Ideas

o f r e f e r e n c e

Summer 2001

Volume XXXVI

Ideas of Reference is the newsletter of the Minnesota Psychiatric Society, a district branch of the American Psychiatric Association.

Attorney General, Blue Cross negotiate settlement

by Deane Manolis, MD

In an historic agreement, Blue Cross and Blue Shield of Minnesota (BCBSM) on June 19, 2001 settled a suit brought by Minnesota Attorney General Mike Hatch nearly eight months earlier. At a news conference announcing the settlement, Attorney General Hatch said "We are entering a new era where more recognition, and hopefully respect, is given to the special difficulties faced by patients with mental illnesses, chemical dependencies, and eating disorders," adding, "I applaud Blue Cross for today's settlement".

The suit, which included examples of six specific cases, alleged that BCBSM systematically denied mental health and substance abuse treatment for children and adolescents. The suit arose after the Attorney General received many complaints from BCBSM subscribers. The settlement should increase access to MH/SA services, including autism and eating disorders, for both children and adults and is hoped to be a model for other Minnesota health plans as well.

"Blue Cross has admitted a breach of trust with its enrollees and courageously agreed to settle," said MPS member Lee Beecher, MD, President of the Minnesota Physician-Patient Alliance, and frequent critic of BCBSM. "Hopefully this will be an acknowledgement by Blue Cross and other health plans that psychiatry does follow treatment standards and guidelines," added Beecher. Spokespersons for other mental health advocacy groups, including the Mental Health Association of Minnesota and the National Alliance for Mentally Ill, also praised the settlement.

Several MPS members provided the Attorney General's legal staff with background information and other examples of problems with BCBSM as the suit progressed.

BCBSM agreed to reimburse the original six complainants in the suit for out-of-pocket medical expenses and agreed to a $1,000,000 settlement to the family of a young woman who ultimately suicided after receiving inadequate insurance payment for

Attorney General Mike Hatch

treatment of anorexia nervosa. The family reportedly will use the funds to establish an eating disorder treatment program. BCBSM will also reimburse the state of Minnesota for $8.2 million dollars for care that it deemed not to meet medical necessity standards and paid for by the state.

Also at the news conference, Richard Neuner, Blue Cross Vice-President of Consumer Affairs, stated "we've failed these families in some important ways, and that's why we are here," according to the Minneapolis *Star Tribune*. He went on to say that he realized changes were needed when he read through the complaints in the lawsuit from families who said they had been denied needed care.

A major aspect of the settlement is the establishment of a "fast track" independent review panel that will pass on all denials of care by BCBSM. The panel will consist of three members, each with three alternates, appointed by Blue Cross, the Attorney General's office, and by Hennepin County Chief Judge Kevin Burke. Blue Cross agreed to provide $500,000 per year to fund the panel's work. The review panel will be asked to make its decision within 72 hours on urgent cases and within 30 days for non-urgent care.

Other aspects of the agreement include the following:

- Blue Cross agreed to rapid decisions on requests for initial prior authorization—within 24 hours for urgent care or within two business days for non-urgent care—and within five days for continued care authorizations.
- Blue Cross also agreed to provide for 28-day

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From the editor

Ideas of Reference

The newsletter of the Minnesota Psychiatric Society is published quarterly: January, April, July and October for members of MPS and others on request. Signed articles express the opinion of the author and do not necessarily reflect policies of MPS. Articles submitted are subject to review by the editor.

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Ain't no such thing as a schizophrenic

by Jeffrey Geller, MD

Reprinted from *Psychiatric Services*, June 2001

Ed. Note: I came across this article in one of my favorite journals which is now a membership benefit for all APA members. Dr. Geller, from the University of Massachusetts Medical School, says it better than anything I could have written.

While I have your attention, I encourage readers to carefully review Dominic Sposeto's article on the recently completed legislative session. MPS had great success in its legislative initiatives, particularly in the passage of the Utilization Review Bill. *DCM*

Practitioners of all disciplines who provide care and treatment to persons with mental illnesses, along with the recipients of these services and their families, unwittingly contribute to stigmatizing the very individuals we are trying to free from the myths and stereotypes of psychiatric disorders. Like a skin-borne pathogen, stigma passes among us with no more than a handshake, a hug, or a graze. We all keep this stigma alive by using the names of disorders to designate people.

Let me give you some examples. In June 1999 at the White House Conference on Mental Health—a remarkable event focused in part on ending stigma—a person with bipolar affective disorder was referred to as "a manic depressive." In an article in the *New York Times* Magazine on May 23, 1999—an expose focused on inadequate care of people with serious mental illness—Michael Winerip, an insightful and careful writer, labeled an individual with a diagnosis of schizophrenia as "a schizophrenic." Officially distributed materials for intensive training in dialectical behavior therapy refers to patients with diagnoses of borderline personality disorder as "borderlines."

Among physicians, psychiatrists are unique in their use of such terminology. Whereas referring to a person with a psychiatric disorder by the name of the disorder is common in psychiatry, it is uncommon in other branches of medicine. How often do you hear an individual being called a "lymphoma," "a fibroid uterus," or "an AIDS"? (Of course, a patient may be referred to as "a pain in the neck," but still this term does not refer to the individual's pain but to the effect of that individual on others!)

Medicine does have some significant exceptions, such as "she's a diabetic" and "he's a hypertensive." But even in these cases, the label does not refer to the person in the same way that "he's a schizophrenic"

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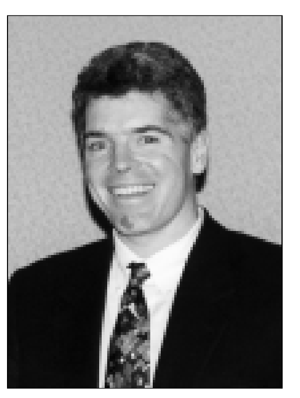
Good News!



by Scott Crow, MD
MPS President

As we move into the heart of the summer, there are several pieces of important news on the horizon which directly affect our membership and for which we can be thankful. One of these developments involves the passage of the MPS-initiated Utilization Review Bill in the State Legislature. During this chaotic legislative session at the capitol, this was one measure that was enacted and it represents a major victory for and an important message to our Society. Passage of this bill involved the work of many of our members, including the Legislative and Private Practice Committees; this also represented an outstanding success on the part of our legislative lobbyist, Dominic Sposeto. The message contained in the passage of the bill is this: We, as a Society, do possess the ability to make significant change in the system in which we live and work, change that can provide meaningful improvements in mental health care that will be felt both by providers and by patients. I can only hope that we will take this message to heart and push hard for similar victories.

The second important piece of news for us is the recent settlement of the lawsuit filed by Attorney General Mike Hatch against Blue Cross/Blue Shield of MN regarding mental health treatment coverage practices. As you are all no doubt aware, the settlement reached involves important changes in how a variety of critically important psychiatric issues will be covered including coverage for chemical dependency treatment, eating disorders treatment, coverage during 72 hour holds, and so forth. This, too, will change the system in which we work.

The third item of importance for us comes from a recently published study in the *Archives of General Psychiatry* (Druss et al, June 2001). This study, examining mortality in nearly 90,000 Medicare patients after myocardial infarction found, as many studies have, that depression and other psychiatric illnesses predicted a higher rate of cardiovascular mortality in the ensuing year. What this study clearly showed though, was that it was *deficits in the quality of medical care* received by these patients that predicted mortality. Clearly, if we can advocate for our patients to receive thorough and appropriately aggressive treatment and follow-up for their medical illnesses, the results may be life-saving.

Taken together, these three bits of news highlight the changes that we can make—as individual practitioners and as a Society—to positively impact the lives of our patients. ■

Ain't no such thing as a schizophrenic

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does. "Schizophrenic" provides the necessary structure from which to hang stigmatized images of a person – a lonely person with inadequate social skills and poor hygiene in one language, and a person who is bizarre, grubby, smelly, a street person, or a zombie in another language.

If we want to end stigma we need to start with ourselves. That's not to say that we should be quiet about the visual and verbal misrepresentations of persons with mental illnesses in highly visible media, such as cinema, advertisements, comic books, and video games. But others won't hear what we say until we ourselves hear it. Ain't no such thing as a schizophrenic. ■

– JEFFREY L. GELLER, MD, MPH, professor of psychiatry and director of public-sector psychiatry at the University of Massachusetts Medical School in Worcester.

Save the date!

