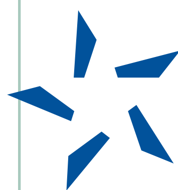
Texas Psychiatrist



# Identity Crisis

Martha E. Leatherman, MD, President, Texas Society of Psychiatric Physicians

I never thought I had one. I thought I knew who I was and what I did, but a colleague touched a nerve when I was in Dallas at the joint Tarrant County/North Texas Psychiatric Society meeting in September. Now I wonder if I've been slowly eased into a complacency I never wanted. Am I a physician?

### Patient or Client?

Over the past 20 or so years, we have become convinced that it is demeaning to call people whom we treat "patients." This has always bothered me, but I have slowly yielded to the politically correct term "client." My North Texas colleague caused me to reconsider my tacit agreement that "client" is a better term than "patient." Looking in my trusty dictionary, I discover that a patient is "a person receiving or registered to receive medical treatment." The word "patient" derives from the Latin root for "suffering," and a patient is one who suffers. "Client," derives from a Latin word meaning "to be under the patronage or protection of another." (This is why it is proper for a lawyer to have a "client"—the lawyer is serving to protect.) To be fair, there is a new definition for "client" which means someone receiving medical care, but I think maybe the dictionary also bowed to common usage. If the real root of "client" is someone weak, under the protection or patronage of another, then it seems that "client" is actually a more demeaning term than "patient." Certainly our patients are not weak, but they are suffering. We are trained to alleviate their suffering, not to protect them, and I submit that we should focus on that primary duty for which we have been trained and leave the protection to those so trained. Certainly, we can never abandon advocacy, but we need to reorient ourselves to our primary role—as healers. As psychiatrists, we know that words have profound meaning, and for that reason, I believe that the use of the word "client" has subtly eroded our identity as physicians and disabled our patients.

### Physician or Provider?

What is the difference between a physician and a provider? To insurance companies and bureaucrats, very little. To non-physician providers—quite a bit. To physicians, not enough. Again, I chafe at when I am called a "provider," but have quietly swallowed what I thought of as pride so as not to offend anyone, but my North Texas colleague reminded me that perhaps my overly precious concern about appearing prideful was misplaced. In fact, a physician is defined as a person **qualified** to practice medicine. A provider is someone who provides. A provider can provide anything—advice, groceries, a salary—you name it, but might very well not be qualified. Only a physician is qualified to practice medicine by definition. I believe that allowing others to define us as "providers" a) abrogates our responsibility (after all, because we are uniquely qualified as physicians, we have special moral imperatives), b) demeans us, c) demeans our patients since if anyone can "provide" their care, their illnesses must be fairly insignificant. After all, we rarely hear of neurosurgical "providers" do we?

### Mental Illness or Psychiatric Illness?

Why is psychiatric illness different from mental illness? Admittedly, the dictionary is not much help, but my reflections over 20 years of medical practice reminds me that the use of the word "psychiatry" has often been considered hard-edged and vaguely brutal whereas "mental illness" (or the even more loathsome "mental health") is "kinder." Again, are our patients really that fragile? Do oncologists talk about "cellular concern" rather than "cancer" or "malignancy?" Do orthopedic surgeons call fractures "bone disturbances?" No, other physicians give their patients the dignity of actually and honestly naming their diseases. The word "psychiatric" has the connotation of a patient suffering from an actual illness requiring treatment by a bona fide physician whereas the term "mental illness" connotes a fuzzy disturbance in normal functioning that requires some assistance.

### I Am Not a Shrink

Finally, as another colleague so poignantly declared, "I am not a shrink." I am a physician who has worked hard to learn remarkable skills not shared by many other people. Moreover, I am a psychiatric physician who has honed those skills to a degree that only the physical dexterity and precision of a neurosurgeon is analogous. My patients are important enough that they require my special skills and talent, and the appropriate naming thereof. Other providers are invaluable in helping us treat our patients, but we are not to be confused with those providers. ■

Martha E. Leatherman, MD

## INSIDE


Annual Campaign 2008 .............8
Candidates for Foundation Board Announced ..................7
Eye of the Beholder .................2
In Memoriam .......................7
Insurance Parity... Finally! ...........8
Job Bank ..........................8
Membership Changes ..............2
Texas Idol, Part I ...................2
The Texas Medicare Manifesto II ......3
TSCAP Update ......................7
TSPP Elections 2008 ................7
TSPP Annual Convention & Scientific Program ................4-6


## Register Today And Join Us!!

## You Will Not Want To Miss This Meeting!!

## TSPP 52nd Annual Convention & Scientific Program

### November 21-23 • Westin La Cantera Resort, San Antonio, Texas

The November 21-23, 2008 52nd Annual Convention and Scientific Program of the Texas Society of Psychiatric Physicians "Improving Psychiatric Care and Enhancing Patient Outcomes", designated for a maximum of eleven (11) AMA PRA Category 1 Credits is almost here! Hopefully you have already registered and are planning on attending the meeting at the Westin LaCantera Resort in San Antonio. If you haven't, the program and registration form are available online at www.txpsych.org or contact Debbie Sundberg at tsppofc@aol.com or 512-478-0605 for additional information. **PLEASE NOTE: TSPP is extending the discounted meeting registration rate until November 12 for members / non-members in areas affected by Hurricane IKE.** Hotel reservations may be placed by calling the Westin LaCantera 1-800-228-3000.
(See pages 4-6 for program and registration information).

Put on your dancing shoes and pre-register early for the Awards Banquet and Entertainment as it is anticipated to be another sell-out, with a waitlist for on-site banquet registrants. This year's award honorees are Drs. Joseph L. Black (Distinguished Service Award/Vernon), Gary L. Etter (Distinguished Service Award/Fort Worth/Dallas), Glen O. Gabbard (Psychiatric Excellence Award/Houston) and George D. Santos (Psychiatric Excellence Award/Houston). Immediately following the banquet and awards presentations TSPP has planned an amazing evening of entertainment and dancing featuring NIGHTFIRE!

NIGHTFIRE is the premier band in San Antonio and South Texas consisting of five excellent musician/singers and an exceptional female vocalist. Their repertoire consists of the best and most popular music from the nineteen forties to the present. Nat King Cole, the Beatles, Diana Krall, Otis Redding, Celine Dion, The B-52's, Patsy Cline, Sam and Dave, Aretha Franklin, The Rolling Stones, Gloria Gaynor, George Strait, and The Eagles, are just a few of the artists whose music is performed by Nightfire. So please plan to join your friends and colleagues for an evening of memorable fun!

# Eye of the Beholder....

Lauren Parsons, MD, Chairman, Federation of Texas Psychiatry

Lauren D. Parsons, MD

Awareness of the link between traumatic life events and the etiology of many serious mental health issues has been growing largely in part to the increased desire to have psychiatric hospitals as well as other providers of treatment for those with mental illness to become restraint and seclusion (read coercion) free. A groundswell effort is underway for both public and private systems to become "trauma-informed" to aide in the accomplishment of this admirable goal.

In order to be successful, there are a number of elements which must be present for this transformation to take place.

As with most issues, all those involved in creating the system's transformation must have a firm understanding of what it is they are working to achieve, a common definition if you will, of the desired outcome.

