Dealing with impaired physicians and other professional colleagues is very important to patient care and safety, to the health and careers of those clinicians, and to maintaining the public trust and reputation of the medical profession. You may already know most of what follows in this column, but it bears review.

The American Medical Association (AMA) defines an “impaired physician” as one who is “unable to practice medicine with reasonable skill and safety to patients because of physical or mental illness, including deterioration through the aging process or loss of motor skill, or excessive use or abuse of drugs including alcohol.” The Texas Medical Board (TMB), Texas Medical Association (TMA), and TSPP encourage physicians to report colleagues whom they reasonably suspect are not practicing safely and competently.

Most clinicians believe it is their ethical duty to bring to the attention of appropriate authorities a colleague whose behavior is unprofessional or dangerous. A number of studies have found that physicians abuse substances. Studies indicate that psychiatrists are at about the same risk as physicians overall, with roughly the same prevalence of alcohol abuse as that found in the general population. Emergency physicians and anesthesiologists are at substantially higher relative risk; pediatricians, general surgeons, and pathologists appear less likely to abuse drugs or alcohol, but no specialty is immune. Abuse of prescription drugs such as opiates and benzodiazepines is more common among physicians than in the general population, a fact which is sometimes related to self-medication. Most abusing physicians function well until the problem becomes advanced, a process that varies with a number of factors.

**Reporting**

When should you report a colleague? You should report if you reasonably suspect that the colleague is not able to practice safely and competently, or that his or her behavior is likely to create a danger to patients. “Reasonable” is difficult to define. The TMB wants you to report every suspicion either to the Board or to the TMA Physician Health and Rehabilitation Committee (PHRC; see below). That includes colleagues you may be treating whose clinical practices, you believe, may be significantly compromised. It does not, in my view, require reporting of physician-patients you do not reasonably think are practicing unprofessionally.

What if my colleague uses me? Am I liable? That’s where good faith comes in. I’m not a lawyer, but a doctor who reports a colleague is almost certainly protected from an adverse judgment so long as (a) he or she has made a reasonable effort to establish that the concerns are legitimate and (b) it is clear that the primary interest is to protect patients. Texas law provides that a person, health care entity, or medical peer review committee that, without malice, participates in medical peer review activity or furnishes records, information, or assistance to a medical peer review committee or the Texas Medical Board (TMB) immune from any civil liability arising from such an act. Be certain you have carefully documented the reasons for your concerns. A Texas-licensed physician who does not report an obviously impaired patient or colleague could be subject to Board or other disciplinary action.

The TMA Physician Health and Rehabilitation Committee (PHRC). The TMB has authorized a specific committee of the PHRC to receive and deal with reports of possible physician impairment.

Information discovered during peer review process must not be revealed to anyone except persons authorized to receive the information, within the rules and purpose of the peer review body. State and federal laws generally recognize that strict confidentiality in peer review settings is necessary to their effectiveness, and regulate who can receive information from them. Peer review committee members can be and, have been, sued for divulging damaging information outside those rules, even when the information was available from other sources (such as a medical record). Be certain you understand the official definition and rules of peer review in your organization.

How do I broach the subject of impairment or reporting with a colleague without hurting his/her feelings or endangering our relationship? This can be hard, but doing the right thing isn’t supposed to be easy. Your greatest consideration should generally be for the colleague’s patients (which is not to say, necessarily, that you have a legal duty to them), with additional concern for the public, your profession, and your colleague’s health. It is prudent to have a third person present who is also aware of the problem. How about treating the impaired colleague’s patients (which is not to say, necessarily, that you have a legal duty to them)? With additional concern for the public, your profession, and your colleague’s health. It is prudent to have a third person present who is also aware of the problem.

**Recognizing and Dealing With Impaired Colleagues**

William H. Reid, MD, WPH, President, Texas Society of Psychiatric Physicians

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There’s No Place Like Home
Lauren D. Parsons, MD, President, Texas Academy of Psychiatry

“There’s no place like home, there’s no place like home, there’s no place like home.” These words are sung by Dorothy Gale in the film “The Wizard of Oz” when she is told by Glenda, the Good Witch of the North that this is all she has to do to return to her home in Kansas. Of course, Dorothy has met many characters and experienced new and exciting things in her travels, but in the end, Dorothy realizes in conclusion that there is no place like home.

Although not all practice opportunities are exactly the same, most psychiatrists realize patient care positions are fairly constant across the spectrum.

