

Texas Psychiatrist



Next Step... 86th Legislature

Eric Woomer, Federation of Texas Psychiatry Public Policy Consultant

Next stop, the 86th Texas Legislature!!! Tuesday, January 8th, marked the first day of session, and both Chambers gaveled in at noon. Lawmakers have 140 days to complete their business, March 8th is the filing deadline for bills, and *Sine Die* – the last day of session – is May 27th. Legislative deadlines seem down the road, but no doubt March and May will be here before you know it.

The first day of session is filled with the excitement of seeing old faces and friends while meeting the new members recently elected, but nothing matches the much-anticipated election of a new House Speaker. All eyes are on Rep. Dennis Bonnen as he steps into his new post. There will be changes to House Committee chairs and assignments with speculation swirling around which House members will slide into new leadership positions.

The announcement by Senator Charles Schwertner that he will no longer serve as Chair of the Senate Health and Human Services Committee creates significant uncertainty about how the legislature will

respond to scope of practice challenges. The public health committees in both chambers will now be chaired by new legislators.

The Senate welcomed six new members to the body, and the House saw 28 new members join. However, three House seats are open as Carol Alvarado was recently sworn in as the Senator, and Rep. Joe Pickett announced his retirement due to health concerns. In addition, Rep. Justin Rodriguez was recently appointed to the Bexar County Commissioner's Court, leaving his seat open as well. Governor Greg Abbott has called a special election for Alvarado and Pickett's seats for January 29th, and the election to replace Rodriguez will be held February 12th.

Capitol Day

Please make plans to join the Federation for our **CAPITOL DAY** on **TUESDAY, MARCH 5th**. Our primary message this year will involve patient safety, graduate medical education, and collaborative care! This year, we will be joining with the House of

Medicine on Texas Medical Association's First Tuesday to share our message with legislators about the important role of physicians in the treatment of mental illness across the care spectrum.

Key Issues Facing the Legislature

Property Taxes: Reducing the property tax burden on homeowners and businesses will be among the most hotly contested issues facing the legislature. Local government and school district officials worry that steep cuts will hamper their ability to repair sidewalks and teach kids.

Ten years ago, the state provided nearly fifty percent of education funding, compared to 38 percent this year, with local governments making up the difference. Two years ago, Lt. Gov. Dan Patrick pushed a plan that would have required cities, counties and school districts to win voter approval before increasing property taxes by more than 4 percent – well below the current 8 percent rollback. The House countered with a 6 percent cap. The bills died when the differences could not be rec-



Eric Woomer

onciled. Last year, Gov. Abbott proposed limiting annual growth of local government to 2.5 percent — while also increasing state funding for schools.

Both chambers say they are eager to pass property tax-related legislation, but have been at odds about the cap, and whether funds will be available to increase state aid to public schools.

School safety: The tragic shooting at Santa Fe High School on May 18, 2018 has forced lawmakers to reevaluate safety measures to prevent another tragedy from occurring. Some school safety bills have

See **Next Step** Page 3



Federation of Texas Psychiatry's 2019 Legislative Priorities

FEDERATION OF TEXAS PSYCHIATRY'S PRIORITIES FOR THE 2019 TEXAS LEGISLATURE

The Federation of Texas Psychiatry continues to work for what's best for Psychiatry and their patients with this year's primary focus on: Patient safety and protections from unqualified providers as it would only impede the delivery of high-quality care which all medical professionals strive to deliver; Collaborative care; Increasing funding for graduate medical education and Promoting a healthier State for All Texans through investment in public health and mental health programs and infrastructure.

The Federation of Texas Psychiatry also endorses the Texas Medical Association, the Texas Osteopathic Medical Association Legislative Priorities for the 2019 Texas Legislature and the American Psychiatric Association's Position Statement as follows:

TEXAS MEDICAL ASSOCIATION'S PRIORITIES FOR THE 2019 TEXAS LEGISLATURE

We Need to Protect Texas Patients From Unqualified Health Providers

The practice of medicine is reserved for those who have completed medical school and have appropriate and proper licensing. Other health providers have important skills that complement physicians' in caring for our patients, but lowering the standards for medical training and physician oversight is unhealthy and dangerous.

We Need to Keep Texas Medical School Graduates in Texas Residency Programs

It's no secret that doctors tend to stay in the states where they receive their specialized medical residency training. As such, Texas needs to invest appropriately in graduate medical education (GME)—not just build more medical schools—to train our next generation of physicians. Otherwise, we are using Texas taxpayer funding to train doctors for other states.

We Need to Responsibly Promote a Healthier State for All Texans

Mental Health/Public Health: We need to invest wisely in public health and mental health programs, services (including those in our public schools), and infrastructure. Additionally, by emphasizing primary care and prevention, the state can defend Texans from emerging infectious diseases, tackle the costly obesity epidemic, reduce tobacco's deadly toll, and help our citizens escape the ravages of substance use disorders.

TEXAS OSTEOPATHIC MEDICAL ASSOCIATION'S 2019 PRIORITY LEGISLATIVE AGENDA

Protect the safety of health care to patients by ensuring those who provide health care services provide those services for which they are educated and trained to keep patients safe by upholding a single standard of care overseen by the Texas Medical Board.

AMERICAN PSYCHIATRIC ASSOCIATION OFFICIAL POSITION STATEMENT ON SAFE PRESCRIBING

Approved by the Board of Trustees, July 2018, Approved by the Assembly, November 2018

"Policy documents are approved by the APA Assembly and Board of Trustees... These are... position statements that define APA official policy on specific subjects..." – APA Operations Manual

APA POSITION:

- 1) The treatment with medication of patients with mental illness requires a foundation of medical education, training, supervision, and care of patients with a broad range and severity of medical problems.
- 2) The safety of patients and the public must be the primary consideration of each state's licensing agencies and legislature. ■

INSIDE

Calendar of Meetings	8
Challenges and the Year Ahead	4
Congratulations	4
Scenes from Annual Convention	7
The Invaluable Education I Learned at the TSPP Spring 2015 CME Program	2
TSPP Membership Dues	4
TSPP/TA{ Spring Committee Meetings and CME Program	5-7



FEDERATION OF TEXAS PSYCHIATRY CAPITOL DAY 2019 WITH TMA FIRST TUESDAYS AT THE CAPITOL

MARCH 5, 2019 • Register Online
<https://www.texmed.org/FirstTuesdays>
Additional Program Information to Follow



The Invaluable Education I Learned at the TSPP Spring 2015 CME Program and How It Helped Save a Life

Joseph A Simpson, MD, LAPA

This is the story of Gabrielle, daughter of my friend Paula whom I work with. Gabrielle was a thriving college student when about 3 years ago she started having strange symptoms, staring at people strangely, not making sense; she was seen at an Emergency Room and presumed to be psychotic, despite no psychiatric history at all; was hospitalized at a local psychiatric hospital where it took about a week before they were able to demand her release, against medical advice; they watched her about 3 days at home with the help of her fiancé; she was awake non stop, repeating phrases, agitated, and finally started seizing. Paula had to do artificial respiration; they managed to get her the 70 miles to

Metropolitan Hospital in San Antonio. By then she was comatose.

