

Texas Psychiatrist

2007 Legislative Session Wrap-up

John R. Bush, Executive Director, Federation of Texas Psychiatry

Araucous 2007 Texas Legislative Session ended on May 28 after legislators considered 6,198 bills, a 13% increase from the 2005 Session. The Federation of Texas Psychiatry identified 317 of these bills as potentially affecting the practice of psychiatry. A total of 1,478 bills passed the Legislature, 60 of which were on the Federation's tracking list. The Governor has until June 17 to sign or veto the bills.

THANK YOU!

The Federation wishes to express appreciation to psychiatrists who met with legislators and candidates prior to the Session; who participated at the Federation's Leadership Conference in August and Capitol Day in February; who reviewed bills and provided direction for the Federation's lobbying efforts; who took time from busy schedules to come to Austin to testify on bills in committees; and, who responded to the Federation's alerts to contact legislators prior to key votes. The Federation is grateful to the leadership of member organizations (TSPP, Academy, TSCAP, TOMA and TMA) for uniting psychiatry and giving psychiatry a more forceful voice in the legislative process. The Federation also wishes to thank our lobbyist, Steve Bresnen, and his associate, Annie Landmann, for their tireless and effective efforts in communicating psychiatry's positions on bills to legislators and recommending amendments to make bills more acceptable to psychiatry and to patients.

HIGHLIGHTS

During the Federation's Leadership Conference in August, 2006, the Federation announced its key legislative priorities for the upcoming 2007 Texas Legislative Session: funding for public mental health services; full insurance parity for psychiatric illnesses; improved Medicaid reimbursement for physicians; protection from scope of practice initiatives that threaten patient safety; and funding for graduate medical education. Success and progress was made in each of these goals in the 2007 Session.

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BILLS FILED AND PASSED			
House	Filed	Passed	Percent
House	4,140	953	23%
Senate	2,058	525	25%
TOTAL	6,198	1,478	24%

Mental Health Budget

A top legislative priority was the request by the Department of State Health Services (DSHS) for \$82 million for mental health crisis services. **THIS REQUEST WAS FULLY FUNDED!** (\$ 27.3 Million for Fiscal Year 2008 and \$ 54.7 Million for Fiscal Year 2009.) According to a budget rider (i.e. an attachment to the budget that designates how money must be spent), the crisis services money will be distributed around the state by a methodology that allocates a portion to achieve equity among local mental health authorities, a portion on a per capita basis, and a portion using a competitive process.

Health Insurance Parity Dies Once Again

Unfortunately, we were once again not able to get any mental health insurance parity legislation through the process, although bills this session got further along than any initiative has since 1997 when the current limited mandate for eight Serious Mental Illnesses was originally passed. Senator Ellis sponsored a bill (**SB 568** which required health plans that provide mental health coverage to provide health care benefits under terms at least as favorable as coverage provided for other medical and surgical procedures) that passed the Senate and the House Insurance Committee. When the bill was not posted for consideration by the House, the proposal was subsequently attached to a bill on the Senate floor relating to health insurance coverage for individuals with brain injuries (**HB 1919** by Todd Smith) that was continuing to move through the process in the final days of the Session. On the 139th day of the 140-day Session, at the request of the Governor, the language regarding mental health equity was stripped off the brain injury-related bill, and **HB 1919** without mental health equity provisions was passed. Mental health insurance equity was opposed by the Texas Association of Business, the insurance lobby and anti-psychiatry groups.

Medicaid Fee Increases

A historic 25% increase in Medicaid payments to physicians for children's care, and a 10% hike for adult services was passed.

By Subject	BILLS TRACKED BY THE FEDERATION			
	Total	Priority 1	Priority 2	Priority 3
Allied Health	15	3	11	1
Mental Health	17	3	11	3
Legal	42	3	18	21
Children	24	6	15	3
Economic	145	17	110	18
Substance Abuse	4	1	3	0
Other	70	5	38	27
TOTAL FILED	317	38	206	73
TOTAL PASSED	60	8	30	22
Percent	19%	21%	15%	30%

Graduate Medical Education

The Legislature responded to organized medicine's call for funding for graduate medical education in an effort to keep more Texas trained physicians in Texas to care for patients. The Legislature appropriated nearly \$86 million for graduate medical education.

Medical Research for Children

Two bills were filed to ban medical research for children in the juvenile probation system (**HB 1113** by Sylvester Turner and Carlos Uresti) and children committed to the Texas Youth Commission (**HB 1111** by Sylvester Turner and Carlos Uresti). The Federation successfully had these two bills amended to remove the proposed ban and to require the reporting only of children participating in medical research programs who are in the juvenile probation system and committed to the Texas Youth Commission. Both bills passed with the Federation's amendments.

Another bill was filed that banned the enrollment of foster children in medical research programs (**SB 405** by Carlos Uresti and Sylvester Turner). The Federation was successful in removing the ban with an amendment that allows the enrollment of a foster child in a drug research program with a court order or with the consent of the fos-

ter child's parent if the parent is authorized to provide medical consent by the court.

Emergency Detention

The Federation supported **HB 518** by Elliot Naishtat and Kim Brimer which passed. It extends the time period allowed for detaining a person for a preliminary examination from 24 hours to 48 hours. The 48 hour period includes any time the patient spends waiting for medical care before the person receives the preliminary examination. If the 48 hour period ends on a Saturday, Sunday, legal holiday or before 4 pm on the first succeeding business day, the patient may be detained until 12 pm on the first succeeding business day. If the 48 hour period ends at a different time, the patient may be detained only until 4 pm on the day the 48 hour period ends.

Sex Offender Providers

The Federation successfully amended a bill (**HB 2034** by Kirk England and Florence Shapiro) requiring licensure by the Council on Sex Offender Treatment of health care professionals who provide assessment and treatment of sex offenders. The amendment exempts from licensure a physician who prescribes medications to a person who may be deemed a sex offender.

Scope of Practice

For the second consecutive Session, a bill to grant psychologists prescribing privileges was not even filed. This outcome can be attributed in part to the effort of psychiatrists during the interim to meet and visit with legislators about issues affecting quality psychiatric care. For the first time in 15 years, psychologists attempted to file a bill to allow psychologists to admit patients to hospitals. This bill was never filed after legislators called the Federation's office to inquire about the proposed bill.

For information about other bills of interest, visit the Federation's website, www.txpsych.org.





Volunteer for a TSPP Committee Appointment

William H. Reid, MD, MPH, President, Texas Society of Psychiatric Physicians



William H. Reid, MD, MPH

During the next several weeks, I'll be appointing TSPP members to committee posts. Most of you recently received an email or letter calling for committee volunteers. Almost all committees are open to participation by any member willing to put forth a little effort to help TSPP address some important patient, professional, or organizational need. The rewards are several, and you'll feel good at the end of the day.

The committees especially need **residents and early career psychiatrists**, who can contribute fresh ideas, modern training, and youthful energy to committee tasks.

The committees especially need **mid-career clinicians**, who can bring practical experience with patients, other clinicians, payers, and health care systems.

The committees especially need **senior psychiatrists**, who can share broad knowledge and a mature perspective, often knowing what has been helpful, and what has not, over the years.

The committees especially need **public sector and institutional psychiatrists**, whose expertise with the severely and chronically mentally ill, and with issues of practice regulation and treatment access, can guide us to help our neediest, most disabled patients.

