

Ideas

o f r e f e r e n c e



Diessner wins Private Practice award



Dr. Bill Diessner

The Minnesota Psychiatric Society honored A. W. (Bill) Diessner, MD with one of its highest awards—Private Practitioner of the Year—at the Annual Recognition Dinner in early June. In a medical practice spanning more than 50 years, Dr. Diessner has had several

The Private Practitioner of the Year Award was established by the APA

more than 20 years ago, to honor psychiatrists in private practice at a time when most APA leaders came from the academic community. The MPS has chosen a Private Practitioner of the Year for about 15 years.

Dr. Diessner, a product of small-town Minnesota, had his first career as a family practitioner in Redwood Falls, MN following two years in a US Army MASH unit during the Korean War. After nearly fifteen years in practice, he returned to the University of Minnesota and completed psychiatric training, embarking on his second career. Following his residency completion in 1969, he practiced psychiatry in private and public settings over the next twenty years. In 1982, he began his third career, when he was

elected to the Minnesota State Senate representing his home area in Washington County. He served in the Senate for eight years, and was a strong voice for medicine and psychiatry in that setting. He began yet another career after he chose not to run for reelection in 1990. He closed his local practice and for much of the past ten years he has been a locum tenens psychiatrist—a career he has enjoyed immensely. He is licensed in 17 states, and has served in many locum tenens positions across the country.

Over the years, Dr. Diessner has been honored by a number of professional and community organizations. He received the MPS Distinguished Service Award in 1989 and Community Service Award from the Minnesota Medical Association in 1990. He was named Legislator of the Year in 1990 by the VFW Auxiliary. He is a Life Fellow of the American Psychiatric Association. He has been involved in many community organizations as well.

Dr. Diessner flew back from one of his locum tenens assignments for the MPS Recognition Dinner, also attended by many members of his large family. He was deeply touched by the honor, and wanted to extend his thanks to the MPS membership for this award.

Dr. Diessner remains very energetic and continues to enjoy taking care of patients, now well into his sixth decade of practice. He has some clinical “pearls” he wished to impart to MPS members and these are included in this issue of *Ideas of Reference* on page 9.

Good news, bad news for Minnesota external review law

Minnesota’s new External Review law is the most comprehensive among the 32 states that have such laws, according to Kent Peterson of the Minnesota Department of Health. But Peterson, who spoke at a meeting of the Minnesota Physician Patient Alliance (MPPA) on June 14, also noted that the law, which went into effect on April 1, 2000, covers the insurance plans of only a minority of Minnesotans.

Peterson, who is manager of the Managed Care Systems Section of the Minnesota Department of

Health, presented a comprehensive review of the provisions of the external review law and the review process. Although no cases have completed the review process thus far, the MDH will monitor cases closely, and report back to the medical and insurance communities regularly.

The majority of Minnesotans are not covered under this law because all governmental insurance plans (Medicare, Medical Assistance) and all self-insured

Continued on page 7

Summer 2000

Volume XXXV

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

Inside

President's letter	3
Minnesota news	4
MPS news	6
Meeting photos	10
Neighborhood news ..	12
APA news	14



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

Editor

Deane C. Manolis, MD

Assistant Editor

John Scanlan, MD

Managing Editor

Linda Vukelich

Executive Council Officers

Elizabeth Reeve, MD
President

Scott Crow, MD
President-elect

Floyd Anderson, MD
Secretary/Treasurer

Galen Stahle, MD
Past President

Michael Koch, MD
APA Representative

Deane C. Manolis, MD
APA Representative

Councilors

Karen Bruggemeyer, MD
Eric Dieperink, MD
Annette Smick, MD
Mark Willenbring, MD

Executive Director

Linda Vukelich

Legislative Affairs

Dominic Sposeto

Constitutional Committees

Maurice Dysken, MD
Constitution/Bylaws

M. Kevin O'Connor, MD
Ethics

Floyd Anderson, MD
Membership/Fellowship

Galen Stahle, MD
Nominating

Tracy Tomac, MD
Program

Standing Committees

Michael Koch, MD
Legislative

William Clapp, MD
Greater Minnesota

Karen Dickson, MD
Women Psychiatrists

Deane C. Manolis, MD
Newsletter

Judith Kashtan, MD
Public Affairs

Maurice Dysken, MD
Awards/Research

Carl Malmquist, MD
Forensic

Eric Dieperink, MD
Early Career Psychiatrists

Joyce Tinsley, MD
Mark Willenbring, MD
Addiction Psychiatry

Psychiatry and the MMA

It's summer again and as usual, I'm having a tough time coming up with something meaningful for this column. I intended to write about the struggle that the Medical Practice and Planning Committee of the MMA is having in developing recommendations for MMA policy on physician risk-sharing with HMOs and insurance plans. The issues are far more complex than would seem at first glance and too detailed for this column.

Instead, I will use this space to again remind MPS members of the importance of maintaining ties with the medical community and in particular, membership in the Minnesota Medical Association. I know that professional dues are expensive and that many of us have membership in sub-specialty organizations, but the MMA is a voice for all physicians and the organization has been very supportive of psychiatry. Organized psychiatry and organized medicine both have been losing members in recent years and this trend lessens medicine's influence in shaping the decisions affecting the practice of medicine and psychiatry in future years.

MPS has had a very good working relationship with MMA in recent years, and we currently have two psychiatrist members of the MMA Board of Trustees—Lee Beecher and Karen Dickson. Our legislative efforts have been coordinated as well with our lobbyist, Dominic Sposeto, working closely with the MMA's Dave Renner and his staff. Also, we have had a member of the MPS Legislative Committee seated on the MMA Legislative Committee for the past seven or eight years. Psychiatrists have been active in the MMA House of Delegates, where psychiatric resolutions have been well received. However, because many psychiatrists are not members of MMA, we sometimes have problems recruiting psychiatrists to serve as delegates to the MMA state meeting.

At the recent APA Assembly meeting, I learned that psychiatry is having more influence at the AMA level as well, with increased representation of very effective psychiatric delegates. Also, there are now psychiatrist presidents of the state medical associations in Massachusetts, Connecticut and Louisiana, as well as several other states. APA President Dan Borenstein has long been active in California Medical Association leadership as well.

Organized medicine has been very supportive of the parity efforts of psychiatry, and psychiatrists need to stay involved with the mainstream of medicine. I encourage MPS members who are not MMA members to consider joining. Membership in a local medical society and MMA are conjoint, but AMA membership may be excluded. Anyone interested in MMA membership may contact Linda Vukelich, MPS executive director at (651) 407-1873.

DCM

Bad days...better days



by Elizabeth Reeve, MD
MPS President

Monday June 19th was shaping up to be a really bad day. One of the residents in our psychiatry training program resigned to return to his previous job in the biotechnology industry. I struggled to figure out how our program had

failed him. I began to seriously doubt myself. I was residency director, had a large clinical and research practice, and a variety of other positions, (MPS president included). I had four out-of-town lectures to give in the next two weeks. I had just been elected to my son's school board. I was worried about summer childcare arrangements. My brother's wedding was in two weeks. My sister had just moved to Tulsa. My parents were remodeling the cabin.

At 5:15 PM I dropped my son off at Karate and returned home. Thirty minutes later, my car would not start. I walked to the Karate studio, picked up my son and walked home.

I called the car dealer. He said it was the battery.

I called the Midas dealer eight blocks away. He said he would keep the store open an extra half an hour if I could get there with the car.

I knocked on my neighbor's door. His son had the car with the jumper cables.

I tried another neighbor. He left his dinner and family and helped me start the car.

Shortly after leaving home the car died again in the middle of a busy intersection.

People were mad.

Two guys on motorcycles, wearing a lot of leather, pushed me to safety.

Within minutes a skinny teenager in an ancient van gave me a lift home.

My neighbor jumped the car a second time.