You may recall the portrayal of Kansas in the film was not particularly flattering. It was a black and white world in contrast to the Technicolor world of Oz. There were chores that needed to be done and unpleasant circumstances surrounding Dorothy’s departure, namely Miss Gulch appropriating Toto not to mention the tornado which threatened life and limb. But despite all of these things, by the end of the film, Dorothy has come to the conclusion that she wants to return to her home, for home is where her heart is. Upon her return to Kansas, Dorothy tells her friends of her strange adventures but reaffirms that their love and relationships were among the strongest forces driving her desire to come home.

Those of us who are actively recruiting psychiatrists for our hospitals, clinics, or communities would be well served to understand the power of relationships and actively work to utilize its power. Although not all practice opportunities are exactly the same, most psychiatrists realize patient care positions are fairly constant across the spectrum. The setting may be different, inpatient versus outpatient, but when it comes down to it, there are many factors having nothing to do with the actual job which influence a practitioner’s decision to relocate.

Two broad categories of psychiatric candidates in the available pool of resources consist of those who are relatively early in their career and focused on building their practice/nest/egg/reputation and those who have been out in the world, not unlike Dorothy, having seen and done things and met people and who now realize that “home”, actually being able to enjoy the life they have built, is a main focus in their life. Depending upon the opportunity for which you are recruiting, you need to determine which group or groups you wish to target. It serves no one in the equation to create a mismatch or a bad fit just to say a position is filled. In the long run, the toll on those involved will be higher than if you held out for a good fit.

The following list is by no means comprehensive but it is meant to stimulate you to think of things which would draw you to an organization or community, for those individuals who are drawn “home” by their heart will be more likely to be invested and put down roots.

Family – If there are significant ties in surrounding areas, this can be a major recruiting incentive. Parents, children, and grandchildren within a few hours drive may increase your chances of attracting a candidate.

Schools – If your candidates have school age children, knowing about the location and quality of schools is a must. This includes which housing areas are associated with which schools.

Real estate – Ask up front what kinds of preferences your candidate has. Arrange to have a local realtor show the candidate options which would meet their requirements.

Climate – Candidates who grew up in the North may want to get away from the snow while others who were originally from a Southern climate may want to return.

Sports events – Pro and semi-pro sports teams not to mention opportunities for children to participate in organized sports such as soccer, football or tennis can be a major attraction.

Outdoor activities – Places for hunting, fishing, boating, golfing can be at the top of many candidates’ list. We have many terrains in Texas which lend themselves to different outdoor leisure activities.

Service organizations – Rotary, Crime Stoppers, NAMI are just a few examples of entities in which participation could provide fulfillment to candidates and their family members while enriching your community.

Sponsorship within your organization – Consider compiling a list of special interests and activities amongst the staff in your organization or in your community. Assign a sponsor to potential prospects when they come to interview. The sponsor will be able to act a bridge between the new recruit and their new home so they will more easily integrate thus feel more at home.

Religious or spiritual – Availability of resources to meet individual’s spiritual and religious needs is vital and may be included in the sponsorship process in order to ease new members into established groups.

Although a candidate may start out as a “stranger” coming to inspect your “opportunity,” with some care and attention from you, your organization, and your community, you can create a good fit which will have your candidate saying “There’s no place like home.”

Texas Medical Board Sued

In late December, the Association of American Physicians and Surgeons (AAPS) filed a federal lawsuit in Texarkana against the Texas Medical Board (TMB) seeking various injunctive and declaratory relief against what AAPS characterizes as the abusive practices of the Board. The complaint accuses the Board of misconduct while performing its official duties, specifically: 1) manipulation of anonymous complaints; 2) conflicts of interest; 3) violation of due process; 4) breach of privacy; and 5) retaliation against those who speak out against the Board.

In a press release, Executive Director of the AAPS, Jane M. Orient stated that the AAPS felt compelled to file the lawsuit on behalf of its Texas members given that individual physicians were too afraid of possible TMB retaliation to take action on their own. The AAPS is a non-profit, professional association of physicians in all specialties, dedicated to protection of the patient-physician relationship. According to press reports, the TMB has stated that all of the AAPS claims are baseless. Specifically in regards to anonymous complaints, the TMB’s general counsel, Robert Simpson has noted that of the over 10,000 complaints received by the Board in the past two years, only 10 anonymous complaints have resulted in a disciplinary measure against a physician’s license/registration. Furthermore, only 4% of the complaint total is made anonymously.

