Special Edition: Commemorating TSPP's 50th Anniversary

Texas Psychiatrist

Mulligans, Miracles and Good Friends

Philip Korenman, MD

s I stood over my ball on the first tee, I felt good. Why shouldn't I? It was a beautiful day in November, and I was playing golf, not stuck in the office. I took a nice, slow back swing, and swung smoothly until half-way through the downswing when I began to hear the familiar voices: "Take dead aim, relax, keep the knees bent, straight left arm, even tempo, chin down, keep the swing plane, follow-through, DON'T SLICE IT! OH GOD NO!! NOT AGAIN!! YOU IDIOT!! WHY DO I PLAY THIS GAME!!!???" The ball, topped severely, shot in a bee-line about 15 feet off the ground until it struck a tree squarely in the trunk, about 50 yards away and dropped straight to the ground.

Cheeks slightly flushed, shoulders slightly slumped, I drew myself up and decided to take advantage of the traditional tool of the bad golfer, the Mulligan. Again, same preshot routine, more deliberate back swing, more relaxed attitude — the 2nd shot always is better, right? — and then the all-too-familiar paroxysmal spasm: a myoclonic burst of misdirected energy. The ball shot over the out-of-bounds fence to my left — right into the line of oncoming traffic in the street running alongside the golf course. I closed my eyes, waited for the inevitable screeching of tires, honking of horns, rending of metal, smashing of glass, screams of pain...but miraculously none came, an apparent gap in



traffic saving me from certain infamy. With characteristic understatement an unmistakable, familiar monotone is heard. "I guess you'll be playing your first ball?" Les Secrest is famous for his brevity and wit. And thus began our 1st Annual TSPP Pre-convention Golf Outing on November 2nd, 2006.

Non-golfers wonder why many of us subject ourselves to scenes like the one above. But despite the frustration, humiliation, and ultimate failure to ever master the game, there is always the sudden, unexpected stroke of brilliance, a putt from a mile away off the green that somehow, against all odds drops in. A chip shot (like mine on the 9th hole) from 60 yards away that winds up 4 feet from the hole (yes, I sunk the putt). It's a classic example of intermittent reinforcement, sure to produce addiction in one predisposed by genes, temperament, and fate.

So that's why I responded to the announcement that we'd be having a golf outing the day prior to the convention. I expected to be joining a large group of colleagues from around the state along with local friends who wouldn't hesitate to take advantage of the challenge and opportunity of hosting the outing here in Dallas. The opportunity to play at Brookhaven Country Club for the price of a local public course seemed like a no-brainer. Instead, I was shocked and surprised to be told I was the 1st and only responder...and congratulated on being named the chairperson (and only member) of the planning committee!

I gladly took up the challenge and put out an email to be sent throughout the state. I was even more surprised when only a handful of psychiatrists committed to play.

We wound up with only 2 groups — Les "El Presidente" Secrest, Conway "Don't Tell Me I Look Like John Daly" McDanald, and Tim "I Want to Play a Scramble" Wolff in one group, Chuck Herlihy, Mike Arambula, and myself in the other. And we had a wonderful time! Golfers of any skill level can play with anyone else. As long as you don't injure yourself or anyone else, you can enjoy the company of your playing partners, and we did. We exchanged good and bad jokes, discussed medicine, politics, movies, music, compared progress — and headaches — in raising children, and compared between each empressed the see

how we each approached the seemingly impossible challenge of balancing our business and personal lives.

I enjoyed meeting my playing partners,

learning about what brought Chuck from Alabama and hearing about the experiences of his father, also a psychiatrist, and comparing and contrasting our practice experi-

ences. And it was a pleasure discussing with Dr. Arambula recent trends in treating impaired professionals (Mike is active on the impaired professionals committee of the TSPP and deals with the TSBME). It was great to visit with my Dallas colleagues who are so near and yet so far — we all get so caught up in our daily lives we rarely see each other.

As far as scores were concerned, it was agreed my arms wouldn't be broken if I agreed not to publish them in this newsletter. I can say that Dr. Arambula put the rest of us to shame — ex-baseball players seem to make good golfers. But Dr. Herlihy played pretty well for a guy who hadn't played since repairing a herniated disk last year.



I'm looking forward to playing next year before the convention in Houston. I'm hoping we'll get more players to participate, take an extra day off from their practices to relax, see old friends and make new acquaintances. But whether it's golf or other activities, I hope more members will participate in our organization.

The scientific meeting was excellent, but what draws me to the meetings every year is the chance to socialize and network. I can get CME elsewhere. But it seems to me that our



Society is only as strong as the relationships we nurture and maintain among our peers.

