

THE BULLETIN

NEW YORK STATE PSYCHIATRIC ASSOCIATION

Spring 2005, Vol. 46, #1 • Bringing New York State Psychiatrists Together



President's Message: Reconsidering the Medicaid Preferred Drug List

By Barry Perlman, M.D.

Once again the NYS Executive Budget proposal for 2005 incorporates legislation to create a Preferred Drug List (PDL) for participants in the state's Medicaid program as a means to achieve \$80 million in savings. Once again the proposal exempts certain classes of medications from prior authorization (PA) requirements. The exempted classes of medications include atypical anti-psychotics and antidepressants among others. In noting the exceptions my initial reaction is a positive one. I'm impressed that NYSPA along with other groups which advocate on behalf of persons with mental illness have made their case well and been heard. In past years my thinking would not have gone further and I would not have entertained doubt about the correctness of our position.

This year I find myself wondering about the correctness of our position and considering alternative stances we might take with regard to the possibility of including psychotropic medications within the proposed PDL. What has changed is a clear recognition of the alarming rate of growth of phar-



Barry Perlman, M.D.

macy costs for state Medicaid programs and my observation that drug companies never seem to compete on price. A NYS budget document states, "Pharmacy spending in New York's Medicaid program continues to be the fastest growing component of health care costs, with annual increases of nearly 20 percent between

1994-95 and 2004-05. Left unabated, this rapid growth jeopardizes the State's ability to provide quality health care services to those who need it most." To me, these words are neither hollow nor hyped. In our field, the expenditure for atypical antipsychotic drugs has skyrocketed from \$255,200,006 in 2000 to \$582,208,881 in 2004 (DOH/MM AFFF Datamart). These numbers reflect a 228% increase in just 5 years. No responsible citizen psychiatrist can look at these increases without wondering what contribution we might make towards the goal of taming these unaffordable increases without causing clinical harm.

As many of us who are besieged by drug "detail" persons have learned, the drug

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Oxford Health Plans Implements New Plan to Protect The Confidentiality of Psychotherapy Records

By Seth Stein, M.D.

On March 1, 2005, Oxford Health Plans mailed out to every psychiatrist, psychologist and social worker enrolled as a participating provider its new policy limiting the scope of clinical information required to be forwarded to Oxford for documentation reviews of psychotherapy services provided to Oxford beneficiaries. Under the new policy, therapists will only be required to disclose eight basic data elements (patient name, clinician name, date of service, diagnosis code, CPT® service code, participants in the session other than patient, a brief summary of focus of psychotherapy session and, for psychiatrists only, a brief description of medical evaluation and management services, e.g., medication prescribed) and will not be required to disclose any additional clinical information or any psychotherapy note material in the patient's record.

The disclosure of any additional clinical information or psychotherapy note material to Oxford will now require a separate and distinct HIPAA-compliant authorization from the patient. Under HIPAA, patients cannot be compelled to provide such authorization and the insurance carrier cannot impose any penalty upon a patient who

refuses to provide such authorization.

"The development of this policy represents an unprecedented collaboration between a health care plan and major professional associations to protect the confidentiality of psychotherapy treatment records. No other health insurance plan in the country has adopted a policy that provides for this fundamental protection for psychotherapy notes," said Seth Stein, New York State Psychiatric Association Executive Director. The New York State Psychiatric Association together with the American Psychiatric Association took a leadership role in developing the new documentation disclosure guidelines.

In the mailing, Oxford also included a template for psychotherapy notes for both psychotherapy without medical evaluation and management (90804 and 90806) and psychotherapy with medical evaluation and management (90805 and 90807).

The templates separate the psychotherapy notes into three distinct components: (i) the Basic Information that will be provided to Oxford upon request, (ii) the Psychotherapy Note, and (iii) the Medical Evaluation and Management Note (for 90805 and 90807

[See Oxford on page 5]

Albany Report

By Richard J. Gallo and Karin L. Moran, MSW

And they're off...

The 2005 New York State Legislative Session got underway on January 5, 2005 when Governor George E. Pataki delivered his 11th annual State of the State address. The Governor spoke primarily about his administration's past performance, accomplishments made in partnership with the Legislature and challenges he hopes they will tackle together in the coming months. On January 18th, with the presentation of his 2005-06 Executive Budget Request, the Governor unveiled his plans to pay for the things he talked about in his State of the State address.

Among the near certainties of life and legislatures, are the expectations that Executive Budget proposals, introduced in bad economic times, will generate a storm of controversy – and, this year, is no exception. In addition to a projected budget deficit of \$4 billion, the whirlwinds of this year's budget struggle are fueled by the Court of Appeals' decision that severely limits the Legislature's ability to tinker with the Governor's budget bills as presented. If the Governor and the Legislature cannot agree on a budget for the next fiscal year, then the Legislature's principle recourse is to pass the Governor's budget basically intact; and, after it becomes law, then pass a supplemental budget agreed upon by both houses allowing sufficient time to override the Governor's likely veto -- not a pretty picture.

In addition, the Governor has linked the renewal of the State's Health Care Reform Act (HCRA), (which expires on June 30, 2005) to the Budget in a maneuver that strengthens his hand at the negotiating table with respect to the outcome of this politically charged and volatile issue.

Senator Thomas Morahan named Chairman of the Senate Mental Health & Developmental Disabilities Committee.

NYSPA extends a warm welcome to the newly appointed Chairman of the Senate Mental Health and Developmental Disabilities Committee, Senator Thomas Morahan (R-New City). Senator Morahan resides in New City and represents the 38th Senatorial District,

which includes Rockland and Orange Counties. We look forward to working with Senator Morahan in his new capacity.

We would also like to offer our very best wishes to the outgoing Chairman, Senator Thomas Libous (R-Binghamton), whose friendship and support over the years has been and is deeply appreciated. Senator Libous moves to become the Chair of the Senate Transportation Committee.

In a related matter, the Senate Alcoholism and Substance Abuse Committee has been merged into the Senate Health Committee, which continues to be chaired by Senator Kemp Hannon (R-Garden City).

In the coming days, NYSPA will be scrutinizing the Executive Budget proposal and its impact on the delivery of mental health and related services. In that regard, we already know that we will continue our efforts to secure full restoration of Medicaid funding for persons who are dually eligible for Medicare and Medicaid benefits and we'll be working with members of each house in an effort to thwart proposed elimination of mental health benefits under the State's Family Health Plus program. In addition, NYSPA will pursue non-budget priorities, including passage of landmark mental health insurance parity legislation, and continue our opposition to any legislation that seeks to restrict the administration of electroconvulsive therapy where medically indicated.

Timothy's Law

As many of you are aware already, Timothy's Law is a bill in New York State, named in memory of Timothy O'Clair, a twelve year old boy who completed suicide in March of 2001 following a five year struggle with mental illness. If enacted, this legislation would amend the Insurance Law to require health insurers and health maintenance organizations (HMO's) in New York State to provide coverage for mental illness and chemical dependency equal to that which is provided for other medical conditions by such insurers and

[See Albany Report on page 7]

New HIPAA Security Requirements for Psychiatrists Effective April 2005

By Rachel A. Fernbach, Esq., NYSPA Staff Attorney

All health care providers who are currently subject to and complying with the HIPAA Privacy Rule will also be required to comply with the new HIPAA Security Rule, which goes into effect on April 20, 2005. Only those providers who are currently subject to the HIPAA Privacy Rule will be subject to the HIPAA Security Rule. Compliance with the Security Rule is required as of April 20, 2005.

The Security Standards for the Protection of Electronic Protected Health Information (the "Security Rule") is the third HIPAA regulation issued by HHS, which joins two other rules already in effect: the Transaction and Code Sets Rule (dealing with electronic billing) and the Privacy Rule (dealing with the use and disclosure of protected health information).

HIPAA applies only to health care providers who transmit health information electronically.

Once a psychiatrist engages in at least one

standard electronic transaction, all health information that psychiatrist maintains or transmits becomes subject to HIPAA, for the psychiatrist's entire practice, including paper and oral information. The Privacy Rule applies to all information maintained by a provider, whether in paper, oral or electronic form. In contrast, however, the Security Rule applies only to information that is in electronic form.

In order to assist NYSPA members who are subject to HIPAA in complying with the Security Rule, NYSPA has prepared a comprehensive memorandum detailing the requirements of the Rule and setting forth specific compliance guidelines. In addition, NYSPA has prepared a model Addendum to the HIPAA Business Associate Agreement, which includes additional provisions required by the Security Rule. The memorandum and guidelines are available on the HIPAA section of the NYSPA website at www.nyspsych.org.