Some time earlier I had attended the TSPP Spring Meeting in 2015, where Justin Coffey MD presented on Anti-NMDA Receptor Encephalitis. Recognizing the significance as it may apply to Gabrielle's case, I spoke to Paula about the possibility of autoimmune encephalitis which Paula relayed to one of her hospitalists and to Gabrielle's main treating physician, Dr. Brian Winn. I spoke with Dr. Winn who described an incredible and complicated ordeal. She had been given steroids and each time there might be some improvement; then she began seizing again; exhibiting various kinds of bizarre EEG patterns over 2 months. She was placed on

various seizure meds. Her workup was complicated; he believed she had some kind of autoimmune syndrome but was not just the NMDA receptor; She was positive for ANA antibodies. She had periods of catatonia; would sleep 2 days then wake up for a few minutes. She slept through her 21st birthday. She would "mirror" other people's behavior. She developed a severe bradycardia, had to be transferred to telemetry. She was given retuxan and cytoxin. One time she severely bit one of the nurses. She had Parkinson's like symptoms. Eventually she pulled out of her condition; it was miraculous; he kept her on cellcept for 2 years. She remembers nothing of this whole episode. He was saddened to hear she couldn't walk due to severe

necrosis of her hip joints, but had both hips replaced and now has normal range of motion. She returned to college and was married a few weeks ago.

Hopefully this points us to greater awareness of autoimmune encephalitis and to the value and importance of continuing medical education which I am thankful that our state psychiatric organizations, TSPP, TAP and TSCAP offer at all of our meetings. Dr. Winn relied greatly on UpToDate, a medical database that is up to date and provides CME for doing the research to treat your patients.

Dr. Winn agonized as it looked like she was going to die. It was close. I think he provided heroic care. Dr. Coffey was pleased and communicated with Paula.

Gabrielle's Story

It takes a tribe to raise a child. I would like to share an incredible ordeal about the amazing tribe that prevailed. My name is Paula. I am a mom, and a woman of strong faith. The medical terminology, and visual experiences we endured were more than I could have imagined. Words cannot describe and I lack the ability to properly convey the heart wrenching story that shook our lives and humbled us forever.

On a tranquil summer night, my husband and I received a phone call, no parent ever wants to receive. Christopher, my daughter's fiancé informed us that he was taking Gabrielle to the hospital. Gabrielle was not feeling well and was acting strangely. My husband and I drove into town and rushed to find her in an examining room. We spent a few minutes asking her what was making her feel this way. She explained that she had not been able to sleep and felt confusion. We felt surely she was excited and anxious about starting her senior year of college, plus moving out on her own was to blame.

A television was rolled into the room, where a young man appeared. He asked a few questions. The gentleman decided that Gabrielle needed to be transported to a behavioral hospital. Ten minutes... Ten life changing minutes, is all it took to propel the next 7 days. Gabrielle was admitted into the behavioral hospital in the wee hours of the morning. The week that followed was a nightmare. In short, visitations were denied and communication was scarce. My husband and I decided to trust our parental instinct and pulled our daughter out against medical advice. Where was my beautiful girl? She walked out in someone else's clothes, no shoes, and her hair in total disarray. She held on to my arm and did not

speak, only whimpered. Gabrielle rode home in silence, attempting to open the car door while in motion. As we approached our destination she uttered the name of the town we lived in. We wept, knowing our girl was in there. We knew she would return, there was eternal hope.

HOME... meant sanctuary, surely love, food, and rest would be enough. I was terribly mistaken. Gabrielle, was not herself. She was agitated and seemed to be having nightmares with her eyes wide open. She paced constantly, occasionally grabbing objects and tossing them. This accompanied by no sleep continued for 3 days. Her fiancé, my husband and myself cared for her and did our best to keep her safe and calm. During the nightmarish moments, my voice seemed to soothe her. I was grateful, the bond we share was vibrantly alive. On the third day, my husband stepped out to run some necessary errands. Christopher, and I stayed behind with Gabrielle. Without warning, out of nowhere, Gabrielle had a seizure. This traumatic event was unmistakable and unforgettable. We managed to gently lower her to the floor to protect her from injury. The seizure seemed to last an eternity. Immediately following the convulsions, she stopped breathing. Now I had a little boy panicking and weeping and my child laying on the floor lifeless. I asked Christopher to call my husband, as I administered CPR. I knew my husband would arrive quicker than first responders. We live outside of the city limits and help would be arriving from two towns away. I also felt that a small rural hospital would not be equipped to provide the medical technology my heart said we needed. Gabrielle, came to and I was able to wash and dress her as she stood and stared into nothingness. My dear husband drove

the 70 miles to Methodist Hospital.

Immediately, she was admitted and a series of tests were taken. The staff must have seen how exhausted we were. They comforted and assured us that she was now in good hands. We were told that if there was any change, they would let us know. Feeling the weight of the world, we agreed to take their advice and go home. Rest would not be granted. A phone call from the hospital stating that Gabrielle had seized again and stopped breathing, welcomed us as we walked in the door. We were informed, that our girl had been intubated. We arrived to see tubes, chords, needles, and machines everywhere. Gabrielle remained in a coma the majority of her time at Methodist. She turned 21 on July 21, 2015, and missed the entire day. Her friends surrounded her and shared well wishes and gifts they had lovingly chosen for her. Gabrielle has no memory of this horrific event. She has no recollection of the multitudes that worked tirelessly to save her. The wonderful staff that played music and sang to her, hoping to entice her to wake up. The nurses who took turns braiding her hair and grooming her. Dr. Winn, who kept close tabs on her and endured this horrendous battle alongside us. My dear friend Dr. Joseph Simpson, who offered hope in a bleak situation by sharing vital information. Dr. Simpson had just attended a TPP conference highlighting Dr. Coffey's findings on NMDA Receptor Encephalitis. I cannot be more grateful, or thank these giants enough. You, saved my only daughters life!

Gabrielle had a long road to recovery. She is a determined and vibrant young lady who defied all the evidence. Her brain quickly reconnected and in January of 2016, she re-enrolled @ Trinity University and

accomplished her goal. She was able to graduate alongside her class, walking the stage proudly with chords of honor. On November 2, 2018 she married her Christopher. My cup runneth over. I could not possibly ask for more.

