

Texas Psychiatrist

Serving Texas Psychiatry for 50 Years: 1956-2006

TSPP - A History of Service

John R. Bush, Executive Director

Physicians in Texas began participating in medical societies in Texas in significant numbers after the Civil War, although there were a few short-lived groups that assembled sporadically before 1860. Fourteen doctors established the Galveston Medical Society in July 1865 and accepted the American Medical Association's Code of Ethics. A few county societies emerged by the 1870's, including those in Fort Bend and Ellis counties. During the 1880's and 1890's, physicians organized numerous county and regional societies in Texas. They met regularly and discussed political and scientific issues affecting the practice of medicine. Between 1883 and 1893 meetings of twenty-two societies were reported in the Texas Courier-Record of Medicine.

Though efforts had begun in 1853 to establish a state medical association, physi-

nized in Galveston in 1928 under the leadership of Titus Harris, MD, included both neurologists and psychiatrists. In 1946, this group changed its name to the Texas Neuropsychiatric Association. In 1952, the membership roster of the Texas Neuropsychiatric Association included the names of 54 members. Dues were \$5.00 per year and the organization had a cash balance of \$1,639.

On April 21, 1956, a group of Texas psychiatrists submitted a petition to the American Psychiatric Association for recognition of a new organization as a District Branch. Accompanying the petition were Constitution and Bylaws of the "Texas District Branch of the American Psychiatric Association." The new organization had 29 members and dues were \$2.00 per year. The APA Assembly accepted the petition recognizing a new District Branch in Texas during its meeting on May 1, 1956 in Chicago.

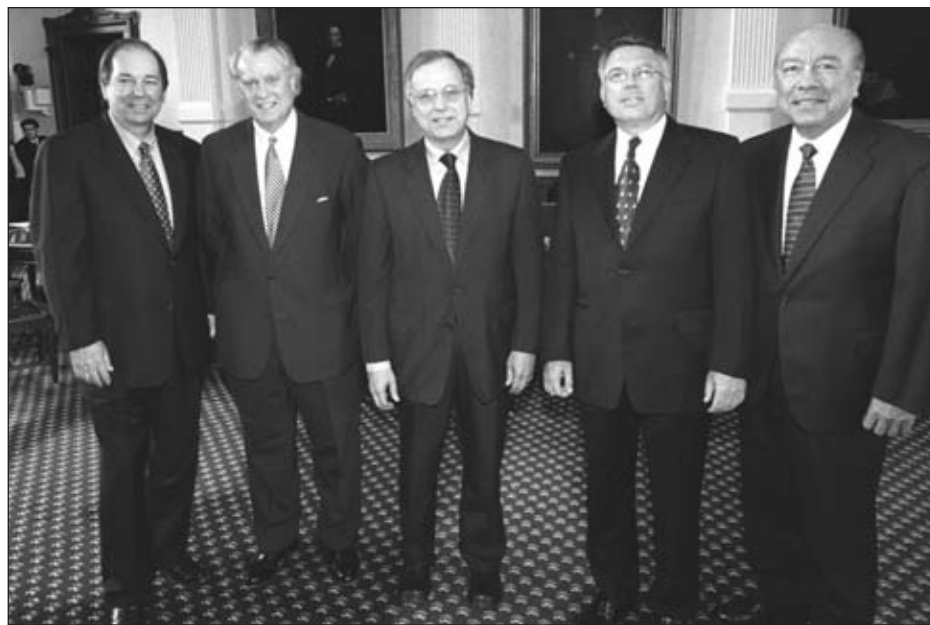
In a letter dated March 30, 1956, in preparation of the petition being submitted to the APA, a member of the newly formed organization wrote: "In Dr. X's (an officer of the Texas Neuropsychiatric Association) letter to me he indicated that there should be no conflict with the Texas Neuropsychiatric Association and merely asked that we not mention the Texas NP when applying for formation of the District Branch. For that reason, it would seem better not to have material going forward to APA on Texas NP stationery or indicating that it would be under the auspices of that organization."

Following the recognition of the Texas District Branch of the American Psychiatric Association by the APA, the new District Branch and the Texas Neuropsychiatric Association co-existed for several years. They regularly conducted joint meetings and even shared the same officers. By April 1960, the Texas Neuropsychiatric Association had 224 members and the Texas District Branch of the APA had 160 members.

On March 18, 1963, the Texas District Branch was incorporated as a non-profit organization in Texas with a new name (the first in a series of name changes)...the "Texas District Branch Society of the American Psychiatric Association."

On October 19, 1973, the name of the organization was changed to "Texas District Branch of the American Psychiatric Association." On June 20, 1986, the name was changed again. This time to the "Texas Society of Psychiatric Physicians."

Members who have provided outstanding leadership of TSPP as President include: William Cantrell, MD (1958 & 1980); Hamilton Ford, MD (1959); Clarence Hoekstra, MD (1960); Robert Stubblefield, MD (1960); Cy Ruilmann, MD (1962); H. Harlan Crank, MD (1963); E. Ivan Bruce, Jr., MD (1964); Perry Talkington, MD (1965);



Senator Kip Averitt (Waco), far left, and Senator Juan "Chuy" Hinojosa (McAllen), far right, join Executive Director John R. Bush, President Gary Etter, MD and Immediate Past President Clay Sawyer, MD on the floor of the Texas Senate on May 18 as the Texas Senate passed a Resolution recognizing TSPP's 50 years of service to Texas and for "bringing together many diverse groups of physicians, patients and mental health advocacy organizations in the service of the mental health of Texans from all walks of life."

Alfred Hill, MD (1966); James K. Peden, MD (1967); Alexander Bankhead, MD (1968); Pete C. Palasota, MD (1969); Marshall L. Fowler, Jr., MD (1970); Irvin M. Cohen, MD (1971); Wade H. Lewis, MD (1972); E. Winston Cochran, MD (1973); Harry K. Davis, MD (1974); Thomas H. Allison, MD (1975); Walter E. Reifslager, MD (1977); Laurence C. McGonagle, MD (1978); Jane H. Preston, MD (1979); Tracy R. Gordy, MD (1981); Keith Johansen, MD (1982); Grace K. Jameson, MD (1983); Frank P. Schuster, MD (1984); Spencer Bayles, MD (1985); Myron E. Weiner, MD (1986); Robert L. Zapalac, MD (1987); Victor J. Weiss, MD (1988); Doyle I. Carson, MD (1989); Paul H. Wick, MD (1990); Edward L. Reilly, MD (1991); David F. Briones, MD (1992); Bernard M. Gerber, MD (1993); Larry E. Tripp, MD (1994); Arthur J. Farley, MD (1995); Conway L. McDonald, MD (1996); Robert G. Denney, MD (1997); Jefferson E. Nelson, MD (1998); A. David Axelrad, MD (1999); Deborah C. Peel, MD (2000); Charles L. Bowden, MD (2001); R. Sanford Kiser, MD (2002); Priscilla Ray, MD (2003); J. Clay Sawyer, MD (2004); and, Gary L. Etter, MD (2005).

For many years, the administrative functions of the organization later known as the Texas Society of Psychiatric Physicians were maintained by individual members, passing shoe boxes of member records from officer

to officer. As the organization grew, administrative services were out sourced to a division of the Texas Medical Association for many years. In 1988, TSPP established its own offices and hired its first staff. The first two employees were Sheryl Harding, hired as the first Executive Director, and Debbie Sundberg as Assistant Director. Charles Stewart was Executive Director in 1989 and John Bush was employed as Executive Director in 1990.

TSPP will be celebrating its 50th Anniversary throughout the year, culminating with a banquet at the Annual Convention and Scientific Program in Dallas in November, 2006. TSPP President Gary Etter, MD has appointed a 50th Anniversary Planning Committee to recommend activities during the year to highlight TSPP's 50 years of service to Texas psychiatry. Spencer Bayles, MD has been appointed to Chair this committee. If you have anecdotes about the history of TSPP, the committee would welcome your input. Please send your stories and remembrances to Dr. Bayles in care of the TSPP Office.

