S

A Crisis of Capacity

George D. Santos, M.D., Chairman, Public Affairs Committee

ometimes it is difficult to know where to begin. As psychiatrists are faced with so many challenges in our efforts to provide basic good medical care, it is particularly frustrating when other factors can have such a negative impact. We spend a great deal of time training and refining our skills and information base. We have all striven to decrease the stigma of psychiatric illness that stems from an inexperienced general public. In many ways these efforts have met with significant success. There are more people seeking care, and the treatment options we have to offer are varied and effective. We are however faced with a growing problem in Texas. We have a crisis of capacity.

Because of a variety of influences over the last several years, the availability of inpatient psychiatric services has been seriously impacted. This is true in both the public and private sectors, and has in impact in both inpatient and outpatient levels of services. The TSPP conducted research into this issue, which was published in January of 2000. This study looked at the loss of psychiatric beds since 1996. It highlights a disturbing trend of erosion in the ability to serve the mental health needs of our communities. As this process of diminishing beds continues, it is helpful to review a few of the study’s findings to get a clearer picture of the problem we face today.

The TSPP report cites another study, the Hay report, which examined health care delivery nationally from 1988 through 1997. This review highlighted some of the factors which had disproportionately affected the mental health system of service delivery. It showed that behavioral health care benefit costs were cut 54% during the period, significantly more than the 7% cut in general healthcare benefits. The decline in psychiatric services were due to healthcare benefit plans’ reduction in expenditures for behavioral health. This reduction in insured dollars providing coverage for mental healthcare services is only one of many factors that contribute to the decline in psychiatric services we now face.

Let me summarize some of the TSPP findings on the availability of psychiatric beds. In January 2000, 82% of Texas counties encompassing a population in excess of 5 million Texans, had no psychiatric beds. The number of psychiatric physicians actually increased by 2.4% from 1996 to 2000. In January of 2000, psychiatric physicians made up 5% of the physician workforce. The bad news, however, was a loss of 4,826 psychiatric beds in 71 hospitals in 36 Texas counties. This represented a 29% reduction of available psychiatric beds during the 1996 to 2000 period of time. There was a 36% drop in the number of hospitals which had psychiatric beds. These reductions were most prevalent in the general medical-surgical hospitals. As we are all aware, there have been more hospital closures in most of our large cities since the time of this study.

Every part of the State has been affected. Harris County had a 52.9% decrease in psychiatric beds. Counties around the State had similar findings. El Paso a 76.3% decline, Dallas a 29.5% decrease, Bexar County a 34.4% loss. If we included the hospital and psychiatric bed closures since the completion of the study, the numbers would be even worse. It is difficult to put your finger on any one factor as being most responsible for this trend. The TSPP study identified several factors noted by the psychiatrists who responded to a TSPP survey. These factors included: declining admission rates (despite growing populations), declining patient days, and declining reimbursements from public and private payors.

Quality psychiatric care is under attack from many different directions. Ongoing efforts through their membership in the Texas Society of Psychiatric Physicians (TSPP), along with its allies and friends in medicine, patient advocacy organizations and many Texas psychologists, soundly defeated a bill (Psychologist Prescribing Bill) filed in the Texas Legislature in 2001. Many Texas psychologists, soundly defeated a similar bill filed in the Texas Legislature in 2001. It is expected that organized psychology will again attempt to gain prescribing privileges by legislative fiat when the Texas Legislature convenes in January 2003. Needless to say, if the New Mexico bill becomes law in New Mexico, the dangerous consequences for patients in their State will be considerable.

While TSPP will continue to craft winning legislative strategies, the ultimate key to legislative success rests with members building relationships with legislators: RELATIONSHIPS... RELATIONSHIPS! If you are a member, contact your local legislative leadership or the TSPP Office and volunteer to help in TSPP's Political Action Force, a program designed to encourage the formation of relationships between psychiatrists and members of the political party for the Texas Legislature prior to the convening of the next Legislative Session in January 2003. If you are not a member, please contact the TSPP Office for a membership application and become active in organized psychiatry’s many activities advocating for the profession and psychiatric patients.

Together, we DO make a difference.
both in my role of serving as your President, and as a result of the opportuni-
ties I have to speak on aspects of mood dis-
dorder throughout the U.S. and other parts of
the world, I am able to meet many psychia-
trists in all walks of professional practice.
This column draws from those experiences, as
well as my experiences as Chair of a large
Department of Psychiatry at the University of
Texas Health Science Center at San Antonio.
Without fanfare, the conditions of most psychi-
atria...
Your Committees at Work...

