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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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AACAP Honors George Realmuto, MD

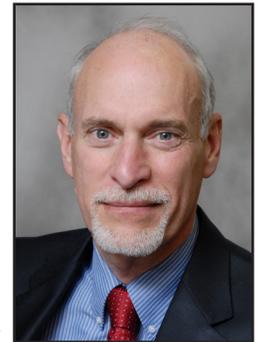
AACAP Norbert and Charlotte Rieger Service Program Award for Excellence goes to MPS member George Realmuto, MD.

The AACAP Norbert and Charlotte Rieger Service Program Award for Excellence recognizes innovative programs that address prevention, diagnosis, or treatment of mental illnesses in children and adolescents, and serve as model programs to the community. Supported by the Norbert and Charlotte Rieger Foundation, the award was established in 1996.

Dr. George Realmuto, MD, is a professor of psychiatry at the University of Minnesota and Medical Director of the Child and Adolescent Behavioral Health Service for the State of Minnesota. Melding his passion for advocacy for mentally ill children, enamored by the public health perspective, and driven by a unrelenting series of questions, Dr. Realmuto has found a number of satisfying paths including co-development of the Early Risers "Skills for Success" prevention program. He has authored (or co-authored) nearly 100 peer reviewed articles on the dimensions of pediatric trauma, the biological basis of autism, and the methods, processes, and outcomes of the prevention of adverse outcomes in children with early stage behavioral disorders.

Community service is a major stage for action and effort. Dr. Realmuto's work in this area includes participating in the drafting of the first and only Minnesota children's mental health law defining the array of needs that must be addressed by each county. As a member of both the MSCAP and MPS Councils he has influenced public policy, member engagement, and organizational restructuring.

Teaching and learning are the most gratifying endeavors for the academic clinician. Residents, fellows, and the patients who have shared their stories with him over many years contributed much to his understanding that is the richness and depth in the human condition. ■



Mayo Medical Students Get APF Helping Hands Grant

Tanner Bommersbach

The American Psychiatric Foundation's Helping Hands Grant Program provides grants to medical schools for mental health and substance use disorder projects created and managed by medical students, particularly in underserved minority communities. These projects can be conducted in partnership with community agencies or in conjunction with ongoing medical school outreach activities, and must be supervised by at least one psychiatrist.

Balance 4 Recovery Implementation of a Wellness Curriculum into an Opiate Recovery Program

The recent increase in the abuse of opiates, especially heroin, is a growing public health concern in the state of Minnesota and Olmsted County. Zumbro Valley Mental Health Center in Rochester, MN, recently developed an innovative Opiate Recovery Program that provides intensive, year-long direct programming services to individuals of Olmsted County. Balance 4 Recovery is a partnership between students of Mayo Medical School and Zumbro Valley Mental Health Center. This partnership brings students into weekly sessions with an educa-

(Continued on Page 3)



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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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Ideas of Reference

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Editor's Column

Here the Minotaur Roamed....

Matt Kruse MD

One morning this month, I braced myself for the inevitable onslaught of hold music and recorded assurances that my call is valued as I began a medication prior authorization for one of my patients. I must admit, I was not surprised once I finally got through to an operator to learn I had been given the phone number for the wrong department. The operator gave me the correct number and wished me a nice day. The hold music greeted me like a familiar, yet awkward acquaintance. Eventually, operator number two apologized that I'd again been given the wrong number.

Long story short(er), I reached the correct department after the fifth number. I felt like Theseus, navigating a labyrinth of call centers and help desks. In all, I spent 68 minutes on the phone to continue a medication that has provided my patient years of stability. These were 68 minutes that I was unable to use for patient care, education, or even self-care.

