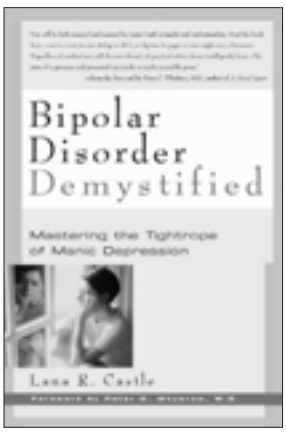
Texas Society of Psychiatric Physicians
NEWSLETTER
FEBRUARY / MARCH 2004

Transforming a Tragedy

Lana R. Castle

Almost as long as I can remember, my moods have swung from crippling depressive depths to confident, creative highs. The highs, during which I felt "normal," always ended abruptly with a disconcerting drop. I never saw the depressions coming. Each time, I was convinced I was finally rid of them. The sudden fall invariably surprised me. It felt as if I'd been walking a circus tightrope that someone had jerked from beneath me. Why couldn't I sustain my energy and euphoria? Why couldn't I keep being the "real me"? Why did I feel different from other people, like I never fit in?



I never thought that what I suffered might be a mental illness. Like many of my contemporaries, I got my concept of mental illness from movies like "Psycho" and "One Flew Over the Cuckoo's Nest" and alarmist headlines about violent acts committed by "crazy, disturbed minds."

Then nearly two decades ago, a series of events changed my life. The overwhelming stress that accompanied a demanding job finally forced me into psychiatric treatment. But the treatment was too little and came too late, and I had to leave the organization. Months of unrelenting depression followed, and I eventually attempted suicide. Fortunately, I was unsuccessful, but ten days later my sister Barbara shot herself and died.

On the surface, these events were unrelated, yet in another way they weren't at all. When I arrived at my parents' house for Barbara's memorial, I learned my niece was hospitalized. She had also attempted suicide. I couldn't shake the coincidence from my mind. None of us was aware of the others' actions. We all lived in separate states, rarely saw each other and weren't in frequent contact. We all led very different lives. Yet, even though we didn't know it then, we all had bipolar disorder.

My initial response to Barbara's death was guilt. She'd told me she struggled with manic depression and that she'd had to take lithium. She also shared that she was alcoholic. I had no idea how fatal that combination could be. Barbara had written me months before her death, desperate for help and reassurance. Her letter, I now know, clearly foretold her suicide, but in deep the midst of my own depression, I could not respond.

After Barbara's death, I became obsessed with the injustice of her situation. It wasn't fair. Barbara didn't deserve the pain she suffered. She was a wonderful, open, caring person. She didn't deserve to die.

My family didn't understand manic depression or alcoholism. They saw them as weaknesses of character and reflections of poor parenting. Their habitual response to mental illness was shame and denial. Our family's lack of open communication always angered me. When it comes to mental illness, it angers me even more. To me, shame, denial and lack of communication form the basis of needless pain and stigma. I believe that, as a society, we all share some responsibility for the agonies of mental illness and we all share some responsibility for suicide.

I sought a way to honor Barbara's life partially because her death helped open my eyes. Losing Barbara helped fuel my commitment to recover and survive. I learned first hand the importance of adhering to medication and treatment. I learned first hand the reality of suicide. I know no better way to communicate such knowledge than by writing a book.

Bipolar Disorder Demystified: Mastering the Tightrope of Manic Depression integrates my personal experience of bipolar disorder with diagnostic information, treatment options and coping tips. The book also contains a medications appendix and a resources section. I built my "tightrope" into the book as a metaphor for the contrasts of a bipolar life.

My goal in writing the book was to put lay readers in the shoes of someone experiencing bipolar disorder. I wanted to write a book that truly makes a difference. I wanted to ensure other patients that they're not alone and to encourage them to seek and stick with treatment. I wanted to help family members; friends, coworkers, employers — and even medical professionals better understand the experience of having a mood disorder. I embraced the mission to openly and honestly communicate my thoughts, feelings and experiences with mood disorders to help as many people as possible.

My readers' feedback indicates that I've begun to meet some of their needs. One mother phoned to say she now better understands and empathizes with her two bipolar children. A family court judge was thrilled to find the book because bipolar disorder is often a factor in the divorce and custody cases on which he rules. One woman and her boss informed me that *Bipolar Disorder Demystified* helped transform their working relationship and move her toward her being the company's top salesperson. One patient confided that she now feels permission to reveal "shameful" symptoms she's hidden from her therapist and doctor for years. Many other readers have expressed relief to find someone whose challenges closely resemble their own. All this has strengthened my commitment. I'm deeply grateful, and I feel certain Barbara is as well.

LANA R. CASTLE

Lana Castle is an Austin-based writer, editor, speaker, and trainer. She serves on the boards of the Austin and Texas Depression & Bipolar Support Alliance and is a member of DBSA's national speakers bureau. Lana also teaches suicide prevention as a Certified Gatekeeper Training Instructor through the QPR Institute.

CHIP Mental Health and Substance Abuse Benefits

According to the Texas Health and Human Services Commission, effective February 1, 2004, CHIP mental health and substance abuse benefits will be changed to include (per 12-month period):

- 30 days of inpatient mental health services
- 30 outpatient visits for mental health treatment
- 5 days of inpatient detoxification/stabilization services for substance abuse
- 30 days of residential treatment for substance abuse
- 30 outpatient visits for substance abuse treatment

CHIP-enrolled children will be able to access these benefits through their CHIP health plans. Families who need these services should contact their CHIP health plans on or after February 1.

Families and providers will be receiving written notice of the changes in mental health and substance abuse coverage from CHIP health plans, and HHSC will be working with provider associations, other state health and human service agencies, and advocacy groups to provide additional information on the new mental health and substance abuse benefit levels.

Retroactive coverage, under the new benefit plan, will also be available for children who were enrolled in CHIP during the retroactive coverage period. The retroactive coverage period is September 1, 2003, through January 31, 2004. The claim filing period for retroactive reimbursement begins February 1 and ends May 31, 2004. If a CHIP family has paid out of pocket for mental health or substance abuse services for a child covered by CHIP during the retroactive period, they should contact their CHIP health plan (on or after February 1) to get assistance with filing a claim. If a provider has treated a CHIP-enrolled child during the retroactive period and has not been otherwise reimbursed, the provider may file a claim with the child's CHIP health plan. CHIP health plan contact information is listed on the child's CHIP identification card. Providers who file claims for retroactive reimbursement did not need to be a member of the CHIP health plan's network at the time services were provided. To provide CHIP services on or after February 1, 2004, providers do need to be part of the health plan's network or have the service authorized by the child's CHIP health plan.

INSIDE...

PRESIDENT'S MESSAGE

Unintended Conequences

PRISCILLA RAY, MD

My original column was – well, maybe not the best column ever, but it was mine. Unfortunately, it was lost — or rather stolen in a burglary. (I'd like to think that the burglar had such good taste as to be looking specifically for my column, but more likely, he was after the laptop computer on which it resided).

Life is like that sometimes. We set out to do one thing, and another happens — the law of "unintended consequences." And so it is with our Affiliates Program.

Our Membership and Budget Committees, supported by our Executive Council, have been well aware of the gradual decline in membership in TSPP and other District Branches of the APA. Surveys have shown that the primary reason cited by members who leave is the dues burden. Despite repeated diligent efforts, membership has continued a slow decline. In November, these two Committees proposed — and the Executive Council approved — an Affiliates program, designed as a pilot project to see if nonmembers would choose to participate in either APA or TSPP or both if given an option. The goal would be solicitation of that affiliate for membership in both organizations. As an alternative, we suggested to APA a very significant decrease in APA dues to about $150 per year. The goal would be to get more TSPP/APA members and be able to lower TSPP dues as well. (Membership dues constitute less than 20% of APAs budget, whereas, dues revenue accounts for about 70% of TSPPs income).