MPS Psychopharmacology Update 2001

Friday, November 2

Wyndham Hotel
Bloomington, MN

MPS 2001 legislative wrap-up

by Dominic Sposeto, MPS Lobbyist

The state legislature finally finished its work and adjourned on June 30th just in time to avoid a government shutdown. Because of an impasse between the Republican House, the Democratic Senate and the Independent Governor, the legislature needed an additional six weeks and a special session to complete its task. This extra long session turned out to be very successful for the Minnesota Psychiatric Society. The following is a brief description of the issues of interest to MPS members that were acted upon by the 2001 Minnesota State Legislature.

Utilization review

MPS sponsored legislation to reform Minnesota's utilization review process was enacted and will become law on August 1. Passage of the UR bill was our top legislative priority of the session and was a considerable feat given the strong opposition to the bill voiced by the state's HMOs. A great deal of credit is due to the bill's chief authors, Senator John Hottinger of Mankato and Representative Jim Rhodes of St. Louis Park for their steerage of the bill through industry opposition.

The new law requires that any physician conducting utilization reviews that may result in a determination to deny treatment must be licensed in Minnesota. Utilization review organizations must also assure that physicians engaged in utilization review must be of the same or similar specialty as the treating physician and board certified by the American Board of Medical Specialists. The bill also extends these new criteria to utilization review for outpatient mental health and substance abuse treatments.

The portion of the bill that created the greatest opposition from the health plans is a provision that gives the Board of Medical Practice the authority to discipline physicians for failure to exercise that degree of care that a physician reviewer of ordinary prudence would use under similar circumstances. The MPS bill as originally introduced would have simply stated that utilization review is the practice of medicine. This language was deleted from the bill as part of a House and Senate compromise worked out by our authors, but the board oversight remained much to the displeasure of the industry. With mandated licensure and board regulatory authority, the outcome will probably be the same as declaring UR the practice of medicine. Under another compromise, the new requirements will not apply to the state's smallest indemnity insurance carriers. The new law requires health plans and utilization review organizations to annually file with the Commissioner of Commerce the number and rate of claims denied based upon medical necessity and the number and rate of denials overturned on appeal.

Civil commitment changes

A major effort to change the state's commitment law to authorize earlier intervention was mostly successful. At the urging of State Representative Mindy Greiling, the legislature enacted some very controversial changes to the state's civil commitment standards. With these changes, the commitment rule is broadened to include: an individual will likely suffer substantial harm, significant psychiatric deterioration, or serious illness unless appropriate treatment is provided. Another provision directs the court to consider recent and volitional conduct involving significant damage to substantial property. At the request of advocates' groups, several provisions were added to the commitment law that requires information to be provided to committed patients.

One of the most controversial provisions of the bill requires that health plans must cover court ordered treatment if inpatient and outpatient mental health coverage is included in the patient's or their family's health plan. This amendment to health insurance law is consistent with the recent settlement between Attorney General Mike Hatch and Blue Cross regarding mental health coverage. Another provision of the bill, requested by MPS, directs the courts to conduct hearings on the use of neuroleptic medications (Jarvis hearings) in conjunction with the commitment hearing.

These changes were mostly agreed to by various interested parties but ran into problems when spending projections indicated an increase in state expenses due to probable increased commitments that would result from the new law. In order to ameliorate the bill's cost, the effective date of the new law was moved back to July 1, 2002. It is likely portions of this controversial legislation will be revisited by the legislature in the 2002 session.

MinnesotaCare provider tax

Once again, the MinnesotaCare provider tax was a hot topic and once again the state legislature decided against its repeal. Unless the state legislature took action, the 1.5 percent provider tax was scheduled to increase to 2 percent on January 1, 2002. Due to the efforts of the Coalition to Replace the Sick Tax, a coalition of provider groups that included MPS, the House voted to repeal the tax by 2004. However, the Senate continued its opposition to a repeal and

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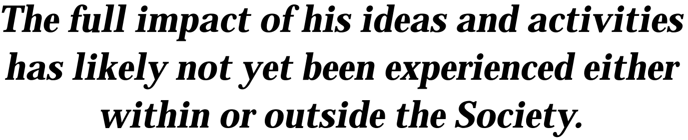
Private Practitioner of the Year

by Galen Stahle, MD

It was a sweet night, indeed for Floyd Anderson, when at the annual awards banquet in April he was awarded the prestigious Private Practitioner of the Year Award. Dr. Anderson, as the chairman of the Private Practice Committee, had, for a number of years, introduced and bestowed the award upon the annual recipient and now it was his turn to be introduced and feted.

Those in attendance were reminded of the reasons he richly deserved the honor. Dr. Anderson ably served the MPS as Secretary-Treasurer from 1999 to 2001 and was the MPS representative on the MN Mental Health Advisory Commission for some years before this. In addition, he has been a fierce advocate for patients' rights and had made strong protestations against the unfair treatment of the mentally ill long before many of us had realized anything was wrong. After a brief period of discouragement he again joined the battle and has taken a strong leadership position vis-a-vis these issues. He has gathered together and inspired the members of the Private Practice Committee and given them a sense of validation and strength in their attempts to deal with the present care system and take care of patients at the same time.



Shortly after the 2000 election, Dr. Anderson arranged for a meeting of MPS members with Attorney General Mike Hatch, for the purpose of improving patient care in Minnesota. That meeting opened channels of communication between the AG's office and MPS members and let us know that problems with patient care caused by unresponsive third parties would be seriously addressed by the AG. Improved lines of communication between MPS members, their patients, and the AG's office were, in fact, partly responsible for the recent reforms in coverage agreed to by Blue Cross and Blue Shield of MN.

Floyd Anderson, MD

Dr. Anderson also provided a laser-like focus for the political activities of the Private Practice Committee and organized one of the most comprehensive telephone campaigns ever undertaken by the membership supporting legislation important to MPS. That campaign and the utilization review legislation it supported ultimately became law and will be of great benefit in making utilization reviewers more responsible for their decisions. The fact that he actively participated in the meetings of the Legislative Committee as well as the Private Practice Committee allowed him to coordinate these activities effectively and knowledgeably.

The interesting sidebar to all this is that at the time of the nomination and awarding of the Private Practitioner of the Year, the full benefits of Dr. Anderson's efforts had not been realized. The Utilization Review bill had not yet been passed and the Blue Cross and Blue Shield agreement had not occurred. The award was given in recognition of a supreme effort given regardless of the actual results. The full impact of his ideas and activities has likely not yet been experienced either within or outside the Society. Work well done, bold and courageous warrior! ■

Standardized form nears reality

Minnesota mental health professionals and insurance plans are close to agreement on a uniform one-page prior-authorization form. After two meetings facilitated by the Minnesota Medical Association, an initial draft generated by the MPS Private Practice Committee has been revised to the satisfaction of the meeting attendees. The form is expected to be computer-adaptable.

Insurance plan medical directors will now need to approve the document, and a final meeting of the negotiating group should occur within two months.

Floyd Anderson, MD, chair of the MPS Private Practice Committee, is MPS representative to the negotiations, and energetic prime mover of this process. "It looks like one of our pet peeves is about to end," said Dr. Anderson.

MPS Council meeting highlights

Highlights and Action Items from the May 2001 Council Meeting:

The Council met at Fairview University Hospital on Saturday May 19, 2001.

President's report—Dr. Crow reviewed several items, including possible resolutions for the MMA meeting. Dr. Manolis reported that a psychiatrist from Delaware was bringing a resolution on carve-outs to the AMA meeting in June, and that three psychiatrists were running for AMA office. **Action:** A letter was sent to MMA asking for the Minnesota delegation to the AMA to support the resolution and the three candidates.

Membership report—Dr. Anderson reported on 13 resignations as well as more than 30 members who have not paid 2000 dues. Dr. Manolis reported that the APA Assembly was extremely concerned about membership issues as well, and reminded the Council that MPS has not had an active membership committee for many years. **Action:** Members in danger of being dropped will be called and the Council will consider appointing a new membership chair.

Private Practice Committee—Dr. Anderson brought a resolution from the Private Practice Committee asking that MPS members doing utilization review identify themselves, and give their rationale on utilization decisions and suggestions for treatment. A vigorous discussion ensued, and another issue was raised by Dr. Realmuto about a potential conflict of interest when the utilization reviewer might be an owner of a managed care organization. **Action:** The Council asked that the Private Practice resolution be forwarded to the Ethics Committee and reported back; **Action:** Dr. Realmuto will be writing a letter to the AG and Commerce Commissioner, asking for an opinion on conflict of interest where a reviewer was part owner of a managed care organization.

