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## Ideas of Reference

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



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## Primary Election Report

Dominic Sposeto, MPS

Probably the lead story out of August's primary election was the lower than expected voter turnout. Even with a hotly contested Republican gubernatorial primary, voter turnout according to the secretary of state was an abysmal 9.8%. Political prognosticators including the Secretary of State Mark Ritchie had predicted 13 to 15 percent of registered voters would show up at the polls.

Governor: The Republican Governor's primary winner was party-endorsed candidate Jeff Johnson, a Hennepin County Commissioner. He defeated businessman Scott Honour, former state House of Representatives member Marty Seifert, and former Speaker of the House Kurt Zellers to win the Republican gubernatorial nomination with 30% of the vote. Zellers came in second with 23%. Many pundits thought the race would be a toss-up with Zellers and Johnson

fighting it out to the end. Johnson took an early lead and it never got close. Obviously, the party endorsement accounted for a great deal in the four-way race.

The Republicans should be concerned. Even with a four-way primary, considerable advertising (mostly anti-governor Dayton) and the attention of a contested race, Mark Dayton polled 704 more votes than all four Republican candidates combined.

Johnson is a 47-year-old Hennepin County Commissioner who was born and raised in Detroit Lakes. After attending law school, Jeff worked for several law firms and as an attorney with Cargill. He was elected to the House of Representatives in 2000 where he served three terms. In 2006, Johnson was the losing Republican candidate for attorney general. During the next election, Johnson

*(Continued on Page 5)*

## ABPN Enacts Maintenance of Certification Changes Urged by APA

Reprinted – *Psychiatric News Alert*, Wednesday, May 21, 2014

The American Board of Psychiatry and Neurology (ABPN) has revised several of the requirements in its Maintenance of Certification (MOC) program to make them more flexible for psychiatrists. APA had argued for the changes extensively over the last year after hearing protests from many of its members.

Beginning immediately, the ABPN said, feedback modules now will require that diplomates collect feedback from only one of the following options, making patient surveys just one of the options: five patient surveys, five peer evaluations of general competencies, five resident evaluations of general competencies, 360-degree evaluation of general competencies with five respondents, institutional peer review of general competencies with five respondents, or one supervisor evaluation of general competencies. In

addition, requirements for the 10-year MOC program have been modified to include 300 Category 1 CME credits, 24 Category 1 credits from self-assessment activities, and 1 performance-in-practice (PIP) unit.

Another change is that Lifetime Certificate holders will no longer be referred to as "not participating in MOC." ABPN will instead categorize them as "not required to participate in MOC." Also, Qualifying Quality Improvement projects will now satisfy PIP requirements for chart review.

Commenting on the changes, APA President Paul Summergrad, M.D., said, "APA is gratified to see that the American Board of Psychiatry and Neurology has added greater flexibility to its Maintenance of Certification program for psychiatrists. These changes allow more options in several key categories

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Ideas of Reference

The newsletter of the Minnesota Psychiatric Society is published bi-monthly: Jan-Feb, Mar-April, May-June, July-Aug, Sept-Oct and Nov-Dec 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 editors.

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Editor's Column

Welcome, New Members!

Allison Holt, MD

We have many new MPS members this year and here follows an introduction to two of them:

- My name is Laura Pientka and I am a PGY-1 in the University of Minnesota Psychiatry Residency Program. I was born in South Korea, adopted at 5 months of age, and raised in White Bear Lake, Minnesota. I graduated from college in 2009 from the University of Minnesota where I received my BS in Biology with minors in Spanish and Korean. In May I graduated from medical school at Des Moines University. My interests in psychiatry include cultural psychiatry, forensic psychiatry, first episode psychosis and child and adolescent psychiatry. I enjoy traveling, spending time with my family and friends, going to Minnesota Wild hockey games, skiing, and being an amateur "foodie." I am so fortunate to be back in the Twin Cities and look forward to continuing my education and training here.
My name is Justin Miles. I am from Minnesota and did my undergraduate, medical school, and am doing my residency training at the University of MN. I will graduate from residency in June of 2015, and after residency I am hoping to practice outpatient and nursing home psychiatry. Outside of psychiatry, I enjoy sailing, traveling, and hiking.
I am Maria Harmandayan and I joined MPS last winter and currently serve as the Early Career Psychiatry representative on the MPS Executive Council. Originally from Canada, I completed medical school at the University of Toronto before coming to Minnesota for psychiatry residency training at the Mayo Clinic, where I stayed on to complete a fellowship in Psychosomatic Medicine. I am a staff psychiatrist at the VA and have a special interest in telepsychiatry. I have also become involved with the Minnesota Medical Association, serving on the MMA's Health Care Access, Financing & Delivery Committee. I am currently earning my Executive MBA through the Carlson School of Management at the Uof M, and I hope to apply my learning to improving mental health care delivery in Minnesota and beyond. I am an active member of the Sierra Club, spending my time outside of work and school mountaineering and trying to preserve Minnesota's natural beauty and resources.