Sources: Handbook of Texas Online-Medical Societies, a joint project of The General Libraries at the University of Texas at Austin and the Texas State Historical Association and TSPP records. ■



cians did not maintain a statewide group until 1869. In June of that year, three members of the Galveston Medical Society met with twenty-five other doctors in Houston to reorganize the Texas State Medical Association, which in 1951 became the Texas Medical Association.

Between 1880 and 1930 medical knowledge expanded dramatically, and some doctors decided to limit their practices to the care of particular groups, or to diseases of particular organs, or to particular technical crafts. To exchange scientific and clinical information and special problems, TSMA members began holding section meetings; some of these sections evolved into specialty societies.

The Texas Neurological Society, orga-

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2005 Annual Convention and Scientific Program

November 5-6, 2005 • Hyatt Regency Austin Hotel

See pages 4 & 5 for full details

It Takes a Psychiatrist...

Gary L. Etter, MD, President, Texas Society of Psychiatric Physicians

Continuing the theme for this year of "It takes a psychiatrist to be involved," I want to thank everyone for agreeing to serve on committees for the upcoming year (about 200 members and over 400 committee appointments). And I especially thank those of you who have agreed to chair the committees. Your willingness to serve is truly the strength of our organization.

I want to particularly highlight two committees that we have established this year. The 50th anniversary of TSPP will be in 2006 and in planning for that, we have established the 50th Anniversary Planning Committee. Dr. Spencer Bayles has agreed to chair this committee. They will be planning various activities and writing some articles for the *Texas Psychiatrist* in the coming year which highlight the rich history and many accomplishments of our organization. I want to thank Dr. Bayles specifically. I think that he along with his committee members truly exemplify the theme for this year. He has served in many capacities over the years for the best interests of our patients, and continues to be very active, including monthly trips to Austin for TSPP's Commissioner's Roundtable meetings with officials in our state regulatory agencies.

The additional new committee is the Physician Advocacy Committee which was established by the TSPP Executive Council as recommended by the Professional Practices Committee at our meeting last April. This committee was established to address problems that physicians have had related to the Texas State Board of Medical Examiners. This would include the lack of due process, discrimination against psychiatrists in particular, and discrimination against physicians with a history of mental illness. Dr. Michael Arambula, with his strong background and experience in ethics, has agreed to chair this committee, and I appreciate him for agreeing to do so.

We have completed one of the most successful legislative years of our history. It was due to a number of factors including the involvement of our members in our grassroots advocacy programs (All politics is local!), the work of our lobbyist, Steve Bresnen, and the leadership of our Chair of our Government Affairs Committee, Martha Leatherman, MD. But probably the most important reason that we were so successful was the result of the restructuring of organized psychiatry in Texas. The establishment of the Federation of Texas Psychiatry, an organization of organizations, allowed us to bring a uniformed voice for psychiatry to the Texas Legislature, and it will allow us to continue to advocate for psychiatric care in Texas and for our patients. The Federation of Texas Psychiatry was established to provide a unified voice in our great state and it currently includes five organizations: the Texas Society of Psychiatric Physicians, the Texas Academy of Psychiatry, the Texas Society of Child and Adolescent Psychiatry, the Texas Foundation for Psychiatric Education and Research, and the Texas Medical Association. The Federation's member organizations represent over 40,000 physicians in Texas who support and advocate for providing the highest quality of psychiatric

treatment in Texas. This unified structure WORKS. We were able to go to our legislators and say: "We represent over 40,000 physicians in Texas who are interested in doing what is best for Texas psychiatry and patients with psychiatric illness." They listened. They not only listened, but the Texas Senate passed a Resolution on May 18 recognizing TSPP for its leadership in advocating for our patients. We should all be very proud of this recognition for our work. As stated before, the psychologists did not even get a sponsor for their prescribing bill. As you know, the two states on either side of us now allow psychologists' prescribing. It all has to do with the strength of your state society, TSPP. Our legislators have told us that they listen to their constituents and to Texans who know what is best for Texans.

Despite our success, the conflict between the APA Board and TSPP continues. I want to emphasize that the dispute is with the APA Board and not APA. I know we all are growing tired of this, as it has diverted so much time and energy from our practices and from focusing on patient and treatment issues.

All of you should have received a letter from APA Board members Drs. Steve Sharfstein and Pedro Ruiz dated August 9th. It is quite apparent that they are attempting to create divisions between TSPP's leadership and our membership. I want to emphasize that our leadership IS in our members. We are a member-driven society. Our structure is simple: Every member has the opportunity to volunteer for committees in which they are interested and attend all meetings, including meetings of the Executive Council which are open to all. Committees bring action items to our Executive Council. Our Council then takes them in consideration and votes on these action items, which establishes TSPP policy. The Executive Council is a large governing body comprised of members from all over the state and from all of our Chapters. It is a representative body whose Chapter members are chosen by each Chapter.

The Executive Council reviews and votes on every major decision of TSPP and this includes the restructuring of organized psychiatry. They approved the initial Affiliates Pilot Project. When the APA Board then threatened TSPP with dissociation unless we gave up the idea of the pilot project, the TSPP Executive Council then approved the alternative plan of endorsing the establishment a separate, non-profit entity, the Texas Academy of Psychiatry. I want to reiterate that this idea was originally proposed by the then APA Speaker, Prakash Desai, MD in November 2003 to TSPP's Executive Council, and we were assured in our April 4, 2004 Executive Council meeting by the then APA President and CEO, Marcia Goin, MD and our Area 5 Trustee, Jack Bonner, MD, that this solution would cause no conflict because it was beyond the purview of the APA. More recently in our April 2005 Executive Council meeting, our last offer to the APA negotiators was approved by our Executive Council. Every major decision related to this issue has been approved by the Executive Council which represents our members. Contrary to assertions by the APA Board, TSPP is not governed by a single member or a select few. It is governed by the majority of the membership as represented on the Executive Council and every member has a voice. We are and will remain a member-driven orga-



Gary L. Etter, MD

nization.

The APA has continued to assert that TSPP has violated the APA's dual membership requirement. Every TSPP member is also a member of the APA. We have violated nothing. The Federation and Academy were established as separate non-profit entities with their own governing bodies. Even if we wanted to dissolve these two organizations, we would be unable to do so. They are separate. In addition, they are working and as an officer of TSPP, I, as well as the other officers, took an oath of responsibility to our non-profit organization, TSPP. In light of the success of the changes that have been made, we would be irresponsible to our organization and to our patients to sever the beneficial relationships with the Texas Medical Association, the Texas Academy of Psychiatry, and the Texas Society of Child and Adolescent Psychiatry established through the Federation. TSPP will continue to adhere to federal and state laws related to non-profit corporations, including that of fiduciary responsibility.

The negotiations with the APA Board have been frustrating to say the least. Our negotiating team of Drs. David Axelrad, Priscilla Ray, and Clay Sawyer have worked many hours on our behalf and I again thank them. It has been frustrating primarily because we have known all along that no matter what the APA negotiating team agreed to, it was ultimately the APA Board who made the final decision regarding the negotiations, not the elected APA Assembly which represents District Branches and the membership. Throughout this process, I have come to the realization that our elected APA Assembly really has no power. The power lies with but a small group of individuals. I would hope that as a result of this conflict that change could be made in the APA structure so that we are truly member-driven at the national level. I doubt if this will ever occur. I disagree with Drs. Sharfstein and Ruiz. Our relationship with the Academy and the Federation will not weaken either the APA or TSPP, but instead, will enhance and broaden psychiatry's voice and influence in Texas.

The relationship established with these organizations has been successful and the voice of psychiatry in Texas is now 40,000 strong. How could any one see this as being competitive? Our District Branch was losing

members. The problem was retention not recruitment. Contributing to the problem of retaining members has been APA's dues structure that elevates dues from \$360 to \$540 per year in the seventh year of General membership. The Academy has attracted members who have not been in organized psychiatry in years, if ever. How can they be seen as competitors? TSPP/APA members may also be associate members of the Academy without terminating their TSPP/APA membership. Further, TSPP's membership has increased from last year at this time. The Federation is an organization of organizations, not individuals. How could this organization be seen as being in competition with the APA or with TSPP? I still believe that the strength of the APA resides in the strength of the local District Branches. The restructuring of organized psychiatry in Texas should only serve to strengthen both the APA and TSPP.

