

Ideas

o f r e f e r e n c e



Galen Stahle, MD honored as Private Practitioner of the Year

By Floyd Anderson, MD, Chair, Private Practice Committee



Galen Stahle, MD

The Private Practitioner of the Year Award was established over 15 years ago by the APA in order to recognize that part of our ranks who have paid full dues and worked at least 10 years in the private practice of psychiatry. Selection requires excellence in clinic work quality, commu-

nity activity, district branch activities, and working with other mental health organizations. Galen Stahle, MD received the award at the MPS Recognition Dinner in May.

Dr. Stahle was raised down river in the Iowa Mississippi Valley and was trained at the University of Iowa. His internship and residency were at the University of Miami, where he did research on the runaway reaction and hyperactivity in the developmentally disabled. After a 4-year personal analysis and private practice in Miami, he discovered Minnesota in 1978 and has maintained his private practice here ever since.

Although he is an expert in anxiety disorders, his clinical experience is broad—probate court, Hennepin County work, 20 years at the Masonic Home. He still consults at Way 12 and since 1986 he has worked general psychiatry in Morris. He flies there in his plane! All along he has taught students, residents and all of us. He now heads the U of M Clinical Faculty Advisory Committee and is helping get our fledgling PAC going. Before that he chaired our Scientific Program Committee for four years.

Dr. Stahle served as MPS President in 1999–2000,

but did you know he coached Little League baseball and basketball for many years? And he has done his part by sharing with continuing education classes, senior citizen groups, and high school students. He is our representative to the National Depression Screening Day State Committee. He supports the Anxiety Disorders Association of America and the Association for the Advancement of Behavioral Therapy as well.

But these contributions and achievements are not the primary reason that his name is on the Minnesota-shaped plaque this year. As a member of our Legislative and Private Practice Committees, and as our president at a crucial point for Minnesota psychiatry, this doctor enabled us to stop the erosion in our economic and political influence. He was able to eloquently symbolize our mission in words, in the newspapers, his presidential correspondence, and in the Attorney General's office. It is very hard to argue with him, as the sentences he creates can be quite compelling. Dr. Stahle speaks carefully and forcefully, and his reach exceeds his grasp, as it probably should. We are well advised to reach in the same direction as he. ■

APA Honors David Cline, MD

Reprinted from *Psychiatric News*, June 18, 2004

APA's Committee on Medical Student Education recently announced the recipients of the 12th Annual Nancy C.A. Roeske, MD, Certificate of Recognition for Excellence in Medical Student Education.

The winners were honored at the Luncheon for residents, medical students, and educators at APA's 2004 annual meeting in New York in May.

Continued on page 13

Summer 2004

Volume XXXVIII

Ideas of Reference

is the newsletter of

the Minnesota

Psychiatric Society, a

district branch of the

American Psychiatric

Association.

Inside

President's letter 3

MPS news 4

Members on the go! 4

Legislative report 5

Photo Journal 6

Feature 8

Minnesota news 11

APA news 12



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.

Ideas of Reference accepts advertising. Rates follow:

Display ad	1 Issue	2 Issues	4 Issues
Full Page	\$450	\$350	\$300
1/2 page	300	250	200
1/4 page	200	150	125
1/8 page	100	85	75

Classified Rates: 25 words or less for \$40 with each additional word at \$0.25

All advertising copy must be in black and white and is subject to approval by the Editor/Newsletter Committee.

Meetings and events may be listed on the Calendar of Events free of charge.

Ideas of Reference has a quarterly circulation of 500.

Deadlines are the 15th of the month prior to publication.

Ideas of Reference

Minnesota Psychiatric Society

4707 Highway 61, #232

St. Paul, MN 55110-3227

Phone: (651) 407-1873, fax (651) 407-1754

www.mnpsychsoc.org

Editors

Eric Brown, MD

Ronald Groat, MD

Managing Editor

Linda Vukelich

Executive Council Officers

Will Dikel, MD

President

Eric Larson, MD

President-elect

Karen Dickson, MD

Past President

William Clapp, MD

Secretary / Treasurer

Judith Kashtan, MD

APA Representative

Michael Koch, MD

APA Dep. Representative

Councilors

Jeff Hardwig, MD

George Realmuto, MD

John Simon, MD

Read Sulik, MD

Executive Director

Linda Vukelich

Legislative Affairs

Dominic Sposeto

Constitutional Committees

Maurice Dysken, MD

Constitution/Bylaws

James Jordan, MD

Ethics

Nancy Raymond, MD

Membership/Fellowship

Karen Dickson, MD

Nominating

Tracy Tomac, MD

Program

Standing Committees

Jonathan Uecker, MD

Legislative

William Clapp, MD

Peter Miller, MD

Greater Minnesota

Kasia Litak, MD

Women Psychiatrists

Judith Kashtan, MD

Public Affairs

Floyd Anderson, MD

Private Practice

Maurice Dysken, MD

Awards/Research

Maria Lapid, MD

Early Career Psychia-

trists

Maria Lapid, MD

William Orr, MD

Geriatric Caucus

Editor's comments: "ALL NET"

Each year I go fishing with my little friends. For almost 20 years I have spent part of the summer with Dr.'s Callahan, Anderson Wittkopp, Holub, and others (I only noted the ones you probably know, but suffice it to say, they are all memorable in their own way).

So this year as soon as we get unpacked in the Canadian camp we were flown into, Dr. Holub and I leave the dock to get the fishing started. We quickly realized we didn't have a net, but looked at each other and figured we wouldn't need it. As things go, the third fish we get is a 32-inch walleye, a personal record. And no net. So, Mark looks at me, and simply bends over the boat and grabs the large fish with his hands. Worked fine. A little unorthodox, and some may say, inefficient. He did have a digital camera, took a fine picture and we returned the old mother back to the lake.

I just had to get my story in. Now for yours.

The Minnesota Psychiatric Society is looking for "net" efficiencies. We have had a website for some time. We email each other, especially within committees, and have started to use a new list serve, to facilitate conversation and sharing of ideas between members. The initial use upset or frightened a few of us who didn't know who was posing what questions for what purpose. Past MPS President Dickson made good use of a monthly bulletin, which she started during her term. There is a regular legislative update from our lobbyist, Dominic Sposeto and you can receive the Quarterly issues of *Ideas of Reference*.

