



# Texas Society of Psychiatric Physicians NEWSLETTER

APRIL/MAY 2004

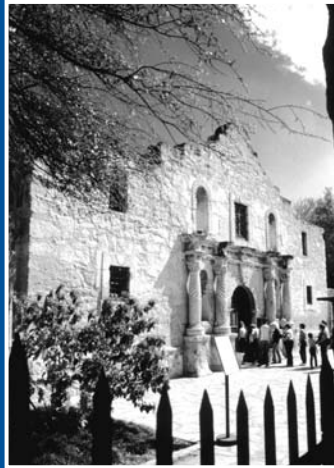
## Beyond Essentials: Excellence in Texas Psychiatry 2004 Scientific Program

John Casada, MD, Scientific Program Chair

On behalf of TSPP and the Bexar County Psychiatric Society, I would like to invite you to come to San Antonio and attend our Annual Scientific Conference entitled, "Beyond Essentials: Excellence in Texas Psychiatry." The activities planned for November 13-14 will provide interesting and engaging educational sessions and enjoyable social activities on San Antonio's Riverwalk.

As you are undoubtedly aware, psychiatry has been subject to pressures from many directions. One important source of pressure comes from the widespread public misunderstanding of what psychiatrists do. This has allowed some psychologists, who want to obtain the right to practice medicine without the benefit of proper training, to oversimplify the demands of psychiatric practice and attempt to convince lawmakers, insurers, and the

public that they can provide basic, essential psychiatric services cheaper and more effectively than we can. One of our responses to this should be to show that Texas psychiatrists are not resting on mere psychiatric essentials but are routinely delivering excellence in clinical care. We should also make it clear that excellent psychiatric care is more economical and efficacious than clinical care by less experienced and undertrained providers. In order to achieve this, this year's scientific meeting will include panel discussions on the latest research in personality disorders, mood disorders, anxiety disorders, and child and adolescent psychiatry with a special emphasis on how this research translates into clinical practice. Many of the panels will be multidisciplinary and illustrate the strengths available in appropriate collaborations between



**TSPP Annual Scientific Conference**

***"Beyond Essentials: Excellence in Texas Psychiatry"***

For Full Program and Registration Form visit the TSPP website — [www.txpsych.org](http://www.txpsych.org)

### J. Clay Sawyer, MD Installed as President

J. Clay Sawyer, MD was installed as President of the Texas Society of Psychiatric Physicians on April 4, 2004. Dr. Sawyer, a Distinguished Fellow of the APA, is the first psychiatrist from Waco to serve as President of TSPP.

Dr. Sawyer received his Medical Degree from the University of Texas Medical Branch in Galveston, Texas and did his residency in Psychiatry at Case-Western Reserve University in Cleveland, Ohio.

Dr. Sawyer has been in the private practice of general adult Psychiatry in Waco since 1986. He is a Past President of the McLennan County Medical Society and a Delegate to the House of Delegates of the Texas Medical Association. He is the Past President of the TSPP Lone Star Chapter in Waco and a member of the Board of Directors of McLennan County Medical Education and Research Foundation, Bridge Health Network, Rapoport Academy and the Waco Symphony Association. He has been a volunteer lecturer for the Family Practice Residency Training Program and served on the Board of Directors of Youth Connection of Waco, Inc. His wife, Dianne W. Sawyer, MD, is in private practice of Obstetrics and Gynecology in Waco.



Priscilla Ray, MD hands the TSPP President's gavel to J. Clay Sawyer, MD during his installation as TSPP President at the conclusion of the Executive Council meeting on April 4.

psychiatrists, other medical specialists, psychologists, and social workers.

The scientific sessions will highlight the rich clinical and research expertise we have in Texas. Elizabeth Weinberg, MD from Baylor College of Medicine, will moderate a presentation along with John Sargent, III, MD and Avrim Fishkind, MD entitled, "Treating Borderline Personality Disorder in Public Services." Charles Bowden, MD, Jair Soares, MD and Vivek Singh, MD from UT Health Science Center at San Antonio will address the latest research in bipolar disorder in a session entitled, "New Patient-Oriented Research Findings in Bipolar Disorder." Terrence Early, MD and Haring Nauta, MD, PhD from the UT Medical Branch in Galveston will address the surgical treatment of severe and intractable psychiatric disorders in a presentation entitled, "Stereotactic Functional Neurosurgery for Severely Disabling, Medically Intactable Psychiatric Disorders." Brigitte Bailey, MD, Anne Lopez, PhD and Steven Pliszka, MD from UT Health Science Center at San Antonio, will present examples of effective management of adolescent behavioral problems in their talk entitled, "Case Presentations: Treatment of Severe Mood Lability and Aggression in Adolescents in the Juvenile Justice System." Each of the presentations will be followed by an extended question-and-answer period. This should result in an interesting exchange of ideas as clinicians apply the panelists' expertise to the clinical problems they are managing and researchers learn what areas of research would most benefit clinical practice.

In addition to the panel presentations, we have planned presentations that address medical and ethical issues that frequently arise in the course of our practices. The first is a talk by Jon Russell, MD, PhD entitled, "Fibromyalgia Syndrome: Diagnosis, Pathogenesis and Management." Second, J. Ray Hays, PhD, JD

will give an ethics presentation entitled, "Ethical Considerations in Privacy for Couples, Families, and Groups: Split Alliances, Dual Duties and Trust."

In addition to the scientific sessions, our November meeting will provide an opportunity for attendees to enjoy the sights, sounds, and flavors of San Antonio. Our meetings will be held in the Omni Hotel, which offers excellent accommodations and highly rated restaurants. Also, on Saturday night, free shuttle service will be provided to take attendees to San Antonio's Riverwalk.

Make plans to attend our Annual Convention and Scientific Program. Work with us to make Texas a national leader in psychiatric research and clinical care. Enjoy the company of your colleagues and friends in historic San Antonio. We hope to see you in November.



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## It Takes a Physician...

In my first column in this capacity, I want to thank all members of the Texas Society of Psychiatric Physicians for the trust you have placed in me by allowing me to serve as your President for the upcoming year. I will do my best to live up to that trust, with the only agendas I will promote being those that will best enhance the goals, the livelihood, and the future of TSPP.

Before going any further, I want to thank my predecessor, Priscilla Ray, MD, for her outstanding service as President of TSPP during 2003-2004. Dr. Ray faced a most difficult set of circumstances during this past year; she effectively handled every challenge with the grace, the devotion, the determination, the quiet authority, the knowledge, and the effective influence of a true leader. Her leadership skills and capabilities stand as an example to us all. Mere words cannot convey the appreciation I feel for all that I have learned from her, both as colleagues on the Executive Council and as TSPP Representatives to the APA. She will definitely have my support if and when she runs for the office of President-elect of the Texas Medical Association—I hope that all TSPP/TMA members will join me in that quest.

I also want to thank our Executive Director, John Bush, and our Assistant Director, Debbie Sundberg, for all of their past and continuing efforts that have made TSPP the most effective District Branch in the American Psychiatric Association. Their work, and their devotion to TSPP, consistently goes above and beyond the mere call of duty. I cannot thank them enough for all of their hard work, and I greatly look forward to working with John and Debbie this year. They work at the behest of us all, and at the direction of the Executive Council, in keeping with the spirit, the philosophy, and the requirements of a membership-driven organization.

TSPP truly is a membership-driven organization, and a most effective representative body of all psychiatry in Texas. We are the fourth-largest District Branch of the seventy-six in the APA,

which allows us a degree of influence in helping the national organization both to achieve its goals and to bring about needed changes in order to enhance its future, as well. The events of the past year have brought into sharp focus the fact that the District Branches of the APA, and the APA itself, can no longer “do business as usual” and expect to survive. We must, however, raise our expectations beyond mere survival—we must again thrive as an organization, or effective representation of psychiatry in Texas will not be possible. TSPP has been for decades highly successful in advancing the interests of psychiatry; these achievements have also inherently advanced the safety and the quality of care our patients receive, which should always be our primary concern.

