



# Texas Society of Psychiatric Physicians NEWSLETTER

AUGUST / SEPTEMBER 2002

## Psychologists Sharply Divided Over Prescribing Privileges

John Winston Bush, PhD

Psychiatrists and other medical professionals are not alone in opposing bills that would grant drug prescribing authority to clinical and counseling psychologists. The psychological profession itself is sharply divided over the issue. If such a bill is again brought before the Texas Legislature, psychologists will join their medical colleagues in opposing it — just as they have done in every state<sup>1</sup> where similar bills have been introduced since 1985.

The very existence of opposition within psychology to prescribing privileges — colloquially known in our profession as “RxP” — is an open secret that the American Psychological Association (APoA<sup>2</sup>) and its state affiliates have tried to sweep under the carpet. Spearheaded by a group of insiders at APoA, the campaign for RxP has been portrayed to psychologists as a “done deal” that it is futile — and in fact a bit seditious — for them to oppose or even question.

Normal parliamentary rules in APoA's elected Council of Representatives have been suspended in order to push through resolutions supporting RxP. The association's most widely-read membership publication, *Monitor on Psychology*, carries frequent articles promoting RxP but rarely permits even a reader letter opposing the scheme to appear in its columns. Events such as the “Mini-Convention on Prescribing Privileges” featured at APoA's 2000 national convention have been one-sided presentations, with dissenting viewpoints systematically excluded. Its press releases and other public pronouncements show the same disregard for objectivity. Perhaps worst of all, state legislators and executive officials are given to understand that their psychologist constituents are united in support of RxP when in fact they are not.

By doing an end-run on its membership and going directly to state legislatures, APoA is trying — in the words of Prof. Elaine M. Heiby, director of the clinical psychology training program at the University of Hawaii — to overhaul our discipline by legislative fiat. A matter that should have been settled within psychology — through transparent information policies and thorough, open debate — has been taken public without the consent of APoA's rank-and-file members.

Having fostered ignorance and misinformation among its own membership, APoA and its state affiliates are able to get away rather easily with feeding legislators a grossly distorted picture of its proposed training model. The model has been falsely represented as being based on

the Department of Defense Psychopharmacology Demonstration Project — a largely successful program (ACNP, 2000) in which 10 military psychologists were trained between 1991 and 1997 in prescribing psychotropic medications at the Uniformed Services University of the Health Sciences and Walter Reed Army Medical Center. It has also been falsely portrayed as reflecting the recommendations of a 1994-95 Blue Ribbon Panel of the California Psychological Association and the California School of Professional Psychology (CPA/CSPP Task Force, 1995), which was funded by APoA itself and convened by its then-chairman.

Both the DoD program and the Blue Ribbon Panel report indicate a need for medical training lasting a minimum of two years<sup>3</sup> — similar to that of advanced-practice nurses and physician assistants. But the APoA model is, even by a generous estimate, a *one-year* program. Worse still, it permits its requirements to be met in weekend continuing-education workshops and “distance learning” — i.e., electronic correspondence schools.

Even a two-year, on-campus training program — i.e., one genuinely based on the DoD experiment — would not be fully adequate for civilian prescribing. The DoD trainees did not treat children or the elderly. Because military enlistment and discharge criteria select for the physically and mentally fit, they also did not see the proportion of medically and psychiatrically complex cases that can be expected to present in civilian settings. Finally, working as they did in military team-practice settings, they had much easier access to psychiatric and other medical consultation than is available to most civilian psychologists.

By far the safest option for psychologists who want prescriptive authority is to complete medical school. Short of that, advanced-practice nursing or physician assistant training would seem a reasonable minimum — though some would dispute the adequacy of even those forms of abbreviated preparation. In any case no new legislation or state regulatory oversight is required by any of these options. Medical training specifically designed for psychologists is also a possibility — but that would mean an expanded DoD-model program lasting about two and a half years, not one year as APoA is proposing.

Why has APoA embarked on such a reckless course of action? Reckless, because considerations of public safety are dismissed in cavalier

fashion. Reckless, because it seeks prescriptive authority on the basis of a short-cut training model that is supported by neither the DoD precedent nor its own expert consensus. Reckless, because it entails misrepresentations to state legislators and other officials that are easily exposed by informed opposition. Reckless, because it undermines constructive collaboration between psychology and medicine, especially psychiatry. And reckless, because it lays APoA and the psychological profession open to inevitable discredit once the facts become more widely known.

Reasonable people may differ in their explanations for this odd behavior on APoA's part; here are my own conjectures:

- Psychology has seen its share of the mental health care market eroded by the entry of other professions — social work and various kinds of counseling — and is looking for ways to recoup. Additionally, the incomes and administrative burdens of psychologists — just like those of medical professionals — have been impacted by managed care, and adding prescriptive services seems to some to be a promising solution.
- Any thoughtful psychologist is aware of dubious prescribing practices on the part of some physicians, including psychiatrists. (As no doubt is any thoughtful psychiatrist.) Some of my colleagues, curiously, have taken this to mean that they could do as good a job or a better one without any great amount of medical training. This puts them in the strange position of implying that if seven years of medical training is not enough to make every psychiatrist competent, somehow one year would do the job for psychologists. An interesting application of Mies van der Rohe's architectural dictum, “Less is more.”
- Perhaps because it is not part of their everyday experience, some psychologists fail to appreciate the difference between knowing what drugs and dosages are most likely to prove helpful to patients — which many us do — and having medical responsibility for the consequences of prescribing them. One former APoA president is on record as saying that prescribing psychotropics is no more difficult to learn than the use of a desktop computer.
- Twenty years ago, when APoA began looking seriously into prescribing privileges, many of today's highly efficacious psychological treatments did not exist, or were still in the early phases of development, or had not yet developed a strong evidentiary base in the research literature. It was easy for some to imagine that biological psychiatry would be the wave of the future, without much effective competition from psychological treatments. Today the picture is very different — but in the meantime APoA's drive for prescriptive authority has acquired a momentum that it will not be easy to reverse.



JOHN WINSTON BUSH, PHD

In any event, despite APoA's claim to speak for clinical and counseling psychologists, many of us are deeply skeptical of our organization's prescription-privileges campaign in anything like its present form. I recommend that all state psychiatric and medical societies make a point of actively partnering with their allies in psychology to defeat these bills in any state where they are introduced. There don't have to be any more New Mexicos — and won't be if we stick together.

### References

- American College of Neuropsychopharmacology (2000). *The Department of Defense Psychopharmacology Demonstration Project: The ACNP evaluation report and final summary*. ACNP Bulletin 7 (6). PDF version available at <http://www.acnp.org/pdffiles/vol6no3.pdf> and [http://www.home.earthlink.net/~jwb9/rxp\\_truth\\_squad/acnp\\_report.pdf](http://www.home.earthlink.net/~jwb9/rxp_truth_squad/acnp_report.pdf).
- Professional Education Task Force of the California Psychological Association and the California School of Professional Psychology/ Los Angeles (1995). *Report of the Blue Ribbon Panel*. HTML version available at <http://www.lib.lsu.edu/special/apa/report167.htm> and [http://www.home.earthlink.net/~jwb9/rxp\\_truth\\_squad/div40\\_blueribbon.pdf](http://www.home.earthlink.net/~jwb9/rxp_truth_squad/div40_blueribbon.pdf).

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<sup>1</sup> Alaska, California, Connecticut, Florida, Georgia, Hawaii, Illinois, Louisiana, New Mexico, Missouri, Montana, Tennessee and Texas.

<sup>2</sup> In addressing psychiatric audiences, I use the acronym “APoA” to refer to the American Psychological Association and “APiA” to the American Psychiatric Association. This nicely distinguishes us “ologists” from you “iatrists” — and avoids the one-upmanship of terms such as “Apa” and “Apa” that are sometimes used by members of one organization to denote the other.

<sup>3</sup> Here's one to keep an eye out for: the claim that APoA's one-year training curriculum merely embodies cuts that had already been made in the well-vetted Defense Department project. Not so. The DoD program began in 1991 as a three-year program, and was cut in 1993 (apparently without untoward consequences) to a two-year program. The further reduction to a one-year program was done, not by the DoD project, but by an APoA “working group” whose proceedings APoA has not opened to outside scrutiny. (For details, see the RxP Truth Squad site at <http://www.RxP.info>.)

## P R E S I D E N T ' S M E S S A G E



R. SANFORD KISER, MD

You may be among some members who are frustrated with the mounting problems facing the practice of psychiatry and our patients. I firmly believe that the problems would be worse if it were not for the Texas Society of Psychiatric Physicians and the involvement and participation by its members.

