FEBRUARY / MARCH 2004

Transforming a Tragedy

Lana R. Castle

A

lmost as long as I remember, my

with new friends and

life was an up-and-down rollercoaster ride. The

I knew I had a mental illness. The overwhelming

violent acts committed by “crazy, disturbed

A

minds. The sudden fall invariably surprised me.

I've learned that what I believed might

neural networks and brain chemistry are

Texas Society of Psychiatric Physicians

NEWSLETTER

CHIP Mental Health and Substance Abuse Benefits

According to the Texas Health and Human Services Commission, effective February 1, 2004, CHIP mental health and substance abuse benefits will be changed to include:

- 10 days ofipment mental health services
- 20 sessions with a mental health treatment provider
- 30 days of substance abuse treatment
- 30 sessions with a substance abuse treatment provider

CHIP-enrolled children will be able to access mental health and substance abuse services through their CHIP health plan. Families who need these services should contact their CHIP health plan. Providers should contact the CHIP health plan for more information.

Lana Castle is an Austin-based writer, editor, and national speaker. She serves on the boards of the Austin and Texas Depression & Bipolar Support Alliance and is a member of DBSA's national speakers bureau. Lana also teaches, facilitates, and speaks to support groups of people whose lives are affected by mental illness. She believes that everyone who is living with mental illness can find someone whose challenges closely resemble their own. All this has strengthened our commitment. I am deeply grateful, and I feel certain Barbara is as well.

I sought to write a book that would integrate my personal experience of bipolar disorder with diagnostic information, treatment options, and coping tips. The book also contains a medication appendix and a resources section. I wanted to write a book that truly makes a difference. I wanted to ensure that my readers’ feedback indicates that I’ve accomplished that. My goal in writing the book was to provide teachers in the field of nursing and others interested in mental illness and we all share some responsibility for the agonies of mental illness and we all have some responsibility to help trans-
MEMBERSHIP CHANGES

The following membership applications have been approved by the Executive Committee and have been reflected in this issue:

NEW MEMBERS

- Resident Paper Competition 2004

- Unintended Consequences

- Texas Society of Psychiatric Physicians

- Nominating Committee
Your Committees at Work...

The Executive Council met in Houston on December 2, 2003 and approved the following matters:

1. The Council approved a recommendation of the Executive Committee supporting the establishment of two new committees, the Academic Psychiatry Committee and the Institutional Psychiatry Committee.
2. The Council approved the TSPP Affiliates Pilot Program, a pilot program to evaluate offering membership status change and to offer a member a dues payment plan.
3. The Council approved the creation of the Social Competence Committee, which will focus on the development of a new category of membership approved in concept by the Executive Committee and supported by action items from the Strategic Planning and Coordinating Committee.
4. The Council approved a recommendation of the Strategic Planning and Coordinating Committee requesting that the President send a letter to the APA members, requesting that the APA consider a dues increase.
5. The Council approved the appointment of a psychiatrist as the Director of the reorganized Department of Mental Health Services, and recommended that it be considered an educational tool rather than a Guideline.
6. The Council approved a recommendation of the Forensic Psychiatry Committee, which will focus on the evaluation of medical liability limits.
7. The Council approved a recommendation of the Socioeconomics Committee, which will focus on the development of preferred drug lists.
8. The Council approved the TSPP Affiliates Pilot Program, a pilot program to evaluate offering membership status change and to offer a member a dues payment plan.
9. The Council approved the establishment of two new committees, the Academic Psychiatry Committee and the Institutional Psychiatry Committee.
10. The Council approved a recommendation of the Executive Committee and supported by action items from the Strategic Planning and Coordinating Committee.

EXECUTIVE COUNCIL ACTIONS...