I am delighted the Minnesota Medical Association has named the prior authorization system as a priority for the upcoming legislative session and ran an excellent cover story on the costs of this process in the most recent issue of *Minnesota Medicine*. I will be the first to admit that there is a rationale behind the PA process. Few issues are black and white, but it's hardly an oversimplification to say the PA system is broken. And perhaps nowhere else are the costs of the PA process greater than in the field of mental health. I sincerely hope MPS membership will join as (very) vocal advocates for prior authorization reform as we head into the upcoming legislative session. This is an issue that can change, but it needs active participation from those affected.

Too many providers and patients are left wandering the labyrinth of the arbitrary, opaque, and bewildering prior authorization process. I am willing to (for now) overlook the economic costs of the PA system, incurred by excessive paperwork, phone time, and administrative costs. But the harm passed on to our patients via limited access, suboptimal therapies, and delayed treatment is simply inexcusable.

"Here the Minotaur roamed, and was fed with human victims."

Thomas Bulfinch, *Greek and Roman Mythology* (1855) ■

MPS Fall Scientific Program
Closing the Gap in the Treatment of Veterans

May 2, 2015

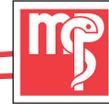
American Swedish Institute

Minneapolis, Minnesota

TOPICS

Addictions and Cross-cultural Psychiatry, Risk and Resilience Factors in PTSD, Sleep Disorders, Mood Disorders, and PTSD

Keynote Presenter: APA Medical Director Saul Levin, MD
"Our Members' Vision for the APA"



Reflections

Mike Koch, MD
MPS President

MPS Opportunities

In order to be more aware of community programs involved in planning and delivery of psychiatric services, we continue to include special guests at our Council meetings. Recently Paul Goering and Michael Trangle from the Medical Directors Group talked with us about issues they were concerned about and how the two organizations could better interact. Sue Abderholden from NAMI will be at our next council meeting.

Our program director, Sheila Specker, arranged an excellent scientific meeting on Addiction Psychiatry held on November 15. Reviews were very positive; several non-MPS members attended and commented on how pleased they were with the meeting.

A law student asked us to consider supporting an Amicus Brief regarding an exception to the duty to warn statute for "dangerous patients". We had very little time to respond to her request and the APA did not want to get involved. A small group of us discussed this and agreed that we could argue for and against it. Because of our ambivalence and the need for a quick statement we did not think it was appropriate for us to make a policy statement about this. Therefore, we declined to sign on to the brief. We discussed this with the student's faculty advisor, Eric Janus who has agreed to come to our Council meeting in March.

The Department of Human Service is developing an online training program on civil commitment with the goal of better standardizing this around the state. I attended the initial planning meeting. Several MPS members told me about problems they were experiencing, e.g., hospitals objecting to admitting their patients because of excessive length of stay, case managers not supporting relocation of provisional discharge, outpatient commitment and Jarvis problems. These issues are apparently handled differently around the state. Some counties are efficient and appropriate regarding commitment, others are not and rural judges involved in the process frequently change. I expressed our concerns to the people developing this program. This training program is to be operational by July 2015. We will try to continue to monitor it.

Many of you may be aware of the new requirement mandating the self administered WHODAS II in new diagnostic evaluations. My colleagues at HCMC questioned whether this was relevant or added anything to the quality of patient care. The MPS got involved and at our request Saul Levin, our APA Medical Director, wrote to the DHS Commissioner and said that the WHODAS II needed more research before it could be recommended for gener-

al use and was therefore relegated to the appendix of DSM-5. Mia Versland, our chief Psychologist at HCMC reviewed research done with the instrument and found that it lacked adequate validity and reliability and questioned its use across different clinical populations.

A group of us met with the Acting Assistant Commissioner and expressed our concern about mandating the use of this questionable instrument. She said she would try to delay the implementation of the mandate. Unfortunately, two days after our meeting there was a major reorganization of the Department of Human Services and as of the time of my writing this we don't know who will be in charge of dealing with this issue. Most likely we will have to schedule another meeting with a new commissioner. We will do this because it is an important issue and we should be involved in making decisions about the impact of using such as a measure.

