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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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Reports on Parity Implementation Failures Published

On November 30, 2017, both Milliman Research and the National Alliance on Mental Illness (NAMI) released reports documenting the continuing disparities between access to mental health care and physical health care. Both reports based their findings on data specifically gathered to measure parity implementation successes and failures across the nation. The news is that the numbers indicate that patients seeking mental health care are not getting it on par with general medical care. In fact, the NAMI report shows that despite the parity law, people lack the same access to mental health providers as they have for other medical providers. It also noted that people with mental illness have experienced these inequities for years. The report notes, that "nearly half of the 60 million adults and children living with mental health conditions in the United States go without any treatment." It further notes, "[p]eople who do seek treatment must navigate a fragmented and costly system full of obstacles." Twenty eight

percent of those receiving mental health therapy used an out-of-network therapist, compared to only 7% needing to use an out-of-network medical specialist.

The Milliman Research data show a pattern of disparities in payment rates and access to mental health care under private health insurance. Thirty four percent with private insurance had difficulty finding a psychotherapist, compared to only 13% reporting difficulty finding a medical specialist. Insurers are not maintaining adequate mental health provider networks, and psychiatrists are paid less than primary care doctors and medical specialists for the same types of services—even those under the same billing codes. The reported data supports these conclusions:

- Nearly 1 in 5 (18.7%) received outpatient behavioral health care out-of-network—a rate 5.1 times higher than primary care services and 3.6 times higher than

(Continued on Page 7)

Forensic Issues Featured at the MPS Fall Conference

The Minnesota Psychiatric Society 2017 Fall Educational Program, Contemporary Issues in Forensic Psychiatry in Minnesota, offered something for everyone. On Saturday, November 11, 2017, psychiatrists from across Minnesota came together at the Minnesota Humanities Center in St Paul to learn about and prepare for forensic issues in general psychiatric practice. The planning committee, chaired by Chinmoy Gulrajani, MBBS, FAPA, prepared an excellent agenda covering a variety of forensic issues becoming central to psychiatric practice across systems. Forensic issues in psychiatry are critical considerations in Minnesota's mental health



Dr. Michael Farnsworth shared the specifics on forensic telemedicine.

system as funding is limited, resources are stretched, and the pressure to serve increasing numbers of individuals needing psychiatric care grows. This program highlighted forensic issues connecting mental health care, policy, and corrections, each potentially impacting the other for the individual and the system. Participants explored these contemporary issues in forensic psychiatry and came away with new information to apply in practice.



MPS Keynote Presenter, Dr. Patrick Fox, (L) with Fall Program Committee Chair Dr. Chinmoy Gulrajani (R)

(Continued on Page 7)



Ideas of Reference

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Editor's Column

Allison Holt, MD

We have so much talent in our membership that we would like to open up our editorial column to guest columnists. Bringing the words and work of our expert members to the editor's column will allow us to be timely and relevant. Dr. Pérez Ortiz's article about post-disaster mental health needs

is a perfect example of this. We invite all MPS members to send in letters to be considered for the editorial column. We at IOR want to hear what you are doing and thinking and we know the rest of our membership will also. You have much to offer. We also wish you a safe, healthy, and happy New Year! ■

Hennepin-Regions Psychiatry Resident Reaches Out

The Hmong Healthcare Professionals Coalition (HH-CPC) held its annual health conference in October at the Washington Technology Magnet School. The theme for this year's conference is "Healthy Family, Healthy Community" and was an opportunity to learn about important health issues affecting the Hmong community such as nutrition, exercise, oral health, disability, mental health, and drug abuse. Dr. Yee Xiong, a current 2nd-year Psychiatry Resident at the Hennepin-Regions program in Minneapolis-St.



Yee Xiong, PGY2 resident at Hennepin-Regions Psychiatry Residency Program speaks at the Hmong Healthcare Professionals Coalition (HH-CPC).

Paul, and one of the very few Hmong psychiatrists in the United States was invited to be a guest speaker at this year's event.

