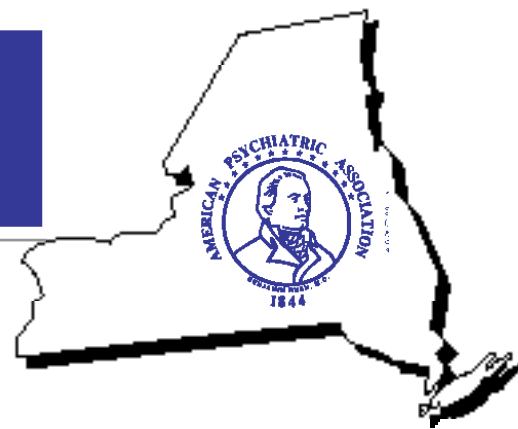


THE BULLETIN

NEW YORK STATE PSYCHIATRIC ASSOCIATION

Summer 2002, Vol. 45, #2 • Bringing New York State Psychiatrists Together



President's Message

By James Nininger, M.D.

I am terminating my second term as President of your state psychiatric association and as Area II Representative to the Assembly. Our new officers have just been elected, and I can assure you the organization is in excellent hands. As immediate past president, I will remain on the NYSPA Executive Committee and will also be serving next year as Recorder of the Assembly, where I will be sensitive to New York's concerns.

Our state psychiatric organization, as others across the country, has had a continued erosion of membership numbers. In spite of this, in this fiscally harsh climate, our PAC contributions have increased for the last several years in numbers and average gifts. This indicates an increased awareness of the need to support battles on the legislative front, such as scope of practice and parity, by a concerned and dedicated group of psychiatrists. All psychiatrists should share in the contribution of time and/or money towards improving our ability to care for our patients.

I would like to thank our Executive Director, Seth Stein, and his staff,

especially Donna Gajda, for their continued hard work. I look forward to continuing to work with all of you on issues important to our patients and our profession.

On April 28, 2002, readers of the *New York Times* were shocked by the first installment of a scathing indictment of abuses in the adult home industry. The article documented the mistreatment of adult home residents with serious and persistent mental illness. ("Broken Homes" April 28-30, 2002)

The New York State Psychiatric Association has consistently over the past many years advocated for expanded community based residential and day program services for persons with serious and persistent mental illness. However, in responding to the crisis in the adult home industry, there are three critical issues:

1. Adult homes were never an appropriate placement for persons with serious and persistent mental illness who need continuous support and supervision.

[See President's on page 2]



Sy Gers, M.D., receives a plaque from Seth Stein, Esq. at the APA Assembly in Philadelphia, PA, May 19, 2002, in honor of his many years of service.

Incoming President's Message

By Barry Perlman M.D.

Without dipping too deeply into the "book of platitudes", I wish to convey to my colleagues and fellow members of the New York State Psychiatric Association the pride and excitement I feel at having been elected to serve as President. I anticipate with relish and enthusiasm the opportunities which my election will afford me to work with the other officers, Area Council Representatives, District Branch leaders, and NYSPA members on matters about which we share significant concerns, our profession and the patients we treat. As you are aware, the New York State Psychiatric Association is also Area II of the American Psychiatric Association. In this functional identity we are fortunate. It both permits us to deal most forceful-

ly as a state association with the political and policy issues which shape the practice of psychiatry and the care for those with mental illness within our state and it allows having an effective voice within the APA.

As a consequence of the hard work of NYSPA's leadership and our very able and personally invested staff, members' interests have been vigorously advocated for along with advocacy for the needs of persons with mental illness. Seth Stein, Esq., our Executive Director and General Council, and Richard Gallo, our Government Relations Advocate, have both worked incredibly hard and effectively to help us give voice to the public policy positions adopted by the organization's leadership and members. Working for Parity, for appropriate local mental health Medicare Carrier policies, for the improved care for those with chronic mental illness, for appropriate professional licensure, which will protect the public health, or for the defeat of ill-advised ECT legislation, they have helped to magnify our collective voice. Invaluable to our efforts on many of those issues which we consider most important has been our close working relation with the Medical Society of the State of New York. We owe MSSNY and its staff a real debt of gratitude for their adoption of many of our concerns as their own and must encourage our members to also join our state's Medical Society. The APA too is due great appreciation for the consistent financial support, which has been forthcoming to assist us in dealing with the

This Just In...

ELECTION NEWS FROM THE APA ANNUAL MEETING IN PHILADELPHIA AND OTHER ITEMS

Congratulations to James Nininger, M.D. for his election as Recorder of the APA Assembly. This leadership role in APA governance will be key in making sure our New York State issues will get the attention it deserves.

Congratulations to Seymour Gers, M.D. (see photo), for 27 years of distinguished service on behalf of the Brooklyn Psychiatric Society, NYSPA, and the APA Assembly. Dr. Gers was recognized by a special presentation at the APA Assembly Meeting on May 19, 2002.

NYSPA elections were also held. Our new officers are:

- Barry Perlman, M.D., President
- C. Deborah Cross, M.D., Vice-President
- Glenn Martin, M.D., Secretary
- Aaron Satloff, M.D., Treasurer

Congratulations to the West Hudson Psychiatric Society for winning the 2002 Public Affairs Network Award for Coalition Building, Honorable Mention for Outstanding Feature Article for "Franz J. Kallmann, M.D.: His Controversial Role in the Eugenics Movement" by Syed Abdullah, M.D. and appearing in Synapse, and a Certificate of Continuing Excellence for perennial quality in the production of Synapse, edited by Robert Sobel, M.D., and Syed Abdullah, M.D.

