Beyond Essentials: Excellence in Texas Psychiatry

2004 Scientific Program

John Casada, MD, Scientific Program Chair

On behalf of TSPP and the Bexar County Psychiatric Society, I would like to invite you to come to San Antonio and attend our Annual Scientific Conference entitled, "Beyond Essentials: Excellence in Texas Psychiatry." The activities planned for November 13-14 will provide interesting and engaging educational sessions and enjoyable social activities on San Antonio's Riverwalk.

As you are undoubtedly aware, psychiatry has been subject to pressures from many directions. One important source of pressure comes from the widespread public misunderstanding of what psychiatrists do. This has allowed some politicians, who want to obtain the right to practice medicine without the benefit of proper training, to oversimplify the demands of psychiatric practice and attempt to convince lawmakers, insurers, and the public that they can provide basic, essential psychiatric services cheaper and more effectively than we can. One of our responses to this should be to show that Texas psychiatrists are not resting on mere psychiatric essentials but are routinely delivering excellence in clinical care. We should also make it clear that excellent psychiatric care is more economical and efficacious than clinical care by less experienced and undertrained providers. In order to achieve this, this year's scientific meeting will include panel discussions on the latest research in personality disorders, mood disorders, anxiety disorders, and child and adolescent psychiatry with a special emphasis on how this research translates into clinical practice. Many of the panels will be multidisciplinary and illustrate the strengths available in appropriate collaborations between psychiatrists, other medical specialists, psychologists, and social workers.

The scientific sessions will highlight the rich clinical and research expertise we have in Texas. Elizabeth Weinberg, MD from Baylor College of Medicine, will moderate a presentation along with John Sargent, III, MD and Armin Fickland, MD entitled, "Treating Borderline Personality Disorder in Public Services." Charles Bowden, MD, Jair Soares, MD and Vivek Singh, MD from UT Health Science Center at San Antonio will address the latest research in bipolar disorder in a session entitled, "New Patient-Oriented Research Findings in Bipolar Disorder." Terrence Early, MD and Haring Nauta, MD, PhD from the UT Medical Branch in Galveston will address the surgical treatment of severe and intractable psychiatric disorders in a presentation entitled, "Stereotactic Functional Neurosurgery for Severely Disabling, Medically Intractable Psychiatric Disorders." Brigitte Bailey, MD, Anne Lopez, PhD and Steven Plozka, MD from UT Health Science Center at San Antonio will present examples of effective management of adolescent behavioral problems in their talk entitled, "Care Presentations: Treatment of Severe Mood Lability and Aggression in Adolescents in the Juvenile Justice System." Each of the presentations will be followed by an extended question-and-answer period. This should result in an interesting exchange of ideas as clinicians apply the panelists' expertise to the clinical problems they are managing and researchers learn what areas of research would most benefit clinical practice.

In addition to the panel presentations, we have planned presentations that address medical and ethical issues that frequently arise in the course of our practices. The first is a talk by Jon Russell, MD, PhD entitled, "Fibromyalgia Syndrome: Diagnosis, Pathogenesis and Management." Second, J. Ray Hays, PhD, JD will give an ethos presentation entitled, "Ethical Considerations in Privacy for Couples, Families, and Groups: Split Alliances, Dual Duties and Trust."

In addition to the scientific sessions, our November meeting will provide an opportunity for attendees to enjoy the sights, sounds, and flavors of San Antonio. Our meetings will be held in the Omni Hotel, which offers excellent accommodations and highly rated restaurants. Also, on Saturday night, free shuttle service will be provided to take attendees to San Antonio's Riverwalk.

Make plans to attend our Annual Convention and Scientific Program. Work with us to make Texas a national leader in psychiatric research and clinical care. Enjoy the company of your colleagues and friends in historic San Antonio. We hope to see you in November.

J. Clay Sawyer, MD Installed as President

J. Clay Sawyer, MD was installed as President of the Texas Society of Psychiatric Physicians on April 4, 2004. Dr. Sawyer, a Distinguished Fellow of the APA, is the first psychiatrist from Waco to serve as President of TSPP.

Dr. Sawyer received his Medical Degree from the University of Texas Medical Branch in Galveston, Texas and did his residency in Psychiatry at Case-Western Reserve University in Cleveland, Ohio.

Dr. Sawyer has been in the private practice of general adult Psychiatry in Waco since 1986. He is a Past President of the McLennan County Medical Society and a Delegate to the House of Delegates of the Texas Medical Association. He is the Past President of the TSPP Lone Star Chapter in Waco and a member of the Board of Directors of McLennan County Medical Education and Research Foundation, Bridge Health Network, Rapoport Academy and the Waco Symphony Association. He has been a volunteer lecturer for the Family Practice Residency Training Program and served on the Board of Directors of Youth Connection of Waco, Inc. His wife, Dianne W. Sawyer, MD, is in private practice of Obstetrics and Gynecology in Waco.

