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



MINNESOTA PSYCHIATRIC SOCIETY

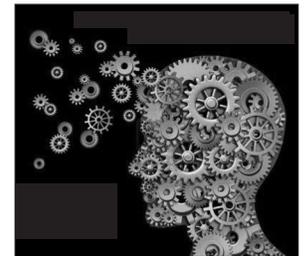
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MPS Program on Mood Disorders Acheived Goals

Mood disorders are among the most common and burdensome of mental health conditions—the World Health Organization (WHO) considers major depression as the third-highest cause of disease burden world-wide, and the highest cause of disease burden in the developed world. They are also difficult to treat. Up to a third of MDD patients do not respond to conventional antidepressants, and rates of poor response to pharmacotherapy and non-pharmacological interventions are even higher for patients with bipolar I or II depression. Furthermore, specific clinical contexts (such as pregnancy, the post-partum period, advanced age, and adolescence) and rapidly evolving treatment approaches add to the complexity of treating mood disorders in the modern clinical environment. These observations have provided the motivation for the topics selected for this symposium. Participants learned about new and future developments in the assessment and treatment of mood disorders across the age spectrum and in special patient populations, and in the use of neuromodulatory approaches for difficult-to-treat mood syndromes.



The well-balanced agenda featured a highly interactive program, including Question & Answer Sessions and hands-on demonstrations. With topics covering a broad range of mood disorders and approaches, presenters covered treatments from Ketamine to TMS and non-pharmacological approaches to borderline personality disorders. Attendees reviewed post-partum mood and anxiety disorders, bipolar depression, geriatric, and adolescent depression, and heard about the future of neuromodulation. Our faculty represented the best and brightest Minnesota experts from the University of Minnesota, the Mayo Clinic, the Veterans' Administration Medical Center, and Park Nicollet.

MPS leadership would like to thank Dr Bobo for chairing the program planning committee. Dr Bobo went above and beyond, and the results showed! The whole committee is to be commended; they are Linda Vukelich and Drs. Bill Clapp, Sheila Specker, Brent Nelson. Our faculty delivered stellar presentations and we are grateful to them for sharing their time and expertise. Thank you, David Bond, MD, for presenting, Update on Bipolar Depression, and Brian Palmer, MD, who presented, Borderline Personality Disorder: Nonpharmacological Approaches, and Brent Nelson, MD, who presented *Transcranial Magnetic Stimulation (TMS): A Clinical Update*, and Michele Wiersgalla, MD for *Postpartum Mood and Anxiety Disorders*. The afternoon presenters included Kathryn Cullen, MD, presenting on assessment and treatment of adolescent depression, and Maria Lapid, MD, on geriatric depression, Barry Rittberg, MD, covering ketamine for treatment resistant depression, and Shirlene Sampson, MD, offering the future of neuromodulation. Attendees participated in question and answer sessions and all were welcome to stay for an informal reception at the end of the day.

SPEAK UP!
Watch for your MPS survey
Reply right away!
Learn more on page 3.

After attending the meeting, participants used the APA's Learning Management System (LMS) to complete the evaluation and claim credit. As a member benefit, MPS/APA members' certificates were automatically shared with the ABPN. MPS is proud to participate in joint sponsorship with the APA. ■



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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Classified Rates: 25 words or less for \$75 with each additional word at 35¢. All advertising copy is subject to approval by the editors. Meetings and events may be listed on the Calendar of Events free of charge. Ideas of Reference has a quarterly circulation of 450. Deadlines are the 15th of the month prior to publication.

Ideas of Reference

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Editor's Column

Matt Kruse, MD

I do not consider *Ideas of Reference* to have any particular political leaning. In fact, I whole heartedly believe it should not, and I'm sure its demographically and politically diverse readership would agree. On the other hand, those active in organized medicine recognize that policy and, as we've seen recently, rhetoric can affect our practice, livelihood, and, most importantly, patients.

We are living in a tumultuous era where policy and rhetoric may have a measurable impact on the physical and mental health of the country. Meanwhile, professional medical organizations, intent on keeping themselves nonpartisan, might be left wringing their hands.