[See HIPAA on page 8]

The following are some of the key compliance issues contemplated by the Security Rule:

Administrative Safeguards

- Risk analysis
- Reducing potential risks
- Appointing a Security Officer
- Responding immediately to security breaches and documenting all actions
- Planning for emergency situations
- Periodically evaluating the compliance plan
- Entering into business associate agreements (or addenda) with all business partners

Technical Safeguards

- Using unique User IDs and passwords
- Backing-up files and using basic virus protection

Physical Safeguards

- Keeping doors and file cabinets locked after hours
- Ensuring that information is not easily viewed or accessed by patients or office visitors
- Properly disposing of electronic information that is no longer needed

Policies and Procedures and Documentation

- Documenting risk analysis process and all policies and procedures adopted
- Maintaining all documentation for 6 years

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Information for Contributors
The Bulletin welcomes articles and letters that NYSPA members will find timely, relevant, and compelling. Articles should be between 750 and 1500 words (three to five double-spaced manuscript pages) and letters no more than 750 words. All submissions must be made electronically, preferably by email to the editor. All authors are encouraged to also provide a photograph of themselves which will be printed alongside their article.

Information for Advertisers
The Bulletin welcomes advertisements from both NYSPA members and commercial enterprises. Total circulation averages 5,500 copies per issue. *The Bulletin* is received by members of the American Psychiatric Association who belong to a district branch in New York State. *The Bulletin* is also sent to the leadership of other district branches across the United States and to New York State legislators, medical libraries, and science writers. *The Bulletin* is published quarterly. Both classified advertisements and display advertisements are available. Please contact the editor for current rates and media requirements. NYSPA members receive a discount of 50% off the basic classified ad rate.

The opinions expressed in the articles or letters are the sole responsibility of the individual authors, and may not necessarily represent the views of NYSPA, its members, or its officers.

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FROM THE EDITOR'S DESK... By Jeffrey Borenstein, M.D.

This edition of the Bulletin highlights a number of ongoing legislative and public policy issues, as well as NYSPA's advocacy on behalf of our patients and profession. The Albany Report focuses on key legislative initiatives, including the budget. We report about the NYC Legislative Breakfast and the perspective of a number of key legislators on the national, state, and municipal level, as well as an update by the Executive Deputy Commissioner of the NYC Dept of Health and Mental Hygiene. The Presidential Message focuses on the topic



Jeffrey Borenstein, M.D.

of medicaid pharmacy benefits and beginning a thoughtful discussion about NYSPA's position on this issue.

A key to successful advocacy includes how we, as psychiatrists, interact with the media; we have an update on the APA's Office of Communications and Public Affairs. The Area II Trustee Report provides a summary of APA initiatives on the national level.

All health care providers who are subject to the HIPAA Privacy Rule will be required

to comply with new HIPAA security requirements as of April 20, 2005. We provide key information about compliance with these new requirements. We also have an update on Oxford; NYSPA's advocacy has resulted in the implementation of a new policy to protect the confidentiality of psychotherapy records. In addition, we feature the experiences of a VA psychiatrist treating soldiers returning from the war in Iraq.

Finally, we are pleased to report that Michael Blumenfield has been appointed to the newly endowed Sidney E. Frank Distinguished Professorship in Psychiatry and Behavioral Sciences at New York Medical College. ■

President's Message continued from page 1

companies : 1) present information pushing the newest and most costly preparations despite the availability of comparable, less costly alternatives. 2) present data highlighting often trivial differences among drugs within a class, withhold other data of interest, and rarely present data derived from well controlled head to head trials demonstrating the clear superiority of their product. 3) never suggest that their product should be considered because of a significant reduction in price. Indeed, as discussed in a prior "President's Message" in this Bulletin (Fall, 2004) there is currently a strong movement being waged on many fronts to increase the disclosure of clinical information from drug trials which had previously been tightly controlled for commercial purposes. Such disclosure should improve the ability of physicians to prescribe medications which are efficacious, safe, and cost effective. Recognizing these facts, the question becomes whether or not NYSPA should continue to advocate for open access to all medications within a class of psychotropic medications such as atypical antipsychotics or SSRI antidepressants where no clear differences exist in relation to therapeutic benefit nor safety. I believe that the time has come for NYSPA to advocate for a selective PDL constructed in such a way that it would neither be harmful to patients nor overly burdensome for psychiatrists working within the system. Nuance is required where extreme positions have previously been taken. In seeking guidance in this area I believe that the APA's Position Statement on Pharmacy Benefit Management/ Pharmacy Benefit Managers (APA Document Reference No. 200204) prepared by the APA Committee on Managed Care may provide some princi-

ples for consideration as we think about accepting such limitations in the public sector.

Let me provide an example of how such a plan might work. In considering the possibility of endorsing a PDL for certain psychotropic medications we must be aware that if such limitations were incorporated into the Medicaid program persons of limited financial resources would be involved who would be unable to go outside their plan to purchase costly non included medicines. Furthermore, many persons with serious and persistent mental illness would be impacted for whom psychotropic medications are critical to stabilizing lives and working towards recovery. Currently there are 5 atypical antipsychotic medications being marketed aside from clozapine. No substantial data clearly separates the clinical indications among these medications, yet, we know, that different patients respond differently to different preparations. States, based on the Medicaid statute and court decisions, have a number of tools available by which they may try to control drug costs. Some of these, I believe, can be adopted in modified form with the goal of reducing the cost of atypical antipsychotic medications. Certainly, in keeping with the sound clinical principles enumerated in the APA's position statement, we would reject blanket "switching" and "Fail-first" policies for persons already stabilized on a particular atypical medication should their medication not be included in the PDL. However, we might well entertain a policy which allowed any patient previously or currently stabilized on a particular atypical to continue on it but would insist that when an individual not yet stabilized on an atypical was being started on such a

medication it be drawn from 2 or 3 selected from among the 5 presently marketed. While not the most radical position and thus unlikely to save the most money, such a stance would provide the state with significant economic leverage as the companies which manufacture the medications would be forced to compete on efficacy, safety and price for inclusion in the state's Medicaid PDL. By sidestepping "switching" policies persons stabilized on a particular medication are unlikely to experience unnecessary decompensation which would be both inhumane and costly. By acknowledging the current clinical primacy of the atypicals, enrollees would not confront wrong headed "fail-first" situations under which a trial with older, typical antipsychotics might be required. I believe that a similar approach could easily be considered in creating a PDL for antidepressants of the several classes which exist. In that case, I believe, none should contest the state's insistence on first turning to generics if they exist in the class.

I write this column not to insist that NYSPA immediately change its public position, but with the hope that it will encourage our organization to reconsider its position along with alternative ones we might find acceptable in relation to how psychotropics should be treated within the proposed NYS Medicaid PDL. I would like to think that as citizen psychiatrists with an interest in protecting persons with serious mental illness served in the public sector we would consider what contribution we can make to the commonwealth by advocating for public policies which insist that adequate representation from critical classes of medication be accessible in the PDL and that scarce funds be properly spent. ■

Five Million Dollar Gift

Five Million Dollar Gift to Department of Psychiatry at N.Y. Medical School to Establish Endowed Professorship to be held by Dr. Michael Blumenfield

New York Medical College has received the single largest donation in its history, a \$5 million gift of Sidney E. Frank, chairman and founder of Sidney Frank Importing Company. The gift will endow the Sidney E. Frank Distinguished Professorship in Psychiatry and Behavioral Sciences of which the first holder will be Michael Blumenfield, M.D. who is currently Professor of Psychiatry, Medicine and Surgery at New York Medical College.

Dr. Joseph T. English, Professor and Chairman of the Department of Psychiatry and Behavioral Sciences and a past President of the American Psychiatric Association stated, "This generous gift will allow our department to continue academic leadership, training and research as well as to begin some new and innovative programs in the field of psychiatry." Dr.



Michael Blumenfield, M.D.

English says that he is pleased to appoint Dr. Blumenfield to this endowed professorship because of his outstanding academic accomplishments as well as his contributions to public education.

Dr. Blumenfield said that Mr. Frank's donation will be used for several new program, which include: the development of a fellowship program in Psychosomatic Medicine, a summer internship program in the department for students completing their first year of medical school; funding a visiting professorship exchange program where faculty of New York Medical College and faculty from outstanding international medical universities will exchange visits for one week; establishing a research fund to encourage young investigators within the Department of Psychiatry to explore important areas of their research; and another fund to support underinsured patients to receive proper diagnostic and short term psychotherapy. Mr. Frank's generous donation will also be

used to create an annual international meeting to bring leaders from all over the world together to discuss timely and urgent topics in the field of psychiatry, including the role of psychiatry in disasters.

