MPS Elections: Meet Our Candidates

In 2015, MPS members will elect a President Elect, Secretary-Treasurer, Early Career Representative, APA Assembly Representative and Deputy Representative, and two Councilors. - Candidate statements are in this issue, along with your ballot. Vote by March 15.

President Elect
Joel Oberstar, MD

I am honored to have been nominated to run for President Elect of MPS.
For those who don’t know me, I completed medical school here in 2001, three years of residency in Boston and then the child/adolescent fellowship at the University of Minnesota (UMN). I joined the UMN medical school faculty in 2006 working on an inpatient unit providing care and supervising fellows, residents and students. I moved to PrairieCare in 2011 initially as Chief Medical Officer and later assumed CEO duties as well. I have held leadership positions in the Minnesota Society for Child and Adolescent Psychiatry and the Minnesota Association for Children’s Mental Health.

I am running for the position of President Elect hoping to build on ongoing efforts to connect our Society’s members with each other. Our collective practices vary from rural to urban, from solo to group, from academic to government; they differ and are similar in myriad ways. We can each learn something from our colleagues that can enhance our professional and personal lives. I would also like to see that psychiatry’s voice continues to be heard by our colleagues in other professional associations and by those within our state’s government and elsewhere that influence the regulatory framework impacting the practice of medicine.

(Continued on Page 7)

Secretary-Treasurer
Carrie Parente, MD

It is with pleasure that I submit my candidacy for Secretary Treasurer for the Minnesota Psychiatric Society.
I have been involved with MPS as a counselor for the past several years. I have been practicing psychiatry in Minnesota for nearly 10 years since graduating from the University of Minnesota Psychiatry Residency Program in 2005 where I served as chief resident. I split my week between my fee-based solo practice in Wayzata and community based contract work with Carver County Mental Health (First Street Center in Waconia). I worked at the VA for a number of years using telemedicine to care for veterans on the Iron Range. First Street Center also utilizes telemedicine in caring for inmates at the Carver County jail. My practice affords me a great diversity of patients, both socioeconomically and medically. Prior to entering medical school I earned a MS in Public Policy Analysis and worked in health IT.

We are facing rapid, inevitable changes in the funding and delivery of healthcare. Patients have increasingly less control of who has access to their health records. Recent

(Continued on Page 7)
Ideas of Reference

The newsletter of the Minnesota Psychiatric Society is published bi-monthly: Jan/Feb-May/Jun, Jul/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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Carrie Parente, MD

Interested psychiatrist should contact: Lena Garcia, 651-431-3672, lena.garcia@state.mn.us

Editor’s Column

Editor’s Column

My captivation with computers started in 1989 when my father and I began selling them to medical offices, hoping to convert them over to computerized billing, and eventually computerized charting. So even prior to medical school I felt an alliance with the electronic health record (EHR), though they were not called that at the time. I was an Apple fanatic. I sold MedicMac, and I was more knowledgeable about computers than most people my age. My co-editor of this newsletter is probably snickering right now because although he wouldn’t admit it, I know he thinks I’m a computer dinosaur since I’ve never even been on Twitter. I still love to be my own version of the cutting edge. I love sending my prescriptions electronically and I even started sending stimulant prescriptions electronically as of December 26, 2014. My nurse can see my note as soon as my patient leaves my office, and she is able to follow through on the orders I’ve written in my plan. I can see my notes at home or even in the Caribbean, were I lucky enough to go there.

One day, I was seeing an establishment patient and I was busily typing the story she was telling me. I like to have my note done as soon as my patient leaves the office so that I don’t have hours’ worth of charting to do at the end of the day. I looked up at my patient during a pause in my typing, and she was sitting in the chair, looking at me, with tears streaming down her face. “Go for the tears,” my mentor in training used to say. I missed it.

I stopped writing detailed notes after that, instead writing cryptic sentences to fulfill the requirements of an insurer or medical board audit. I write what’s unnecessary so that I can listen and look for what’s necessary. I’m a psychiatrist, not a nurse, and my treatment is more than medication: it’s the therapy I provide. I hope I will never again miss it.

