Our healthcare system continues to evolve at an unprecedented rate, primarily driven by high costs and below average outcomes compared to the rest of the industrialized world. The U.S. spends far more per capita to achieve a life expectancy lower than any other nation, yet ranks 46 of the top 48 developed economies in terms of efficiency, and our average life expectancy still lags behind 24 other nations. The math is inescapably and brutally clear. Healthcare costs have grown on average 2.4 percentage points faster than the GDP since 1970. With no end in sight, this gap is simply not sustainable and is exacerbated today by the uneven recovery in the broader U.S. economy. The Affordable Care Act was designed to be a major corrective ‘disruptive’ change, but the process of reform in healthcare systems now has a momentum all its own. Medicare will be reducing hospital reimbursement by an estimated $260 billion dollars over the ten-year period beginning in 2013, and most insurance plans link their rate schedules to Medicare. Commercial third party payers are facing increasing financial pressures related to mandated coverage, no pre-existing illness exclusion, no annual or lifetime maximum payment caps, and minimum medical loss ratios. They are also facing competition from hospital systems and provider groups who are developing their own ‘insurance’ products, and are adding to the already greatly increased regulatory environment.

Payers are counting on increased collaboration or integration with providers to offer a high-quality, comprehensive, and coordinated healthcare product for their subscribers in order to manage costs and to build ‘brand loyalty.’ They expect physicians to utilize ‘quality’ measures, maintain an EHR and exchange data, and perhaps participate in risk-sharing arrangements. Insurers are clearly moving away from a ‘fee for service’ to a ‘pay for performance’ model, and momentum is building for bundled payments to physician groups and comprehensive capitation contracts with integrated delivery systems and Accountable Care Organizations.

Employers are increasingly shifting medical costs to employees through higher deductibles and increased co-payments. Patients then begin toosing more of the ‘consumers,’ with heightened awareness of costs and how providers compare to one another in terms of outcomes or other quality measures.

The increased need for access to healthcare prompted by the ACA exacerbates an already problematic provider shortage. This may be particularly true in psychiatry, especially in non-urban settings. Most plans call for extensive use of physician extenders to deal with this shortage. Simpler cases (think uncomplicated depression, ADHD) would more likely be managed in a primary care setting.

Never a Dull Moment in Austin

Eric Woomer, Public Policy Consultant, Federation of Texas Psychiatry

There is a significant amount of legislative activity related to psychiatry underway at the state capital. Despite the fact that August is usually a slow time of year, the Federation is hard at work advancing the interests of psychiatrists in Texas.

After more than a decade, the Texas Department of State Health Services (DSHS) has finally adopted a new restraint and seclusion rule. The Federation twice provided written comments to the Department, and participated in several stakeholder meetings on the topic.

The new rule was particularly problematic as initially proposed, but DSHS modified the proposed rule to reflect the concerns of organized medicine in substantive ways. Perhaps the most significant alteration was that urine holes are still permissible within emergency departments. While there is a general prohibition on prune and prune restraints, these prohibitions generally apply only to psychiatric hospitals and to the mental health units of a general medical facility, and not in an emergency setting. The rule went into effect on July 23.

The Houston office of the U.S. Drug Enforcement Agency (DEA) is relying on an interpretation of a federal law that is having a chilling immediate effect on Texas psychiatry. The Ryan Haight Act addresses the problem of Internet prescription drug diversions, and the law states that only a valid prescription for controlled substances may be dispensed by means of the Internet. The Houston DEA office treats a practitioner who prescribes medication following a telemedicine evaluation as covered under the Act. Generally, a practitioner is in violation of the Act if he or she does not perform at least one in-person assessment of a patient before prescribing medication. The Act exempts practitioners from this requirement as long as they meet the federal definition of telemedicine, which permits a physician to prescribe controlled substances without an in-person evaluation if the patient is treated and physically located in a hospital or clinic with a valid DEA registration, and the practitioner is treating the patient in the usual course of professional practice, in accordance with state law, and with a valid DEA registration.

