minnesota Excellence In Mental Health Day. With the long list of honorees, there is no arguing that Minnesota has much to celebrate.

Our Private Practitioner of the Year, David Cline, MD is profiled on page 1.

Gloria Segal winners, J. Ben Christensen and Katherine White were honored for the excellence and focus on mental health. Both winners were profiled in the Spring issue.



Dr. Floyd Anderson presents the Private Practitioner of the Year Award to Dr. David Cline

Attorney General Mike Hatch received the Advocacy Award for his extensive work on behalf of patients. His efforts are well-documented and he appreciated the support from MPS members in this endeavor.



Attorney General Hatch accepts the MPS Advocacy Award from Dr. Scott Crow

Carufel, a longtime advocate and outspoken parent who works at Tasks Unlimited. Ms. Carufel has made great strides helping police get prepared to work with mentally ill



Theresa Carufel and Dr. Judith Kashtan have been advocates for many years.

people and prevent any more shootings. She also works with the Barbara Schnieder Foundation in this capacity.

Dr. Ronald Burd, APA *Minnesota Physician* reporter Donna Arens received the Excellence in Media Award for a large



Dr. Robert Baumer accepts the Area 4 George W. Bartholow Award from Dr. Ronald Burd

body of work examining mental health care issues.

Area IV Rep Ronald Burd, MD came to the dinner to present the Area 4 George W. Bartholow, MD Award to Robert Baumer, MD. Dr. Baumer was chosen from a regional field for his outstanding work and contributions on behalf of his patients at the Ramsey County Mental Health Department.



Donna Arens receives the Excellence in Media Award from Dr. Floyd Anderson

The Community University Health Care Center



Dr. Elizabeth Reeve (center) congratulates Dr. Jerome Kroll and Myriam Phan of CUHCC.

recently received a certificate of significant achievement from the APA from a national applicant pool of 75 programs. MPS presented a plaque to CUHCC to acknowledge this accomplishment.

Scott Crow, MD presented the Past President Award to Elizabeth Reeve, MD. She was on hand to accept the honor even though she was due to have her second son only four days later. MPS members thank Dr. Reeve for her contributions as president and wish her well in this new endeavor!

Spring Scientific Meeting

On May 10, MPS offered a varied agenda featuring scientific sessions in the morning and practice related presentations in the afternoon. Richard Trosch, MD presented an informative and useful session on movement disorders which was very well-received. Jeffrey Kelsey, MD offered a comprehensive session on strategies with the anxious and/or depressed patient. MPS member Dr. Marcia Slattery presented recent findings on asthma, allergies and anxiety. According to evaluations, our scientific sessions were up-to-date, comprehensive and useful to practicing psychiatrists. The afternoon sessions highlighted the nitty-gritty issues psychiatrists should be thinking about as they practice. The HIPAA overview provided much-needed detail and the financial planning presentation featured creative and comprehensive strategies. A panel of MPS members representing a variety of practice settings focused on creative solutions to the complex problems facing psychiatrists and their patients today. Thanks to all who participated and all who attended! ■



MN Medicare Carrier Advisory Committee Update

By Eric Larson, MD, MPS Medicare Carrier Advisory Committee Representative

Dr. Deane Manolis and I attended the Minnesota Medicare Carrier Advisory Committee meeting on May 16, 2002. On the agenda was a review of the Medicare Outpatient Mental Health Treatment Payment Limitation, which was written into the original Medicare legislation in 1966. This limitation mandates that payment for outpatient psychiatric treatment is limited to 62.5% of the Medicare-allowed amount for those services. This

is a complex way of limiting our outpatient reimbursement to 50% of the fee, since the Medicare-allowed amount is 80% of the Medicare fee schedule. Psychiatry is the only specialty with such a discriminatory payment limitation.

The limitation applies only to treatment, as opposed to evaluation, so emergency room evaluations, consultations, and new patient evaluations of all kinds are not subject to the limitation. Treatment of an Alzheimer disease patient using the "medical" ICD-9 code of 331.0 and an Evaluation and Management (E&M) code is not subject to the limitation, whereas using the "psychiatric" ICD-9 code of 290.10 and a psychiatric code such as 90862 would be subject to the limitation.

Dr. Manolis and I pointed out the obvious discrimination here against psychiatric patients and practitioners, and received wide support from the committee members from other specialties. This discrimination is even less palatable now, with parity legislation having made some inroads in recent years and with President

Bush publicly supporting further parity for mental illness treatment. Unfortunately, the outpatient treatment limitation is written into law and it will take Federal legislation to change it.

Your MPS Council also reviewed this information at the MPS Scientific Session May 10, 2002. The Council supported our efforts to point out this

Psychiatry is the only specialty with such a discriminatory payment limitation.

inequity, and supported our suggestions to simplify our Psychiatry Local Medical Review Policy (LMRP), which determines how Medicare policy is enacted for psychiatrists in our 4-state region. We shared a general sentiment that it would be reasonable to recommend scrapping the entire CPT Evaluation and Management system, in favor of a simpler system that would be more understandable and enforceable.

I reviewed these ideas at the American Psychiatric Association Medicare Advisory Committee on May 20, 2002, at the Annual Meeting. The Committee focused mainly on smaller issues and local updates. The Committee did not think it was its charge to address the outpatient treatment limitation or the E&M coding system. However, I was pleased to see in *American Medical News* June 10, 2002, the cover story in which the Health and Human Services Advisory Committee on Regulatory Reform voted 20-1 to recommend elimination of the E&M guidelines in favor of a simplified system. The Committee is chaired by Douglas Wood, MD, a Mayo cardiologist.

I think we have an opportunity now to make our psychiatric voice heard at the legislative level. Perhaps our Legislative Action Committee can best advise us on how to communicate these ideas most effectively. Dr. Karen Dickson recently held an event in support of Senator Paul Wellstone, long an advocate of mental health concerns. Our organization, and we as individuals, can be encouraged to contact our national legislators to express concern about the Medicare Outpatient Mental Health Treatment Limitation. I will ask Dr. Doug Wood how we can support his committee's recommendation that the E&M coding be scrapped. ■

MPS Members vote to amend bylaws

Last month MPS members returned a majority of ballots voting to amend the MPS Bylaws to allow for uncontested elections. While Assembly Representatives elections could be uncontested, the change will offer the possibility for other officer elections. However, this does not mean that all elections will always be uncontested.