Lending opinions to hot-button issues might produce the illusion of partisanship. However, organized medicine must always advocate for its professionals and its patients. Nonpartisanship and objectivity are qualities that will always follow a principled and reasoned approach to this mission. On November 9, the American Psychiatric Association rightly sent President-Elect Donald Trump a sincere congratulations and offered consultation on issues related to mental health. We must all be eager to work in the public arena to improve health. One lever we have for achieving such an end is to speak up loudly and without hesitation when policy or rhetoric threatens the mental or physical health of any portion of the population. To do so is well within our scope and expertise. If the need arises, I ask that we indeed speak up, both as individuals and as an organization.

I hope that MPS's role as an organization will be limited to helping shape policy as we work toward a better healthcare system for all. I hope this editorial is irrelevant, and that moving forward, the words and actions of our elected leaders will be kind, understanding, and positively affect the health and wellbeing of us all. ■

Now Accepting Applications for APA/APAF Fellowships

APA/APAF Fellowships allow residents and fellows to expand their skills and explore interests while completing their regular training program. Many come with funding for projects or research and provide an excellent opportunity to connect with colleagues from across the country. Applications are due January 30, 2017. ■

Congratulations!



Dr. Rana Elmaghaby, a first year psychiatry resident at the University of Minnesota, applied to serve as the Resident-Fellow Member of the APA Board of Trustees. Although this position is selected from a nation-wide

pool of highly qualified applicants and is typically won by senior trainees, Dr. Elmaghaby was selected as the alternate candidate. Should any of the three selected candidates withdraw from the national campaign for this position, she would be entered into the race. Her impressive showing in this highly competitive national election highlights her promise as a skilled and talented physician leader. ■



Next Steps

Joel Oberstar, MD
MPS President

The year's end provides an opportunity for personal and professional reflection regarding all that has transpired these past 12 months. It also provides the launching pad for contemplating how to move forward in the coming 12 months. With the election behind us, shifting power in both our Minnesota capitol and in Washington offer some uncertainty regarding how health care – and mental healthcare in particular – will be impacted. Here in Minnesota, the Governor's Task Force has completed its work. On behalf of MPS, I thank Drs. Paul Goering and Bruce Sutor for their work over the past several months serving on the Task Force. Members are encouraged to review the group's work and recommendations: <https://mn.gov/dhs/mental-health-tf/>

The task of MPS is now to digest the report and determine what aspects resonate well with our profession's perspective on the mental healthcare needs of the citizens of Minnesota. The MPS Council devoted a significant amount of time at its last meeting hearing about the process by which the Task Force undertook its charge. The release of the Task Force's recommendations is timely for MPS as we contemplate a more formal strategic planning process for our organization, one that hopefully will

guide the MPS response not only to the recommendations within the report but for other aspects of public policy, education and membership advocacy the Society should focus on in the coming years.

While I have had the wonderful opportunity to speak with many of our members directly, a brief survey of our membership would undoubtedly be informative as we move through the strategic planning process. Therefore, please be on the lookout for a survey to arrive via email shortly. The survey will be brief and will offer open-ended questions designed to elicit a broad range of responses. While I know we each have more to do than the day frequently allows, please do give us 5 minutes of your time to give us your candid feedback. The executive committee and Council will then digest your responses and use them to inform the next steps in our multi-year strategic planning process. While there is uncertainty regarding how the next 12 months will transpire, so also is there opportunity to exercise our own agency in mitigating that uncertainty and seeking system-wide improvements essential to serving the needs of our profession, our patients and their families. ■

VICTORY for APA, psychiatrists, primary care practices, and patients: CMS to Cover Psychiatric Collaborative Care Management Services Codes in 2017

CMS announced its FINAL Medicare Physician Fee Schedule rule that Medicare will begin coverage and reimbursement for "Psychiatric Collaborative Care Management Services" starting in 2017. The final rule heeded several points made in APA comments in response to the preliminary rule earlier this year — specifically our concern regarding the value of the psychiatric consultant services that are bundled in this code, which resulted in increased payment for these services. This win was a joint effort between APA administration, members and the AIMS center.