Dr. Michael Blumenfield is currently Director of Consultation/Liaison Psychiatry at Westchester Medical Center as well as Director of the Third Year Clerkship in Psychiatry at New York Medical College. He has published numerous papers and written three books on the subject of Supervision of Psychotherapy, Psychological Care of the Burn and Trauma Patient and Consultation Liaison Psychiatry and is currently co-editing a major text book titled Psychosomatic Medicine in the 21st Century. He also is known as expert in psychiatric aspects of disaster and terrorism and has written a syndicated newspaper column for Gannett Newspaper for four years titled "Psychiatry Today" and had a local radio program called "Talking about Health" He represented the Psychiatric Society of Westchester in the Assembly of the American Psychiatric Association for 10 years where he is currently Recorder of the Assembly. ■



Ann Sullivan, M.D.

2004

has been a busy and challenging year for the APA. In the positive column, we are up in membership nationwide, fiscally stable, successfully lobbied for a workable Prospective Payment System (PPS for Medicare) for inpatient psychiatry and under Annette Primm MD have established an effective office for minority affairs. On the less than positive side, there is now psychologist prescribing in two states, and major cuts to medicaid services for the mentally ill are projected. We are in the process of ongoing and determined advocacy to curb further psychologist prescribing continue needed services through Medicaid and Medicare, develop an effective public affairs campaign, and continue to be the nationwide voice for psychiatrists. At the December Board meeting key issues tackled included:

ADVOCACY

The Prospective Payment System for Medicare inpatient services is here, and the APA did an outstanding job in advocating for a workable system that protected dollars for inpatient services. Advocacy for the repeal of the discriminatory 50% Medicare co-pay continues, with more legislators signing on to the bill with each session. The APA is a strong member of the coalition to fight medicaid reductions, where we have joined with other advocates such as NAMI. At the Assembly, we joined in a walk in Washington with NAMI to secure adequate funding for the mentally ill. APA representatives meet on an ongoing basis with legislators and agencies in Washington to fight for our patients and our profession. On July 14, Dr. Scully met with the Blue Dog Coalition of conservative and moderate Democrats at their Wednesday policy breakfast to lay out key issues. In September the APA, represented by Dr. Fassler and Dr. Regier presented testimony to the FDA on the use of antidepressants in the pediatric population

and the need to recognize their effectiveness for large numbers of our patients. A comprehensive position paper on this critical issue will be ready for Board approval in March. The APA is relentless in pursuing access to psychotropic medications in Medicare and to ensuring the mentally ill are protected as changes to Medicare are proposed. Parity, a clinical public trials registry, medical records privacy and suicide prevention legislation, etc. are all issues where your dues support the active presence of the APA speaking for psychiatry.

The Board also approved a comprehensive ongoing public relations campaign emphasizing the public image of psychiatry and the difference between psychiatrists and other mental health professions. Funding for the first year of this campaign is in the 2005 budget. The message of who we are and what we do needs to reach the public and our legislators!!

We have been less successful in completely halting psychologist prescribing. In two states New Mexico and Louisiana where psychologist prescribing is permitted, the APA continues to fight to ensure as much safety as possible for our patients. A vigorous battle continues in other states, and so far we have been successful. Your ongoing support is critical! Finally, there will be a Legislative Advocacy Day in March, where reps from all the District branches are invited to learn and practice lobbying in Washington!! Please be sure to join us if you can!

BUDGET

Good News! As predicted in October, 2004 will see a surplus of 6.2 million dollars, largely due to the highly successful annual meeting in New York! The majority of these dollars will go to the organization's reserves, which were only 2.7 million of the needed 14 million at the start of 2004. It is also estimated that the Atlanta meeting could bring in 2 to 3 million less in revenue and we have to plan for that possibility!

We have a balanced budget which will include some new initiatives in 2005 funded from the surplus. We are spending the surplus very cautiously, recognizing the need to "save" in our reserves. The Division of Advocacy increased its budget by 700,000 to include the Legislative Advocacy Day, an outreach public affairs campaign focused on what psychiatrists do and the needs of our patients, and increased funding for direct government advocacy and litigation on the state and national level. These have

long been stated as major goals of the association, and chronically underfunded. Governance also received increased funding in 2005, including 280,000 for targeted grants to the District Branches and 280,000 to balance the Assembly budget. There is also 100,000 for new initiatives and about 45,000 for the JRC budget and 30,000 for Board special projects. Basically what I outlined in October was finalized in December.

Remember! Be sure to apply for the District Branch grants, information on how to apply will be coming soon! Key areas for funding include member recruitment and retention, advocacy and public affairs and education.

POLICY ISSUES AND POSITION STATEMENTS

The Board approved the report on Reducing Mental Health Disparities for Racial and Ethnic Minorities: A Plan of Action, prepared by the steering committee on disparities chaired by Altha Stewart. The report is a comprehensive approach to addressing these issues and provides specific and concrete actions the APA can take.

As a member of the Ad Hoc Work Group to actuate and prioritize the APA's "Vision for a Mental Health System" approved by the Board last year, a specific work plan for implementation and advocacy for the basic principles in the vision has been developed. This will incorporate actions to reduce disparities as described above, and become a driving force for APA's advocacy efforts. You can review this in detail on the APA's website, and let me know your ideas or suggestions.

In rapid response to the controversy on antidepressant treatment for children and adolescents, the Board approved the wide dissemination of a resource document and fact sheet for patients and families. This can be found on the APA website!

The Board approved the Revised Position Statement on Same Sex Unions:

"The American Psychiatric Association supports the legal recognitions of same sex unions and their associated legal rights, benefits and responsibilities, and opposes restrictions to those same rights, benefits and responsibilities."

In addition, the Board requested that a policy statement in support of same sex marriage come forward to the Board in July 2005 after being reviewed by the Assembly in May 2005. Input from members and the Assembly is welcomed.

The Board also approved and/or endorsed several position statements which reflect the hard work of the component councils and committees of the APA:

- Consensus Statement of the International Association for Women's Mental Health.
- Position Statements on HIV affecting patients receiving inpatient and outpatient services, adolescents, pregnant women and comorbid substance use and mental illness, occupational HIV exposure and HIV infected psychiatrists.
- Position Statement on Diminished Responsibility in Capital Sentences.
- Endorsements of Resolutions of the National Coalition on Mental Health and Aging.

Finally, the Board approved APA membership in a key quality organization, the National Quality Forum (dues 5,250) and authorized spending 6,685 dollars to support the Council on Quality Care sending representatives to meetings of national medical associations. To be a player, you have to be at the table!

MEMBERSHIP

More Good News!! Membership is up nationally and in Area 2!! Your participation in and endorsement of the APA is a major factor! The APA is also taking steps to make membership "easier" and more valuable. The new Association Management System should make it easier for members to join, update their info, transfer DB's, pay dues, register for meetings, etc. In a recruitment effort, the Board approved a rebate on registration at the Annual Meeting for those who apply to be new members and are subsequently accepted in the APA.

The Council on Member and District Branch Relations will award 280,000 in competitive grants to DB's for member activities, recruitment, education, etc. The Board also approved the formation of an Office of International Activities, which will have a major responsibility for our international members as well as our relationship with psychiatrists worldwide.

The APA also weighed in the Program Requirements for Psychiatric Residency Training in a letter to the ACGME that included two major recommendations:

- Endorsement of the AADPRT recommendation to change the psychotherapy competencies to include "Psychotherapy with a focus on CBT,

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APA and the News Media Continued from page 1

As members of the American Psychiatric Association we benefit daily from our organization's interaction with the nation's media outlets. When hot topics regarding psychiatry or mental illness hit the news, our Office of Communications and Public Affairs (OCPA) at the APA, ably directed by Lydia Ward-Sermons, is usually one of the first organizations called by the news media. The staff are quickly able to put reporters in touch with experts able to answer their questions. With this quick access we can ensure that the public has the most up to date information about issues such as the use of antidepressants in children, the recall of medications by the FDA, stem cell research and numerous other topics.

The OCPA has been newly reorganized and revitalized under the direction of our new Medical Director, Dr. Jay Scully. They are taking on new tasks at an astonishing rate. The very popular "Let's Talk Facts About..." series is being updated and expanded and



C. Deborah Cross, M.D.

the articles are free by visiting the APA web site and then clicking on the section on Public Information. The APA Fact Sheet Series, though no longer being published, is available also on the Web. Many topics such as "Confidentiality"; "ADHD"; "Postpartum Depression"; "Violence and

Mental Illness and Medicine" and "When Disaster Strikes" are available in these series to offer to your patients and their families.

Other items in the section on Public Information include topics on choosing a psychiatrist, mental illness coverage issues and a variety of topics which will be of interest to the public. Patients, their families and anyone interested in the area of psychiatry and mental illness should be urged to check out the site.

Another easily accessible subsection of the APA's web site is one titled "News Room", broken down into resources for the media and resources for APA members. These compilations are extremely helpful for any-

one who is wondering what they're going to say to their legislators about such topics as scope of practice issues, managed care concerns, parity, or any of a myriad of topics important to our daily lives. An easy way to keep up to date on what the APA has just issued regarding any of these topics is to read the APA news releases which can also be accessed through the APA web site.