A complete copy of the revised Bylaws will be included in the updated MPS Directory for 2002. Watch for it in the mail later this summer!

Council highlights

Highlights and Actions from the May 10, 2002 Council Meeting



The Council met at the DoubleTree Grand Hotel at the Mall of America prior to the MPS Spring Scientific Meeting

Medicare Advisory Committee Report—Eric Larson reported that he would be attending a Minnesota Advisory Committee meeting and solicited MPS input. Discussion about a new national model (LMRC) being reviewed followed. Specifics about the complexity and duplication of the current coding system were the focus and streamlining the current system is the goal. Additional discussion focused on the federally supported disparity the current reimbursement system represents. Council members requested talking points to share with advocacy groups who will be more credible advocates for Medicare reform.

Bed Shortage Report—Eric Larson, MD noted that the Twin Cities has 10 or 11 psychiatrists per 100,000 people which represents a shortage compared to the national average of 14 per 100,000. He added that the shortfall also exists in rural areas. Further discussion revealed that these shortages are statewide and

prevalent in every system. **Action:** A task force will be created to study the situation, gather data, develop possible responses and solutions and report back to the Council. Several people volunteered to serve on this task force. ■

Dr. Eric Brown is new MPS MIT Representative

Your new MPS MIT Representative to the Council is Eric Brown, MD. Dr. Brown is a G-4 at the University of Minnesota. He has been an active volunteer for MPS, offering his time and expertise on the Speaker-Mentor Project and as a member of the Greater Minnesota Committee. The Bylaws provide for annually rotating representation by all three MN residency programs. MPS would like to thank Mayo resident Maria Lapid, MD (MIT Rep 2001-2002) for her extensive contributions and infectious enthusiasm in this position. MPS members are encouraged to contact MPS leadership with ideas, suggestions and concerns.

Members on the go!

New Members in Training:

MaryEllen Dodd, MD

Residency— Mayo Graduate School of Medicine

Tamara Dolenc, MD

Residency— Mayo Graduate School of Medicine

Kathleen Heany, MD

Residency— Mayo Graduate School of Medicine

Elliott Lee, MD

Residency— Mayo Graduate School of Medicine

Kari Martin, MD

Residency— Mayo Graduate School of Medicine

Christopher Sola, MD

Residency— Mayo Graduate School of Medicine

Fatima Tasbeeh, MD

Residency— Mayo Graduate School of Medicine

Eduardo Trinidad, MD

Residency— Hennepin-Regions

Upgrade to General Member:

Janet Andrews, MD

Practicing— Hennepin County Medical Center

Residency— Hennepin-Regions

Transfer In:

Dean Watkins, MD from Indiana

Practicing— Behavioral Health Clinic, St Cloud

Transfer Out:

Yasser El-Hammamy, MD to Indiana

Studies in psychodynamic process

The Minnesota Psychoanalytic Society and Institute is pleased to offer three opportunities to advance your understanding of psychodynamic psychotherapy and enhance your clinical technique: 1) a monthly seminar series on the therapeutic relationship, 2) bi-weekly facilitated clinical process groups, and 3) a series of weekly classes on developing and deepening the therapeutic process. The format for these activities is designed to facilitate discussion of your clinical work, with modest reading. Each begins in September and ends in June, at a modest cost. For an informational flyer, including a registration form, or further information, call or write: Steven Clarke, MD, 821 Marquette Ave., #1550, Minneapolis, MN 55402, #612.332.9110, Chair of Outreach Committee.

New MPS Bed Shortage Task Force

Information Needed!

If you have statistical or anecdotal information about the hospital shortage issue, please contact MPS Bed Shortage Task Force Chair Eric Larson, MD at <larsoew@parknicollet.com> or contact the MPS office at (651) 407-1873 ASAP.



The Bigger Picture...

Sue Abderholden, NAMI-MN Executive Director

I became the executive director of the National Alliance for the Mentally Ill in Minnesota (NAMI-MN) in October 2001 and have over 20 years experience in public policy development and advocacy. Previously I was the associate director of PACER an educational rights advocacy organization working on special education issues and for seven years the deputy director of Senator Wellstone's Minnesota office managing the constituent services and working on issues such as disability rights, education and welfare reform. My advocacy work began at the Arc of Minnesota where we accomplished the closure of the state hospitals for people with developmental disabilities and the mandating of early intervention services for infants and toddlers with disabilities.

My goal at NAMI-MN is to build the grassroots movement so that they have a strong voice at the legislature and to expand their ability to provide education and support to individuals with mental illness and their families. I feel strongly that NAMI needs to be there for all families, including parents who have children and adolescents with a serious emotional disorder.

NAMI has undergone a great deal of positive change in the last six months. The flagship Family-to-

Family program is expanding to new areas of the state including the inner cities. NAMI has expanded its BRIDGES program and In Our Own Voice program. In the fall, NAMI will offer the Visions for Tomorrow program, which provides education and support to caregivers of children and adolescents with mental illness. Recognizing that children are a part of families, NAMI is seeking funds to begin a Kidshop Program, providing support to children who have a parent or sibling with mental illness.

NAMI is also reaching out to by sponsoring a speakers series and by publicizing its excellent written materials. I believe that the resources and support provided by NAMI is a secret worth sharing with others.

The MPS and NAMI-MN are natural collaborators. Legislation is certainly one area, since both organizations fully understand the gaps in the service system and the needs of family members. Another area is understanding the resources of each organization so that appropriate referrals can be made.

