# Ideas
*of reference*

Summer 2003

Volume XXXVII

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

# Judith Kashtan, MD named Private Practitioner of the Year

Private Practitioner of the Year
Judith Kashtan, MD

Judith Kashtan is Private Practitioner of the Year

The Private Practitioner of the Year Award honors the MPS member who exemplifies excellence in clinical quality, community activity, district branch and APA activities and work with other medical and mental health organizations. The APA also requires that recipients have worked in private practice as a member of the APA for a minimum of ten years. The MPS Private Practice Committee takes the duty of choosing the annual winner very seriously; Judith Kashtan is itswell-deserved honoree this year.

Dr. Kashtan's personal commitment and attention to each individual and compassionate attention to the issues of our profession have made her a leader and excellent spokesperson for MPS. She graduated from Brown University and got her medical degree from Wayne State University School of Medicine in Detroit. After completing an internship at Framingham Union Hospital in Massachusetts she did her residency at the Massachusetts Mental Health Center, a Harvard University affiliate program.

While completing a fellowship in psychodynamic psychotherapy at Tufts University, Dr. Kashtan turned her energies toward teaching others as a clinical instructor at Harvard. She is currently a clinical professor at the University of Minnesota and teaches the annual ethics course at the Hennepin-Regions Psychiatric Training Program. University of Minnesota Clinical Faculty Advisory Committee Chair, Galen Stahle, MD says, "I have worked with Judy in a number of professional capacities, including as a member of the Clinical Faculty Advisory Committee of the University of Minnesota Department of Psychiatry. She has always made thoughtful, original, insightful contributions to whatever activity she addresses." Dr. Kashtan is spearheaded a meeting this month bringing together psychiatric residents and practicing MPS members called, "Life after Residency." Her activities in mentoring physicians in training support her commitment to strengthening our profession.

Dr. Kashtan moved to the Twin Cities in 1984, when her husband started a fellowship in pediatric nephrology at the U of M. She has been in private practice in downtown Minneapolis since then. She specializes in outpatient psychotherapy and forensic psychiatry. She was board certified in forensic psychiatry in 1998. Dr. Kashtan has always worked part-time around the schedules of her three children, Aaron (age 20, a junior

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## Look inside:

- MPS political accomplishments and agenda for the upcoming year (*President's letter* on page 3).
- Detailed legislative wrap-up from the 2003 Minnesota State Legislative Session by MPS Lobbyist Dominic Sposeto.
- *Think again! A reaction to the Conceal-Carry Law* discusses the real-life impact new legislation has on individuals and reminds us of how important our public policy activity is.

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## Ideas of Reference

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# Think again! *A reaction to the Conceal-Carry Law*

I was at a gathering recently where a group of long-time friends, women with young children, spontaneously began to discuss our reactions to the new concealed weapon law ("2003 personal protection law", in effect since May 28$^{th}$), that resulted from the most recent Minnesota legislative session.

This law increases access to concealed weapons for the general public, reduces law enforcement's ability to keep weapons from the general public and requires that notices be placed in public places to notify the person bearing a concealed weapon that guns are not welcome in that facility. The new law could increase the number of people licensed to carry concealed guns in the state from fewer than 12,000 to about 90,000, according to an official legislative estimate that was cited by the *Star Tribune*.

There is a distinction in the law between public and private facilities. Nongovernmental facilities, including medical clinics, have the right to prohibit the carrying of concealed weapons in their buildings, but not in their parking facilities. Owners of private establishments who wish to prohibit concealed weapons must request that firearms not be brought into the building. This might be accomplished by posting standardized, conspicuous signs at every doorway to the facility. If someone with a gun enters a posted facility, they may be asked to leave the building or face misdemeanor charges. Public facilities have jurisdiction over their employees only by issuing a policy prohibiting the carrying of weapons—they cannot prevent the general public (with permit) from carrying a concealed weapon on the premises.

### Some poignant vignettes:

- One mother expressed concern that her young reader, age 5, must walk into buildings (including her school) and every time be faced with a sign that prominently displays the word "gun".
- Another mother, who teaches in the school where I went to grade school, talked about the anguish of teachers to have to put these signs at the entrances to the school. The idea of someone bringing a gun to my school would have been unimaginable when I was a child.
- Finally, another mother with a 4-year old, described a story told by a parent at a forum about "bullying" at an Edina Public Library. She has a child who was being bullied by a classmate. When the parents and teachers were to meet about the matter, the parent of the child being accused of bullying came to the meeting, slapped a gun on the table and made a statement to the effect of, "this is how I feel about it."

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# Our dynamic association

by Karen Dickson, MD
MPS President

MPS members and leadership can congratulate themselves on an unusually active year. Galvanized by the MPS Task Force Report on Shortages of Psychiatrists and Inpatient Beds, MPS leadership met with political leaders and policymakers. This eloquent and elegant report articulates and documents what we have all sensed: a growing crisis teetering on breakdown of the mental health system in Minnesota. The President's Freedom Commission report also concludes that the mental health system in our country is in a "shambles." Statewide and nationally, there has been systemic and systematic de-funding of mental health care, and a parallel development of criminalization of the mentally ill due to shifting of mental health care into the criminal justice system by default. The American Psychiatric Association's vision of a quality national mental health system was released recently and is another eloquent articulation of what needs to occur to stem the breakdown of the mental health system.

The MPS Task Force Report has been pivotal in documenting the crisis and shortages in access to mental health care. MPS leadership earlier this year met with Attorney General Mike Hatch, DHS Commissioner Kevin Goodno, and Senator Norm Coleman's staff. In these meetings, MPS has pressed for solutions to shortages, declining reimbursement and funding, and for improved access. At our suggestion, the Senator has interest in appointing an MPS member to his Healthcare Advisory Committee.

The MPS Task Force Report has propelled MPS into active collaboration with the Minnesota Medical Association through our Workgroup on Psychiatric Shortages and Access problems. As we have met with health plan leaders, the Workgroup has recommended that solutions to the breakdown of the mental health system will rest on a foundation of parity of payment, improved reimbursement and funding, and the elimination of behavioral carve-outs which create disparity and discontinuity of care by ensuring the disintegration of mental health and primary health care. Our assertions are that quality mental health is essential and is cost effective; and that integrated mental health and primary health care likewise is essential and cost effective. The APA Research Office has assisted in providing fiscal data to back these assertions.

MPS advocacy efforts at the legislature, our meetings with political leaders and policymakers, our increased collaboration with NAMI and SAVE, and our Workgroup with MMA culminated in an exciting and successful Mental Health Forum on the crisis with access and funding of mental health care. Held in conjunction with our annual Walk for Mental Health with the Education Network to raise money for NARSAD, a distinguished panel of experts spoke at this forum which was co-sponsored by MPS, MMA and the consortium of mental health advocacy groups in the Education Network.

The day of our Annual Meeting and scientific program, we honored the executive director of NAMI, Sue Abderholden with our first memorial Wellstone Advocacy Award, at our Annual Awards and Recognition Dinner. Attorney General Mike Hatch, APA President Marcia Goin, Mike Tessner of State Operated Services, NAMI Director Sue Aberholden, Mental Health Association Director Sandra Meicher, and MPS Member and Chief of Psychiatry at Regions Hospital Mike Trangle, MD, all were on the panel. I was intrigued at Sandra Meicher's report of a surge in consumer complaints about mental health care, more than 1300 complaints in just one year! In contrast, when MPS leadership requested similar complaint data from then Health Commissioner Jan Malcolm, she responded that there were only five complaints, ergo no problem!

Vigorous advocacy and concerted calls to Rep. Fran Bradley, during this difficult legislative session, by his psychiatrist constituents led to his withdrawing objectionable fail-first preferred drug programs that would have eroded the use of superior atypical antipsychotic medications which have become the mainstay of the treatment of severe and chronic mental illnesses. The outcome of decades of groundbreaking scientific research advances, these medications are a step forward in alleviating suffering and offering hope to patients afflicted with psychotic illnesses.

