Texas Psychiatrist

Capitol Day 2015 as Experienced by a Resident Psychiatrist

By Jennifer R. Giampaolo, M.D., M.Sc., UT Southwestern Psychiatry, PGY-4

ccording to Merriam-Webster's online dictionary, an advocate is "a person who argues for or supports a cause or policy." As psychiatrists, we are advocates for mental health both at work with patients, their families and other non-mental health providers as well as in our own homes and communities. Every time we encounter a stigmatizing depiction of mental illness or an erroneous statement about treatment and decide to correct that misconception, we are being advocates for mental health. It is times like that of Capitol day that I am reminded that we, as physicians, are in an incredibly powerful position to make a difference both with our patients as well as society at large if we only stand up and make our voices heard. Being able to take the day away from our clinical duties in order to help lend our voices to the myriad of others can and does make an impact on those affected by mental illness.

Capitol Day is a designated day every 2 years that coincides with the Texas Legislative sessions that take place in Austin. This year, the Mental Illness Awareness Coalition, which is made up of the Depression and Bipolar Support Alliance Texas Grassroots Organization, the Federation of Texas Psychiatry, Mental Health America of Texas and the National Alliance on Mental Illness Texas, made the 84th legislative priority about expanding the mental health and substance use disorder workforce. Texas is below the national average for the number of mental health professionals per 100,000 residents and ranks 31st in per capita psychiatrists.

Drs. Timothy Wolff (Associate Residency Director and chair of the TSPP Academic Psychiatry committee), Aparna Atluru (PGY-2) and I (PGY-4) represented psychiatry from The University of Texas Southwestern Medical Center, and we were joined on February 19th by some other psychiatrists including Drs. Richard Noel, Les Secrest, Debra Atkisson, Andrew Brylowski, and Matt Jeffreys. Although I chose to travel the night before, most individuals woke up early to drive or take a bus such as that provided by NAMI. The morning started off at 10 am with advocacy training

NSIDE

at the Schmidt-Jones Family Life Center at the First United Methodist Church which is found a short distance to the west of the Capitol building. The room was filled to overflowing with advocates sitting around tables as well as those lining the back of the room standing up. We were asked to stand when the Coalition group we were representing was called and I was surprised to realize that all of the psychiatrists present fit at my table. We received a brief but heartfelt welcome from the heads of the Coalition Partners (Ed Dickey, Lynn Clark, Kimberly Allen, Dr. Richard Noel) as well as from Representative Elliot Naishtat and then we were launched into issue briefing by Public Policy Director Gyl Switzer (MHA) and Chair Matt Wolff (NAMI) and then advised by Federation of Texas Psychiatry lobbyist Eric Woomer on how to make effective legislative visits. The room then dispersed at noon for lunch and then reconvened not long afterwards for the rally on the south steps of the Capitol. Dr. Debra Atkisson welcomed the advocates at the rally alongside Ed Dickey, Lynn Clark and Kimberly Allen. Several legislators who champion mental health legislation such as Representative Cindy Burkett, Senator Charles Schwertner and Senator Lois Kolkhorst took time out of their busy schedules to spend a few minutes talking to the group.

After the rally, everyone dispersed to their respective Legislators to advocate for the common goal of increasing the mental health workforce as well as their individual coalition group's agenda. I found myself advocating in a small group alongside an individual representing NAMI as well as several patients and family members of patients with severe mental illness. One of the Legislators was extremely gracious and receptive to not only myself but also the other members of the group (and I received a thank you note in the mail a few days later) whereas I felt not as warmly received from the other Legislator, who stated when he saw my name tag, "oh, you're a doctor." There were moments, both before in the waiting room, during the actual visits, and afterwards walking down the Capitol building corridors, that I felt connected with the other advocates towards achieving our common goal and was very glad that I took the time out of my day to make a difference in their lives. They all mentioned how appreciative they were that I had come out and every single one of them had a positive story to tell me.

Afterwards, as I was waiting for the wrap up session, I was invited by other advocates to talk about my experience. They were all delighted to find out that I was a psychiatrist finishing up my training, with some thanking me for participating and others giving



(I to r) Timothy Wolff, MD, Jennifer Giampaolo, MD and Aparna Atluru, MD

me advice. The drive home found my colleague Aparna and I reflecting on our experiences earlier in the day. Aparna mentioned approaching the day with curiosity and excitement about the opportunities the day afforded and I wanted to come away armed with more knowledge on who the key players were in mental health legislation in the state of Texas. The biggest revelation for me however, was how much of a difference our presence as psychiatrists can make to not only the legislators but also to the individuals and their families who are affected day in

and day out with mental illness. I can now easily navigate the House and Senate Member's websites to find the status and text of bills that they have authored and feel confident talking with the legislators and their staff members. I will continue to advocate for mental health treatment as a clinician, as a member of the executive council of the North Texas Society of Psychiatric Physicians in the committee for government and legislative affairs and as a member of my community. I look forward to seeing many more of you at Capitol Day 2017.



Texas Society of Child and Adolescent Psychiatry

Annual Convention and Scientific Program

July 17-19, 2015
Omni Fort Worth Hotel • Fort Worth, TX
More Information on pages 2-3



TSPP Annual Convention and Scientific Program

November 19-22 Moody Gardens Hotel • Galveston

For Hotel Reservations: 1-888-388-8484 (\$142 Room Rate Prior to October 27, 2015) More Information on pages 4-6

Visit the website www.txpsych.org for TSPP / TAP's Special Discounted Meeting Registration Fees for this year's convention



TSCAP Annual Convention & Scientific Program

"Maximizing Your Impact: Doing More With Less"

July 17-19, 2015 • Omni Fort Worth Hotel • Fort Worth, TX



GENERAL INFORMATION

MEETING LOCATION / HOTEL RESERVATIONS

TSCAP's Annual Convention and Scientific Program will be held at the beautiful Omni Fort Worth Hotel, 1300 Houston Street, in downtown Fort Worth. A special TSCAP discounted room rate of \$170.00 is available to program registrants until JUNE 15 or upon sellout, whichever occurs first!! Make your hotel reservation today by calling

6664) or visit:



http://www.omnihotels.com/FindAHotel/FortWorth/MeetingFacilities/ TexasSocietyofChildandAdolescentPsychiatry7.aspx

And, be sure to enroll online at www.omniselectguest.com to become a member of the Omni Select Guest program and receive complimentary benefits during your stay!

