Physicians in Texas began participating in medical societies in Texas in significant numbers after the Civil War, although there were a few short-lived groups that assembled sporadically before 1860. Fourteen doctors established the Galveston Medical Society in July 1865 and accepted the American Medical Association's Code of Ethics. A few county societies emerged by the 1870s, including those in Fort Bend and Ellis counties. During the 1880s and 1890s, physicians organized numerous county and regional societies in Texas. They met regularly and discussed political and scientific issues affecting the practice of medicine. Between 1883 and 1893, meetings of twenty-two societies were reported in the Texas Courier-Record of Medicine.

Though efforts had begun in 1853 to establish a state medical association, physicians did not maintain a statewide group until 1869. In June of that year, three members of the Galveston Medical Society met with twenty-five other doctors in Houston to reorganize the Texas State Medical Association, which in 1851 became the Texas Medical Association.

Between 1880 and 1930 medical knowledge expanded dramatically, and some doctors decided to limit their practices to the care of particular groups, or to diseases of particular organs, or to particular technical crafts. To exchange scientific and clinical information and special problems, TSMA members began holding section meetings; some of these sections evolved into specialty societies.

The Texas Neurological Society, organized in Galveston in 1828 under the leadership of Titus Harris, MD, included both neurologists and psychiatrists. In 1946, this group changed its name to the Texas Neuropsychiatric Association. In 1952, the membership roster of the Texas Neuropsychiatric Association included the names of 54 members. Dues were $5.00 per year and the organization had a cash balance of $1,839.

On April 21, 1956, a group of Texas psychiatrists submitted a petition to the American Psychiatric Association for recognition of a new organization as a District Branch. Accompanying the petition were Constitution and Bylaws of the “Texas District Branch of the American Psychiatric Association.” The new organization had 29 members and dues were $2.00 per year. The APA Assembly accepted the petition recognizing a new District Branch in Texas during its meeting on May 1, 1956 in Chicago. In a letter dated March 30, 1956, in preparation of the petition being submitted to the APA, a member of the newly formed organization wrote: “In Dr. X’s (an officer of the Texas Neuropsychiatric Association) letter to me he indicated that there should be no conflict with the Texas Neuropsychiatric Association and merely asked that we not mention the Texas NP when applying for formation of the District Branch. For that reason, it would seem better not to have material going forward to APA on Texas NP stationery or indicating that it would be under the auspices of that organization.”

Following the recognition of the Texas District Branch of the American Psychiatric Association by the APA, the new District Branch and the Texas Neuropsychiatric Association co-existed for several years. They regularly conducted joint meetings and even shared the same officers. By April 1960, the Texas Neuropsychiatric Association had 224 members and the Texas District Branch of the APA had 160 members. On March 18, 1963, the Texas District Branch was incorporated as a non-profit organization in Texas with a new name (the first in a series of name changes)...the “Texas District Branch Society of the American Psychiatric Association.”

On October 19, 1973, the name of the organization was changed to “Texas District Branch of the American Psychiatric Association.” On June 20, 1986, the name was changed again. This time to the “Texas Society of Psychiatric Physicians.”

Many years, the administrative functions of the organization later known as the Texas Society of Psychiatric Physicians were maintained by individual members, passing shoe boxes of member records from officer to officer. As the organization grew, administrative services were outsourced to a division of the Texas Medical Association for many years. In 1988, TSPP established its own offices and hired its first staff. The first two employees were Sheryl Harding, hired as the first Executive Director, and Debbie Sandberg as Assistant Director. Charles Stewart was Executive Director in 1989 and John Bush was employed as Executive Director in 1990.

TSPP will be celebrating its 50th Anniversary throughout the year, culminating with a banquet at the Annual Convention and Scientific Program in Dallas in November, 2006. TSPP President Gary Eiter, MD has been appointed a 50th Anniversary Planning Committee to recommend activities during the year to highlight TSPP’s 50 years of service to Texas psychiatry. Spencer Bayles, MD has been appointed to Chair this committee. If you have anecdotes about the history of TSPP, the committee would welcome your input. Please send your stories and remembrances to Dr. Bayles in care of the TSPP Office.

### Sources
- Handbook of Texas Online: Medical Societies, a joint project of The General Libraries at the University of Texas at Austin and the Texas State Historical Association and TSPP records.

### 2005 Annual Convention and Scientific Program
- November 5-6, 2005 • Hyatt Regency Austin Hotel
- See pages 4 & 5 for full details
It Takes a Psychiatrist...

Gary L. Etter, MD, President, Texas Society of Psychiatric Physicians

Continuing the theme for this year of “It takes a psychiatrist to be involved,” I want to thank everyone for agreeing to serve on committees for the upcoming year. (about 200 members and over 400 committee appointments). And I especially thank those of you who have agreed to chair the committees. Your willingness to serve is truly the strength of our organization. It is governed by the majority of the membership. Every TSPP member has a voice. We are working for a better future for psychiatric care in Texas and for our patients. The Federation of Texas Psychiatry continued to advocate for psychiatric care in Texas who support and advocate for the highest quality of psychiatric treatment in Texas. This unified structure WORKS. We were able to go to our legislators and say, “We represent over 40,000 psychiatrists in Texas who are interested in doing what is best for Texas psychiatry and patients with psychiatric illness.” They listened. They not only listened, but the Texas Senate passed a Resolution in May on recognizing TSPP as the leadership in fighting for our patients. We should all be very proud of this recognition for our work. As stated before, the psychologists did not even get a sponsor for their prescribing. As you know, the two states on either side of us now allow psychologists’ prescribing. It all has to do with the strength of your state society, TSPP. Our legislators have told us that they listen to their constituents and to Texans who know what is best for Texans.