This year, NAMI-MN celebrates its 25th anniversary. It appears charged up, energized, and ready to tackle the next 25 years, creating positive changes for people with mental illness and their families. ■

Narsad Walk: *Getting bigger & better every year*

By Judith Kashtan, MD
MPS Public Affairs Chair

On May 4, 2002 six psychiatrists from the MPS participated in this year's Narsad walk. Attending were: Tonya White, Christine Stanson (a resident from Hennepin-Regions program), Jim Jaranson, Bruce Hermansen, Ron Groat and yours truly. Many walk participants (patients with mental illnesses and members of community advocacy groups) expressed their surprise and appreciation that area psychiatrists were willing to take time out of their busy schedules to attend this event. □

A rally to break down stigma started the event, followed by a brisk walk around Lake Nokomis, with psychiatrists identified by our MPS hats. Then we enjoyed a picnic lunch and socializing. Participants agreed that it was time well spent. □

Sorry that you missed the good time? Don't worry - this is an annual event. If you participate next year you will also be rewarded with a custom-designed t-shirt. The date of next year's walk will be set shortly so you can put it on your calendar. Wouldn't it be

great if we had twice as many psychiatrists walking next year? If you've been wanting to participate more in the MPS but have limited time to offer this is your way to make an important statement of support to the most chronically ill patients with very little time spent.

Join your public affairs committee as it plans to make Mental Illness Awareness Week an informative and stigma-busting week!

Work is already underway for the annual MIAW Calendar of Events for September through December, 2002. Please contact Linda Vukelich at <vukelich@earthlink.net> with information about educational events open to the public. Let your colleagues know about the good work you are doing and help MPS publicize opportunities for patients, their families and the public at large to learn more about mental illness. If you have suggestions or want to work with the ePublic Affairs Committee, contact the office at the e-mail above or call us at (651) 407-1873. ■

Speak your mind!

Psychologist Prescribing: *Preemptive Strategies*



The following articles are editorials from MPS members in response to our solicitation in the last issue. The topic was *We were all shocked by the news from New Mexico last month. Psychologists were actually granted prescribing privileges! In view of this news, should MPS focus on blocking legislative initiatives in our state or plan other strategies in response? For example, have we given enough attention to our natural alliances with our medical colleagues: family practice doctors (who prescribe 70% of antidepressants) or internists, pediatricians and our nursing colleagues? What are your thoughts in response to this change in our system? SPEAK YOUR MIND! Responses follow.*

MPS Resolution builds bridges and preempts legislation

By Suzanne Albrecht, MD, MPS Delegate to the MMA

In early June, MPS brought forth a resolution to the Hennepin and Ramsey Medical Society Caucus meetings calling for MMA to oppose psychologists prescribing legislation. As we all know, New Mexico lost its battle when their medical association did not hold the line opposing the measure. After all, policymakers could not take a stand for quality patient care if the medical association did not oppose the bill on that basis. The state medical association's partnership in opposing psychologists prescribing legislation is crucial.

The full support of our colleagues in medicine on this issue proves this is a quality of care issue and not a small group of psychiatrists protecting their turf. The facts are hard to argue. Four hundred fifty hours of supervision cannot replace 20,000 hours of study in medical school and residency. In New Mexico, they have a tax on medical providers that is similar to ours. They also have a large proportion of rural areas with a smaller concentration of urban areas. Many of the same arguments that were used successfully in New

Mexico can be prevented if they come up here IF the MMA and MPS work out the policy under less stressed circumstances. It is always best to be prepared, but it is essential when patient care is on the line.

On June 8, 2002 a letter was published in the Boston Globe. This letter was circulated on the APA's member-to-member listserv highlighting psychologists lack of preparedness to practice medicine without medical school. Excerpts illustrating the difference between the two perspectives are reprinted in the box following this article.

MPS must also build strong alliances with the organizations in Minnesota on which our patients and their families rely for leadership, especially in the legislative arena. Building bridges and maintaining strong partnerships with these organizations supports our stand as patient advocates on this issue. As we collaborate more, we will all benefit because together we are stronger than the sum of our parts. As we gain successes together, we will build a reputation together in the legislative arena in the marketplace and in the community.

Continued on page 17

Only after I began to practice as a physician did I appreciate how different the perspectives of psychologists and psychiatrists are, and how truly unprepared psychology training leaves one for understanding the complexity of the biological systems essential to understanding how to prescribe medications.

It is frustrating for psychologists to not have access to a prescription pad, but the public's well-being should not be put at stake in order to mollify that frustration.

*John Brenner Levine, MD
June 8, 2002 Boston Globe*

Long waits for new patients, psychiatrists who have closed their practices because they are too busy, pressure for psychologist prescribing, primary care physicians inundated with mental health referrals are all symptoms of a shortage of psychiatrists in our state.

The MPS "Speak Your Mind" question for the next issue is:

Why is there a shortage of psychiatrists and what should MPS do about it?

Speak your mind!



Medical Directors offer insights

MPS posed the question, “What’s your organization doing to improve care to the mentally ill?” to the four psychiatric medical directors of the state’s major insurers as a means of introducing them to our members. There has been considerable turnover in these visible positions of leadership over the last two years and may represent reason for optimism. Let’s see.

Fred Ferron, MD

Behavioral Health Partners Medical Director

BHP sees an ongoing need to improve care for the mentally ill. In this regard, we work diligently at maintaining access for our members that is measured in hours and days rather than weeks and months, previously the community norm in psychiatry. We are able to do that through the commitment of our network of providers, which joins BHP in believing that rapid access to services goes a long way to effectively and efficiently treating the symptoms of mental illness.

As well, BHP has a quality program that is continually monitoring the services our members receive. Once again, the majority of our network does an outstanding job in providing services to our members. We do active utilization review of cases on inpatient units in order to make sure that patients get the correct level of care that meets their clinical needs. We are concerned that there are shortages in the availability of inpatient beds, thus making it more

critical than ever that those who are at this level of care truly need to be there, and are not simply awaiting transfer to another level of care.

Finally, in cooperation with our partners at the University of Minnesota Clinical Service Unit and Fairview University Medical Center, we are implementing a Diagnostic Evaluation Center which will allow clinical review of cases requiring an intensive level of care and will also allow information gathering which will ensure effective continuity of care. While assuring that the systems are up to date with regard to confidentiality, we nonetheless see an ongoing need to respectfully share important clinical information with our psychology, social work and primary care colleagues. This should be up and running in the next sixty days. These initiatives are in keeping with our mission, which is dedicated to enhancing behavioral health through innovation.