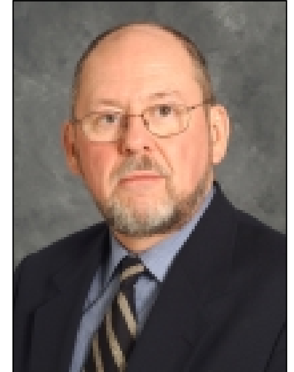
*Continued on page 16*

# Dexter Whittemore, MD awarded Distinguished Fellowship

*The APA enacted a two-tiered Fellowship last year, reclassifying all previous Fellows as Distinguished Fellows and creating new criteria for Fellows. The new Fellow classification allows for a less-exhaustive application process option for those APA members who have been General Members for five years and have achieved recognition by their peers for outstanding service, professionalism and contributions. The Distinguished Fellow category requires more expansive contributions to the profession and longer membership. Both honors require letters of recommendation.* ***Congratulations to new MPS Fellows. They are Drs. Barbara Chamberlin, S. Hossein Fatemi, Julie Gerndt, Karen Gosen, and Robert Nesheim. In addition, we recognize Drs. Arthur Arnold and Gerald Peterson as our newest Distinguished Life Fellows and Drs. Joyce C. Lewis and Anthony J. Pollock, as 50-year Distinguished Life Fellows. Congratulations to all!***

Dexter Whittemore, MD was awarded Distinguished Fellowship at the APA Annual Meeting.

Doctor Whittemore is a Child and Adolescent Psychiatrist in private consulting practice. He is a Past President of the Minnesota Society for Child and Adolescent Psychiatry and Past Chair of that organization's Ethics Committee. He has served as Chair of the MPS Child Psychiatry Committee and has served on advisory boards and boards of directors of several organizations including Minneapolis Children's Hospital, The Children's Home Society of St. Paul and The Minnesota Society for Adolescent Psychiatry. He has served as Medical Director of Child and Adolescent Services at Abbott Northwestern Hospital, The Willow Street Center for Youth and Families, and Allina Health Services. Dr. Whittemore has made extensive consulting contributions in Bemidji, Mankato, Owatonna, and Willmar and has been a highly regarded practitioner in the Twin Cities community since completing his specialty training at Rush Presbyterian St. Luke's Medical Center in Chicago and joining the attending staff at Abbott Northwestern Hospital in 1974.



Dexter Whittemore, MD

Congratulations on this achievement! ■

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## MPS newsletter, Kollmorgen editorial honored

On May 17, 2003, your MPS newsletter editors were surprised with the APA 2003 Newsletter of the Year Award. The award recognizes outstanding composition and style, content and readability. *Ideas of Reference* won the 12-16 pages category from a national field of contendors. This is the eighth consecutive honor awarded this newsletter, but the first year for our newest co-editors, Drs. Benita Dieperink and Ron Groat. Congratulations!

Rodger Kollmorgen, MD, PhD, JD won the continuing Excellence Award for his editorial entitled, *Psychologist Prescribing: A Balanced View* which was published in the newsletter last year. His articulate and reasoned commentary about a subject that many find contentious won him this recognition among excellent company from all over the country. MPS will recognize Dr. Kollmorgen's accomplishment officially in the coming year. Congratulations, Dr. Kollmorgen!


**A Rural Community Hospital in Minnesota's heart of the lakes county**
is looking for an additional FT, BE/BC, general or child/adolescent psychiatrist for current position in outpatient mental health/substance abuse unit with ample nursing support, NHSC approved site, and minimal on call responsibilities. Work with a team including psychologist, neuropsychologist, clinical social workers, and substance abuse counselors. Community is a thriving retail and manufacturing center and a premier resort destination. Two hours NW of Minneapolis and 1.5 hours SE of Fargo, ND on Interstate 94. Douglas County Hospital named to 100 Top Hospital List by Solucient as part of their 2002 National Benchmarks of Success Study. For more information or to arrange an interview contact Maryann Rollie, Director at <mrolllie@dhospital.com> or 700 Cedar Street, Alexandria, MN 56308 (320) 762-2400.

# Council highlights

**Highlights and Actions from the May 2003 Council Meeting**

## Friday, May 2, 2003

Grand Hotel Minneapolis, Salon III, 615 Second Avenue South, Minneapolis, MN

**President's Report**—M. Kevin O'Connor, MD lead a planning discussion for the MMA Annual Meeting including naming the MPS Delegate and planned resolutions. He also reported that the Executive Committee would begin conducting annual reviews for the executive director and lobbyist.

Karen Dickson, MD discussed the MMA Workgroup. MPS representatives will meet on May 12 with MMA staff and BlueCross BlueShield representatives. Discussion of suggested agenda items followed. Floyd Anderson suggested the Private Practice Task Force Quality Care Resolutions as a starting point. Three or four priorities will be determined. Drs. Dickson, Larson, O'Connor, and Beecher will attend.

Karen Dickson, MD announced that MMA CEO Bob Meiches, MD, will facilitate a board development meeting for MPS leadership in June. The meeting will take place at the MMA offices to allow for teleconference participation from Greater Minnesota. Dinner will be provided in Minneapolis.

**Membership Report** —David Cline, MD reported on the pilot project focusing on child and adolescent psychiatrists. Additional initiatives were also discussed, including connecting with the Greater Minnesota Committee, working with the MMA, improving the image of APA in MN by inviting APA national leadership. MPS meetings with residents are set in Rochester (June 2) and the Twin Cities (July 17).

**Public Affairs Committee Report**—Judith Kashtan, MD encouraged everyone to participate in the Walk and attend the Forum, noting the MHA report of increased 2002 complaints from consumers would be presented. The Public Affairs Committee has also been involved in meetings with psychologists to join together and develop the Paul Wellstone Fellowship, depression screening and a joint educational meeting.

**Legislative Committee Report**—Dr. O'Connor spoke to the need for a mechanism for leadership, feedback and quick decisions during the legislative session. He asked for an early warning system to alert MPS leadership to upcoming issues and allow them time to produce a reasoned consensus. For quick decisions, Dominic suggested a steering committee made up of the legislative chair and the executive committee using conference calls with ad hoc input. Although Dominic knows the MPS position, he often needs feedback as to "why" and what is important to members as psychiatrists.

Dominic presented a session update. (Please refer the the *Session wrap-up* on page 10.)

**Carveout Issue Revisited**—Dr. O'Connor gave an overview and history of the carveout issue. The number of carveouts in Minnesota is dwindling with UBH and BHP being the only carveouts left. MPS modified language to focus on points of carveouts that MPS members oppose. The Council voted at the last meeting to support the Legislative Committee recommendation. Dominic noted that the concept of carveouts is still opposed, but we need to focus on the arguments. The language, which came from the AMA model, did not approach medical necessity, lack of parity, separate networks or parity of reimbursement. He noted that this is probably a two to three year project. He also noted that the complaints were against BCBS and the language in the bill as it was introduced did not affect BCBS. This discussion was tabled due to shortness of time.

**Proposal to Investigate the Prospect of Litigation**—Will Dikel, MD asked for Council permission to investigate the possibility of suing the state for lack of HMO contract enforcement. He has identified a lawyer at Frederickson and Byron and will requesting APA informational and monetary support. He will make inquiries using up to $1,000.