Gabrielle: Even after years of recovery and reflection, as I think back to that summer, my forgotten time, I am faced with the reality that not all that was lost of my former self may ever be restored. The girl I was before, unshakably confident, free-spirited, and without caution, stayed behind in that hospital bed so many nights ago. I no longer mourn her departure, or wish for her return as I once longed for, because in her place stands the woman I am today. Now, a 24 year old with double hip replacements who suffered from an undiagnosed brain disorder, I can honestly say I have never known humility this up close and personal before. All joking aside, since this ordeal, I have found that what I thought I was still lacking in myself has been replaced by an incredible sense of patience, understanding, and gratitude. These newfound traits, gifts that I have been blessed with over years filled with anger and confusion, have allowed me to embrace what happened to me, rather than resent it. This story ends in survival, not defeat; and as a young woman who still has so much life to live, I cannot help but look back and smile. I would like to thank my wonderful parents, and my devoted husband, who were there every step of the way and continue to be my biggest fans. I would also like to extend my most sincere thanks to the brilliant minds who put forth their finest efforts in saving mine. It is through your support that from the depths of loss, I have risen complete.

Medical Reflections

Brian Winn, MD, Treating Physician, San Antonio

Dear Joe:

Here is my recap of Gabrielle's history from my viewpoint:

I first saw her in the ICU at Metro. She had been intubated and worked up by the ICU doctors for seizures and comatose state. By then she had a spinal tap which showed a mild increase in wbc's and protein in her CSF. All cultures for bacterial pathogens were negative. Likewise, the

CSF was negative for viral antigen's like West Nile and for the infectious viral encephalitides from mosquitoes. Her ANA was positive but all secondary antibodies for lupus such as double-stranded DNA antibodies and extractable nuclear antigens were negative. Her complements were normal.

She had gotten steroids at moderate doses before I saw her and she was waking

up a bit, but not much. I did not know what she had at that point. Given her negative infectious w/u and her dire state, we continued the steroids and as she started getting more lethargic again, approaching a comatose state again, we increased them as you stated to 250mg IV qd, and then up to 1000mg IV q day for several days and she did wake up gradually although her behavior remained bizarre for the next

month or so in the hospital.

I thought still she might have a viral encephalitis with a lot of brain swelling or possibly CNS Lupus. I believe Paula had gotten your message about possible autoimmune encephalitis to one of her hospitalists, Dr Mehmood Khan, and he mentioned it to me. I was not satisfied with my two working

continued on page 3

Medical Reflections
continued from page 2

diagnoses above, and read about it, mostly in UpToDate-- a wonderful source. I began to feel over time that it was a good fit for her clinical syndrome.

The most well-known type of autoimmune encephalitis is associated with the anti-NMDA receptor, but there are 8 or more antibodies described. Most of them are not commercially available or not easily available and not all types of autoimmune encephalitis have an antibody associated with them. In Gabrielle's case, I was not aware of this diagnosis at all at the time she had a spinal tap so an anti-NMDA antibody test was not sent off from the CSF sample. I did send a serum anti-NMDA receptor test off but it returned negative. I did not think it wise to repeat her spinal tap to send off another test.

Still, I felt that autoimmune encephalitis fit her case presentation well. After she woke up on the high dose steroids she remained in delirium alternating with long periods of deep sleep/hypersomnia, some-

times lasting for several days, with only brief periods of lucidity. Her EEG's showed global encephalopathy with intermittent seizure activity. She required trials of several different seizures meds over a few weeks before she seemed to wake from her delirium, her seizures and frequent post-ictal states.

Her behavior was far more bizarre than any patient with Lupus CNS disease that I have seen. She had periods of catatonia, as well as frequent imitation of my motions and mirroring of my actions and echolalia. She slept through her 21st birthday celebration, surrounded by her friends and family and me in her hospital, hardly waking up for more than a few seconds before going back into a profound sleep.

At one point during her hospital stay she developed severe bradycardia and had to be move urgently to telemetry. Of interest, autonomic instability and bradycardia are well-described in autoimmune encephalitis.

At another point, she bit a nursing

assistant on the arm as she was being helped to the bathroom, totally unprovoked. The nursing assistant still asks about her, and bears no ill will.

I gave her IV Cytoxan and IV Rituxan during these weeks in the hospital, and then added Cellcept/Mycophenolate as steroid sparing agents, as these were recommended by the authors as being effective in the treatment of autoimmune encephalitis in the past. I feared if I just merely tapered her steroids over time, even slowly, that she had a high risk of relapse, and I knew that she would likely die or become vegetative if she did relapse.

Over several weeks in the hospital and then in a neuro-rehab hospital she gradually woke up and her premorbid personality returned. She remained on 2 different seizure meds, the prednisone and the Cellcept during this time and indeed over the next 2 years. She currently is off all these meds over 3 1/2 years out from her initial illness. For the first several months

after she got home her cognition and memory were very impaired and it was not clear if she would ever be able to live independently, but thankfully she continued to improve and eventually went back to finish her final year at Trinity University.

She has not relapsed at all and appears normal cognitively and emotionally. One unfortunate toxicity is that she began to note that she could not abduct her hips, though she does not recall significant pain. Xrays showed bilateral Avascular Necrosis of her hips, which were end-stage with total collapse of the femoral heads – undoubtedly due to the high doses of steroids required to save her brain. I am pleased she has done very well after bilateral hip arthroplasties and now has normal range of motion and no pain at all.

Recently, she got married, and I hope for only quiet happiness in her life from now on.

Medical Reflections

Justin Coffey, MD, TSPP Member and CME Program Speaker, Houston

Dear Joe,
Powerful story—thanks very much for sharing. Some colleagues and I have recently reviewed the phenotype of this

condition and described it in a piece coming out soon in the Journal of Neuropsychiatry and Clinical Neurosciences. It might be of interest. Increased awareness of this con-

dition is improving our recognition of it. In my opinion, the key observations come from this history—the relatively acute onset of catatonia and delirium should

prompt a workup for encephalitis.
I continue to admire your dedication to this young woman and her family.
Wishing you a happy holiday season.

Next Step... 86th Legislature

continued from page 1

been filed that would require every campus to have at least one counselor and kits to control bleeding, as well as expand mental health services at schools. Another will expand permission to carry guns on campuses for school personnel trained and authorized to use a gun on campus.

There will also likely be investment in improving the physical security of schools, including metal detectors, alarm systems, cameras, and "hardened" entrances to make it more difficult for attackers to access a campus. Also, watch for legisla-

tion boosting the number of counselors, school psychology specialists and social workers, particularly in rural districts, and expanding the use of telemedicine and telepsychiatry.

Managed care: The Legislature will scrutinize Texas managed care system, which has resulted in substandard health coverage for Texans with disabilities and others. Last year, the state's foster care system administrators complained that the insurance companies are requiring extra information to approve services and

denying services despite doctors' orders, as well as imposing other administrative challenges for patients to overcome in order to received needed services.

Issues Facing Psychiatry:

Psychological Prescribing: Already this session, Sen. Jose Rodriguez has filed S.B. 268, authorizing prescribing by psychologists. Currently, five states (Idaho, Iowa, New Mexico, Illinois, Louisiana) have psychological prescribing. Defeating this legislation will be a top priority for the Federation, and

we will be joining with organized medicine in that effort.