Thank you Laura, Justin, and Maria, for becoming a part of MPS and we look forward to working with you and getting to know you further in the future. Happy fall to all! ■

MPS Fall Scientific Program

Addiction Medicine Across the Lifespan

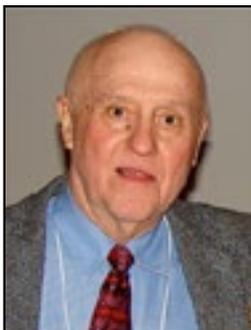
November 15, 2014

Neighborhood House at Wellstone Center

St Paul, Minnesota

TOPICS

Addiction in Adolescents, Addiction in Geriatric Populations, Managing Addiction in Family Medicine, Gambling Across the Ages, Pharmacotherapies for Substance Use Disorders, CBT for Substance Use Disorders, Poster Sessions



# Reflections

Mike Koch, MD  
MPS President

## MPS Opportunities

We are continuing our meetings outside of the metropolitan area and will have our next one with St Cloud area psychiatrists on October 2. Our next scientific meeting on addiction disorders is scheduled for November 15th. I'm confident that it will be another fine meeting. The Woman's Psychiatry Committee is meeting Nov. 22. We are also establishing a Cultural Psychiatry Committee, which is getting organized.

There has been no legislative activity except that our PAC committee met and dispensed contributions to selected members of both political parties. It's a relief to be able to let up on political activity during the summer months.

If any of you are interested in being on an APA committee please contact the APA for further information. If you are interested in a Minnesota Psychiatric Society position please contact Dr. Carrie Borchardt who is the current chair of the nominating committee.

At the time of my writing this we have a contingent who are planning to join the NAMI walk on September 27. Each year we grow in numbers and I hope this year will be the best one yet. ■

# StreetWise

Steve Harker, MD

When working on an ACT team it's very hard to sort out where to allocate resources. For example, a young man on my ACT team was hospitalized a month ago after missing medication and abusing alcohol. The day before he was hospitalized I saw him in his apartment. He had slept in a chair in a living room empty aside from a television. There was a pile of cigarette butts on the floor around the chair, mixed with pizza boxes, dirty dishes, and other trash. The food in his refrigerator was rotten and he had trouble following a simple conversation. After discharge from the hospital he remained disorganized and the ACT team struggled to provide structure for him. One case manager suggested he attend a partial hospital program, but this is where ACT differs from other services. ACT is a "One Stop Shop", so instead of using a partial hospital program we are going to organize services in the community tailored to his goals to find a job and lose weight. Even though we are very busy we will create a daily schedule for him and see him three times per day, allowing us to exercise with him, do side by side cooking, help him organize his laundry, etc. We hope this intensive approach will teach him skills so he can become more independent, allowing us to see other people more frequently when they need the support. It would be easier to refer him to the partial hospital program but that would create dependence and inhibit his ability to learn how to structure his day. ■



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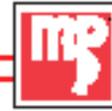


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# Going Into Business with Telemed

Zoi Hills, gpTRAC

And you thought your patients will come from your local community, your local town or your own state...wrong! Telepsychiatry companies and telemental health companies are popping all over the country. It is, by far, the fastest growing telemedicine business today. Even when a telemedicine company offers several services via telemedicine, such as Specialists On Call, telemental health is usually included in the services provided.

While the growing number of telepsychiatry companies is noteworthy, Minnesota providers should be aware that these companies, most of them national or regional, frequently, and at times specifically, target Minnesota clients. Whether due to our excellent healthcare system or our uninsured population being lowest in the nation, these companies are knocking on our door and stealing our patients.

Telemedicine companies have adopted a variety of business models. Some of these models develop their own technologies that are tailored to mental health services. Some offer electronic tools to help providers diagnose and monitor a variety of mental health issues. Some provide training on how to develop a thriving telemental health practice. Some offer clinical, business, and marketing resources to support the work of mental health professionals. Some develop online therapy applications and network development, just to name a few.

The majority of services provided are very similar. Services provided are in: Colleges and Universities; Community mental health; Correctional facilities; Critical Access Hospitals; EAP's and Wellness Centers; Emergency departments; Federally Qualifies Health Centers (FQHCs); Individual homes • Long term care facilities; Military; Native American Health Care Systems; Primary care offices; Shelters; Urgent Care Centers, and Work sites. Conditions typically treated include: Anxiety disorders; Depression and Bipolar disorders; Medication management; Obsessive-compulsive disorder; Panic and agoraphobia; Psycho-

therapy; PTSD; Relationship problems; Self esteem, self image, and eating disorders; Substance and alcohol addiction.