NATIONAL DRUG CODES

It has been reported by the Texas Health and Human Services Commission (HHSC) and the Texas Medicaid & Healthcare Partnership (TMHP) that there has been a very high number of denials on physician claims for physician-administered medications. Effective January 1, 2008, physicians were required to include on their claims the medication’s corresponding National Drug Code (NDC). Since January 1, 69% of claims have been denied, totaling $2.5 million. These claims can be paid on appeal if the physician resubmits the claims with the correct NDC.

The NDC code was required by the Federal Deficit Reduction Act. The requirement applies to all Medicaid fee-for-service, PCCM, and CSHCN claims for physician-administered, outpatient medications.

For specific instructions regarding entering the NDC on the UB-04, CMS-1500, and Family Planning 2017 claims forms, please visit the TMHP website (www.tmhp.com).

MEMBERSHIP CHANGES

TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS

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

Member in Training

Baksh, Jassal, MD, Dallas
Blunt, Noah, MD, El Paso
Camp, Mary E., MD, Houston
Chambers, BA, MD, Houston
Chavez, Marco, MD, Houston
DCosta, Ashley, MD, Houston

General Member

Asamoah, Tracy, MD, San Antonio
Benton, Cynthia, MD, Austin
Dovala, Jennifer, MD, Wichita Falls
Hinds, Stephanie, MD, Dallas

TEXAS ACADEMY OF PSYCHIATRY

New Members

Brimmer, Robert A., II, MD, Austin
Deister, Diana, MD, San Antonio
Docter, Diana, MD, San Antonio
Kumar, Alka, MD, Friendswood
Montenegro, Ana E., MD, El Paso
Moore, Nikki M., MD, Temple
Reaskhid, Amanda, MD, Dallas
Urzua-Hernandez, Mary, MD, San Antonio

Khan, Sharrin, MD, Austin
Magid, Michelle, MD, Austin
O’Fry, Jon, MD, San Antonio

Kumar, Puskor M., MD, GM, Fort Worth

PSYCHIATRIST

Alamo Mental Health Group is seeking a full-time BC/BE psychiatrist to join our multi-disciplined practice group. We are the largest private mental health group practice in San Antonio, with more than 20 years’ experience in the medical community. This private practice opportunity allows you complete control in managing your practice. Excellent location, just minutes from medical center area. For more information, visit: www.alamomentalhealth.com or call or reply with CV to Michael Castillo, Ph.D., Phone: (210) 682-8224, ext. 306. Fax (210) 614-4385, e-mail michaelcastillo@alamomentalhealth.com
I have been the Executive Medical Director of a 196-bed inpatient and residential facility in San Antonio since 2000. Focusing on quality of care has helped me to foster positive changes in this facility. Exploring some of the challenges I have faced will help you to make a positive difference too. Psychiatric hospitals and their affiliates face issues such as shorter inpatient stays, medical staff shortages, high costs of providing care, scrutiny by accrediting organizations, and finding ways to use tools such as performance improvement and case management to address challenges.

Shorter Lengths of Stay

Managed care has made a huge dent in the way Psychiatry is practiced. Shorter lengths of stay have interrupted the basic principles of psychiatric treatment and created a bedlam atmosphere. Difficulty in maintaining a therapeutic milieu has decreased ability to establish rapport and therapeutic relationships with patients and families, distractions due to crises caused by multiple admissions and discharges are a few of the problems. The longevity of staff and caregiver burnout, as well as workforce issues are realistic impediments. Frustration with sicker patients and briefer treatments is epidemic. Impediments. Frustration with sicker patients and briefer treatments is epidemic. In spite of these realities, and in spite of the challenges I have faced will hopefully

The longevity of staff and caregiver burnout, as well as workforce issues are realistic impediments. Frustration with sicker patients and briefer treatments is epidemic. In spite of these realities, and in spite of patients and families’ multiple identified problems, finding ways to use tools such as performing care at my facility is not a goal can be accomplished by focusing on their strengths and mobilizing community resources. Discharge planning has to clearly begin at the time of admission. The treatment team has to be skillful, creative and innovative in the time of admission. The treatment team and mobilizing community resources.