The Midas dealer was still waiting for me when I arrived.

Later that evening, my neighbor, whose son had the car with the jumper cables, came over to see if I still needed them.

My son said, "People are really nice."

Maybe Monday was not such a bad day after all.

I hope to do a good job for all of you this year as MPS president.

Speaker-Mentor project

Thanks to your generous response to the recent mailing, MPS has nearly fifty volunteers for our new Speaker-Mentor project. There is a hunger for information from consumers, family members and community groups. MPS has come up with a unique response to this situation--the Speaker-Mentor project.

This project will support the MPS Public Affairs committee's work in the community while it offers residents the opportunity to get to know practicing psychiatrists in a new setting.

Residents will receive training in public speaking and preparing presentations. This will take on new meaning as they observe an MPS volunteer speaking to a church, school, or other community group. The next speaking opportunity will be the resident's and the volunteer will be in attendance to observe and offer support.

Equipped with their training and recent experience through this unique project, Minnesota residents will have a leg up on their peers in other states. In addition, this demonstration of volunteerism in practice will go a long way toward supporting our

public affairs activities and producing a new generation of psychiatrists practicing in the community. Thanks again to all who volunteered. If others would like to participate, or are currently speaking in the community and would like some help responding to speaking requests, please call the MPS office at (651) 407-1873.

This issue of
Ideas of Reference was
published in part
by an unrestricted grant from
Janssen Pharmaceutica.
Thank you!



WPS is new Medicare carrier

In late April, the Healthcare Financing Administration (HCFA) announced that Wisconsin Physician Services (WPS) will be the new insurance carrier for Medicare Part B in Minnesota. WPS will replace United Healthcare Medicare on September 15, 2000.

At a meeting of the Minnesota Carrier Advisory Committee (CAC) on May 18, 2000, the provider outreach staff of WPS gave some history of the nonprofit organization and provided a framework for the transition to take place in August.

WPS is headquartered in Madison, WI and has been the Medicare carrier for that state for many years. In recent years it has expanded to become the carrier for Michigan and Illinois, and has received high marks from HCFA for its good working relationship with physicians and beneficiaries. WPS has not yet chosen a medical director for Minnesota.

WPS staff emphasized that the transition should be "seamless", with physicians and patients noting virtually no changes—billing procedures, and address and phone numbers will be the same. Minnesota local review policies will continue and the Minnesota Carrier Advisory Committee will continue as well. Janet Silversmith, liaison from the Minnesota Medical Association, has organized a series of transition seminars for physicians and administrators in the several months preceding the changeover.

MPS members with questions regarding this change should contact MPS CAC representative, Deane Manolis, MD at 952-936-0436, or <dmanolis@aol.com> or CAC alternate Ronald Groat, MD at 952-920-6748. The informative WPS website is <www.wpsic.com>.

New Medicare fee-for-service program

On May 8 the Health Care Financing Administration (HCFA) approved a request by the Sterling Life Insurance Company to offer the first private fee-for-service health plan option for people with Medicare. Private fee-for-service was one of several new Medicare+Choice programs authorized under the Balanced Budget Act of 1997. Sterling Option I will be available to beneficiaries in 17 states, including Minnesota, beginning July 1.

Providers who choose to participate in this plan will be paid on a fee-for-services basis by the plan and are not subject to utilization review. Medicare beneficiaries who enroll in the plan may get health care services from any provider in the country who can be paid by Medicare. In most cases, beneficiaries enrolled in the private fee-for-service plan will pay less to see a doctor than under original fee-for-service Medicare.

The Sterling Option I plan will receive the county-specific Medicare+Choice capitation rates. It will furnish enrollees with coverage of all Medicare Part A and B services and will provide worldwide emergency care and coverage of increased inpatient hospital days. The plan will be offered primarily in rural areas where Medicare+Choice options have not been widely available.

Providers may direct questions about Sterling Option I to Sterling Life Insurance Company at (360) 647-9080. General Medicare questions may be directed to (800) 633-4227. You may also contact Janet Silversmith, MMA Director of Health Economics and Policy Analysis at (612) 362-3763.



Minnesota Association of Community Mental Health Programs

Annual Community Mental Health Conference
September 27 - 29, 2000
Pre-Conference Institutes on September 26 & 27
Madden's on Gull Lake • Brainerd, MN

Community Psychiatric Services:

- Meeting the Needs of the DD/MI Patient, Ronald Hartrick, MD & David Harford
- New Approach to Chemical Dependency & Dual Diagnosis, Nan Rivers, PhD
- Myths and Mysteries of Sleep, Tracy Tomac, MD
- Advanced Medical Directives in Psychiatry, Alan Radke, MD
- Overlap of Correctional & Community Psychiatry, Peter Miller, MD
- The Limitations of Clinical Predictions of Future Aggression, Michael Farnsworth, MD
- Best Treatments for Psychosis, Randall LaKosky, MD
- When & Where to Use Antidepressants, Randall LaKosky, MD

Child & Adolescent Psychiatric Services:

- ADHD/Substance Dependency Comorbidity, Dennis Staton, MD
- Mood Disorders & Violent Aggressivity, Dennis Staton, MD
- Overview of Obsessive Compulsive Disorder, Elizabeth Reeve, MD
- Asperger's Disorder & the Nonverbal Learning Disabilities, Susan Jenkins, MD
- Non-Categorical Services for Non-Categorical Disorders, W. Sheehan, MD; T. Branness, BA; C. Olszkowski-Schmidt, LSW; & R. Loeth, LCSW
- Risk Management in Children & Adolescents, Steve Sutherland, MD

Keynote Address -
Reintegrating & Recovery with Hope, Ralph Aquila, MD

Pre-Conference Institute -
Earlier Intervention & Relapse Prevention Skills, Ralph Aquila, MD

Programs will be mailed out in early August
For more information call (651) 642-1903



SA\VE founders, Al and Mary Kluesner accept the APA Organizational Distinguished Service Award from APA President Allan Tasman.

APA honors SA\VE

13,000 people, participated in 12 major conferences, designed a school-based suicide prevention program, inaugurated a professional training program and participated with national groups in crafting a national suicide prevention strategy. SA\VE was instrumental in initiating Minnesota's State Plan for Suicide Prevention and is a leader in its development.

The Organizational Distinguished Service Award was established by the Board of Trustees in 1964 to be given to any group that has benefited APA, the field of psychiatry or the mentally ill. MPS congratulates SA\VE on this honor.

Also at the Convocation of Fellows, two MPS members, Drs. Elizabeth Reeve and Daniel Hanson were awarded APA Fellowship and Dr. Deane Manolis was honored as a Life Fellow. Senator Paul Wellstone, (another famous Minnesotan) was honored with the Distinguished Service Award for his leadership in seeking to reform the nation's healthcare system. Most recently he has focused on the need for mental health counseling in schools and more awareness regarding suicide prevention with children. Our congratulations to all the Minnesotans honored on this occasion.

APA President Allan Tasman presented SA\VE (Suicide Awareness\Voices of Education) founders, Al and Mary Kluesner, with the Organizational Distinguished Service Award at the Convocation of Fellows at the APA Annual Meeting in May. MPS works closely with SA\VE personnel in an ongoing partnership through the Minnesota Education Network for Mental Health and Mental Illness.

Formed in 1989, SA\VE's mission is to educate about suicide prevention and to speak for survivors. SA\VE creates opportunities to engage with the general public and special groups on the issue of suicide prevention using awareness campaigns in the media—especially with eye-catching billboards. In 1999, SA\VE speakers made 225 presentations to

Public Affairs Committee: What does it do?

by Linda Vukelich

The hard-working members of the MPS Public Affairs Committee were recognized at the 2000 Joint Institute in Miami this February. MPS won the Public Affairs Network award for overall program. Since the award is the culmination of two years worth of activities and programs, the list is lengthy. If you ever wondered where you could volunteer a couple of hours of your time for a great impact, the Public Affairs Committee has plenty of opportunities. Feel free to call the office at (651) 407-1873 for more information.