What if we could save postage and paper on this quarterly publication for most of our members? That would amount to about \$8,000 annually that could be spent elsewhere. What if we could promote our meetings and CME opportunities efficiently on the internet? Or have enough attention to announcements that this became an effective organizing tool? Would this be helpful to our members who support the PAC?

MPS is progressing in our use of the internet, but there are many other options for us to explore. Some of us already have computerized patient records (and many probably consider it); most of us have and use our email, and shop over the internet. If you would prefer to receive your *Ideas of Reference* online only, let us know (the phone number is on page 2). If you have reactions and suggestions to the MPS efforts over the "net", send us an email (the address is on page 2). If you have some development ideas, let us know.

We'll keep you apprised of the process on the net (and in print, for the time being).

Additional note-a special "thank you" to Dr. Benita

Continued on Page 14

The Minnesota Psychiatric Society needs your help



by Will Dikel, MD
MPS President

The primary mission of MPS is to support our patients, and secondly, to support the needs of MPS members so that we can provide the highest

quality of services in the best possible work environments. Access is a major problem, and the shortage of psychiatrists is inextricably intertwined with the issue of poor reimbursement for our services and increasing pressures to see more patients in less time.

Many psychiatrists are unaware that Minnesota has statutes and rules that gives us the right to define our own medical necessity criteria that must then be used by the health plans, that require health plans to use APA / AACAP criteria for hospital admissions, and that require HMOs to assure that there are adequate numbers of psychiatrists hired to provide timely and geographically accessible psychiatric services. MPS is working to assure that these statutes and rules are enforced.

MPS members are involved in a number of crucial areas. Our ex-president, Karen Dickson, remains a positive force with MMA and is one of the two psychiatrists (with Paul Goering) on the Mental Health Action Group (MHAG) steering committee. We have psychiatrists on all of the action groups as well. MPS will continue to provide updates to you through email and through this newsletter about our task forces, committee activities, and other efforts. My goal is to continue to carry the momentum created by previous MPS presidents and council members, and to ask for help from all of you in carrying these issues to completion. In order to address these issues, I have initiated new task forces and committees:

Medical Necessity Task Force

Research indicates that mental health parity laws do not improve access to mental health care, as care tends to be limited by health plan medical necessity determinations. Minnesota differs from other states in that we have a statute (62Q.53) that defines health plans' medical necessity criteria as the criteria that reflect those of the providers in the field. Statute 253.B requires inpatient hospital admission criteria to be consistent with APA and AACAP criteria. (Did you

know that APA criteria for admission include this one: "There is an active psychiatric disorder that can either be more efficiently treated or treated to more rapidly decrease the patient's suffering"? How many of us have attempted to admit these types of patients in the last few years?) Floyd Anderson is leading an MPS task force that is reviewing the medical necessity criteria used by the health plans for inpatient admission, continued inpatient stay and outpatient treatment. If the criteria do not reflect APA and MPS standards, we will act to resolve this issue. (Hint: they do not).

MPS Integrated Care Task Force

Roger Kathol is leading an action-oriented task force that is creating a model of integrated psychiatric and primary care services. Pilot projects are being chosen, and health plan negotiations are underway. This project will have additional benefits of discouraging mental health "carveouts", and of building bridges with our medical colleagues that will provide a strong defense against psychologist prescribing, should that issue ever come to Minnesota.

Reimbursement Committee

Rick Larson's Psychiatry Access Task Force identified reimbursement as a primary factor in the shortage of psychiatrists in Minnesota. We are forming a committee to assist MPS members in address this issue, both individually and collectively. The committee will examine the financial, legal, political and clinical issues involved, will assist MPS in addressing the issues through legislative and other public methods, and will be an educational resource to MPS members.

The committee will focus on effective contract negotiation, avoiding legal pitfalls (e.g. the notorious indemnification clauses), model contracts, group negotiating entities that increase leverage for adequate reimbursement, and lobbying the state and the health plans for reimbursement that reflects psychiatrists' expertise and value to the health care system. We are looking for a chair and interested members for this committee, so sign up!

Education Committee

Member education is one of the goals of MPS, and

Continued on page 14





Council highlights

Highlights and Actions from the May and July, 2004 Council Meetings

**May 22, 2004, 7:00 AM
Marriott Airport, Bloomington, MN**

President's Report—Karen Dickson, MD reported that the Correctional Caucus is working on a white paper and that a proposal is in the works to replace Correctional Medical Services with supervised U of M resident care in the corrections system. She also distributed a report on MPS initiatives that listed MPS representatives on the new Mental Health Action Groups. Dr. Dickson serves on the Steering Committee. MPS leadership will also plan to meet with Commissioner Goodno. Dr. Dickson reviewed a draft flyer including a letter and a petition opposing raiding the fund for general budget expenses. **Action:** The flyer was approved for distribution. John Simon has been appointed to the Department of Human Services Drug Formulary Committee, replacing Dr. Kevin O'Connor who recently moved to New Jersey. Dr. Dickson announced that Jeff Hardwig has agreed to serve as Program Committee Co-chair with Tracy Tomac, MD. A Public Affairs Co-chair is still needed to serve with Judith Kashtan, MD.

Executive Director's Report—Linda Vukelich reminded everyone about the January 28, 2005 Joint Educational Meeting with Psychologists and asked everyone to plan to attend.

APA Medical Director's Report—Dr. Scully reported on the state of the APA. He announced that the budget was in good shape for 2004, especially since the successful Annual Meeting, with a \$3 million plus surplus. The association management technology system is being rolled out over the next year. The vision is being actuated with a ways and means approach and the Board of Trustees is reviewing the overall strategy on scope of practice with serious challenges on the horizon in California where four psychologists were recently elected. Dr. Scully discussed the issue of psychologists prescribing with details about coalition building initiatives with other specialties and the AMA. Another avenue could be litigation. He noted that no psychologist has prescribed yet. Dr. Uecker suggested that instead of fighting this on a state-by-state basis, the APA approach it on a national level from the point of who can get a DEA certificate.

Legislative Committee Report—Mike Koch, MD reviewed the report, summarizing the session and noting that the governor could call a special session later this summer. Dr. Realmuto announced that a federal bill (Bingham/Kennedy) is being considered that would address psychiatric workforce shortages by providing loan repayment and training and that neither of our senators has agreed to support. **Action:** Dr. Realmuto will draft a letter supporting the bill to be mailed to Senators Dayton and Coleman.