But I'll get off the soap box as I need to get back to my golf magazine. I'm SURE there's a tip in there somewhere that will fix my game in time for next year's re-match with Dr. Arambula....

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History of Texas Psychiatry Program





On Saturday, members enjoyed a luncheon program entitled "History of Texas Psychiatry." The program featured a video presentation prepared by Daniel Creson, MD on the early history of Texas Psychiatry followed by presentations from Irvin M. Cohen, MD (Organized Psychiatry in Texas), Harry K. Davis, MD (Academic Psychiatry in Texas), George A. Constant, MD (Private Practice in Texas), and Spencer Bayles, MD (Public Mental Health Services in Texas).







Thanks to all of you who made the Fiftieth Anniversary and Annual Convention of TSPP such a wonderful event. The enthusiasm was infectious. The attendance exceeded the past fifteen years of Annual Conventions.

The reflections on the past fifty years pointed out the dedication of TSPP members to their patients, improving the profession, supporting medical science and developing leadership from one generation to the next. The willingness of the men and women who comprised the early membership to give of their time and personal resources to further an organization dedicated to helping psychiatrists serve their patients with the latest scientific discoveries and have an effective voice in the legislative process was heart warming. The heritage of TSPP is founded on dedication, commitment, compassion, vision and courage. Our organizational legacy should make all of us proud as we have negotiated the challenges and pain of adversity and

graciously acknowledged our success.

Generation after generation has found a voice among our members to speak for our organization. The voice has allowed us to become a respected resource to the communities we serve.

Our current organization is certainly different in form than where we started. However the organizational character is much the same. Our core values: advocacy for patients and psychiatry, professional education, fellowship with colleagues, and service to community, reflect the vision of the founders. Our advocacy and support of our patients, their families and our communities is strong. Our excellence in professional education is exemplified by our Continuing Medical Education certification by the Texas Medical Association. Our fellowship with colleagues could not have been better exemplified than by the six golfers that played the afternoon before the convention and the sold out dinner and celebration the last evening of the convention. Our service to community was reinforced by Ladon Homer, MD., the current president of the TMA, addressing the Government Affairs Committee. Our organization is one that is dedicated to acknowledging the circumstances and needs of our times with solutions. The emergence of the Federation of Psychiatry is one example of a solution to a perceived need.

The strength of TSPP demands a vision for the future. The Strategic Planning Committee is one place among many in our organization that aspires to be sensitive to the future and develop plans that can adapt to the future needs of our organization. Recently a quote from a physician involved in strategic planning seemed particularly apropos to our strategic planning. "Greatness is the plan." Greatness expressed in the sense of a standard of excellence, of a source of humbleness and of a reflection of service. Strategic planning for our organization should evolve the processes that foster the ability to rapidly



Leslie H. Secrest, MD

adapt and solve the challenges of our future. Our organization, founded on the qualities of its heritage and supported by its membership, has a bright future and is well positioned for the next fifty years. Our organization could not exist without its staff, John, Debbie and Steve, that has encouraged us to have courage and to aspire for excellence. It is the current membership of TSPP, like members of the past that have given of their time and resources, which makes it a great organization.

Speaking of resources and giving, there is still time this year to make a donation to the Foundation, another example of an innovative solution to a need perceived by TSPP.

Have a happy holiday and may your New Year be the best yet. ■

TSPP Executive Council Actions...

The following were actions taken by the Executive Council during its meeting on November 4 at the Westin Galleria Hotel in Dallas:

- ★ Finance Committee: A task force be formed to work with the Academic Psychiatry Committee to develop a concise presentation of the value of TSPP to its' members. This presentation should be both electronic and visual. It should cover areas such as: a) Advocacy for our profession (legislative, direct member support services, professional consultation); education (TSPP was the first specialty society accredited for CME); c) community service (educational forums, disaster response, mental illness awareness); and d) collegial fellowship.
- ★ Finance Committee: A task force be formed to develop a practical guide for "Practicing Psychiatry in Texas," combining the APA practice guideline with information specific to Texas. The guide should assist a member with practical information on opening and developing a private practice, academic practice,

- public medicine practice, hospital credentialing, office management, malpractice insurance resources, etc. This should be available on TSPP's webpage as a resource to our members.
- ★ Government Affairs Committee: TSPP communicate its concern to the Department of Assistive and Rehabilitative Services (DARS) that the current level of compensation to psychiatric physicians for social security disability evaluations is 12% less than that for other medical specialties (including Dermatology: \$177.71 vs \$155.72) in spite of the similar or higher amount of exam time, complexity of exam and report, and expertise required for such evaluations. This discrepancy is not only discriminatory, it endangers the ability of Texas citizens with severe and chronic mental illness to be adequately evaluated and receive just benefits.
- ★ Socioeconomics Committee: TSPP request written comments on difficulties or problems experienced by dual eligible patients (Medicare and MEDICAID)

