MPS Spring Scientific Meetings
Focus on Integrated Care

Save Thursday, June 15, for the Annual MPS Recognition Dinner and Friday, June 16, for the MPS Spring Scientific Meeting. Plan to join fellow psychiatrists and others interested in integrated care for Psychiatric Services & Integrated Care: The Multiplier Effect. The program will be presented at the Hotel Minneapolis and features local and national experts.

The Hotel Minneapolis was originally the Federal Reserve Bank, and honors its history, boasting a number of stately safes alongside marble columns in its beautifully renovated meeting and public areas.

Psychiatrists are in a unique position to help shape mental health care delivery in the current rapidly evolving healthcare reform landscape using integrated care approaches, in which mental health is delivered in primary care settings. In this model of care, a team of providers, including the patient’s primary care provider, a care manager, and a psychiatric consultant work together to provide evidence-based mental health care. The program will offer something for everyone. A panel of Minnesota program experts will offer insights and lessons learned in an interactive format. Michael Farnsworth, MD, will share key information about how to create an integrated telepsychiatric service program, including a consideration of clinic

(Continued on Page 3)

Election Results

In March, MPS members elected President Elect Michael Trangle, MD; Secretary-Treasurer Carrie Parente, MD; Early Career Representative Patty Dickmann, MD; APA Assembly Representatives Maria Lapid, MD, and Dionne Hart, MD; and two Councilors. Mary Beth Lardizabal, DO; and Lonnie Widmer, MD.

Michael Trangle, MD, was honored to be elected President Elect, and plans to focus on the challenges facing MPS. He is hopeful that engaging as many psychiatrists as possible through MPS, speaking with “one loud voice” which melds clinical effectiveness with maximizing impact on patients and communities will be more effective. He asks for member support in the effort, listing several areas of focus:

• Better engaging our psychiatric colleagues – both current and potential MPS members.
• Building upon the great work of current MPS leaders to have MPS’ voice grow into a potent motivator for the Legislature and DHS to better meet the needs of our patients.
• Meeting the challenge of psychologists lobbying for prescriptive privileges.
• Making the Maintenance of Certification (MOC) processes more efficient, simpler, and less expensive in time and effort.
• Increasing psychiatric workforce strategies, and addressing the shortage of psychiatric residents and fellows.

As someone who has spent most of his life in Minnesota, Dr. Trangle looks forward to serving MPS and its members.
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.

Ideas of Reference accepts advertising. Rates follow:
- Display ad $150 1 issue
- Insert $125 2 issues
- 4 page Full Page $500

Classified Rates:
- 25 words or less for $75

Ideas of Reference has a circulation of 400. Deadlines are the 15th of the month prior to publication.

Executive Council

Joel Oberstar, MD
President
Paul Grenning, MD
President-Elect
Lloyd Wells, MD
Secretary/Treasurer
Carrie Parente, MD
AIA Nominating Rep.
Dione Hunt, MD
Mary Lapid, MD
Early Career Rep.
Sara Harmsdanyan, MD
McCASP Rep.
George Reaalmuto, MD
Constitutional Committees
Benn Raen, MD
AIA Members
Allison Holt, MD
Standing Committees
Marie Olofek, MD
RPM Representatives
Renee Koronkowski, MD
Constitutional Committees
George Reaalmuto, MD
Constitutional
Bill Clapp, MD
Committee
Membership/Fellowship
vacant
Nominating
Lloyd Wells, MD
Program
Sheila Specker, MD
Immediate Past President
Linda Vukelich

Editor’s Column

Allison Holt, MD
I would like to congratulate Deanna Bass, MD, our newly-named Psychiatrist of the Year. This award is an opportunity to honor our colleagues who give their time, expertise, creativity, and devotion to the betterment of the field, our patients, and our fellow psychiatrists. We might have inherent, traditional views of leadership qualities, but this award allows us to expand our schema about what constitutes value. This can include not only those who lead committees, teach in a residency program, run departments, or who are first authors on research papers, but also those who work tirelessly in the background on committees, mentor in less formal ways, teach, and model good self-care so that our colleagues don’t burn out, speak to the lay public, treat patients with humanistic care, develop new models of effective and efficient care, work with the legislature, etc.