More questions? Contact gpTRAC, your local telehealth resource center, at 888-239-7092 or at gptrac@umn.edu. gpTRAC is one of twelve federally designated regional telehealth resource centers. Located at the University of Minnesota, gpTRAC serves six-states including Minnesota, Iowa, Nebraska, North Dakota, South Dakota, and Wisconsin. ■

## Primary Election Report *(Continued from Page 1)*

was elected as a country commissioner representing several northwestern suburbs.

Johnson's immediately priority will be to raise cash. Mark Dayton has \$850,000 on hand while Johnson had to spend most his cash on the primary election.

U.S. Senate: In the contest to see which Republican will challenge US Senator Al Franken, Sunfish Lake investment banker and political newcomer Mike McFadden handily beat out four other candidates, including State Rep. Jim Abeler. This race may receive lots of national attention if it looks close. It is one of the seats the Republicans have targeted in their attempt to gain control of the Senate. However, once again, the Democrat in a non-contested race received more votes. Al Franken received nearly 2000 votes more than all of the Republican candidates combined.

Minnesota House: There were two key Minnesota House of Representatives races where incumbent legislators were facing significant challengers from inside their own party. Both held on to advance to the general election. Longtime state legislator Phyllis Kahn, DFL-Minneapolis, won a close race over Minneapolis School Board member Mohamud Noor with 54% of the vote. When Kahn is reelected as expected in November, it will be her 22nd term (44 years) in the House.

Rep. Jenifer Loon, R-Eden Prairie, an assistant minority leader and a Commerce and Tax Committee member, survived a challenge from the right over her vote to support gay marriage. Loon bested her opponent, Sheila Kihne, with approximately 61% of the vote.

State Auditor: In the only real contest of interest on the Democratic statewide ballot, Rebecca Otto, the incumbent state auditor, defeated Matt Entenza. Entenza pumped nearly \$700,000 of his own money into the race but received only 19% of the vote. Otto captured a commanding 81 percent of the vote. Entenza, a former state representative who finished third in the 2010 gubernatorial primary, infuriated many Democrats with his last-minute campaign and harsh criticism of the incumbent. ■

**MPS Fall Scientific Program**  
**Addiction Medicine Across the Lifespan**  
**November 15, 2014**  
**Neighborhood House at Wellstone Center**  
St Paul, Minnesota

### FACULTY

- John Kelly, PhD, Harvard Medical School
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- John Lichtsinn, MD, VA Medical Center Minneapolis
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## Area 4 Summer Meeting

Michael Koch, MD

Dr. Dionne Hart, MD, was unable to attend the recent Area 4 meeting in Indianapolis, and I substituted for her. Some issues from that meeting included:

Implementation of the Sunshine Act has been delayed because of erroneous reporting. It involves only "payments" from pharmaceutical companies being reported into a database. One might want to access the database now to see if the information is correct before it becomes open to the public. The APA previously sent emails instructing how to do this.

The Assembly in May had some concerns about the upcoming practice guidelines on psychiatric evaluations. You can review this and give feedback using the APA link.

Illinois assembly members were authors of a stringent law pertaining to psychologist medication prescribing. This struggle went on for a decade and heated up during the past 2 years when psychologists regarded Illinois as a key state for this and spent over a million dollars on lobbyists. In a late compromise the Illinois members revised a physician assistant law that the psychologists finally accepted. Some provisions include that psychologists cannot prescribe for patients under 17 years or over 65 years of age or for patients with serious concurrent medical problems. They cannot prescribe benzodiazepines, opioids, or intramuscular medications. Fourteen months of undergraduate training are required and they need to pass a national certification exam similar to one required for physician assistants. Psychologists licensed to prescribe in Louisiana or New Mexico cannot prescribe in Illinois without meeting the Illinois training requirements. This prescribing law took a tremendous investment of time and effort from our Illinois colleagues with help from the Illinois Medical Society and the APA. Patient safety was a key discussion point with legislators. This was the most important discussion point at the meeting. ■

### ABPN Enacts MOC Changes *(Continued from Page 1)*

for psychiatrists while ensuring high-quality care and support for the privacy of sensitive communications. In addition, the ABPN will be working with APA and district branch leadership to help members understand the changes and meet all the requirements for MOC. We owe thanks to many groups in APA and especially the APA Assembly Work Group on MOC, which worked hard to bring about these needed changes."

Deborah Hales, M.D., director of the APA Division of Education, emphasized that "APA will continue to develop MOC products and activities to assist our members with these requirements."

