

Inside

Resident Fellow Update 1

Guest Editor:
MPS Legislative Committee
Chair Jonathan Uecker, MD..... 2

President's Letter..... 3

MPS Fall Poster Session..... 5

Continued..... 7

Calendar 8

Ideas of Reference
is the newsletter of the Minnesota Psychiatric Society, a district branch of the American Psychiatric Association.



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Resident Fellow Update

By Laura Pientka, DO

University of Minnesota Geriatric Psychiatry Fellow, PGY-5

Association for Academic Psychiatry

The Association for Academic Psychiatry (AAP) Annual Meeting was held in Milwaukee, Wisconsin in September.

The AAP's Annual Meeting is designed for psychiatrists who are interested in learning about academic development, teaching psychiatry, and research on psychiatry education. The meeting is filled with interactive workshops designed to teach a wide array of academic topics. This year's theme was "The Educator's Compass: Navigating the Changing Landscape of Academic Psychiatry."

Minnesota was well represented with several residents and fellows from all three psychiatry training programs attending the meeting and presenting academic posters and workshops.

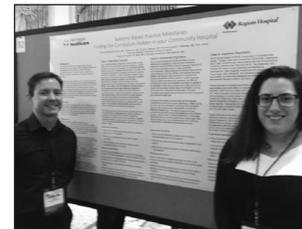


Dr. Rana Elmaghraby,
APA Resident-Fellow
Member Trustee-Elect

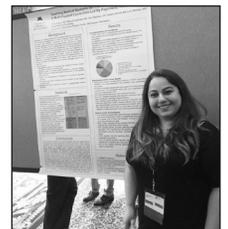
Daniela Rakocevic, MD, MSc, current Addiction Psychiatry Fellow at the Mayo Clinic, was awarded with the Resident Educator Award. This award

was created to honor psychiatry residents who demonstrate particular promise as educators and scholars in the field of academic psychiatry

PGY-3 psychiatry resident, Dr. Rana Elmaghraby, began her two year position as the American Psychiatric Association (APA) Resident-Fellow Member Trustee- Elect. In this role, Rana's responsibilities include serving on the APA board of trustees and representing a trainee perspective regarding legislative and policy matters.



Drs. Randy Neil & Cynthia Di
Giandomenico, Hennepin-Regions



Dr. Ozra Nobari,
University of Minnesota



Daniela Rakocevic, MD, MSc, Mayo Program
(center) Resident Educator Award

Minnesota Psychiatric Society's Scholarship Awardees

Alexandra Hartley, DO, current PGY-4 at the University of Minnesota was awarded the Eric Brown, MD, Residents Caucus Scholarship Fund, which awards one \$250 scholarship each year to a Resident or Fellow to pursue individualized academic or career exploration goals.

Vanessa Stumpf, MD was awarded the Bob Baumer, MD, Community Psychiatry Scholarship Fund which awards one \$500 scholarship each year to a Resident or Fellow to attend the APA IPS: The Mental Health Services Conference.

Congratulations and thanks to everyone who applied for these annual awards. For more information on these awards and for more information about how to apply for these awards, go to www.mnpsychsoc.org/resident-fellow-member.html.

Minnesota Psychiatric Society's Resident Caucus

The vision of the caucus is to unite residents and fellows from each of Minnesota's three psychiatry residency programs through quarterly social events. Each event will feature a local psychiatrist addressing an emerging issue in psychiatry. These events will be held at local

(continued on page 8)



2

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.

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Guest Editor
Jonathan Uecker, MD
MPS Legislative Committee Chair

The opportunity for action in the 2019 Session is one of the most opportune – and perilous – to date for a number of reasons.

The MPS Legislative Committee is actively recruiting MPS members to participate in our advocacy efforts on behalf of psychiatry and the patients we all serve. As chair, I have seen many sessions come and go, and the opportunity for action in the 2019 session is one of the most opportune – and perilous – to date for a number of reasons. The 2018 elections gave us two new physician legislators, a democratic majority in the house and a DFL governor. Many of our newly-elected legislators are interested in health care. It is incumbent upon us as physicians to provide expertise and as an organization to offer public education campaigns to aid in their orientation and help them prepare to tackle health care issues. We know they will be addressing parity, scope issues, investments into health care and especially mental health care resources.

The MPS Legislative Committee has identified several priorities, including achieving full and transparent parity implementation and opposing non-medical prescribing. We will also continue to collaborate with other organizations to limit prior authorization and step therapy practices, support effective opioid crisis response initiatives with funding and resources, and address chronic underfunding and the resulting scarcities by raising reimbursement rates to effectively cover costs and meet needs.

We have a new contract lobbyist, a PAC poised to grow, strong collaborative relationships with the Minnesota Medical Association and the organizations making up the Mental Health Legislative Network. All we need is you! Please consider joining the Legislative Committee, attending legislative events at the Capitol, volunteering to testify, or just introducing yourself to your state legislator and letting them know you are happy to be a resource on mental health issues. It only takes a minute to call or email. We can help you set up meetings and even go with you. We are happy to help you get involved. Contact the office for more information! ■

MPS PAC JOIN TODAY! Your patients, your colleagues, and your profession thank you. Minnesota Psychiatric Society Political Action Committee



Can we be proactive here?