Increasing Treatment Costs

The magnitude of profit becomes more difficult to attain due to increasing costs of treating patients. As psychopharmacology progresses, so does the cost of novel psychotropic agents and polypharmacy (especially second generation antipsychotic medications). All inclusive reimbursement rates for inpatient psychiatric treatment have to provide for laboratory tests, psychological evaluations, diagnostic assessments (MRI, x-rays, ER visits), individual and family therapy, and occasionally psychiatric visits. To combat these expenses, an inpatient or residential facility must contain the costs of providing inpatient care by careful management of the resources, controlling the formulation, and developing a successful strategy to accomplish a market share. Dealing with these challenges can threaten to leave an imprint that feels cold and uncaring to Psychiatrists, but a strong facility-physician partnership can make the effort worthwhile for several reasons. One is the potential for the increased support for the Psychiatrist from a treatment team, which is unavailable in an office-based setting, and another is the ability to use psychopharmacological interventions aggressively, while twenty-four-hour nursing care provides monitoring for safety, efficacy and side effects.

Performance Improvement

Performance improvement in the hospital setting is one tool available to assist physicians with providing resources for high quality care. Objective information on average lengths of stay by diagnostic group, denials by payer type, and use of seclusion and restraint have been created to support the work of Emergency Medicine and attend physicians who now have to make psychiatric diagnoses and recommend treatment. However, the field of psychiatric hospitals appears to be growing.

Neuropsychiatry

The Department of Neuropsychiatry and Behavioral Science at Texas Tech University Health Sciences Center in Lubbock, Texas, seeks a qualified psychiatrist to assume responsibility for its clinical education programs for medical students. The position is primarily ambulatory, and does not necessarily require an academic scholarly background. The successful candidate should have a demonstrated interest in clinical teaching, and excellent skills in the practice of Psychiatry. Inquiries are welcome from persons of all backgrounds, and levels of experience in Psychiatry.

Ralph B. Schiffer, M.D.
Chair, Department of Neuropsychiatry and Behavioral Science
Texas Tech University Health Sciences Center
3501 4th Street
Lubbock, Texas 79430
Tel: 806-743-2249
EMAIL: Randolph.Schiffer@ttuhsc.edu

TSPP Executive Council Actions...

The following were actions taken by the TSPP Executive Council during its meeting on November 2, 2007 at the Westin Galleria Hotel in Houston:

- Fellowship Committee: The Council considered an appeal of a member to overturn an earlier decision to defer an application for APA Distinguished Fellow of the member and voted unanimously to uphold its earlier decision based on review of the facts and recommendations of the Fellowship Committee.
- Finance: The Council took actions on requests from three members regarding dues reductions and waivers.
- Public Mental Health Services: TSPP is authorized to express its support of the crisis redesign program but express concern about the lack of adequate funding for patient services and the lack of physician input and participation in the design of the program.
- Public Mental Health Services: A Task Force is to be appointed consisting of forensic psychiatrists/legal experts to make recommendations to DSHS regarding outpatient competency restoration development (SB 867).
- Socioeconomics: TSPP expresses support for the continuing efforts of APA and individual psychiatrists in advocating for the passage of the Paul Wellstone Equitable Mental Health and Community Dependence Treatment Act pending in Congress.
- Socioeconomics: TSPP establish an organizational focus that addresses issues affecting psychiatrists who practice in private psychiatric hospitals and psychiatric units of general hospitals.
- Strategic Planning: TSPP recognize members with the presentation of a membership certificate and a “sustaining membership” certificate for members completing eight years of membership.
TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS and TEXAS ACADEMY OF PSYCHIATRY
2008 SPRING MEETINGS & CME PROGRAM
April 5-6, 2008 • Renaissance Austin Hotel • 9721 Arboretum Blvd. • Austin, Texas

You are cordially invited to attend the 2008 Spring Meetings of the Texas Society of Psychiatric Physicians and the Texas Academy of Psychiatry on April 5-6, 2008 at the Renaissance Austin Hotel, which will include a CME Program, “Translating Research Data on Antidepressants into Clinical Decisions,” presented by A. John Rush, Jr., MD.

MEETING HIGHLIGHTS

- Committee Meetings
- Membership Luncheon and Program, “Ten Gallon Tort Reform: Past History – Future Prospects,” presented by Howard Marcus, MD, FACP. Dr. Marcus is a founder and current Chairman of the Texas Alliance for Patient Access (TAPA), which played a major role in the tort reform efforts leading to the passage of the 2003 tort reform and Proposition 12; serves as a consultant to the TMA Committee on Professional Liability; and, is the Local Physician Advisory Board Chairman in Texas for The Doctors Company. The program is written by The Doctors Company and The Cunningham Group.
- Meet and Greet Reception with TSSP and TAP’s Officers
- CME Dinner Program “Translating Research Data on Antidepressants into Clinical Decisions;” Guest Speaker: A. John Rush, Jr., MD.
- Executive Council Meeting - Installation of 2008-09 Officers

HOTEL / REGISTRATION INFORMATION

Save the Date and make your hotel reservation today to take advantage of the special discounted room rate of $149.00. This year’s Spring Meeting will incorporate some of the many changes you will see in the upcoming months that will facilitate more membership participation in TSSP and TAP’s social activities and educational programs.