Once this has been accomplished, an assessment of the current state of affairs is in order as it is almost impossible to get to where you are going if you do not know from where you are starting.

Systems reflect the individuals who comprise them, in this case both staff and patients, and as such having a thorough understanding of how trauma affects people and their responses to everyday life situations is crucial to providing possible alternative approaches which can be taken. The attitude of the staff will most definitely be reflected in the patients' response to unit procedures and how they affect the milieu. One of the most important but most difficult to operationalize concepts is getting staff to leave their "baggage" at the front door when they come to work. Encouraging staff to be in touch with their emotional "buttons" and thereby their limitations is imperative in avoiding power struggles. Staff must be empowered to ask for relief if they find themselves in a situation they are ill-equipped to handle for whatever reason without fear of reprisal or embarrassment.

Part of the assessment of the current state of affairs in an organization that seeks to become "trauma informed" must include acknowledgement by leadership that many of the issues that cause trauma for the patients are also traumatic for the staff.

Safety is but one area that seriously impacts both staff and patients and has a direct effect on efforts to decrease trauma and avoid restraint and seclusion. Rather than using a reactive approach in this area, a proactive approach will not only provide a safer and less traumatic environment for the patients but for staff as well. This in turn allows for all involved to focus their energy and effort on improving outcomes versus developing a "foxhole" mentality.

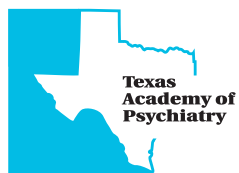
Who among us did not cringe when Nurse Ratchet from "One Flew Over the Cuckoo's Nest" imposed her iron fisted enforcement of the unit rules on the patients entrusted to her care. You may recall that when afforded respect, dignity and encouragement those same patients who were regressed and essentially non-functional became more goal directed and self-actualized. Control and containment must give way to understanding and cooperation. As we evolve our organizations, we must continuously ask ourselves "why" in relation to our policies and procedures and if there is not a better reason than "because I said so," we may want to rethink our position. Analysis of factors contributing to seclusion and restraint reveals that power struggles between staff and patients are among the leading causes for these interventions. Finding a balance between order and chaos and allowing a "judicious suspension of the rules" by front line staff is all part of the tool kit in the process of decreasing seclusion and restraint.

One of the most traumatic events that occur in the hospital, therefore seemingly under our control more so than events that have occurred prior to admission, is seclusion or restraint.

It seems obvious that the individual who is restrained or secluded will experience the event as traumatic but those patients who witness the event report it to be traumatizing as well. The anxiety over the possibility that the same thing they witnessed may happen to them may be more traumatic than if it had actually happened to them. Because of this, trauma informed care and seclusion and restraint reduction go hand in hand.

Many organizations are integrating the concept of Peer Support Specialist into their Trauma Informed Care model. By utilizing the life experience of an individual who has been through the process of dealing with the mental health system and successfully overcoming the obstacles in their path, we can all have a better appreciation of how our actions impact and influence our patients.

Just as the concept of Recovery has helped to evolve our thinking when it comes to possibilities for persons being treated for mental illness, the introduction of Trauma Informed Care and its part in the movement to reduce the use of seclusion and restraint will allow for further inroads in the successful treatment of mental illness. ■




# Texas Idol, Part I

Stuart Crane, MD, President, Texas Academy of Psychiatry

Stuart Crane, MD

Love it or hate it, Idol dominates our pop culture for the beginning months of each year. Giant percentages of the network television market watch avidly as contestants all over the country gear up to convince the judges they deserve a shot to move on to the next round. Viewers call in droves in the last grueling weeks to help their favorite become "the American Idol."

And then, every year, it happens. A favored performer is eliminated prior to making it to the final group, while another contestant somehow gets voted through. This year a starry-eyed crooner from Rockwall, Texas garnered enough votes to move onward as a handsome Aussie with tremendous vocal skills fell out of the competition. America gasped in disbelief. How could this indignity come to pass?

In 2002, about the same year American Idol hit the airwaves, advocacy groups and legislators looked for a solution to the outcries about MHMR. The problems with Texas' community mental health system continued to escalate. Of course, no additional clinical funds had been appropriated since 1997 despite large increases in population, and Texas cemented its basement-dwelling status in per capita spending, but hey, who's counting? "Value" for the investment became the watchword. As with the TAKS in our schools, Texas know-how would come to the rescue, and it rode into town in the form of (drum roll please) Disease Management.

Let us review the arrival of our starry-eyed contestant, Disease Management, which swallowed massive amounts of the focus and resources of the Texas MHMR centers. Initially referred to as benefit design, it embodied a concept of providing a Thanksgiving dinner to those with severe disorders such as schizophrenia while excluding most others from ongoing services. For those of us with severely ill family members, it's hard to argue with a concept of delivering more benefit to the most ill. But the devil as always resides in the details, and in this case, the developers of the system.

Often experts in psychiatry can spring from the woodwork (if only they could materialize when that patient with ultra treatment resistant problems comes to see you). While most would not presume to be an instant otolaryngologist, answers to the provision of psychiatric services magically appear to non-psychiatrists. Our disease management system reveals that if we just designate the number of hours each patient with schizophrenia, bipolar disorder, major depression, or childhood disorders spend with their doctor, nurse, and caseworker, and especially how these hours are spent, the patients will recover functional capacity. Each MHMR center now possesses a bulky tome specifying this set of Service Packages. Of course, were a patient to improve, the Service Package which got them better could no longer be continued. The final judge of improvement happens to be a newly discovered homegrown scale known as the Texas Recommended Authorization Guidelines or TRAG, or disease management assessment. We will forego for now the elements and administration of the TRAG – suffice it to say it simply boggles the mind.

So who developed the framework for Disease Management? A friend and veteran of thirty plus years as a senior MHMR executive will only say "they" had zero experience developing such a system. I know, from attending the meetings of the consortium of hospital and community center Medical Directors from 2001-2004, that no representatives from Central Office of MHMR ever approached our group to seek advice about the setup. The Medical Director of Hill Country MHMR at the time told me the pilot in his center performed poorly in most respects, yet the next fiscal year every MHMR center was required to deploy it or lose funding.

In American Idol, the crooner from Rockwall failed to endure in the final analysis. Viewers woke up to the limits of his abilities despite the mystique. As for our "Texas Idol," I have worked in over twenty different mental health clinics across the state and can assure you not one of those would vote in favor. Think that our Disease Management only affects those poor MHMR doctors? Clearly you need to think again, say about Joe who "lost his insurance." TSPP's committee on Public Mental Health put it best – new funding for crisis services is good, but fails to overcome glaring short comings in funding for patient services. If we really want to care for patients, we can start with an emphasis on building clinical teams. Stay tuned for Part II, when we take a look at the everyday impact of Disease Management on clinical staff and delivery of care to arguably the sickest group of patients in Texas. ■

## 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**
Adair, Candace, MD, Houston
Akingbala, Felicia, MD, Dallas
Allen, Melissa, MD, Houston
Bakewell-Zajicek, Connie, MD, Pearland
Cowart, Jennifer, MD, Pearland
Garvey, Katrina, MD, Bedford
Kennedy, Joy, MD, Dallas
Naidoo, Elton Rex, MD, Galveston
Reid, Dana M., MD, Houston
Rodriguez, Darice, MD, Friendswood
Varghees, Seema, MD, Temple

**General Member**
Lane, Randall, MD (Reinstatement), Dallas

# The Texas Medicare Manifesto II

Josie R. Williams, MD, President, Texas Medical Association

Josie R. Williams, MD

**Short-term fix accomplished AGAIN**

Every year, for almost a decade, organized medicine and Congress go through the same tedious motions. Physicians plead with Congress to fix the faulty funding formula Medicare uses to pay physicians. Make it fair. The current payment system ensures that hospitals, nursing homes, pharmaceutical companies, Medicare HMOs, and many other Medicare providers receive an automatic cost-of-living increase. Meanwhile, doctors — the front-line people who take care of sick and injured Medicare patients — have to scramble to avoid dramatic pay cuts. Medicare patients, especially the elderly struggle as more physicians can no longer afford to take new Medicare patients or who leave the program.