Most of our members are modest, quiet, unassuming, yet dedicated volunteers, who never toot their own horns about what they have been able to accomplish by utilizing TSPP as a springboard for serving their patients. As a result we see no data about the lives that have been saved; the suffering that has lessened; the potential that has been realized in lives that otherwise would have been left dormant. Often we see the difference only in things that might seem small or trivial.

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*I have been astounded by the openness, honesty, diligence, and dedication on the part of the TSPP members and staff involved in addressing the many problems we face.*

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One of those small things occurs for me virtually every week. I see it in the children of my patients. Sometimes when I open the door to my waiting room to get a new patient, I see the entire family is sitting there. Before shutting that door to take that new patient back, I am often haunted by the haggard, unkempt, lethargic appearance of the children.

"Children shouldn't have to look that way," is a thought that frequently lingers in my mind as we walk back to my office. Inside I boil with fury, yet ache with despair, over my helplessness to save the children then and there.

As I work thereafter to treat the patient who is the mentally ill parent who can not function for their children, time and time again I have found that my shackles have already been broken and my hands have already been untied by the activities of TSPP members who have volunteered their time and sweat to remove roadblocks that otherwise would have rendered all my efforts useless.

So often the situation is different when I open that door a few months later. The children then are more likely to be well-groomed, laughing, cutting up, and bragging about their new toys. They are happy! They have their parent back! I can't tell you enough how on those occasions I have thought to myself, "Thank you for TSPP."

Those thoughts are silent events. No one knows of them but me. They are kept in no data

bank. I don't even tell the TSPP staff or the TSPP members who did the work to make those good things possible. Instead I find myself thinking about what it will be like when those children grow up and have kids of their own. I think about how they will be better parents, because they themselves were able to have parents. I think about how the subsequent generations will multiply with more and more children, and how this benefit will grow. I am thankful that at this point in time we have been able to make a difference for them, even though they will never know of it. I am aware that no one will be able to calculate the multiplying benefits that TSPP has had and will have for those children of the future, but I am convinced that, invisible as our joint efforts generally are, they will be present, long after we are gone.

I am convinced that the fight to move forward to deal with the problems facing our profession and our patients will continue to be a bruising, ugly battle. I furthermore believe that we will never eliminate the problems entirely, but that we can and will make a difference.

Two key thoughts have guided my own efforts in this regard.

One is a quote by the 18th century English statesman, Edmund Burke:

"The only thing necessary for the triumph of evil is for good men to do nothing."

The many problems we face are clarion calls for all good people (in our more enlightened times, both good men and good women are involved in this fight) to respond with repeated efforts to eliminate those problems.

The other guiding principle is from the 1950 Nobel Prize Speech by William Faulkner. I doubt that Faulkner, with all his personal demons and problems, would have considered himself to be any example of a perfect human being. Nevertheless, he was able, from whatever black pit of life he might have felt trapped in, to utter some of the most inspiring words of our times:

"I believe that man will not merely endure: he will prevail. He is immortal, not because he alone among creatures has an inexhaustible voice, but because he has a soul, a spirit capable of compassion and sacrifice and endurance."

Some members are impatient with our progress to eliminate problems. I am too. I have no belief that either TSPP or APA are perfect organizations, but I do not consider them to be the causes of the problems. For us to give them that type of blame is to say that fires are caused by firemen because we see firemen at every single fire.

Instead I believe we each can utilize our professional organizations as a means of unifying our voices to express our views for solutions to these problems.

I have been astounded by the openness, honesty, diligence, and dedication on the part of the TSPP members and staff involved in addressing the many problems we face. I find only a multitude of compassionate and caring individual members who, although they might in all good faith disagree about certain matters, are willing to engage in vigorous and sometimes frank discussions, and then put differences aside and compromise as needed for the welfare of our society, our profession, and our patients.

In so many ways, our members' feeling of frustration reminds me of the classic 1946 movie, "It's A Wonderful Life, directed by George Cukor. In that movie Jimmy Stewart played the part of George Bailey. George was an idealistic fellow, who, while young, had big ideas of leaving his small home town, Bedford Falls, and going into the world to do wonderful things. But when his father died, George sacrificed his dreams and stayed in Bedford Falls in order to assume his father's role as the manager of a small savings-and-loan company.

That little company served as the town's only protector against Henry Potter, a rich, villainous banker, whose only goal was to ruthlessly extract as much money as possible from the townspeople, regardless of how many lives or families were destroyed. In the movie Potter relentlessly mocked George for being a sentimental fool, who cared more for serving the pathetic people of the town than he did for money, power, and prestige.

Although George externally sacrificed himself repeatedly to thwart Potter's attempts to steal those things from the townspeople, inter-

nally George berated himself for being a failure by not achieving them himself. Finally he was driven to such a point of despair that he was about to jump off a bridge and kill himself. His attempt was interrupted by the arrival of Clarence Oddbody (an Angel Second Class). Clarence was only an apprentice angel who had not yet earned his wings, but he was the only angel available who could serve as George's guardian angel during this time of crisis.

George angrily told Clarence that he wished that someone as worthless as him had never been born. Clarence granted him his wish, and then took George on a tour of Bedford Falls to examine what it would have been like without him. George was horrified by the hideous, depraved, and disgusting condition that his hometown had developed without his supposedly worthless and inconsequential presence.

As these revelations dropped the scales from his eyes and removed his blinders, George was overwhelmed. He begged Clarence to let him go back to life as it had been before. When he returned, George could finally allow himself to see and receive the outpouring of love, gratitude, admiration, and respect that he had earned.

Although TSPP might seem like a small and helpless little endeavor like the Bailey Bros. Building and Loan Association of the movie, I believe TSPP has been able to make a big difference in improving the lot of our profession and our patients. Henry Potter had described the Bailey company as a losing proposition run by idealistic, starry-eyed dreamers like George Bailey and his father. He had no concept of the meaning of the message of the motto that George's father had kept on his office wall – "All you can take with you is that which you've given away."

Progress that we all want to achieve in addressing the many problems facing psychiatry and our patients depends upon active involvement and participation by all psychiatrists in the work of TSPP. Giving up and dropping out is not an option.

"Each man's life touches so many other lives, and when he isn't around he leaves an awful hole..."

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

**Mrs. Mitch (Reba) Jones**  
Amarillo

**Delano M. Collins, MD**  
Tucson

**Pete C. Palasota, MD**  
Abilene



# TSPP Summer Leadership Retreat: A Big Success

The annual TSPP Summer Leadership Retreat, conducted on August 3-4 at the Hyatt Hill Country Resort in San Antonio, was entertaining, informative and inspirational. Over 100 members of TSPP and its partners in the Mental Illness Awareness Coalition (Mental Health Association in Texas, NAMI Texas, Texas Depressive and Manic-Depressive Association, the Texas Mental Health Consumers and the Texas Medical Association) attended.



Joel Roberts telling members that the "image of psychiatry sucks"

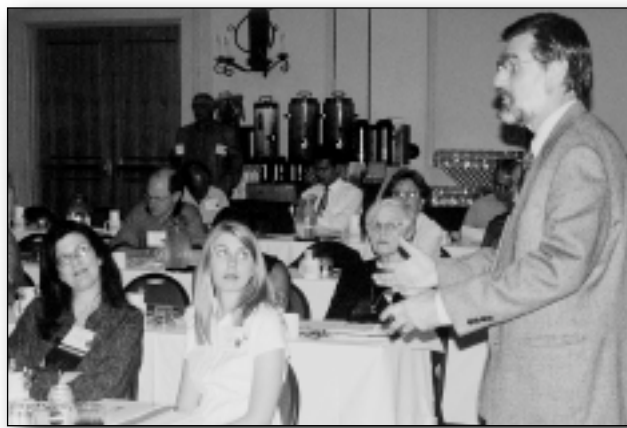
On Saturday, Joe Gagen of Austin conducted an interactive program on legislative advocacy. Using role-playing, Mr. Gagen demonstrated how legislators view issues and how they make decisions. Throughout the presentation, the audience was reminded of Mr. Gagen's "Eight Advocacy Rules of Highly Effective Organizations:" 1) All Politics is Local, or Why no one can explain a bill like a constituent; 2) Capone Rule - You get more done with kind words and a gun than with kind words alone (or its corollary, the LBJ Rule, When you've got them by the \_\_\_\_\_, their hearts and minds will soon follow); 3) Prince Machiavelli Rule - Don't burn a bridge that you may need to cross

again; 4) Bebe Rebozo Rule - Always make your friends before you need them; 5) Ronald Reagan Rule - Why a good story always beats the facts; 6) Animal Farm Rule - All legislators or equal...it's just that some are more equal than others; 7) Norman Schwarzkoph Rule - Make your friends your heroes and they will fight for you like heroes, or, Why no one ever got mad at being thanked too many times or in too many ways; and 8) Clarence Darrow Rule - In the long run, legislative battles are won not in the halls of the legislature but in communities across the state.