Let me assure you that whatever decision the APA Board has taken or will take regarding TSPP's status as a District Branch, it will not impact nor change your TSPP membership or the structure, benefits or operations of your state professional organization - the Texas Society of Psychiatric Physicians. Nor will any decision by the APA Board affect your TSPP Chapter functions, as the Chapters are an integral part of TSPP's organizational infrastructure.

The strength of our organization is our members and their commitment to service. I have said previously that I am always amazed at how many of our former Presidents continue to attend our meetings, serve on committees, and remain involved. I am amazed at our members who have served tirelessly year in and year out on committees. What motivates these people? It is not self-serving. They are not looking to move up the ladder to higher national positions. They are motivated to serve to do whatever is necessary to ensure the future of optimal psychiatric care in Texas and to ensure that our patients receive the highest quality of care possible. I thank you for your membership and your commitment to our organization, TSPP. I ask you to continue to work for a better future for psychiatric education, for psychiatric care, and for advocacy for our patients in our great state. ■

In Memoriam....

H. Harlan Crank, MD
Austin



A delegation from TSPP participated in a mediation session with a delegation from the APA Board in Chicago on July 20. Pictured (left to right): mediator Jonathan Howe (founding partner, CEO and President, Howe & Hutton, Ltd), TSPP attorney Anthony Icenogel (DeLeon, Boggins and Icenogel), TSPP Past President and APA Assembly Representative Priscilla Ray, MD, TSPP Past President and APA Assembly Representative Clay Sawyer, MD, TSPP Past President and APA Assembly Representative David Axelrad, MD, and TSPP President Gary L. Etter, MD.

The Family of Medicine – Standing Side-by-Side

Robert T. Gunby Jr., MD, President, Texas Medical Association

As I write, the Texas Legislature is *still in session*, the second special session of the summer on public school finance reform and the taxes to pay for it. You sometimes wonder if they'll ever go home.

At least the regular session of the 2005 Texas Legislature is over. Thanks to the family of Texas medicine, we were able to defeat bill after bill that would have been bad medicine for our patients and for our practice.

The family of medicine has been so successful in Texas – for our patients and our profession, battling the trial lawyers and the health plans and government intrusion – for one reason only. Texas Medical Association and the specialty societies and the counties speak with one firm and consistent voice, regardless of the issue. And that voice talks about our patients and what they need and how we can best deliver that care.

Even if the issue involves only a segment of our family, we're all there together. We know plastic surgery alone probably cannot stop a tax on cosmetic surgery. And we all can see what it would mean to our patients if the plastic surgeons were to lose.

We know that, alone, the hospital-based physicians cannot stop a ban on balance billing; alone they cannot require the health plans to maintain adequate networks. And we all can see what it would mean to our patients if the pathologists and anesthesiologists and radiologists were to lose.

That's why we walk the halls of the Texas Capitol side-by-side. It hurts sometimes to be asked to put aside the short-term interests of our specialty or our practice. But we all need each other. No one else is looking out for our profession or our patients.

No issue illustrates this better than allied health practitioners' push to expand their scope of practice. We know the ophthalmologists alone may not be able to repel the optometrists' push to operate on the eye and manage glaucoma cases without supervision. And we all can see what it would mean to our patients if the ophthalmologists were to lose.

In virtually every legislative session, one or more groups of non-physician health care professionals seek to expand their scope of practice. Every session, medicine battles back to ensure that allied health practitioners' scope of practice does not safely exceed their education, training, and skills.

In 2003, the push came in the form of House Bill 3451, which would have given psychologists prescriptive authority. All the physicians of TMA – from anesthesiologists to vascular surgeons – joined the Texas Society of Psychiatric Physicians in killing this dangerous bill. We argued, together, that psychologists simply do not have the professional training and education to prescribe dangerous medications safely.

In 2005, the psychologists were unable to get their prescribing bill filed due to efforts of the PatientsFirst Coalition. The coalition, composed of TMA, the Federation of Texas Psychiatry and numerous other medical specialty organizations, was organized specifically to stand side by side in fighting scope of practice initiatives.

This year the two primary culprits were podiatry and optometry.

As part of a national effort to win full medical privileges, the podiatrists sought authority to perform surgery on the ankle and beyond. Surgeons and non-surgeons testified against it. We said, podiatrists are not physicians. They do not have the education or skills to operate above the foot. Regarding the optometrists, we, all of medicine, told legislators, "This is a safety issue, for our patients and your constituents."

What's coming up in 2007? Will the psychologists try again to import New Mexico's and Louisiana's prescriptive authority laws? If so, you know TSPP and the Federation of Texas Psychiatry will be there to fight it.

More importantly, all of TMA will be there to fight it. The ob/gyns, the pediatri-

cians, the surgeons, the dermatologists, and the family physicians. You can count on it.

And you can count on one more thing. TMA is the best medical society in the country, the strongest, because we are the largest state medical society in the country. Most TSPP members also belong to TMA. If you're not a member, it's time for you to sign up. Not just for scope of practice issues, but for all of our legislative and judicial advocacy, for our fantastic practice management programs, and to say you're part of the best organization in America fighting for our patients and our



Robert T. Gunby Jr., MD

profession. Call the TMA Knowledge Center today at (800) 880-7955 and say, "I want to join TMA." ■

Congratulations

Jefferson E. Nelson, MD (Austin) has won the New Milestones Foundation 2005 Champions' Award for Outstanding Healthcare Professional. The award will be given in September in Austin at the Foundation's annual fund-raising event featuring Oscar-winning actor and author Patty Duke, who will speak firsthand about living with bipolar disorder.

The New Milestones Foundation partners with the Austin-Travis County MHMR Center and is dedicated to expanding awareness, eradicating stigma and raising funds to address the needs of those affected by mental illness, developmental disabilities and chemical dependency disorders.

MEMBERSHIP CHANGES

TSPP NEW MEMBERS

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

General Member

Keller, Wayne, MD

Member in Training

Anderson, Christopher, MD

Aponte, Dorian Y, MD

Ball, Valdesha L., MD

Briones, Fermin, Jr., MD

Castro, Manuel, MD

Davis, Deidre E., MD

Le, Nhan T., MD

Love, Robert J., MD

Manzoor, Syed Z., MD

Marie, Nathalie, MD

Mitchell, Whitney, MD

Rahman, Aminur, MD

Roof, Jason G., MD

Rosenfeldt, Wolfgang, MD

Webb, Sala S., MD

Change in Status from MIT to General Member

Boley, Jason, MD

Garvin, Jason, DO

Jacobsen, Mikael, MD

Jain, Shailesh, MD

Transfer from Other District Branches

Cavanaugh, Regina, MD

Keith, Dona, MD

Pieper, Andrew, MD

Satpathy, Satyajit, MD

ACADEMY NEW MEMBERS

General Member

McNeel, Linea, MD

Rogers, William B., MD

Solis, Rafael, MD

Retired Member

Cavazos, Ninfa, MD

You have just been subpoenaed.

Do you know how to respond?



If you have your malpractice insurance through The Psychiatrists' Program you can rest assured. With a simple toll-free call, a risk manager can assist you with the immediate steps you need to take to protect your practice.

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JOB BANK

Psychiatrist Wanted in Austin

Psychiatrist wanted for growing Long Term Care practice in the Austin, Tx area. Travel is required on a daily basis. Position offers competitive salary and good benefits for full time employees who are looking for an opportunity to work with an established company. Position requires initial evaluations, follow-up visits for medication management and re-evals as needed. Position also may require delegation of prescriptive authority and supervision of APNs.