Unfortunately, TSPP presently represents only 54% of all psychiatrists in Texas, with membership retention efforts (not new member recruitment) failing over the past decade due primarily to economic reasons, as evidenced by our multiple surveys last year. As the policies responsible for this drop in membership numbers have been beyond our direct control, TSPP has originated an innovative program to try to reverse this trend—the Affiliates Program. The Executive Council, which directly represents all psychiatrists in Texas (public, private, and academic), voted at its April 4 meeting to form a separate corporation to implement and to administer this new program. Certain APA officials expressed reservations about our original program. However, our April 4 meeting was also attended by Marcia Goin, MD, APA President, and by Jack Bonner, MD, Area V Trustee. Both physicians stated that we have now found common ground with APA with this new concept and that we should have no further difficulties from those who disapproved of our earlier efforts.

In contrast with our present situation, TMA represents 82% of all physicians in Texas—a number which gives TMA formidable clout in all political dealings with the Texas state legislature and with many other organizations. This

degree of influence is a necessity in effectively representing the interests of medicine; our influence in advancing the interests of psychiatry in Texas cannot be allowed to continue to wane. If any doubters exist, let me point out two stark realities: if not for the maximum efforts of TSPP, psychologists would have gained admitting privileges during the '80s, and psychologists would have prescribing privileges today. We all know that our patients deserve better, and patient safety and quality of care have been enhanced and safeguarded through the dedicated work of TSPP. No one else can best represent our interests 100% of the time. No national organization alone can do this work completely, either—we cannot allow the events of New Mexico to happen in Texas.

Now that that effort is underway (the Affiliates Program), we can turn our attention to our other major goals for this year. First, the next regular Texas legislative session begins in early 2005—we must be prepared for our usual legislative concerns (the attempts of psychologists to gain prescribing privileges, the attempts of scientologists to return psychiatry to the dark ages, and the attempts of other groups who would seek to limit the treatment options needed by our patients). Second, the Texas Medical Practice Act will “sunset” and will likely be rewritten in its entirety during the legislative session—we must all be prepared to offer our input and to work in concert with TMA on this issue. Third, we must always remember why we are here—we are physicians first, with the best interests of our patients foremost.

In an attempt to help to meet all of our ongoing goals, I have developed a theme for my year as President of TSPP. That theme is as follows:

**It Takes A Physician To Be A Psychiatrist**  
I believe that this theme summarizes most of our major concerns and goals. To that end, I encourage all TSPP members, TMA members, and physicians in general to attend the CME course offerings at TMA's TexMed 2004 in



J. CLAY SAWYER, MD  
President

Austin in May. I want also to make a shameless plug for the Psychiatry program (Friday, May 14) at that event. As President-elect of TSPP, one of my duties was to arrange that CME program, the title of which is also, “It Takes a Physician to be a Psychiatrist.” Seven CME hours of credit are available; the course material includes updates not only in psychiatry, but also in internal medicine, neurology, OB/GYN (including postpartum depression and the latest information on hormone replacement therapy controversies), cardiology, and HIPAA concerns (the hour of which will meet the state's annual one-hour ethics requirement). The CME program is free to all TMA members and to all TSPP members (even if not a member of TMA). Please see the TMA website (<http://www.texmed.org>) for housing arrangements and for registration.

I hope that everyone will take advantage of this new and different approach to reinforcing the medical background required for us all to be effective psychiatrists and which sets us apart from those who would attempt to do what we do but who would endanger their patients by not undergoing this necessary training.

My hope is that this year will be both interesting and productive. I thank you again for allowing me to serve. To quote the late President John F. Kennedy (Inaugural Address, January 20, 1961), “Let us begin.”

## “The secret of success is constancy to purpose.”

Benjamin Disraeli

At the beginning of this year, I told you that I planned to “listen” to what our members wanted. Well, I HAVE listened, but it has often been while running. During this year, we have worked hard on such issues as membership retention, finances, dues and ethics problems, on representation at the APA, before the TSBME, to rulemakers and the public. I have

met with APA leaders in Washington, Tucson, and Austin, made phone calls, sent e-mails and explained our positions on a variety of subjects.

The question, “What do our members want?” has provided the unvarying compass by which the TSPP Executive Committee members have been guided this year. In each meeting,

this was the “gold-standard” for decisions. We are an organization driven by the “grassroots.” This has at times led us down the path of greater controversy and conflict, but that then is the correct path.

Our Affiliates Program is a good example. A survey of members and non-members demonstrated that this could be an effective program for membership retention. Although this led to controversy at the APA, and many meetings with a variety of people in leadership positions, the overriding concern was that we were accurately presenting our members' needs; this took precedence over every other priority and every sensitivity. At the last Executive Council meeting, we voted to implement the program via a separate corporation, a solution that seems satisfactory and hopefully beneficial to all.

An offshoot of that concern has been the high combined dues paid to APA/TSPP/local chapters. The APA Assembly representatives have continued to represent our members and future members in trying to address this. Our committees have also functioned to give our members what they want - from CME programs to legislative advocacy to relations with other medical organizations to patient protection.

During this year, I have become more and more impressed by the elegance and style with which a young psychiatrist from “Six Shooter Junction,” Clay Sawyer, has represented Texas psychiatrists and our patients; he has a clear idea of the challenges, a keen sense of purpose and will be a remarkable spokesman for us. John Bush and Debbie Sundberg are also “con-



PRISCILLA RAY, MD  
Immediate Past President

stant” in the pursuit of what our members want, laboring behind the scenes on projects from how to coordinate our annual session speakers, rooms and meetings all the way to the relative cost of ribbons and dots on our badges.

The success of this year can truly be attributed to the Officers, the Executive Committee, the Executive Council, Committee members and administrative staff and many others who want the best for Texas patients, who all listened and labored side-by-side in “constancy to purpose.”

Thanks. And I'll still be listening!

## MEMBERSHIP CHANGES

### NEW MEMBERS

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

### MEMBER IN TRAINING

Bennett, Girly, MD	Makhdoom, Sohail, MD	Oyster, Christina, MD
Lopez, Lina, MD	Naeem, Naheed, MD	Suppatkul, Maria, MD

### GENERAL MEMBER

Bruhn, Marjorie, MD	Johnson, Christopher, MD	Routh, Lisa, MD
Hipolito, Abel, MD	Matthews, Daniel, MD	Snuggs, John H., MD

### MIT Advancement to General Member

Bret, Mary E., MD	Ifesinachukwu, F. Ada, MD	Maze, Gregory, MD
De Leon, Susana, MD	Kamble, Madhuri, MD	Peloquen, Jenny, MD
Fernandez, Danilo, MD	Kim, H. Florence, MD	

### TRANSFERS FROM OTHER DISTRICT BRANCHES

Aderholt, Sarah, MD, GM  
Ebaugh, Irvin, MD  
Munich, Richard, MD, DLF

## I N M E M O R I A M

William B. Langston, MD  
Longview, Texas

# Your Committees at Work...

TSPPs committees met in Austin on April 3, 2004 and conducted the following business:

**Budget Committee:** TSPPs investment consultant reviewed TSPPs reserve portfolio noting a 17.8% gain last year. The Committee reviewed several adjustments to the investment portfolio. Financial reports for FY 2003-2004 were reviewed. Through 10 months of operations, TSPP had a net operating surplus of \$38,285 due in large measure to strong dues collections and a very successful annual meeting. The Committee considered dues waivers/reductions and approved one and declined three requests. The Committee approved an operating budget for next year in the amount of \$450,000. The Committee discussed the Affiliates Program and concluded that TSPP should provide the funds to implement the program regardless of the option for implementation the Executive Council may choose.

**Children and Adolescent Committee:** The Committee reviewed warnings recently released by the FDA regarding the use of antidepressant medications in the treatment of children, concluding that the issue is still under investigation and that child psychiatrists must continue to treat children with depression. The Committee also reviewed the Medicaid Preferred Drug List, benefits provided under CHIP and the reorganization of health agencies within the Texas Commission on Health and Human Services.

**CME Committee:** The Committee reviewed and approved its CME Mission Statement as well as its policies on Conflict of Interest and Commercial Support. The Committee reviewed results of the 2003 Annual Scientific Program noting the high ratings of speakers and the financial success of the conference. Programs and plans for the 2004 and 2005 TMA Section on Psychiatry were discussed. Plans for the 2004 Annual Scientific Program, "Beyond Essentials: Excellence in Texas Psychiatry," were discussed as well as the program for the 2005 Annual Scientific Program. Participation of residents in the Resident Paper Competition was also discussed.