There are differences in the way that men, women, minorities, and rural psychiatrists might practice and contribute. Much has been written about the notion that women tend to prefer to work cooperatively versus competitively. A colleague related that she noticed women often worked on committees that helped their department run better but didn’t necessarily advance their careers. At a recent MPS Women Psychiatry meeting we talked about the child care drop out years and the negative effect it has on the upward advancement of women’s careers (though it may not have a negative effect on the quality of a woman’s career). Psychiatrists of color have barriers to traditional positions of status based on race. They also may choose to take on leadership roles in their own community, which may not be recognized by the larger community of psychiatrists. Rural providers may also be solo practitioners and, like minorities, become leaders in their community by virtue of their practice and necessity. They may never have an opportunity to serve on a committee but are definitely health care leaders.

Recognizing the truly notable psychiatrists among us, we should always consider the words success, value, and contribution. We are better off as a psychiatric society when we recognize a broad range of attributes as we continue to honor the truly best among us with the Psychiatrist of the Year Award. ■

Hand Off

Joel Oberstar, MD
MPS President

As you may recall, the MPS Council began a strategic planning process several months ago to achieve an overarching framework for our work on behalf of our patients and our profession in the years ahead. One important initial step in that process was a broad survey of current and past members. With over one hundred responses, we gained a rich perspective on what we, as an organization, appear to be doing fairly well and where some improvements may be warranted.

While our final analysis of the responses has not yet been fully completed, broad themes regarding the role of MPS in education and advocacy were evident. Both areas were seen by some as strengths and by others as areas for improvement. The role of MPS as a convener of networking events was hailed as opportunities for MPS to play a role in mentoring medical students, residents, and early career psychiatrists. Frustrations with the complex nature of the current mental health system were articulated as well; less clear was a unified direction MPS should take to help address those frustrations. The MPS Executive Committee (EC) and Council will now digest these responses and use them as a springboard for the next phase of the strategic planning process.

MPS Spring Meetings

(Continued from Page 1) Operations, administrative duties, technical issues, and clinical use.

The morning will conclude with APA President Anita Evertt, MD, speaking about ethics in team care.

MPS offers the afternoon workshop through a partnership with the APA, John Kern, MD, from the AIMS Center at the University of Washington, an expert trainer in the Collaborative Care Model, and part of the Centers for Medicare and Medicaid Services (CMS) Transforming Clinical Practice Initiative (TClP), will provide a workshop emphasizing the key elements of the model (team-driven, population-focused, measurement-guided, and evidenced-based) with emphasis on tools and resources for practice redesign.

This program will describe the delivery of mental health care in primary care settings with a focus on the evidence, guiding principles, and practical skills needed to function as a primary care consulting psychiatrist. Topics will include supporting accountable care, leadership essentials, and an introduction to implementation strategies. This live educational format will also allow participants to hear about programs that may be adapted to replicate, connect with experts, other psychiatrists, and mental health providers, and learn about pitfalls and possibilities of implementing integrated psychiatric care into other medical settings.

Please join us, and expect that you will walk away from the course with increased knowledge, motivation, and practical strategies for mental health care in the primary care setting.

ROBUST RISK MANAGEMENT EDUCATION

Malpractice insurance coverage through PRMS is so much more than a policy – we offer psychiatry-specific risk management support you can count on. Some important benefits included with every policy are:

- **Library of 360 Resources**
- **ERISKHub™ Cyber Security Portal**
- **Risk Alerts and Newsletters**
- **Risk Management Consultation Service Helpline**
- **Online and In-Person CME Courses**
- **Donna Vanderpool, MBA, JD**
  Vice President, Risk Management

Robust risk management is just one component of our comprehensive liability program.

More than an insurance policy
(800) 245-3333 | PsychProgram.com/Dedicated | TheProgram@prms.com

---

Legislative Update

Dominic Spoto, MPS Legislative Consultant

As I write this article, the state legislature is heading into the last two weeks of the 2017 session. Major budget and tax bills have been passed by both the House and Senate and legislative leaders are now in the process of negotiating with Governor Dayton. They must reach an agreement on these bills to gain the governor’s signature and end the session by the constitutional adjournment date of May 22. Here is a quick update of the key issues of concern to the MPS.