MPS Fall Scientific Program

Closing the Gap in the Treatment of Veterans
May 2, 2015 - American Swedish Institute, Minneapolis, Minnesota

TOPICS: Addictions, Suicide Prevention, Risk and Resilience Factors in PTSD, Sleep Disorders, Mood Disorders, and Innovative Care Delivery Models
Keynote Speaker: APA Medical Director Saul Levin, MD
“Our Members’ Vision for the APA”

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Interested psychiatrist should contact: Lena Garcia, 651-431-3672, lena.garcia@state.mn.us

Chief of Department of Psychiatry

Hennepin County Medical Center, a Level I Trauma and Academic Medical Center in downtown Minneapolis, is seeking candidates for a new Chief to lead the Department of Psychiatry.

The Chief of Psychiatry will direct and administer the department’s professional, education, and research programs. The successful candidate will demonstrate a record of leadership positions, demonstrating leadership capabilities in the administration of programs offering a full spectrum of psychiatric services. The department uses a patient-centered, multidisciplinary treatment team approach in providing multiple programs inclusive of a 24-hour, seven-day-a-week Acute Psychiatry Services Program, a robust 102 bed inpatient services program, as well as many outpatient and partial hospitalization programs. The department has a dual site Psychiatry Residency program in association with Regions Hospital in St. Paul, MN.

The Chief of Psychiatry must be an outstanding candidate with a distinguished career, exhibit excellent communication skills, and be an exemplary teacher. Candidates for this position must have completed a psychiatric residency and have at least 5 years’ experience as a member of a hospital medical staff, actively involved in patient care. Candidates must be board certified as well as be eligible for a Minnesota Licensure and an academic appointment at the University of Minnesota.

Interested candidates should submit their applications along with letter outlining interest to: carthy.ikkonen@hcmed.org, Provider Services, 612-873-2740

MPS-Political Action Committee

Bob Neschim, MD, Chair
Your faithful MPS PAC Board — and you wonderful activist PAC contributors — served actively in the last legislative bientennium, raising funds to support candidates undertaking the critical issues defined by our MPS Legislative Committee. Our funding base is not huge but is very focused, useful, and effective. This year our support will encourage legislative coalitions with the MMA on critical issues, such as regularizing/streamlining insurance pre-authorizations and PBMs — perhaps doing away with nuisance preauthorizations entirely, which have proven to not save money at all.

Last July, MPS Legislative Consultant Dominic Spotsko opened his annotated Big Book of Candidates; your board discussed and thoughtfully allocated $8,000 to diverse candidates for the Minnesota House. Of the 40 candidates we supported, 38 attained office — an astounding 95% success rate for Mr. Spotsko and your PAC. Our distribution of funds was balanced across the then-current house: 19 Democrats and 16 Republicans. Five open districts were filled by candidates receiving MPS-PAC funds. With this success, our reserves were reduced from recent years’ due to turnouts – it’s great to endorse winners, not so great when they then keep the money, investing these years of political flux. With our kitty reduced from base, we face the dual challenges in 2016 of House and Senate elections in parallel.

Your support for the MPS PAC – both financial and vocal – is important and greatly appreciated. Even if he can repeat those remarkable point-cells, Domnic’s incredible 2014 hit rate will lose some traction in 2016 if we lack funds to dispense among a much broader field of both House and Senate contenders.

Please contribute, both this year and annually, so MPS can again “be a player” in the next round of legislators and legislative issues. All best wishes for 2015. III

For the MPS-PAC Board
Eric Brown, Bill Clapp/Treasurer, Dionne Hart, Bob Neschim/PAC Chair, Joel Oberstar, Paul Schutt and Jon Uecker/Legislative Committee Chair

2015 MPS-Political Action Committee
Ideas of Reference Sept/Oct 2008

MINNESOTA PSYCHIATRIC SOCIETY
Improving Minnesota’s mental health care through education, advocacy and sound psychiatric practice

Working on behalf of psychiatric physicians and their patients

likewise with your own candidates. They all need to know that education, rather than simplistic spinning.

issues mean to their public. This is a portable forum for recipients just who and especially where we are, and what our letter or follow up check-in is another goal — to remind disposition, or old races not likely to impact our legislative agenda in 2009. When possible, PAC contributions are hand-delivered to the candidate over conversations. A phone call, a bit, encouraging conversations. Dominic also helps us decide

Bob Nesheim MD, MPS-PAC President

profession in a time of dizzying change, amidst serious threats to still an unapologetic 100% MPS membership enrollment. We need you’ll find in each newsletter a MPS-PAC contribution form. Any

In the absence of the old checkoff contributions through APA, we exist, that we are person-...whole group consensus. Also, some of the process with another speaker and that session while the ideas generated by the breakout sessions, the small groups were groups of 10 individuals. Between...resonated, the order of the breakout maintain a biopsychosocial view of them.

advised that we explain our profession to...without the benefit of a talk in between. It produce a product at the end of the day.