Priscilla Ray, MD hands the TSPP President's gavel to J. Clay Sawyer, MD during his installation as TSPP President at the conclusion of the Executive Council meeting on April 4.
It Takes a Physician…

At the beginning of this year, I told you that I planned to “listen” to what our members wanted. Well, I HAVE listened, but it has often been while running. During this past year, we have worked hard on such issues as membership retention, finances, dues and ethics problems, on representation at the APAs, before the TSBBM, to rulemakers and the public. I have met with APA leaders in Washington, Tucson, and Austin, made phone calls, sent e-mails and explained our position on a variety of issues. The question, “What do our members want?” has provided the unvarying compass by which the TSPP Executive Committee members have been guided this year. In each meeting, this was the “gold-standard” for decisions. We are an organization driven by the “grassroots.” This has at times led us down the path of greater controversy and conflict, but that then is the correct path.

Our Affiliates Program is a good example. A survey of members and non-members demonstrated that this could be an effective program for membership retention. Although this led to controversy at the APA, and many meetings with a variety of people in leadership positions, the overriding concern was that we were accurately presenting our members’ needs; this took precedence over every other priority and every sensitivity. At the last Executive Council meeting, we voted to implement the program via a separate corporation, a solution that seems satisfactory and hopefully beneficial to all. An offshoot of that concern has been the high combined dues paid to APA/TSPP/local chapters. The APA Assembly representatives have continued to argue that the APA and future members and future members in trying to address this. Our committees have also discussed the issue of members what they want – from CME programs to legislative advocacy to relations with other medical organizations to patient protection. During this year, I have had to make some more and more impressed by the elegance and style with which a young psychiatrist from “Six Shooter Junction,” Gay Sayer, has represented Texas psychiatrists and our patients. He has a clear idea of the challenges, a keen sense of purpose and will be a remarkable spokesman for us. John Bush and Debbie Sundberg are also “constituents” in the pursuit of what our members want, laboring behind the scenes on projects from how to coordinate our annual session speakers, rooms and meetings all the way to the relative cost of ribbons and dots on our badges. The success of this year can truly be attributed to the Officers, the Executive Council, Committee members and administrative staff and many others who want the best for Texas patients, who all listened and labored side-by-side in “constancy of purpose.” Thanks. And I’ll be still listening!

“MEMBERSHIP CHANGES

NEW MEMBERS

The following membership applications have been approved by the Executive Committee and have been transmitted to the APA.

MEMBER IN TRAINING

Bennett, Gifry, MD
Lopez, Linda, MD
McKoldon, Sohal, MD
Naeem, Naheed, MD

GENERAL MEMBER

Brenn, Marjorie, MD
Hippolyte, Abel, MD
Matthews, Daniel, MD
Routh, Lisa, MD
Snibbs, John H, MD

MIT Advancement to General Member

Bret, Mary E, MD
De Leon, Susan, MD
Fernandez, Danilo, MD
Hessichnowka, F. Ada, MD
Kamble, Madhuri, MD
Kim, H, Hironen, MD

TRANSFERS FROM OTHER DISTRICT BRANCHES

Adleroth, Sarah, MD, GM
Ehannah, Irvin, MD
Munich, Richard, MD, DLF

P R E S I D E N T S’ M E S S A G E

In my first column in this capacity, I want to thank all members of the Texas Society of Psychiatric Physicians for the trust you have placed in me by allowing me to serve as your President for the upcoming year. I will do my best to live up to that trust, with the only agenda I will promote being those that will best enhance the goals, the livelihood, and the future of TSPP.

Before going any further, I want to thank my predecessor, Priscilla Ray, MD, for her outstanding service as President of TSPP during 2003-2004. Dr. Ray faced a most difficult set of circumstances during this past year, she effectively handled every challenge with the grace, the devotion, the determination, the quiet authority, the knowledge, and the effective influence of a true leader. Her leadership skills and capabilities stand as an example to us all. More words cannot convey the appreciation I feel for all that I have learned from her, both as colleagues on the Executive Council and as TSPP Representatives to the APA. She will definitely have my support and when she runs for the office of President-elect of the Texas Medical Association—I hope that all TSPP/TMA members will join me in that quest.

Unfortunately, TSPP presently represents only 54% of all psychiatrists in Texas, with membership retention efforts (not now membership) failing over the past decade due primarily to economic reasons, as evidenced by our multiple surveys last year. The policies responsible for this drop in membership numbers have been our direct contact with the TSPP has originated an innovative program to try to reverse this trend—the Affiliates Program. The Executive Council, which directly represents all psychiatrists in Texas (public, private, and academic), voted at its April 4 meeting to form a separate corporation to implement and to administer this new program. Certain APA officials expressed reservations about our original proposal. However, our April 4 meeting was also attended by Maria Gonzalez, MD, APA President, and by Jack Romer, MD, Area V Trustee. Both physicians stated that we have now found common ground with APA with this new concept and that we should have no further difficulties from those who disparaged our earlier efforts.

In contrast with our present situation, TMA represents 82% of all physicians in Texas—a number which gives TMA formidable clout in all political matters. As TSPP can extend the state legislative corpus and with many other organizations. This degree of influence is a necessity in effectively representing the interests of medicine; our influence in advancing the interests of psychiatry in Texas cannot be allowed to continue. If any doubters exist, let me point out two stark realities: if not for the maximum efforts of TSPPs, psychologists would have gained admitting privileges during the dedicated work of TSPP. We all know that our patients deserve better, and patient safety and quality of care have been enhanced and safeguarded through the dedicated work of TSPP. No one else can best represent our interests 100% of the time. No national organization alone can do this work completely, either—we cannot afford all the events of New Mexico to happen in Texas.