All meetings will be held at the Renaissance Austin Hotel which is located in the Arboretum, featuring 95 park-like acres of more than 50 specialty shops, movie theaters, and nature trails. FOR RESERVATIONS CALL: 1-800-468-3571 or 1-512-343-2626 before 3/14 or upon sell-out, whichever occurs first.

To confirm your attendance, please complete the enclosed Registration Form and return it to the Texas Society of Psychiatric Physicians’ Office, 401 West 15th Street, Suite 675, Austin, TX 78701; fax (512) 478-5223 by March 28. For additional information, visit our website www.txpsych.org or contact our office at 512/478-0605; e-mail tsppofc@aol.com.

SCHEDULE AT A GLANCE

FRIDAY
8:00 PM - 9:30 PM Federation Delegate Assembly Meeting

SATURDAY
7:30 AM - 8:00 PM Registration / Information
7:30 AM - 9:00 AM Foundation Board of Directors Meeting
8:00 AM - 4:30 PM Committee Hospitality
Complimentary Refreshments & Light Hors D’oeuvres
For Committee Members
9:00 AM - 10:30 AM Academic Psychiatry
Ethics
Finance
10:30 AM - 12:00 PM Fellowship
Professional Practices
Strategic Planning
Texas Academy of Psychiatry Board of Trustees
12:00 PM - 1:30 PM Committee / Membar Luncheon
“Ten Gallon Tort Reform: Past History - Future Prospects;” presented by Howard Marcus, MD, FACP
1:30 PM - 3:00 PM Public Mental Health Services
Socioeconomics
3:00 PM - 4:30 PM Continuing Medical Education
Forensic Psychiatry
Children and Adolescents
Members in Training
4:35 PM - 6:00 PM Government Affairs
6:00 PM - 6:30 PM Meet and Great Reception
6:30 PM - 9:00 PM Continuing Medical Education Dinner Program
“Translating Research Data on Antidepressants into Clinical Decisions;” A. John Rush, Jr., MD Speaker

SUNDAY
9:30 AM - 12:00 PM TSSP Executive Council Meeting

MARK YOUR CALENDAR – REGISTER TODAY!!

TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS and TEXAS ACADEMY OF PSYCHIATRY

Renaissance Austin Hotel

TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS, 401 WEST 15TH STREET , SUITE #675,
AUSTIN, TX 78701; PHONE (512) 478-0605   FAX (512) 478-5223   EMAIL TSPPofc@aol.com

REGISTRATION

NAME ________________________________ E-MAIL ADDRESS ________________________________

FEE BASED ON MEMBERSHIP OR GUEST STATUS

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METHOD OF PAYMENT:
☐ Check in the Amount of $___________
☐ Make Checks Payable to Texas Society of Psychiatric Physicians

Please Charge $___________ To My: ❑ VISA ❑ MasterCard ❑ American Express
Credit Card #_________________________ Expiration Date: ______/____

1. Digit Code on Back of Card on Right of Signature Panel ___________
2. Name of Cardholder (as it appears on card) _________________________
3. Signature ___________________________ Return to: TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS, 401 WEST 15TH STREET, SUITE 675, AUSTIN, TX 78701, PHONE (512) 478-0605 FAX (512) 478-5223 EMAIL TSPPofc@aol.com

TORT REFORM LUNCHEON

Be sure to register below for the complimentary luncheon underwritten by The Doctors Company and The Cunningham Group.

COMMITTEE MEETINGS

Congratulations on your appointment or re-appointment to TSSP and TAP’s Committees for 2008! We look forward to welcoming you and your colleagues to the April 5-6 Spring Meeting and to working with you on TSSP and TAP’s business and interests in 2008! Not a member of a committee? Not sure which committee(s) to attend? Please plan to attend any committee meeting (with the exception of the TSSP Ethics Committee) and participate in the discussions and activities of the committees. You are always welcome at TSSP and TAP’s meetings!

GOVERNANCE MEETINGS

The following governing bodies will meet during the weekend: Texas Society of Psychiatric Physicians Executive Council; Texas Academy of Psychiatry Board of Trustees; Texas Foundation for Psychiatric Education and Research Board of Directors; Texas Society of Child and Adolescent Psychiatry Executive Committee; and the Federation of Texas Psychiatry Delegate Assembly.

