

Ideas

o f r e f e r e n c e



Minnesota—In The Black?

Dominic Sposeto
MPS Lobbyist

For the first time since Tim Pawlenty has been governor, he will be heading into a legislative session with a state budget surplus. When Pawlenty first took office, he inherited a mammoth \$4.5 billion dollar budget deficit, the largest in state history. His first two years in office were essentially devoted to this problem.

November 2005 revenue figures point to a projected \$700 million state revenue surplus. Added to the \$337 million in surplus funds that were placed in a tax relief account last year, the state budget projected surplus exceeds \$1 billion.

Now after of three years of dealing with balancing a deficit budget without raising taxes, the Governor can relax a bit. Perhaps the state legislature will have the opportunity to debate how to spend additional state revenues instead of cutting state spending.

Or will they?

Under current law, nearly all of the projected fiscal year 2006-2007 budget surplus will be used to enhance the amount and timing of payments to K-12 schools. Part of the state's previous budget solutions altered these payments with the promise that they would be restored if and when the state has additional funds. Of course, the state legislature could alter this law with new legislation, but I really doubt legislators will want to renege on their promise to local schools during an election year.

Further complicating the budget numbers is a recent Ramsey County judge's ruling that struck down the state's new "health assessment fee", frequently referred by some as the "new cigarette tax". The judge

ruled that the 75 cents per pack fee violated a settlement between the government and tobacco companies that barred the state from seeking additional money from the firms to pay for health care costs related to smoking.

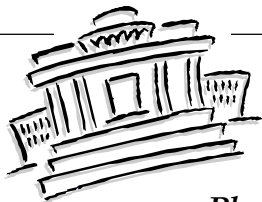
Since Governor Pawlenty based his health assessment fee on the state's health care costs attributed to smokers, the judge felt he had no choice but to overturn the fee. The Governor's critics say he invited this court challenge by labeling the charge as a health assessment fee instead of a tax.

The Governor has filed appeals with the State Court of Appeals and the Minnesota Supreme Court. In a truly ironic twist of fate, Attorney General Mike Hatch, an announced candidate for governor and a frequent critic of Governor Pawlenty's budget proposals, will be representing the Governor in court.

The state stands to lose the \$410 million that was expected to be raised through the health assessment fee. This loss would have to be made up with new revenue, most likely part of the budget surplus. So it looks like the state legislature may not have additional state revenues to debate when it reconvenes in March. ■

VOTE!

Your official MPS ballot is enclosed.
Completed ballots must be postmarked
by March 15, 2006 to be counted.



Join colleagues and advocates at the capital!

Thursday, March 16
Minnesota Medical Association
Physician Legislative Advocacy Summit

Tuesday, March 28
Legislative Network
Day on the Hill

Winter 2006

Volume XXXX

Ideas of Reference

is the newsletter of
the Minnesota
Psychiatric Society, a
district branch of the
American Psychiatric
Association.

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Ideas of Reference

The newsletter of the Minnesota Psychiatric Society is published quarterly: January, April, July and October for members of MPS and others on request. Signed articles express the opinion of the author and do not necessarily reflect policies of MPS. Articles submitted are subject to review by the editor.

Ideas of Reference accepts advertising. Rates follow:

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1/8 page	125	100	75

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Meetings and events may be listed on the Calendar of Events free of charge.

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Ideas of Reference

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Editors Note-

As I approached this opportunity for this edition, I have not experienced the usual inspiration (well, some may not consider my biannual musings inspired). I still love my job (or profession) and remained impressed with the energy and wonderful (and varied) projects of my MPS colleagues (there's something for just about everyone). I still get upset at the limited understanding about, and acceptance of, those with mental illness and the encumbrances to care we encounter daily (many things have certainly gotten better, but those damned pharmacy benefit restrictions!).

I think I (and we psychiatrists, at least at times) may not be the best at taking our own pulse. Our professional lives and responsibilities go on regardless of the events about us. There are losses (in my case), illnesses (in the case of a person on staff we all know well), family concerns, friends with issues, worries about patients, our practices and "stuff".

I bring this up to hopefully remind each other to stay in touch with our own stress level and circumstances. To appreciate those times when things come easy and to reflect on, and attend to, those times when they don't. To remind ourselves with how to refuel, and then to actually do it. More than a New Year's resolution, but a reminder of our place in the grand scheme, to stay in perspective, to remain introspective (like the therapists we were trained to be), to keep our priorities in order.