Roger Kathol, MD

BlueCross and BlueShield of Minnesota Medical Director

The approach to support for behavioral health care at Blue Cross and Blue Shield of Minnesota is changing to better meet the needs of patients and support the services of providers. This is being done with a new spirit of collaboration with both behavioral health providers and non-psychiatrist physicians. Several concrete examples of this attitudinal shift are now evident in the way Blue Cross does business. Examples include:

- Discontinuation of outpatient behavioral health prior authorization requirements for all but a few who have health care contracts which demand this

procedure

- Payment for behavioral health services provided by non-psychiatrist physicians
- A focus on case management, i.e. working with patients and providers to identify and allow access to treatments and treatment settings most likely to improve symptoms, rather than utilization management, which merely reviews the availability of benefits
- Creation of a Behavioral Health Policy Committee to insure consistent and timely support for new or

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Michael Trangle, MD

Associate Medical Director, Behavioral Health Services
HealthPartners Medical Group & Clinics

I appreciate the opportunity to respond to your questions. Let me start by clarifying how HealthPartners is structured, my specific role in the organization and then discuss two exciting initiatives to improve patient care.

HealthPartners is a family of nonprofit health care organizations focused on improving the health of its members, its patients and the community. HealthPartners provide health care services, insurance and HMO coverage to more than 660,000 members.

My title is Associate Medical Director for Behavioral Health Services for the HealthPartners Medical Group & Clinics. Operationally, this means that I partner with an administrator to be in charge of the delivery of behavioral health services wherever they may occur throughout our care system.

HealthPartners is a truly integrated organization with the health plan, hospital and care delivery system. While I have no direct responsibilities within the health plan, I do consult and participate in several important quality improvement initiatives along with representatives from other health care organizations such as Park Nicollet and Allina.

All organizations in the HealthPartners family share the same mission: “to improve the health care of our members, patients and the community.”

One truly exciting new quality improvement initiative called Pursuing Perfection: Raising the Bar for Health Care Performance.

We are one of only seven health care organizations from across the nation to receive a \$1.9 million grant to participate in Pursuing Perfection. The initiative is funded by the Robert Wood Johnson Foundation and managed by the Institute for Healthcare Improvement.

Last year, an Institute of Medicine (IOM) report found that there is a “chasm” between the quality of health care Americans have and the quality of care we could have. The report notes that these problems come from poor systems, not bad people. The authors write, “in its current form, habits and environment, America’s health care system is incapable of providing the public with the quality of health care it expects and deserves. We can fix our system but it will require changes.”

The report’s authors partnered with IHI and RWJF to redesign themselves according to six aims of care that will lead to new models of care delivery and redefine health care quality for consumers. These aims will lead to care that is measurably more:

- **Safe** – Avoiding injuries to patients from the care that is intended to help them.
- **Timely** – Reducing waits and sometimes harmful delays for both those who receive and those who provide care.

- **Efficient** – Avoiding waste, including waste of equipment, supplies, ideas and energy.
- **Effective** – Providing services based on scientific knowledge to all that could benefit and refraining from providing services to those not likely to benefit.
- **Equitable** – Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location or socioeconomic status.
- **Patient-centered** – Providing care that is respectful and responsive to individual patient preferences, needs and values ensuring that patient values guide all clinical decisions.

HealthPartners is undertaking seven Pursuing Perfection projects. Learning’s from each of these projects will be spread within our organization and shared with organizations across the country. One of these seven initiatives focuses on patients with depression.

In the depression initiative we are working with a group of patients, family members, primary care physicians, mental health providers and administrators to review the best evidence-based behavioral health practices from around the nation. In September we plan to begin piloting a redesigned care processes for patients with depression in our system. Our

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Roger Kathol, MD

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developing technologies likely to benefit patients. Behind the scenes, Blue Cross is also undergoing a transformation, which will prepare it to facilitate the integration medical/surgical and behavioral health services in the future. Divisions within Blue Cross, such as customer service, care management, networking, claims, etc. are coalescing so the member and provider requests can be answered efficiently and seamlessly by a coordinated staff in a shorter time and with less hassle. While this process is more complicated than the bulleted actions above, it should result in furthering the desire of Blue Cross to “Make a Healthy Difference” in its members lives.

James Jacobson, MD

United Behavioral Health Medical Director

Ed. note: Dr. Jacobson’s response will be published in the next issue.





Discharge packets available

Materials offer resources to patients and their families

The members of the Education Network of Minnesota for Mental Health and Mental Illness, including the Minnesota Psychiatric Society, have gathered supportive materials and informational brochures and other resources for patients leaving the hospital. These packets have been well-received in test markets and are now available statewide. The first thing your patient will see is a letter from another consumer offering hope and insight into recovery. They also include more general information about finding support groups and resources, finding doctors and making follow-up appointments, specific information about specific disorders, etc. Please contact MPS Public Affairs Committee chair Judith Kashtan, MD <kasht002@umn.edu> or Linda Vukelich at <vukelich@earthlink.net> if you are interested in getting these valuable resources for your hospital.

Since the education network is a coalition of advocacy groups whose only income is minimal annual dues, this project is being offered with the understanding that hospitals will provide a small stipend to cover production costs. This is just \$1.50 per packet. Education Network members will be meeting with the hospitals to encourage them to offer these materials to their patients at discharge. Your help as someone who knows your hospital's systems and its decision makers is very helpful to us. Please advocate for your patients by contacting MPS Public Affairs chair Judith Kashtan or MPS Executive Director Linda Vukelich at (651) 407-1873 today.

This is valuable information, but we need your help to get the word out! Your patients and their families will thank you. ■

In Memoriam

Stephen M. Greenwald, MD

Reprinted with permission from the Minneapolis StarTribune May, 2002

Dr. Stephen M. Greenwald, medical director of the Hennepin County Mental Health Center for more than 30 years, died suddenly May 14. He was 68.

