

Texas Psychiatrist



From the Federation...



Gary L. Etter, MD

TSPP Annual Meeting

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

I am certainly looking forward to the Annual Meeting of TSPP to be held this year in Houston at the Westin Galleria Hotel. TSPP's Scientific Program chair, Dr. George Santos, along with the members of the CME Committee have done a wonderful job in planning a very interesting program, "Psychiatry - The Next Generation," which will provide the participants with eleven hours of CME including two hours of ethics with Dr. Arambula's presentation on "The Ethical Parameters for the Practice of Psychiatry in Texas."

With respect to the Federation, we are having our Federation of Texas Delegate Assembly Meeting on Friday, November 2 from 3 to 4:30PM. I encourage the associate members, Dr. Linda Rhodes of the Texas Foundation for Psychiatric Education and Research, Lou Goodman, PhD of the Texas Medical Association, and Sam Tessen of the Texas Osteopathic Medical Association to attend in addition to our voting members of TSPP, TSCAP, and the Texas Academy of Psychiatry.

Values of Membership

On the occasion of the Annual Meeting, I am always reminded of the Core Values of Membership in TSPP, and I certainly think that they would also hold true for the various member organizations of the Federation.

The first core value is **Advocacy for Patients and Psychiatry**. There is no better illustration of this than in the most recent session of the Legislature. In addition to the typical tireless efforts of the Federation's

lobbyist, Steve Bresnen, many members of the Federation's organizations took time out of their busy schedules to testify before committees, attend Capital Day in Austin, to develop and nurture relationships with their legislators, and to contact the legislators regarding various bills that might directly or indirectly relate to psychiatry. This core value continues to be provided through the work of various TSPP committees which will meet again on November 2.

The second core value is **Quality Continuing Medical Education**. I have said before and will emphasize again that the Scientific Program of the TSPP Annual Meeting consistently meets this value from year to year. It is a reflection of the excellent work of the CME Committee, chaired by Dr. Jef Nelson, which begins planning the program over a year before the actual meeting in addition to staying current on the ever evolving requirements for CME Accreditation. They have met numerous times already by conference calls to plan the meeting in San Antonio for 2008!

The third core value is **Service to Community**. Throughout the years this has

been shown through our members' willingness to volunteer, whether it be as a response to disasters, such as our hurricane response, post 9/11, airplane crashes, or serving on local mental health boards, state committees, etc. TSPP and our member organizations have worked efficiently and generously to meet the needs of our communities.

The fourth core value, **Fellowship with Colleagues**, is one that I have come to appreciate more and more over the years. The Annual Meeting is always a time to begin or renew friendships with others from around the State, to share information about our practices as well as to discuss administrative, business, and academic information issues. Those of you who had the opportunity to attend the Awards Banquet last year would also agree that everyone had a great time. Again, back for an encore, we will have Johnny Mandell and the Muddcats, who are very talented musicians collectively and individually and do an unbelievable recreation of Elvis and the Beatles. The dance floor was a little crowded last year and so the dance floor

has been expanded for this year's evening of entertainment. I might also mention that for the second year in a row, our Department of Psychiatry at UNT Health Science Center will be sponsoring tables for our staff and residents. I like to mention that our residents led everyone to the dance floor last year. I would like to encourage other departments in the state to consider doing the same. It would provide a wonderful opportunity to meet residents and staff from other departments.

I certainly recognize that all of us have increasingly busy schedules with ever increasing demands in our practices. I would like to invite all members of our organizations to "take a break" and come to Houston, see first hand the value of organized medicine, observe and participate in TSPP's committee structure which is truly member driven, enjoy good food and entertainment, make new friends, and see old friends. Hope to see you in Houston!!!! ■

Federal Insurance Parity Legislation Moves Forward

On September 18, the US Senate passed the Mental Health Parity Act of 2007 (S. 558) by unanimous consent. The bill will end discriminatory insurance coverage of treatment for mental illnesses, providing them coverage equal to coverage provided for physical illnesses and injuries. The bill must now be passed in the US House of Representatives in order for it to be submitted to the President to sign into law.

S. 558 was sponsored by Senators Pete

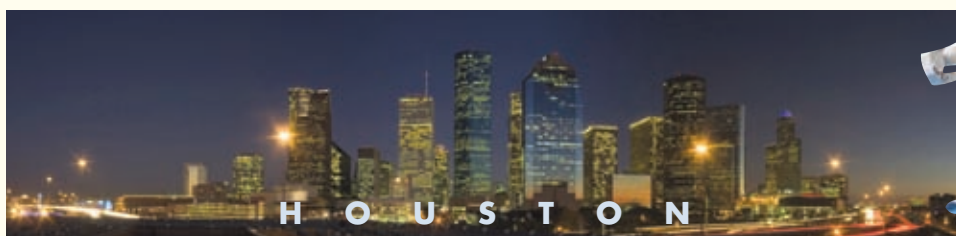
Domenici (R -NM), Michael Enzi (R -Wyo) and Edward Kennedy (D -Mass). The bill will provide coverage to nearly 113 million people including the nearly 82 million people covered under the Employee Retirement Income Security Act (ERISA) who are unable to benefit from state parity laws. The bill provides strong federal protections for mental health including substance use disorder services - requiring that treatment limitations and cost-sharing

requirements be equal to those that pertain to medical and surgical services. Day and visit maximums, copays, deductibles, and coinsurance all must be applied equally.

The Federation is grateful to Texas Psychiatrists who communicated with Senators prior to the successful vote to encourage their support. Hopefully, in the next issue of the Texas Psychiatrist, we can report more good news about insurance parity. ■

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TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS
51st Annual Convention & Scientific Program
PSYCHIATRY-THE NEXT GENERATION

Don't Miss It!

For Information and Registration Form, see pages 4-6



House Bill 15: Frew Expenditure Plan

Benigno J. Fernandez, MD, President, Texas Society of Child and Adolescent Psychiatry



Benigno J. Fernandez, MD

In 1993, a class action lawsuit, now commonly known as *Frew v. Hawkins*, was filed against the State of Texas alleging that Texas did not adequately provide Medicaid Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services. Texas Rural Legal Aid filed the lawsuit on behalf of 1.5 million indigent children entitled to health benefits through EPSDT services. After the state exhausted all avenues for appeal, at a hearing on July 9, 2007, in the U.S. District Court for the Eastern District of Texas, Judge William Wayne Justice found the agreed corrective action plans (CAPs) to be fair, reasonable, and adequate.

House Bill 15, 80th Legislature, Regular Session, 2007, appropriates an estimated \$1.8 billion for the 2008-2009 biennium to support state responsibilities and efforts in response to the agreed corrective action order. Provisions of HB 15 further require the development and submission of a plan that details proposed expenditures for the Frew lawsuit in a manner that addresses the requirements of the consent decree, the joint motion, and the judicially-approved CAPs. HB 15 appropriations relating to Frew are provided for three general purposes: (1) to increase provider payments for services to the plaintiff class; (2) to implement specific corrective action plans; and (3) to finance various initiatives determined to support compliance with the consent decree and corrective orders. More distinct impacts are anticipated, such as: (1) increased participation of children who receive THSteps medical and dental checkups; (2) increased participation of medical and dental providers who serve children in the Texas Medicaid program; (3) improved utilization of appropriate and medically necessary services; and (4) improved coordination of health care delivery across medical service systems.

