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Ideas of Reference

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

CALENDAR

July 25	MPS Telepsychiatry Town Forum - Sites TBD
Aug. 22	MPS Inpatient Bed and Mental Health Resource Shortages - Sites TBD
Sept. 15	Buprenorphine Training, Marriott City Center, Minneapolis, MN
Oct. 6	MPS Fall Meetings Minneapolis Marriott West, St. Louis Park, MN

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and their patients

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quality mental health care for
the patients that we physician
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From 2007-2008 MPS President Jeff Hardwig, MD

A vision statement for MPS



Jeff Hardwig, MD

Our organization is the sum of the creative potential of its individual members combined to better serve our patients. Our competency at providing the best care available combined with our steadfast commitment to patients is our only unassailable claim to authority.

MPS President Jeff Hardwig discusses his views and vision for the next year. In a document posted on the website in its entirety, Dr. Hardwig discusses access, stigma and the current state of our mental health system.

He notes that "there is reason to be hopeful, that with mental health parity the worst is behind us. How we approach our problems will define the future of our profession. That is why the current interest in the Mental Health System makes me so hopeful."

Dr. Hardwig notes, "It is so screwed up; there are so many problems to solve that there is literally something for everyone to do. If we draw a line in the sand here and push back from this point, we can all be part of a rebuilding. It is up to today's psychiatrists to build a profession that we would join all over again and that will attract bright medical students to become psychiatrists of the future."

His vision includes or addresses: integrated care, communication, membership, and involvement in professional organizations. Dr. Hardwig reminds us that "our organization is the sum of the creative potential of its individual members combined to better serve our patients. **Our competency at providing the best care available combined with our steadfast commitment to patients is our only unassailable claim to authority.** That authority places responsibility squarely on every psychiatrist's shoulder to be a leader in our profession."

He outlines his ideas for involving and serving members in training and summarizes the plans to take back psychiatry, adding that we "support a *core curriculum* on professionalism taught in residency and backed by mentorship."

The scarcity problems are statewide, and as a rural psychiatrist, Dr. Hardwig encourages every psychiatrist to work together to fight back from here to create a system that serves our patients well and attracts new psychiatrists.

Since we got where we are in part due to legislative action, the solution will in part be legislative. We will continue to support our MPS Political Action Committee and be full partners with the rest of medicine by supporting the MMA. We are asking to be equal partners in medicine so it is only reasonable and expected that psychiatrists pay their MMA dues and be active in the MMA.

The following steps can be taken by everyone:

1. Communication among the mental health elements is a doable immediate first step. It is a standard of good care and necessary for continuity.
2. Connect the disparate elements to create an actual mental health system with psychiatrists in influential positions.
3. Educate the public, our non-psychiatric colleagues, and the purchasers of insurance about the benefits of psychiatric care and the unintended costs of carved-out mental health care.
4. In time, integrate behavioral health and physical health treatment. ■



2 Ideas of Reference

The newsletter of the Minnesota Psychiatric Society is published bi-monthly: Jan-Feb, Mar-April, May-June, July-Aug, Sept-Oct and Nov-Dec 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.

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A Time of Transitions

With spring rolling into summer, MPS is in its annual season of transition. Our new officers are in place and our award winners have been named. Now is the time to look forward and plan for future growth and success.

Thank goodness not everything is changing. I am pleased to continue to work with Eric Brown on this newsletter. Dr. Brown has been co-editor for three years now, and I have enjoyed working with him on the Council over the years since he was in residency and now that he is in practice at the VA. His calming influence balances my sometimes excess energy level.

Jon Van Loon has been one of the constants I have relied on over my ten years in this position. As a member-in-training, he built our first website and has served as our webmaster ever since. In early 2006, Dr. Van Loon agreed to serve as co-editor, working closely with Eric Brown. Dr. Van Loon is now president-elect and has decided to step aside as co-editor to focus on his new role.