Dr. Jordan shared his knowledge with young psychiatrists who universally value it. Dr. Jordan conducted an...Summit Reflections, Continued on page 5

I am pleased to submit my name for Early Career Psychiatry (ECP) Representative for the MPS. 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 have been fortunate to start my career as a staff psychiatrist at the VA, and I currently serve as the Mental Health Medical Director for the southern tier of VA Community Based Outpatient Clinics. My involvement in organized medicine has been primarily with MPS and with the Minnesota Medical Association (MMA), where I sit on the Health Care Access, Financing & Delivery Committee. I have been the acting ECP Representative or nearly a year and I’ve had the opportunity to get involved in advocacy at the state and national levels. Since joining MPS, I have benefited from the invaluable mentorship and guidance of countless seasoned psychiatrists and MPS members—and I’ve had opportunities as ECP Representative to pass some of this forward to residents, fellows, and early career colleagues. If elected ECP Representative, I would continue these advocacy and mentorship efforts, with the ultimate goal of improving the mental health landscape for early career psychiatrists, our patients, and our profession at large.

Andrea Nelson, MD

Greetings! My name is Andrea Nelson and I am very excited about getting involved with the MPS Council. I am a Minnesota native who has returned to the state after finishing my psychiatry residency in Houston, Texas, in 2013. I currently work at the Minnesota Security Hospital in St. Peter. Before that I worked for a year in Brainerd, doing inpatient and outpatient community psychiatry. My involvement with MPS began while I was in Brainerd. Being new to the state (as a psychiatrist at least), I had many questions! Through MPS, I was able to meet others whose wealth of experience has helped broaden my understanding of some of the most important issues facing us and our patients. Among the issues I have learned about through MPS include our ever-changing relationship with mid-level providers, and the dire inpatient bed shortage in Minnesota, which has impacted all forms of mental health services statewide.

As a prospective MPS Councilor I would hope to contribute in a number of ways. One of my priorities would be to facilitate greater communication and more networking between psychiatrists in the metro area and those in other parts of Minnesota. Another priority of mine would be to explore ways to encourage better coverage of mental health-related matters in the local media. This interest comes out of my experience working at MSH in St. Peter, an institution that often seems to appear in various news reports. The more articles I read, the more I realize that many reporters do not have a good understanding of mental health-related topics. In collaboration with other MPS members, I would like to explore possibilities for addressing this problem. Thank you for your consideration, and I look forward to continuing to be involved with MPS.

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Candidate Statements (continued from page 4)

APA Assembly Representative and Deputy Assembly Representative - (Vote for 1)

The candidate with the most votes will serve as Assembly Representative, and the other will serve as Deputy Representative representing MPS if the Assembly Representative cannot attend.

Dionne Hart, MD

I'm Dionne Hart. I'm the current MPS representative to the APA and a member of the MPS Legislative Committee and PAC. I also serve as Vice President of the Zumbro Valley Medical Society, AMA Delegate of the Minority Affairs Section, and immediate past chair of the MMA Young Physicians Section and Minority and Cross Culture Affairs Committee. Thank you for the opportunity to serve as the MPS representative to the American Psychiatric Association. As your representative, I've addressed issues impacting Minnesota psychiatrists and patients such as onerous preauthorization forms, critical shortfalls in rural and correctional health systems, and the necessity of implementing mental health parity in all areas of the health care systems. I've utilized my first term to advocate for our profession and patients by developing critical relationships with key stakeholders. My efforts have led to appointments to the APA committees on Membership and Community and Public Health Psychiatry, attendance at the APA President's strategic planning summit, and selection as the Minnesota Psychiatrist of the Year. As a full-time psychiatrist employed by the Department of Justice and a contracting provider to State Operated Services and community mental health providers, I'm familiar with the political and legislative barriers that impede our ability to provide effective, timely services to our patients. I elected again as your Assembly Representative, I will use my professional and personal experiences to ensure patient needs are the foremost consideration in local and national mental health legislation and policy development.