Contact Malcolm Duncan –
512-470-5600
email md@aambinc.com



Texas Society of Psychiatric Physicians 2005 Annual Convention and Scientific Program

The 2005 TSPP Annual Convention and Scientific Program to be conducted at the Hyatt Regency Hotel in Austin on November 4-6 features an outstanding program offering 10 Category I credits, including 2 hours of credits in medical ethics. The program, "The Dynamic Spectrum of Clinical Psychiatry," features the following speakers: Larry Ereshefsky, PharmD, Kevin Gray, MD, Laurence McCullough, PhD, Charles Raison, MD, Zachary Stowe, MD, and Karen Dineen Wagner, MD, PhD.

In addition to the Scientific Program, on November 4, the TSPP committees will meet and TSPP will conduct its Annual Awards Banquet, this year recognizing Bernard Gerber, MD of Houston (TSPP Distinguished Service Award), Robert M.A. Hirschfeld, MD of Galveston (TSPP Psychiatric Excellence Award), and Steve Bresnen of Austin (TSPP Special Service Award).

On November 5, the Annual membership meetings of TSPP and the Texas Foundation for Psychiatric Education and Research will be conducted. Also, the TSPP Executive Council will meet.

MEETING LOCATION

The Annual Convention and Scientific Program will be held November 5-6, 2005 at the Hyatt Regency Austin Hotel, 208 Barton Springs Road, Austin, Texas. Conveniently located in the heart of Austin's business district near the State Capitol, the hotel offers breathtaking views of Town Lake and the glittering Austin skyline. Make plans for a relaxing and stimulating weekend enjoying the many activities TSPP has arranged, including an outstanding CME program. During your leisure time, enjoy the outdoor heated pool and spa, fitness center and nine miles of beautifully landscaped hike n' bike paths on the shores of Town Lake. A short distance away is shopping, historic 6th Street and the Warehouse Entertainment District. We know this will be a meeting and weekend you will not want to miss!

Free Thank You Gift!

A special TSPP thank you amenity will be provided to program registrants who make their hotel reservation at the Hyatt Regency Austin Hotel in the TSPP room block! Make your reservations early!

**512/477-1234
or toll-free 1/800-233-1234**

DISCOUNTED REGISTRATION FEES

TSPP has arranged a special discounted rate for program registrants at the rate of \$149.00 single or double occupancy. Hotel reservations may be made by referring to the group name "Texas Society of Psychiatric Physicians" and calling the Hyatt Reservations Department at 512/477-1234 or toll free 1/800-233-1234.

Discounted room rates are only available if reservations are made BEFORE October 13.

Discounted meeting registration fees are available to individuals who register BEFORE October 24. Mail or FAX your registration form and payment using your VISA or MasterCard to TSPP, 401 West 15th Street, Suite #675, Austin, Texas 78701 or if paying by credit card, FAX your registration form 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 24, 2005, less a 25% handling charge. NO REFUNDS will be given after October 24, 2005.

SOCIAL ACTIVITIES

The weekend's activities kick off with a complimentary wine and cheese reception with exhibitors for convention registrants and their spouse/guest. Following the reception, the TSPP Annual Awards Banquet will be held honoring the 2005 TSPP Award Recipients in recognition of their outstanding contributions to Psychiatry. ■

The Texas Society of Psychiatric Physicians is pleased to recognize the following confirmed contributors and educational grants to the 2005 Annual Convention and Scientific Program:

Platinum

Abbott Laboratories

AstraZeneca

Eli Lilly and Company

Forest Laboratories, Inc.

GlaxoSmithKline

Texas Foundation for Psychiatric Education and Research

Gold

Cyberonics, Inc.

Bronze

Synthon Pharmaceuticals, Ltd.

D A I L Y S C H E D U L E

Friday, November 4

7:00 AM - 8:00 PM	Registration	Hill Country Foyer
7:30 AM - 8:55 AM	Foundation Bd of Directors Breakfast Mtg	
8:30 AM - 4:30 PM	Committee Hospitality » Complimentary Refreshments & Light Hors D'oeuvres For Committee Members	Big Bend E
9:00 AM - 10:30 AM	Socioeconomics Fellowship Budget Physician Advocacy	Hill Country D Hill Country C Hill Country B Hill Country A
10:30 AM - 12:00 PM	Membership Professional Practices Academic Psychiatry Texas Academy of Psychiatry	Hill Country A Hill Country D Hill Country C Hill Country B
12:00 PM - 1:15 PM	Luncheon Program	Big Bend A-D
1:15 PM - 2:45 PM	Strategic Planning & Coordinating Public Mental Health Services Children and Adolescents Ethics	Hill Country A Hill Country D Hill Country B Hill Country C
2:45 PM - 4:15 PM	Continuing Medical Education Forensic Psychiatry Members in Training Program Constitution & Bylaws	Hill Country C Hill Country B Hill Country D Hill Country A
4:30 PM - 6:00 PM	Government Affairs	Hill Country D
6:00 PM - 7:30 PM	Welcome Reception w/Exhibitors	Texas Ballroom 4-7 (2nd Floor)
7:30 PM -	TSPP Annual Awards Banquet	Texas Ballroom 2&3 (2nd Floor)

Saturday, November 5

7:00 AM - 8:30 AM	Federation Delegate Assembly Breakfast Mtg	
7:30 AM - 9:00 AM	Complimentary Continental Breakfast for Program Registrants	Texas 4-7 (2nd Floor)
8:45 AM - 5:15 PM	Scientific Program	Texas 1-3 (2nd Floor)
9:00 AM - 5:00 PM	DBSA Meeting	Hill Country D
12:20 PM - 2:00 PM	Annual Meeting Luncheon in Exhibit Hall	Texas 4-7 (2nd Floor)
5:40 PM - 7:00 PM	Executive Council	Hill Country A-C
8:30 PM -	50th Anniversary Planning Committee	President Etter's Suite

Sunday, November 6

8:00 AM - 12:00 PM	Scientific Program	Texas 1-3 (2nd Floor)
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The Convention registration form is available online at www.txpsych.org or to request additional information, contact TSPP at tsppofc@aol.com or call 512-478-0605.



Texas Society of Psychiatric Physicians

2005 Annual Convention and Scientific Program

ACCREDITATION

The Texas Society of Psychiatric Physicians designates this educational activity for a maximum of ten (10) Category 1 credits toward the AMA Physician's Recognition Award. Each physician should claim only those credits that he/she actually spent in the activity.

The presentation "Ethics" has been designated by the Texas Society of Psychiatric Physicians for 2 hours of education in medical ethics and/or professional responsibility.

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

TSPP Awards Banquet

Help honor this years recipients of TSPPs Awards, scheduled for Friday, November 4, 2005 at 7:30 pm at the Hyatt Regency Hotel in Austin. A reception will precede the banquet beginning at 6:00 pm.

See complete story on page 8.



TSPP Distinguished Service Award
Bernard M. Gerber, MD



TSPP Psychiatric Excellence Award
Robert M.A. Hirschfeld, MD



TSPP Special Service Award
Steve Bresnen

SCIENTIFIC PROGRAM AGENDA

SATURDAY, NOVEMBER 5 6 Hours Category I CME Credit

- 8:45 am - 9:00 am **Opening Remarks/Welcome**
- 9:00 am - 10:30 am **"Antipsychotic Dosing - Individualizing Medication Treatment"**
Larry Ereshefsky, Pharm.D., FCCP, BCPP, Executive Vice President and Chief Scientific Officer, California Clinical Trials (CCT), Los Angeles, California
- 10:30 am - 10:50 am **Refreshment Break**
- 10:50 am - 12:20 pm **"Mind-Body Perspectives on the Development and Treatment of Depression"**
Charles L. Raison, MD, Assistant Professor, Director, Behavioral Immunology Clinic, Department of Psychiatry and Behavioral Sciences, Emory University School of Medicine, Atlanta, Georgia
- 12:20 pm - 2:00 pm **Annual Business Meeting Luncheon**
- 2:00 pm - 4:00 pm **"Ethical Challenges in Assessing Patients' Decision-Making Capacity"**
Laurence B. McCullough, PhD, Professor of Medicine and Medical Ethics, Center for Medical Ethics and Health Policy, Professor of Family and Community Medicine, Faculty Associate of the Huffington Center on Aging, Baylor College of Medicine, Houston, TX, Associate Director for Education, Center for Medical Ethics and Health Policy, Adjunct Professor of Ethics in Obstetrics and Gynecology and Public Health, Weill Medical College of Cornell University in New York City Adjunct Professor of Philosophy at Rice University
- 4:00 pm - 4:15 pm **Refreshment Break**
- 4:15 pm - 5:15 pm **Resident Paper Competition Paper**