Appropriations made by the HB 15 provided funding to significantly increase payment rates for Medicaid services to recipients under the age of 21. Texas Medicaid's reimbursement methodology is primarily resource-based and updates relative value units (RVUs), increasing the reimbursement to specialists and sub-specialists for evaluation and management (E&M) procedures used by most physicians and specialists, updating non-E&M procedure codes to the 2007 Medicare RVUs with a minimum of a 5% increase. The Health and Human Services Commission (HHSC), with the assistance of the Physician Payment Advisory Committee (PPAC), developed rate methodologies for implementing rate increases effective for dates of service beginning September 1, 2007.

HHSC will closely monitor and enforce that all managed care organizations (MCOs) adjust their physician fee schedules to reflect physician pay increases funded by the 80th Legislature. The MCOs are subject to remedies, including liquidated damages, if the MCOs do not comply with the claims processing requirements and standards. Additionally, the MCOs must pay providers interest at an 18% annual rate, calculated daily, for the full period in which a clean claim has not been paid after the 30-day claims processing deadline.

The \$233.5 million general revenue rate increase for the 2008-09 biennium for physicians, certain other professionals, and physician specialists for Medicaid clients under age 21 includes: \$17.8 million for the elimination of the 2.5% Medicaid payment reduction; and \$5 million to increase Medicaid fees for specific mental health procedures for psychiatric diagnostic interviews, comprehensive psychological assessments, and psychotherapy/psychological counseling. The proposed

Medicaid fees for services provided to children under the age of 21 include: 90801 (\$131.25), 90802 (\$131.46), 90805 (\$63.00), 90807 (\$79.62), 90817 (\$58.72), 90819 (\$81.91), 90847 (\$85.92), 90862 (\$45.54), 99221 (\$66.43), 99222 (\$105.38), 99223 (\$133.20), 99231 (\$35.13), 99232 (\$50.43), 99233 (\$67.82), 99238 (\$60.51), and 99239 (\$79.99).

The CAP details many activities focused on increased access to health care providers for children under the age of 21, and includes contract changes for managed care and web-based provider look up system, to include requiring that at least two providers (when two are available) meeting the distance and timeliness standards required by the contract are provided to children under the age of 21 that are seeking a provider.

Ideas on projects to fund the \$150 million for strategic initiatives for health care services to children enrolled in Medicaid were received from public stakeholders. These include projects to increase participation of medical providers who serve children in the Texas Medicaid program, including: funding stipends, loan forgiveness, or bonus payments for health care professionals; simplifying the Medicaid provider enrollment application process; underwriting existing or new "circuit rider" programs throughout the state where pediatric sub-specialty providers travel throughout underserved areas to alleviate access barriers to specialty services; establishing telemedicine support networks; improving medical transportation; reimbursing for telephone consultation for sub-specialists; partnering with organizations that currently run successful disease management and education programs; assessing clinical best practices; and funding the state share of the Medicaid graduate medical education programs to increase funding for critical residency programs in Texas hospitals.

HHSC was requested to fund a mental health mentoring program that partners primary care physicians (PCPs) with child and adolescent psychiatrists to improve the diagnosis, treatment, and management of mental

illness in children. The PCP and partnering psychiatrist/psychologist would meet every other week to review and discuss active cases, and discuss treatment and medication management. HHSC might also consider establishing a real-time referral and scheduling system for psychiatric services.

I would like to thank Jane Swanson, JD (Co-Counsel for the Frew plaintiffs), and Charles E. Bell, MD (Deputy Executive Commissioner for Health Services, Texas Health and Human Services Commission) and his staff, for providing me with this information about Frew. Details about this article can be found in HHSC's document, Frew Expenditure Plan dated September 2007. ■

Congratulations

The following members will achieve Life Status in TSPP and APA as of January 1, 2008:

Life Member

Girija S. Chintapalli, MD, Temple
James N. Lindsey, MD, Houston
Irwin Schussler, DO, Fort Worth
Gundlapalli Surya, MD, San Antonio

Life Fellow

Emilio R. Cardona, MD, Houston
Mahin Sadre-Mashayekh, MD, Houston

Distinguished Life Fellow

Salvador A. Contreras, MD, San Antonio
Raymond A. Faber, MD, San Antonio
Jean P. Goodwin, MD, MPH, Galveston
Daniel A. Kaufman, MD, Houston
Shirley F. Marks, MD, Big Spring
Glen T. Pearson, Jr, MD, Dallas
Emilio F. Romero, MD, San Antonio
Stephen L. Stern, MD, San Antonio

Rogers Selected as First DFPS Medical Director

Following extensive interviews with a range of talented candidates, the Department of Family and Protective Services (DFPS) recently announced it has selected Dr. James Rogers as its first Medical Director. Dr. Rogers is a member of the Texas Society of Psychiatric Physicians and the Texas Society of Child and Adolescent Psychiatry.

During the 80th Legislative Session, the DFPS was given the authority to create an exciting new position within the agency, Medical Director. In each of the programs administered by the agency, medical issues often arise related to clients or services. According to DFPS, "the addition of a Medical Director to serve as a Senior Staff member will provide DFPS with a new ability to facilitate our consultation with medical professionals and ensure that we are serving our clients to the best of our ability."

Dr. Rogers is a board certified Child and Adolescent Psychiatrist. He currently serves as the President and Executive Director of the Child Guidance Center for San Antonio and has more than 30 years with this prestigious organization.

A native Texan, he received his bachelor of arts in biology from North Texas State University and his M.D. from the University of Texas Health Science Center at San Antonio. He completed his residency at Albert Einstein College of Medicine at the Bronx Psychiatric Center and his post-doctoral fellowship at the University of Texas Health Science Center San Antonio (UTHSCSA). He has served on the faculty of the UTHSCSA in the department of psychiatry since 1977. During the course of his career, he has received numerous awards, conducted research, and served as an instructor for various organizations.

According to DFPS, "Dr. Rogers is recognized as leader in the field of child psychiatry in Texas. DFPS is honored that Dr. Rogers has accepted this important position, which he will assume on December 3, 2007." ■

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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Neuropsychiatry Medical Student Clerkship Director

The Department of Neuropsychiatry and Behavioral Science at Texas Tech University Health Sciences Center in Lubbock, Texas, seeks a qualified psychiatrist to assume responsibility for its clinical education programs for medical students. The position is primarily ambulatory, and does not necessarily require an academic scholarly background. The successful candidate should have a demonstrated interest in clinical teaching, and excellent skills in the practice of Psychiatry. Inquiries are welcome from persons of all backgrounds, and levels of experience in Psychiatry.

Randolph B. Schiffer, M.D.