The Health and Human Services Commission (HHSC) has pulled together a group of affected stakeholders and is coordinating a meeting with the DEA. The Federation is participating in these conversations, and we hope that we can resolve the situation in the very near future.

The Texas Drug Utilization Review Board (DUR) continues to try to expand prior authorization requirements for psychiatric medications to young children. Initial clinical edits were proposed in April, but after testimony from Dr. Steven Pliszka and others, the edit was pulled down to be reviewed and revised. The new edit retains the prior current authorization requirement for children under three, but creates a separate authorization tier for aripiprazole and risperidone. The Federation wrote multiple letters to the DUR Board and has participated in multiple meetings about this particular edits, as well as to suggest ways to give physicians a greater voice in proposed future. The Federation will keep you abreast of its progress on its efforts.

The Texas Suncomet Commission continues its review of DSHS, the Texas Department of Family and Protective Services, and other HHSC enterprise agencies. The full commission reviewed staff recommendations and held a public hearing in July. The Federation met with each individual member of the Commission to provide our comments prior to the hearing. The full Commission is scheduled to hold its adoption hearing on August 13, where the members will modify staff recommendations and adopt suggestions for consideration by the full Legislature. Legislation for each individual agency will have to be considered and passed by the Legislature in order to continue the agencies functions.

HHSC, itself is scheduled for Sunset sunset review in the coming months. The Federation will review staff recommendations and prepare a position for the Sunset Commission’s consideration prior to the hearing.

The Senate Health and Human Services committee is holding a hearing in Austin on August 15 to monitor the implementation of programs that were created or expanded by the last legislature to improve mental health and substance abuse services and assess these efforts contribution to improved outcomes. Specifically, the Committee will look at reduced recidivism in the state hospitals, diversions from emergency rooms and county jails, and access to permanent supportive housing. The Committee will also attempt to identify and address gaps in the current mental health and substance abuse system and make recommendations to the legislature to better court services across agencies and programs.

The Federation has joined with the Texas Medical Association in the Texas Pediatric Society in written comments with DSHS about the most difficult of the H.B. 1021 mental health workforce report. DSHS has eliminated the recommendation that psychologists be granted prescribing authority, but the report has several other inadequacies that the Federation feels need to be addressed. Our expectation is that the final report will be issued in November for consideration by the Legislature when they convene in January.

Outgoing Lt. Governor David Dewhurst made additional committee chairmanship appointments in July. They include naming Sen. Jane Nelson to replace the departed Sen. Tommy Williams as chair of the Senate Finance Committee. Sen. Charles Schwertner, a Georgetown physician, was appointed to replace Sen. Nelson as chair of the Senate Health and Human Services Committee. Both of these appointments are welcome by the Federation.

State Rep. Brandon Creighton (R – Conroe) was elected to replace Sen. Tommy Williams in the Texas Senate in District 4 in a special election. Meanwhile, Sen. Robert Duncan has retired from the Texas Senate after more than 20 years to become the Chancellor of the Texas Tech University System. The Governor has called a special election for September 9 to fill his replacement. State Rep. Charles Perry of Lubbock appears to be the early favorite, but there are six candidates in the race, and it may be soon to tell how things shake out. A run off is likely.

Lastly, State Rep. Lois Kolkhorst has announced that she will be seeking to fill the vacant seat of Sen. Glenn Hegar, who won the Republican nomination to be the state’s Comptroller. No election has been called yet because Sen. Hegar will not vacate the seat until he is sworn in January, assuming he wins the general election in November. Rep. Kolkhorst is the longtime chair of the House Public Health committee, and is very familiar with mental health issues. No other candidates have announced for the seat, but others are expected to join the fray.

As always, please feel free to contact the Federation with questions or concerns about any of these policy matters. We are working hard to represent your views at Texas Legislature and the various state agencies, and your feedback is always welcome.
Observations on the Current Healthcare Environment

continued from page 1

setting with only complex problems going to specialists.

Although the numbers are improving, there is still a substantial uninsured population (over 40 million persons, 15% of the population) and impacts public and private providers alike; and the lack of Medicaid expansion in states such as our own, complicates providing and paying for care. Further, the population is aging and becoming more expensive to treat; it is estimated that by 2030 the over-65 population will nearly double.