**Constitution and Bylaws Committee:** The Committee reviewed TSPPs Articles of Incorporation and its Constitution and Bylaws, noting that several administrative changes will be addressed in the future. The Committee discussed the Affiliates Program and concluded that in the event of dissociation from the APA, the President should take the legal steps necessary to ensure that TSPP continues as the State medical organization representing Texas psychiatry.

**Fellowship Committee:** The Committee reviewed and tentatively approved applications for Distinguished Fellow. The Committee also recommended that APA provide an online application form to assist applicants in applying for Distinguished Fellowship.

**Forensic Psychiatry Committee:** The Committee reviewed new laws and educational requirements for competency evaluations and recommended that TSPP forward names of members to the Governor for appointment to the Advisory Committee to the Texas Correction's Office on Offenders with Medical or Mental Impairment. A request to support an Amicus

Brief on the Andrea Yates case was considered, but action will not be taken until the Brief and Appeals is sent to TSPP for review. The Committee endorsed the publication and sponsorship of a Handbook of Texas Mental Health Law for Psychiatrists. A subcommittee was appointed to review TSBMEs proposed rule on telemedicine and to consider standards for telemedicine. The Committee reiterated its interest in having TSPP sponsor a program regarding Mental Retardation and the Death Penalty.

**Government Affairs Committee:** The Committee was briefed on the legislative sunset review process currently underway regarding the Psychology Board and the Texas State Board of Medical Examiners. Recent actions taken by the TSBME to refer physicians who report a diagnosis of depression for a forensic evaluation and a Board member's statement that psychiatrists should only be allowed to prescribe psychotropic medications were discussed. The first measure is discriminating and stigmatizing and the later action is an unprecedented limit on the practice of medicine. The politics of a Special Session were discussed, including speculation of a tax on physicians. Political races were reviewed and members were encouraged to participate in the election cycle through TSPPs Political Action Committees soon to be established in each Chapter. The Committee reviewed the Medicaid Preferred Drug List and Prior Authorization Process and will continue to monitor these activities and maintain a dialogue with the Texas Commission on Health and Human Services.

**MIT Section:** The Section discussed participation in the Resident Paper Competition and ways to improve the involvement of Residency Program Directors. The Section also discussed topics for a Fall MIT Program, including how to get on insurance panels, why/why not get on insurance panels, CPT codes, navigating HIPAA, malpractice insurance, setting fees, and Medicare and Medicaid participation. Officers for FY 2004-2005 were elected: Chair - Jabene Hayat, MD (Austin); and Vice Chair - Cathy Plummer, MD (Houston).

**Membership Committee:** Membership statistics were reviewed, with a continued loss of membership noted. Membership retention efforts were revisited, with economic reasons cited as the major reason for membership terminations. The Committee again reviewed the Affiliates Program and discussions that have been underway with APA since the last meeting in November. The Committee recommends that APA provides TSPP with a grant in the amount of \$39,000 for membership recruitment and development.

**Professional Practices Committee:** The Committee reviewed and approved the Guideline for Cannabis Withdrawal and will continue to work on Guidelines for Office-Based Treatment of GHB, Cocaine and Amphetamine Withdrawal. The Committee reviewed a policy of the TSBME requiring forensic psychiatric evaluations of applicants reporting a diagnosis of depression and a subcommittee was formed to work on this issue with Training Directors.

**Public Mental Health Services Committee:** The Committee reviewed the Pharmaceutical

and Therapeutics process for determining the Medicaid Preferred Drug List and the Prior Authorization process. The Committee also discussed disease management, formerly benefit design, and its implementation.

**Socioeconomics Committee:** The Committee reviewed medical malpractice coverage and premiums and the differences in requirements by hospitals. The Committee invites articles for the TSPP Newsletter about malpractice coverage for psychiatrists in Texas. The Committee reviewed the problem with Medicare/Medicaid crossover payments and encourages TSPP to refer members to the proper agencies to discuss their reimbursement problems. The expansion of Medicaid managed care was reviewed and the Committee recommends that

articles on the expansion be published in the TSPP Newsletter to inform the membership about this development. The Committee also discussed a recent ruling by Magellan which states that physician assistants are not credentialed in their plans.

**Strategic Planning and Coordinating:** The Committee reviewed the Affiliates Program again and recommended that it be implemented in a separate non-profit corporation. The Committee also reviewed an Action Paper entitled "The Emperor Has No Clothes" written by TSPPs Assembly Representatives for the upcoming Assembly Meeting and recommended that the Executive Council endorse the Action Paper.

## EXECUTIVE COUNCIL ACTIONS...

*During its meeting on April 4, 2004, the Executive Council considered 21 action items and approved the following:*

- ★ Upon recommendation of the Budget Committee, the Council approved the Society's budget for fiscal year 2004-2005.
- ★ The Executive Council approved a recommendation of the Budget Committee to allocate funding to whatever implementation option the Council approves for the Affiliates Program.
- ★ Upon the recommendation of the Budget Committee, the Council approved one request for a dues waiver/reduction and denied three.
- ★ The Council approved a recommendation of the Constitution and Bylaws Committee to direct the President to take legal steps necessary to ensure the continuance of TSPP as the State medical organization representing psychiatry should dissociation from the APA ever occur.
- ★ The Executive Council approved the following mission statement for TSPPs accredited CME program, recommended by the CME Committee: "The mission of the TSPP accredited CME program is to provide information available in the field of Psychiatry to psychiatric physicians so that they may be kept up-to-date with medical developments in research, clinical practice, economics, legislation, ethics and other issues pertinent to their practice and be better able to serve their patients and practice their profession. Selected information is presented in one major conference annually using a lecture/discussion format, small group discussions and poster session. Other educational presentations are used from time to time. In addition to the annual conference, other CME presentations may be developed by the CME Committee."
- ★ Upon recommendation of the CME Committee, the Council approved three policy statements: the TSPP Policy on Commercial Support of CME/General Information, the TSPP Policy on Conflict of Interest in the Presentation of CME Activities, and the TSPP Policy on Commercial Support of CME Activities.
- ★ Upon recommendation of the Fellowship Committee, the Council tentatively approved four applications for Distinguished Fellow subject to the applicants making necessary changes in their applications.
- ★ Upon the recommendation of the Forensic Psychiatry Committee, the Council authorized the recommendation of six members to the Governor for consideration for appointment to the Advisory Committee to the Texas Corrections Office on Offenders with Medical or Mental Impairment.
- ★ The Council approved a recommendation of the Forensic Psychiatry Committee to have the President request a copy of the Amicus Brief and Appeals in the Andrea Yates case prior to consideration of a request to support an Amicus Brief on the Yates case.
- ★ Upon recommendation by the Forensic Psychiatry Committee, the Council endorsed the publication and sponsorship of a Handbook of Texas Mental Health Law for Psychiatrists.
- ★ The Executive Council approved a recommendation from the Membership Committee to apply for a grant from the APA in the amount of \$39,000 for membership recruitment and development activities.
- ★ Upon the recommendation of the Professional Practices Committee, the Council approved Guidelines for Office-Based Treatment of Cannabis Withdrawal.
- ★ The Council approved a request of the Professional Practices Committee to form a subcommittee to contact Residency Training Directors and to work with the TMA to organize a dialogue with the Texas State Board of Medical Examiners regarding forensic evaluation of applicants with a history of depression and other psychiatric disorders.
- ★ The Council approved a recommendation of the Professional Practices Committee to work with the Government Affairs Committee to develop legislative changes that would separate the licensing division of the Texas State Board of Medical Examiners from the disciplinary division.
- ★ Upon the recommendation of the Nominating Committee, the Executive Council approved the following TSPP Awards for 2004: Distinguished Service Award - Charles L. Bowden, MD (San Antonio) and Jefferson E. Nelson, MD (Austin); Psychiatric Excellence Award - Mae E. McMillan, MD (Houston), David H. Rosen, MD (College Station), and John C. Sparks, MD (San Antonio); and, Special Service Award - Jerry and Betty Fulenwider (San Antonio), Terresa L. Stallworth, MD (San Antonio), and Senator Leticia Van de Putte (San Antonio).
- ★ The Council approved bonuses for Executive Director John Bush and Assistant Director Debbie Sundberg.
- ★ Upon recommendation of the Strategic Planning Committee, the Council endorsed an Action Paper for the APA Assembly entitled "The Emperor Has No Clothes." (See related article)
- ★ Upon recommendation of the Strategic Planning Committee, the Executive Council endorsed the Affiliates Program and its administration through a separate non-profit corporation. (See related article)



Charles Bell, Deputy Executive Commissioner of the Texas Health and Human Services Commission addresses members during a luncheon program about the agency's reorganization and preferred drug lists.