OMNI FORT WORTH AMENITIES

Located across the street from the beautiful Fort Worth Water Gardens, the Omni Fort Worth Hotel offers the "Omni Sensational Kids Program" with special amenities for children staying at the hotel; in addition, the hotel features a state-ofthe-art fitness center and full-service health club; heated outdoor swimming pool and outdoor whirlpool; revitalizing spa

featuring steam/inhalation room; sauna and luxurious massage treatments, scenic hiking, walking, jogging and biking paths located nearby along the Trinity River.



Or, take a ride on the trolley and enjoy beautiful Sundance Square Plaza and live entertainment. With activities and amenities for everyone, Fort Worth and the Omni Hotel is the

perfect location for TSCAP's 2015 Annual Meeting!

MEETING REGISTRATION

The earlier you register, the greater the savings on



meeting registration AND hotel reservations! To take advantage of the Special Discounted Registration Fees, please remit your meeting registration PRIOR TO JUNE 15. If paying by credit card you may fax your meeting registration form to 512-478-5223. A confirmation of your registration will be sent IF you include your email address.

OPENING WELCOME RECEPTION WITH EXHIBITORS

Check in early and join your friends and colleagues at the complimentary Welcome Reception for all TSCAP attendees! The welcome reception will be held Friday evening, July 17. Visit throughout the evening with your friends, colleagues and exhibitors in a relaxing atmosphere and become eligible for special door prize drawings to be awarded on Saturday!

EXHIBITS

TSCAP's Welcome Reception, Continental Breakfasts and Refreshment Breaks, will be held in Fort Worth Ballroom 1-4, Omni Fort Worth Hotel. Please make plans to visit with the Exhibitors during the Friday Welcome Reception AND enter to win the drawings for door prizes to be awarded throughout the day on Saturday. Exhibit hours:

Welcome Reception - Friday - 6:30 pm - 8:30 pm Continental Breakfast - Saturday - 7:30 am - 8:10 am Refreshment Break - Saturday - 10:30 am - 10:50 am Refreshment Break - Saturday - 11:50 am - 12:10 pm Refreshment Break - Saturday - 1:10 pm - 1:30 pm Exhibitors Tear Down and Depart - Saturday - 3:00 pm - 4:00 pm

	PROGRAM AT A GLANCE	
Friday, July 17 1:00 pm - 5:30 pm 4:00 pm - 5:30 pm 6:30 pm - 8:30 pm	Exhibit Set-Up TSCAP Executive Cmte Mtg Welcome Reception w/Exhibitors	Stockyards 2
Saturday, July 18		
7:30 am - 8:10 am	Continental Breakfast w/Exhibitors	Fort Worth Ballroom 1-4
8:00 am - 3:45 pm	CME Program	
10:30 am -10:50 am	Refreshment Break	
11:50 am-12:10 pm	Refreshment Break	Fort Worth Ballroom 1-4
12:10 pm- 1:10 pm	Lunch / Resident Case Presentation	Fort Worth Ballroom 5-8
1:10 pm - 1:30 pm	Refreshment Break	Fort Worth Ballroom 1-4
3:00 pm - 4:00 pm	Exhibits Teardown / Depart	Fort Worth Ballroom 1-4
Sunday, July 19		
7:45 am - 8:45 am	TSCAP Annual Business Meeting / Breakfast	
8:45 am - 12:30 pm	CME Program	Fort Worth Ballroom 5-8
11:15 am - 11:30 am	Refreshment Break	Fort Worth Ballroom Foyer

EXHIBITORS

American Professional Agency, Inc. Cedar Crest Hospital & RTC Meridell Achievement Center Professional Risk Management Services, Inc. San Marcos Treatment Center Texas Neuro Rehab Center The Menninger Clinic **UTMB CMC**

ANNUAL MEETING BREAKFAST

The Annual TSCAP Business Meeting and Breakfast will be held Sunday, 7:45 am - 8:45 am in the Stockyards 2 Room, Omni Fort Worth Hotel. Open to all attendees. Register early and plan to attend





Texas Society of Child and Adolescent Psychiatry

Annual Convention & Scientific Program

"Maximizing Your Impact: Doing More With Less"