Dr. Greenwald began working at the center in 1964 when it was still part of the old Minneapolis General Hospital. When that became Hennepin County Medical Center in 1978, he was instrumental in expanding and moving the Mental Health Center to 525 Portland Ave. So., said Martin Orbuch, MD of Golden Valley, who worked with Greenwald.

As a consultant to Anoka Regional Treatment Center from about 1965 to '81, he worked with chronically and persistently mentally ill patients who, Orbuch said, "lived and worked in the community, whereas in the

past they would have stayed in the hospital."

By the late 1960s it was a national trend to deinstitutionalize such patients, "because medications allowed them to function in the community," said Seymour Gross, PhD, who left the center to direct the Pilot City Mental Health Center in Minneapolis. "He understood the important role of other mental health professionals—psychologists, social workers, nurses," Gross said.

Dr. Greenwald also worked with general mental health problems. In a 1972 report in the *Minneapolis Tribune*, he noted that older people who resort to drugs face the same problems as the young—alienation and loneliness. ■

In Memoriam

James T. Garvey MD

Reprinted with permission from the Minneapolis StarTribune December, 2001

James T. Garvey, MD died in December at the age of 77. He was a graduate of De La Salle High School, St. Thomas College, and St. Louis University, St. Louis, MO. He served in the US Navy from 1942-1948, as well as the US Public Health Service. Dr. Garvey was a psychiatrist at Glenwood Hills Hospital and a founding partner of the Minneapolis Clinic of Psychiatry

and Neurology. He practiced at North Memorial from 1954-1989. He was a member of MPS and the APA, he also served as past president of the Hennepin County Psychiatric Association. Dr. Garvey was a professor at the University of Minnesota Department of Psychiatry. ■

Vital insurance news



Editor's note: On a local level, St. Paul Companies have also decided that medical malpractice insurance is an unfavorable investment. They will no longer be issuing policies or renewals. Any affected MPS members are urged to contact their insurance brokers to explore their options as soon as possible.

The Psychiatrists' Program, the APA-endorsed Psychiatrists' Professional Liability Insurance Program (www.apa-plip.com), has entered an arrangement with two member companies of American International Group (AIG). Coverage will be issued through National Union Fire Insurance Company of Pittsburgh, Pa. and Lexington Insurance Company. Both companies have an A.M. Best rating of "A++" (Superior).

The change in carriers was necessitated when A. M. Best downgraded Legion from "A-" (Excellent) to "B" (Fair). Professional Risk Management Services, Inc., The Program's manager, immediately began looking for another carrier. On April 1, 2002, the Pennsylvania Insurance Department, which has jurisdiction over Legion as a Pennsylvania-domiciled insurance company, requested and received an Order from the Commonwealth Court of Pennsylvania placing Legion into state-supervised rehabilitation. A.M. Best further downgraded Legion to "E" (Under State Supervision). At this writing, Legion continues to operate under the rehabilitation order. Previously issued Legion policies currently *remain in force* (if premium payments are up to date).

APA member insureds are being notified in writing of the non-renewal of their Legion policy and the options available to continue coverage with one of the new carriers. National Union is an admitted carrier and must file forms and rates with each state insurance department. Lexington Insurance Company is a surplus lines carrier and does not need to file for regulatory approval. Pending approval of National Union rates and forms, The Program is offering

doctors coverage through Lexington to prevent any gaps. If National Union is approved *prior* to the insureds' Legion renewal date, PRMS will contact the doctor to discuss additional options. If National Union approval occurs *after* that date, the doctor will be offered the option to move to National Union at the next renewal. Insureds who wish to convert from Legion to one of the new carriers prior to their renewal date will soon receive information regarding conversion options.

PRMS is working with Legion and the Pennsylvania Insurance Department to try to ensure continuity of coverage. It is exploring options to protect policyholders for claims that may arise from the past. PRMS understands the concerns of the APA members and will strive to protect their interests by investigating all possibilities as Legion's situation develops.

The many services currently provided remain in place including the Risk Management Consultation Service, "Rx for Risk," seminars and on-line services. The policy includes Administrative and Government Billing Defense Costs Endorsement with \$50,000 / \$100,000 coverage limits. Discounts include member-in-training, child / adolescent, early career psychiatrists, part-time and risk management education.

Insureds are encouraged to visit the website or contact their underwriter Holly Alexander at 1-800-245-3333, #325 or <alexander@prms.com>. For information on purchasing insurance, please contact Leslie Cummings at 1-800-245-3333, ext. 389 or <TheProgram@prms.com>. ■

APAPAC makes Minnesota contributions

In June the APAPAC contributed to both Senator Paul Wellstone and Representative James Ramstad. Please take the time to contact the APAPAC manager, Jason Pray <jjpray@psych.org> to acknowledge these contributions. Your contact could help the APAPAC Board decide to contribute again if they know their Minnesota members care.

Another way of supporting the PAC is by joining. In the last issue, an article explained how. Please review the article on the website at <www.mnpsychsoc.org> and click on the newsletter archives for the Spring 2002 issue. Or call the offices at (651) 407-1873 for more information.

Join today and expand your influence!



APA Assembly Report

By Judith Kashtan, MD, MPS Assembly Representative

BACKGROUND

While most MPS members have heard about the Assembly, I wonder how many of you are aware that you can use Mike Koch and me, your Assembly Reps to influence APA policies by presenting your proposals to the Assembly in its twice yearly meetings? □

The APA assembly is like the Congress of the APA, with voting members representing District Branches (DBs) and special interest groups such as early career, minority or specialty psychiatrists. Any member of the Assembly can sponsor an Action Paper and lobby the Assembly to approve it. □

As APA membership has steadily dropped for the past few years, the Board and Medical Director are interested in being more responsive to the concerns of the membership and therefore eager to be responsive to the Assembly. I encourage MPS members to consider formulating an Action Paper if you have problems with your practice or see issues with your patients that APA might help you address and correct. □

Getting an Action Paper passed requires a fair amount of lobbying and coalition-building prior to the Assembly itself, which I discovered after my Action Paper on curtailing APA campaigning practices failed to get endorsed (see below). So if you have an idea for an action paper please contact me as soon as you can to allow plenty of time to build consensus in the Assembly before the next meeting in November. □

May 17-19, 2002 Assembly meeting

The status of the APA seemed to have improved since the last Assembly meeting. The sudden and catastrophic two to three million-dollar deficit we learned about in November had just as suddenly disappeared in May due to unexpectedly improved profits from the APA's publishing ventures. □

The component structure of the APA has been reorganized, cutting out committees that have outlived their functions and combining those that were duplicating missions. □

In the same vein, a vigorous discussion of how (or whether) the Assembly should be reorganized took place. Representatives noted that the Assembly is the strongest voice for "grassroots" members in the governance structure and its power should not be diminished.