MPS had heard from the APA that an organized group of psychologists was seeking legislation to grant prescribing authority to qualified psychologists in Minnesota. Fortunately, the legislation was not introduced so it was not debated this year. It is unclear whether legislation will be introduced for action next year.

Our joint proposal with the Minnesota Medical Association to add patient protections to the state’s process for health plan prior authorization for medications did not pass. The bill would limit negative formulary and medication coverage changes during a patient’s enrollment year. Patients who are undergoing a drug therapy that is working will not have their formulary changed in the middle of their enrollment year. Approved prior authorizations must remain valid for the duration of an enrollee’s contract term. Health plans would be required to disclose to patients their drug formulary, related benefit information, cost-sharing and out-of-pocket expenses prior to the purchase of coverage by enrollees.

The prior authorization bill was favorably heard in the Senate but failed to gain a hearing in the House where opponents of the bill, including the state business community, convinced Republican leaders that the bill was contrary to cost-containment and therefore too expensive. The fear of state insurers leaving the individual health insurance market has given health plans significant sway at the capitol this year. The bill is dead for the year, but gain be picked up in 2018.

Both the House and Senate have passed legislation to fund health and human services for the next biennium, 2017-2018. The agreed upon bill would cut nearly $500 million from DHS base spending. Base spending is the amount necessary to continue to fund existing state programs for the next two years. The HHS spending base for 2018-19 was over $2 billion more than the previous biennium. As proposed HHS spending would be $14.5 billion within a $45.5 billion biennial state budget.

Many of the budget cuts aren’t really reductions in spending, but budget shifts that push expenses into the next biennium. For example, the HHS budget bill would delay capitation payments to health plans into the next biennium saving an estimated $173 million. A Senate proposal to reduce physician payments under MA and MinnesotaCare by 2.3 percent from beginning in July 1, 2017 and reduce by 3 percent after July 1, 2019 was fortunately not adopted.

Both omnibus HHS bills do propose new spending on mental health. School-linked mental health services, child and adolescent behavioral health and crisis services would gain new funding. There is funding for mental health innovation grants, first psychotic episode treatment and support, and suicide prevention and crisis counseling via text.

However, the proposed reductions in health and human service spending while the state has a $3.65 billion surplus is quite disappointing. The Republican controlled legislature has prioritized a package of tax cuts, and transportation funding. Negotiations between the governor and legislators have emphasized stated they want to avoid another government shutdown like the one that occurred during Dayton’s first term. Let’s hope so.
We’ve got you covered.

For over 30 years, we have provided psychiatrists with exceptional protection and personalized service. We offer comprehensive insurance coverage and superior risk management support through an ‘A’ rated carrier.

ANNOUNCING NEW ENHANCEMENTS TO THE AMERICAN PSYCHIATRIC ASSOCIATION PSYCHIATRISTS’ PROFESSIONAL LIABILITY PROGRAM:

• Defense Expenses related to Licensing Board Hearings and Other Proceedings: Increased Limit to $50,000 per proceeding with NO annual aggregate (higher limits are available up to $150,000)
• Fire Legal Liability Coverage: Limit of liability increased to $150,000 for fire damage to third party property
• Emergency Aid Coverage: Reimbursement up to $10,000 in costs and expenses for medical supplies

IN ADDITION WE CONTINUE TO OFFER THE FOLLOWING MULTIPLE PREMIUM DISCOUNTS:

• 50% Resident/Fellow Member Discount
• Up to 50% New Doctor Discount (for those who qualify)
• 50% Part Time Discount for up to 20 client hours a week or less
• 10% New Policyholder Discount (must be claim free for the last 6 months)

(Above Coverage Features and Discounts are subject to individual state approval)

Visit us at apamalpractice.com or call 877.740.1777 to learn more.

ENDORSED BY THE AMERICAN PSYCHIATRIC ASSOCIATION

We need your voice as well as your dues to effectively advocate for psychiatry and psychiatric identity which includes its members in anticipation of the need for psychiatric leaders in the future. A new booklet is available through NAMI – Advocating for People with Mental Illnesses — all the serious issues that squeeze our practices and the membership and firmly grounded in the core focus of this initiative – relationship.