From the beginning of 2007, Congress knew physicians were facing a 10-percent cut starting January 2008. However, instead of coming up with a permanent, long-term solution, Congress slapped on a last minute, six-month Band-Aid in December 2007. In fact, it took Congress more than 18-months (until July 15, 2008) to take any action to stop the cuts, which by then were more than 10.6 percent. (And they took no action to really fix the system.) Even though Congress promised physicians and patients that they would stop the cuts, when it came down to the final hour the U.S. Senate failed to pass the measure. Instead, the Senate played partisan politics. Their lack of action compromised millions of Medicare patients.

Tired of the broken promises and partisan antics, organized medicine put our political muscle to work. Medicine united – all specialties. We engaged the media across the nation, and more importantly, our patients. Together we demanded that the U.S. Senate do the right thing for senior citizens, military families, and persons with disabilities and stop the 10.6-percent cut. It worked. The Senate finally passed House Resolution 6331, and then Congress overrode a presidential veto. The bill stopped the cuts and gave Congress 18 months to devise a long-term replacement for the sustainable growth rate financing formula, as we insisted in the Texas Medical Association's Texas Medicare Manifesto.

**Long-term solution desperately needed**

Now TMA and our patients call upon leaders on both sides of the aisle to get to work and develop a bipartisan, long-term solution to the Medicare financing fiasco.

We know Congress is going to stall. They have many reasons to put off fixing the Medicare crisis, such as the presidential election, holidays, presidential inauguration, and the Whitehouse transition. It is very unlikely that Congress will begin to consider any legislation to fix Medicare until March 2009 or later. That leaves only nine months for Congress to fix a monumental problem that it has neglected for more than a decade. And there's another steep cliff looming ahead. If Congress once again does nothing, physicians are looking at a pay cut of 20 percent or more on Jan. 1, 2010. Soon the cost of the short-term fix will equal or exceed the cost of the long-term solution.

**Texas Medicare Manifesto II**

We must hold the government accountable to the promises it made to help us care for our elderly patients and Texans with disabilities. We are asking our U.S. representatives and senators to:

**1. Fix the Formula Now**

We need a rational Medicare physician payment system that automatically keeps up with the cost of running a practice and is backed by a fair, stable funding formula.

Physicians have carried the Medicare program for the past decade at the expense of our own practices. In addition, most health insurance companies base their payments to physicians on Medicare rates. Therefore, every time Congress freezes Medicare rates, health insurance companies gladly do the same. (Although they don't bother to freeze the premiums our patients and their employers are paying.)

Physicians want to take care of our frail and elderly patients. It's ironic that the same federal payment system these patients rely on for care is the same one forcing physicians out. The government is forcing physicians to choose between taking care of needy patients and keeping open the doors of the practice.

**2. Rebalance Funding Across All Parts of Medicare**

Medicare funding should follow the way Medicare patients receive care. Physicians' offices are the front door to health care. We are the first to see, treat, and mange a Medicare patient's care. Congress needs to recognize that physicians are the bedrock of the Medicare program.

Neither hospitals, nursing homes, Medicare Advantage plans, nor any other Medicare provider should receive an update until the physician payment system is addressed once and for all —for the benefit of ALL Medicare patients. If this means "breaking down the silos" among Medicare Parts A, B, and D, so be it.

Medicare funding is a byzantine maze of trust fund, enrollee premiums, and tax dollars. The system that was put in place 40 years ago never anticipated the advances in medical treatments or where those treatments would be delivered. The program and its funding have to change with the times. Funding should follow services, particularly when they move from costly inpatient to less expensive outpatient settings.

It's time that Congress restores integrity to the Medicare program. The program promised insurance to the elderly. Now it needs to live up to that promise by ensuring that physicians are available to care for these patients, today and tomorrow.

**3. Put Patients Before Insurance Companies**

Medicare Advantage plans should NOT come ahead of patient care. Medicare Advantage insurance plans and Medicare HMOs are receiving double-digit, multimillion-dollar bonuses simply for arranging existing medical services. These critical health care dollars should be used for health care, not health insurance corporate profits.

It is time that we correct the erroneous impression and ease the fear patients have about losing their Medicare coverage. Make it clear that even if they enroll in a Medicare Advantage plan and that insurance company later decides to withdraw from the program, our patients will always be eligible for traditional Medicare coverage.

Physicians also should be given the same payment for disease management programs as Medicare Advantage. Why should the government pay private health insurance companies more than physicians for disease management, pharmaceuticals, and capital investments? The physician is the one who really manages our patients' care and their usually multiple chronic illnesses.

**Physicians and patients must force Congress to fix Medicare, once and for all. *Here is what you can do, starting today.***

We simply cannot sit back and wait for Congress to act. If history repeats itself, which I'm sure it will – Congress is going to postpone taking any action and slap yet another Band-Aid on the problem. We, all of us, including our patients must force Congress to take "real action" and fix the Medicare payment system. Together, we forced Congress' hand in July to stop the cuts and override a presidential veto – We can do it again. Here is what you can do, starting today:

Contact all Texans in Congress — Both Democrat and Republican members.

- Thank them for stopping the cut to physician payments in July.
- Ask them to start working on a long-term fix right now. At the very least, they come up with a way to rebalance the funding silos used to pay hospitals, insurance and drug companies so everyone is paid fairly.
- Tell them that no Medicare provider should receive an update until the physician payment system is fixed.
- Ask our Texas delegation to support U.S. Rep. Michael Burgess, MD, (R-Texas) and U.S. Sen. John Cornyn (R-Texas) legislative measures that call for reforming Medicare and fixing the flawed funding formula used to pay physicians
- Tell Congress they must act before the end of 2009 so Medicare patients can continue to receive quality care by their physician. ■


**UTMB Correctional Managed Care**

**WANTED: HIGH QUALITY PSYCHIATRISTS**

**UTMB-CMC employs Psychiatrists at multiple adult and juvenile facilities all over Texas. We currently have multiple locations for child/adolescent experienced psychiatrists. We are heavy utilizers of telepsychiatry using state of the art technology and an electronic medical records.**

We are a correctional healthcare system that is setting the standard for others. Correctional Managed Care is among the world's leaders in telemedicine and electronic medical record applications. Innovative programs, creative solutions and participation in the Baldridge National Quality Program further define our organization and help lead us toward performance excellence.

