FEBRUARY/MARCH 2008

Texas Psychiatrist

Recognizing and Dealing With Impaired Colleagues

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

William H. Reid, MD, MPH

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 and mental health professions. You may already know most of what follows in this column, but it bears reiteration.

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. Physicians are often in a unique position to recognize problems that interfere with patient care, and to minimize damage to both patients and impaired colleagues.

Most clinician impairments are related to substance abuse; a minority is due to physical or mental illness. Some substance abusers have significant other psychiatric problems and some don't. Some, but far from all, erratic or inappropriate clinician behavior is largely outside the doctor's recognition or control. The common denominator is danger to patients.

Many reviews estimate that 5-8% of practicing 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.

INSIDE

Frew Advisory Committee 7
Hospital-Based Psychiatry 3
It's a Wonderful...Practice? 8
Membership Changes 2
National Drug Codes 2
TSPP Annual Meeting Save the Date! 5
Texas Medical Board Sued 2
Texas Medicare Manifesto 5
There's No Place Like Home 2
TSCAP Summer Conference 6-7
TSPP/TAP Spring Meetings 4-5
TSPP Executive Council Actions 3

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 us 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 practice-impaired.

What if my colleague sues 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) is 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 action or other liability.

The TMA Physician Health and Rehabilitation Committee (PHRC). The TMB has authorized a specific committee of TMA to receive and deal with reports of possible physician impairment. Reporting oneself or a physician-colleague to the PHRC is apparently equivalent to reporting to the TMB, and may, under many circumstances, prevent TMB involvement in the case.[1] *No other body or individual has such authorization from the TMB.* Treating psychiatrists, employers, and clinician-supervisors are not allowed to substitute their judgment for that of the PHRC or TMB.

The PHR Committee works with impaired physicians to remove or ameliorate the impairment and promote safe practice. While the Committee is permitted to report any referred doctor to the TMB, it is not *obligated* to do so unless it believes there is a continuing threat to the public. The Committee has no disciplinary authority, but routinely helps referred doctors to recognize their problems, offers them monitoring and rehabilitation programs, and advocates for physicians in recovery when it is responsible to do so. If the physician refuses to recognize a serious problem, fails to adhere to a recommended program, or is otherwise believed to be practicing unsafely, the Committee must, and will, report that person to the TMB.

Physician's Health & Rehabilitation Committee Hotline
(800) 880-1640 (24 hours)

Should I report things discovered during peer review activities? Information discovered or discussed within a *duly constituted* 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 law 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 party present who is also aware of the problem, perhaps someone from the PHRC. Staff at the PHRC hotline number (above) can advise you on their current policies and the best ways to approach or confront the situation, and may provide guidelines for an "intervention."

When you speak with a colleague about impairment, don't accept his or her mere promise to report himself or change his behavior. Such promises are not reliable enough to risk patient injury, and sometimes the colleague's own life or health. If you wish to give the person a chance to report himself, say firmly that the matter must be reported, and that you are willing to accompany him or her if he chooses to do it himself (by telephone may be sufficient, with you listening on an extension). Make it clear that you will make the call yourself within a short time. *Self reporting rather than waiting to be caught is usually a good first step toward salvaging one's medical career.*

> An alcohol-abusing clinician was confronted by his colleagues. They strongly recommended that he seek treatment and said that they planned to contact the licensing board. He pleaded with them not to report him, saying he would "seriously look into treatment and maybe report myself ... I sure don't want to hurt anybody." They accepted his promise and decided not to report him. No one monitored his promise to "look into" treatment.
>
> Less than a week later, while intoxicated, the doctor committed suicide. He left a note saying he couldn't stand the embarrassment of losing his license and seeing his career end in humiliation. Had he been reported, there would have been a good chance for rehabilitation, and he probably would not have "seen his career end in humiliation."