July 17-19, 2015 • Omni Fort Worth Hotel • Fort Worth, TX

	REGISTRA	ΓΙΟΝ		
NAME		DEGREE		
MAILING ADDRESS	CITY		STATE	ZIP
TELEPHONE NUMBER	FAX NUMBER	E-MAIL		
Name(s) of Guest(s) Attending				
SCIENTIFIC PROGRAM REGISTRATIO	(Includes Scientific Program, B/W S	llabus. Saturday lunch. Saturday & Sunda	av Refreshment Breaks).	
	Before June 15	After June 15	-,	
TSCAP Member Physician	\$195	\$215		
Non-Member Physician	\$250	\$270		
Spouse / Guest Claiming CME Credit	\$195	\$215		
Allied Health Professional / Spouse / Guest	\$180	\$200		
TSCAP Member Trainee	\$15	\$30		
Non-Member Trainee	\$25	\$50		
Medical Student	\$0	\$15		
SOCIAL EVENTS				
☐ Friday Welcome Reception				
Name(s) Attending Reception:				
Sunday Membership Business Breakfast				
TSCAP Member	\$15	\$20		
Non-Members/Guests/Spouse/Child	\$20	\$25		
Name(s) Attending Breakfast:		723		
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Vegetarian Plate Requested. No additional fee if requested	l priorto June 15, otherwise there will	be an additional fee of \$15.00.		
If you require any special assistance to fully participate in please contact TSCAP via e-mail tscapofc@aol.com or 512	/478-0605.	TOTAL REGISTRATION		
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ANCELLATIONS — Deadline for cancellation is June 15, 2015. In the ever IO REFUNDS WILL BE GIVEN AFTER June 15. 2015.	nt of cancellation, a full refund will be made	if written notice is received in the TSCAP o	ffice by June 15, 2015, less a	25% handling charg
	N TO: TEXAS SOCIETY OF CHILD AND	ADOLESCENT PSYCHIATRY.		
	r, SUITE #675, AUSTIN, TX 78701; PHC		5223	

"Maximizing Your Impact: Doing More With Less"

CME PROGRAM SCHEDULE

Saturday, July 18

(5 Hours of Category 1 CME Credit)

8:00 - 8:30 am 8:30 - 9:30 am

Welcome & Opening Remarks

KEYNOTE: Maximizing Treatment of Depressive Disorders in Youth

Karen Dineen Wagner, MD, PhD

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

Describe diagnostic strategies and current best practice recommendations for treatment of children and adolescents with mood disorders.

9:30 - 10:30 am

The Philosophy of Integrative **Child Psychiatry** Scott Shannon, MD, ABIHM

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

Evaluate potential benefits of integrating complementary and alternative treatments into mental health practice.

10:30 - 10:50 am

Refreshment Break

10:50 - 11:50 am

Behavioral Health Integration Octavio N. Martinez, Jr., MD, MPH, MBA, FAPA

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

· Critique treatment benefits of Integrated Medicaid behavioral health services, including targeted case management, mental health rehabilitative services and physical health services.

11:50 - 12:10 pm

Refreshment Break

12:10 - 1:10 pm

Resident Case Presentation: Doing "More with Less" in the Consult Setting Maria Lopez-Rosario, MD, Psychiatry Fellow Meredith Chapman, MD, Discussant

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 three barriers and potential solutions to collaborative, integrated care in consultative practice with medically ill children.
- Identify placement options for children with and without private funding
- Compare and contrast potential treatment outcomes for patients with integrated versus siloed consultative services.

1:10 - 2:30 pm Refreshment Break

1:30 - 3:30 pm

Collaboration of Psychiatrists and Primary Care Practitioners Steven R. Pliszka, 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:

Assess the benefits and risks of collaboration with primary care practitioners for mental health delivery.

3:30 - 3:45 pm **Closing Remarks**

Sunday, July 19

(3 Hours of Category 1 CME Credit)

8:45 - 9:15 am 9:15 - 11:15 am **Welcome & Opening Remarks** ETHICS: Supervisory, Consultative and

Collaborative Relationships: Liability Concerns with Split Treatment Moira Wertheimer, RN, JD, CPHRM

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

Recognize supervisory, consultative and collaborative relationships and liability issues involved.

11:15 - 11:30 am

Refreshment Break

11:30 - 12:30 pm

ABPN – How to Fit MOC into Practice Cynthia W. Santos, MD

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

Establish strategies to efficiently complete the ABPN requirements for Maintenance of Certification.

ACCREDITATION STATEMENT

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Texas Medical Association (TMA) through the Joint Providership of the Texas Society of Psychiatric Physicians and the Texas Society of Child and Adolescent Psychiatry.

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

The Texas Society of Psychiatric Physicians designates this Live Activity for a maximum of eight (8) AMA PRA Category I Credits™ Participants should claim only the credit commensurate with the extent of their participation in the activity.

The presentation entitled "ETHICS: Supervisory, Consultative and Collaborative Relationships: Liability Concerns with Split Treatment " has been designated by the Texas Society of Psychiatric Physicians for two (2) hours of education in medical ethics and/or professional responsibility.



TARGET AUDIENCE/PROGRAM OBJECTIVES

This live activity has been designed with didactic lectures supplemented with clinical vignettes, audiovisual presentation, direct discussion, panel discussion and a case study presentation in multiple educational sessions.

The program is designed to provide its' primary target audience of Child and Adolescent Psychiatrists, General Psychiatrists and other specialties of medicine in the State of Texas, with clinically-relevant information to advance the physician's competence and effective use of targeted skills so that they may develop strategies to apply the knowledge, skills and judgment of the information presented in the educational activity into their practice.

NEEDS ASSESSMENT

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

FACULTY AND STAFF DISCLOSURE POLICY

The Texas Society of Child and Adolescent Psychiatry will disclose to participants the existence of any relevant financial relationships between faculty members, TSPP staff and members, who planned, authored, contributed to, and/or reviewed the content of this activity, and any commercial interest discussed in this educational activity.

Disclosure will occur prior to the presentations through written communication in the syllabus or handout material and through oral communication to the audience by the moderator or chair.