Fundamental changes in the way doctors practice, namely consolidation and integration, are already occurring and the rate is accelerating. Some practices continue to decline. Nationally, solo or two-person practices have dropped from 41% to 19% over the last 25 years. According to a MGMA survey in 2012, 60% of all physicians were employed or managed by non-physician entities. An AMA survey last year revealed the inability of family practitioners surveyed were in private practice versus 45% in 1980. Merritt- Hawkins, the physician-recruiting agency, expects 75% of practice this year to be for hospital employment. The greatest demand is for primary care physicians (and also Advanced Practice Nurses), while traditionally highly-compensated specialties such as anesthesiologists and radiologists have dropped off the charts. In other states, health insurers have purchased medical practices and networks, and there is a trend of for-profit hospitals taking over the non-profits. In Texas there are now many employment opportunities for psychiatrists besides the traditional options of MBBM, the VA, or academic settings. A 2012 TMA survey must be taken with a grain of salt since there were a relatively small number of responses from psychiatrists; still it found, as would be expected, that the vast majority of psychiatrists in private practice were in a solo practice, but that 67% of responding psychiatrists were employed by a non-physician entity versus 48% of non-physician specialists. (Presumably, this disparity resulted from the fact that a large number of other specialists were employed by group medical practices.) Notably, it was found that 66% of psychiatrists were already then using an EHR or planning to purchase one. Some healthcare organizations may not have incentives that are aligned with those of their employed physicians. Large hospital systems are under pressure because they have continued to make huge capital investments in patient services, reimbursement rates are decreasing, and there is a move toward capita tion and contracting with payers. Consequently, they have purchased practices and hired physi-

cians based on their productivity, which may actually increase medical costs over the short-term. Longer-term, will they favor arrangements that bolster provider salaries or reimbursement, or those that maintain rates for facility-based care? Likewise, organizations flush with grants and 1115 waiver money have built extensive provider networks at salaries that could not be supported by typical reimbursement for medical services. What happens if funding is reduced? Will physicians be required to see more patients per hour, supervise more extenders, or have reduced treatment options?

While trends in psychiatry tend to lag behind the rest of medicine, we are perhaps change comes more slowly than Texas to other areas of the country, none of us are immune to the powerful forces at work. (If you were told a year ago that Congress would pass legislation to allow veterans to receive healthcare outside of the VA system or that Texas would consider privatizing a state psychiatric hospital, would you have believed it?) In all likelihood, more and more psychiatrists, led by our younger peers, will be employed by or affiliated with larger healthcare systems. In this climate it will be increasingly difficult for the solo psychiatrist to participate in a fee for service model with healthcare organizations and insurers. Of course, there will always be a place for an independent cash practice, but most of us participate in and are dependent on commercial insurance plans and Medicare or Medicaid to some degree, either directly or through our employers or institutions. Besides, our patients pay a great deal of money for insurance coverage, and they generally expect to be able to use it.

How will we adapt to the new realities on the horizon? Who are our natural partners? Can psychiatrists maintain any control in these partnerships? As specialty providers, historically ‘carved out’ of general medicine, and representing a small percentage of the healthcare dollar, how do we exert any control over clinical options, formulas, or the scope of practice of physician extenders in a larger integrated system? There are no simple answers to these questions, but some practical suggestions may be beneficial as we sort things out. First and foremost, psychiatrists need to maintain in public relations, and education activities, often in collaboration with TMA, cannot be underestimated in these tumultuous times. Our full participation in organized psychiatry is crucial to our goal of keeping the needs of our patients front and center, while helping to maintain our ability to provide appropriate care with fair compensation regardless of the setting or system.