The morning session concluded with briefings from each coalition partner on their legislative priorities for the next Legislative Session.

The featured speaker for the conference's luncheon was Senator Kip Averitt of Waco. Senator Averitt received a thunderous applause when, on the subject of psychologists prescribing medications, he said, "I'm against it." Senator Averitt discussed the financial challenges facing the Legislature due to a \$5 billion to \$7 billion shortfall in the budget. The good news is, he said, that revenues will be up by about \$4 billion. However, the demand for services and increased spending are growing faster than revenue growth. Because of the expected tough legislative session caused by financial constraints, Senator Averitt said that advocates must communicate with legislators about their issues. He said that effective advocacy from constituents does make a difference, citing how he was convinced to support mental health parity because of the effective communications he received from his constituents on this issue.

He urged the audience to seek out their elected representatives and educate them about the issues, keeping in mind that one must convince the representative that what is being advocated for is in the best interests of the representative's constituency and is responsible to the tax payers of the state. He said that once the elections have been finalized, members of the Texas Legislature, Republicans and Democrats, sit down together in a non-partisan way to develop solutions that will help the citizens of Texas.



Jacquie McGregor, MD and Kimberly McLaren, MD listening attentively to Joe Gagen.



Joe Lovelace with NAMI Texas delivering a compelling message about the state of mental health services in Texas

Shannon Carr of the Texas Mental Health Consumers summarizes her organization's priorities.



Kim McPherson discusses the legislative priorities of the Mental Health Association in Texas



Senator Kip Averitt declaring his opposition to psychologists' prescribing legislation.

On Sunday morning, TSPP members were treated to an informative and inspirational interactive program by Joel Roberts, a media expert from Los Angeles. Speaking bluntly, Mr. Roberts began his presentation with the statement that "the image of psychiatry sucks." He went on to say that the potential of that image is dramatic. He said that the reality of the psychiatric profession is that psychiatrists make a tremendous contribution to people, but that the image of what psychiatrists do has not caught up with the reality. He cited many reasons for this problem, including: 1) many of the parties who define the image of psychiatry are not in the field itself (ie, movies, Scientology, TV shows etc); and, 2) psychiatrists who do go into the media do not tend to do as well as they could do. His presentation addressed two topics simultaneously; how to attract the attention of the media and how to excel when the media

opportunity presents itself. Members learned media techniques by role playing, or as Mr. Roberts said, "we're going to learn about media by doing media." He stressed the importance of making a good first impression, accomplished during the first 90 seconds of a media interview. He emphasized that persons who excel in the media can swiftly answer three things: 1) What's the problem that you have the answer to? 2) Who has the problem? and 3) What's the cost of getting it wrong? (ie, the risks and harmful consequences of psychologists' prescribing medications to patients). Language used in a media interview that does not have impact will alienate an audience quickly. Mr. Roberts encouraged members to use concrete language, creating images by telling stories or vignettes. He emphasized that the characteristics of a good communicator, one who can influence others, is a combination of expertise as well as humanity. Mr. Rogers particularly urged psychiatrists to show their humanity when communicating with the media, not just their expertise.

Following Mr. Roberts' presentation, Political Action Coordinators from each of TSPP's Chapters reported on their activities to involve members in the political process and to build a winning strategy against the initiative of psychologists to win prescribing privileges by legislative fiat. The Retreat ended with Political Action Task Force Chairman David Axelrad, MD issuing the following challenges to TSPP's Chapters:

1. In every Chapter, the Political Action Task Force is to arrange one TV or radio interview to discuss TSPP's position against prescribing by psychologists.
2. In every Chapter, the Political Action Task Force is to arrange a meeting with the editorial board or medical writer of their local newspaper to discuss TSPP's position against prescribing by psychologists.
3. In every Chapter, the Political Action Task Force and members are to identify psychologists within their community who will join a coalition against prescribing privileges by psychologists.



Texas DMDA's Jim Swinney outlining their legislative agenda



Penelope Hooks, MD and John Sadler, MD receiving media training from Joel Roberts.

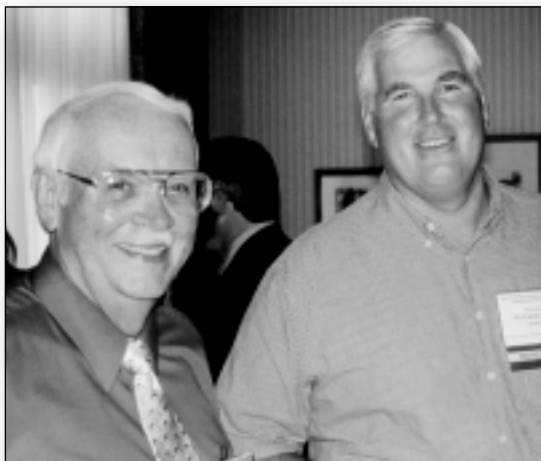


Martha Leatherman, MD reviewing the legislative programs of TSPP and TMA.



Shirley Merritt, MD and Penelope Hooks, MD at the reception.

Former TSPP Presidents Robert Denney, MD and Conway McDanald, MD visit during the reception.





# Committee Leadership and Volunteers

President Sanford Kiser has completed the task of reviewing committee structure and requests from members for committee appointments. Dr. Kiser has merged four committees into existing committees in an effort to increase productivity in the areas covered by the committees and reduce redundancy. The Early Career Psychiatry Committee has been merged into the Membership Committee to provide early career psychiatrists a greater focus for the organization. The Public Affairs Committee has been merged into the Government Affairs Committee to enhance the Society's public messages and their impact on public policy. The Task Force on Addictive Disorders has been merged into the Professional Practices Committee because of the scope of the Task Force's objectives. And, the UR Complaint Service has been merged into the Managed Care Committee because of the close association of the two committee's objectives. Sixteen committees will tackle the Society's work during FY 2002-2003.

While some committees are still being formed, to date 306 committee appointments have been made involving 155 members. Committee appointments should be finalized by September 1. TSPPs committees will meet twice this year: November 15, 2002 in Fort Worth and April 5, 2003 in San Antonio.



## TSPP COMMITTEE LEADERSHIP

*Dr. Kiser has also selected leadership for TSPPs committees this year, as follows:*

| COMMITTEE                            | LEADERSHIP  |
|--------------------------------------|---|
| <b>Budget</b>                        | Chair: Clay Sawyer, MD; Vice Chair: Conway McDonald, MD   |
| <b>Children &amp; Adolescents</b>    | Chair: Linda Rhodes, MD; Vice Chair: Scott Woods, MD; Consultant: Grace Jameson, MD   |
| <b>Constitution &amp; Bylaws</b>     | Chair: Bill Reid, MD; Vice Chair: Franklin Redmond, MD  |
| <b>CME</b>                           | Chair: Rege Stewart, MD; Vice Chair: Joan Hebel, MD; Consultant: Jef Nelson, MD   |
| <b>Ethics</b>                        | Chair: Michael Arambula, MD; Vice Chairs: Milton Altschuler, MD and George Trapp, MD  |
| <b>Fellowship</b>                    | Chair: Patrick Holden, MD; Vice Chair: Adib Mikhail, MD   |
| <b>Forensic Psychiatry</b>           | Chair: David Axelrad, MD; Vice Chair: J. Douglas Crowder, MD<br>Subcommittee: Insanity Defense Conference Program Committee: Chair: David Axelrad, MD<br>Subcommittee: Insanity Defense Policy Development: Chair: George Trapp, MD |
| <b>Government Affairs</b>            | Chair: Martha Leatherman, MD; Vice Chair: Les Secrest, MD<br>Subcommittee: Political Action Task Force: Chair: David Axelrad, MD  |
| <b>Long Range Planning</b>           | Chair: Robert Denney, MD; Vice Chair: Richard Noel, MD  |
| <b>Managed Care</b>                  | Chair: George Santos, MD; Vice Chair: Ed Furber, MD   |
| <b>MIT</b>                           | Chair: Trina Cormack, MD; Vice Chair: Paul Carlson, MD  |
| <b>Membership</b>                    | Co-Chairs: Jacquie McGregor, MD and Gary Etter, MD;<br>Vice Chairs: Trina Cormack, MD and Shirley Marks, MD   |
| <b>Newsletter &amp; Website</b>      | Co-Chairs: Edward Reilly, MD and Joseph Castiglioni, MD   |
| <b>Nominating</b>                    | Chair: Charles Bowden, MD; Vice Chair: Deborah Peel, MD   |
| <b>Professional Practices</b>        | Chair: Lynda Parker, MD; Vice Chairs: Estrella deForster, MD and Ed Nace, MD<br>Subcommittee: National Guidelines Clearinghouse Criteria: Chair: Margo Restrepo, MD   |
| <b>Public Mental Health Services</b> | Co-Chairs: Larry Tripp, MD and Jim Van Norman, MD; Consultant: Spencer Bayles, MD<br>Subcommittee: Commissioner's Roundtable: Co-Chairs: Larry Tripp, MD and Jim Van Norman, MD   |