We can pat ourselves on the back as well: The Bulletin won the 2002 Newsletter of the Year Award in the category of newsletters less than 12 pages.

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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 all 5,000 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...

Random Thoughts

by Leslie Citrome, M.D., M.P.H.

The Summer issue was put together during the time many of us were at the APA Annual Meeting in Philadelphia. Many thousands of psychiatrists have converged on the city, with ample representation from New York State. Proximity to Philadelphia has made it easier for us to drive instead of fly – a nice change!



Leslie Citrome, M.D., M.P.H.

Election results for NYSPA officers are on page 1. Our immediate past-president was elected to Recorder, and many have remarked how it has been a long time since a NYSPA member was chosen for this key position within the APA Assembly.

Inside this issue you will find information on how the different District Branches have been cop-

ing financially, and in the next issue you will see information on two Political Action Committees (PACs) – one for New York State, and one for the entire country. But NYSPA isn't just about guild issues – please check out the President's column for NYSPA's position on the Adult Homes scandal that has recently been made public by the New York Times.

The NYSPA web site now has a new look, and you can find copies of the Bulletin there as well. Check it out at <www.nyspsych.org>. ■

President's Message

continued from page 1

2. The appropriate placement for persons with serious and persistent mental illness who need continuous support and supervision is a New York State Office of Mental Health licensed and funded community based residential program to meet the needs of persons with serious and persistent mental illness who need continuous support and supervision.
3. There are currently not enough residential slots available in the NYS Office of Mental Health continuum of residential services to meet the demand.

Although it is estimated that there are as many as 10,000 individuals currently living in adult homes who have serious and persistent mental illness, an adult home was never intended or designed to meet the needs of persons with serious and persistent mental illness who require continuous supervision. Current state regulations for adult homes specifically prohibit placement and continued stay of persons who suffer from a serious and persistent mental illness sufficient to warrant placement in an OMH residential program, or who require mental health services which are not available or cannot be provided in an adult home.

When one contrasts the histories and behaviors of the adult home resi-

dents under these admission and retention standards, it appears clear that many of these persons with serious and persistent mental illness should never have been placed in an adult home in the first place. While it appears that the adult homes described in the series were utterly unfit and unsafe for any human being regardless of their medical problems, it is also equally clear that even the best adult home might not be an appropriate placement for a person with serious and persistent mental illness who requires continuous supervision and support. The solution lies in the expansion of the current system of residential services under the jurisdiction of the NYS Office of Mental Health.

The \$28 per day that DOH provides for adult home services cannot possibly meet the costs of insuring adequate supervision. Despite these facts, for many years, adult homes have served as a placement of last resort because the OMH system could not accommodate all the persons who truly required the level of residential care available only in the OMH residential services continuum.

Of course, the first priority must be addressing the abysmal conditions in the adult homes described in the NY Times series. We understand that many of the "impacted" homes (technically defined as an adult home

whose residents with mental illness exceed 25%) have a percentage of residents with serious and persistent mental illness as high as 90% - in essence these adult homes have become residential programs for persons with mental illness. Yet, these adult homes do not provide the range of support and case management services available in an OMH licensed and funded supportive housing program. For these highly impacted adult homes, a solution may require conversion and funding of these facilities as licensed OMH supportive housing programs with new not-for-profit operators.

At the same time, as part of the state's audit and survey responsibilities, an assessment of every resident with mental illness in the highly impacted adult homes should be performed by an independent voluntary agency under contract with the state to determine whether current placements are appropriate to meet the needs of these residents under the regulations. However, adult homes as currently constituted are not appropriate for persons with serious and persistent mental illness who needs continuous supervision and support.

The *New York Times* series focused on the problem, now New York State must deliver on the solution. ■

John Oldham, MD to Leave New York State

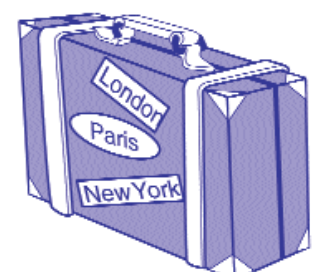
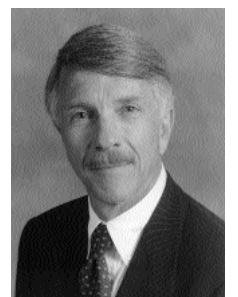
After almost 15 years serving as Chief Medical Officer of the New York State Office of Mental Health, Dr. John Oldham will be leaving New York to assume the position of Chair, Department of Psychiatry and Behavioral Sciences, at Medical University of South Carolina in Charleston, effective July 1, 2002. A New Yorker since 1967 (with the exception of two years in the United States Air Force), Oldham also leaves his posts as Director of the New York State Psychiatric Institute and Acting Chair of the Department of Psychiatry at Columbia University College of Physicians and Surgeons.

Dr. Oldham did his psychiatric training at New York State Psychiatric Institute, and his psychoanalytic training at Columbia. He has been

Director of Psychiatric Emergency Services and Director of Residency Training at Roosevelt Hospital in New York City, and he was subsequently Director of the Division of Acute Treatment Services and Coordinator of Medical Student Education at Cornell University Medical Center/New York Hospital, Westchester Division.

Dr. Oldham has been actively involved in the American Psychiatric Association; locally, he has served as President of the New York County District Branch, and nationally he has been on the Council on Research, on the Steering Committee on Practice Guidelines, he served for three years as chairman of the Scientific Program Committee, and he chaired the Task

Force on Quality Indicators. Currently he is Chair of the Practice Guideline Work Group on Borderline Personality Disorder and the Committee on Quality Indicators, and he is Vice Chair of the Council on Quality Improvement. ■



Changing Times

by Herb Peysler, M.D.