Despite our success, the conflict between the APA Board and TSPP continues. I want to emphasize that the dispute is with the APA Board and not APA. I know we all are growing tired of this, as it has diverted so much time and energy from our practices and from focusing on patient and treatment issues.

All of you should have received a letter from APA Board members Drs. Steve Sharfstein and Pedro Ruiz dated August 9th. It is quite apparent that they are attempting to create a dispute between TSPP and our leadership and our membership. I want to emphasize that the leadership in our members. We are a member-driven society. Our structure is simple. Every member has the opportunity to volunteer for committees in which they are interested and attend all meetings, including meetings of the Executive Council which are open to all. Committees bring action items to our Executive Council. Our Council then takes them in consideration and votes on these action items, which establishes TSPP policy. The Executive Council is a large governing body comprised of members from all over the state and from all of our Chapters. It is a representative body whose Chapter members are chosen by each Chapter.

The Executive Council reviews and votes on every major decision of TSPP and this includes the restructuring of organized psychiatry. They approved the initial Affiliates Pilot Project. When the APA Board threatened TSPP with dissolution unless we gave up the idea of the pilot project, the TSPP Executive Council then approved the alternative plan of endorsing the establishment of a separate, non-profit entity, the Texas Academy of Psychiatry. I want to reiterate that this idea was originally proposed by the then APA Speaker, Prakash Desai, MD in November 2003 to the TSPP Executive Committee, and we were assured in our April 4, 2004 Executive Council meeting by the then APA President and CEO, Marcia Gein, MD, and our Area 5 Trustee, Jack Benner, MD, that this resolution would cause no conflict because it was beyond the purview of the APA. More recently in our April 2005 Executive Council meeting, our Council referred to the APA resolution we approved by our Executive Council. Every major decision related to this issue has been approved by the Executive Council which represents our members. Contrary to assertions by the APA, the TSPP is not governed by a single member or a select few. It is governed by the majority of the membership as represented on the Executive Council and every member has a voice. We are and will remain a member-driven organization.

The APA has continued to assert that TSPP has violated the APA’s dual membership requirement. Every TSPP member is also a member of the APA. We have violated nothing. The Federation and Academy were established as separate non-profit entities with their own governing bodies. Even if we were to dissolve these two organizations, we would be unable to do so. They are separate. In addition, they are working as an officer of TSPP, I as well as the other officers, took an oath of responsibility to our state professional organization - the Texas Academy of Psychiatry, and the Texas Society of Child and Adolescent Psychiatry established through the Federation. TSPP will continue to adhere to federal and state laws related to non-profit corporations, including that of fiduciary responsibility.

The negotiations with the APA Board have been frustrating to say the least. Our negotiating team of Drs. David Aronfeld, Priscilla Ray, and Clay Sawyer have worked many hours on our behalf and I again thank them. It has been frustrating primarily because we have known all along that no matter what the APA negotiating team agreed to, it was ultimately the APA Board who made the final decision regarding the negotiations, not the elected APA Assembly which represents District Branches and the membership. Throughout this process, I have come to the realization that our elected APA Assembly really has no power. The power lies with but a small group of individuals. I would hope that as a result of this conflict that change could be made in the APA structure so that we are truly member-driven at the national level. I doubt if this will ever occur. I disagree with Drs. Sharfstein and Ruiz. Our relationship with the Academy and the Federation will not weaken either the APA or TSPP, but instead, will enhance and broaden psychiatry’s voice and influence in Texas.

The relationship established with these organizations has been successful and the voice of psychiatry in Texas is now 40,000 strong. How could one not see this as being competitive? Our District Branch was losing members. The problem was retention and recruitment. Contributing to the problem of retaining members has been APA dues structure that elevates dues from $360 to $540 per year in the seventh year of General membership. The Academy has attracted members between the two organizations for psychiatry in years, if ever. How can they be seen as competitors? TSPP/APA members may also be associated members of the Academy without terminating their TSPP/APA membership. Further, TSPP’s membership has increased from last year at this time. The Federation is an organization of organizations, not individuals. How could this organization be seen as being in competition with the APA or with TSPP? I still believe that the strength of the APA resides in the strength of the local District Branches. The restructuring of organized psychiatry in Texas should only serve to strengthen both that the APA and TSPP.

Let me assure you that whatever decision the APA Board has taken or will take regarding TSPP’s status as a District Branch, it will not impair nor change your membership or the structure, benefits or operations of your state professional organization - the Texas Society of Psychiatric Physicians. Nor will any decision by the APA Board affect your TSPP Chapter functions, as the Chapters are an integral part of TSPP’s organizational infrastructure.