APRN independent practice: No bill has been filed to date, but this is expected to be among the hottest issues facing the House of Medicine in 2019.

Child & Adolescent Psychiatry Project (CPAP): Sen. Jane Nelson has filed S.B. 63, creating the Texas Mental Health Care Consortium. The legislation will coordinate the expansion and delivery of mental health care services by using the infrastructure and expertise of the health-related institutions of higher education and community mental health providers. Under the proposed bill, psychiatry hubs at Texas medical schools will provide consultations and specialized care coordination to pediatric primary care providers using telemedicine.

ER Holds: The Federation continues to work with the emergency room physicians and the Texas Hospital Association to safely secure patients who are determined to be a danger to themselves or others. Legislation on this important issue was vetoed in 2015, but we are searching for new approaches involving technology, additional funding, and an improved understanding of legal parameters between physicians, facilities, law enforcement and the judicial system.

As always, it is our pleasure to represent the interest of psychiatric physicians in Texas and their patients before lawmakers and regulators in Austin. Please do not hesitate to contact me or Courtney Williamson in my office if you have questions or concerns.

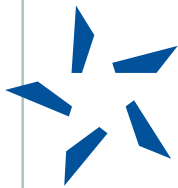
ROBUST RISK MANAGEMENT EDUCATION

LIBRARY OF 360 RESOURCES, RISK ALERTS AND NEWSLETTERS, ONLINE AND IN-PERSON CME COURSES, ERISKHUB® CYBER SECURITY PORTAL, RISK MANAGEMENT CONSULTATION SERVICE HELPLINE, ON OUR MINDS MONTHLY ON-DEMAND RISK UPDATE

DONNA VANDERPOOL, MBA, JD VICE PRESIDENT, RISK MANAGEMENT

Robust risk management is just one component of our comprehensive professional liability program.

PRMS the psychiatrists' program, More than an insurance policy, (800) 245-3333 | PsychProgram.com/Dedicated | TheProgram@prms.com



TSPP – Challenges and the Year Ahead

Joseph V. Penn, MD, CCHP, FAPA, President, Texas Society of Psychiatric Physicians

Hello! Happy New Year! Greetings from North Houston/Conroe, Texas.

I hope that your recent Christmas, Hanukkah, and other holidays, and New Year festivities were enjoyable, safe, and rejuvenating! Hopefully you were able to spend a lot of time with family, friends, loved ones, and perhaps you travelled somewhere interesting? Ideally, you had plenty of “down time” to enjoy a nice cup of hot cocoa, the warmth of a fireplace, the company of others, or some long overdue “me time” to unwind and decompress.

How are you doing on your New Year’s resolutions? If you don’t have any handy, and you are looking for low hanging fruit, here are a few! We are counting on all TSPP members (and future members) to renew their TSPP membership and actively participate in the TSPP (a particularly admirable New Year’s resolution). Here are some upcoming opportunities to kick off the year:

- 1) The Federation of Texas Psychiatry’s Capitol Day will be held in conjunction with Texas Medical Association’s First Tuesday at our State Capitol, on Friday March 5, 2019. Aside from being a great time of the year to travel to Austin, our 86th state legislature is in full session. This is a critical time for TSPP to generate and motivate as many members as possible to attend. We are all encountering a growing number of critical issues that face us as psychiatric physicians in our practice of psychiatry – efforts for psychology prescribing, advanced practice nurses (APRN) seeking independent practices with no physician oversight/prescriptive delegative authority agreements and the

We need your new/continued membership, active participation, attendance at meetings and special events (such as First Tuesday at the Capitol on March 5th!) and involvement in TSPP for the overall good of our patients and our noble profession.

like, emergency room/department (ER) holds of individuals with mental illnesses, to name a few.

- 2) Please also make plans to attend our April TSPP/TAP Spring Meeting to be held April 26-28, 2019 at the Westin Austin at the Domain Hotel (see page 5). We will feature another cutting edge CME program (full of “real world” clinical, legal, and regulatory issues of major importance), various committee meetings, and numerous other activities and opportunities for members, medical student and psychiatry resident trainees. And it is in Austin, the live music capital of the world!

- 3) Get more involved in TSPP Committees. If you are new to TSPP, please feel free to attend as many committee meetings as you like. You don’t have to be a committee member. Once you find a committee that resonates with you, feel free to approach the committee chair and ask to be added as a member. And very importantly, you can serve on more than one committee!

We continue to experience a national shortage of psychiatrists in the US, and in the great state of Texas. Many rural counties in Texas don’t have a physician, much less a psychiatric physician. Now is the time for all psychiatrists (residents in

training, early career, mid-career, academic, VA, correctional, state hospital, mental health centers, private practice, managed care, administrative, semi-retired, retired, you get the point...hopefully) in Texas to get much more involved. We continue to face daunting obstacles and roadblocks to quality mental health care in Texas. We continue to experience shortages of crisis or stabilization beds, inpatient community and state psychiatric hospital beds and other step-down level of care, challenges in continuity of care for our patients, lack of parity for mental health care when compared to “medical” illnesses to name a few. We continue to experience numerous “hassle factor(s)” such as time filling out forms or entering non-clinical “bureaucratic” information into computers, long wait times on hold trying to get pre-approval for psychotropic medications or treatment services for our patients. These are time consuming, drain our energy, and have other adverse impacts on our day to day work and personal/family life versus work balance. I am proud to report that these are all areas that TSPP continues to actively work to address these problems, but we need your help. At this time we cannot sit on the sideline and watch, we need to be engaged, and in the game. Who but TSPP will advocate for our profession



Joseph V. Penn, MD, CCHP, FAPA

and our patients?

Special thanks to Eric Woomer and Courtney Williamson for their efforts to prepare and gear up TSPP and our membership for our current legislative session and the road ahead. With much gratitude and appreciation to TSPP Executive Director Debbie Giarratano, and her former staffer, Emily Bustos (we wish Emily all the best on her recent departure from TSPP), and to new Administrative Assistant, Victoria Gonzales in our TSPP Central Office for their tireless efforts and hard work. As I write this column, I am amazed how fiscally responsible Debbie Giarratano is. She is urging me to send in my newsletter article sooner (rather than later) because US postage rates are going up and she wanted to save funds for TSPP and put your dues dollars to better use on your behalf.

In closing, we need your new/continued membership, active participation, attendance at meetings and special events (such as First Tuesday at the Capitol on March 5th!) and involvement in TSPP for the overall good of our patients and our noble profession. Please remember to take care of yourself and get ready to get more involved and belong in TSPP! ■

YOUR TSPP MEMBERSHIP DUES COURTESY REMINDER: LATE FEES ASSESSED FEBRUARY 1 SUBJECT TO TERMINATION OF TSPP AND APA MEMBERSHIP MARCH 31 IF NOT PAID

TSPP Membership Dues Continue to Be Billed Separate from APA: As a reminder, the Texas Society of Psychiatric Physicians bills separately from APA for your TSPP membership dues and your TSPP membership dues payment is remitted to TSPP. APA dues payments are remitted to APA.