| Current Opportunities Available | Compare our benefits with other organizations: |
|---|---|
| ✓ BROWNWOOD: Staff Psychiatrist – Youth Services | ✓ Relocation allowance |
| ✓ MART: Staff Psychiatrist – Youth Servicesl | ✓ $2000 CME stipend per fiscal year |
| ✓ AUSTIN: Staff Psychiatrist – Telemedicine Center | ✓ 5 days paid CME leave |
| ✓ CORSICANA: Staff Psychiatrist – Youth Services | ✓ Competitive salaries |
| ✓ Positions also available for Psychiatric Physician Assistants and Nurse Practitioners | ✓ Biannual CMC conferences |
| | ✓ M-F work schedule-day shift |
| | ✓ Flexible schedules |
| | ✓ Limited on-call rotation |
| | ✓ Professional liability coverage |
| | ✓ Comprehensive medical coverage |
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*Correctional practice eliminates many of the "headaches" of community practice such as dealing with insurance companies including Medicare and Medicaid and malpractice insurance problems.*

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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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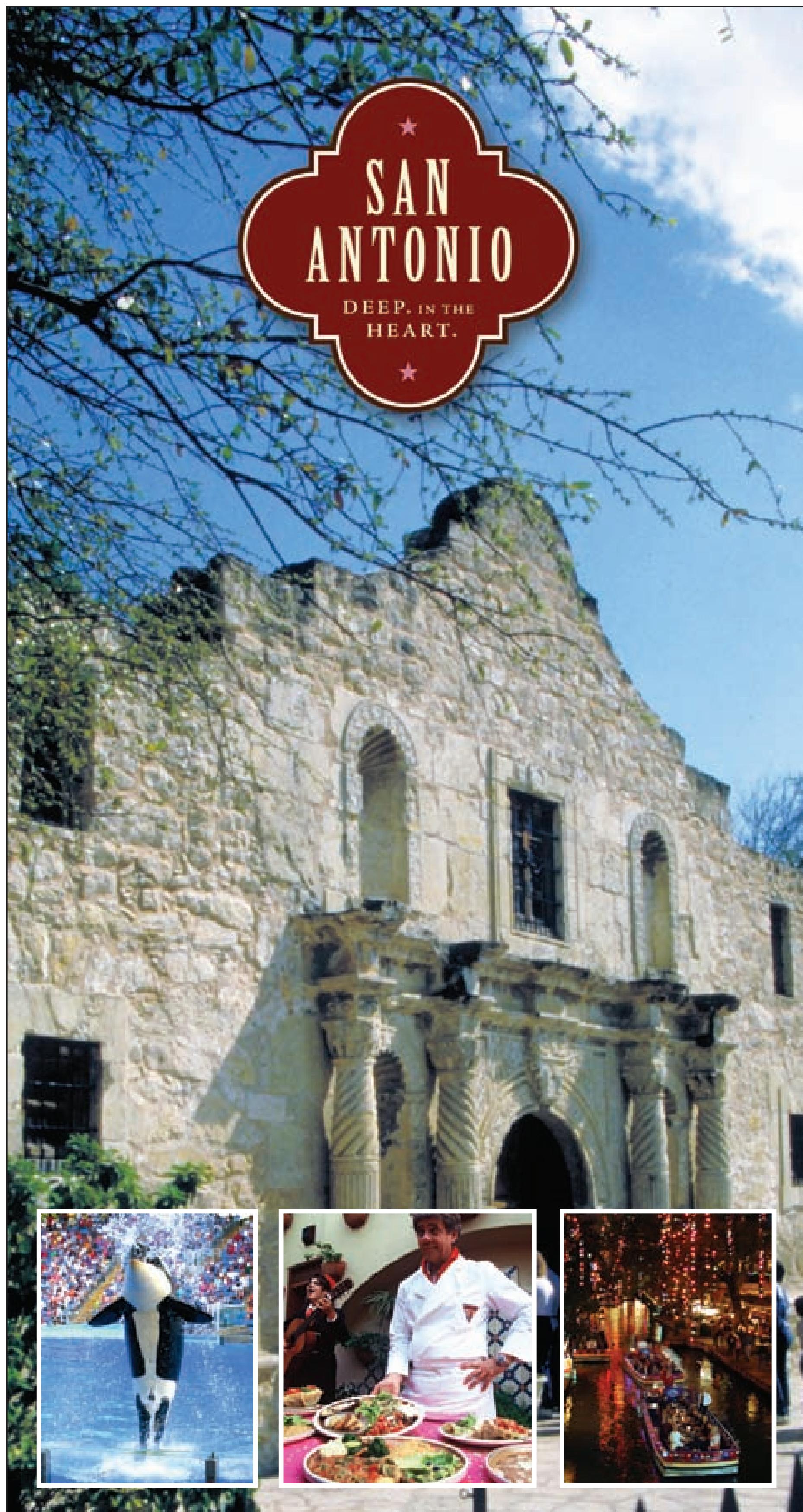
TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS

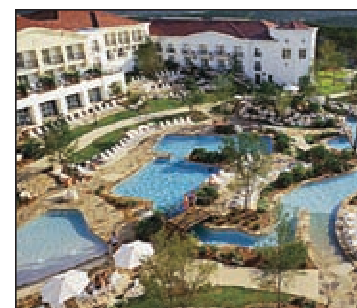
# Annual Convention & Scientific Program

## *"Improving Psychiatric Care and Enhancing Patient Outcomes"*

November 20-23, 2008 • Westin La Cantera Resort • San Antonio, Texas



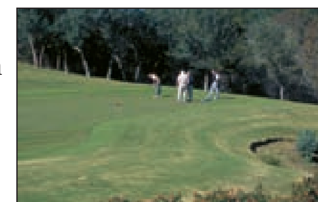

## REGISTRATION/MEETING LOCATION



TSPP's 52nd Annual Convention will be held at the Westin La Cantera Resort, 16641 La Cantera Parkway, San Antonio, Texas, 210/558-6500. A special TSPP discounted room rate of $159 is available to TSPP program registrants before October 21, 2008 or upon sell-out whichever occurs first. Make your reservation today by calling 1-800-228-3000. **PLEASE NOTE: TSPP is extending the discounted meeting registration rate until November 12 for members / non-members in areas affected by Hurricane IKE.**

Nestled atop one of the highest points in all of San Antonio, The Westin La Cantera Resort offers breathtaking views of downtown and the beautiful Texas Hill Country. Built on the site of an abandoned limestone rock quarry – la cantera in Spanish – the resort's intimate setting seems like it's a world away. The hilltop retreat combines the best of golf and the best of luxury. With six pools, health club and spa services, a newly renovated 7600 square foot Westin Workout powered by Reebok fitness center, tennis courts, unique dining options, a kids club, three hot tubs and offers something for everyone. Not to mention, the adjacent 1.3 million square foot shopping destination, The Shops at La Cantera and Six Flags Fiesta Texas Theme Park!

## 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 the La Cantera championship golf course. If you are interested in playing, please be sure to check the Golf section of the TSPP registration form.