SCIENTIFIC PROGRAM SPEAKERS

MEREDITH CHAPMAN, MD

Medical Director Consultation/Liaison Service Children's Medical Center Assistant Professor University of Texas Southwestern Medical Center Dallas, Texas

MARIA LOPEZ-ROSARIO, MD

Child and Adolescent Psychiatry Fellow University of Texas Southwestern Medical Center Dallas, Texas

OCTAVIO N. MARTINEZ, JR., MD, MPH, MBA, FAPA

Executive Director, Hogg Foundation for Mental Health Associate Vice President, Division of Diversity and Community Engagement at University of Texas at Austin

Clinical Professor, University of Texas at Austin School of Social Work

Adjunct Professor, Department of Psychiatry University of Texas Health Science Center at San Antonio School of Medicine

Member, Institute of Medicine's Committee on the Governance and Financing of Graduate Medical Education Former Member, Institute of Medicine's Roundtable on the Promotion of Health Equity and the Elimination of Health Disparities

Former Member, IOM's Committee on the Mental Health Workforce for Geriatric Populations Chair, Board of the National Hispanic Council on Aging Chair, Board of the Meadows Mental Health Policy Institute Committee Chair, Texas Health and Human Services Commission - Behavioral Health Integration Advisory Committee

Commissioner, Supreme Court of Texas Permanent Judicial Commission for Children, Youth and Families

Member, University of Texas, University Charter School Advisory Board Member, Board of Directors for Grantmakers in Health Member, Editorial Board for Home Health Care Services Quarterly Journal Austin, Texas

STEVEN R. PLISZKA, MD

Professor and Interim Vice Chair Chief, Division of Child and Adolescent Psychiatry University of Texas Health Science Center at San Antonio San Antonio, Texas

CYNTHIA W. SANTOS, MD

Clinical Professor

Department of Psychiatry and Behavioral Sciences Division of Child and Adolescent Psychiatry University of Texas at Houston Medical School Houston, Texas

SCOTT SHANNON, MD, ABIHM

President and Founder of Wholeness Center, PC Co-Chair, AACAP Committee on Complementary and Integrative Psychiatry Assistant Clinical Professor Department of Psychiatry University of Colorado

Author, Mental Health for the Whole Child, W.W. Norton & Company, 2013 Author, Parenting the Whole Child W.W. Norton & Company, 2014 Private Practice, Child / Adolescent Psychiatry and General Psychiatry

Medical Acupuncture and Holistic Integrative Medicine Greenley / Fort Collins, Colorado

KAREN DINEEN WAGNER, MD PHD

Marie B. Gale Centennial Professor and Vice Chair Director of Child and Adolescent Psychiatry Department of Psychiatry and Behavioral Sciences University of Texas Medical Branch at Galveston Child and Adolescent Psychiatry Columnist for Psychiatric Times Galveston, Texas

MOIRA WERTHEIMER, RN, JD, CPHRM

President Elect, Connecticut Society of Healthcare Risk Management

Assistant Vice President Healthcare Risk Management **AWAC Services Company** Farmington, Connecticut



TSPP 59th Annual Convention & Scientific Program

"Evolving Treatment And Treatment Delivery For Psychiatric Illness"

November 19-22, 2015 • Moody Gardens Hotel, Galveston, Texas

MEETING LOCATION/HOTEL RESERVATIONS

The 20 million dollar renovation is complete and TSPP's 59th Annual Convention and Scientific Program will be held at the all new Moody Gardens Hotel and Spa, One Hope Blvd., in Galveston, Texas. The Hotel and Spa is set among 242 acres of botanical beauty and accented by magnificent pyramids that contain a living rainforest, a Texas-sized aquarium and a Giant Screen 3-D Theatre. And, just in time for our convention, even more new attractions will begin opening for the holiday season... the Festival of Lights, Ice Sculptures / Exhibit, and special holiday treats for all ages!

A special TSPP discounted room rate of **\$142** is available to program registrants for reservations placed before October 27, or upon sell-out, whichever occurs first. Make your hotel reservation today by calling 1-888-388-8484 and request the 'Texas Society of Psychiatric Physicians' Annual Convention rate.

RESIDENT / TRAINEES POSTER SESSION

In order to familiarize Texas psychiatrists with the research efforts and achievements of their colleagues, the TSPP Continuing Medical Education Committee is soliciting scientific posters from TSPP and TSCAP Residents and Trainee Members.

The posters need not be especially made for this meeting. Posters presented at the APA or at other scientific meetings within the last year would be appropriate. TSPP's goal is to support collaborative interaction among the Texas researchers and also to familiarize the general membership about new advances made in the state. The deadline for poster applications is October 21, 2015. For a copy of the Poster Application Form, please visit www.txpsych.org or contact tsppofc@aol.com.

SPECIAL EVENTS

THURSDAY GOLF OUTING – Polish up on your golf game in a seaside location! The course highlights its' unique seaside tropical feel with 18 holes meandering through upland and lowland native areas, natural wetlands habitat of beautiful Sydnor Bayou and over 500 palm trees.

For those convention attendees, guests and golf enthusiasts arriving early, TSPP members are arranging a tee time for a group

play. If you are interested in playing, please be sure to check the Golf Section box on the TSPP Registration Form and additional information will be emailed to you.

FRIDAY - RESIDENT-FELLOW MEMBERS SECTION PROGRAM - The TSPP Resident-Fellow Members Section (formerly Members-in-Training Section) has arranged a special program and networking event for all TSPP and TSCAP medical students, residents and fellows in training on Friday, 2-3:30 pm. To register for this complimentary program and reserve your seat, please complete the attached registration form.

FRIDAY - TEXAS ACADEMY OF PSYCHIATRY - MINI WORKSHOP - The Texas Academy of Psychiatry will conduct another complimentary workshop. Speaker TBD. To register for this complimentary program and reserve your seat, to be held on Friday, 2:00-3:30 pm, please complete the registration form.

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

AWARDS

AWARDS RECEPTION / BANQUET - Saturday evening's festivities begin with a complimentary wine and cheese reception for registrants attending the Awards Banquet honoring the 2015 TSPP Award Recipients for their outstanding contribution to Psychiatry. Register early to reserve a table for your friends at this memorable evening!

DR. SPENCER BAYLES OUTSTANDING TSPP MEMBER AWARD - This award named in memory of Dr. Spencer Bayles was established in 2010 to recognize members for outstanding and consistent participation in TSPP activities. The award will be presented during TSPP's Annual Business Luncheon on Saturday, November 21 so please plan to attend and thank your fellow colleague for his outstanding volunteer service.