- caused by their shift to Medicare Part D and that these comments be solicited via contacts with Medical Directors of community mental health programs and via an announcement in the newsletter.
- ★ Socioeconomics Committee: Request that the Government Affairs Committee and the Federation lobbyist closely monitor any legislative proposal affecting phamacy benefit management programs.
- ★ Academic Psychiatry Committee:
 Requests that each Chapter provide a list of medical school faculty members who are TSPP members, excluding ABPN examiners, and request that medical school faculty members volunteer their time in assisting board-eligible candidates in arranging mock orals (at no cost to the resident or candidate). Such oral mock exams will be offered only to TSPP members. They will be conducted in the location where the faculty members practice.
- ★ Academic Psychiatry Committee: After seeking a legal opinion, TSPP provide commercially-available audio visual

- materials to be made available to the members-in-training members. The materials, which are designed for board preparation will be sent to the Residency Programs.
- ★ Academic Psychiatry Committee:
 Requests that a member of the MIT
 Section serve on the Academic Psychiatry
 Committee and other MIT members
 attend the Academic Psychiatry
 Committee meeting. It is requested that
 the MIT Section meeting be scheduled to
 immediately follow the Academic
 Psychiatry Committee meeting.
- ★ Academic Psychiatry Committee: The TSPP power point presentation should be prepared for distribution by the end of the calendar year.
- ★ Academic Psychiatry Committee: It is recommended that the Government Affairs Committee include on its agenda the issue of funding for residency training programs, which has been reduced in recent years and is potentially damaging to psychiatry in Texas.

Congratulations....

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Michael Arambula, MD, PharmD (San Antonio) was appointed by Governor Rick Perry to the Texas Medical Board in December to replace **Elvira Pascua-Lim, MD** (Lubbock).

The following members were elected to TSPP offices at the Annual Business Meeting on November 5: President-Elect 2007-08 - **Martha Leatherman, MD** (San Antonio); Secretary-Treasurer 2007-08 - **Richard Noel, MD** (Houston); APA Representative 2007-10 - **David Axelrad, MD** (Houston); and Councilor-at-Large 2007-10 - **Patrick Holden, MD** (San Antonio)

Members elected to terms from May 2007 to May 2010 on the Board of Directors of the Texas Foundation for Psychiatric Education and Research at the Annual Membership Meeting on November 5 included: **Paul Wick, MD** (Tyler); **Larry Tripp, MD** (Mesquite); **Harry K. Davis, MD** (Galveston); **Linda Rhodes, MD** (San Antonio); and **Diane Batchelder** (San Antonio).

IN MEMORIAM

Rosemary Cecil, MD (Bedford) Stacia L. Micheletto, MD (Bellaire)

SAVE THE DATE

TSPP Committees / 2 hour category 1 CME Program / Executive Council Meetings

April 28-29, 2007 • Adolphus Hotel • Dallas, Texas (scheduled in conjunction with TEXMED 2007)

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For additional information contact *tsppofc@aol.com*







From the Federation...

J. Clay Sawyer, MD, Chairman, Federation of Texas Psychiatry

njoyment was the key word at the 50th Anniversary Annual Meeting of the Texas Society of Psychiatric Physicians last month. The committee meetings went well-what a relief it was to have no preoccupying external controversy and to be able to begin new plans for the future. The scientific program was the best attended since 1990 and, except for one glitch in Sunday morning's program, seemed to be wellreceived. As is customary, John Bush and Debbie Sundberg again outdid themselves with special commemorative gifts and other thoughtful touches throughout the entire weekend. But THE GALA-I do not remember ever having a gala at a TSPP annual meeting, and what a time we had! I always knew that psychiatrists could party "effectively," and party we did. What insight on the part of John and Debbie for hiring not just a band, but genuine entertainers who stimulated active involvement on

everyone's part for the entire evening. I was both pleased and touched to learn that the group (Johnny Mandell and The MuddCatts), outstanding imitators of both The Beatles and Elvis Presley, is from Waco, and that they delayed the start of a world tour to play for us. I had heard of the group, but I had never heard them play as I thought they were from Austin—what a wonderful surprise! A great time was had by all, and we all need to thank John and Debbie for organizing and implementing what I hope will be just the first of many galas!