APA Reports—Drs. Koch and Manolis reported on their activities at the APA Federal Legislative and Assembly meetings in Washington and New Orleans.

Old Business—It was pointed out that the Position Paper on Utilization Review was never formally approved by the Council. **Action:** The Council approved the Position Paper on Utilization Review, and instructed the Ethics Committee to accept no UR Ethics complaints pre-dating the publication in the newsletter.

New Business—Membership Directory: The recently mailed membership directory contained a number of errors and email addresses were inadvertently left out. **Action:** A letter will be sent to the membership asking for corrections in directory data and asking for an email address. Corrections and email addresses will be compiled and an addendum sheet will be mailed for inclusion in the directory. ■

Members on the go!

New Members in Training:

Lushi Liu, MD
Residency— University of Minnesota
Ximenta Sanchez-Samper, MD
Residency— Mayo Graduate School of Medicine
Christine Stanson, MD
Residency— Hennepin-Regions

Upgrade to General Member:

Yoshiko Hapke, MD
Practicing—Allina, Coon Rapids
Residency—University of Minnesota
Katarzyna Litak, MD
Practicing— Hazelden, HCMHC
Residency— University of Minnesota

Transfer Out:

Scott Armstrong, MD to Oregon
Avita Mitra, MD to Connecticut
T. Lenae White, MD to Pennsylvania

Transfer In:

Stephen Olson, MD
Practicing—University of Minnesota
Eric A. Johnson, MD
Practicing—Allina, Cambridge
Daniel Scott, MD
Practicing—Rice Institute, Willmar

Permanent Inactive Status:

Richard Finlayson, MD
Joseph F. Spencer, MD

Newsletter wins award!

The Midwest Society of Association Executives (MSAE) recognized *Ideas of Reference* with its 2001 President's Award in June. The newsletter won the award over a field of entries from Minnesota, and North and South Dakota. The award recognizes and showcases excellence in association communications. The committee of experts called *Ideas of Reference* an "inviting and appealing newsletter."

Congratulations go to editor Deane Manolis, MD for his outstanding skills and dedication. MPS thanks all the contributing MPS writers who help make *Ideas of Reference* a good read year after year.

Ed note: And a big round of applause for Linda Vukelich's efforts and skills as well!

Private Practice Committee report

The last meeting of the MPS Private Practice Committee was on May 22, chaired by Floyd Anderson, MD.

Issues reviewed at the meeting included the following:

- A review of the draft of a universal outpatient treatment report form. Dr. Floyd Anderson was to attend a meeting with insurance plan representatives and Minnesota Medical Association representatives to try to implement this standardized report.
- A discussion of United Behavioral Health referral practices.
- The resolution on MPS members who do utilization review was referred by the MPS Council to the Ethics Committee.
- Updates on the legislative session and the Blue Cross Blue Shield lawsuit.
- Dr. Anderson reported on contacts with Drs. Julie Gerndt and Fred Wilson about problems in providing psychiatric care in Mankato.
- Dr. Anderson reported that a suggestion to meet with insurers and the Minnesota Department of Commerce was tabled at the MPS Council meeting in May, to be reviewed at the July meeting.

The Private Practice Committee has developed two resolutions for the MPS Council. The first of these asked that the Private Practice Committee be commissioned by MPS to provide an independent review of care denials and other conflicts between psychiatrists and managed care agencies. The MPS Council approved this, but added some language that the Council would provide oversight and determine which complaints should go to the Private Practice Committee.

The second resolution asked for MPS members who are utilization reviewers to identify themselves by name, and provide a detailed rationale for utilization review decisions. This was referred to the Ethics Committee by the MPS Council.

Further reports on these resolutions will appear in *Ideas of Reference* when the Council agrees on final language. ■

Greater MN Committee report

by William L. Clapp. M.D.
Chair, Greater Minnesota Committee

The Greater Minnesota Committee has continued to meet regularly during the past year with approximately 6 to 12 psychiatrists from around the State actively participating. Initial meetings were held in Minneapolis; however the last two meetings have been conducted via interactive television with sites set up Bemidji, Brainerd, Duluth and the Twin Cities. The initial strategic goals established by our group included (1) improving patient access to quality mental health care in Greater Minnesota, (2) providing additional educational and training opportunities for Greater Minnesota psychiatrists, (3) working closely with primary care physicians to improve the quality of mental health care and (4) helping to develop strategies to recruit and retain psychiatrists in rural Minnesota.

The Greater Minnesota Committee has emphasized the importance of collaborating with other groups from around the state who share our MPS interest in facilitating mental health care. We have met with representatives from the Minnesota Office of Rural Health and Primary Care, Minnesota Center for Rural Health, Minnesota Association of Community Mental Health Programs, and the UMD School of Medicine's Center for Rural Health Studies. In a recent meeting, Dr. Jim Boulger from the latter organization shared his vision of developing rural training opportunities for physicians.

Our Committee has strongly embraced a strategy of encouraging young psychiatrists to consider practice opportunities in the Greater Minnesota area. In collaboration with the University of Minnesota Department of Psychiatry, a week long preceptorship for PGY III psychiatry residents will be offered this year at sites in Bemidji, Brainerd and Duluth. Drs. Greg Tarasoff (Bemidji), David Anderholm (Brainerd), Peter Miller (Duluth) and their associates have developed creative training modules which will showcase unique community approaches to mental health care. During the preceptorships, residents will be working closely with their supervisors during the day and staying at night in lodging provided by each community. We are hopeful that these week long preceptorships will lead to resident interest in returning to the communities during their PGY IV year for 6-12 months elective rotations.

If this preceptorship program proves successful during the upcoming year, our Committee will then invite the two other Minnesota psychiatry training programs (Mayo and Hennepin-Regions) to also become participants. ■

Stahle chairs U of M Clinical Faculty

by Galen Stahle, MD

University of Minnesota Department of Psychiatry Head Dr. Charles Schulz has asked me to chair and reorganize the department's clinical faculty.

Galen Stahle, MD

We have formed a Clinical Faculty Committee which will be asked to decide on matters of credentialing, documenting participation of the clinical faculty and authorizing promotions. The committee will also be asked to facilitate the process of bringing together willing members of the clinical faculty with suitable teaching opportunities. In the past, one of the problems facing volunteer faculty was the fact that they were not aware of the full range of opportunities available to them for teaching. It will be our aim to advertise and promote suitable occasions for education among the clinical faculty.

The first event of the new resident year was a reception for residents and clinical faculty working regularly with the residency program on July 25.

There will also be a meeting in the fall (date yet to be determined) of the clinical faculty, full-time faculty and (probably) residents. As currently planned, the general purpose of this meeting will be to discuss the new requirements that residents be competent in a variety of different therapies. How the clinical faculty can be helpful to residents in achieving these competencies and how faculty will measure and assess progress toward them should make for an interesting and lively meeting. ■

MMA surveys hassle factor

MPS members who also belong to the Minnesota Medical Association are requested to inform the MMA of "hassles" they have with third party payers.

The MMA has developed the Hassle Factor Surveillance System, asking physicians to report issues such as payment delays, drug formulary changes, code usage, and poor customer service on a Hassle Factor Log. A form can be completed on-line or a paper form can be completed as well.

Call the MMA Center for Physician Advocacy at (612) 378-1875 or 1 (888) 662-6774 to request forms or go on-line at the MMA website <www.MMAonline.net>.

September 28

MN Society of Adolescent Psychiatry presents:

Psychiatric Care for Adolescents who Abuse Substances: Evaluation, Diagnosis & Treatment

Key Note Speakers:
Edward Khantzian, MD
Harvard
Robert Dupont, MD
Institute for Behavior and Health

Abbott Northwestern Hospital, Minneapolis, MN
Information: (612) 775-9626 or (800) 605-3744.

Congratulations 2001 Residency Graduates!