Sunday, November 6 4 Hours Category I CME Credit

- 8:00 am - 9:00 am **"Update on Childhood Major Depression"**
Karen Dineen Wagner, MD, PhD, Clarence Ross Miller Professor and Vice Chair, Department of Psychiatry and Behavioral Sciences, Director, Division of Child and Adolescent Psychiatry, University of Texas Medical Branch, Galveston, Texas
- 9:00 am - 9:10 am **Refreshment Break**
- 9:10 am - 10:40 am **"Medications in Pregnancy and Lactation"**
Zachary N. Stowe, MD, Director, Women's Mental Health Program Associate Professor of Psychiatry and Behavioral Sciences, Assistant Professor of Gynecology and Obstetrics, Emory University School of Medicine, Atlanta, Georgia
- 10:40 am - 10:50 am **Refreshment Break**
- 10:50 am - 12:20 pm **"Dr. Parkinson's Omission: the Clinical Faces of Lewy Body Dementia"**
Kevin F. Gray, MD, Director, Geriatric Neuropsychiatry Clinic, Dallas Veterans Affairs Medical Center, Associate Professor of Psychiatry and Neurology, The University of Texas Southwestern Medical Center, Dallas, Texas

SCIENTIFIC PROGRAM TARGET AUDIENCE AND PROGRAM OBJECTIVES

This continuing medical education activity will be presented in a lecture with discussion format. It is designed to provide psychiatrists with clinically relevant information in new developments in ethics, research and new treatments. At the conclusion of the program participants should be able to:

Antipsychotic Dosing - Individualizing Medication Treatment

- Describe the spectrum of symptoms treated by atypical antipsychotic therapies, e.g., negative symptoms, cognitive deficits, affective disorders, aggression, etc., explaining the pharmacological effects considered to be potentially relevant in their efficacy.
- Compare and contrast newer agents from recently completed controlled clinical trials data for efficacy and for safety including weight gain, cardiovascular safety, glucose regulation, and autonomic nervous system side effects; and
- Develop an effective antipsychotic treatment strategy, which incorporates pharmacokinetic and drug-interaction considerations into product selection and dosing.

Mind-Body Perspectives on the Development and Treatment of Depression

- Better understand bi-directional interactions between the stress and immune system that are relevant to why stress promotes physical illness and why states of immune activation are associated with high rates of depression.
- Gain insight into ways in which stress-immune interactions shed light on the phenomenology of depression in both medically healthy and medically ill patients.
- Better understand how cytokine-induced changes in central nervous system functioning map onto specific symptom domains in the context of immune activation.
- Better understand how treating all symptom domains may improve outcome in patients with depression, especially patients who develop depression in the context of immune activation.

Ethical Challenges in Assessing Patients' Decision-Making Capacity

- Identify six capacities required for patients to participate in decision mak-

ing about their medical care.

- Identify the concept of task-specific decision-making capacity and its clinical implications.
- Identify conceptual challenges of risk-adjusting the assessment of decision-making capacity and their clinical implications.
- Identify the ethical concept of assisted decision making and its clinical implications.
- Identify the reasons why psychiatrists should not accept requests for determination that the patient is incompetent or lacks decision-making capacity.

Update on Childhood Major Depression

- Understand the course of major depression in children.
- Have an increased knowledge of medication treatments for major depression in children.
- Be more knowledgeable with controversy surrounding antidepressants and suicidality.

Medications in Pregnancy and Lactation

- Discuss the impact of pregnancy and

childbirth on psychiatric disorders.

- Understand the facets of the risk/benefit assessment for the use of medications during pregnancy and lactation.
- Understand the relative reproductive safety information for psychotropic medications during pregnancy and lactation.
- Discuss the new data on the extent of placental passage, breast milk excretion, and issues of therapeutic monitoring for medications in pregnancy.

Dr. Parkinson's Omission: the Clinical Faces of Lewy Body Dementia

- List diagnostic criteria for Lewy body dementia.
- Describe unique individual features of different parkinsonian dementias
- Utilize appropriate clinical information to differentiate Lewy body dementia from Alzheimer's disease and other types of dementia
- Treat cognitive and psychobehavioral symptoms of Lewy body dementia using optimal drug therapies.

The Decline, Decay, and Demise of the Texas Workers Compensation Commission

R. Sanford Kiser, MD, President, Texas Academy of Psychiatry

Life holds no drama to match the drama of the political process. If you like stories with intrigue, high hopes, dashed expectations, betrayal, romantic dreams, double-dealing, and black comedy, you are going to enjoy this tale about the Texas Workers Compensation Commission (TWCC).

In many ways this story is an obituary of the TWCC, which was abolished by the last Texas Legislature. The information for the story comes from my activities as a liaison to TWCC at various times for TSPP, TMA, and the Texas Pain Society. In that capacity, I have had the opportunity to attend many meetings, read a multitude of memos and e-mails, and talk to numerous individuals involved in various aspects of TWCC function. Those experiences have provided a fairly broad background for the events that I describe below. There were times, as the events unfolded, that I felt like I was watching a spectacle larger than life.

The Good Years

The first years of the TWCC were good years. In 1991 TWCC began its operations as the state agency responsible for the oversight of the workers compensation insurance system. This system is made up of a variety of stakeholders — the injured workers, the employers, the insurance carriers, and the health care providers. Its goal is to provide medical benefits and income benefits to injured workers to facilitate their recovery. The TWCC had the regulatory responsibility of interacting among the various stakeholders to ensure that the operations of the system were both cost-effective and clinically effective.

Those early years of the TWCC were filled with many changes and great expectations. Right from the onset, the cost of workers compensation insurance premiums for employers dropped from the excruciatingly high levels of the previous years.

The commission staff acted quickly on its statutory mandate to establish treatment guidelines. Good treatment guidelines, in addition to optimizing clinical care, were expected to minimize the lost work time and the high costs associated with inefficient, inappropriate treatment.

I was amazed to learn that the very first treatment guideline that the TWCC proposed to establish was the Mental Health Treatment Guideline.

Around the country, the workers compensation agencies in the various states had traditionally taken the position that a work injury can involve only a physical injury, i.e. a condition requiring medical or surgical care. They have ignored the many psychiatric conditions - e.g. depression, anxiety, family distress, addiction, - that can result from the adverse consequences of a serious or prolonged injury.

The TWCC leadership, however, was more progressive. They were aware of the studies that had noted that timely psychiatric care lowered total costs by significantly reducing medical/surgical costs. Their analysis of Texas data had predicted that the efficient availability of necessary psychiatric care would create particularly good effects for the Texas workers compensation system.

After the Mental Health Treatment Guideline, their next priorities were to set up the Spine Treatment Guideline and the Upper Extremity Treatment Guideline. Their plan was to integrate the three treatment guidelines together in such a way that psychiatric care would be an integral part of a seamless, efficient flow of treatment.

To create the task forces for writing the treatment guidelines, the TWCC requested help from TSPP, TMA, and other clinical organizations. The TWCC reasoned that the best treatment guidelines would come from the medical experts who actually did the work involved. The function of each task force was an open process, which included all stakeholders in the TWCC system, including members of the TWCC staff, and input from insurers and employers.

After its formal adoption, the TWCC Mental Health Treatment Guideline became a benchmark for the proper psychiatric treatment of injured workers. At this same time, managed care was steadily invading commercial insurance in Texas. Their practices were increasingly eroding the ability to provide proper psychiatric treatment in that payer system.