Starting in 1998, the PA committee worked with the other members of the Education Network of Minnesota to plan a collaborative meeting highlighting the contributions and resources provided by the advocate member groups. The meeting was extremely well attended and included media training courtesy of the APA. Each of the member organizations spoke and provided information to an audience comprised of psychiatrists, consumers, family members, advocates and other providers. The meeting was the beginning of a new annual tradition, with a second meeting focusing on workplace issues in October 1999.

The overall program award requires activity in many areas. MPS worked hard to make media

contacts and increase public awareness through the media. Newspaper articles, television and radio interviews were the result. MPS is still working on increasing name recognition, but its members have made great strides in providing the public with accurate information.

The overall program also included meetings with decision makers and policy makers. With a number of other groups, MPS sponsored a Parity Forum in 1999 with Senator Paul Wellstone, followed by a private meeting with the Senator and MPS leadership.

MPS focused on the clergy with an informational campaign and speaking engagements provided by the Psychiatry-Clergy Workgroup led by Karen Dickson, MD. Faithways cooperated with onsite meetings and panel discussions.

One of the broadest projects continues to be the Mental Illness Awareness Week Calendar of Events, produced by MPS and distributed by the members of the Education Network. The calendar highlights activities, programs and events taking place during MIAW in October and throughout the year. With generous support from corporate partners, the calendar goes to 20,000 homes in Minnesota annually.



2000 session

MPS legislative wrap-up

by Dominic Sposeto
MPS Lobbyist

I would like to express my appreciation to the MPS Council, the MPS Legislative Committee and especially its chair, Dr. Michael Koch, for their advice and counsel during the legislative session. It has once again been a pleasure to be your representative at the state capitol.

The 2000 session of the Minnesota State Legislature was a session for the record books. Not only was it the longest biennial legislative session in our state's history, it also set a record for overrides of the governor's vetoes. This is really not surprising given Minnesota's grand experiment with tripartite government. With a Reform Party (now Independence Party) Governor, a Republican House of Representatives and Democratic Senate, a long, often deadlocked session and numerous vetoes and overrides were to be expected.

A major dispute over the state's revenue surplus and how to return a portion of it to taxpayers prolonged the session nearly a month longer than expected. Once all three parties reached an agreement, the session raced towards an adjournment. As is the norm, the legislature waited until the final days of the session to complete the majority of its work. This year's session ended with two 20-hour marathon sessions followed by a day devoted exclusively to overrides of vetoes by Governor Ventura. After setting a modern day record for veto overrides, state legislators left the capitol, ending what was one of the most interesting sessions in modern memory.

It was an active but fairly uneventful year for MPS. While the legislature focused on tax and spending issues, there was some discussion of health policy. Our two top priorities for the session, repeal of the MinnesotaCare provider tax and changes in health plan utilization review procedures were in play until the last days of the session. Unfortunately, neither was enacted. The following is a brief description of the major issues followed by MPS during the 2000 session.

Provider Tax

MPS was once again part of a coalition of health care provider groups that was advocating a repeal of the MinnesotaCare provider tax. The Coalition to Replace the Provider Tax was successful in keeping this issue in front of the state legislature. The Coalition's proposal to replace the tax with general revenue funding was introduced and heard by several legislative committees. A major stumbling block to addressing the MinnesotaCare tax was the Ventura Administration's assertion that health care tax issues should not be addressed this year but should wait until the 2001 legislative session after the governor has developed his proposed "Big Plan".

Ignoring the governor's request, the House Republicans included a three-year phase out of the tax as part of their tax reform agenda. However, the Senate Democrats sided with the governor and the Republican proposal was not adopted. It is apparent that in order to reduce or eliminate this "sick tax", we will need the support of another third of our tripartite state government.

Health Plan Accountability

Health plan enrollees will not be able to sue their health plans for failure to provide appropriate medical care. A bill to authorize such lawsuits, sponsored by Attorney General Mike Hatch, was passed by the Senate, but did not get by the House. The "Health Plan Accountability Act" was strongly opposed by health insurers and the business community who working with the Republican leadership in the House were able to sidetrack the proposal. The Hatch proposal contained MPS supported language placing restrictions on health plan utilization review. Attorney General Hatch has vowed to continue his fight for health plan liability and increased patient rights.

Another "patient protection" bill was also passed by the Senate but not adopted by the House. This bill would have provided greater protection for health plan enrollees whose providers, because of voluntary or involuntary termination, are no longer members of the plan's provider network. The bill would have also required coverage for patient care in clinical trials for cancer treatment. Health plans, consumer groups and the bill's authors continued to negotiate acceptable changes in the proposed legislation right up to the last day of the session. However, the bill was scuttled over a controversial provision that would have allowed terminally ill patients to remain with their current providers even if the provider was not a member of their health plan's network.

The right to sue health plans and various other patient protection proposals will likely be discussed during this fall's state legislative election races. Now, MPS/APA will shift its efforts to Congress where a major patient protection bill is currently in a House/Senate conference committee.

Prompt Payment

Health plans will now be required to provide payment to physicians within 30 days for all "clean claims submissions." If the plan doesn't provide prompt payment, the physician may assess interest payments for claims payments that exceed 30 days. A clean claim is defined as "a claim that has no defect or impropriety including any lack of required documentation or information requiring special treatment that would prevent timely payment". The maximum

Continued on page 18

Greiling and Betzold gear up for 2001 session



Minnesota State Representative Mindy Greiling and State Senator Don Betzold will be continuing their efforts to modify Minnesota's commitment law in the next legislative session. Only very minor changes were passed in the 2000 session, and both legislators believe a comprehensive overhaul of the commitment law is in order.

Rep. Greiling wrote an excellent Commentary article for the Minneapolis Star Tribune on June 30, 2000, outlining the need for a change in the commitment law. She believes, as do many mental health professionals, that the commitment law needs to be changed from a criminal model back to a medical model.

In a letter to the Minnesota Psychiatric Society, the legislators outlined their plans and asked for the support of MPS. They noted "we will persevere with

our goal of changing the civil commitment standard to encourage early intervention and the need for treatment, rather than dangerousness".

The legislators further asked that psychiatrists and their patients provide personal narratives regarding experiences with the current commitment law because legislative committees tend to respond more to anecdotal reports from real people as opposed to dry statistics. They also ask that legislative candidates be questioned on their understanding of the need for changes in the commitment law.

MPS members should watch for further developments in this effort, quiz their legislative candidates, and report instances where the current law is a block to effective treatment. Please let Linda Vukelich, MPS executive director, know of any situations that could be utilized in the legislative arena.

Good news, bad news

Continued from page 1

ERISA plans are excluded. Taken together, these plans insure a majority of Minnesota residents, although more residents of rural Minnesota, where self-insured plans are less prevalent, will likely be covered by the law.

Provisions of the external review process go into effect only after all internal appeals in an insurance plan have been exhausted. With a \$25 fee (which can be waived) the appeal can be initiated. The appeal is

handled by an independent organization, The Center for Health Dispute Resolution, of New York state. Mediation can be utilized in resolving the appeal, and non-medical aspects of an appeal will be handled by the Mediation Center for Dispute Resolution of Hamline University, St. Paul, MN. The appeal process may take as long as 40 working days, but expedited appeals are possible in emergency situations.

Some characteristics of the appeal program include:

- With the patient's permission, a review may be initiated by a designated individual, e.g family member or physician.
- Coverage of both clinical (medical necessity) issues and contract or coverage issues.
- Fixed costs (with rare exceptions)—\$325 for the health plan and \$25 for the patient.
- The result of the review is binding on the health plan.
- The selection of a distant organization (CHDR) allows for completely independent review with no conflict of interest.
- CHDR has experience in the review process and utilizes a multi-specialty panel of clinical experts for case reviews.