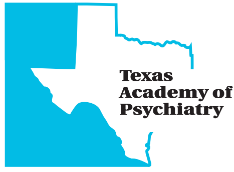
How about treating the impaired colleague myself? Psychiatrists, especially, often take it upon themselves to try to deal clinically with the problem rather than involving the Board or PHRC. Treating a fellow clinician without reporting a patient-threatening condition is a mistake. You must not subvert the proper reporting mechanism by privately assuming the roles of evaluator, judge of public safety, treater, and monitor. Even if the colleague reveals his impairment during a social or clinical visit (as contrasted with an intervention or confrontation about his behavior), it is inappropriate — and may be dangerous — to keep the matter to yourself. Discuss the need to report openly with the person/patient; don't report him or her secretly unless you believe it would be dangerous to do otherwise.

If I work in the same organization as an impaired colleague, may I simply report him or her to our boss? Generally not, but you may wish to discuss the problem, whether or not reporting is necessary, and your planned action with a superior. If that person is a physician and agrees reporting is required, you should be certain that the reporting is actually accomplished.

What if I am the colleague's supervisor or employer? It is unwise to mix roles of supervisor/employer with those of friend or caregiver in such situations. If you are the boss, you should almost certainly report as required, then refer any therapeutic or personal issues to someone else.

What happens to the physician after reporting? Dedicated and motivated physicians who get appropriate help for their treatable conditions (such as substance abuse and many other mental disorders), in a context of the PHRC or TMB, routinely return to practice and enjoy rewarding careers. Those who continue to deny their impairment, drop out of treatment, or fail to partici-

continued on page 7



There's No Place Like Home

Lauren D. Parsons, MD, President, Texas Academy of Psychiatry

Lauren D. Parsons, MD

"There's no place like home, there's no place like home, there's no place like home." These words are spoken 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 she comes to the 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 remember this sentiment 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.

Sporting 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 some candidate's 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." ■

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 TSPP Executive Committee and have been transmitted to the APA.

Member in Training

Baskin, Joel, MD, Dallas
Bhatti, Nadeem, MD, El Paso
Camp, Mary E., MD, Houston
Chambers, Beth A., MD, Houston
Chavez, Marco, MD, Houston
Deaton, Ashley, MD, Houston
Deister, Diana, MD, San Antonio
Kumar, Alok, MD, Friendswood
Monterrosa, Ana E., MD, El Paso
Moore, Nakita M., MD, Temple
Reahard, Amanda, MD, Dallas
Unzueta-Hernandez, Mary, MD, San Antonio

General Member

Asamoah, Tracy, MD, San Antonio
Benton, Cynthia, MD, Austin
Dismukes, Jennifer, MD, Wichita Falls
Hinds, Stephanie, MD, Dallas
Khan, Shamima, MD, Austin
Magid, Michelle, MD, Austin
O'Pry, Jon, MD, San Antonio

TEXAS ACADEMY OF PSYCHIATRY

New Members

Brimmer, Robert A., II, MD, Associate, Fort Worth
Kumar, Puskoor M., MD, GM, Fort Worth

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 dues 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. ■

PSYCHIATRIST

Alamo Mental Health Group is seeking a full-time BC/BE psychiatrist to join our multi-disciplined group practice.

We are the largest private mental health group practice in San Antonio, with more than 20 years presence 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) 692-0224, ext. 306.
Fax (210) 614-8165,
e-mail michaelcastillo@alamomentalhealth.com

Hospital-based Psychiatry: A View from the Front Line

Benigno J. Fernandez, MD, President, Texas Society of Child and Adolescent Psychiatry

Benigno J. Fernandez, MD

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 hopefully help you to make a positive difference too. Psychiatric hospitals and their affiliates face issues such as short 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, decreased ability to establish rapport and therapeutic relationships with patients and families, distractions due to crises created 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. In spite of these realities, and in spite of patients' and families' multiple identified problems, realistic short-term goals 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 treatment and discharge planning, especially in view of the lack of aftercare services.

Medical Staff Recruitment

From my perspective, it seems that fewer Psychiatrists are doing inpatient work. Those Psychiatrists who would be most knowledgeable about inpatient treatment due to their training and past experiences refuse to treat their patients at the hospital but refer them to their colleagues. Decreased reimbursement for inpatient visits, larger caseloads, and increased responsibilities and liability concerns may be the culprits. More and more psychiatrists seem to be proud of quitting managed care and only accepting fee for service or cash reimbursement. Every day I see the repercussions of this in the patients and families we treat. Longer waits before outpatient appointments can be secured, middle class working parents struggling financially to pay for psychiatric treatment, and increasing crises for children in foster care are now common. Primary care physicians are treating more and more patients and their families for psychiatric illnesses. It seems that many Psychiatrists refuse to evaluate patients in medical-surgical facilities like emergency rooms and pediatric intensive care units. Therefore, mobile assessment teams comprised of licensed mental health professionals have been created to support the work of Emergency Medicine and attending physicians who now have to make psychiatric diagnoses and recommend treatment. However, the field of psychiatric hospitalists appears to be growing.