The strength of our organization is our members and their commitment to service. I have said previously that I am always amazed at how many of our former Presidents continue to attend our meetings, serve on committees, and remain involved. I am amazed at our members who have served tirelessly year in and year out on committees. What motivates these people? It is not self-serving. They are not looking to move up the ladder to higher national positions. They are motivated to serve in whatever is necessary to ensure the future of optimal psychiatric care in Texas and to ensure that our patients receive the highest quality of care possible. I thank you for your membership and your commitment to our organization, TSPP. I ask you to continue to work for a better future for psychiatric education, for psychiatric care, and for advocacy for our patients in our great state.
A vi write, the Texas Legislature is still in session, the second special session of the summer on public school finance reform and the taxes to pay for it. You sometimes wonder if they’ll ever go home.

At least the regular session of the 2005 Texas Legislature is over. Thanks to the family of Texas medicine, we were able to defeat bill after bill that would have been bad medicine for our patients and for our practice.

The family of medicine has been so successful in Texas – for our patients and our profession, battling the trial lawyers and the health plans and government intrusion – for one reason only: Texas Medical Association and the specialty societies and the counties speak with one firm and consistent voice, regardless of the issue. And that voice talks about our patients and what they need and how we can best deliver that care.

Even if the issue involves only a segment of our family, we’re all there together. We know plastic surgery alone probably cannot stop a tax on cosmetic surgery. And we all can see what it would mean to our patients if the plastic surgeons were to lose.

We know that, alone, the hospital-based physicians cannot stop a ban on balance billing; alone they cannot require initial evaluations, follow-up visits for medication management based on a diagnosis of a mental health disorder. And we all can see what it would mean to our patients if the ophthalmologists were to lose.

In virtually every legislative session, one or more groups of non-physician health care professionals seek to expand their scope of practice. Every session, medicine battles back to ensure that allied health practitioners’ scope of practice does not safely exceed their education, training, and skills.

In 2003, the push came in the form of House Bill 3451, which would have given psychologists prescriptive authority. All the physicians of TMA – from anesthesiologists to vascular surgeons – joined the Texas Society of Psychiatric Physicians in killing this dangerous bill. We argued, together, that psychologists simply do not have the professional training and education to prescribe dangerous medications safely.

In 2005, the psychologists were unable to get their prescribing bill filed due to efforts of the Patients First Coalition. The coalition, composed of TMA, the Federation of Texas Psychiatry and numerous other medical specialty organizations, was organized specifically to stand side by side in fighting scope of practice initiatives.

This year the two primary culprits were podiatry and optometry.

As part of a national effort to win full medical privileges, the podiatrists sought authority to perform surgery on the ankle and beyond. Surgeons and non-surgeons testified against it. We said, podiatrists are not physicians. They do not have the education or skills to operate above the foot. Regarding the optometrists, we, all of medicine, told legislators, “This is a safety issue, for your patients and our constituents.”

That’s why we walk the halls of the Texas Capitol side-by-side. It hurts sometimes to be asked to put aside the short-term interests of our specialty or our practice. But we all need each other. No one else is looking out for our profession or our patients. No issue illustrates this better than allied health practitioners’ push to expand their scope of practice. We know the ophthalmologists alone may not be able to repel the optometrists’ push to operate on the eye and manage glaucoma cases without supervision. And we all can see what it would mean to our patients if the ophthalmologists were to lose.

You have just been subpoenaed. Do you know how to respond?

If you have your malpractice insurance through The Psychiatrists’ Program you can rest assured. With a simple toll-free call, a risk manager can assist you with the immediate steps you need to take to protect your practice.

As a Program participant, you can call the Risk Management Consultation Service (RMCS) to obtain advice and guidance on risk management issues encountered in psychiatric practice. Staffed by experienced professionals with both legal and clinical backgrounds, the RMCS can help prevent potential professional liability incidents and lawsuits.

If you are not currently insured with The Program, we invite you to learn more about the many psychiatric-specific benefits of participation. Call today to receive more information and a complimentary copy of “50 Things You Can Do Now to Avoid Being Successfully Sued Later.”

Jefferson E. Nelson, MD (Austin) has won the New Milstones Foundation 2005 Champions’ Award for Outstanding Healthcare Professional. The award will be given in September in Austin at the Foundation’s annual fund-raising event featuring Oscar-winning actor and author Patty Duke, who will speak firsthand about living with bipolar disorder.

The New Milstones Foundation partners with the Austin-Travis County MeMR Center and is dedicated to expanding awareness, eradicating stigma and raising funds to address the needs of those affected by mental illness, developmental disabilities and chemical dependency disorders.

Robert T. Gunby Jr., MD, President, Texas Medical Association

Robert T. Gunby Jr., MD
The 2005 TSPP Annual Convention and Scientific Program will be conducted at the Hyatt Regency Austin Hotel in Austin on November 4-6. The program will feature outstanding speakers, including Larry Ereshefsky, M.D., M.A., former President of the American Psychiatric Association, and Charles Raison, M.D., Ph.D., of the University of Arizona, who will present on the topic of schizophrenia and antipsychotic medications.

The program will include a variety of sessions, including a keynote address on the future of psychiatric research, a panel discussion on the treatment of depression, and a session on the role of the psychiatrist in the interdisciplinary care of patients with mental illness.

The TSPP Annual Awards Banquet will be held on November 5, recognizing contributions to psychiatry. The banquet will feature a dinner, awards presentation, and entertainment. Tickets are available for $125.00 per person and can be purchased online at www.txpsych.org.

Discounted registration fees are available to individuals who register BEFORE October 25. Visit the website for more information or contact the TSPP office at (512) 472-5700.