TSPPs committees met in Austin on February 16, 2002 and conducted their business, as follows:

Budget Committee: The committee reviewed financial investments and approved some investment changes. Financial reports were reviewed which indicated positive results thus far in FY 2001-2002. Contributing to the good financial performance is the decision to assume dues accounting from APA. It was also acknowledged that APA has made an effort to reimburse TSPP for past dues collected. The committee approved a dues reduction for a member and an APA dues waiver request of one member.

Children and Adolescents Committee: The committee reviewed recommendations of a Senate workgroup studying children's mental health issues and expressed a desire that a child psychiatrist be invited to future meetings of the work group. The committee discussed the status of managed care in several Texas cities.

Continuing Medical Education Committee: The committee reviewed and approved the Mission Statement for the CME program. The committee reviewed evaluations of the 2001 Scientific Program and continued its program planning for the 2002 Annual Scientific Program. The program for the 2002 TMA Section on Psychiatry program was reviewed and preliminary plans for the 2003 Section on Psychiatry program were discussed. The committee reviewed the 2000 and 2001 Needs Assessment recommendations of members and made plans to submit a Needs Assessment to the membership in 2002.

Early Career Psychiatry Committee: The committee reviewed a number of topics including encouraging participation by early career psychiatrists, activities for the Annual Conference, a mentoring program and submission of a candidate for Area 5 representative.

Fellowship Committee: The committee reviewed applications for APA Distinguished Fellow. Four applications were conditionally approved and two applications were deferred.

Forensic Psychiatry Committee: The committee reviewed the recent Attorney General Opinion on blanket prohibition on physician advertising and the 2002 TMA Section on Psychiatry program which will feature a mock trial. The committee also discussed the SB 553 Task Force on Total Competency and the Insanity Defense and reviewed sections of TSPPs Strategic Plan pertaining to the committee.

Government Affairs Committee: The committee reviewed the psychologists' prescribing bill passed by the New Mexico legislature and discussed its potential impact in Texas and other states. Several other legislative issues were discussed including interests of physician's assistants and the business lobby. Updates were provided on the work of various legislative interim committees. Plans for launching TSPPs Political Action Task Force were reviewed and specific candidates were identified as Champions.

Long Range Planning Committee: The committee discussed financial and governance issues currently facing the APA. The committee recommended that a task force be formed to provide guidance to the TSPP Assembly Representatives regarding the APA issues discussed as well as guidance on how best the TSPP Assembly Representatives can best represent the interests of TSPP in APA governance and policymaking.

Managed Care Committee: The committee reviewed APAs position statement on Pharmacy Benefit Managers and discussed the CHIP program. The committee recommended the following policy statement to address the recent cost-saving measures by Medicaid regarding formularies: 1) Choice of medication shall be made by the treating physician; 2) Medications shall not be switched or substituted without consulting the treating physician; and 3) No “fail first” medication policies should be supported.

Members-in-Training Section: The committee discussed its efforts to effectively communicate with each other and topics for future Newsletter articles. The committee reviewed the policies of various residency programs regarding their support of organized psychiatry activities. Members were approved of an opening for an ECP Area 5 Representative and reviewed their assignments in TSPPs Strategic Plan. The committee will continue to work on member involvement and ways to disseminate information about career opportunities.

Membership Committee: The committee reviewed membership statistics and a study of membership by Chapter and of non-members. The committee expressed the desire that TSPP send letters to non-members inviting their membership in the Society. The committee also discussed APA policy requiring Chapter members to be members of the District Branch and APA and ways to assist Chapters with the policy.

Public Affairs Committee: The committee reviewed Chapter efforts to develop disaster response programs and ideas for developing a media plan. The committee also discussed the psychiatric bed closing crisis and requested that TSPPs hospital bed study be updated.

Professional Practices Committee: The committee reviewed a draft of Guidelines for Office-based Outpatient Withdrawal Techniques being developed by the Task Force on Addictive Disorders.

Public Mental Health Services Committee: The committee reviewed potential budget reductions for TXMHMR, NorthStar and the problems with Metracare in Dallas. The committee was also briefed on two important TXMHMR Task Forces: Mental Health Services and Benefit Design.

Task Force on Addictive Disorders: The committee approved Guidelines for Office-based Outpatient Techniques for Alcohol, for Anxiolytic/Sedative/Hypnotic Drugs, and for Opiates. The Guidelines will be submitted to the Professional Practices Committee for review and consideration. The committee decided to begin development of Guidelines for Outpatient Withdrawal Techniques for Stimulants and Hallucinogens.