What was designed as a study of one possible way of involving more psychiatrists in organized psychiatry has had unintended consequences. People have perceived it as an attempt to "secede from the Union," "de-link" and sabotage APA. We have been asked questions from the thought-provoking ("How well is APA doing in letting Texas psychiatrists know about what APA does?"); to the patronizing ("Did you all think about contacting those members who dropped?" and "Have you tried looking at your costs and trying to decrease them?"); and, to the mildly xenophobic ("Is it the 'frontier mentality' — you know, like you all walking around with six-shooters?"). The Assembly Procedures Committee decided the program violates APA Bylaws, which can lead to APA dissolving their affiliation with TSPP. What is an attempt to save organized psychiatry, at least in Texas, has been perceived by some as an attempt to destroy it.

Currently, the Executive Council has agreed to a temporary "hold" (until April 2004) on implementing the program, while the APA Board of Trustees has time to consider options, from a special waiver to allow the pilot program to proceed (ideally with a companion Affiliates program by APA) to an APA dues reduction. TSPP leadership has met with the APA Board of Trustees in December and January to discuss TSPPs Affiliate Pilot Program. The APA Board will meet again in March. We're looking forward to hearing the proposal(s) they bring back; hopefully, they will be substantial, well-crafted proposals to stimulate membership and get positive results. I hope this wait won't be for us in TSPP as futile as my wait for the burglar to bring back my column.

Texas Society of Psychiatric Physicians

Resident Paper Competition 2004

Papers are now being accepted for the 2004 Residents' Paper Competition! Entries must be an original work produced by a resident member of TSPP while in residency training. The paper may be a piece of original research, literature review or discussion on a topic of interest to psychiatrists and should be 10-12 typewritten, double-spaced pages (excluding references). In the case of multiple author papers, the resident must be the one who has done the bulk of the research and writing. A statement to this effect must accompany the paper from the coauthors.

SEND TWO COPIES OF YOUR MANUSCRIPT TO:
Texas Society of Psychiatric Physicians
401 West 15th Street, Suite 675
Austin, Texas 78701

DEADLINE FOR SUBMISSION OF PAPERS IS AUGUST 1, 2004

The winner will be announced in advance, and the paper presented at the November 13-14, 2004 TSPP Annual Convention and Scientific Program at the Omni Hotel in San Antonio, Texas. All papers entered in the competition will be recognized at the meeting. The winner will receive a certificate presented in recognition of the presentation, as well as a $250 honorarium and waiver of the scientific program registration fee and one night's hotel accommodation at the host hotel. Runners-up will be invited to present their papers as posters, the poster session to be held Friday, Saturday and Sunday, November 12-14 during the hours of the welcome reception and scientific program. Residents submitting papers will be notified of the judges' decision no later than September 30.

The 2004 Scientific Program, will address the following topics:

- Borderline Personality Disorders
- Bipolar Disorders
- Child & Adolescent Issues
- Obsessive Compulsive Disorder
- Psychiatric Aspects of Fibromyalgia

MEMBERSHIP CHANGES

New Members

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

Member in Training

Allison, Sara E., MD	Bellon, Alfredo, MD	Jacobson, Mikael, MD
Alvi, Mona, MD	Buchok, Stephen, MD	Stevenson, Brent, MD
Andrei, Andreea, MD	Cu, Irma, MD	Thomas, Lia, MD
Beadles, Barbara, MD	Ghosh, Shubu, MD	Ybarra-Salinas, Doris, MD

General Member

Barnes, Carlin, MD	Hukovic, Nedim, MD	Rao, Uma, MD
Casey, Sara, MD	Kumar, Sudha, MD	Sepulveda-Torres, Walfrido, MD
Czelusta, Kim-Lan, MD	Marshall, Cindy, MD	Thacker, Seema, MD
DeJarnette-Holly, Tracie, MD	McGinnis, Michael, MD	Torres, Fernando, MD
Fishkind, Avrim, MD	Michelsen, Soad, MD	Unterberg, Mark, MD
Hanisch, Stefanie, MD	Pelz, Jennifer, MD	Viltz, Anna, MD

MIT Advancement to General Member

Collen, Kevin B., MD	Gately, Kathleen, MD	Nasir, Mehmooda, MD
Fan, Ellen, MD	Gromov, Irina, MD	Raicu, Roxana, MD

Transfers from Other District Branches

Latif, Umar, MD, Michigan	Sistrunk, Shari, MD, Kentucky
Rogan, Alice, MD, Kansas	Twemlow, Stuart, MD, Kansas

Congratulations...

TSPP congratulates the following TSPP members who were approved for APA Distinguished Fellow status in 2004: **Nelson P. Gruber, MD** (Houston), **Jose F. Igoa, MD** (McAllen), **J. Clay Sawyer, MD** (Waco), and **Tricia Suppes, MD, PhD** (Dallas).

TSPP also congratulates the following TSPP members who were approved for Fellow status by the APA effective in 2004: **Syed Ahmed, MD** (League City), **Linda B. Andrews, MD** (Houston), **Rahn Bailey, MD** (Houston), **Joseph Black, MD** (Vernon), **Emilio Cardona, MD** (Houston), **Letha Cole, MD** (Houston), **Elma Granado, MD** (Fort Worth), **Penelope Hooks, MD** (Houston), **Debra Kowalski, MD** (Fort Worth), **Stephen Kramer, MD**, Life Fellow (Houston), **Byron Law-Yone, MD** (Dallas), **Luisa Lohner, MD** (Houston), **Lauren Marangell, MD** (Houston), **Randall Matthews, MD, PhD** (Houston), **Guy K. Patterson, MD** (Houston), **Jorge Raichman, MD** (Houston), **Pradeep Roy, MD** (Kingwood), **Ivan Spector, MD** (Houston), **Douglas Stockwell, MD** (Bellaire), **Michael M. Stone, MD** (Galveston), and **Karen Dineen Wagner, MD, PhD** (Galveston).

Your Committees at Work...

TSPPs committees met in Houston on November 7, 2003 and conducted the following business:

Budget Committee: The committee reviewed membership and financial information, studied and endorsed the proposed Affiliates Pilot Program, and considered requests for changes in membership status and requests for dues waivers/reductions.

Children and Adolescent Committee: Members reviewed legislation passed in 2003, discussed mental health benefits restored in the CHIP program, reviewed the President's New Freedom Commission on Mental Health and its six goals, studied HHSC reorganization mandated by HB 2292, and endorsed the appointment of a child psychiatrist as Director of Mental Health Services in the new organization.

CME Committee: The committee reviewed proposed programs for the 2003 TMA Section on Psychiatry, the 2004 TSPP Scientific Program and the 2005 TSPP Scientific Program. The committee also reviewed its mission statement and administrative matters.

Constitution and Bylaws Committee: The committee confirmed that the results of the membership mail ballot endorsed the recommended amendments to the TSPP Bylaws. Members also reviewed the Affiliates Pilot Program and endorsed its implementation.

Forensic Psychiatry Committee: The committee discussed the passage of SB 1057 establishing new provisions for competency assessment in criminal trials and the development of educational standards and programs for criminal competency training. The Insanity Defense Conference conducted by TSPP was reviewed and after a discussion of development of standards for telemedicine, a task force was appointed to monitor this development. The committee also reviewed Atkins v. Virginia, the Supreme Court decision prohibiting the execution of mentally retarded defendants found guilty of capital murder and endorsed the proposition that TSPP conduct a CME program on mental retardation and the death penalty.

Government Affairs Committee: The committee reviewed the 2003 Legislative Session, with emphasis on HB 2292 (the Health and Human Services Commission reorganization bill) and attempts by psychologists to have the Legislature grant them prescription privileges. The New Mexico final report on their legislation authorizing psychology prescriptive authority was reviewed. Members also discussed the President's New Freedom Commission Report on Mental Health and efforts in Texas to implement the goals identified in the report. CHIP mental health benefits were reviewed and a task force was appointed to help develop TSPP policy on this issue. Planning for the 2005 Legislative Session was begun with an emphasis on the Sunset review process and the formation of Political Action Committees in each TSPP Chapter.

MIT Section: The committee heard from financial advisors and a presentation on setting-up a medical practice.

Membership Committee: The committee reviewed the petition to divide the current West Texas Chapter into two Chapters and endorsed the proposal. Membership retention programs were discussed and plans were made to contact members who were delinquent in the payment of their TSPP dues. APAs proposal to establish a membership category for non-physicians was reviewed and the committee expressed its strong disagreement with this proposal. The committee reviewed TSPPs Affiliates Pilot Program and endorsed its adoption and implementation.