No case has completed the external review process yet, due to the short time the program has been in existence. Minnesota patients and physicians wait with interest on the MDH experience with the new program.

"Black Box" opens

When physicians or other providers receive a denial of care decision by a managed care organization, a frequent refrain is that the criteria on which the denial is based are "proprietary" and can't be revealed. Kent Peterson, of the Minnesota Department of Health, reminds providers that "Black Box" criteria are technically illegal under Minnesota law.

According to Peterson, many providers may not know that the Minnesota Utilization Review Law requires utilization review organizations to give to the provider and enrollee, upon request, the criteria used in a denial of care decision--the data base, professional treatment parameter or other basis for the criteria. The key words are "upon request", and the sense is that most providers are unaware of this provision in the law.

If the criteria information is denied, providers should document the incident and send the evidence to the Minnesota Department of Health (for HMOs) or Department of Commerce (for other insurance plans).



MPS Council Meeting Highlights

Highlights and action items from May 2000 Council meeting include the following:

May 20, 2000

The Council met at Fairview-University Medical Center at 9:00 AM, and was co-chaired by the outgoing president, Galen Stahle, and the incoming president, Elizabeth Reeve.

A MPS member asked to address the Council regarding an Ethics Committee decision; the request was declined pending outcome of the member's appeal to the APA Ethics committee.

President's Report—Dr. Stahle reviewed the recent APA meeting. A member complaint about a managed care organization was reviewed, and Dr. Stahle reported on communication from another insurance plan medical director. He will continue contact with both organizations.

Legislative Report—Mr. Sposeto reviewed the recently adjourned legislative session, noting new legislation pertinent to psychiatry and medicine. Although there were only minor changes in the commitment law, he reported that Rep. Greiling will be pushing hard for an overhaul of the entire commitment law in the 2001 session. She will be looking for support and testimony from MPS.

Private Practice Committee—Dr. Anderson reported on the ongoing communication with Attorney General Hatch about patient protection legislation. The Committee supported an APA action paper on MH carveouts and asked the Council to approve a resolution for the MMA fall meeting. **Action:** The Council approved a resolution that will support the reintegration of mental health and general medical care in insurance plans.

Greater Minnesota Committee—Dr. Bill Clapp reported on the early meetings of this group, which has met with the MN Office of Rural Health. Meetings are planned quarterly on a Friday PM, so outstate members can attend more easily.

Membership Report—Dr. Anderson reviewed the recommended membership transactions. **Action:** The Council approved one new General Member, one transfer in to MN, and three reinstatements.

Assembly Report—Drs. Koch and Manolis reported on the recent APA Assembly meeting, and Dr. Manolis reported on the new APA Medicare Advisory Committee.

Park Nicollet Outpatient & Consultation Psychiatrist-

The Department of Mental Health at Park Nicollet Clinic/HealthSystem Minnesota seeks highly qualified applicants for new positions in both outpatient and consultation psychiatry at its St. Louis Park location. Successful candidates will join almost 100 clinicians in six locations. We are primarily a clinical practice, but opportunities exist for teaching and research. Faculty appointments are obtainable through Hennepin County/Regions Medical Centers and the U of M. Healthsystem Minnesota is a comprehensive healthcare system that contracts with all major insurers. Salary and benefits are competitive. Send resume and cover letter to Missy Fisher, Mgr, Clinician Recruitment, Park Nicollet Clinic/HealthSystem Minnesota, 3800 Park Nicollet Blvd. - 7N, Minneapolis, MN 55416; fax: (612) 993-2819; email <fishem@hsmnet.com>; for additional information call Missy Fisher (612) 993-6025/toll free (888) 437-5004 or Eric Larson, MD (612) 993-3307

Members on the go!

Transfer In:

Joseph Bebchuk, MD
Practicing—Park Nicollet Clinic

New General Member:

Shirlene Sampson, MD
Practicing—Mayo Clinic

Reinstate:

Kenneth Kemp, MD
Practicing—St. Cloud VAMC
David E. Olson, MD
Practicing—Cambridge Medical Center
Silvia Romero, MD
Practicing—Minneapolis

September 18

MPS Women Psychiatrists Committee presents

Vivian Burt, MD

Call MPS or check the website
<www.mnpsychsoc.org> for more information.

Clinical pearls from Bill Diessner

By Bill Diessner, MD

Ed. note: Dr. Bill Diessner, recipient of the MPS Private Practitioner of the Year Award, offers several practical clinical techniques gleaned from his many years of practice.

I'd like to share several techniques that I've learned over the years that seem to help people make some significant changes in their lives. They are cognitive techniques that derive from no specific dynamic formulation, but relate to helping people recognize they have more control in their lives than they think.

1. I have found four questions in the initial interview to be very productive in providing additional history. I ask about memories of "your happiest moment, your worst intense anger, your greatest fear, and your worst sadness."
2. Many people have failed to adequately individuate, so they believe whenever they agree with anyone the other person is controlling them. In the mental status examination I've added this: "I am going to ask you two questions about control.

The first is—"If I tell you something and you disagree with me, who is in control of you, you or me?" Only a few will respond that I am in control of them. As soon as they finish their response I say—"The second question is, 'If I tell you something and you agree with me, who is in control of you, you or me?'" (I often need to repeat this a second time.) A significant number will respond that I am controlling them, and for these I will ask "who made the decision to agree or disagree, you or me?" When they respond—they did, I ask "If you made the decision to agree or disagree, who is control of you?" When they recognize their own control, I ask them to ask me the same two questions. To get beyond words, I ask the person to move to a different chair, asking who made the decision to move and who implemented the action. After recognizing their self control I ask them to ask me to move, again commenting about who is controlling me. A frequent comment after all this is "I never thought about it that way." I ask patients to practice this with additional significant figures in their lives, and there frequently is an emotional shift, with more self esteem and less distress with others. The quality of the therapy with me changes in patients with Axis I and Axis II diagnoses as well as people with chemical dependency.

3. To help patients clarify the influence of medication, I keep several different colored placebo capsules available. I show them to a person, asking which one carries a message saying "stand up" or "sit

down," or which one carries a message telling them to think I'm safe or dangerous, e.g. medication controlling them. This helps them understand their own volitional choices affect their emotional experience.

4. Another cognitive technique helps an individual break through the "you made me angry" belief—how one's attitude affects their emotional state. After I've established a little rapport with the patient I will ask to demonstrate something to

them. I will move directly in front of them, then very quickly wave my hand very close to their face. A few moments later I will do exactly the same thing. I then ask "What did you think of me each time and how did you feel each time?" Most people quickly connect the idea that they were

frightened of being struck the first time, but the second time they felt safer and their anxiety was less. I then remind them "you saw me do exactly the same thing twice, and by changing your attitude you changed how you felt." I then describe a one-two-three step process which I ask them to use: (1) Observe, (2) Think about it (3) The emotional response. I remind them that "two" is how they interpreted negative experiences with people in the past, and whether this same interpretation is appropriate now with different people in the present.

These cognitive techniques may seem a bit artificial, but time and again I have seen people utilize them and achieve significant emotional change in their lives.

***There frequently is
an emotional shift,
with more self esteem
and less distress...***

MPS resolutions at MMA

MPS introduced several resolutions for consideration at the MMA Annual Meeting being held in Duluth this September. MPS members of MMA attending the meeting are encouraged to support the following resolutions :

- Patient protection in UR for psychotherapy review,
- Plans cover out-of-network MDs' prescriptions,
- Oppose carveout of MI and CD benefits,
- Endorse increased use of methadone maintenance therapy.