Eric Larson, MD has agreed to serve as co-editor. You are accustomed to excellent offerings in this newsletter and I am certain the tradition will continue with these two dedicated editors. Dr. Larson is not only a past president of MPS, in 2002 he chaired the Task Force on the Shortage of Psychiatrists and Inpatient Beds and the group published a report that is still drawing attention to the problem. He knows well how to connect information and action and we can anticipate more to come as he partners with Dr. Brown.

One of the best parts of my job is working with the talented and interesting people who volunteer their considerable skills to make the Minnesota Psychiatric Society so extraordinary. If you are interested in submitting an article or in sharing your creative offerings on the website, please let me know. ■

Linda Vukelich

Electronic Health Records

Suzanne Albrecht, MD

The CCEHR or Corresponding Committee on Electronic Health Records, of which I am a member, has been meeting mostly by phone for two years now. The committee communicates with multiple government and international entities about standards for health care technology. The APA website has a full list of the committee's activities.

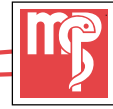
Our major goal has been to influence confidentiality requirements for Electronic Health Records (EHR). An executive order mandated that EHR be implemented by 2014. The office given authority to implement EHR is the Office for National Coordination of Health Information Technology (ONCHIT). A subcommittee in charge of certification (imprimatur) is called CCHIT. (Certification for Coordination of Health Information Technology).

This process of certification is very expensive for software vendors (one vendor told me the cost was \$200,000 for certification). If smaller vendors (usually physicians) are driven out, EHR will be more expensive and thus further erode a physician's capacity to operate a private practice.

Our committee was ignored when we participated in the "CCHIT town meeting" in the summer of 2005. The purpose of the meeting was to put forth confidentiality criteria. I believe, "...confidentiality will be hammered out in the workplace," was the exact quote from CCHIT.

What is IN the certification criteria is the capacity of an EHR to export data. Why? "... locked in file cabinets in doctors' offices around the country is a

Continued on page 8



Knowledge, Information and Partnership

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by Roger Kathol, MD
MPS Past President

First, let me say that it has been a great privilege to serve the psychiatrists of Minnesota as President. The year has been filled with new acquaintances, fun times, hard work, and collaborative thinking about psychiatry's direction, priority agenda items, and activity on behalf of our profession. I continue to be amazed by the depth of commitment of psychiatrists in Minnesota in the interest of their patients—this in a health care environment that is none too friendly to the needs of those with mental illness and substance use disorders. Finally, it has been a pleasure to work with Linda Vukelich. Without her undying enthusiasm and hard work, there is no doubt that many of the hot items of the year would not have happened. MPS is lucky to have her as executive director.

In this my final newsletter message, I would like to share the results of an agenda to which I dedicated myself at the start of my presidency.

In Minnesota, there are 512 psychiatrists or 10.2/100,000, 61% of the 16.5/100,000 national average. Through the hard work of Jon Van Loon, we now know that these 512 psychiatrists devote 283 full time equivalent (FTE) person-hours doing clinical care, the equivalent of 5.7/100,000 Minnesotans. Further, we have 17 psychiatric beds per 1,000, also 60% of the 30 beds/1,000 national average. It is no surprise that Minnesotans and their doctors have difficulty accessing our services and/or support.

During my term, I have watched psychiatrists leave the state for more satisfying professional situations, colleagues choose not to participate on health plan and government program provider network panels, and the number of psychiatric beds decrease even further (Mankato's bed closures) while our population grows. Access to psychiatric care for patients with serious psychiatric illness appears to be going from bad to worse. This situation hurts not just our patients but our fellow physicians throughout Minnesota. Patients that we once took care of now fall to them as they seek assistance with their mental health and substance use disorder problems. In fact, a study released by AHRQ in January 2007 shows that 90% of admissions for patients with psychiatric difficulties are now admitted to community hospitals where they use 44 million hospital days, 17 million more than admissions to specialty psychiatric beds.