TSCAP’s Annual Meeting Successful and New Officers Installed

A ttendance at the TSCAP 2014 Annual Meeting and Scientific Program in San Antonio on July 18-20, 2014 at the La Cantera Hill Country Resort set an all time record for the organization. The CME Program, ‘Management of the Child and Adolescent with Severe Comorbidity and Impairments’ featured an outstanding faculty

continued from page 1

Congratulations Governor Rick Perry has re-elected to another term as Alternate AACAP Delegate (2014-17); R. Andrew Harper, MD, was re-elected to another term as AACAP Delegate (2014-17); Dhavul H. Parikh, MD, was elected to a term as Alternate AACAP Delegate (2014-2017). Dawnelle J. Schatte, MD, was inducted as the new TSCAP President for 2014-15 at the conclusion of the Annual Membership Business Meeting.

Dawnelle Schatte, MD (right), incoming TSCAP President, presents a plaque to TSCAP President Rana Olivera, MD, recognizing his outstanding service as President during FY 2013-14.

SUPPORT WHEN YOU NEED IT MOST

Winning or losing a case depends on a solid defense and credible testimony from expert witnesses.

We only consider firms that have demonstrated expertise and success in defending psychiatric malpractice actions. Our equally accomplished expert witnesses have proven critical in the defense of malpractice claims. We only retain experts of the highest caliber with experience in the particular subspecialty each case involves.

PRMS is committed to supporting you when you need it most. View our recent claims results at www.PsychProgram.com/Claims

Scott Alkire, JD, RPLU Claims Manager, PRMS

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More than just medical professional liability insurance.
TSSP 58th Annual Convention & Scientific Program

“Applying Evidence Based Knowledge to Patient Centered Care”

November 14-16, 2014 • Westin Park Central Hotel • Dallas, Texas

WESTIN PARK CENTRAL HOTEL LOCATION

Located in the heart of North Dallas, the Westin Park Central Hotel stands at the gateway to the city’s prime entertainment centers and is ideally located between two premier Dallas shopping destinations, North Park Central and The Galleria Dallas. 20 miles from Dallas/Fort Worth International Airport and 12 miles from Love Field Airport. Other attractions include the Ballpark in Arlington, Dallas Zoo, Hurricane Harbor, Six Flags, Cowboys Stadium, Cotton Bowl Stadium and the Texas State Fairgrounds. With complimentary shuttle transportation within a five mile radius guests can explore the Dallas area at their leisure. Or spend your day discovering downtown Dallas and the Dallas Arts District, filled with museums and cultural activities.

DAILY SCHEDULE

THURSDAY, NOVEMBER 13, 2014

12:00 Noon Golf Outing at Dallas Golf Course
2:00 pm - 8:00 pm Registration Open
7:00 pm - 8:30 pm TSSP Chapter Leadership Meeting
8:30 pm - 9:30 pm Federation Delegate Assembly Meeting

FRIDAY, NOVEMBER 14, 2014

7:30 am - 8:30 pm Registration Open
7:30 am - 9:00 am Foundation Board of Directors Breakfast Meeting
9:00 am - 5:00 pm Committee / Council Meetings
9:00 am - 10:30 am COUNCIL ON LEADERSHIP – Ethics, Distinguished Fellowship, Finance, Strategic Planning
10:45 am - 12:15 pm COUNCIL ON SERVICE – Academic Psychiatry, Children & Adolescents, Forensic Psychiatry, Public Mental Health Services
12:00 pm - 5:00 pm Exhibit AND Poster Session Set-Up
2:00 pm - 3:30 pm Lunch Program: “Psychiatric Pharmacogenomics: Introduction and Applications”
3:45 pm - 5:00 pm TSSP Resident-Fellow Member (RFM) Section
2:00 pm - 8:00 pm Registration Open
12:00 Noon Golf Outing at Dallas Golf Course
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THURSDAY GOLF OUTING – Polish up on your golf game in an exciting location! For those convention attendees, guests and golf enthusiasts arriving early, TSSP members are arranging a tee time for a group play. If you are interested in playing, please be sure to check the Golf Section box on the TSSP Registration Form and additional information will be emailed to you.

FRIDAY – ACADEMIC PSYCHIATRY PROGRAM – The Academic Psychiatrists will be having a program tailored for the specific interests of this group. On the agenda for this meeting will be a getting-to-know-you exercise and then, an updated look at the Milestones Project at the various represented Psyciatry Residency Programs in the state of Texas. 