Now that that effort is underway (the Affiliates Program), we can turn our attention to our other major goals for this year. First, the next regular Texas legislative session begins in early 2005—we must be prepared for our usual legislative concerns (the attempts of psychologists to gain prescribing privileges, the attempts of scientists to return psychiatry to the dark ages, and the attempts of anesthesiologists who would seek to limit the treatment options needed by our patients). Second, the Texas Medical Practice Act will “sunset” and will likely be rewritten in the next regular legislative session—we must be all prepared to offer our input and to work in concert with TMA on this issue. Third, we must always remember why we are psychiatrists—we are physicians first, with the best interests of our patients foremost.

In an attempt to help all of our ongoing goals, I have developed a theme for my year as President of TSPP. That theme is as follows: “It Takes A Physician To Be A Psychiatrist.” I believe that this theme summarizes most of our major concerns and goals. To that end, I encourage all TSPP members, TMA members, and physicians in general to attend the TMA course offerings at TMA’s MedTex 2004 in Austin in May. I want also to make a shameless plug for the Psychiatry program (May 14) at that event. As President-elect of TSPP, one of my duties was to arrange that CME program, the title of which is also, “It Takes a Physician to be a Psychiatrist.” Seven CME hours of credit are available, the course material includes updates not only in psychiatry, but also in internal medicine, neurology, OB/GYN (including postpartum depression and the latest information on hormone replacement therapy controversies), cardiology, and HIPAA concerns (the hour of which will meet the state’s annual one-hour ethics requirement). The CME program is free to all TMA members and to all TSPP members (even if not a member of TMA). Please see the TMA website (http://www.texmed.com) for housing arrangements and for registration.

I hope that everyone will take advantage of this new and different approach to reinforcing the medical background required for us all to be effective psychiatrists and which sets us apart from those who would attempt to do what we do but who endanger their patients by not undergoing this necessary training. My hope is that this year will be both interesting and productive. I thank you again for allowing me to serve. To quote the late President John F. Kennedy (Inaugural Address, January 20, 1961), “Let us begin.”

Benjamin Disraeli

The secret of success is constancy to purpose.”
Your Committees at Work...

TSPP’s committees met in Austin on April 3, 2004 and conducted the following business:

Budget Committee: TSPP’s investment consultant reviewed TSPP’s reserve portfolio noting a 17.8% gain last year. The Committee reviewed several adjustments to the investment portfolio. Financial reports for FY 2003-2004 were reviewed. Throughout 10 months of operations, TSPP had a net operating surplus of $38,285 due in large measure to strong dues collections and a very successful annual meeting. The Committee considered dues waivers/reductions and approved one and declined three requests. The Committee approved an operating budget for next year in the amount of $450,000. The Committee discussed the Affiliates Program and concluded that TSPP should provide the funds to implement the program regardless of the option for implementation the Executive Council may choose.

Children and Adolescent Committee: The Committee reviewed warnings recently released by the FDA regarding the use of antidepressant medications in the treatment of children, concluding that the issue is still under investigation and that child psychiatrists must continue to treat children with depression. The Committee also reviewed the Medicaid Preferred Drug List, benefits provided under ORP and the reorganization of health agencies within the Texas Commission on Health and Human Services.

CME Committee: The Committee reviewed and approved its CME Mission Statement as well as its policies on Conflict of Interest and Corporate Support. The Committee reviewed results of the 2003 Annual Scientific Program noting the high ratings of speakers and the financial success of the conference. Programs and plans for the 2004 and 2005 TAM Section on Psychiatry were discussed. Plans for the 2004 Annual Scientific Program, “Beyond Essentials: Excellence in Texas Psychiatry,” were discussed as well as the program for the 2005 Annual Scientific Program. Participation of residents in the Resident Paper Competition was also discussed.

Constitution and Bylaws Committee: The Committee reviewed TSPP’s Articles of Incorporation and its Constitution and Bylaws, noting that several administrative changes will be addressed in the future. The Committee discussed the Affiliates Program and concluded that it is in the event of disassociation from the APA, the President should take the legal steps necessary to ensure that TSPP continues as the State medical organization representing Texas psychiatrists.

Fellowship Committee: The Committee reviewed and tentatively approved applications for Distinguished Fellow. The Committee also recommended that APA provide an online application form to assist applicants in applying for Distinguished Fellowship.

Forensic Psychiatry Committee: The Committee reviewed new laws and educational requirements for competency evaluations and recommended that TSPP forward names of members to the Governor for appointment to the Advisory Committee to the Texas Correction’s Office. The Committee reviewed the Advisory Committee to the Texas Correction’s Office on Offenders with Medical or Mental Impairment. A request to support an Amicus Brief on the Andrea Yates case was considered, but members of the CME Committee met until the next day and Appeals is sent to TSPP for restor. The Committee endorsed the publication and sponsorship of a Handbook of Texas Mental Health Law for Psychiatrists. The subcommittee was appointed to review TSBME’s proposed rule on telemedicine and to consider standards for telemedicine. The Committee reiterated its interest in having TSPP sponsor a program regarding Mental Retardation and the Death Penalty.