Some of the web sites within the APA umbrella have not been updated. However, the OCPA is working diligently to make sure that each site is updated and has timely information. The APA web pages have been redesigned and the format is easily navigable which makes it exciting to browse through the variety of available offerings. OCPA now routinely tracks when the APA and its members appear in the media and sends out an email weekly news summary listing the recent news stories related to the APA and mental illness issues. These summaries are sent to the Public Affairs representatives and are posted on the Web in the News Room section. These postings carry links to the specific media source where the story appeared. If any of you want to be included in this weekly email posting, send

an email to Kyle M. Jones, Communications Coordinator at the APA at kjones@psych.org. In one of the most recent weekly summaries, articles were listed in the Washington Post, the New York Times, the Los Angeles Times, the Atlanta Journal-Constitution and Forbes.com. Members quoted included Dr. David Fassler, Dr. Steven Sharfstein, Dr. Uriel Halbreich, and Dr. Adelaide Robb.

The OCPA is also again focusing on training psychiatrists to interact with the media. Area 2 had a media training workshop at the fall meeting which was well attended and very informative. The OCPA is interested in doing more of these presentations for psychiatrists. District Branches might be interested in setting up such a workshop for their members. Contact jyoung@psych.org to find out more about the workshops.

Now more than ever we need to be well equipped to present ourselves and our profession to the public. The APA and the newly reorganized OCPA is doing a great job developing information for all of us to use; for our patients, legislators, and the general public. Check it out—the APA web site is www.psych.org. ■

The Sixth Annual Josef Weissberg, M.D., Legislative Breakfast was held on December 5, 2004, at the Mark Hotel in Manhattan. In his opening remarks, Scott Masters, M.D., President of the New York County District Branch (NYCDB) explained that the breakfast is cosponsored by NYSPA and the NYCDB. Ann Sullivan, M.D., Chair of the NYCDB Legislative Committee and NYSPA's Area II Trustee, moderated the event.

The breakfast featured speakers Congresswoman Carolyn Maloney (To read about her presentation, please see next page), Senator Liz Krueger, and five Assemblymembers: Alexander Pete Grannis, Jonathan Bing, James Brennan, Michael Cohen, and Richard Gottfried.

Additionally, there were presentations by New York City Council Member Gale Brewer, New York City Council Member Alan Gerson, and Lloyd Sederer, M.D., the Executive Deputy Commissioner for Mental Hygiene Services in the New York City Department of Health and Mental Hygiene. (To read an article about their presentations, please see next page.)

NYSPA's President, Barry Perlman, M.D., provided an overview of NYSPA's legislative agenda, which includes Timothy's Law. Dr. Perlman said, "At a time when the national government can no longer be expected to step up on this issue, we ... urge the passage of Timothy's Law in 2005."

Dr. Perlman also spoke about the Medicare/Medicaid Crossover cuts that were part of last year's budget. He said, "We urge the Assembly to join with the Senate in making complete restoration during the new year's budget negotiations so that access can be restored. The result, we

believe, will be a return to a more rational and less expensive system of care."

Dr. Perlman emphasized that ECT is an important and safe treatment modality. The association continues to lobby against bills that would restrict patients' access to ECT.



State Senator
Liz Krueger

Senator Liz Krueger (D-WFP-Manhattan) expressed her disappointment that the two houses had not reached an agreement on the mental health parity bill also known as Timothy's Law (S.5329/A.8301) during the 2004 legislative session. "We should have passed Timothy's Law last

year. We had the votes," said Senator Krueger, noting that 33 members of the Republican-led Senate cosponsored the bill and 23 of the 24 Democrat minority members supported the proposal.

In his remarks, Assemblymember Alexander "Pete" Grannis (D-WFP-Manhattan) also spoke about Timothy's law, Crossover funding, and the state's federal reimbursement rates for Medicaid. In reference to Timothy's Law, the Assemblymember discussed his continued commitment towards the issue, stating that it was his belief that "it would be one of the first bills reported by the Assembly



Assemblyman
Peter Grannis

Insurance Committee in the 2005 session."

The Assemblymember went on to discuss the need for restoration of Crossover funding, and in concert with his colleague, Assemblymember Gottfried, agreed that restoration should not come

from a member item, but instead that it deserved a permanent resolution.

Assemblymember Jonathan Bing (D-Manhattan) thanked psychiatrists for their post 9/11 volunteer services. As coordinator of the Federal Emergency Management Agency's Disaster Legal Services program, which was set up after 9/11, the Assemblymember worked with many psychiatrists, several of whom, he noted, were in the room today. "You were very helpful," he said, "in getting a lot of New Yorkers back on their feet. I really have a great respect for your work."



Assemblyman
Jonathan Bing

Assemblymember Bing noted that he is a cosponsor of Timothy's Law and went on to point out the O'Clair's dedication and determination.

"Timothy's parents are lovely people," he said, "and anytime this issue has come up they have been there in Albany advocating."

Assemblymember James Brennan (D-Brooklyn) spoke about the "dysfunction in Albany" and predicted that this will be the primary issue in both the gubernatorial election and legislative elections in 2006 unless dealt with sooner. Among his principal concerns is a budget process that gives rank-and-file legislators approximately 72 hours to digest and pass budget bills, which authorize expenditures of approximately \$100 billion. "The system clearly doesn't work," he said. In that regard, Assemblymember Brennan suggested reinstating budget conference committees to negotiate, in public, various areas of the budget such as mental health, education, and transportation.



Assemblyman
James Brennan

Assemblymember Michael Cohen (D-

Queens) pledged his ongoing support for Timothy's Law and his dedication to working with NYSPA and other mental health advocates in securing its passage.

Assemblymember Cohen also spoke very highly of EPIC (Elderly Pharmaceutical Insurance Coverage Program). He said that the key difference between EPIC and the recently passed Medicare prescription drug law is that EPIC "reigns in the pharmaceutical companies." He added, "We have shown the rest of the country ... that we have an effective drug prescription program. ... It can be done."

Assemblymember Richard N. Gottfried (D-Manhattan) warned about consequences to state supported health care services in the wake of an anticipated \$6 billion deficit in the 2005-06 fiscal year. Additionally, he noted, the state will have to start paying about \$6 billion to the NYC public school system to comply with the Court of



Assemblyman
Richard Gottfried

Appeals order in the school aid case CFE [Campaign for Fiscal Equity] v. State.

Assemblymember Gottfried also discussed legislation establishing a Preferred Drug List (PDL) for Medicaid. He explained that the PDL did not become law in New York State this year for several reasons but warned that if "we don't set up a reasonable PDL system--so that New York can stop just throwing humongous quantities of money at drug companies"—other draconian measures could be instituted that are even worse, in terms of making it difficult for Medicaid recipients to access their medication.

Assemblymember Gottfried also commented on the Medicare/Medicaid Crossover cuts and the need for a permanent restoration. Although he acknowledged that a partial restoration was made by way of a "member item" from the New York State Senate, he cautioned that this was not the way to deal with the issue. ■

Congresswoman Maloney Speaks at Legislative Brunch By Liz Lipton, M.A.

Congresswoman Carolyn B. Maloney

Congresswoman Carolyn B. Maloney was a featured speaker at the Sixth Annual Josef Weissberg, M.D., Legislative Breakfast.

Congresswoman Carolyn B. Maloney, a Democrat, represents the 14th district in New York City. Her district includes most of the East Side of Manhattan as well as Astoria, Queens, and Long Island City, Queens.

In June 2003, Representative Maloney, a national leader on homeland security, was named Chair of the House Democratic Caucus Task Force on Homeland Security. She also serves on the House Financial Services Committee, the Government Reform Committee, and the Joint Economic Committee.

According to the event's moderator Ann Sullivan, M.D., Chair of the NYCDB Legislative Committee, the key federal issues that APA is working on include the following: ensuring that patients' medical records remain private and are not released without their consent, eliminating the 50 percent co-pay imposed on Medicare beneficiaries for covered mental health services, and ensuring that mental health research receives ample funding.

Medicare

Regarding the recently enacted Medicare prescription drug law, Congresswoman Maloney said, "some Medicare patients may be getting some help with prescription drugs, but it is a deeply flawed bill. We're still at least a year away from understanding the true impact of the bill. Most seniors didn't even bother to sign up for the prescription drug cards. Many believe

that they [the drug cards] will not be as beneficial as even going to their local discount store. We'll start seeing a bigger impact when people start signing up for the full program next November."

Mental Health Parity Legislation

Congresswoman Maloney reported that Mental Health Parity legislation was enacted in 1996. "However," she pointed out that "87 percent of employers who are in compliance with the act--these are supposed to be the ones with the good plans--actually have imposed some kind of limitation on mental health coverage."