In the past month, you received a jointly signed letter from the MPS and the MMA encouraging you to become members of both organizations. We are moving toward universal health

care participation, i.e. all citizens will be covered by some form of insurance in Minnesota, as are a number of other states. Ultimately, the feds will be doing the same. It is imperative during the next 5 to 7 years that we as psychiatrists work with our non-psychiatrist colleagues to make sure that psychiatric services become a core part of physical health benefits in the new system. Only in this way do we have the possibility of fair reimbursement for our services. We can only do this if we renew active and energetic participation with our physician colleagues in the politics of medicine in Minnesota.

We have already started in this process through a joint MPS and MMA initiative in which an MMA sponsored work group composed of ER physicians, family physicians, internists, and psychiatrists will explore solutions to the psychiatric bed shortage and emergency room diversions which lead to increased suffering of some of our most ill patients and tremendous inconvenience for their family. Our patients and their relatives now often have to travel tens to hundreds of miles to distant hospitals for treatment. This is just one example of many that will increase awareness of the plight of patients with psychiatric issues and possible creative and collaborative ways to correct the problem.

With this letter came a survey that we on the MPS Council hope all psychiatrists, not just MPS members, in Minnesota will complete. The survey will help document availability of psychiatrists to patients with mental health difficulties throughout the state who are covered by existing reimbursement provider networks. Such information will further clarify—for our legislators, physician colleagues, and patients—what they can expect regarding access to services as residents of Minnesota. Importantly, it will inform the problem so that solutions can be identified.

We have much work left to do. I am pleased that Jeff Hardwig is already hard at work on our behalf. He has chosen to make rural issues, the location in which the need for psychiatrists is the greatest, a priority of the MPS for 2007-2008. As a part of this initiative, he will continue to push for you and I to become active members of both the MPS and the MMA so that our voices can and will be heard among those of our medical colleagues in this time of revolutionary change. We have opportunity, but success will only come if we focus our efforts and collaborate with our medical colleagues.

Again, it has been a pleasure to serve you. Though my year as President is complete, I will continue to offer input and assistance to Jeff in 2007-2008 and Jon in 2008-2009 as we navigate the high seas of a changing health system. ■



Session Ends with Support for Mental Health

Dominic Sposeto, MPS Lobbyist

Legislators worked right up to the Monday midnight deadline for this year's legislative session, passing four major spending bills and hopefully avoiding a need for a special session. The Governor and the legislature failed to reach agreement on overall spending limits, so the bills passed by the legislature Monday night were not guaranteed of avoiding the governor's veto pen. However, the governor announced recently that he would use his line-item veto to reject certain spending provisions without vetoing the entire bill. If this true, there will not be a special session. Thank God.

The health and human services appropriation bill went right down to the wire passing the House at 11:00 PM. Approximately \$34 million in new money was awarded to the state's mental health system. A good portion of the money will go to the restructuring of the mental health system, specifically crisis services for children and adults and school-based mental health programs. Additional money will also go to housing and regional mental health initiatives. Since the \$34 million for mental health was worked out with the governor and legislative leaders, I doubt that any of this money will be line item

vetoed. Congratulations, this was a big victory for mental health advocates.

A detailed description of some of the new funding and other major mental health issues MPS followed this year is available online at www.mnpsychsoc.org. ■

Consulting Psychiatrist

Freeborn County Mental Health Center has an opening for a board certified psychiatrist to work on a contract basis at an hourly rate of up to \$200. Minimum 2 days per week, possibility of full time position. We are a licensed Rule 29 mental health center located in Albert Lea, Minnesota, 90 miles south of the Twin Cities. The psychiatrist works with a team including psychotherapists, case managers, and registered nurses to serve a variety of clients including those with severe and persistent mental illness. There are no on-call or after-hours responsibilities. Must carry own liability insurance. Contact Howard Walker, Ph.D. at 507-377-5442 or howard.walker@co.freeborn.mn.us.