The Executive Council met in Austin on February 17, 2002 and approved the following actions:

- At the request of the Budget Committee, the Council approved adjustments in TSPPs investments, approved a dues reduction for one member, and approved a waiver of APA dues for one member.

- The Council endorsed the TSPP CME Mission Statement recommended by the CME Committee:

“The mission of the TSPP accredited CME program is to provide information available in the field of Psychiatry to psychiatric physicians so that they may be kept up to date with medical developments in research, clinical practice, economics, legislation, ethics and other issues pertinent to their practice and be better able to serve their patients and practice their profession. Selected information is presented in one major conference annually using a lecture/discussion format, small group discussions and poster sessions. Other educational presentations are used from time to time. In addition to the annual conference, other CME presentations may be developed by the CME Committee. The CME Committee facilitates the development of other accredited CME conferences of benefit to the membership.”

- Upon recommendation of the Fellowship Committee, the Council conditionally approved applications of four members for APA Distinguished Fellow.

- The Council approved a request of the Long Range Planning Committee to form a task force to provide guidance to the APA Assembly Representatives regarding current APA governance and organizational issues and to recommend how TSPP Assembly Representatives can best represent the interests of TSPP in APA governance and policymaking.

- Upon the recommendation of the Managed Care Committee, the Executive Council approved the following policy on Medicaid formularies: 1) Choice of medication shall be made by the treating physician; 2) Medications shall not be switched or substituted without consulting the treating physician; and 3) No “fail first” medication policies should be supported.

- Upon recommendation of the Membership Committee, the Executive Council approved four membership applications for Members-in-Training.

Congratulations...

The APA will recognize the following TSPP Fifty Year Life Fellows and Members during the Annual Meeting Convocation Program in Philadelphia on May 20, 2002: James M. Bailey, MD (San Antonio); Perry William Bailey, Jr., MD (Kingwood); Mischa Caplan, MD (Houston); Irvin A. Kraft, MD (Houston); Robert L. Leon, MD (San Antonio); James D. Malone, MD (Fort Worth); Laurence C. McGonagle, MD (San Antonio); Bonner L. Shinn, MD (Dallas); and Walter E. Speakman, MD (Blanco).

POLITICAL ACTION

Sympathizers and colleagues in Houston recently hosted a reception for Representative Kyle Janek. Dr. Janek is in a race for Texas Senate. Pictured (l-r): Matthew Brains, MD, Alice Mao, MD, Kyle Janek, MD, and George Santos, MD.
Unequal Protection
Joseph Castiglioni, MD, PhD

Among the questions that most psychiatrists ask themselves before they begin specialty training are two basic ones: first, what is a psychiatrist, and second, what makes a psychiatrist different from other medical specialists? There must be a fundamental difference, because insurance companies say there is via the different coverages for treating illnesses of the “mind” compared to illnesses of the “physical body.” These coverage limitations trivialize the medical aspects of psychiatric practice and pose dangerous challenges to the discipline and practice of Psychiatry.

Social introductions often remind me of the uncertain ideas many people have about psychiatrists. A new acquaintance’s reaction to me may change when the nature of my occupation is revealed. Often, there is a stunned silent pause. I imagine that the other person wonders what to make of me. Do I have some special power to read minds? Will I use it to analyze him or her during the social hour? Since I am someone who chose to work with the mentally ill, I am perhaps a little quirky myself? Should he step back from me politely—quickly? On the other hand, some introverted people may change when the nature of my occupation is revealed. They may say, “I’m an obstetrician.” The amazing contrast to this feeling of uncertainty and possible danger is the attitude that psychiatric ministrations are trivial. After all, anyone can do psychotherapy! All you have to do is sit in the same room with the patient for long time...

The logic behind this attitude eludes me. For the sake of discussion, let’s consider the positions of some of our siblings in the family of medicine. A huge percentage of patient visits to family practice offices result from emotional needs rather than physical needs. Mothers delivered their infants successfully for millennia before obstetricians were invented. Simultaneously, the mentally ill were abused, incarcerated or killed to relieve their demonic possession or redeem their moral deficits, until psychiatrists began to treat their conditions as another human malady. Yet obstetrics is perceived as a basic and essential component of the health care system, while mental health services often are “carved out” for discriminatory treatment. Despite the relatively high incidence of mental illnesses, psychiatrists have the most comprehensive understanding of the human mind and the body are not separate entities; mind and body modifies the body’s functions. Psychiatrists have the most comprehensive training and theoretical background to treat this symbiotic entity. This perspective, and skill in using it, are what make our specialty valuable to the world.