You can see that my close call with becoming a clergy almost 35 years ago, still has considerable influence in my messages (once I get going). I think I'll step off the pulpit and consider a little workout, or maybe finishing that book on the flat world in which we live, or talk to my wife, or kids, or call my buddies to discuss the latest music banter, or return a few calls to my patients. All these options sound pretty good to me right now. ■

Ron Groat

Child Psychiatry Practice for Sale in Tampa, Florida

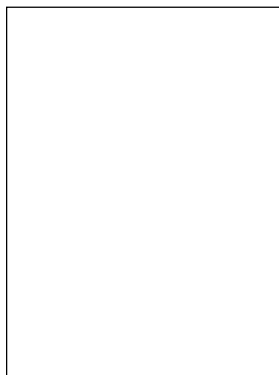
Successful Child Psychiatry practice for sale to Board Certified Child Psychiatrist either licensed in the State of Florida or interested in pursuing licensure. This is a 'fee for service' practice that does not accept insurance payments. More information is available on the website: www.cfi-tampa.com or by calling Michael Fox, M.D. at 813 956 5435.

Advertisement

Father and Daughter



by Eric Larson, MD
MPS President



"Dad, how could the hospital let that man go from the emergency

room, you know, the guy who went and killed his "i

"Well, Jenny, we don't really know what happened that night, so we should not speculate, I suppose. But our society has created significant barriers to doctors holding people against their will. We changed the commitment laws in recent years to make commitment easier, for folks who cannot care for themselves. But it still requires 'imminent danger' to put someone on a 72-hour hold, which is the first step in emergency hospitalization. If a doctor puts someone on a 72-hour hold, the patient can sue them, or charge them with false imprisonment, or at least drag them through a time-consuming complaint process with the Board of Medical Practice. Doctors have become pretty slow to use 72-hour holds."

"Dad, that's a crock. They should not have let that guy go. The newspaper made it clear that he was sick and needed help."

"You medical students are pretty cheeky these days! Good for you. Remember, we don't really know what went on for that patient that night. But let me put some perspective on this. In the 1980s, the mental health field was criticized for excessive use of hospitalization and keeping people in state hospitals indefinitely, a practice which had occurred in certain locations for decades before the modern era of mental health care. In the past 20 years, the funders of mental health care - employers, insurance companies, and the government - have reduced the funding for mental health care by about 50%. In addition, the patients' rights advocates and civil libertarians have worked through the courts to make it difficult to hospitalize someone against their will. Ever wonder why you see

those people who talk to themselves on the street, walking around without coats in the winter?

"So, Dear Heart, these events have created a system where there are nowhere near enough psychiatric hospital beds or places for patients to go after hospital discharge. There are not enough psychiatrists. Hospitals have expanded cardiology and surgery services, which make far more money for them. The pendulum has swung to where a patient needs to be devastatingly impaired before a judge will commit them, never mind what the new Minnesota commitment law says. There are not enough beds, and this affects how many commitments occur. It affects how hospitals treat patients. Even when we use the recently-liberalized criteria for inpatient hospitalization to hospitalize a voluntary patient, the psychiatric units discharge them almost immediately. They are in the business of pure crisis management, due to their shortage of beds and relentless pressure from insurance companies over the last 20 years.

"If we had a way to let families help patients get help before they were devastatingly ill, or for doctors to intervene before disaster was occurring, patients would not get as sick and would suffer less. I don't want to go back to the days of year-long hospitalization and I am glad that we pay more attention to patients' wants and needs. But as my forensic psychiatry teacher said, the system allows patients (or their relatives) to die with their rights on."

"So, Dad, tell me again why you went into psychiatry."

"I am a social worker at heart and I like tilting at windmills. Oh, and neuroscience is the true frontier of medicine. Have you thought about plastic surgery?"

"Not a chance. I want to fix this. Should I go to law school after med school?" ■



Walk for Mental Health Research

Saturday, May 13, 2005 10:30 am to 12:30 pm
Lake Nokomis Community Center



Council highlights

Highlights and Actions from the January 2006 Council Meeting

**Saturday, January 14, 2006, 9:00 AM
Black Bear Crossings, St. Paul, MN**

Secretary/Treasurer's Report—Dr. Clapp reviewed the December 2005 Financial Report. He noted that the conversion from cash accounting to accrual accounting provides a more accurate report of finances. This is the first year MPS will have an accounting mechanism to reflect deferred funding for planned activities. **Action:** *The December 2005 financial report was approved.*

Executive Director's Report—Linda Vukelich reported that MPS submitted a grant proposal to the American Psychiatric Foundation for the Red Lake Outreach. The grant requests \$50,745 to support weekly teams of volunteers on the Red Lake Reservation, with funding requested for culturally appropriate educational resources and lodging for volunteers. Additional funding will be sought from other sources.