Michael Trangle, MD, DLFAPA
MPS President

All of us have been reading about the the growing shortage of psychiatrists, personally experiencing the stress and pressures to get intakes in ASAP, and struggling to arrange for follow-up if you work in the inpatient realm, or to fit people in if you're doing outpatient work. We've also needed to cope with the frustrations and anger of our medical and non-medical colleagues, friends, and acquaintances when we can't meet their and their patients' psychiatric needs.

The salaries and the prestige of being a psychiatrist are going up a bit, as are applications to residency programs. There is a bit of growth in psychiatric residency programs. Still, the reality is that these modest changes will not get us close to meeting the need especially when you factor in the population growth, gradually decreasing stigma, and increased case finding.

From my perspective, the "action" is increasingly shifting to finding, creating, and utilizing less knowledgeable, skilled, and trained providers to meet the need. The earliest manifestation of this occurred with the US Department of Defense's experiment with giving psychologists prescribing privileges and the resultant years of legislative battles in many states. In this case, the APA has been quite consistent and clear in its repudiation of this practice and they've shown active support and expectation that every branch resists it. My sense is that this remains a struggle, but in most parts of the US utilizing non-biologically based clinicians (like psychologists) has not really caught on.

The APA has not had any formal policy yet about how to respond to the growing numbers of medically trained advanced practice clinicians (APCs, i.e. NPs, CNSs, PAs). I'm using this column to share my experiences, thoughts, and suggestions about this issue. Over the years and within organizations I've been involved with, I've become convinced that more high quality, efficient care is delivered when we work in well functioning, multidisciplinary teams. Paradigmatically, this occurs when each member of the team is expected to perform at the top their license, expertise, and experience, but NOT beyond that. All team members, including APCs, need to routinely be held accountable for clinical and overall performance but the enforcement of this varies a great deal. While I have never worked with any psychologists with prescriptive authority, I HAVE worked with many APCs and have learned to appreciate, trust, and respect their abilities to deliver great care.

However, the issue is much more complex and nuanced in reality than stated above or than typically presented in the media. In addition to medication management, APCs also perform a number of key tasks in hospitals, partial hospital programs, day

treatment programs, residential programs, jail/prison care, agency clinical programs, legal proceedings, etc. Their scope of practice varies from state to state, payer to payer, and by setting. It is not rationally related to their expertise and training, but seems to be more correlated with their political clout and the cultural vagaries of their situation. For instance, MN PAs can treat and bill for behavioral health patients in primary care clinics where there is no access to psychiatric supervision but not in behavioral health clinics. Hospital policies and procedures vary tremendously in terms of what the APCs are allowed to do (and get paid) regarding admitting, managing, and discharging inpatient psychiatric patients. APCs cannot truly be lumped together. The CNSs I have worked with have had a superb understanding and use of psycho-dynamics, whereas PAs have been great at participating on physician teams. Then, of course, each individual clinician comes with her own personality style, experiences, and talents. Of course, we all also learn and grow with experience.

Most newly trained APCs do not graduate with the necessary knowledge and skills to immediately function in a practice. They need to learn how to succinctly and appropriately document, bill for their care, and understand how to efficiently see a reasonable number of patients daily while staying on time. Many still need help appropriately diagnosing patients, initiating reasonably comprehensive treatment plans, partnering with therapists, social workers, and nurses, and modifying the care as necessary. It takes a while for them to learn when and how to ask for help from psychiatrists. Schools may claim that their graduates leave their programs ready to practice but the reality is that their partners or supervisors ultimately are forced to spend a great deal of time, effort, and energy mentoring them one way or another. I have found that it's probably most efficient to do so in an organized, pre-planned manner with a group in order to benefit from efficiencies of scale and to ensure you don't forget key elements by doing it while both of you are fitting it into a regular, busy patient care day. At HealthPartners/Regions we utilize a fellowship program designed for already licensed clinicians, which includes lectures, discussions, shadowing experiences, and escalating independent work.

The MN Psychiatric Leaders group is beginning to share and mutually learn from each other in our quest to optimally hire, supervise, and utilize various APCs in the psychiatric admission, consultation, management, and discharge process, as safely and efficiently as possible. This same process has been

(Continued on Page 7)



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MPS 2018 Fall Program Posters *To view the posters, go the MPS website home page.*

Congratulations to Dr. Suliman El-Amin for taking first place honors and to Dr. Sisi Ma for second. The committee thanks all participants.