Recently however APA revised their dues invoices and online membership records which has created some confusion for members about whether or not they have an outstanding balance for their TSPP membership dues. The APA membership dues invoice (see below) and their online APA membership record shows \$.00 for TSPP (Texas Psych (46) and that is because APA doesn’t bill for TSPP membership dues, it does **not** mean that you don’t have a balance due for TSPP membership dues. Only TSPP can provide you with information about your TSPP membership dues balance and/or payment so if you have any questions about whether or not your TSPP membership dues have been paid, please don’t hesitate to contact our office at tsppofc@aol.com or 512-478-0605 so we can further assist you.

Dues Year	Description	Amount
2019	Texas Psych (46) Membership	\$.00
	APA Membership Dues	\$Amount Accdg to your MemType

Refund from APA: In addition, due to an error in their system, APA mistakenly billed some Texas members for their TSPP dues on the APA dues invoice. **If you remitted payment to APA for your Texas Society of Psychiatric Physicians’ membership dues, please contact APA for an immediate refund of your TSPP District Branch dues as it may not be automatically refunded.**

Courtesy Reminder – Late Fee Assessment and Termination of Membership Dates:

February 15 – **late fee added**

March 31 – TSPP and APA membership terminated for non-payment of dues if payment not received on or before March 31

Methods to Remit Payment:

Electronically – Email tsppofc@aol.com and request a QuickBooks Online email link to click and pay

Email – Scan and email your TSPP dues invoice with payment

Mail – Mail to TSPP, 401 West 15th Street, Suite #675, Austin, TX 78701

or you may telephone 512-478-0605 or mail, email or fax your payment.

Telephone – Call and remit payment by phone 512-478-0605

Thank you for your membership! We are proud to represent you!

CONGRATULATIONS

TO THE FOLLOWING
TSPP MEMBERS WHOSE
NOMINATIONS WERE
APPROVED BY THE
APA BOARD OF TRUSTEES FOR
DISTINGUISHED LIFE FELLOW,
DISTINGUISHED FELLOW
AND FELLOW STATUS IN 2019

DISTINGUISHED LIFE FELLOW:

Michael Arambula, MD, Pharm.D
San Antonio

DISTINGUISHED FELLOWS:

Chad Lemaire, MD
Houston

Sheila Loboprabu, MD
Houston

FELLOWS

Rasheed Busari, MD
Richmond

Irina Gromov, MD
Dallas

Umar Latif, MD
Cross Roads

Melissa Martinez, MD
San Antonio



Texas Society of Psychiatric Physicians & Texas Academy of Psychiatry

Spring Committee Meetings and Continuing Medical Education Program:

“Treating the Seriously Mentally Ill”



April 26-28, 2019 • Westin Austin at the Domain Hotel, Austin, Texas

Register early and plan to attend the 2019 committee meetings and Joint Provider Spring CME Program of the Texas Society of Psychiatric Physicians and the Texas Academy of Psychiatry on April 27, 2019 at the Westin Austin at the Domain Hotel, 11301 Domain Drive, Austin, TX. Other organization meetings will be held April 26 and the TSPP Executive Council Meeting, April 28.

MEETING HIGHLIGHTS

- TSPP & TAP Joint Provider Spring CME Program (5 Hours of *Category I CME Credit™*) with 1 of the Hours Designated for Medical Ethics
- TSPP Committee Meetings - Open to all Members, including Residents and Fellows in Training
- Networking with Colleagues from Around the State of Texas
- Exhibits that offer Business Practice Tools, Malpractice Insurance and Employment Opportunities
- TSPP Government Affairs Committee & Luncheon Program
- Complimentary Refreshments & Reception
- TSPP Executive Council Meeting and Installation of Officers for 2019-20



MEETING LOCATION / INFORMATION

Located in the heart of The Domain, within one of Austin's premier destinations, the AAA 4-Diamond Award Winning Westin Austin at the Domain Hotel is centrally located among 1.3 million square feet of high-end shopping and local music, fine dining, an upscale movie theater featuring independent and major films, and jogging paths offering a taste of the calming greenery found nearby. Easy steps from the hotel door, or a complimentary Westin golf cart shuttle away, you will find Spa Reveil, an exclusive spa sanctuary dedicated to creating a memorable experience for every guest (Spa Reservations 1-512-339-7000), outstanding shopping choices including Neiman Marcus, Tiffany & Company, Louis Vuitton, Nordstroms, Dillards and numerous dining options such as Flemings, Jaspers, Kona Grill, Cru Wine and many others. Or, plan to remain in the hotel and enjoy fine dining in a relaxed atmosphere celebrating premium meat and seafood, great wine, and fresh produce and relax in the warm retreat of the lobby offering live music on most weekday afternoons.

HOTEL RESERVATIONS

TSPP has negotiated a small block of rooms with a discounted room rate of \$189 for reservations placed **BEFORE APRIL 4**. To take advantage of this rate, visit the Federation of Texas Psychiatry's website at www.txpsych.org and click on the URL link included in the announcement/information for the TSPP/TAP meeting:

<https://book.passkey.com/event/49719142/owner/3061945/home>

** Booking a room within the TSPP room block is an important way to support TSPP and TAP and helps to keep the overall meeting registration fee and costs as low as possible. Booking outside of the TSPP block, or at another hotel could expose TSPP to monetary charges for attrition. Plus, staying in the hotel keeps you connected with all the activities and networking opportunities during the event. Please help us help you by booking your room at the hotel hosting the meeting and within the TSPP room block.*

EXHIBITS

Complimentary refreshments and snacks will be provided in Primrose Foyer of the Westin Austin at the Domain Hotel for registered attendees. Exhibits will be open throughout the day Saturday to provide you with information designed to enhance your practice and improve the optimal delivery of medical care to your patients. In addition there will be 'job fair' exhibitors who have employment opportunities for Psychiatrists in the State of Texas.