The editors invite comments on this and other topics of interest to readers by sending Letters to the Editor.

MEMBERSHIP CHANGES

New Members

Since our last Newsletter publication, the following membership applications and status changes have been approved by the TSPP and transmitted to APA for approval and enrollment:

MEMBER IN TRAINING

Beard, Laura, MD, Dallas
Carlon, Paul, MD, Dallas
Chen, Richard N., DO, Lubbock
Gall, John M., MD, Lubbock
Cruz, Francisco, MD, Houston
Elnawady, Mohamed, MD, Galveston
Listengarten, Demitrous, MD, Galveston
Queenan, Kimberly, MD, Dallas
Salazar, Ricardo, MD, San Antonio
Temirova, Andra, MD, Lubbock
Vega, Vanessa, MD, Galveston
Veganzon, Vladimir, MD, Dallas

GENERAL MEMBER

Benitez, Jeffrey, MD, San Antonio
Bogan, Robert E., MD, Spring
Graves, Gregory, MD, Dallas
Merkl, Christopher, MD, Houston
Taylor, Linda, DO, Austin

Member in Training to General Member

Chincham, Jim, MD, Houston

Transfers from Other District Branches

Frazier, Demitrous, MD, San Antonio
Gabbard, Glen, MD, Houston
Istvanbudy, Faye, MD, Rancho Vi las
Patchuru, Sree, MD, Houston
Patel, Neena, MD, Dallas
Pua, Edward, MD, Houston
Remaro, Marco, MD, Fort Worth
Shiney, Richard, MD, Austin
Stremel, David, MD, Houston
Talvi, Theresa M., MD, Tyler
Varavani, Sanjay, MD, Dallas
Vital, Terri, MD, San Antonio
Walker, Daniel G., MD, Beaumont

TSPP Chapter Activities

APA President Visits Houston. APA President, Richard K. Harding, MD was an invited speaker at a recent meeting of the Houston Chapter. Pictured (l-r): Irvin M. Cohen, MD (Past TSP President and Past APA Assembly Speaker; Richard K. Harding, MD, Pedro Ruiz, MD (APA Secretary), and George Santos, MD (Houston Chapter President).

Heart of Texas Chapter. The past year the TSPP Heart of Texas Chapter has been revitalized through the initiative of Gail Eisenhard, MD. Pictured below are Heart of Texas members who attended their meeting in January. Front row (l-r): Mae Schubert, MD, Gail Eisenhard, MD, Helen Zaphiris, MD, and Victoria Morgan, MD. Back row (l-r): Laurie Shook, DO, Aurora Mignosa, MD, and, Sarah Dungan, MD.

JOSEPH CASTIGLIONI, MD, PhD
The Ethics Corner
Milton Altschuler, MD

In the past several months there has been an increase of people questioning the various remunera-
tions for activities sponsored by the pharmaceutical industry. These remunerations have ranged from subsidization of programs, payment to attend dinner meetings and pay-
ments to act as a consultant for marketing projects.

Perhaps the increase and the inquiries have been due to the increase in the compensation by the pharmaceutical industry to psychiatrists attending their programs. An article in the New York Times on January 18, 2002 was devoted to the issue that these pharmaceutical companies have become so large that they have almost entirely taken over all the various remunerations. Interestingly enough, that specific article mentioned expensive weekend trips and other more expensive remunerations that I am aware of among psychiatrists in Texas.

The AMA guidelines published in 1990 on ethical considerations between physicians and the pharmaceutical industry gives a fairly descriptive general view of the situation.

The pharmaceutical industry does provide excellent benefits to physicians and patients in the form of free samples, free medication to individuals unable to afford the medication, and recently, many pharmaceutical companies have announced a subsidization of their medication for seniors who have low income and are unable to afford the full price of their medications. They also provide educational programs for the physician and various research articles at the physician’s request.

Appropriately the major issue deals with the marketing of their products. The subsidization of dinner programs, lunches, sampling by phar-
maceutical representatives, payment for “con-
ingenting fees” and other means of rewarding physicians are primarily marketing expenses for the physicians to use their products. By themselves there is no ethical violation in the accepting of these fees as long as the physician maintains their primary responsibility toward their patients. This always continues to be the overriding factor in the practice of medicine.