The committees especially need **academically-based psychiatrists**, who often bring cutting edge information, who are close to the issues affecting our next generation of psychiatrists, and who have great influence on clinical training.

The committees especially need **private practitioners**, who know where, and how, "the rubber meets the road," who have learned how to succeed while taking personal responsibility for their practice settings, and who deal with a variety of

constituents and funding sources.

The committees especially need **urban and inner-city psychiatrists**, some dealing daily with the complexities of patients and practice within highly complex, often very stressful social environments in a state that contains some of the nation's most populous practice environments.

The committees especially need **small-community psychiatrists**, whose experience with geographic, patient access, and practice support issues has often led to creative solutions, and who need a strong voice in a state that contains some of the nation's most isolated practice environments.

The committees especially need **psychiatrists from minority and underrepresented ethnic and cultural groups**, who can speak to professional issues that may be unique to those groups, and who can speak to clinical and social issues that affect patients from every part of the broad spectrum of the Texas population.

The committees especially need **representation from many different TSPP chapters**, in order to consider issues and make decisions relevant to all of TSPP and Texas.

You get the idea.

Here are the committees. I know there is at least one that both interests you and can really use your talents. Please send your preference(s) and a little background information to TSPP at TSPPofc@aol.com, fax it to (512) 478-5223, or mail it to TSPP at 401 West 15th Street, Suite 675, Austin, TX 78701.

Academic Psychiatry (provides a forum for psychiatrists in academic centers to network and share information of mutual interest and concern)

Children & Adolescents (monitors public and private sector developments, and informs TSPP members, on issues and poli-

cies affecting the care of children and adolescents)

Constitution & Bylaws (prepares and recommends necessary changes to TSPP's constitution and bylaws and keeps them consistent with those of the APA)

Continuing Medical Education (develops the annual meeting scientific program and other educational activities; selects the winner of the annual Resident Paper Competition)

Ethics (undertakes confidential review and, when appropriate, investigation of ethics complaints against TSPP members, in accordance with APA procedures)

Fellowship (coordinates nominations for advancement to APA Distinguished Fellow and makes recommendations for same to the Executive Council)

Finance (prepares the TSPP operating budget; reviews funding requests from committees and other components; reviews requests for dues adjustment; recommends action on same by the Executive Council)

Forensic Psychiatry (reviews legal aspects of civil, criminal, correctional, and legislative issues affecting psychiatric patients and practice)

Government Affairs (reviews current and proposed legislation and regulation, at all levels of government, that could affect psychiatric services; works with the legislative process to influence matters relevant to our patients and profession; monitors relevant legal developments)

Members-in-Training (reviews needs and concerns of members-in-training; facilitates resident involvement in TSPP; provides a forum for trainees from all Texas residency programs)

Professional Practices (develops guidelines for psychiatric practice; provides a grievance review for clinical or practice complaints not deemed suitable for the Ethics Committee)

Public Mental Health Services (reviews the organization and funding of State and

local public mental health services; assesses the roles and functions of psychiatrists in public sector clinical settings)

Socioeconomics (studies developments in funding of clinical care, including managed care, federal payment systems, other third-party payers, and their review processes; serves as a resource for members, patients, advocacy organizations, industry, and government regarding socioeconomic issues in mental health care)

Strategic Planning & Oversight (develops and monitors long-range plans and 3-5-year goals for TSPP; assists in committee charges; develops TSPP-sponsored action papers for the APA Assembly and provides direction to TSPP's APA Assembly representatives; helps identify future leaders within the TSPP membership)

Finally, I'd like to help enhance TSPP's influence on funding for the mentally ill in Texas. Many of us will be working on ways in which TSPP can join with top-level representatives of organizations from all facets of business, government, and healthcare, over many years and in very substantial ways, to increase the dollars that make quality mental health services possible in both the private and public sectors. If you would like to be an early part of that effort, write to me directly with your name, contact information (including email), and specific area of influence or expertise. Right now, your information should be fairly brief (a page or less). I will review every communication. Send yours to reidw@reidpsychiatry.com, fax it to (830) 596-9047, or mail it to me at P.O. Box 4015, Horseshoe Bay, TX 78657.

Practice well. ■

TSPP Executive Council Actions

The TSPP Executive Council met on April 29, 2007 in Dallas at the Adolphus Hotel and approved the following action items:

- ★ Upon recommendation of the Academic Psychiatry Committee, TSPP will write to the American Board of Psychiatry and Neurology to obtain an opinion regarding a proposed plan to provide mock oral examinations to residents.
- ★ The Executive Council approved a recommendation of the Fellowship Committee to conditionally approve applications for Distinguished Fellow for 5 members and to table an application from one member for two years.
- ★ Dues reductions and waivers were granted to two members as recommended by the Finance Committee.
- ★ The Council approved a recommendation of the Finance Committee to utilize email to supplement efforts of contacting members who are delinquent in the payment of dues. The Council also approved a Finance Committee recommendation to send a letter to Chapter Presidents to solicit their assistance in contacting members who are delinquent in the payment of their TSPP dues.
- ★ Upon recommendation of the Finance Committee, a letter will be sent to all residency programs to collect information about residents' participation in TSPP. The letter will include a copy of TSPP's powerpoint presentation and a summary of TSPP's advocacy activities.
- ★ The Executive Council approved an operating budget for FY 2007-08 as presented by the Finance Committee.
- ★ The Council approved a recommendation to merge the Physician Advocacy Committee into the Professional Practices Committee.
- ★ The Executive Council approved a recommendation from the Nominating Committee to present TSPP Awards to the following individuals at the 2007 Annual Convention and Scientific Program: A. David Axelrad, MD (TSPP Distinguished Service Award); Karen Dineen Wagner, MD, PhD (TSPP Psychiatric Excellence Award); The Honorable Kyle Janek (TSPP Special Service Award); and A. Scott Winter, MD (TSPP Special Service Award).
- ★ At the conclusion of the Executive Council meeting, the following members were inducted as officers for FY 2007-2008: William H. Reid, MD (President), Martha E. Leatherman, MD (President-Elect), and Richard L. Noel, MD (Secretary-Treasurer). ■



Les Secret, MD (right) hands the TSPP President's Gavel to Bill Reid, MD, who was inducted as President for FY 2007-08 at the Executive Council meeting on April 29.

In Memoriam...

Shannon Gwin, MD, Corpus Christi



From the Federation... Crisis Redesign in Texas

Gary L. Etter, MD, Chairman, Federation of Texas Psychiatry



Gary L. Etter, MD

The current legislative session has come to a close and illustrates again the benefits that ALL psychiatrists in Texas share from organized medicine. We have protected scope of practice, and in doing so, have also maintained our current quality of medical care for our patients. We have extended the time of detention and magistrates' warrants to 48 hours to allow time to fully evaluate and treat patients, and in many cases, avoid the need for involuntary hospitalization. We have increased funding for graduate medical education to keep more medical students in Texas. And I am happy to say that the legislature passed a budget which provided for all of what the Department of State Health Services requested for mental health including \$82M to provide initial funding for the implementation of the Crisis Services Redesign Initiative in Texas.