## Members on the go!

### Reinstated Members in Training:

Matthew Malone, MD
Residency - Hennepin Regions

### Upgrades to GM:

Allison Meisner, MD
Practicing - Bemidji

Yonas Geda, MD
Practicing - Mayo Clinic

### New GM:

Bradley Dupre, MD
Practicing - Regions Hospital

### Transfers In:

Manasi Kolpe, MD
From North Dakota
Residency - Hennepin-Regions

### Distinguished Life Fellow:

Arthur Arnold, MD

# Evidence-based protocol designed

by Michael Trangle, MD, Associate Medical Director, Behavioral Health
HealthPartners Medical Group & Regions Hospital

In November, 2002, HealthPartners Medical Group and Regions Hospital chartered a design team to review the literature, existing best practices guidelines; and design a formal evidence based protocol for patients with chronic psychotic disorders (schizophrenia, schizoaffective disorder, a subset of patients with bipolar affective disorder and depression). The group's composition included psychiatrists, RNs, psychotherapists, social workers, patients, family members of patients and quality/performance improvement experts. A number of psychiatrists have been actively involved including Drs. Janet Zander, Carol Novak and myself from HealthPartners Medical Group/ Regions Hospital, Dr. Brien Godfrey from Ramsey County Mental Health Center and Dr. Stephen Olson from the University of Minnesota Psychiatry Department and Fairview University Medical Center. After reviewing the literature and majorly tapping into the evidence based practices project based in the Dartmouth Psychiatric Research Center and Parker Institute in New Hampshire, the group ultimately reached a consensus that there appear to be six best practices where the evidence supports significantly improved outcomes. They are as follows:

1. Collaborative psychopharmacology – the core recommendations are based upon the Texas Algorithm Project.
2. Illness Management & Recovery – where best practices include specific cognitive behavioral therapies, social skills training, and patient education techniques to help patients understand mental illness and its treatment, use medications effectively, prevent and reduce relapses and better cope with their symptoms.
3. Family Psychoeducational Treatments: common approaches that have good outcomes including decreasing tension and negative emotional climate in families, educating families about psychiatric illnesses and its management, providing social support and empathy, having a focus on the future and a focus on improving function of all family members not just the patient and helping to create a collaborative relationship between the treatment team and family.
4. Supported employment – patients do much better if they are actively supported to work in competitive employment situations as opposed to spending too much time in training or sheltered workshops. This involves rapid job search, integrating vocational and clinical services, matching jobs with individual preferences and actively supporting them to keep their jobs.
5. Integrated dual disorders treatment – this approach involves formally treating both the substance abuse and the psychotic disorder simultaneously so that patients are counseled and receive medications for both disorders, have help with supportive employment, housing and family interventions in an integrated fashion. Assertive outreach to engage patients in this treatment using motivation based interventions have better outcomes.
6. Assertive Community Treatment – This tends to be reserved for patients with the most severe mental illness who have had history of frequent and/or long term hospitalizations and are so impaired psychosocially that they need daily assistance to live in the community. This assistance is provided by a multi-disciplinary team who typically have ten patients per staff and provide help with housing, financial issues, medication issues, etc.

*There appear to be six best practices where the evidence supports significantly improved outcomes*

The above best practices demonstrate outcomes of better quality of life, decreased hospitalizations, decreased emergency room visits, higher employment with better financial status, less homelessness, decreased symptom severity and relapses as well as decreased overall costs. Our group is planning to implement four of these best practices on the following schedule:

a. We are bringing in national trainers to teach Illness Management and Recovery in July, 2003. Hopefully, we'll begin to implement this soon thereafter.
b. The Family Psychoeducational experts will come to train us in the fall of 2003 and we'll begin implementing shortly thereafter.
c. Dr. Thomas Mellman will be meeting with our group during the fall of 2003 and early 2004 to help us figure out which parts of the Texas Algorithm will be adoptable into our various systems of care.
d. We're still working on trying to figure out how to incorporate supported employment into our practices. ■

# Healthy relationship

by Sharon Lund
President of Falls Agency

On May 29 the Barbara Schneider Foundation sponsored an awards presentation to 25 Minneapolis police officers, who volunteered for, and completed Crisis Intervention Training (CIT).

After the tragedy of Barbara Schneider's death in June 2000, Deputy Chief Greg Hestness, Police Forensic Psychologist Gary Fischer and trainer Ron Bellendier partnered with the mental health community to create a 40-hour series of sessions that included presentations from people with mental illness who described the reality of a crisis situation from their point of view.

Mayor R.T. Rybeck with trainer Ron Bellendier

It is no surprise that according to E. Fuller Torrey, a pioneer in the field of schizophrenia, "a natural outgrowth of a mental health system that withholds needed treatment until a person becomes dangerous, is [that] the police officers become front line workers."

In fact, a Memphis police officer, in describing the techniques used before the advent of crisis intervention in his city, pointed out, "Our technique before the program was to charge them and have a big wrestling match."

"We didn't waste time," he added, "Used to say we John Wayned 'em."

*We don't have all the answers yet, but those who know the right questions are beginning to talk with each other.*

The event on May 29 at the Rainbow Chinese Restaurant provided a chance for the mental health community, represented by at least 20 organizations, to communicate their commitment to standing beside Minneapolis police officers in finding new approaches to crisis situations.

As Mayor R.T. Rybeck pointed out, "We had a teachable moment here, but you have taken this and created many more moments that no one knows about except you, because you have de-escalated a tense situation."

It is the stories of experiences on both sides that bind us together and give us the confidence to trust each other, to find solutions together…solutions we haven't even thought of yet, but that have a chance to blossom because we created a safe environment.

After all, we are all in this together, aren't we? As Rabbi Abraham Heschel reminds us: "In regard to cruelties committed in the name of a free society, some are guilty while all are responsible."

We don't have all the answers yet, but those who know the right questions are beginning to talk with each other.

Thanks to the fact that over 125 officers from the Minneapolis Police Force took the CIT training course and dared to make changes, over 2,500 incidents have been successfully de-escalated.

But that fact shifts the spotlight to other glaring lapses in our treatment of mental illness that led to deaths of people like Abu Jeilani (March 2002) and Ki Yang (September 2002). Snags like a lack of treatment beds, loss of revenue for a housing provider while a person is in the hospital, shortage of engaged psychiatrists, and fragmented revenue streams for the many grassroots mental health providers.

If one in four people will face some crippling version of mental illness at one point in life, it seems reasonable to assume that these fatalities represent the tip of the iceberg.

The rest of us need to take steps as definitive as the Minneapolis Police Department to engender cooperation and definable change rather than blame, backwatching and defensiveness.

It has been said that, "when a butterfly flutters its wings in one part of the world, it can eventually cause a hurricane in another."

As tempting as it is to wall ourselves off, the temporary sense of security is fleeting and false. Our strength is in our connection, our relationship, and our willingness to trust one another and take action.

Thanks to the commitment of 125 elite men and women in Minneapolis, I think we have the makings of a hurricane right here in this community. ■

# MPS hosts meetings, welcomes

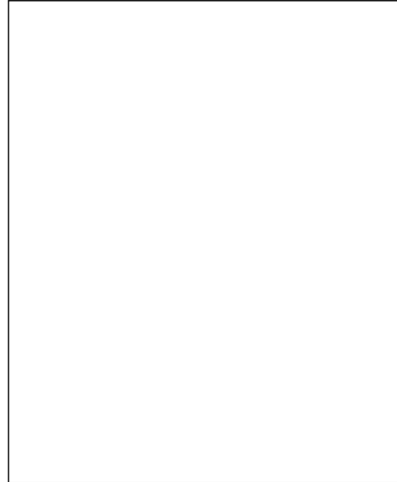
by Linda Vukelich

On Friday, May 2, the Minnesota Psychiatric Society hosted its Annual Spring Scientific Meeting and its Recognition Dinner. Both memorable events were held at the beautiful Grand Hotel Minneapolis.

Dr. Judith Kashtan was 2003 Private Practitioner of the Year. (See page 1.)

Eric Larson, MD was honored with the MPS Distinguished Service Award for his hard work and contributions as chair of the Psychiatric Shortages Task Force which Dr. O'Connor convened. Dr. Larson's group produced the well-organized and thoroughly researched Task Force Report in September 2002. This document has received national attention and the MPS has been written up as a model of what to do about psychiatric shortages nationally.

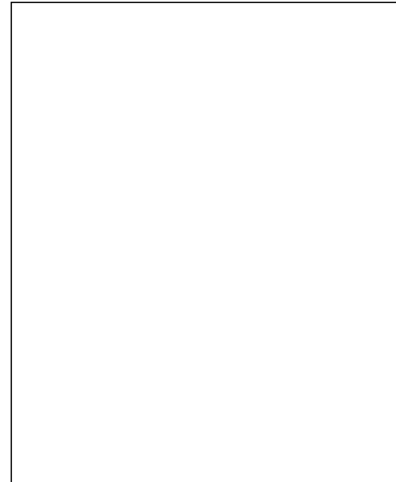
MPS Awards Committee Chair Maurice Dysken, MD, presented the two Gloria Segal Award Winners with their plaques. Each recipient also received a $1,000 scholarship. Both Melissa Buboltz and Jennifer Belisle Roberts were on hand for the presentations. For more information about this year's Gloria Segal Award Winners, please review the article published in the Spring 2003 issue of *Ideas of Reference*.