Chair, Department of Neuropsychiatry and Behavioral Science

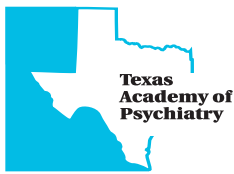
Texas Tech University Health Sciences Center

3601 4th Street

Lubbock, Texas 79430

Tel: 806-743-2249

EMAIL: Randolph.Schiffer@ttuhsc.edu



The Enemy of My Enemy is My Friend

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



Lauren D. Parsons, MD

When I was in junior high school, I had an English teacher who taught me you only get one chance to reach out and grab your audience and compel them to read your work. The title for this piece is my attempt to grab your attention so that you will read on.

I had the opportunity to attend the Southern Psychiatric Association's annual meeting this year in Memphis, Tennessee. It was held at the Peabody Hotel. Yes, we watched the ducks come down in the morning and go back up at night. Seems like everyone knew all about these ducks except me (until I looked them up on the Internet), as everyone I told about the conference asked about the ducks. No one asked if it was a good conference or if I learned anything new, they just wanted to know about the ducks. I guess I could have titled this article "The March of the Peabody Ducks" and achieved the same objective.

One of the panel sessions at the SPA meeting was called "Leadership for American Psychiatry: APA Presidents Past and Future." I usually don't care for the debates sponsored by the SPA when candi-

dates are running for APA offices because they appear scripted and the candidates seem like they are trying to alienate the fewest number of voters rather than standing up for what they believe in and what they will fight for when they are elected. However, this year was different in that the candidates were not debating, rather those who had already served as or who were already elected to serve as President of the American Psychiatric Association were invited to share their experiences and stories related to their Presidency.

The panel consisted of: Richard Harding, MD, Carolyn Robinowitz, MD, Steven S. Sharfstein, MD, and Nada Stotland, MD, three past presidents and the incoming president.

I must say I was feeling a bit nervous as I sat in the audience, a member in the Texas Academy of Psychiatry, considering the tension that was created between the APA and TSPP when the Texas Academy of Psychiatry was "born." I imagined a large arrow above my head with flashing lights pointing me out and I waited for the lightning bolt. But it did not come. Instead I was privileged to hear

stories both funny and sad, courageous and inspiring and all with a common thread – our single minded goal must be to join together to defeat "the enemy," namely mental illness and the stigma which can accompany it.

The Presidents all spoke of their dedication to organized Psychiatry, reaching out and working together, advocating for our patients, and transcending our own differences in order to serve the greater purpose. Dr. Robinowitz told us of her plans for the next APA Annual meeting, the theme of which is to be "Our Voice, Our Action." Dr. Stotland spoke of getting out ahead of the curve, not just reacting to circumstances once they are upon us. One additional message shared by all the candidates was that once the dust had settled and the elections were over all was as it had been, colleagues working together with the unified desire to further the issue of parity for persons with mental illness, embrace the concept of recovery, and circumvent stigma in order to encourage people to seek assistance before situations are out of hand.

Networking may be an overused word but it is the lifeblood of our advocacy. As long as

we remember our ultimate goal of supporting Recovery for our patients, members of many groups can come together and deliver the message.

We are fortunate in Texas. We have a number of choices by which we can participate in organized advocacy for our patients and their needs. It is important we recognize those who fought for our right to advocate in our preferred way but it is also comforting to know that when all is said and done, no matter what group you belong to we are fighting against the same enemy and it is the message above all else that needs to remain above the fray, pure, unbiased and untainted by the messengers.

Hope to see you in Houston! ■

Medicaid Rate Hike an Enormous Opportunity

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

At the close of the 2005 session of the Texas Legislature, when the Texas Medical Association once again was unable to gain a modest increase in physicians' Medicaid payments, Medicaid reimbursement immediately became one of our top priorities for 2007. Our Ad Hoc Committee on Medicaid and Access to Care recognized that Texas Medicaid patients' medical homes were disappearing rapidly.

Mounting evidence demonstrated the growing severity of the problem:

- Finding a medical home had become increasingly difficult for Medicaid patients.
- Over six short years, physician participation had declined dramatically from 67 percent of Texas physicians willing to accept new Medicaid patients in 2000 to only 38 percent in 2006.
- This decline threatened our patients' ability to obtain medically necessary services and forced them to rely on more costly emergency rooms to meet their basic health care needs.

The reason for this decline in participation was obvious. Texas physicians had not had a meaningful Medicaid fee increase in 15 years. In fact, our fees were cut by 2.5 percent in 2003. The rising cost of medical practice meant these payments fell woefully short of covering the cost of providing care.

TMA declared that, quite simply, Texas lawmakers in 2007 must ensure that Medicaid patients have access to cost-effective physician services by enacting competitive reimbursement rates.

Fortunately, all signs pointed to success.

We immediately obtained a powerful ally. Texas Health and Human Services Commissioner Albert Hawkins recognized the validity of our argument. He, too, began pushing for restoration of the 2003 cuts and an additional increase in physicians' Medicaid reimbursement. Commissioner Hawkins understood that cost-effective care hinges on Medicaid patients having access to a continuous, ongoing relationship with a physician medical home.

Our Ad Hoc Committee on Medicaid and Access to Care developed a five-year strategic plan to make Medicaid reimbursements on par with Medicare payment rates. We

asked the 2007 Texas Legislature to, at a minimum, restore the 2003 cuts, provide a 20-percent across-the-board increase for the next two years, and enact other targeted increases that would lure more Texas physicians back into the Medicaid program.

Momentum for our plan built among leading legislators as it became apparent that the Texas treasury would enjoy a substantial surplus for 2008-09, and lawmakers would have a rare opportunity to engage in some discretionary spending. We immediately pointed out that this was more than a health care issue. For Texas to compete economically at home and abroad, we told them, our state must invest in a healthy population and workforce, which includes assuring that all Texans can obtain affordable, timely health care.

The final piece in the puzzle came together in early April, as legislative budget writers acknowledged that the powerful force of a federal judge also would be requiring better Medicaid rates. The state had run out of legal options to avoid its obligations under a 14-year-old lawsuit known as *Frew vs. Hawkins*. The suit alleged numerous, serious failings in the state's efforts to ensure all children enrolled in Medicaid were receiving appropriate preventive and specialty care services. And U.S. District Judge William Wayne Justice had his pen on a massive order designed to correct those failings.

Although TMA is not a party to that suit, legislative leaders consulted with us extensively as they attempted to craft a settlement in the case. What would it take, they asked, to bring Texas physicians back into the Medicaid system? In addition to significant payment increases, we told them to make sure Medicaid HMOs would pass along any increases to participating physi-

cians, and we asked them to reconstitute the Physician Payment Advisory Committee (PPAC) to advise the state on how best to allot the monies for physician rate increases.

When the 2007 legislative dust cleared, lawmakers had appropriated enough funds to restore the 2003 cuts, increase physician payments for children's Medicaid services by 25 percent, boost payments for adult services by 10 percent, and set aside an additional \$50 million for targeted rate increases for physician and dental subspecialists.