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MPS Honors Psychiatry's Best for 2007



Roger Kathol, MD presents the Psychiatrist of the Year Award to Read Sulik, MD

On Friday, May 11, MPS members and their guests met to acknowledge the outstanding contributions made by our 2007 award winners. MPS President Roger Kathol, MD welcomed everyone to the dinner at the Humanities Conference Center in St. Paul. It was a special night. Dr. Kathol reviewed the year's accomplishments and recognized William Spring, MD who achieved Distinguished Fellowship this year.

We also acknowledge new Distinguished Life Fellows. Congratulations went out to Drs. Signe Dysken, Richard Heinrich, Gabe Maletta, Michael Popkin, Edward Posey and Dexter Whittemore. And MPS recognized new Life Member, Dr. Elke Eckert and new 50-year Life Member Dr. Hector Zeller for their accomplishments.

Maurice Dysken, MD presented the scholarship awards named in memory of the late Gloria Segal, a Minnesota legislator who championed treatment excellence for the mentally ill and authored much of Minnesota's current mental health legislation.

The award and honorarium are given to senior students at the University of Minnesota and Mayo Medical Schools for excellence in pre-clinical and clinical psychiatric rotations, patient care, and research, as well as community involvement on behalf of the mentally ill and enthusiasm for the profession of psychiatry. The 2007 Gloria Segal Award winners, Kathleen Hecksel from the Mayo Medical School and Fred Langheim from the University of Minnesota are profiled on the MPS website.



Drs. Roger Kathol (left) and Maurice Dysken (rt) present the Gloria Segal Award to Fred Langheim (ctr).

Dr. Kathol presented the Psychiatrist of the Year Award to a very worthy recipient, Read Sulik, MD. Dr. Sulik received an overwhelming majority of votes from MPS members and truly deserves the honor. His energy for improving access to quality psychiatric care is boundless and he is well-known for his leadership in the areas of collaborative care and linking with primary care. Dr. Kathol expressed

MPS's gratitude to Dr. Sulik for his leadership with the Red Lake BRIDGES Project. Dr. Sulik truly epitomizes the best of psychiatry.



The Presidential Service Award went to Eric Larson, MD in appreciation for his leadership

The Paul Wellstone Advocacy Award honors the memory of Senator Paul Wellstone, a man of action and integrity who always fought for the underdog. This year we proudly presented the award to one of our own. Dr. Beth Delesante practices in the Brainerd area, and has been a strong ally for her patients who have found the transition to Medicare Part D less than smooth. Dr. Delesante has worked with the MPS, the APA, CNS, her patients, courts, judges and others to make sure that quality care and continuity of care are not compromised.

Bureaucracy is no match for this patient advocate; she knows how to get through complex systems and when to call in the reserves. Dr. Delesante's efforts on her patients' behalf have made her a hometown hero and we gratefully acknowledged her with this award.



Paul Wellstone Advocacy Award Winner Beth Delesante, MD

Dr. Kathol presented the Distinguished Service Award to Karen Dickson, MD and reviewed her many years of service and leadership in the Minnesota Psychiatric Society and the Minnesota Medical Association. He offered his thanks for her dedication to MPS initiatives and her energetic and communicative leadership style.

The Presidential Service Award was presented to Eric Larson, MD who has served MPS as its president-elect, president and past president over the last three years. Dr. Larson's presidency was marked with excellent publications that put MPS on the front page with lawmakers, journalists, and others looking to MPS for leadership and scholarship around issues related to access and system capacity.

We heard from incoming president Jeff Hardwig, MD whose comments are published separately and whose vision sparked the imaginations of those listening.

APA President Pedro Ruiz offered the evening's keynote, "The American Psychiatric Association's Focus on Addressing Patient Needs in the Areas of Access, Parity and Humane Care."



Roger Kathol, MD presents Karen Dickson with the Distinguished Service Award



Kathleen Hecksel (ctr) receives the Gloria Segal Award from Roger Kathol, MD (left) and Maurice Dysken, MD (rt)



The Importance of Mental Health Research and Intervention

By Marley Prunty-Lara

Board of Directors, Mental Health America (Formerly the National Mental Health Association)

Student, University of Minnesota – Twin Cities



Marley Prunty-Lara

Presented at the Walk for Mental Health Research on May 12, 2007

**I know that treatment works.
I know because I am living it.**

"It was as if I woke up one morning and suddenly found myself quite lost.