Hennepin-Regions

Paul Jandl, MD
Stacey Parks, MD
Mark Tsibulsky, MD
Ngozi Wamuo, MD

University of Minnesota

Mohammed Ahmed, MD	
Afshan Anjum, MD	
Julia Bell, MD	
Katherine Daly, MD	
Ilona Polis, MD	
Reddy Gumbula, MD	Addiction Psychiatry
Shalene Kennedy, MD	Child Psychiatry
Katarzyna Litak, MD	Child Psychiatry
Steve Manning, MD	Child Psychiatry
Joanna Poniatowicz, MD	Addiction Psychiatry
Ray Struck, MD	Addiction Psychiatry

Mayo Graduate School

Zaheer Aslam, MBBS
Heydy Gonzalez, MD
Ashwin Gowda, MD
Ahmed Jahangeer, MD
Patricia Kinrys, MD
Steve Kubas, MD
Jennifer Lahmann, MD
Maria Lapid, MD
Gabrielle Melin, MD
Avijit Mitra, MD
Jenny Tsai, MD
Dahlia Saad, MD
Gagandeep Singh, MD

Frank Kiesler, MD

Ed. Note: I had the pleasure of spending an hour visiting with Frank Kiesler, the "father" of rural community mental health in Minnesota, on June 14, while I was vacationing in the Grand Rapids area. Because of progressive chronic cardiac failure, he had moved into an extended care facility, was on continuous oxygen, and got around only by electric scooter. We had a good conversation about psychiatry, the Minnesota Psychiatric Society, and his life. He recognized he did not have long to live, and his main regret was that he missed his beautiful home on Lake Pokegama. Frank was always a very organized individual. This obituary was faxed to MPS by his daughter, who told me he wrote most of it.

Frank G. Kiesler, MD a founding member of the Minnesota Psychiatric Society, died on July 2, 2001. He served the Society in many capacities, including the presidency. In 1987, the Minnesota Psychiatric Society honored him with its Distinguished Service Award. He was a Life Fellow of the American Psychiatric Association and Emeritus Charter Fellow of the American College of Psychiatrists. A memorial service was held at the Community Presbyterian Church in Grand Rapids, MN on July 9.

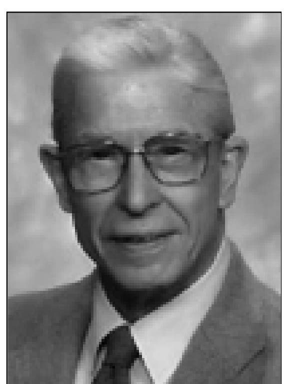
Dr. Kielser was born in Waseca, MN in January 1917. After receiving his MD degree from the University of Minnesota, he was commissioned a first lieutenant in the U.S. Army Medical Reserve. In March 1942, he was called to active duty with the 26th General Hospital at Fort Sill, OK. He then served with the 31st Station Hospital in the western Pacific for more than three years as Chief of Neuropsychiatry, attaining the rank of Major.

In 1948 he completed psychiatric training at the University of Minnesota and was certified by the American Board of Psychiatry and Neurology.

He served as a full time member of the faculty of the U of M Medical School and as a consultant to the Veterans Administration clinic at Fort Snelling throughout the late 1940's and 1950's.

In 1960, he moved to Grand Rapids, MN to become director of the Northland Mental Health Center. At Northland his pioneering work in rural mental health program development attracted visits by psychiatrists from many parts of the US and from other countries around the world. In turn, he lectured in Europe and throughout the United States and Canada.

He continued part time with the University as a Clinical Professor of Psychiatry. He was the author of many professional articles and book chapters. He served as a visiting professor at the Universities of Chicago, Cincinnati, Pittsburgh, Maryland, North Carolina, Vermont, and at Harvard and Duke Universities.


Frank Kiesler, MD

Dr. Kiesler stepped down as medical director at Northland in 1978, but continued practice there and in Hibbing. After partial retirement at the end of 1986, he continued to serve Northland's International Falls and Aitkin offices.

A Grand Rapids transitional housing facility, recently enlarged, was named in his honor—Kiesler House.

Dr. Kiesler was an avid gardener and wild flower photography enthusiast. In May 1993 one of his photos was featured on the cover of Physicians Financial News Lifestyle Magazine. The accompanying article, containing additional photos, allowed him to share his passion for the conservation of native plants and habitats. ■

Memorials may be sent to the Community Presbyterian Church, Grand Rapids, or to Kiesler House, 1313 NE 7th Street, Grand Rapids, MN 55744.

A remembrance

by Richard Magraw, MD

In the time that Dr. Frank Kiesler served on the faculty, perhaps his major contribution to psychiatry at the University of Minnesota in the 1950s-60s was to develop a pattern of interdisciplinary team care and teaching. In this type of team, closely supervised medical students provided direct care to patients—an approach that was instrumental in recruiting an outstanding group of students into careers in psychiatry.

In those days as now, single-minded devotion to teaching students was not a sure path to academic advancement. Hence, when Frank, despite strong support from the psychiatry department, repeatedly was turned down for promotion to full professor, he began a new career as a pioneer in what we now call community psychiatry.

In this he succeeded brilliantly as *the* psychiatric resource for northern Minnesota. Ironically, as an authority on rural community psychiatry, he was a much sought after visiting professor in prestigious eastern medical schools.

Ed. Note: Dr. Magraw worked closely with Dr. Kiesler at the U of M Medical School in the late 1950s.

MPS history

MPS newsletter forty years old

by Deane Manolis, MD

The Minnesota Psychiatric Society Newsletter, now known as *Ideas of Reference,* was first published forty years ago, on July 31, 1961. Starting as a mimeographed few pages stapled together, the newsletter has evolved into an award-winning publication.

MPS is fortunate to have a nearly-complete collection of past newsletters, thanks to Mrs. Patricia Rowe. Pat Rowe, spouse of the late Clarence "Gus" Rowe, MD, was executive secretary for MPS throughout its early years, when she saved most of the newsletters.

Paging through the old newsletters is an exercise in nostalgia for this old psychiatrist, but also is a reminder for how history repeats itself. Some news and events from milestone years follow:

1961—Richard Steinhilber, MD of the Mayo Clinic, then secretary of MPS, was acting editor. The major issues of concern at the time were funding for the state hospitals and split leadership in the state hospitals with a non-physician as chief executive. Also in the first newsletter was a long discussion of the need for support of and communication between rural psychiatrists around Minnesota.

1966—Howard Rome, MD of the Mayo Clinic was president of the American Psychiatric Association, the only Minnesota psychiatrist to achieve that position. The average fee for psychotherapy was $25 for a 50-minute hour. The MPS Program Committee was busy planning a joint meeting with the Mexican Society of Neurology and Psychiatry to held in Mexico City in early 1967.

1971—In his President's Message, Donald Daggett, MD wrote several times of his concern about the delivery of mental health services. In his last message to the membership, he encouraged psychiatrists to innovate in a medically-oriented practice of psychiatry- - "offer to the public what we best know how to do! Be dynamic and flexible! Cooperate with our respected allies and other mental health professions in seeking solutions to common problems!" Also Timothy Magee, MD wrote an article-"Computers in society…are we ready?"

1976—Twenty five years ago, the Minnesota Supreme Court held that major tranquilizers (neuroleptics) were "intrusive treatment" in the infamous Price-Shepherd case. The Minnesota Psychiatric Society responded with a Position Statement on the Right to Treatment printed in the May 1976 newsletter.

1981—Lee Beecher, MD was legislative representative to the APA, and expressed concerned about HMOs limiting psychiatric treatment in an article on legislative activities. Blue Cross/Blue Shield of Minnesota released its review criteria for inpatient psychiatric and chemical dependency services. Paula Clayton, MD became chair of the Department of Psychiatry at the U of M.

1986—Fifteen years ago, MPS retained Dominic Sposeto as its legislative consultant or lobbyist. Dominic continues in this role, and has served MPS very well over the years. The state legislature began to enact various pieces of legislation from the Governor's Mental Health Commission, and Juvenile Justice Reform Legislation was passed outlining rights for children in residential treatment facilities. There was much concern about "over-use" of inpatient treatment for adults and adolescents.

1991—Ten years ago, the newsletter published a letter from David Cline, MD, a colonel in the Army Medical Corps, outlining his experiences in Saudi Arabia during the Gulf War. The legislature passed a Minnesota Health Plan similar to the federal Medicare Plan, but it was vetoed by Governor Perpich on the basis that the state could not afford it. Within several years, the "provider tax" was instituted to pay for a health plan for the uninsured in Minnesota.

In its early years, the newsletter was published a bit erratically, with one or two issues a year. It was mimeographed until March 1967, when the first printed newsletter appeared. A picture was first printed in 1969, and by 1972 it was printed on multi-colored, recycled paper. 1970 was not a good year for counting, when in the same year volume V, VII, and VIII all appeared. Keeping track of the volumes was a bit difficult over the years, and the current volume should be 41, but volumes sometimes extended over several years early in the publication of the newsletter.