Professional Practices Committee: The committee reviewed the proposed Guidelines for Office Based Treatment of GHB Withdrawal and recommended that it be considered an educational tool rather than a Guideline. TSPPs publication, "*Saving Lives, Saving Money*," a case for open and unrestricted access to psychiatric medications, was reviewed and the committee endorsed the distribution of the publication to consumer groups and to TSPPs membership. The committee reviewed reorganization of HHSC authorized by HB 2292 and the President's New Freedom Commission Report on Mental Health and recommended that TSPPs Guidelines for Inpatient and Outpatient Treatment be used to help educate policymakers about mental health treatment.

Public Mental Health Services Committee: The committee reviewed the reorganization of health agencies within the Health and Human Services Commission and endorsed the appointment of physician leadership of the Department of State Health Services as well as the division for behavioral health services. The committee also discussed the President's New Freedom Commission Report on Mental Health, the development of Preferred Drug Lists mandated by HB 2292, and provisions within HB 2292 regarding "provider of last resort." The committee also noted the restoration of mental health benefits in CHIP and recommended that the Governor and HHSC Executive Commissioner be thanked.

Socioeconomics Committee: The committee recommended that TSPP develop a directory of malpractice carriers and their availability to Texas psychiatrists and to develop information dealing with malpractice insurance rates and recommended levels of medical liability limits. The committee also reviewed the restoration of mental health benefits in the CHIP program and recent trends of managed care in Texas. Members also expressed concern with "privatization" and the erosion of the "safety net" for indigent patients and encourages TSPP to continue to monitor safety and services issues, efforts to reduce or diminish indigent mental health services, and the impact on the indigent or poor mentally ill consumer (ie jail, homelessness). The committee also discussed inappropriate practices of pharmacy benefit managers.

Strategic Planning and Oversight: The committee reviewed recent APA proposals and expressed disagreement with the proposals to usurp District Branch authority for approving membership applications, the requirement that District Branch recruitment efforts be approved by APA, and APAs proposal to establish a membership category for non-physicians. The committee reviewed TSPPs Affiliate Pilot Program and endorsed its implementation. The committee also endorsed the formation of two new committees, Academic Psychiatry Committee and Institutional Psychiatry Committee, to afford additional participation of members in TSPP activities.

Executive Council Actions...

The Executive Council met in Houston on November 8, 2003 and approved the following measures:

★ Upon recommendation of the Executive Committee and supported by action items from the Budget, Constitution and Bylaws, Membership and Strategic Planning committees, the Council approved the TSPP Affiliates Pilot Program, a pilot project to evaluate offering psychiatrists a choice of membership/participation options.

★ The Council approved recommendations of the Budget Committee to approve a membership status change and to offer a member a dues payment plan.

★ Upon motion made by the Children and Adolescents Committee, the Council endorsed their recommendation that under the new HHSC reorganization, the Director of Mental Health Services should be a child psychiatrist given a child psychiatrists' unique ability to assess children from a biopsychosocial standpoint, which encompasses all areas that impact treatment planning.

★ The Ethics Committee presented cases during an executive session of the Council.

★ Upon recommendation of the Forensic Psychiatry Committee, the Council authorized a CME program on mental retardation and the death penalty.

★ The Council approved a recommendation of the Membership Committee and the Strategic Planning and Coordinating Committee requesting that the President send a letter to the APA President, APA Medical Director, APA Board of Trustees, and Chair of the APA Membership Committee as well as submitting an Action Paper at the May Assembly meeting expressing concerns about a new category of membership approved in concept by the APA Board (ie Affiliates) which would offer membership status to non-physicians.

★ Upon recommendation of the Professional Practices Committee, the Council authorized the distribution of TSPPs publication entitled "Saving Lives...Saving Money" to the TSPP and Foundation membership.

★ The Council approved a recommendation of the Public Mental Health Services Committee to advocate for the appointment of a psychiatrist as the Director of the reorganized Department of Mental Health Services and for TSPP to serve as an ongoing consultative body in the development of the Department of Mental Health Behavioral Health Division Strategic Planning and Coordinating Committee.

★ Upon the recommendation of the Public Mental Health Services Committee, the Council authorized that the TSPP President send a formal letter of appreciation to the Governor for the restoration of mental health benefits in the CHIP program.

★ The Council approved a recommendation of the Socioeconomics Committee for TSPP to conduct a survey to develop a directory of malpractice carriers, including their rate responses to Proposition 12, rates, and availability to Texas psychiatrists.

★ Upon recommendation of the Socioeconomics Committee, the Council authorized a survey of psychiatrists to obtain information about general issues of malpractice rates, claims experiences (number of claims, claim outcomes, defense and/or settlement costs. Based upon the survey, TSPP should develop a recommended level of medical liability limits.

★ The Council approved a recommendation of the Strategic Planning and Coordinating Committee to express TSPPs opposition to APA about an APA proposal requiring all District Branch membership recruitment plans to be approved by APA.

★ Upon recommendation of the Strategic Planning and Coordinating Committee, the Council authorized the establishment of two new committees, the Academic Psychiatry Committee and the Institutional Psychiatry Committee.

In December following the APA Assembly meeting, by mail ballot, the Executive Council approved by majority vote, the following motion:

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

1. Collaboration with TSPP on an Affiliates or a Membership pilot project.
2. Options for Affiliates-type or Membership programs that fit within the current APA Bylaws.
3. New membership category/categories to enhance membership and/or a waiver/variance for an Affiliates program.
4. Near-term revenue issues affecting TSPP, including membership.
5. Long-term dues burden for members (A final answer on this of course will not be completed by the March APA Board of Trustees meeting, but consideration will be underway).

Agreed to by:
Marcia Goin, MD, PhD, APA President
Jack Bonner, MD, Area V Trustee
Gary Weinstein, MD, Area V Representative
John Gaston, MD, Area V Deputy Representative
Jay Scully, MD, APA Medical Director

Pharmaceutical and Therapeutics Committee

In November, Governor Rick Perry appointed eleven individuals to the Pharmaceutical and Therapeutics Committee for terms to expire September 1, 2005. The committee makes recommendations about the contents of the preferred drug lists as mandated by HB 2292.

Dr. Richard C. Adams of Plano is the director of developmental disabilities at the University of Texas Southwestern Medical Center at Dallas and Texas Scottish Rite Hospital for Children. **Dr. Anthony J. Busti** of Midlothian is assistant professor at Texas Tech University Health Sciences Center School of Pharmacy. **Dr. Harris M. Hauser** of Houston (**TSPP Member**) is the founder and former president and CEO of the Memorial Neurological Association. **Dr. Melbert C. Hillert**, Jr. of Dallas is a cardiologist at Drs. Hendler, Pizetter, Comess, Hillert, Fitzharris and Haddox P.A. **David E. King** of Kingwood is a managed care manager at Randalls/Safeway Inc. **Julie Elaine Lewis** of Frisco is a pharmacist and lead consultant at PharMerica. **Dr. Valerie Robinson** of Lubbock (**TSPP Member**) is the director of child psychiatry at the Texas Tech School of Medicine, Department of Neuropsychiatry. **Donna Burkett Rogers** of San Antonio is the director of pharmacy at the TexSan Heart Hospital.**C. Jackson** of Seabrook is a retail pharmacy manager at Kelsey-Seybold Clinic. **Dr. Guadalupe Zamora** of Austin is a physician at Guadalupe Zamora, MD, PA. **Dr. John McCall Zerwas** of Richmond is senior vice president and chief medical officer of Memorial Hermann Healthcare System and an anesthesiologist.

Prior Authorization

According to the HHSC, under the Preferred Drug Program, all medications currently available to Medicaid recipients will continue to be available. Preferred drugs will be available without prior authorization, while non-preferred drugs will require prior authorization, which may involve the prescriber or one of their staff representatives calling the Texas Prior Authorization Call Center (1-877-PA-TEXAS) to obtain approval before the medication can be dispensed. The Texas Prior Authorization Call Center Hotline will be operational Monday-Friday, 7:30 am - 6:30 pm.