In December 2005, the Texas Department of State Health Services Commissioner Eduardo Sanchez, MD established the Crisis Services Redesign Committee to develop recommendations for mental health and substance abuse services that are delivered through the local mental health authorities in Texas. I had the privilege of serving on this committee, in addition to other members of TSP and the Academy: Joe Burkett, MD, Avrim Fishkind, MD, Lauren Parsons, MD, Sylvia Muzquiz, MD, and Mark Janes, MD.

In an effort to help the committee with its work, an evaluation of existing crisis services in Texas by the DSHS Community Mental Health and Substance Abuse Services Quality Management Division was per-

formed. Thirty two local mental health authorities were evaluated as to their accessibility of their crisis services, competency of their service providers, availability of local community alternatives to hospitalization and the crisis screening and assessment tools used. The evaluation included surveys mailed to sheriff departments, police departments, and licensed hospitals throughout Texas to obtain information about their experience with coordination and delivery of crisis services. A total of 258 out of 570 surveys sent to hospitals were returned for a response rate of 45%. A total of 442 out of 1,030 surveys sent to law enforcement were returned for a response rate of 43%. The surveys revealed problems in numerous areas including timeliness of crisis services provider response, training for crisis services providers, availability of alternatives to hospitalization, coordination of efforts between local mental health authorities, law enforcement and hospitals, and oversight systems to monitor the effectiveness of crisis services.

In addition, the Committee held several public hearings throughout the State to obtain additional information and testimony from local interested parties including patients, families, judges, law enforcement, and representatives from local mental health authorities. An effort was made to conduct the hearings in a variety of locations including the border between Texas and Mexico, rural areas in West Texas, urban areas, and a hearing for statewide issues in Austin.

The Crisis Services Redesign Committee

recommended the following services to be essential to the provision of effective crisis services: 1) crisis hotline services with the American Association of Suicidology guidelines as the clinical standards for this service, 2) psychiatric emergency services including extended observation services, 3) crisis outpatient services to provide ready access to psychiatric assessment and treatment for new patients with urgent needs, and access to same day psychiatric assessment and treatment for existing patients, 4) community crisis residential services including crisis residential services and respite residential services, 5) provision of mobile crisis outreach services, and 6) establishment and utilization of a crisis intervention team and mental health deputy peace officer program. In addition, there was a realization of the need to address medical transportation needs. Telemedicine and the use of tiered levels of intensity of services such as hotlines and 23 - 48 hour extended observation need to be provided and utilized.

Of course this all begs the question of cost for implementing these services. Texas historically has been near the bottom for funding of mental health services in the nation. It is estimated that approximately 54,255 patients require crisis services annually in Texas, 7,708 of which are children. A finance subcommittee was established out of the Crisis Services Redesign Committee to develop an estimate of the funding needed for this initiative. The total estimated cost would be \$222.13 million per biennium with a phased implementation of the project with 37.5% to be requested in the first biennium, and the remainder in the second biennium.

The initial funding would be divided into three portions: an equity contribution to bring all LMHAs to an equal level, a proportional allocation, and a community investment incentive. Funds from the equity contribution and proportional allocation method would fund core crisis services

including crisis hotlines, mobile crisis outreach and outpatient crisis services. Enhanced local crisis services including crisis stabilization units, respite or crisis residential services, transportation of patients, and mental health deputy training programs would be financed by remaining equity contribution and proportional allocation funds. The establishment of psychiatric emergency hubs would be financed by community investment incentive funds where local mental health authorities in every region which could provide 25% in matching funds would be eligible. I would like to provide our readers with an update on this very ambitious initiative in future issues.

The strength of the Federation of Texas Psychiatry with the member organizations of the Texas Society of Psychiatric Physicians, the Texas Academy of Psychiatry, the Texas Society of Child and Adolescent Psychiatry, the Texas Foundation for Psychiatric Education and Research, the Texas Medical Association, and the Texas Osteopathic Medical Association has been illustrated again in this last legislative session. The voices of our 46,000 physicians came through loud and clear. We need to thank all of our member organizations, and individual members who took the time and made the effort to contact their representatives, to participate in Capitol Day, and to testify before legislative committees. I want to especially thank Steve Bresnen, John Bush, and Debbie Sundberg for all that they did during this session. I encourage ALL psychiatrists to join a member organization and become involved. I thank you for allowing me to serve as the Chair of the Federation of Texas Psychiatry and look forward to the coming year. ■

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Medical Malpractice Insurance

Are you paying too much?

The Federation of Texas Psychiatry in cooperation with Cunningham Group is offering Texas psychiatrists free premium indications. Prices have come down during the past year — one insurer dropped its rates 48 percent.

Let Cunningham Group shop the market for you and reduce your premium.

Go to the Cunningham website (www.cg-ins.com) and complete the Medical Malpractice Premium Indication Short Form to receive your premium indication.

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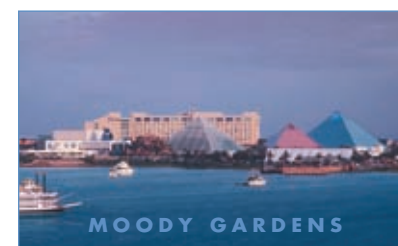


Gary Etter, MD (right) presents an award to Clay Sawyer, MD recognizing his leadership of the Federation as Chairman during FY 2006-07. Gary Etter, MD was elected to serve as the Federation's Chairman during FY 2007-08 at the Federation's Delegate Assembly meeting in Dallas on April 27.



Texas Society of Child and Adolescent Psychiatry Summer Meeting and Scientific Program "New Directions in Child and Adolescent Psychiatric Treatment"

July 27-29, 2007 • Moody Gardens Hotel • Galveston



General Information

Location

All events will take place at the Moody Gardens Hotel, Seven Hope Boulevard, Galveston, Texas, 1/800/582-4673.

Surrounded by 242 acres of breathtaking gardens and majestic pyramids, the Four Diamond Moody Gardens Hotel, Spa and Convention Center is Galveston Island's premier meeting destination. Moody Gardens features: the ten story Rain Forest Pyramid, the IMAX 3D Theater, the Discovery Museum, the IMAX Ridefilm Theaters, Palm Beach - Moody Gardens secluded fresh water, white sand beach featuring crashing waterfalls, crystal clear lagoons, Jacuzzi's, volleyball courts and paddleboats, the Colonel Paddlewheel Boat and the Aquarium.

Golf and tennis facilities are available to Moody Gardens guests at the Galveston Country Club. The hotel concierge will make arrangements for you.

Hotel Reservations

TSCAP's room block has sold out at the Moody Gardens Hotel, however, TSCAP has arranged a discounted room rate of \$175.00 single-quad occupancy until July 2 (or upon sell-out whichever occurs first) at the Hilton Galveston Island Resort Hotel (adjacent to the San Luis Resort), 5400 Seawall Blvd. To place your room reservation, call 1-409-744-5000, or you may visit www.galveston.com to choose from 29 other close-by hotels. For additional assistance please contact the TSCAP office at 512/478-0605 or via e-mail at tscapofc@aol.com

All meetings will be held at the Moody Gardens Hotel and transportation to and from the meeting site is the attendee's responsibility.

Opening Welcome Reception with Exhibitors

A special Welcome Reception has been planned to open the event, Friday, July 27, beginning at 6:30 pm until 8:00 pm in Floral Hall A-1 at the Moody Gardens Hotel.