Dr. Xiong commented, "There is no word for 'mental illness' in the Hmong language. To take that challenge to the next level and spread awareness about mental health challenges in a community with low health literacy was an opportunity I could not turn down. Having the opportunity to reach out and educate the people of the Hmong community was an honor and a privilege." She continued, "Mental health issues can be difficult to identify in the Hmong community as symptoms are often manifested through somatic complaints and stress. Emotions are often internalized". The HH-CPC conference was a great opportunity to introduce the field of psychiatry, discuss how mental health impacts the Hmong population, and make people aware of the services available in the Twin Cities. Dr. Xiong added, "Many barriers exist that would inhibit access to Western mental health services, including language barriers, low health literacy, lack of transportation, and lack of health insurance."

"Many Hmong may not seek out Western medicine initially," says Dr. Xiong, "and their symptoms and ailments go untreated, unfortunately." Reaching out to the Hmong community by discussing mental health will hopefully bring more awareness to those in need and potentially provide better access to mental health providers.

For more information about services that are directed towards serving the Hmong on community in the Minneapolis-St. Paul area please contact: Yee Xiong, MD, at yee.xiong2@hcmcd.org. ■

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Moving from many voices to one voice

Paul Goering, MD, DFAPA
MPS President

Who could have imagined where this journey would lead? I choose the word journey, specifically, because we have covered so much territory since this summer when the Executive Committee of MPS committed to engage in creating a multiyear strategic plan. In that brief time, we have heard so much from so many. The work so far has included discussion with our Council and executive team, engaging an expert in strategic planning, broad interviews with both MPS and community members, a retreat of MPS members, review of preliminary findings at the fall meeting, and a follow up survey. I have so much gratitude for everyone who has taken the time to share what they think about who we are at MPS and what we should be. The richness of passion, commitment, talent, experience, and knowledge within MPS is nothing short of amazing.

In this process, it should be of no surprise that a great deal of energy went first into a reflection of who we are at our core. Specifically, what is our mission, vision and guiding principles? The

process used to help us was something of an archeologic survey as the consulting team not only listened to our voices, but looked at the material we create and how we show up in the community. Two things revealed themselves as critical themes in our foundation. Like tiny artifacts found at an archeologic site that unlock how you think of a lost culture, these two themes may seem small but are so important that they should be explicitly named.

The first is about who we are talking about when we talk about mental health. Obviously, when we are sitting with a patient it's easy to know it's the person in front of you. But for us collectively, who is it? The view we heard was that MPS's concern for mental health goes beyond our individual patients and extends to all Minnesotans. We care for the psychiatric needs of all of us. And psychiatric needs include mental health, substance use and neurocognitive disorders.

The second cuts to the heart of an important issue. Our work is between patients and psychiatrists. In regard to that sacred relationship, who does MPS serve first? Obviously this is not an either-or question, but one of our primary obligation. What we heard was a resounding answer, our patients. And, while we may say this is obvious amongst ourselves, it was not apparent in what we produce for the community to see, or in the view of community partners. This is a striking opportunity. We are neither a trade group, nor a guild, but a professional organization that exists to serve the mental health needs of our patients. In doing so, psychiatrists obviously need support too, but it is in service to those we care for.

At the start of this process we heard a clear message. There is a wide gap between the great opportunities for care and the great challenges our patients face. Our members felt that MPS should be the organization to both optimize those opportunities and mitigate those challenges by being a resource to ourselves and our communities. Further, that it would require we focus our talent and voice. This strategic planning exercise should help us with both. We are now very close to having that plan. On December 13, the Executive Committee will be reviewing the next draft that we think will be our roadmap for the years to come.

Now I can imagine where this journey could lead! ■

Congratulations, MPS Members!

Please share your accomplishments and recognitions with MPS. Email Linda Vukelich (L.Vukelich@comcast.net) today.

The following MPS Members have attained Distinguished Fellowship:

- Himanshu Agrawal, MD
- James Chastek, MD
- Paul Croarkin, DO
- Chinmoy Gulrajani, MD
- Dionne Hart, MD
- John Schmitz, MD
- Steven Setterberg, MD
- John Vuchetich, MD

The following MPS Member has advanced to the status of Fellow:

- Donald Lewis, DO

Congratulations! ■

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MN Mental Health Community Foundation Scholarships Make Impact

2017 Eric Brown, MD, Residents' Caucus Scholarship Reflection

Katie Thorsness, MD, PGY4 Psychiatry Resident, University of Minnesota

I am incredibly grateful to have received this award and honor. The financial support allowed me to travel to Chicago for the Biennial Perinatal Mental Health Conference and partake in a psychopharmacology workshop as well as the standard conference program. In addition to the obvious knowledge I obtained, I was also able to form relationships with other mental health professionals (both regionally and nationally) working in the field and identify potential collaboration opportunities.