PROGRAM SCHEDULE

FRIDAY, APRIL 26

4:00 pm - 10:00 pm	Temporary Registration Desk	.Bluebonnet Foyer
6:00 pm - 7:30 pm	Chapter Leadership Forum	.Bluebonnet
6:00 pm - 7:30 pm	TSCAP Executive Committee Meeting	.Wine Room
7:30 pm - 9:00 pm	Federation Delegate Assembly Meeting	.Bluebonnet

SATURDAY, APRIL 27

7:00 am - 9:00 pm	Registration	.Primrose Foyer
7:30 am - 8:45 am	Foundation Board of Directors Breakfast Meeting	.Verbena B
8:00 am - 9:50 am	Continental Breakfast	.Primrose Foyer
9:00 am - 10:30 am	Council on Leadership Meetings: Ethics Distinguished Fellowship Finance	.Camellia A .Camellia B .Plumeria A
	Council on Education Meetings: Continuing Medical Education Professional Practice Management	.Verbena A .Plumeria B
7:00 am - 9:00 am	Exhibits Set-Up	.Primrose Foyer
10:30 am - 10:50 am	Refreshment Break / Visit with Exhibitors and Door Prize Drawings	.Primrose Foyer
10:50 am - 12:20 pm	Council on Service Meetings: Academic Psychiatry Children and Adolescents Psychiatry Forensic Psychiatry Public Mental Health Services	.Camellia A .Camellia B .Plumeria A .Plumeria B
12:20 pm - 12:40 pm	Refreshment Break / Visit with Exhibitors and Door Prize Drawings	.Primrose Foyer
12:40 pm - 1:40 pm	Lunch Program (and Council on Advocacy Meeting)	.Primrose AB
1:40 pm - 2:30 pm	Texas Academy of Psychiatry Board of Directors Meeting	.Bluebonnet
1:40 pm - 2:30 pm	Resident Fellow Member in Training Section	.Verbena
2:30 pm - 8:00 pm	CME SCIENTIFIC PROGRAM: “Treating the Seriously Mentally Ill”	.Primrose CD
2:30 pm - 3:30 pm	“Differentiating Mild Cognitive Impairment from Progressive Neurocognitive Disorders” John G. Tierney, MD	
3:30 pm - 4:30 pm	“Treatment Resistant Schizophrenia” Raymond Cho, MD, M.Sc	
4:30 pm - 4:50 pm	Refreshment Break / Visit with Exhibitors and Door Prize Drawings	.Primrose Foyer
4:50 pm - 5:50 pm	“Preventing Relapse in Chronic Schizophrenia” Dawn I. Velligan, PhD	
5:50 pm - 6:50 pm	“Safety Planning in Patients with Suicidal Ideation” Cynthia L. Hoyer, MD	
6:50 pm - 7:00 pm	Refreshment Break	.Primrose Foyer
7:00 pm - 8:00 pm	Dinner and Continuation of CME Program	
7:00 pm - 8:00 pm	“Decision Making Capacity in the Seriously Mentally Ill” (ethics) Michael R. Arambula, MD, PharmD	

SUNDAY, APRIL 28

8:00 am - 11:00 am	Registration	.Primrose Foyer
9:00 am - 11:00 am	Executive Council Meeting Continental Breakfast and Installation of Officers for 2019-20	.Lantana

Texas Society of Psychiatric Physicians and Texas Academy of Psychiatry
Spring Committee Meetings and Joint Provider Scientific Program
Saturday, April 27, 2019 (5 Hours *Category 1 Credit™*)
“Treating the Seriously Mentally Ill”

SCIENTIFIC PROGRAM

2:30 pm - 3:30 pm “Differentiating Mild Cognitive Impairment from Progressive Neurocognitive Disorders”
John G. Tierney, MD

Objectives: The learning objectives for this activity have been designed to address clinician competence. Upon conclusion of the activity, participants should be able to:

- Systematically evaluate middle-aged patients complaining of cognitive-behavioral changes.
- Discuss and Apply the first Practice Guidelines for Clinical Evaluation of Alzheimer's Disease and Other Dementias for Primary and Specialty Care developed by the Alzheimer's Association's AADx-CPG Workgroup for the Clinical Evaluation of Cognitive Impairment Suspected to be due to ADRD

3:30 pm - 4:30 pm “Treatment Resistant Schizophrenia”
Raymond Cho, MD, M.Sc

Objectives: The learning objectives for this activity have been designed to address clinician competence. Upon conclusion of the activity, participants should be able to:

- Identify new treatment strategies and apply more effective combination of medications to treat the Chronically Mentally Ill patient population.

4:30 pm - 4:50 pm Refreshment Break / Visit with Exhibitors and Door Prize DrawingsPrimrose Foyer

4:50 pm - 5:50 pm “Preventing Relapse in Chronic Schizophrenia”
Dawn I. Velligan, PhD

Objectives: The learning objectives for this activity have been designed to address clinician competence. Upon conclusion of the activity, participants should be able to:

- Consider using screening questions to identify potential relapse in schizophrenia.
- Identify barriers and strategies to improve psychiatric follow up for patients with schizophrenia.
- Identify barriers and strategies to improve medication adherence in patients with schizophrenia.

5:50 pm - 6:50 pm “Safety Planning in Patients with Suicidal Ideation”
Cynthia L. Hoyler, MD

Objectives: The learning objectives for this activity have been designed to address clinician competence. Upon conclusion of the activity, participants should be able to:

- Describe and explain the key elements of a safety plan for patients with suicidal ideation.
- Develop a written, individualized safety plan for their patients with suicidal ideation in an office visit or in the ED setting.
- Implement procedures in their clinical practice to use a safety planning intervention with their patients with suicidal ideation.

6:50 pm - 7:00 pm Refreshment BreakPrimrose D

7:00 pm - 8:00 pm Dinner and Continuation of CME Program:
“Decision Making Capacity in the Seriously Mentally Ill” (Ethics)
Michael R. Arambula, MD, PharmD

Objectives: The learning objectives for this activity have been designed to address clinician competence. Upon conclusion of the activity, participants should be able to:

- State the current criteria for determining decision making capacity.
- Describe the current laws impacting mental health treatment in those with limited capacity to make informed treatment decisions due to mental illness.
- Discuss how shared decision making might be used to improve care for those with severe mental illness.

ABOUT THE SPEAKERS

MICHAEL R. ARAMBULA, MD, PharmD
Past President
Texas Medical Board, Austin, TX
Adjunct Assoc. Professor of Psychiatry
Department of Psychiatry
The University of Texas Health Science Center
Private Practice in General and Forensic Psychiatry
San Antonio, TX

RAYMOND CHO, MD, M.Sc
Associate Professor
Department of Psychiatry
Baylor College of Medicine
DeBakey VA Medical Center
Houston, TX

CYNTHIA L. HOYLER, MD
Medical Director
Valley Coastal Bend
VA Healthcare System
Harlingen, TX

JOHN G. TIERNEY, MD
Private practice in General Adult and Geriatric Psychiatry
Adjunct Professor of Psychiatry
Department of Psychiatry
University of Texas Health Science Center Medical School
San Antonio, TX

DAWN I. VELLIGAN, PhD
Director
Division of Community Recovery, Research and Training
Henry B. Dielmann Chair
Department of Psychiatry
UT Health San Antonio
San Antonio, TX

CME PROGRAM GOAL / TARGET AUDIENCE

This live activity has been designed in a lecture format with case examples followed by an interactive audience question and answer period 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.