Continuing Medical Education

Accreditation

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Texas Medical Association (TMA) through the Joint Sponsorship of the Texas Society of Psychiatric Physicians and the Texas Society of Child and Adolescent Psychiatry. The Texas Society of Psychiatric Physicians is accredited by the Texas Medical Association to provide continuing medical education for physicians.

The Texas Society of Psychiatric Physicians designates this educational activity for a maximum of eight (8) *AMA PRA Category 1 Credits*SM.

Participants should only claim credit commensurate with the extent of their participation in the activity.

The presentations "The Ethics of the Use of Multiple Psychopharmacologic Agents in the Treatment of Children and Adolescents and Panel Discussion: Medical-Legal Issues Surrounding the Use of Multiple Psychopharmacological Agents in Children and Adolescents" has been designated by the Texas Society of Psychiatric Physicians for two (2) hours of education in medical ethics and/or professional responsibility.

Scientific Program Target Audience / Program Goals and Objectives

The primary target audience of the program consists of Child and Adolescent Psychiatrists, Psychiatrists and other specialties of medicine. This continuing medical education activity will be presented in a classroom style format, with didactic lectures supplemented with audiovisual presentations, case presentations and question and answer discussions.

At the conclusion of this program, attendees will be able to:

Pharmacogenetics in Child and Adolescent Psychiatry

- Understand the basic principles of pharmacogenetics.
- Discuss how pharmacogenetics affects the tolerability of psychotropic medications.
- Discuss research to predict treatment response in child and adolescent psychiatry using pharmacogenetics.

Brain Stimulation Technologies in Psychiatry

- Understand the basic principles of Vagus Nerve Stimulation (VNS) Transcranial Magnetic Stimulation (TMS) and Deep Brain Stimulation (DBS).
- Know the indications for VNS.
- Discuss current research in new brain stimulation techniques.

Case Presentation of VNS

- Discuss how VNS is used to treat epilepsy in children.
- Discuss possible psychological effects of VNS in epileptic children.
- Discuss the interaction of VNS with a child's psychopharmacological treatment.

Use of Multiple Psychopharmacological Agents in the Child with Severe Aggression and/or Mood Lability

- Review the current literature on the use of multiple agents in severe psychiatric disorders.
- Discuss barriers to the research on the effectiveness of two or more medications in psychiatric disorder.
- Discuss recent guidelines issued by the Texas State Department of Health Services for the use of multiple psychotropic agents for foster children.

The Ethics of the Use of Multiple Psychopharmacologic Agents in the Treatment of Children and Adolescents

- Discuss the standards for off label use of psychotropic medication in children and adolescents.
- Distinguish research from pharmaceutical company marketing in dosing and selection of agent.
- Discuss informed consent issues related to long term side effects with poly-Psychopharmacology.

Panel Discussion: Medical-Legal Issues Surrounding the Use of Multiple Psychopharmacological Agents in Children and Adolescents

- Discuss how standard of care is arrived at and how peer review determines if care is substandard.
- Discuss current development in the political process regarding regulation of Psychiatric treatment.
- Provide input to colleagues on current practices in the psychopharmacology of children and adolescents.

Featured Speakers / Discussants

Sarah Benington, DO - Assistant Professor Dept of Psychiatry, UTHSCSA, San Antonio Clinical Director of Mood Research at Be Well Center UTHSCSA, San Antonio

James R. Boger, MD - General Psychiatry Resident, Texas Tech University Health Sciences Center, Lubbock

James T. McCracken, MD - Director, Department of Child and Adolescent Psychiatry, UCLA Los Angeles, California

Steven R. Pliszka, MD - Professor and Vice Chair Chief, Division of Child & Adolescent Psychiatry Dept of Psychiatry, UTHSCSA, San Antonio

Valerie R. Robinson, MD - Assistant Professor Dept of Neuropsychiatry, TTUHSC School of Medicine, Lubbock

Randall V. Sellers, MD - Private Practice, Child, Adolescent, Adult & Forensic Psychiatry, San Antonio Clinical Associate Professor, UTHSCSA, San Antonio

Sarghi Sharma, MD, Assistant Professor Department of Psychiatry / Behavioral Sciences UTMB, Galveston

PROGRAM AT A GLANCE

Friday, July 27, 2007

1:00 pm - 5:30 pm	Exhibits Set-Up	Floral Hall A-1
4:00 pm - 5:30 pm	Executive Cmte Business Mtg	Iris
6:30 pm - 8:00 pm	Opening Welcome Reception with Exhibitors	Floral Hall A-1

Saturday, July 28, 2007

7:00 am - 3:30 pm	Exhibits	Floral Hall A-1
7:30 am - 8:30 am	Complimentary Continental Breakfast with Exhibitors	Floral Hall A-1

Scientific Program:

NEW DIRECTIONS IN CHILD AND ADOLESCENT PSYCHIATRIC TREATMENT

8:15 am - 8:30 am	Welcome and Announcements	Floral Hall A-2
8:30 am - 10:30 am	Pharmacogenetics in Child and Adolescent Psychiatry <i>James McCracken, MD</i>	Floral Hall A-2

10:30 am - 10:50 am	Refreshment Break w/Exhibitors	Floral Hall A-1
10:50 am - 11:50 am	Brain Stimulation Technologies in Psychiatry <i>Sarah Benington, DO</i>	Floral Hall A-2

11:50 am - 12:00 pm	Break / Lunch Set-Up	
12:00 pm - 2:15 pm	Luncheon Program: Case Presentation of VNS <i>Resident Case Presentation - Presenter: James Boger, MD / Discussants: Valerie Robinson, MD and Sarah Benington, DO</i>	Floral Hall A-2

2:15 pm - 2:30 pm	Break	
2:30 pm - 3:30 pm	Use of Multiple Psychopharmacological Agents in the Child with Severe Aggression and/or Mood Lability <i>Steven Pliszka, MD</i>	Floral Hall A-2

3:30 pm - 4:30 pm	Exhibitors Depart	Floral Hall A-1
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Sunday - July 29, 2007

8:00 am - 9:00 am	Membership Business Meeting Breakfast	Floral Hall A-1
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Scientific Program

9:15 am - 10:15 am	The Ethics of the Use of Multiple Psychopharmacologic Agents in the Treatment of Children and Adolescents <i>Steven Pliszka, MD</i>	Floral Hall A-2
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10:15 am - 10:30 am	Refreshment Break	
10:30 am - 11:30 am	Panel Discussion: Medical-Legal Issues Surrounding the Use of Multiple Psychopharmacological Agents in Children and Adolescents <i>Randall Sellers, MD and Sarghi Sharma, MD</i>	Floral Hall A-2

11:30 am - 11:35 am	Closing Remarks / Adjourn	
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REGISTRATION

NAME	DEGREE
MAILING ADDRESS	CITY STATE ZIP
TELEPHONE NUMBER	FAX NUMBER
E-MAIL	

NAME OF SPOUSE/GUEST(S) ATTENDING WELCOME RECEPTION

Conference fee includes the Friday evening welcome reception; Saturday continental breakfast with exhibitors; Refreshment Breaks; Saturday Scientific Program Luncheon and Sunday Membership Breakfast.