## TSPP COMMITTEE VOLUNTEERS

*TSPP appreciates the participation of its member-volunteers*

|                              |                            |                          |
|------------------------------|----------------------------|--------------------------|
| Adinoff, Byron, MD           | Gutierrez, Jose, MD        | Pascua-Lim, Elvira, MD   |
| Adkins, Charles E., MD       | Hageman, James M., MD      | Pazdral, George, MD      |
| Aeschbach, Heinz, MD         | Hall, John, MD             | Peel, Deborah, MD        |
| Altschuler, Milton, MD       | Hanretta, Allen, MD        | Pfeifer, Carl, MD        |
| Arambula, Michael, MD        | Hare, Henry, MD            | Ray, Priscilla, MD       |
| Arene, Ifeome, MD            | Harford, Madeline, MD      | Redmond, Franklin, MD    |
| Arfa, Kenneth, MD            | Harrison, Cathleen, MD     | Reid, William, MD        |
| Axelrad, David, MD           | Hayee, Muneeza, MD         | Reilly, Edward, MD       |
| Ballard, Tiffany, MD         | Hebeler, Joan R., MD       | Restrepo, Margo K., MD   |
| Bayles, Spencer, MD          | Hodges, Ralph, MD          | Rhodes, Linda J., MD     |
| Bennett, Marty, MD           | Holden, Patrick, MD        | Rios, Arturo, MD         |
| Black, Joseph, MD            | Irigoyen-Rascon, E., MD    | Roberts, Cathey, MD      |
| Bondurant, William W., MD    | Jameson, Grace, MD         | Rodriguez, Rosario, MD   |
| Borrell, Leo, MD             | Jeffreys, Matt, MD         | Rosen, David, MD         |
| Bowden, Charles, MD          | Jones, Alison R., MD       | Ruiz-Sweeney, Maria, MD  |
| Brett, Mary, MD              | Kane, Judith, MD           | Santos, George, MD       |
| Brown, Kenton, MD            | Karakoc, Tayfun, MD        | Sawyer J. Clay, MD       |
| Buckingham, James, MD        | Kelly, Marie, MD           | Scarano, Victor R., MD   |
| Burke, Wendy, MD             | Kiser, R. Sanford, MD      | Schoolar, Joseph, MD     |
| Cantu, Robert, MD            | Knox, Daryl, MD            | Secrest, Leslie, MD      |
| Capitaine, Raul, MD          | Kowalski, Debra A., MD     | Seremetis, Laurie, MD    |
| Carlson, Paul, MD            | Krell, Ted, MD             | Shah, Nurun N., MD       |
| Carson, Chris, MD            | Langston, William, MD      | Shon, Steven, MD         |
| Casada, John, MD             | Leatherman, Martha, MD     | Sierk, Priscilla, DO     |
| Castiglioni, Jr., Joseph, MD | Leon, Robert, MD           | Singh, Arvind, MD        |
| Childers, Cecil, MD          | Leon, Stacy, MD            | Sparkman, Susan, MD      |
| Clemons, Jimmie, MD          | Lockhart, Jonathan, MD     | Stallworth, Teresa, MD   |
| Cooper, Nicole, MD           | Madigan, Michael, MD       | Stewart, Rege, MD        |
| Cormack, Trina, MD           | Malek-Ahmadi, Parviz, MD   | Stonedale, Judi, MD      |
| Creson, Dan, MD              | Mallett, Robin, MD         | Sutton, Beverly, MD      |
| Crowder, Douglas, MD         | Marks, Shirley, MD         | Talmadge, John, MD       |
| Deardorff, Daralynn, DO      | Maruvada, UR, MD           | Tennison, John, MD       |
| De Forster, Estrella., MD    | McDonald, Conway, MD       | Thornton, Joe E., MD     |
| DeFord, Horace, MD           | McGregor, Jacqueline, MD   | Thomas, Jason Scott, MD  |
| Denney, Robert G., MD        | McLaren, Kimberly, MD      | Trapp, George A., MD     |
| Durgam, Suresh, MD           | McMillan, Mae, MD          | Tripp, Larry, MD         |
| Eisenhauer, Gail, MD         | McNeel, Tynus W., MD       | Tunnell, Ira, MD         |
| Emory, Lee, MD               | Merritt, Shirley, MD       | Urbat, Beatrix, MD       |
| Etter, Gary, MD              | Mikhail, Adib, MD          | Valdes, Ignacio, MD      |
| Faber, Ray, MD               | Miller, Gary E., MD        | Van Norman, James R., MD |
| Farley, Arthur J, MD         | Mirabi, Mohsen, MD         | Varner, Roy V., MD       |
| Fernandez, Benigno, MD       | Moore, William Patrick, MD | Vasavada, N.M., MD       |
| Fink, Aaron, MD              | Moss, Rita M., MD          | Vyas, Meena, MD          |
| Furber, Edward, MD           | Moy, Clifford, MD          | Wadley, Byron, MD        |
| Gaitz, Charles, MD           | Munson, Alex, MD           | Waller, David A., MD     |
| Gerber, Bernard, MD          | Nace, Edgar P., MD         | Weinberg, Elizabeth, MD  |
| Gilfillan, Sandra, DO        | Necessary, Sharon, MD      | Wick, Paul, MD           |
| Giordana, Frank, MD          | Nelson, Jefferson E., MD   | Wieck, Bryan, MD         |
| Glass, George, MD            | Netscher, Ruth Evans, MD   | Williams, EP (Ted), MD   |
| Gripon, Edward, MD           | Noel, Richard, MD          | Wolff, Timothy K., MD    |
| Groves, G.E. (Ned), MD       | Oandasan, Aileen, MD       | Woods, Michael Scott, MD |
| Gruber, Nelson, MD           | Parker, Lynda M., MD       |                          |

## MEMBERSHIP CHANGES

### NEW MEMBERS

*The following membership applications were approved by the Executive Committee following the last Executive Council meeting of April 21, 2002.*

### MEMBER IN TRAINING

Aeschlimann, Sofia, MD, Dallas  
 Babber, Vidushi, MD, Galveston  
 Earthman, Brian, MD, San Antonio  
 Garrett, Robert K., MD, Dallas  
 Inbar, Daria, MD, Houston  
 Khan, Gulam Z., MD, Fort Worth  
 Moore, Vanessa, MD, Houston  
 Rickenbacker, Denae, MD, San Antonio  
 Siddique, Haroon, MD, Galveston  
 Tukdi, Shakil A., MD, Fort Worth  
 Xia, Guohua, MD, Houston

### GENERAL MEMBER

Escamilla, Michael, MD, San Antonio  
 Groves, George E., MD, Beaumont  
 Harper, R. Andrew, MD, Houston  
 Kowalski, Peter C., MD, Fort Worth  
 Simpson, Joseph W., MD, Austin  
 Talley, Brenda J., MD, San Antonio

### MIT Advancement to General Member

Airhart, Jim, MD, Mesquite  
 Balderas, Manuel, MD, Austin  
 Balderas, Teresita, MD, San Antonio  
 Brazeal, Brad, MD, Galveston  
 Davis, Bryolyn, MD, Beaumont  
 Kirby, Wendy, MD, Houston  
 Knight, Vicki, MD, Temple  
 Manzano, Josefina, MD, Dallas  
 McGregor, Jacqueline, MD, Houston  
 Mellin, Jennifer, MD, Galveston  
 Patel, Neha, DO, Pearland  
 Rocha, Donna, MD, Houston  
 Rusnak, Jim, MD, Austin  
 Schneider, Laurie, MD, Houston  
 Schuenemeyer, Aneta, MD, San Antonio  
 Slaughter, Laura, MD, McKinney  
 Sprabery, Scott, MD, Houston  
 Wallace, Christopher, MD, San Antonio