My term is ended and this will be my last Area Trustee's Report. Ann Sullivan will be taking over. She is a speak-up, stand-up colleague. Which APA needs. Challenging times.



Herb Peysler, M.D.

SIX YEARS AGO

It was different when I came on APA's Board 6 years ago. Finances were good, \$30M budgets, \$30M reserves, surpluses, we could halt the automatic yearly dues increases. Now our budget, over \$50M with \$15M reserves, faces a significant deficit (but will be balanced). Membership then was fairly stable. Now there are 2700 on the drop list, 500 over last year (we are working on that). Members were participating and voting, down from the former 60+% but still up there. Only 31% voted last election, lowest ever. The public sector and IMGs remain under-represented in membership and leadership, and large sections of academia, residency training directors and minorities don't participate, don't belong. We must get them in. Challenges.

CLEAR MISSION

The mission was clear, given by our members: advocacy; primarily government relations, public affairs and managed care; secondarily education, other collegial and membership activities. The programs and infrastructure for these functions required a staff of about 150. Programs increased greatly since then, staff grew to about 265 (although there are vacancies). Cost of staff salaries, benefits, travel and space needs rose.

PROBLEMS

There were problems looming. Although some money was being spent on matters not particularly relevant to APA's mission most programs were valuable. Each had a devoted constituency convinced it was essential. New programs arose. Growth occurred without adequate planning, prioritization or integration with the overall organization. Programs for revenue were often oriented toward gross revenue, the net not clear.

We borrowed from reserves to fund these expanding programs, but it was not clear we were not replenishing them. Enterprises such as Medem cost us. Medem, not doing well, recently called for a fourth financing round to be able to continue through December. A split Board voted \$5K (I opposed).

COMPUTERS

The Information Service cost a great deal, worked poorly until we got a group together (much at my initiative) to turn it around. There is still more to be done, developing an integrated single point of entry association management system to improve the database, increase communication within APA and between APA, DBs and members, enable inexpensive electronic committee meetings, and provide other electronic services (e.g., telepsychiatry for the rural psychiatry problem). We proceed cautiously,

with collaboration between governance, components experts, staff and DBs. Business processes are to be reviewed and altered for efficiency and productivity, and revised so they can be brought into a system served by an off-the-shelf package requiring minimal expensive cus-

tomization.

MONEY ISSUES

This will cost significant money over time. The DBs will require training and may have to change bylaws to accommodate the changed business rules. The reluctance of some DBs is understandable considering past history; credibility must be built up to reassure them.

The serious financial picture only became fully apparent to the Board last fall after the new financial team came in. The Assembly became aware of it in November, protested strongly and closely questioned management and the Board. It was impressive. I have never seen such active questioning before, with strong demands for management and Board accountability and Assembly participation in the process. The Assembly must keep it up.

The Board moved to meet the challenges. It passed an amendment giving the Assembly veto power over its authority to amend APA's bylaws. It developed a Financial Oversight Committee meeting monthly to serve a controller function. It cut governance and member participation sharply, cutting itself and the Assembly once again. It reorganized and sharply reduced the components, shifting the work to the councils; most of the committees will be corresponding committees, meeting electronically. It cut back sharply on revenue sharing with DBs (to \$5K per state) and postponed development of the Spurlock Office for Minority and National Affairs.

Despite a significant deficit it plans annual replenishment of the exhausted undesignated reserves. There are thoughts about a central dues increase. (Some DBs/SSs and subspecialty organizations raised dues, and it would be good if more members joined state medical societies and the AMA. But increasing dues burdens could adversely affect APA membership.)

Dependence on pharmaceutical company revenue causes concern. The Board has been working on conflict of interest matters.

ADVOCACY

Advocacy continues, particularly after New Mexico's passage of psychology prescribing. Funds were given to NYS, Georgia, California, and Connecticut for scope of practice issues. Clearly more emphasis is needed on state-level advocacy where the dangers mostly lie; central APA will back up the DBs. A long-term strategic plan is being developed and contributions requested for a patient protection fund regarding these issues. Several of

us had urged going to non-members as a recruitment initiative.

The role management will play in meeting the financial challenges is not clear. Despite some calling for staff downsizing, nothing significant has occurred yet. Much depends on future program planning and possibly outsourcing.

BIG MOVE

The Board voted to move from 1400 K Street in DC to Rosslyn, Va. across the river, a controversial call splitting the Board. Almost two-thirds of the 1400 K space was cheap, long term (\$16/sq. ft. through 2027). Two smaller leases, expensive, market-rate, come due this year and next. The landlord initially offered \$2M for the cheap lease. We were going to take it and move but the offer disappeared. We then voted by a slim margin not to move, to save money by reconstructing a smaller 1400 K space based mainly on the cheap lease that the staff would progressively fit in, with open spaces, some sharing offices, some in cubicles (like the NYC mayor's office).

There were costs to reconstruction and a reluctance to squeeze or split the staff, some feeling that staff morale and possible disruption warranted reconsideration. Several votes shifted, and the Board voted (I opposed)

to give up the cheap lease and move to Rosslyn's newer building, higher tech, no reconfiguration expense, but, it turns out, somewhat less space and a 15-year commitment with rent increases. The Division of Government Relations will remain in DC. A problem here is not knowing what APA will look like down the road. Contraction and outsourcing would affect staff size, space needs and turnover, as will the new Medical Director (there's a search committee under Herb Pardes).

The Board is looking to Paul Appelbaum's Long Range Budget and Planning Task Force for how APA will face the challenges, cutting the budget, governance, components, programs and staff, and possibly outsourcing activities that might function more efficiently. LRBPTF reports this June and September.

