Texas Select Committee on Health Care Education & Training

The following is testimony delivered by R. Andrew Harper, MD on behalf of the Texas Medical Association and the Federation of Texas Psychiatry to the Texas Select Committee on Health Care Education and Training in September 2014.

On behalf of more than 47,000 physician and medical student members of the Texas Medical Association and the Federation of Texas Psychiatry, I wish to respectfully submit the following for your consideration. We applaud Speaker Joe Strauss and our House leaders for creating a committee to focus on our state’s health care education and training needs—a topic of critical importance to Texas and for Texans.

As you are well aware, our state has a great need for more health care professionals, but nowhere is the need more acute than in the area of psychiatric physicians.

Where Texas rates best is in psychiatric physicians per 100,000 people, by specialty, are compared with U.S. totals, Texas outranks the United States in only four major specialties: acupuncture medicine, medical genetics, transplanted surgery, and colon and rectal surgery. Meanwhile, Texas ranks below the United States for the other 36 out of 40 medical specialties, with psychiatry having the lowest rate at only 58.2 percent of the U.S. ratio.

Child/adolescent psychiatry is also near the bottom of the rankings, at 67.8 percent of the U.S. ratio.

Shortage of Psychiatric Physicians

Any meaningful effort to improve the recruitment of workforce is contingent upon adequate reimbursement and a culture that permits appropriate roles, communication, and values mental health treatment. Currently, mental illness, and to a large degree, mental health treatment are too often seen as derogatory, stigmatizing, and coercive from both the patient and provider perspectives. Unreal regulation of the practice of psychiatry and mental health services adds additional costs and decreases the availability of services. This is especially true in government and institutional settings as well as by chronic staffing challenges in State hospitals and the Veterans Administration.

Policymakers should be aware that while mental health parity is improving third party payment for mental health services, a growing number of psychiatrists are opting out of network and instead using a cash model for their practices. In our view, Medicaid reimbursement rates are a deterrent for participation by behavioral health providers, and it would be immensely beneficial for this committee to give policy guidance to the legislature to improve the situation. The increasing amount of time and reimbursement rates for providers at all levels, efforts to increase the mental health workforce are going to be effective only in the margins, and not at addressing the heart of the problem.

Expansion of Medical Education

Graduate medical education (GME) remains an important part of the answer to improve our health care workforce. In 2003 and 2011, Texas ended state funding cuts for psychiatric residency slots in state hospitals and funding cuts to GME. This has meant fewer residency training slots for graduates who want to specialty in psychiatry, forcing them to move to other states for training. This state of affairs is likely to remain. Thus, for the past decade, Texas has been investing in the training of medical education of students who ultimately will live and practice in another state.

The 83rd Texas Legislature recognized the need to ensure more than Texas medical school graduates have a fair chance to complete residency training in the state, and had the foresight to establish new grant programs with the specific goal of expanding GME capacity in the state. These programs received relatively modest funding, $14.25 million and are in the early stages of implementation. Given the tremendous need for psychiatry in the state, it is critically important that psychiatry residency programs have the resources they need to provide high-quality training, in order to compete with other medical specialties.

Loan Repayment

Loan repayment programs are an innovative and effective way to recruit and retain mental health professionals. At a time when so many physicians are carrying high levels of education-related debt, forgiveness programs can not only encourage students to join the mental health provider workforce, but also improve graduate medical education in mental health services by incentivizing providers to practice in underserved areas and facilities.

Establishing educational loan repayment programs for psychologists, LPCs, and LCSWs as well will help produce a broader pool of practicing mental health professionals, better addressing Texas’ acute mental health provider shortage.

Telemedicine

Telemedicine is likely to improve access for some services when sufficient telecommunication infrastructures is in place. State policy and federal reimbursement guidelines are necessary to ensure viability, liability, record keeping, and payment.

Recently, a significant challenge to the practice of telepsychiatry, so serious that it threatens its availability in large areas of the state, emerged about which this committee should be aware. Several medical providers in Texas have expressed concern with the Drug Enforcement Administration’s (DEA) enforcement of the Ryan Haight Online Pharmacy Consumer Protection Act, a federal act enacted in 2006.