## AWARDS RECEPTION / BANQUET AND EVENING OF ENTERTAINMENT

Saturday evening's festivities begin with a complimentary wine & cheese reception before the banquet honoring the 2008 TSPP Award Recipients for their outstanding contributions to Psychiatry. The banquet will be followed by an evening of entertainment! Register early to reserve a table for your organization and/or friends! This year's honorees include:

**Distinguished Service Award**
Joseph L. Black, MD
Vernon

**Distinguished Service Award**
Gary L. Etter, MD
Fort Worth

**Psychiatric Excellence Award**
Glen O. Gabbard, MD
Houston

**Psychiatric Excellence Award**
George D. Santos, MD
Houston

## PROGRAM AT A GLANCE

### Thursday, November 20

| | |
|---|---|
| 12:00 pm | Golf Outing at La Cantera Resort Golf Course |
| 5:00 pm - 6:00 pm | TSCAP Executive Committee |
| 6:00 pm - 7:30 pm | Chapter Leadership Forum |
| 6:00 pm - 7:30 pm | Non-Medical Interest Groups |
| 7:30 pm - 9:00 pm | Federation Delegate Assembly |

### Friday, November 21

| | |
|---|---|
| 7:30 am - 7:00 pm | Registration |
| 7:30 am - 9:00 am | Foundation Board of Directors Breakfast Meeting |
| 8:00 am - 10:00 am | COUNCIL ON ORGANIZATION<br>Constitution & Bylaws Committee<br>Ethics Committee<br>Fellowship Committee<br>Finance Committee<br>Strategic Planning Committee |
| 10:00 am-12:00 pm | COUNCIL ON SERVICE<br>Academic Psychiatry Committee<br>Children & Adolescents Committee<br>Forensic Psychiatry Committee<br>Public Mental Health Services Committee<br>Socioconomics Committee |
| 12:00 pm - 1:30 pm | Membership Luncheon<br>***Sponsored by Polycom***<br>APA Candidates for Office Invited to Speak |
| 12:00 pm - 5:30 pm | Exhibit Set-Up |
| 1:30 pm - 3:30 pm | COUNCIL ON EDUCATION<br>CME Committee<br>MIT Section<br>Professional Practices Committee<br>Hospital Practices Subcommittee |
| 1:30 pm - 3:30 pm | Academy Board of Trustees |
| 3:30 pm - 5:00 pm | COUNCIL ON ADVOCACY<br>Government Affairs Committee |
| 5:00 pm - 6:30 pm | Executive Council Meeting |
| 6:30 pm - 8:30 pm | Welcome Reception with Exhibitors |

### Saturday, November 22

| | |
|---|---|
| 7:00 am - 7:45 am | Complimentary Continental Breakfast for Meeting Registrants |
| 7:00 am - 7:00 pm | Registration |
| 7:00 am - 6:00 pm | Exhibits |
| 8:00 am - 5:35 pm | SCIENTIFIC PROGRAM |
| 10:15 am - 10:30 am | Refreshment Break w/Exhibitors / Door Prize Drawings<br>***Sponsored by Enterhealth*** |
| 12:30 pm - 2:00 pm | Membership Luncheon TSPP & Texas Foundation Annual Business Meeting<br>***Sponsored by Texas Foundation for Psychiatric Education & Research***<br>APA Candidates for Office Invited |
| 4:15 pm - 4:35 pm | Refreshment Break w/Exhibitors<br>***Sponsored by McNeil Pediatrics*** |
| 6:30 pm - 7:00 pm | Awards Banquet Reception |
| 7:00 pm - 10:00 pm | Awards Banquet & Evening of Entertainment |

### Sunday, November 23

| | |
|---|---|
| 7:30 am - 1:00 pm | Registration |
| 8:15 am - 12:30 pm | SCIENTIFIC PROGRAM |

# SCIENTIFIC PROGRAM

## *"Improving Psychiatric Care and Enhancing Patient Outcomes"*

### SCIENTIFIC PROGRAM SCHEDULE

**Saturday, November 22**

**8:00 am - 8:15 am**

**Welcome and Introductions**

**8:15 am - 10:15 am**

**Current Issues in the Evaluation & Treatment of Dementia**

Kevin F. Gray, M.D.

*Objectives:* At the conclusion of the program, attendees will be able to describe, explain, and implement in clinical practice the current essential components of the assessment and treatment of patients with dementia,

American Psychiatric Association, Practice Guideline for the Treatment of Patients with Alzheimer's Disease and Other Dementias, Second Edition, *Am J Psychiatry* 2007; 164 (Dec suppl): 1-56

**10:15 am - 10:30 am**

**Refreshment Break w/ Exhibitors**

**10:30 am - 12:30 pm**

**Suicide Assessment and Clinical Interviewing: The Delicate Art of Eliciting Suicidal Ideation**

Shawn C. Shea, M.D.

*Objectives:* At the conclusion of the program, attendees will be able to flexibly utilize the Chronological Assessment of Suicide Events Approach as a sensitive and rapid method of uncovering suicidal ideation and intent in busy clinical settings,

Simon GE, Savarina J. Suicide attempts among patients starting depression treatment with medication or psychotherapy. *Am J Psychiatry* 2007; 164:1029-34.

Shea SC. The delicate art of eliciting suicidal ideation. *Psychiatr Ann* 2004;34:385-400.

**12:30 pm - 2:00 pm**

**Membership Luncheon TSPP & Texas Foundation Annual Business Meeting**

**2:15 pm - 4:15 pm**

**Assessment & Management of the Potentially Violent Patient in Treatment**

Avrim Fishkind, M.D.

*Objectives:* At the conclusion of the program, attendees will be able to describe and be able to utilize the essential elements of the evaluation and management of potentially violent patients in various psychiatric practice settings,

McNiel DE, et al. Impact of clinical training on violence risk assessment. *Am J Psychiatry* 2008; 165:195-200.

**4:15 pm - 4:35 pm**

**Refreshment Break w/ Exhibitors**

**4:35 pm - 5:35 pm**

**Low Levels of Insulin Growth Factor (IGF-1) in Patients with Bipolar Disorder Correlate with Putative Markers of Neuronal Viability**

Marlon P. Quinones, MD, *Winner - 2008 TSPP Resident Paper Competition*

*Objectives:* At the conclusion of the program; attendees will be able to discuss the new study to measure Insulin Growth Factor (IGF-1) levels in adults and children/adolescents with Bipolar Disorder and Healthy Comparison Subjects. Potentially specific; trait-like abnormalities in IGF-1 might play a role in the pathogenesis of Bipolar Disorder. Further research and replication of these findings is warranted.

**Sunday, November 23**

**8:15 am - 8:30 am**

**Welcome and Introductions**

**8:30 am - 9:30 am**

**Metabolic Syndrome & Treating Psychiatric Patients Today**

Jeffrey M. Zigman, M.D.

*Objectives:* At the conclusion of the program, attendees will be able to discuss and describe the appropriate treatment planning using current 'state-of-the-art' knowledge regarding the association between psychiatric illness and body weight dysregulation, including attention to metabolic hazards posed by adding certain psychotropic medications,

Birkenaes AB, et al. The level of cardiovascular risk factors in bipolar disorder equals that of schizophrenia: a comparative study. *J Clin Psychiatry* 2007; 68:912-23.

Nasrallah, HA, Newcomer JW. Atypical antipsychotics and metabolic dysregulation: evaluating the risk/benefit equation and improving the standard of care. *J Clin Psychopharmacol* 2004; 24(5) Supplement 1: S7-S14, October 2004.