One of the conference sessions discussed the reproductive task force initiative for furthering education in the field of reproductive psychiatry. Members of the task force piloted one of their modules in their education platform which was very well

received and was noted to be a practical and effective way in which to disseminate knowledge to providers and trainees. In fact, I hope to bring this platform to the University of MN and incorporate IT into our existing didactics. Since the conference, I have joined the task force and will be contributing to this educational mission. This conference has also generated additional ideas for the upcoming reproductive psychiatry educational seminar at the University as well as provide a framework for what content should be included.

It is in the spirit of Dr. Brown's passion for education that I will be developing the educational seminar as well as enhance our resident curriculum. ■

2017 Bob Baumer, MD, Community Psychiatry Scholarship Winner Reports

Erica Lensink, DO, PGY2 Psychiatry Resident, HCMC/Regions Hospital

After attending IPS this in October, I left with a stronger sense of hope and passion for serving our underserved populations in Minneapolis and Saint Paul. Through the workshops and presentations I attended, I connected with current APA public psychiatry fellows and learned more about what the fellowship entails and their experiences in public psychiatry at their respective programs. They welcomed me with open arms and gladly answered questions I had about the fellowship as well as clinical non-ACGME public psychiatry fellowships. Before this conference, I wasn't aware of this fellowship and didn't realize how incredible the APA's clinical fellowships are. I attended the public psychiatry fellowship panel with program directors and previous fellows, and also joined the American Association of Community Psychiatrists meeting - a group of like-minded people who have ambitious and passionate goals to improve the systems in which we work. My favorite part of the conference

was attending a workshop about microaggressions (subtle, everyday ways of communication that discriminate against others) and how they impact health and culture. We participated in role-playing, small-group discussion, and a very powerful activity called The Privilege Walk. We all learned about and from each other during this activity and it opened my eyes to the diverse backgrounds we come from.

I look forward to applying for the APA Public Psychiatry Fellowship as a way to hopefully continue my training. Additionally, I hope to attend IPS annually - the conference proved valuable and a great way to meet fellow residents, fellows, and psychiatrists who are systems-minded visionaries. It has helped reinforce the premise that psychiatry is not only about improving the lives of individuals with mental illness, but also - just as importantly - their communities. Thank you, MPS & MHCF, for providing the opportunity for me to attend! ■

Mental Health for Puerto Rico

Judit M. Pérez Ortiz, PhD, University of MN Medical School, Graduate Program in Neuroscience, Medical Scientist Training Program

The wrath of hurricane María put a strain on Puerto Rico's medical system and hospital resources. A group of Minnesota medical doctors, students, alumni, scientists, and other professionals at the University of Minnesota have held regular meetings to brainstorm ways to help. Our group has raised over \$20,000, and with additional contributions from El Fondo Boricua, used these funds to purchase medications and medical supplies. Our medical team has completed two trips personally bringing the donations to

Puerto Ricans and providing short-term medical care.

This experience made it clear to our doctors that the hurricane took a toll on mental health (MH). They noticed listening to their patients was one of the most powerful therapeutic tools they provided. They witnessed widespread increased stress and anxiety, fatigued caregivers, PTSD symptoms, suicidality, and suicides. Helplessness, sadness, and uncertainty are per-



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MPS Fall Program (continued from page 1)

The program featured keynote, Patrick Fox, MD, offering two presentations. Dr. Fox is the Colorado Department of Human Services' Chief Medical Officer, and is on the faculty at the University of Colorado School of Medicine in Denver, Colorado. He skillfully covered two timely issues impacting Colorado with implications for Minnesota. The first was, *What a Long, Strange Trip It's Been: Recreational Marijuana Legalization in Colorado*. He also covered, *Tragedy as Opportunity: Reforming Mental Health in the Wake of the Aurora Theater Shooting*.



