MPS Presents, Closing the Gap in the Treatment of Veterans, May 2

Join us on Saturday, May 2, 2015, at the American Swedish Institute in Minneapolis for our annual Spring Scientific Program and the Minnesota Mental Health Community Foundation Gala & Recognition Dinner.

Program Planning Committee Chair Dionne Hart, MD, notes the number of veterans who need psychiatric care is growing and only a fraction of veterans receive treatment through the VA system. This scientific program will focus on psychiatric disorders that are commonly associated with veterans. The information will help community psychiatrists and mental health providers fill the provider gap so veterans can access care when and where they need it. The program will concentrate on PTSD, sleep disorders, suicide prevention, veterans’ culture, methadone treatment, mood disorders, integrated care, serving veterans, military members, and their families. The evening event will focus on recognizing outstanding contributions to the field and a keynote presentation by APA Medical Director Saul Levin, MD, sharing APA efforts to improve veterans’ mental health on the federal level.

Dr. Hart will begin the day with opening remarks and an overview. Robert Auger, MD, a Mayo Center for Sleep Medicine consultant, will follow with Overview of Sleep Disorders. Christine Dawson, MSW, LGSW, LADC, will present Regions HeroCare Program - Serving

MPS Leadership Elected

Our newly-elected leaders bring a wealth and breadth of experiences and backgrounds, and will strengthen this organization’s ability to effectively serve psychiatry and our patients. President-elect Dr. Joel Oberstar’s focus will be to build on ongoing efforts to connect our members with each other, work with stakeholders to strengthen psychiatry’s role in healthcare, and to advocate for our patients. Secretary-Treasurer Carrie Parente, MD, notes that we are facing rapid, inevitable changes in the funding and delivery of healthcare, and will work to ensure MPS plays a critical role in guiding legislative health care initiatives. Our two new councilors will address their roles to represent membership in ways that capitalize on their unique experiences. Dr. Andrea Nelsen’s priorities will be to facilitate better connections between the Metro and Greater Minnesota members, and to improve media coverage of mental health. Renee Koronkowski, MD, pledges to work on bridging the gaps between access to care, reimbursement, and availability of services. Maria Harmandayan, MD, will continue to serve as MPS’s Early Career Representative, and plans to focus on 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. Re-elected to serve as APA Assembly Representative, Dionne Hart, MD, will work to ensure patient needs are the foremost

(Continued on Page 3)
Editor’s Column

Cure Sometimes, Medicate Often, Comfort Always
Matt Kruse, MD

Words are important; subtext more so. Even among synonyms there is a deep and rich subtext unique to each word. In a clinic office the choice of one word over another can be the difference between comfort and alienation to a patient. A bottle, jar, and flask are all structurally and functionally similar, yet few would have difficulty telling these items apart and explaining their unique characteristics. What about medicating versus treating? Seemingly similar, there is again subtext. When was the last time anyone ever spoke of “medicating” their leukemia, diabetes, or pneumonia? To me, “medicating” confers a subtle but unmistakable message of stifling a symptom, ignoring a problem, and avoiding a solution.

I recently did a search on the New York Times website for the most recent articles using the word “medicating”. Among the first 30 articles that were returned, obesity, dentistry, and antibiotic use in livestock accounted for one news article each. Two articles addressed palliation at the end of life. Eight articles were about substance abuse (in the context of “self-medicating”). Seventeen articles (over 50%) were about psychiatry. A similar search for the word “treating” resulted in articles discussing a more diverse variety of illnesses including cancer and diabetes.

There is an outspoken antipsychiatry movement in the U.S. (In fact, my spellcheck has no problem with the term ‘antipsychiatry’ while ‘antinephrology’ apparently has not made it into its lexicon yet.) In defense of antipsychiatry (if there even is one), their bias is clearly stated – an ill-conceived yet elegant one-word thesis. What concerns me far more is the subtle, ongoing stigma against those suffering from psychiatric illness and the ongoing skepticism of psychiatric intervention in our media and culture. Bias, presented as objectivity, is far more dangerous – it is accepted as fact. Perhaps it’s time we pay more attention to the words we use.
Reflections

Mike Koch, MD
MPS President

MPS at the Legislature

Our recent activities have been legislative; our legislative committee has prioritized our objectives and they are mostly in agreement with the Minnesota Medical Association. The number one issue is improving the prior authorization system, which is bothersome for physicians of all specialties around the state. The proposed law improves transparency and lessens waiting times. The MMA has acknowledged our support of the issue; the outcome is still pending at the time of my writing. We met with the MMA lobbyist at our last council meeting. We also support an interstate compact easing licensure across different states. Some of our members are also concerned about confidentiality of electronic medical records. This will be an important issue to address because electronic records will be mandated by the Federal government.