When the managed care industry eventually tried to invade the workers compensation system, it discovered that it was too late. The Mental Health Treatment Guideline was already in place -- "the firstest with the mostest" (as Confederate General Nathaniel Bedford Forest would say). For many years the Texas workers compensation system was a unique payer system in which patients could receive appropriate psychiatric treatment.

The Decline Begins

Unfortunately problems started appearing. One of the first symptoms was an unusual lethargy that appeared in some of the TWCC staff in their duty of enforcing the various TWCC rules, including the treatment guidelines. This symptom was ominous because at that time insurance carriers had started denying treatment in a manner that blatantly violated, not only the treatment guidelines, but also other TWCC rules and even the TWCC statute itself.

Not all of the TWCC staff was afflicted with this inexplicable inertia. Yet increasingly the typical TWCC employee either manifested no knowledge of TWCC rules such as the treatment guidelines, or he/she demonstrated such a mastery of double-talk that it effectively guaranteed that no work would disturb the tranquility of the hours at the office.

These changes seemed to begin following the appointment of a new director of TWCC. I had heard rumors that, prior to his appointment, representatives of business organizations and insurance carriers were escorting him around the Capitol grounds, and introducing him to state Representatives and Senators as the next director of TWCC. Those rumors seemed strange, because he had not yet gone through the necessary appointment process. That process typically involved all the TWCC stakeholders. The rumors furthermore portrayed him as being a former lobbyist for the insurance industry.

If the rumors were true, a serious conflict of interest was developing.

In the months that followed his appointment, a progressive deterioration developed in TWCC's function as an unbiased regulator and mediator of the various parties in the workers compensation system. Previously the planning for any new TWCC activities involved all the stakeholders, but a new pattern now emerged in which physicians and patient advocate organizations were marginalized and minimized.

The Decline Accelerates

An alarming feature of this change was a steady increase in the practice of insurance carriers utilizing "peer reviews" to deny patient treatment. For psychiatrists, this practice was particularly harmful to patient care, in that the insurance carrier definition of a "peer" would often be an orthopedic surgeon or an occupational medicine doctor. It also appeared that the insurance carriers were frequently selecting review doctors who would automatically deny treatment.

On one occasion I dealt with an occupational medicine review doctor who decided to deny psychiatric care for my patient. I pointed out that he was not trained in psychiatry, and that he had no basis for being involved in a so-called peer review. He retorted that he was indeed quite qualified, because he had had experience in referring patients to psychiatrists. His rationalization was so devoid of logic, that it seemed that any further meaningful discussion was futile. Nevertheless I pointed out that his decision violated the Mental Health Treatment Guideline of the TWCC. He said that he had never heard of such a thing, and he terminated the conversation.

The component of TWCC that was responsible for policing this type of behavior was the Compliance and Practice Division. John Bush, TMA representatives, and I subsequently met with the division director to discuss the problems inherent in the treatment guidelines being ignored by the reviewers. I was stunned to realize that the director seemed to be unaware of the existence of the treatment guidelines, and that he was going to take no action to stop these practices.

My chagrin was later reinforced when I had the bizarre experience of being asked to do a peer review on a patient file that turned out to be from one of my own patients. Inadvertently the insurance carrier had not realized that the patient was under my care. The medical records that I received for the review consisted of about 40 pages taken from the patient's 3 inch thick clinical chart. For my "convenience", the insurance adjuster had highlighted various phrases, which taken out of context, would have led me to deny treatment. After I confronted the adjuster about this practice, I quickly received calls from executives in the higher echelons of the company inviting me to be wined and dined at the best restaurants in Dallas. There they apologized for what they characterized as a unique, one-time mistake by a new adjuster, and they guaranteed that it would never happen again. They bought me delicious, expensive food at that restaur-



R. Sanford Kiser, MD

rant, but I ended up with a bad case of indigestion. Some things are hard to swallow.

A new problem then appeared. TWCC started a pattern of proposing new rules that seemed to be exclusively created by representatives of business and insurance. In this process TWCC were keeping doctors and patients out in the dark. To us the new rules seemed to come out of nowhere. We had to be poised for a rapid response on short notice to vigorously express our concerns in the subsequent public hearings.

An example of this underground process was the TWCC proposal of a new Pharmacy Rule. The rule burst forth like an ambush from hell. It had been created with no participation by the medical community. It was medically and scientifically crude in the extreme. The rule contained no recognition of modern psychotropic medications or the off-label use of drugs to treat mental illness. To me the proposed rule seemed to take psychiatry back to the days of prescribing only meprobamate, amitriptyline, and chlorpromazine.

A particularly devious part of this rule was that it had subtly interwoven a Chronic Pain Treatment Guideline into its text. Unlike past practices of involving all stakeholders in formulating a treatment guideline, the TWCC staff had apparently crafted this covert Chronic Pain Treatment Guideline with input only from business and insurance. As you can imagine the result was naïve and incoherent.

For example, the appropriate use of opiate medications is now a standard of care for treatment of chronic pain. The new rule would have virtually criminalized the use of opiates for chronic pain treatment, thereby causing the rule to be in violation of the Intractable Pain Act of Texas and position statements of the Texas State Board of Medical Examiners.

Another alarming feature of the proposed Chronic Pain Treatment Guideline was that it virtually eliminated psychiatrists from the treatment of chronic pain patients, and instead substituted psychologists. The irony is that no medical specialty is better qualified to deal with the medical, mental and psychosocial problems of the chronic pain syndrome than a psychiatrist. This treatment guideline would instead have advanced the scope of practice of psychologists by portraying them as the experts in treatment of the chronic pain syndrome.

Fortunately the resulting uproar from the medical community and patient advocate groups caused TWCC to remove these ugly, dangerous sections from the Pharmacy Rule. But the games were not over.

Near the end of the 2001 Texas legislative session, lawmakers passed House Bill 2600 (HB 2600), which significantly changed the delivery of health care to injured Texas workers. This bill came out of nowhere at the last minute of the legislative session, and it caught organized medicine by surprise. Later events indicated that the bill had apparently been formulated by a triad consisting of business interests, as represented by the Texas Association of Business, insurance interests, as represented by Texas Mutual (the largest workers compensation insurance carrier), and the TWCC. Any meaningful participation by the doctors who actually provide the services to injured workers had again been precluded by presentation of the bill at the last minute, after its passage had been assured by the efforts of business and insurance lobbyists.

Certain provisions of HB 2600 had a subsequent crippling effect on the workers compensation system.

First of all, by fiat and without any rationale, HB 2600 eliminated the treatment guidelines. As battered and tattered as they were, the treatment guidelines still functioned as a barrier to inappropriate patient care. In place of the treatment guidelines, HB 2600 mandated that TWCC itself was to establish new treatment guidelines. TWCC subsequently proposed to utilize the criteria of the managed-care company Intracorp as the new treatment guidelines. This development was troubling, in that Intracorp at that time was a subsidiary of Cigna insurance. It was clear that TWCC was planning to substitute treatment guidelines developed by the insurance industry for those developed by the medical community.

TMA, the Texas Pain Society, other medical organizations, and patient advocacy groups requested to see the Intracorp criteria prior to final approval. Incredibly, we were told that the criteria were “proprietary” and not available to the public. Space limitations prevent me from describing the resulting legal and political battles that ensued, but eventually Intracorp was forced to allow physicians to have a two-week period to view the criteria on their web site.

The criteria we saw were appalling. For example, the treatment criteria for the major mental illnesses typically consisted of a list of 4 or 5 vague items, followed by a short bibliography of 6 references. In contrast the Mental Health Treatment Guideline contained detailed rationales for treatment criteria with a supporting bibliography of hundreds of articles. The contrast was laughably grotesque.

To add salt to the wound, information came forth in the discovery process, which suggested that TWCC was planning to pay large sums of money to Intracorp for the right to use their treatment criteria. Whereas the previous treatment guidelines had been provided for free by volunteer clinicians, the new treatment guidelines would involve the expenditure of public funds in what appeared to be a kickback arrangement.