Increasing Treatment Costs

A margin 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 care by carefully managing the human resources, controlling the formulary, 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 emergency medications or special treatment procedures help physicians make data driven decisions. Other resources include education and training, measuring performance against objective standards, and evaluation of outcomes and processes. Participation in these activities at my facility has helped me to provide continuity of care as my patients transitioned through levels of care within the facility. I am able to interface with the community to develop ways to meet unique needs and I provide care that can be measured against an industry benchmark. Performance improvement activities naturally blur the boundaries between departments' disciplines to support an integrated approach to care within our facility.

Scrutiny by Accrediting Organizations

Psychiatric hospitals are regularly scrutinized by accrediting organizations. Since there are at times confusion and contradictions between the Joint Commission on Accreditation of Healthcare Organizations, Centers for Medicare & Medicaid Services, Texas Department of State Health Services, and Texas Department of Family and Protective Services, the strictest standard must always be in effect. Regulations regarding seclusion and restraint have further added to the cost of providing inpatient care due to the need for a face-to-face evaluation by a licensed independent practitioner within one hour. By instituting clinical case conferences for patients with increasing trends of special treatment procedures (i.e., restraints, seclusions and emergency medications) and focusing on less restrictive staff interventions through ongoing training, the frequency can be reduced. Attaining this goal has inspired many positive changes in hospital-based care, including more detailed assessment of techniques patients and families use to avoid loss of self-control.

Care Management

Care Management provides an ongoing, systematic process for measurement and assessment of the appropriateness and efficiency of the care of patients. Care managers at my facility monitor the clinical and financial aspects of patient care from the admission to the discharge of a patient. Care managers assist Psychiatrists with many aspects of a patient's care to facilitate a cohesive and progressive healing process. Care managers provide a bridge between the practical, financial aspects of care and the clinical aspects in care. Working closely with these experts, Psychiatrists can obtain support to provide patients and families with the right level of care, the best use of the continuum of care, and a plan for ongoing support and healing after discharge.

In summary, the view from the front line of a hospital-based Psychiatrist is one of cautious optimism. While the challenges of caring for patients have never been greater, neither have the rewards been so profound. I am willing to do daily battle with high acuity, shorter hospital stays and increased scrutiny because I am encouraged by the immediate personal recompense of seeing my patients improve and thrive because of the availability of inpatient and residential psychiatric care. I remain committed to providing this care and I earnestly hope to inspire you – my peers – to remain in hospital-based practices or consider this in addition to your office-based practice. ■

Neuropsychiatry Medical Student Clerkship Director

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.

Randolph B. Schiffer, M.D.

Chair, Department of Neuropsychiatry and Behavioral Science

Texas Tech University Health Sciences Center

3601 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 Chemical Dependency 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.

MARK YOUR CALENDAR – REGISTER TODAY!!

TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS and TEXAS ACADEMY OF PSYCHIATRY

2008 SPRING MEETINGS & CME PROGRAM

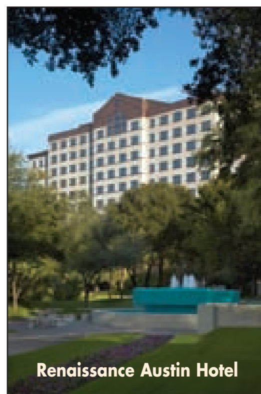
April 5-6, 2008 • Renaissance Austin Hotel • 9721 Arboretum Blvd. • Austin, Texas

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 underwritten by The Doctors Company and The Cunningham Group.
- **Meet and Greet Reception with TSPP 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


Renaissance Austin Hotel

Save the Date and make your hotel reservation today to take advantage of the special discounted room rate of $148.00. 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 TSPP 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, restaurants 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 / Member 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 TSCAP Executive Committee
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 Greet 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	TSPP Executive Council Meeting