**9:30 am - 10:30 am**

**Update on Antidepressants: Focus on New Findings of Practical Significance to Clinicians Which Influence Patient Care**

Pedro L. Delgado, M.D.

*Objectives:* At the conclusion of the program attendees will be able to better able to use antidepressants with patients by assessing and managing underappreciated risk factors associated with antidepressant treatments, including appropriate lab work needed for people at risk of bone loss; as well as, understanding and advising patients about the current state of knowledge regarding new genetic markers that may affect risks for side effects and treatment response or non-response.

**10:30 am - 12:30 pm**

**Antidepressant Controversies: Legal & Ethical Issues, Suicidality & Birth Defects**

Christopher B. Ticknor, M.D. and Charlotte A. Brauchle, Ph.D.

*Objectives:* At the conclusion of the program, attendees will be able to describe the clinical decision making process and use of informed consent in prescribing antidepressants to patients with various risk factors

Diem SJ, et al. Use of antidepressants and rates of hip bone loss in older women. *Arch Intern Med* 2007; 167: 1240-1245.

Chambers CD, et al. Selective serotonin reuptake inhibitors and the risk of persistent pulmonary hypertension of the newborn. *N Engl J Med* 2006; 354(6): 579-587.

Alwan S, et al. Use of selective serotonin reuptake inhibitors in pregnancy and the risk of birth defects. *N Engl J Med* 2007; 356(26): 2684-2692.

### 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 entitled "Antidepressant Controversies: Legal & Ethical Issues, Suicidality & Birth Defects" 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 / panel presentation supplemented with audiovisual presentations and direct discussion. The program is designed to provide its' primary target audience of Texas psychiatric physicians, as well as other specialties of medicine, with clinically-relevant information regarding new diagnosis and treatment modalities and new directions in research to improve the physicians' knowledge; improve clinical skills, improve ethics and professional responsibility and promote the cost effective delivery of quality medical care to patients in their practice.

### ABOUT THE SPEAKERS

**Charlotte A. Brauchle, Ph.D.**
Counseling Psychologist, Psychotherapist and Adjunct Professor of Law at Saint Mary's University School of Law
San Antonio, TX

**Pedro L. Delgado, M.D.**
Professor and Dielmann Distinguished Chair, Department of Psychiatry, Associate Dean for Faculty Development and Professionalism, School of Medicine
The University of Texas Health Science Center at San Antonio
San Antonio, TX

**Avrim Fishkind, M.D.**
President of the American Association for Emergency Psychiatry
Medical Director of the Crisis Residential Unit at the Comprehensive Psychiatric Emergency Program of Harris County and
Chief Medical Officer of JSA Health
Houston, TX

**Kevin F. Gray, M.D.**
Director, Geriatric Neuropsychiatry Clinic
Dallas Veterans Affairs Medical Center
Associate Professor of Psychiatry and Neurology, UT Southwestern Medical School
Dallas, TX

**Marlon P. Quinones, M.D.**
2008 TSPP Resident Paper Competition Winner
Department of Psychiatry and Medicine
The University of Texas Health Science Center at San Antonio
San Antonio, TX

**Shawn Christopher Shea, M.D.**
Director, Training Institute for Suicide Assessment and Clinical Interviewing
Adjunct Assistant Professor of Psychiatry
Dartmouth School of Medicine
Hanover, NH

**Christopher B. Ticknor, M.D.**
Associate Clinical Professor of Psychiatry
The University of Texas Health Science Center at San Antonio, San Antonio, TX
Private Practice, Psychiatry, San Antonio
Part II Oral Examiner for the American Board of Psychiatry and Neurology
Team Psychiatrist, The NBA San Antonio Spurs

**Jeffrey M. Zigman, M.D.**
Assistant Professor, Division of Hypothalamic Research and Division of Endocrinology & Metabolism
Department of Internal Medicine
UT Southwestern Medical Center
Dallas, TX

### EDUCATIONAL GRANTS

*TSPP expresses appreciation to the following organizations for providing unrestricted educational grants in support of the independent scientific educational program* ***"Improving Psychiatric Care and Enhancing Patient Outcomes"***

AstraZeneca

Eli Lilly and Company

Forest Pharmaceuticals

TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS

# Annual Convention & Scientific Program

*"Improving Psychiatric Care and Enhancing Patient Outcomes"*

November 20-23, 2008 • Westin La Cantera Resort • San Antonio, Texas

## SPONSORS

***TSPP expresses appreciation to the following Sponsors of the TSPP 52nd Annual Convention!***

### DIAMOND

**Texas Foundation for Psychiatric Education and Research**
*Sponsor of the Saturday Membership Luncheon & Texas Foundation Annual Business Meeting*

### PLATINUM

**Polycom**
*Sponsor of the Friday Member Luncheon Program*

### GOLD

**Enterhealth**
*Sponsor of the Saturday AM Refreshment Break*

**McNeil Pediatrics**
*Sponsor of the Saturday PM Refreshment Break*

TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS

## 2008 ANNUAL CONVENTION & SCIENTIFIC PROGRAM

November 20-23, 2008 • Westin La Cantera Hotel, San Antonio, 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. **PLEASE NOTE: TSPP is extending the discounted meeting registration rate until November 12 for members / non-members in areas affected by Hurricane IKE.**

| NUMBER ATTENDING EVENT | DISCOUNTED REGISTRATION 7/12 – 10/12 | AFTER 10/12 |
|---|---|---|
| **GOLF OUTING** - Thursday | | |
| #☐ Please Send Me Additional Information. | | |
| **LUNCH PROGRAM** - Friday | | |
| #☐ Lunch Program | $20 | $25 |
| **MIT / ECP PROGRAM** - Friday | | |
| #☐ MIT/ECP Program | No Chg | No Chg |
| **WELCOME RECEPTION** - Friday | | |
| #☐ NOT Registered for Scientific Program | $40 | $50 |
| #☐ Registered for Scientific Program | No Chg | No Chg |
| **BUSINESS MEETING LUNCH** - Saturday | | |
| #☐ TSPP/Academy Member | $20 | $25 |
| #☐ MIT (TSPP/Academy) | $20 | $25 |
| #☐ Guest | $20 | $25 |

| NUMBER ATTENDING EVENT | DISCOUNTED REGISTRATION 7/12 – 10/12 | AFTER 10/12 |
|---|---|---|
| **AWARDS BANQUET/ENTERTAINMENT** - Saturday (Black Tie Optional) | | |
| #☐ Awards Banquet/Entertainment | $35 | $55 |
| #☐ Reserved Table for 10 | $350 | $550 |
| **SCIENTIFIC PROGRAM** - Saturday and Sunday | | |
| #☐ TSPP/Academy Member | $195 | $235 |
| #☐ MIT (TSPP/Academy) | $25 | $35 |
| #☐ Non-Member Physician | $235 | $290 |
| #☐ Non-Member MIT | $35 | $50 |
| #☐ Allied Health Professional | $105 | $130 |
| #☐ Spouse | $95 | $120 |
| #☐ Advocacy Organization | $20 | $25 |

**TOTAL REGISTRATION FEE $** ______

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.