Generally, no controlled substance that is a prescription drug may be delivered, distributed, or dispensed by means of the Internet without an in-person medical evaluation of the patient. This subsection of the statute, however, is not applicable to “the practice of telemedicine.” Under federal law, the “practice of telemedicine” includes a relatively narrow set of medical practices, and as a result, a telemedicine practice that is permissible under Texas law may not meet the federal definition of the “practice of telemedicine” in the DEA rule and the related statute.

In East Texas, regional agents of the DEA have been mortality a request in the Ryan Haight Act against telemedicine providers. Specifically, the DEA has taken the position that a provider who prescribes a controlled substance via telemedicine, despite the fact that the Act does not apply to telemedicine if the telemedicine requirements are being met.

Additionally, the DEA has taken the position that during the telemedicine encounter, the patient resides in the state of practice of a practitioner with a DEA registration or physically located in a hospital or clinic with a DEA registration. If the patient is not in this setting, the telemedicine practitioner must prescribe the patient a controlled substance.

Although the affected Texas providers would concur that the Act is not applicable to “the practice of telemedicine” of the site, many states where telemedicine is currently being practiced are not able to obtain DEA registrations. Furthermore, however, DEA has not established the special registration process permitted by statute or identified additional permissible telemedicine practices in rule. The DEA has yet to determine that the provision of services via the Internet is a site.

The current DEA position is significantly impacting initial access to care, disrupting continuity of care, and is imposing a barrier to provide services to both vulnerable and underserved populations by a variety of medical disciplines across the state of Texas. The Health and Human Services Commission, DEA, the Federation, the Texas Council, and other stakeholders are presently engaging with the DEA to resolve the problem, but the committee should be aware that until a mutually agreeable resolution is reached, the practice of telemedicine in Texas is very much in jeopardy.

Lock of Diversity

The state should work with higher education and accreditation bodies to build the skills and capacity of the emerging mental health workforce—including primary care providers—to provide culturally appropriate and trauma informed services, and to be able to work collaboratively with families and other systems.

The Joint Admission Medical Program (JAMP) is a special program to support and encourage highly qualified, economically disadvantaged Texas-resident students pursuing a medical education. Since 2001, JAMP has been providing scholarships and summer stipends, monitoring and personal assistance to prepare for medical school, and hands-on experience through summer internships at medical schools.

Funded through the Texas Higher Education Coordinating Board (THECB), JAMP is coordinated between all Texas medical schools and sixty-five undergraduate institutions. The program offers guaranteed admission to a Texas medical school if all requirements are met.

Program funding has been cut in recent years due to budget constraints. However, thanks to improvements in the economy and legislative support, JAMP funding was restored but remains flat. There has been no sufficient funding to allow for the planned growth in the program.

Insufficient Data to Inform Workforce Planning

There is currently an insufficient quantity and quality of data at the state and national level to fully inform workforce planning initiatives. Utilization of active licensees from several licensing boards can be helpful, but does not define who is doing what—for example, which practitioners are in direct patient services versus administrative or business or academic practice. The state licensing boards should be urged to collect and update data on practice information in accordance with established minimum-data-set standards and to make that information available in Tarrant County’s State’s Health Professions Resource Center for analysis. The Committee should consider defining what “acceptable” geographic access would look like. In our view, merely reporting data by county or zip code does not adequately illustrate access issues.

Additionally, workforce planning must consider the need for physicians with expertise in serving specialized populations, including very young children; the elderly; individuals with co-occurring substance abuse and mental disorders; co-occurring intellectual or developmental disabilities and mental disorders; and veterans.

Child/Adolescent Mental Health, and Early Intervention

The state’s juvenile population has unique mental illness needs, and identifying this population and adopting early intervention methodological to address its issues deserves serious discussion in any policymaking effort regarding mental health workforce shortages.

Half of chronic mental disorders begin to manifest by age 14, but currently, treatment may be delayed until years after the initial onset of symptoms, allowing problems to become more entrenched and difficult to treat. School counselors and nurses are strategically positioned to identify and address concerns in students early, reducing the number of children and youth who would otherwise acquire more serious and costly mental health services if early interventions had not taken place.

Texas schools cite counseling as the most successful strategy to support students’ mental health, but high counselor-to-student ratios and assignment of non-counseling related tasks severely limit their ability to provide prevention and early intervention services to students. For example, in 2004, Texas elementary school counselors spent less than a third of their time on behavioral health counseling, high school counselors spent only 12% of time on it (see that risk for mental illness and suicide spike in adolescence). Moreover, districts are required to have but one school counselor for every 500 elementary school students, while the ratio recommended by the Texas Education Agency is at least one counselor for every 300 students.