The TSPP Foundation is pleased to recognize the following sponsors and educational grants to the 2005 Annual Convention and Scientific Program:

- **Platinum**
  - Abbott Laboratories
  - AstraZeneca
  - Eli Lilly and Company
  - Forest Laboratories, Inc.
  - GlaxoSmithKline

- **Gold**
  - Cyberonics, Inc.

- **Bronze**
  - Synthon Pharmaceuticals, Ltd.

The Convention registration form is available online at www.txpsych.org or to request additional information, contact TSPP at tsppofu@aol.com or call 512-478-0605.

**DAILY SCHEDULE**

**Friday, November 4**

7:00 AM - 8:00 PM: Registration
8:30 AM - 4:30 PM: Committee Hospitality
9:00 AM - 10:30 AM: Social Economies
10:30 AM - 12:00 PM: Membership
1:15 PM - 2:45 PM: Strategic Planning & Coordinating
2:45 PM - 4:15 PM: Continuing Medical Education

**Saturday, November 5**

7:00 AM - 8:30 AM: Federation Delegate Assembly Breakfast Mtg
7:30 AM - 9:00 AM: Complimentary Continental Breakfast for Program Registrants
8:45 AM - 5:15 PM: Scientific Program
9:00 AM - 5:00 PM: DBSA Meeting
12:20 PM - 2:00 PM: Annual Meeting Luncheon in Exhibit Hall
5:40 PM - 7:00 PM: Executive Council
8:30 PM -

**Sunday, November 6**

8:00 AM - 12:00 PM: Scientific Program

**SOCIAL ACTIVITIES**

The weekend's activities kick off with a complimentary wine and cheese reception with exhibitors for convention registrants and their spouse/guest. Following the reception, the TSPP Annual Awards Banquet will be held honoring the 2005 TSPP Award Recipients in recognition of their outstanding contributions to Psychiatry.

Discounted meeting registration fees are available to individuals who register BEFORE October 25. Mail or FAX your registration form to MasterCard to TSPP, 401 West 15th Street, Suite #675, Austin, Texas 78701 or if paying by credit card, FAX your registration form to 512/478-5223.

Cancellation policy: In the event of cancellation, a full refund will be made if written notice is received in the TSPP office by October 24, 2005, less a 25% handling charge. NO REFUNDS will be given after October 24, 2005.

The weekend's activities kick off with a complimentary wine and cheese reception with exhibitors for convention registrants and their spouse/guest. Following the reception, the TSPP Annual Awards Banquet will be held honoring the 2005 TSPP Award Recipients in recognition of their outstanding contributions to Psychiatry.

**MEETING LOCATION**

The Annual Convention and Scientific Program will be held November 5-6, 2005 at the Hyatt Regency Austin Hotel, 208 Barton Springs Road, Austin, Texas. Conveniently located in the heart of Austin's business district near the State Capitol, the hotel offers breathtaking views of Town Lake and the glittering Austin skyline. Make plans for a relaxing and stimulating weekend enjoying the many activities TSPP has arranged, including an outstanding CME program.

**DISCOUNTED REGISTRATION FEES**

TSPP has arranged a special discounted rate for program registrants at the rate of $149.00 single or double occupancy. Hotel reservations may be made by referring to the group name “Texas Society of Psychiatric Physicians” and calling the Hyatt Reservations Department at 512/477-1234 or toll-free 1/800-233-1234. Discounted room rates are only available if reservations are made BEFORE October 13.

**Free Thank You Gift!**

A special TSPP thank you amenity will be provided to program registrants who make their hotel reservation at the Hyatt Regency Austin Hotel in the TSPP room block! Make your reservations early at 512/477-1234 or toll-free 1/800-233-1234.

**DISCOUNTED REGISTRATION FEES**

TSPP has arranged a special discounted rate for program registrants at the rate of $149.00 single or double occupancy. Hotel reservations may be made by referring to the group name “Texas Society of Psychiatric Physicians” and calling the Hyatt Reservations Department at 512/477-1234 or toll-free 1/800-233-1234. Discounted room rates are only available if reservations are made BEFORE October 13.

The TSPP Foundation is pleased to recognize the following confirmed contributors and educational grants to the 2005 Annual Convention and Scientific Program:

- **Platinum**
  - Abbott Laboratories
  - AstraZeneca
  - Eli Lilly and Company
  - Forest Laboratories, Inc.
  - GlaxoSmithKline

- **Gold**
  - Cyberonics, Inc.

- **Bronze**
  - Synthon Pharmaceuticals, Ltd.

**THE 2005 TSPP ANNUAL CONVENTION AND SCIENTIFIC PROGRAM**

- **Platinum** Abbott Laboratories AstraZeneca Eli Lilly and Company Forest Laboratories, Inc. GlaxoSmithKline Texas Foundation for Psychiatric Education and Research Gold Cyberonics, Inc. Bronze Synthon Pharmaceuticals, Ltd.