Our legislative committee met and there are many issues. We decided to be proactive on prior authorization and to continue to work with the MMA to monitor the medical marijuana issue. We will also try to get legislative support for expanding the number of residency positions. ■

Helping Hands Grant (Continued from Page 1)

tional curriculum that emphasizes wellness, which translates into an understanding of the effect of addiction on the body. The program runs for nine months and includes topics on the following:

- a. Understanding the seven dimensions of wellness: physical, social, spiritual, environmental, intellectual, emotional, and occupational
- b. Nutrition and recovery
- c. Exercise and recovery
- d. Examining the different types of synthetic and non-synthetic chemicals and their effects on the brain and body
- e. Understanding the withdrawal process
- f. Understanding the biology of addiction from a medical-model perspective
- g. Understanding medication-assisted treatment
- h. Types of medications and potential side effects
- i. Mindfulness and recovery

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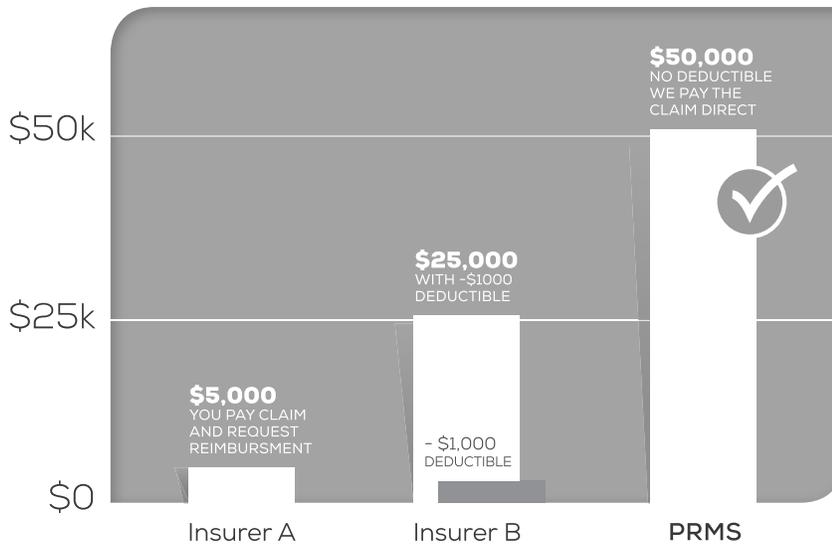


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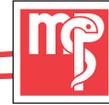
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Mental Health Crisis Alliance Recognized

Roger Meyer



Michael Trangle, MD displays APA Certificate of Significant Achievement.

At the opening session of the APA meeting, the President described the Mental Health Crisis Alliance (MHCA) as a “public private collaborative that has transformed the care for adults with mental illnesses and substance use disorders in crisis. Its clinicians, hospitals, counties, consumers, and state agencies have learned to trust each other, communicate much more seamlessly, better

coordinate services, and jointly work on reducing barriers and gaps in care between agencies and levels of care.”

Since 2002, the MCHA, a coalition of mental health leaders in Ramsey, Dakota and Washington counties, has been working to transform crisis services for adult psychiatric patients. The 14-member leadership team is comprised of persons from counties, hospitals, health plans, the State Department of Human Services, and consumer groups.

The overarching goal of the MCHA is to transform the crisis system into a reliable, flexible, cost-effective system of care that is constantly striving to help the individual in crisis by providing immediate relief, appropriate timely follow-up, and help transitioning to permanent caregivers.

Initially in 2002, the services consisted of a mobile crisis evaluation and stabilization team with navigators who helped patients connect with necessary resources, get insurance, connect with providers, troubleshoot housing issues, etc. The Mental Health Drug Assistance Program began helping patients obtain medications and get on permanent insurance programs.