1115 Waiver Process

At present, the only way in which some areas of the state have mental health and substance abuse services are through the opportunities provided by the 1115 waivers. Due to the mental health and substance abuse workforce shortage in Texas, in each of the 20 Regional Healthcare Partnerships (RHPs) there are Delivery System Reform Incentive Payment (DSRIP) projects specifically seeking to increase the number of behavioral health providers in order to increase capacity and

continued on page 2


Public Policy Update

Eric Woofter, Public Policy Consultant, Federation of Texas Psychi atrists

The 86th Legislature is due to convene in Austin in January, 2015. Mental health issues continue to be hot topics and are sure to receive ample consideration during the 140-day regular session. Meanwhile, Governor Rick Perry’s departure means that the first major reshuffling of statewide elected officials will occur on Election Day in November. When combined with the substantial turnover in the Texas Senate and House of Representatives, it’s clear that educating policymakers about issues facing the mental health medical community remains an ongoing priority. Here is a look at the issues the Federation of Texas Psychiatry is working on in the field of public mental health.

The Texas Sunset Commission has recommended that Texas legislators completely restructure how the state serves Texans’ healthcare needs by consolidating five disparate yet related agencies into one, citing a need to centralize services and create a less expensive and more manageable system. The agency’s current organizational chart reflects the remains of dozens of agencies that were combined into five during the state’s first creation in 2003. It is the Texas Health and Human Services Commission (HHSC), comprising the executive commissioner and six deputy commissioners. Beneath are the Department of Family and Protective Services, the Department of Aging and Disability Services, the Department of State Health Services, the Department of Juvenile Justice and Rehabilitation Services and the Texas Border Prosecution Unit, the F ederation for the Prevention of Developmental Disabilities

Considered but not recommended by the Sunset Commission staff was a proposal to create a stand-alone mental health agency with an independent commissioner, so that various mental health programs can be over seen by a single entity. Legislation to create a Board, and the HHSC staff has initiated meetings to develop ways to give physicians a voice in discussions about the report as a whole, we appreciate the agency’s continued efforts to communicate with the community to improve the current situation and we look forward to reviewing the final report when it is released.

Nevertheless, the extraordinary powers outlined by the Act are yet to be implemented in Texas, and there is limited information available about how other DEA offices are interpreting federal law. The DEA indicated that while they were not backing off their interpretation of the Act, they want to work with the interested par ties and are not seeking to investigate legi mate telemedicine.

Telepsychiatry so far has been the hardest hit by DEA interpretation of the Act, with certain correctional institutions and local mental health authorities are already curbing telemedicine activities. Other specialties and systems of care are being affected as well. A number of mutual action items were discussed with DEA as interim steps, but there may be a need for state legislation if telemedicine in Texas is to be proceed uninterrupted.

Providers in Texas need legal reassurance that they can continue in the delivery of controlled substances. The Federation will keep you abreast of these discussions as they occur. The Texas Drug Utilization Review Board (DUR) continues to try to expand prior authorization requirements for psychotropic medications to young children. Initial clinical edits were proposed in April were proposed but pulled down by the DUR Board due to objections by the Federation. A new edit was proposed for consideration at the September Board meeting that retained the current prior authorization requirement for children under three, but created a separate authorization tier for sapirinoids and risperidon.

Fortunately, once again our message was heard. The proposed edit was rejected by the Board, and the HHSC staff has initiated meetings with the Federation, TMA and organized medicine to develop ways to give physicians a greater voice in proposed future edits. The first of those meetings took place in September, and was very productive. Moreover, the Sunset staff has recommended that HHSC eliminate the Pharmaceutical and Therapeutics Committee and transfer its functions to the Drug Utilization Review Board to create a single entity to oversee these related responsibilities. The Federation will keep you abreast of its progress in these discussions.

State Rep. Brandon Creighton (R – Conroe) was elected to replace Sen. Tommy Williams in the Texas Senate in District 4 in a special election, and has now sworn into office. Alan, Sen. Robert Duncan has retired from the Texas Senate after more than 20 years to become the Chancellor of the Texas Tech University System. State Rep. Charles Perry of Lubbock was elected in a September 9th special election to finish the remainder of Sen. Duncan’s four-year term.