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 TSPP 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 TSPP 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 TSPP Ethics Committee) and participate in the discussions and activities of the committees. You are always welcome at TSPP 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

NAME: ______________________ E-MAIL ADDRESS FOR MEETING CONFIRMATION ______________________

ADDRESS / CITY / STATE / ZIP: ______________________

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
- ☐ TSPP Executive Council
- ☐ TAP Board of Trustees
- ☐ TSCAP Executive Committee

Please check the following **Special Events** you plan to attend:

☐ **Saturday Luncheon Program, "The Effects of Tort Reform in Texas"**

No.		Before March 28	After March 28	Fee
____	TSPP and/or TAP Members	No Charge	$35	$__________
____	Non-Members and Guests	$25	$35	$__________

☐ **Saturday Evening Meet and Greet Reception**

☐ Yes, I Plan to Attend No. to Attend ______ No Charge

☐ **Saturday Evening CME Dinner Program/Workshop**

No.		Before March 28	After March 28	Fee
____	TSPP and/or TAP Members	$40	$60	$__________
____	Non-Member Physicians	$60	$80	$__________
____	Allied Health Professionals & Guests	$35	$55	$__________

Total Fees Enclosed $__________

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: __________

3 Digit Code on Back of Card on Right of Signature Panel __________

Name of Cardholder (as it appears on card) ______________________

Signature ______________________

Address where you receive your credit card statement (include address, city, state, zip)

____

CANCELLATION POLICY: In the event of cancellation, a full refund will be made if written notice is received in the TSPP office by March 28, 2008, less a 25% handling charge. No refunds will be given after March 28.

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

TSPP CME DINNER PROGRAM/WORKSHOP

April 5, 2008 CME Dinner / Workshop

"Translating Research Data on Antidepressants into Clinical Decisions"

Speaker: A. John Rush, Jr, MD

ACCREDITATION

The Texas Society of Psychiatric Physicians designates this educational activity for a maximum of two (2) *AMA PRA Category 1 Credits*™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

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

SPEAKER

A. John Rush, Jr. MD – Rosewood Corporation Chair in Biomedical Science, Professor Clinical Sciences Psychiatry, Graduate School of Biomedical Sciences and UT Southwestern Medical School, Dallas, Texas.

TARGET AUDIENCE / EDUCATION OBJECTIVES

At the conclusion of the program attendees will be able to:

- Appraise the structure and methods used in clinical studies on antidepressants
- Interpret the results of studies of antidepressants considering their analysis of the studies
- Apply their understanding of clinical studies to their care in individual cases and thus improve clinical outcomes for patients in Texas

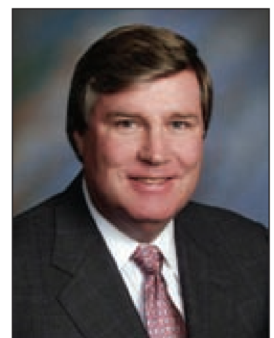
ACKNOWLEDGMENT

This CME Program is supported in part by an educational grant from Eli Lilly and Co.

2008 Spring Meetings & CME Program Registration on page 4

The Texas Medicare Manifesto: How to Fix It, Right, Now

William W. Hinchey, MD, President, Texas Medical Association


William W. Hinchey, MD

As I write this, my Irish blood is still boiling about the U.S. Congress' continued inattention to the serious problems afflicting 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 with all this uncertainty.

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're 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 hounding 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 should 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 onto 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.

The Texas Medicare Manifesto

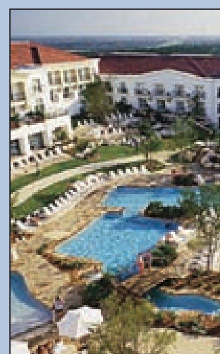
Texas Medical Association started mobilizing to fashion a permanent solution – and the political might to make it happen – even before President Bush signed the stop-gap bill. We fashioned the "Texas Medicare Manifesto" to hold the government accountable to the promises it made to help us care for our elderly patients and Texans with disabilities. This is a public declaration of our principles, policies, and intentions.