Floyd Anderson, MD presents Judith Kashtan, MD with the Private Practitioner of the Year

Sitting MPS President M. Kevin O'Connor, MD presented Past President Scott Crow, MD with the 2003 Presidential Service Award for his leadership as MPS president.

NAMI-MN Executive Director Sue Abderholden was moved to be the first Paul Wellstone Advocacy Award Winner. A former Wellstone staffer and longtime mental health advocate, Sue was the obvious winner. The award was named after the late senator for the first time this year. For more information about the award and its namesake's legacy, please refer to *Ideas of Reference*, Spring 2003.



M. Kevin O'Connor, MD presents Scott Crow, MD with the Presidential Service Award.

Dinner guests heard from APA President-elect Marcia Goin, MD who spoke passionately about the challenges and opportunities in psychiatry today in Minnesota and across the country. Incoming President Karen Dickson, MD presented her vision for her MPS presidency, focusing on building bridges and collaborating with other organizations to succeed in the legislature and in practice.

**The Spring Scientific Meeting** offered a variety of presentations, including Read Sulik, MD. Dr. Sulik offered information clarifying differential diagnosis of overactivity and mood lability.

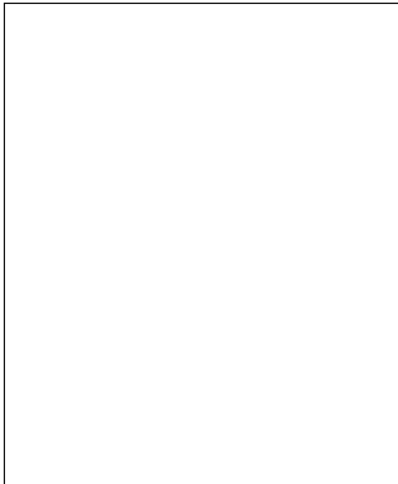
Eric Larson, MD described the findings of the MPS Task Force on Psychiatric Shortages and the impact of its publication on advocacy efforts on behalf of psychiatry and access to psychiatric services. The task force report has been widely applauded for its proactive approach and extensive research effort.

Duluth Emergency physician Chris Delp, MD, described bioterrorism in his presentation, "Silent Assassins: Bioterrorism in the Twenty First Century."

NAMI-MN dinner guests came to honor Paul Wellstone Advocacy Award Winner Sue Abderholden.

# national speakers

We heard from Joe Shulka, MMA Membership Marketing Manager, about how MPS and MMA can contribute to each other's success and why full membership is crucial to that end.



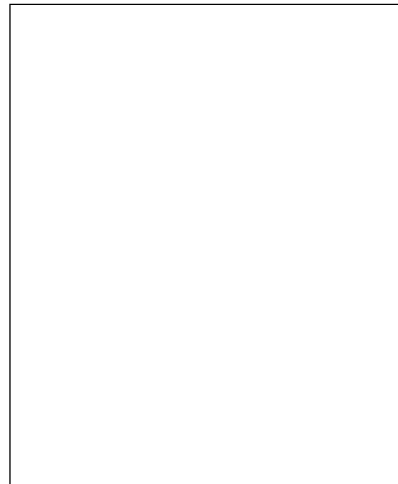
Eric Larson, MD receives his Distiguished Service Award.

James Maier, MD came from Maine to report on the PIER Program in his state. He described the promise and power of early intervention in prodromal psychosis.

Our final presenter was from New York. Elizabeth Auchicloss, MD spoke about psychodynamic psychotherapy today.

The scientific program offered something for everyone. We are grateful to MPS Program Chair Tracy Tomac for another job well done.

Mark your calendar for November21-22 and plan on attending the MPS Winter Meeting. ■



MPS President Karen Dickson, MD with NAMI Executive Director Sue Abderholden.

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**Think again!** *Continued from page 2*

- Another friend, who works as a psychotherapist in a clinic, described her group's concerns about how to word the signs to be consistent with a health-promoting atmosphere and not upset patients.

The idea of a poster being able to provide any meaningful protection against someone who is carrying a firearm is bizarre at the very least! The subliminal message of seeing the word "gun" everywhere is totally disturbing. My friends and I discussed the possibilities for wording that might emphasize "safety" rather than "guns". Upon further thought, this sidesteps the real problem of standing against this dangerous outcome of the session **easier access to guns, or any other violent solutions, is contrary to a sense of health and safety in our society.**

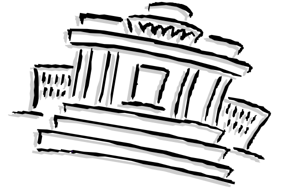
Some religious organizations, the University of Minnesota, and Ramsey County have taken a more vigorous opposition. The University policy, which takes effect immediately, bans students, faculty and visitors — including those with gun permits — from bringing a weapon to campus or to a university event, such as a football game at the Dome. The Ramsey County Board decided to ban guns from all county buildings, saying it's the right thing to do to protect its employees and the public. Dismissing threats of being sued by proponents of Minnesota's new conceal-and-carry law, they made it a misdemeanor to carry a gun or other dangerous weapon into any of the county's 48 buildings, including libraries, ice arenas and its nursing home. Ramsey County already bans guns at its parks, beaches and golf courses *(Star Tribune)*. There will doubtless be other examples of uprising against this terribly misguided law soon.

MPS and the Minnesota Medical Association oppose this current legislation. The MMA has outlined a useful way for medical facilities to cope with the existing law (available on their website). We need to let our legislators and governor know, as medical professionals, that this law is profoundly wrong. Not only is it a threat to public health in terms of more potential violent acts but also by insidiously and pointlessly exposing all of us, including young children, to the idea of guns as part of everyday life. ■

*Benita Dieperink, MD*

# MPS legislative wrap-up

by Dominic Sposeto
MPS Lobbyist



The following highlights some of the major legislation of interest to MPS during the 2003 regular and special sessions.

**General Assistance Medical Care.** The GAMC program dodged the chopping block. Through the efforts of the DFL Senate and particularly Senator Linda Berglin of Minneapolis, the program will be spared. Persons under 75 percent of the federal poverty guideline (FPG) without children will continue to be eligible for GAMC. Beginning October 2003, there will be co-payments of $3 on non-preventive office visits, $25 for non-emergency emergency room visits and prescription co-payments of $3 for brand name and $1 for generic drugs with a monthly maximum of $20.

*The GAMC program dodged the chopping block.*

Persons between 75% - 175% of the FPG without children will have a choice between two new state subsidized plans. They would be eligible for "general assistance catastrophic episodic hospital coverage" with a $1,000 deductible. This catastrophic program will provide inpatient coverage only. Physician coverage is limited to services provided during the hospital stay and reimbursement is on a fee-for-service basis. There are no co-payments.

The other choice for persons between 75% - 175% of the FPG without children would be to apply for a new limited benefit MinnesotaCare plan. This would be a more traditional type insurance program with sliding scale premiums. This plan would have

- a $10,000 hospital annual maximum
- a 10% inpatient hospital co-payment up to a cap of $1,000
- outpatient benefits limited to physician, drug and lab/diagnostic services
- a $2,000 per calendar year cap on outpatient benefits. (This cap can be adjusted if federal money is available. It will be raised to $5,000 for the next two years based upon one-time federal money.)
- the co-payments mentioned above.

It is estimated that about 38,000 people will lose state covered health care services instead of the 68,000 that were estimated to lose coverage under the Pawlenty plan.