- **Accelerated TMS for Depression: A Systematic Review and Meta-Analysis** – Ayse Irem Sonmez, MD; Deniz Doruk Camsari, MD
- **Advancing the Current Use of Electroconvulsive Therapy in a Patient with Chronic Treatment Resistant Depression** - Rana Jawish, MD; Rana Elmaghraby, MD; Sherab Tsheringla, MD; Matel Bajzer, MD
- **Daily right unilateral ultrabrief electroconvulsive therapy (ECT) improves depression faster than bitemporal ECT** – Reem Shafi, MBBS **Depression Screening in the Hmong Elderly Community** – Yee Xiong, MD; Scott Oakman, MD
- **Does a blood sample obtained by a physician in the course of treatment constitute privileged information?** – Glen Rebman, MD; Chinmoy Gulrajani, MD, DFAPA
- **Improving Resident Therapy Education** – James Curry, MD; Bryan Wilson, MD; Michael Reitz, MD; Mohammed Lodhi Khan, MD
- **Increased Symptoms of Psychosis and Decreased Core Symptoms of Mania and Lithium Use in US Bipolar I Patients of African vs European Ancestry** – Suliman El-Amin, MD; Margaret Akinhanmi, MD
- **The Jensen Settlement and after: Systemic changes in the care of the Developmentally Disabled in Minnesota** – Laura Sloan, MD; Chinmoy Gulrajani, MD, DFAPA
- **Patient Health Questionnaire (PHQ)-9 Item 9 and Children's Depression Rating Scale-Revised (CDRS-R) Item 13 correlates with Columbia-Suicide Severity Rating Scale (C-SSRS) for suicide risk** – Jinal Desai, MD; Paul E. Croarkin, DO; Aiswarya Lakshmi Nandakumar, MD; Jennifer Vande Voort, MD
- **Predicting Posttraumatic Stress from Multi-modular Data** – Sisi Ma, MD; Isaac Galatzer-Levy, MD
- **Use of Electroconvulsive Therapy in Patients with Major Depression and a Comorbid Borderline Personality Disorder** – James Lee, MD; Simon Kung, MD; Keith Rasmussen, MD

PASSION FOR PATIENTS



By Lee Beecher, MD
With Dave Racer, MEd

A 2017 book *Passion for Patients* (written with Dave Racer) tells the story of Dr. Lee Beecher's 42 year independent psychiatric practice and long-standing mental health APA and community advocacy. Go to LeeBeecher.com for book reviews, chapter summaries, policy recommendations for future patient-centered care, and to buy the book.



Growing Psychiatric Specialty Health System Seeks Psychiatrists

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President's Column

(continued from page 3)

going on longer in the outpatient world within a number of systems of care.

The tent of the Minnesota Psychiatric Society is much larger and more varied than the larger systems of care, where everyone is an employee and expects to have a supervisor and regular performance reviews. Many of us are in private practice, work in settings where we don't interact with APCs, mainly do research, etc.

As psychiatrists, I think we will be better off proactively trying to reach our own consensus of how to optimally work with various ACPs, factoring in their backgrounds, experience, and training. As a discipline, I think we will be better off in the long run reaching out and joining with APCs to engage in quality improvement, patient satisfaction, and efforts to increase resources devoted to behavioral health care. Whether this is best accomplished by allowing them to join MPS/APA as affiliate members or attempting to partner as separate guilds is

(Continued on Page 8)

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Wednesday, February 13, 2019,
6:30-8:30 pm **MSCAP Dinner Meeting**
Speaker Dave Hartford: The Hills Youth
and Family Services PRTF (Pediatric Res-
idential Treatment Facility), PrairieCare
Medical Office Building, 5500 94th Ave-
nue North, Brooklyn Park, MN 55443
www.MnPsychSoc.org, 651-407-1873

Saturday, March 9, 2019, 9am-12pm
MPS Council Meeting (*members welcome!*)
PrairieCare Institute, 1934 Hennepin
Ave, Ste 300, Minneapolis, MN www.MnPsychSoc.org, 651-407-1873

For more calendar updates, go to
www.mnpsychsoc.org

President's Column *(continued from page 7)*

not clear. Currently, it seems as if the separate guild approach has primarily fostered disagreement around scope of practice issues and occasional competition for resources, especially resources designed to improve workforce shortages. I think MPS should consider reaching out in a formal manner to the MN APC associations and begin talking about where and how we might work together to improve quality outcomes and resources for our patients, instead of being passive and primarily interacting defensively around turf battles. ■

Resident Fellow Update *(continued from page 1)*

restaurants to encourage involvement in discussions and socialization. Winter/spring resident caucus planning is underway. Watch for further information!

MPS and APA Membership

MPS does not charge dues to Resident-Fellow Members and offers free registration to all MPS events. APA waives the first year of dues for RFMs. After that, your annual national dues are only \$107.

To join, contact Linda Vukelich, L.Vukelich@comcast.net, or contact the MPS RFM Representative at your program:

- HCMC-Regions - Jim Curry, MD
- U of MN - Rana Elmagrahy, MD
- Mayo - Kriti Ghandi, MD ■

SAVE THE DATE

Saturday, May 4, 2019

**MPS SPRING SCIENTIFIC SESSION
ANNUAL RECOGNITION DINNER**

**Suicide: A Multidimensional Approach
to Risk, Prevention & Assessment**

**Minnesota Humanities Center
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