These are the challenges and proposals to deal with them that will come to Ann, as well as selecting the new Medical Director. I wish her well for the future of APA is in her hands and those of the other Trustees. APA is the only thing we psychiatrists have for our advocacy. APA must be able to be militant in pursuing this, our core function dealing with the issues most concerning our members..

[See [Changing Times](#) on page 8]



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NYSPA Task Force on Non Dues Revenue

By Seeth Vivek, M.D

This was presented at the May 18, 2002 NYSPA meeting held during the APA Assembly Meeting in Philadelphia. -Ed.

NYSPA president Jim Nininger, M.D. appointed a task force to survey current practices in various DB's in the state and to make suggestions. Each member of our committee contacted 3-4 DB's and surveyed the current practices.

OUR FINDINGS ARE AS FOLLOWS:

1. Most DB's, especially the smaller ones are financially strapped and have low reserves
2. Pharmaceutical companies support most CME activities. This happens in one of two ways.
 - a. The pharmaceutical company arranges for direct payment to the speaker and the restaurant.
 - b. Alternatively the DB receives an unrestricted grant. This sometimes results in a surplus for the DB. Often the factors include the fact that the DB is a tax-exempt organization and that some speakers charge a lower fee or waive their fee.
3. Another source of income is from ads in the newsletter. Advertisers are not limited to pharmaceutical companies. This generally covers printing and mailing expenses.
4. Some DB's generate a moderate income from the selling of address labels.
5. DBs have received grants with specific restrictions. Examples include a gift by Dr. Viswanathan for an annual prize to the best paper by a resident. Another example is a bequest of a sizeable sum to the New York County DB earmarked for research.
6. Organizing meetings that generate funds. An example is a psychopharmacological conference with a nominal registration fee.

PRELIMINARY RECOMMENDATIONS:

The task force would like to emphasize the importance of enhancing Non -Dues Revenue, while recognizing the multiple ethical issues involved and the need for fiscal responsibility.

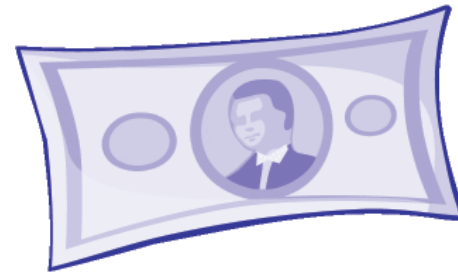
1. Assistance with non dues revenue especially to smaller DB's, possibly by soliciting ads that might run, not only in the NYSPA Bulletin but also in local newsletters and with apportionment of the revenues.

2. Encouragement of speakers, especially if they are DB members to donate their honorarium from CME events (similar to faculty not charging when presenting Grand Rounds in their own institutions).
3. Consider the possibility of educating DB's about ethical, respectful and effective methods of informing members and the public of how to include the APA, NYSPA or the DB in bequests.

This committee will continue to explore other options and will poll individuals within and outside the

organization. We will report again in our Fall Meeting.

I want to thank Dr. Bob Mitchell, Dr. Aaron Satloff and Dr. Neal Borenstein, my colleagues on the task force for their efforts and participation. ■



HOW MANY ARE WE?

We have 13 district branches in New York State. Voting strength in the Assembly of the APA during the last meeting in May 2002 was as follows:

- Bronx District Branch 166
- Brooklyn Psychiatric Society 256
- Central New York District Branch 154
- Genesee Valley District Branch 192
- Mid-Hudson District Branch 79
- Greater Long Island Psychiatric Society 455
- New York County District Branch 1869
- New York State Capital District Branch 167
- Northern New York District Branch 40
- Queens County Psychiatric Society 201
- West Hudson District Branch 124
- Psychiatric Society of Westchester County, Inc. 482
- Western New York Psychiatric Society 146

FOR A GRAND TOTAL OF 4331 VOTING MEMBERS.



Interview with Anthony Ng, M.D. and Anand Pandya, M.D.

Disaster Psychiatry Outreach

by Martha Crowner, M.D.

Psychiatrists from Disaster Psychiatry Outreach were at the site of the February, 2001 earthquake in El Salvador passing out water in the hot sun. They were at the offices of ABC and NBC after anthrax spores had been detected there. They were at the World Trade Center victims' family assistance center comforting the bereaved. What is Disaster Psychiatry Outreach? What is disaster psychiatry? On April 9, I interviewed Anthony Ng, Medical Director of Disaster Psychiatry Outreach (DPO) and Anand Pandya, one of DPO's co-founders and learned the answers to these questions and more.

A CHARITABLE ORGANIZATION

Disaster Psychiatry Outreach is a charitable organization, a New York City based group of volunteer psychiatrists. Its goals are to provide on-site disaster mental health services, to provide training in disaster psychiatry, and to develop research and policy for disaster psychiatry. The organization was founded in 1998 by four res-

idents at the New York Presbyterian/New York State Psychiatric Institute psychiatry training program. It was a result of their experience serving families of victims of the crash of Swissair Flight 111 off the coast of Nova Scotia. The residents then counseled the grief-stricken, attended to psychiatric emergencies, dispensed medication, taught about normal grief and response to trauma, and made referrals for ongoing care. The experience stimulated an ongoing interest in the role of psychiatrists in disaster relief efforts. The residents formed DPO to ensure the provision of high-quality psychiatric care in these difficult circumstances.