PrairieCare, a physician-owned psychiatric healthcare system in the Minneapolis/St. Paul metropolitan area, is recruiting child, adolescent and adult psychiatrists for its Brooklyn Park, Chaska, Edina, Maple Grove, Maplewood and Rochester sites. Child/Adolescent clinical duties may include treating youth in inpatient, partial hospital, intensive outpatient, residential and clinic settings. Adult patients are served in intensive outpatient programs and busy outpatient clinics with therapist, social work and nursing support on site. Academic appointment on the faculty of the University of Minnesota Medical School possible for interested candidates. Reports to Chief Medical Officer. Requires BC/BE in Psychiatry and unrestricted license to practice medicine in Minnesota.

With multiple sites across Minnesota, PrairieCare is rapidly growing and boasts one of the region’s largest groups of psychiatric physicians. Our organization is focused on offering dedicated clinicians the opportunity to practice high quality psychiatric care in a supportive, team-based group practice.

PrairieCare provides an excellent compensation and benefits package.

View us online at prairie-care.com.

Send CV and letter of interest to:
Kait Semon, Medical Staff Coordinator
ksemon@prairie-care.com
763.762.6806

Growing Psychiatric Specialty Health System Seeks Psychiatrists

The Minnesota Psychiatric Society had its first Resident Caucus Dinner of 2017 on April 3rd at the Wilde Roast Café. Residents from Mayo, Hennepin, and the University of Minnesota were joined by Drs. Megan Press and Patty Dickmann to discuss applying for and interviewing for jobs after residency, negotiating contracts, and the risks and benefits of working in various settings, including academics, private practice, and the public sector. It was a great opportunity to socialize as well as to learn valuable career advice. Another Resident Caucus Dinner is being planned for this summer.

The Resident Caucus was founded in 2011 by Dr. Patty Dickmann while in residency and Dr. Eric Brown, an early career psychiatrist at the time, to connect residents from the three psychiatry residency programs in Minnesota. The partnership exemplifies the core focus of this initiative — relationship.

Programming is determined by the Resident Caucus leadership with input from all residents. The MPS Council is happy to invest in Minnesota residents and fellows through this initiative with funding and administrative support.

Local psychiatrists are invited to discuss practice climate in Minnesota, health care systems, and psychiatric issues of interest. If you are interested in being a guest speaker, please contact Laura Pientka.
**Psychiatry Opportunities in Minnesota**

**$30,000 Sign-on Bonus**

HealthEast is seeking a [Psychiatrist](#) and [Geriatric Psychiatrist](#) to join our growing Mental Health team. HealthEast is expanding its inpatient mental health units at St. Joseph’s Hospital to better serve the community. The full expansion includes a total of 36 rooms as well as the addition of a 12-bed Geriatric Psychiatry unit which will enable HealthEast to provide care to 700 additional patients annually.

**Summary:**

Provides specialized medical care to patients in the evaluation and treatment of mental, addictive, and emotional disorders such as schizophrenia, psychotic disorders, mood disorders, anxiety disorders, substance-related disorders, sexual and gender disorders and adjustment disorders. Provides care in inpatient hospital setting with a focus on adult psychiatric care and medication management. Provides care and collaborates on treatment plans and decisions for care with a multidisciplinary team of care givers and support staff. Ensures clinical excellence by ensuring quality, focusing on the patient experience, operational and clinical excellence.

**Practice Details:**

- Practice flexibility within Inpatient acute and geriatric units with a focus on adult psychiatric care and medication management
- Opportunity to be a part of a growing team ensuring clinical excellence by ensuring quality, focusing on the patient experience, operational and clinical excellence
- Full-time (1.0FTE)
- A fully integrated electronic medical record (Epic) is utilized
- Call every 4th weekend (negotiable)
- H1B Visa accepted

**Qualifications:**

- Must be BE/BC Psychiatry
- Ability to obtain MN license, DEA
- Geriatric certification and experience highly preferred

If you or someone you know is interested in learning more, please contact [Marquita Wagner](mailto:mrwagner@healtheast.org) or call 651-232-6116.