# TSPPs Affiliates Program

The Executive Council on April 4, 2004 met in Austin and considered and approved 21 action items recommended by TSPPs committees, which met on April 3.

The action item receiving most attention was submitted by the Strategic Planning Committee requesting the Executive Council to endorse the TSPP Affiliates Program and to have the program implemented through a separate non-profit corporation. APA President Marcia Goin, MD and APA Trustee from Area 5 Jack Bonner, MD accepted TSPPs invitation to attend the Executive Council meeting and participate in the discussion about the Affiliates Program. After a thorough discussion, the Executive Council approved the action item. Both Drs. Goin and Bonner said during the Executive Council meeting that the action by the Executive Council to have the Affiliates Program implemented through a separate corporation would be outside the purview of the APA and should be considered as "conflict avoidance."

The intent of the Affiliates Program as designed was to develop a structure to encourage and allow more psychiatrists to participate in organized psychiatry so that the voice of psychiatry would be stronger and have more influence in efforts to advocate for patients and psychiatrists. The plan preserved the dual membership policy of APA and created a means for psychiatrists to affiliate with any organization they chose, based on their individual needs (ie selecting APA only, TSPP only, a Chapter only, or any combination). The principle concept of the plan was to offer psychiatrists with a choice of membership/participation options. The plan as originally structured and approved was to be pilot tested for not more than 5 years so that meaningful data could be assimilated prior to discussions

about any permanent change in APA/District Branch membership policy.

The process of designing and considering the Affiliates Program began 12 months ago.

## BACKGROUND

The TSPP Affiliates Program was a membership recruitment and retention plan resulting from a survey of all psychiatrists in Texas (members and non-members) that was launched in April 2003 at the direction of the Executive Council. The Executive Council authorized the distribution of the survey at the requests of the Budget, Membership and Strategic Planning committees. The request from these three committees was based upon concerns about the continuing trend of APA membership losses and the subsequent negative impact on the District Branch. The following factors weighed heavily upon the concern about membership losses:

- APA membership has declined 16% during the past ten years and the decline continues. Since 1994, APA General Members, representing the core active membership category, has declined nearly 25%. APAs membership losses adversely affect the membership, influence and viability of District Branches. Today, the APA/TSPP market penetration rate in Texas is only 54%.
- The decline of APA membership has not been caused by poor recruitment, but rather, by a failure to retain members. The principle reason for membership terminations has been financial. On average, TSPP members have terminated in their 9th year of membership, which coincides with APAs dues step-up from \$360 to \$540 in General Members' dues.

- Membership loss not only has been damaging to the influence of organized psychiatry, it has had a significant impact on the financial stability of District Branches. While dues revenue constitutes less than 20% of APAs budget, dues revenue is vital to District Branch operations, accounting for over 70% of the revenue budget for District Branches. Thus the economic impact of membership loss has been most severe on the operations of District Branches.

The intent of the survey was to better understand the opinions of members and non-members about membership in organized psychiatry and to develop a possible solution that would reverse the trend of membership loss in an effort to rebuild and strengthen organized psychiatry at the national, state and local levels.

## SURVEY FINDINGS

Surveys were returned by 36% of TSPPs members and by 18% of non-members. About 40% of members and 74% of non-members indicated a preference for membership in only one organization, rather than the mandated two. And, over 80% of non-members responded that they would consider rejoining TSPP if there were no mandated dual membership requirement. Over 70% of non-members responded that they dropped their membership because of financial reasons (ie APA dues and mandated dual membership).

TSPPs membership termination data and survey findings were similar to the findings of an earlier survey conducted from December 2002-January 2003 by Public Opinion Strategies conducted for the APA. Public Opinion Strategies reported: "Surprisingly, members who are more familiar with APA are less likely to feel their dues are a good value for the money. In fifteen years of membership research, we have never seen this type of relationship. Usually, members who are more familiar with the organization are much more likely to perceive their membership as a good value for the money than members who are not as familiar. [This] is a critical early warning sign for what may lie ahead if nothing is done to change members' perception of the value of their membership."

## THE AFFILIATES PROGRAM

The Affiliates Program was drafted to address issues raised by members and non-members reflected through their survey responses. As designed, the Affiliates Program encouraged joint membership in the APA and the District Branch but allowed psychiatrists not wishing to join both organizations the opportunity to choose the organization that best met their individual needs. Thus a psychiatrist could choose to affiliate with only APA, or only TSPP or only a Chapter of TSPP. Paramount in the design of the program was providing a choice of membership or participation options. The program was proposed as a time-limited pilot test so that results could be evaluated over a period of years. Psychiatrists wishing to affiliate with only one organization would not be considered a member within the APA/District Branch structure, and could not vote or hold elective office. The Affiliate would also not be entitled to all of the benefits of APA/District Branch membership during the pilot test period. The plan provided for ongoing recruitment efforts to encourage Affiliates to consider the dual membership option of the APA and District Branch. The goal of the Affiliates Program was to encourage more psychiatrists to be involved in organized psychiatry, thus strengthening the voice and influence of psychiatry.

## THE PROCESS OF CONSIDERATION AND APPROVAL

The process of consideration and approval encompassed about 9 months and extensive dialogue at the national, state and local levels.

### Preliminary Steps:

The Program was endorsed as a concept by the Executive Committee in early July. On July 16, a description of the program was distributed to officers of each TSPP Chapter and to members of the Executive Council. The Affiliates Program was discussed in detail at TSPPs Leadership Conference in August. And, a description of the program was disseminated to members and non-members in the TSPP Newsletter in September. The plan was also sent to the leadership of the APA for their review and APA officers were invited to attend TSPPs Annual Convention.

In October, a follow-up survey was distributed to non-members along with a description of the program. Non-member response to the program was very supportive: 83% responded the program was "A Good Idea" and 82% responded that they "Would Apply" or "Would Consider Applying" if the program were approved by the Executive Council.

During the TSPP committee meetings on November 7, 2003, four committees reviewed the Affiliates Program in detail: Budget, Membership, Strategic Planning, and Constitution and Bylaws. Following their review, each committee expressed support of the plan and submitted recommendations to the Executive Council that the program be adopted.

On November 7, prior to the Executive Council meeting, TSPP Officers and Assembly Representatives met with APA leaders: Marcia Goin, MD, President; Pedro Ruiz, MD, Vice President; Prakash Desai, MD, Assembly Speaker, and Jay Scully, MD, Medical Director. The Affiliates Program was the sole topic for discussion. APA leaders expressed opposition to the program because in their view, it would weaken APAs dual membership policy and other District Branches would also want to establish similar programs. Two alternatives were mentioned by APA leaders: 1) establish a separate corporation to implement the program; and, 2) APA could consider hosting its Annual Meeting in Texas to assist with financial concerns of the District Branch.

### Initial Approval Process:

On November 8, the TSPP Executive Council considered the Affiliates Program through action items from the Budget, Membership, Constitution and Bylaws, and Strategic Planning Committees and unanimously approved the program as a five year pilot project.

During the APA Assembly meeting of November 14-16, the Area 5 Council (composed of 16 District Branches) reviewed the TSPP Affiliates Program Pilot Project for 4 hours and passed a resolution supporting the program. The Assembly Speaker referred the Affiliates Program to the Committee on Procedures who found that the program would establish a new class of membership in violation of APA Bylaws. No action was taken by the Assembly, although various individuals spoke about the program.

At the conclusion of the Assembly Meeting, APA leaders agreed to a resolution to be submitted to the TSPP Executive Council to temporarily delay the implementation of the Affiliates Program to allow APA and TSPP to have more time to consider the program, variations or other options.

Based on this agreement, the Executive Council by mail ballot approved the following resolution in late November:

That the Affiliates Pilot Project be temporarily interrupted until late March 2004, while the APA Board of Trustees considers the following:

1. Collaboration with TSPP on an Affiliates or a Membership pilot project.
2. Options for Affiliates-type or Membership programs that fit within the current APA Bylaws.
3. New membership category/categories to enhance membership and/or a waiver/variance for an Affiliates program.