REGISTRATION

	Before July 14	After July 14
TSCAP Member Physician	\$195	\$215
Non-Member Physician	\$250	\$270
Allied Health Professional / Spouse / Guest	\$180	\$200
Trainee/Medical Student-Member/ Non-Member	No Fee	\$30

SOCIAL EVENTS

Friday Welcome Reception

Friday Welcome Reception - indicate if attending and if bringing any Guests, if so, their Name(s): _____

Saturday Scientific Program Luncheon, indicate if attending
 Vegetarian Plate Requested. No additional fee if requested prior to 7/14, otherwise there will be an additional fee of \$15.00

Sunday Membership Breakfast, indicate if attending

If you require any special assistance to fully participate in this conference, please contact TSCAP via e-mail tscapofc@aol.com or 512/478-0605. **TOTAL REGISTRATION**

PAYMENT INFORMATION

Make checks payable to "TSCAP" and mail to 401 West 15th Street, Suite #675, Austin, TX 78701 or fax w/credit card payment to 512/478-5223.

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Name of Cardholder (as it appears on card) _____

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CANCELLATIONS - Deadline for cancellation is July 14, 2007. In the event of cancellation, a full refund will be made if written notice is received in the TSCAP office by July 14, 2007, less a 25% handling charge. NO REFUNDS WILL BE GIVEN AFTER JULY 14, 2007.



TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS

51st Annual Convention & Scientific Program

PSYCHIATRY-THE NEXT GENERATION

Top 10 List: Reasons to Attend TSPP's Annual Convention

November 2-4, 2007 • Westin Galleria Hotel, Houston, Texas

10. Rx: De-Stress! Take some much needed time away from a hectic practice.
9. Get ready for the Holidays early! Enjoy the amenities and shopping of the Houston Galleria.
8. Treat yourself and/or family to a relaxing weekend in an outstanding hotel (at a greatly discounted room rate of \$152).
7. No effort – Great return! Enjoy complimentary food and beverages while you visit with Exhibitors and learn about new products and services to help you in your practice AND becomes eligible to win exciting prize drawings.
6. Meet new colleagues and welcome new members to TSPP.
5. Have fun at TSPP-sponsored social events.
4. Participate in policy development for TSPP through participation at committee meetings.
3. Learn about new and innovative therapies to apply in your practice and participate in the LIVE visit with NASA astronauts in space.
2. Enjoy the fellowship of your colleagues from all regions of Texas and all practice settings.
1. Attend the Scientific Program and receive 11 hours of continuing medical education to benefit your practice.



TSPP's ANNUAL CONVENTION AND SCIENTIFIC PROGRAM scheduled for November 3-4, 2007 at the Westin Galleria Hotel in Houston promises to provide an excellent CME program in addition to a number of special educational and social events for everyone!

gle occupancy rate of \$279.00! To receive TSPP's discounted room rate you must register with the Westin Galleria Hotel before October 2 by calling 1-800-228-3000 or 1-713-960-8100. Refer to the Group and Meeting Name.

Meeting Location

The TSPP Annual Convention and Scientific Program will be held at the Westin Galleria Hotel, 5060 West Alabama, Houston, Texas. Located within the prestigious Galleria shopping & entertainment complex in Uptown Houston, the Westin Galleria offers instant access to exclusive shops, restaurants and entertainment options. The AAA 4-Diamond, award-winning Westin is renowned for its luxurious guest rooms and, at the TSPP discounted room rate of \$152.00 single/double, these special rates represent an exceptional value, especially when compared to the Westin's current sin-



AWARDS BANQUET & ENTERTAINMENT

Saturday evening join your friends and colleagues at the TSPP Awards Reception and Banquet honoring the 2007 TSPP Award Recipients in recognition of their outstanding contributions to Psychiatry. This year's honorees include:

Distinguished Service Award

A. David Axelrad, MD, Houston

Psychiatric Excellence Award

Karen Dineen Wagner, MD, PhD, Galveston

Special Service Award

The Honorable Kyle Janek, Houston

A. Scott Winter, MD, Fort Worth



Following the awards ceremony the evening will continue with a fun-filled night of musical entertainment. You should not miss this event!

PROGRAM AT A GLANCE

FRIDAY, NOVEMBER 2

7:00 AM - 5:00 PM Registration
 6:30 AM - 8:00 AM Foundation Board of Directors Breakfast Meeting
 8:00 AM - 5:00 PM Hospitality Room w/Complimentary Refreshments
 8:00 AM - 3:00 PM Committee Meetings
 9:00 AM - 10:00 AM Texas Academy of Psychiatry
 12:00 PM - 2:00 PM Luncheon
 Practice Management
 3:00 PM - 4:30 PM Federation of Texas Psychiatry Delegate Assembly
 4:30 PM - 6:30 PM Executive Council Meeting
 6:30 PM - 8:30 PM Welcome Reception w/Exhibitors

SATURDAY, NOVEMBER 3

7:00 AM - 7:45 AM Complimentary Breakfast for Meeting Registrants
 7:00 AM - 5:00 PM Registration
 7:30 AM - 3:00 PM Exhibits
 8:00 AM - 5:35 PM Scientific Program
 10:15 AM - 10:30 AM Refreshment Break w/Exhibitors
 12:30 PM - 2:15 PM Luncheon
 4:15 PM - 4:35 PM Refreshment Break w/Exhibitors
 6:30 PM - 7:15 PM Awards Banquet Reception
 7:15 PM - 12:00 AM Awards Banquet & Entertainment

SUNDAY, NOVEMBER 4

7:30 AM - 1:00 PM Registration
 8:15 AM - 12:30 PM Scientific Program

TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS

2007 ANNUAL CONVENTION & SCIENTIFIC PROGRAM

November 2-4, 2007 • Westin Galleria Hotel, Houston, Texas

Please complete this form and return it with your check, money order or credit card information for your registration and event fees to the Texas Society of Psychiatric Physicians, 401 West 15th Street, Suite 675, Austin, Texas 78701 by October 12 to receive the discounted registration fee. Registration forms and payments by credit card may be faxed to TSPP at 512/478-5223.

NAME _____ E-MAIL _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE _____

NAME(S) GUEST(S) ATTENDING (for name badges)

REGISTRATION FEES

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

NUMBER ATTENDING EVENT	DISCOUNTED REGISTRATION (if postmarked before 10/12)	AFTER 10/12	NUMBER ATTENDING EVENT	DISCOUNTED REGISTRATION (if postmarked before 10/12)	AFTER 10/12
LUNCHEON - Friday					
# <input type="checkbox"/> Luncheon	\$15	\$20	SCIENTIFIC PROGRAM - Saturday and Sunday		
MIT/ECP PROGRAM - Friday					
# <input type="checkbox"/> MIT/ECP Program	No Chg	No Chg	# <input type="checkbox"/> TSPP/Academy Member	\$190	\$235
WELCOME RECEPTION - Friday Evening					
# <input type="checkbox"/> NOT Registered for Scientific Program	\$40	\$50	# <input type="checkbox"/> MIT (TSPP/Academy)	\$25	\$35
# <input type="checkbox"/> Registered for Scientific Program	No Chg	No Chg	# <input type="checkbox"/> Non-Member Physician	\$235	\$290
PROGRAM LUNCH - Saturday					
# <input type="checkbox"/> Program Luncheon	\$15	\$20	# <input type="checkbox"/> Non-Member MIT	\$35	\$50
AWARDS BANQUET/ENTERTAINMENT - Saturday evening					
# <input type="checkbox"/> Awards Banquet/Entertainment	\$35	\$55	# <input type="checkbox"/> Allied Health Professional	\$105	\$130
TOTAL REGISTRATION FEE \$ _____					
If you require any special assistance to fully participate in this conference, please contact TSPP at (512) 478-0605.					
<input type="checkbox"/> Vegetarian Plate Requested. No additional fee if requested prior to 10/12, otherwise there will be an additional fee of \$15.00.					