DAVID PHARIS AWARD - The David Pharis Award will be presented by the Department of State Health Services and TSPP to recognize significant contributions to safety and quality inpatient care and outcomes in State Hospitals. This year's award will be presented during TSPP's Annual Business Luncheon on Saturday, November 21. Please attend and express your appreciation to the organization selected for this degree of excellence.

MORE WAYS TO SAVE ON YOUR REGISTRATION FEES!

This year's CME program offers even more CME Category I Credit Hours! And, if you register early there are two dates for discounted registration rates available! Register using the Early Bird Registration Rate / Date, BEFORE August 1 and receive the greatest savings! Or, register **BEFORE October 1** and receive a discount off of the regular registration fee, your choice of savings!

SPECIAL 'FREE' REGISTRATION OFFER FOR TSPP MEDICAL STUDENTS, RESIDENT-FELLOW (TRAINEE) MEMBERS AND TSCAP MEDICAL STUDENTS AND TRAINEE MEMBERS.

TSPP is pleased to again offer the waiver of the CME Scientific Program registration fee IF the resident member's Training Director registers for the Scientific Program. So all Trainees encourage your Training Director to register and then send in your registration form, with the name of your Training Director noted, and then plan on attending the CME Scientific Program FREE!

DAILY SCHEDULE

THURSDAY, NOVEMBER 19, 2015

12:00 Noon Golf Outing at Dallas Golf Course 2:00 pm - 8:00 pm Registration Open 7:00 pm - 8:30 pm TSPP Chapter Leadership Meeting Federation Delegate Assembly Meeting 8:30 pm - 9:30 pm

FRIDAY, NOVEMBER 20, 2015

7:30 am - 8:30 pm Registration Open 7:30 am - 9:00 am Foundation Board of Directors Breakfast Meeting

9:00 am - 5:00 pm Committee / Council Meetings

9:00 am - 10:30 am **Council on Leadership**

Ethics, Distinguished Fellowship, Finance, Strategic Planning 10:45 am -12:15 pm **Council on Service**

Academic Psychiatry, Children & Adolescents,

Forensic Psychiatry, Public Mental Health Services 12:00 pm - 5:00 pm Exhibit AND Poster Session Set-Up

12:15 pm - 1:30 pm Membership Luncheon / Program

1:30 pm - 2:00 pm Texas Academy of Psychiatry Board of Trustees

2:00 pm - 3:30 pm **Council on Education** CME, Professional Practice Management

2:00 pm - 3:30 pm TSPP Resident-Fellow Member (RFM) Section Program

2:00 pm - 3:30 pm Texas Academy of Psychiatry Mini-Workshop

3:45 pm - 5:00 pm **Council on Advocacy** – Government Affairs

5:30 pm - 6:30 pm **Executive Council Meeting**

Welcome Reception with Exhibitors AND Poster Session 6:30 pm - 8:30 pm

SATURDAY, NOVEMBER 21, 2015

Complimentary Continental Breakfast 7:45 am - 8:15 am in Exhibit Hall for Meeting Registrants

Registration Open 7:30 am - 8:30 pm

Exhibits Open AND Poster Session 7:30 am - 5:00 pm

Scientific Program 8:15 am - 5:00 pm

10:30 am - 10:50 am Refreshment Break with Exhibitors AND Poster Session Door Prize Drawings

11:50 am - 12:10 pm Break 12:10 pm - 1:30 pm Annual Business Meeting Lunch

2:30 pm - 2:50 pm Refreshment Break with Exhibitors AND Poster Session Door Prize Drawings 6:30 pm - 7:00 pm Reception for Awards Banquet Attendees

7:00 pm - 9:00 pm Awards Banquet

SUNDAY, NOVEMBER 22, 2015

8:00 am Complimentary Continental Breakfast for Meeting Registrants in Ścientific Program Meeting Room

8:15 am - 12:45 pm Scientific Program

10:30 am - 10:45 am Refreshment Break

Thank You

TO THE FOLLOWING SPONSORS AND EXHIBITORS FOR THEIR SUPPORT OF TSPP'S ANNUAL CONVENTION!

SPONSORS

PLATINUM

Texas Foundation for Psychiatric **Education and Research**

EXHIBITOR SCHEDULE

Friday, November 20

6:30 pm - 8:30 pm - Welcome Reception with Exhibitors

Saturday, November 21

10:30 am - 11:00 am - Refreshment Break with Exhibitors

3:30 pm - 3:50 pm - Refreshment Break with Exhibitors

TSPP 59th Annual Convention & Scientific Program

November 19-22, 2015 • Moody Gardens Hotel, Galveston, Texas

SCIENTIFIC PROGRAM SCHEDULE

"Evolving Treatment And Treatment Delivery For Psychiatric Illness"

SATURDAY, NOVEMBER 21 6 Hours Category I Credit

8:15 - 8:30 am **Opening Remarks**

8:30 - 10:30 am **Treatment Options for Treatment Resistant Affective Disorders** Deep Brain StimulationMustafa Husain, MD

BipolarJair Soares, MD

PROFESSIONAL PRACTICE GAP: Review current and best practice treatment options available for Treatment

The activity is designed to change competence by educating participants on the various treatments available. OBJECTIVES: At the end of this session, participants should be able to:

· Identify Treatment Resistant Affective Disorders.

- · Identify and describe differences between ECT, TMS, VNS, DBS for the treatment of TRAD.
- Outline new and traditional treatment options for TRAD and assign to which patient type (ie, acute) they're most appropriate.