Legislative Committee Report—MPS lobbyist Dominic Sposeto reported that the 2006 Legislative Session will start March 1 and is required to close in May. The projected budget excess is already accounted for. Unfortunately, the Tobacco Health Impact Fee which resulted in projected annual revenues of \$400 million and accounts for \$111 million collected is being questioned. The governor and Commissioner Goodno have said the state will pay for medications of controversy while Medicare Part D is being implemented. All are waiting for the February budget forecast. Indications are that it may be up a bit.

MPS PAC Report—Karen Dickson, MD reviewed MPSPAC membership building activities and noted that the goal is 50 members. There are currently 23 members and 11 promised to join. Dr. Dickson noted that PACs cannot lobby.

State Advisory Council Report—Gary Christenson, MD represents the State Advisory Council (SAC) on the Drug Formulary Committee. The SAC has concerns about the new CNS program that tracks physicians who practice polypharmacy. MMHAG activities have also been a focus. SAC chair Kris Flaten has been tracking MMA-D problems. Dr. Christenson chairs the **Primary Care Integration Subcommittee, whose** goal is better integration of psychiatry in medicine. A letter

of support has been sent to MMHAG. As chair of the 17-25 year old Committee, Dr. Christenson noted that mandatory insurance for college students is a goal. Dr. Christenson asked for MPS assistance with data, noting that this is the year that a report must go to the governor. Dr. Christenson noted that the SAC is keenly aware of psychiatrists who provide uncompensated, or under compensated, care.

MSCAP Report—George Realmuto, MD highlighted issues around nurse practitioners, child psychiatry division director, increasing fellowships and a spring summit for child and adolescent psychiatrists.

DHS Report—Alan Radke, MD offered an overview of the mental health system transformation, noting the circumstances leading up to the changes outlined, including declining occupancy and legislative actions. He reviewed the new components in place and in transition, including ARMHS, ACT teams, and IRTS. He described benefits of using CADI waivers and reviewed State Operated Services' efforts to provide acute and short-term treatment(with length of stay less than 30 days) without requiring commitments using IMR (Illness Management Recovery) to help patients manage illness, with self-sufficiency as the goal. The overall DHS goal is to eventually bring everything to the marketplace to encourage competition, instead of relying on appropriations which only provide 50¢ on the dollar. Plans are still in negotiation.

Native American Psychiatric Issues Task Force—Read Sulik, MD has been building relationships. Preparation is crucial as the anniversary date of March 21 approaches. As soon as the MPS initiative gets going in Red Lake and we have established a presence, we will start to partner and collaborate with other professional organizations. Teams will be available to Red Lake leaders and professionals on Friday evening, then weekend staffed urgent care and other services. Sensitivity to cultural issues is important. MPS had an orientation for volunteers following the Council meeting to emphasize this.

Integrated Care Task Force Update—Roger Kathol, MD reported that the fall 2005 Integration educational session was successful. He noted that the health plans approved meeting with network programs, thanks to MMA. Meetings will begin shortly. The delay has impacted some of the programs, so there are varied levels of readiness. Dr. Kathol added that we need more psychiatrists involved. The next educational session is for reattribution therapy in a train-

Continued on page 10

Members on the go!

New MITs: Iris Medini, MD; David Mach, MD; Sandra Rackley, MD

MPS Spring Meetings Feature APA President Steven Sharfstein, MD

by Linda Vukelich, Executive Director



The MPS Spring meetings are being held on Thursday, March 9 and Friday, March 10 at the Embassy Suites Hotel in St. Paul. We are pleased to feature APA President Steven Sharfstein, MD as our keynote presenter at the 2006 Recognition Dinner and our Spring scientific meeting, "Quality Psychiatric Care: Research & Practice."