Government Affairs Committee: The Committee was briefed on the legislative session review process currently underway regarding the Psychology Board and the Texas State Board of Medical Examiners. The subcommittee was appointed to review TSBME’s proposed rule for the Medicaid Preferred Drug List and Prior Authorization Process and will continue to monitor these activities and maintain a dialogue with the Texas Commission on Health and Human Services.

MTF Section: The Section discussed participation in the Resident Paper Competition and ways to improve the involvement of Residency Program Directors. The Section also discussed topics for a Fall MTF Program, including how to get on insurance panels, why not get on insurance panels, CPT codes, navigating HIPPA, malpractice insurance, setting fees, and Medicare and Medicaid participation. Officers for FY 2004-2005 were elected: Chair - Jaben Hayat, MD (Austin); and Vice Chair - Cathy Plummer, MD (Houston).

Membership Committee: Membership statistics were reviewed, with a continued loss of membership noted. Membership retention efforts were revisted, with economic reasons noted as the major reason for membership terminations. The Committee again reviewed the Affiliates Program and discussed the status of the Apartment. The subcommittee was underway with APA since the last meeting in November. The Committee recommends that APA amend the Affiliates Program and that the Affiliates Program be approved by the APA Assembly and its implementation.

Professional Practices Committee: The Committee reviewed and approved the Guideline for Cannabis Withdrawal and will continue to work on guidelines for Office-Based Treatment of GHB, Cocaine and Amphetamine Withdrawal. The Committee reviewed a policy of the TSBME requiring forensic psychiatrists to report the results of patients reporting a diagnosis of depression and a subcommittee was formed to work on this issue with Training Directors.

Public Mental Health Services Committee: The Committee reviewed the Pharmaceutical and Therapeutics process for determining the Medicaid Preferred Drug List and the Prior Authorization process. The Committee also discussed disease management, formerly benefit design, and its implementation.

Socioeconomics Committee: The Committee reviewed medical malpractice coverage and premiums and the differences in requirements by hospitals. The Committee invites articles for the TSPP Newsletter about malpractice coverage for psychiatrists in Texas. The Committee also reviewed the problem with Medicare/Medicaid crossover payments and encourages TSPP to refer members to the proper agencies to discuss their reimbursement problems. The expansion of Medicaid benefits was reviewed and the Committee recommends that articles on the expansion be published in the TSPP Newsletter to inform the membership about this development. The Committee also discussed a recent ruling by Magellan which states that physician assistants are not creden
tialed in their plans.

Strategic Planning and Coordinating: The Committee reviewed the Affiliates Program again and recommended that it be implem
ten in a separate non-profit corporation. The Committee also reviewed an Action Paper entitled “The Emperor Has No Clothes” written by TSPPs Representatives for the upcoming Assembly Meeting and recom
dended that the Executive Council endorse the Action Paper.

EXECUTIVE COUNCIL ACTIONS...

During its meeting on April 4, 2004, the Executive Council considered 21 action items and approved the following:

★ Upon recommendation of the Budget Committee, the Council approved the Society’s budget for fiscal year 2004-2005.

★ The Executive Council approved a recommendation of the Budget Committee to allocate fund-
ing to whatever implementation option the Council approves for the Affiliates Program.

★ Upon the recommendation of the Budget Committee, the Council approved one request for a dues waiver/reduction and denied three.

★ The Council approved a recommendation of the Constitution and Bylaws Committee to direct the President to take legal steps necessary to ensure the continuance of TSPP as the State medical organization representing psychiatrists should the APA go out of business.

★ The Executive Council approved the following mission statement for TSPP’s accredited CME program, recommended by the CME Committee: “The mission of the TSPP accredited CME program is to provide information available in the field of Psychiatry to psychiatric physicians so that they may be kept up-to-date with medical developments in research, clinical practice, economics, legislation, ethics and other issues pertinent to their practice and be better able to serve their patients and practice their profession. Selected information is presented in one major conference annually using a lecture/discussion format, small group discussions and poster session. Other national presentations are used from time to time. In addition to the annual conference, other CME presentations may be developed by the CME Committee.”

★ Upon recommendation of the CME Committee, the Council approved three policy statements: the TSPP Policy on Commercial Support of CME/General Information, the TSPP Policy on Conflict of Interest in the Presentation of CME Activities, and the TSPP Policy on Commercial Support of CME activities.

★ Upon recommendation of the Fellowship Committee, the Council tentatively approved four applications for Distinguished Fellow subject to the applicants making necessary changes in their applications.

★ Upon the recommendation of the Forensic Psychiatry Committee, the Council authorized the recommendation of members to the Governor for appointment to the Advisory Committee to the Texas Corrections Office on Offenders with Medical or Mental Impairment.

★ The Council approved a recommendation of the Forensic Psychiatry Committee to have the President request a copy of the Amicus Brief and Appeals in the Andrea Yates case prior to considering an Amicus Brief on the Yates case. The TSBME to refer physicians who report a diagnosis of depression for a forensic evaluation and a Board member’s statement that psychiatrists only should be allowed to prescribe psychotropic medications were discussed. The first measure is discriminant and stigmatizing and the latter action is an unprecedented limit on the practice of medicine. The politics of a Special Session were discussed, including spec-
ation of a tax on physicians. Political races were reviewed and measures were encouraged to participate in the election cycle through TSPP’s Political Action Committee soon to be established in each Chapter. The Committee reviewed the Medicaid Preferred Drug List and Prior Authorization Process and will continue to monitor these activities and maintain a dialogue with the Texas Commission on Health and Human Services.