Refreshment Break with Exhibitors and Poster Session 10:30-10:50 am

Door Prize Drawings

The Science Behind the Orexin Signaling System 10:50-11:50 am

and its Role in Controlling WakefulnessJohn Renger, Ph.D

PROFESSIONAL PRACTICE GAP: Recent studies have implicated the orexin system as a critical regulator of sleep/wake states. (NIH 2009) This has resulted in the FDA approving a unique medication to treat individuals with insomnia (2014). This medication with a unique mode of action unlike prior hypnotics has presented a major gap in knowledge to clinicians.

This activity is designed to change competence by educating participants of the orexin system. OBJECTIVES: At the end of this session, participants should be able to:

- Understand the biology of the orexin neuropeptide system in controlling wake and sleep.
- · Understand the differences in the scientific rationales for why GABA modulating drugs work in causing sleep compared with how orexin receptor antagonists function.
- · Describe the biological differences of targeting the GABA system with agonists versus using antagonists to reduce wakefulness by targeting the orexin system.

11:50 - 12:10 pm Refreshment Break with Exhibitors and Poster Session

12:10 - 1:30 pm

1:30 - 2:30 pm The Science Behind the Pre-Clinical Discovery and Clinical

Development Program of Belsomra (Suvorexant) ... John Renger, Ph.D

PROFESSIONAL PRACTICE GAP: Recent studies have implicated the orexin system as a critical regulator of sleep/wake states. (NIH 2009) This has resulted in the FDA approving a unique medication to treat individuals with insomnia (2014). This medication with a unique mode of action unlike prior hypnotics has presented a major gap in knowledge to clinicians.

This activity is designed to change competence and performance by improving the clinicians' clinical skills and providing updated guidelines for the treatment of sleep disorders.

OBJECTIVES: At the end of this session, participants should be able to:

- · Understand the preclinical safety, translational medicine, and formulation studies that were done to support early clinical development.
- Gain an understanding of the extent of the full clinical program that supported the filing and approval of Belsomra (suvorexant) and will receive a balanced overview of the efficacy, tolerability, and safety endpoints that were achieved in clinical studies

2:30 - 2:50 pm Refreshment Break with Exhibitors and Poster Session

Door Prize Drawings

Update on Acute and Long Term Treatment for Bipolar Disorder 2:50 - 3:50 pm

in AdultsRobert Hirschfeld, MD

PROFESSIONAL PRACTICE GAP: Updating the clinician on current best practices for pharmacotherapy in the treatment of bipolar disorder and monitoring for potential side effects such as metabolic syndrome.

This activity is designed to change competence by moving prescribing to evidence based treatment based upon the current research in the field and improving patient outcomes.

OBJECTIVES: At the end of this session, participants should be able to:

- · Identify recommended pharmacotherapy and side effects for the acute manic or hypomanic phase
- · Identify recommended pharmacotherapy and side effects for the acute depressive phase of bipolar disorder.
- · Identify recommended maintenance pharmacotherapy and monitoring for bipolar disorder

Bipolar Disorder / Mood Dysregulation Disorder in Children and AdolescentsKaren Dineen Wagner, MD, PhD PROFESSIONAL PRACTICE GAP: Updating the clinician on current best practices for pharmacotherapy in the

treatment of bipolar disorder and monitoring for potential side effects such as metabolic syndrome. This activity is designed to change competence by moving prescribing to evidence based treatment based upon the current research in the field and improving patient outcomes.

OBJECTIVES: At the end of this session, participants should be able to:

- Describe the course of pediatric bipolar disorder.
- Explain effective treatments for bipolar disorder in children and adolescents.
- Describe the diagnosis and course of illness of disruptive mood dysregulation disorder.

Closing Remarks 4:50 - 5:00 pm

ACCREDITATION

The Texas Society of Psychiatric Physicians designates this Live Activity for a maximum of ten (10) AMA PRA Category I CreditTM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



CME Accreditation with Commendation

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

The presentation entitled "Ethics: Risk Management: Overcoming Barriers to Implementation in Telepsychiatry" has been designated by the Texas Society of Psychiatric Physicians for two (2) hours of education in medical ethics and/or professional responsibility.

SUNDAY, NOVEMBER 22 4 Hours Category I Credit

8:15 - 8:30 am **Opening Remarks**

8:30-9:30 am Case Studies on Newer Imaging Techniques to Differentiate Between Complex Neuropsychiatric DisordersPaul Schulz, MD

PROFESSIONAL PRACTICE GAP: There is a huge increase expected in the number of Alzheimers / Neurocognitive Disease patients nationwide with the aging of the baby boomers. There is a lot of research in this area of investigation, imaging and treatment. Practitioners need to be well versed in current and possible future treatment options in this field in order to adequately serve the aging population.

The activity is designed to change competence by improving the knowledge of neurotransmitters, neuroimaging and treatment modalities in neurocognitive disease and improving clinical detection skills for neurocognitive disease.

OBJECTIVES: At the end of this session, participants should be able to:

- · Discuss advances in neuroimaging and treatment modalities in neurocognitive disease.
- · Distinguish between different tests for the early detection of neurocognitive disease.

9:30 -10:30 am **Current Treatment Modalities and/or Clinical Management of Older Patients with Psychiatric**

and Behavioral SymptomsMark Kunik PROFESSIONAL PRACTICE GAP: There is a huge increase expected in the number of Alzheimers / Neurocognitive Disease patients nationwide with the aging of the baby boomers. There is a lot of research

in this area of investigation, imaging and treatment. Practitioners need to be well versed in current and possible future treatment options in this field in order to adequately serve the aging population. The activity is designed to change competence by improving knowledge in the treatment of behavioral problems in patients with neurocognitive disease

OBJECTIVES: At the end of this session, participants should be able to:

- Describe three common underlying causes of behavioral problems in persons with neurocognitive disease.
- Describe three non-pharmacologic approaches to behavioral problems in persons with neurocognitive disease.
- Describe a rationale pharmacologic treatment strategy for behavioral problems in persons with
- Know how to best leverage the Alzheimer Association and other community resources to help caregivers address behavioral problems in persons with neurocognitive disease.