Key statewide races show very little movement as Election Day approaches. Attorney General Greg Abbott (R) appears to maintain his lead over Sen. Wendy Davis (D) in the race to succeed Rick Perry as Texas Governor. Republican Sen. Dan Patrick continues to maintain his lead over Democrat Sen. Leticia Van de Putte for the Lt. Governor’s seat, and GOP candidates Ken Paxton, Glen Hegar and George P. Bush all are expected to defeat their Democratic counterparts in the races for Attorney General, Comptroller and Land Commissioner, respectively.

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

Texas Select Committee on Health Care Education & Training

continued from page 1

access in their regions. Many RHPs, especially in the rural areas of Texas, are exploring the use of mental health providers in the area regularly.

Emphasis on Public vs. Private System Too often, the discussion of the mental health workforce is described primarily with respect to underserved populations defined in terms of gender and race, as we as com munities defined by their location, density and population. It is our view that these are disparate workforces, each facing their own challenges and opportunities, and should not be considered in tandem.

The Texas Legislature is already taking steps to address the current inequities between the public and private mental health care systems in this state. House Bill 3793 requires DHS to develop a plan to allocate outpatient mental health services and beds in state hospitals more equitably between civil and criminal patients. The bill involves for an advisory panel to assist the department in developing the plan, which has been meeting for several months, and has produced an initial plan to reduce the involvement of the criminal justice system in treating adults with the mental health disorders, and make additional beds available for civil commitments.

The committee should also be aware that the Health & Human Services Commission is poised to reauthorize a report mandated by the Legislature in 2013, due to the enactment of H.B. 1023. That legislation charged HHSC to research and analyze the state’s mental health workforce shortage, solicit comments from stakeholders, and review the challenges and identify potential solutions to those challenges. While our organizations have some reservations about the report as a whole, we appreciate the agency’s continued efforts to communicate with the community to improve the current situation and we look forward to reviewing the final report when it is released.

Thank you for the opportunity to provide comments for the select committee’s consideration. TMA and the Federation wish you great success in fulfilling the committee’s charge, and we stand ready to assist you in the coming months.

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### WESTIN PARK CENTRAL HOTEL LOCATION

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

### DAILY SCHEDULE

**THURSDAY, NOVEMBER 13, 2014**

<table>
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<tr>
<th>Time</th>
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<tbody>
<tr>
<td>12:00 Noon</td>
<td>Golf Outing at Dallas Golf Course</td>
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<tr>
<td>2:00 pm - 8:00 pm</td>
<td>Registration Open</td>
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<tr>
<td>7:00 pm - 8:30 pm</td>
<td>TSPP Chapter Leadership Meeting</td>
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<td>8:30 pm - 9:30 pm</td>
<td>Federation Delegate Assembly Meeting</td>
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**FRIDAY, NOVEMBER 14, 2014**

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<tr>
<td>7:30 am - 8:30 pm</td>
<td>Registration Open</td>
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<td>7:30 am - 9:00 am</td>
<td>Foundation Board of Directors Breakfast Meeting</td>
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<tr>
<td>9:00 am - 5:00 pm</td>
<td>Committee / Council Meetings</td>
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<tr>
<td>9:00 am - 10:30 am</td>
<td>COUNCIL ON LEADERSHIP – Ethics, Distinguished Fellowship, Finance, Strategic Planning</td>
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<tr>
<td>10:45 am - 12:15 pm</td>
<td>COUNCIL ON SERVICE – Academic Psychiatry, Children &amp; Adolescents, Forensic Psychiatry, Public Mental Health Services</td>
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<tr>
<td>12:00 pm - 5:00 pm</td>
<td>Exhibit AND Poster Session Set-Up</td>
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<tr>
<td>12:15 pm - 1:30 pm</td>
<td>Lunch Program: “Psychiatric Pharmacogenomics: Introduction and Applications”</td>
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**SPECIAL PROGRAM FOR ACADEMIC PSYCHIATRISTS**

- **An Updated Look at the Milestones Project of the Various Represented Psychiatry Residency Programs in the State of Texas**
  - Presented by Timothy Wolf, MD

**TSSP RESIDENT-FELLOW FELLOWSHIP (RFM) SECTION PROGRAM**

- **“Risk Management Considerations When Using Social Media and Technology in Psychiatry”**
  - Presented by Maia Workman, B.S.N., N.D.