There are no hard and fast rules, nor any “line in the sand” that tells individual physicians “this is right and this is wrong.” It is for this reason that ethical papers are written as guidelines rather than regulations. No one knows what amounts of money corrupt the prescribing of medications for patients. Perhaps it is $50 for one individual and $10,000 for another. Each person must search within themselves when they are prescribing medications for patients and ask themselves “is this medication the most efficacious for this specific individual?” If it is not and the physician is writing a script because they had just attended an expensive program put on by a specific pharmaceutical company then they have to question their own ethical boundaries. Again, referring to the AMA ethical guidelines between physicians and the pharma-
caceutical industry, there are no hard and fast rules, but there is an attempt to place the issues I have described into perspective. In spite of being redundant, primary consideration of the physician is not toward the good will of the pharmaceutical industry but toward the effica-
cious treatment of each and every individual patient that the physician sees.

I would welcome any questions or further discussion, which I will be happy to include in the next column.

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APA Launches Political Action Committee

Jack McIntyre, MD, Chair; APAPAC Board of Directors

In response to APA members’ interest in expanding APA advocacy and with the recent change in APA’s tax status, psychiatrists are now able to support federal candidates who will best represent psychiatry’s interests in Congress through the American Psychiatric Association Political Action Committee (APAPAC). APAPAC now provides the association with a direct opportunity to support the election of federal candidates who will best advocate for psychiatry’s interest in Congress.

“Here is what one of psychiatry’s strongest allies in Congress has to say about why APA members must actively support their PAC: “If you want to influence public policy, you need to take advantage of every venue in which there is an opportunity to make your voice heard.”

Congressman Pete Stark (D-CA)

Voice heard. That means going to local meetings with your elected representative, it means writing letters on issues, it means joining coalitions for group meetings with your representative on issues, and it means participating in PAC events. PACs provide you with another opportunity to make your voice heard and to have direct interaction with elected representatives of our patients. Thanks to APA lobbying — and including the efforts of the now defunct Corporation for the Advancement of Psychiatry’s PAC (a group of politically concerned psychiatrists that, until the establishment of APAPAC, served as the only organized entity that allowed psychiatry to take a more active role in the political campaign process) — 66 Senators sponsored a parity amendment in the Senate, and 244 Representatives have publicly stated support for parity in the House. It is not coincidental that many have received CAP PAC support. We are making progress on Medicare reform, protecting the privacy of medical records, and ensuring quality care to our patients by making certain that only appropriately trained physicians be allowed to prescribe psychotropic medications. Your PAC support enables APA to maintain our proactive education and lobbying campaign. In addition, as APA members, we must be certain that no laws are made and no regulations are established that would negatively impact our practice of psychiatry or psychiatric patients without the opportunity for comment and education from the psychiatric community. This marks the first time that the APA has a political fundraising voice and individual APA members will be able to directly participate in advancing our goals for our patients and the profession of psychiatry.

As APA President Richard Harding states, “Psychiatrists have traditionally been less than enthusiastic political participants. Many APA members find the national political process distasteful, but our choice is a simple one — have a seat at the table or cede our place to others who most certainly do not have our patients’ and psychiatry’s best interest in mind.”

We must reinforce our advocacy with tangible support for our political friends and tangible opposition to those who oppose us, or we will pay a heavy price. With Election Day, 2002 only eight months away, we face a crucial time that will determine what protections are in place from abusive managed care practices for patients and the profession, protection of the privacy of medical records, any expansion of prescribing privileges to non-physicians, the future of mental health parity, and reimbursement funding for psychiatrists. Supporting the PAC will enable the APA to maintain and increase our proactive education and lobbying campaign on these, and other, issues.

With the well financed, determined efforts of those who want to elect candidates positioned to oppose mental health policy in the interests of our profession and patients, we must take every step possible to elect candidates who will have the courage and determination to work with us. Congressman Jim McDermott (D-WA), a psychiatrist, notes that “… Participation in this country’s democracy matters. As a psychiatric physician, voicing your opinion on policies before the Congress and engaging in debate can make a significant difference in the direction of health care policy, and in particular, mental health policy.”

I urge you to take an active role in advocating for both your practice and your patients through your voluntary APAPAC contribution; because how far Congress is able to go in the session to protect our patients and our practice will depend on our ability to reach, educate, and elect Members of Congress. The success of APAPAC depends 100% on your voluntary support. Please send your voluntary contribution to APAPAC — 1400 K Street, NW, Washington, DC 20005. Corporate contributions will not be accepted.

For more information on how to become involved with APAPAC, please contact Jason Pray at (202) 682-6393, or by e-mail at apapac@psych.org.