## TSPP Action Paper

The following Action Paper was drafted by TSPPs APA Assembly Representatives and endorsed by the TSPP Executive Committee and Executive Council. It will be considered by the APA Assembly during its next meeting on April 30 - May 2.

**Subject:** The Emperor Has No Clothes

**Intent:** Increase membership, decrease unnecessary expenses and have costs correlate with function.

**Problem:** The APA needs to attract and keep members and cut costs. APA membership across the country is not increasing on any sustained basis -despite increasing numbers of psychiatrists - and in most places, is declining. The most commonly-cited reason for drops is financial. We cannot afford superfluous or unnecessary expenses.

The Assembly of District Branches has no governance authority; this resides with the Board of Trustees. As an example, a recent legal opinion notes that, while the APA Bylaws state that District Branches shall be established, continued or dissociated according to the Procedural Code of the Assembly of District Branches, the Board of Trustees may unilaterally create or dissociate a District Branch, thus even defining the membership of the Assembly. We cannot afford \$780,000 each year of our members' dues for meetings of a large body which is only advisory.

### Alternatives:

1. Continue the status quo, expecting ever-increasing costs, increasing dues and declining membership.
2. Change the APA Bylaws to abolish the Assembly of District Branches.
3. Change the APA Bylaws to make the Assembly the governing body.

**Recommendation:** Not Option #1.

**Implementation:** To the Board of Trustees and membership.

### Estimated Cost:

- Option 1 - \$780,000/year and increasing
- Option 2 - \$780,000/year savings
- Option 3 - \$780,000/year and increasing

### Submitted by:

Priscilla Ray, MD  
A. David Axelrad, MD  
J. Clay Sawyer, MD

Representatives, Texas Society of Psychiatric Physicians

### Endorsed by:

Executive Committee, Texas Society of Psychiatric Physicians, March 8, 2004  
Executive Council, Texas Society of Psychiatric Physicians, April 4, 2004

4. Near-term revenue issues affecting TSPP, including membership.
5. Long-term dues burden for members (A final answer on this of course will not be completed by the March APA Board of Trustees meeting, but consideration will be underway).

**Post-Approval Process:**

During December, January and February, TSPP Officers attended APA Board of Trustee meetings. APA maintained their opposition to TSPP's Affiliates Program Pilot Project at each meeting. At the meeting in February, APA suggested a recruitment plan that entailed offering the District Branch a \$90 rebate on a new member's initial \$180 dues and offering the new or reinstated member discounts on publications and meeting fees. This suggested program did not address the problem of membership retention and offered "incentives" which were not extended to all current members. TSPP Officers and the Area 5 Representatives attending the February meeting suggested that APA consider a reduction of its dues from \$540 to \$150 as a retention program and as an alternative to the Affiliates Program. Although APA reports membership dues comprise only 18% of APA's budget, APA thought this proposal would decimate the APA. At the February meeting, TSPP requested that APA provide a legal opinion regarding the establishment of a pilot project by a District Branch to evaluate ideas about membership recruitment and retention.

On March 1, TSPP sought advice from its attorney regarding various issues associated with the Affiliates Program. TSPP's attorney advised that "there is no legal impediment to forming a new Texas nonprofit corporation" to implement the Affiliates Program. In the event of dissociation from the APA, he advised that TSPP could "amend the articles of incorporation of the Society to eliminate all references to the APA as well as to make any other changes desired." TSPP's attorney stated that although the articles of incorporation and bylaws of a corporation are the normal governance documents of a corporation, an operations manual of the organization may also have binding legal consequences. He stated that although the APA articles of incorporation and bylaws do not require District Branch members to be members of the APA, there is a reference in the APA Operations Manual that contradicts this. Although the legal status of the APA Operations Manual is not clear, TSPP's attorney suggested that the APA Operations Manual could be binding on District Branches. TSPP's attorney stated: "The problem seems to have been created by the APA viewing the Affiliates as 'members.' The TSPP has tried to make it clear Affiliates are not members, for example, they cannot vote or hold elective office in the TSPP." In the judgment of TSPP's attorney, the pilot project does not establish a membership category in contrast to the finding of the Assembly Committee on Procedures. TSPP's attorney concluded that should TSPP decide to eliminate the option of APA membership in the Affiliates Program Pilot Project, APAs position would be weakened. He states: "The APA should be excluded from having anything to do with this concept [Affiliates Program]."

On March 3, TSPP received a legal opinion submitted to the APA Board of Trustees regarding the "Enforcement of Dual Membership Policy." The legal opinion stated that "The APAs bylaws do not explicitly require district branches to limit membership to APA members." The opinion also stated: "The Bylaws state that APA members must remain members of a district branch in order to be members in good standing of the APA, unless exempted by the Board. The reciprocal requirement – that DB members must be APA members – is not explicitly included in APAs bylaws as they address the APAs membership requirements, not those of other organizations." The opinion suggested that the APA "bylaws could be amended to limit the status of APA district branches to those organizations that include this as a membership requirement. The Assembly might also require an appropriate provision in DB bylaws in connection with its review and approval of bylaws of

individual district branches."

The major revelation of the legal opinion was the statement that: "...the Board acting alone has full authority to determine that a corporation currently serving as a district branch is no longer qualified for that recognition and to take whatever action it considers appropriate." The opinion also states: "...the APAs bylaws grant the Assembly certain authority with respect to district branches. District branches may be established, continued, or dissolved according to the procedural code of the Assembly. Thus, it would appear to be within the Assembly's authority to act on its own to terminate an organization's status as a district branch of the APA. However, the Board of Trustees also retains the authority to act, without action by the Assembly, to determine that a district branch is violating the dual membership requirement and should be dissociated from the APA and to implement policies to achieve that end."

In late February, TSPP distributed another survey to all TSPP voting members asking for their opinions about 4 possible actions the Executive Council could consider at their meeting on April 4. The survey asked members to rank their first and second preferences on the following possible options:

- Option 1: Proceed with the implementation of the Affiliates Pilot Program. Initiate a campaign to win any vote in the APA Assembly regarding dis-affiliation should a vote occur. Failing to win support of District Branches in the Assembly, be prepared to continue to serve Texas psychiatry as an independent non-profit professional membership organization with a strong Chapter affiliation.
- Option 2: Establish a separate non-profit corporation to implement and administer the Affiliates Program, while TSPP continues to administer the APA dual membership program. This could possibly avoid further objections from the APA.
- Option 3: Elect to continue the postponement of the implementation of the Affiliates Pilot Project to allow more time to gain the support of APA or to consider any alternatives.
- Option 4: Discontinue plans to implement the Affiliates Program.

Survey results clearly indicated a preference of members for proceeding with the Affiliates Program in some manner (88.8%), either Options 1, 2 or 3. Of the three courses of action reflecting proceeding with the program, choices were evenly distributed: Option 1 - 37.8%; Option 2 - 30.0%; and Option 3 -



Marcia Goin, MD, second from left, with Priscilla Ray, MD, Clay Sawyer, MD and David Axelrad, MD



Jack Bonner, MD, second from left, with David Axelrad, MD, Priscilla Ray, MD and Clay Sawyer, MD

32.1%. Considering members' first preferences only, 41.0% preferred Option 1; 17.9% preferred Option 2; 29.5% preferred Option 3; and 11.6% preferred Option 4.

One additional question was posed to members on the survey: As an alternative to the Affiliates Program, do you favor or oppose a reduction of APA dues from \$540 to \$150? A large majority of members (79.3%) supported the reduction of APA dues.

On March 15, the APA Board of Trustees advised TSPP that it "resolved to not approve such an affiliate program" and suggested the following possibilities regarding APA membership incentives for new or reinstated APA members: 1) two year reduction in new members dues, to \$90/year; 2) waiver of the \$350 Annual Meeting registration fee for the first year of membership; 3) free year's subscription to the \$249/year Focus lifelong learning program; and 4) lapsed members who have been out 3 years may return as new members at the introductory \$180 fee for the first 3 years." This alternative offered by the APA Board only addressed membership recruitment and not the primary problem...

membership retention.