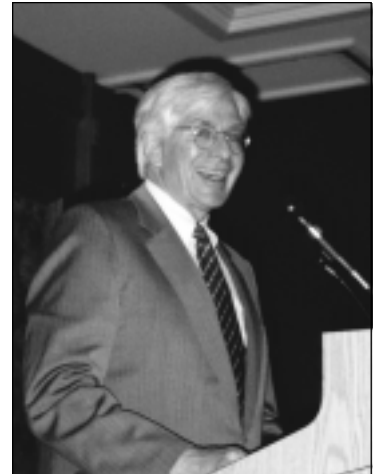


Moments *from the...*

On June 8, MPS recognized the outstanding achievements and distinguished service of several members and colleagues in the community. The dinner meeting featured APA President Daniel Borenstein, MD who offered the keynote presentation, "APA Initiatives." The award winners are noted in the box below.



Dr. Floyd Anderson presented the award for Private Practitioner of the Year to Dr. A. W. "Bill" Diessner.



APA President Daniel Borenstein enjoys a light moment during his keynote address.



Drs. M. Kevin O'Connor and Mike Koch, MPS Ethics Committee chair and member, were onhand to thank Dave Bunde, JD, for his in-kind legal consultation over the years with an award for corporate service.



Dr. Joe Westermeyer congratulates Dr. Judith Kashtan with the Distinguished Service Award.



New APA President Dr. Daniel Borenstein gets some presidential advice from MN Patient Physician Alliance (MPPA) president and MPS past president Dr. Lee Beecher.



Drs. Richard Kokkila, James Becker, Frank Koss and Laura Calderwood came from Willmar to participate.



MPS past president, Dr. Ron Groat receives the Presidential Service Award from president Dr. Galen Stahle.



2000 Recognition Dinner



Josephine Marcotty, winner of the Excellence in Media Award, spoke of reducing stigma and informing the public through a partnership with psychiatrists. Dr. Karen Dickson presented the award.



St. Paul teacher Helena Mustonen accepted the MN Essay award for Jeremy Breezee who was at his high school commencement. This was the first year MPS and the Education Network sponsored the APAA's national "When to Tell a Secret" Essay Contest.



Dr. David Boyd caught up with Bonnie and Dr. Daniel Borenstein, APA president and a friend from residency.

Congratulations Award Winners

Practitioner of the Year

A. William "Bill" Diessner, MD

Distinguished Service
Judith Kashtan, MD

Presidential Service
Ronald Groat, MD
MPS President 1998/99

Gloria Segal Awards
Carol Pearson Susan Swigart

When Not to Keep A Secret Essay Contest
Minnesota Winner:
Jeremy Breezee

Community Service
Pete Feigal

Excellence in Media
Josephine Marcotty, StarTribune

Corporate Service
David Bunde, JD, Fredrikson & Byron, PA

Feature pictorial



From MPS Neighborhoods

From the Mayo Clinic

Ed. Note: This concludes the review of Mayo staff which began in the last issue of Ideas of Reference.

• Bruce Sutor, MD has returned to Mayo from St. Cloud where he was in practice for two years. Bruce graduated from Mayo Medical School and completed his residency here as well. Among many other things he will be working as a consultant to the Department of Family Medicine.

• Marchant Van Gerpen, MD is a graduate of Tulane Medical School and completed her adult residency at Tulane and a geriatric fellowship at the Minneapolis VAMC. She joins the section of Medical Psychiatry. March's research interest is mania in the elderly.

• Jon A. Van Loon, MD has joined the section of Community Psychiatry following completion of his residency at Mayo. He is busy editing the third edition of *A Pocket Reference For Psychiatrists* to be published by APA Press this fall. Jon, who constructed and maintains the MPS website has been given institutional support to develop computer animations to aid in the teaching of basic neuroscience.

• Katherine Moore, MD is a graduate of Emory University Medical School and completed her adult residency at Mayo. She will be working with Dr. Lawrence Martin and colleagues in the section of Community Psychiatry.

• Keith G. Rasmussen, MD who comes to us from the Medical College of Virginia, has been named Associate Director of our new Neuropsychiatric Therapeutic Procedures Center. Keith is a graduate of the Medical College of Virginia; did his residency at Emory University and completed a fellowship in electroconvulsive therapy with Richard Abrams in Chicago; has published a number of outstanding papers on ECT and is on the editorial board of *Convulsive Therapy*.

• Mark Williams, MD has returned to Mayo where he completed his residency in 1990 and has joined the division of community psychiatry. He did a fellowship in cultural psychiatry at Oklahoma with Joseph Westermeyer and worked at The Center for Victims of Torture in Minneapolis. He also was co-director of the Center for International Health at Regions hospital before moving to Rochester.

The energy and enthusiasm of this new group of colleagues has certainly invigorated many areas of clinical practice and academic activity in the department and should serve us well as we strive to better meet the needs of a very diverse patient population.

M. Kevin O'Connor, MD

From the U of M Psychiatry Training Program

The University of Minnesota Department of Psychiatry congratulates our graduating residents and fellows who were recently honored at a graduation banquet held at Windows on Minnesota in the IDS Tower.

Following dinner and an awards ceremony, our new Department Head, S. Charles Schultz, MD spoke to the graduates on their academic accomplishments and stressed the pride that both the residents and their families should feel in having worked so hard and so successfully to achieve their professional goals.

Residents receiving academic awards included Katherine Daly, MD who was selected as the Pfizer Psychiatry Resident of the Year. Steve Manning, MD was named Resident Medical Student Teacher of the Year and Sohail Shiekh, MD was awarded the Janssen Psychiatry Resident Award of Excellence. Each resident class then presented Teacher of the Year Awards to psychiatry faculty. PGY I Class: Steve Hermann, MD; PGY II Class: Sheila Specker, MD and Bill Orr, MD; PGY III Class: Scott Crow, MD and PGY IV Class: Willem Dieperink, MD.

PGY IV residents graduating at the end of this academic year are Biljana Capra, MD, P. Reddy Gumbula, MD, Katarzyna Litak, MD, Steven Manning, MD, Jill Nasby, MD, Joanna Poniatowicz, MD, Kathy Selmo, MD, and Sohail Shiekh, MD. An addiction Psychiatry Certificate was presented to Kathy Cody, MD; Geriatric Psychiatry Fellowship Certificate to Jamnadas Patil, MD, and Child and Adolescent Psychiatry Certificates to Katherine Daly, MD and Syeda Baig, MD.

Most of these graduates will either be assuming clinical positions in our community or entering University of Minnesota advanced fellowships. We welcome all of these new graduates as our colleagues and encourage them to become active participants in the Minnesota Psychiatric Society.

William Clapp, MD

From the Hennepin-Regions Psychiatry Training Program

We have graduated our second class of residents and are ready to start a new year. Krishna Mylaparavu MD will be taking a staff position as an inpatient physician at HCMC. Waqar Azeem, MD has gone to Boston to continue his training in child and adolescent psychiatry. Our third graduate, David Lopez MD, will enter the private practice world and begin a practice providing both inpatient and outpatient services.

We have six new, eager G1 residents, all of whom are already busy with their internship year. Iris Medini, Christine Stanson, Alex Solovey, Shane

Continued on page 19

Seclusion and restraint update

HCFA has published its final “Interpretive Guidelines” on the Patients’ Rights Condition of Participation for Medicare/Medicaid Hospitals. These are the “blueprints” that government surveyors use to determine compliance. They include the controversial standards restricting the use of seclusion and restraint of psychiatric and medical/surgical patients, including the requirement for a face-to-face assessment of psychiatric patients placed in seclusion or restraint within one hour by a physician or licensed independent practitioner as appropriate. References to “chemical restraints” were dropped at APA’s urging.