A new information system is being implemented in the APA central office and should be completed next year. It will link the central office, district branches and individual members through the APA web site.

There was much discussion of how to ensure that the next medical director (who replaces Steve Mirin)

will be paid a salary that does not further deplete our budget and will be more directly accountable to the Board and Assembly. A search committee is in the process of looking for suitable candidates. □

The problems with APA's malpractice insurer, Legion, were reviewed. The company's credit rating was downgraded recently which meant that it could no longer do business. APA members complained about not being informed about the impending problems in a timely fashion but we were told that the problems occurred quite suddenly and could not have been predicted sooner. The change to a different insurer is currently being negotiated, but all members should remain covered during the transition to a new carrier. Premiums are expected to rise about 30%, a trend that is being seen around the country. □

It is important for anyone who has questions about the insurance situation to realize that the APA no longer directly administers its malpractice coverage as it did in the past but only endorses the policy. □

New ethics guidelines for DB's were previewed. DB's will be given a choice of adopting the new guidelines, which remove the necessity for a formal hearing with its attendant costs and demands on members' time, and changes the DB's ethics committees' role to a more educational one. However, DB's that prefer using the old system can still continue to use it. □

New Mexico DB member Al Vogel, M.D gave his views on how psychologist prescribing was able to get enacted in that state. He said that NM psychologists had been doing extensive lobbying and relationship-building with local politicians for many years and the decision to grant them prescribing privileges was purely political. An AMA board member spoke, encouraging all APA members to join the AMA so that psychiatry's interests can be represented by an even larger coalition of our medical colleagues. He noted that you can get a 10% discount on AMA membership if you enroll on their web site <www.ama.org>. □

Finally, as I noted above, the MPS action paper, calling for changes in the APA's election procedures was defeated. The feeling of those opposed to the initiative was, "It's not a great system but it's better to have a contested election than none at all." At the same time everyone I spoke to at the Assembly expressed their dislike for the elaborate campaigning we now use. I plan to continue to discuss this matter and figure out ways to reduce the time and money spent on APA campaigns. ■



Trangle

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approach has been from the bottom up. We are looking at how we can transform our care to be sensitive to our patients' preferences, needs, desires and values all within the six aims of Pursuing Perfection. Since we know that ideal care is not necessarily delivered in a clinical setting or during traditional office hours, we are looking at ways to meet patient's information, education and care needs through alternative methods. We are also partnering with the health plan to examine how best to pay for these alternative types of care.

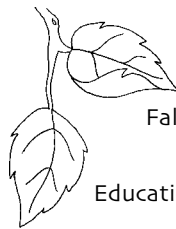
In 2000, HealthPartners launched the second generation of another initiative called Partners for Better Health 2005. In 2000, depression joined diabetes and heart disease as the newest diagnosis for concentrated improvement efforts. Partners for Better Health 2005 involves a set of 35 new, measurable three-to-five-year health improvement goals. In addition the focus on depression, diabetes and heart disease, specific goals and objectives focus on healthy eating, physical activity tobacco control and depression. Here are a couple of the objectives of the initiative as it relates to depression.

- Improve the understanding, recognition, diagnosis and treatment of depression across the risk continuum.

- Reduce by half the number of attempted suicides and suicides among HealthPartners members diagnosed with depression.
- Increase collaboration among community systems, families and health care providers to meet the needs of people across the depression risk continuum.

These are two very exciting approaches to improving care. Pursuing Perfection is working at improving the care and experience at the patient level and Partners for Better Health is working at improving health from a population health perspective. ■

Join us in Rochester for the MPS Fall Meetings!



October 11-12, 2002

Friday, October 11
Fall Social, Mayowood Mansion

Saturday, October 12
Educational Meeting, Rochester Marriott

*Recent Advances in Basic and
Clinical Science*



Psychiatric Records

Complimentary risk management tips from The Psychiatrists' Program

- Document fully the type of treatment and rationale, as well as alternatives to the treatment and why they may have been rejected.
- Document dates (and length) of services, pertinent history, prescription of medication, and consultations with other professionals. Document legibly.
- When dealing with a potentially suicidal or violent patient, document all actions taken (and why), and all actions considered but rejected (and why).
- Include written informed consents, lab reports, and correspondence in the record.
- Record retention is often governed by state law. Keep in mind that there is no "statute of limitations" for licensing board or ethics complaints.
- Instruct staff regarding handling of records, stressing confidentiality concerns.
- Do not alter records after an adverse event.

Visit www.apa-plip.com
for more details about
The Program's new carrier!

THE PSYCHIATRISTS' PROGRAM

The APA-endorsed Psychiatrists' Professional Liability Insurance Program

Call: 1-800-245-3333, ext. 389

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Managed by Professional Risk Management Services, Inc. (In California, d/b/a Cal-Psych Insurance Agency, Inc.)

Continued...



Michael Popkin receives Hackett Award

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known. He was vibrant, full of life, and straightforward." During the presentation of the award, Mrs. Ellie Hackett, Dr. Hackett's widow, read an excerpt from Dr. Hackett's diary that indicates mutual respect and affection, "it was a real joy to watch the Popkin presentation because it became more and more apparent how expert he is. I am glad and proud that he was my student." Other recipients of the award (not limited to the APM membership) include Drs. Avery Weisman, Donald Kornfeld, and Alan Stoudemire.