We will recognize our award winners including our Private Practitioner of the Year, Dr. Keith Horton and our two Gloria Segal Award winners. We will acknowledge our new Distinguished Fellows, Drs. Maureen Hackett, Douglas Hedlund and Nancy Raymond. And this year we will also honor our Life Distinguished Fellows and Life Members. Plan to attend this very special event.

Our Spring Scientific Meeting offers 7.0 category 1 credits for Continuing Medical Education. We have also applied for Continuing Education credit from the Minnesota Board of Psychology, so invite your colleagues too.

The morning workshop on the MMPI-2 will explore current system failures and offer principles necessary to put patient needs first so recovery is achieved. We will discuss statutory supports for access to quality care and how the MPS Medical Necessity Task Force has engaged health plans to conform to professional standards. Participants will hear about the history and rationale for coercive treatment and review related clinical issues. Methamphetamine addiction is a growing problem we will explore. And we will hear how the American Psychiatric Association vision for American psychiatry weaves systemic, clinical, economic and political elements together.

The Embassy Suites Hotel offers suites convenient to I-94 and 35-E in St. Paul. Call 651-224-5400 for reservations. Plan to call early because the High School Hockey Tournaments are in town then, and hotel rooms will go fast! ■

WATCH FOR YOUR BROCHURE IN THE MAIL OR REGISTER ONLINE AT WWW.MNPSYCHSOC.ORG.

MINNESOTA PSYCHIATRIC SOCIETY PRESENTS
2006 Recognition Dinner & Spring Scientific Meeting
QUALITY PSYCHIATRIC CARE: RESEARCH & PRACTICE

THURSDAY, MARCH 9 MEETING HIGHLIGHTS

5:30 pm - 5:00 pm: **Recognition Dinner Reception**

6:30 pm: **Recognition Dinner and Award Presentations**

Keynote Address: **APA President Steven Sharfstein, MD**

THE APA VISION FOR AMERICAN PSYCHIATRY

FRIDAY, MARCH 10 MEETING HIGHLIGHTS

8:30 am - 9:00 am **Registration & Continental Breakfast**

9:00 am - 12:15 pm **Minnesota Multi Phasic Inventory** - Paul Arbisi, PhD

12:15 pm - 12:30 pm **Minnesota Medical Association Update** (not CME)- Robert Meiches, MD

1:30 pm - 2:30 pm **Treating Methamphetamine Addiction**

Scott McNairy, MD and Deborah Durkin, MPH

2:30 pm - 3:30 pm - **The Case for Caring Coersion** - Steven Sharfstein, MD

3:30 pm - 4:30 pm - **Minnesota Medical Necessity Improvements**

Will Dikel, MD and Floyd Anderson, MD

EMBASSY SUITES HOTEL

175 East Tenth Street, St. Paul, MN. Call 651-224-5400 for directions and lodging information.

MPS news

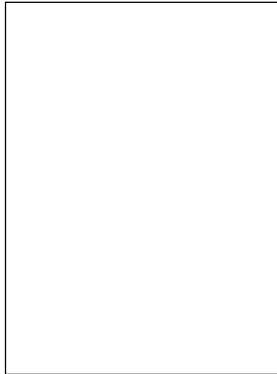


MPS Election 2006

In 2006, the MPS membership will elect a President-elect and two Councilors. The candidates for office are listed with brief biographies, their proposed agendas and responses to the question, "How do you propose to address the needs of our patients?" Your official MPS ballot is enclosed in this newsletter. Completed ballots must be post-marked by March 15, 2006 to be counted.

President-elect

Jeffrey Hardwig, MD



I was born and raised in the Canadian border town of International Falls, where I now reside with my wife, Mary Kay. My education is similarly Minnesotan, with a biology degree from the University of Minnesota Duluth, Medical School at the Mayo Medical

School and a Psychiatry residency at the Mayo Graduate School of Medicine. In order to repay a Navy scholarship, three years of Naval service followed residency. I helped train psychiatry residents during a year spent at the Naval Hospital in San Diego, while at the same time I learned how to function as a Navy psychiatrist. My next assignment came just in time for the first gulf War, when I was transferred to the Naval Hospital at Camp Pendelton, California which serves the US Marine Corps.

In 1992, my wife and I returned with our two teenage sons to International Falls to see if the town needed, and could support, a psychiatrist. There had never been a psychiatrist there and very quickly my practice was full. My current practice is entirely outpatient and divided between the International Falls Clinic (which is primarily a family practice clinic) and Northland Mental Health Center (a rule 29 facility). It is testimony to the unmet psychiatric needs in our rural communities that my practice would become busy so quickly.