President Elect Report—Will Dikel, MD shared the Council's respect and admiration for Dr. Dickson's dedication and hard work, which has resulted in tremendous energy and enthusiasm being generated in the MPS organization. He discussed his plans for the upcoming year. He plans to initiate two task forces to oversee ongoing projects. The Reimbursement Task Force will take Dr. Larson's Access/Reimbursement task force's conclusions to the next step- to address methods of improving reimbursement and work conditions for psychiatrists in order to make the practice of psychiatry more attractive to potential psychiatric residents and to psychiatrists who may consider moving to Minnesota. This task force will provide oversight to a variety of interconnected issues including contract language, model contracts, contracting entities, group negotiation possibilities, standards of practice, etc. The Education Task Force will oversee educational activities which are a major priority for the organization, including our informational newsletter, scientific programs, mock boards, etc. The task force will coordinate these activities, seek input from members regarding other potential educational activities, and work to expand these services for MPS members. ■

Saturday, July 10, 2004, Minneapolis, MN

President's Report—Will Dikel, MD reviewed the mission and suggested organizing the workplan around the mission to ensure its focus. Therefore, two task forces will be structured to oversee activities and initiatives under each umbrella. Reimbursement Task Force will oversee MPS activities that relate to reimbursement including contracting, group negotiations and access issues. It will also oversee the Integrated Care Task Force ably chaired by Roger Kathol. Drs. Reid Sulik, Rick Larson and Deane Manolis will explore and develop strategies for the Task Force. The Education Task Force will oversee Mock Boards and Board Review Course, newsletter, educational programs, research, residency programs.

Members on the go!

Reinstated GM: Helen Kim, MD

Transfer In: Michael Messer, MD (GM from WI)

2004 Legislative Session wrap-up

By Dominic Sposeto, MPS Lobbyist

The 2004 session of the state legislature came to a relatively calm and uneventful ending on Sunday, May 20th, just a day before the adjournment date required by our constitution. It was a very acrimonious session. The Republican controlled House and the Democratic controlled Senate seemed more interested in the next election than solving our state's fiscal problems. They couldn't even reach agreement on appointing conference committees, let alone addressing their differing positions on the state budget. The session ended with each side blaming the other and with more finger pointing than productive legislation.

The Legislature and the Governor were unable to reach agreement on a supplemental budget bill to address our \$165 million projected budget shortfall. Despite the fact that this projected budget deficit seemed very manageable given the \$4.2 billion shortfall the legislature faced had last year, legislators could not reach consensus on a budget solution. Governor Pawlenty must now consider calling the legislature back into a special session to balance the state budget or attempt to address the budget deficit through administrative action.

The Governor has already announced administrative action to balance part of the deficit. He will withhold \$110 million in federal money, which was to be deposited into the Health Care Access Fund to guard against future fund shortfalls. Since the MinnesotaCare provider tax was raised from 1.5 percent to 2 percent in January, the fund has run a surplus and the Governor believes the current funding is sufficient for this biennium without the additional federal funding. However, raiding this federal funding is projected to cause a \$12 million deficit in this fund by 2007. Next year's legislature will be called upon to fix this problem.

After three years of debate and controversy, the state legislature passed the bill sponsored by the Fair Health Provider Contracting Coalition, a group of 22 health care provider organizations of which MPS is an active member. The Contracting Coalition's bill requires health plans to disclose certain contract provisions and gives providers greater protection when contracting with health plans. The "Minnesota Health Plan Contracting Act" requires health plans to provide complete copies of proposed contracts to providers and requires any changes to existing

contracts to be disclosed at least 90 days before their effective date. Disclosure must include a method or process that allows the provider to determine the total expected payment amounts they will receive for health care services. Providers may terminate the

After three years of debate and controversy, the state legislature passed the bill sponsored by the Fair Health Provider Contracting Coalition, a group of 22 health care provider organizations of which MPS is an active member.

contract before the changes become effective. Health plans must give written notice to providers if they terminate or fail to renew a provider contract. This notice must be given 120 days before it is effective and include the reason or reasons for the health plan's action. Under the "Minnesota Health Plan Contracting Act", health insurers would be prohibited from changing procedure/service codes submitted by a provider. Health plans would be required to pay all "clean claims" with 30 calendar days of their receipt. If a claim is not paid promptly, the health plan must pay interest on the unpaid claim. Interest may be paid to providers quarterly.

The Governor signed the bill into law over the Memorial Day weekend. An unsuccessful effort to have the bill vetoed was made by the Minnesota Chamber of Commerce which has consistently opposed the contracting coalition's efforts. Most of the Minnesota Health Plan Contracting Act is effective for contacts issued, renewed or amended on or after July 1, 2006. The prompt payment provisions are effective January 1, 2005.

Health care cost containment was another major issue of debate at the capitol but again this issue seemed more about politics than solutions. Both the House Republicans and the Senate Democrats had very different proposals. The House wanted to create more competition in health insurance by placing a moratorium on new mandates, authorizing for-profit health maintenance organizations and allowing indemnity insurers to sell minimum benefit policies. The House also hoped to reduce health care inflation

Continued on page 13





MPS Spring Meetings - a Pictorial

Photos by Deane Manolis, MD



Assembly Rep. Judith Kasthan, MD and MPS President-elect Eric Larson, MD compare notes.



2004 Private Practitioner of the Year Galen Stahle, MD was joined by his family for the award presentation.



The Faithways Board congratulated 2004 Paul Wellstone Award winner, Mary Jean Babcock.



2004 Distinguished Fellow Suzanne Albrecht, MD and husband, Steve Redding.



David Cline, MD was honored for his APA award. (page 1)



Jay Scully, MD and Jim Swenson, MD discussed the important topics of the day.



Jeff Hardwig, MD and his wife, Mary Kay talk with Distinguished Service Award winner Mike Koch, MD.



Gloria Segal Award winner Kelsey Carignan displays her plaque.



2004 Private Practitioners of the Year Galen Stahle, MD poses with previous award winners.



APA Medical Director Jay Scully, MD discusses leadership issues with MPS Past President Karen Dickson, MD.



MPS Program committee member Annette Smick, MD chats with Fred Wilson, MD.

Mary Helen Pennington, MD and Sonja Williams, MD take a break during the scientific sessions.



Donald and Betty Mayberg (front) join David and Wanda Cline to celebrate.

Geeta Dash, MD joins her husband MPS President-elect Eric Larson, MD in conversation with MPS Past President Karen Dickson, MD.





Judith Kashtan, MD presents the 2004 Paul Wellstone Award to Mary Jean Babcock.