### TRANSFERS FROM OTHER DISTRICT BRANCHES

Chadalavada, Rakesh, MD, Dallas (Kansas)  
 Han, Ba, MD, Big Spring (West Hudson)  
 Katic, Alain, MD, Bellaire (Massachusetts)  
 Mundy, Sheila, MD, Waco (South Carolina)  
 Posada Diaz, Ana, MD, McAllen (Florida)  
 Silberberg, Joel, MD, San Antonio (Illinois)  
 Soares, Jair, MD, San Antonio (Pennsylvania)

# Mental Illness Awareness Week 2002

Mental Illness Awareness Week, scheduled for October 6-12, affords TSPP members to join with community leaders and mental health advocates and provide public education about mental illnesses and psychiatric treatments. TSPP's affiliated foundation, the Texas Foundation for Psychiatric Education Research, provides grants to support MIAW activities in TSPP Chapters. The following is a summary of MIAW activities planned for each Chapter that has submitted a grant request to the Foundation.

## Austin

Along with the Mental Health Association of Austin, the Austin Chapter plans to participate in National Depression Screening Day. Austin Psychiatric Association members and other mental health professionals will perform screenings and provide information to the public. They hope to reach 50 people from the site

at Book People. Byron Stone, MD will be the site clinical director. The event will be covered by KLBJ-FM and the National Health Public Service Network.

## Bexar

The Bexar Chapter with NAMI San Antonio South will sponsor a fashion show at Pecan Valley Golf Club with clothes provided by JC Penney. Approximately 150-200 people attended last year, including 15 physicians. Both organizations will also host a legislative breakfast at Mi Tierra. Approximately 80 people will attend.

## El Paso

The El Paso Chapter, NAMI El Paso, La Familia del Paso, Texas Tech Residency Staff, El Paso Community MHMR Center, El Paso Psychiatric Center and Citadel Inc. will distribute a letter to approximately 1,000 people highlighting the mental health situation in El Paso; issue a joint

press release announcing MIAW activities; present a proclamation to County Commissioner's Court; conduct a Candlelight Vigil; conduct a program at Texas Tech; sponsor a consumer art exhibit; and participate in National Depression Screening Day.

## Galveston-Jefferson

The Chapter with NAMI Gulf Coast and Gulf Coast Mental Health Consumers will host a luncheon program to educate the public about mental illnesses.

## Heart of Texas

The Scott & White Clinic, Department of Psychiatry and NAMI Temple will host a Department of Psychiatry Grand Rounds "Advocacy for the Needs of the Mentally Ill."

## Houston

The Houston Psychiatric Society, Baylor College of Medicine Psychiatry Department, UT

Psychiatry Department, HISD, Obstetrical and Gynecology Society, and MD Anderson Cancer Center will sponsor Depression Screening as part of Women's Health Fair organized by the Houston OBGyn Society; design, print and distribute a brochure for new mothers on baby blues, postpartum depression and postpartum psychosis; and design, print and distribute a brochure to address mental health care of cancer patients.

## North Texas

The North Texas Chapter, with NAMI Dallas, MHA of Greater Dallas, DMDA of Dallas, and SMU School of Theology will attend a city council meeting for a mayoral proclamation and present members of the council with a book about mental illness; walk to the city jail and conduct a rally at the jail; and conduct a program at the Perkins School of Theology on "Miracles in Our Midst."



# National DMDA Opposes Psychologists Prescribing

On August 8, 2002 the Board of Directors of the National Depressive and Manic-Depressive Association reaffirmed its position against legislation allowing psychologists to prescribe medications, first publicized in the Wall Street Journal on April 30, 1998: "...the National Depressive and Manic-Depressive Association (National DMDA) opposes allowing psychologists to prescribe medication. We believe it is in the patient's best interest to restrict medication prescription to medical doctors."

The Board's action provided additional rationale for its opposition to the initiatives of some psychologists to gain prescribing privileges by legislative means:

The National Depressive and Manic-Depressive Association (National DMDA), the nation's largest patient-directed, illnesses-specific advocacy organization, believes it is in the patient's best interest to restrict psychotropic medication prescription to medical doctors.

To safely prescribe psychotropic medication, extensive education of the physiology of the entire body is necessary. Safe and effective use of medications to treat brain disorders requires medical training to ensure a thorough understanding of physiology, chemistry, drug interactions and medical problems that mask symptoms of mental illnesses. Diagnosing and medication treatment for mental illnesses such as clinical depression and bipolar disorder (also known as manic-depression) requires the same level of medical skill and knowledge as diagnosing and treating all other serious, life-threatening illnesses, such as heart disease and hypertension.

The psychotropic medications used to treat depression and bipolar disorder can have significant effects on the entire body, not just on the brain. If not appropriately prescribed and monitored, these medications can cause potentially disabling side effects. In addition, if not efficacious, they can create a life-threatening situation. Only medical doctors have the education required to manage these biologically complex medical illnesses.

As patients, we demand the safest, most tolerable and most effective treatments available. National DMDA believes:

- The best approach to the treatment of mood disorders is a combination of psychotherapy, medication and peer support, each of which should be managed by the appropriately trained individual.
- Prescribing the powerful medications

used to treat mental illnesses demands a thorough understanding of physiology, chemistry, drug interactions and medical problems that can mask symptoms of mental illnesses. An understanding of the entire body and how systems interact with each other can only be achieved through a rigorous medical education involving undergraduate and graduate medical training, and an extensive residency.

- Prescriptions for psychotropic medications should be written and monitored only by someone trained in assessing all adverse physical reactions, drug-induced physical side effects, and drug/drug interactions.

We advocate that physicians and mental health professionals work together to provide the best treatment possible for patients, and call for psychotropic prescription authority to

remain the purview of medically trained physicians and only by other professionals when under the supervision of a physician.

The experience, broad knowledge base, standards of care, and expertise make medical doctors the only professionals National DMDA believes should be sanctioned to prescribe psychotropic medications.

To better reflect the mission and purpose of the organization, the Board also approved a name change for the organization at its meeting in Orlando, Florida. The new name for the National Depressive and Manic-Depressive Association is the **Depression and Bipolar Support Alliance (DBSA)**. The new name better communicates the mission of the organization as ratified by the Board of Directors in February 2002:

The Mission of the Depression and Bipolar Support Alliance is to improve the lives of people living with mood disorders:

- by improving recognition, early detection, and diagnosis of mood disorders as treatable medical illnesses;
- by helping people successfully manage their illness;
- by working with people with mood disorders, families and health care professionals to improve care;
- by expanding the ability of people to receive treatment;
- by advancing research to improve mood disorder treatment options; and,
- by increasing acceptance and understanding of mood disorders so that the rights of people with mood disorders are protected.



# Psychologists Against Prescribing Privileges

Many Texas psychologists oppose the legislative initiative of the Texas Psychological Association to obtain prescribing privileges by legislative fiat. It is important that their voices be heard when this issue is debated in the Texas Legislature in 2003. To help facilitate effective legislative communications on this issue, TSPP is forming a coalition with Texas psychologists. Please identify psychologists in your practice or community who are interested in joining our coalition to ensure that their positions are effectively communicated to members of the Texas Legislature by returning the following form to TSPP:

**NOT ALL PSYCHOLOGISTS SUPPORT THE LEGISLATIVE PROPOSAL TO GRANT PSYCHOLOGISTS PRESCRIBING PRIVILEGES**

*Please identify psychologists in your Chapter who do NOT support the legislative proposal to grant psychologists' prescription privileges and indicate their willingness to help defeat the bill:*