10:30 - 10:45 am **Refreshment Break**

10:45 - 12:45 am **ETHICS: Risk Management: Overcoming Barriers**

to Implementation in TelepsychiatryAvrim Fishkind, MD & Moira Westheimer, RN, JD, CPHRM

PROFESSIONAL PRACTICE GAP: Telemedicine is becoming an ever increasing treatment delivery system for psychiatry and has also presented unique ethical questions in medicine. The Texas Medical Board is considering how the state should regulate doctor patient relationships in cyberspace and has required physicians to have a face to face visit with patients. (Texas Tribune 2/15) This has resulted in a knowledge

This activity is designed to change competence by improving the knowledge of utilizing telepsychiatry in

OBJECTIVES: At the end of this session, participants should be able to:

- · Understand the ethical domains in the use of telepsychiatry and Recognize ethical, policy and legal considerations when using telepsychiatry with patients.
- Establish parameters that make the use of telepsychiatry ethical and Understand professional, boundary and safety and security considerations as well as general standard of care issues when using telepsychiatry
- · Compare the use of telepsychiatry with Face to Face psychiatry
- · Prepare attendees for the legal issues in implementing telepsychiatry
- · Explore risk management and liability exposures when using telepsychiatry and identify risk mitigation
- · Discuss case examples involving adult and minor patients.

12:45 - 1:00 pm Closing Remarks

SCIENTIFIC PROGRAM GOALS/TARGET AUDIENCE/LEARNING OBJECTIVES

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

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

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

NEEDS ASSESSMENT

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

FACULTY AND STAFF DISCLOSURE POLICY

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



Insurance Coverage Is Not Enough

Mark S. Jacobs, MD, President, Texas Society of Psychiatric Physicians

ast October an article was published online by Psychiatric Services, a journal of the American Psychiatric Association, that received extensive coverage in the mainstream media.* The authors highlighted the great difficulty prospective patients have getting an appointment with a psychiatrist. The study conducted by researchers at Harvard Medical School and the Cambridge Health Alliance found that having good insurance coverage or being willing to pay cash was no guarantee of being able to access psychiatric services.

The authors utilized the Blue Cross Blue Shield database of in-network providers in Boston, Chicago, and Houston (since BCBS is the largest insurer in each of their respective states) and identified 360 psychiatrists. Posing as patients, they called 120 psychiatrists in each of these metropolitan areas within a 10-mile radius of suburban zip codes in an attempt to schedule a new patient appointment. They identified themselves as having either BCBS PPO, Medicare, or willing to pay cash for services. Their experience was quite sobering.

Only 93 "patients" were able to make appointments. In 23% of the cases, psychiatrists simply did not return phone calls. The listed phone numbers were incorrect 16% of the time, and one number connected the caller to a McDonald's franchise. About 15% of the psychiatrists contacted reported that their practices were full, and they were not accepting new patients. Another 10% of the psychiatrists in the BCBS directory said they did not see "general adult outpatients." There were significant differences between cities, and Houston psychiatrists were much more likely than those in Chicago or Boston to offer an appointment. Psychiatrists were also more likely to accept self-pay or BCBS as opposed to Medicare, but this was not statistically significant.

This article stimulated extensive discussion in the Professional Practices Management Committee at the TSPP annual meeting in Dallas last November, particularly around the issue of the definition of "network adequacy" for insurance products. For Medicare advantage plans or managed Medicaid plans, CMS has standardized travel time and distance guidelines that must be adhered to. Commercial plans are regulated by the states and generally have broader and less stringent criteria to meet. From talking with network administrators and medical directors of several insurance companies, two things are quite clear: lack of physician availability is a major problem in medicine generally, and it is much worse in psychiatry.

In contrast to the general medical side of insurance plans where there is now a focus on "narrow networks" to control expenses, the behavioral health carve-outs are doing everything in their power to increase the number of psychiatrists and physician extenders under contract. Each company has proprietary metrics to assess the travel time and distance targets and member-to-practitioner ratios that they must meet, but the reality is much more complicated. Most psychiatrists who contract with insurance plans do so with multiple companies, promising each that they will see that plan's members within certain timeframes for urgent or routine

appointments. This is quite simply an impossibility given the demand for care and the shortage of psychiatrists. Insurers may hear from members when they discover that none of the "names on the list" are taking new patients, but according to my sources, psychiatrists almost never report changes in availability despite their contractual obligations to do so. While there is talk of insurers moving to pay for performance rather than simply procedures billed, the bottom line is their need to increase the number of "prescribers," and quality measures are not part of this equation.

In truth, I suspect many psychiatrists feel very little alliance with insurance companies after twenty-five years of battling over rates, administrative denials, pre-authorization for the most basic treatments, and disincentives to doing combined pharmacotherapy and psychotherapy. Medical students who have witnessed this tension are probably less likely to pursue psychiatry as a career. According to data from national surveys of U.S. physicians, psychiatrists are less likely than any

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* Name(s) for Reserved Table:

ADDRESS

other type of medical specialist to accept private insurance, Medicare, or Medicaid. While it may be better to treat fewer patients well rather than participate in a fragmented, reductionistic world of fifteen-minute medication management visits, the evidence suggests that neither approach is working particularly well for insured, working patients. For the profoundly depressed or anxious patient trying to navigate this system, it may really be just too much to endure.

This study suggests that expanding insurance coverage alone may do little to improve access to psychiatrists; worse yet, expansion might further overwhelm the capacity of available services. The authors probably have a single payer system bias, but their conclusions seem valid and some are aligned with TSPP's legislative agenda. They recommend increasing the number of psychiatrists and psychiatry residency positions, and promoting measures to make psychiatry more appealing to medical students, such as integrating psychiatric care with primary care medicine, improving reimbursement by



Mark S. Jacobs, MD

insurers, and supporting public sector psychiatry to plug the gaps in the availability of care. As physicians, I believe we each have an ethical and moral duty not only to our patients, but also to our communities by advocating for a more responsive, imaginative, and effective system for providing mental health care.