We don't know who took this photo of Drs. Bob Wasson, Jim Swenson and our photographer, Dr. Deane Manolis!



Dr. James H. Skully, Jr., MD gave the keynote presentation, "the APA: An Organization with a Mission."



Karen Dickson, MD joins Private Practice Committee Chair Floyd Anderson, MD to present the 2004 Private Practitioner of the year Award to Galen Stahle, MD.

Private Practitioner of the Year
GALEN STAHL, MD
 Distinguished Service
MICHAEL KOCH, MD
 Gloria Segal Winners
KELSEY CARIGNAN
SANDRA J. RACKLEY
 Excellence in Media
MINNESOTA PUBLIC RADIO
 Paul Wellstone Advocacy Award
MARY JEAN BABCOCK



Karen Dickson, MD presented the Distinguished Service Award to Mike Koch, MD.



2004 Distinguished Service Award winner, Mike Koch reads a favorite (and delightful) poem.

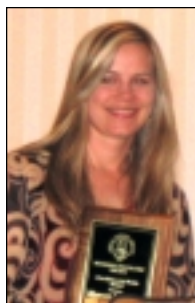


Jay Scully, MD talked with MPS President Will Dikel, MD and Phillip Edwardson, MD.



Karen Dickson, MD recapped a very active year.

Minnesota Public Radio Reporter Lorna Benson accepted MPR's 2004 Excellence in Media Award.



Eric Brown, MD (left) joined Gloria Segal Award winner Kelsey Carignan and her guest, Mark Carignan.



Drs. Kurt Fox, Bob Baumer, Janet Zander and Karen Ta catch up during a break.

Drs. Eric Larson, Maureen Hackett, Geeta Dash and Charles Shulz enjoyed the Recognition Dinner.



Plan to attend!

MPS FALL MEETINGS
October 29-30 on the St. Croix River in Stillwater

MPS news



MPS Members achieve Distinguished Fellow status

Suzanne Albrecht, MD



Suzanne Albrecht, MD is from a family of physicians in Detroit, Michigan. Her father was active in organized medicine and paved the way for four of his seven children to become physicians. Dr. Albrecht graduated from Wayne State University and completed her residency in psychiatry at the

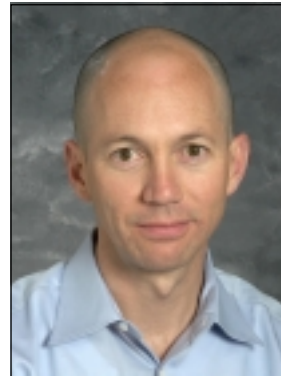
University of Minnesota Hospitals. She did further training in psychoanalysis at the Chicago Institute for Psychoanalysis and the Minnesota School for Contemporary Psychoanalytic Studies. Shortly after her training ended, Dr. Albrecht became the proud mother of two boys. While her children were young she worked part time in private practice and also gave of her time to medical organizations. She served as chair of the Medical Student Committee for Minnesota Women Physician which matched medical students with women physicians for mentoring. For many years, Dr. Albrecht gave an annual lecture at the Medical School entitled "Top Ten Ways to Survive Medical School." She later became President of Minnesota Women Physicians and President of the State Womens' Medical Foundation.

She has currently developed her private practice in Edina around the treatment of anxiety and depression, with an interest in chemical dependency building on her experience as a consulting psychiatrist at the Hazelden Center for Youth and Families.

In 2002 Dr. Albrecht served as the MPS representative at the annual MMA meeting. She authored and successfully passed a resolution, which opposed psychologist prescribing and affirmed the important role of primary care physicians in the diagnosis and treatment of psychiatric illness. Currently, she is a member of the Private Practice Committee of the MPS. Dr. Albrecht is excited about her current project to support primary care physicians' treatment of mental illness. She has partnered with GlaxoSmith Kline to teach physicians around the country the latest advances in neuroscience and the genetics of mental illness along with the practical approach of a clinical psychiatrist to a patient, including medication, therapy, and lifestyle assessment.

Now that her boys are grown (by their account), Dr. Albrecht and her husband Steve Redding have time to enjoy boating, bicycling and traveling and look forward to plans for spending time living on a boat while touring the Great Lakes, in future summers.

Paul Goering, MD



Dr. Goering is a native of central Minnesota who graduated from the University of Minnesota Medical School in 1988. After completing his transitional internship and psychiatric residency at Naval Hospital, San Diego, he returned to Minnesota. He accepted a position with Allina Hospitals and Clinics at

United Hospital in St. Paul, where he has practiced since that time. Currently he is Medical Director of Psychiatry at United. The services there include adult, geriatric, and adolescent inpatient, partial hospitalization, consultation liaison, outpatient clinic, and crisis services. Currently, he serves as the chair for the Allina Behavioral Health Leadership Team, and as a steering committee member for the Minnesota Mental Health Action Group. His focus is to assure community centered access to mental health care that is integrated into the overall medical care of patients.

MPS FALL MEETINGS

October 29-30

On the St. Croix River in Stillwater

Catch and savor the final fall colors with colleagues. Join us for timely professional and scientific presentations at the Water Street Inn on the St. Croix River in beautiful Stillwater. Presentations on SSRIs and Suicide, Interpersonal Reconstructive Psychotherapy, Cultural Assessment for Clinical Success, and Peripartum are planned. Join us!

Congratulations, new Distinguished Fellows!



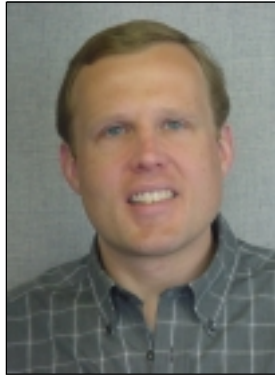
Eric W. Larson, MD

It is an honor to be a Distinguished Fellow. A lot of people needed to write lengthy letters of support for this to happen, and I appreciate their time and kind thoughts.

A brief bio: I have a private practice in the metro area, and am a clinical teacher at the University of Minnesota. My wife and two children are the joys of my life. My hobby is playing saxophone and percussion, and singing, with a church group called the Pew Boys. My conga drum style is Early Bass Drum, and my saxophone playing becomes more amateur every year. However, I will continue to play until the Board of Saxophone Examiners silences me for flagrant violations of the Rules of Harmony.

Editor's note- Dr. Larson is the President-elect of the MPS. All appears to be in perfect harmony.