The information and data presented will address the professional practice gaps of the learners and advance the physician's competence and improve their knowledge about the complex contributing factors in this patient population and introduce additional resources and new strategies to improve outcomes so that they may develop strategies to apply the knowledge, skills and judgement of the information presented in the educational activity into their practice.

IDENTIFIED PRACTICE GAPS / NEEDS ASSESSMENT:

TSPP identified educational needs and professional practice gaps from members expressed needs and in medical literature and incorporated it into the CME activity to address the relevant educational needs concerning competence that underlie the professional practice gaps of the participants.

The program will explore the systematic evaluation of people with progressive neurocognitive disorders versus mild cognitive impairment in the aging population. Despite more than two decades of advances in diagnostic criteria and technology, symptoms of Alzheimer's disease and Related Dementia too often go unrecognized or are misattributed, causing delays in appropriate diagnoses and care that are both harmful and costly. First Practice Guidelines for Clinical Evaluation of Alzheimer’s Disease and Other

Dementias for Primary and Specialty Care (Alzheimer's Association International Conference 2018; Neurology Advisor. July 23, 2018) The presentation will address the systematic guidelines for the evaluation of cognitive behavioral syndromes in the aging population.

Up to 30% of patients with treatment-resistant schizophrenia treated with clozapine have residual positive symptoms. Psychiatrists are looking for treatment strategies to improve treatment outcome in this chronically mentally ill patient population. The presentation will address how to access medication response in Treatment Resistant Schizophrenia and adjust treatment approach.

Contributing factors influencing relapse in chronic schizophrenia include non-adherence to medication, difficulty identify relapse and missed follow up appointments, among others. The presentation will address these and other common contributing factors to relapse into psychosis and possible strategies to improve outcomes. (The Welcome Basket Revisited: Testing the Feasibility of a Brief Peer Support Intervention to Facilitate Transition from Hospital to Community, Psychiatric Rehabilitation Journal, 2016, Vol. 39, No. 4, 335-342)

Suicide and suicidal behavior are major public health problems. The suicide rate in the US has steadily increased over the past 2 decades. There are few empirically supported brief intervention strategies to address the problem in various clinical settings. Safety planning intervention training for patients with suicidal ideation has been shown to lead to a reduction in suicidal behavior and to increased treatment engagement among suicidal patients. (Comparison of the Safety Planning Intervention With Follow-up vs Usual Care of Suicidal Patients Treated in the

Emergency Department. JAMA Psychiatry. 2018;75(9):894-900.
doi:10.1001/jamapsychiatry.2018.1776

There is limited research and varying practices for medical decision making by those with developmental disabilities or severe mental illness. The presentation will address ethical issues in the evaluation of capacity to make treatment decisions in patients with severe mental disabilities and ways to involve patients in shared decision making to the fullest extent possible. This topic directly impacts the clinical practices of psychiatrists. The social context in which the evaluation and treatment are being provided will be addressed during the presentation. (The MacArthur Competence Assessment Tools for assessing decision-making capacity in schizophrenia: A meta-analysis, <http://dx.doi.org/10.1016/j.schres.2016.11.020>; Shared treatment decision-making and empowerment-related outcomes in psychosis: systematic review and meta-analysis, The British Journal of Psychiatry (2016) 209, 23-28, doi: 10.1192/bjp.bp.114.158931; Medical Decision-Making for Adults Who Lack Decision-Making Capacity and a Surrogate: State of the Science American Journal of Hospice & Palliative Medicine 2018, Vol. 35(9) 1227-1234

11.020; Shared treatment decision-making and empowerment-related outcomes in psychosis: systematic review and meta-analysis, The British Journal of Psychiatry (2016) 209, 23-28, doi: 10.1192/bjp.bp.114.158931; Medical Decision-Making for Adults Who Lack Decision-Making Capacity and a Surrogate: State of the Science American Journal of Hospice & Palliative Medicine 2018, Vol. 35(9) 1227-1234

OBJECTIVES

The learning objectives for this activity have been designed to address clinician competence and are listed under each presentation.

ACCREDITATION STATEMENT

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Texas Medical Association (TMA) through the joint providership of the Texas Society of

Psychiatric Physicians and the Texas Academy of Psychiatry. The Texas Society of Psychiatric Physicians is accredited by TMA to provide continuing medical education for physicians.

CREDIT STATEMENT

The Texas Society of Psychiatric Physicians designates this Live Activity for a maximum of five (5) *AMA PRA Category I Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

ETHICS DESIGNATION STATEMENT

The presentation “Decision Making Capacity in the Seriously Mentally Ill” has been designated by the Texas Society of Psychiatric Physicians for one (1) hour of credit of education in medical ethics and/or professional responsibility.

FACULTY AND PLANNERS DISCLOSURE POLICY

In compliance with the ACCME/TMA Standards for Commercial Support of CME, to assure balance, independence, objectivity and scientific rigor in all of its CME activities, prior to the education activity being delivered to the learners, the Texas Society of Psychiatric Physicians implemented a mechanism to identify and resolve personal conflicts of interest from everyone who was in a position to control the content of the education activity. TSPP will disclose to learners the existence (or non-existence) of all relevant financial relationship(s) that the faculty and planners did (or did not) have with any commercial interest concerned with the content of the educational presentation.

Disclosure will occur prior to the presentation through written communication in the syllabus / handout materials.

SCENES FROM THE 2018
TSPP ANNUAL CONVENTION

TSPP RFM SECTION



TSPP Officers and Resident Fellow Members at RFM Section Meeting – Congratulations on an Excellent Meeting and Great Turnout!... Texas RFM Members Rock!!



TSPP Officers, Training Directors and RFM Representatives

2018 RFM Section Chair, Karen Duong, DO (left) and Vice-Chair, Bethany Hughes, MD (right)
Congratulations on a Tremendous Year of Accomplishments and a Special Thanks to You Both For All of your Dedication, Motivation and Participation in TSPP's Activities.

TSPP: Your Organization – Your Voice – Your Future!