While I love my hometown for its people and the surrounding natural beauty, my choice has created professional challenges secondary to its geographic isolation. Active participation in the Minnesota Psychiatric Society over the past few years has helped alleviate not only my sense of isolation, but the cynicism and discouragement induced by obstacles to psychiatric care that began and grew in tandem with my career. I have met some very bright and dedicated people who are working successfully on tough problems which face our patients and it has been a blessing and an honor to serve previously as a Councilor in the MPS. I hope to have the chance to continue in the capacity of MPS president and sincerely believe that our combined efforts are absolutely necessary to solve the problems facing our profession and can be personally gratifying to those who participate in this good fight.

Lack of access to psychiatric care has been and remains the most significant issue facing Minnesota psychiatry today. We know the causes. Years of lack of parity and imposed limits to care have over time created a crisis. At this point, even if parity were achieved, access to care would not be immediately attained. This is because the infrastructure of care has eroded. Clinics and hospital wards have closed, the staff have been let go or never hired and we lack the workforce, especially in the area of child and adolescent psychiatry.

The solutions are multifaceted and I feel some progress has been made. We need to continue to move

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Constitutional Amendment on Ballot

The MPS Constitution needs to be amended to correctly reflect this organization's mission and purpose. As an organization with a contract lobbyist that includes advocacy for patients and the profession in its mission, the MPS Constitution and Bylaws Committee is proposing an amendment to

delete a paragraph in Article 2 stating that no substantial part of MPS activities will be to "influence legislation" and replacing it with the our mission statement.

Watch for this item on your ballot and please remember to vote by March 15!

Council Candidates - Elect two.



Ann Felde, MD

I am a staff psychiatrist at the Minneapolis VA Medical Center, practicing primarily consultation-liaison psychiatry.

My professional interests are varied, including medical student education, the homeless mentally ill, women's mental health issues, and neuropsychiatry, especially psychiatric sequelae of traumatic brain injury.

My undergraduate degree is from the University of Minnesota. I attended medical school at Columbia University College of Physicians and Surgeons and completed my psychiatric residency at Walter Reed Army Medical Center in Washington DC. I was an active duty Army psychiatrist for eight years, and served as staff psychiatrist at the 67th Combat Support Hospital in Wuerzburg, Germany.

I am currently active in the clinical and didactic teaching of medical students and residents in consultation-liaison psychiatry at the Minneapolis VA Medical

Center. My current research work at the VA involves studying post-operative delirium as well as neuroanatomical correlates of chronic neuropsychiatric deficits after traumatic brain injury.

My life outside of work is equally satisfying.

Together with my husband Jon Felde, we are raising three delightful young children.

I am excited about the opportunity to serve on the MPS Council; MPS has a record of excellence in improving care and advocacy for our patients, and in supporting the interests of practicing psychiatrists. There are still many opportunities and challenges that lay ahead for Minnesota psychiatrists. For example, I would like to see MPS work to improve the depth of mental health services available in rural areas of the state. We clearly need to develop recruitment strategies for psychiatrists in these locations. Advances in telemedicine may also help support psychiatric services in rural clinics.

Improving access to services for children and families, especially for chemical dependency treatment and long treatments for the mentally ill is another opportunity for improvement. Access to

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Julie Suzanne Gerndt, MD

I have been practicing general psychiatry in Mankato, MN since 1987. I was board certified in 1990, after completing medical school and residency training at the University of Iowa Hospitals and Clinics. The first 14 years were spent in a single-specialty practice which employed psychologists and social workers. I currently practice in the Mankato Clinic, a multi-specialty clinic, where over sixty of the practicing physicians are shareholders. I serve as the president of the Mankato Clinic Board of Directors. I work both in an outpatient clinic and hospital inpatient practice. I have direct experience in third party payor negotiations, physician management and practice management. I have served as department and division chairs, on the ethics committee, bylaws committee and credentialing committee.

I currently support an MPS project site for the integration of psychiatry into outpatient pediatric practice. I have previously worked with the MPS committee that identified the shortage in psychiatry inpatient services and shortage of psychiatrists.