★ The Committee reviewed applications for a grant from the APA in the amount of $39,000 for membership recruitment and development.

★ Upon recommendation of the Professional Practices Committee, the Council approved the affiliation of TSPP’s Affiliates Program with Office-Based Treatment of Cannabis Withdrawal.

★ The Council approved a request of the Professional Practices Committee to form a subcom-

mittee to contact Residency Training Directors and to work with the TMA to organize a dia-
logue with the Texas State Board of Medical Examiners regarding forensic evaluation of applicants with a history of depression and other psychiatric disorders.

★ The Council approved a recommendation of the Professional Practices Committee to work with the Government Affairs Committee to develop legislative changes that would separate the licens-
ing division of the Texas State Board of Medical Examiners from the disciplinary division.

★ Upon the recommendation of the Nominating Committee, the Executive Council approved the following TSPP Awards for 2004: Distinguished Service Award - Charles L. Bowden, MD (San Antonio); and, Special Service Award - Jerry and Betty Fulenwider (San Antonio), Terrella L. Stallworth, MD (San Antonio), and Senator Leticia Van De Putte (San Antonio).

★ The Council approved bonuses for Executive Director John Bush and Assistant Director Debbie Sandberg.

★ Upon recommendation of the Strategic Planning Committee, the Council endorsed an Action Paper for the APA Assembly entitled “The Emperor Has No Clothes.” (See related article)

★ Upon recommendation of the Strategic Planning Committee, the Executive Council endorsed the Affiliates Program and its administration through a separate non-profit corporation. (See related article)
The Executive Council on April 4, 2004 met in Austin and considered and approved 21 action items recommended by TSPPs committee, which met on March 11.

The action item receiving most attention was submitted by the Strategic Planning Committee requesting the Executive Council to endorse their TSPPs Committee and to have the program implemented through a separate non-profit corporation. APA President Marcia Goin, MD and APA Trustee from Area 5 Jack Bonner, MD and TSPPs invitation to attend the Executive Council meeting and participate in the discussion about the Affiliates Program. After a thorough discussion, the Executive Council approved the action item. Both Drs. Goin and Bonner said during the Executive Council meeting that the action by the Executive Council to have the Affiliates Program implemented through a separate corporate body would be outside the purview of the APA and should be considered as “conflict avoidance.”

The intent of the Affiliates Program as designed was to develop a structure to encourage and allow members to participate in organized psychiatry so that the voice of psychiatry would be stronger and have more influence in efforts for advocating for patients and psychiatrists. The plan proposed the dual membership policy of APA and created a means for psychiatrists to affiliate with any organization they chose, based on their individual needs. The TSPPs request of the dual membership policy coincides with APA’s dual membership policy and is generally beneficial to the membership, influence and viability of District Branches. Today, the APA/TSPP market penetration rate in Texas is only 54%.

The decline of APA membership has not been caused by poor recruitment, but rather, by a failure to retain members. The principal reason for membership terminations has been financial. On average, TSPPs members have terminated in their 9th year of membership, which coincides with the APA dues step-up from $360 to $540 in General Members’ dues. A key statistic is that members who are more familiar with APA are less likely to receive their dues as a good value for the money. In fifteen years of membership research, we have never seen this type of relationship. Usually, members who are more familiar with the organization are much more likely to perceive their membership as a good value for the money than members who are not as familiar. (This is a critical early warning sign for what may lie ahead if nothing is done to change members’ perception of the value of their membership.)

The AFFILIATES PROGRAM

The Affiliates Program was drafted to address issues raised by members and non-members reflected through their survey responses. As designed, the Affiliates Program encouraged joint membership in the APA and the District Branch but allowed psychiatrists not wishing to join both organizations to affiliate with only the APA. A Chapter or District Branch has the ability to dissociate a Chapter or District Branch with any member, for any reason. The Affiliates Program was very supportive: 83% responded that they would apply or would consider applying. The process of consideration and approval encompassed about 9 months and extensive dialogue at the national, state and local levels.

TSPP Action Paper

The following Action Paper was drafted by TSPPs APA Assembly Representatives considered by the APA Assembly during its next meeting on April 5 - May 2.

Subject: The Emperor Has No Clothes

Intent: Increase membership, decrease unnecessary expenses and have costs

Problem: The APA needs to attract and keep members and cut costs. APA membership numbers of psychiatrists - in many states - have decreased. The most common cause for doctors for dropping membership and reducing costs is financial. We cannot afford superfluous or unnecessary expenses.

The Assembly of District Branches has no governance authority; thus residues while the APA leadership states that District Branches shall be established, continued or dissolved according to the procedural Code of the Assembly of District Branches. The Board of Trustees may unilaterally create or dissolve a District Branch: $780.000 each year of our members’ dues for meetings of a large body which is only advisory.

Alternatives:
1. Continue the status quo, expecting ever-increasing costs, increasing dues and declining membership.
2. Change the rules to abolish the Assembly of District Branches.
3. Change the APA Bylaws to make the Assembly the governing body.

Recommendation: Not option 1.