Here's what we're working toward:

1. A rational Medicare physician payment system that automatically keeps up with the cost of running a practice and is backed by a stable funding source;
2. No "positive updates," no increases, for hospitals, nursing homes, Medicare HMOs, or any other Medicare providers until the physician payment system is addressed once and for all for the benefit of our Medicare patients (if that takes "breaking down the silos" between Medicare Parts A, B, and D, so be it);
3. Medicare Advantage plans should not come ahead of patient care. Why should Medicare Advantage plans make three-times more than the commercial health insurance sector? We need to stop Congress from robbing seniors and feeding the health insurance beast;
4. No unfunded mandates, no requirements to use e-prescribing or electronic medical records or to provide new services without the money to pay for it; and
5. Action now! We can't let six-and-one-half-years of inaction stretch into seven.

We already have started our all-out lobby campaign. We're writing letters to the editor and educating community leaders and our patients. We're calling, writing, and visiting with Sens. John Cornyn and Kay Bailey Hutchison and the 32 Texans in the House. We have some well-placed, interested, and influential lawmakers on both sides of the aisle in both the House and Senate who do want to help. I want all members of the Texas Delegation in Congress to clearly understand that what they passed is insulting, not in the best interest of our patients, not acceptable, and certainly not something we can or will support.

Please join this campaign. Visit www.texmed.org/manifesto for facts, talking points, sample letters, and office materials. Do it for your patients, for your profession, for your practice. We may never have a better opportunity. ■



Save the Date & Participate!

TSPP Annual Convention & Scientific Program

"Improving Psychiatric Care and Enhancing Patient Outcomes"

Westin La Cantera Resort • San Antonio, Texas

November 20-23, 2008

TEXAS SOCIETY OF CHILD AND ADOLESCENT PSYCHIATRY 2008 SUMMER CONFERENCE 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

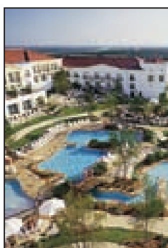
Joint Sponsored by TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS and TEXAS SOCIETY OF CHILD AND ADOLESCENT PSYCHIATRY

GENERAL INFORMATION

LOCATION / HOTEL RESERVATIONS

All events will take place at The Westin La Cantera Resort, 16641 La Cantera Parkway, San Antonio, Texas, 210/558-6500. A special TSCAP discounted room rate of $179 single or double occupancy is available to TSCAP program registrants before June 17, 2008 or upon sell-out whichever occurs first. Make your reservation today by calling 1-800-228-3000.

Nestled atop one of the highest points in all of San Antonio, The Westin La Cantera Resort offers breathtaking views of downtown and the beautiful Texas Hill Country. Built on the site of an abandoned limestone rock quarry – la cantera in Spanish – the resort's intimate setting seems like it's a world away. The hilltop retreat combines the best of golf and the best of luxury. With six pools, health club and spa services, a newly renovated 7600 square foot Westin Workout powered by Reebok fitness center, tennis courts, unique dining options, a kids club, three hot tubs, the resort offers something for everyone. Not to mention, the adjacent 1.3 million square foot shopping destination, The Shops at La Cantera and Six Flags Fiesta Texas Theme Park!



OPENING WELCOME RECEPTION WITH EXHIBITORS

A Special Welcome Reception for all TSCAP attendees and their guests has been planned to kick off the weekend's meeting and activities. The reception will be held Friday, July 18, 6:30 pm - 8:00 pm, in the San Antonio Ballroom G of the Westin La Cantera Resort.

ANNUAL BUSINESS MEETING BREAKFAST

The Annual TSCAP Business Meeting will be held Sunday, 8:00 am - 9:00 am in the San Antonio Ballroom G of the Westin La Cantera Resort. All members are encouraged to RSVP and attend.

EXHIBITS

TSCAP's Welcome Reception, Continental Breakfasts and Refreshment Breaks will be held in San Antonio Ballroom G of the La Cantera Resort. Please make plans on visiting with the exhibitors during the following hours: Friday, 6:30-8:00 pm w/Welcome Reception; Saturday 7:15-8:10 am Continental Breakfast; 10:30-10:50 am Refreshment Break; 2:15-2:3 pm Refreshment Break and 3:30-4:30 pm Afternoon Fiesta Reception.