Texas Society of Psychiatric Physicians

COMMITTEE/EXECUTIVE COUNCIL MEETING SCHEDULE

Adolphus Hotel, 1321 Commerce St., Dallas, Texas

Reservations: 1.800.221.9083

Saturday, April 20

8:30 AM - 6:00 PM Committee Hospitality Room . . . . . . . . . . . James Alfred (Mezzanine Level)

8:00 AM - 9:00 AM UK Complaint Service Case . . . . . . . . . . . . David G. Burnet (Mezzanine Level)

9:00 AM - 10:30 AM Public Mental Health Services . . . . . . . . . . . David G. Burnet (Mezzanine Level)

10:35 AM - 12:00 PM Ethics . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Dan Moody (Mezzanine Level)

12:05 PM - 1:30 PM Foundation Board of Directors Luncheon . Pat Norris Self (Mezzanine Level)

1:30 PM - 3:00 PM Managed Care . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . John Neely Bryan (Registration Level)

3:00 PM - 4:30 PM Forensic Psychiatry . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . David G. Burnet (Mezzanine Level)

4:30 PM - 6:00 PM Government Affairs . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . David G. Burnet (Mezzanine Level)

Sunday, April 21

9:00 AM - 12:00 PM Executive Council . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Sam Rayburn AB (Registration Level)

TMA Section on Psychiatry

Forensic Psychiatry and Medical Practice

The TMA Section on Psychiatry Program “Forensic Psychiatry and Medical Practice” arranged by R. Sanford Kiser, MD, Program Chair and TSSP President-Elect, will be conducted on April 19, 2002 in Dallas at the Adams Mark Hotel. Upon completion of this program, participants should be able to: 1) utilize information from recent laws and regulations that affect patient care to achieve optimal treatment outcomes, 2) apply the skills necessary to testify in various settings for the best information possible; and 3) identify the various legal and regulatory entities that create and maintain rules and/or statutes affecting patient care and use these entities as a resource.

The program, which begins at 8:30 am in the Dallas Ballroom A-3, will feature a mock medical malpractice settlement conference with speakers from the Texas State Board of Medical Examiners and a mock psychiatric malpractice trial led by Michael Arambula, MD.

The program will also include the following presentations: “Working with Attorneys” by William H. Reid, MD; “Assessment of Threats” by Victor Scarano, MD; “A Mock Worker’s Medical Examiners and a mock psychiatric malpractice trial led by Michael Arambula, MD.”

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Who Will Tell the Story?

Elizabeth Borst-White

The questions began when I saw the 1917 advertisement, “For Nervous and Mental Diseases — Alcohol and Drug Addictions.” The picture was a palatial estate. Dr. Greenwood's Sanitarium, located in the coolest part of Houston with arsian water and electric lights. This ad answered the basic historical questions of who, what, when, and why, but I piqued my interest. I wanted “The Rest of the Story.”

How many others at this time were treating private patients for drug and alcohol addictions in Houston? In Texas? What treatments were available? Research revealed neuro-psychiatry as the new medical specialty practiced by Dr. Greenwood and other contemporary physicians. This same research uncovered ads by Dr. Greenwood and other contemporary psychiatrists in Houston with artesian water and electric lights. This ad answered the basic historical questions of who, where, and why, but just as valuable would be information on where and how.

The history and development of mental health programs and services in Texas have largely ignored, the Houston Academy of Medicine-Texas Medical Center Library has established a Center for the History of Mental Health Care in Texas. This Center is already collecting and will provide access to primary materials documenting mental health care in Texas. Some materials will focus on the changing opinions and actions in the State’s role in caring for the mentally ill. Other materials will focus on the career of one individual and his or her contributions in a community or institution.

Copies of speeches, minutes of meetings, letters, hospital records, audiotapes, videotapes, legislation, newsletters and other printed materials provide valuable primary information for historians and researchers. Descriptions of treatment, memorabilia from special events, photographs of people and buildings can help fill the gaps in our understanding of mental health care in our State.

The Center for the History of Mental Health Care in Texas is asking for your help in locating additional materials to enhance this historical resource. Donations of documents are always appreciated, but just as valuable would be information on where and how.

Many of this history has been lost. Because much more will disappear in the near future, it is critical to take action now to preserve our heritage.