REGISTRATION FORM

Please check the Committee Meetings you plan to attend:
□ Academic Psychiatry
□ Children and Adolescents
□ Continuing Medical Education
□ Ethics
□ Fellowship
□ Finance
□ Forensic Psychiatry
□ Government Affairs
□ Members-in-Training Section
□ Professional Practices
□ Public Mental Health Services
□ Socioeconomics
□ Strategic Planning
□ Coordinating

Please check the Governance Meetings you plan to attend:
□ Federation Delegate Assembly
□ Foundation Board of Directors
□ TSSP Executive Council
□ TAP Board of Trustees
□ TASCPE Executive Committee

Please check the following Special Events you plan to attend:
☐ Saturday Luncheon Program, “The Effects of Tort Reform in Texas”
☐ Saturday Evening Meet and Greet Reception
☐ Saturday Evening CME Dinner Program/Workshop

RETURN TO:

TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS, 401 WEST 15TH STREET, SUITE 675, AUSTIN, TX 78701, PHONE (512) 478-0605 FAX (512) 478-5223 EMAIL TSPPofc@aol.com

February/March 2008

Texas Psychiatrist
As I write this, my Irish blood is still boiling about the U.S. Congress’ continued inattention to the serious problems affecting the Medicare payment system. You’d think I’d be used to it by now. In what’s becoming more of a tradition than sleigh bells, carols, and tamales, Congress in December once again slapped a thin layer of gauze on the gaping Medicare wound.

Instead of its annual one-year patch, though, Washington this time was able to keep things running only for another six months. And that just may be the best thing to come out of this year’s December debacle. It will come to a head again by June, just as the national political parties are preparing for their presidential nominating conventions.

The polls all show that health care is the No. 1 domestic issue in this presidential election cycle. It will require a lot of hard work between now and June. But if we position ourselves correctly, the political turmoil might provide the leverage we need to succeed.

Although the last-minute fix forestalled an arbitrary 10-percent cut imposed on physician practices, we believe there is no acceptable solution other than a permanent fix to the Sustainable Growth Rate (SGR) funding formula. Anything less amounts to the government abandoning its commitment to senior citizens. Neither our patients nor their physicians can live our practices to Medicare patients or to limit their commitment to senior citizens. Neither our patients nor their physicians can live.

What Happened and Why

As most of you know, we had been anticipating the 10-percent cut for 2008 for nearly a year. The ridiculous current law with its SGR formula demands budget neutrality for all Medicare Part B spending. We’ve caught in a zero-sum game. As more of our patients live longer, become Medicare-eligible, and require medical care, physicians are paid less for each episode of care. (Hospitals and Medicare HMOs aren’t subject to the same rules. More on that in a bit.)

Even though we had been bounding them for months, Congress waited until the week before Christmas to replace the planned 10-percent cut with the wholly inadequate 0.5-percent payment increase for six months. The pessimists among us realize this will result in the continued slow-bleeding of physicians as government payments fail to keep pace with increasing practice costs.

Many in the physician community outwardly expressed their hope that Congress would do nothing at all, let the cuts come, and watch the whole system implode as thousands of physicians decided they could no longer afford to participate in Medicare at all.

Those who see the glass half-full point out that because Washington waited until almost midnight to act, we avoided some additional poisons that had been brewing in the congressional basements: stark limitations on physician-owned hospitals, steep cuts in payments for imaging services, requirements that we use electronic prescribing for all Medicare patients, and some very divisive payment provisions that would have pitted primary care physicians against their procedure-wielding colleagues. Congress just didn’t have the time to heap those on us.

Half-empty or half-full, one thing’s for certain. The glass is leaking, badly. We’ve been operating under government price controls since 1987. Physicians have not had a payment increase that kept up with practice expense increases since 2001. More and more of us (at least those who could) have been forced to close our practices to Medicare patients or to limit the number of new Medicare patients we take.
**SCIENTIFIC PROGRAM**

**CONTINUING MEDICAL EDUCATION ACCREDITATION**

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Texas Medical Association (TMA) through the joint sponsorship of the Texas Society of Psychiatric Physicians and the Texas Society of Child and Adolescent Psychiatry. The Texas Society of Psychiatric Physicians is accredited by the Texas Medical Association to provide continuing medical education for physicians. The Texas Society of Psychiatric Physicians designates this educational activity for a maximum of nine AMA PRA Category 1 Credits toward the Texas Society's MOC in Medical Ethics and/or Professional Responsibility.
Frew Advisory Committee

The Texas Legislature approved $150 million for the fiscal years 2008-2009 budget period for strategic initiatives to expand children’s access to Medicaid services. The new funding is part of a $1.8 billion plan in response to the Frew v. Hawkins lawsuit over utilization of preventive services in children’s Medicaid.