Presenters, Rana Elmaghraby, MD, Chinmoy Gulrajani, MBBS, FAPA; and Lyuba Megits, MD



KyleeAnn Stevens, MD, FAPA, who gave an update on Minnesota's Direct Care & Treatment, answers questions from the audience.

The program also featured Minnesota experts, including Kylee-Ann Stevens, MD, FAPA, Executive Medical Director for Behavioral Health, Minnesota Department of Human Services, who offered an overview of DCT, describing ways the state

is providing care in a changing landscape. Lyuba Megits, MD, and Rana Elmaghraby, MD, presented, *Duty to warn vs. Privilege: Finding the right balance in high risk patients*. Matt Kruse, MD, discussed staff assaults with a focus on legal, ethical, and clinical considerations. Michael Farnsworth, MD, DFAPA, presented, *Telepsychiatry: Managing Potential Pitfalls to Minimize Practitioner Risk*. Roger Meyer finished the day facilitating an interactive discussion on planning psychiatry's future in Minnesota.



Attendees and presenters connected during breaks.

MPS thanks the planning committee, chaired by Chinmoy Gulrajani, MBBS, FAPA, Program Director, U of M Forensic Psychiatry Fellowship, and committee members, Karen Dickson, MD, DFAPA; Michael Farnsworth, MD, DFAPA; Matt Kruse, MD; Sheila Specker, MD, DFAPA; Lawrence Panciera, PhD; and Linda Vukelich.



Matt Kruse, MD, discussed staff assaults.

Plan to attend MPS's Spring Meetings on April 28, 2018. If you are interested on serving on the planning committee, please contact Linda Vukelich to volunteer. All MPS members are encouraged to serve! ■

Puerto Rico (continued from page 5)

vasive. There is limited infrastructure to support MH needs. Psychological first aid efforts have been well received, but as volunteers leave the island, patients feel defeated with the lack of treatment continuity. This has motivated our group to focus our next efforts on MH for Puerto Rico. At this time, conversations are ongoing.

We continue to expand our contacts with Minnesota and Puerto Rican community leaders, mental health professionals, and physicians, in hopes to establish long lasting collaborations seeking more long-term solutions.

We are looking to open social media presence. In the meantime, please contact Judit Pérez Ortiz, PhD at perez211@umn.edu or Miguel Fiol, MD at fiolx001@umn.edu. If interested in donating, please visit <https://crowdfund.umn.edu/puertorico>. ■

Parity Reports (continued from page 1)

medical specialty care services received out-of-network. 1 in 6 individuals (16.7%) received inpatient behavioral health care out-of-network—a rate 4.2 times higher than for other inpatient medical services. The APA has been a strong voice on parity implementation disparities. We need to make sure that people are getting access to the care that they need for mental health and substance use disorders. These numbers show that many are not.

State and federal regulators need to ensure that insurance companies are abiding by the Mental Health Parity and Addiction Equity Act. It is the law.

The APA and its coalition partners urge the following immediate action steps:

- Federal Regulators should issue more specific guidance on medical management practices with examples of compliant analyses and, based on this report's findings, should immediately initiate audits of major insurers.
- Employers should retain independent companies to conduct parity compliance audits of the insurance plans provided to their employees in order to measure reimbursements, out-of-network use, denial rates, and other key variables restricting access to benefits.
- State-level agencies should conduct routine annual parity compliance market audits of all insurers in their state, for both commercial and Medicaid-managed care companies.

The full reports can be found at <https://www.nami.org/parityreport> and <http://www.milliman.com/NQTLDisparityAnalysis/>. ■



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Saturday, March 10, 2018, 9 am - 12 pm
MPS Council Meeting PrairieCare Institute, 1934
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Saturday, April 28, 2018, 8 am - 5 pm
MPS Spring Scientific Meeting Location TBD
www.MnPsychSoc.org, 651-407-1873

Saturday, April 28, 2018, 5 pm - 9 pm
MPS Recognition Dinner Location TBD
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Saturday, May 12, 2018, 9 am - 12 pm
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