DISASTER PSYCHIATRY

Disaster psychiatry includes elements of trauma psychiatry. It requires the recognition and treatment of acute stress reactions. Stress reactions often present as generalized anxiety, panic symptoms, increased motor activity, insomnia, and somatic symptoms, especially GI complaints. Dr. Ng told

me, "Somatic symptoms at the World Trade Center site were complex. Everyone who was downtown had irritated eyes and a cough. We have to be careful we don't see all somatic symptoms only as manifestations of psychiatric illness. Anxiety and depression makes pain worse. Give people a safe environment to discuss trauma and we can ameliorate somatic symptoms." Insomnia is very common among people who have been recently traumatized and can lead to other symptoms if it persists. Dr. Ng said, "We think there is a role for hypnotics for sleep, but there has to be extreme caution if you're not sure whether you will be able to do a follow up."

GENERAL PSYCHIATRY

Disaster psychiatry is also general psychiatry. Other psychiatric problems that often present include substance abuse and exacerbations of preexisting mood or psychotic disorders. People with serious psychiatric

[See Interview on page 6]

PSYCHIATRIST

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Dear Doctor Letter Illustrates Illusory Access

A recent "Dear Doctor" letter from ValueOptions tends to confirm what many members have long suspected, that is that access to psychiatric care through behavioral managed care networks remains illusory. The letter informs that their, "membership has grown in New York to dramatic levels making access an issue for our members in New York State." They go on to invite Board Certified Psychiatrists to become participating psychiatrists in their Empire Plan Network. In order to gain the participation of psychiatrists they say that they "offer electronic claims filing, online eligibility, services such as claims status, provider handbook and newsletter, address change capability and expedited UR process" as well as "continued education".

They say that they aim to reduce administrative burdens. WHAT THEY DO NOT OFFER ARE IMPROVED FEE SCHEDULES! While they assert that they are "paying fairly", members should be aware that their fees remain substantially below the fees paid by Medicare for the same CPT codes, even after this years significant 4% fee decrease for Medicare in New York State.

It should be noted that as a consequence of the current situation at ValueOptions, and perhaps at other behavioral managed care companies, enrollees may not be getting the services their employers are paying for. Indeed, enrollees may in fact be forced to obtain services by direct fee for service payments outside the plans. (In the

meanwhile the BMCOs are pocketing the unexpended monies which accrue due to lack of access of enrollees as profits.) It is clear that behavioral managed care companies may no longer be able to provide psychiatric care on the cheap. It is also apparent that employers, including the state, should review the current behavioral managed care situation to assure that they are not paying for unobtainable services. One remedy would be to assure that all such plans have an provision for out of network payments. Where such exist, the enrollee will at least receive some of the benefit paid for through premium when they receive care from an out of network psychiatrist.

While each individual psychiatrist must decide for themselves whether to join

any given network, it is important that they remain informed about the current situation with the BMCOs, their varying rate structures and how they compare to benchmark rate structures such as Medicare. As in the past, NYSPA will make every effort to keep members informed about these matters so that each member can make an informed decision. ■



New Information on Malpractice Insurance

Dear Colleagues:

May 2, 2002

We are sending you this letter in order to update you on the situation involving the APA endorsed Psychiatrist's Professional Liability Insurance Program, which is underwritten by the Legion Insurance Company.

As reported in Psychiatric News in November 2000 (copy of article enclosed), APA, through its insurance trust, sold Psychiatrists' Mutual Insurance Company, Inc. and Psychiatrists' Risk Retention Group, Inc. (together known as the "Professional Liability Insurance Program" or the "Program") to an insurance group that included Legion Insurance Company, the insurance carrier chosen by the Program to provide professional liability insurance coverage for over 14 years and the exclusive provider of insurance coverage since 1988. During the years that it provided coverage, Legion had favorable ratings from the internationally recognized insurance rating company A.M. Best Company, Inc. and in November 2000, when Legion and its parent company purchased the Program, Legion had an A.M. Best rating of "A" (Excellent).

As conditions of the sale, which afforded the Program necessary reinsurance coverage, Legion agreed to continue to offer APA members a program of professional liability insurance for five years and APA agreed to endorse the Program pursuant to the terms of an Insurance Program Agreement.

On February 19, 2002, A.M. Best downgraded Legion from a rating of "A-minus" (Excellent) to "B" (Fair). Immediately upon learning of the downgrade, the APA Medical Director, other staff, legal counsel and consultants sought additional information from Professional Risk Management Services, Inc. (PRMS), the manager of the Program, the Psychiatrists' Purchasing Group, Inc. (PPG), the sponsor of the Program, and Legion, each of which is an independent corporation and outside of APA's control. Certain provisions of the Insurance Program Agreement allow the Program to keep PPG's sponsorship and APA's endorsement in the event of a downgrade of Legion's rating as long as, before the 120th day after the downgrade, Legion either restores its rating or arranges for a new, highly-rated insurance carrier to offer replacement insurance coverage to new and renewing insureds. June 19, 2002 is the date that falls 120 days after the downgrade announced by A.M. Best in February.

On March 1, 2002, Dr. Harding sent a letter to Legion noting a report from PPG that it was unlikely that Legion would be able to restore its A.M. Best rating before June 19. Dr. Harding's letter also sought information on Legion's progress in providing for replacement insurance from a substitute carrier. In addition, Dr. Harding sent a letter to Dr. Alan Levenson, President of PPG, requesting further information.

On March 9 and 10, the APA Board of Trustees appointed an Insurance Oversight Task Force to monitor the situation and to assist in keeping APA members informed. The members of the Task Force include: Dr. Eist, Chairman, and Drs. Harding, Appelbaum, English, Fassler, Maloney and Scherl. The goal has been to monitor developments, make sure that the rights of the APA under the Insurance Program Agreement are protected, and advocate for the interests of insureds.