Elizabeth Borst-White is Director, John P. McGovern Historical Collections and Research Center, Houston Academy of Medicine-Texas Medical Center Library, 1133 John Freeman Blvd., Houston, Texas 77030, Telephone — 713-799-7129; Email — mcgovern@library.tmc.edu

Medicaid Fee Increases Approved

Acting on recommendations submitted by the Physician Payment Advisory Committee (PPAC), the Texas Health and Human Services Commission on January 18 began implementing additional increases for physicians and other practitioners participating in the Medicaid program.

Medicaid fee increases were a top priority for the Texas Medical Association and TSPP during the 2001 session of the Texas Legislature.

The first increase is for CPT code 99213, which will rise from $27.28 to $42.52, an 8.2 percent increase. The second increase is targeted to “high-volume” Medicaid practitioners.

A “high-volume” practitioner is defined as a primary care physician who averages at least 300 Medicaid patient encounters per month, or a specialty care physician who provides the top 50 percent of services within his or her individual specialty.

Fee increases will be implemented statewide in both the traditional Medicaid and Medicaid managed care service areas.

Physicians classified as “high volume” practitioners were notified by the state recently. On average, “high volume” specialists will receive a 6.1 percent payment increase, while “high volume” primary care physicians will receive a 1.9 percent increase. The PPAC recommended giving “high volume” specialists a larger percentage increase since primary care physicians principally will benefit from the increase in CPT code 99213 as well as increases previously enacted last year.

The newest recommendations build on a fee increase enacted September 1, 2001, that raised the fees for Texas Health Steps (EPSDT) medical screening exams from $49 to $70. All of the fee updates were ordered by the last session of the legislature, which directed the state Medicaid program to increase payments for Medicaid professional services by $50 million over the 2002-2003 biennium. The legislature directed the Medicaid program to use the new monies to improve primary care services and also to reward the vital “high-volume” practitioners along the Texas-Mexico border, in inner-city communities, and in rural counties.

In other Medicaid news, state rules making it easier to enroll children in the Medicaid program took effect January 1. The new rules were established by the legislature last year when it passed – at the urging of TMA and TSPP – Senate Bill 41 by Judith Zaffirini (D-Laredo).

Some 600,000 eligible children are expected to benefit from the simplified Medicaid system.

Parents may now fill out and mail a simple and shorter application for both Medicaid and the Children’s Health Insurance Program to the Texas Department of Human Services (DHIS). In-person interviews with DHIS staff are not required for a child to be qualified for Medicaid. In addition, ongoing health coverage is provided for at least six months without reporting changes in income or resources to DHIS.

Parents can receive an application by calling (800) 647-6558, or their local DHS office, or logging on to www.texcarepartnership.com.
For me, three factors have helped mitigate my student loan repayments begin on that day. I realize that I still haven’t finalized what I’m going on my own, and I eagerly anticipate residency training has prepared me to succeed on my last day of school ever. My extended adolescence and excitement I felt then. Those same mixed feelings are re-emerging as I approach my first day of high school and the anxiety that I still vividly recall my first day of gradeschool and the anxiety and excitement I felt then. Those same mixed feelings are re-emerging as I approach my first day of high school and the anxiety that I still vividly recall my first day of gradeschool and the anxiety and excitement I felt then. Those same mixed feelings are re-emerging as I approach my first day of high school and the anxiety that I still vividly recall my first day of gradeschool and the anxiety and excitement I felt then. Those same mixed feelings are re-emerging as I approach my first day of high school and the anxiety that I still vividly recall my first day of gradeschool and the anxiety and excitement I felt then. Those same mixed feelings are re-emerging as I approach my first day of high school and the anxiety that I still vividly recall my first day of gradeschool and the anxiety and excitement I felt then. Those same mixed feelings are re-emerging as I approach my first day of high school and the anxiety that I still vividly recall my first day of gradeschool and the anxiety and excitement I felt then. Those same mixed feelings are re-emerging as I approach my first day of high school and the anxiety that I still vividly recall my first day of gradeschool and the anxiety and excitement I felt then. Those same mixed feelings are re-emerging as I approach my first day of high school and the anxiety that I still vividly recall my first day of gradeschool and the anxiety and excitement I felt then. Those same mixed feelings are re-emerging as I approach my first day of high school and the anxiety that I still vividly recall my first day of gradeschool and the anxiety and excitement I felt then. Those same mixed feelings are re-emerging as I approach my first day of high school and the anxiety that I still vividly recall my first day of gradeschool and the anxiety and excitement I felt then. Those same mixed feelings are re-emerging as I approach my first day of high school and the anxiety that I still vividly recall my first day of gradeschool and the anxiety and excitement I felt then. Those same mixed feelings are re-emerging as I approach my first day of high school and the anxiety that I still vividly recall my first day of gradeschool and the anxiety and excitement I felt then. Those same mixed feelings are re-emerging as I approach my first day of high school and the anxiety that I still vividly recall my first day of gradeschool and the anxiety and excitement I felt then. Those same mixed feelings are re-emerging as I approach my first day of high school and the anxiety that I still vividly recall my first day of gradeschool and the anxiety and excitement I felt then. Those same mixed feelings are re-emerging as I approach my first day of high school and the anxiety that I still vividly recall my first day of gradeschool and the anxiety and excitement I felt then. Those same mixed feelings are re-emerging as I approach my first day of high school and the anxiety that I still vividly recall my first day of gradeschool and the anxiety and excitement I felt then. Those same mixed feelings are re-emerging as I approach my first day of high school and the anxiety that I still vividly recall my first day of gradeschool and the anxiety and excitement I felt then. Those same mixed feelings are re-emerging as I approach my first day of high school and the anxiety that I still vividly recall my first day of gradeschool and the anxiety and excitement I felt then. Those same mixed feelings are re-emerging as I approach my first day of high school and the anxiety that I still vividly recall my first day of gradeschool and the anxiety and excitement I felt then. Those The statistics showing the prevalence of mental illness in kids and teenagers is impressive, and the fact that only a fraction ever receive treatment is worrisome and saddening.  