In 1989, the newsletter was printed on slick paper and some color appeared in the print. Finally, in 1994 the title "Ideas of Reference" was chosen and the newsletter received a new professional design.

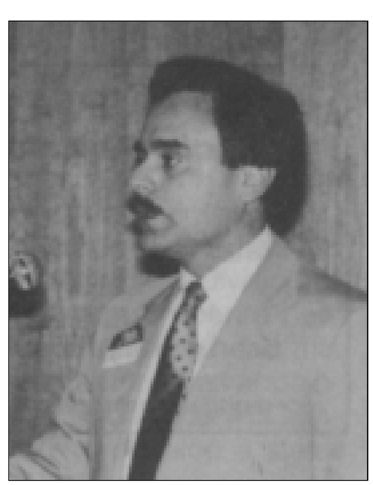
Editors for the MPS Newsletter have included:

Richard Steinhilber	1961-1963
Charles Haberle	1963-1967
James Garvey	1967-1974
Charles McCafferty	1974-1977
Lawrence Peterson	1977-1980
Thomas Wittkopp	1980-1983
Rodger Kollmorgan	1983-1985
Gerald Kroll	1985-1989
David Cline	1989-1990
Lee Beecher	1990-1993
Deane Manolis	1993-

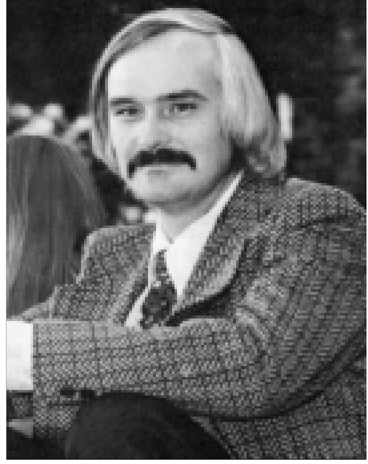
...and only the clothes look dated!

Drs. Clarence Rowe and David Cline at the Fall Meeting in St. Paul in 1975.

Dr. William and Barbara Brauer at the MPS Spring Meeting in 1975.



Dominic Sposeto in 1987



Dr. James Jaranson relaxes at the Fall Meeting in 1975.

We can thank Pat Rowe for keeping track of our archives.

Wanda Cline, Rodger Kollmorgen, Marjorie Sullivan and Richard Lentz at the Welcome Cocktail Party in Cancun, Mexico in 1983.

Dr. Deane and Nancy Manolis, Dr. Werner Simon in 1975.

From Park Nicollet Health Services

On March 8-9, 2001, our Department of Mental Health presented a Mental Health Update for primary care providers, with attendees from Minnesota and neighboring states. Since some of us were new at PowerPoint, we were glad to be well received. The shortage of psychiatrists has made us committed to providing educational and consultation services, as well as direct specialty care to primary care populations.

Dr. Michael Feldman, long-time chair of our department, clinical professor at the University of Minnesota, and a Fellow of the American Psychiatric Association, has been promoted to Chief of Medical Subspecialties at Park Nicollet Health Services in the past year. He served us long and well as chair, and we are now pleased to have a psychiatric presence in senior leadership at Park Nicollet.

Dr. Larry Berger continues to serve as medical director of inpatient and outpatient Behavioral Health Services at Abbott Northwestern Hospital, where we do our inpatient work.

We have been very pleased to welcome a number of new colleagues this year:

Dr. Robin McAlllister joined us earlier this year from another local practice. Dr. McAllister trained at Mayo and the University of Minnesota, and now practices outpatient psychiatry at our St. Louis Park location. Dr. Heidi Joos, a Board-Certified family practitioner and psychiatrist, as well as a practicing Episcopal priest, also joined us early this year. She has a combined practice of consultations at Methodist Hospital and outpatient practice at St. Louis Park. Dr. Susan Erickson joined us in April this year, to practice child and adolescent psychiatry at our Bloomington office. She previously worked in affiliation with a primary care practice, following her residency and fellowship at Mayo. Dr. Michael Saribalas, who trained in psychiatry at Mayo and did a sleep medicine fellowship at the University of Chicago, will join our inpatient/outpatient group and Sleep Medicine Department this August. He is relocating from Newark, OH, where he was the medical director of a hospital sleep laboratory.

Eric Larson, MD

From Mankato psychiatrists

The Psychiatric Clinic of Mankato, P.A. is a private practice group of four psychiatrists who provide both inpatient and outpatient psychiatric services, and we are always recruiting psychiatrists.

In past years the group took pride in providing a range of multidisciplinary services, but at this time provides primarily psychiatric services. We still employ one and a half full time therapists with LICSW licensure, but the current practice environment has not allowed us to maintain our previous clinic model. Our current clinic structure remains atypical in that we remain independent, and employ 2.5 FTE psychiatric registered nurses as well as a licensed practical nurse. The psychiatric nurses are partnered with our physicians in the clinic. We are developing a model of shared practice with an advanced practice nurse, hoping to eventually partner each physician with an advanced practice nurse. Our model is different than the practice model we have observed in the mental health centers and will be an entirely shared practice, both inpatient and outpatient. It is our goal to maintain a high standard of care, but at the same time utilize advanced practice nurses effectively.

Our medical practice is very large, and although efficient, it remains overwhelmed with patients; the physicians typically see 20 to 30 patients per day. The psychiatric RNs assist with urgent care appointments, walk-ins, triage, phone-calls, re-fills between appoint-

Continued on page 18

Help torture survivors receive political asylum

Looking for a volunteer opportunity that could help save a life? Minnesota Advocates for Human Rights is a non-profit, non-governmental organization engaged in international human rights work. A major component of our service is providing *pro bono* legal representation to international refugees in their applications for political asylum.

Often in preparing a political asylum case, assistance is needed by local health professionals to perform standard physical and psychological examinations. Many refugees have experienced torture in their home countries. A written report based on the examiner's findings can help substantiate a claim by showing that the victim's symptoms are consistent with his or her account of persecution. Such objective evidence is often crucial for an immigration judge to determine the individual is credible and for the overall success of the claim.

A physician, psychologist, psychiatrist, or clinical social worker is qualified to provide such documentation if he or she has experience treating individuals who have suffered from some form of trauma, including sexual violence. The commitment is minimal and can involve as little as one case (a few hours) per year. All assistance is appreciated and your help may literally save the life of a refugee.

For further information, please contact Amy Schroeder Ireland, staff attorney at Minnesota Advocates for Human Rights at (612) 341-3302 x 122.

Good enough for government work

by Greg Tarasoff, MD

Ed. Note: Dr. Tarasoff practices in Bemidji, working out of a multi-specialty group practice. However, he is employed by the State of Minnesota under the State Operated Services Program. He is an active member of the Greater Minnesota Committee. This is Dr. Tarasoff's second essay for Ideas of Reference, *and he will also have an article in the August* Minnesota Physician.

Hey. Do you know me? I'm a civil servant. "So what?" you ask. Well, as a civil servant, I am acting as a psychiatrist. "That's mildly more interesting, but we all know what it means to work for the government, right?" Well, did you know that each year I come into your house and quietly take a few dollars out of your wallet and spend it without asking your permission? More interested? Let me tell you a little about the position in which I find myself.

> ***I believe we all deserve it to be true— that only the best be good enough.***

As an employee of the State of Minnesota, I consider that I am responsible to two groups. First and foremost are the patients I treat, and second is my employer, the taxpayers of Minnesota. As I am sure that we all share the same understandings of our responsibilities to our patients, I will not discuss this here, but will rather take up what it means to be responsible to the citizens of the state for my job.

There is a distinct difference between being hired by private agencies and being employed by the state. In the former case, payers have the opportunity to evaluate whether or not they wish to purchase services. In the latter, the taxpayer has essentially no choice but to hand over the money. It is mostly through trust in the system that these funds are to be used effectively and wisely. It is taken on faith that we will spend the money wisely and not abuse the donation.

I find that a weighty concept. It is as if our public programs have reached into the pockets of millions of individuals and taken several hundred dollars from each without discussion. What does one do with such money? How does one view spending it?