Congresswoman
Carolyn Maloney

In terms of recent developments regarding this issue, she said, "Once again, I have to report that we haven't made any progress on the federal level." She continued, "It's astounding. President Bush says he's for it. Most of the leadership of the Democrats and the Republicans say they're for it. It would be good for patients, good for doctors, so why can't we pass it? I would say it is because the insurance companies worry that it will hurt their bottom line."

She questioned whether it would actually hurt their bottom line: "A RAND Corporation study found that plans providing unlimited mental health benefits cost only one dollar per enrollee per year more than those that set annual limits," she said.

She also noted that insurance companies have been reducing their mental health coverage: "During the last 10 years, there has been a 50 percent drop in the portion of our nation's health care dollars that are spent on mental health and substance abuse. It's not that there has been a sudden drop in the number of mentally ill--far

from it. We have simply allowed insurance companies to reduce the amount of care they cover."

What are the economic repercussions when mental illness is not properly treated? "A 1999 Surgeon General's report estimated the direct business costs of mental illness is at least \$70 billion per year--mostly in the form of lost productivity and increased use of sick leave," said Congresswoman Maloney.

Mental Health Parity Legislation: New York State

According to Congresswoman Maloney, 33 states have enacted mental health parity legislation. And she urged attendees to work hard for the passage of this legislation in New York State.

Looming Mental Health Crisis: American Soldiers

She also spoke about the large numbers of soldiers returning from Iraq who will need mental health treatment: "We're at the beginning of a new mental health crisis."

Congresswoman Maloney said, "The soldiers who are coming back [from Iraq] ... are very different from those who fought in World War II, Vietnam, and Korea. They [soldiers who fought in World War II, Vietnam, and Korea] came back with disorders, but they could function. ... [With the Iraq war], the injuries are far more severe than any war we have ever had because of the weapons they are using and the armor they have."

Mental Health and Medical Treatment

She is also working to ensure that after soldiers return home they have access to medical and/or mental health treatment—even if they become ill several years later.

Congresswoman Maloney reported that "there is a pattern"; whereby, after some injured soldiers return home, they are being treated at facilities far away from

QUICK FACT:

According to the New York Times, December 16, 2004 article "A Flood of Troubled Soldiers Is in the Offing, Experts Predict" stated the following: "Because about one million American troops have served so far in the conflicts in Iraq and Afghanistan, according to Pentagon figures, some experts predict that the number eventually requiring mental health treatment could exceed 100,000."

their families and support systems. To prevent this, she is working on a bill stipulating that they receive treatment locally, whenever possible.

Preventing Suicide

Congresswoman Maloney also said that a number of soldiers in Iraq are dying by suicide: "In the spring, I joined my colleagues in [writing] a letter to [Defense] Secretary [Donald] Rumsfeld expressing concerns regarding a report documenting a rise in suicides among troops stationed in Iraq." Additionally, this letter stated that returning troops may face behavioral, emotional and psychological difficulties readjusting to civilian life.

She said, "We are monitoring the Defense Department's progress in addressing the mental health needs of military personnel still on the battlefield and following their return. It's an uphill battle, but we will not let the military forget the mental health of our troops."

In closing, Congresswoman Maloney thanked all the psychiatrists who volunteered their time to provide grief counseling to the 9/11 families: "Many of you came forward to volunteer your time to help them, and they are deeply grateful, and I am very grateful to the work that you do. ... And I am proud to support you." ■

The Sixth Annual Josef Weissberg, M.D., Legislative Breakfast also featured presentations by New York City Council Member Gale Brewer, Council Member Alan Gerson, and Lloyd Sederer, M.D., the Executive Deputy Commissioner for Mental Hygiene Services in the New York City Department of Health and Mental Hygiene.

Council Member Gale Brewer

Council Member Gale Brewer, a Democrat, represents the Upper West Side and Clinton in the New York City Council. She chairs the Committee on Technology in Government. Additionally, she is a member of the following committees: Finance; General Welfare; Higher Education; Housing & Buildings; Mental Health, Mental Retardation, Alcoholism, Drug Abuse & Disability Services; Parks & Recreation; and Waterfronts.

She noted that Dr. Sederer was in the audience. "It's very nice to see Dr. Sederer here. He always does a fantastic job. He is a real asset to the department," she said.

As the Chair of the Committee on Technology in Government, she would like to work with NYSPA members on technology-related initiatives.

According to Council Member Brewer, the NYC public schools are "in dire need of mental health services of all kinds." She explained, "I've worked in a lot of school agencies. ... [And] I feel very, very strongly that it should be in the schools, and I would love to work with you on that."

During the question-and-answer period following her presentation, Richard Gallo, NYSPA's Legislative Consultant, said, "I would like to take this opportunity to thank the NY City Council, its Mental Health Committee, and Councilman David Weprin for your dedication and support of mental health parity legislation. We appreciate the Committee's efforts to assist with this vital issue by passing a Resolution that specifically called upon the New York State Senate to enact Timothy's Law."

Council Member Alan J. Gerson

Council Member Alan Gerson, a Democrat, represents SoHo, NoHo, TriBeCa, Washington Square area, South Village, Battery Park City, Wall Street area, South Street Seaport area, City Hall area, Little

Italy, Chinatown, and the Lower East Side. He is Chair of the Lower Manhattan Redevelopment Committee. Additionally, he is a member of the following committees: Economic Development; Fire & Criminal Justice Services; Parks & Recreation; Veterans; Waterfronts; and Youth Services.

Council Member Gerson's district includes ground zero. Many of his constituents are still suffering psychological problems, including flashbacks, because of 9/11. Following a traumatic event such as 9/11, the three-year point is still a critical time in the psychological recovery process, he said.

Even though this is the case, "the Project Liberty emotional recovery programs have expired or about to expire. These are the programs that provided extra guidance counselors to schools, extra social workers to senior centers, and extra emotional support professionals to various community centers around my district and beyond. ... For the most part, these programs are not being replaced," he said.

To rectify this situation, Council Member Gerson requested that the Lower Manhattan Development Corporation allocate a small, but significant, amount of the \$800 million left from its community development block grants. "I can tell you if we don't get this allotment with a difficult city budget coming up, there will be no support programs for the people who need it," he said.

He asked attendees to advocate for this allocation by contacting the mayor, the governor, and the Lower Manhattan Development Corporation. "I think it would help for them to hear from your professional organization and you individually as professionals that this remains important," he said.

In closing, Council Member Gerson thanked the psychiatrists who had volunteered their services following 9/11.

Dr. Lloyd Sederer: Chronic Homelessness

Dr. Sederer spoke about the New York City's effort to reduce homelessness: "Mayor [Michael] Bloomberg has come out full force with an initiative to end chronic

homelessness here in New York City that involves three things: reducing shelter beds by two-thirds, reducing street homeless by two-thirds, and introducing 12,000 units of new housing for high-need individuals in the city—the bulk of which [will be available] in five years."

Commissioner [Linda] Gibbs, New York City's Commissioner of the Department of Homeless Services, asked Dr. Sederer and his agency to co-manage the part of this initiative involving street outreach and drop-in shelters.

"What this will translate into essentially is a different form of contracting for those city services. It will be aimed at delivery of results because it's [the present system] just not working well enough, and the numbers [of homeless people] keep going up, and there are too many people living on the streets of New York," he said.

Detecting and Measuring the Severity of Depression

A reliable, effective, and practical instrument for detecting and measuring severity of depression has been adopted by Dr. Sederer's agency in conjunction with the NYC Health and Hospitals Corporation, which serves about 25 percent of all NYC residents. Ann Sullivan, M.D., NYSPA's Area II Trustee and Chair of the NYCDB Legislative Committee, is leading the effort at HHC.

Dr. Sederer explained that this tool would provide a way to quantitatively measure depression. He described this as "managing to a number."

"Psychiatry has never had a number associated with any disease. Medicine has lots of numbers: lipids, hemoglobin, and blood pressure. And doctors manage to numbers. And patients understand numbers," he said.

There will be a citywide effort to introduce depression screening and management—including the use of this instrument—in all of HHC's primary care clinics. According to Dr. Sederer, this is the first time in the United States that such an initiative will be introduced throughout an entire system of care.

"This was possible due to the leadership

effort on the part of HHC, and Dr. Sullivan is really the leader of it at the service delivery level in HHC. And it's a pleasure to work with her in that regard," he said.

Opioid Addiction

In New York City, there are approximately 200,000 opioid-dependent people. NYSPA member Andrew Kolodny, M.D., the agency's Medical Director-Special Projects, is spearheading several initiatives to help these individuals, especially the introduction of buprenorphine. Dr. Sederer said, "We are doing a whole set of things to see to it that many more people are effectively treated, and [we are working] to reduce the disease and burden that are the consequences of opioid addiction."