SPECIAL EVENTS

THURSDAY GOLF OUTING

The UTMB Department of Psychiatry Alumni (formerly known as the Titus Harris Society) has arranged a dinner on Friday, 8:30 pm-10:00 pm, following the TSSP Welcome Reception. For additional information and to register for the dinner, contact Maria Villarreal at 409-771-4713.

RESIDENT / TRAINEES POSTER SESSION

In order to familiarize Texas psychiatrists with the research efforts and achievements of their colleagues, the TSSP Continuing Medical Education Committee is soliciting scientific posters from TSSP and TSCP Residents and Trainee Members. The posters need not be especially made for this meeting. Posters presented at the APA or at other scientific meetings within the last year would be appropriate. TSSP’s goal is to support collaborative interaction among the Texas researchers and also to familiarize the general membership about new advances made in the state. The deadline for poster applications is October 20, 2014. For a copy of the Poster Application Form, please visit www.txpsych.org or contact tsppofc@aol.com.

MEETING LOCATION/HOTEL RESERVATIONS

TSSP’s 58th Annual Convention and Scientific Program will be held at the Westin Park Central Hotel, in the heart of North Dallas, at 12720 Merit Drive, 972-385-3000. A special TSSP discounted room rate of $159 is available to program registrants for reservations placed before October 17. Make your hotel reservation today by calling 1-888-627-7032 and request the 'Texas Society of Psychiatric Physicians' Annual Convention Program rate.

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Saturday evening’s festivities begin with a complimentary wine and cheese reception for registrants attending the Awards Banquet honoring the 2014 TSPP Annual Recipients for their outstanding contribution to Psychiatry. Register early to reserve a table for your friends at this memorable evening! This year’s honorees include:

**Distinguished Service Award**
Emilie Morell Becker, MD
Austin

**Distinguished Service Award**
Leslie H. Secret, MD
Dallas

**Psychiatric Excellence Award**
Benigno J. Fernandez, MD
San Antonio

**Psychiatric Excellence Award**
Marie T. Kelly, MD
Fort Worth

**Special Service Award**
Susan Stone, MD, Bonnally (posthumous)

DR. SPENCER BAYLES
Outstanding TSPP Member Award
This award named in memory of Dr. Spencer Bayles was established in 2010 to recognize members for outstanding and consistent participation in TSPP activities. The award will be presented during TSPP’s Annual Business Luncheon on Saturday, November 15 so please plan to attend and thank your fellow colleague for his outstanding volunteer service. This year’s Award Recipients are:

Ted Kreil, MD, Baytown
Gary Miller, MD, Houston
Linda Rhodes, MD, San Antonio

COMMUNITY SERVICE AWARD
This award is to recognize legislators or public officials for their support and advocacy for psychiatry and persons with psychiatric illnesses. The award will be presented this year to Senator Joan Huffman from Houston during the CME program break.

DAVID PHARIS AWARD
The David Pharis Award will be presented by the Department of State Health Services and TSPP to recognize significant contributions to safety and quality inpatient care and outcomes in State Hospitals. This year’s award will be presented during TSPP’s Annual Business Luncheon on Saturday, November 15. Please attend and express your appreciation to the organization selected for this degree of excellence.

SPECIAL ‘FREE’ REGISTRATION OFFER FOR TSPP MEDICAL STUDENTS, RESIDENT-FELLOW MEMBERS AND TSCP MEDICAL STUDENTS AND TRAINEE MEMBERS
TSPP is pleased to again offer the waiver of the CME Scientific Program registration fee IF the resident member’s Training Director registers for the Scientific Program. So all Trainees encourage your Training Director to register and then send in your registration form, with the name of your Training Director noted, and then plan on attending the CME Scientific Program FREE!