Finally, I’m excited about starting my career because I know without a doubt that there’s nothing else I’d rather be doing. Sometimes I still can’t believe that I’m going to make a respectable income for doing something so challenging, rewarding and fun for me. We should all feel this way about our jobs. Today, for instance, I get to spend an hour talking with a thirteen-year-old girl with conversion disorder and spent an hour playing with Play-Doh and drawing pictures with a five-year-old who has selective mutism. What an awesome day!  

My hope is that other aspiring doctors will see what a great profession this is and want to be a part of it. Whatever I end up doing after graduation, I hope I’ll maintain this enthusiasm and enjoyment for many years, and for all the graduating psychiatrists this year, I wish you the same.

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**CALENDAR OF MEETINGS**

**MARCH**

- **1-2** TMA Specialty Retreat
  "Building Synergy to Prepare for the Perfect Storm" Thompson Auditorium, TMA Building Austin, Texas
  Contact: Lisa Jackson, 512/570-1300

- **12-14** Current Controversies in Forensic Psychiatry
  Tulane University School of Medicine
  Chateau Sonesta Hotel, New Orleans, LA
  Contact: 800/586-5300

- **19** TMA Section on Psychiatry
  Forensic Psychiatry and Medical Practice
  Adams Mark Hotel, Dallas, Texas
  Contact: 512/570-1500

- **20-21** TSSP Committee and Executive Council Meetings
  Adolphus Hotel, Dallas, Texas
  Contact: Debbie Sundberg, TSSP Assistant Director, 512/478-0605

**APRIL**

- **19** TMA Section on Psychiatry
  Forensic Psychiatry and Medical Practice
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**FEBRUARY / MARCH 2002**

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**26** HIPPA Compliance Seminar
  Batterymarch Conference Center, Boston, MA
  Contact: Cynthia Smith, 800/245-3333 ext. 347

**27** Houston-Galveston Psychoanalytic Institute and Society
  "Passions in the History of Psychoanalysis"
  Joyce McDougall
  Kirkbride Auditorium, DeBakey Building, Baylor College of Medicine
  Houston, Texas
  Contact: 713/523-9942

**MAY**

- **18-23** APA Annual Convention
  Philadelphia, PA

**NOVEMBER**

- **15-17** TSSP Annual Convention and Scientific Program
  "New Frontiers in Psychiatry"
  Worthington Hotel, Fort Worth, Texas
  Program Contact: Debbie Sundberg, TSSP Assistant Director, 512/478-0605
  Hotel reservations: 817/870-1000

  - **15** TSSP Committee Meetings
    Membership Luncheon
    Reception with Exhibitors

  - **16** Scientific Program
    Annual Business Meeting
    Executive Council Meeting
    TSSP Awards Banquet

  - **17** Scientific Program

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**TSPP MEMBER INFORMATION UPDATE**

The TSPP NEWSLETTER is published six times a year for its membership in February, April, June, August, October, and December. Members are encouraged to submit articles for possible publication. Deadline for submitting copy to the TSPP Executive Office is the first day of the publication month.

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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**Scott Woods, MD**

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