Implementation: To the Board of Trustees and membership

Estimated Cost:
Option 1 - $780.000/year and increasing
Option 2 - $780.000/year savings
Option 3 - $780.000/year and increasing

Submitted by:
Priscilla Ray, MD
David Axelrad, MD
Gary Rosenblum, MD
Representatives, Texas Society of Psychiatrist Physicians

Endorsed by:
Executive Committee, Texas Society of Psychiatrist Physicians, March 8, 2004
Executive Council, Texas Society of Psychiatrist Physicians, April 4, 2004
The major revelation of the legal opinion was the statement that... the Board acting alone has full authority to determine that a corporation currently serving as a district branch is no longer qualified for that recognition and to take whatever action it considers appropriate. The opinion also states: "...the APAs bylaws grant the Assembly certain authority with respect to district branches. District branches may be established, continued, or dissolved according to the procedural code of the Assembly. Thus, it would appear to be within the Assembly’s authority to act on its own to terminate an organization’s status as a district branch of the APA. However, the Board of Trustees also retains the authority to act, without action by the Assembly, to determine that a district branch is violating the dual membership requirement and should be disassociated from the APA and to implement policies to achieve that end.”

In late February, TSSP distributed another survey to all TSSP voting members asking for their opinions about 4 possible actions the Executive Council could consider at their meeting on April 4. The survey asked members to rank their first and second preferences on the following possible options:

Option 1: Proceed with the implementation of the Affiliates Pilot Program. Initiate a campaign to win any vote in the APA Assembly regarding dis-affiliation of the APA from District Branches in the Assembly, be prepared to continue to serve Texas psychiatry as an independent non-profit professional membership organization with a strong Chapter affiliation.

Option 2: Establish a separate non-profit corporation to implement and administer the Affiliates Program, while TSSP continues to administer the APA dual membership program. This could possibly avoid further objections from the APA.

Option 3: Elect to continue the postponement of the implementation of the Affiliates Pilot Project to allow more time to gain the support of APA or to consider any alternatives.

Option 4: Discontinue plans to implement the Affiliates Program.

Survey results clearly indicated a preference of members for proceeding with the Affiliates Program in some manner (88.8%), either Options 1, 2, or 3. Of the three courses of action reflecting proceeding with the program, choices were evenly distributed. Option 1: 37.8%; Option 2: 30.0%; and Option 3: 32.1%. Considering members’ first preferences only, 41.6% preferred Option 1; 17.9% preferred Option 2; 23.5% preferred Option 3; and 11.6% preferred Option 4.

One additional question was posed to members on the survey. As an alternative to the Affiliates Program, do you favor or oppose a reduction of APA dues from $540 to $150? A large majority of members (79.3%) supported the reduction of APA dues.

Marcia Goin, MD, second from left, with Priscilla Ray, MD, Clay Sawyer, MD and David Axelrad, MD

WHAT’S THE VERDICT?

Forensic psychiatrists face unique risks that many malpractice insurance policies do not cover. Take a close look at your current policy. You may be surprised to find you do not have coverage for your forensic work.

Participants in The Psychiatrists’ Program can rest assured - forensic work is included as part of its policy.

Call today for more information and request a complimentary copy of Risk Management Practical Pointers for Psychiatric Forensic Practice.
Foundation Supports Public and Professional Education

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To help recognize the participation of individuals, corporations, organizations and foundations who support the Foundation, the Foundation has established Donor Recognition Designations, as follows:

- **Chairman’s Club:** Honors and recognizes friends of the Foundation who contribute at least $2,500 or more during the first five Annual Campaigns.
- **Foundation Club:** Recognizes donors who contribute $500 or more during an Annual Campaign.
- **Foundation Associates:** Recognizes contributors who donate $100 or more during an Annual Campaign.

The Foundation proudly acknowledges the following donors for their support of the Foundation in 2003:

**Organizations Business Individuals TSPP Members**

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**Mail: TSP NEWSLETTER**

Thank You

Disability Evaluation: Independent Medical Evaluation vs. Personal Physician Evaluation

The Ethics Corner

Milton Atchulec, MD

As psychiatrists, we commonly deal with severe challenges: illness and illness-related obligations toward our patients who are unable to carry on a meaningful work schedule. When this occurs our patients may be fortunate enough to have a personal connection to individuals or groups that will work to support them and assist them. If not, after a period of time they may apply for disability under the Social Security Act. Either way, we are asked by the disability carrier to furnish a thorough psychiatric evaluation in which we detail the signs and symptoms that prevent the patient from working. It is not unusual that when faced with saying yes or no we will question the objectivity of the treating psychiatrist furnishing the opinion that his/her patient is truly disabled as well as the rules and regulations of the disability carrier. When they do that the carrier will frequently ask for an independent medical evaluation by a psychiatrist that does not know the patient. Does this mean that the disability carrier has doubts about the ability of the treating physician to be objective about his/her patient? Certainly. Does it mean that the carrier is not unusual that he/she does not think so. The carrier, usually an insurance company, “realizes the difficulty it is” for the physician to be objective about his/her patient. This is a level of recognition that the physicians’ primary loyalty lies with their patients and will attempt to “stretch” the symptoms so that the carrier’s criteria are met.