**DAILY SCHEDULE**

**Friday, November 4**

- 7:00 AM - 8:00 PM: Registration
- 7:30 AM - 8:55 AM: Foundation Bd of Directors Breakfast Mtg
- 8:30 AM - 4:30 PM: Committee Hospitality
- 9:00 AM - 10:30 AM: Socioeconomics
- 10:30 AM - 12:00 PM: Membership
- 12:00 PM - 1:15 PM: Luncheon Program
- 1:15 PM - 2:45 PM: Strategic Planning & Coordinating
- 2:45 PM - 4:15 PM: Continuing Medical Education
- 4:15 PM -

**Saturday, November 5**

- 7:00 AM - 8:30 AM: Federation Delegate Assembly Breakfast Mtg
- 7:30 AM - 8:00 AM: Complimentary Continental Breakfast for Program Registrants
- 8:45 AM - 5:15 PM: Scientific Program
- 9:00 AM - 5:00 PM: DBSA Meeting
- 12:20 PM - 2:00 PM: Annual Meeting Luncheon in Exhibit Hall
- 5:40 PM - 7:00 PM: Executive Council
- 8:30 PM -

**Sunday, November 6**

- 8:00 AM - 12:00 PM: Scientific Program

The TSPP Foundation is pleased to recognize the following confirmed contributors and educational grants to the 2005 Annual Convention and Scientific Program:

- **Platinum** Abbott Laboratories AstraZeneca Eli Lilly and Company Forest Laboratories, Inc. GlaxoSmithKline Texas Foundation for Psychiatric Education and Research Gold Cyberonics, Inc. Bronze Synthon Pharmaceuticals, Ltd.

The Convention registration form is available online at www.txpsych.org or to request additional information, contact TSPP at tsppofu@aol.com or call 512-478-0605.
2005 Annual Convention and Scientific Program

ACCREDITATION
The Texas Society of Psychiatric Physicians designates this educational activity for a maximum of ten (10) Category I credits toward the AMA Physician’s Recognition Award. Each physician should claim only those credits that he/she actually spent in the activity.

The presentation “Ethics” has been designated by the Texas Society of Psychiatric Physicians for 2 hours of education in medical ethics and/or professional responsibility.

The Texas Society of Psychiatric Physicians is accredited by the Texas Medical Association to provide continuing medical education for physicians.

TSPP Awards Banquet
Help honor this year recipients of TSPP Awards, scheduled for Friday, November 4, 2005 at 7:30 pm at the Hyatt Regency Hotel in Austin. A reception will precede the banquet beginning at 6:00 pm.

See complete story on page 8.

SCIENTIFIC PROGRAM AGENDA
SATURDAY, NOVEMBER 5 6 Hours Category I CME Credit

8:45 am - 9:00 am Opening Remarks/Welcome

9:00 am - 10:30 am “Antipsychotic Dosing - Individualizing Medication Treatment”
    Larry Ereshefsky, Pharm.D., FCCP, BCPP, Executive Vice President and Chief Scientific Officer, California Clinical Trials (CCT), Los Angeles, California

10:30 am - 10:50 am Refreshment Break

10:50 am - 12:20 pm “Mind-Body Perspectives on the Development and Treatment of Depression”
    Charles I. Baison, MD, Assistant Professor, Director, Behavioral Immunology Clinic, Department of Psychiatry and Behavioral Sciences, Emory University School of Medicine, Atlanta, Georgia

12:20 pm - 2:00 pm Annual Business Meeting Luncheon

2:00 pm - 4:00 pm “Ethical Challenges in Assessing Patients’ Decision-Making Capacity”
    Laurence H. McCallough, PhD, Professor of Medicine and Medical Ethics, Center for Medical Ethics and Health Policy, Professor of Family and Community Medicine, Faculty Associate of the Huffington Center on Aging, Baylor College of Medicine, Houston, TX, Associate Director for Education, Center for Medical Ethics and Health Policy, Adjunct Professor of Ethics in Obstetrics and Gynecology and Public Health, Weill Medical College of Cornell University in New York City Adjunct Professor of Philosophy at Rice University

4:00 pm - 4:15 pm Refreshment Break

4:15 pm - 5:15 pm Resident Paper Competition Paper

Sunday, November 6 4 Hours Category I CME Credit

8:00 am - 9:00 am “Update on Childhood Major Depression”
    Karen Dineen Wagner, MD, PhD, Clarence Ross Miller Professor and Vice Chair, Department of Psychiatry and Behavioral Sciences, Director, Division of Child and Adolescent Psychiatry, University of Texas Medical Branch, Galveston, Texas

9:00 am - 9:10 am Refreshment Break

9:10 am - 10:40 am “Medications in Pregnancy and Lactation”
    Zachary N. Stowe, MD, Director, Women’s Mental Health Program Associate Professor of Psychiatry and Behavioral Sciences, Assistant Professor of Gynecology and Obstetrics, Emory University School of Medicine, Atlanta, Georgia

10:40 am - 10:50 am Refreshment Break

10:50 am - 12:20 pm “Dr. Parkinson’s Omission: the Clinical Faces of Lewy Body Dementia”
    Kevin E. Gray, MD, Director, Geriatric Neuropsychiatry Clinic, Dallas Veterans Affairs Medical Center, Associate Professor of Psychiatry and Neurology, The University of Texas Southwestern Medical Center, Dallas, Texas

SCIENTIFIC PROGRAM TARGET AUDIENCE AND PROGRAM OBJECTIVES

This continuing medical education activity will be presented in a lecture with discussion format. It is designed to provide psychiatrists with clinically relevant information in new developments in ethics, research and new treatments. At the conclusion of the program participants should be able to:

Antipsychotic Dosing - Individualizing Medication Treatment
• Describe the spectrum of symptoms treated by atypical antipsychotic therapies, e.g., negative symptoms, cognitive deficits, affective disorders, aggression, etc., explaining the pharmacological effects considered to be potentially relevant in their efficacy.
• Compare and contrast newer agents from recently completed randomized clinical trials data for efficacy and for safety including weight gain, cardiovascular safety, glucose regulation, and autonomic nervous system side effects; and
• Develop an effective antipsychotic treatment strategy, which incorporates pharmacokinetic and drug-interaction considerations into product selection and dosing.