In addition to all of the measures enumerated above, the Executive Committee met several times to review the status of the Affiliates Program and members of the Executive Committee had discussions with individual members of the APA Board of Trustees.

### FINAL CONSIDERATION AND APPROVAL

The process of evolving a meaningful solution to the continuing problem of APA membership loss has consumed 12 months and considerable resources. TSPP has engaged in the process in good faith and regrets that APA chose not to join TSPP in conducting the pilot project. With the action taken by the Executive Council on April 4, a separate non-profit corporation will be established to implement the intent of the Affiliates Program. This approach will offer psychiatrists full membership privileges in the new non-profit corporation without the restrictions imposed by the Affiliates Pilot Project.



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Members of the Board of Directors of the Texas Society of Psychiatric Physicians wish to thank TSPP members and others who have faithfully and generously supported the mission of the Foundation through annual contributions. Annual Campaign 2003 ended on December 31 with 92 contributions amounting to \$13,195. The Foundation's eleven annual campaigns have generated \$246,419 from 1,111 contributions.

TSPP members have provided the nucleus of our support in the past, contributing 57.6% of funds contributed to the Foundation since it began raising money in 1993.

Because of the generous support of members and friends of the Foundation, the Foundation has made 66 grants totaling \$84,450 in support of its mission to educate the public about psychiatry, psychiatric illnesses and treatment, provide professional educational and public service activities, and to support research to improve the care of psychiatric patients.

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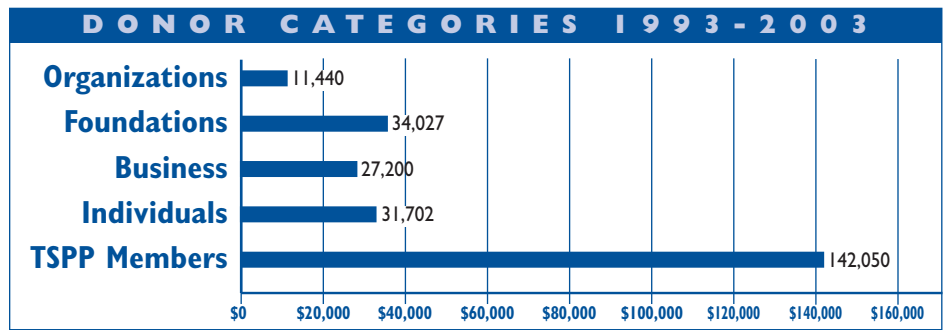
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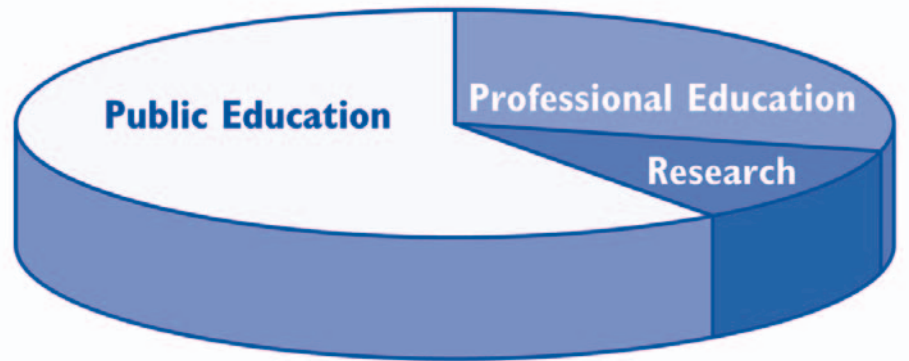
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## Disability Evaluation: Independent Medical Evaluation vs. Personal Physician Evaluation

### The Ethics Corner

Milton Altschuler, MD

As psychiatrists, we commonly deal with severe chronic illness that occasionally results with our patients being unable to carry on a meaningful competitive work schedule. When this occurs our patients may be fortunate enough to have a disability policy individually or through their workplace. If not, after a period of time they may apply for disability under the Social Security Act. Either way, we are asked by the disability carrier to furnish a thorough psychiatric evaluation in which we detail the signs and symptoms that prevent the patient from working. It is not unusual that a disability carrier will question the objectivity of the treating physician furnishing the opinion that his/her patient is truly disabled as under the rules and regulations of the disability carrier. When they do that the carrier will frequently ask for an independent medical evaluation by a psychiatrist that does not know the patient. Does this mean that the disability carrier has doubts about the ability of the treating physician to be objective about his/her patient? Certainly. Does it mean that the carrier does not believe the physician? I don't think so. The carrier, usually an insurance company, "realizes the difficulty it is" for the physician to be objective about his/her patient. The disability carrier recognizes that the physicians' primary loyalty lies with their patients and will attempt to "stretch" the symptoms so that the carrier's criteria are met.

How does this come to be? In order to answer the question we have to inquire about the nature of ethics, our responsibility to our patient and our responsibility to society. Ethics has developed from moral principles that can be viewed as a standard of conduct that individuals have constructed for themselves or as a body of obligations and duties that a particular society requires of its members. Medical ethics has a very long and proud history of being devoted to the health and well-being of people. Only as our society has become more diverse and increasingly anonymous that medical ethics has been enlarged to deal not only with the individual patient but also the greater society. For example, prior to the discovery of antibiotics, physicians were obliged to enforce public health laws such as isolation of contagious diseases over consideration of the patient who has the contagious disease as having rights greater than that of society. The struggle involved in attempting to get patients "disability" causes us to be not quite as objective as we need to be if we are to be fair to the larger society.

The issue in dealing with the individual patient for disability evolved toward a model where an independent medical evaluation performed by a psychiatrist with no ties to the patient became a rule for a significant disability. The independent medical evaluator is more at ease in performing a true and objective evaluation

since his/her obligation to the patient is now only equal to that obligation toward society.

As physicians we have to continuously be aware that we can rationalize our opinions by trying to determine whether the "greater good" is served by empathizing toward a patient in distress whom we are evaluating for disability or toward society with whom we have an equal obligation.

It is difficult to maintain this dual moral and ethical obligation. However it has been this ability of physicians throughout time that continues to give us a unique position within society. By continuing to uphold these ethical standards toward patients and society this unique position should be able to be passed down from generation to generation.

It is a difficult course to follow when you see a patient hurting, having difficulty adjusting to the stresses and strains of a working environment where he/she may be poorly equipped to handle stress and so we will "do them a favor" and offer them disability instead of discussing with them finding a job more suitable to their talents and temperament. The independent medical evaluator may feel the same but does not have the same personal connection to overcome.

If you would like to discuss any of these issues please do not hesitate to contact me at my email address; maandsa@swbell.net.

### REQUEST FOR INFORMATION NOTICE

Tri-County Mental Health Mental Retardation Services is the Texas Department of Mental Health and Mental Retardation ("TDMHMR") designated mental health and mental retardation Local Authority (LA) established to plan, coordinate, develop policy, develop and allocate resources, supervise, and ensure the provision of community based mental health and mental retardation services for the residents of Liberty, Walker and Montgomery Counties, Texas.

The LA is publishing this Request for Information (RFI) Notice to request responses from potential providers or other interested parties interested in the community services described in the RFI Document. This RFI Process is only to determine interest and does not address any intent to contract or procure services. From information provided by the responders to the RFI Document, a determination will be made regarding actual contracting through a procurement process.

Copies of the RFI Document may be obtained by written request to Tri-County MHMR Services, P. O. Box 3067, Conroe, Texas, 77305 or via internet at [www.tcmhmr.org](http://www.tcmhmr.org).

INTERESTED PARTIES MUST RESPOND TO THE REQUEST FOR INFORMATION BY 3 O'CLOCK P.M., May 1, 2004 IN ACCORDANCE WITH THE INSTRUCTIONS IN PARAGRAPH 2.1 OF THE RFI DOCUMENT.

Questions regarding the RFI Process should be directed to Don Teeler.

NOTE: Similar RFI Notices are being published for many local service areas in Texas. If you are interested in responding for a county other than the one(s) identified above, please contact that county's Local Mental Health and/or Mental Retardation Authority for further information or the RFI Document.

# Medicaid Managed Care in Texas

## Framework for Expansion

### Background

Medicaid managed care began in Texas as a pilot project in the Travis County area in August 1993. The pilot, known as State of Texas Access Reform (STAR), has been expanded over the years to cover eight service areas and over 1,000,000 Medicaid enrollees monthly. In Medicaid managed care, clients select a credentialed primary care provider (PCP) who is responsible for directing their care.