How does this come to be? In order to answer the question we need to inquire about the nature of ethics, our responsibility to our patient and our responsibility to society. Ethics has developed from moral principles that can be viewed as a standard of conduct that individuals have for constructing for themselves or as a body of obligations and duties that a particular society requires of its members. Medical ethics or organizational ethics is a branch of moral philosophy and a profound history of being devoted to the health and well-being of people. Only as our society has become more diverse and increasingly abnormal that medical ethics has been enlarged to deal not only with the individual patient but also the greater society. For example, prior to the discovery of antibiotics physicians were obligated to enforce public health laws such as isolation of contagious diseases or over consideration of the patient who has the contagious disease as having rights greater than society. The struggle involved in attempting to get patients “disabled” causes us to be not quite as objective as we need to be if we are fair to the larger society.

The issue in dealing with the individual patient for disability evaluation toward a model where an independent medical evaluation performed by a psychiatrist with no tie to the individual patient became a rule for a significant number. The independent medical evaluator is more at ease in performing a true and objective evaluation since his/her obligation to the patient is now equal to that towards society. As psychiatrists we have to continuously be aware that we can rationalize our opinions by trying to determine whether the “greater good” is served by empathizing toward a patient in distress whom we are evaluating for disability or toward society with whom we have an equal obligation. It is difficult to maintain this dual moral and ethical obligation. However it has been an ability of physicians through time that continues to give us a unique position within society. By continuing to uphold these ethical standards toward patients and society this unique position should be able to be passed down from generation to generation.

It is a difficult course to follow when you see a patient suffering, having difficulty adjusting to the stresses and strains of a working environment where he/she may be possibly equipped to handle stress and so we will “do them a favor” and offer them disability instead of discussing with them feeling a job more suitable to their talents and temperament. The independent medical evaluator may feel the same but does not have the same personal connection to overcome. If you would like to discuss any of these issues please do not hesitate to contact me at my email address; maandrac@swbell.net

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**DISABILITY EVALUATION:**

Independent Medical Evaluation vs. Personal Physician Evaluation

**The Ethics Corner**

Milton Atchulec, MD

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**REQUEST FOR INFORMATION NOTICE**

Twin County Mental Health Mental Retardation Services is the Texas Department of Mental Health and Mental Retardation ("TDMHRR") designated mental health and mental retardation Local Authority (LA) established to plan, coordinate, develop policies, and allocate resources, supervise, and ensure the provision of community based mental health and mental retardation services for the residents of Liberty, Walker and Montgomery Counties, Texas. The LA is publishing this Request for Information (RFI) Process to identify interested parties interested in the community services described in the RFI Document. This RFI Process is only to determine interest and does not address any intent to contract or procure services. From information provided by the respondents to the RFI Document, a determination will be made regarding actual contracting through a procurement process.

Copies of the RFI Document may be obtained by written request to Twin County MHMR Services, P.O. Box 9567, Converse, Texas, 77305 or via internet at www.tcmhmrs.org. INTERESTED PARTIES MUST RESPOND TO THE REQUEST FOR INFORMATION BY MAY 12, 2004 IN ACCORDANCE WITH THE INSTRUCTIONS IN PARAGRAPH 2.1 OF THE RFI DOCUMENT.

Questions regarding the RFI Process should be directed to Don Teeter. NOTE: Similar RFI Notices are being published for many local service areas in Texas. If you are interested in responding for a county other than the one(s) identified above, please contact that county’s Local Mental Health and/or Mental Retardation Authority for further information or the RFI Document.
Medicaid Managed Care in Texas
Framework for Expansion

Background

Medicaid managed care began in Texas as a pilot project in the Travis County area in August 1993. The pilot, known as State of Texas Access Reform (STAR), has been expanded over the years to cover eight service areas and over 1,000,000 Medicaid enrollees monthly. In Medicaid managed care, clients select a designated primary care provider (PCP) who is responsible for directing their care.

The STAR program currently utilizes two managed care models: a fully-capable STAR HMO model and a Primary Care Case Management (PCCM) model. In both models, members have a medical home through a PCP from whom members receive primary care and obtain referrals to specialty care. In the HMO model, HMOs receive premiums from the state and pay providers negotiated rates to provide services to enrollees. In the PCCM model, PCPs receive a fee of $5 per member per month from the state for acting as the PCP for their Medicaid managed care patients, and provider claims are paid on a fee-for-service basis through the state’s Medicaid claims administrator, in the same way that traditional FFS claims are paid. For members enrolled in the STAR program (both the HMO and PCCM models), prescription drugs are provided through the Medicaid Vendor Drug Program, and there is currently no limit to the number of prescriptions those members may receive.

In addition to the STAR program, which serves primarily low-income pregnant women and children (TANF/TANF-related), the state implemented a managed care pilot incorporating both acute and long-term care services in January 1999. This program, known as STAR-PLUS, serves approximately 50,000 SSI (Supplemental Security Income) adults, children (TANF/TANF-related), the state’s mandatory population of certain severely mentally ill adults, and pregnant women and children.

Medicaid and Children’s Health Insurance Program (CHIP) managed care is currently the only service area or loss Medicaid eligibility.