Mind Body Perspectives on the Development and Treatment of Depression
• Better understand bi-directional interactions between the stress and immune system that are relevant to why stress promotes physical illness and why states of immune activation are associated with high rates of depression.
• Gain insight into ways in which stress-immune interactions shed light on the phenomenology of depression in both medically healthy and medically ill patients.
• Better understand how cytokine-induced changes in central nervous system functioning map onto specific symptom domains in the context of immune activation.
• Better understand how treating all symptom domains may improve outcome in patients with depression, especially patients who develop depression in the context of immune activation.

Ethical Challenges in Assessing Patients’ Decision-Making Capacity
• Identify six capacities required for patients to participate in decision making about their medical care.
• Identify the concept of task-specific decision-making capacity and its clinical implications.
• Identify conceptual challenges of risk-adjusting the assessment of decision-making capacity and their clinical implications.
• Identify the ethical concept of assisted decision making and its clinical implications.
• Identify the reasons why psychiatrists should not accept requests for determination that the patient is incompetent or lacks decision-making capacity.

Update on Childhood Major Depression
• Understand the course of major depression in children.
• Have an increased knowledge of medication treatments for major depression in children.
• Be more knowledgeable with controversy surrounding antidepressants and suicidality.
• Be more knowledgeable with controversy surrounding antidepressants and suicidality.

Medications in Pregnancy and Lactation
• Discuss the impact of pregnancy and childbirth on psychiatric disorders.
• Understand the facets of the risk/benefit assessment for the use of medications during pregnancy and lactation.
• Understand the relative reproductive safety information for psychotropic medications during pregnancy and lactation.
• Discuss the new data on the extent of placental passage, breast milk excretion, and issues of therapeutic monitoring for medications in pregnancy.

Dr. Parkinson's Omission: the Clinical Faces of Lewy Body Dementia
• List diagnostic criteria for Lewy body dementia.
• Describe unique individual features of different parkinsonian dementias.
• Utilize appropriate clinical information to differentiate Lewy body dementia from Alzheimer’s disease and other types of dementia.
• Treat cognitive and psychobehavioral symptoms of Lewy body dementia using optimal drug therapies.
The Decline, Decay, and Demise of the Texas Workers’ Compensation Commission

R. Sanford Kiser, MD, President, Texas Academy of Psychiatry

The first years of the TWCC were good years. In 1991 TWCC began its operations as the state agency responsible for the oversight of the workers’ compensation insurance system. This system is made up of a variety of stakeholders — the injured workers, the employers, the insurance carriers, and the health care providers. Its goal is to provide medical benefits and income benefits to injured workers to help them recover their full health. The TWCC had the regulatory responsibility of interacting among the various stakeholders to ensure that the operations of the system were both cost-effective and clinically effective.

Those early years of the TWCC were filled with many changes and great expectations. Right from the onset, the cost of workers’ compensation insurance premiums for employers dropped from the exorbitantly high levels of the previous years. The commission staff acted quickly on its statutory mandate to establish treatment guidelines. Good treatment guidelines, in addition to optimizing clinical care, were expected to minimize the lost work time and the high costs associated with inefficient, inappropriate treatment.

I was amazed to learn that the very first treatment guideline that the TWCC proposed to establish was the Mental Health Treatment Guideline.

Around the country, the workers’ compensation agencies in the various states had traditionally taken the position that a work injury can involve only a physical injury, i.e., a condition requiring medical or surgical care. They ignored the many psychiatric conditions — e.g., depression, anxiety, family distress, addiction, etc. — that result from work-related events.

The TWCC leadership, however, was more progressive. They were aware of the studies that had noted that timely psychiatric care lowered total costs by significantly reducing medical/surgical costs. Their analysis of Texas data led them to the conclusion that the present availability of necessary psychiatric care would create particularly good effects for the Texas workers’ compensation system.

Lately, however, their commitment has wavered. According to the Mental Health Treatment Guideline, their next priorities were to set up the Spine Treatment Guideline and the Upper Extremity Treatment Guideline. Their plan was to integrate the three treatment guidelines together in such a way that psychiatric care became an integral part of a seamless, efficient flow of treatment.

The component of TWCC that was responsible for policing this type of behavior was the Compliance and Practice Division. Its goal is to provide proper psychiatric treatment in that payer system. When the managed care industry eventually tried to invade the workers’ compensation system, it discovered that it was too late. The Mental Health Treatment Guideline was already in place — “the firstest with the mostest” (as Confederate General Nathanial Bedford Forest would say). For many years the Texas workers compensation system was a unique payer system in which patients could receive appropriate psychiatric treatment.

The Decline Begins

Unfortunately problems started appearing. One of the first symptoms was the continuing lethargy that appeared in some of the TWCC staff in their duty of enforcing the various TWCC rules, including the treatment guidelines. This symptom was ominous because at that time insurance carriers had started denying treatment in a manner that blatantly violated, not only the treatment guidelines, but also other TWCC rules and even the TWCC statute itself.