**Prescription Drug Coverage.** Two of the most problematic proposals relating to prescription drug coverage under state health programs, step therapy and prior authorization for all medications, were not adopted. The legislature did enact legislation authorizing the commissioner of human services to establish a Preferred Drug List that would include medications for which pharmaceutical manufacturers have agreed to rebates. The commissioner will also work with a drug formulary committee to determine criteria to be used for prior authorization for brand name drugs for which a generically equivalent drug is available. Prior authorization could be extended to "dispense as written" prescriptions. Prior authorization cannot be required for atypical antipsychotic drugs for the treatment of mental illness if there is no generically equivalent drug, the drug is part of the recipient's current course of treatment and the drug was initially prescribed prior to July 1, 2003.

The legislature made several other changes to the state's prescription drug program including:

- limiting dispensed quantities of prescription drugs to a 34-day supply.
- directing the commissioner of human services to enter into a multi-state supplemental drug rebate program and multi-state preferred drug list.
- repealing last year's extension of the senior drug program.
- authorizing a discounted drug program offered by pharmaceutical manufacturers that provide free or discounted drugs and requiring the Board on Aging to develop a program to assist seniors to access this program.
- allowing pharmacists to prescribe over the counter drugs under certain conditions.

*Two of the most problematic proposals relating to prescription drug coverage under state health programs were not adopted.*

**Medical Assistance and MinnesotaCare.** Several "cost saving" changes were made to Medical Assistance and MinnesotaCare programs. These include:

- Reductions of 5 percent in payments to hospitals, except for mental health services within diagnostic groups 424 to 432.
- Reductions in other provider reimbursement under GAMC by 5% and hospitals by an additional 5%.

*Continued on page 11*

*The state budget dominated the debate at the capitol and state funded health care was the most contentious portion of that debate.*

- Delays of the last two hospital payments and last physician payments for fiscal year 2005 until fiscal year 2006.
- Additions of co-payments of $3 per non-preventive office visits, $6 for emergency room visits and $3 for brand name drugs and $1 for generic drugs (excluding anti-psychotic drugs) with a monthly maximum of $20 beginning October 1, 2003.
- Reductions in MA eligibility for children from 175% of federal poverty to 150% of federal poverty and for pregnant women from 275% of federal poverty to 200% of federal poverty.
- Elimination of care for undocumented workers and illegal aliens, except for pregnant women.
- After January 2007, makes payments for physician services based on the Medicare relative value units.
- Discontinuations of the new autism program until July 2007.
- Discontinuation of weight loss drug coverage.
- Requirement of a 6-month review to determine eligibility.

**Provider Tax.** The MinnesotaCare provider tax will be extended to Medical Assistance, General Assistance Medical Care and Minnesota provider payments. Fees for these programs will be adjusted to include the tax. This will draw down additional Medicaid dollars from the federal government. Part of the funding necessary to continue the General Assistance Medical Care program will come from this increased federal funding.

*The provider tax will be increased back to 2% as scheduled under existing law on January 1, 2004.*

The provider tax will be increased back to 2% as scheduled under existing law on January 1, 2004. The health care access fund will not be eliminated. However, any surplus in the fund will be transferred to the general revenue fund.

**Intensive Rehabilitation Mental Health Services.** The legislature expanded coverage for persons in need of short term, intensive mental health services in a residential setting who are in need of more restrictive settings and are at risk of significant functional deterioration if they do not receive these services. The new law establishes eligibility criteria, standards and payment methodology for both nonresidential and residential adult rehabilitation mental health services. Physician services that are not separately billed may be included in the facilities payment rate to the extent the psychiatrist is a member of the treatment team. The commissioner of human services will seek a waiver to allow Medical Assistance to cover medically necessary nonresidential and residential services for adults.

**Children's Mental Health Services.** New law will require mental health screenings for children:

- in need of protective services,
- in out-of-home placement,
- where parental rights have been terminated, or
- found to be delinquent or have committed petty juvenile offenses for the third time.

The legislature also provided new coverage for sub-acute psychiatric care for person under 21 in an accredited psychiatric treatment facility. This assumes a sub-acute children's treatment facility will be built within the Twin Cities metro area. Beginning July 1, 2004, upon federal approval, Medical Assistance will cover children's mental health crisis response and therapeutic services

**MPS Anti Carve-out Legislation.** Legislation jointly sponsored by MPS and the Minnesota Medical Association that would prohibit mental-health and substance abuse carve-outs in Minnesota was not enacted. This controversial bill was opposed by the state's health plans and raised considerable questions about how mental health services are administered under the state's major health plans. The legislation introduced by State Representative Jim Rhodes and State Senator Yvonne Prettner-Solon will be on the agenda for the state legislature next year.

**Fair Contracting Coalition.** A coalition of health care provider groups was seeking legislation that would require health plans to provide greater disclosure and protections to providers entering into network contracts with the state's major health plans. This legislation has been around for a couple of years and made a major advance this session when a compromise was worked out between the Contracting Coalition and the Minnesota Council of Health Plans. However, due to continued opposition from the business community and the governor's office, the bill did not pass. The state's three major health plans have promised to initiate the contracting provisions that were agreed to without legislation.

*Continued on page 12*

## Session Wrap up

*Continued from page 11*

**Adverse Health Care Events Reporting.** This new law replaces the reporting requirements of the Vulnerable Adults Act for hospitals and creates an adverse health care events reporting system that requires the reporting of certain specified events to the commissioner of health. Reportable events include:

- Surgical events. Includes surgery performed on the wrong body part or on the wrong patient, performance of the wrong surgical procedure, retention of a foreign body in a patient after surgery or death during or immediately after surgery in normal, healthy patients undergoing certain localized operations.
- Product or device events. Includes certain deaths or serious disabilities resulting from: contaminated drugs, devices or biologics; improper function of a device; or intravascular air embolism.
- Patient protection events. Includes discharge of an infant to the wrong person, death or disability associated with patient disappearance of more than four hours, and suicide or attempted suicide resulting in disability if due to patient actions while in a facility.
- Case management events. Includes patient death or disability associated with medical error, administration of incompatible blood, labor and delivery in a low-risk pregnancy, hypoglycemia, or failure to treat neonatal hyperbilirubinemia. Also includes stage 3 or 4 ulcers acquired after admission and death or disability from spinal manipulative therapy.
- Environmental events. Includes death or disability from electric shock, burns, falls, or use or lack of restraints or bedrails, as well as any incident in which a line designated for oxygen or other gas contains the wrong gas.
- Criminal events. Includes instances of care provided by someone impersonating a health care provider, abduction of a patient, sexual assault on a patient, or death or injury of a patient or staff member resulting from assault.

Facilities are required to complete a root cause analysis and corrective action plan with regard to each reportable event and file it with the commissioner of health within 60 days. The commissioner must implement an electronic means for filing these reports.

**Conceal-Carry Law.** Minnesota has gone from a "may issue" to a "shall issue" state for the purpose of permits to carry firearms in public. MPS opposed this legislation. Under previous law, a person must demonstrate "an occupation or personal safety hazard" that requires a permit and issuance of a permit was discretionary. Under the new conceal-carry law, a sheriff is required to issue a permit to a person unless the person is disqualified by specific factors spelled out in statute. These disqualifying factors include a person who has been committed as mentally ill, mentally retarded, or mentally ill and dangerous, who has been found incompetent to stand trial or not guilty by reason of mental illness, and who is currently committed as chemically dependent.

*MPS opposed the conceal carry law.*

**Regional Treatment Centers.** The commissioner of human services is finalizing a plan that would provide state operated services (SOS) to be broader than regional treatment centers and that could include the closure and/or downsizing of current regional treatment centers. The plan would emphasize more locally available services in smaller treatment facilities (less than 15 beds) that would qualify for federal reimbursement under Medicaid. In response to the plan that will be presented most likely next year, the state legislature required that the commissioner must get specific legislative authority to close any RTC or state operated nursing home. It also directed the commissioner to apply for a Medicaid waiver to permit federally subsidized Medical Assistance coverage for mental health treatment services located in regional treatment centers with a capacity of more than 15 beds.