METHOD OF PAYMENT

Check - Make checks payable to "Texas Society of Psychiatric Physicians"

VISA MasterCard AMEX Credit Card # _____ Exp. Date _____

Name of Cardholder (as it appears on card) _____

Signature _____

Credit Card Billing Address _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____

CANCELLATION POLICY: In the event of cancellation, a full refund will be made if written notice is received in the TSPP office by October 12, 2007, less a 25% handling charge. No refunds will be given after October 12, 2007.

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

Osteopathic Psychiatry & Texas

Ronald W. Brenz, DO, Texas Osteopathic Medical Association

The following is a very brief history of Osteopathic Psychiatry and its relationship to Texas taken from the much more detailed and scholarly work by Floyd E. Dunn, DO, FACN, FAAMD. Dr. Dunn's work is entitled, *A History of the American College of Neuropsychiatrists (An Osteopathic Institution)*. Ms. Sue Wesslering, MBA, Executive Director, American College of Neuropsychiatrists (ACN), was kind enough to provide a copy of Dr. Dunn's work.

The American College of Neuropsychiatrists was formally incorporated under the laws of the State of Missouri in 1939, but its roots are considered to go back much further. The organization of Osteopathic neurologists and psychiatrists (now The American College of Neuropsychiatrists) is considered to have begun with the opening of the Still-Hildreth Hospital (originally Sanatorium) in Macon, Missouri before the outbreak of World War I. In those early years, Dr. L. VanHorn Gerdine did the psychiatric evaluations on patients admitted to the hospital and also taught psychiatry at both the Des Moines, Iowa and Kirksville, Missouri Osteopathic Colleges. He was the neuropsychiatrist who oriented Dr. Arthur Hildreth and Dr. Harry Still (the co-founders of the Still-Hildreth Sanatorium) in the discipline and was the mentor of Dr. Herman P. Hoyle who became Still Hildreth's Chief Psychiatrist after Dr. Gerdine moved to California in 1923.

Dr. Gerdine became professor of

Neuropsychiatry at the College of Osteopathic Physicians and Surgeons in Los Angeles. He originally received his MD degree from Rush Medical College and his DO degree from the old Massachusetts College of Osteopathy. He is considered the osteopathic neuropsychiatrist who did far more than anyone else to initiate into the disciplines of neurology and psychiatry those people who in the mid-thirties accomplished the foundation work that would result in the American College of Neuropsychiatrists (ACN).

In addition to the Still-Hildreth Hospital in mid-America, the profession was fortunate to have an Osteopathic Psychiatric Hospital on each coast. The Merrill Sanatorium under the direction of Dr. Edward S. Merrill was located in Venice, California and a small private osteopathic psychiatric hospital operated by Drs. Dufur and Fuller was in the Philadelphia suburb of Willow Grove.

In the summer of 1936, the foundations of what was to become the ACN were established as was the connection to Texas. A small group of osteopathic physicians who were then recognized as neuropsychiatrists petitioned the Attorney General of the State of Texas for incorporation as a not-for profit organization and also petitioned the Board of Trustees of the American Osteopathic Association (AOA) for official recognition as the American College of Neuropsychiatrists. At the annual meeting of the AOA in Dallas, Texas in June 1936, recognition was accorded.

At that same time, The Board also granted the ACN the authority to set standards for specialists in Neurology and Psychiatry within the profession and granted recognition for the Degree of Fellow when bestowed properly upon physicians who met the requirements for that Degree. Letters of invitation were sent to every osteopathic physician known to be practicing neurology and/or psychiatry offering them the opportunity to submit their credentials and application for charter membership in this new College which was to become, by official AOA Board action, the standard-bearer and standard-setter for osteopathic physicians practicing those two related disciplines.

Some 17 Osteopathic Physicians and Surgeons met the requirements and were made Charter Fellows of the ACN. It was then decided that a medium of communication was essential and The Bulletin of the American College of Neuropsychiatrists was founded under the Editorship of Thomas J. (Tommy) Meyers. The ACN grew slowly in the pre-war years and then went into relative quiescence with the country involved in the war effort.

After the war, the ACN met in New York in 1946 and established the American Board of Neurology and Psychiatry that was tasked with revising procedures for certification. Prior to that time, the procedures for examination of candidates who desired recognition in psychiatry of neurology had been "somewhat informal" and consisted largely of certifying "on record" those who were known to have been practicing neurology and/or psychiatry for at least 5 years prior to application. It should also be noted that prior to this time, all those certified were considered "Fellows." As part of the revisions at that time, the designation "Fellow" would in the future be bestowed on those whose contributions to the College and profession were outstanding and continuing.

Over the next decade, the ACN continued to grow and fellowship training programs were established and recognized. Criteria were established for the accept-



Ronald W. Brenz, DO

ance of candidates in Osteopathic training programs in these two disciplines as were criteria for the training programs, per se.

The growth of the ACN had been slow, however, and by the 1956 meeting in New York City, the roster numbered only some 70 neurologists and/or psychiatrists. What was particularly important about this period in time, however, was that the new Mental Health Laws of both Texas (1957) and California (1958) specifically indicated that physicians certified by the American Board of Psychiatry and Neurology and/or the American Osteopathic Board of Neurology and Psychiatry would be equally recognized as psychiatrists in those states. Once again, there is yet another vital link established between Osteopathic Psychiatry and Texas.

The growth of the ACN continued to be slow and filled with numerous problems. I will choose to end this odyssey at this point, however, with just few additional comments. The ACN now consists of some 383 psychiatrists and 233 neurologists, 93 and 51 residents, respectively, in each of these disciplines, and an additional 28 osteopathic medical students for a total of 788 members.

The first of the recertifying examinations in both disciplines were offered at the AOA Convention and Scientific Seminar in Orlando in October of 2005 and again here in San Antonio at the CAN/ACONP Midyear Meeting and Scientific Seminar in March of 2006. I am happy to report that the pass rate remains at 100 percent and the ACN remains alive and well. Furthermore, I am proud and very happy to be an Osteopathic psychiatrist in the great State of Texas. ■

MEMBERSHIP CHANGES

TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS

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

Member in Training

Doguet, Michelle (Lisa), MD, Galveston
Le, Mai Oanh, MD, Houston
Reid, Shauna, MD, Dallas

Williams, Theresa, MD, San Antonio

General Member

Early, Terrence, MD, Houston
Suleman, Mumtaz, MD, Temple

TEXAS ACADEMY OF PSYCHIATRY

The following membership applications have been approved by the Texas Academy of Psychiatry.

General Member

Hamlin, Thomas, MD, Austin

Associate Member

McDonald, Conway, MD, Dallas

THE INSTITUTE OF CONTEMPORARY PSYCHOANALYSIS

offers a Weekend Psychoanalytic Training Program

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**6 hours each day
1 weekend a month
10 months per year**

Courses offered are equivalent to ICP's regular weekly psychoanalytic program.