Fortunately a vigorous response from the medical community and patient advocacy organizations once again prevented adoption of the Intracorp criteria as treatment guidelines. Our efforts likely had assistance from the possibility that the covert kickback arrangement would be exposed to the light of day if TWCC had proceeded further.

The Smell of Decay

The second deadly part of HB 2600 was a mandate for TWCC to update the reimbursement amounts for the various CPT codes. To perform this function, state laws required that TWCC submit the project for public bidding. Once again space limitations prevent a detailed description of the extraordinary events that followed. Briefly stated, TWCC appeared to attempt to bypass the rules for public bidding, which among other things require that the job must go to the lowest qualified bidder. TWCC had received bids from highly qualified organizations that offered to do the work for free, but TWCC rejected the low bidders and gave the project instead to the actuarial firm Milliman USA (formerly known as Milliman and Roberts). The initial results from Milliman USA proposed a startlingly deep reduction in physician reimbursements.

Once again medical organizations and patient advocacy groups requested to see the data that Milliman USA had used to generate these results. TWCC rejected that request and once again intense legal and political struggles ensued to overturn that refusal. Eventually the patient advocacy group, Patient Advocates of Texas, prevailed and obtained a set of documents that were stunning. In the documents were a series of letters and e-mails between TWCC staff and Milliman USA employees that described a collaborative effort to generate data biased against physicians and to structure the presentation of the data in such a way as to prevent any access to the work product by using the Texas Open Records Act. Furthermore TWCC had made a down payment of an enormous amount of money for the initial work by Milliman USA, with the contract as a whole involving huge additional costs to the taxpayers of Texas. (Remember that qualified bidders had previously offered to do this work for free.) The documents again could be interpreted as establishing an illicit kickback arrangement between unknown parties.

With this revelation the courts ruled that TWCC could not use the Milliman USA data for this purpose.

As an alternative TWCC then arbitrarily established CPT reimbursements at a level comparable to those formulated by Milliman USA, by mandating that the CPT reimbursement would be at a rate of 125% of the Medicare reimbursement level. TWCC moved forward with that decision, despite being informed by many medical organizations that most physician practices would lose money by treating workers compensation patients at that level of payment.

The result of their decision was the start of a mass exodus of physicians out of the Texas workers compensation system. The combination of ongoing TWCC antagonism and impossible reimbursement rates made further involvement with TWCC impossible. As a result, access to care by injured workers started disappearing.

The Fatal Blows

At this point the media had become involved. The Dallas television station WFAA had been receiving numerous calls about the events described above. The public outcry had reached the point that Mark Smith, the producer for “News 8 Investigates”, started looking into the issue. Motivated by the stark information that he had obtained, Mark and other members of the News 8 team, includ-

ing the primary reporter Brett Shipp, started investigating the Texas workers compensation system. During the year leading up to the next Texas Legislature session, WFAA described their findings in a series of 19 broadcasts. (Streaming videos of these broadcasts can be found at the WFAA web site www.wfaa.com.) The broadcasts gave dramatic and detailed background information about the aberrant TWCC practices and demonstrated the intense human suffering that had resulted.

Examples of some of the broadcast contents include:

- A surprise confrontation interview with Dick Reynolds in which he denied ever working as a lobbyist for insurance, after which Brett Shipp showed state records proving that Dick Reynolds had indeed been a registered insurance industry lobbyist, along with pictures of his old business card describing him as an “insurance specialist”.
- The revelation of a \$2.2 million “grant” to TWCC from Texas Mutual insurance company, the state’s largest workers compensation carrier. The “grant” was allegedly given to “ensure the delivery of quality health care”. The timing of the grant was unusual in that it was followed a few months later by the draconian reductions in physician reimbursements described above. The ethical inconsistencies of Texas Mutual paying \$2.2 million to the state agency that regulates its activities might create thoughts of a bribe for some people, especially since Texas Mutual, the largest carrier, has typically paid minimal fines for misbehaviors from TWCC.
- Details of fraudulent adjuster activities in the peer review process. Examples included peer reviews being retrospectively concocted after the adjuster had denied treatment; adjusters routinely sending selected portions of patient charts so as to bias reviews to create treatment denials.
- Widespread collusion between insurance carriers and certain review doctors who routinely deny care. News 8 obtained court records indicating that one Dallas-area doctor grossed nearly \$7 million in a four year period doing peer reviews for insurance companies.
- Dramatic details of the activities of one particularly busy review doctor, who typically spent 8 to 10 minutes in evaluating a patient, but then used the same report template over and over for every patient to falsely describe an extensive evaluation that could routinely justify denial of care.
- A description of the disappearance of access to care for injured workers due to a 65% drop in physicians participating in the workers compensation system

The high quality of these broadcasts resulted in WFAA receiving the prestigious DuPont-Columbia University award for excellence in broadcast journalism. The awards committee presented the prize for uncovering what it called “the systematic denial of basic medical benefits for injured workers to bolster the profits of insurance companies.”

Each of these broadcasts acted like a bludgeon to crack the veneer of falsehoods and denials that had been obscuring what appeared to be an underground world of sweetheart deals, illicit agreements, and the routine manipulation of human lives for profit.

The Demise

The original legislation creating TWCC was in the format of sunset legislation, and the year 2004 was the time for sunset review of the TWCC performance. A Senate Sunset Committee had been created for public

hearings on the TWCC in the interim between the legislative sessions. To some degree the members of the Texas Legislature had been aware of problems in the Texas workers compensation system. I had heard rumors that copies of the WFAA broadcasts had been sent to legislators by various interested parties. Nevertheless I doubt that the committee members were prepared for the intensity of the outcries in the ensuing public testimony regarding TWCC and the insurance carrier malfeasance. I cannot help but to think that such an outpouring of testimony was emboldened by the publicity and public support generated by the WFAA investigative reports.

At the end of the public hearings, it was clear that the TWCC sun had set.

WFAA described their findings in a series of 19 broadcasts... Each of these broadcasts acted like a bludgeon to crack the veneer of falsehoods and denials that had been obscuring what appeared to be an underground world of sweetheart deals, illicit agreements, and the routine manipulation of human lives for profit.

Death and Resurrection

TWCC was abolished by the subsequent Texas Legislature. The agency was dismantled, with various functions being distributed throughout other components of state government. The oversight for medical benefits was transferred to a new subdivision of the Texas Department of Insurance. There the medical care of injured workers will hopefully experience a rebirth in an untainted environment. We can only hope that lessons have been learned from the events described above.

Summary

This story illustrates a number of points that we have often discussed in meetings of TSP and other medical organizations. A physician cannot be a physician if he/she fails to advocate for the patient’s well-being. That aspect of psychiatric patient care involves the realization that our patient’s mental health is affected by the surrounding social milieu. We can sit in our office and treat one patient at a time, but we can also attend to the health of hundreds or thousands of patients at a time by making a difference in the social milieu. If we choose to do this work at the state level, constant vigilance and continual participation in the legislative process is paramount. This story also illustrates the way the media can provide a powerful tool for making a difference in the quality of life and health for our patients. *Footnote: Further information about the events described above can be found at the websites for the Senate Committee on Workers Compensation of the Texas Legislature, the Texas Medical Association, Patient Advocates of Texas, and the Texas Pain Society.* ■

TSPP Awards Banquet

The TSPP Past President's Council invites all members to attend the TSPP Awards Banquet to help honor the recipients of TSPPs Awards, scheduled for Friday, November 4, 2005 at 7:30 pm at the Hyatt Regency Hotel in Austin. A reception will precede the banquet beginning at 6:00 pm. Reservations for the Awards Banquet may be made by completing and returning the registration materials for the 2005 TSPP Annual Conference and Scientific Program, "The Dynamic Spectrum of Clinical Psychiatry" which are on the website (www.txpsych.org) and which will be in the mail soon.

The **TSPP Distinguished Service Award**, established in 1975 to recognize individuals for sustained contributions to psychiatry, will be presented to



Bernard M. Gerber, MD (Houston).