I must also thank Bill Reid, M.D., TSPP's President-elect from Horseshoe Bay, for volunteering his experience and his expertise to so effectively deliver Sunday morning's ethics program, a presentation he had not seen until that time. We all must thank Bill for enabling us to receive, thanks to his efforts, the promised two hours of ethics credit at this year's scientific program. He

will be a great president for TSPP.

To be able to celebrate TSPP's fifty years of highly-effective advocacy for the practice of psychiatry and for our patients was itself a wonderful thing. However, the celebration also serves to remind us that the need for such advocacy has been vital and necessary for all of those fifty years. This need, unfortunately, has not changed, and it is unlikely to change at any time in the foreseeable future. As long as there are those who would seek to perform as physicians without being trained as physicians, we must be on our guard. As long as there are those who would restrict our abilities to deliver the best possible care, we must be on our guard. As long as there are those who would seek to limit access to the care that we can deliver, we must be on our guard. And, beyond being on our guard, we must make the effort to take the steps necessary to ensure that those who would bring harm to



J. Clay Sawyer, MD

our patients by these actions do not succeed. We must be willing to do the work of advocacy, for medicine in general as well as for psychiatry. Through the work of the Federation and its several physician organization members, we have a most effective vehicle for doing so. We must all plan to do our part in this great undertaking during the upcoming Texas legislative session which will begin next month and which will continue through most of next year.

As the last fifty years have proven, this undertaking is most worthwhile. Let us strive to continue to succeed in the manner pioneered our own Texas Society of Psychiatric Physicians.



Part 3 – Polypharmacy versus Rational Polypharmacy

Prescribing Medications: the True Brass Tacks

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

Polypharmacy is a four letter word.

(At this point, you probably think that I can't spell or that I cuss like a sesquipedalian* sailor.)

Actually I am trying to say that "polypharmacy" has traditionally been a "no-no" word in the practice of medicine.

At the very least, the word has referred to the inappropriate prescribing of several medications by one doctor to one patient to treat one condition. Under worse conditions, it has referred to a patient going to multiple doctors, who are unaware of each other's existence, to obtain multiple medications for a variety of overlapping symptoms. Under the worst circumstances, it has referred to a patient with an addiction disorder surreptitiously utilizing multiple doctors to obtain multiple habit-forming medications with the intention to self-medicate and over-medicate.

For the purposes of our discussion here, let us limit the discussion to the problems inherent in one doctor prescribing multiple medications to one patient for one or more psychiatric symptoms.

Historically, a physician has faced several potential problems in treating a patient with multiple medications. For example,

- The patient may be confused by complicated medication regimens, thus making compliance more difficult.
- The patient faces a greater risk of drugdrug interactions, and thus increased risk of morbidity and mortality.
- The patient or a third-party payer must bear higher costs.
- The physician can be confused in determining relative dose efficacies and differentiating symptoms from side effects.

These concerns about polypharmacy continue to our present time, but the actual practice of polypharmacy is starting to change. Over the past few decades, remarkable advances in basic and clinical science have increasingly provided remarkably detailed information about the pharmacodynamics and pharmacokinetics of drug action.

As a result of this new body of knowledge, a new approach to prescribing med-

ications has developed, called "rational polypharmacy". The phrase refers to the purposeful combination of medications in a regimen chosen to provide additive benefits for a medical condition, based upon the known details of the medications' modes of actions. Due to these advances, rational polypharmacy is now generally considered the standard of care in several areas of medicine, such as infectious disease, pain management, and neurology.

But what about psychiatry? The field of psychiatry faces not only the unique problem of the mind-brain relationship, but also the inherent complicated properties of the mind and the brain themselves.

Hypotheses for modes of pharmacological action in the mind-brain relationship do not lend themselves readily to reductionis-

tic experiments which can produce causeand-effect data to firmly establish the rational use of medications.

As a result, there is less medical literature

examining the basis of rational polypharmacy

in psychiatry. Fortunately such information is increasingly forthcoming. For example, the National Association of State Mental Health Program Directors has established a panel of experts which has reviewed the data in the medical literature for psychiatric polypharmacy. The summary of their findings can be found at http://www.nasmhpd.org/general_files/publications/med_directors_pubs/polypharmacy.pdf.

Their paper describes the available research data for various clinical situations in which the treatment of a psychiatric patient can be optimized by various combinations of medications.