There are some excellent people working in the civil service and there are some wonderful programs that are productive and efficient. However, I do not doubt that there is significant waste in government. If you are at a loss for examples, listen at the end of the fiscal year and frequently you will hear that grant money needs to be spent before the year is up, not because there is a needed expense, but so that the organization can apply for more next year. Also, examine the number of conferences funded or ineffective meetings held. (Add up the cost of all those salaries sitting around the table for a two hour meeting sometime.) It is not a challenge to find money being spent readily with little thought to its source, after all: "It's state money, not our own money." You don't have to worry about quality as much, because "It's good enough for government work." Right?

Wrong.

In the private sector, poor fiscal management leads only to lesser profits. In the public sector, it is worse. It is a breach of the covenant of trust that the taxpayers have with you to view every dollar as a gift given by someone who worked very hard for it (and probably would rather have kept it for their own purposes). As such, it must be spent with careful thought and only to produce the highest quality of goods and services. To do otherwise would not decrease profits, but rather diminish the value of the work that every taxpayer has put in to earn their wages, and generate disrespect and distrust for our agencies.

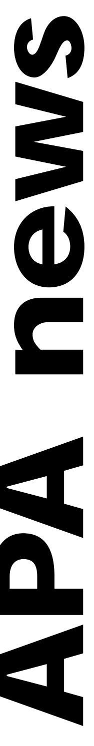
There is a need for the public sector. As individuals, we could never hope to fund all the roads, parks, police forces, fire stations, and sufficient mental health care for our state. Given that we need to have a civil service, what is good enough for government work?

I believe we all deserve it to be true—*that only the best be good enough.* ■

MPS Fall Scientific Meeting

Join us for the MPS Annual Psychopharmacology Update on Friday, November 2, 2001. We will meet at the Wyndham Hotel in Bloomington. The scientific program highlights presentations from national and local experts covering areas including brain imaging, mood disorders, new treatments for dementia, and more. We are happy to invite our colleagues from North and South Dakota, Iowa, Wisconsin and Illinois to join us for this program.

The social component for this meeting will take place on Friday evening following the scientific sessions. Guests are reminded that the holiday shopping season will be on the horizon, so stay for some early shopping at the Mall of America. This meeting offers you CME credit, an opportunity to get together with friends socially and the chance to get a headstart on the holidays all in one weekend!



APA Assembly report

by Deane Manolis, MD

MPS Assembly Representatives Michael Koch and Deane Manolis attended the APA Assembly meeting May 4-6, 2001, held in New Orleans in conjunction with the 2001 APA Annual Meeting. The Area IV (North Central) Council also met at this time.

The Assembly heard a multitude of reports and reviewed over 30 action papers in its 2-1/2 days of meetings. The plenary sessions ran smoothly and most action papers were approved by the Assembly. Speaker-elect Nada Stotland, MD, of Chicago included a short report reviewing how the Assembly works in the context of the overall APA; this summary was provided for the MPS Council members at its May meeting

Area IV continues to provide leaders for the APA Assembly. Speaker Michael Pearce of Indiana will be replaced by Speaker-elect Nada Stotland of Illinois at the next Assembly meeting, and Area IV Representative Prakash Desai of Illinois was elected the next Recorder of the Assembly, usually a step to Speaker-elect. Current Recorder Albert Gaw of California was chosen to be Speaker-elect.

The Assembly heard the usual reports from APA leadership. The functioning of the central office appears to be stabilizing, with the exception of continuing problems in developing effective information systems. Dr. Mirin reported on two positives, including a new membership benefit of a free subscription to the journal *Psychiatric Services*, and initiation of a new "Members Only" site on the APA website (see separate article).

Negative numbers continue to be of concern in the treasurer's report, but APA Treasurer Carol Bernstein was optimistic that the worst was over. Decreased dues revenue was expected in 2001, but dues account for only about 17% of APA income. Publications, including DSM, account for nearly half of the APA operating revenue, and the annual meeting accounts for another 25%. On the expense side, over $2 million was spent for legal services and over $1 million was lost due to the bankruptcy of a book distributor. Legal costs mushroomed due to five spurious Ritalin suits, but nearly half of the cost should be covered by insurance. The largest single expense, approximately 30% of the budget, was for operation of the central office including all salaries and benefits. Assembly members were concerned about total assets declining from $40.5 million to $33.8 million—the result of the operating deficit, a change in the reporting method of funds paid to district branches, and paper losses on investments.

Drs. Deane Manolis and Michael Koch hard at work representing MPS in the

APA leadership expects psychology groups to continue their efforts to obtain prescription privileges in various state legislatures around the country. It will be costly to fight these initiatives, and there may be the need for a program of voluntary contributions from the membership. The Division of Governmental Relations (DGR) remains very active on this issue as well as patient protection, patient privacy, Medicare fairness, and multiple other federal issues.

Some notable action papers passed by the Assembly and forwarded to the Board of Trustees included:

- Several action papers on carve-out organizations, including an approach to public exposure of the strategies used by mental health carve-out to minimized provision of care.
- Action papers supporting the implementation of privacy protection for psychotherapy.
- An action paper asking for legislation to prohibit pharmacy benefit managers from using DEA numbers to access and share physician prescribing patterns.
- Two action papers encouraging parity in leadership representation among women and minorities in the APA .
- Two action papers presented by Members in Training – one to establish faculty competencies for residency training in psychotherapy and another to establish child psychiatry fellowships in the APA.
- An action paper was passed condemning the Chinese government's use of psychiatry to suppress dissent
- A position statement was passed opposing death sentences for juveniles between age 16 and 18.
- An action paper asking for a permanent position to be established for Early Career Psychiatrists on all District Branch Councils.
- The Assembly approved the Practice Guideline for the Treatment of Patients with Borderline Personality Disorder.

These action papers do not represent APA policy or positions, as they require further action by the Board or other components.

This was my last meeting as Assembly Representative for the Minnesota Psychiatric Society. It has been an honor to serve the MPS membership at the national level. Michael Koch will continue his able representation of MPS, and I am certain that Judy Kashtan, who follows me, will do likewise. ■

APA Medicare Advisory Committee

by Deane Manolis, MD
Alternate Representative, Carrier Advisory Committee

The American Psychiatric Association is taking a more proactive stance with respect to Medicare policy. The recently reactivated Medicare Advisory Committee plans to develop an APA model Local Medical Review Policy (LMRP) for Psychiatry and Psychology, after learning that HCFA (now CMS) administration is receptive to a new model policy.

Local Medical Review Policies, utilized by each Medicare carrier around the country, are very significant because other medical insurance plans frequently follow Medicare policy. APA recently acquired the model psychiatric LMRP developed by HCFA some years ago, which has been used by many Medicare carriers to develop their own LMRPs. This model policy was kept secret, and was only recently acquired by the APA under the Freedom of Information Act.

The APA's Medicare Advisory Committee, chaired by Ed Gordon, MD, of New York state, met at the APA meeting in New Orleans. Dr.Gordon is a vigorous and knowledgeable leader in the area of Medicare and was instrumental in developing a new psychiatric LMRP for New York State Medicare. The committee, a subgroup of APA's Council on Healthcare Systems and Financing, now has dedicated staffing as well.

In addition to the goal of developing a new model psychiatric LMRP, the Medicare Advisory Committee reviewed problem areas of improper reimbursement or limitation on use of several psychiatric codes, including psychiatric diagnostic interview, medication management, and family therapy codes.

The MPS Council will be reviewing Minnesota's psychiatric LMRP at its July meeting. We will be able to make comparison between our policy, the New York policy, another draft policy from Kentucky and Indiana, as well as the old Medicare model LMRP.

The new medical director of WPS Medicare, Kathleen Brooks, MD, has expressed interest in working with the MPS Carrier Advisory Committee representatives Eric Larson, MD and Deane Manolis, MD on some of these issues.

I have been involved with Minnesota's Carrier Advisory Committee (CAC) since the early 1990s and I was long concerned about the APA's lack of involvement in dealing with carrier policies and Medicare policy at the national level. The newly invigorated APA Medicare Advisory Committee promises a more proactive stance for both national and carrier Medicare policy. ■

Medicare to pay for telehealth

Effective October 1, 2001, Medicare will pay for telehealth services, including consultation, office visits, individual psychotherapy and pharmacologic management delivered via telecommunication systems. Previously, the Balanced Budget Act of 1997 limited the scope of Medicare telehealth coverage to consultation services. Now, for Medicare payment to occur, interactive audio and video telecommunications must be used, permitting real-time communication between the distant site physician or practitioner and the Medicare beneficiary. As a condition of payment, the patient must be present and participating in the telehealth visit.