But JCAHO revised Seclusion and Restraint Standards do not include a requirement for a face-to-face physician assessment within the hour. However, HCFA has indicated that facilities must comply with the one-hour standard, rather than being granted “deemed status” for Medicare and Medicaid under the different JCAHO Standards. These two developments suggest that there will be stepped up surveys for compliance with the HCFA Standards on Seclusion and Restraint. APA continues to seek changes to the HCFA Standards.

New practice management resources

The APA Office of Healthcare Systems and Financing has available a number of brief summaries of topics excerpted from the APA publication *Psychiatric Practice and Managed Care*.

These are short, yet comprehensive topic reviews, with titles including: Medicare Coding and Compliance, Practice Management Software, Terminating Patient Relationships, Outcomes Assessment, Guidelines of Practice for Managed Care Reviewers, The AMA’s Definition of Medical Necessity, CPT Coding: Avoiding Problems, Opting Out of Medicare and Pharmacy Benefit Management.

APA members can obtain these reviews by calling the APA Office of Healthcare Systems and Financing at (800) 343-4671.

Comparative formulary available

The Minnesota Council of Health Plans has published the Minnesota Outpatient Formulary Guide, listing formulary medications available for the major health plans in Minnesota.

These formulary guides are now updated every six months, and are also available at the MN Council of Health Plans website— <www.mnhealthplans.org>.

The formulary guides are sent to all Minnesota physicians, and together with the website should be useful resource for prescribing medications covered by a particular health plan.

Police unaware of Tarasoff ruling

In a survey of 100 police stations in two states, only 24 had a policy on Tarasoff warnings, according to a report in the June *Psychiatric Services*. However, 80 percent of police officers interviewed said that if warned by a mental health professional, they would notify potential victims.

Message to psychiatrists: Don’t assume that a call to the police is an acceptable method of complying with the Tarasoff rule. The authors say police need more training to better protect potential victims in Tarasoff warning cases.

Allina Telemedicine Network

Allina Behavioral Health Services is participating in Allina’s Clinical Education Telemedicine Network. The mental health programs are presented monthly, usually at 7:30 a.m., and are accredited for CME. The programs present a wide variety of topics.

The conferences are sent to all Allina hospitals in the metropolitan area, as well as a large number of community hospitals throughout the state served by the Allina Telemedicine Network.

For a schedule of conferences and locations, call Krista Lee at (612) 775-9606.



You can make the difference!

by Judith Kashtan, MD, Public Affairs Chair

Spend the evening on Tuesday, October 3 attending the third annual fall meeting sponsored by MPS and our public affairs partners of the Education Network for Mental Illness. This year our topic is confidentiality. Join us for this marvelous opportunity to break down negative images of psychiatrists by simply showing the interest to be there. Plan to attend and interact with patients, family members and community advocates. Dinner is provided and the meeting is being held at the Hennepin Avenue United Methodist Church in Minneapolis. Registration begins at 5:15 pm and the dinner/program will begin at 6:00 pm.



APA Report

Medicare and Coding

By Deane C. Manolis, MD

At the recent APA Annual Meeting, the APA Medicare Advisory Committee launched a national effort to challenge arbitrary Medicare rule-making by the Healthcare Financing Administration (HCFA) and the state Medicare carriers.

Historically, HCFA has issued broad regulation and interpretation of Medicare law, and local carriers have expanded and refined regulations according to local circumstances. Unfortunately, the result has been wide variation in coverage and payment issues for Medicare around the nation. Each carrier is required to have a Carrier Advisory Committee (CAC) composed of physicians of all specialties, charged with helping to establish local policies. Psychiatry has been inconsistently represented in CACs across the country, although MPS has had a representative since CACs were established in 1992.

APA has heard many reports of problems with inconsistent Medicare policy over the years, and attempted to establish a network of district branch CAC representatives. This became a priority within the past six months, and the first organized Medicare Advisory Committee meeting was held in May.

The meeting was very well attended, with many CAC representatives reporting on problems and strategies in their states. "Down-coding" by carriers was a common theme, as well as limits on psychotherapy, and various interpretations of medication management codes. Committee Chair Ed Gordon, MD, of New York and APA staff Sam Muszynski, JD, oriented committee members to HCFA and carrier functions, and provided an overview of APA plans for the committee. Medicare policies are particularly important, as other insurers tend to follow policies established by Medicare. APA is asking district branches to communicate proposed policies, and will assist in challenging inappropriate policy changes. A website has been established which will facilitate communication between district branches as well between APA and district branches.

Coding and Documentation

Chester Schmidt, MD, and Tracy Gordy, MD, of the APA Work Group on Coding and Reimbursement, presented a workshop at the recent APA Annual Meeting. APA members attending the workshop had many questions about coding, particularly about the use of psychiatric diagnostic interview (90801), medication management (90862 and M0064), and the evaluation and management codes (99__series).

Drs. Schmidt and Gordy reminded APA members

that the AMA originates all CPT codes, using specialty organizations for advice. There are no specific new coding issues upcoming for psychiatry. Dr. Gordy made several points about documentation, indicating that HCFA agreed that a mental status examination may substitute for a physical multi-system examination in documentation for psychiatric patients in the E/M 99__series. He also noted that there are no national standards for the 908 (psychotherapy) series, but that many local carriers have standards for documentation in their policies.

The workshop leaders noted that many psychiatrists have difficulty with coding and documentation and that if both were better understood, increased reimbursement would be likely. Unfortunately APA's attempt to set up day-long coding and reimbursement workshops have been uniformly poorly attended.

Some specifics from this brief workshop:

Many Medicare carriers and other insurers are requiring specification of time for use of 90862 code. A federal court ruled that time should not be required. The CPT panel thought that 90862 should fall somewhere in the range of level III (15-20 minutes) to level IV (25-30 minutes) in the E/M coding series. It would then be roughly equivalent to internists who report three level III in one hour. The workshop leaders recommended using a level III E/M code for uncomplicated medication management rather than an M0064 code.

Psychiatric diagnostic interview (90801) may be used for several visits close together for a complex evaluation, particularly with children, e.g. when parents or other care givers are seen separately. 90801 can be used whenever there is a significant change in patient condition, or hospitalization, or a new episode of treatment. It should not be used more than once in three years on a stable patient seen continuously, but may be used again if there is no billable service in a two year period.

Medicare should reimburse at the 80% level for dementia patients when services are coded as evaluation and management. There have been some denials of psychotherapy services when patients have dementia, even when psychotherapy is appropriate in the early stages of dementia. Under these circumstances it is appropriate to use a primary diagnosis (depression, anxiety, psychosis) with dementia as a secondary diagnosis.

The bottom line—psychiatrists should use the variety of codes that are available depending on the

Continued on page 19

Psychiatrists needed for APA research

- Would you like proof that your treatment of major depression helps your patients?
- Do you want direct feedback from your patients about their progress and compliance with treatment?
- Would you like to receive real-time patient reports to track progress over time?
- Would you like free use of internet-based Outcomes Management System (OMS)?
- Would you like to be a part of a national research initiative to assess the effectiveness of psychiatric treatments for major depression?

If you say yes to any of these questions, then contact "Quality Care 2000" at <www.netoutcomes.net>. To be eligible to participate in Quality Care 2000 you must be a member of the APA, have access to the internet, and treat adult outpatients with major depression.

APA/NetOutcomes Quality Care 2000 is a collaboration of the APA and University of Arkansas Center for Outcomes Research and Effectiveness. For more information contact the APA at (888)286-6248 or e-mail

<QC2000@psych.org>. You can also call the Center for Outcomes Research and Effectiveness at (877) 567-2773, or e-mail <netoutcomes@exchange.uams.edu>.

Psychiatry gains strength in AMA House

When the AMA House of Delegates met in Chicago June 11-15, the APA was represented in record numbers with seven delegates and seven alternates. APA Section Council Chair Joseph T. English, M.D., led the delegation, which reflects the diversity of APA membership, as it advocates APA's position on key issues facing the House.