Early Intervention Program

Dr. Sederer's agency administers the Early Intervention Program, which has an annual budget of a half-billion dollars. The program is for children age 0 to 3 with developmental delays and disabilities. "This federally mandated program

has drifted very far away from its original intent, which is to have families actively involved in supporting the development of their children. We are in the process of changing the model of care of that program. We hope [this] will produce better results for little kids, and therefore a reduction in their need for special education as well as the social burden that derives when children with developmental delays are not effectively developmentally stimulated," he said.

Budgets

Regarding the state budget, Dr. Sederer hopes that some of the 200 items that Governor Pataki vetoed would be overridden. If this doesn't happen, Dr. Sederer's agency will be able to delay the implementation of these reductions through to the end of the current City fiscal year. However, in 2006, this "will hit and that's going to hurt," he added.

Regarding the New York City budget, Dr. Sederer said that Mayor Bloomberg requested a 6 percent reduction for this year and a 6 percent reduction starting next July. Dr. Sederer is trying to avert these reductions and is hopeful his agency will succeed. ■



Council Member Gale Brewer



Council Member Alan Gerson



Dr. Sederer

Oxford Health Plans continued from page 1

only). Upon request by Oxford, only the elements in the Basic Information component should be forwarded to Oxford. Disclosure of any more information requires a contemporaneous HIPAA-compliant authorization signed by the patient, to be obtained by Oxford.

The NYSPA website (www.nyspsych.org) now includes in the Members Only section a copy of the new Oxford policy, a downloadable template containing the three treatment record components and a memorandum prepared by NYSPA, explaining the policy and how to use the template. Members who wish to review the memorandum and download the template must have their password to access the Members Only

section. If you do not have your password, contact the NYSPA Central Office by email at centraloffice@nyspsych.org and your password will be forwarded to you directly. In 2002, Oxford Health Plans initiated audits of behavioral health services claims and identified a small number of behavioral health providers from whom it requested financial recoveries for several issues including note taking.

Oxford identified that there was significant variability in clinical record documentation among behavioral health providers. Rather than continue to pursue repayment of claims, Oxford determined that partnership with major behavioral health organizations to develop and adopt clear, consistent stan-

dards for all behavioral health providers – including psychiatrists, psychologists and social workers – was in the best interest of the company, its providers and its members. As a result of the advocacy of NYSPA, the APA and other organizations, Oxford termi-

nated all audits and refunded any sums collected from provider audits (except where there was evidence of fraud or issues unrelated to documentation) and returned all copies of patient records. ■

New Office Space Classifieds Section on NYSPA Website

NYSPA has added a Classifieds section to their website which will enable professionals to search for available office space for sale or rent. To view or post an ad in the Classifieds section, both members and non-members can access the site by clicking the Classifieds link on the left side of the NYSPA home page and accepting the disclaimer. Ads must be paid, in advance, by credit card or check. (There will be no charge for the first 10 postings received.)

For additional information, please contact the NYSPA Central Office by phone (516-542-0077) or by email (centraloffice@nyspsych.org).

Do you suffer from Depression?

Have you ever Attempted Suicide?

Or, has someone close to you, who suffers from Depression, Attempted Suicide?

If so, you or your relative may be eligible for a treatment research study at the New York State Psychiatric Institute at no cost to you. Research participants will be offered up to 6 months of outpatient treatment, using FDA-approved medications for depression.

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For the last 10 years, NYSPA member Mahmud Mirza, M.D., has worked as a staff psychiatrist at the Buffalo VA Medical Center in Buffalo, New York. Dr. Mirza's role there is critical: He evaluates almost every soldier at the Buffalo VA Medical Center who served in Iraq and/or Afghanistan and who is experiencing mental health problems. Dr. Mirza discussed the mental health of these soldiers with Liz Lipton, M.A., *The Bulletin's* Assistant Editor.

Prior to working at the Buffalo VA Medical Center, Dr. Mirza served as a Colonel Psychiatrist in the Army. While stationed in Germany, he served with the Combat Stress Team. Before serving in the Army, Dr. Mirza was the Medical Director of the Buffalo Psychiatric Center in Buffalo, New York.

Unless noted otherwise, all the information in this interview refers specifically to soldiers who served in Iraq and/or Afghanistan and who are patients at the Buffalo VA Medical Center. Ninety percent of the Center's psychiatric patients are outpatients.

LL: Regarding the patients at the Buffalo VA Medical Center, are any psychiatric disorders prevalent in the soldiers who served in Iraq and/or Afghanistan?

MM: Essentially, most of these soldiers have Adjustment Disorders with Depression and mixed emotions. ... Many of them develop Posttraumatic Stress Disorder; Some are able to readjust [and do not develop Posttraumatic Stress Disorder]. Also, those patients who previously had depression or anxiety [before they served in combat] that gets exacerbated in the combat area.

LL: You said that some soldiers develop Posttraumatic Stress Disorder, and some do not. Can you predict who will develop it and who will not?

MM: No, I cannot, but that would be a very interesting thing to know. I might have some ideas, but I don't think there is a study that says who will eventually develop Posttraumatic Stress Disorder and who will not.

LL: Please tell me more about Adjustment Disorder.

MM: Adjustment Disorder means that they are in a very different setting for a long period of time--sometimes six months to a year--where they are very hypervigilant. Their life is very structured. ... Suddenly, they come back to their original situation, and they don't know how to get back into their normal rou-

... Say for example, a person has been married and has children and has been very close to their wife and kids. They served one year in Iraq or Afghanistan where they saw a lot of casualties and were under a lot of stress. Suddenly [when they return from combat,] they don't feel close to their wife or kids. And if their wife and kids want to talk with them, their mind is preoccupied with something else. Both the family and the soldier see that something is not right. They really aren't able to adjust.

LL: What treatment do you provide for Adjustment Disorder?

MM: Basically to treat Adjustment Disorder with depressed mood, we give them antidepressants, and we give them psychotherapy and try to find out what exactly is going on in their mind and what is really bothering them.

LL: Do patients who participate in this treatment program recover?

MM: I have been treating people with Posttraumatic Stress Disorder for a long time. I have treated soldiers who served in Vietnam and World War II. Basically this treatment [for PTSD or Adjustment Disorder] does help, but the problem is that the things which happen to these soldiers are real. If their truck was blown up and they were injured--these are not unreal things. And one of their expectations sometimes--which is unreal--is that they feel that those memories should go away, but they don't. There is no way these memories are going to go away...

...One of the problems with these soldiers is that if they get flashbacks--because some things are so important--they keep thinking about that, and it keeps coming back to them as if they were really there again. ...

... Also, they keep getting intrusive thoughts about some real thing, which happened to them, which was really bad in one sense or another.

LL: So these patients are suffering a great deal.

MM: Absolutely. Absolutely. Another problem is that, because these soldiers are very self-reliant and independent, they really feel that they should not be asking for help and that they should be able to take care of it themselves. I come across this a lot. At the Buffalo VA, we developed a team concept that we call the Reentry Support Team. ...

...We made a team where every discipline in the hospital is represented, and we have been meeting for a year and a half to make sure everyone understands that these soldiers have difficult time getting into the mental health system, and [that] every effort should be made to make their transition easy. ...

... Anyone who has ... medical problems--whether they are being looked at by primary care or the ER--they should be asked questions regarding their mental health issues. And if they show some of the symptomology--which we call the Posttraumatic Stress Disorder screen--they should be referred back to us, and we will give them an immediate appointment to be seen. ...

...What this means is, say, one of the soldiers who comes back from Iraq shows up in the emergency room and says, "I lost my leg in Iraq." The ER people go through all kinds of questions to determine if he has mental health problems.

Because of this team effort, I personally see almost every one of the soldiers who comes back from the war area.

LL: So, this team concept is used because these patients are self-reliant and independent, and many who have mental health problems are reluctant to ask for help.

MM: Absolutely. As a matter of fact, when I interview these people, first, I ask them how they are doing and almost all say, "I am all right."

Then I ask them:

•Do you have a problem thinking about certain things?" "Oh yes," they say.

•Do you have sleep problems?" "Oh yes," they say.

•Do you have some guilt feelings?" "Oh yes."

•Do you have nightmares?" "Yes."

•Do you have flashbacks?" "Yes"

But, if I didn't ask them, they would not tell me.

LL: But if you ask them, they are very forthright?

MM: Ninety-nine percent of the time they are very forthright.

LL: With this population, do you usually explain about the nature of mental illness?

MM: Yes, most of them say, "Well I had been a little bit depressed before, but I got over it. And I don't think there is a problem." And then I have to explain to them that this is a little different, and they might have the symptoms for a long time, ... and that they should not hesitate to ask for help.

LL: What is their response?