1. The Council approved a recommendation of the Executive Committee and supported by action items from the Budget, Governance, and Affiliates, Membership, and Strategic Planning committees.
2. The Council approved the TSPP Affiliates Pilot Program, a pilot program to evaluate offering membership status change and to offer a member a dues payment plan.
3. The Council approved a recommendation of the Budget, Governance, and Affiliates, Membership, and Strategic Planning committees.
4. The Council approved the creation of the Social Competence Committee, which will focus on the development of a new category of membership approved in concept by the Executive Committee and supported by action items from the Strategic Planning and Coordinating Committee.
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7. The Council approved a recommendation of the Strategic Planning and Coordinating Committee, which will focus on the development of preferred drug lists.
8. The Council approved the TSPP Affiliates Pilot Program, a pilot program to evaluate offering membership status change and to offer a member a dues payment plan.
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Preferrred Drug Lists
Pharmacological and Therapeutics Committee

In November, Governor Rick Perry and lieutenant governor, David Dewhurst, appointed initial members to the PDC to guide the development of the PDL. The committee meets on a quarterly basis for terms to expire September 1, 2005. The committee makes recommendations for additions and deletions to the PDL. PDL changes must be approved by 2/3 of the committee. PDL changes are effective 30 days after the committee’s approval.

Pharmacologists and therapists in Texas are strongly urged to review the PDL regularly. Providers are also encouraged to inform patients when their medications are not on the PDL.

Q. What is the PDL?
A. The PDL is a list of medications that are covered by HHSC’s Medicaid program. The PDL initially will include 14 drug classes:

- Lithium
- Trazodone
- Olanzapine
- Venlafaxine
- Paroxetine
- Citalopram
- Tryptophan
- Desipramine
- Buspirone
- Haloperidol
- Tramadol
- Ketamine
- Lamotrigine
- Valproic Acid

The PDL is intended to provide greater cost savings to the state while ensuring that quality care is maintained. The PDL will be reviewed annually and changes will be made as needed.

Q. What is the difference between the PDL and other insurance plans’ drug lists?
A. The PDL is specific to the Texas Medicaid program and is not intended to cover all medications for all states. Other insurance plans’ drug lists may differ in terms of what medications are covered.

Q. How can providers access the PDL?
A. Providers can access the PDL online at the TSPP website (www.tspp.org). The site includes the PDL, FAQs, and other information.

Q. What is the purpose of the PDL?
A. The purpose of the PDL is to ensure that medications are available to Medicaid beneficiaries in a cost-effective manner. The PDL also helps providers identify medications that are not covered by Medicaid.

Q. How can providers request prior authorization for medications not on the PDL?
A. Providers can request prior authorization for medications not on the PDL by contacting the Prior Authorization Call Center (1-877-PA-Texas). The center will provide information on how to obtain prior authorization and will process the request.

Q. What happens if a medication is not on the PDL and is prescribed for a Medicaid beneficiary?
A. If a medication is not on the PDL and is prescribed for a Medicaid beneficiary, the pharmacist must request prior authorization before dispensing the medication. If prior authorization is not obtained, the medication will not be covered by Medicaid.

Q. What is the process for requesting prior authorization?
A. To request prior authorization, the provider must complete a form and submit it to the Prior Authorization Call Center. The center will review the request and notify the provider of the decision.

Q. What happens if a Medicaid beneficiary needs a medication that is not on the PDL but is covered by their insurance?
A. If a Medicaid beneficiary needs a medication that is not on the PDL but is covered by their insurance, the provider should contact the insurance company to obtain prior authorization.

Q. What is the time frame for obtaining prior authorization?
A. The time frame for obtaining prior authorization varies depending on the medication and the provider’s experience requesting prior authorization. Generally, it takes several days to weeks to obtain prior authorization.

Q. What happens if a Medicaid beneficiary needs a medication that is not covered by Medicaid?
A. If a Medicaid beneficiary needs a medication that is not covered by Medicaid, the provider should contact the Medicaid office to request prior authorization.