In a resolution, APA and the American Academy of Child and Adolescent Psychiatrists called on AMA to work with medical specialty societies and state societies on a project to enhance physician advocacy related to non-physician scope of practice legislation and regulations.



Psychiatrist Members

as of
July 15, 2000:

30

NAMI-MN
970 Raymond Avenue
Suite 105
St. Paul, MN 55114

APA fall meeting in Philadelphia

The APA's 52nd Institute on Psychiatric Services, themed "Psychodynamic Psychotherapy" will be held at the Marriott Hotel in Philadelphia, October 25-29, 2000. The Institute will feature workshops, innovative programs, forums, clinical consultations, debates, and medical updates, as well as industry-supported breakfast, lunch and dinner symposia on a variety of topics.

Earn up to 48 hours of CME, and visit the exhibit hall for daily receptions and prize drawings. For a preliminary program, which includes registration, housing and air travel forms, call the APA toll-free at 1-888-357-7924.

A Little Perspective

Pythagorean theorem: 24 words
The Lord's Prayer: 66 words
Archimedes' Principle: 67 words
The 10 Commandments: 179 words
The Gettysburg Address: 286 words
The Declaration of Independence: 1,300 words
The US Government regulations on the sale of cabbage: 26,911

And what do you think a single payer system would look like?

Barry Herman, MD
Austin, TX



Assembly continues APA reorganization

By Deane C. Manolis, MD
APA Assembly Representative

The APA Assembly met May 12-14, 2000 in Chicago, just prior to the APA Annual Meeting. Assembly Representatives Michael Koch and Deane Manolis attended for the Minnesota Psychiatric Society.

In a process that began with strategic planning several years ago, the Assembly continued to participate in the reorganization of the APA and cut its own budget by 27% for the remainder of this year and 2001. With this and other budget cuts and reallocation of funds throughout the APA, nearly 2.4 million dollars annually will be available for distribution to district branches and for public advocacy and educational initiatives.

Of most interest to MPS and other district branches will be the new funding from APA to DBs. With the focus on retaining early career psychiatrists in the membership, the APA will reimburse district branches in order to provide a graduated dues schedule for ECPs in the first five years of practice following residency (there also will be a reduction in national ECP dues). Also, the APA plans to share non-dues revenue with the district branches in a formula yet to be decided.

The Assembly agreed to these budgetary changes in the face of some sobering information from APA leadership. Although the APA remains in solid financial condition, there has been a significant loss of membership due to the final dropping of members who have been carried on the rolls for several years without dues payment. The APA treasurer estimated that there are now about 34-35,000 APA members, down from 40,000 in the mid-1990s.

One of the most controversial topics in a generally uneventful meeting was an action paper on term limits for the Assembly. This was supported vigorously by the Early Career Psychiatrists Committee, reflecting the concern of many younger psychiatrists that in some district branches, long incumbencies of Assembly Representatives prevent ECPs from assuming leadership roles. After much discussion, the Assembly agreed to survey individual District Branches to determine the priority of establishing term limits.

In another belt-tightening decision, the Assembly Committee on Early Career Psychiatrists and the APA ECP component will be merged. The Assembly also asked Medical Director Steve Mirin to study the feasibility of merging the fall Component Meetings with the fall Assembly Meeting and report back to the Assembly in one year.

The Assembly approved a position statement opposing "Reparative Therapy" with a goal of changing homosexual to heterosexual orientation. The

Assembly also approved a condensed statement on Memories of Abuse, making it much more readable and understandable. The eleventh Practice Guideline on Treatment of HIV / Aids was approved, and it was noted that the first ten guidelines are now published together in a compendium. The practice guidelines will be summarized for quick reference guides and for public information guides.

The Assembly also gave final approval to an action paper that was supported by the APA Ethics Committee: any sexual relationship with family members of patients will be deemed unethical. This will be added as an annotation to the AMA / APA Code of Ethics.

As in other meetings, the Assembly passed a number of action papers supporting the doctor-patient relationship, and advocating against managed care organizations. An action paper asking the APA to campaign against psychiatric "carve outs" passed, and provided a model for a similar resolution for the MN Medical Association meeting in September 2000.

Because some district branches continue to have difficulty defining the role of Assembly Representative, a "position description" was written and passed, with a recommendation to publicize it widely among the district branches. A copy of this job description follows on page 17.

As before, your Assembly Representatives are available for any questions or concerns about APA activities as well input to be brought to the APA. By way of reminder, Assembly actions are usually not final and action papers need Board of Trustee approval before they become policy of the APA. We expect to be one of your connections with the national organization!

APA Area Rep. job description on page 17

MPS goes tropical in Chicago



Drs. Tracy Tomac, Steve Altchuler and Annette Smick take a break at Trader Vic's.

At the May APA meeting, MPS hosted a reception for members and friends in the tropical Luau Room in Trader Vic's restaurant in Chicago's Palmer House Hotel. The tiki torches were aflame; the mai tais were delicious—and the leis were plastic. (Two out of three isn't bad!) Our thanks to everyone who came to the reception.



APA Assembly Representative

Ed. note: This job description is printed as an addendum to the Assembly report on page 16.

Principles

- S/he communicates information between the District Branch and the Area/National Assembly.
- S/he represents the membership, and therefore is encouraging and nonjudgmental in response to questions or requests from general members.
- S/he recognizes that her/his primary role as Assembly Representative is to serve the organization, and not to use the position in a self-serving manner.

Responsibilities

An Assembly Representative should be present and active at Assembly, Area and DB Meetings.

Whenever possible, the most experienced Representative participates in the DB Executive Committee.

An Assembly Representative actively participates in Assembly activities, including Action Papers, Reference Committees, and in liaison to APA Committees, Components and Councils.

The Assembly Representative gathers information from the DB membership and leadership regarding pending action papers. Whenever

possible, the Representative should represent the interests of the DB during Assembly floor or Area debates.

The Assembly Representative must have an “ear” to the professional needs of the DB membership and their patients and, whenever possible, craft action papers that represent specific DB membership/patient problems and propose effective and feasible actions. The DB and Area should review such action papers prior to submission for Assembly consideration.

The Role of the DB Representative

- Communicator for the DB to the Assembly.
- Communicator for the General Member to the DB and to the Assembly (both directions).
Resource for the general membership regarding mechanisms by which the APA may respond to their needs.
- Reporter, verbally and in writing, of Assembly activities to the DB membership, Council and Executive Committee (Actively utilizes DB listserv, newsletter and other means of communication).
- Brings DB and member concerns and requests for action to the Assembly.
- Actively seeks opportunities to talk and meet with DB members to solicit their views and objectives, and to convey to DB membership the work of the Assembly.
- Enables, through his/her person, the APA to respond to individual, local, regional, and national issues of interest to the care of psychiatric patients:
e.g., spearheads local legislative efforts related to APA initiatives;
e.g., spearheads local public efforts related to APA initiatives.
- Recruits residents and fellows to become members and active in the DB and APA.
- Serves as a mentor to interested new Assembly Representatives, MIT's or ECP's.

Outcomes

The Executive Council of the DB should provide feedback to each Representative annually regarding satisfaction with their communication of APA related information. Ongoing, satisfactory performance will result in nomination for reelection.

As issues are generated emanating from the general membership, or from the DB Council, each

Representative assumes responsibility for crafting an action paper focused on the issue, which is submitted for discussion at the Area Meeting and may be deliberated upon on the Assembly floor.



Continued...

Legislative wrap-up

Continued from page 6

interest that can be assessed is 1.5 percent per month. The new law will not take effect until January 1, 2001 and applies to all health plans, insurers and third party administrators. This legislation was ultimately negotiated between representatives of the state's major health plans and health care provider organizations, including MPS and the Minnesota Medical Association.