Dr. Popkin is currently the Chief of Psychiatry at Hennepin County Medical Center and Professor of Psychiatry and Medicine at the University of Minnesota Medical School. He received his undergraduate degree from Princeton University and Doctor of Medicine degree from the University of Chicago's Pritzker School of Medicine. After internship at the Bellevue-New York University Hospitals, he completed residency at MGH. Following residency, he served as Lieutenant Commander in the US Navy Medical Corps at Orlando, Florida and was consultant to the Brevard County Mental Health Center, Rockledge, Florida. He has visited and conducted research at both the South and North Poles!

In 1975, Dr. Popkin joined the faculty at the University of Minnesota Medical School and for 16 years directed the Consultation-Liaison service and its research activities at University Hospital. He has served as consultant to the Minnesota Security Hospital and as behavioral scientist with the University of Minnesota site of the NIH Diabetes Control and Complications Trial. He has been Vice Chair of the DSM-IV Organic Disorders Work Group and a member of the APA's Adult Evaluation Practice Guidelines Work Group. Dr. Popkin served on the NIMH's Epidemiological and Services Research Review Committee. He was the first consultation psychiatrist to be so honored and he chaired the committee in 1989.

Dr. Popkin is past President of the Academy of Psychosomatic Medicine; he has been a member of the Council of the American Psychosomatic Society; Councilor of the American Psychopathological Association; Director of the American Orthopsychiatric Association; and a founding member of the Board of Directors of the Center for Victims of Torture, the first such American center. He is a fellow of the American College of Psychiatrists and serves on its Committee on Membership. He was twice selected by U of M residents as Teacher of the Year.

Dr. Popkin has authored 98 refereed publications and 34 textbook chapters; he has co-edited the American Psychiatric Press' volume, *Caring for Victims of Torture*. He is Assistant editor of *Psychosomatics*, a member of the Editorial Board of *Seminars in*

Clinical Neuropsychiatry, Scientific Advisor to the *Journal of Clinical Psychiatry*, and reviewer for numerous psychiatry and medicine journals. His writings have centered on the outcomes of consultants' recommendations, psychiatric manifestations of physical illness, depression in the medically ill, cognitive disorders, psychiatric aspects of diabetes mellitus, and outcome studies of mental health capitation.

Dr. Popkin and his wife of 29 years, Renee, have three children: Charles, Sara, and Lee.

During his remarks, given at the acceptance of his award, Dr. Popkin discussed his "Minnesota experience". He described the Consultation-Liaison Outcome Evaluation System (CLOES) developed at the University of Minnesota with colleagues, Allan Callies and Drs. Eduardo Colón and Tom Mackenzie. They created this database during an era when consultation-liaison research literature was largely case descriptions rather than data- or epidemiologically-based. Dr. Popkin also reviewed the political and financial forces affecting the consultation-liaison psychiatrist over the past 25 years, with comments about the hope for added qualifications (designated by the American Board of Medical Specialties) to become a possibility later this year. Lastly, he outlined current paradigm shifts in the field:

- Recognition that Axis I and III conditions are physiologically interrelated
- The role of improved neuroimaging in psychiatric diagnosis, and
- The discovery of neurogenesis, the fact that the adult brain makes new neurons.

In closing, Dr. Popkin emphasized that we should:

- Keep an unswerving interest in the human condition
- Follow one's curiosity, intuition and ideas
- Find a way to relate to the patient
- Partner with the strongest of our medical-surgical colleagues
- Remember that delivering a better clinical service is still the goal. ■

Added Qualifications in Consultation-Liaison Psychiatry

The proposal for added qualifications, to be certified in Psychosomatic Medicine, will go to the American Board of Medical Specialties' hearing in fall of 2002. Several other medical boards have written in support of this initiative and prospects are thought to be favorable. Also, in October 2002, there will be a proposal to the Residency Review Committee (RRC) for a fellowship in psychosomatic medicine. If approved by the RRC, it would still need to be authorized by the American Committee for Graduate Medical Education (ACGME).

Continued...

Legislative report

Continued from page 4

even though the committed person is receiving treatment in another state. □

Another new law directs the Commissioner of Human Services to develop a plan to allow the state to reimburse out-of-state facilities located in North Dakota, South Dakota, Iowa and Wisconsin for children's mental health residential treatment. The plan must include a certification process in lieu of state licensing and a method to set payment rates that are comparable to those paid to in-state facilities. This plan must be forwarded to the state legislature by December 2002.

Corrections

The Department of Corrections will now reimburse health care providers at rates equal to the Medical Assistance rate. This will automatically occur unless there is a different rate contained in an existing contract with the correctional facility. Also, the state's recent hiring freeze will not apply to corrections programs or state operated facilities. □

Medical Record Access

Psychiatrists and other health care providers or clinics may not charge a fee to provide copies of records required by a patient or the patient's authorized representative if the request for copies of records is for purposes of appealing a denial of social security disability income or social security disability benefits. □
Mental Illness Terminology □

A new law will alter all the references in Minnesota State statutes to "mentally ill person or persons". The new term in statute will now be "person or persons who are mentally ill".

Health Plan/Provider Contracts

A coalition of provider groups, including MPS, sponsored legislation entitled the "Fair Contracting Act". The bill contained several provisions that would have required greater information and disclosures to health care providers by health plans. The proposal was strongly opposed by the state's major health plans and although it received several hearings, it did not progress to either the House or Senate floor. The Fair Contracting Coalition plans to continue to meet with the Minnesota Council of Health Plans and will likely pursue changes in health plan/provider contracts during the next legislative session. □

Patient Protection

The patient protection bills that were discussed during the last legislative session were not really addressed this session. Legislators seem content to let Congress deal with this issue on a national basis. There was also a sense that the Attorney General Mike

Hatch has been doing a reasonably good job of making health plans more accountable for their treatment decisions.

Mental Health Counselors

Several committees in the House approved a bill that would have licensed mental health counselors in the state. However, the bill failed to gain any favorable action in the Senate, and did not pass. MPS actively opposed this legislation. Mental health and school counselors, as well as the colleges that educated them, sponsored this legislation. It will likely be on the legislature's agenda when they meet again next year.