Doug Nemecek, MD



Dr. Doug Nemecek earned his medical degree from Washington University in St. Louis in 1989, and stayed there to complete his psychiatry residency in 1993. He moved to Eden Prairie following his residency, and started work in group practice with the Minneapolis Psychiatric Institute, based at Abbott

Northwestern Hospital. Over the next 9 years, his clinical practice involved inpatient work at ANW, as well as an outpatient practice, and work with the Chemical Dependency program at Unity Hospital and consultation with Mercy/Unity Counseling Center and Pyramid Mental Health Center.

When Allina was formed, the Minneapolis Psychiatric Institute was incorporated into Allina Behavioral Health Services, and from 2000 – 2002, Dr. Nemecek served as the Executive Medical Director for the Allina BHS clinics and inpatient psychiatric services. In 2002, he joined CIGNA Behavioral Health, as an Associate Medical Director. He is actively involved with the After Hours program based in Eden Prairie, as well as spending time with CBH Regional Care Centers around the country. In his spare time, he enjoys time with his wife and children at school, cub scouts, and Timberwolves games. ■

Women's Mental Health Across the Lifespan

Fifth Annual Psychiatry Review
September 27-28, 2004

Sheraton Bloomington Hotel (Radisson South)
7800 Normandale Boulevard, Bloomington
Telephone: 952-835-7800. Visit the CME website for conference updates: <www.cme.umn.edu>

The U of M Department of Psychiatry, in collaboration with the U of M National Center of Excellence in Women's Health and Hennepin County Medical Center Women's Mental Health Program, present its fifth annual course.

The Center is dedicated to advancing the health and wellness of all Minnesota women in the US. The Center will accomplish its mission by: (1) providing comprehensive clinical care for women, (2) educating current and future health professionals and the community on women's health issues, (3) advancing women's health through innovative research and disseminating the findings to professionals and the community. ■

New discounts for MITs!

In response to the very popular Sunrise Special Sale at APA's annual meeting for members-in-training (MITs), American Psychiatric Publishing, Inc. (APPI) is now extending those sale prices year-round. Thus, MITs are now eligible to receive a 25% discount when they purchase books and journals from the APPI web site at <www.appi.org>. When ordering, they should use PRIORITY CODE APAWEB3.

*Tell a colleague about
MPS. They'll be glad you
did!*



Ad hoc - Congratulations, residents!

Hennepin-Regions Psychiatry Training Program

New Residents:

Michael Anikeev, MD
Malini Nair, MD
Christina Frazel, MD
Nadeem Bhatti, MD
Shabeer Ahmed, MD
Arshi Muhammad, MD

Graduates

Christine Stanson, MD
Elizabeth (Beth) Sawinski, MD
Shane Wernsing, MD
Alex Solovey, MD
Eduardo Trinidad, MD (September)

Mayo Graduate School of Medicine

New Residents:

Kelly Barringer, MD
Angela DeMarco, MD
Sara Junaid, MBBCh
Elisa Moreno, MBBS
Candace Lyn Perry, MD
Sandra Rackley, MD
Gen Shinozaki, MD
Ranji Varghese, MD

Graduates

Simon Kung, MD
Peter Huang, MD
Lara Jaradat, MD (continues as CAP Fellow)
Donald Lewis, DO (continues as Addiction Fellow)
Christopher Sola, DO (continues as Psychosomatic
Medicine Fellow)

University of Minnesota

New Residents:

Heidi Arnold, MD
Kelsey Carignan, MD
Kristen Case, MD
Allison Holt, MD
Steven Miller, MD
Arlene Nunez, MD

Graduates:

Megan Shafer, MD
Beth Johnson, MD
Mark Rovick, MD
Theresa Lau, MD (continues as Child Fellow)
Susan Swigart, MD (continues as Child Fellow)
Caromyr Figueroa, MD
Eric Brown, MD
Faisal Rahman, MD
Afshan Anjum, MD (September)
Sohail Sheikh, MD
Lemuel Arriola, MD (continues as Geriatric Fellow)
Ramon Sanchez, MD ■

MPS-PAC up and running

By Deane Manolis, MD, Co-Chair, MPS-PAC

The MPS Political Action Committee has started to distribute funds to candidates for the Minnesota House of Representatives in the November 2004 elections. The PAC was incorporated in late 2003, and this is the first time in MPS history that organized psychiatry has been able to contribute to campaign financing. PAC contributions will be distributed in a non-partisan fashion and will be limited to state offices only; this year only House seats are up for election.

The PAC is supporting four incumbents thus far—Fran Bradley, Mindy Greiling, Brad Finstad and Jim Rhodes. All have knowledge of mental health issues, have been supportive of MPS legislative initiatives,

and Greiling and Rhodes have long records of mental health advocacy. The PAC board will decide further contributions as the campaign progresses.

We are giving relatively small sums—\$250-500 per candidate. But even small amounts are significant as state law limits campaign spending, and PAC funds are limited even more stringently. Despite this, the PAC needs more members, as a broad base has more impact with a candidate.

Now for a bit of editorializing. I have long been less-than-luke-warm about financial contributions to politicians. But in the past few years, I have changed my mind, since the first psychologist prescribing bill

Continued on page 15

NAMI-MN files class action lawsuit



The National Alliance for the Mentally Ill of Minnesota (NAMI-MN), together with four low-income Minnesota residents who receive health care through Medical Assistance, filed a class action lawsuit against the Minnesota Department of Human Services recently. They are suing the state because people are being denied services due to their inability to pay their co-payments for prescription drugs and doctor visits under Medical Assistance.

NAMI-MN has fought the idea of co-payments on health care services for Minnesota's poorest residents, many of them with disabilities including mental illness, since it was first introduced during the 2003 legislative session as a way to balance the budget. NAMI-MN believes that by requiring premiums and co-payments from the poorest Minnesotans, we are essentially denying them access to health care and are ultimately forcing them to forgo necessary care and treatment.

"Co-payments were not imposed to increase people's responsibility for using health care wisely, co-payments were required as a means to balance the budget," stated Sue Abderholden, Executive Director of NAMI-MN, "Our experience – substantiated by several studies – demonstrates that co-payments prevent people from using health care wisely because they put off going to the doctor and they don't take

their medications as prescribed." These are clearly people who do not have discretionary income.