I hope to see you at the May 2nd meeting! ■

MPS Spring Meetings (Continued from page 1)

Veterans, Military Members and Their Families in Minnesota. Chimnoy Gulrajani, MBBS, MD, FAPA, will offer insights on Forensic Issues in Veterans’ Mental Health. Aurora Health Care Chief Medical Officer Timothy Lineberry, MD, will share the latest evidence-based interventions to reduce risk of suicide and acquired risk factors associated with suicide in the military. Our patient panel will share the unique perspective of military patients. Addiction psychiatry expert Joseph Westermeyer, MD, PhD, MPH, will present Methadone Treatment: Blood levels and QT Effects on EKG. Beret Anne Skroch, PsyD, LP, and Sam

MPS Leadership Elected (Continued from page 1)

consideration in local and national mental health legislation and policy development. Assembly Deputy Representative Maria Lapid, MD, returns to MPS leadership (after previously serving in residency) as a mid-career psychiatrist and therefore with a different perspective; she will work hard linking the national psychiatric association with MPS to tackle issues relevant to our profession to help shape policies to ultimately improve our practice. Terms will begin May 15, 2015. At that time, Dr. Lloyd Wells will complete his term as MPS President Elect and begin serving as MPS President. ■

Information will help community psychiatrists and mental health providers fill the provider gap so veterans can access care when and where they need it.

Hintz, PhD, LP, will review the unique cultural perspectives that veterans bring as patients seeking and participating in psychiatric care. Improving Mental Health Outcomes for People with Chronic Conditions will be presented by David J Katzelnick, MD, chair of the Mayo Clinic Division of Integrated Behavioral Health. Mayo Clinic psychiatrist, Paul Croarkin, DO, will review current etiology, diagnostic, DSM-5, and prevalence issues regarding PTSD, then discuss comorbidities and multimodal treatment planning, and psychopharmacologic treatment options for PTSD. MPS leadership will complete the day program with an interactive Town Hall Meeting to gather input from attendees. The evening program will feature our 2015 award presentations, and keynote presentation, The Mental Health of Our Veterans: An Overview of Federal Policy and Initiatives, from APA Medical Director Saul Levin, MD, MPA. ■

APA Election Results

APA President-Elect
Maria A. Oquendo, MD

Secretary
Altha J. Stewart, MD

Early Career Psychiatrist Trustee-at-Large
Lama Bazzi, MD

Minority/Underrepresented Representative Trustee
Gail Erlick Robinson, MD, DPysch

Area 4 Trustee
Ronald M. Burd, MD

Resident-Fellow Member Trustee-Elect
Stella Cai, MD
MPS-PAC and Elective Breathholding

Bob Nesheim MD, MPS-PAC President
For the (honestly bipartisan) Board

Your MPS-PAC Board — with the research help of MPS lobbyist Dominic Sposeto — carefully reviewed all candidates running for the Minnesota House. We do not endorse, but simply chip in a bit, encouraging conversations. Dominic also helps us decide when to simply sit-out a race — with new faces of unknown 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, letter or follow up check-in is another goal — to remind recipients just who and especially where we are, and what our issues mean to their public. This is a portable forum for education, rather than simplistic spinning.

Not all funds we distribute stay “given.” Many sitting members are “PAC’ed out,” having already received their maximum. Some candidates encourage MPS members to then consider individual donations, which have broader limits; we did that in our districts, and would encourage you all to do likewise with your own candidates. They all need to know that we exist, that we are personally/actively involved, and that we generate local warmth and even heat, quite apart from MPS-PAC donations. This looks to be a hot year in the legislature with contested funding, health care reform, psychologist prescribing — all the serious issues that squeeze our practices and freedoms.

In the absence of the old checkoff contributions through APA, you’ll find in each newsletter a MPS-PAC contribution form. Any amount serves as your bona fide membership intent; our goal is still an unapologetic 100% MPS membership enrollment. We need to rapidly restock our MPS-PAC coffers for the next election cycle (2010), when all House and Senate seats will be “in play” as these same issues surface again.