Former recipients of the award include
*Irvin M. Cohen, MD (Houston/1975),
 Arlin Cooper, MD (El Paso/1976),
 Shannon Guin, MD (Corpus Christi/1976),
 Walter Reifslager, MD (Austin/1980),
 William Langston, Jr., MD (Longview/1982),
 Stuart Nemir, MD (Austin/1986),
 Howard Crow, MD (Gilmer/1988),
 Hunter Harris, MD (Houston/1988),
 Spencer Bayles, MD (Houston/1989),
 Frank Schuster, MD (El Paso/1989),
 Beverly Sutton, MD (Austin/1990),
 Irvin Kraft, MD (Houston/1993),
 Perry Talkington, MD (Dallas/1993),*

*Jerry M. Lewis, MD (Dallas/1994),
 Pedro Ruiz, MD (Houston/1994),
 W. Robert Beavers, MD (Dallas/1995),
 Thomas Paschal Clarke, MD (Houston/1995),
 Victor J. Weiss, MD (San Antonio/1995),
 T. Grady Baskin, MD (Tyler/1996),
 Robert Stubblefield, MD (Houston/1996),
 James L. Knoll, III, MD (Dallas/1997),
 Grace K. Jameson, MD (Galveston/1998),
 Rege S. Stewart, MD (Dallas/1998),
 Harris M. Hauser, MD (Houston/1999),
 William P. Moore, MD (Houston/1999),
 Robert G. Denney, MD (Fort Worth/2000),
 Priscilla Ray, MD (Houston/2000),
 Larry E. Tripp, MD (Dallas/2000),
 Tracy R. Gordy, MD (Austin/2001),
 Paul H. Wick, MD (Tyler/2001),
 Robert L. Williams, MD (Houston/2001),
 Alex K. Munson, MD, (Georgetown/Lubbock/2002),
 Robert L. Zapalac, MD (Austin/2002),
 Arthur J. Farley, MD (Houston/Austin/2003),
 Edgar P. Nace, MD (Dallas/2003),
 Charles L. Bowden, MD (San Antonio/2004),
 and Jefferson E. Nelson, MD (Austin/2004).*

The **TSPP Psychiatric Excellence Award**,

established in 1991 to recognize individuals who have demonstrated sustained excellence in psychiatry, will be presented to **Robert M.A. Hirschfeld, MD** (Galveston).



Former recipients of the award include
*Betsy Comstock, MD (Houston/1993),
 Dorothy Cato, MD (Houston/1994),
 James W. Maas, MD (San Antonio/1994),*

*Robert L. Leon, MD (San Antonio/1995),
 Harlan Crank, MD (Austin/1995),
 Joseph Schoolar, MD (Houston/1995),
 A. John Rush, MD (Dallas/1995),
 Kenneth Z. Altshuler, MD (Dallas/1996),
 KD Charalampous, MD (Houston/1996),
 Donald R. Seidel, MD (San Antonio/1996),
 Charles L. Bowden, MD, (San Antonio/1997),
 Charles M. Gaitz, MD (Houston/1997),
 Myron F. Weiner, MD (Dallas/1997),
 William E. Fann, MD (Houston/1999),
 Edward L. Reilly, MD (Houston/1999),
 David A. Waller, MD (Dallas/1999),
 Robert W. Guynn, MD (Houston/2000),
 Keith H. Johansen, MD (Dallas/2000),
 James W. Lomax, MD (Houston/2000),
 George A. Constant, MD (Victoria/2001),
 Ignacio Magana, MD (McAllen/2001),
 Mohsen Mirabi, MD (Houston/2001),
 John Sadler, MD (Dallas/2001),
 Roy V. Varner, MD (Houston/2001),
 Edward S. Furber, MD (Fort Worth/2002),
 Margo K. Restrepo, MD (Houston/2002),
 Madhukar Trivedi, MD (Dallas/2002),
 Parviz Malek-Ahmadi, MD (Lubbock/2003),
 Mae F. McMillan, MD (Houston/2004),
 David H. Rosen, MD (College Station/2004),
 and John C. Sparks, MD (San Antonio/2004).*

The **TSPP Special Service Award**, created in 1975 to recognize outstanding service to community and to psychiatry, will be presented **Steve Bresnen** (Austin).



Former recipients of the award include

*E. Ivan Bruce, MD (Galveston/1975),
 Holland Mitchell, MD (Waco/1977),
 James Peden, MD (Dallas/1982),
 James Black, MD (Dallas/1986),
 Frankie Williams (Vernon/1988),
 Dennis Jones (Austin/1991),
 Helen Trammell Carlton (Houston/1993),
 Pete Palasota, MD (Abilene/1993),
 Agnes V. Whitley, MD (Dallas/1993),
 Helen Jacobson (San Antonio/1994),
 Miriam Feaster (Friendswood/1995),
 Byron L. Howard, MD (Dallas/1995)
 Jacqueline Shannon (San Angelo/1995),
 Earl Campbell (Austin/1996),
 Kathy Cronkite (Austin/1996),
 Norma Henry (San Antonio/1996),
 Anne R. Race, MD (Dallas/1996),
 Joel S. Feiner, MD (Dallas/1997),
 Jules H. Bohnn, MD (Houston/1999),
 Hal H. Haralson (Austin/1999),
 Joe Lovelace (Dallas/1999),
 Peter A. Olsson, MD (Houston/1999),
 James Swinney (Grapevine/1999),
 The Hon. Garnet F. Coleman (Houston/2000),
 Roy Fanoni, MD (Dallas/2000),
 David M. Keedy, MD (San Antonio/2000),
 Steven B. Schnee, PhD (Houston/2000),
 Adib R. Mikhail, MD (Houston/2001),
 Jane Preston, MD (Houston/2001),
 The Hon. Mike Moncrief (Fort Worth),
 Jerry & Betty Fulenwider (San Antonio/2004),
 Terresa L. Stallworth, MD (San Antonio/2004),
 and Senator Leticia Van de Putte (San Antonio/2004).*

Please plan to attend the TSPP Awards Banquet and help us honor these deserving individuals. ■

CALENDAR OF MEETINGS

SEPTEMBER

- 9 American Osteopathic Academy of Addiction Medicine**
 "Buprenorphine and Office-Based Treatment of Opioid Dependence"
 Drury Inn and Suites Riverwalk
 San Antonio, TX
 For more information, visit www.DocOptln.com

OCTOBER

- 20-23 6th Annual Medical Fiction Writing for Physicians**
 Sea Crest Oceanfront Resort and Conference Center
 Cap Cod, Massachusetts
 508/457-1111; SBabitsky@aol.com

NOVEMBER

- 4-6 TSPP Annual Convention and Scientific Program**
 "The Dynamic Spectrum of Clinical Psychiatry"
 Hyatt Regency Austin Hotel
 Austin, TX
- 4 TSPP Committee Meetings**
 Member Luncheon
 Welcome Reception with Exhibitors
 Annual Awards Banquet
- 5 TSPP Scientific Program**
 Annual Business Meetings
 Executive Council Meeting
- 6 TSPP Scientific Program**

For a copy of the program and registration information for the 2005 Annual Convention and Scientific Program Visit www.txpsych.org

FEDERATION OF TEXAS PSYCHIATRY

The Federation was established on July 1, 2004 with the following purposes:

- to promote the common professional interests of psychiatrists;
- to facilitate the coordination of and work in concert with state professional psychiatric associations and state professional subspecialty psychiatric associations, to unify programs that advance public and professional education and advocacy for psychiatry and persons with psychiatric illnesses;
- to provide centralized services to state professional psychiatric associations and state professional subspecialty psychiatric associations;
- to make psychiatric knowledge available to other practitioners of medicine, to scientists, and to the public; and,
- to promote the best interests of patients and those actually or potentially making use of mental health services.

The TEXAS PSYCHIATRIST is published 5 times a year in February, April, June, August, and October. Members of Federation member organizations are encouraged to submit articles for possible publication. Deadline for submitting copy to the Federation Executive Office is the first day of the publication month. Copy must be edited, acceptable for publication.

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