The Texas Health and Human Services Commission created a committee to help the agency determine how to use the new funding. Members of the Frew Advisory Committee are:

- Dr. Jane Rider, a pediatrician from San Antonio, will chair the Frew Advisory Committee.
- Dr. Rider is a past president of the Texas Pediatric Society, the current chair of the society’s Subcommittees on Medicaid, and the vice chair of the Texas Medical Association’s Select Committee on Medicaid.
- Dr. Inse Luis Casares, Jr., a McAllen dentist, is a vice president of the Texas Dental Association; Rudy Davila of San Antonio is vice president of Davila Pharmacy; and Anne Dunkelberg of Austin is associate director of the Center for Public Policy Priorities.
- Dr. Benigno Fernandez of San Antonio is a clinical assistant professor for the Department of Psychiatry at the University of Texas Health Science Center at San Antonio. He is president of the Texas Society of Child and Adolescent Psychiatry and is chairman of the San Antonio Medical Directors’ Roundtable for Children. Dr. Fernandez also is a member of the San Antonio Blue Ribbon Task Force to Prevent Child Abuse and Neglect. Dr. Catherine Fitzat is dean of the University of Texas Dental Branch at Houston; Dr. Glenn Flores of Southlake is director of pediatrics at UT Southwestern and Children’s Medical Center in Dallas; Dr. Marc Hahn of Fort Worth is senior vice president for health affairs and dean of the Texas College of Osteopathic Medicine at the University of North Texas Health Science Center; Dr. John Hellstedt of Austin is medical director for the Dell Children’s Hospital and previously served as the medical director for Texas Medicaid and the Children’s Health Insurance Program (CHIP); Charles Kight of San Antonio is the president of Community First Health Plans, a managed care organization that serves people with Medicaid and CHIP coverage; Brent Magen of Lubbock is associate dean of the Texas Tech University Health Science Center’s School of Medicine; Dr. Thomas C. Mayes of Shavano Park is chair of the Department of Pediatrics at the University of Texas Health Science Center at San Antonio; Dr. Charles Phillips of College Station is a professor in the School of Rural Public Health at the Texas A&M Health Science Center; Dr. Kenneth Shime of Austin is executive vice chancellor for health affairs for the University of Texas System; and Dr. William Steinshamer of San Antonio is a pediatric dentist who is chair of the Dental Division at Christus Santa Rosa Children’s Hospital and a former president of the Texas Academy of Pediatric Dentistry; Mary Katherine Stut of Austin is the vice president of policy and director of the Texas Public Policy Foundation’s Center for Health Care Policy Studies; and, Dr. David S. Willbanks of El Paso is an obstetrician who is a former member of the Texas Dental Association Board of Directors.

Recognizing and Dealing With Impaired Colleagues

continued from page 1

The newly revised document notes that an impaired colleague can pose a substantial risk of other problems as well. A surgeon with bipolar disorder had his practice restricted in a densely populated state. Although he had been appropriately treated there and seemed to be doing well, he decided to move to a small city in a distant, rural state, and neglected to seek treatment there. He developed classic symptoms of irritability and grandiosity which were soon noticed by his hospital staff. He lost his privileges and was referred for treatment by that state’s medical board, but soon decided to move to a smaller town and transfer his care to a nearby family practitioner rather than a psychiatrist. He was awarded provisional surgical privileges at the regional hospital, but lost them once again when staff noticed his erratic and inappropriate behavior. He sued the hospital, but lost when they were able to show that he was a poor risk for credentialing, in part because of his record of hiding symptoms and avoiding supervision and intervention. He eventually lost his license altogether and is no longer practicing medicine.

Recommendations

- Learn more about the TMA PHR Committee.
- Report colleagues you suspect are not practicing safely and competently.
- Understand that an unreported colleague is far more likely than a reported one to die as a result of his or her impairment, whether from suicide, accident, disease, or domestic violence.
- Understand that colleagues who are reported to the PHRC — especially those who self-report — have a very good chance of retaining their licenses and salvaging a useful and rewarding career. Practice well.