Q. What is the process for obtaining prior authorization for non-formulary medications?
A. The process for obtaining prior authorization for non-formulary medications involves contacting the Prior Authorization Call Center and submitting a request for prior authorization. The center will review the request and notify the provider of the decision.

Q. What is the role of the Prior Authorization Call Center?
A. The Prior Authorization Call Center is responsible for reviewing and approving prior authorization requests.

Q. What is the process for obtaining formulary medications?
A. The process for obtaining formulary medications involves contacting the Pharmacy Benefit Management (PBM) company and submitting a request for formulary medications.

Q. What is the process for obtaining medications that are not on the PDL?
A. The process for obtaining medications that are not on the PDL involves contacting the Prior Authorization Call Center and submitting a request for prior authorization.

Q. What is the process for obtaining medications that are not covered by Medicaid?
A. The process for obtaining medications that are not covered by Medicaid involves contacting the Medicaid office and requesting prior authorization.

Q. What is the process for obtaining medications that are not covered by other insurance plans?
A. The process for obtaining medications that are not covered by other insurance plans involves contacting the insurance company and requesting prior authorization.

Q. What is the process for obtaining medications that are not covered by VA?
A. The process for obtaining medications that are not covered by VA involves contacting the VA pharmacy and requesting prior authorization.

Q. What is the process for obtaining medications that are not covered by Military?
A. The process for obtaining medications that are not covered by Military involves contacting the Military pharmacy and requesting prior authorization.

Q. What is the process for obtaining medications that are not covered by Medicare?
A. The process for obtaining medications that are not covered by Medicare involves contacting the Medicare office and requesting prior authorization.

Q. What is the process for obtaining medications that are not covered by other insurance plans?
A. The process for obtaining medications that are not covered by other insurance plans involves contacting the insurance company and requesting prior authorization.
Leaders Picked for Four New Human Services Agencies

State Health Services System Consolidated from 12 Agencies

Fellow and Distinguished Fellow Applications

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State Health Services System Consolidated from 12 Agencies

Pharmaceutical and Therapeutics Committee

The selections were made with Governor

Notifying patients directly because of con-

HHSC mailed a letter on Jan. 20 to some

A. Pharmacists were notified through letters

HHSC to facilitate these calls.

Expanded organizational structures.

For more detailed information about the

Physician/Pharmacist Collaborative

HHSC and/or the vendor that a

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HHSC published an article in the Medicaid Jan/Feb

Physician’s care is not a patient of record?

Patient(s) listed as being in the physi-

A. Physicians should call Heritage Information

Additional of Other Drug Classes in the PDL

What steps have been taken to educate

And, physicians are required to affix their

Q. If the P&T Committee recommends

Areas of psychiatry. These include:

Certification by the American Board of

What are the common pathways for

“Call first” policy when a patient has not

Applications will be sent to the Fellowship

Future Fellows and Distinguished Fellow

Fellow and Distinguished Fellow Applications

Chapmond, MD

Dr. Sanchez was graduated from the University of Texas Medical Branch in Galveston in 1981 and completed residency in Family Medicine at UT Southwestern Medical Center in Dallas in 1984.

Tom Farmer, MD

 cyclists in alert letters to the PFF and prior

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Medical Malpractice

The Texas Medical Liability Ins Underwriting Association (the Union, or Union), gives notice of the Union’s intention to issue joint non-admitted insurance policies at the January 1, 2004, renewal. The 2004 Joint Non-admitted insurance policies are designed to meet the needs of Texas medical liability insurance carriers that may not be admitted through a purchasing group. There is a concern that, while the Union has reduced the joint non-admitted insurance policies, there may be a decrease in the number of insurance carriers that are willing to issue the policies. The Union is concerned about the potential impact on the Texas medical liability market and has decided to issue the joint non-admitted insurance policies to meet the needs of its members. If the Union is not able to reduce the number of insurance carriers that are willing to issue the policies, it may not be able to maintain a viable market for joint non-admitted insurance policies. The Union is committed to ensuring that the Texas medical liability market is able to provide coverage for its members.
The Ethics Corner

E

tiquity, ethics complaints come about in a number of different scenarios. Not all of these situations result in complaints, but those that do can be complex and emotional. Often, people who bring forward complaints are motivated by genuine concern about how their patients are being treated. Emotions can be raw and intense, and it is important to handle these situations with care.