Current Managed Care Service Areas

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<thead>
<tr>
<th>STAR HMO/STAR PCCM</th>
<th>CURRENT</th>
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<td>Populations Served</td>
<td>Mandatory - TANF and TANF-related (mostly low-income pregnant women and children)</td>
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<td>Mandate South East Region (Chambers, Hardin, Jefferson, Liberty, Orange)</td>
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<td>Harris County</td>
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Anticipated Savings

Based on the Medicaid managed care cost effectiveness study, which was recently completed by The Lewin Group in response to the directive in HB 2292, the total annual estimated savings are $77.2 million (all funds) for this proposed expansion framework once the program becomes mature (in year five of the program).

Next Steps

The expansion of the STAR PCCM model will be accomplished through an amendment to HHSC’s existing contract for STAR PCCM network administration services. The expansion of the STAR HMO model and the STAR-PLUS program will be accomplished through the placement of request for proposals to procure HMO services for the state’s Medicaid and CHIP programs. With regard to the Medicaid program, this RFP will include the re-procurement of HMO services in the existing STAR HMO and STAR-PLUS HMO service areas as well as the procurement of HMO services in the expansion areas for the first time.

HHSC released a draft RFP for managed care services in February 2004 and held a series of public forums in early March 2004 to seek input on the proposed framework for managed care expansion and the draft RFP. Following receipt of input from the public forums and from written comments on the draft RFP, HHSC will finalize the contract for managed care services, HHSC will notify the public of the forums via the Secretary of State’s Texas Register, which is available on the web at www.sos.state.tx.us/texreg/txhmf and the HHSC web site at www.hhsc.state.tx.us. The HHSC web site will also be used to announce the release of the final and draft RFPs. Below is the anticipated timeline for Medicaid managed care expansion:

December 2004

Implementation of STAR PCCM in expansion areas

March - May 2005

Implementation of STAR HMO in expansion areas

May 2005

Implementation of STAR-PLUS in expansion areas
Together, We Do Make a Difference!

TSPPs Mental Illness Awareness Coalition Summer Leadership Conference

Make plans to attend Together, We Do Make a Difference! conference August 7-8, 2004 in San Antonio!

Join leaders of the Mental Health Association in Texas, NAMI Texas, Texas Depression and Bipolar Support Alliance, Texas Mental Health Consumers, Texas Medical Association and the Texas Society of Psychiatric Physicians as we join forces once again to participate in media training and plan for the 2005 Texas Legislative Session.

The conference will be conducted at the Hyatt Regency Hill Country Resort and Spa. Discover the warm, brown, bohemian traditions of a Texas ranch house just a stone’s throw from downtown San Antonio. A rolling landscape welcomes you to this 200-acre wooded retreat inspired by the essence of the Texas Hill Country. For fun in the sun, there’s a four-acre water park. Drift along a 950-foot Ramblin’ River, or dive into one of two swimming pools separated by a cascading waterfall. Enjoy golf on an 18-hole Arthur Hills masterpiece, tennis, or pampering in a spacious health club with sauna, massage and salon. You’re just minutes from the Alamo, Six Flags Fiesta Texas and SeaWorld of Texas. Take in a rodeo or hop in the saddle at a local dude ranch. You’ll find it all at Hyatt Regency Hill Country Resort. A great location for a conference and family weekend. Call the hotel (210/647-1234) by July 6 to make your reservations and take advantage of TSPPs discounted room rate of $179/night/double per night.

Joel Roberts is back by popular demand and will conduct his media training seminar, “Advancing with Impact from CNN to Capitol Hill.” A former ABC radio talk show host in Los Angeles, Joel has provided media training to mental health advocates and psychiatrists throughout the country. He has provided training on two previous occasions to TSPP members, prompting evaluations as such as: “This was by far the most valuable educational experience on patient advocacy and influencing public policy that I have had in all my training. I sincerely wish every psychiatrist in the state/country could have this experience.” “Focused my ability to present information concisely and hopefully effectively.” “I have encouraged my involvement in media for public information on mental health issues;” and, “An important wake-up call coupled with empowering information. Excellent training and materials enhanced by Joel’s humor and sensitivity to the different temperaments. Socratic method encouraged critical thinking. Interactive mode built camaraderie. Practical advice for dealing with the media, lay legislators, and public quite valuable. Well worth the time and expense to come.”

Make your reservations today. Bring your family and plan to have an educational and fun experience.

REGISTRATION FORM
Registration Deadline: August 1, 2004  Hotel Deadline: July 6, 2004

Please mail or fax Registration with payment to: TSPP, 401 W 15th St, Suite 675, Austin, TX 78701; 512/478-5223 (fax)

REGISTRATION INFORMATION

Attendee(s):
Address:________________________________________________________
City:_____________________________________________________________
State:___________________________________________________________
Zip:______________________________________________________________
Affiliated with: ___________________________ GPA: _______________________
_________________________ NAMI: ___________________________
_________________________ DBSA: ___________________________
_________________________ TMHC: ___________________________
_________________________ TSPP: ___________________________
Phone: ______________________ Fax: ________________________________
Email: ______________________

Total number attending: __________________

REGISTRATION FEES

No.  Residents: $45 each  Professionals, Spouses: $25 each  Coalition Partners: $20 each

PAYMENT INFORMATION

☐ Enclosed is a check for $________________  Make checks payable to Texas Society of Psychiatrists Physicians

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TSPP MEMBER INFORMATION UPDATE

MEMBER INFORMATION UPDATE

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