These three new codes are based upon the Collaborative Care Model (CoCM) developed by the late Wayne Katon, MD and Jurgen Unitzer, MD, at the AIMS Center of the University of Washington. This is the only evidence-based model of its kind and was proven effective in more than 80 randomized control trials. Under these services (and the CoCM), the primary health care provider employs a behavioral health care manager to provide ongoing care management for a caseload of patients with diagnosed mental health or substance use disorders. A consulting psychiatrist provides the primary care practice with the benefit

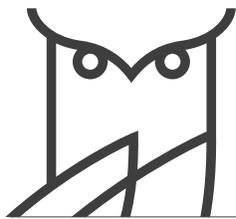
of his or her specialized expertise in treating such conditions, through regular case review and recommendations for treatment, medication adjustments, the need for specialty care, etc.

The APA received a grant from CMS through its Transforming Clinical Practice Initiative to train psychiatrists and PCPs in the CoCM and to encourage systems to implement this evidence-based model. We have trained over 800 psychiatrists in this model and are beginning to educate and train primary care practices this year. Having payment for these services will only strengthen this initiative. For more information about the TCPI, please visit www.psych.org/SAN.

MPS will offer CoCM training during the Annual Spring Scientific Session. Watch for details and plan to join us!

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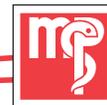
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ksemon@prairie-care.com
763.762.6806

Forensic Education comes to Minnesota

Chinmoy Gulrajani, MBBS, FAPA

The other day at a social gathering the man standing ahead of me in the queue for food asked me what I do for a living. When I informed him that I am a forensic psychiatrist, the response I received was rather amusing. "So you work with dead people!" he exclaimed. What was not amusing, was that he was a physician himself.

Over the years I have received numerous responses like the one above, demonstrating limited awareness about forensic psychiatry even amongst the medical community. If you're a mental health clinician reading this piece and asking yourself if you know enough about this specialty, let me make it easy for you. If you don't know the correct response to the following three questions, you probably need to know more:

1. Who owns privilege: the doctor or the patient?
2. Why is the petition for involuntary medication in Minnesota called a Jarvis?
3. Can an employer be accused of sexual harassment for consensual intercourse with an employee?

Put simply, forensic psychiatry is a subspecialty that focuses on the interface between psychiatry and the law, be it in the civil, criminal, or administrative setting. Its broad scope of practice may include the psychiatric evaluation of individuals involved with the legal system, or consultations on behalf of third parties such as employers or insurance companies.

So why doesn't the medical community know more about it? Until now, there had been no forensic psychiatry training programs in Minnesota. But if you're a psychiatrist or psychiatrist resident interested in this subspecialty, I have good news for you.

On July 1st of this year, the University of Minnesota rolled out its newly minted fellowship program in forensic psychiatry, making it the first program in the state and only the 45th of its kind in the country. It is a one-year specialized training program in law and mental health funded by the Minnesota Department of Human Services and is available at any time after the fourth year of residency training. Applications are accepted beginning July 1st every year and there are two training positions available annually.