### PAYMENT INFORMATION

☐ **Check** in the Amount of $______ *Make Checks Payable to Texas Society of Psychiatric Physicians*

Please Charge $______ To My: ☐ **VISA** ☐ **MasterCard** ☐ **American Express**

Credit Card #______ Expiration Date: ______

3 Digit Code on Back of Card on Right of Signature Panel ______

Name of Cardholder (as it appears on card) ______

Signature______

Address where you receive your credit card statement (include address, city, state, zip)

______

**CANCELLATIONS – Deadline for cancellation is October 12, 2008. In the event of cancellation, a full refund will be made if written notice is received in the TSPP office by October 12, 2008, less a 25% handling charge. NO REFUNDS WILL BE GIVEN AFTER OCTOBER 12, 2008.**

**RETURN TO:**
TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS, 401 WEST 15TH STREET, SUITE #675, AUSTIN, TX 78701; PHONE (512) 478-0605 FAX (512) 478-5223

## EXHIBITORS

(Confirmed as of September 10, 2008)

***Join your 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.***

**AstraZeneca**
Pharmaceutical

**Bristol-Myers Squibb**
Pharmaceutical

**CNS Vital Signs**
Computerized Neurocognitive Tests

**Cunningham Group**
Insurance

**Eli Lilly and Company**
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**Enterhealth**
Adult Residential, Dual Diagnosis, Treatment & Life Care

**Laurel Ridge Treatment Center**
Psychiatric Hospital Services

**McNeil Pediatrics**
Pharmaceutical

**Medical Doctor Associates**
Recruitment

**Nix Health Care**
Specialty Behavioral Health

**Pamlab, LLC**
Pharmaceutical

**Pfizer, Inc.**
Pharmaceutical

**Polycom**
Telemedicine Provider

**Sage Software Healthcare Inc.**
Practice Mgmt & Electronic Healthcare Record Software

**Sanofi-Aventis**
Pharmaceutical

**Texas Foundation for Psychiatric Education and Research**
Non-profit Corporation for charitable, educational and research purposes pertaining to psychiatry, psychiatric illnesses and treatments

**University of Texas Medical Branch - CMC**
Recruitment

**Wyeth Pharmaceuticals**
Pharmaceutical

# TSCAP Update

R. Andrew Harper, MD, President, Texas Society of Child and Adolescent Psychiatry

R. Andrew Harper, MD

Emergency preparedness. Disaster plans. Both concepts have been increasingly on the radar of healthcare providers in recent years and both were once again tested in the current hurricane season with Ike roaring into southeast Texas from the Gulf. Evacuations were considered and in some cases ordered. Patients from the areas under threat were moved out ahead of the storm and many of the difficult lessons from the Katrina and Rita experiences seem to have yielded benefits. Storm recovery, including coping with the largest power outage in the history of Texas, actively continues in many areas through out the state. This recovery includes efforts to rebuild and restore services and facilities in areas taking a direct hit as well as efforts to provide support and care for those displaced and otherwise impacted by the storm. Texas psychiatrists, many of them TSCAP members, joined in statewide efforts to prepare and assist with maintaining a high standard of mental health care during and after Ike and will continue this work in the coming weeks and months.

In a storm of the economic sort, as this is written, a congressional economic bail out bill is in the pipeline that has a mental health parity rider attached to it. This bill, passed in the Senate and pending in the House, will likely be the last chance for a federal call for parity in 2008. This is clearly an issue whose time is long overdue. Hopefully, by the time this column is published, it will be a fait accompli.

As the November election looms and as Texas prepares for the next biennial legislative session, child and adolescent psychiatrists should closely monitor how the candidates address important mental health issues. In addition to parity, the physician workforce shortage in mental health care, as well as shortage in other providers, needs to be a priority for the state to ensure Texans receive mental health services that are clearly critical. Many psychiatrists deal daily with resource limitations that back log emergency rooms and hamper attempts to move patients from inpatient psychiatric services to lower levels of care or supportive living environments. Other patients are placed on waiting lists or cannot access services at all. Our crisis driven system shortchanges many in need of mental health services in a way that threatens health care for the population at large.

There is still time to plan to attend the annual meeting of TSPP in San Antonio in November. This meeting not only provides a chance to acquire CME, but provides opportunity for peer networking and involvement in the work of organized psychiatry. The latter is particularly important in the period just prior to the Texas legislative session. Additionally, the TSCAP Executive Committee will be meeting. The agenda for that meeting will include planning for the TSCAP meeting in the summer of 2009. Please send us any input you may have that would be helpful in planning a meeting that meets your needs. I hope to see many of you in San Antonio November 20-23. ■

# TSPP Elections 2008

Nominations for TSPP elective offices will be finalized at the Annual Business Meeting on November 22, 2008 in San Antonio at the Westin La Cantera Resort during the TSPP Annual Convention and Scientific Program. The Nominating Committee, composed of Bill Reid, MD, Leslie Secrest, MD, and Gary Etter, MD submit the following slate of candidates for consideration:

**President-Elect, 2009-2010**
Richard L. Noel, MD, MD (Houston)

**Secretary-Treasurer, 2009-2010**
Patrick Holden, MD (San Antonio)

**APA Representative, 2009-2012**
Re-appointment of
Priscilla Ray, MD (Houston)

**Councilor-at-Large, 2009-2012**
Re-appointment of
Franklin D. Redmond, MD (San Antonio)

**Representative to APA Division of Government Relations, 2009-2012**
Re-appointment of
Leslie Secrest, MD (Dallas)

**Representative to APA Division of Public Affairs, 2009-2012**
Re-appointment of
Debra Kowalski, MD (Fort Worth)

Following the finalization of the slate of candidates during the TSPP Annual Business Meeting on November 22, 2008, 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 2008-2009:**
President - Martha E. Leatherman, MD (San Antonio)
President-Elect - George D. Santos, MD (Houston)
Secretary-Treasurer - Richard L. Noel, MD (Houston)
Immediate Past President - William H. Reid, MD (Horseshoe Bay)

**APA Representatives:**
A. David Axelrad, MD, Houston (2007-2010)
Priscilla Ray, MD, Houston (2006-2009)
J. Clay Sawyer, MD, Waco (2008-2011)

**Councilors:**
Gary Etter, MD, Fort Worth (2006-2009)
Patrick Holden, MD, San Antonio (2007-2010)
Lynda Parker, MD, Lubbock (2008-2011)
Franklin D. Redmond, MD, San Antonio (2006-2009)
William H. Reid, MD, Horseshoe Bay (2008-2011)
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)

# 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, Jacque' Collier and Gary Etter, MD, will submit the following slate of candidates for positions on the Foundation's Board of Directors at the Foundation's Annual Membership Meeting on November 22 in San Antonio during the TSPP Annual Meeting and Scientific Program:

**Three Year Terms (May 2009-May 2012)**

- Re-appointment of Shirley Marks, MD (Big Spring)
- Re-appointment of Clay Sawyer, MD (Waco)
- Re-appointment of Mohsen Mirabi, MD (Houston)
- Re-appointment of Conway McDanald, MD (Dallas)
- Re-appointment of Edgar Nace, MD (Dallas)
- Appointment of Gary Etter, MD (Dallas) to succeed Hal Haralson (Austin), who will be appointed as an Honorary Member

Elections for these positions will be conducted at the Foundation Annual Membership Meeting at the Westin La Cantera Resort in San Antonio on November 22, 2008 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. There are three classes of Directors.