MPS-PAC membership is an excellent defense for your profession in a time of dizzying change, amidst serious threats to patient access and safety. Thanks for your support!

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Legislative Update
Dominic Sposeto, MPS Lobbyist

As we head in to the state legislature’s Easter-Passover recess, legislative committees will begin to focus on the state’s biennial budget. Policy committees will complete their work and most legislation will progress to the House and Senate floors. Here are the highlights of major legislation being followed by MPS this year.

Prior authorizations for medication MPS is working in conjunction with the Minnesota Medical Association to reform the prior authorization (PA) system for medications. The bill would add greater transparency to the PA system for patients and physicians, eliminate prior authorizations for formulary medications, restrict step-therapy and reduce the time frames for PA decisions on appeal. The legislation has drawn considerable opposition from the state’s health plans, pharmacy benefit managers, and the Chamber of Commerce. It has passed two committees in the Senate. It is awaiting action in the House.

Interstate Medical Compact The MMA is proposing legislation under which Minnesota would join an Interstate Medical Compact. The compact would allow for an expedited process for Minnesota physicians seeking a license in another state. This would make it much easier to establish multi-state practices and advance the growth of telemedicine throughout the states that join the compact. Action by at least seven states is needed to start the compact. This proposal has already cleared five committees and looks headed for passage this year.

Psychiatric Residencies The Governor is recommending the creation of one psychiatric residency slot in the state for public psychiatry in an attempt to attract psychiatrists to work in state-operated facilities. Funding of the position is part of his 2015-2016 budget recommendations to the legislature. There is also legislation pending which is based upon the Mental Health Workforce Committee’s recommendations that would add an additional four psychiatric residency slots in the state’s medical schools. Funding for these slots has yet to be determined.

Telemedicine A new proposal would create the Minnesota Telemedicine Act which would require health plans and Medical Assistance to cover telemedicine services in the same way that they would cover an in-person visit. The bill requires reimbursement to the physician at the site that originated the treatment in addition to the physician that provided the care via telemedicine. The bill has passed two committees, but still faces considerable opposition from health plans. It will also face a fiscal note for medical assistance services not covered currently. Funding for telemedicine is not contained in the Governor’s budget.

Physician Assistants Two bills relating to physician assistants (PA) are advancing at the State Capitol. One would remove the restriction that a physician can only supervise up to five PAs. The second bill, which is more controversial, would allow PAs to be reimbursed by Medical Assistance for outpatient mental health services. While MA will reimburse PAs for inpatient care, they currently do not reimburse outpatient evaluation and medication management services. Most private insurers are already reimbursing for these services.

Loan Forgiveness Both the House and Senate have decided to make loan forgiveness for primary care providers who serve rural Minnesota a priority. Bills adding funding to the state’s loan forgiveness are advancing in both bodies. The bills also add various providers to the list of professions that can qualify for loan forgiveness including acupuncture practitioners, chiropractors, public health nurses, dental therapists, and mental health professionals. It seems likely the loan forgiveness will get additional funds this year. How those funds are distributed among all eligible providers remains to be seen.

Electronic Medical Records Two proposal have been introduced that attempt to provide relief from the new EMR state mandate which took effect this January. One would make the EMR mandate optional for both providers and patients. Another bill would waive the EMR mandate for physicians in solo practice or those who don’t accept insurance reimbursement. Another bill would require that workers’ compensation providers not only use EMRs but also submit electronic patient information relating to a workplace injury to a workers’ compensation clearinghouse. To date, only the last proposal has been scheduled for a committee hearing.

Mental Health Funding Request Several proposals have been presented to increase funding for mental health services in the state. One proposal would create psychiatric residential treatment facilities for children under 21. This would be new for Minnesota but is already available in other states. Other proposals would increase funding for suicide prevention, mental health crisis services, school-based mental health services, funding for IRTS and ACT, and the creation of a first episode psychosis program. These and other health and human service funding issues will ultimately be dealt with in the final budget negotiations between the House, Senate, and the Governor and will end the legislative session.