On April 1, 2002 the Pennsylvania Insurance Department, which has jurisdiction over Legion because it is a Pennsylvania-based company, placed the company under state-supervised rehabilitation. At the same time, A.M. Best downgraded Legion to "E" (Under State Supervision). PRMS and PPG have worked with Legion and the Pennsylvania State Insurance Department to secure replacement coverage from another carrier rated at least "A" by A.M. Best. During this period, APA staff, consultants and the Insurance Oversight Task Force have been in constant contact with PPG and PRMS in an effort to obtain relevant information and to encourage them both to provide such information to members as soon as it is available and to take all other possible steps to protect the interests of our members.

Today PRMS announced that it plans to arrange for replacement insurance coverage to be offered to APA members from Lexington Insurance Company ("Lexington") and National Union Fire Insurance Company of Pittsburgh, Pennsylvania ("National Union"), both member companies of the American International Group, Inc. ("AIG"). Both insurance carriers have an extremely high rating from A.M. Best of A++ (Superior). With respect to current insureds, PRMS expects that premium proposals will be sent out to each individual insured near the time that his or her current policy expires.

We understand that this is a very important issue for those insured by the Program. APA will keep abreast of developments regarding the replacement coverage from Lexington and National Union and related issues. As soon as additional information becomes available, we will contact you immediately.

Sincerely,

Richard K. Harding, MD
President

Paul S. Appelbaum, MD
President-Elect

Below is a succinct synopsis of the work being done by the APA Central Office regarding Public Affairs. It was distributed via e-mail in April 2002. It is reproduced below for your reading pleasure. —Ed

Recently questions have been raised on the Assembly listserv regarding the degree of emphasis of APA's Division of Communications and Marketing on public affairs/public education relative to our parallel goal of enhancing communication with members and conveying the value of APA membership. Clearly, both types of activities are crucial to our mission. This memo is to bring you up-to-date on some of our current activities in the public affairs/public education arena and our expanded efforts to communicate more effectively with our members.

MEDIA RELATIONS

As you know, APA maintains an active media relations program with both national and regional reporters. Staff works with approximately 40 to 50 reporters and producers each week, providing them with background information to help shape their stories and to create opportunities to interview APA leaders and other psychiatric experts on subjects of local and national interest. For example, in the last few weeks, we helped NBC Nightly News develop a story on emergency rooms swamped with psychiatric patients and we arranged for Dr. Lloyd Sederer to be interviewed for the report. More recently, APA Trustee Patrice Harris,

M.D., appeared on the NBC Today show to debate Dr. Russell Newman, head of Government Relations at the American Psychological Association, on the psychologist prescribing issue.

Every day the Division of Communications monitors, via the Internet, the major media for stories involving psychiatry, sending electronic news summaries to APA leadership and to others on request. The Division also makes a concerted effort to create news by informing and educating reporters about recent scientific advances in psychiatry and promoting media coverage of articles from AJP and other APA/APPI publications and the material presented at our annual meetings. There is significant interest in such information, particularly when accompanied by follow-up interviews of APA spokespersons knowledgeable in the relevant areas.

PUBLIC AFFAIRS/PUBLIC EDUCATION

The tragedy of September 11 triggered an avalanche of media calls to APA for information and for access to experts on the psychiatric dimensions of terrorism, including PTSD, depression and anxiety. Sadly, this was an unprecedented opportunity to educate the media and the public about the reality of mental illness and the availability of effective treatment. The Division scheduled dozens of interviews with knowledgeable APA members and provided the media with a steady flow of story lines, fact sheets and advisories. More recently, we responded to wide public interest in the Yates tragedy by providing materi-

media on post-partum depression and psychosis.

In addition to the above, Division staff are revising the popular Lets Talk Facts series to make them more useful to District Branches, our members and the public. We also support the various National Screening Days (depression, alcoholism, anxiety and eating disorders) and are in constant contact with public and private producers of television documentaries. The Division also develops op-ed pieces, Letters to the Editor, fact sheets and information kits for APA spokespersons on current "hot-button" issues. Staff also meet with editorial boards and arrange television and radio talk show appearances, and media interviews for members.

Finally, you should know that for the past year I have been working with Steve Rubloff, Executive Director of the American Psychiatric Foundation, and the Board of APF to conceptualize and implement a public education campaign to help destigmatize mental illness and describe psychiatry's unique role in diagnosing and treating patients with mental disorders.

MEMBER COMMUNICATIONS, RECRUITMENT AND RETENTION

In response to the clear need to communicate more often, and more effectively, with members, last year I hired Laurie Oseran as Director of an expanded Division of Communications and Marketing. The portfolio of the new Division includes intensified, direct communications with our members in the form of several new electronic publications, a retooled web site, a campaign to capture more member email addresses (17,000 at present), and an upcoming research project designed to ascertain what members need and want from APA, why some members are leaving and how we can best recruit non-members. The Board approved this project as part of our initial steps to strengthen our recruitment and retention efforts, and improve member satisfaction. The methodology will include telephone interviews, focus groups and both internet and mail surveys.

As many of you have noted, electronic communication is the quickest and most effective way of reaching members. Last summer, the Division launched two monthly electronic publications--APA Advocacy News and APA Member Update. These are

sent, via email, to over 17,000 members in both HTML and PDF formats.

- APA Advocacy News covers APA's advocacy work on behalf of patients and the profession at the federal and state level. In addition to legislative initiatives, it also reports our interactions with key regulatory agencies.

- Member Update is a monthly roundup of news about APA--ranging from previews of the Annual Meetings, to CME opportunities to information on APA developed practice tools (i.e., Managed Care Helpline, Practice Management Manual, APPI publications).