Initial Implementation

The PDL initially will include 14 drug classes approved by the HHSC in December (*non-psychiatric medications*) and will be implemented in two stages. During the first stage, which begins February 9, claims for non-preferred drugs will not be rejected for lack of prior authorization, but prescribers and their staff will be able to call the Texas Prior Authorization Call Center and request prior authorizations for current and new prescriptions for non-preferred medications. During the second stage, which begins February 23, all claims for non-preferred drugs, including refills, will require prior authorization. On February 23, a Medicaid claim for a non-preferred drug will not pay unless prior authorization has been granted for the prescription covered by the claim. In some cases, HHSC will already have claims data that indicates that the patient has met the prior authorization criteria for the non-preferred drug request. In those cases, the prescription will be prior authorized without the necessity of a phone call. In other cases, the prescriber or one of their staff representatives will have to call the Texas Prior Authorization Call Center to obtain approval before the drug can be dispensed. Approved requests for prior authorization will be valid for one year.

For a copy of TSPPs publication advocating for open and unrestricted access to psychiatric medications, visit the TSPP website (www.txpsych.org) and download the publication entitled "*Saving Lives, Saving Money*."

Frequently Asked Questions

Prior Approval Process

Q. Who do I call to obtain prior authorization?

A. The state has contracted with Heritage Information Systems to conduct prior approval for non-preferred drugs. To contact the call center, dial 1-877-PA-Texas.

Physicians and other licensed prescribers or their staff may obtain prior approval. Information needed for a timely decision:

Recipient-specific information:
Texas Medicaid assigned recipient ID number
Recipient Name
Recipient Date of Birth
Reason for requesting override for a non-preferred drug

Prescriber-specific information:
Texas Medicaid assigned provider ID number (5-character Texas license number)
Physician Name (or Delegating Physician Name)

Claim-specific information:
Requested drug and strength
Days supply
Number of refills

Requests submitted with missing information will not be assessed until that information can be provided.

Q. Once prior approval is obtained, how long is the approval valid? Will there be exceptions to the timeframe for certain patient populations or drug classes?

A. Prior approval is valid for one year. There are no deviations from this timeframe for certain patient populations or drug classes.

Q. The January 20 letter to providers states that only the "prescribing" physician or his/her staff can request prior approval. Can an on-call physician obtain prior approval when the prescribing physician is not available?

A. Yes. An on-call physician may also request prior approval.

Q. Will the call center notify the patient or pharmacy when prior authorization is obtained?

A. No, patients are not directly notified. At the time a prescription is written, physicians should call 1-877-PA-Texas to obtain prior approval. In most cases, a decision will be made at the time of the call (if all required information is provided). Prior approval is noted in the Heritage Information System, which pharmacists can access through their claims systems. If prior approval is not obtained at that time, or prior approval is sought at the pharmacy counter, the call center only notifies the physician directly.

Q. If prior approval is denied, what is the appeal process for physicians and patients? Can physicians appeal the decision to the HHSC Medicaid medical director and/or a physician in his/her specialty?

A. Patients may appeal through the Medicaid fair hearing process.

Q. The written material provided by HHSC does not make it clear that Advanced Practice Nurses or Physician Assistants can obtain prior approval directly. Many APNs and PAs practice under physician protocol and supervision at a remote location. The information should make it clear that these prescribers can obtain prior approval.

A. APNs and PAs can obtain prior approval directly.

Q. If a patient receives a prescription in the emergency room for a non-preferred drug, and leaves the emergency department to fill the prescription at a community pharmacy, who would the patient contact to obtain prior approval if such approval is not obtained at the time of the emergency visit? It is likely the patient will not be able to contact the emergency physician directly without returning to the emergency department?

A. In this situation, the pharmacist or patient could contact the emergency department, the patient could return to the emergency department, or the patient could follow up with his or her primary care physician or provider. HHSC acknowledges additional efforts are needed to minimize the disruption to patients, physicians, and pharmacists in this type of scenario.

Q. Will Heritage Information Systems implement an on-line system for obtaining prior approval?

A. An online system for obtaining prior approval is not yet available, but Heritage Information systems intends to launch a system later this year.

Q. Can physicians or other prescribers submit requests for prior approval in batches? For example, if a physician has a lot of patients who have contraindications for a preferred agent, can the physician fax Heritage a list of those patients with supporting information so that prior approval can be done for all of them at one time?

A. HHSC is exploring this request.

72-Hour Emergency Supply

Q. In emergency situations, the pharmacist may dispense a 72-hour supply of a non-preferred drug pending receipt of prior approval. How will the state define "emergency?" For example, instructions state that at the Point of Sale, the patient should contact his/her physician to obtain prior approval for a non-preferred drug. If the patient calls the physician during normal business hours (9 am to 5 pm), but his/her physician is not available (e.g. office closed, physician in surgery, etc…), can the pharmacy dispense the 72-hour supply anyway?

A. The definition of an emergency will be at discretion of the pharmacist. HHSC will monitor pharmacists' utilization of this exception to minimize its abuse.

Q. If at the end of 72-hours prior approval still has not been obtained, may the pharmacist dispense another 72-hour emergency supply?

A. Yes. The prior approval vendor and HHSC will monitor and work with the pharmacist and physician to assure timely prior approval of non-preferred drugs.

Q. Does the pharmacist have to call HHSC and/or the vendor to obtain approval for dispensing a 72-hour emergency supply?

A. No.

Q. The January 20 letter to providers does not mention the availability of a 72-hour emergency supply. Are pharmacists and patients being alerted to this option through other means?

A. Yes.

Quality of Care

Q. Will HHSC (or its contractor) make available the clinical and safety information used by Provider Synergies and the P&T Committee to develop the PDL (we understand cost information is proprietary)? Our research indicates that some states, like Oregon, make this information available to the public via their Medicaid website. It would be helpful to have this information prior to hearings on each drug class so that any additional, relevant clinical information can be shared with the P&T Committee and HHSC prior to a decision being rendered.

A. HHSC is considering posting summaries of the clinical monographs and other back-

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Psychiatric Medications Reviewed

On January 16, the P&T Committee heard public testimony on stimulants and related agents, antidepressants (atypical), antidepressants (SSRIs), and antipsychotics (atypical). A number of psychiatrists provided testimony during the hearing. Martha Leatherman, MD, Government Affairs Committee Chairman, provided TSPPs testimony and stressed open access to psychiatric medications.

On January 17, the P&T Committee announced its recommendations which will be considered by Albert Hawkins, III, Executive Commissioner of the Texas Health and Human Services Commission. A final decision on the recommendations is pending at press time. Medications not included on the preferred drug list will require prior authorization.

The P&T Committee postponed its recommendations on stimulants and related agents. Its other recommendations for the preferred drug list are as follows (Brand name medications are indicated in UPPER CASE to distinguish them from generic medications):

THERAPEUTIC CLASS: ANTIDEPRESSANTS, ATYPICAL

On PDL List	Off PDL List
EFFEXOR XR	EFFEXOR
REMERON SOLTABS	Mirtazapine
WELLBUTRIN XL	Nefazodine
	WELLBUTRIN SR

*** Bupropion and Trazodone*

THERAPEUTIC CLASS: ANTIDEPRESANTS, SSRIS

On PDL List	Off PDL List
LEXAPRO	CELEXA
PAXIL CR	Fluvoxamine
ZOLOFT	Paroxetine Hcl
	PROZAC WEEKLY
	SARAFEM

*** Fluoxetine*

THERAPEUTIC CLASS: ANTIPSYCHOTICS, ATYPICAL

On PDL List	Off PDL List
ABILIFY	ZYPREXA
GEODON	ZYPREXA ZYDIS
RISPERDAL	
RISPERDAL M	
SEROQUEL	

*** Clozapine*

*** Unless the P&T Committee recommended that a particular generic product be off of the PDL, a decision whether to require prior authorization will be made following HHSCs supplemental rebate negotiations with generic manufacturers and labelers. House Bill 2292 from the 78th Legislature in 2003, requires that all brand names and generic drugs have a supplemental rebate agreement or program benefit agreement with HHSC in order for a product to be included on the PDL. HHSC is continuing supplemental rebate negotiations with generic manufacturers and labelers, and will announce later which generic products will require prior authorization because their manufacturers and labelers do not have the required agreement.*

Leaders Picked for Four New Human Services Agencies

State Health Services System Consolidated from 12 Agencies

Health and Human Services Commissioner Albert Hawkins on December 29, 2003 named four state leaders to direct new departments being created under a transformation of the state's health and human services system.