- **SPECIAL PROGRAM FOR ACADEMIC PSYCHIATRISTS**
  - “Understanding the roles and responsibilities in partnering with Advanced Practice Nurses in our psychiatric practice to enhance patient care and access to services”
  - Presented by Lauren Parsons, AD

**UTMB DEPARTMENT OF PSYCHIATRY ALUMNI DINNER**

**RESIDENT / TRAINEES POSTER SESSION**

**MEETING LOCATION/HOTEL RESERVATIONS**

TSPP’s 58th Annual Convention and Scientific Program will be held at the Westin Park Central Hotel, in the heart of North Dallas, at 12720 Merit Drive. 972-385-3000. A special TSPP discounted room rate of $159 is available to program registrants for reservations placed before October 17. Make your hotel reservation today by calling 1-888-952-9382 and request the Texas Society of Psychiatric Physicians’ Annual Convention Program rate.

**UTMB DEPARTMENT OF PSYCHIATRY ALUMNI MEETING**

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

**DINNER PROGRAM: “Psychiatric Pharmacogenomics: Introduction and Applications”**

**SPECIAL EVENTS**

**THURSDAY GOLF OUTING**

- Polish up on your golf game in an exciting location! For those convention attendees, guests and golf enthusiasts arriving early, TSPP members are arranging a tee time for a group play. If you are interested in playing, please be sure to check the Golf Section box on the TSPP Registration Form and additional information will be emailed to you.

**FRIDAY – ACADEMIC PSYCHIATRY PROGRAM**

- The Academic Psychiatrists will be having a program tailored for the specific interests of this group. On the agenda for this meeting will be a getting-to-know-you exercise and then, an updated look at the Milestones Project at the various represented psychiatry residency programs in the state of Texas. Residency program directors, other academicians, and any TSPP members who are interested will look at what has worked so far and what areas have been more problematic. Dr. Timothy Wolf will lead this program and vows to make it interesting, relevant, and most importantly, fun. To register for this complimentary program and reserve your seat, to be held Friday, 2:00–3:30 pm, please complete the attached registration form.

**FRIDAY – RESIDENT-FELLOW MEMBERS SECTION PROGRAM**

- The TSPP Resident-Fellow Members Section (formerly Members-in-Training Section) has arranged a special program “Risk Management Considerations When Using Social Media and Technology in Psychiatry” and networking event for all TSPP, TSCAP and Texas Academy of Psychiatry, medical students, residents, fellowship trainees and early career psychiatrists on Friday, 2:00–3:30 pm. To register for this complimentary program and reserve your seat, please complete the attached registration form.

**FRIDAY – TEXAS ACADEMY OF PSYCHIATRY – MINI WORKSHOP**

- The Texas Academy of Psychiatry will conduct another complimentary workshop entitled “Understanding the roles and responsibilities in partnering with Advanced Practice Nurses in our psychiatric practice to enhance patient care and access to services.” Dr. Lauren Parsons will present. To register for this complimentary program and reserve your seat, to be held on Friday, 2:00–3:30 pm, please complete the registration form.

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**TEXAS PSYCHIATRIST**

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

“Applying Evidence Based Knowledge to Patient Centered Care”

**SUN DAY, NOV EM BER 16, 2014**

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The 58th Annual Convention & Scientific Program

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

Dr. Spencer Bayles
Outstanding TSPM Member Award

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

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

Community Service Award

This award is to recognize legislators or public officials for their support and advocacy for psychiatry and persons with psychiatric illnesses. Thank you to Senator Joan Huffman from Houston during the CME program break.

David Pharis Award

This year’s award will be presented to North Texas State Hospital for their “Recovery Action Plan Tool Box” program.

Special “Free” Registration Offer for TSPM Medical Students, Resident-Fellow Members and TSCP Medical Students and Trainee Members

TSPM is pleased to again offer the waiver of the CME Scientific Program registration fee if the resident member’s Training Director registers for the Scientific Program. So all Trainees encourage your Training Director to register and then send in your registration form, with the name of your Training Director noted, and then plan on attending the CME Scientific Program FEE-Free.