Not all of the TWCC staff was afflicted with this inexplicable inertia. Yet increasingly the typical TWCC employee either manifested no knowledge of TWCC rules such as the treatment guidelines, or he/she demonstrated such a mastery of double-talk that it effectively guaranteed that no work would disturb the tranquility of the hours at the office.

These changes seemed to begin following the appointment of a new director of TWCC. I had heard rumors that, prior to his appointment, representatives of business organizations were visiting them as the experts in treatment of the chronic pain syndrome. The medical records that I received for the review consisted of about 40 pages taken from the patient’s 1 inch thick chart. For my “convenience,” the insurance adjuster had highlighted various phrases, which taken out of context, would have led me to deny treatment. After the insurance carrier was出局ently informed about this practice, I quickly received calls from executives in the higher echelons of the company inviting me to be wired and dined at the best restaurants in Dallas. Their apology for what they characterized as a unique, one-time mistake by a new adjustor, and they guaranteed that it would never happen again. They bought me delicious, expensive food at that restaurant, but I ended up with a bad case of indigestion. Some things are hard to swallow.

A new problem then appeared. TWCC started a pattern of proposing new rules that seemed to be exclusively created by representatives of business and insurance. In this process TWCC were keeping doctors and patients out in the dark. To use the new rules seemed to come out of nowhere. We had to be poised for a rapid response on short notice to vigorously express our concerns in the subsequent public hearings.

An example of this underground process was the TWCC proposal of a new Pharmacy Rule. The rule burst forth like an ambush from hell. It had been created with no participation by the medical community. It was medically and scientifically crude in the extreme. The rule contained no recognition of modern psychotropic medications or the off-label use of drugs to treat mental illness. To me the proposed rule seemed to take psychiatry back to the days of prescribing only meprobamate, amitriptyline, and chlorpromazine.

A particularly devious part of this rule was that it had subtly intervened a Chronic Pain Treatment Guideline into its text. Unlike past practices of involving all stakeholders in formulating a treatment guideline, the TWCC staff had apparently crafted this covert Chronic Pain Treatment Guideline with input only from business and insurance. As you can imagine the result was naive and incoherent.

For example, the appropriate use of opiates is now a standard of care for treatment of chronic pain. The new rule would have virtually criminalized the use of opiates for chronic pain treatment, thereby causing the rule to be in violation of the Intractable Pain Act of Texas and position statements of the Texas State Board of Medical Examiners.

Another alarming feature of the proposed Chronic Pain Treatment Guideline was that it virtually eliminated psychiatrists from the treatment of chronic pain patients, and instead substituted psychologists. The irony is that no medical specialty is better qualified to deal with the medical, mental and psychosocial problems of the chronic pain syndrome than a psychiatrist. This treatment guideline would instead have advanced the scope of practice of psychologists by portraying them as the experts in treatment of the chronic pain syndrome.

Fortunately the resulting uproar from the medical community and patient advocate groups caused TWCC to remove these ugly, dangerous sections from the Pharmacy Rule. But the games were not over.
The Smell of Decay

The second deadly part of HB 2600 was a mandate for TWCC to update the reimburse-
ment amounts for the various CPT codes. To perform this function, state laws required that TWCC submit the project for public bid-
ing. Once submitted, state laws and limitations prevent a detailed description of the extraordinary events that followed. Briefly stated, TWCC appeared to attempt to bypass the rules for public bidd-
ing, which other things require that the job must go to the lowest qualified bidder. TWCC had access to highly qualified organizations that offered to do the work for free, but TWCC rejected the low bidders and gave the project instead to the actuarial firm Milliman USA (formerly known as Milliman and Robert). The initial results from Milliman USA prompted a startling deep redy reduction in physician reimbur-
sements. Once again medical organizations and patient advocacy groups requested to see the data that Milliman USA had used to generate these results. TWCC rejected that request and then tried to put into legal and political strug-
gles ensued to overruled that refusal. Eventually the patient advocacy group, Patient Advocates of Texas, prevailed and obtained a set of documents that were stum-
ning. In the documents were a series of let-
ters and e-mails between TWCC staff and Milliman USA employees that described a colla-
eaborative effort to generate data biased against physicians and to structure the pre-
sentation of the data in such a way as to pre-
vent any access to the work product by using the Texas Open Records Act. Furthermore TWCC had made a down payment of an enormous amount of money for the initial work by Milliman USA, with the contract as a whole involving huge additional costs to the taxpayers of Texas. (Remember that quali-
fied bidders had previously offered to do this work for free.) The documents again could be interpreted as establishing an illicit kick-
back arrangement between unknown par-
ties. With this revelation the courts ruled that TWCC could not use the Milliman USA data for this purpose.

As an alternative TWCC then arbitrarily established CPT reimbursements at a level comparable to those formulated by Milliman USA, by mandating that the CPT reimburse-
ment be at a rate of 125% of the Medicare reimbursement level. TWCC moved forward with that decision, despite being informed by many medical organiza-
tions that most physicians would lose money by treating workers compensa-
tion patients at that level of payment. The decision of their result was the start of a mass exodus of physicians out of the Texas workers compensation system. The consequences of TWCC action and impossible reimbursement rates made further involvement with TWCC impossible. As a result, access to care by injured workers started disappearing.