Monica Malowney, MPH, Sarah Keltz, Daniel Fischer, MD, and J. Wesley Boyd, MD, PhD. "Availability of Outpatient Care From Psychiatrists: A Simulated-Patient Study in Three U.S. Cities." Psychiatric Services. Published online on October 15, 2014.

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Legislative Update

Eric Woomer, Public Policy Consultant, Federation of Texas Psychiatry

he Texas Legislature is in full swing, and as of this writing, there are 62 days left. A lot of progress has been made on topics important to psychiatry. Here is a brief rundown of the issues that are winding their way through the process.

All of the various Sunset bills dealing with the health enterprise agencies have now had a hearing in one chamber or the other. There has been a great deal of discussion about the consolidation of the five healthcare entities into the Health and Human Services Commission, but a stumbling block in this effort has emerged relating to agency contracting, in light of the 21 CT scandal regarding Medicaid fraud detection software. Senate authors have indicated that they may tap the breaks, perhaps leaving the Department of State Health Services and Department of Family and Protective Services as independent for the time being. Legislators may also consider delaying the timeline for consolidation to take place.

The Texas House gave formal approval to a \$210 billion dollar state budget, including the preservation of the additional funds for mental health investment in Texas. The House made a number of significant investments in health care, including a restoration of a "Medicaid to Medicare" parity adjustment that will replace expired funding initially granted through the federal government under the affordable care act. Moreover, an amendment offered on the House floor would include psychiatrists and other specialists in physician payment parity effort. Meanwhile, the Senate is currently proposing a leaner budget, with a priority on a \$5 billion cut to the property and franchise taxes.

Graduate medical education remains a priority for the Legislature, particularly in the mental health arena. Sen. Jane Nelson is spearheading efforts to pass S.B. 18, which creates a \$300 million dollar revolving fund to pay for GME expansion. Additionally, Sen. Charles Schwertner has secured initial passage of S.B. 239, a mental health workforce effort that establishes a loan repayment program for psychiatrists, psychologists, and other mental health professionals.

The Senate Health and Human Services Committee gave its unanimous approval to S.B. 359 by Sen. Royce West, which allows psychiatrists and emergency room physicians to hold a mentally ill patient against their will for up to 4 hours, for evaluation and diagnosis. This legislation has been a priority for the Federation, and we have worked diligently with the Texas Medical Association and the Texas Hospital Association to secure its passage.

Despite their best efforts, the psychologists were unable to find an author for their prescribing legislation. The Federation worked very hard to convince members that this was an inappropriate practice, and our message resonated with legislators. We will continue to fight this effort, now and in the future.

Out of network billing is one of the hot topics for the Legislature this year. Several key legislators, including some physicians, have offered bills that would eliminate or dramatically reduce the amount that a patient would pay for "surprise" charges by an out-of-network physician. The Texas Medical Association has been very concerned that legislation reducing the \$500 threshold would mean that many hospital-

based physicians would be trapped in a never-ending cycle of arbitration. However, some in the medical profession believe a compromise is necessary. Discussions are ongoing.

House and Senate committees have given preliminary approval to legislation providing a "Good Samaritan" exception from arrest for narcotics possession or public intoxication for those who call in an overdose. Additionally, legislation granting the public access to Naloxone and other opioid antagonists has been given preliminary approval as well. Both of these issues were priorities for the Federation for the session.

The House Transportation Committee approved a bill striking the mental health related question from a driver's license application at the Department of Public Safety. Many mental health advocates felt like this question was inappropriate and created stigma for patients with mental illness. The Federation strongly supported this effort.

House and Senate committees have given approval to a bill eliminating the occupations tax of \$200 on physicians, as well as engineers and other professionals. This \$200 fee was imposed during the budget crisis of 2011, but in light of the improved economy, many felt like this provision should be eliminated. The Federation supported this effort.

Many legislators believe that the gun rights are the most important legislative issue facing the state today. The Senate has been the more aggressive of the two bodies, having given approval to the expansion of the concealed handgun license to allow for the open carrying of a side arm. The Senate



Eric Woomer

has also approved a bill to allow for the concealed carrying of weapons on university campuses. However, legislation permitting "Constitutional Carry" (that is, without the need for a license, background check or a demonstration of proficiency) does not appear to have much momentum.

Additionally, a House bill striking of a prohibition against carrying a firearm into a hospital received a very cool reception during the its hearing, so the preservation of the status quo appears likely.

Overall, generally speaking, the legislative fireworks many observers expected have not materialized. However, the real "4th of July" is yet to come – plenty of chances for disagreement and confrontation remain, particularly when the House starts to consider Senate bills, and viceversa. The divisions between the two chambers will come into sharp relief at that point, and the acrimony an animosity between parties, as well as between the two chambers, could still emerge.

The session is due to conclude June 1st. While psychiatry and mental health generally have fared well during this appetizer course, the meat and potatoes of the session awaits.

May is Mental Health Month

May is Mental Health Month and has provided an opportunity to raise awareness about mental health issues for more than 50 years.



Mental Health America launched Mental Health Week, which eventually became May is Mental Health Month, in 1949. Each May, Americans recognize Mental Health Month with events and activities in communities across the country. The theme for Mental Health Month this year is "Get Connected" to emphasize the important role of social relationships in protecting and improving mental health and building resiliency. Many organizations engage in efforts to promote Mental Health Month.

There are now designated times in May for groups to raise awareness and advocate for improvements in research, prevention and treatment on specific mental health issues.

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