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Teva Pharmaceuticals – Teva Select Brands
Texas Health Behavioral Health Hospital Dallas
The Menninger Clinic
UTMB CMC

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### Scientific Program Goals/Target Audience/Learning Objectives

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

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

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

### Accreditation

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

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

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

TSPP has incorporated into this CME activity the relevant educational needs concerning competence that underlie the professional practice gaps of our participants.

### Faculty and Staff Disclosure Policy

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

### About the Speakers

**Debra Atkinson, MD, DFAPA**  
Past President, Texas Society of Psychiatric Physicians  
TSPP Representative to the American Psychiatric Association  
Co-Medical Director, Sotera, LLC

**Oscar G. Bukstein, MD**  
Medical Director  
Depelchin’s Children Center  
Fort Worth, Texas

**Matthew J. Byerly, MD**  
Associate Professor  
Department of Psychiatry  
UT Southwestern Medical Center  
Dallas, Texas

**Carol S. North, MD, DFAPA**  
Director, Program in Trauma and Disaster, VA North Texas Health Care System  
The Nancy and Ray L. Hunt Chair in Crisis Psychiatry  
Professor of Psychiatry and Surgery/Division of Emergency Medicine  
UT Southwestern Medical Center  
Dallas, Texas

**John M. Oldham, MD, MS, DFAPA**  
Senior Vice President and Chief of Staff  
The Menninger Clinic;  
Barbara and Corbin Robertson Jr. Endowed Chair for Personality Disorders,  
Professor and Executive Vice Chair  
Menninger Department of Psychiatry and Behavioral Sciences  
Baylor College of Medicine  
Houston, TX  
Past President, American Psychiatric Association

**Jeffrey P. Spike, PhD**  
Professor  
John P. McGovern MD Center for Humanities and Ethics  
Director of the Campus-Wide Ethics Program  
The University of Texas Health Science Center at Houston (UT Health)  
Houston, TX

**Madhukar H. Trivedi, MD, DFAPA**  
Betty Jo Hay Distinguished Chair in Mental Health  
Department of Psychiatry  
UT Southwestern Medical Center  
Dallas, Texas

### Scientific Program Schedule

#### Saturday, November 15

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 - 8:30 am</td>
<td>Welcome and Introductions</td>
</tr>
<tr>
<td>8:30 - 10:30 am</td>
<td>Update on Evidence for Newer Antipsychotics: Focus on Clinically Relevant Differences Matthew J. Byerly, MD</td>
</tr>
<tr>
<td>10:30 - 10:50 am</td>
<td>Break with Exhibitors and Poster Sessions/Door Prize Drawing</td>
</tr>
<tr>
<td>10:50 - 11:00 am</td>
<td>Presentation of Community Service Award to Senator Joan Huffman</td>
</tr>
<tr>
<td>11:00 - 12:00 pm</td>
<td>Healthcare Reform and the Psychiatric Practice Debra Atkinson, MD, DFAPA</td>
</tr>
</tbody>
</table>

#### Saturday, November 16

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30 - 9:00 am</td>
<td>Welcome and Introductions</td>
</tr>
<tr>
<td>9:00 - 10:00 am</td>
<td>After the Unthinkable: Responding to Terrorism Matthew J. Byerly, MD, DFAPA</td>
</tr>
<tr>
<td>10:00 - 12:00 pm</td>
<td>Ethics: Development and Application of Professionalism in Clinical Practice Jeffrey P. Spike, PhD</td>
</tr>
</tbody>
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**O C T O B E R / N O V E M B E R 2 0 1 4**  
**T E XAS P S Y C H I A T R I S T**  
8 HOURS CATEGORY 1 CREDIT  
6 HOURS CATEGORY 1 CREDIT  
3 HOURS CATEGORY 1 CREDIT

**S C I E N T I F I C  P R O G R A M**  
Applying Evidence Based Knowledge to Patient Centered Care
Join your colleagues who have chosen to be represented by our professional team and our program which is endorsed by the two most prominent associations in your profession - the American Psychiatric Association and the American Academy of Child and Adolescent Psychiatry.

The TEXAS PSYCHIATRIST is published 5 times a year in February, April, June, August, and October. Members of Federation member organizations are encouraged to submit articles for possible publication. Deadline for submitting copy to the Federation Executive Office is the first day of the publication month. Copy must be edited, acceptable for publication. Display advertising is available and publication is determined on a case by case basis by the Editorial Board. The Editorial Board reserves the sole right to accept or reject any submitted advertising copy.

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