As members of the most trusted profession, we are expected to always act in the best interest of our patients. This includes providing clear and honest communication about their treatment options, as well as being transparent about the risks and benefits of any proposed interventions. Failure to do so can lead to misunderstandings and, in some cases, legal action.

In a recent case, a patient was treated for a psychiatric condition without being fully informed of the potential outcomes. The patient, who was already feeling vulnerable and hopeless, was not given adequate information about the risks involved in the treatment plan. As a result, the patient’s condition worsened, leading to a complaint filed with the medical board.

In this case, it is clear that the treating physician did not follow proper procedures for communicating with the patient. It is crucial that healthcare providers ensure that their patients are fully informed about all aspects of their care, including the potential risks and benefits of different treatment options. This includes providing detailed information about the side effects and complications that may be associated with any proposed interventions.

In addition to the legal implications, this case also highlights the importance of maintaining open communication with patients. Healthcare providers should take the time to ensure that their patients understand the treatment plan and the reasons behind it. This can help to alleviate concerns and prevent misunderstandings that may lead to complaints.

Overall, this case serves as a reminder of the importance of clear and honest communication in healthcare. By following proper procedures and ensuring that patients are fully informed, we can help to prevent situations that may lead to complaints and legal action. As members of the medical community, we have a responsibility to act in the best interest of our patients and to ensure that they receive the highest quality of care.

TSPF and Foundation Annual Meetings

P

ebruary 2004

The Texas Society for Psychiatric Education and Research (TSPF) and the Texas Psychiatric Institute (TPI) held their Annual Meetings in February 2004.

The meetings were held in Lubbock, Texas, and included keynote speeches, panel discussions, and workshops on a range of topics related to psychiatric education and research. The keynote speakers included Dr. Edward Reilly, the President of the APA, and Dr. Marcia Goin, the President of the TPI.

In his keynote address, Dr. Reilly spoke about the importance of collaboration and the need for improved communication between healthcare providers and patients. He also discussed the role of technology in healthcare and the need for continued education and training for healthcare professionals.

Dr. Goin’s keynote speech focused on the importance of research in advancing our understanding of mental health and the need for continued funding for psychiatric research. She also discussed the challenges facing the field and the importance of collaboration and innovation in addressing these challenges.

In addition to the keynote speeches, the meetings included a range of workshops and panel discussions on topics such as depression, anxiety disorders, and schizophrenia. The workshops were led by experts in the field and provided opportunities for attendees to learn more about these topics and to network with other professionals in the field.

The meetings also provided an opportunity for members of the TSPF and the TPI to come together and discuss important issues facing the field. Discussions focused on the need for continued funding for psychiatric research, the importance of collaboration and innovation, and the role of technology in advancing our understanding of mental health.

Overall, the meetings were a valuable opportunity for members of the TSPF and the TPI to come together and share their knowledge and experiences. The keynote speeches, workshops, and panel discussions provided a wealth of information and insights into the latest developments in psychiatric education and research. The meetings were a success and provided an excellent platform for continued collaboration and innovation in the field. The TSPF and the TPI are committed to continuing these efforts and look forward to future opportunities to collaborate and learn from each other.
Scenes from the Annual Convention...

Texas Society of Psychiatric Physicians

COMMITTEE/EXECUTIVE COUNCIL MEETING SCHEDULE
Hilton Austin Convention Center Hotel
500 East 6th Street, Austin, Texas

Saturday, April 3
7:30-9:30am  Foundation Board of Directors Breakfast . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Continue reading...