PROGRAM AT A GLANCE

FRIDAY, JULY 18

Time	Event	Location
1:00 pm - 5:30 pm	Exhibit Set Up	San Antonio G
6:30 pm - 8:00 pm	Welcome Reception w/ Exhibitors	San Antonio G

SATURDAY, JULY 19

Time	Event	Location
7:15 am - 6:15 pm	Exhibits	San Antonio G
7:30 am - 8:10 am	Continental Breakfast w/Exhibitors	San Antonio G
8:15 am - 3:45 pm	**SCIENTIFIC PROGRAM "EVALUATION AND TREATMENT OF DISORDERS OF EARLY DEVELOPMENT"**	San Antonio HI
8:15 am - 8:30 am	Welcome	
8:30 am - 10:30 am	Genetics in Family Studies of Autism *Richard D.Todd, MD*	
10:30 am - 10:50 am	Refreshment Break w/Exhibitors	San Antonio G
10:50 am - 11:50 am	Assessment Tools for Early Diagnosis of Autism *Louise O'Donnell, PhD*	
11:50 am - 12:00 pm	Break/ Box Lunch Set-up in	San Antonio HI
12:15 pm - 2:15 pm	Helping Parents of a Child with Autism to Develop a Multidisciplinary Treatment Plan *Alice Mao, MD, Houston, TX*	
2:15 pm - 2:30 pm	Refreshment Break w/ Exhibitors	San Antonio G
2:30 pm - 3:30 pm	Psychopharmacology of ADHD in Special Populations *Steven R. Pliszka, MD*	
3:30 pm - 4:30 pm	Afternoon Fiesta Reception w/ Exhibitors	San Antonio G
7:00 pm	TSCAP Executive Committee Dinner Meeting	

SUNDAY, JULY 20

Time	Event	Location
8:00 am - 9:00 am	TSCAP Annual Business Meeting Breakfast	San Antonio G
9:00 am - 12:30 pm	**SCIENTIFIC PROGRAM "EVALUATION AND TREATMENT OF DISORDERS OF EARLY DEVELOPMENT"**	San Antonio HI
9:00 am - 9:15 am	Welcome	
9:15 am - 10:15 am	Ethical Considerations in the Treatment of Young Children with Medications *Graham J. Emslie, MD*	
10:15 am - 10:30 am	Refreshment Break	Foyer, San Antonio HI
10:30 am - 11:30 am	Case Presentation: Multi-Disciplinary Treatment Decisions in the Treatment of a Young Child *Lindy K. Bankes, MD*	
11:30 am - 12:30 pm	Panel Discussion: Legal and Ethical Considerations in the Use of Medications and Treatment of Young Children *Graham J. Emslie, MD Deborah C. Hiser* *Nina Jo Muse, MD (pending confirmation)*	

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 (9) *AMA PRA Category 1 Credits*™.

Participants should only claim credit commensurate with the extent of their participation in the activity.

The presentations "Ethical Considerations in the Treatment of Young Children with Medications" Case Presentation: Multi-Disciplinary Treatment Decisions in the Treatment of a Young Child" and "Panel Discussion: Legal and Ethical Considerations in the Use of Medications and Treatment of Young Children" have been designated by the Texas Society of Psychiatric Physicians for three (3) hours of education in medical ethics and/or professional responsibility.

TARGET AUDIENCE / PROGRAM GOALS & OBJECTIVES

The primary target audience of the program consists of Child and Adolescent Psychiatrists, General Psychiatrists and other specialties of medicine with the objective of addressing quality improvement in clinical outcomes for patients served by the physicians in the State of Texas. This continuing medical education activity will be presented in a classroom style format, with didactic lectures supplemented with audiovisual presentations, case presentations and question and answer discussions.

At the conclusion of the program attendees will be able to:

- Understand issues related to family studies of autism and utilize available tools for the diagnosis of autism.
- Identify psychopharmacological options for the treatment of ADHD in special child and adolescent populations.
- Evaluate ethical considerations in the psychopharmacological treatment of young children.
- Understand the developmental and ethical considerations related to preschool psychopharmacological treatment.
- Recognize that current empirical data on psychopharmacological treatments are limited in the preschool age group.
- Understand the risk-benefit ratio of treating preschoolers with psychiatric disorders.
- Discuss biopsychosocial decisions when assessing and treating young children.
- Be informed about legal and ethical considerations when using psychotropic medications to treat young children.
- Reference research and understand the impact on parents of having a child with autism.
- Discuss biological, psychological and social interventions to improve outcomes for children with autism.