Another important source of information is the Texas Medication Algorithm Project, described at http://www.dshs.state.tx.us/mhprograms/disclaimer.shtm, which addresses pharmacological treatment of the major mental disorders. Sheldon H. Preskorn, M.D., a major figure in psychiatric pharmacology, has presented an excellent discussion of psychiatric poly-



R. Sanford Kiser, MD

pharmacy at http://www.preskorn.com/columns/9507.html.

In summary, I regret to say that polypharmacy has now become a twelve letter word, and Popeye can no longer call Bluto, his arch-enemy, a polypharmaceutical anal aperture.

*Sesquipedalian: [From Latin sesquipedalis; literally, a foot and a half long, from sesqui- + ped-, pes, foot.] Given to the overuse of long and ponderous words.

3



years

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December 2006 / January 2007 Texas Psychiatrist



TSPPs 50th Anniversary Convention and Scientific Program on November 3-5 was a huge success in every measurable way and was a memorable and fun experience for all who attended.

TSPP Committee Meetings

On Friday, November 3, TSPPs 15 committees met and conducted the business of TSPP. TSPP Committees are served by about 300 member-volunteers who study issues and make policy recommendations to the TSPP Executive Council.



Registration

Registration for the 50th Annual Convention and Scientific Program was the largest in 16 years.







During the TSPP Convention, DBSA Texas conducted its first statewide Annual Conference, and meetings were conducted by the Board of Directors of the Texas Foundation for Psychiatric Education and Research, the Delegate Assembly of the Federation of Texas Psychiatry, and the Texas Academy of Psychiatry.



Delegate Assembly of the Federation of Texas Psychiatry



A. John Rush, MD was Keynote Speaker at the DBSA Texas Conference



Members of the Texas Academy of Psychiatry plan activities for the year



Board of Directors, Texas Foundation for Psychiatric Education and Research

Member Luncheon

Taking a break from committee meetings, members enjoyed fellowship and lunch on Friday hosted by President-Elect Bill Reid, MD. Members were briefed on the state of malpractice insurance in Texas by representatives of the Cunningham Group and The Doctors Company.











Welcome Reception

On Friday evening, members enjoyed renewing friendships and making new acquaintances during the Welcome Reception with Exhibitors. The Convention was supported by 28 exhibitors. On display throughout the reception banquet hall were posters displaying "TSPPs Family Album," photos taken of members throughout the years.

























The Texas Society of Psychiatric Physicians acknowledges and expresses appreciation to the following organizations for their participation as an exhibitor at the Annual Convention:

DIAMOND

Texas Foundation for Psychiatric Education and Research

GOLD

Janssen Pharmaceutica McNeil Pediatrics Division of McNeil-PPC, Inc. Millwood Hospital Sanofi-aventis The Doctors Company

SILVER

Abbott Laboratories Acadia Healthcare AstraZeneca Bristol-Myers Squibb Company Cephalon, Inc. ClinicScripts Cyberonics, Inc. Depression and Bipolar Support Alliance (DBSA) Texas Eli Lilly and Company Forest Pharmaceuticals GlaxoSmithKline JDS Pharmaceuticals, LLC Medical Doctor Associates North Texas State Hospital Padre Behavioral Hospital Pamlab, LLC Pfizer Inc.

Presbyterian Hospital of Dallas Reckitt Benckiser Pharmaceuticals, Inc. Santé Center for Healing Sepracor Inc. Takeda Pharmaceuticals

Timberlawn Mental Health System

























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50th Anniversary Gala



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A highlight of the Convention was the sold out 50th Anniversary Gala Saturday evening. Each attendee was presented a commemorative gift symbolizing the purpose of the celebration...a book entitled "Thanks" containing many passages expressing Thank You, to express appreciation to TSPPs members for their membership, support and participation. A passage from the book set the tone for the evening: "Thanks. It"s the one and only word that always comes with a memory — the memory of something good, something thoughtful, something helpful. Said from the heart, it's the best word to celebrate great endings or new beginnings. And it's not just the word, but everything it means: I noticed... I'm grateful... you made a difference...I appreciate you, and all that you do." Two Proclamations were read to the audience, one from the Mayor of Dallas, Laura Miller, declaring November 4 as Texas Society of Psychiatric Physicians Day in Dallas, and a second from Governor Rick Perry officially recognizing TSPP for its service to Texas. Prior to dinner, a ceremony was conducted recognizing TSPPs Past Presidents. Following dinner, each person receiving one of TSPPs most prestigious Awards were recognized in a ceremony. The evening concluded with "A Blast from the Past," entertainment provided by Johnny Mandell and the MuddCatts, who brought back to the stage the Beatles and Elvis.





50th Anniversary Gala





50th Anniversary Gala









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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