PPAC, which is chaired by a TMA-appointed physician and includes primary and specialty care physicians from across Texas, convened immediately. The panel recommended a fair method for distributing the increase, with an emphasis on primary care and prevention. The plan would allow the state to update all the Medicaid relative value units, which has not happened since 1992, and increase payments for all evaluation and management and preventive care codes, and for anesthesia services, which have a distinct payment methodology. With Judge Justice's approval, the new rates took effect Sept. 1.

Now we need to make the very most of it — for our patients and our practices. Texas physicians must once again open their doors to Medicaid patients. We must demonstrate that physician medical homes reduce costs through better care.

If you don't see Medicaid patients at all, please open your doors to them. If you still see Medicaid patients but don't accept new ones, please open your doors wider.

I guarantee you that state leaders and the judge will be watching physicians' Medicaid participation rates. And if we don't deliver, they will look for other



William W. Hinchey, MD

options that will not serve our patients nearly as well.

I realize that, even with the rate increases, Medicaid reimbursements still don't cover our costs of providing care. But this historic rate hike gives us an enormous opportunity that we cannot squander.

TMA is holding to our strategy. We are working with the state to simplify the Medicaid's paperwork hassles. Making Medicaid rates competitive with other payers will require several sessions of the Texas Legislature. But the increases we won this year have built tremendous momentum going forward and have brought our goal so much closer to our reach.

Please celebrate this victory with me ... and open your doors. ■

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References available upon request

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TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS

51st Annual Convention & Scientific Program

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

REGISTRATION / MEETING LOCATION

TSPP's 51st Annual Convention will be held November 2-4 at the Westin Galleria Hotel, 5060 West Alabama Street, 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. For hotel reservations, call 1-800-228-3000 or 1-713-960-8100 or <http://www.starwoodmeeting.com/StarGroupsWeb/res?id=0702198204&key=56A0F>.

THURSDAY • GOLF OUTING

Polish up on your golf game!! For those convention attendees (and golf enthusiasts) arriving early, discounted green fees have been arranged at a nearby Houston golf course. If you are interested in playing, please e-mail your name, e-mail address and phone # to tspofc@aol.com and additional information will be e-mailed to you.

FRIDAY • RISK MANAGEMENT LUNCHEON

"Avoiding Medical Liability Claims - Risk Management Strategies for Healthcare Providers"

Open to all TSPP and Texas Academy of Psychiatry members. Register early - seating limited!

The Cunningham Group will sponsor a 1 hour presentation "Risk Management Strategies for Healthcare Providers" and provide an opportunity following the presentation for audience Q&A.

Risk Management promotes Patient Safety, and an effective risk management strategy identifies the common, yet critical, factors that can jeopardize it. We believe that Medical Liability Claims are preventable, if physicians know the factors that give rise to them. Come learn what these factors are.

MEMBERS IN TRAINING PRACTICE MANAGEMENT PROGRAM

A practice management course developed by the Texas Medical Association will be presented at this year's Member in Training Section meeting on Friday, 3:00 - 4:30 pm. This program will provide young physicians knowledge they will need as they are exploring practice options or planning to start their own practice. Register early to attend!

BACK BY POPULAR DEMAND!!!!



A sell-out crowd at last year's banquet enjoyed an entertaining show and performance following the awards ceremony. This year, we have expanded the banquet seating and dance floor AND due to popular demand, re-booked musical pioneers of the past... Elvis and the Beatles recreated by Johnny Mandell and the MuddCatts. Another sell-out is anticipated so please register early - bring your family and friends and enjoy a wonderful dinner and fun-filled evening of commemoration, reminiscing and lively entertainment! Banquet registrations are available by individual registration or by reserved tables of 10.

AWARDS RECEPTION / BANQUET AND EVENING OF ENTERTAINMENT

Saturday evening's festivities begin with a complimentary wine & cheese reception before the banquet honoring the 2007 TSPP Award Recipients for their outstanding contributions to Psychiatry. The banquet will be followed by an evening of entertainment and dancing! Register early to reserve a table for your organization and/or friends! Black Tie optional. This year's honorees include:



Distinguished Service Award
A. David Axelrad, M.D.,
Houston



Special Service Award
Senator Kyle Janek, M.D.,
Houston



Psychiatric Excellence Award
Karen Dineen
Wagner, M.D., Ph.D.,
Galveston



Special Service Award
A. Scott Winter, M.D.,
Fort Worth

PROGRAM AT A GLANCE

Thursday, November 1

12:00 pm Golf Outing
7:30 pm Executive Committee & Past Presidents Reception

Friday, November 2

7:00 am - 7:00 pm Registration
6:30 am - 8:00 am Foundation Board of Directors Breakfast Mtg
8:00 am - 5:00 pm Hospitality Room w/ Complimentary Refreshments
Sponsored by Wyeth Pharmaceuticals
8:00 am - 9:00 am Finance Committee
Fellowship Committee
Children & Adolescents
9:00 am - 10:00 am Texas Academy of Psychiatry
Ethics
Academic Psychiatry
Forensic Psychiatry
10:00 am - 11:00 am Socioeconomics
Professional Practices
Strategic Planning
Continuing Medical Education
11:00 am - 12:00 pm Public Mental Health Services
TSCAP Executive Committee
12:00 pm - 2:00 pm Risk Management Luncheon Program - Avoiding
Medical Liability Claims - Risk Management
Strategies for Healthcare Providers
2:00 pm - 3:00 pm Government Affairs
3:00 pm - 4:30 pm Federation of Texas Psychiatry Delegates Meeting
MIT Practice Management Program

Friday, November 2 (continued)

4:30 pm - 6:30 pm Executive Council Mtg
6:30 pm - 8:30 pm Welcome Reception w/ Exhibitors
*Sponsored by Texas Foundation for Psychiatric
Education & Research*

Saturday, November 3

7:00 am - 7:45 am Complimentary Breakfast for Meeting Registrants
Sponsored by Mission Vista Behavioral Health
7:00 am - 7:00 pm Registration
7:00 am - 4:35 pm Exhibits
8:00 am - 5:35 pm Scientific Program
10:15 am - 10:30 am Refreshment Break w/ Exhibitors
Sponsored by Electromedical Products International, Inc.
12:30 pm - 2:15 pm Membership Luncheon TSPP & Texas Foundation
Business Mtg
Sponsored by Shire
4:15 pm - 4:35 pm Refreshment Break w/ Exhibitors
Sponsored by AstraZeneca
6:30 pm - 7:00 pm Awards Banquet Reception
7:00 pm - 12:00 am Awards Banquet & Evening of Entertainment
Sponsored by Psychiatric Solutions, Inc.

Sunday, November 4

7:30 am - 1:00 pm Registration
8:15 am - 12:30 pm Scientific Program
9:30 am - 9:45 am Refreshment Break
Sponsored by Forest Pharmaceuticals

See page 6 for additional convention information and Registration Form

SCIENTIFIC PROGRAM

PSYCHIATRY-THE NEXT GENERATION



SCIENTIFIC PROGRAM ACCREDITATION

The Texas Society of Psychiatric Physicians designates this educational activity for a maximum of eleven (11) *AMA PRA Category 1 Credits*[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

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

The presentation "The Ethical Parameters for the Practice of Psychiatry in Texas" has been designated by the Texas Society of Psychiatric Physicians for two (2) hours of education in medical ethics and/or professional responsibility.