*Legislation sponsored by the Mental Health Association was enacted that would prohibit the commitment of an individual who voluntarily participates in treatment for mental illness.*

**Continued on page 18**

# Ad hoc - Congratulations, residents!

## Hennepin-Regions Psychiatry Training Program

**New G1 Residents:**

Aakash Ahuja , MD
Rafiq Aziz, MD
Moeen Bhatti , MD
Mohammad Jafferany, MD
Bryan Schweiters , MD

**New G2 Residents:**

Heidi Iwanski , MD
Inder Raj Grewal, MD

**Chief Residents:**

Christine Stanson, MD 4/1/03 - 8/31/03
Beth Sawinski,MD 9/1/03 - 1/31/04
Shane Wernsing, MD 2/1/04 - 6/30/04
Asst. Chief all year: Heather Berg-Patel, MD :

**Graduates**

Ruzica Vuskovic, MD
Olga Kharitidi, MD
Sheela Singaperumal, MD

## Mayo Graduate School of Medicine

**New Residents:**

Lonnie Andrea Berg, MD
Jeffrey Alexander Bucci, MD
Dionne Annatte Hart, MD
Heather Lynn Jones, MD
Christina Louise Nutter, DO
Joseph James (JJ) Rasimas, MD
William Nicholas (Nick) Rose, MD
Kathryn Marie Schak, MD

**Chief Residents:**

Christopher Sola, MD (June - December 2003)*
Simon Kung, MD (January - June 2004)*
*Share Chief, 6 month each as lead and as assistant.

**Graduates**

Tasbeeh Fatima, MD
Victor Karpyak, MD, PhD
Elliott Lee, MD
Larissa Loukianova, MD, PhD
Jeffrey Watabe, MD
Sencan E Kadaster, MD - CAP Fellowship
Ximena Sanchez-Samper, MD-Addiction Fellowship
Deborah Skuglik, MD - Addiction Fellowship

**Fellowships:**

**Addiction Fellows -**

Larissa Loukianova, MD, PhD
Elliott Lee, MD

**Child and Adolescent Fellows -**

Jyoti Bhagia, MD (Part time at Mayo; part time faculty at Fairmont Mayo Health System)
Emily Rae-Stuart, MD
Svetlana Jevremovic-Simovic, MD

**Mayo Thompson Research Fellows -**

Victor Karpyak, MD, PhD

**Geriatrics Fellows -**

Tasbeeh Fatima, MD

## University of Minnesota

**New Residents:**

Corrina Hartely Letasky, MD (Fam Practice/Psy)
Susan McCarthy, MD
Amelia Merz, MD
Salima Naqvi, MD
Amy Nygaard, MD
Jennifer Roberts, MD

**Chief Resident:**

Megan Shafer, MD

**Graduates:**

Jon Grant, MD
Paul Erickson, MD
Yvonne Sturm,MD
Twila Germanson, MD
Rebecca Rossom, MD - Geriatric Fellow, VAMC
Maria Lapid - Geriatric Fellow, VAMC
Hayden Severin, MD
Louella Simpao, MD

**Fellowships:**

**Geriatric Fellow -**

Faisal Rahman, MD

**Addiction Fellows -**

Lemuel Arriola, MD
Joseph Richmond, MD
Ramon Sanchez, MD

**Research Fellow -**

Eric Brown, MD

**Child and Adolescent Fellows -**

Cynthia Belt, MD
Theresa Lau, MD
Susan Swigart, MD ■

# MPS Mental Health Walk and Forum

by Judith Kashtan, MD
Chair, Public Affairs Committee

In conjunction with our state advocacy coalition, the Educational Network for Mental Illness, MPS sponsored a fund-raising walk for NARSAD on May 3.

This is a yearly event on a Saturday morning in May. We invite all members of the Educational Network (NAMI, Mental Health Association, SAVE, Guild of Catholic Women, Recovery, Inc., Hennepin County Mental Health Advisory Board, and others), clients who are served by local mental health programs and the public.

Psychiatrists spending time and making a difference at the 2003 Walk for Mental Health

This year we supplied t-shirts to the first 350 people who attended the walk. MPS members were given hats to identify themselves as psychiatrists.

The walk began at 11, followed by a bag lunch. This was followed by a forum for state and local politicians to bring access issues to their attention.

We had a great turn-out this year from MPS members. I was particularly gratified to see that, in addition to MPS leaders, who have traditionally attended, this year we also had a number of other MPS members attend. There were psychiatrist from a variety of practice settings at the walk as well as several MIT's and psychiatrists from outside the Metro area.

We had a record number of MPS (17) participate in our event, including (all MD's): Signe and Maurice Dysken, Tonya White, Michael Koch, Yvonne Sturm, Mary Pennington, Galen Stahle, Kevin O'Connor, Karen Dickson, Maureen Hackett, Judith Kashtan, Michael Trangle, Julie Gerndt, Susan Meland, David Cline, Heather Berg-Patel and Christine Stanson.

We also enjoyed having two members of the APA leadership attend. Marcia Goin, MD, our President-Elect and Jim Maier, MD, from the Committee on Public Affairs attended. They were here to participate in an educational meeting and our annual awards banquet the evening before the Walk and graciously agreed to stay on for the walk.

Luckily the weather was sunny and warm. Despite the fact that the meeting room for the forum had been double-booked and malfunctioning of the microphone, the walk and forum were festive and energizing to those who attended.

We would like to get more media coverage of our event in the future. Anyone with expertise, or an interest in this area is invitedto participate. We always need more psychiatrist volunteers! ■

## MPS members support PAC

Recently, MPS President M. Kevin O'Connor, MD appointed a MPS PAC task force to explore the feasibility of forming a PAC. Information was gathered and a task force chaired by MPS President-Elect Karen Dickson, MD was formed. Dominic Sposeto, MPS lobbyist, joined Drs. Scott Crow and Michael Koch to complete the task force. Their recommendation was to poll MPS members to determine member interest in forming and funding a PAC. The results showed a two-thirds majority of MPS member support the idea of a state PAC and would be likely to contribute financially.

Thank you for your responsiveness, MPS members. We will begin the filing, etc.andwill announce the PAC when it is ready to go.

## Uptown Community Clinic sends SOS

For over 30 years Uptown Community Clinic has provided medical and dental health care to uninsured and underinsured individuals only. The agency's client mental health referral path to Hennepin County Medical Center has been significantly cut back due to recent legislative budget cuts, creating a need at UCC for volunteer psychiatrists. Your special expertise in depression drug management is needed to continue services for an increased number of clients whose care requirements exceed the comfort level of many UCC's current Family Practice and Internal Medicine volunteers. Both UCC's clients and volunteers would benefit greatly from having your skills available.

UCC has no paid physicians and client services are kept affordable by the time and skills volunteers contribute. One 3-hour, evening clinic session is scheduled each month according to your availability. To help, call Peg Martin at (612) 374-4089, extension 240. Thank you!

*Area IV ECP Deputy Representative Report*

# Assembly meeting

by Maria Lapid, MD

We recently attended the APA Assembly meeting in San Francisco, during which the Area IV Council, the Early Career Psychiatrists (ECP) Committee, and various other component groups met outside of the plenary sessions. APA issues and action papers were discussed and debated at different levels of the APA Assembly. Mr. Speaker Dr. Albert Gaw conducted the plenary sessions efficiently, despite heated and lengthy debates on three action items proposed by the Task Force on Structure and Function of Assembly.

**Action 1:** Change minimum membership for additional representation to Assembly from 451 to 551. Area IV unanimously opposed this action item. After a lengthy discussion, the Assembly referred it back to Planning Committee.

**Action 2:** Dedicate one plenary session at each Assembly meeting for discussion and working on advocacy issues. Area IV unanimously in favor of this action item, however, the Assembly postponed it for May 2004 Assembly meeting.

**Action 3:** One-year pilot of limitation of action papers to 20 per Assembly meeting, which will be prioritized by area councils, etc, and then referred to the Rules committee who makes the call. Area IV opposed, Assembly voted it down.