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**TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS**
58TH ANNUAL CONVENTION & SCIENTIFIC PROGRAM
November 14-16, 2014 • Westin Park Central Hotel • Dallas, Texas

Check if you are a:    APA Fellow    APA Distinguished Fellow    APA Life Fellow    APA Distinguished Life Fellow
NAME                                                                  E-MAIL
Please check if you are a:    APA Fellow    APA Distinguished Fellow    APA Life Fellow    APA Distinguished Life Fellow
NAME                                                                  E-MAIL

Please complete this form and return it with your check, money order or credit card information for your registration and event fees to the Texas Society of Psychiatric Physicians, 401 West 15th Street, Suite 675, Austin, Texas 78701 by October 1 to receive the discounted registration fee. Registration forms and payments by credit card may be submitted via the Texas Society of Psychiatric Physicians website.

**REGISTRATION FEES**

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**RFM Member’s Training Program Director’s Name registered to attend the Convention & CME Program:**

CME Meeting Syllabus Order: $70 $95
CME Meeting Syllabus in Black/White: Free
CME Meeting Syllabus in Color: $70 $95
Non-Member Physician in Black/White: Free
Non-Member Physician in Color: $70 $95

Note: All CME program registrants will receive at No Additional Charge a black and white printed copy of the speakers’ CME Meeting Syllabus In Color $70 $95

**PAYMENT INFORMATION**

- Check: Check in the amount of $____
- Visa Check in the amount of $____
- MasterCard
- American Express

Check the box if you are a member of the Texas Society of Psychiatric Physicians

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Please check if you are a member of the Texas Society of Psychiatric Physicians. If you are not, please check the box labeled “Not a member.”

CANCELLATION POLICY: Cancelations must be received by October 1 to be considered for a refund. **After October 1, no refunds will be issued.**

Please make checks payable to Texas Society of Psychiatric Physicians, 401 West 15th Street, Suite 675, Austin, TX 78701 (not postmarked).

TOTAL REGISTRATION FEE

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Texas Foundation for Psychiatric Education & Research

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American Professional Agency, Inc.
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Cunningham Group
Hospital Corporation of America (HCA)
Millennium Laboratories, LLC
Professional Risk Management Services, Inc.
Teva Pharmaceuticals – Teva Select Brands
Texas Health Behavioral Health Hospital Dallas
The Menninger Clinic
UTMB CMC

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**SCIENTIFIC PROGRAM**

**SUNDAY, NOVEMBER 16**

3 HOURS CATEGORY 1 CREDIT

8:30 - 9:00 am Welcome and Introductions

After the Unthinkable: Responding to Terrorism

Gail S. North, MD, DFAPA

Objectives – Following the completion of this activity the attendee will be able to:

- List the types and prevalence of specific psychiatric disorders reported in major studies of survivors of terrorism and disasters.
- Critically examine elements of diagnostic criteria for PTSD and significance of trauma exposure and symptom types in predicting mental health sequelae of terrorism.
- Differentiate symptoms and distress from psychopathology in response to terrorism and discuss the appropriate approach to these very different phenomena in a framework of emergency and medical response.

10:00 - 12:00 pm Ethics: Development and Application of Professionalism in Clinical Practice

Jeffrey P. Spike, PhD

Objectives – Following the completion of this activity the attendee will be able to:

- Discuss the methods of evaluating professionalism in medical practice.
- Identify scenarios that present challenges to professionalism in medical practice, and
- Develop skills to apply professionalism in clinical practice.

**ABOUT THE SPEAKERS**

Debra Atkinson, MD, DFAPA
Past President, Texas Society of Psychiatric Physicians
TSPP Representative to the American Psychiatric Association

Co-Medical Director, Soteria, LLC

Associate Clinical Faculty, University of North Texas Health Science Center

Private Practice

Fort Worth, Texas

Oscar G. Bukstein, MD
Medical Director

Depelchin’s Children Center

Houston, Texas

Matthew J. Byerly, MD
Associate Professor

Department of Psychiatry

UT Southwestern Medical Center

Dallas, Texas

Carol S. North, MD, DFAPA
Director, Program in Trauma and Disaster, VA North Texas Health Care System

The Nancy and Ray L. Hunt Chair in Crisis Psychiatry

Professor of Psychiatry and Surgery/Division of Emergency Medicine

UT Southwestern Medical Center

Dallas, Texas

John M. Oldham, MD, MS, DFAPA
Senior Vice President and Chief of Staff

The Menninger Clinic;