The Fatal Bows

At this point the media had become involved. The Dallas television station WFAA had been receiving numerous calls about the events described above. The public outcry had reached the point that Mark Smith, the producer for “News 8 Investigates”, started looking into the issue. Motivated by the stark information that he had obtained, Mark and other members of the News 8 team, includ-
ing the primary reporter Brett Shipp, started investigating the Texas workers compensa-
tion system. During the year leading up to the next Texas Legislature session, WFAA described their findings in a series of 19 broadcasts. (Streaming videos of these broadcasts can be found at the website www.wfaa.com.) The broadcasts gave dramatic and detailed background informa-
tion about the aberrant TWCC practices and demonstrated the intense human suffering that had resulted.

Some excerpts of some of the broadcast contents include:

• A surprise confrontation interview with Dick Reynolds in which he denied ever working as a lobbyist for insurance, after which Brett Shipp showed state records proving that Dick Reynolds had indeed been a registered insurance industry lobbyist, along with pictures of his old business card describing him as an “insurance specialist”.
• The revelation of a $2.2 million “grant” to TWCC from Texas Mutual insurance company, the state’s largest worker’s compensation fund. The “grant” was allegedly given to “ensure the delivery of quality health care”. The timing of the grant was unusual in that it was followed a few months later by the draconian reductions in physician reimbursements described above. The ethics and inconsistencies of Texas Mutual paying $2.2 million to the state agency that regulates its activities might create thoughts of a bribe for some people, especially since Texas Mutual, the largest carrier, has typically paid minimal lines for misbehaviors from TWCC.
• Details of fraudulent adjuster activities in the peer review process. Examples included peer reviews being retrospect-
ively concocted after the adjustor had denied treatment; adjustors routinely sending selected portions of patient charts so as to bias reviews to create treat-
ment denials.
• Widespread collaboration between insurance carriers and certain review doctors who routinely deny care. News 8 obtained court records indicating that one Dallas area adjustor grossed nearly $7 million in one four year period doing peer reviews for insurance companies.
• Dramatic details of the activities of one particularly busy review doctor, who typi-
cally spent 8 to 10 minutes in evaluating a patient, but then used the same report template over and over for every patient. In falsey describe an extensive evaluation that could routinely justify denial of care.
• A description of the disappearance of access to care for injured workers due to a 65% drop in physicians participating in the workers compensation system

The high quality of these broadcasts resulted in WFAA receiving the prestigious DuPont- Columbia University award for excellent in broadcast journalism. The awards commit-
tee predicted the prize for uncovering what it called “the systematic denial of basic med-
icare for injured workers with the profits of insurance companies.” Each of these broadcasts acted like a bludgeon to crack the veneer of falsehoods and denials that had been obscuring what appeared to be an underground world of sweetheart deals, illicit agreements, and the routine manipulation of human lives for profit.

Death and Resurrection

TWCC was abolished by the subsequent Texas Legislature. The agency was dismem-
bered, with various functions being distrib-
uted throughout other components of state government. The oversight for medical ben-
efits was transferred to a new subdivision of the Texas Department of Insurance. There the medical care of injured workers will hopefully experience a rebirth in an unshaded environment. We can only hope that lessons have been learned from the events described above.

Summary

This story illustrates a number of points that we have often discussed in meetings of TSPP and other medical organizations. A physi-
cian cannot be an insurance specialist. If the patient advocacy care involves them in the realization that our patient’s mental health is affected by the surrounding social milieu. We can see in our office and treat one another, but we rarely discuss the health of hundreds or thousands of patients at a time by making a difference in the social milieu. If we choose to do this work at the state level, constant vigilance and continual participation in the legislative process are necessary. There is also no doubt that the way the media can provide a pow-
errful tool for making a difference in the quality of life and health for our patients.

Footnote: Further information about the events described above can be found at the websites for the Senate Committee on Workers Compensation of the Texas Legislature, the Texas Medical Association, Patient Advocates of Texas, and the Texas Pain Society.
The Federation of Texas Psychiatry

The Federation was established on July 1, 2004 with the following purposes:

A. to promote the common professional interests of psychiatrists;

B. to facilitate the coordination of and work in concert with state professional psychiatric associations and state professional subspecialty psychiatric associations, to unify programs that advance public and professional education and advocacy for psychiatry and persons with psychiatric illnesses;

C. to provide centralized services to state professional psychiatric associations and state professional subspecialty psychiatric associations;

D. to make psychiatric knowledge available to other practitioners of medicine, to scientists, and to the public; and,

E. to promote the best interests of patients and those actually or potentially making use of mental health services.

The Texas Psychiatrist is published 5 times a year in February, April, June, August, and October. Members of Federation member organizations are encouraged to submit articles for possible publication. Deadline for submitting copy to the Federation Executive Office is the first day of the publication month. Copy must be edited, acceptable for publication. Display advertising is available and publication is determined on a case by case basis by the Editorial Board. The Editorial Board reserves the sole right to accept or reject any submitted advertising copy.

Editorial Board

Joseph Castiglioni, Jr., MD
Edward L. Reilly, MD

Managing Editors

John R. Bush
Debbie Sundberg

The Board of Directors

Federation of Texas Psychiatry
401 West 15th Street, Suite 675
Austin, Texas 78701
(512) 478-0605
(512) 478-5223 (FAX)
TxPsychiatry@aol.com (E-mail)
http://www.txpsych.org (Website)