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In Memoriam: Keith Horton, MD

After a long illness, Dr. Keith Horton passed away on December 31, 2014, at 81 years old. He graduated from Albany Medical College in 1960 and did a residency at the Institute of Pennsylvania Hospital. He graduated from the Institute of the Philadelphia Association for Psychoanalysis in 1978. Dr. Horton spent two years in the U.S. Army during the Vietnam War. In 1978, he and his family moved to Minneapolis. He became a clinical associate professor of psychiatry at the University of Minnesota, later joined the faculty of the Hennepin-Regions Psychiatric Residency Program, and between 1998 and 2006 was Medical Director of Hennepin County Medical Center’s Partial Hospital Program. Dr. Horton helped form the Minnesota Psychoanalytic Society and Institute. He was honored by his colleagues by being named Private Practitioner of the Year 2006 by the Minnesota Psychiatric Society, and received numerous awards for his teaching of psychiatric residents.

Over the last 20 years, he and his wife Betsy enjoyed traveling to every continent except Antarctica. His kindness, wisdom and life values made him a valued friend and a cherished husband and father. A friend wrote, “Keith was a prince of a man. He was also a rascal, a brilliant thinker, a caring physician, a good listener, a lover of children, a connoisseur of wine and food, an adventurer.”

Mayo Clinic Hosts Klingenstein Annual Meeting

In early February, the Klingenstein Annual Meeting took place at the Mayo Clinic in Rochester. In an effort to bolster medical student interest in child and adolescent psychiatry, the Klingenstein Third Generation Foundation sponsors programs at several medical schools around the country. The meeting was the first held away from the east coast, and drew many medical students to Mayo Clinic. Airfares were paid for by the Foundation and while Mayo medical students and child psychiatry fellows provided most of the housing, Games were organized by Drs. Cosima Swintak and Sandy Rackley, with much of help from fellows and medical students. MPS President-elect Lloyd Wells, MD gave the keynote on “How Doctors Think”, and the students presented excellent papers and posters on many topics. Participants engaged in tours, games, mentorship, and bonding.

Congratulations, MPS Members!

New Distinguished Fellows
Phillip Edwardson, MD
Joel Oberstar, MD

New Fellows
Chukwueomeka Anyake, MD
Heidi Arnold, MD
Raymond Auger, MD
Beth Brandenburg, MD
Kristen Case, MD
Steven Grandt, MD
Allison Holt, MD
Brian Johns, MD
Adam Klapperich, DO
Bhanu Prakash Kolla, MD
Lori LaRiviere, MD
H. Berit Midelfort, MD
Katharine Nelson, MD
Elena Rosas, MD
Stephen Setterberg, MD

New Life Members
Deborah Carol Newman MD
Eduardo A Colon MD
Steven Lesk MD
Robin Regina Ballina MD
Paul Bradley Renner MD

50-year Life Associates
Henry J Osekowsky MD
John C Wohlrabe MD

Eric Brown, MD
We are deeply saddened to report the passing of Dr. Eric Brown, MD on March 12, 2015 at the age of 44. His spirit, intelligence, and warmth left an indelible impression on all who knew him. Please see the next issue of Ideas of Reference for a full memorial.
Forensic Psychiatry Interest Group Started!
Chinmoy Gulrajani MBBS, FAPA

Mission: The mission of the group is to improve communication of information, impart education, and foster collective decisions regarding issues that arise at the interface of psychiatry and the law and provision of mental health care in forensic psychiatric patient populations.

The group will be comprised of psychiatrists and trainees who are willing and able to deliberate upon issues in forensic psychiatry that are presented to the Minnesota Psychiatric Society. Upon reaching broad consensus the group will be able to advise MPS on matters related to forensic psychiatry in a manner that is representative of all members and in keeping with the ethical practice of psychiatry at large.

Activities of the group will include (but not limited to):
1. Representation in county and state level committees formed to discuss issues in forensic psychiatry.
2. Provision of written/oral testimony related to the position of MPS with regards to issues in forensic psychiatry.
3. Organization and participation in multi-disciplinary CME activities to enhance education in forensic psychiatry.
4. Collaboration with American Academy of Psychiatry and the Law (AAPL) and the Mid-West chapter of AAPL.
6. Development of an online bulletin board / blog where questions related to forensic psychiatry are posted and answered.
7. Contribution to the MPS Newsletter to keep members informed of current developments in the practice of forensic psychiatry.
8. Recruitment of new members.

Join us! Call MPS at 651-407-1873 or email Linda Vukelich at lvukelich@comcast.net for more information.