Barbara and Corbin Robertson Jr. Endowed Chair for Personality Disorders,

Professor and Executive Vice Chair

Menninger Department of Psychiatry and Behavioral Sciences

Baylor College of Medicine

Houston, TX

Past President, American Psychiatric Association

Jeffrey P. Spike, PhD
Professor

John P. McGovern MD Center for Humanities and Ethics

Director of the Campus-Wide Ethics Program

The University of Texas Health Science Center at Houston

(UT Health)

Houston, TX

Madhukar H. Trivedi, MD, DFAPA
Betty Jo Hay Distinguished Chair in Mental Health

Department of Psychiatry

UT Southwestern Medical Center

Dallas, Texas

**SCIENTIFIC PROGRAM SCHEDULE**

SATURDAY, NOVEMBER 15

6 HOURS CATEGORY 1 CREDIT

8:00 - 8:30 am Welcome and Introductions

8:30 - 10:30 am Update on Evidence for Newer Antipsychotics: Focus on Clinically Relevant Differences

Matthew J. Byerly, MD

Objectives – Following the completion of this activity the attendee will be able to:

- Describe the comparative effectiveness of antipsychotics including the most recently marketed agents.
- Describe the comparative side effects of antipsychotics, including the most recently marketed agents, and
- Discuss a logical approach for personalizing antipsychotic treatments with currently available medications.

10:30 - 10:50 am Refreshment Break with Exhibitors and Poster Sessions / Door Prize Drawing

10:50 - 11:00 am Presentation of Community Service Award to Senator Joan Huffman

11:00 - 12:00 pm Healthcare Reform and the Psychiatric Practice

Debra Atkinson, MD, DFAPA

Objectives – Following the completion of this activity the attendee will be able to:

- Discuss the general implications of health reform for psychiatry practice.
- Understand the rules and opportunities for psychiatry in emerging integrated care delivery models.
- Discuss key practice management issues which are emerging as a result of the changing payer and delivery market, and utilize tools to secure additional materials and/or assistance from APA.

12:00 - 1:30 pm Annual Business Meeting Lunch

1:30 - 2:30 pm Personality Disorders and DSM-5

John M. Oldham, MD, MS, DFAPA

Objectives – Following the completion of this activity the attendee will be able to:

- Identify current concepts and controversies relevant to personality disorders (PDs)
- Specify the importance of genetic and neurobiological factors in borderline personality disorder (BPD)
- Recognize the proposed new model for personality disorders, located in Section III of DSM-5

2:30 - 3:30 pm Application of Evidence Based Knowledge in the Treatment of Depressive Disorders

Madhukar H. Trivedi, MD, DFAPA

Objectives – Following the completion of this activity the attendee will be able to:

- Discuss recent developments in pharmacological and non-pharmacological treatment for depression.
- Identify updates in the recent APA Guidelines for depression.
- Discuss the role of measurement based care for depression.

3:30 - 3:50 pm Refreshment Break with Exhibitors and Poster Sessions / Door Price Drawing

3:50 - 4:50 pm Motivational Interviewing: Preparing People for Change

Oscar G. Bukstein, MD

Objectives – Following the completion of this activity the attendee will be able to:

- Describe the importance of the spirit of motivational interviewing * Identify key principles of motivational interviewing.
- Describe the elements of motivational interviewing as a brief intervention.

4:50 - 5:20 pm Closing Remarks

**APPLICATION OF EVIDENCE BASED KNOWLEDGE IN THE TREATMENT OF DEPRESSIVE DISORDERS**

**NEEDS ASSESSMENT**

The Texas Society of Psychiatric Physicians has incorporated into this CME activity the relevant educational needs concerning competence that underlie the professional practice gaps of our participants.

**ACCREDITATION**

The Texas Society of Psychiatric Physicians designates this Live Activity for a maximum of nine (9) AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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

The presentation entitled “Ethics: Development and Application of Professionalism in Clinical Practice” has been designated by the Texas Society of Psychiatric Physicians for two (2) hours of education in medical ethics and/or professional responsibility.