SCIENTIFIC PROGRAM SPEAKERS

Lindy K. Bankes, M.D.
Resident, UTHSCSA, San Antonio, TX

Graham J. Emslie, M.D.
Charles E. and Sarah M. Seay Chair in Child Psychiatry; Professor of Psychiatry, UT Southwestern Medical Center, Dallas, TX

Deborah C. Hiser, J.D., MSW, BA
Of Counsel - Brown McCarroll, L.L.P. Legal practice emphasizing healthcare policy, peer review, medical staff matters and regulatory compliance for medical groups. Former Associate, Hilgers & Watkins, P.C.; Senior Attorney, Advocacy Incorporated; Attorney, Texas Department of Mental Health & Mental Retardation; Adjunct Professor, UT School of Social Work Austin, TX

Alice R. Mao, M.D.
Associate Professor of Psychiatry, Menninger Department of Psychiatry & Behavioral Sciences, Baylor College of Medicine, Houston, TX

Nina Jo Muse, M.D. (Pending Confirmation)
Texas Department of State Health Services, Austin, TX

Louise O'Donnell, Ph.D
Assistant Professor, Division of Genetics and Metabolic Disorders, Dept of Pediatrics, UTHSCSA, San Antonio, TX

Steven R. Pliszka, M.D.
Professor and Vice Chair, Semp Russ Research; Professor of Child Psychiatry; Chief, Division of Child and Adolescent Psychiatry, UTHSCSA, San Antonio, TX

Richard D. Todd, M.D.
Blanche F. Ittleson Professor of Psychiatry, Division Chief, Child Psychiatry, Professor, Genetics, Washington University School of Medicine, St. Louis, MO

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 Angelo, will chair the Frew Advisory Committee. Dr. Rider is a past president of the Texas Pediatric Society, the current chair of the society's Subcommittee on Medicaid, and the vice chair of the Texas Medical Association's Select Committee on Medicaid; Dr. Jose Luis Cazares, Jr., a McAllen dentist, is a vice president of the Texas Dental Association; Rudy Davila of San Antonio is vice president of Davila Pharmacy; 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 Flaitz 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 Hellerstedt 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 Magers 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 Shine of Austin is executive vice chancellor for health affairs for the University of Texas System; Dr. William Steinhauer 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 Stout 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. Wilbanks of El Paso is an orthodontist who is a former member of the Texas Dental Association Board of Directors. ■

Recognizing and Dealing With Impaired Colleagues

continued from page 1

pate fully, often lose that chance and run 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:

Some information in this article is taken from Reid WH (2001): Recognizing and dealing with impaired clinicians, Part I: Recognition and Reporting. *Journal of Medical Practice Management*, 17(2):97-99. Information on the TMA Physician Health and Rehabilitation Committee was provided by TMA.

1 Note that the physician may be required to divulge his or her referral to the PHR 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

NAME ______ DEGREE ______

MAILING ADDRESS ______ CITY ______ STATE ______ ZIP ______

TELEPHONE NUMBER ______ FAX NUMBER ______

E-MAIL ______

SCIENTIFIC PROGRAM REGISTRATION

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

	Before July 3	*After July 3*	
TSCAP Member Physician	$195	$215	______
Non-Member Physician	$250	$270	______
Allied Health Professional / Spouse / Guest	$180	$200	______
TSCAP Member Trainee / Medical Student	No Fee	$30	______
Non-Member Trainee / Medical Student	$30	$50	______

SOCIAL EVENTS

Friday Welcome Reception

☐ Friday Welcome Reception

Names Attending Reception: ______ ______

☐ Saturday Afternoon Reception

Names Attending Reception: ______ ______

☐ Sunday Membership Breakfast Meeting - No Charge for TSCAP Members

☐ Sunday Annual Membership Breakfast Meeting - Guests $20 $30

If you require any special assistance to fully participate in this conference, please contact TSCAP via e-mail tscapofc@aol.com or 512/478-0605.