MM: Usually they are reluctant to ask for help because they fear that no one will believe them. ... But one of the advantages I have is that, since I was in the military, they feel it is very easy to relate to me. Sometimes they say, "Well, I told the other psychiatrist this, and they didn't think it was true" because some things happen in the military which are not in civilian life.

LL: If patients are suffering from mental health problems, how do you explain about the nature of mental illness and the benefits of psychiatric medications?

MM: What I tell them is that they are not the only one suffering from this set of symptoms. There were people before them who suffered in Vietnam and WWII. ... Sometimes this [PTSD] does happen because of the combat and other traumas, and it does have an implication in terms of how it affects our nervous system. And so if they take antidepressants, it will help them recover much faster. Saying this usually works.

LL: When medication is prescribed, are these patients compliant?

MM: They are, but also I explain to them that not everything is going to disappear. It will lessen their symptoms. They will be much better off. But if some real bad incident happened where they got injured or their fellow soldiers got killed, that thing is not going to go away. I make that very clear to them.

LL: So they have good medication compliance?

MM: Once they start taking antidepressants, they feel less anxious, less irritable, and they are not angry all the time. Once they see that it helps them in that way, they become convinced that the medication does work.

Mental Health Group Meetings

LL: Do the soldiers meet with each other to discuss mental health issues?

MM: That is something we are trying to develop for the people who are coming back from Iraq and Afghanistan. We already have groups for people who came back from Vietnam and World War II.

LL: Are these groups helpful?

MM: Very helpful. We call them "PTSD Groups" and usually we try to match WWII Veterans with WWII Veterans and Vietnam Veterans with Vietnam Veterans because they had similar experiences.

LL: Please tell me about these groups.

MM: [A group consists of] five to 10 veterans with a staff member who is very familiar with Posttraumatic Stress Disorder problems. One of the values of the group is that--suddenly a person who I am trying to convince that you are not alone with these kinds of symptoms--suddenly this person finds another 10 people

saying exactly the kind of problems he is having, so he feels--OK, I'm not alone in this situation.

LL: Once they realize this, how does that make them feel?

MM: It makes them feel that they have a valid problem. Also, they feel that, since other people got help, there is a good chance that they will get help. ... When they are in their own shell, they feel that they are the only one who felt that guilty about somebody getting killed, so suddenly they feel that they were not the only one.

LL: Does that lessen their guilt?

MM: Yes, it lessens their guilt, lessens their depression.

LL: What are some of the things you've learned from interacting and treating these patients?

MM: A couple of things: one is that these young soldiers are very self-reliant, and what I learned from them is that I have to advise them what to do rather than tell them what to do. I have to be very careful about how I phrase my suggestions. ...

LL: So if you were persuading a patient who is depressed that he should take an antidepressant medication, what would you say?

MM: What I do is, I painstakingly explain what the medication will do for them. Instead of just saying, "I think you should take antidepressants," I tell them, "When you get depressed, when you have these kinds of feelings, the serotonin level in your brain goes down and, if you take antidepressants, it will go back up, and it will help you deal with whatever problem you have." I take a good amount of time to explain what the medication will do for them. Then I give them a list of medications that could be helpful, and I also explain the possible side effects, and I tell them they can choose which one they want.

LL: Are there any major differences between the soldiers who returned from Iraq and Afghanistan and the soldiers who served in previous wars?

MM: I'm glad you asked this question. I have seen WWII veterans and Vietnam Veterans. I think the basic issue with this situation is that a lot of soldiers, when they are serving there [in Iraq and Afghanistan], they are very confused as to who to trust and who is the enemy. So when they come back, they have a lot of trouble in terms of trusting people. That's a major difference.

LL: Is that something that just goes away naturally or do you work on that?

MM: No, you work on that through psychotherapy.

LL: Is there anything you would like to add that we didn't discuss?

MM: I am seeing younger people. ... Most of the returning soldiers I see are 20- and 21- [year-olds.] I've seen a few 19-year-olds. But in the previous wars, when I saw people, they were much older.

LL: Thank you very much. ■

Buffalo VA Medical Center, Buffalo, New York

According to the Web site of the Buffalo VA Medical Center, "The VA Western New York Healthcare System (VAWNYHS) consists of two health care facilities in Buffalo and Batavia.

"The Buffalo facility opened in 1950. It provides medical, surgical, mental health and long-term care services through a full range of inpatient and outpatient programs. It is the main referral center for cardiac surgery, cardiology and comprehensive cancer care for Central and Western New York and Northern Pennsylvania. In 1979, an Ambulatory Care Building housing expanded diagnostic and treatment capabilities was added. A new Research Building was completed in 1990, expanding our research capabilities.

"Over the last few years, the VAWNYHS has set up Community-Based Outpatient Clinics. These clinics provide quality health care services closer to home, for the convenience of veterans.

"The VAWNYHS is academically affiliated with the State University of New York at Buffalo School of Medicine and Biomedical Sciences. It also is affiliated with SUNY programs in health sciences, including nursing, dentistry, pharmacy, physical and occupational therapy, psychology, social work and health care administration."

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HMO's.

For the last two years, Timothy's law has been sponsored by Senator Thomas Libous (R-Binghamton), who was then Chair of the Senate Mental Health Committee and Assemblymember Paul Tonko (D-Amsterdam). While we expect that each of the above mentioned legislators will continue their leadership rolls with respect to Timothy's Law, we expect that Senator Thomas Morahan (R-New City), the newly appointed Chair of the Senate Mental Health Committee, will become integrally involved with both NYSPA and the Timothy's Law Campaign (TLC).

While the end of the 2004 Legislative Session came to a close without a resolution on this vital issue, we are not discouraged. Throughout our work with the TLC, we have witnessed an unprecedented level of awareness; the issue of insurance parity has been brought into the consciousness of both the public and members of the Legislature. Last year, the Assembly overwhelmingly passed Timothy's Law; although in the end, the two houses could not come to terms on a compromise bill, the Senate, for the first time in New York's history, passed a mental health parity bill. This was a monumental step.

When asked recently by a reporter what issues were still left undone in 2004, that the Senate wanted to accomplish, Senate Majority Leader Joseph Bruno (R-Brunswick) said "Timothy's Law immediately comes to mind."

In that regard, the Senate has already reached out to NYSPA in an effort to begin its 2005 session work on parity legislation. NYSPA,

along with several TLC members, met with Senate Majority staff in early January to discuss what have been traditionally the Senate's areas of concern and how those concerns might be addressed while still providing New Yorker's with a comprehensive and substantial parity law.

Budget Priorities

Family Health Plus (FHP)

Ironically, parity advocates have finally begun to see momentum and legislative support for mental health parity legislation; but, a disturbing new development with regard to insurance benefits for the treatment of mental illness has surfaced in the Executive Budget Request. In his Budget proposal, Governor Pataki proposed a recommendation that at first glance seemed rather benign; however, the Governor's proposal seeks to alter the benefit structure of Family Health Plus and make it comparable with another publicly funded insurance program, Healthy New York. The problem is Healthy New York does not offer any mental health benefits; nor does it cover any medications associated with the treatment of mental illness. Several other conditions and services now covered by FHP will also be lost under this proposal.

Upon discovering the proposal, NYSPA in conjunction with TLC, issued a press release decrying the action and its impact on FHP enrollees needing mental health services. NYSPA will continue to work with members of the Legislature in an effort to defeat this recommendation.

Restoration of Crossover Funding for the

Treatment of Dually Eligible Patients

As we have extensively reported in past issues of the *Bulletin*, by the close of the regular 2004 Legislative Session, NYSPA, in conjunction with the Medical Society of the State of New York (MSSNY) and other groups, successfully secured a \$2.5 million "member item," initiated by Senate Majority Leader Joseph Bruno (R-Brunswick); which, once "federalized," will result in a \$10 million partial restoration of crossover funding for a two-month period which is slated to begin in February of 2005 (specific details have yet to be announced).

While NYSPA maintains its sincere gratitude to Senator Bruno for his initiative, we realize that this was merely a first step in our quest to achieve a full restoration. Given the enormity of the Governor's proposed cuts in the State's Medicaid program, the road to achieving our goal with respect to crossover funding has suddenly steepened considerably.

Preferred Drug List (PDL)

Although defeated by the Legislature in years past, the Governor's 2005-06 Executive Budget proposal once again calls for the creation of a Preferred Drug List for the Medicaid program; however, consistent with past PDL efforts, the proposal does provide for the exemption of anti-psychotic and anti-depressant medications. However, as we have in the past, NYSPA will closely monitor this issue.