I no longer recognized my life; my feelings; my inner thoughts. There were more questions than answers; and everything felt so out of control. The labels, the whispers, the accompanying isolation; all because I became somehow different. More than anything I just wanted to be well and I didn't understand why it was so hard to understand me..."

This story is my story. It is one I have again heard in my advocacy work and on my journey toward recovery from bipolar disorder. This story is why I am here before you today. I have learned that there is more beyond the cage of

imprisonment that is mental illness.

This year in America, **1100** college students will commit suicide. That is roughly **three a day**. Three college students will end their lives *today* and over 90% of those who commit suicide have a diagnosable mental illness. We must do more not only to prevent suicide but also to prevent the harrowing, sinister struggle that accompanies the absence of mental health.

The University of Minnesota is attempting to address this crisis through its research practices. Practices that do more than save lives; they *give* lives back.

Our society is not well when even one suicide is committed as a way to end the suffering of mental illness. Our society is not well when children are forced to drop out because school systems cannot adequately meet their mental health needs.

Our society is not well when those who seek help are put on waiting lists because of shortages in the number of care providers. Moreover, our society is not well when homelessness is the only answer and jail is the only treatment facility.

Advances in clinical research are paramount to the success of communities, families, businesses, and government institutions. I believe in the work being conducted at the University of Minnesota because I *know* that treatment *works*. I know because I am *living* it.

I want to thank all of you for being here today. Receiving effective treatment should not be something only the lucky experience. I have passionately lived within the prison of mental illness and have experienced the incalculable emancipation that accompanies wellness. I believe action must be taken to prevent the formation of the haunting memories so many of us long to undo – and with your help, the University can continue that mission. Thank you. ■

Psychoanalytic Training in Minnesota

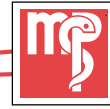
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Scientific Smorgasbord

“Progress in the treatment of borderline personality disorder”,

Peter Fonagy and Anthony Bateman, *British Journal of Psychiatry* (2006), 18:8, 1-3.

Reviewed by Eric Brown, MD

This is an editorial written by two British psychoanalysts, summarizing some observations on the treatment of borderline personality disorder (BPD). First, they cite recent, well-designed studies that have shown that the natural course of BPD is much less chronic than previously assumed. For example, one such study found that after 6 years, 75% of patients diagnosed with severe borderline personality disorder had achieved remission. Second, they summarize recent studies on the effectiveness of a number of therapies that have been developed for the treatment of BPD (e.g., dialectical behavior therapy, and their own adapted psychoanalytic treatment). Given these facts, they say, it appears that the old assumptions of chronicity and untreatability of this disorder are inaccurate. They speculate that one reason such assumptions arose in the first place is that older treatments in fact introduced some iatrogenic complications into the course of BPD.

The first author of this editorial has done intriguing work synthesizing psychoanalysis and attachment theory. Attachment theory, pioneered by psychiatrist John Bowlby, postulates the existence of an attachment system, which, when activated, leads an animal to seek emotional proximity, closeness, help and comfort. Dr. Fonagy's synthesis centers on the concept of "mentalization." This term refers to a person's ability to reflect on his or her own mental states, and to be able to successfully contrast them with the mental states of others. Mentalization facilitates better emotional regulation and a stronger sense of self vs. other, and secure attachment in childhood is key in developing this ability. Psychotherapy for BPD, he argues, should similarly try to do so. In the editorial, the authors speculate that older forms of therapy may have undermined this goal, by

perhaps unwittingly encouraging a patient to accept uncritically the view of their own mental state expressed by their therapist. Such uncritical acceptance could then lead to an implicit sense of being misunderstood and thereby increase emotional dysregulation.