Submitted by: \_\_\_\_\_ Chapter: \_\_\_\_\_ Telephone: \_\_\_\_\_

| Psychologist Name | Address | City, State, Zip | Telephone | Level of Interest   |
|-------------------|---------|------------------|-----------|---|
|                   |         |                  |           | <input type="checkbox"/> Name may be listed <input type="checkbox"/> Will write letter<br><input type="checkbox"/> Will write article <input type="checkbox"/> Will visit legislator<br><input type="checkbox"/> Will testify |
|                   |         |                  |           | <input type="checkbox"/> Name may be listed <input type="checkbox"/> Will write letter<br><input type="checkbox"/> Will write article <input type="checkbox"/> Will visit legislator<br><input type="checkbox"/> Will testify |
|                   |         |                  |           | <input type="checkbox"/> Name may be listed <input type="checkbox"/> Will write letter<br><input type="checkbox"/> Will write article <input type="checkbox"/> Will visit legislator<br><input type="checkbox"/> Will testify |
|                   |         |                  |           | <input type="checkbox"/> Name may be listed <input type="checkbox"/> Will write letter<br><input type="checkbox"/> Will write article <input type="checkbox"/> Will visit legislator<br><input type="checkbox"/> Will testify |
|                   |         |                  |           | <input type="checkbox"/> Name may be listed <input type="checkbox"/> Will write letter<br><input type="checkbox"/> Will write article <input type="checkbox"/> Will visit legislator<br><input type="checkbox"/> Will testify |

**Return to: TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS, 401 WEST 15TH STREET, SUITE 675, AUSTIN, TEXAS 78701, 512/478-5223 (FAX)**



# TMA, Texas AFL-CIO Sue to Stop Illegal Workers' Comp Plan

Rule would deplete injured workers' access to quality medical care

The working men and women of Texas and the physicians who care for them when they're hurt on the job asked a state district judge on July 10 to invalidate a new state workers' compensation rule that hinders injured workers' access to quality medical care.

The Texas Medical Association and the Texas AFL-CIO jointly filed suit to block the Texas Workers' Compensation Commission from implementing the medical fee guideline rule it adopted earlier this year. The fee guidelines cut reimbursements by 17 to 41 percent for surgeons, radiologists, pathologists, internists, and physical medicine specialists who treat injured workers.

"The law requires these guidelines to be fair and reasonable and designed to ensure quality medical care," said TMA President Fred Merian, MD, a family practitioner from Victoria who treats injured workers. "What the commission came up with is patently unfair and unreasonable and seems designed to keep injured workers away from the care they need."

On April 25, 2002, TWCC adopted — over the objections of TMA, the Texas AFL-CIO, and Governor Rick Perry — an arbitrary new fee schedule for physicians who treat injured workers under the state's Workers' Compensation System. The rule, which is effective September 1, illegally ties workers' compensation reimbursement to the fees that Medicare pays for similar medical services to elderly Texans.

"The rule the commission wrote — and the way they went about writing it — violates state law," Dr. Merian said. "It violates workers' legal right to quality medical care for on-the-job injuries. And it violates doctors' legal right to reasonable reimbursement."

Physicians consider the workers' compensation medical system, with its already-too-low rates, to be absolutely the most hassle-filled

health care system in the state, Dr. Merian explained. Now, this double-digit cut in reimbursement is forcing physicians across Texas to stop seeing workers' compensation patients.

"This new fee schedule, if allowed to stand, will further force good doctors out of the system," he said. "And injured workers will find it difficult, if not impossible, to obtain the quality medical care that the Texas Legislature has promised them."

## Background:

- The law requires these guidelines to be fair and reasonable and designed to ensure quality medical care. Unfortunately, what the commission came up with is patently unfair and unreasonable and seems designed to keep injured workers away from the care they need.
- The rule the commission wrote — and the way they went about writing it — violates state law. It also violates workers' legal right to quality medical care for on-the-job injuries. And it violates doctors' legal right to reasonable reimbursement.

## What TMA wants:

- First: A temporary injunction stopping TWCC and Executive Director Richard Reynolds from "implementing or enforcing, directly or indirectly" the Medical Fee Guidelines rule.
- Then: An order declaring the Medical Fee Guidelines rule "void and unenforceable."

## What TWCC did:

- On April 25, 2002, the Workers Compensation Commission adopted — over the objections of TMA, the Texas AFL-CIO, and Gov. Rick Perry — a new fee schedule for physicians who treat injured workers under the state's Workers' Compensation

System. The rule is effective Sept. 1.

- The rule links workers' comp reimbursement to the fees that Medicare pays for similar medical services to elderly Texans. It says physicians will be paid based on "the effective conversion factor adopted by CMS [the U.S. Centers for Medicare and Medicaid Services] multiplied by 125 percent."
- The rule cuts reimbursements by 17 to 41 percent for surgeons, radiologists, pathologists, internists, and physical medicine specialists who treat injured workers.

## Why that's wrong:

- TWCC adopted a rule that violates the state law requiring Workers' Compensation Fee Guidelines to be "fair and reasonable and designed to ensure quality medical care."
- TWCC adopted the rule in contradiction to a state law that expressly prohibits it from adopting the Medicare conversion factor.
- TWCC adopted the rule without providing the legally required "reasoned justification" for it. There was no data or evidence that supported the fee schedule TWCC adopted.

- TWCC adopted the rule without using a legally required data base in a way that would produce a fair and reasonable medical fee schedule.
- TWCC adopted the rule without the legally required advice from its own Medical Advisory Committee.

## Why it needs to be stopped:

- Physicians consider the current workers' compensation medical system, with its already-too-low rates, to be absolutely the most hassle-filled health care system in the state. With this double-digit cuts in reimbursement, physicians across Texas are deciding to stop seeing workers' compensation patients.
- This new fee schedule, if allowed to stand, will further force good doctors out of the system.
- If the new fee schedule is allowed to stand, injured workers will find it difficult, if not impossible, to obtain the quality medical care that the Texas Legislature has promised them.



## HIPAA Causes Suspension of Medicare Newsletters

The Centers for Medicare and Medicaid Services (CMS) has ordered Medicare carriers to suspend printing and mailing bulletins and newsletters between July 1 and September 30.

CMS says funds for ongoing provider education and training, including newsletters, will be reduced by 11.35 percent to support implementation of the Health Insurance Portability and Accountability Act (HIPAA).

TrailBlazer Health Enterprises, the Texas Medicare Part B carrier, will make any newsletters developed during the moratorium available on its Web site at [www.trailblazerhealth.com/pubs.asp](http://www.trailblazerhealth.com/pubs.asp). The last hardcopy newsletter

(No. 02-027) to be sent out before the suspension was issued on June 28, 2002 ([www.trailblazerhealth.com/pub/partb/a1112002/02-027.pdf](http://www.trailblazerhealth.com/pub/partb/a1112002/02-027.pdf)). This newsletter indicates that the projected date for the next newsletter to be posted on the Trailblazer site is August 1, 2002.

Practices may also access The CMS Quarterly Provider Update available on the CMS Web site. These updates provide a single source for national Medicare provider information and give advance notice on upcoming instructions and regulations. See [www.cms.hhs.gov/providerupdate](http://www.cms.hhs.gov/providerupdate).



## Conquer New Heights @ TMA Summit 2002

TMA's fall conference presents a new, issue-driven interactive session that allows members to focus on 2002-03 TMA strategic priorities and help shape association policy for the upcoming session of the Texas Legislature. TMA Summit 2002 is Sept. 20-21 at the Renaissance Austin Hotel.

As always, TMA members register for free. The fee for nonmember physicians is \$200. To register online for TMA Summit, go to [www.texmed.org](http://www.texmed.org), and click on "About TMA." And don't forget that TMA councils and committees will meet, and Category 1 CME credit will be offered.

Make your hotel reservation early to receive the special meeting rate of \$129 single and \$139 double. Call the Renaissance Austin Hotel at (800) 228-9290 or (512) 343-2626 to reserve a room, or fax your request to (512) 343-6364. You must ask for the TMA Summit 2002 rate to receive the discount. The housing reservation deadline is Thursday, Aug. 29.

For more information, call (800) 880-1300, ext.1346, or (512) 370-1346, or visit the TMA Web site at [www.texmed.org](http://www.texmed.org).

Note: Not all speakers listed are confirmed.