TARGET AUDIENCE / PROGRAM OBJECTIVES

This CME program is designed in a classroom style format, with didactic lectures supplemented with audiovisual presentations and direct discussion. The program is designed to provide its' primary target audience of Psychiatrists, as well as other specialties of medicine with clinically-relevant information regarding ethics, new developments in treatment and new directions in research to enhance the physicians' knowledge and improve the delivery of quality medical care to patients in their practice..

SCIENTIFIC PROGRAM SPEAKERS

Michael Arambula, MD, Pharm.D.

Board Member, Texas Medical Board
Private Practice, San Antonio, TX

Clinical Associate Professor
of Psychiatry, UTHSCSA
San Antonio, TX

Member, APA Task Force to
Revise the Ethics Annotations

Associate Editor,
Journal of the American Academy of Psychiatry and Law

Gary E. Beven, MD

USAF & NASA Flight Surgeon
Chief of Behavioral Medicine
Johnson Space Center
Houston, TX

Glen O. Gabbard, MD

Brown Foundation Chair of Psychoanalysis and
Professor of Psychiatry
Baylor College of Medicine
Houston, TX

Alice R. Mao, MD

Associate Professor of Psychiatry
Menninger Department of Psychiatry and Behavioral Sciences
Baylor College of Medicine
Houston, TX

John E. Marcellus, MD

Psychiatrist, National Aeronautics Space Administration
Johnson Space Center
Houston, TX

Founding Member, Private Practice
Greater Houston Psychiatric Associates
Houston, TX

Bradley S. Peterson, MD

Associate Professor in Diagnostic Imaging
Yale University School of Medicine
New Haven, CT

Director of Neuropsychiatry in Division of Child Psychiatry
Columbia College of Physicians & Surgeons

Co-Deputy Director, Department of Child Psychiatry
New York State Psychiatric Institute &
Columbia College of Physicians and Surgeons

Faculty Member, Sackler Institute for Developmental Psychobiology
Columbia College of Physicians & Surgeons

Director, MRI Research, Department of Psychiatry
Columbia College of Physicians & Surgeons and
New York State Psychiatric Institute

Professor with Tenure, Columbia College of Physicians & Surgeons

Amit P. Pradhan, MD

2007 TSPP Resident Paper Competition Winner
PGY-2 Resident, Department of Psychiatry
UT Southwestern Medical Center at Dallas
Dallas, TX

Christopher R. Thomas, MD

Professor, Department of Psychiatry & Behavioral Sciences
Director of Residency Training
Child & Adolescent Psychiatry
UTMB, Galveston, TX
Medical & Scientific Staff Member
Shriners Burns Hospital
Galveston, TX

SCIENTIFIC PROGRAM SCHEDULE

Saturday, November 3 7 Hours of Category 1 CME Credit

8:00 am - 8:15 am

Welcome and Introduction

8:15 am - 10:15 am

Neurologic Basis of Dynamic Psychotherapy

Bradley S. Peterson, MD

Objectives: At the conclusion of the program, attendees will be able to demonstrate an understanding of the neurophysiology of emotion; describe and discuss the neurophysiologic changes associated with psychotherapy; describe and identify the neurophysiological changes in borderline personality patients which may be target processes for antidepressants, mood stabilizers and 2nd generation antipsychotic agents.

10:15 am - 10:30 am

Refreshment Break w/Exhibitors

Sponsored by Electromedical Products International, Inc. (EPI)

10:30 am - 12:30 pm

Mind-Brain Interface in Borderline Personality Disorder Therapy

Glen O. Gabbard, MD

Objectives: At the conclusion of the program, attendees will be able to demonstrate an understanding of the neurophysiology of emotion; describe and discuss the neurophysiologic changes associated with psychotherapy; describe and identify the neurophysiological changes in borderline personality patients which may be target processes for antidepressants, mood stabilizers and 2nd generation antipsychotic agents.

2:15 pm - 4:15 pm

NASA's Behavioral Health Support Services for International Space Station Missions

John E. Marcellus, MD and Gary E. Beven, MD

Objectives: At the conclusion of the program, attendees will be able to identify the principle tenets of aerospace psychiatry, identify the psychiatric issues in a comprehensive space program; describe how the complex stress environment of the space program compares to risks of precipitants of anxiety disorders in every day life, distinguish psychiatric interventions in a unique complex stress environment, such as a space program, and identify behavioral health services provided to NASA astronauts on the International Space Station

4:15 pm - 4:35 pm

Refreshment Break w/Exhibitors

Sponsored by AstraZeneca

4:35 pm - 5:35 pm

Development of Comprehensive Multidisciplinary Treatment Plans in the Treatment of Autism

Alice R. Mao, MD, Houston

Objectives: At the conclusion of the program, attendees will be able to recognize the diagnostic and functional characteristics of autism; identify the treatment planning priorities in the comprehensive approach to treating autism; describe the pros and cons of psychotropic medications in patients with autism and related disorders and describe the multidisciplinary approach to the treatment of autism.

Sunday, November 4 4 Hours of Category 1 CME Credit

8:15 am - 8:30 am

Welcome and Introductions

8:30 am - 9:30 am

Youth Violence and Aggression

Christopher R. Thomas, MD

Objectives: At the conclusion of the program, attendees will be able to recognize the contributory elements to youth violence; determine assessment and treatment approaches to dealing with youth violence and aggression and describe the advantages and disadvantages of psychotropic medications in youth violence and aggression.

9:30 am - 9:45 am

Refreshment Break

Sponsored by Forest Pharmaceuticals

9:45 am - 10:45 am

Impact of Electronically-Monitored Medication Adherence Results on the Treatment Planning of Outpatients with Schizophrenia and Schizoaffective Disorder

Amit P. Pradhan, MD

Objectives: At the conclusion of the program, attendees will be able to recognize and identify possible interventions for non-adherence of medications by patients in the treatment of schizophrenia and schizoaffective disorder and develop a better understanding of the utilization of Electronic Monitors.

10:45 am - 12:45 pm

The Ethical Parameters for the Practice of Psychiatry in Texas

Michael Arambula, MD, PharmD

Objectives: At the conclusion of the program, attendees will be able to identify the medical-ethical concerns for the Texas Medical Board relating to the practice of Psychiatry in Texas and recognize how to manage professional interactions with the Texas Medical Board.



TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS

51st Annual Convention & Scientific Program

SPONSORS

TSPP expresses appreciation to the following Sponsors of the 2007 Annual Convention:

DIAMOND

Psychiatric Solutions, Inc.