AND HERE'S WHAT THE RFM ATTENDEES HAD TO SAY:

"As a resident member of TSPP, I've learned so much about organized medicine. The Resident Fellow Meeting allows residents and fellows from across the state to discuss current issues, collaborate between programs, and find a voice in our profession. It has also offered great networking opportunities, and I've been able to meet many wonderful future psychiatrists whom I keep in touch with outside of meetings. We have a social outing during each meeting which also builds these connections. Residents also have the ability to sit on other committees to lend our voice to the leaders in our profession. I personally sit on the Academic Committee, and had the privilege of presenting a project from my program aimed at improving resident and fellow participation in organized medicine. I've really enjoyed my time in TSPP, and look forward to membership after graduation." – Rachel E Zettl, M.D., M.Ed., PGY-3 resident at University of Texas Southwestern Medical Center (UTSW)

"TSPP 2018 was an amazing meeting! Being able to interact with fellow members, share experiences, and insights from around the state was definitely a remarkable experience. Also, the lecture series allowed us to partake in the expert's views on issues that impact our current practice and learning environment as well as becoming aware of the trends that our field is following. Being active in organizations that represent our profession is crucial to support and shape the future of our field. Having a forum for resident/fellow participation is an encouraging opportunity to witness the responsibility we carry as psychiatrists and voice concerns as well as goals that pertain to current and future trainees." – Ramon Aragon, M.D., PGY-3 resident at Texas Tech El Paso & new Chair-Elect for 2019-2020 academic year

"As a resident, it's hard to find the time to meet colleagues from different cities and programs. The TSPP Annual Convention provides a unique opportunity for all of us to gather, share stories, and collaborate. It inspired me to see so many residents travel from all over the State to talk about the present state and future of psychiatry. There was a representative from nearly every psychiatry program in Texas! We learned so much from each other and made new friends. I strive to come back as many times as I can and encourage other residents and fellows to do the same." – Lynh Phan, D.O., PGY-2 resident at John Peter Smith

"The RFM section was able to work with the executive committee to create the organization's Dr. Debra Atkisson Resident-Fellow Member Travel Scholarship Fund. This will help give the next generation of psychiatrists an opportunity to be even more involved in organized medicine." – Karen Duong, D.O., PGY-3 resident University of Texas Southwestern Medical Center (UTSW)

RFM Members Attending Federation of Texas Psychiatry and TMA First Tuesdays at the Capitol
Capitol Day 2019 • March 5, 2019

Register online at https://www.texmed.org/FirstTuesdays and, if you are a RFM member of TSPP, TSCAP or TAP and have 3 or more RFMs travel with you, you may submit your automobile mileage (and parking receipts, if required) to TSPP for reimbursement from the Resident Member Travel Scholarship Fund by providing the names of the 3 RFM members below, in advance, to TSPP, 401 West 15th Street #675, Austin, TX 78701 (All must be a member of TSPP, TAP or TSCAP):

- 1.
- 2.
- 3.

Registration form for Texas Society of Psychiatric Physicians and Texas Academy of Psychiatry Spring Meeting & Continuing Medical Education Program. Includes contact information, registration fee table, meeting syllabus order, and payment method sections.

TSPP ANNUAL AWARDS BANQUET



2018 Award Recipients l-r: Drs. Leatherman, Gray, Atkisson and Stone



Debra Atkisson, MD, Distinguished Service Award Recipient and Terry McMahon, MD, Presenter



Michael M. Stone, MD, Psychiatric Excellence Award Recipient with Karen Dineen Wagner, MD, PhD, Presenter



Kevin Gray, MD, Special Service Award Recipient with Mark Jacobs, MD, Presenter



Martha Leatherman, MD, Special Service Award Recipient with J. Clay Sawyer, MD, Presenter

FEDERATION OF TEXAS PSYCHIATRY
John R. Bush Leadership Excellence Award



2018 Award Recipient: J. Clay Sawyer, MD, Waco (right)



Conway L. McDonald, MD, 2017 Federation Award Recipient (left), J. Clay Sawyer, MD, 2018 Federation Award Recipient (right) with John R Bush, Presenter (center)

We've got you covered.

For over 40 years, we have provided psychiatrists with exceptional protection and personalized service. We offer comprehensive insurance coverage and superior risk management support through an "A" rated carrier. In addition to superior protection, our clients receive individual attention, underwriting expertise, and, where approved by states, premium discounts.

Endorsed by the American Psychiatric Association, our Professional Liability Program Provides:

- **Risk Management Hotline**
24/7 should an emergency arise
- **Insuring Company rated "A" (Excellent)** by A.M. Best
- **Telepsychiatry, ECT Coverage & Forensic Psychiatric Services are included**
- **Many discounts, including Claims-Free, New Business & No Surcharge for Claims** (subject to state approval)
- **Interest-free quarterly payments/credit cards accepted**



Visit us at apamalpractice.com or call **877.740.1777** to learn more.



American Professional Agency, Inc.

L E A D E R S I N P S Y C H I A T R I C M E D I C A L L I A B I L I T Y I N S U R A N C E

PRSRT STD
U.S. Postage
PAID
AUSTIN, TX
Permit No. 1323

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

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.

EDITORIAL BOARD

Federation Executive Committee

MANAGING EDITOR

Debbie Giarratano

Federation of Texas Psychiatry

401 West 15th Street, Suite 675
Austin, Texas 78701
(512) 478-0605 / (512) 478-5223 (FAX)
TxPsychiatry@aol.com (E-mail)
<http://www.txpsych.org> (website)

JOB BANK

Whether you are looking for career opportunities or you are recruiting to fill a position in your organization, you will want to check out the Federation's **JOB BANK** on its website at www.txpsych.org. The Federation's **JOB BANK** could be just what you have been looking for.

CALENDAR OF MEETINGS

MARCH

5

Federation of Texas Psychiatry (TSPP, TAP & TSCAP) and Texas Medical Association First Tuesdays at the Capitol – CAPITOL DAY 2019
Texas Medical Association, Austin, Texas
Register Online: texmed.org/FirstTuesdays and then notify TSPP/TAP/TSCAP that you're attending by emailing tsppofc@aol.com
RFM Members are Eligible for Automobile Mileage and Parking Travel Reimbursement if 3+ RFM Members Travel Together and Submit the Names in Advance

APRIL

26-28

Texas Society of Psychiatric Physicians and Texas Academy of Psychiatry Spring Meeting and CME Program "Treating the Seriously Mentally Ill"
Westin Austin at the Domain Hotel, Austin, Texas
Registration: Mailed and Posted Online at www.txpsych.org
Hotel Reservations: \$189 on or before April 4
Reserve online at www.txpsych.org or <https://book.passkey.com/event/49719142/owner/3061945/home>

MAY

17-18

Texas Medical Association TEXMED Section on Psychiatry
Hilton Anatole Hotel, Dallas, Texas
Registration: <https://www.texmed.org/TexMed/>

18-22

APA Annual Meeting
San Francisco, California

JULY

19-21

Texas Society of Child and Adolescent Psychiatry Annual Meeting and Scientific Program – "A Generation in Distress: Depression and Suicidality in the Teenage Years"
Westin Riverwalk Hotel, San Antonio, Texas
Registration: Coming Soon
Hotel Reservations: \$177 City Side / \$207 River Side on or before June 18
1-888-627-8396

OCTOBER

14-19

American Academy of Child and Adolescent Psychiatry Annual Meeting
Hyatt Regency Chicago, Chicago, IL

NOVEMBER

8-10

Texas Society of Psychiatric Physicians 63rd Annual Meeting and Scientific Program
Moody Gardens Hotel, Galveston, Texas
Registration: Coming Soon
Hotel Reservations: \$142 on or before October
888-388-8484