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INSTITUTE OF **ICP** CONTEMPORARY PSYCHOANALYSIS

Foundation Elects Officers

The Board of Directors of the Texas Foundation for Psychiatric Education and Research elected the following individuals to serve in officer positions during FY 2007-08:

Chairman

Linda J. Rhodes, MD
San Antonio

Vice Chairman

Mohsen Mirabi, MD
Houston

Treasurer

Arthur J. Farley, MD
Houston/Austin

Secretary

Miriam Feaster
Friendswood

Patient Care Preserved

William W. Hinchey, MD, President, Texas Medical Association

One of the strangest and most tumultuous months in Texas legislative history has thankfully come to a close. But bills rescued from the detritus of the parliamentary storms include numerous measures that will be quite beneficial to Texas patients and their physicians.

When the 80th Texas Legislature convened in January, the Texas Medical Association issued a plea for lawmakers to pass physicians' multi-point plan, "Preserving Patient Care." And that's just what they did. Led by medicine's numerous champions in the House and Senate, the legislature passed bills to reduce our uninsured population, reform the health insurance industry, enhance access to care, and bolster our public health infrastructure.

The highlight reel will point out that the 2007 Texas Legislature:

- Enacted a historic 25-percent overall increase in Medicaid payments to physicians for children's care, and a 10-percent hike for adult services;
- Allowed no dilution of Proposition 12 or the landmark 2003 medical liability reforms;
- Rescinded most of the 2003 cuts made in eligibility for the Children's Health Insurance Program (CHIP), providing health insurance for 120,000 additional children;
- Relaxed health plans' stranglehold on patient information;
- Approved funding for a premier Cancer Prevention and Research Institute;
- Maintained physicians' tax deductions for Medicaid, Medicare, TRICARE, worker's compensation, charity care, and CHIP;
- Established lower marginal tax rates on the state's new business tax for businesses with less than \$900,000 in annual gross receipts;
- Instituted changes to protect access to care for worker's compensation patients and ensure appropriate review mechanisms are instituted by the health plans;
- Took the first steps toward requiring health plans to use smart card technology for patients; and
- Put structured physical education back into Texas public schools.

Preparation

TMA's 2007 goal was to enter the 80th legislative session with strong stakeholder support and smart strategies for each top-priority item.

Two tactics were initiated in fall 2005. The first was to create special ad hoc committees to study and develop recommendations for TMA's legislative platform. These committees studied Medicaid and the uninsured, scope of practice, health insurance reform, and responsible ownership.

The second was to bring key players together at three *TMA Healthy Vision 2010* summits. More than 65 stakeholders attended the summits, representing medicine, business, insurance, hospitals and other health care providers, and government. The summits helped to build support among political and business leaders, and to develop collaborative legislative agendas on the uninsured and on wellness and prevention.

Expand All Texan's Health Coverage Options

At the onset of the 2007 legislative session, TMA argued that lawmakers could no longer ignore the growing and alarming numbers of uninsured children and adults in Texas. The cost to care for the uninsured was fast becoming a huge burden for many communities.

Nor could lawmakers disregard the impending *Frew vs. Hawkins* lawsuit settlement that would demand they allocate more funds to children's Medicaid services.

As a result of these two forces, lawmakers were quick to support TMA's legislative agenda aimed at reducing the ranks of the uninsured. Every single item on TMA's legislative platform for the uninsured was passed. The legislature:

- Restored physician fees for Medicaid services: 25 percent for children's Medicaid services and 10 percent for adult services.
- Simplified enrollment and eligibility requirements for the Children's Health Insurance Program (CHIP), including 12 months' continuous coverage for nearly all children on CHIP and children's Medicaid;
- Supported measures to reform Texas' Medicaid using state and federal dollars that will:
- Extend private coverage for low-income parents and reduce the number of uninsured children;
- Create and maintain local public-private collaborations to address the uninsured; and
- Test new initiatives such as health savings accounts.

Protect Patient Access to Appropriate, Quality Care

Texas' fast-growing population exacerbates the demand for medical care. Competitors in the health care market place had ambitious legislative agendas, using this demographic trend to secure their footing. More than 88 bills were filed that would expand the scope of practice for non-physician practitioners. Retail health clinics sought authority for nurse practitioners to provide medical services beyond their education, training, and skill.

The trial lawyers shot out of the gate early, trying to weaken the 2003 liability reforms. Despite all of these forces working to dilute patient care, not one single bill passed that would put patients in harm's way. Instead, lawmakers supported TMA-backed legislation. They:

- Stopped scope-of-practice expansions for non-physician practitioners beyond their level of training and experience;
- Preserved the historic 2003 medical liability reforms and Proposition 12;
- Allocated nearly \$86 million to graduate medical education so more homegrown physicians can take care of Texas patients;
- Approved \$81 million to expand Texas medical schools, Texas Tech University's Health Science Center in El Paso, and Texas A&M;
- Allocated more than \$5.2 million to the Texas Medical Board (TMB) for additional staff and health information technology to speed up the physician licensing process;
- Imposed no new limits on physicians' rights to own equipment or facilities;
- Improved injured workers' access to appropriate care, in that only a physician licensed in Texas and in the appropriate specialty now may conduct workers' compensation peer reviews.

Don't Let Health Insurance Put Profits Before Patients

Our plan to reform health insurance ... to put power back into the hands of employers and workers who buy it ... enjoyed a strong start. Important advancements were made to loosen health insurers' stranglehold on patients and physicians. Legislators sought big-picture solutions, such as health care

transparency and patients' right to know what their health care dollars purchase.

The bills in this session that prohibited balance billing didn't move. Instead, landmark measures that Texas legislators passed stopped health insurance abuses that confuse and frustrate our patients. The laws:

- Instituted transparency of health care costs from hospitals, physicians, other health care professionals, and health insurers so patients can make better health care decisions;
- Required health plans to report important health care information such as where they spend health insurance premium dollars and the adequacy of their physician networks;
- Prevented patients from paying out-of-network costs when seeing a physician new to a medical group that already is contracted by a health plan;
- Provided employers access to health insurance information so they can evaluate employee health care expenditures; and
- Required a study that will explore the feasibility of health plans using smart card technology.

Enhance Our Physical Health to Preserve Our Fiscal Health

TMA physician leaders worked overtime to make certain that legislators clearly understood one thing: Texas' future is in jeopardy. They emphasized that now is the time for Texas to invest in improving our physical and fiscal health.

Organized medicine asked lawmakers to invest in public health initiatives that will reduce obesity and tobacco use and improve immunization rates. The message was heard across the rotunda; it was a banner year for public health. Legislators took steps to address many of TMA's concerns. Legislators even upped the ante by passing legislation that:

- Created a Cancer Prevention and Research Institute to the tune of \$3 billion, if Texas voters agree. The institute, if approved, will fund a statewide tobacco prevention and cessation effort.
- Put physical education back into Texas public schools for middle schoolers. Students also get an annual fitness test.
- Allowed health plans to advertise their health and wellness programs and benefits, as well as provide financial incentives that encourage healthy behavior.
- Created a worksite wellness program for state employees.
- Developed advisory councils that will oversee and guide the state's worksite wellness, obesity, and type 2 diabetes programs.

Health Information Technology for the 21st Century

Health information technology (HIT) has tremendous potential to improve the quality of care, prevent medical errors, and streamline the health care delivery system. Physicians look forward to the day when they can easily access their patients' clinical information electronically, find treatment protocols to help them make evidence-based clinical decisions, and participate in data-based quality improvement activities.