The most important issue facing psychiatry in Minnesota is the preservation of high quality psychiatric care in an environment of fiscal, practitioner and other resource shortages. Psychiatric illness

remains a leading cause of disability and loss of all forms of productivity. It is far too easy for psychiatric care to be dismissed as lacking value in an environment of unacceptable health care costs and a shortfall of psychiatric resources. The shortage of psychiatrists will continue, so alternative solutions are necessary. Those solutions need to include integration of psychiatric care into the delivery of primary care and third party acceptance of alternative delivery models. In order to maintain quality of care, psychia-

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MPS candidates



MPSPAC

Karen Dickson, MD, MPSPAC Board President

The year 2005 was a successful year for expanding MPSPAC membership. A concerted membership campaign at the very end of the year led to an additional six members in one month, with eleven more pledging to join in early 2006!

Current 2005 membership is at 23, plus the pledges of 11 more likely members for 2006. This may not sound like a lot of members, but in fact a larger percentage of MPS members have joined our MPSPAC than in most other professional medical societies.

Of course you **ALL are welcome to join MPSPAC, and I hope you do!**

Most other medical professional societies are vigorously trying to grow their PAC's with concentrated membership campaigns. This is because those who oppose the goals of our organizations are well organized, well prepared, savvy at legislative advocacy, and very well funded. **MPS needs a healthy PAC. The MPSPAC needs you to join! Make it your New Year's resolution to join now!**

The goal of MPSPAC is to support MPS in meeting its political advocacy and legislative goals.

Coupled with the MPSPAC, an active MPS Legislative Committee with energized leadership, strong MPS leadership support and membership in MPSPAC, a solid MPS grassroots political advocacy network, MPS and MPSPAC can be very effective together and succeed in realizing MPS' goals.

RMS President Jim Jordan Urges Improvements

In an October 2, 2005 Op Ed piece published in the St. Paul Pioneer Press, MPS member and Ramsey Medical Society President Jim Jordan, MD urged Minnesotans to raise the standard of mental health care.

In his eloquent editorial, Dr. Jordan noted that "Mental illness and mental health care affect all of us everyday as individuals, families, businesses, neighborhoods, and communities."

Dr. Jordan outlined the critical questions about the standard of Minnesota's mental health care that must be addressed: "Is it really adequate; is it really accessible?"

He urged us all to "take a leading role in raising the standard of mental health care. Nothing could be more critical to maintaining the 'quality of life' in which we Minnesotans take pride." ■

I would like to thank personally all who joined in supporting the MPSPAC in 2005, and those who will do likewise in 2006. The following is a partial list of members who have given us permission to publish their names and/or donations.

MPSPAC Members

Members (amount not published)

Michael F. Koch, Mark R. Koller

\$100-\$250 - Bronze members

Anonymous [\$200], David W. Cline [\$100], Scott J. Crow [\$200], Phillip L. Edwardson [\$100], Kurt L. Fox [\$200], Jeffrey Hardwig [\$200], Anonymous [\$200], Judith F. Kashtan [\$200], Deane C. Manolis [\$250], H. Berit Midelfort [\$200], John M. Rauenhorst [\$200], Nancy C. Raymond [\$200], George M. Realmuto [\$200], Chris Sigurdson [\$200], Ivan W. Sletten [\$200], Galen W. Stahle [\$200], Tracy A. Tomac [\$200], Robert D. Wasson [\$100]

\$500 and up - Silver members

Karen K. Dickson [\$500]

\$1000 and up - Gold members

\$2000 and up - Platinum members

Anonymous [\$2,000]

Thank you, Representative Ramstad!

In a close vote on Capitol Hill, the budget reconciliation bill passed by a vote of 214 to 216. Only a handful of legislators changed their votes; one was Representative Jim Ramstad. He said, "After listening to hundreds of Minnesotans and reading the analysis from the nonpartisan Congressional Budget Office, I voted with my conscience against a bill that disproportionately hurt vulnerable children, people with disabilities, the elderly and the poorest of the poor."

Representative Ramstad added that the bill would have reduced access to critical treatments for people with mental illness and chemical dependency. He noted that Congress needs to cut "pork barrel spending, reduce unnecessary discretionary spending and eliminate wasteful federal programs." "Reducing the deficit in this responsible way keeps faith with the American people, while protecting our most vulnerable people."