To complete this goal, I need your vote. Thanks for your consideration of my candidacy. Dionne. Follow me on Twitter @ dionneec.

Carrie Parente, MD (continued from page 1)

health IT legislative demands in Minnesota can be financially crippling for small and solo practices, and will erode confidentiality further. I believe my diverse background affords me a unique perspective on the potential impact current and proposed health policy changes will have on the practice of psychiatry. I feel MPS should play a critical role in guiding legislative health care initiatives while continuing to be an advocate for our patients and provide strong support for our members. I hope to be part of that effort. ■

Maria Lapid, MD

It is my honor to be nominated as the MPS Assembly Representative to the APA. I completed Psychiatry residency at the Mayo Clinic and Geriatric Psychiatry fellowship at the University of Minnesota/VA Minneapolis, and have been on staff at the Mayo Clinic Rochester since 2003, where I am currently an Associate Professor of Psychiatry and program director of the Geriatric Psychiatry fellowship. My clinical practice includes geriatric psychiatry, and hospice and palliative medicine. During my residency and fellowship, I served as the MPS Member-In-Training Representative, and also chaired the Resident Fellow Section of the Minnesota Medical Association. As an early career psychiatrist, I served for four years as the MPS ECP Deputy Representative and subsequently ECP Representative to Area IV APA Assembly. Then I left the APA Assembly after I was appointed by the APA President to a 3-year term on the APA Scientific Program Committee. My tenure on the APA Assembly gave me a deeper understanding of the myriad of issues relevant to the psychiatric profession across the country, such as poor mental health access and healthcare disparities, and I also gained an appreciation of how the APA and district branches work hard in tackling issues relevant to our profession to help shape policies to ultimately improve our practice. I consider it an honor to be able to serve on the APA Assembly again, this time as a mid-career psychiatrist and therefore with a different perspective on how we can more strongly advocate for our profession and our patients in this current healthcare environment.

Joel Oberstar, MD (continued from page 1)

and the provision of healthcare services. As systems large and small seek to achieve the Institute for Healthcare Improvement’s “triple aim” of 1) improving the patient’s experience of care (equality and satisfaction included), 2) improving the health of the population and 3) reducing the per capita cost of health care, psychiatrists have expertise to offer in achieving these goals. I believe MPS can help systems recognize the value psychiatrists bring to this effort and help our members identify ways of engaging these systems to advocate for our patients.

I am humbled by the nomination and ask for your support. ■
Interested in Cultural Psychiatry???
Donald Rost Banik, DO, MPH

A group of psychiatrists have been meeting informally to discuss ways to bring together those interested in education, research, and advocacy, and who also embrace a clinical practice of curiosity and sensitivity to the diverse socio-cultural & religious/spiritual backgrounds of our patients. Goals include improving patient care and reducing mental health disparities by our own self-reflection in this process.

If interested in learning more, please join our now formalized committee through the Minnesota Psychiatric Society. Contact MPS Executive Director Linda Vukelich (l.vukelich@comcast.net or 651-407-1873) for the next meeting time and date. We will revisit our developing mission statement and update one another on current efforts. An exciting topic for our meeting is to brainstorm ideas about sponsoring a Cultural Psychiatry CME Conference in November, 2015, through the Minnesota Psychiatric Society.

If you are interested, MPS will keep you posted on future gatherings. Also, feel free to connect with the committee should you have questions.

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MPS Spring Scientific Program

Closing the Gap in the Treatment of Veterans

May 2, 2014

American Swedish Institute
Minneapolis, Minnesota

FACULTY
Robert Auger, MD, Mayo Clinic
Paul Croarkin, MD, Mayo Clinic
Christine Dawson, MSW, LGSW, LADC, USMC/ARMY (Retired)
Dionne Hart, MD, Federal Medical Center, Bureau of Prisons
Timothy Lineberry, MD, Aurora Health Care
David Katzelnick, MD, Mayo Clinic
Saul Levin, MD, MPA, American Psychiatric Association
Patient Panel moderated by Mageen Caines
Beret Anne Skroch, PsyD, LP, PCP/MH
Joe Westermeyer, MD, PhD, Minneapolis VA Medical Center