So if you got any of those three questions wrong, what are you waiting for? ■



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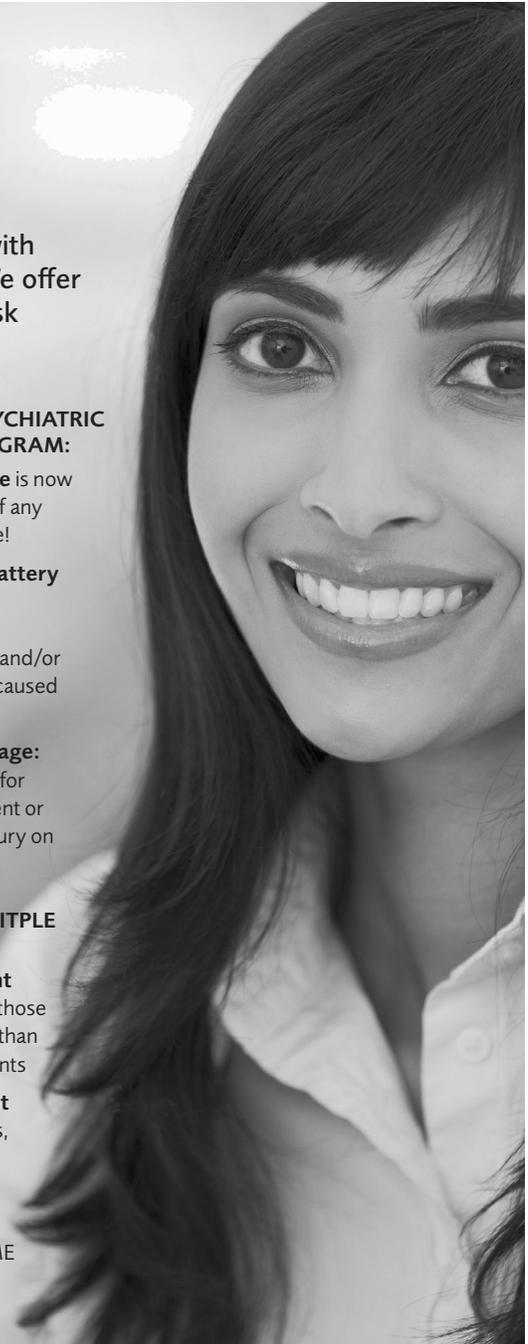
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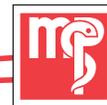


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Your MPS Political Action Committee ~ The wall is down!

Bob Nesheim, MD, MPSPAC Chair

As you read this, the elections are past but the next cycle begins all too soon. The negativity and disparagements of 2016 were most disheartening. Our APA wisely discouraged any diagnosis without examination, but that didn't prevent regrettable public displays of rancor across many contests - federal, state, even local.

Your MPS PAC Board met quietly in August, supporting those Minnesota state legislators that we perceive (by record and by temperament) to be psychiatry-friendly. Your PAC contributions enabled this useful support, thus aiding access to your state legislators during the coming sessions. Thanks for your support as the MPS positions statewide concerns in January 2017.

Ever resonant with the times, your MPS PAC Board had our own "constitutional crisis." Federal election laws prohibit non-citizens from supporting any PAC, including ours. As chair, I was responsible for the professional legal drafting of our boilerplate bylaws in 2007 to facilitate e-meetings and such. But non-citizens were excluded by federal law and we were now suddenly looking most unfriendly to our colleagues. Further legal research (some of my best friends are lawyers) yielded a heartwarming inclusion - the same federal regulations also support anyone with a green card as an eligible PAC contributor, so this very properly then includes many of our MPS members and colleagues.

So, no succession woes, eligibility exclusions, or voting chaos at MPS PAC. Strict bylaws, campaign board accountability, and impeccable decorum remain the rule - no secret servers. Do consider supporting your MPS PAC as we now look toward 2018 state legislative elections. I will, as always, contribute on New Year's Eve, and hope for a quiet night and a peaceful pro-psychiatry Minnesota state biennium as my very first 2017 resolution. ■

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CALENDAR

Minnesota Health Professional Loan Forgiveness

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December 7, 2016
MSCAP Dinner Event
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January 14, 2017
Forum Guest: Sophia Vinogradav, MD, U of MN
MPS Council Meeting PrairieCare Institute
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January 28, 2017
MSCAP Summit—Pulling Together for Children's Mental Health New Brighton Community Center
www.MSCAP.org, 651-407-1873

For Calendar Updates, go to www.mnpsychsoc.org



Join us at the next MPS Council Meeting - All members are welcome!

Council and guests above: Ben Otopalik, George Realmuto, Eduardo Colon, Paul Goering, Rana Elmaghraby, Ben Braus, Renee Koronkowski, Steve Talsness, Laura Pientka, Joel Oberstar, and Carrie Parente. Call 651-407-1873 for more information.