TOTAL REGISTRATION ______

PAYMENT INFORMATION

☐ **Check** in the Amount of $______ *Make Checks Payable to Texas Society of Child and Adolescent Psychiatry*

Please Charge $______ To My: ☐ **VISA** ☐ **MasterCard** ☐ **American Express**

Credit Card #______ Expiration Date: ______

3 Digit Code on Back of Card on Right of Signature Panel ______

Name of Cardholder (as it appears on card) ______

Signature______

Address where you receive your credit card statement (include address, city, state, zip)

______

CANCELLATIONS – Deadline for cancellation is July 3, 2008. In the event of cancellation, a full refund will be made if written notice is received in the TSCAP office by July 3, 2008, less a 25% handling charge. NO REFUNDS WILL BE GIVEN AFTER JULY 3, 2008.

RETURN TO:

TEXAS SOCIETY OF CHILD AND ADOLESCENT PSYCHIATRY, 401 WEST 15TH STREET, SUITE #675, AUSTIN, TX 78701; PHONE (512) 478-0605 FAX (512) 478-5223

Psychiatrist or PCP experienced in Geriatrics.

Clinical, Supervisory and Administrative Responsibility with Geriatric Psychiatry Group. FT $200,000.00/yr DOE.

Chart Reviews, Supervision of NP/PA, Phone Consults, PT 5-20 hrs/wk $100.00+/hr DOE $1000.00/mth min.

Expertise in psychopharmacology, psychotherapy, community or geriatric psychiatry.

E-mail: jglover@seniorpsychiatry.com

National Opportunities

without leaving your home!

TELEPSYCHIATRY
F/T and P/T opportunities

Center for Family Guidance, PC, parent company of CFG Health Systems, LLC is a physician owned and operated behavioral healthcare organization with a team of over 36 psychiatrists.

GFG 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?

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

Gary L Etter, MD

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 being 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 in our country as opposed to seeking parity and adequate funding for appropriate treatment. The Federation has fought proposed lowering of standards of care repeatedly by opposing legislation allowing non – physicians to make medical diagnoses, prescribe medications, and to have admission privileges. Many of our members worked to develop a complete redesign of crisis psychiatric services in our State, and then lobbied our legislators to get it fully funded! Organized medicine was successful in obtaining an additional $86M for graduate medical education during the last session, 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 TSPP, TSCAP, the Academy, TMA 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 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 be accredited by the American Association of Suicideology, and to have a Mobile Crisis Outreach Team. DSHS requested and was appropriated $82M for the FY08-09 biennium. Each LMHA should have and continue to hold local stakeholders' meetings to plan which services are lacking and needed in each service area. Thirty percent of the funds will be used as a Community Investment Incentive, and communities willing to invest new local resources to support crisis services will be eligible for these funds. Communities will be required to provide at least 25% in matching resources for this part of the redesign.

This represents an opportunity for us to truly have a major impact on psychiatric services in Texas. We have to use the money wisely. DSHS will be required to submit an evaluation of local crisis services to the Governor, the legislative budget board, and Senate/House committees having primary jurisdiction over health and human services by January 1, 2009. This will certainly impact whether we are able to receive the balance of the monies for this effort, $222M, and future funding for maintaining the services. This affects all of us, whether private or public, and I would encourage each and every member to become informed and even participate in your Local Mental Health Authority's implementation and planning meetings.

TSPP/TAP Spring Meeting

Finally, each of you should have received information on the upcoming Spring Meeting of TSPP and TAP to be held in Austin at the Renaissance Hotel, April 5th and 6th. Committees meet on Saturday, April 5th, with a luncheon presentation on the impact of tort reform in the state by Dr. Howard Marcus, a free meet and greet reception that evening, and a CME dinner presentation that night by Dr. John Rush. There is no better time than the present for you to get involved! I look forward to seeing everyone in Austin! ■

PRSRT STD
U.S. Postage
PAID
AUSTIN, TX
Permit No. 525

Federation of Texas Psychiatry
401 West 15th Street, Suite 675
Austin, Texas 78701
TIME DATED MATERIAL