- Last week we began sending Scientific Session Express to 17,000 members. This e-publication will preview, in three pre-meeting issues, selected sessions on practice and research scheduled for the May Annual Meeting.

IMPROVING THE APA WEB SITE

The APA web site, www.psych.org, is the Association's "front door" for members and for the general public. We are in the midst of a major effort to improve the site and make it more user friendly. The home page itself has been reorganized and we are migrating to a new navigation system that the Board reviewed last year. We are also reviewing all content on the site to identify material that should be revised, deleted or archived. A new content management system will bring more coherence to the content on the site. You might also want to check out the new Annual Meeting section, accessible from the home page. Finally, we hope the Members-Only Corner of the site, now in its early stages, will become members' primary "go to" source when they need to contact APA. We invite your comments as to how these and other initiatives can be shaped to make the site more accessible and useful.

In summary, the activities of the Division of Communications and Marketing are focused on supporting our education and advocacy agenda and communicating more effectively with our members. While there is more we would like to do, we are mindful that resources are finite. The Long Range Budget and Planning Committee has been charged with recommending to the Board in June how we can best deploy our resources to achieve these and other objectives and I am sure the committee would be grateful for your suggestions in this regard. ■

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Healthier lives.
More active lives.**

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commitment to you.** als to
the



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Interview continued from page 4

illness are often attracted to disaster sites. At the World Trade Center victims' family assistance center DPO acted as tertiary consultants to Red Cross workers. While the Red Cross will not allow clinicians working under its banner to diagnose, treat, or hospitalize, DPO psychiatrists can practice without these restrictions. They hospitalized about 10 family members. Some were suicidal, some were psychotic.

PUBLIC HEALTH

Disaster psychiatry is public health work. DPO psychiatrists often address very basic needs such as shel-

ter and water. They engage victims by offering concrete services. Dr. Pandya said, "Passing out water and tissues is a form of outreach. After a while, victims start talking. Parents bring their children and ask, 'How am I going to tell my kid?' This can be a conduit to helping the parent. Many victims express concern about other grieving family members, 'They aren't sleeping, aren't eating, they cry all the time.' They wanted to know-- is this normal? Psychiatrists provide basic psychoeducation and help individuals to identify community resources

[See Interview on page 8]

Announcements

Columbia University Department of Psychiatry, New York State Psychiatric Institute in Collaboration with New York City Consortium for Trauma Treatment and the Mental Health Association of New York City

Announces the Availability of Intensive Training Seminars Treatment of PTSD and Other Trauma-Related Disorders

This seminar will be offered in three half day sessions consisting of intensive lectures, demonstrations, and skills-building workshops. Self paced educational materials will be provided. Seminar will be offered at **NO COST TO ALL ACCEPTED APPLICANTS**.

The first training will be offered on:

Tuesdays
May 28th, June 4th, June 11th
8:30 AM to 1:00 PM
New York State Psychiatric Institute
New Building
1051 Riverside Drive
Auditorium, First Floor

Seating is limited; you will be notified of your acceptance. **IF YOU DO NOT RECEIVE AN EMAIL CONFIRMATION, YOU WILL NOT BE ABLE TO ATTEND!!**

APPLICANT QUALIFICATIONS

- Clinical Degree and Licensed in Mental Health (CSW, PhD, MD, Nurse Practitioner)
- Three Years of Independent Psychotherapy Practice (for psychiatry residents PGY-IV and above)



- Active Malpractice Coverage
- Completed Application Form

To obtain more information and an application form please contact Crisis Resource Center Training Desk (212) 254 – 0333 ext 510

NOTE: THIS TRAINING WILL BE REPEATED. PERSONS WHO ARE INTERESTED IN THE TRAININGS BUT ARE UNABLE TO ATTEND THE FIRST OFFERING ARE STRONGLY ENCOURAGED TO COMPLETE AN APPLICATION NOW.

Incoming President's Message

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ongoing struggle involving professional scope of practice and licensure.

NYSPA also represents the concerns of organized psychiatry, as represented through the American Psychiatric Association, in our state. It is the human capital, as embodied in our members, which breathes life into the APA. The more that members can feel engaged in their Association the more their Association will flourish. It is with that truth in mind that we must analyze the dramatic changes being considered and implemented for APA. We must insist that APA put its fiscal house in order without further rending the fragile fabric of our organization. Each time I attend a DB, Area Council, or Assembly meeting I am reminded of the vitality of the members and their pride and interest in their profession and its future. In rethinking and restructuring APA, the Board of Trustees must guard against taking steps, which may save small dollar amounts while potentially further alienating the active members' sense of connection.

Opportunities for members to meet and participate must be nurtured if our membership organization is to regain membership and again be central to their professional life and identity. Collectively, we must strive for an improved APA as APA is and will remain the most important national voice for our profession and its ideals

of service to those with mental illness. Both its history and future are rich and deserve our full support.

NYSPA's nearly 4500 psychiatrists represent the largest state membership in the APA and as such contribute a larger dues share than is derived from any other state. We must assure our members that their voice in the organization fully reflects their numbers. Recognizing that psychiatrists from all states must have an organizational voice, we from New York know that for us to be fairly represented requires more than our Representatives having voting strength proportional to our numbers. It requires our ability to have members from our state actively participate in the full range of APA activities such as the Assembly in numbers proportional to our membership. Only through full and fair access to active participation in APA will NYSPA's members be able to contribute their ideas and energy to APA and have an equal opportunity to rise to leadership positions within the APA.