Commitment: 16 -17 Year Olds

Through the efforts of State Representative Mindy Greiling, a change was made in the state law relative to 16 and 17 year olds who are committed for mental health treatment. **Under this new law, a 16 or 17 year old who refuses treatment may be admitted for mental health treatment with the consent of a parent or legal guardian.** Prior to the involuntary treatment, an independent examination must be conducted to determine reasonable evidence that the teen has a mental illness. This change mirrors a law change that was made last year for inpatient chemical dependency treatments for this age group. Prior to these changes, treatment was terminated if the teen refused treatment. The new law is effective August 1, 2000.

Another change in commitment law is designed to provide better information to families of committed patients. The new law requires that notice be given to every committed patient that they can authorize the release of information to a designated spouse, parent, child or sibling. Proponents of the legislation including Rep. Greiling were concerned that hospitals, in order to protect patient privacy, routinely deny information to family members. This new notice of the right to request patient information is also effective August 1, 2000.

Commitment: Sexual Predator

In an attempt to assure that sexually dangerous persons are not released from the criminal justice system without a review, new legislation authorizes county attorneys to gain access to prisoner records without their consent. The county attorney can petition the court for an order granting access to records or data for determining whether good cause exists to file for a commitment as a sexual psychopathic personality or a sexually dangerous person. The court may grant access without consent if the Department of Corrections refers the case for commitment and the requested category of data is relevant to the determination by the county for commitment.

The county attorney shall notify the affected person of this procedure. However, notice to the proposed patient need not be given if such notice may result in harm or harassment of interested persons or potential witnesses. This law is effective August 1, 2000.

Complementary and Alternative Medicine

A bill that provides for regulation of practitioners of alternative medicine was enacted. This was perhaps the most hotly contested health care issue of the session. Eventually, proponents and opponents of alternative medical practice were able to agree on compromise legislation that institutes at least some state oversight of this growing profession without actually authorizing its practice through full licensure. The Complementary and Alternative Health Care Act establishes an Office of Unlicensed Complementary and Alternative Health Care Practice within the Department of Health to oversee and take disciplinary action against these practitioners. The legislation does not require licensing or registration nor does it establish any educational criteria for these practitioners. It does however mandate certain consumer disclosures and require complementary and alternative medical practitioners to comply with many of the state consumer protection laws that apply to licensed health care providers. It also gives the health department authority to investigate consumer complaints and to suspend a practitioner's right to practice in the state. Several opponents of the original proposal including the state Board of Medical Practice and the Minnesota Medical Association were convinced that this legislation would grant at least some level of consumer protection to patients of these practitioners where basically little protection exists today.

This compromise legislation was modeled after the Bureau of Unlicensed Mental Health Practitioners, which is located within the health department and provides oversight and regulation of unlicensed therapists and counselors. Nothing in the new statute requires third party payment for alternative medical treatment. This law is not effective until July 1, 2001.

Contract Stacking

A new law sponsored by the MMA prohibits what is referred to as "shadow contracts" or "contract stacking" by health plans or health insurance companies. A health plan cannot automatically require a physician to participate in a provider network under a "category of coverage" for which the existing contract applies without the consent of the physician. The three categories of coverage to which this law applies to are 1) health insurance, 2) automobile insurance medical benefits and 3) workers' compensation medical benefits.

Basically, physicians who are participating in a health plan's health insurance network will not be required to participate in that health plan's managed care network for auto or workers compensation insurance medical benefits without their consent or without a separate contract for that line of insurance. This new law is effective August 1, 2000.

Medicare Coding

Continued from page 14

service they perform, along with accurate and concise documentation of that service.

In this psychiatrist's experience, the APA publication CPT Handbook for Psychiatrists (2nd edition), has been extremely helpful in understanding coding, and optimizing reimbursement. The book, by Chester Schmidt, offers a good deal of information, and includes some vignettes of typical situations for a number of the CPT codes.

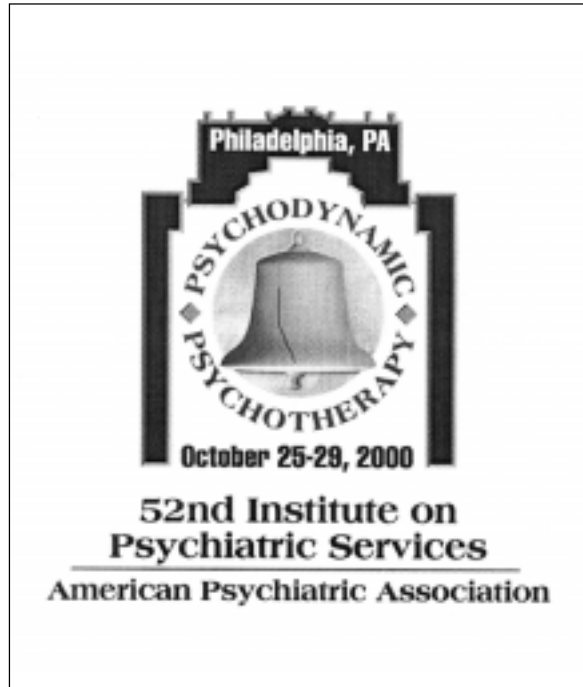
From Hennepin-Regions Psychiatry Residency Training Program

Continued from page 12

Wernsing, Heather Berg-Patel, and Elizabeth Sawinski have all joined the program as this year's new residents. I am looking forward to working with all of them over the next four years.

I would like to thank all of the MPS members who have sent responses about their willingness to act as a mentor to a resident and help them learn the art and skill of public speaking. I am excited about getting the residents out into the community!!

Elizabeth Reeve, MD



Professional Office Space

Available in Shoreview/North Oaks. Nearby conference facilities, shopping, and restaurants. Contact Penny or Jack at (651) 486-0122.

Positions Open

Hennepin County Mental Health Center is seeking applicants for staff psychiatrists. Openings are on the Acute Care Team and the Older Adult/Outreach Team. Competitive salaries and a generous benefit package. Please call Paul Traugh, LICSW at 612-347-5793 or fax your c.v. to 612-904-4345

Minnesota Psychiatry Opportunities

Practice opportunities are available for board certified / board eligible Psychiatrists in the following communities:

**Albert Lea • Austin • Duluth •
Hibbing • St. Cloud**

Minnesota Center for Rural Health
placement services include:

- Matching positions that meet your personal needs
- Loan repayment information
- Substantive contract review and negotiation assistance
- Objective, accurate information on specific medical practice opportunities

For More Information Contact:
Minnesota Center for Rural Health
600 E. Superior Street, Suite 404
Duluth, MN 55802
Phone: 800-997-6685
Fax: 218-727-9392
www.ruralcenter.org/mcrh

Continued...



Calendar

- July 28** Psychopharmacology Update 2000. Marriott City Center Hotel, Minneapolis, MN. For more information, call (651) 407-1873.
- September 27-29** "Full Circle: Building on Successes," Minnesota Association of Community Mental Health Centers Annual Fall Meeting, Maddens Resort, Brainerd, MN. For more information call (651) 642-1903.
- October 1-7** Mental Illness Awareness Week. Watch for information on upcoming events in the mail. For more information, call (651) 407-1873 or check the website at <www.mnpsychsoc.org>.
- October 3** "Coming Together Around Confidentiality" Hennepin Avenue United Methodist Church, Minneapolis, MN Sponsored by MPS in collaboration with the Education Network of MN. For more information, call (651) 407-1873.
- October 5** Depression Screening Day
- October 25-29** The APA's Institute on Psychiatric Services, "Psychodynamic Psychotherapy," Philadelphia, PA. For more information or a preliminary program including registration, housing and air travel forms, call the APA toll-free at 1 (888) 357-7924.

MINNESOTA PSYCHIATRIC SOCIETY

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

Address Service Requested.

Bulk Rate
U.S. Postage Paid
Permit No. 1435
St. Paul, MN 55101