Notes:

1. Some information in this article is taken from Frew v. HHSC (2001). Recognizing and dealing with impaired clinicians, Part I. Recognizing and Reporting Journal of Medical Practice Management, 17(2):87-99. Information on the TMA Physician Health Rehabilitation Committee was provided by TMA.
2. Note that the physician may be required to divulge his or her referral to the PHRC Committee on a future license renewal application, but the PHRC will not divulge information unless it believes patient safety is at issue.

Texas Society of Child and Adolescent Psychiatry
Summer Meeting and Scientific Program

“Evaluation And Treatment Of Disorders Of Early Development”

July 18-20, 2008 • Westin La Cantera Resort • 16641 La Cantera Parkway • San Antonio, Texas

REGISTRATION

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SCIENTIFIC PROGRAM REGISTRATION

(includes Scientific Program & Syllabus; Saturday continental breakfast; Saturday & Sunday refreshment breaks and Saturday lunch)

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SOCIAL EVENTS

Friday Welcome Reception
- Frédéric Friday Reception
- Saturday Afternoon Reception
- Sunday Membership Breakfast Meeting - No Charge for TSCAP Members
- Sunday Annual Membership Breakfast Meeting - Guests

TOTAL REGISTRATION

$20

PAYMENT INFORMATION

- Check in the amount of $______. Make check payable to Texas Society of Child & Adolescent Psychiatry
- Please Charge $______ To My: [ ] VISA [ ] MasterCard [ ] American Express
- Card Code #
- 3 Digit Code on Back of Card on Right of Signature Panel
- Name of Cardholder (as it appears on card)
- Address where you receive your credit card statement (include address, city, state, zip)

RETURN TO: Texas Society of Child and Adolescent Psychiatry, 401 West 15th Street, Suite # 675, Austin, TX 78701, Phone: (512) 478-4865, Fax: (512) 478-5221

E-mail: jglover@texaspsychiatry.com

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FEBRUARY/MARCH 2008

TEXAS PSYCHIATRIST 7
I am sure that the majority of you are familiar with the movie, “It’s a Wonderful Life,” starring Jimmy Stewart. It tells the story of Stewart’s character, George Bailey, who always wants to leave his hometown of Bedford Falls and see the world, but something always happens to keep him there. At one point, his uncle loses $8,000 of Bailey’s Bank’s money, and George becomes so despondent, that he contemplates suicide and wishes he has never been born. A guardian angel grants him that wish and allows him to see Bedford Falls as it would be if George had never existed. He sees depravity, death, and unhappiness, all a result of never having been affected by the life of George Bailey.

I have often wondered what the medical landscape of Texas would look like if our strong medical and specialty society never existed, or existed in name only. One only needs to look at our last legislative session. In an effort to find a solution to the problem of funding psychiatric care, society has proposed the solution of lowering the standard of care for our patients, but we need you. As with the George Baileys of the world, don’t ever underestimate the impact that you can have or that your organization can have on psychiatric services in our State. We have made and continue to make a difference.

Crisis Services Redesign Update

The deadline for the local mental health authorities to submit their proposed initial services for crisis service redesign has come and gone (10/07), and each LMHA should now have in place the first two components of the plan: improving their crisis hotline to better ensure that our doctors stay here to practice after we have educated our future physicians. And after much effort, the 24 hour detention period for examination of an involuntary patient was extended to 48 hours. These are only a few examples from the latest legislative session and don’t even include successes from previous sessions. But our organizations, whether you are a member of TSPETSCP or TOMA, all not only need your membership, but also your involvement. The infrastructure provided by the Federation of Texas Psychiatry continues to provide all physician members the opportunity to serve, and to ensure that Texas continues to provide improved and optimum quality psychiatric care for our patients, but we need you. As with the George Baileys of the world, don’t ever underestimate the impact that you can have on psychiatric services in our State. We have made and continue to make a difference.

GFP is a pioneer in the implementation of telepsychiatry services improving patient care throughout N.J. and Penn. areas and now going National! Interested physicians licensed in Texas, Contact:
Nancy DeLapo, Director of Staff Development
Phone: (856) 797-4761 Fax: (856) 797-4798
Email: ndelapo@cfgpc.com
Web: cfghealthsystems.com

From the Federation...
It’s A Wonderful..... Practice?

From the Federation...
It’s A Wonderful..... Practice?

Gary L Etter, MD, Chairman, Federation of Texas Psychiatry

Texas Psychiatrist
February/March 2008

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