Medicare practitioners who may bill for covered telehealth services include the following, (subject to state law): physicians, nurse practitioners, physician assistants, nurse midwives, clinical nurse specialists, clinical psychologists and clinical social workers. Eligible geographic areas will be expanded beyond rural health professional shortage areas to include counties not in a metropolitan statistical area (MSA). Also, federal telemedicine demonstration projects as of December 31, 2000, may serve as the originating site regardless of geographic location.

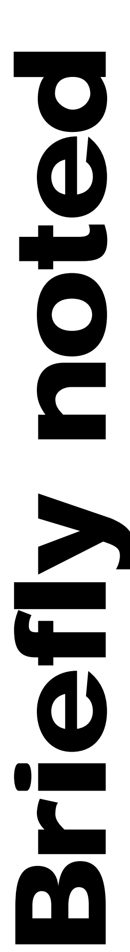
Help the APA Fight the Good Fight!

Join the K Street Irregulars

an elite body of intrepid psychiatrists dedicated to the cause of reforming MEDICARE

Seriously, it's time for the APA to become more proactive in working with the Health Care Financing Administration (HCFA) to ensure that Medicare is being administered consistently across the United States, in accordance with the laws of the land, and in a manner that does not discriminate against the mentally ill and the psychiatrists who treat them.

To do this we need your help. The K Street Irregulars, modeled after Sherlock Holmes's Baker Street Irregulars, will serve as the eyes and ears of the APA all over the country. When you learn of a problem with Medicare, all you have to do is email us at <ejaffe@psych.org> or call the Managed Care Health Line (800) 343-4671 and we can investigate your tip and add it to our store of information. This will allow us to go to HCFA with the documentation necessary to support our position that the Medicare system is in need of serious reform, especially when it comes to the treatment of the mentally ill.



HCFA has a new name

The Bush administration announced on June 14 that it has renamed the Health Care Financing Administration (HCFA) the Centers for Medicare and Medicaid Services, which will use the acronym CMS. The agency has been harshly criticized by members of Congress from both parties, who describe it as a rigid, heavy-handed regulator, more eager to set prices than to encourage competition or reward efficient providers of care. Health Secretary Tommy Thompson said the rechristened agency would be more businesslike.

Later this year CMS will expand a toll-free telephone number to answer questions about Medicare to be available 24 hours a day, seven days a week. The number, 1-800-MEDICARE (1- 800-633-4227), now operates from 8 am to 4:30 pm on weekdays.

APA objects to new VA policy affecting veterans with schizophrenia

APA opposes a proposed Veterans Administration treatment guideline for schizophrenia that would prohibit psychiatrists from using the newer antipsychotics unless a trial with the older medications failed. In a letter and statement for the record sent to the House Veteran's Affairs Health Subcommittee, APA Medical Director Steven Mirin, MD, said the decision significantly restricts the clinical discretion of VA staff psychiatrists. It is essential, he said that prescribing decisions be made exclusively by physicians after an individual assessment of a patient's medical needs. "Any treatment directive promulgated by the VA that fails to meet this standard threatens the quality of medical care provided to some of our most disabled veterans", he wrote.

New legislation addresses shortage of child psychiatrists

The APA is working closely with the American Academy of Child and Adolescent Psychiatrists (AACAP) on legislation introduced in the House by Rep. Pete Stark (D-CA) that would address the national shortage of child and adolescent psychiatrists. The bill, H.R. 1928, entitled the Medicare Critical Need Graduate Medical Education (GME) Protection Act, would give authority to the Secretary of the Department of Health and Human Services to provide full funding for training programs in specialties with confirmed professional shortages. The bill currently has seventeen co-sponsors.

Psychiatric Services invites resident submissions

APA's other monthly journal, *Psychiatric Services*, is introducing a new feature: a continuing series of articles by and for psychiatric residents to encourage their involvement in research and to improve psychiatric training. Submissions should address issues in residency education, and report research conducted by residents on the provision of psychiatric services. All submissions will be peer reviewed, and accepted papers will be highlighted. Prospective authors should contact Avram H. Mack, MD, the first editor of this series. See "Information for Contributors" in the May issue or visit the journal on the web: <www.psychiatryonline.org>. Click on the cover of *Psychiatric Services* and scroll down to Information for Authors. Avram H. Mack, MD, Dept of Child and Adolescent Psychiatry, New York State Psychiatric Institute, Unit 74, NY, NY 10032; <amack@partners.org>.

HHS issues first guidance on new patient privacy protections

On July 6, the Department of Health and Human Services (HHS) issued the first in a series of guidance materials on new federal privacy protections for medical records and other personal health information that clarifies key provisions of the medical privacy regulation published last December. HHS is providing this guidance as part of an ongoing process to help health care providers and health plans comply with the regulation by April 14, 2003. The guidance addresses APA's key issues of concern.

Topics include patient consent, marketing, governmental access issues, medical research and parental rights. A fact sheet summarizing the privacy rule's rights and protections is available at: <http://www.hhs.gov/news/press/2001pres/01fsprivacy.html>. More detailed information about the rule, including the 50-page guidance, is available at: <http://www.hhs.gov/ocr/hipaa/finalmaster.html>.

Call the MPS office to get information about MIAW activities. We need volunteers and this is a great way to reach out to the community. Or call to tell us about your local activities!

APA perks

New APA resources

The APA has enhanced its website, adding a "Members Corner". Utilizing a password, members can access the APA membership database on-line, the Component Directory as well as the directory for APA staff, and may follow Action Papers that have been brought to the APA Assembly.

The APA also has a new membership benefit, which is receiving *Psychiatric Services* free of charge. Members must request this journal however, and instructions for receiving the journal are noted elsewhere on this page.

The APA also continues to publish resource papers under various titles. The Division of Government Relations (DGR) has published a series of background and position statements on the following:

- Medical Records Privacy
- Medicare Prescription Drug Coverage
- Patient Protection
- Medicare Discrimination Against Mental Illness Treatment
- Seclusion and Restraint
- Mental Health Parity/Its Time Has Come
- Psychologists Prescribing Legislation

The APA office of Healthcare Systems and Financing has published collections of brief articles on practice topics, most of which have been taken from the APA newsletter *Psychiatric Practice and Managed Care.* These include:

- CPT Coding: Avoiding Problems
- Getting Paid
- Tips for Responding to Requests for Patient Records
- The APA Business Relationship Initiative: What You Need to Know
- APA Update on E-Heath
- AMA Guidelines for Doctors/Patient email

The APA also publishes Fact SHEETs on various clinical issues. These are updated regularly.

To request any of these resource materials, call the APA at 1-800-343-4671. ■

Blue Cross settlement

Continued from page 1

inpatient chemical dependency treatment as well as inpatient treatment for eating disorders.

- Court ordered treatment for mental illness, chemical dependency or children's emotional disorders will be considered medically necessary and subject to payment when based on evaluation and recommendation of a mental health professional. (In a note for treating professionals, Assistant AG Alan Gilbert suggests billing statements for care rendered should state that the treatment was court-ordered.)
- The company also agreed to pay for 72-hour emergency holds, payment for which has frequently fallen on county governments.
- Blue Cross-owned clinics, including BHSI, will no longer be capitated.
- An auditor appointed by the Attorney General, reviewing books, records and personnel to assess the information and claims processing flow with respect to mental health benefits, will perform semi-annual audits.

BCBSM also agreed to consider reimbursing claims of families who believe that care was inappropriately denied, but were not participants in the lawsuit. The Attorney General's office will accept calls from anyone who believes that BCBSM denied care inappropriately at 651-296-3353 or 800-657-3787.

A copy of the settlement agreement is available on the Attorney General's website at <www.ag.state.mn.us> ■

Free subscription to *Psychiatric Services*

MPS members can now receive a free subscription to *Psychiatric Services* as a benefit of their membership.

To take advantage of this new benefit, simply visit the APA Web site at <www.psych.org/ps/>. Print out and complete the one-page form, then fax or mail it as instructed on the form. The first issue of your free subscription to *Psychiatric Services* will be mailed to you in four to six weeks.

Or call APA toll-free at 888-357-7924. Choose the FastFax option and request document number 2315. The *Psychiatric Services* Member-Requested Subscription form will be faxed to you immediately.

In addition, with your first issue of *Psychiatric Services*, you will receive instructions for accessing the full-text version of each issue on the Web at <www.psychiatry.online.org.>

APA members who are currently paying for their *Psychiatric Services* subscription should call the circulation department at 800-368-5777 or 202-682-6240.