Dr. Eduardo J. Sanchez, the Texas Department of Health commissioner since 2001, will become commissioner of State Health Services. He will direct programs currently provided by his department, the Texas Commission on Alcohol and Drug Abuse, the Health Care Information Council and mental health community services and state hospital programs operated by the Department of Mental Health and Mental Retardation.

According to the TSBME, Dr. Sanchez reports his primary practice in the area of Family Practice. Dr. Sanchez received his Medical Degree from the University of Texas Southwestern Medical School in Dallas in 1988. He completed an internship in Family Practice in 1989 and completed a residency in Family Practice in 1991, both at the UT Health Science Center in San Antonio. Dr. Sanchez was President, Capital Area Division American Heart Association Board of Directors (1999-2000) and was Chair, Texas Medical Assistant Council of Public Health (2001-2003).

Terry Murphy, the executive director of the Commission for the Blind since 1997, will become commissioner of the Department of Assistive and Rehabilitative Services. Murphy will manage the consolidation of programs now provided by the Texas Rehabilitation Commission, the Commission for the Blind, the Commission for the Deaf and Hard of Hearing and the Interagency Council on Early Childhood Intervention.

Jim Hine will head the Department of Aging and Disability Services, directing mental retardation and state school programs, community care and nursing home services programs and aging services programs. He has been the Texas Department of Human Services commissioner since 2001.

Thomas Chapmond has been the executive director of the Department of Protective and Regulatory Services, which under a new structure becomes the Department of Family and Protective Services. Chapmond will be the commissioner of that department.

The selections were made with Governor Rick Perry's approval, as directed by a new law (HB 2292) that mandated consolidating 12 existing health and human services agencies into four departments under the oversight of the Health and Human Services Commission.

Transformation Underway

The blending of the twelve agencies into four health agencies is moving forward in a rapid pace. As part of the tranformation process, proposed organizational structures for the new departments have been released for public review and comment. Currently, there are two organizational models being considered for the Department of State Health Services (DSHS), referred to as Model A and Model B. Model A reflects a pure functional approach, while Model B incorporates a programmatic approach. TSPP is advocating for the programmatic approach (Model B), which includes an Assistant Commissioner for Mental Health and Substance Abuse Services. In this organizational structure, mental health and substance abuse functions will be administered by three components: Program and Policy Development; Mental Health Facilities; and Contract Management Compliance. TSPP also supports strong physician leadership presence in the new DSHS, advocating for physician appointments for the two Deputy Commissioner positions and the four Assistant Commissioner positions in Model B. Further, TSPP supports the appointment of a psychiatrist as Assistant Commissioner for Mental Health and Substance Abuse Services in the proposed Model B structure.

Public hearings will be conducted from January 29 through February 5 in five areas (Harlingen, DFW Metroplex, Austin, Houston and El Paso) to receive public input on the proposed organizational structures.

For more detailed information about the proposed organizational structures, visit the HHSC website (www.hhsc.state.tx.us/Consolidation/News/OrgMeetings.html).

Pharmaceutical and Therapeutics Committee

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ground information on its website. A decision is not yet final.

Q. If the P&T Committee recommends inclusion of a drug on the preferred list based on evidence that the drug is clinically superior and safe, but the pharmaceutical manufacturer has not agreed to a supplemental rebate or other financial arrangement with the state, will that drug still be excluded from the preferred list?

A. Yes.

Q. If a drug is excluded because a supplemental rebate was not obtained, will HHSC publish which drugs fall into this category?

A. No.

Q. If a drug is excluded from the preferred drug list, but additional clinical evidence arises that suggests the drug should be considered preferred, what is the mechanism for physicians to request the P&T Committee and/or HHSC to reconsider its decision?

A. HHSC is developing a process and additional guidance will be forthcoming.

Q. In situations where a non-preferred drug is requested, will Heritage Information Systems enforce a "fail first" policy when a patient has not previously used a preferred agent?

A. Heritage will consider the following criteria when determining whether to approve a non-preferred drug: previous failure on a preferred agent, allergy, or clinical contraindication.

Q. Who is developing the clinical criteria for approving non-preferred drugs?

A. The criteria will be developed with input from the state's Drug Utilization Review Committee, composed of physicians and pharmacists, the Pharmacy and Therapeutics Committee, Heritage Information Systems, and HHSC. At TMA's request, HHSC will consider supplementing the expertise of these groups with outside clinical experts, particularly relating to pediatric, disabled, and elderly populations.

Addition of Other Drug Classes to the PDL

Q. Has HHSC established a schedule for implementation of the PDL/prior approval process for the remaining drug classes? For example, the P&T committee met in January to consider 14 additional drug classes. When will those drugs be affected by the PDL/PA process?

A. A schedule is under development. Physicians and pharmacists will be given at least 30 days notice prior to placing drugs on the preferred or non-preferred lists.

Physician/Stakeholder Education

Q. Besides the January 20 letter to physicians/providers, what steps has HHSC taken to educate physicians about initiation of the PDL and prior authorization process?

A. HHSC mailed a letter on Jan. 20 to some 15,000 physicians to alert them about the PDL and prior approval process. HHSC published an article in the Medicaid Jan/Feb Medicaid Bulletin and has posted information on its website.

Q. What steps have been taken to educate patients, pharmacists and other stakeholders about the process?

A. Pharmacists were notified through letters and postings on the HHSC website. HHSC is not notifying patients directly because of concerns about unduly alarming patients about potential changes to their medications.

Q. What additional steps, if any, have been taken to educate high volume prescribers and pharmacists about the PDL and prior approval process?

A. The contractor managing the prior approval process, Heritage Information Systems, is making calls directly to high volume prescribers to alert them to the PDL and prior approval process. TMA is working with HHSC to facilitate these calls.

Q. As the PDL evolves, how will HHSC communicate changes to physicians, pharmacists, and patients?

A. HHSC website, Medicaid Bulletin, communication with provider associations, and targeted letters to prescribers.

Miscellaneous

Q. Who does a physician contact to inform HHSC and/or the vendor that a patient(s) listed as being in the physician's care is not a patient of record?

A. Physicians should call Heritage Information Systems at 1-877-PA-Texas. Physicians should note that they may not recognize all patients listed in their care because a patient may have been seen in another setting (e.g. a community clinic) or the patient may be under the care of the physician's advanced practice nurse or physician assistant.

Q. Can physician bill for services if a patient must be reexamined prior to switching the patient from a non-preferred agent to a preferred agent?

A. Yes. Physicians must be able to document a reasonable medical justification for the visit.

Fellow and Distinguished Fellow Applications

Distinguished Fellow

To apply for APA Distinguished Fellow status, eligible members must submit completed applications to the TSPP Fellowship Committee for consideration by March 15, 2004. After being reviewed by the TSPP Fellowship Committee, the TSPP Executive Council will approve candidates for recommendation to the APA Membership Committee. The APA Board of Trustees provides final approval.