**FACULTY AND STAFF DISCLOSURE POLICY**

The Texas Society of Psychiatric Physicians will disclose to participants the existence of any relevant financial relationships between faculty members, TSPP staff and members, who planned, authored, contributed to, and/or reviewed the content of this activity, and any commercial interest discussed in this educational activity. Disclosure will occur through written communication in the syllabus / handout material.

**SCIENTIFIC PROGRAM GOALS/TARGET AUDIENCE/LEARNING OBJECTIVES**

This live activity has been designed in a format consisting of case study presentations, lectures and direct discussion to provide its primary target audience of Psychiatrists, as well as other specialties of medicine, with the most up-to-date, evidence-based data that can be translated into clinical practice.

Information and data will address, new developments in treatments and new directions in research to address the professional practice gaps of the learners and advance the physicians’ competence and effective use of targeted skills so that they may develop strategies to apply the knowledge, skills and judgement of the information presented in the educational activity into their practice.

The learning objectives for this activity have been designed to address clinician competence.

**ABOUT THE SPEAKERS**

Debra Atkinson, MD, DFAPA
Past President, Texas Society of Psychiatric Physicians
TSPP Representative to the American Psychiatric Association

Co-Medical Director, Soteria, LLC

Associate Clinical Faculty, University of North Texas Health Science Center

Private Practice

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Oscar G. Bukstein, MD
Medical Director

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Houston, Texas

Matthew J. Byerly, MD
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Department of Psychiatry

UT Southwestern Medical Center

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Carol S. North, MD, DFAPA
Director, Program in Trauma and Disaster, VA North Texas Health Care System

The Nancy and Ray L. Hunt Chair in Crisis Psychiatry

Professor of Psychiatry and Surgery/Division of Emergency Medicine

UT Southwestern Medical Center

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John M. Oldham, MD, MS, DFAPA
Senior Vice President and Chief of Staff

The Menninger Clinic;

Barbara and Corbin Robertson Jr. Endowed Chair for Personality Disorders,

Professor and Executive Vice Chair

Menninger Department of Psychiatry and Behavioral Sciences

Baylor College of Medicine

Houston, TX

Past President, American Psychiatric Association

Jeffrey P. Spike, PhD
Professor

John P. McGovern MD Center for Humanities and Ethics

Director of the Campus-Wide Ethics Program

The University of Texas Health Science Center at Houston

(UT Health)

Houston, TX

Madhukar H. Trivedi, MD, DFAPA
Betty Jo Hay Distinguished Chair in Mental Health

Department of Psychiatry

UT Southwestern Medical Center

Dallas, Texas
Whether you are looking for career opportunities or you are recruiting to fill a position in your organization, you will want to check out the Federation's JOB BANK on its website at www.txpsych.org. The Federation's JOB BANK could be just what you have been looking for.

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.

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CALENDAR OF MEETINGS

NOVEMBER
14-16 Texas Society of Psychiatric Physicians 50th Annual Convention and Scientific Program
Westin Park Central Hotel, Dallas
Hotel Reservations: 1-888-627-7032

APRIL
24-26 Texas Society of Psychiatric Physicians and Texas Academy of Psychiatry Spring Meeting and CME Program
Westin Austin at the Domain Hotel, Austin
Hotel Reservations: 1-800-228-3000
8154 Room Rate Prior to April 2, 2015

Call for Proposals for CME Activity for the 2015 TSPP Spring or Annual Meeting

TSPP wants your input! The TSPP CME Committee will be selecting topics for the 2015 CME Spring Meeting and Annual Convention. Deadline to submit proposals for the TSPP 2015 CME activities is November 1, 2014. Only proposals that are complete and submitted on the CME Activity Worksheet will be considered by the TSPP CME Committee for presentation. You should have the following information ready before submitting the proposal:

- Topic/Title for Presentation
- Needs Assessment/Gap Analysis
- Proposed Objectives
- Gap Analysis References
- Proposed Speakers
- Teaching Method
- To download the CME Activity Worksheet, visit www.txpsych.org

JOB BANK

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AUGUST/SEPTEMBER 2014

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