The STAR program currently utilizes two managed care models: a fully capitated HMO model and a Primary Care Case Management (PCCM) model. In both models, members have a medical home through a PCP, from whom members receive primary care and obtain referrals to specialty care. In the HMO model, HMOs receive premiums from the state and pay providers negotiated rates to provide services to enrollees. In the PCCM model, PCPs receive a fee of \$3 per member per month from the state for acting as the PCP for their Medicaid managed care patients, and provider claims are paid on a fee-for-service (FFS) basis through the state's Medicaid claims administrator, in the same way that traditional FFS claims are paid. For members enrolled in the STAR program (both the HMO and PCCM models), prescription drugs are provided through the Medicaid Vendor Drug Program, and there is currently no limit on the number of prescriptions those members may receive.

In addition to the STAR program, which serves primarily low-income pregnant women and children (TANF/TANF-related), the state implemented a managed care pilot incorporating both acute and long-term care services in January 1999. This program, known as STAR+PLUS, serves approximately 50,000 SSI aged and disabled Medicaid eligibles in Harris County. For all members enrolled in the STAR+PLUS program, prescription drugs are provided through the Medicaid Vendor Drug Program. Except for those members who are eligible for both Medicaid and Medicare (dual eligibles), there is currently no limit on the number of prescriptions STAR+PLUS members may receive. For dual eligibles enrolled in the STAR+PLUS program, there is currently a three-prescription per month limit on the number of prescriptions those members may receive.

In addition to generating savings, Medicaid managed care in Texas has been successful in

improving client service access, increasing accountability of service delivery, and improving the quality of care. Consumer satisfaction surveys indicate that members are satisfied with the services they receive from their Medicaid HMOs.

Section 2.29 of HB 2292, 78th Legislature, Regular Session, directs HHSC to provide Medicaid services through the most cost-effective model(s) of managed care. The legislation further directs HHSC to conduct a study to determine which managed care model(s) are most cost effective for HHSC's Medicaid program.

### Expanding Medicaid Managed Care in Texas

Pursuant to HB 2292, HHSC retained The Lewin Group to perform an actuarial assessment of the cost-effectiveness and feasibility of managed care expansion within the state's Medicaid program. The Lewin study, which is available on the HHSC web site at [www.hhsc.state.tx.us](http://www.hhsc.state.tx.us), found that Texas could realize significant savings by expanding managed care coverage and provides the foundation for HHSC decisions related to Medicaid managed care expansion. In addition to cost-effectiveness, the policy considerations associated with HHSC's development of a framework for managed care expansion include: improving access to and appropriate utilization of care; providing opportunities for improvement in each managed care model; maximizing the state's ability to obtain the best value from managed care contractors; and the interaction of managed care expansion with other initiatives, including disease management, implementation of a preferred drug list, and integrated eligibility. The proposed framework outlined below for expanding Medicaid managed care is designed to achieve cost savings for the Medicaid program while providing a foundation for improved health outcomes through care coordination.

### Proposed Framework for Expansion

Pursuant to HB 2292 and using the findings of the Lewin study, along with the policy considerations outlined above, HHSC has developed the following framework for expanding the Medicaid managed care program (a summary of current and expanded managed care service areas begins on page four):

- The STAR HMO model will be expanded into designated counties adjacent to existing service areas.
- The STAR HMO model will be implemented in one new service area consisting of Nueces and surrounding counties.
- The STAR PCCM model will be implemented in all remaining counties.
- The STAR PCCM model will not be available in any existing or expansion STAR HMO service area where there is adequate STAR HMO coverage to serve Medicaid members. HHSC will require STAR HMOs to give sufficient advance notice before terminating a contract in a service area and will ensure that the STAR PCCM model can be quickly put in place in a service area in which STAR HMO coverage becomes inadequate.
- The STAR+PLUS program, which includes both acute and long-term care services, will be expanded to operate in all service areas in which the STAR HMO model will be available.

Under the expansion framework, prescription drugs for Medicaid managed care members will continue to be provided through the Medicaid Vendor Drug Program. For dual eligibles enrolled in the STAR+PLUS program, there will continue to be a three-prescription per month limit on the number of prescriptions those members may receive. All other members enrolled in a STAR HMO or the STAR+PLUS program will receive an unlimited number of prescriptions, as is currently the case under those models. Children enrolled in the PCCM model will receive an unlimited number of prescriptions, as is currently the case under the PCCM model and in the fee-for-service areas into which the PCCM model will be expanding. Adults enrolled in the PCCM model will be limited to three prescriptions per month, as is currently the case for those adults in the fee-for-service areas into which the PCCM model will be expanding. (Note: TANF adults currently enrolled in PCCM in the Southeast Region (Chambers, Hardin, Jefferson and Liberty Counties) will continue to receive an unlimited number of prescriptions, until they move from the service area or lose Medicaid eligibility. Adults in the Southeast Region enrolling in PCCM for the first time or after a break in Medicaid eligibility will be limited to three prescriptions per month.)

### Anticipated Savings

Based on the Medicaid managed care cost effectiveness study, which was recently completed by The Lewin Group in response to the directive in HB 2292, the total annual estimated savings are \$72.7 million (all funds) for this proposed expansion framework once the program becomes mature (in year five of the program).

### Next Steps

The expansion of the STAR PCCM model will be accomplished through an amendment to HHSC's existing contract for STAR PCCM network administration services. The expansion of the STAR HMO model and the STAR+PLUS program will be accomplished through the planned request for proposals (RFP) to procure HMO services for the state's Medicaid and CHIP programs. With regard to the Medicaid program, this RFP will include the re-procurement of HMO services in the existing STAR and STAR+PLUS HMO service areas as well as the procurement of HMO services in the expansion areas outlined below.

HHSC released a draft RFP for managed care services in February 2004 and held a series of public forums in early March 2004 to seek input on the proposed framework for managed care expansion and the draft RFP. Following receipt of input from the public forums and from written comments on the draft RFP, HHSC will finalize the RFP for managed care services. HHSC will notify the public of the public forums via the Secretary of State's Texas Register, which is available on the web at [www.sos.state.tx.us/textrereg/index.shtml](http://www.sos.state.tx.us/textrereg/index.shtml) and the HHSC web site at [www.hhsc.state.tx.us](http://www.hhsc.state.tx.us). The HHSC web site will also be used to announce the release of the draft and final RFPs. Below is the anticipated timeline for Medicaid managed care expansion:

- December 2004  
Implementation of STAR PCCM in expansion areas
- March - May 2005  
Implementation of STAR HMO in expansion areas
- May 2005  
Implementation of STAR+PLUS in expansion areas



## Current Managed Care Service Areas

STAR HMO/STAR PCCM	CURRENT
<b>Populations Served</b>	Mandatory - TANF and TANF-related (primarily low-income pregnant women and children) Voluntary - SSI children and adults (under age 65), except in Harris County where this population is mandated into STAR+PLUS (Eligibles in this voluntary category may choose to remain in the traditional fee-for-service (FFS) Medicaid program in lieu of enrolling into STAR.)
<b>Service Areas</b> (Counties)	<b>Bexar</b> (Bexar, Atascosa, Comal, Guadalupe, Kendall, Medina, Wilson); <b>Dallas</b> (Dallas, Collin, Ellis, Hunt, Kaufman, Navarro, Rockwall); <b>El Paso</b> (El Paso); <b>Harris</b> (Harris, Brazoria, Fort Bend, Galveston, Montgomery, Waller); <b>Lubbock</b> (Lubbock, Crosby, Floyd, Garza, Hale, Hockley, Lamb, Lynn, Terry)
STAR HMO Only	CURRENT
<b>Populations Served</b>	Mandatory - TANF and TANF-related (primarily low-income pregnant women and children) Voluntary - SSI children and adults (under age 65) (Eligibles in this voluntary category may choose to remain in the traditional FFS Medicaid program in lieu of enrolling into STAR.)
<b>Service Areas</b>	<b>Tarrant</b> (Tarrant, Denton, Hood, Johnson, Parker, Wise); <b>Travis</b> (Travis, Bastrop, Burnet, Caldwell, Hays, Lee, Williamson)
STAR PCCM Only	CURRENT
<b>Populations Served</b>	Mandatory - TANF and TANF-related (primarily low-income pregnant women and children)
<b>Service Areas</b>	<b>Southeast Region</b> (Chambers, Hardin, Jefferson, Liberty, Orange)
STAR+PLUS	CURRENT
<b>Populations Served</b>	Mandatory - SSI and SSI-related aged (age 65 and over) and disabled (age 21 and over) adults Voluntary - SSI and SSI-related children (under age 21) and certain severely mentally ill adults (Eligibles in this voluntary category who choose not to enroll in STAR+PLUS must enroll in PCCM; they may not remain in traditional FFS.)
<b>Service Areas</b>	<b>Harris County</b>