Candidates for this category have to meet more comprehensive criteria than Fellows, including significant achievement in several areas of psychiatry. These include:

- Minimum of eight years as an APA General Member or Fellow.
- Primary identity must be psychiatry for those in combined fields.
- The General Member (or Fellow in 2003 and thereafter) should be an outstanding psychiatrist who has made and continues to make significant contributions in at least five of the areas listed below. Excellence, not mere competence, is the hallmark of a Distinguished Fellow.
  1) Certification by the ABPN, RCPS(C), or AOA
  2) Involvement in the work of the District Branch or other APA components
  3) Involvement in other medical and professional organizations
  4) Participation in non-compensated mental health and medical activities of social significance
  5) Participation in community activities unrelated to income-producing activities
  6) Clinical contributions
  7) Administrative contributions
  8) Teaching contributions
  9) Scientific and scholarly publications
- At least three letters of recommendation from Distinguished Fellows

TSPP members interested in submitting applications for Distinguished Fellow should contact the following members in their respective Chapters:

CHAPTER	REPRESENTATIVE
Austin	Ken Brown, MD
Bexar	Patrick Holden, MD
Brazos Valley	David Rosen, MD
Corpus Christi	Cecil Childers, MD
East Texas	John Hall, MD
El Paso	Gerardo Gregory, MD
Galveston-Brazoria	Robert Hirschfeld, MD
Heart of Texas	Gail Eisenhauer, MD
Houston	Adib Mikhail, MD
Lone Star	Clay Sawyer, MD
North Texas	Ed Nace, MD
Panhandle	Valerie Robinson, MD
Red River	Bryan Wieck, MD
South Texas	Fructuoso Irigoyen, MD
Southeast Texas	James Creed, MD
Tarrant	Debra Kowalski, MD
Victoria	TSPP Office
West Texas	TSPP Office

The deadline for submission to TSPP of applications and supporting documentation is **March 15, 2004**.

Fellow

Members interested in applying for APA Fellow must meet the following criteria:

- General Member for at least five consecutive years
- Certification by the American Board of Psychiatry and Neurology, the Royal College of Physicians and Surgeons of Canada, or the American Osteopathic Association
- Three letters of recommendation from current Fellows, Distinguished Fellows, Life Fellows or Distinguished Life Fellows

The approval process includes the following steps:

- Applications will be sent to the Fellowship candidate's District Branch (TSPP) for review. District Branches may submit comments to the APA Membership Committee within a 90-day time period.
- The APA Membership Committee will review the nominations during their Fall meeting.
- Final approval will be made by the APA Board of Trustees at their December meeting.
- All Fellowship nominees will be notified by APA of their status in January.

Applications for Fellowship may be downloaded from APAs website at www.psych.org/members/memcorner/applyfellow.cfm. Applications and letters of recommendation must be submitted by June 1 to: American Psychiatric Association, Membership Department, 1000 Wilson Boulevard, Suite 1825, Arlington, VA 22209-3901.

Medical Malpractice

Since the passage of tort reform, including malpractice reform, and the passage of Proposition 12, a constitutional amendment placing a $250,000 cap on non-economic damage awards, physicians have expected to see a decline in malpractice premiums. Although the state's largest malpractice insurer, the Texas Medical Liability Trust, has lowered rates by twelve percent for about 11,000 of the state's 38,000 physicians, other companies are either holding rates steady and some have even asked for rate increases. According to the Texas Department of Insurance, lower malpractice premiums will not materialize immediately. The primary factor being the thousands of malpractice lawsuits filed prior to the September 1 effective date for tort reform. It may take up to two years for these cases to be resolved, delaying any real hope for premium reductions.

The following information about malpractice carriers was provided TSPP by the Texas Department of Insurance.

PHYSICIANS & SURGEONS PROFESSIONAL LIABILITY

The insurance entities shown in the PHYSICIANS & SURGEONS SECTION are licensed by the Texas Department of Insurance or are statutorily authorized to write medical professional liability insurance. The Texas Department of Insurance regulates these companies except as noted. All companies in this section contribute to the GUARANTY FUND except where noted. Most companies in this list issue policies on a claims-made basis. Claims may not be covered unless they occur and are reported within the effective period of the policy. Particular care must be exercised when retiring or changing insurance companies to avoid coverage gaps. Read the policy for details and discuss it with your agent or company.

Additional contact information, rating sources, and recent financial history are on the department website at www.tdi.state.tx.us. Look for "Company Profiles."

American International Companies: National Union Fire Insurance Company of Pittsburgh, Pa; The Insurance Company of the St. of Pa; Illinois National Insurance Company; Granite State Insurance Company; Specializes in underwriting physicians in group practice; 70 Pine St., New York, NY 10270; (877)-520-4636 or (212) 770-7000.

American Physicians Insurance Exchange: Ask for Business Development; website- www.api-fpic.com/; 1301 Capital of Texas Hwy, Suite C-300, Austin, TX 78746; (800) 252-3628 or (512) 328-0888.

CNA Insurance Companies: Continental Casualty Company; American Casualty Company of Reading, Pa; Specializes in underwriting physicians in group practice; Ask for Medical Service for Texas; CNA Plaza, Chicago, IL 60685; (888)-600-4776 or (312) 822-5730.

The Doctors' Company: Prefers the following specialties: anesthesiologists, plastic surgeons, pathologists, psychiatrists, and neurosurgeons; Ask for referral to an agent for an application; website- www.thedoctors.com/Resources/Application/; 185 Greenwood Rd., P.O. Box 2900, Napa, CA 94558-0900; (800) 421-2368.

The Medical Protective Company: Call 800 number and select from recorded choices; website - www.gemedicalprotective.com; P.O. Box 15021, Fort Wayne, IN 46885; (800) 344-1899 or (219) 485-9622.

Preferred Physicians Insurance Co: Underwrites physicians in practice in Catholic Health Initiatives Hospitals; 10707 Pacific St., Suite 205, Omaha, NE 68114-4735; (800) 441-7742.

Professionals Advocate Insurance Co: website- www.professionalsadvocate.com/; Specializes in underwriting physicians in interstate group practices; 225 International Circle, Box 8016, Hunt Valley, MD 21030; (800) 492-0193.

Texas Hospital Insurance Exchange: Ask for Liz Jennings, ex 525, or Bud Armstrong, ex 511; website- www.thainsurance.com/liability.htm#professional; P.O. Box 14626, Austin, TX 78761; (800) 792-0060 or (512) 451-5775

Texas Medical Liability Trust*: Limited to TMA members; website- www.tmlt.org/; 901 Mopac Expressway South, Barton Oaks Plaza V, Suite 500, Austin, TX 78746; (800) 580-8658 or (512) 425-5800.

Texas Medical Liability Insurance Underwriting Association (Also known as the Joint Underwriting Association or JUA)**: Writes primary medmal coverage or excess over licensed member insurance companies; Centennial Tower, Suite 180, 505 East Huntland Dr., Austin, TX 78752; (512) 452-4370 Fax (512) 452-5241.

* Texas Medical Liability Trust files policy forms and rates for information only with the Texas Department of Insurance. It also files audited annual financial statements. It is exempt from contributing to the Guaranty Fund and is not covered by it.

** Texas Medical Liability Insurance Underwriting Association (JUA) is an insurer of last resort. You must be turned down by at least two admitted insurance carriers (This does not include the Texas Medical Liability Trust) before you are eligible to apply to the JUA. Although the JUA does not participate in the Guaranty Fund, its 500 member insurance companies may be assessed to maintain solvency.

EXCESS AND SURPLUS LINES INSURERS (E&S), PURCHASING GROUPS, RISK RETENTION GROUPS, AND A JOINT UNDERWRITING ASSOCIATION (JUA).

These plans are generally unregulated as to rates and forms (except for the JUA) and may have more restrictive policy provisions than regulated carriers. Excess and surplus lines insurers are not covered by the Texas Guaranty Fund. Licensed insurers selling through purchasing groups may or may not be covered by the Texas Guaranty Fund. Check with your agent or the company itself for these and other coverage details.

Admiral Insurance Company (E&S): Austin, Texas; E-mail mmichell@wrbc.com; (512) 795-0766.

American Physicians Insurance Exchange (licensed): Ask for Business Development; website- www.api-fpic.com/; 1301 Capital of Texas Hwy, Suite C-300, Austin, TX 78746; (800) 252-3628 or (512) 328-0888; Licensed carrier selling through a purchasing group.

American International Cos (various): 70 Pine Street, New York, NY 10270; (877) 520-4636 or (212) 770-7000.

Evanston Insurance Co (E&S): 10kway North, Deerfield, IL Shand Morahan Plaza, Evanston, IL 60015; (847) 572-6200.

General Star Indemnity Co (E&S): Website- www.generalstar.com/gcr.nsf/doc/pressrel65; P O Box 10354, 695 East Main Street, Stamford CT 06904-2354; (203) 328-5700 or (312) 207- 5404.