MPS applauds Representative Ramstad for his courageous action and for his ongoing efforts on behalf of Minnesotans with mental illness! ■

Medicare Part D Update

Ellen Jaffe, APA Medicare Specialist



The Medicare prescription drug benefit, Medicare Part D, completed the first month of its existence on January 31. As all of you who've been reading the newspapers know, its implementation has been anything but smooth, and the advent of this new program has created a number of problems for the mental health field. The complexity of the program, with drug coverage being offered by numerous commercial pharmacy benefit plans, has proved extremely difficult for patients and their representatives to navigate.

Before we go into details about the problems that have arisen, we want to remind you that, in coalition with several other mental health groups, the APA established a website where it is posting the latest information on Part D issues, <http://www.MentalHealthPartD.org> and also has a dedicated e-mail address, <mailto:PartD@psych.org> and a phone line, 866-882-6227, for you to use in reporting problems you and your patients are encountering with the new program.

Most of the problems that have been reported to the APA thus far have to do with patients who are dual eligibles. These patients had their drug coverage switched from Medicaid to Medicare Part D on January 1, 2006. Each dual eligible was supposed to be randomly enrolled in a low-premium drug plan prior to January 1, with the option of switching to another plan that had a more compatible drug formulary. A point of service (POS) fallback plan was put into place for any duals who, for whatever reason, had not been enrolled in a plan by January 1, so they would be able to receive necessary drugs when they went to the pharmacy.

The APA had encouraged members to be sure their dual eligible patients had any drug refills they were entitled to before December 31 so they wouldn't go immediately into the new coverage, with its untested delivery system, desperate for their medications.

The concerns about difficulties that would arise with the new program turned out to be well-founded. Problems arose because information on plan formularies, transition policies, and appeals processes was not available online as it was supposed to be; electronic and telephone communications systems either didn't have the correct data available or were just overwhelmed by the volume of use; and, generally, there was no easy way for the various participants to get in touch with each other.

Ironically, dual eligibles who had done the intelligent thing by switching to plans that better met their needs before January 1 turned out to be the ones faced with the most daunting problems on that date. When they showed up at the pharmacy, the pharmacist was able to find the correct plan in the database, but the plan had not received the information that this new enrollee was dual eligible, with no deductible to be met and a maximum copay of \$5 (\$1 and \$3 in most cases). In some cases pharmacists were demanding duals pay a \$250 deductible and copays running into hundreds of dollars before they'd issue drugs.

Although CMS had made it clear in its guidelines, that enrollees were supposed to receive refills of any drugs they were already taking at the transition, many PDPs were demanding prior authorization before they would permit pharmacists to dispense drugs. This proved to be an especially serious problem for patients stabilized on clozapine, many of whom were being sent home from pharmacies without their needed drugs. Intervention from the APA seems to have eliminated this one problem.

CMS has stated that "all or substantially all" antipsychotics, antidepressants, and anticonvulsants are to be included on every drug plan's formulary, and that it expects patients who are stabilized on specific medications to be able to keep taking those medications at least for 2006. That is, patients who present with refills are to be presumed "clinically stable." The APA is working with staff at CMS on an almost daily basis to keep them aware of where the new program is breaking down, and to get them to hold the drug plans accountable.

If you've encountered any problems with Part D, please contact the APA at <mailto:partd@psych.org> or 866-882-6227 with the specifics so its Office of Healthcare Systems and Financing (OHSF) can keep on top of what's happening in North Carolina. As Irvin "Sam" Muszynski, director of OHSF says, "If we can provide CMS with information about which plans are not doing what they're supposed to, we should be able to bring about some changes. We need to establish a pattern of noncompliance as opposed to simple mistakes." ■



Council Highlights

Continued from page 4

the-trainer session planned for March 20-22 and led by Linda Gask from Manchester England. She will train 8 people.

MMA Report—Karen Dickson, MD reviewed her written report, noting that a new physician database is available to MPS and recommending MPS participation in the March 16 MMA Legislative Summit. MPS will co-sponsor. ■

Jeffrey Hardwig, MD

Continued from page 6

along similar lines. Medical necessity criteria in Minnesota were recently put more in line with the standards of our profession and we have attained some degree of parity in the state funded services. Full parity needs to be achieved in the private sector as well so that clinics and hospitals can afford to hire more help. Mental health treatment must be brought back into medicine through the integrated care initiative. An epidemiologist is still needed to measure the scope of the access problem and to track progress as we institute solutions.

We must continue to show the public and our politicians the more realistic, benevolent face of psychiatry in order to counter the distortions that have been put forth by some elements of the entertainment

industry. We need to attract more good people into the profession. There is certainly a need, and now more than ever, we have the tools to more effectively treat our patients.