A sponsor of the Saturday Awards Banquet

Texas Foundation for Psychiatric Education & Research

A sponsor of the Friday Evening Welcome Reception & MIT Annual Convention & Saturday Luncheon Registration Fees

PLATINUM

Shire

Sponsor of the Saturday Business Meeting Luncheon

Mission Vista Behavioral Health

Sponsor of the Saturday AM Continental Breakfast

GOLD

AstraZeneca

Sponsor of the Saturday PM Refreshment Break

Electromedical Products International, Inc. (EPI)

Sponsor of the Saturday AM Refreshment Break

Forest Pharmaceuticals

Sponsor of the Sunday AM Refreshment Break

Wyeth Pharmaceuticals

Sponsor of the Friday Hospitality Room

EDUCATIONAL GRANTS

TSPP expresses appreciation to the following organizations for providing unrestricted educational grants in support of the independent scientific educational program "Psychiatry - The Next Generation"

Abbott Laboratories

GlaxoSmithKline

VISIT HOUSTON



You could spend 365 days in Houston and still not experience everything this city has to offer. From world-class museums and theaters to family-friendly destinations, you'll find plenty to entertain you in Houston during your stay. For additional information on any of the following, visit www.visithoustontexas.com/visitors and click on areas of interest.



Attractions - Explore everything from outer space to the ocean at Houston's out-of-this-world attractions.

Dining - Houston is considered to have one of the best culinary scenes in the country, with cuisine from around the world.

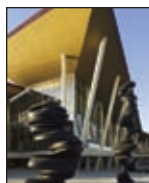
Golf Courses - With Houston's mild climate, you can hit the links 365 days a year - join us for TSPP's golf outing!

Art Galleries - A look at Houston's art galleries, offering abstract, contemporary and traditional exhibits.

Museums - Houston's world class museums offer everything from fine art to folk art.

Nightlife - Dynamic and diverse, Houston's nightlife options abound.

Performing Arts - Houston's performing arts companies offer year-round performances.



EXHIBITORS

Join your friends and colleagues at the Friday evening welcome reception with exhibitors! Enjoy complimentary hors d'oeuvres and become eligible to win special prize drawings while visiting with the following organizations with products and services to enhance your professional practice.

Abbott Laboratories

AstraZeneca

Bristol Myers Squibb

CNS Vital Signs

Cunningham Group

Cyberonics, Inc.

Depression and Bipolar Support Alliance Texas

Electromedical Products International Inc(EPI)

Eli Lilly & Company

Forest Pharmaceuticals

GlaxoSmithKline

Humana Military Healthcare Services

Janssen Pharmaceutica Inc

Laurel Ridge Treatment Center

McNeil Pediatrics

Medical Doctor Associates

Mission Vista Behavioral Health

Pamlab, LLC

Pfizer

Psychiatric Solutions, Inc.

Reckitt Benckiser

Sanofi-Aventis

Shire

Takeda Pharmaceuticals

Texas Department of State Health Services

Texas Foundation for Psychiatric Education and Research

Texas Tech University Health Sciences Center, Dept of Neuropsychiatry, Lubbock

The University of North Texas Health Science Center

Wyeth Pharmaceuticals

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.

| | |
|--|---|
| <p>NUMBER ATTENDING EVENT _____</p> <p>GOLF OUTING - Thursday <input type="checkbox"/> Send additional information</p> <p>RISK MANAGEMENT PROGRAM LUNCH - Friday <input type="checkbox"/> Lunch Program \$20</p> <p>MIT/ECP PROGRAM - Friday <input type="checkbox"/> MIT/ECP Program No Chg</p> <p>WELCOME RECEPTION - Friday <input type="checkbox"/> NOT Registered for Scientific Program \$50 <input type="checkbox"/> Registered for Scientific Program No Chg</p> <p>BUSINESS MEETING LUNCH - Saturday <input type="checkbox"/> TSPP/Academy Member \$20 <input type="checkbox"/> MIT (TSPP/Academy) \$20</p> | <p>NUMBER ATTENDING EVENT _____</p> <p>AWARDS BANQUET/ENTERTAINMENT - Saturday (Black Tie Optional) <input type="checkbox"/> Awards Banquet/Entertainment \$55 <input type="checkbox"/> Reserved Table for 10 \$550</p> <p>SCIENTIFIC PROGRAM - Saturday and Sunday <input type="checkbox"/> TSPP/Academy Member \$235 <input type="checkbox"/> MIT (TSPP/Academy) \$35 <input type="checkbox"/> Non-Member Physician \$290 <input type="checkbox"/> Non-Member MIT \$50 <input type="checkbox"/> Allied Health Professional \$130 <input type="checkbox"/> Spouse \$120 <input type="checkbox"/> Advocacy Organization \$20</p> <p>TOTAL REGISTRATION FEE \$ </p> |
|--|---|



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

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 _____

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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



Practicing Well

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



William H. Reid, MD, MPH

First things first: By the time you read this, you should have registered for the **TSPP Annual Meeting**, but it's not too late! If you can't find the registration materials, call or email the TSPP office (512-478-0605, tsppofc@aol.com) to get in on all the fun, collegiality, TSPP activities, and valuable CME Friday through Sunday, **November 2-4, at the Westin Galleria in Houston.**

Now back to our regular program.

I think of this column as a "bully pulpit" for things I believe are important to Texas psychiatrists and our patients (As most of you know, a "bully pulpit" isn't one that tries to bully anyone, but rather, in the style of Theodore Roosevelt, a bully or "jolly good" opportunity to be heard. Teddy must've had British roots.) You may find me writing here about clinical (or even controversial) topics. Some President's Columns are pretty much "feel good" essays. I'll try to make mine more useful.

I'm proud of most of our psychiatrist-colleagues. In over 30 years of inpatient, outpatient, academic, public sector, administrative, and forensic practice, I've seen a great many examples of clinical excellence, maintaining our standard of care in difficult settings, and grace under the fire of unfair criticism. This column is just a reminder to keep placing our patients' interests before those of virtually anything else. I'll use inpatient decisions about suicide risk as an example, but many of the principles apply to other situations as well.

An unfortunate number of clinical tragedies and malpractice lawsuits call out to psychiatrists on inpatient units: "When a patient is admitted to a psychiatric hospital with serious potential for suicide, don't discharge him or her after just a few days unless you are convinced either that the risk is substantially lessened or that adequate measures have been taken to protect the patient." Before you say to yourself, "I already do that," please read on.

It makes no sense to move at-risk patients prematurely from a relatively safe environment with almost constant professional observation and treatment to one in which most protections are removed, monitoring is sporadic or absent, and the stressors and stimuli associated with self-harm

are still present. Yet that's exactly what happens to many patients in psychiatric units and facilities. Each situation is unique, of course, and these comments are not meant to apply to every eventuality, but even partial hospitalization and "intensive outpatient" programs leave the patient on his own most of the day and night, and usually return him to the setting in which the suicidal impulse was, quite recently, very strong.

I'm not dragging up the old concept of "predicting suicide" (the point is *risk*, not "prediction"), nor am I trying to tie the hands of good clinicians who treat very sick patients whom they can usually discharge eventually. But it may be useful to point out a few things I think about when a trainee or colleague tries to justify early discharge of a patient three or four days after a potentially lethal suicide attempt or other evidence of serious suicide risk. The patient *looks* a lot better, has gotten some sleep, has gone to a few hospital activities groups, says he's not suicidal, and wants to go home.