In September 2011, the MCHA consolidated and integrated resources into one location, called the Urgent Care. The Urgent Care offers crisis intervention, rapid access to psychiatry, short-term crisis stabilization services, and Certified Peer Specialists. Psychiatric care is immediate at times and routinely available within 5 days and can continue for up to 3 months in order to transition the patient to ongoing care. Individuals needing an immediate crisis intervention can walk in to the center or call for a mobile response. The mobile response team meets with the consumer, deescalates the situation, assesses the needs with the consumer, and gets them into the care or services they need. For walk-in consumers, a Certified Peer Specialist starts the conversation and paperwork and later may assist the clinician in doing an assessment and connect the consumer to services. Patients unable to pay for medications or insured clients who cannot

afford co-pays or deductibles are provided medications free of charge in the Mental Health Drug Assistance Program. Certified Peer Specialists also provide counseling, education, health and wellness planning, and a strength based treatment plan. Family and couples education, advocacy with employers, landlords, and utility companies are included, when appropriate, to preserve housing and income.

Since its start, the Urgent Care has served over 1,300 people with face-to-face and immediate mental health crisis intervention. It answers over 16,000 mental health crisis phone calls per year. It provides rapid access to psychiatric services to over 600 people per year. It reduced Emergency Room usage by up to 45 % in one year.

A cost effectiveness study of the crisis stabilization services (based on DHS claims data) shows that total costs of care decreased for consumers (after subtraction of the costs of the program). Total costs for all-cause inpatient hospitalization decreased from \$2.9 million to \$1.7 million after crisis stabilization services started. Additionally, total costs for mental health hospitalization decreased from \$2.0 million to \$1.1 million. ■

Helping Hands Grant (Continued from Page 3)

Personal Perspective from Tanner Bombersbach: My interest in the Opiate Recovery Program developed after volunteering in medical school at one of Zumbro Valley's support groups for homeless people who suffer with chronic substance abuse. The resilience these men and women showed on a daily basis as they struggled through their recovery inspired me to walk alongside them and join them in their process. The community that formed in this support group also made an impression on me. I witnessed the best example of empowerment I have seen to date: the empowerment that peers provide. The administrators at Zumbro Valley and I thought there was a need for more wellness coaching and training in the new Opiate Recovery Program. Some of my classmates were also interested in implementing a wellness curriculum into the Mayo program and so we became involved in the Balance 4 Recovery Program. This has further stimulated my interest in addiction psychiatry. I hope to work in this area in the future with a specific interest in improving access to treatment programs and mental health care for minority and underserved populations. Perhaps our most important role as medical providers is to learn how to empower patients. ■



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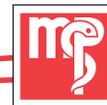


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Turning MPS On Its Head

George Realmuto, MD; Chair, Sunsetting MPS Committee on Committees



Perhaps this change is imperceptible. Let me make it more obvious. For the past two and a half years, leadership of MPS has moved to better orient mission and structure to a member-directed rather than president-focused organization. Could this be true? Behavior counts when change is being courted. Presidents Drs. Bill Clapp, Carrie Borhardt and now Mike Koch and Council members during their tenure and our executive director, Linda Vukelich, have encountered members where they live in Brainerd, Mankato, Rochester, St. Cloud. Their practice experiences, the integrity of the local system of care, political advocacy, local need for support and wisdom in solving access problems and asserting the experience, training and competence of their members made for several lively evenings of discussion. Member engagement also needs to be etched in stone and remain a sustainable aspect of this reimagined organization. To that purpose our organizational chart shows the coming together of members through active, dynamic committees representing special interests. For example our two newest special interest committees are the Cross Cultural Committee and the Forensic Interest Group. We have a diverse membership and a large voice. As its members collect, specific interest committees allow for sharp focus to address the myriad issues facing our field. MPS as the large voice we are has the sharp focus it needs through diverse special interest committees. Yes, we still have the bylaw's mandated committees such as Ethics and Membership. Yes, we continue to have some very long running special interest committees such as the Women Psychiatrists. Even the Private Practice Committee has been resurrected. A strong affiliation/partnership with the "Leaders group" and MPS has been solidified through sharing minutes and attending each other's meetings. The Leaders Group (Committee) represents the medical directors of the health plans and health systems across the state. It is the large "system of care" that is pivotal in the operation of mental health services in our state. Many of our members are employed by these health plans and their psychiatric medical directors have a voice within MPS. There is room for several more voices such as a Rural