### TENTATIVE AGENDA

#### Friday, Sept. 20

- 7:30-8:45 a.m. Dawn Duster on HIPAA Compliance
- 9 a.m. Opening of the Summit with Frederick L. Merian, MD, TMA President
- 9:15 a.m. Opening Speaker/Keynoter with Yank D. Coble Jr., MD, AMA President
- 9:40-10:55 a.m. Issue-Focused Panel 1: Liability and Tort Reform  
Rep. John Smithee, District 86, Texas Legislature; Dave Thompson, Pennsylvania Medical Soc. Legislative Affairs Director; Todd A. Hunter, JD, Hunter & Handel Senior Partner; Moderator: Robert Sloane, MD, Cmte. on Professional Liability Chair
- 11:15 -12:30 p.m. Issue-Focused Panel 2: Public Health  
Rep. Elizabeth Ames Jones, District 121, Texas Legislature (immunization programs)  
Eduardo J. Sanchez, MD, MPH, Commissioner of Health (TDH issues)  
Ronald R. Blanck, DO, TMA Task Force on Bioterrorism Chair (bioterrorism preparedness update)  
Moderator: Patti Patterson, MD, MPH, Council on Public Health Chair
- 12:30-2:15 p.m. Summit Luncheon *Courtesy of Texas Medical Liability Trust* — Hon. Gary Sherrer, Lieutenant Governor of Kansas
- 2:15-3:30 p.m. Issue-Focused Panel 3: Government Programs  
Hon. Bill Ratliff, Lieutenant Governor of Texas (legislative challenges); Speaker Pending (approaches to restructuring Medicaid)  
Ray Scheppach, National Governors Association Executive Director (proposals for Medicaid and CHIP reform)  
Moderator: John R. Holcomb, MD, TMA Ad Hoc Cmte. on Medicaid Chair
- 3:45-5 p.m. Issue-Focused Panel 4: Managed Care/Prompt Pay  
Sen. Jane Nelson, Dist. 9, Texas Legislature (prompt pay legislation)  
Spencer Berthelson, MD, Kelsey Seybold System CEO/President (managed care perspective)  
Darren Rodgers, Blue Cross Blue Shield VP Health Care Management (industry perspective)  
Moderator: Bohn D. Allen, MD, TMA Board of Trustees Member
- 5:30-6:45 p.m. Summit Reception Hosted by TMA Insurance Trust

#### Saturday, Sept. 21

- 6:30 a.m. County Society/District Caucuses
- 8 a.m. House of Delegates/House as "Reference Committee of the Whole"
- 11a.m. Presentations by Selected Texas Candidates for Statewide Office (tentative list of participants)  
Tony Sanchez, Democratic candidate, Governor; John Sharp, Democratic candidate, Lieutenant Governor  
Carole Keeton Rylander, Republican incumbent, Comptroller
- Noon Summit Wrap-Up — Louis J. Goodman, PhD, TMA Executive Vice President/CEO
- 12:15 p.m. Adjourn

# Annual Convention and Scientific Program

## NEW FRONTIERS IN PSYCHIATRY

November 15-17, 2002 • Worthington Hotel, Fort Worth, Texas



### Meeting Location

The Annual Convention and Scientific Program will be held November 15-17, 2002 at the Worthington Hotel, 200 Main Street, Fort Worth, Texas. Located in the heart of downtown's entertainment district, Sundance Square, is the newly remodeled Worthington Hotel. Performing arts venues, movie theaters, restaurants, museums, quaint shops and outlet stores are all within easy walking distance.

TSPP has negotiated a special discounted meeting rate of \$135.00 single/double for convention attendees. Hotel reservations may be made by calling the Worthington Hotel at 1/817/870-1000 and identifying themselves as an attendee of the Texas Society of Psychiatric Physicians' convention. Cut-off date for discounted rates is October 24.

### Discounted Airfare

Southwest Airlines is offering a 10% discount on most of its already low fares for air travel to and from the event. You or your travel agent may call Southwest Airlines Group and Meetings Reservations at 1/800/433-5368 and reference the assigned I.D. Code #J5132. Reservations Sales Agents are available 7:00 a.m.-8:00 p.m. Monday-Friday, or 8:30 a.m.-5:30 p.m. Saturday and Sunday. Central Standard Time. You must make reservations five or more days prior to travel to take advantage of this offer.

### Airporter Bus Service (Yellow Checker Shuttle - 817/267-5150)

The Airporter Bus Service is provided via a contract with the Yellow Checker Shuttle and is the most convenient and affordable ride to and from the DFW International Airport and the major downtown Fort Worth Hotels. Seven days a week, service to DFW begins at 5:00 am at Fort Worth area hotels and continues every thirty minutes until 7:50 pm. Service from DFW Airport begins at 6:16 am and continues until the last departure at 9:45 pm. One way fare is \$15. Contact Yellow Checker Shuttle at the number above for additional information.

### Discounted Registration Fees

Attendees who register BEFORE October 26 will receive significant savings on their meeting registration fees. Mail or FAX your registration form and payment using your VISA or MasterCard to TSPP, 401 West 15th Street, Suite #675, Austin, TX 78701 or FAX to 512/478-5223.

**Cancellation Policy:** In the event of cancellation, a full refund will be made if written notice is received in the TSPP office by October 26, 2002, less a 25% handling charge. NO REFUNDS will be given after October 26, 2002.

### Annual Business Meeting and Luncheon

The TSPP Annual Business Meeting and Luncheon on Saturday will feature the election of officers for 2003-2004. The Foundation Annual Business Meeting will update members on the progress of its' charitable activities.

### Social Activities

The convention officially kicks off with a complimentary wine and cheese Welcome Reception with Exhibitors for registered mem-

bers and their spouse or guest on Friday evening. Please plan to attend and express your appreciation to the Exhibitors present.

Saturday evening please plan to join your friends and colleagues for the reception and dinner honoring the 2002 TSPP Award Recipients and their dedication to Psychiatry. This year's honorees include:

#### Distinguished Service Award:

Alex K. Munson, MD, Georgetown  
Robert L. Zapalac, MD, Austin

#### Psychiatric Excellence Award:

Edward Furber, MD, Fort Worth  
Margo K. Restrepo, MD, Houston  
Madhukar Trivedi, MD, Dallas

**Special Service Award:**  
Senator Mike Moncrief, Fort Worth

### CME Credit

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

The Texas Society of Psychiatric Physicians designates this educational activity for a maximum of ten (10) credit hours in category I credit toward the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

The presentation, "Ethical Issues: The Simple Side of Complexity", has

been designated by the Texas Society of Psychiatric Physicians for 1 hour of education in medical ethics and/or professional responsibility.

### Exhibits

Members are encouraged to visit with exhibitors and program contributors in the Elm Fork & Elm Foyer Friday evening during the TSPP Welcome Reception and during the continental breakfast on Saturday. Exhibits will feature the latest information on new pharmaceutical research, products and services pertaining to Psychiatry.

If you require any special assistance to fully participate in this conference, please contact TSPP (512) 478-0605.



## TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS 2002 ANNUAL CONVENTION & SCIENTIFIC PROGRAM

November 15-17, 2002 • Worthington Hotel, Fort Worth, Texas

Please complete this form and return it with your check, money order or credit card information for your registration and event fees to the Texas Society of Psychiatric Physicians, 401 West 15<sup>th</sup> Street, Suite #675, Austin, Texas 78701 by **October 26** to receive the discounted registration fee. Registration forms and payments by credit card may be FAXED to TSPP at 512/478-5223.

|   |            |              |           |             |
|---|------------|--------------|-----------|-------------|
| NAME _____  |            | E-MAIL _____ |           |             |
| ADDRESS _____   | CITY _____ | STATE _____  | ZIP _____ | PHONE _____ |
| NAME(S) SPOUSE/GUEST(S) ATTENDING (for name badges) _____ |            |              |           |             |

### REGISTRATION FEES

Indicate the **NUMBER** of individuals who are registered for each event in the appropriate enrollment category listed below. Please note the enrollment fees are **PER PERSON** and your payment should reflect the proper fee for the number of individuals registered per event.

| NUMBER ATTENDING EVENT  | DISCOUNTED<br>REGISTRATION<br>(If postmarked before 10/26) | AFTER<br>10/26 | NUMBER ATTENDING EVENT  | DISCOUNTED<br>REGISTRATION<br>(If postmarked before 10/26) | AFTER<br>10/26 |
|---|--|----------------|---|--|----------------|
| <b>WELCOME RECEPTION - Friday Evening</b>   |  |                | <b>COMMITTEE MEMBER LUNCHEON</b>  |  |                |
| # <input type="checkbox"/> NOT Registered for Scientific Program  | \$40   | \$50           | # <input type="checkbox"/> Committee Member Luncheon - Friday   | \$15   | \$20           |
| # <input type="checkbox"/> Registered for Scientific Program<br>TSPP Members/Non-Members/<br>Spouse/Guest | No Chg   | No Chg         | <b>ANNUAL BUSINESS MEETING LUNCHEON</b>   |  |                |
| <b>SCIENTIFIC PROGRAM - Saturday and Sunday</b>   |  |                | # <input type="checkbox"/> Annual Business Meeting and<br>Luncheon - Saturday   | \$15   | \$20           |
| # <input type="checkbox"/> TSPP Member  | \$180  | \$220          | <b>TSPP AWARDS BANQUET - Saturday Evening</b>   |  |                |
| # <input type="checkbox"/> TSPP MIT/Medical Student   | \$ 25  | \$ 35          | # <input type="checkbox"/> Awards Presentations/Banquet   | \$25   | \$35           |
| # <input type="checkbox"/> Non-Member   | \$225  | \$275          | <b>TOTAL REGISTRATION<br/>FEE ENCLOSED</b> \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span> |  |                |
| # <input type="checkbox"/> Non-Member MIT/Medical Student   | \$35   | \$50           |   |  |                |
| # <input type="checkbox"/> Allied Health Professional   | \$ 95  | \$120          |   |  |                |
| # <input type="checkbox"/> Spouse   | \$ 95  | \$120          |   |  |                |
| # <input type="checkbox"/> Advocacy Organization Leadership   | \$ 35  | \$50           |   |  |                |



If you require any special assistance to fully participate in this conference, please contact TSPP at (512) 478-0605.