Designated Directors are persons serving on the Board by virtue of positions they may hold in organized medicine or among mental health advocacy organizations (ie President-Elect of TSPP, Secretary-Treasurer of TSPP, Immediate Past President of TSPP, President of the NAMI Texas, Chairman of the Mental Health America in Texas, and President of the Depression and Bipolar Support Alliance - Texas). There are currently 6 Designated Directors: Graciela Cigarroa, JD (MHAT), Donna Fisher (NAMI), Marilyn Nolan (DBSA), Richard Noel, MD (TSPP), Bill Reid, MD (TSPP) and George Santos, MD (TSPP).

Honorary Directors are elected by the Board and are individuals who have demonstrated sustained support of the Foundation's mission. Honorary Directors include: Alex Munson, MD (Georgetown), Grace Jameson, MD (Galveston) and Edward Reilly, MD (Houston).

The Board may be composed of not less than 12 Elected Directors. Elected Directors are elected by the membership of the Foundation to serve three year terms on the Board. At least 3 Elected Directors must be Past Presidents of TSPP. Current Elected Directors include David Briones, MD, Jacque' Collier, Harry Davis, MD, Arthur Farley, MD, Miriam Feaster, Charles Gaitz, MD, Hal Haralson, Shirley F. Marks, MD, Conway L. McDanald, MD, Mohsen Mirabi, MD, Edgar Nace, MD, Jefferson Nelson, MD, Linda Rhodes, MD, Clay Sawyer, MD, Larry Tripp, MD, and Paul Wick, MD. ■

### In Memoriam...

**Luis Alvarez, MD** (Houston)
**Patrick Buchanan, MD** (Tyler)
**Mai O. Le, MD** (Houston)


**Private Practice Opportunity in Austin**

Austin Family Mental Health and Dr. Bud Holcomb have space available for a Child/Adult Psychiatrist beginning January, 2009. Located in Southwest Austin, we have a very good staff and a comfortable and contemporary environment. We are seeking a warm; professional Psychiatrist to share very reasonable overhead.

**Please contact Roseann Torres at (512) 328-7222.**

# Insurance Parity... Finally!

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

"Few things are impossible to diligence and skill. Great works are performed not by strength, but perseverance." **Samuel Adams**

After almost two decades of advocating for full insurance parity for psychiatric illnesses, with minor victories along the way accompanied by numerous disappointments, mental health advocates realized a major victory on October 3rd when Congress passed and President George W. Bush signed into law the massive financial rescue bill containing provisions for full insurance parity.

When the House failed to pass the original financial rescue bill on September 29, the Senate took the initiative by resurrecting an earlier mental health parity bill passed by the House in March as the container for the financial package because all spending bills must originate in the House. The Senate stripped the language of the parity bill passed earlier by the House and replaced it with its own insurance parity language, and added the financial rescue plan and tax break extenders. The bill (HR 1424) passed the Senate by a vote of 74-25 and passed the House by a vote of 263 to 171. President Bush signed the bill into law on October 3rd.

Although this achievement resulted from a legislative response to a national financial crisis, mental health advocates can rightly claim that the new law is a major step toward ending insurance discrimination and reducing the stigma of psychiatric illnesses. This legislation will provide parity for 82 million Americans covered by self-insured plans and another 31 million in plans that are subject to state regulation.

Although not a mandate to provide coverage for psychiatric illnesses, the parity legislation bans employers and insurers who offer psychiatric benefits from imposing stricter limits on coverage for mental health and substance-use conditions than those set for other medical conditions. If a plan offers out-of-network benefits for medical or surgical care, it must also offer out-of-network coverage for mental health and addiction treatment and provide an equal level of services. The law applies to plans enrolling more than 50 employees.

### Background of Texas Legislation

Texas is one of 38 states with a pre-existing mental health parity law. During the 1991 Legislative Session, the Texas Society of Psychiatric Physicians (TSPP) secured a sponsor for the first insurance parity bill, a bill initiated by TEXAMI (later to become NAMI Texas) and provided specificity to the bill's language during crucial negotiations to ensure its passage. The bill, SB 644 by Senator Mike Moncrief, was eventually attached to HB 2, a major insurance reform measure of Governor Ann Richards, and was passed during the final days of the Session. Prior to passage, the parity language was modified to apply only to state and local government health policies.

In 1997 TSPP and NAMI teamed-up again, built a larger coalition, and led a successful effort to pass insurance parity for all health plans regulated by the State of Texas. HB 1173 authored by Representative Garnet Coleman required state health plans to provide coverage for the treatment of serious mental illness, with limits of 45 days of inpatient treatment and 60 visits for outpatient treatment per year. Plans could not include a lifetime limit on the number of days of inpatient treatment or the number of outpatient visits. Health plans were required to include the same amount of limits, deductibles, and co-insurance for serious mental illness as for other medical illnesses. Serious mental illness was defined as schizophrenia; paranoid and other psychotic disorders; bipolar disorders (hypomanic, manic, depressive and mixed); major depressive disorders (single episode or recurrent); schizo-affective disorders (bipolar or depressive); obsessive-compulsive disorders; pervasive developmental disorders; and depression in childhood and adolescence. The bill was signed into law by Governor George W. Bush on June 20, 1997 and became effective on September 1, 1997.

During the 2007 Legislative Session, HB 1919 by Representative Todd Smith amended the parity law by removing "Pervasive developmental disorders" from the definition of "serious mental illness" and adding a section requiring coverage autism spectrum disorder for children between the ages of 2 and 6. Autism spectrum disorder was defined as autism, Asperger's syndrome and Pervasive Development Disorder not otherwise specified.

### Perseverance

The successes in achieving mental health parity have not come easy. Members of TSPP and members of other organizational members of the Federation of Texas Psychiatry have worked hard over the past two decades to educate legislators and the public about the discriminatory practices within the insurance industry. Members have responded to legislative alerts, written letters and emails supporting legislation, attended legislative and advocacy training programs, volunteered time to develop and nurture coalitions, offered opinions about pending legislation, testified before House and Senate Committees and visited with legislators at the state and Federal level. All of this hard work by individual psychiatrists, orchestrated and channeled through organized psychiatry, has resulted in a major breakthrough for psychiatric patients and their families. THANK YOU FOR YOUR PERSEVERANCE! ■

An Opportunity to Participate

# Annual Campaign 2008

The Texas Foundation for Psychiatric Education and Research is launching its seventh 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 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 17 years of operation has awarded 102 grants amounting to $174,446 to support programs addressing its goals by various Texas organizations.

Historically, about 90% of funds contributed to the Foundation have been available to directly support programs in Texas, as the Foundation's administrative costs consist of only about 10% of expenditures.

The Foundation's Annual Campaign 2008 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? Send your charitable donation today to: Texas Foundation for Psychiatric Education and Research, 401 West 15th Street, Suite 675, Austin, Texas 78701. ■

# JOB BANK

Whether you are looking for career opportunities or you are recruiting to fill a position in your organization, you will want to check out the Federation's **JOB BANK** on its website at www.txpsych.org. The Federation's JOB BANK could be just what you have been looking for.


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**

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