What's changed for the patient? Has he been cured? Have his risk factors been altered sufficiently to move him from a high-risk group to a low-risk group? If not, can the remaining significant risk factors be managed well enough to place him — and keep him — in a low-risk group? Have the precipitating factors for the attempt been reliably dealt with? Has he actually responded to treatment (e.g., medication, cognitive-behavioral therapy, electroconvulsive therapy)? Has he had *time* to respond, given, for example, the expected delay of response to antidepressant medication? Has a thorough suicide assessment been done since admission (especially just prior to scheduled discharge)? Finally, how reliable is the answer to each of the above questions?

Is it likely that substantial problems will reappear after discharge? *Instability and unreliability are serious risk factors.* It is not enough for the patient to appear safe on the day of discharge; the psychiatrist must be reasonably certain that the low-risk condition is stable. Many patients have waxing and waning illnesses, unpredictable symptoms, difficulty following treatment regimens, highly stressful home environ-

ments, and/or substance abuse problems. If so, how have the psychiatrist and the treatment team protected the patient from that continuing risk?

Why should one believe what the patient says about his own safety? Suicidal patients are *often* inaccurate. They often misunderstand their illnesses and symptoms. They usually don't predict their own impulses and behaviors very well. They often can't provide complete information about their histories and symptoms. Their responses to questions may be a result of poor interview technique. *And suicidal patients often lie.* Some patients lie to get out of the hospital (or to avoid being hospitalized in the first place or free themselves from close monitoring). Some lie to gain the opportunity to kill themselves, or to have control over whether or not they do so. To make matters worse, psychiatrists and other clinicians are not very good at discerning whether or not their patients are lying about suicidal thoughts.

Has collateral information about the patient been sought? It is a mistake to rely solely on a recently-suicidal patient, whose judgment and insight are almost certainly flawed and whose motivations are often unclear, when other sources of information are available. When the patient is the only feasible source of information, doctors must be more than usually cautious about discharge, relaxing patient monitoring, or denying admission in the first place.

Is the patient's family being asked to assume more responsibility than they can handle? Families are often understanding and supportive, but they aren't trained or equipped to do the jobs of doctors, nurses, and hospitals. Even those who promise to watch the patient closely cannot (and should not) be expected to do so all the time.

How would the psychiatrist want his or her own child, parent or spouse to be treated in the same situation? Eliminate utilization review, insurance coverage, and "average" hospital stay from the equation, since those things are not relevant until important clinical and protective needs have been met.

We sometimes forget that serious mental

illness can bring with it as much morbidity and mortality as severe conditions seen by internists, cardiologists, and trauma specialists. We expect patients with acute or suspected myocardial infarctions, for example, to be seen within a system of care that protects them from unacceptable risk. Their standard of care demands, and doctors and hospitals generally provide, careful and frequent clinical assessment, attention to indicators of risk or relative safety (especially as discharge is contemplated), recovery settings with adequate monitoring, and scheduled, reliable follow-up care. Those are part of our psychiatric standard of care as well.

Lest some clinicians still try to reassure themselves with the fact that suicide is a fairly rare event, consider this: It is unacceptable to allow a small child to play unsupervised in the street even when the street is almost free of traffic. It is foolhardy to let that child wade in a shallow surf when there is a chance of his stumbling into a deep spot or strong current. The probability of contracting rabies after a dog bite is remote, yet we insist on careful assessment and, if we cannot be reassured that the risk is very low, we expect prophylaxis. The probability of tragedy in such examples is low, but the stakes are very high, the risk is unacceptable, and there are reasonable ways to reduce that risk. We should approach suicide risk in a similar fashion.

I'm happy to send clinicians a copy of my training slides on this topic. They aren't perfect (and they don't ask for perfection), but they don't apologize for making patient risk and need our top priorities whenever possible. Just write to me at reidw@reidpsychiatry.com, identify yourself as a clinician, and I'll email them to you. ■

TSPP Elections 2007

Nominations for TSPP elective offices will be finalized at the Annual Business Meeting on November 3, 2007 in Houston at the Westin Galleria Hotel during the TSPP Annual Convention and Scientific Program. The Nominating Committee, composed of Leslie Secrest, MD, Gary Etter, MD, and Clay Sawyer, MD submit the following slate of candidates for consideration:

President-Elect 2008-2009

George D. Santos, MD, MD (Houston)

Secretary-Treasurer 2008-2009

Re-appointment of
Richard L. Noel, MD (Houston)

APA Representative 2008-2011

Re-appointment of
J. Clay Sawyer, MD (Waco)

Councilor-at-Large 2008-2011

Re-appointment of
Lynda M. Parker, MD (Amarillo)

Following the finalization of the slate of candidates during the TSPP Annual Business Meeting on November 3, 2007, elections will be governed by the TSPP Bylaws, Chapter Nine, as follows:

Section II. At the annual business meeting, the nominees for office recommended by the Nominating Committee, the nominees for office submitted by the Chapters, and the nominees submitted by written petition signed by at least 20 voting members, shall be presented to the entire voting membership present. Additional nominations may be made from the floor by any voting members.

Section III. The election of officers shall be conducted by mail ballot whenever more than one slate of officers is nominated. The ballot shall list in alphabetical order, as candidates for office all members nominated in accordance with the Constitution and Bylaws. The ballot shall not in any way indicate the particular process by which the candidate was nominated. If no nominations are made by the Chapters, by petition, or from the floor, the slate submitted by the Nominating Committee will be considered to be elected by acclamation by those members at the annual business meeting.

Section IV. In contested elections, the ballots shall be mailed to all voting members within seven (7) days after the Annual Business Meeting. The ballots must be returned within thirty (30) days following the Annual Business Meeting....

As stipulated in Section V-VIII, the ballots will be tallied and reported at a regularly scheduled meeting of the Executive Council and the certified election results announced by mail to the entire membership following the Executive Council meeting.

Elective positions are currently held by the following members:

Officers 2007-2008:

President

William H. Reid, MD (Horseshoe Bay)

President-Elect

Martha E. Leatherman, MD (San Antonio)

Secretary-Treasurer

Richard L. Noel, MD (Houston)

Immediate Past President

Leslie H. Secrest, MD (Dallas)

APA Representatives:

A. David Axelrad, MD, Houston (2007-2010)

Priscilla Ray, MD, Houston (2006-2009)

J. Clay Sawyer, MD, Waco (2005-2008)

Councilors:

Gary Etter, MD, Fort Worth (2006-2009)

Patrick Holden, MD, San Antonio (2007-2010)

Lynda Parker, MD, Lubbock (2005-2008)

Franklin D. Redmond, MD, San Antonio (2006-2009)

J. Clay Sawyer, MD, Waco (2005-2008)

Leslie H. Secrest, MD, Dallas (2007-2010)

Representative to the APA Division of Government Relations:

Leslie H. Secrest, MD, Dallas (2006-2009)

Representative to the APA Division of Public Affairs:

Debra Kowalski, MD, Fort Worth (2006-2009) ■

An Opportunity to Participate Annual Campaign 2007

Linda J. Rhodes, MD, Chairman, Texas Foundation for Psychiatric Education and Research

The Texas Foundation for Psychiatric Education and Research is launching its sixteenth Annual Campaign conducted each Fall to encourage charitable contributions to support the Foundation's goals: fighting stigma and discrimination; ensuring that patients have access to quality psychiatric treatment; and improving treatment through innovative research.