So, as I begin my term the problems and issues, which confront us at the state and national levels, as well as organizationally are clear. I am confident that working together much can be achieved and all the better if we can reverse the sorry trend of attrition and again grow our psychiatric associations, NYSPA and APA. ■

THE BENEFITS OF BELONGING TO ...

The New York State Psychiatric Association and Mutual of Omaha

- Discounted rates on association insurance — a valuable benefit of your membership in the New York State Psychiatric Association.
- Your membership entitles you to take advantage of disability insurance that is available to you at association rates.
- This is an important part of our complete line of insurance products and financial services designed to help you achieve long-term financial security.

To learn more about how your association and Mutual of Omaha are working together to offer this valuable opportunity, call:

Scott Gunther
National Association of Insurance & Financial Advisors
Member Million Dollar Roundtable
Phone: (914) 582-0929



Just tell us you're a member of the New York State Psychiatric Association.

Interview continued from page 6

and personal strengths.

AGENCY WORK

Disaster psychiatry is agency work, work within a large system of governmental and private relief agencies. DPO's goal is to help manage the system's response to crisis through facilitation of a team approach. Dr. Ng's position as chair of NYCVOAD, New York City Voluntary Organizations Active in Disasters, enhances communication between DPO and other agencies such as the Red Cross and FEMA. New York City relief agencies' efforts are coordinated by the City's Office of Emergency Management. Along with the City's Department of Mental Health, Dr. Ng conducts an assessment of the needs at the scene to decide how many psychiatrists he will send. He takes into account the number of spontaneous volunteers who present themselves, the number the Red Cross dispatches, and the population to be served.

PROVIDING FACTS

Psychiatrists called to a disaster site must know the scene, who will be there, and what victims need. Victims may not need a psychiatrist as much as they need the assistance of other professionals. When Dr. Ng was called to ABC/NBC after their offices had been contaminated with anthrax he was asked to meet with office workers right away. They were very upset, asking, "How is it spread?" and "Am I going to get it?" He first learned how many had been exposed,

what agencies were on site, who was there. ABC/NBC needed someone to provide facts and alleviate fears. Dr. Ng decided they needed an epidemiologist. There was one on site who could talk to staff and reassure them. Later, DPO psychiatrists talked with a few individuals, but soon realized that the needs of the group had been met.

TRAINING

In addition to on-site disaster mental health services Disaster Psychiatry Outreach is committed to providing training. Volunteers complete an abbreviated Red Cross course, which introduces principles of outreach and the specifics of clinical work at disaster sites. DPO supplements this course by presenting a more medical model of disaster intervention with a discussion of topics in systems issues, epidemiology, psychotherapy, and psychopharmacology. Teachers review the existing literature on the use of benzodiazepines, SSRI's, and beta-blockers immediately after a trauma. This literature is mixed, but suggests that some may be beneficial.

POLICY DEVELOPMENT

Disaster Psychiatry Outreach is committed to developing policy for disaster psychiatry. It advocates for the role of mental health whenever localities plan for disasters. It presses for acceptance of mental health in the disaster preparedness community. Dr. Pandya said, "There is a large system of agencies, governmental and

non-governmental that prepares for disasters. For example, airports hold drills all the time for plane crashes. There can be minimal or no recognition of mental health needs. Disaster preparation should consider: How do you deal with a crowd that's panicking? Or a rush to hospitals only due to panic? Planning should include psychoeducation for workers, before, during, and after a disaster so they don't get burn out. There's plenty of evidence that happens, from Oklahoma." Mental health should be an integral component of planning.

A THANKS TO NYSPA

Before we separated for the day, Drs. Ng and Pandya wanted to thank NYSPA. They told me, "DPO outreach owes a huge debt to the New York State Psychiatric Association. Our volunteer rolls before 911 were

insufficient. Donna Gadjia and Jim Nininger, M.D. of NYSPA identified individuals who could volunteer. Dr. Nininger became a volunteer. He helped control the disorder of random volunteering. He called people who wanted to volunteer, and then told them who to call and where to go. DPO was a small group before 911. We (DPO) quickly became an effective piece of disaster mental health in the city through the efforts of volunteers. Now, in the aftermath of 911, DPO is an important partner with many of the governmental and non-governmental agencies in the field of disaster mental health."

Psychiatrists interested in volunteering should contact DPO via their website, <www.disasterpsych.org> or by calling 212-659-8733. ■

Changing Times continued from page 3

SUMMING UP

Myself, summing up, I've worked hard in APA on committees re advocacy, government relations, managed care, membership, DB relations, the election process, search committees, finances, prioritizing budgets, developing functional analyses of the departments, developing a financial and business expert advisory panel, many other matters. Always I worked for fiscal prudence (sometimes successfully, sometimes not). I am

proudest of my major success, turning around the Information Service and setting its plan of development, essential to APA's functioning.

I feel good too about my work for the members in Area 2, keeping in touch with them and answering their requests, and my work in the state organization governance for NYSPA and in MSSNY. I shall miss it. I enjoyed it. I did the best I could. What more can one say? ■



- Document fully the type of treatment and rationale, as well as alternatives to the treatment and why they may have been rejected.
- Document dates (and length) of services, pertinent history, prescription of medication, and consultations with other professionals. Document legibly.
- When dealing with a potentially suicidal or violent patient, document all actions taken (and why), and all actions considered but rejected (and why).
- Include written informed consents, lab reports, and correspondence in the record.
- Record retention is often governed by state law. Keep in mind that there is no "statute of limitations" for licensing board or ethics complaints.
- Instruct staff regarding handling of records, stressing confidentiality concerns.
- Do not alter records after an adverse event.

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