Investment in HIT is expensive. TMA strongly encouraged legislators to create a true public-private partnership to guide Texas into an era where health care technology can be used to improve quality care and efficient care. We also urged lawmakers to actively seek public and private sources of funding to help physicians acquire HIT for



William W. Hinchey, MD

their practices — particularly in underserved areas of Texas. Three bills passed supporting TMA's vision. They will:

- Create a public-private entity to explore how physicians can take advantage of linkages that will enable them to share and compare electronic data. This partnership also sets the stage for data exchanges where patient insurance verification, coverage, prescription histories, lab results, physicians-in-network, and eventually, real-time claims adjudication become a reality.
- Modernize the state's Medicaid system with health information technology.
- Create a pilot program that will provide HIT, including electronic health records, to high-volume primary care physicians who participate in Medicaid.

Sound Science and Care at the End of Life

The tremendous pace of modern scientific advances gives physicians amazing new potential to diagnose and cure disease. Those same advances, however, threaten to outstrip society's financial capabilities and ethical boundaries.

This debate was a focal point during the 2007 legislation session, especially as it relates to end-of-life care. Legislation changing the Texas Advanced Directives Act was introduced and would have rewritten state law on continuing medical treatment for a terminally ill patient. TMA argued that physicians never quit caring for dying patients. At some point, however, further medical treatment does more harm than good for the patient.

TMA made good-faith efforts to achieve a compromise. Nevertheless, the bill failed in the waning days of the session, and TADA was left unchanged. TMA will continue to work on addressing concerns that were identified during session to ensure appropriate care is provided to patients at the end of life.

Taxes and Public School Finance

During a 2006 special session, Texas legislators enacted a broad-based business activity tax on most Texas businesses, including some physician practices. Recognizing that saving lives should not be taxed like other services, lawmakers incorporated tax deductions for free and under-reimbursed care that physicians provide to Medicaid, Medicare, CHIP, workers' compensation, military, and charity patients. Physician practices were the only business that received these deductions.

Medicine's mission during the 80th legislature was to preserve the tax deductions to help preserve patients' access to health care services. TMA reiterated this message from 2005-06: Health care is not a traditional business activity and should not be subject to a traditional business tax. Legislators listened. In the end, lawmakers protected physicians' tax deductions and instituted a graduated tax rate that reduced the business tax for companies with gross incomes from \$300,000 to \$900,000. ■



If Not Us, Who? If Not Now, When?

Lauren D. Parsons, MD, President, Texas Academy of Psychiatry



Lauren D. Parsons, MD

In the April/May 2007 edition of *Texas Psychiatrist*, Dr. Kiser set our feet upon the path toward structuring our new organization, giving it the framework needed to allow for it to continue to grow and eventually flourish.

With input and assistance from the membership of the Texas Academy of Psychiatry, a mission statement was drafted and our job began in earnest. The Mission Statement proposed for the Texas Academy of Psychiatry reads as follows: *"The Texas Academy of Psychiatry strives to serve psychiatric patients, their families, psychiatrists, the medical profession, and the public by improving access to care, communication, education, and policy development in the field of psychiatry."*

As you can imagine, this will be no small task if we are to be successful in accomplishing this undertaking. If we truly want to be taken seriously, it is vital that we take ourselves seriously. One step in that direction is to participate in systematic and

organized efforts to advance our Mission such as those coordinated through the Federation of Texas Psychiatry and its affiliates. In order to be effective, we must have a membership that represents those who cannot speak for themselves. We no longer have the luxury of sitting back and assuming that someone else will carry the load. We cannot afford to depend on the few to convey the message to those who make the decisions. We must each take on the responsibility for delivering that message personally. It falls to each and every one of us to be an active advocate not only for our profession but also for our patients, their families, and for all those who seek to provide support, guidance, and treatment to those who are in need.

The field of Psychiatry is at a crossroads. According to a recent Hogg Foundation survey, the members of our profession in Texas are aging and the demand for services is outstripping the supply. This situation is only going to worsen if we do nothing; we must take action, *now*. It is our responsibility to assure the future of Psychiatry and the availability of psychiatric services. In order to do this, we must develop a strong organization to speak not only for the psychiatric profession but also for those who are in need of psychiatric services.

As important as the actual message is itself, the "volume" at which that message is delivered is even more important. We must search deep within ourselves; we must look past individual interests and embrace the motivation to serve; that motivation which inspired many of us to become physicians

originally. If each current member of the Texas Academy of Psychiatry recruited only *one* additional member, we would be a force to be reckoned with indeed.

During the current legislative session, a number of issues impacting the provision of mental health services in our state were debated and ultimately decisions were made which will impact us as individuals as well as a profession. It was only through a great deal of education, effort, and encouragement on the part of organizations like the Texas Academy of Psychiatry that many of these issues were resolved in ways that were considered successful. Now comes the challenge of interpreting and implementing those new laws to provide much-needed support to some of our state's most vulnerable citizens at a time in their lives when they need that support the most. Hopefully, we will be included in the process when decisions are being made as

to how best to operationalize these mandates. Are we up to it?

We have joined together in the recent past and rallied to protect the integrity of our specialty as well as the quality of the services provided to the citizens of the State of Texas. We have educated those who needed the information to prevent the attenuation of our services. I can only imagine the challenges that will face us in the future but I know that by working together will be able to overcome virtually anything that comes our way. ■

Members of the Texas Academy of Psychiatry have elected the following members to serve in officer positions during FY 2007-08:

President

Lauren D. Parsons, MD
Wichita Falls

President-Elect

Stuart D. Crane, MD
Alpine

Secretary/Treasurer

Michael D. Jenkins, MD
Amarillo



Clay Sawyer, MD (left) presents an award to R. Sanford Kiser, MD recognizing Dr. Kiser's leadership as President of the Texas Academy of Psychiatry during the organization's first two years of operations. Lauren D. Parsons, MD was elected to serve as the Academy's President during FY 2007-08.

CALENDAR OF MEETINGS

JULY

27-29 TSCAP SUMMER CONFERENCE AND CME PROGRAM, "New Directions in Child and Adolescent Psychiatric Treatment"

Moody Gardens Hotel, Galveston, Texas

For hotel reservations @ TSCAP's discounted rate of \$139/\$149, call the hotel at 1/800-221-9083

For meeting information contact:

Debbie Sundberg, 512/478-0605

or visit www.txpsych.org

OCTOBER

19-20 TMA 2007 FALL CONFERENCE

Hyatt Town Lake, Austin, Texas

For more information visit www.texmed.org

NOVEMBER

2-4 TSPP 51ST ANNUAL CONVENTION & SCIENTIFIC PROGRAM, "Psychiatry- The Next Generation"

Westin Galleria Hotel, Houston, Texas

For hotel reservations @ TSPP's discounted rate of \$152, call the hotel at 1/800-228-3000 or 1/713-960-8100

For meeting information contact:

Debbie Sundberg, 512/478-0605

or visit www.txpsych.org

FEDERATION OF TEXAS PSYCHIATRY

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

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

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

Display advertising is available and publication is determined on a case by case basis by the Editorial Board. The Editorial Board reserves the sole right to accept or reject any submitted advertising copy.

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Edward L. Reilly, MD

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John R. Bush
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