The Magnitude of Mental Illnesses

- Mental illnesses, including suicide, ranks second in the burden of disease internationally.
- The World Health Organization identified mental illnesses as the leading causes of disability worldwide.
- In the U.S., mental disorders collectively account for more than 15% of the overall burden of disease for all causes and slightly more than the burden associated with all forms of cancer.
- For about one in five Americans, adulthood is interrupted by mental illness.
- About one in five children and adolescents experience the signs and symptoms of a psychiatric disorder during the course of a year.
- In the U.S., the annual economic indirect cost of mental illnesses is estimated to be \$79 billion, including loss of productivity as a result of illnesses, lost productivity resulting from premature death by suicide, and incarcerated individuals and the time for those who provide family care.

Barriers to Care: Stigma and Discrimination

- Nearly two-thirds of all people with diagnosable mental disorders do not seek

treatment. Sadly, only 50% of people with a serious form of mental illness seeks treatment for their illness. Stigma surrounding the receipt of mental health treatment is among the many barriers that discourage people from seeking treatment.

- Mental health insurance benefits traditionally have been more limited than other medical benefits. Insurance plans that place greater restrictions on treating mental illnesses prevent some individuals from getting care that would dramatically improve their lives.
- Demonstrations that mental disorders are real and treatable forms of illness, just as heart disease and cancer are real and treatable illnesses, will greatly diminish the stigma that often dissuades people from seeking care for mental illness and leads to policies that discriminate against

people who have mental illness.

The Foundation's Annual Campaign Goals

- A major focus of the Foundation is to educate the public and policymakers about mental illnesses with the goal of ending stigma and eradicating discriminatory practices that impose unnecessary barriers to accessing and receiving quality psychiatric care.
- The Annual Campaign encourages unrestricted charitable contributions to be allocated by the Foundation to programs in Texas that address the Foundation's goals of fighting stigma and discrimination against persons diagnosed with psychiatric disorders; ensuring that patients have access to quality psychiatric care; and improving treatment through innovative research.

- The Foundation during its 16 years of operation has awarded 99 grants amounting to \$156,696 to support programs addressing its goals by various Texas organizations.
- Historically, 91% of funds contributed to the Foundation have been available to directly support programs in Texas, as the Foundation's administrative costs consist of only 9% of expenditures.
- The Foundation's **Annual Campaign 2007** offers a unique opportunity for psychiatrists and others to allocate their charitable contributions to an organization led by psychiatrists and mental health advocates who make decisions regarding the funding of programs that address the Foundation's goals.

Will you participate in this opportunity to help people diagnosed with psychiatric illnesses? ■

Candidates for Foundation Board Announced

Elections to be Conducted at Annual Meeting

The Nominating Committee of the Texas Foundation for Psychiatric Education and Research, composed of Clay Sawyer, MD, Jacqué Collier and Miriam Feaster, submit the following slate of candidates for positions on the Foundation's Board of Directors:

Three Year Terms (May 2008-May 2011)

- Re-appointment of David Briones, MD (El Paso)
- Re-appointment of Jacqué Collier (Georgetown)
- Re-appointment of Arthur Farley, MD (Austin/Houston)

- Re-appointment of Miriam Feaster (Friendswood)
- Re-appointment of Charles Gaitz, MD (Houston)
- Appointment of Jefferson Nelson, MD (Austin) to succeed Edward Reilly, MD (Houston)

Elections for these positions will be conducted at the Foundation Annual Membership Meeting at the Westin Galleria Hotel in Houston on November 3, 2007 during the TSPP/Foundation Annual Business Meeting. Foundation members, which include all TSPP members in good standing, may submit names of candidates for the position of

Foundation Director by submitting a petition signed by at least 20 members. Nominations may also be entertained from the floor during the Annual Membership Meeting. If there is a contested election, the election will be conducted by mail ballot in accordance with the Bylaws of the Foundation. Otherwise, the election will be conducted at the Annual Membership Meeting.

The Foundation's Board of Directors are charged with supervising, managing and controlling all of the policies, activities and affairs of the Foundation. There may be as many as 25 individuals holding a position of Director. ■

MEMBERSHIP CHANGES

TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS

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

Member in Training

Afrina, Mehvesh, MD, Plano
Allison, Nanette, MD (MS to MT), Fort Worth
Arce, Saba, MD, El Paso
Arenivar, Leroy, MD, Houston
Burks, Amber, MD, Houston
Gascon, Sandra, MD, Lubbock
Hardy, Sarah, DO, Pantego
Herrington, Tara, MD, San Antonio
Jones, Patricia, DO, Houston
Kolipaka, Srinivas, MD, Lubbock
Le, Thu, MD, Dallas
Li, Benjamin, MD (MS to MT), Missouri City
Ly, Peter, MD (MS to MT), Houston
Mann, Simardeep, MD, Irving
Mayers-Elder, Chanda, MD (MS to MT), Humble

Okezie, Ihuoma, MD, Houston
Pastusek, Amber, MD, League City
Peixoto, Magdalena, MD, Houston
Raymer, Lindsay, MD, Houston
Rigoulot, Holly, MD, Galveston
Sarnoski, Elizabeth, MD, San Antonio
Wagner, Tara, MD, Austin
Walker, Bettina, MD, Grand Prairie
Webster, Cecil, MD (MS to MT), Houston
Wong, Howard, MD (MS to MT), Galveston
Yaqoob, Feroz, MD, Lubbock
Zaidi, Sajjad, MD, Lubbock

General Member

Wake, Mary, MD (MT to GM - Reinstatement), Austin

TEXAS ACADEMY OF PSYCHIATRY

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

Fellow

Bennett, Robert D, MD, Dallas
Castiglioni, Aldo Joseph, MD, College Station

General Member

Sierk, Priscilla E., DO, Austin

CALENDAR OF MEETINGS

APRIL 2008

- 4-6 TSPP Spring Meeting and CME Program**
Renaissance Hotel, Austin, Texas
For hotel reservations at TSPP's discounted rate of \$148, call the hotel at 800/468-3571
For meeting information contact:
Debbie Sundberg, 512/478-0605 or visit www.txpsych.org

JULY 2008

- 18-20 TSCAP Summer CME Conference**
Westin La Cantera Hotel, San Antonio, Texas
For hotel reservations at TSCAP's discounted rate of \$179, call the hotel at 800/228-3000
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:

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

The TEXAS PSYCHIATRIST is published 6 times a year in February, April, June, August, October and December. 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.

EDITORIAL BOARD

Federation Executive Committee

MANAGING EDITORS

John R. Bush
Debbie Sundberg

Federation of Texas Psychiatry

401 West 15th Street, Suite 675
Austin, Texas 78701
(512) 478-0605 / (512) 478-5223 (FAX)
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<http://www.txpsych.org> (website)

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