Because of postal regulations, your signature on the form is required. Thus orders cannot be taken over the telephone or by e-mail.

Associate Medical Director Behavioral Health
HealthPartners Medical Group has a physician leadership opportunity. Position provides medical group and hospital admin. leadership. Contact Sandy Lachman (952) 883-5338.

Legislative wrap-up

Continued from page 4

actually passed language that would have increased the tax to 2 percent as scheduled.

The provider tax debate became part of the budget impasse that resulted in an additional six weeks of negotiations and the special session. Ultimately, the House and Senate decided to go along with Governor Ventura's original provider tax proposal, which keeps the tax at 1.5 percent for the next two years. It is unfortunate that with a very significant revenue surplus, the state could not see fit to eliminate this regressive tax.

State mental health funding

A broad proposal for increased state spending on mental health, referred to as the Mental Health 2001 Act, was partially funded. Funding was increased for suicide prevention, crisis intervention and stabilization, and adult rehabilitation. Of particular interest to MPS is an increase in Medical Assistance outpatient mental health and medication management services performed by a psychiatrist. For services rendered after July 1, 2001, the maximum payments will be 75 percent of 1999 median charges. Preliminary information suggests a modest average eight percent increase in fees for individual psychotherapy and diagnostic evaluation codes and a more significant nearly 50 percent increase for medication management. Given the state legislature's cap on new spending and its desire to cut taxes, any new spending on mental health should be considered a major victory.

Health plan regulation

In addition to requiring court ordered treatment, the state legislature made several other changes in mandated mental health insurance coverage. No health plan may exclude or reduce coverage based upon previous suicide attempts. Health plans will also be required to cover the expense of non-formulary antipsychotic medications. The psychiatrist must request the non-formulary drug in a written request that states that the drug will in his or her opinion best treat the patient's condition.

Another new law of interest requires all health plans to prominently disclose any changes in their provider contracts. Unless the provider affirmatively agrees to the contract changes within 60 days, the provider is deemed to not have accepted the changes. This health plan contract disclosure legislation was sponsored by a coalition of provider groups including the medical and chiropractic associations.

Patient protection

Two differing patient protection bills were debated by the legislature and both are repeats from last year. One sponsored by Attorney General Hatch would have made health plans liable for their treatment decisions. The state legislature decided not to act on the health plan liability and seems willing to let Congress decide this issue.

The second patient protection bill was passed and signed into law. Patient advocate groups, unions and health professionals sponsored this bill. Under the new law, patients would be able to continue to receive treatment from their providers even if the provider is no longer a member of the health plan's provider network. Continuity of care could continue for up to 120 days after a provider voluntarily or involuntarily terminates network membership. The law also allows patients to request a standing referral to a specialist if they have a condition or disease sufficiently serious to require treatment by that specialist. This bill also contained a provision that requires all health plans to license their medical directors in Minnesota. These provisions are effective January 1, 2002. ■

From Mankato psychiatrists

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ments, and miscellaneous questions and concerns. We do not yet have medical records on computer due to the expense, though we have considered it many times. We enjoy close integration and strong support of our practice by our primary care colleagues. They place a high value on psychiatric care, refer regularly, and willingly provide general medical care for our shared patients. In turn, we do our very best to support the care they are providing and to respond to their requests for support. This continuity and collaboration has extended to our schools, nursing homes, churches and countless other support systems.

Our inpatient practice is located at Immanuel-St. Joseph Mayo Health System's Hospital. Three of the physicians currently share the call responsibility, and one of us covers the inpatient service for one week at a time. We have an inpatient psychiatric unit and provide psychiatric consultations on the other hospital services. Our inpatient chemical dependency unit may be closed in order to make room for more medical/surgical beds. Fortunately, the hospital board values that service and has asked the administrative team seek to establish a residential treatment option for patients with chemical dependency within our community, even though inpatient beds are needed for other services within the walls of the hospital. The past two years have been fraught with controversy over patient census, call responsibilities and EMTALA. We have been caring for patients from as far as 100 miles away, often with little or no support from their home county social services, little or no contact with families, (even in the case of minor children), and with little or no access to records from their primary psychiatrist. Our beds fill with patients we have never seen and may never see again, and we are frequently forced to transfer away patients for whom we have

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From Mankato psychiatrists

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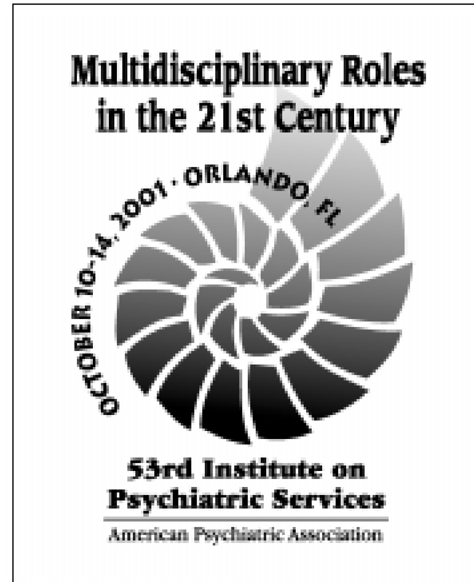
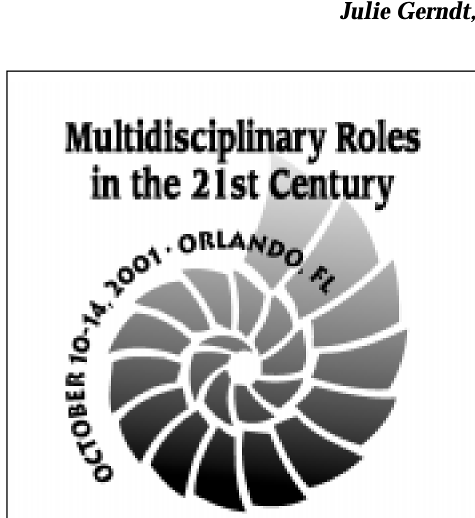
been providing outpatient care for many years. Continuity of care has become difficult, and sometimes impossible to maintain. The Community Initiative through the State of Minnesota failed to address community inpatient hospital services, and assumed that community physicians would provide those services. In the meantime, fewer community beds and psychiatrists are available to provide that care. The Regional Treatment Centers have frequently been unable or unwilling to accept patients in transfer. We have often been forced to retain patients that we feel cannot be safely managed on our unit, and compromise the safety of other patients in our community hospital.

Like other psychiatrists, our ability to practice has been sorely compromised by reductions in reimbursement by third party payors. We are striving to continue to provide the best possible care in the face of ongoing reductions in payment, but it affects our ability to recruit, as well as to continue our current practice and adapt to the changing environment. Inadequate regulation of psychiatric and psychological care by managed care plans, inadequate reimbursement, misaligned payment policies and priorities, discriminatory policies and payment incentives, and over-reliance on legal systems rather than medical systems have taken a serious toll on our ability to provide the kind of care we would like to provide and are capable of providing for our patients. We appreciate the efforts of our MPS members in Mpls.-St. Paul who are working with our legislators. ■

Julie Gerndt, MD

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Calendar

Sept 6-9	APA Fall Components Meeting, JW Marriott Hotel, Washington, DC.
Sept 28	Minnesota Society of Adolescent Psychiatry Conference, *Psychiatric Care for Adolescents who Abuse Substances: Evaluation, Diagnosis & Treatment*. Abbott Northwestern Hospital, Minneapolis, MN. For more information please call (612) 775-9626 or (800) 605-3744.
Oct 3-5	Minnesota Association of Community Mental Health Programs Annual Conference, Maddens Gull Lake, Brainerd, MN. For more information, call MACMHP at (651) 642-1903.
Oct 7-13	Mental Illness Awareness Week. Informational meetings including MPS bag lunch talks, events and activities to educate the public, encourage treatment and reduce stigma. Watch for your MIAW Calendar of Events in the mail.
Oct 10-14	APA 53rd Institute on Psychiatric Services, Orlando, FL. For more information, contact Annual Meetings Dept. (888) 357-7924 or email <apa@psych.org>.
Nov 2	Minnesota Psychiatric Society Fall Scientific Meeting, Psychopharmacology Update 2001, Wyndham Hotel, Bloomington, MN. For more information, call MPS at (651) 407-1873 or visit our website at <www.MnPsychSoc.org>.
Nov 3	SAVE (Suicide Awareness Voices of Education) Annual Depression Awareness Day.

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