Health Care Reform Act (HCRA)

The Health Care Reform Act (HCRA), through which most health care and related financing

flow, expires at the end of June 2005. As noted above, the Governor has linked the renewal of HCRA to the 2005-2006 Executive Budget Request which calls for major cuts (\$1 billion plus) to health care services throughout the state. As we have done in the past, NYSPA will work with other stakeholder organizations to assure that any impact on mental health services occasioned by the omnibus cuts are identified and addressed in the coming weeks. ■

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Budget Overview Executive Budget Request for OMH Fiscal Year 2005-06

State Operations

State Operations	General Fund PIA/HCRA	Other	Total
FY 2004-05 Available	\$1,144,476,000	\$20,100,300	\$1,164,576,300
05-06 Exe. Budget Rec	\$1,182,411,000	\$21,125,000	\$1,203,536,000
Change	\$ + 37,935,000	+1,024,700	+38,959,700

Key Initiatives (State Operations)

Middletown Closure

The Governor's 2005-06 Executive Budget proposal recommends the closure of Middletown Psychiatric Center. The target date of closure is to be April 1, 2006. The recommendation directs the transition of inpatient services currently available at Middletown to be provided at Rockland Psychiatric Center. The measure will achieve a savings of \$7 million in operating costs and an additional \$28 million in capital construction. Although the plan is very similar to that of last years recommendation, the 2005-06 proposal provides for a 100 percent reinvestment of the \$7 million in annual savings to expand State-operated community services in Orange and Sullivan Counties. The 2004-05 recommendation only provided for a 50 percent reinvestment initiative.

Forensic Mental Health Initiatives

The 2005-06 Executive Budget proposal recommends \$7 million to continue the expansion of mental health treatment for inmates afflicted with serious mental illness. Again this year, the funds are earmarked to support a series of new and expanded services that will be administered by a new Behavioral Health Unit program model established by the Office of Mental Health and the Department of Corrections. Initiatives will include; expanded bed capacity for the Intermediate Care Program; increased access to clinical staff; and a tripling of the number of beds for the Special Treatment Program.

Fingerprinting Legislation

The 2005-06 Executive Budget proposal allocates \$2 million to abide by the requirements of the recently enacted fingerprinting law which requires fingerprinting of all future staff of local providers whose job duties require them to have substantial physical contact with clients.

Assisted Outpatient Treatment

The 2005-06 Executive Budget proposal includes a recommendation of \$32 million to continue the court ordered assisted outpatient treatment program known as Kendra's Law. The appropriations continue to support case management and psychiatric medications for individuals being discharged from State psychiatric centers, community hospitals, prisons, and jails while they await Medicaid eligibility determinations.

Outpatient Mental Health Article 31 Clinics

The 2005-06 Executive Budget proposal provides for a \$6 million increase of State share of Medicaid for free-standing Article 31 outpatient clinics, resulting in a \$24 million increase once the federal and local shares are factored in. The increase encompasses a statewide fee increase, increases to children's clinics that provide evening and weekend services, and additional enhance-

ments yet to be fleshed out.

Community Based Waiver Program

The 2005-06 Executive Budget proposal for the Office of Children and Family Services contains a new funding initiative of \$2.3 million to provide 245 additional Home and Community-Based Waiver slots for children in foster care. Once combined with the annual reinvestment dollars, it is estimated that 50 percent more children will be served. The Community Based Waiver program enables children at risk for institutional placement, to remain at home and in school while they receive services.

Community Bed Development

The 2005-06 Executive Budget proposal provides for operational and capital funding for local programs to maintain the existing residential system (currently operating 27,000 beds) and continues the development of 1,600 previously authorized beds from prior year initiatives and an additional 2,500 beds currently in varying stages of development, bringing the total number of community beds up to 31,100.

Adult Homes

The 2005-06 Executive Budget Proposal recommends \$10 million in continued funding for adult home residents, including an additional 3500 case management slots for adult home residents living with mental illness.

State and Local Efficiencies

OMH has indicated that in an effort to accomplish necessary savings in 2005-06 they will:

- Achieve \$4 million (annualized) in savings through Medicaid maximization.
- Achieve \$3.9 million in annual savings through targeted cuts to less effective programs;
- \$2.1 million will be yielded by reducing or eliminating funding to local mental health providers that are underperforming, and;
- \$1.8 million will be realized through cuts to agencies deemed to be delivering less cost effective services, or whose agency administration and overhead costs are higher than system-wide averages.
- Institute tighter controls on staffing by eliminating funded vacancies that are no longer essential; (annual estimated savings has yet to be announced)
- Limit non-personal services expenses through contract reviews and renewals and enforce strict controls on travel, equipment and other purchases (annual estimated savings has yet to be announced).

Aid to Localities

Aid to Localities	General Fund HCRA	Federal Funds/ SRO	Total
FY 2004-05 Available	\$814,216,000	\$48,864,000	\$863,125,000
05-06 Exe. Budget Rec.	\$846,474,000	\$48,319,000	\$894,793,000
Change	+ 32,213,000	-545,000	+ 31,668,000

ARMS

The Executive Budget again seeks to achieve savings through the elimination of the Alternative Rate Methodology. The proposed elimination will primarily impact Erie County Medical Center, which receives more than 40 percent of the \$3.1 million in total Medical support spent on ARMS. The other nine hospitals still receiving the ARMS supplement are; United Health, Women's Christian Hospital, St. James Mercy Hospital, Cortland Memorial Hospital, St. Mary's Hospital Amsterdam, Queens Hospital, Cabrini Hospital, Eastern Long Island, and Montefiore Medical Center.

Other Items of Interest

Medicaid/ HCRA Initiatives

In an effort to slow the Medicaid growth rate, the 2005-06 Executive Budget proposal recommends a series of cost saving initiatives. Included in these recommendations is an attempt to provide fiscal relief to local governments by capping their share of Medicaid costs up to the amount they will spend in 2005, eventually leading to a complete State takeover of local Medicaid costs by January 1, of 2008.

Additional measures include:

Pharmacy

- Establishing a preferred drug program (anti-psychotic medications are exempt)
- Authorizing prior approval of certain high risk/high cost drugs
- Increasing co-payments for generic drugs from \$0.50 to \$1.00
- Increasing co-payments for brand name drugs from \$2.00 to \$3.00

Acute Care

- Reconciling Graduate Medical Education (GME) payments and eliminating annual inflationary increase
- Re-establishing a 0.7 percent assessment on hospitals

Managed Care

- Continuing mandatory enrollment of Medicaid recipients in managed care

Child Health Plus

- Freezing premiums at the 2004-05 levels
- Reauthorizes for two years through June of 2007

Family Health Plus

- Cutting mental health benefits
- Modifying the asset/resource test
- Requiring a 12 month waiting period for those who had group health coverage previously
- Prohibiting coverage for individuals employed by a large business or government entity
- Capping marketing and enrollment funding
- Eliminating facilitated enrollment

Area II Trustee's Report continued from page 3

supportive and psychodynamic psychotherapies"

- That a statement on diversity and non-discrimination be included in the Essentials of Training including "respect for and understanding of cultural and individual diversity is reflected in the program's policies for the recruitment, retention and development of faculty and residents, and its curriculum and field placements".

Finally, the APA Board of Trustees was asked to consider the Assembly recommendation to bring in outside mediation to move toward resolution between the Board and the Texas Society of Psychiatric Physicians. The Board will continue to pursue negotiations with the Texas Society of Psychiatric Physicians which are currently underway and depending on the outcome will consider alternatives to address the issues.

GOVERNANCE

In response to an Assembly action paper to make the Medical Director the CEO of the APA, a post currently held by the elected President, the by-laws committee recommended that the by-laws be amended for this change. The Board postponed

the vote on this issue until a small workgroup chaired by Dr. Sharfstein could define the roles of the President and CEO in the newly proposed structure and also make a recommendation as to what mechanism should be utilized for the by-laws change.

In order to keep costs down but member involvement high, the board approved several corresponding committees to work on key issues for the APA: Psychosomatic Medicine Research ; Psychosomatic Medical Education and Training; Access to Care and Reimbursement; Research Ethics and Electronic Health records. Yearly funding for such committees usually ranges from one to two thousand dollars. The Committee on long term care was converted from corresponding to a full committee for a cost of about five thousand dollars. Overall the increased use of phone and electronic communication by corresponding committees has resulted in less costly but high quality products from APA member committees!

All in all, another busy session!! Let me know your ideas and suggestions: 718-334-3536 and e-mail: ann.sullivan@mssm.edu ■

HIPAA continued from page 1

It is important to note that HHS' compliance approach permits covered entities to take cost, staffing levels and available resources into account when developing a security compliance plan. Therefore, individual psychiatrists may tailor their own security efforts to match the size and resources of their medical office and will be required to enforce only those rules that are reasonable and appropriate for their particu-

lar practice situation.

HHS has reported that it plans to issue a guidance on the Security Rule prior to the April 20, 2005, deadline, however, no guidance has been issued to date. NYSPA will provide members with more information via the E-Bulletin as it is made available. The full text of the Security Rule and FAQs on the Security Rule are available at the HHS website (www.cms.hhs.gov). ■

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