NAMI-MN has heard from its members. People report that they are not able to buy food the last week of the month, they are taking their medications every other day or simply not taking them at all. Providers tell NAMI-MN that they are using their emergency funds to help with co-payments and are no longer able to assist people with other emergencies in their lives.

Mid-Minnesota Legal Assistance (Legal Aid Society of Minneapolis and St. Cloud Area Legal Services) are the attorneys in the case. We will keep you posted on the progress of the case. People who support this action should feel free to send NAMI-MN a donation. ■


Free dental care for low-income patients

The State Advisory Council on Mental Health thought you would want to know that there is free dental care available to patients in need.

Please distribute the following information to individuals or organizations that may be able to use it:

Donated Dental Services coordinates volunteer dental services in Minnesota, including dentists, specialists and labs. It is intended to provide free services, including prosthetics, primarily to low income disabled (including children and seniors) clients who do not have dental coverage through Medical Assistance, etc. The program has been in existence here since last fall.

Nearly 150 dentists statewide are signed up and have accepted cases, with a current caseload of 50 clients. There is a 2-9 month waiting list for the Twin Cities Metro. Duluth has not participated greatly due to another volunteer program in existence there. Molly Schulneman is the Coordinator and she can be reached at 651-454-6290. ■



Minnesota Association of Community Mental Health Programs

Annual Community Mental Health Conference
September 29 - October 1, 2004
Pre-Conference Institutes on September 28 & 29
Madden's on Gull Lake • Brainerd, MN

Community Psychiatric Services

- Neuroprotection, A Primer, John Simon, MD
- Geriatric Psychopharmacology, John Simon, MD
- Recovery Oriented Treatment Planning, Ronald Diamond, MD
- Advanced Practice Nurses-Psychiatric-MH, Sarah Tarulis, MSN, APRN, Saundra St. Martin, APRN, MSW & Jerilyn Mitchell, RN, CNS, MS, LP
- Early Treatment of First Break Psychosis, Stephen Olson, MD & Jean Kenney, MSW, LICSW
- Psychopharmacology in the Real World, Kevin Turquist, MD
- Providers and Group Homes: Optimizing the Relationship, Optimizing Patient Care, David Kerski, MD & Gary Green

Child & Adolescent Psychiatric Services

- Transition from Childhood to Adolescence, L. Reed Salk, MD
- The ABCs of School Mental Health, William D'Nei, MD
- Can We Talk? Cooking up Cooperation, Susan Jenkins, MD
- Advanced ADHD Treatment, Elizabeth Reeves, MD
- Depression & Its Tx in Children/Adolescents, Elizabeth Reeves, MD
- Management of Childhood Impulsive Aggression, Dennis Stator, MD & Ronald Odden, MS
- Childhood Bipolar Disorder, Advanced, Dennis Stator, MD

General Sessions

- Improving Quality & Managing Costs with New Atypical Antipsychotics, Monica Oss
- Evidence-Based Practices, Ronald Diamond, MD

Programs will be mailed out in mid August
For more information visit www.macmhp.org
or call the Association office at (651) 642-1903



Medicare drug discount cards

How to get the facts

Information compiled in *Pennsylvania Psychiatrist*, July 2004

If your patients ask about the new Medicare prescription program – and particularly about the drug discount cards now available – can you answer their questions?

Available resources

- The Medicare web site at <www.medicare.gov>, where one can view and print an informative 35-page pamphlet prepared for eligible recipients.
- <www.cms.hhs.gov/medlearn/drugcard.asp>, contains information specifically for physicians.
- 1-800 MEDICARE (1-800-633-4227) This help line operates 24 hours a day, 7 days a week. Beneficiaries should have a list of their medications before calling the number if they want help in choosing the best card for their needs.

Drug discount card program

The drug discount cards, which are designed to provide relief between now and 2006 (when Medicare

prescription coverage begins) are available now.

- Any Medicare beneficiary who does not have prescription coverage through Medical Assistance is eligible to purchase a discount card.
- Many companies are offering cards, and they may charge an enrollment fee of up to \$30.
- Different cards cover different drugs. Patients should look for cards that carry the best discounts for the drugs they take.
- Patients will save 10-15% on total drug costs, plus additional savings on certain prescriptions.
- Depending on income level, some patients, including those covered by PACE, may qualify for an additional \$600 in 2004 and 2005.
- Not all pharmacies cover all cards. Patients need to see if the card they are interested in is accepted at conveniently located pharmacies.
- Patients may have only one card, and they may not change cards until November 15, 2004, for use in 2005. (Some exceptions apply). ■

Depression calculator informs employers

There is now a new tool to help raise awareness about depression in the workplace. Recently, the APA and the American Psychiatric Foundation's National Partnership for Workplace Mental Health joined with the US Chamber of Commerce, the Pharmaceutical Research and Manufacturers of America, the Institute of Health and Productivity Management and the Mid-America Coalition on Health Care to launch the "depression calculator."

The calculator is an online tool (available free at <www.workplacementalhealth.org/depalc.cfm>) that allows employers to estimate the cost and productivity savings they will receive if they provide their employees with coverage for and access to quality health care for mental illnesses, and educate their employees to help raise awareness about depression.

"This depression calculator is an excellent tool to assist employers in quantifying the cost of depression in their workforce," said Steve Heidel, MD, a member of APA's Committee on Business Relations who represented the APA at the launch. "Depression is a real medical illness—not just a 'bad day' or a character weakness—and it can be effectively treated. The impact of undiagnosed and untreated depression on the corporate bottom line is clear: the costs in lower

productivity, higher absenteeism and higher medical costs significantly exceed the costs of properly diagnosing and treating the depression."

The National Partnership for Workplace Mental Health encourages those of you who already have contacts with your local business community to bring to their attention this new online tool.

In addition to the depression calculator, they have developed a number of other tools useful to business, including the newly redesigned website <www.workplacementalhealth.org> and the quarterly journal *Mental HealthWorks* which is available both online at the Partnership website and also in print form, free upon request.

If you have any questions, need additional information about any business outreach activities, or would like assistance in reaching out to employers in your community, contact Clare Miller, director of the National Partnership for Workplace Mental Health at 703-907-8673 or <cmiller@psych.org>. ■

MPS FALL MEETINGS

October 29-30

On the St. Croix River in Stillwater

2004 Legislative Session *Continued from page 5*

by limiting medical malpractice awards. The Senate took a more heavy-handed approach by capping health insurance premium increases. The Senate wanted to regulate health care priorities through experience-based treatment rankings similar to the Oregon health care model. Again, House Republicans and Senate Democrats could not reach agreement and no major health care cost containment legislation was enacted this session.