Health Care Insurers (agent, E&S): 7011 Campus Drive, Suite 200, Colorado Springs, CO 80920; (800) 397-9697 or (719) 528-8200 Fax: (719) 528-8323; Email- info@hciusa.com.

Lexington Insurance Company (E&S): 200 State Street, Boston, MA 02109; (617) 330-1100.

Medical Assurance Company (licensed): P O Box 590009, Birmingham, AL 35259; (800) 282-6242; Licensed carrier selling through a purchasing group.

Professional Underwriters Liability Insurance Co (PULIC) (E&S): Bernard Warschaw Ins Sales; 1875 Century Park East, Suite 1700, Los Angeles, CA 90067; (800) 537-7362.

Red Mountain Casualty Insurance Co, Inc (E&S): website- www.proassurance.com/redmountain/default.htm; P O Box 590009, Birmingham, AL 35259-0009; (866) 686-4666; Email- redmountain@proassurance.com.

Royal Surplus Lines Insurance Co: P O Box 1000, 9300 Arrowpoint Blvd, Charlotte, NC 28201-1000; (704) 522-2000.

Steadfast Insurance Company, and other Zurich Companies (E&S): 1400 American Lane, Schaumberg, IL 60196; (800) 382-2150; Underwrites physician groups contracting to provide in-hospital services.

Texas Medical Liability Ins Underwriting Association (JUA): Centennial Tower, Suite 180, 505 East Huntland Dr., Austin, TX 78752; (512) 452-4370; The Texas JUA also writes excess medmal over policies of licensed member insurance companies. The JUA is a residual market, an insurer of last resort. Although it does not participate in the Guaranty Fund, its 500 member insurance companies may be assessed to maintain solvency.

APA Area V Trustee Report

Jack W. Bonner, III, MD, Area V Trustee

Information regarding issues, discussions and actions taken by the Board are increasingly disseminated in a rapid fashion via email, the APA website and Psychiatric News. Accordingly, this written report addresses a couple of areas of importance to the APA and to Area V from meetings occurring on November 13, 2003.

Finances

The financial operation of the APA has improved. We anticipate a significant surplus at year-end for 2003 and, based on preliminary budget planning, we should be able to fund selected new projects in the following year. This good performance follows a period of time in which the structural costs of the organization were reduced.

While we anticipate a favorable year in comparison to budget our reserves need to be improved to the point that we enjoy organizational security.

DB/APA Relationships

Financial Support: Certain small DB's are unable to provide basic services to their membership. As a result the Board voted to provide selected support to a few DB's at its recent board meeting and allocated $50,000 for this purpose (in '03). Once again the board is looking at opportunities to provide resources (organizational support as well financial) to DB's in need (to be further defined). $100,000 was allocated in the '04 budget plan for this purpose.

Dual Membership Requirement: At the October BOT meeting the DB President from Washington State discussed problems which have led Washington to consider an optional category of participation in DB activity which does not require dual membership. The Texas proposal for an "affiliated" status has also generated considerable Board interest.

There is considerable concern at the Board level that any action which eliminates the current dual membership requirement is likely to result in a further decline in membership. In some instances the decline would be at the national level and in other instances it may occur at the DB level. The AMA experience with a rapid membership reduction following its own elimination of dual membership requirement is the example which fuels any discussion of this

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The Ethics Corner

Milton Altschuler, MD

Communication... Communication... Communication

Frequently, ethics complaints come about because of lack of communication to the patient, the patient's family or referring therapists. Lack of communication frequently breeds resentment which can turn into active hostility resulting in ethics complaints or a malpractice suit. Many malpractice suits are brought about not because of decrease in the standard of care but due to hostility created by lack of communication. There are many instances where clarification of treatment protocols and a description of how treatment teams function would avoid these prickly issues.

Many general physicians have protocol sheets written out so that if a patient is going to go into the hospital they are handed a sheet with "instructions" that delineate what the patient does and what is going to happen within the hospital. The physician usually will tell the patient when they will see him in the hospital and will usually make contact with the family. Psychiatrists frequently fail to appreciate the fact that many patients perceive what we do differently than they perceive general medical procedures. It would be helpful at the outset to describe to the patient procedures and expectations. For example, many patients are not charged for missing their Internists' appointment but are most often charged when missing their psychiatrists' appointments. Unless this is explained to them in the beginning, many people will take umbrage to that.

Perhaps a good solution would be to have, as do many medical offices, a procedure sheet in which there is an explanation of the physicians' responsibilities and the patients' responsibilities. For example a recognition that an office visit for therapy is x number of minutes and it is the patients' responsibility to be there for that allotted time.

Perhaps something that is even more crucial is when an individual, especially a minor, is hospitalized. At that time many families are very frightened at the necessity of a psychiatric hospitalization, its perjorative meaning and the feelings of helplessness and ambivalence toward the hospitalization. It is at that time that communication is extremely crucial. Optimally the admitting psychiatrist should take time to explain to the patient and family, if involved, about the use of a treatment team, the physician's visits, treatments plans and charges. Usually this reassures the patient and the family and helps in developing a positive therapeutic bond.

One of the first statements regarding medical ethics deals with treating patients with human dignity. If physicians do not communicate with patients or their families during a time of extreme vulnerability, the patients or families perceive this as if a physician does not see them as worthwhile enough for the physicians' time. I believe if you reflect back to a time of feelings of personal helplessness you recall those individuals who brought you out of those feelings of helplessness with a great deal of warmth. It is my firm belief that the vast majority of patients and their families would perceive the physician who takes their time to discuss these issues with them as caring. This creates a bond of trust that, in spite of results, would not result in reporting of ethical or malpractice situations.

As essential as this is in entering into an inpatient facility or beginning outpatient therapy, it is equally important that prior to discharge from an inpatient facility communication as to ongoing treatment again should be discussed. We are all aware of the fact that a great number of patients drop out of treatment between discharge from hospitals and initiation of outpatient treatment. I believe that many of these patients would be more compliant with treatment if they were aware of the importance and nature of the treatment. To many busy practitioners, this may feel like an impossible demand on time. Similar results could be obtained by the practitioner having available for his/her patient and their family, if appropriate, a letter given to them prior to discharge so that they can read the instructions and the rationale of further treatment while they still have time to talk to a member of the treatment team who would be responsible for answering these questions. I am sure that everyone can think of other instances where communication with a patient and the family would be helpful.

For obvious reasons contact with a referring therapist would be helpful in two ways. If a therapist had been seeing the patient prior to the hospitalization and felt hospitalization might be necessary or referral to a psychiatrist for medication management that therapist could notify the psychiatrist of their concerns very quickly. That communication also helps the psychiatrist in that the therapist would then be a positive help in the treatment of the patient by reinforcing and encouraging compliance with the psychiatrist. The reverse is true in that if there is no communication the therapist can be a negative influence and sabotage treatment.

Just as this column began it will end in that besides being physicians interested in the managing of mental disorders we should also learn that we have a facility for communication due to the nature of our specialty. Therefore it would behoove us to continue to emphasize communication to our treatment team who helps us, our patients and their families, if appropriate, and the therapists who refer patients to us for specialized treatment beyond their own specialty. If we keep this in mind, I am sure you will rarely receive a letter saying that an ethics complaint has been lodged against you and now the time that was saved by not communicating is spent many times over along with the emotion involved. I would appreciate any comments anyone has regarding this matter and we could probably have an open discussion regarding issues in this area that I have not touched on. You may contact me by email at maandsa@swbell.net

TSPP and Foundation Annual Meetings

TSPP and the Texas Foundation for Psychiatric Education and Research conducted their respective Annual Meetings on November 8, 2003 in Houston during the TSPP Annual Convention and Scientific Program. The TSPP Annual Business Meeting was conducted by TSPP President, Priscilla Ray, MD. The Foundation's Annual Membership Meeting was conducted by Edward Reilly, MD, Vice Chairman of the Board of Directors of the Foundation. Both meetings were abbreviated to allow time for presentations from guests from the APA.