The authors point out a dilemma in the therapeutic goal of increasing mentalization in one's patients within therapy. Recent research has shown that when the attachment system is activated, one's ability to mentalize is diminished. (This may seem contradictory to the theory that attachment fosters mentalization, as stated above. However, what possibly explains this fact is that those with more insecure attachments will tend to have hyperactivation of the attachment system, whereas those with secure attachments do not need to activate their attachment systems as often, enabling mentalization to function.) The dilemma lies in the fact that therapy requires fostering a strong attachment with a patient, while at the same time trying to strengthen mentalization. This is a "delicate balance", and they offer suggestions on how to maintain such a balance, such as taking the stance of a curious observer rather than an expert, being flexible, and avoiding premature or excessive interpretation. ■

Are you getting MPS e-updates?

MPS uses an e-blast tool for updates and announcements. If you are not getting these emails and want to, please email Linda Vukelich at l.vukelich@comcast.net.

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Electronic Health Records *Cont. from page 2*
wealth of information (on disease, treatments, outcomes, etc.) that we need to mine to greatly reduce the cost of health care" was the more-or-less exact quote from the *Washington Post* last fall.

The former head of ONCHIT David Brailer oversaw the process of selecting the certification criteria and resigned shortly after the certification criteria were adopted. The new head is a psychiatrist, but only the implementation remains.

One of our current efforts is to influence legislation on confidentiality. This process puts "teeth" into the executive order. There are two bills in Congress at this time and we are working with the APA's great lobbyist.

At the APA this spring we updated members and encouraged more EHR vendors to exhibit at the APA meeting with a cross-section of large and small systems responding.

For more information try the APA website EHR link. ■

Psychiatrist

The Minneapolis VA Medical Center is currently seeking a full-time psychiatrists with interest in a number of program areas including addiction, inpatient and outpatient special programs. The addiction position will require clinical training in addiction psychiatry, fellowship preferred. Qualified candidates will have graduated from an accredited school of medicine and be licensed to practice medicine in the United States. Individuals must be board certified or eligible in Psychiatry. The Minneapolis VAMC is an active affiliate of the University of Minnesota. These positions will entail a special commitment to teaching, excellence in clinical care, and research. Special program areas include PTSD, Mood-Anxiety Disorder, and Addictive Disorder. Please send your curriculum vitae, letter of interest and the names of three references to: Minneapolis VAMC, Human Resources, One Veterans Drive, Minneapolis, MN 55417 OR contact Marion Johnson HRMS; e-mail marion.i.johnson@va.gov; 612-725-2060, or FAX 612-725-2287 Equal Opportunity Employer

More resources at www.mnpsychsoc.org

Photos of the May 11 Recognition Dinner

MPS is grateful to MaryAnn Sulik for photographing the event. Please go online to view the photos—you might see someone you know! A full summary will be included in the July / August issue.

Workforce Survey

If you have not already returned your brief workforce survey (it was mailed from MPS or MMA), please go to the MPS website at www.mnpsychsoc.org and complete it online. It will only take a few minutes and your responses will inform our future.

Ideas of Reference favorites not included here, ie, *Council Highlights*, *Members-on-the-go!*, etc., are all now online for member viewing.

Mental Health Resources Job Opening: **ACT Psychiatrists Part time or Full time**

Work on the cutting edge of community based mental health services with our Assertive Community Treatment (ACT) Teams! MHR is seeking 1 to 4 days of coverage in psychiatry on its Ramsey and Dakota County ACT Teams.

MHR has been a provider of innovative community based services since its inception in 1976. We are looking for physicians who want to work collaboratively with a multi-disciplinary team of case managers, vocational, MI-CD and recovery specialists and RNs. Our teams offer intensive, community-based services to adult clients with SPMI and co-occurring disorders. Ability to work with culturally diverse populations a must.

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Please contact Lisa Richardson, Senior Director at (651) 659 2922 or Lrichardson@mhresources.com for more information or to apply for the position. MHR is committed to providing a supportive working environment where a diverse workforce is encouraged. EOE/AA. www.mhresources.com