Guilty but Mentally Ill

Both the House and Senate Judiciary Committees debated legislation to allow for a plea of "guilty but mentally ill" in Minnesota. This new type of guilty plea would be available in addition to the plea of "not guilty by reason of insanity", but would have allowed the courts to differentiate between guilty and not guilty. The controversial proposal was not advanced this year. ■



Speak your mind!

Continued from page 9

I am happy to represent MPS as its delegate to the MMA this year and I invite every MMA member to contact their county society and volunteer to be a delegate. Many issues come up every year that potentially impact our psychiatric practices and our patients, so your participation can be fruitful. Let's raise our voices together! ■

Ed. note: The MMA Annual Meeting is being held at the Northland Inn in Brooklyn Park on September 25-27. Please contact the MMA (612-378-1785) or Suzanne Albrecht, MD (952-920-7556) for more information.



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Private practitioner of the year

continued from page 1

In 1983, when he turned to private practice to pay the bills, Dr. Cline did not leave his academic responsibilities at the U of M behind. After finishing his child/adolescent fellowship in Madison, he spent 15 years at the U of M where he pioneered the new medical school curriculum while teaching at all levels in undergraduate and graduate medical curricula. As with his several other expert-level pursuits, he followed through in his academic career with publications (21 in all), papers (28 in all), and presentations. Today, this doctor is a clinical professor in psychiatry who supports the University and its students as a medical student advisor, lecturer, group leader, clerkship supervisor and a child/adolescent fellowship supervisor. He even serves on the curriculum planning committee! This is a remarkable and exemplary gift in the eyes of our committee.

Dr. Cline has worked for the mission of MPS for 28 years as a Councilor, committee member, and as representative to the State Advisory Council on Mental Health. He has been a member of or consultant to many APA committees and boards, and is a reviewer for the *American Journal of Psychiatry*, the *Journal of Nervous and Mental Diseases*, the *Journal of Psychiatric Research*, the *Journal of the American Academy of Child & Adolescent Psychiatry*, and *Psychiatry in Medicine*. He is a Fellow in the APA and the AACP, and has served in many leadership positions including the presidency of the MN Society of Child & Adolescent Psychiatry.

Colonel Cline is a 41-year veteran of the Army and Army Reserve. He was called to duty in the Gulf War and has published papers about preparing for and effectively treating battle fatigue and stress reactions in personnel. He has been decorated eight times, including a Meritorious Service Medal and medals from Kuwait and Saudi Arabia. He teaches at the VA too.

This doctor is affiliated with 17 medical organizations, including five non-psychiatric medical organizations, four child/adolescent specialty societies and the American Ortho-Psychiatry Association. For decades he has served as an Assistant Examiner in Adult and Child exams by the American Board of Psychiatry and Neurology. His wife, Wanda, long ago yielded to the inevitability of another meeting for Dave.

Despite the eclectic professional and military achievement of this doctor, he has also been an expert about serving his community. He has led a Boy Scout Troop for five years, been President of his neighborhood association for three years, and served for seven years on a church camp board of directors. He is a teaching consultant to Lutheran Social Services. He provides outpatient individual and family dynamic psychotherapy in the Abbott-Northwestern complex,

and carries a private contract helping the geriatric population.

As is its custom, MPS extends its thanks to this doctor's bride and children for the substantial support and guidance we know they have given him over the years to bring him to this point in his life. ■



Save the Date!

Minnesota Psychiatric Society
Fall Meetings

October 11-12, 2002

in
Rochester

*"Recent Advances in
Basic and Clinical
Science"*

Mental Illness Awareness Week October 6-12

Call the MPS offices at (651) 407-1873 or
visit our web site, <www.mnpsychsoc.org>
for more information on MIAW events.

Mental health support groups for attorneys

Lawyers Concerned for Lawyers (LCL) has expanded its mission from addressing chemical health issues to also include mental health issues. By contracting with TEAM, Inc., LCL now provides 24 hour crisis line services, evaluation, referral, and short term counseling.

In addition, LCL sponsors mental health support groups for attorneys. One co-ed support group has been functioning for some time in Minneapolis, meeting twice per month. Plans are in the works to establish another co-ed support group in St. Paul and a women's counseling group this fall. The support groups are run by attorneys with training as group facilitators. The counseling group will be run by a Licensed Alcohol and Drug Counselor with 16 years of experience with groups, including work with the Hazelden Womens' Programs.

If you have a client who may be interested in any of these services, LCL can be contacted at (651) 646-5590.

Minnesota
Women Psychiatrists
Invites you to the

Late Summer-~~Early~~ Fall BRUNCH MEETING

SATURDAY
SEPTEMBER 7, 2002
9:30 A.M. - 12:00 P.M.

hosted by
Jennifer Service, MD

Childcare is available.

Call the MPS offices at (651) 407-1873
for location information and to RSVP

**Where can you find the
latest news from MPS?
www.MnPsychSoc.org**

Continued...



Calendar

- September 13** North Dakota Psychiatric Society Fall Educational Conference, Ramada Plaza Suite, Fargo, ND. For more information, call Dave Peske at (701) 223-9475.
- September 25-27** Minnesota Medical Association Annual Meeting, Northland Inn, Brooklyn Park, MN. For more information, call the MMA at (612) 378-1875.
- September 28** Minnesota Psychiatric Society Council Meeting, Fairview .
- October 6-12** Mental Illness Awareness Week. Contact MPS at (651) 407-1873 for more information or go to the website at <www.mnpsyhsoc.org>.
- October 9-13** APA Institute, Chicago, IL. For more information, call the APA offices at (202) 682-6000 or visit the website at <www.psych.org> for information and online registration.
- October 11-12** MPS Fall Meeting, Rochester, MN Friday, October 11 Reception and Dinner at the Mayowood Mansion. Saturday, October 12 *Psychopharmacology Update 2002: Recent Advances in Basic and Clinical Science*. For more information, call Linda Vukelich at (651) 407-1873 or visit the website at <www.mnpsychsoc.org>.
- November 24-26** Fourth Annual National Corrections Telemedicine Conference, Tucson, AZ. For more information, call (520) 626-4785 or register online at <www.nctc2002.com>.

MINNESOTA PSYCHIATRIC SOCIETY

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