## Expanded Managed Care Service Areas

STAR HMO	EXPANDED
<b>Populations Served</b>	Mandatory - TANF and TANF-related (mostly low-income pregnant women and children)
<b>Service Areas</b>	<b>Continuation of Existing Service Areas with no change - Bexar, Dallas, El Paso, Lubbock, and Travis</b> <b>Expanded Service Areas - Harris</b> (add Austin, Colorado, Matagorda, Washington, Wharton) and <b>Tarrant</b> (add Cooke, Erath, Palo Pinto, Somervell) <b>New Service Area - Nueces</b> (Aransas, Bee, Calhoun, Jim Wells, Kleberg, Nueces, Refugio, San Patricio, Victoria)
STAR+PLUS	EXPANDED
<b>Populations Served</b>	Mandatory - SSI and SSI-related aged and disabled adults (age 21 and over) Voluntary - SSI and SSI-related children (under age 21) (In HMO-only service areas, those eligibles who choose not to participate in STAR+PLUS will remain in traditional FFS.)
<b>Service Areas</b>	<b>Expanded Service Area - Harris</b> (add Austin, Colorado, Matagorda, Washington, Wharton) <b>New Service Areas - Bexar, Dallas, El Paso, Lubbock, Nueces, Tarrant</b> (add Cooke, Erath, Palo Pinto, Somervell), and Travis
STAR PCCM	EXPANDED
<b>Populations Served</b>	Mandatory - TANF and TANF-related (mostly low-income pregnant women and children) Mandatory - SSI and SSI-related adults (age 21 and over), except for dual eligibles (Medicaid/Medicare), who will remain in traditional fee-for-service Voluntary - SSI and SSI-related children (under age 21) (Eligibles in this voluntary category may choose to remain in the traditional FFS Medicaid program in lieu of enrolling into STAR PCCM.)
<b>Service Areas</b>	All remaining counties

# TSPPs Mental Illness Awareness Coalition Summer Leadership Conference



Make plans to attend "Together, We Do Make a Difference!" conference August 7-8, 2004 in San Antonio! Join leaders of the Mental Health Association in Texas, NAMI Texas, Texas Depression and Bipolar Support Alliance, Texas Mental Health Consumers, Texas Medical Association and the Texas Society of Psychiatric Physicians as we join forces once again to participate in media training and plan for the 2005 Texas Legislative Session.

The conference will be conducted at the Hyatt Regency Hill Country Resort and Spa. Discover the warm, rough-hewn, casual traditions of a Texas ranch house just a stone's throw from downtown San Antonio. A rolling landscape welcomes you to this 200-acre wooded retreat inspired by the essence of the Texas Hill Country. For fun in the sun, there's a four-acre water park. Drift along a 950-foot Ramblin' River, or dive into one of two swimming pools separated by a

cascading waterfall. Enjoy golf on an 18-hole Arthur Hills masterpiece, tennis, or pampering in a spacious health club with sauna, massage and salon. You're just minutes from the Alamo, Six Flags Fiesta Texas and SeaWorld of Texas. Take in a rodeo or hop in the saddle at a local dude ranch. You'll find it all at Hyatt Regency Hill Country Resort. A great location for a conference and family weekend. Call the hotel (210/647-1234) by July 6 to make your reservations and take advantage of TSPPs discounted room rate of \$179 single/double per night.

**Joel Roberts** is back by popular demand and will conduct his media training seminar, "Advocating with Impact from CNN to Capitol Hill." A former ABC radio talk show host in Los Angeles, Joel has provided media training to mental health advocates and psychiatrists throughout the country. He has provided training on two previous occasions to TSPP members, prompting evaluations such as: "This was by far the most valuable educational experience on patient advocacy and influencing public policy that I have had in all my training. I sincerely wish

every psychiatrist in the state/country could have this experience;" "Focused my ability to present information concisely and hopefully effectively. Encouraged my involvement in media for public information on mental health issues;" and, "An important wake-up call coupled with empowering information. Excellent training and materials enhanced by Joel's humor and sensitivity to the

different temperaments. Socratic method encouraged critical thinking. Interactive mode built camaraderie. Practical advice for dealing with the media, lay legislators, and public quite valuable. Well worth the time and expense to come."

Make your reservations today. Bring your family and plan to have an educational and fun experience.



## REGISTRATION FORM

**Registration Deadline: August 1, 2004 ★ Hotel Deadline: July 6, 2004**

Please mail or fax Registration with payment to:  
TSPP, 401 West 15th St. #675, Austin, TX 78701; 512/478-5223 (fax)

### REGISTRATION INFORMATION

Attendee(s): \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 Affiliated with:  MHA  NAMI  DBSA  TMHC  TSPP  Other \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Total number attending: \_\_\_\_\_

### REGISTRATION FEES

No. \_\_\_\_\_  
 \_\_\_\_\_ Physicians @ \$45 each  
 \_\_\_\_\_ Resident Physicians, Allied Health Professionals, Spouses @ \$25 each  
 \_\_\_\_\_ Coalition Partners @ \$20 each

**TOTAL DUE: \$** \_\_\_\_\_

### PAYMENT INFORMATION

Enclosed is a check for \$ \_\_\_\_\_ *Make checks payable to Texas Society of Psychiatric Physicians*  
 Please charge my credit card: (check one)  
 MasterCard  Visa  
 Account #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Cardholder Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

## SCHEDULE

### Saturday, August 7 (For all Coalition Partners)

#### "Advocating with Impact from CNN to Capitol Hill"

- 9:30 am Interactive Media Training with Joel Roberts
- 12:00 pm Luncheon Program Featuring, Eduardo Sanchez, MD, MPH (invited), Commissioner, Dept. Of State Health Services
- 2:00 pm Advocating for Legislative Priorities: Interviews with Joel Roberts
- 4:00 pm Adjourn
- 6:30 pm Reception

### Sunday, August 8 (For TSPP Members)

#### "Organized Psychiatry: Effective Advocacy for Our Patients"

- 9:15 am "Good Morning Texas" with Joel Roberts
- 10:30 am Chapter Reports: The Vital Grassroots
- 11:00 am Political Advocacy
- 11:15 am Restructuring Organized Psychiatry In Texas
- 12:00 pm Adjourn

## CALENDAR OF MEETINGS

### APRIL 2004

- 30-2 **APA Assembly Meeting**  
New York Marriott Marquis  
New York, NY

### MAY 2004

- 1-6 **APA Annual Convention**  
Javits Convention Center  
New York, NY
- 2 **APA Board of Trustees Meeting**  
New York, NY
- 14 **TMA Section on Psychiatry**  
Room 15, Austin Convention Center  
TMA Registration — (800) 880-1300, ext.1450

### AUGUST 2004

- 7-8 **TSPP Summer Leadership Conference**  
Hyatt Hill Country Resort  
San Antonio, TX  
800-233-1234

### NOVEMBER 2004

- 12-14 **TSPP Annual Convention and Scientific Program**  
Omni Hotel  
9821 Colonnade Blvd.  
San Antonio, TX  
210-691-8888

## TSPP MEMBER INFORMATION UPDATE

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 ( ) ( )  
 TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

Send your update information to:

**TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS**  
 401 West 15th Street, Suite 675  
 Austin, Texas 78701  
 512/478-5223 (fax)/TSPPofc@aol.com (E-mail)

The TSPP NEWSLETTER is published 5 times a year for its membership in February, April, June, August, and October. **Members are encouraged to submit articles for possible publication.** Deadline for submitting copy to the TSPP Executive Office is the first day of the publication month.

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