**METHOD OF PAYMENT** - Make checks payable to "Texas Society of Psychiatric Physicians"

#### Method of Payment

Check  VISA  MasterCard  Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name of Cardholder (as it appears on card) \_\_\_\_\_

Signature \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_  
ADDRESS CITY STATE ZIP

**CANCELLATION POLICY:** In the event of cancellation, a full refund will be made if written notice is received in the TSPP office by **October 26, 2002, less a 25% handling charge. No refunds will be given after October 26, 2002.**

Return to: TSPP • 401 West 15<sup>th</sup> Street, Suite #675 • Austin, TX 78701 • (512) 478-0605 • FAX (512) 478-5223



# Aggression

Quddusa Doongerwala, MD, Psychiatry Resident, UT Houston

It was a typical busy weekend call for me as a first year psychiatry resident in a county hospital. After having admitted ten to twelve patients and running from one unit to the other taking care of emergencies and some not so urgent things, I had almost reached the end of my call and was going to see my last patient for the night. She was a middle-aged lady who walked with the help of a cane as she had suffered a stroke a few years ago. She had been admitted to our hospital a number of times and was known to be loud, demanding and considerably regressed. She was cooperative in the admission interview. I completed the physical exam and asked her to return to her room. I started to go back to the conference room in the opposite corner to complete my admission note. As I was about to enter the room, I heard a sound behind me. I turned around and saw that the patient had followed me to the conference room. I asked her to go back pointing to the direction of her room, but she did not move and kept staring at me. Seeing that she was not following my instructions, I called out to the psych-tech on the unit to remove her. He was some distance away and did not hear my call. I was about to call at him again, when I felt a sharp pain on my right arm and I howled in anguish. The patient had struck me with her cane. She was quickly brought under control and removed from there. My arm was black and blue for the next few days, but I was thankful that the cane did not find my head or face.

The incident left me in shock and disbelief because the thought that this patient could strike me had never crossed my mind. I am on my guard with patients who appear aggressive, but this patient did not seem like that. I replayed the whole interaction I had with the

patient several times in my mind. What drove her to violence? Why didn't I see it coming? How could I have prevented it? I had a lot of questions like that. My quest for answers led me to a lot of useful material that I wouldn't have bothered to look up had I not experienced this incident. I decided to write this article to share some of my findings.

I knew about the risks involved even before I took this profession. However, I had never actually taken the time to find out some quantitative measures. The answers were just a "google" away. I found some interesting statistics published by the U.S. Bureau of Justice regarding violence in workplaces. What percentage of the mental health workers (including physicians, nurses and technicians) in the U.S. are victims of violence at workplace per year? Take a guess before you read on. The answer is one in every twenty or 5% in 1999. It was much higher earlier. Look at the chart below for some comparative analysis. The data shows that the mental health profession was second only to the law enforcement profession in the rate of violent victimization expressed as number of annual cases per thousand professionals. Although, there has been a decrease from 1993 to 1999, the percentage of reduction in the rate of victimization is the least (28%) in the mental health profession compared to all the other professions.

As physicians in charge of our units we are responsible for ensuring safety not only of ourselves and our fellow workers but also, more importantly, of the patients who depend on us for their care. It is important for us to be aware of the telltale signs of aggression and be prepared to deal with it. The bibliography lists references that discuss "The Aggression Continuum" – the progressive emergence of

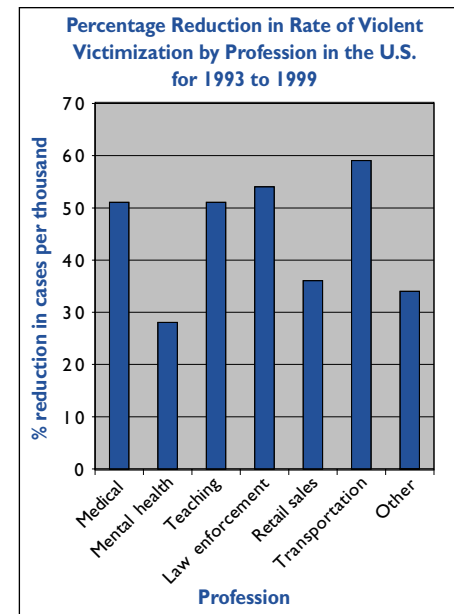
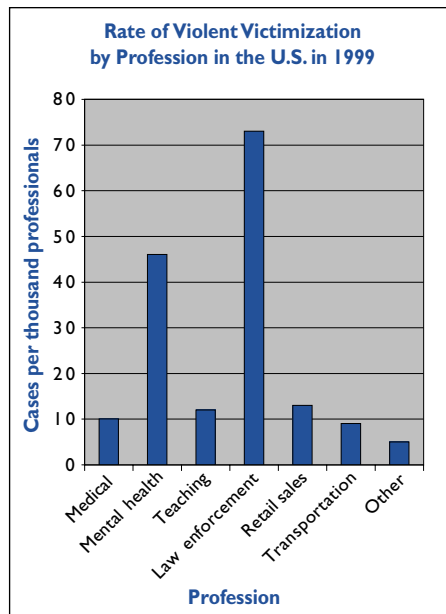
physical and behavioral signs that foretell the possibility of violence and thereby present an opportunity to initiate appropriate preventive measures before acts of violence are actually committed. I learned a lot from reading this material. If I had followed the following measures of safety it would have reduced the odds of me getting hit without compromising patient care in anyway.

1. Never turn your back to patients; one can control the situation much better when one is facing them.
2. Give choices to patients rather than orders; nobody likes taking orders especially agitated patients.
3. Be vigilant for signs of physical agitation like twitching of facial muscles, darting eye movements or fixed staring.
4. Maintain a non-threatening body posture and keep a buffer zone.



QUDDUSA DOONGERWALA, MD

As much as we care for our patients, they feel threatened by us. We need to realize this and make them feel comfortable. We need to make them understand that we are there to help them and this is at times difficult. In our profession, violence cannot be entirely avoided but I think a few simple measures can definitely reduce the rate of violence.



## References

1. "Essentials of Aggression Management in Health Care", Steven S. Wilder Christopher Sorensen, Prentice Hall, December 2000
2. "Violence in the Workplace, 1993-1999", Detis T. Duhart, Bureau of Justice Statistics, December 2001
3. <http://www.aggressionmanagement.com>

## CALENDAR OF MEETINGS

### OCTOBER

**30-Nov 2 38th Annual State Conference**  
Learning Disabilities Association of Texas  
Renaissance Austin Hotel, Austin, Texas  
Contact: Registration 512/458-8234

### NOVEMBER

**15-17 TSPP Annual Convention and Scientific Program**  
"New Frontiers in Psychiatry"  
Worthington Hotel, Fort Worth, Texas  
Program Contact: Debbie Sundberg, 512/478-0605  
Hotel reservations: 817/870-1000

15 TSPP Committee Meetings  
Membership Luncheon  
Reception with Exhibitors

16 Scientific Program  
Annual Business Meeting  
Executive Council Meeting  
TSPP Awards Banquet

17 Scientific Program

### APRIL

**5 TSPP Committee Meetings**  
Hilton Palacio de Rio Hotel, San Antonio, Texas

**6 TSPP Executive Council Meeting**  
Hilton Palacio de Rio Hotel, San Antonio, Texas

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