Psychiatry Committee, Geriatric Committee. They have their own perspective. Another is the public/community psychiatry where many of us work needs leadership to articulate our strengths and challenges. Another structural change is the member forum at MPS educational events. Come to the meeting. Take the microphone and inform the MPS elected members of your concerns and needs. MPS needs the committee structure to develop positions and be ready to advise Council when they encounter issues that need action. This is a bottom up approach (MPS on its head). Support for committees is now available and a part of how the Council thinks about sustaining the efforts of our knowledgeable member workforce. Finally, I don't want to any longer confront our members view that MPS has ensconced itself in a very narrow box from which there is no escape. MPS is our members. Get active. Join or start a committee. Be prepared. Take action. Something burning in you that needs a platform? Call Linda at 651-407-1873 and discuss. Inform. Act. ■

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MPS Women Psychiatrists Meet for Brunch & Bonding



The MPS Women Psychiatrists Committee quietly offers women psychiatrists a forum to come together, network and share do's and don'ts for successfully balancing practice and life. On November

22, a group of 15 to 20 women psychiatrists met and had a wonderful time at the brunch hosted by Berit Midelfort, MD. There were women just out of training, mid-career, and those nearing or celebrating retirement. Although there were no residents on November 22, many have attended in the past and they are always welcome. There were specialists in child and adolescent, geriatric, forensic, and addiction psychiatry, as well as women who practice in a broad range of settings. The one common thread – they were all women who came together to share a bond and support one another. This is the mission of the MPS Women Psychiatrists Committee. Currently the group meets for brunch meetings hosted by members, but there are plans to also have evening meetings which might offer more members another option to participate. Planning for a summer meeting has already started so watch for an announcement. If you are interested in getting involved, please call or email Linda Vukelich, or contact Judy Kashtan, MD. All are welcome! ■

March 14, 2015, 9 - noon
Forum Guest - William Mitchell Law School Dean Eric Janus
MPS Council Meeting – MMA Offices, Minneapolis, MN
651-407-1873 www.mnpsychsoc.org l.vukelich@comcast.net

March 28, 2015, 8:30 am - 4 pm
Restoring Resilience: Transformative Therapy at Work
Minnesota Humanities Center, St Paul, MN
952-926-3626 www.spsmn.org thespsoffice@aol.com

May 2, 2015
MPS Spring Scientific Meeting & Recognition Dinner
American Swedish Institute, Minneapolis, MN
651-407-1873 www.mnpsychsoc.org l.vukelich@comcast.net

For Calendar Updates, go to www.mnpsychsoc.org!

Saturday, May 2, 2015 **MPS Spring Scientific Meeting & Recognition Dinner** ***Closing the Gap in the Treatment of Veterans*** **American Swedish Institute, Minneapolis, MN**

The Veterans Administration has been publicly struggling with multiple issues related to provider access, direct delivery of health care services, and overcoming administrative barriers. Minnesota psychiatrists are committed to providing quality health care across systems, including the Veteran's Administrative system. This program will showcase the quality care available to veterans around our state by highlighting mental health disorders more common in this population. The program will also focus on building awareness, and include veterans sharing their stories regarding struggles to gain access to mental health care.

Please contact MPS to connect with Planning Committee Chair Dionne Hart, MD, to serve on the committee. Initial plans include presentations covering addictions and cross-cultural psychiatry, risk and resilience factors in PTSD, sleep disorders, mood disorders, and PTSD. ■