Following is a report of selected action papers that passed the Assembly that we thought would be relevant information for ECPs:

- **Action paper** asking the APA to adopt a policy encouraging the federal government to oversee the establishment (and funding) of universal health care access which will improve efficiency while maintaining quality. This should be non-discriminatory against mental illness and chemical dependency. Prevention and early detection should be increased.
- **Action paper** asking the APA to work with the AMA on encouraging the nation's pharmaceutical firms to standardize the patient assistance forms for indigent patients.
- **Action paper** that the Assembly passed which calls for electronic tracking of the members of the APA Board of Trustees voting record on issues of controversy. These would be posted on the Members Only section of the APA website.
- **Action paper** asking the APA to use their publications (ie., Psychiatric Times, etc.) to provide for at least 50 hours of free CME with free credits annually to members as a benefit of being a member. This is hoped to help bolster the declining membership of the APA.

*Continued on page 19*

# AMA elects Dr. Lazarus

The American Medical Association's House of Delegates recently elected APA member, Jeremy Lazarus, MD, as Vice-Speaker. Dr. Lazarus currently serves as Chair of APA's Council on Advocacy and Public Policy, and served as Speaker of the APA Assembly.

We want to recognize our APA AMA Delegation, chaired by Jack McIntyre, MD, the American Academy of Child and Adolescent Psychiatry, and the American Academy of Psychiatry and the Law, who all strongly supported and worked tirelessly on behalf of his candidacy. We must also thank the many psychiatrists in the AMA that advocated for him.

This is an outstanding accomplishment for Dr. Lazarus and all of psychiatry. Please join us in congratulating him on this terrific achievement.

Please note that the AMA press release announcing Jeremy as Vice Speaker of the AMA House of Delegates (HOD) is available online at <www.ama-assn.org/ama/pub/article/1616-7781.html>.

# Online membership directory

APA's "new and improved" Online Membership Directory has been launched for all members to access in the Members Only Corner of the website. The directory listing now includes the member's primary mailing address, phone number, office fax, and e-mail address, as well as member class, member status, number of years of membership and district branch affiliation. APA is offering this new member service to make it easier for members to update their contact information, get in touch with member colleagues, and to make referrals. Notices of the online membership directory have been published in Psychiatric News. Members wishing to edit their contact information or opt-out of the directory (i.e., not wanting to share contact information) can do so through the "My Account" section of the Members Only Corner. Before the launch on June 1, over 320 members had opted-out, limiting the view display on their member records to name, member class, city and state.

### President's letter

*Continued from page 3*

MPS obtained fiscal data from a Florida Psychiatric Society analysis of the cost effectiveness of these newer medications due to savings realized through relapse prevention and reduced hospitalization costs. Other business research clearly demonstrates that quality mental health care is cost effective to employers who are the purchasers of mental health plans, directly improving employee productivity and reducing the cost of employee absenteeism and turnover. Furthermore, less cost shifting occurs in keeping mentally ill patients in the community, and in less restrictive and less costly care settings. By default, if mentally ill patients end up incarcerated, costs skyrocket.

Quality mental health care pays and is sound fiscal policy. This is the message we must deliver to lawmakers and policymakers whenever we can.

APA has improved its website and has an excellent Advocacy Center on its website, replete with talking points and sample letters that can be sent to lawmakers with the click of a finger. E-correspondence will become a powerful advocacy tool and I urge MPS members to regularly use the Advocacy Center on the APA website. I am heartened by the new APA leadership, their integrity, their focus on financial trimming of APA's organization and budget, and their commitment to be a resource and be more user-friendly to district branches.

In the coming year, Will Dikel, MD, and I will continue the new tradition of the joint leadership of MPS President and President-Elect. This seems essential as we are becoming more ambitious in our advocacy efforts and more active on many fronts. Will has written eloquently in the last newsletter of his vision of leadership for MPS. He will focus on contract issues in the upcoming year which will include a speaker at our Fall Meeting, legal consultation, and a possible MPS resolution to MMA to enforce the State's required monitoring and tracking access to mental health care in Minnesota. Also important to enforce is the State's function under law to track healthplans' compliance with their contracts. Christina Rich, the MMA counsel, spoke on contract issues at our July 17 meeting for residents. Many MPS members attended, learned about contracts, and supported the psychiatry residents.

I also hope to propel MPS into addressing changes in governance which will make us more nimble, proactive, effective and efficient. Linda Vukelich and I have labored over a Board Manual to articulate our current governance structures, perhaps the first time we have done this explicitly in written form beyond our bylaws. The Council and committee chairs met June 30 for board building, and worked on an MPS mission statement, as well as delineate our strategic goals and priorities for the next year. MMA CEO, Robert Meiches, MD, generously dedicated his considerable facilitation and organizational skills to this effort, and in this we are fortunate.

Evaluation of our executive director and lobbyist is the fiduciary responsibility of MPS leadership, and we have begun a process of performance review, hopefully to be repeated on a regular basis.

I am promoting the formation of caucuses within MPS to represent correctional, geriatric and academic psychiatry. These caucuses will promote these subgroups shared interests through shared activities and events, as well as advocacy concerns they can channel to the MPS Council and Legislative Committee. To energize MPS advocacy efforts, the Legislative Committee has several new members and will have a co-chair.

In an age of declining professional society membership, MPS enjoys the participation of 80% of Minnesota psychiatrists. With only 25 more new members we can qualify for an additional representative to the APA Assembly, a significant goal to achieve. Our Membership Committee Chair David Cline, MD and new membership co-chair Nancy Raymond, MD, are working diligently on a membership campaign.

Only one-third of Minnesota's psychiatrists belong to MMA, yet our participation in organized medicine is pivotal and essential. I will work to increase psychiatry's presence in MMA. Lee Beecher and I continue to keep a high profile for MPS by serving on the MMA Board of Trustees. Many MPS initiatives have succeeded due to vigorous participation of our delegation to the MMA Annual Meeting of its House of Delegates.

The survey on the advisably and feasibility of MPS forming a Political Action Committee showed a two-thirds majority in favor. Many professional medical societies have found that having a PAC raises the visibility of their issues with lawmakers and policymakers. Our PAC survey predicts generous contributions by MPS members. It turns out that relatively small contributions are allowed under campaign finance laws, but nonetheless having a PAC tends to inspire increased membership advocacy and will help put mental health issues on the radar of our state legislators and other elected officials.

In the meetings of the MPS-MMA Workgroup on Psychiatric Access with health plans, I have become convinced that one of the most fundamental solutions to improving mental health care will come through Medicare reform. Medicare sets the industry standard for reimbursement, yet its reimbursement formulas are

***Continued on page 17***

## President's letter

*Continued from page 16*

deeply flawed and based on billing patterns by physicians in the 1960's. Essentially antiquated, flawed by regional and specialty disparities, Medicare also deeply discriminates against mental health care and in its 50% coverage of mental health visits. In addition, psychiatry is plagued by being assigned low RVU's, which will diminish the effect of any parity legislation, even if the Wellstone Mental Health Equitable Treatment Act achieves federal parity, and even if the Snowe-Kerry bill passes to end the 50% disparity of Medicare payment for mental health.

MPS leadership will continue to press for meetings with our two senators and our congressional delegation. Betty McCollum will meet with MPS leadership this summer, and some of us attending the APA Assembly meeting in Washington DC this fall hope to meet with Senators Dayton and Coleman. Medicare reform and federal funding of state Medicaid (in Minnesota it is Medical Assistance) programs is essential to fixing the broken mental health system.

So, we sit at the crossroads of a confluence of a year's hard work in meetings with political leaders and policymakers, our legislative initiatives, the MMA-MPS Workgroup on Psychiatric Shortages and Access, and our public affairs successes. These efforts will continue. "All politics is local" and MPS can find increasingly creative ways to use APA's resources, partner and collaborate with NAMI, SAVE and other mental health groups, and partner with the MMA, all of which will be critical in reaching our advocacy goals on behalf of patients with mental illness and behalf of psychiatrists in the trenches of an ailing mental health system. ■

**Thank you,**

**Nystrom and Associates, Ltd.**

*for supporting the*

*MPS Membership Drive*

*by providing complimentary space,*

*phones and long distance for our*

*calling campaign!*

## Judy Kashtan

*Continued from page 1*

at Brown), Paula (18 and starting at Northwestern University in the fall) and Sarah, 15, a student at St. Louis Park High School.