The House and Senate did agree on a couple of significantly scaled back cost containment measures. New legislation calls for the state to move to "best medical practices". The Commissioner of Health was directed to encourage the development of best practice guidelines by gathering information and providing it to consumers and providers. Most information will be made available through the Department of Health's web site. Initial guidelines will focus on asthma, diabetes, hypertension and coronary artery disease.

The legislature also adopted legislation directing the Commissioner of Human Services to explore disease management protocols for state funded health care programs. This initiative would attempt to better manage recipients with chronic conditions. Reports on best practices and disease management will be submitted to the legislature by January, 2005 and will contain recommendations for any changes in state law to assist the development of these two initiatives.

Two other cost containment features were adopted. One would require providers to give, upon request by a patient, a good faith estimate of the reimbursement the provider expects to receive from the patient's health plan. Another provision would establish an "Electronic Health Record Work Group" to begin to develop guidelines and content for a unified electronic health record. This work group will report back to the legislature in December.

MPS legislation proposing the establishment of an Office of Mental Health within the Department of Health was not formally debated this year. However, its introduction created considerable discussion about the proposal. There appears to be concern about placing this position in the Department of Health instead of the Department of Human Services, and requiring the director of the office to be a psychiatrist. Debate on this proposal will continue when the legislature reconvenes next year.

Despite broad agreement on legislation to lengthen sentences for sex offenders in the wake of the Dru Sjodin tragedy, the legislature failed to pass this legislation. An early proposal by the governor for the death sentence in sex crimes was not seriously considered. The only major difference between House and Senate positions was the length of the new proposed sentence and compromise seemed easily

attainable. This legislation will likely be on the agenda of a special session if it is called.

The failure of the legislature to pass a supplemental budget bill dealt a blow to MPS efforts to restore some of mental health treatment cuts made last year. These included restoring psychotherapy benefits for many MinnesotaCare patients, and eliminating co-payments for office visits and prescription medications. The legislature also failed to pass a bonding bill that earmarked funds for housing for the mentally ill.

Two proposals supported by the National Alliance for the Mentally Ill were enacted. The first requires counties to extend case management services to mentally ill persons beyond age 18 until they are 21 years of age. The second, a provision that encourages mental health screenings for kids who have been suspended from school for more than 10 days was added to the omnibus education bill.

Now that the dust has settled a bit on the acrimonious 2004 legislative session, legislators and the Governor can catch their breath and hopefully reach an agreement on a special legislative session. Without the special session, the members of the 2004 state legislature will be remembered more for what they failed to accomplish than what they did. ■

BC/BE General Psychiatrist to provide services to HPSA location in NW Wisconsin

Established in 1978, we provide comprehensive and integrated residential and community based mental health services with a commitment to the highest quality services. Enjoy flexibility in defining your practice to include juvenile residential treatment, county DHHS mental health programming, standard outpatient mental health and clinical supervision. Our 30-day residential assessment program is recognized statewide for its superior work. Staff include Child & Adolescent Psychiatry and Pediatric Neuropsych.

Benefits: Health insurance; competitive compensation; NHSC student loan repayment.

For additional company information:
<www.nwpass.com>.

Contact: Jill Chaffee, 203 United Way Drive, Frederic, WI 54837, 715-327-4402 (phone) 715-327-4470 (fax), <jillchaffee@nwpass.com>.

David Cline

Continued from page 1

The certificate is awarded to APA members who have made outstanding and sustaining contributions to medical education, in both salaried and volunteer positions. Qualified nominees must have demonstrated significant contributions to the advancement of medical student education, including lectures, small group teaching, supervision, and course design. ■



Continued ...



Continued ...

President's Letter *Continued from page 3*

this committee will provide a link between Minnesota's myriad educational and research activities and MPS. Scott Crow will lead the committee, which will coordinate our scientific programs, the newsletter, mock boards, patient education, and research activities at Minnesota's psychiatric training institutions.

The Mental Health Access Project

This is not an MPS project, but it impacts us and our patients.

Although there is a significant shortage of psychiatrists in Minnesota, this shortage is not manifesting in supply/demand economic results of improved financial reimbursement. Minnesota differs from other states in that we have statutes and rules that require HMOs to assure that an adequate number of mental health professionals are hired to treat their members, and that access to these services be available geographically (within 30 minutes/30 miles) and in a timely manner (as defined by providers). The Department of Health oversees HMO contracts in Minnesota, but, since they rarely receive complaints about limited access, there has been no pressure on HMOs to improve the situation.

The mental health advocacy groups (NAMI-MN, MHA of MN, MACMH) have initiated the Mental Health Access Project, and will be assisting callers in writing letters to the Department of Health requesting contractual enforcement of HMO contracts.

What you can do:

- A three judge panel is in place to review mental health denials by a number of health plans. If you feel that a treatment is medically necessary, request authorization. If you are turned down, let MPS know.
- If your patients have access concerns (e.g. being sent out of town or out of state for hospitalization) encourage them to file a formal complaint with the state, or to request one of the advocacy groups to assist them in writing a letter.
- Mike Hatch, Minnesota's Attorney General is very interested in health plan contract reinforcement. He wants to be personally contacted if there are instances of contract violations regarding medical necessity, access to care, or other issues. Read his excellent overview of the health care reimbursement mess at: www.ag.state.mn.us/consumer/PDF/PR/HealthCareMakingReportText.pdf.

Please consider joining MPS workgroups and task forces, and let us know what additional areas require our attention. Encourage your non-MPS member colleagues to join MPS. Contact your legislator about psychiatry-related topics. And join the MPS PAC.

I will do my best to represent MPS in the months to come, and appreciate all of your help in fulfilling our mission, vision and goals. ■

Editor's Comments *Continued from page 2*

Dieperink, who has resigned her editors position for this publication for personal reasons. She was much of the energy and talent in our little group over the past four years. To her- our best and the hope she will continue to help us when she can. And then, a welcome to Dr. Eric Brown, who has joined the staff as the new co-editor. Good luck working with Linda and me. ■

Ron Groat, MD

Council highlights *Continued from Page 4*

Scott Crow, MD has agreed to chair. Dr. Dikel presented an exercise with the consumer groups to collect and catalogue complaints in an effort to get decisionmakers' attention and advocate for patients. He reviewed the proposed bylaws amendments enlarging the Council and noted that they would go to members for a vote shortly.