TSPP members approved a petition from the West Texas Chapter requesting that the Chapter be reorganized into two new Chapters, a Panhandle Chapter and a West Texas Chapter. The new Panhandle Chapter will include the following counties: Armstrong, Bailey, Briscoe, Carson, Castro, Childress, Cochran, Collingsworth, Cottle, Crosby, Dallam, Deaf Smith, Dickens, Donley, Floyd, Foard, Garza, Gray, Hale, Hall, Hansford, Hardeman, Hartley, Haskell, Hemphill, Hockley, Hutchinson, Kent, King, Knox, Lamb, Lipscomb, Lubbock, Lynn, Moore, Motley, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Stonewall, Swisher, Terry, Throckmorton, Wheeler, and Yoakum.

The remaining portion of the Chapter, designated as the West Texas Chapter, will include the following counties: Andrews, Borden, Brewster, Brown, Callahan, Coke, Coleman, Concho, Crane, Crockett, Culberson, Dawson, Eastland, Ector, Fisher, Gaines, Glasscock, Howard, Hudspeth, Irion, Jeff Davis, Jones, Kimble, Loving, Martin, McCullough, Menard, Midland, Mitchell, Nolan, Pecos, Presidio, Reagan, Reeves, Runnels, Schleicher, Scurry, Shackleford, Sterling, Sutton, Taylor, Terrell, Tom Green, Upton, Ward, and Winkler.

Members voted by acclamation to elect the following slate of candidates to TSPP elective positions:

President-Elect 2004-2005
Karen Dineen Wagner, MD, PhD (Galveston)

Secretary-Treasurer 2004-2005
Gary Etter, MD (Fort Worth)

Councilor-at-Large 2004-2007
Leslie Secrest, MD (Dallas)

APA Representative 2004-2007
David Axelrad, MD (Houston)

APA Representative (2003-2005)
Clay Sawyer, MD (Waco)

The Foundation reported receiving 1,019 donations amounting to $233,224 and awarding 66 grants totaling $84,450.

Members voted by acclamation to elect the following slate of candidates for positions on the Foundation's Board of Directors (2004-2007):

Grace Jameson, MD (Galveston)
Linda Rhodes, MD (San Antonio)
Larry Tripp, MD (Dallas)
Paul Wick, MD (Tyler)

Foundation members also approved amendments to the Foundation Bylaws dissolving the Development Board; expanding the number of Elected Directors; and, creating a new class of Advisory Director, Honorary Member, to recognize individuals who have supported the mission of the Foundation over a sustained period of time.

Following the Annual Meetings of TSPP and the Foundation, presentations were made to members by the following APA guests:

APA President, Marcia Goin, MD
APA Medical Director, Jay Scully, MD

Candidates for APA President-Elect:
Steven Sharfstein, MD
J. Srinivasaraghavan, MD

Candidates for APA Treasurer:
Albert Gaw, MD
Patrice Harris, MD
Carolyn Robinowitz, MD

Candidate for APA MIT Trustee-Elect:
Daniel Mamah, MD

APA Area V Trustee Report

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matter with most persons seeming to believe that a similar decline would occur within the APA should such an action occur.

Membership

There is early data indicative of stabilization of membership at the APA level. It is premature to state with certainty that the recent decline in membership has stabilized. But there is much hope that this may prove to be the case.

Leadership

Jay Scully, MD has brought a leadership style into the organization which I believe has been quite helpful. Not only is he effectively providing leadership to our central office staff but he brings a knowledgeable, thoughtful and, at the same time, direct approach to organizational matters which I believe bode well for the organization. He has opinions about the various issues facing the field and is not shy about articulating them to the membership/leadership while listening to and integrating alternative viewpoints.

Our elected leadership over the last several years likewise have been capable, knowledgeable, thoughtful and articulate with wisdom that has imparted stability to the organization while looking to the future at the same time that a series of more immediate crises absorb their attention. Having now been on the Board for a few years I believe the Board may be in a better position to more carefully address future directions for the organization rather than dealing with the myriad of minor to major crises. But that remains to be seen.

REQUEST FOR INFORMATION NOTICE

Bluebonnet Trails Community Mental Health and Mental Retardation Center is the Texas Department of Mental Health and Mental Retardation ("TDMHMR") designated mental health and mental retardation Local Authority (LA) established to plan, coordinate, develop policy, develop and allocate resources, supervise, and ensure the provision of community based mental health and mental retardation services for the residents of Bastrop, Burnet, Caldwell, Fayette, Gonzales, Guadalupe, Lee and Williamson Counties, Texas. The LA is publishing this Request for Information (RFI) Notice to request responses from potential providers or other interested parties interested in the community services described in the RFI Document. This RFI Process is only to determine interest and does not address any intent to contract or procure services. From information provided by the responders to the RFI Document, a determination will be made regarding actual contracting through a procurement process.

Copies of the RFI Document may be obtained by written request to Kathy Kuehner at Bluebonnet Trails CMHMRC, 1009 N. Georgetown St., Round Rock,Texas 78664, or call 512-244-8258. INTERESTED PARTIES MUST RESPOND TO THE REQUEST FOR INFORMATION BY THREE O'CLOCK P.M., APRIL 23RD, 2004 IN ACCORDANCE WITH THE INSTRUCTIONS IN PARAGRAPH 1.4 of the RFI DOCUMENT.

Questions regarding the RFI Process should be directed to Kathy Kuehner.

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

Scenes from the Annual Convention...

APA President Marcia Goin, MD (left) with TSPP President Priscilla Ray, MD

APA Medical Director Jay Scully, MD addressing Annual Business Meeting

(L to r) D'Anna Wick, TSPP Asst. Director Debbie Sundberg, and Mary Nell Tripp

Mitch Jones, MD and Lynda Parker, MD

Teresita Balderas, MD and Linda Rhodes, MD (l to r)

Sylvia Muzquiz-Drummond, MD, Clay Sawyer, MD, and George Santos, MD (l to r)

Texas Society of Psychiatric Physicians

COMMITTEE/EXECUTIVE COUNCIL MEETING SCHEDULE

Hilton Austin Convention Center Hotel
500 East 4th Street, Austin, Texas

Saturday, April 3

7:30am-9:00am	Foundation Board of Directors Breakfast	Room 412
8:30am-4:30pm	Committee Hospitality Room *Refreshments & Light Hors D'oeuvres for Committee Members*	Room 404
9:00am-10:30am	Professional Practices	Room 408
	Children and Adolescents	Room 410
	Budget	Room 412
	Fellowship	Room 415
10:30am-4:00pm	Texas DBSA	Room 415
10:30am-12:00pm	Constitution and Bylaws	Room 408
	Socioeconomics	Room 410
	CME	Room 412
12:00pm-1:15pm	Luncheon Program *$15.00 per person in advance/$20 on-site*	Room 406
1:15pm-2:45pm	Members in Training	Room 408
	Forensic Psychiatry	Room 410
	Membership	Room 412
2:45pm-4:15pm	Strategic Planning & Coordinating	Room 408
	Public Mental Health Services	Room 410
	Ethics	Room 412
4:15pm-6:00pm	Government Affairs	Room 400
6:00pm-7:30pm	Reception	Room 404

Sunday, April 4

9:00am-12:00pm	Executive Council	Room 406

CALENDAR OF MEETINGS

MARCH 2004

6-7 **APA Area V Council Meeting**
Renaissance Concourse Hotel
One Hartsfield Centre Parkway
Atlanta, GA
888-391-8724

12-14 **APA Board of Trustees Meeting**
Arlington, VA

APRIL 2004

3 **TSPP Committee Meetings**
Hilton Austin Convention Center Hotel
500 East 4th Street
Austin, TX
800-236-1592

4 **TSPP Executive Council Meeting**
Hilton Austin Convention Center Hotel
500 East 4th Street
Austin, TX

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

MAY 2004

1-6 **APA Annual Convention**
Javits Convention Center
New York, NY

2 **APA Board of Trustees Meeting**
New York, NY

AUGUST 2004

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

NOVEMBER 2004

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

TSPP MEMBER INFORMATION UPDATE

NAME

ADDRESS

CITY STATE ZIP

( ) ( )

TELEPHONE FAX E-MAIL

Send your update information to:

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