Still, she has made the time to serve MPS as President in 1996-97, ethics committee member, chair and founder of the MPS Committee on Women and Council member. Dr.Kashtan currently serves on the Council as Assembly Representative and chairs the Public Affairs Committee. MPS President Karen Dickson, MD notes, "Judy always has done a beautiful job doing both private practice and service to MPS. On behalf of MPS, she has put our best foot forward in the mental health advocacy community." According to 2002 MPS Community Service Award winner and member of the Education Network, Teresa Carufel, Judy "offers us a fresh perspective on what a psychiatrist is *really* like. She is approachable, possesses a great sense of humor and exemplifies a person who cares." Ms. Carufel adds, "She is a devoted and knowledgeable advocate and a real crusader when it comes to better and more effective mental health treatment."

For the past few years Dr. Kashtan has represented the MPS nationally as our Area IV and Assembly Representative. Area IV Representative to the Assembly Executive Committee, Ronald Burd, MD reminds us that Minnesota and Judith Kashtan are well regarded nationally. He comments, "MPS has been well served in Area 4 Council by Dr Kashtan's presence. Her energy and enthusiasm have been a great asset to Area IV, especially in the area of Public Affairs. Judith's presence and work with Public Affairs are a key component in Area IV serving as a model for other Area Councils in communication between the District Branch and the central APA."

A standout in the Assembly, Dr. Kashtan has been appointed to serve as the Area IV Public Affairs Representative and serves on the APA Committee on Public Affairs as well as the APA Finance and Budget Committee. Jack Bonner, MD, Chair of the APA Finance and Budget Committee appreciates Dr. Kashtan's contributions on his committee. "She puts extraordinary effort into reviewing the finances of the Association and she participates in developing recommendations to best align organizational resources to support our priorities," notes Dr. Bonner. "She brings a frontline perspective to the task and she thoughtfully helps shape the committee's product."

Dr. Judith Kashtan richly deserves our recognition and this year's award. Congratulations, and thank you, Dr. Kashtan. ■

## Legislative wrap-up

*Continued from page 12*

**Voluntary Treatment and Civil Commitment.** Legislation sponsored by the Mental Health Association was enacted that would prohibit the commitment of an individual who voluntarily participates in treatment for mental illness. A person cannot be committed if they have given informed consent, or if lacking capacity, a legally valid substitute consent has been given and they are participating in a medically appropriate course of treatment, including clinically appropriate use of neuroleptic medication and electroconvulsive therapy. A person in voluntary treatment could be committed if the court finds that it is unlikely the person will remain in and cooperate with an appropriate course of treatment.

**Seventy-two Hour Holds.** The commitment legislation mentioned above also contained language relating to 72-hour holds. It states a person must be released within 72 hours unless a court order to hold the person beyond that period is obtained. Consecutive emergency holds are prohibited.

The legislature also changed the definition of who can recommend a 72-hour hold for a mentally ill person to include a registered nurse who works in hospital emergency room. Rural hospitals indicated a problem locating a "health officer" to make the recommendation. Another piece of legislation sponsored by physician assistants would allow a similar decision to be made by the designee of the facility's medical officer. This designee could be a physician, a registered physician assistant or an advanced practice nurse who is knowledgeable, trained and practicing in the diagnosis and treatment of mental illness.

**Professional Counselors Licensure.** After several attempts, including passage of a bill by the legislature that was then vetoed by the governor four years ago, professional counselors finally gained legislation to require their licensure in Minnesota. The legislature created a Board of Behavioral Health and Therapy. The regulation of unlicensed mental health professions will be moved to this board beginning June 1, 2005. The new board on behavioral health and therapy must consult with the board of marriage and family therapy and develop recommendations for merging these two boards into one. MPS did not oppose this legislation once language was added to the bill that requires professional counselors who hold themselves out as mental health counselors to meet the current state requirements for mental health professionals (Chapter 245.462 subdivision 18.)

**Institutions for Mental Diseases**. Beginning October 1, 2003, persons eligible for medical assistance who are residents of an institution for mental diseases will be

***Continued on page 19***


# BEFORE YOU SIGN...

If you are purchasing insurance for the first time or have a policy with another carrier, you may be surprised to find that not all policies offer the comprehensive protection you need in today's environment. Unlike most professional liability insurance programs, we have only one focus: psychiatry. We tailor our policy and services to meet your needs. Our staff of psychiatric professional liability specialists provides personal service and expertise...you will not have to explain psychiatric terminology to us.

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## 2003 Legislative wrap-Up

*Continued from page 18*

able to receive medical assistance reimbursement for covered services. Coverage will not include payment to a nursing facility that may qualify as an institution for mental disease.

**Optometrists Gain Prescription Authority.** Optometrist can already prescribe and administer topical medications. Under legislation enacted this session, optometrists will be able to prescribe some oral medications as well. In an agreement with ophthalmology and the state medical association, the scope of optometric prescribing will be limited. They are not authorized to prescribe any schedule II or III oral legend drugs or oral steroids, antivirals for more than 10 days or carbonic anhydrase inhibitors for more than five days. The bill also prohibits the administration of legend drugs intravenously, intramuscularly or by injection. At the request of ophthalmology, the bill prohibits optometrists from performing any invasive surgery to include lasers.

**Smoking Prohibition Expanded.** At the urging of MPS member Dr. Maureen Hackett, the legislature enacted language that repeals the current exemption from the clean indoor act that allows smoking in chemical dependency and mental health treatment programs in hospitals. Effective January 1, 2004, smoking will be prohibited in these hospital units. As of January 1, 2004, the possession or use of tobacco or tobacco related devices (cigarette papers or pipes) will be prohibited in or on the grounds of a state regional treatment center, the Minnesota Security Hospital or sex offender program. This new law applies to patients, staff, and also guests. ■

## 2003 Legislative Wrap-Up

*Continued from page 15*

• **Action paper** asking the APA to more proactively support local DBs in the fight against psychologist's prescribing.

There were a lot of other action papers and proposals not mentioned in this report.

Throughout the Assembly meeting, Area IV Council met at designated times and discussed action papers, heard reports from local DBs, and listened to candidates for APA speaker-elect and recorder. (Election Results: Speaker-elect - Jim Nininger, MD, Recorder - Joe Rubin, MD) Due to scheduling conflicts, a summer meeting was voted down.

As for the ECP Committee meetings, I have outlined the important points we discussed:

- ECP Reps were assigned to various Assembly committees.
- Successful ECP activities in California and New York were reported, such as 1) MIT participation in their local DB, 2) outreach to graduates from all training programs in the area, 3) provision of rotating programs including board preparation, financial planning, residency issues, balancing career and family/lifestyle, 4) advocacy training, 5) job fair. Areas IV and VII reported difficulties in recruiting local ECP Representatives, as a number of DBs have no existing ECP committees. ■

Mark your calendar!

MPS Winter Meeting

November 21-22

**Psychiatrists**

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**July 23rd, 2003** pre-register by July 9
**Aug. 20, 2003** pre-register by Aug 6

Session 1@ 8:30 a.m. & Session 2@ 1:30 p.m.
Check in begins 30 minutes prior to seminar

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# Calendar

| | |
|---|---|
| **August 4-8** | *Psychiatric Genomics: Applications for Clinical Practic*e. Mayo Clinic, Rochester, MN. |
| **September 24-26** | Minnesota Association of Community Mental Health Centers Annual Conference, Maddens gull Lake, Brainerd, MN. For more information, call Melissa Henderson at (651) 642-1903. |
| **October 5-11** | Mental Illness Awareness Week. To get involved, call MPS at (651) 407-1873. |
| **October 9** | National Depression Screening Day. To volunteer, call MPS at (651) 407-1873. |
| **October 16-19** | American Academy of Psychiatry and the Law, San Antonio, TX. |
| **Oct 29 - Nov 2** | APA Institute on Psychiaric Services, Boston Marriott Copley Place, Boston, MA |
| **November 6-8** | Group for the Advancement of Psychiatry, Renaissance Westchester Hotel, White Plains, NY. |
| **November 21-22** | MPS Winter Meetings. |

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