Executive Director's Report—Linda Vukelich reported that the July 15 Residents' Dinner meeting was set. She also noted the joint meeting with the Minnesota Psychological Association on January 28, 2005 is on risk for suicide and violence. She described a new project to provide coordinated training for primary care including Greater Minnesota dinner meetings, grand rounds, linkages with existing programs and web-based resource support.

PAC Report—Karen Dickson, MD presented the PAC Board Minutes and reviewed plans to build membership. George Realmuto, MD reported that contributions of \$250 each were being made to Representative Jim Rhodes, Representative Fran Bradley, Representative Mindy Grieling and Representative Brad Finstad. Some recipients may not accept.

Legislative Committee Report—Mike Koch, MD reviewed the report. MPS Lobbyist Dominic Sposeto noted that a special session is unlikely politically now. He added that the upcoming elections would be key and noted that all our bills will need to be reintroduced. Linda will begin representing MPS at the Legislative Network meetings after July. Will Dikel discussed the Mental Health Authority bill and offered a suggestion. **Action:** Will Dikel will meet with the State Epidemiologist to determine if psychiatric data could be collected through that office.

Secretary Treasurer's Report—Bill Clapp, MD reviewed budgetary decision-making procedures.

Action: The Council created an official policy requiring all decisions and issues related to funding to go through the Secretary-Treasurer. ■

MPS-PAC Continued from page 10

passed in New Mexico. Now we have a second state authorizing psychologist prescribing (in Louisiana), and in both states, the psychologists' strategy was the same: years of cultivating support for their cause by financial help in legislative campaigns. In both states, the psychiatric societies were taken by surprise—and even massive APA and AMA support could not stem the tide. APA has been criticized for not being able to prevent this from happening, but in reality it's a state issue, and state psychiatrists need to be involved—"all politics is local". Thus we need to take a page from the psychologist playbook (and the chiropractors before them) and cultivate personal relationships *with financial support* in order to keep legislators' attention over a period of time.

We know of no effort in Minnesota toward psychologist prescribing legislation—at least now. MPS does have a long-range legislative agenda, and the PAC intends a long-term relationship building strategy

Private Practice Opportunity for C/A Psychiatrist

Small private practice consisting of one adult psychiatrist, health psychologist, marital and family therapist and several part-time clinicians looking to add a C/A psychiatrist to diversify our practice. Our practice has a wealth of experience and diverse interests including a mind-body/wellness focus.

Fee for service private practice arrangement or salaried position possible.

Contact: Jeffrey B. Sawyer, MD, Partners in Psychiatry & Psychology, LLC, 763-546-5797

with state officials. In order to achieve this, we need as many psychiatrists as possible to join the PAC and continue *annual financial support*. We have had two \$500 memberships thus far—Kevin O'Connor (now in New Jersey) and John Simon. Annual dues are \$200, with \$100 for senior and early-career psychiatrists.

Please join MPS-PAC now! ■

Outpatient Psychiatry

The Mental Health Service at the Minneapolis VAMC and the Department of Psychiatry at the University of Minnesota seek a psychiatrist for the Duluth, MN-Superior, WI clinic. This full-time position involves being medical director for mental health services at the clinic, ensuring care for approximately 1,500 patients per year, directing the efforts of several staff members in a busy outpatient clinic, providing educational experience for medical students and other trainees, developing telepsychiatry services and enhancing the health care of rural veterans in northern Minnesota and Wisconsin. Academic appointment is required; opportunities for research are available. Located at the western end of Lake Superior, with access to local universities and colleges, an artist community, and extensive outdoor recreational opportunities.

Please send a letter of interest and CV with three references to: Joseph Westermeyer, Director Mental and Behavioral Health Service Line, VAMC, One Veterans Drive, Minneapolis, MN 55417. Or contact Marion Johnson HRMS, Fax 612-725-2287, or phone 612-725-2060

Equal Opportunity employer



You have just been subpoenaed. Do you know how to respond?



If you have your malpractice insurance through The Psychiatrists' Program you can rest assured. With a simple toll-free call, a risk manager can assist you with the immediate steps you need to take to protect your practice.

As a Program participant, you can call the **Risk Management Consultation Service (RMCS)** to obtain advice and guidance on risk management issues encountered in psychiatric practice. Staffed by experienced professionals with both legal and clinical backgrounds, the RMCS can help prevent potential professional liability incidents and lawsuits.

If you are not currently insured with The Program, we invite you to learn more about the many psychiatric-specific benefits of participation. **Call today to receive more information and a complimentary copy of "Six Things You Can Do Now to Avoid Being Successfully Sued Later"**

THE PSYCHIATRISTS' PROGRAM

The APA-endorsed Psychiatrists' Professional Liability Insurance Program

Call: 1-800-245-3333, ext. 389 ~ E-mail: TheProgram@prms.com

Visit: www.psychprogram.com

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

The Program's carriers are rated A++ by A.M. Best

A++
(Superior)

Continued ...



Calendar

- September 27-28** **Women's Mental Health Across the Lifespan, Fifth Annual Psychiatry Review**, Sheraton Bloomington Hotel, Bloomington, MN. For more information go to www.cme.umn.edu.
- September 29 - October 1** **Community Mental Health Annual Conference**, Madden's Gull Lake, Brainerd, MN. For more information go to www.macmhp.org.
- October 1** **North Dakota Psychiatric Society 2004 Educational Conference**, Fargo Holiday Inn. For more information contact David Peske at 701-223-9475 or dpeske@ndmed.com.
- October 6-10** **Institute on Psychiatric Services**, Atlanta, Georgia. For more information go to www.psych.com.
- October 29-30** **MPS Fall Meetings** - Water Street Inn, Stillwater, MN. Contact Linda Vukelich at (651) 407-1873 or l.vukelich@comcast.net or go to the MPS website at www.mnpsychsoc.org for more information.
- November 12-13** **Vibrant Verisimilarities from Venerable Virtuosi, Psychiatric Update/Fall 2004** - Monon Terrace and Convention Center, Madison, WI. for more information, contact Lynn Tobias at 608-827-2462 or go to www.miminc.org/cmeconferences.html.

MINNESOTA PSYCHIATRIC SOCIETY

4707 Highway 61, #232
St. Paul, MN 55110-3227

Address Service Requested.

Presorted Standard
U.S. Postage Paid
Permit No. 1435
St. Paul, MN 55101