We must be vigilant in insuring that our current lack of resources does not erode our standards. There are far better solutions for psychiatrists than the misguided strategy of making up for lack of adequate staff and low reimbursement by seeing more patients for shorter periods of time for medication management only. This strategy carried too far can result in too much time between short visits with our patients, inadequate psychological understanding of our patients, and a diminution of our psychotherapeutic skills. We must make communication between providers the standard and expectation among the various providers in our mental health system. Our best hope for the future is to keep our standards high and keep our thoughts focused on what is best for our patients. ■

Julie Gerndt, MD

Continued from page 7

trists need to remain assertive and active in directing the psychiatric care of our patients who need them and advocate for an appropriate allocation of health care dollars for psychiatric care. ■

Continued ...

HealthPartners ad

Ann Felde, MD

Continued from page 7

care, including the shortage of inpatient psychiatric beds, is becoming a crisis across the country. MPS is working hard to improve reimbursement, among other strategies, so that providing inpatient services is not such a financial drain for hospitals. Mental health parity legislation and elimination of mental health carve-outs will be an important part of the solution as well. I look forward to helping MPS develop innovative strategies to address these issues, which are crucial to our ability to improve quality of life for our patients. ■

CHIEF PSYCHIATRIST

The Waukesha County Mental Health Center is recruiting for a full-time Chief Psychiatrist for our adult psychiatric hospital. The 2006 salary range is \$138,038 - \$168,748. Our benefit package includes vacation, holidays, sick time, health, dental and life insurance, CME time, deferred compensation program, professional liability insurance, retirement program and the opportunity for private practice on site. The Chief Psychiatrist is responsible for management of clinical services in our 28-bed (two fourteen bed units) adult acute psychiatric hospital and shares direct patient care responsibilities with one full-time and one part-time psychiatrist. On call duties are shared divided among four full-time psychiatrists and one part-time psychiatrist. Waukesha County is located in the Southeast corner of Wisconsin, next to the Milwaukee Metropolitan area, two hours northwest of Chicago, 30 minutes from downtown Milwaukee and approximately one hour from Madison. Waukesha County (pop. 360,000) is one of the fastest growing counties in Wisconsin. Interested individuals should contact Dr. Michele Cusatis, Mental Health Center Administrator at 262-548-7957 or at mcusatis@waukeshacounty.gov for more information about the position. For information about the benefits package, contact Renee Gage, Senior Human Resources Analyst, in our Human Resources Department at 262-548-7044 or at rgage@waukeshacounty.gov. Applicants should submit a vita to:

Waukesha County Administration Center,
Human Resources, 1320 Pewaukee Road, Rm 160,
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Calendar

February 28

NAMI-MN University of Minnesota Research Dinner Radisson Roseville, Register by February 18. Call 651-645-2948 for more information or go to <www.nami.org/namimn>.

March 9

2006 Minnesota Psychiatric Society Recognition Dinner Our annual awards banquet and a great opportunity to join colleagues to hear from APA President Steve Sharfstein, MD. Call 651-407-1873 for more information or go to <www.mnpsychsoc.org>.

March 10

2006 Minnesota Psychiatric Society Spring Scientific Meeting Call 651-407-1873 for more information or go to <www.mnpsychsoc.org>.

March 16

2006 Physician Legislative Grassroots Summit Hosted by the Minnesota Medical Association, the Summit is the successor to the MMA's annual "Day At The Capitol." Call 612-378-1875 for more information or go to <www.mmaonline.net>.

March 28

2006 Mental Health Day on the Hill Organized by the Mental Health Legislative Network, the Day on the Hill brings mental health advocates together for a day of education and meetings with legislators. Call 651-407-1873 for more information.

**March 30 -
April 2**

Relating to Self-harm and Suicide: *Psychoanalytic Perspective on Theory, Practice and Prevention* 2nd International Suicidality and Psychoanalysis Congress. Imperial College, London, UK. For more information go to <www.tavi-port.org>.

April 6-7

2nd Bi-Annual Schizophrenia Treatment: Bridging Science to Clinical Care Presented by International Congress of Schizophrenia Research, Department of Psychiatry, continuing Medical Education, University of Minnesota Medical School. Hyatt Regency, Minneapolis, MN. Go to <www.cme.umn.edu> for more information.

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