Information about the MOC requirements is posted at <http://abpn.com/>. ■

## The Importance of Addressing Tobacco Reduction Among Individuals Living With Mental Illnesses

Although there has been a significant reduction in tobacco use within the past fifty years, smoking remains high among individuals with mental illness. They smoke at rates two to three times higher than the general population. Because of this and other factors, like limited access to health care, the average life expectancy for those living with mental illness is about twenty-five years less than their peers. One of the most effective ways of reducing this disparity is by focusing on tobacco reduction.

Tobacco use has many harmful effects on health and mental health. Smoking increases how quickly some psychiatric medications are metabolized. This can cause an individual to require higher doses of medication and therefore experience more side effects. There are a number of benefits to quitting smoking. It can reverse many of the negative effects that cigarettes cause and is associated with an improved mood state as well as a decrease in symptoms of anxiety.

A majority of those with mental illness who smoke express interest in quitting. By regularly asking about tobacco use and assessing interest and readiness to quit, mental health providers can help people develop a plan to quit. This may include cessation medication, a quit-line, counseling, or a health coach. Providers face a number of demands, but even short discussions with patients about tobacco use can have a great impact on length and quality of life.

In an effort to reduce the high rate of smoking among individuals with mental illness, NAMI Minnesota is providing a free, hour-long workshop to mental health providers and is available to work with mental health programs to make organizational changes. The educational component includes information on ways to effectively help people reduce or quit tobacco use, as well as relapse prevention strategies. Encouraging providers to address this issue with patients and staff and to make organizational changes within their programs, gives more individuals access to the tools that are necessary to be successful in quitting.

For more information on tobacco reduction for those with mental illness contact Elizabeth Muenchow, Smoking Cessation Project Coordinator at NAMI Minnesota, at 651-645-2948 extension 124 or [emuenchow@namimn.org](mailto:emuenchow@namimn.org). ■

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## CALENDAR

### Give an Hour Recruits Mental Health Professionals

Give an Hour has created a network of volunteer mental health professionals pledging an hour a week of their services, free of charge, to members of the military—including



active duty, reserve, and guard—veterans of Afghanistan and Iraq, their families, and their communities. Give an Hour offers an important option for the men, women and families who serve our

country by providing services in the community at no cost to those in need. Give an Hour's services expand beyond those groups who are typically eligible, including parents, siblings, and unmarried partners.

Give an Hour supplements the mental health services provided by the DOD and the DVA and includes specific initiatives to reach rural veterans via telehealth. Other programs include Army National Guard, Got Your 6 Student Education Initiative, Wins for Warriors, and Wounded Warrior Project.

While no additional training is required, Give an Hour also offers a variety of free training opportunities.

There is a shortage of mental health professionals available to provide critical services in Minnesota. We are asking all mental health professionals to join in this effort. If you are currently licensed, please visit our website [www.givean-hour.org](http://www.givean-hour.org) to sign up for our national network. Additional volunteer opportunities are available for students. ■

October 17, 2014

Mayo Approaches to Pediatric Depression and Related Conditions  
Mall of America Executive Center, Bloomington MN [www.mayo.edu/cme](http://www.mayo.edu/cme)

October 20-25, 2014

American Academy of Child and Adolescent Psychiatry Annual Meeting  
San Diego, CA [www.aacap.org](http://www.aacap.org) 202-966-7300

October 23, 2014 - 7-9 pm

Mayo-MSCAP hosted MN Get-Together at AACAP  
San Diego, CA RSVP to Carie Dittrich ([dittrich.carie@mayo.edu](mailto:dittrich.carie@mayo.edu))

October 30 - November 2, 2014

APA Institute on Psychiatric Services  
San Francisco, CA [www.psychiatry.org](http://www.psychiatry.org) 703-908-7300

November 1, 2014, 5:30-9 pm

Hamm Clinic 60th Anniversary Celebration – Town & Country Club,  
St Paul, MN [www.hammclinic.org/anniversary-celebration.html](http://www.hammclinic.org/anniversary-celebration.html)

November 8, 2014, 9am - noon

MPS Council Meeting – MMA Offices, Minneapolis, MN  
651-407-1873

November 15, 2014 - MPS Fall Scientific Meeting

Addiction Medicine Across the Lifespan  
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### The Spurlock Fellowship

The Spurlock Fellowship is an opportunity for residents to represent the profession of psychiatry on Capitol Hill and work with federal policy makers to shape public policy; Fellows see the inner workings of a Congressional office, how legislation is developed, and observe the impact of community activism. The deadline for applications is December 19, 2014 with the selection and announcement of the fellow by the end of January 2015. It is open to all psychiatry residents, fellows, and early career psychiatrists. Applicants must be APA members and US citizens or permanent residents. Applications in the form of a letter, 3 letters of recommendation, and a CV should be sent to Marilyn King at [mking@psych.org](mailto:mking@psych.org). ■