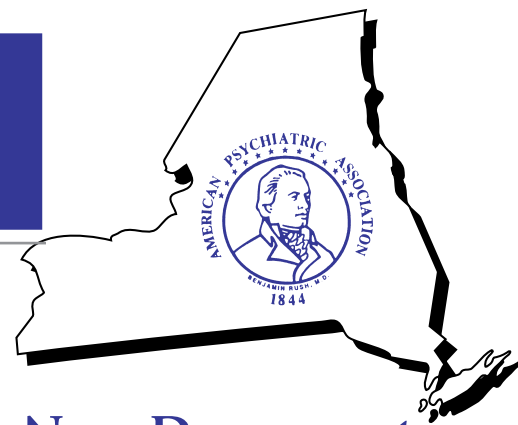


THE BULLETIN

NEW YORK STATE PSYCHIATRIC ASSOCIATION

Winter 2004, Vol. 47, #4 • Bringing New York State Psychiatrists Together



President's Message: NYSPA's 2005 Budget

By Barry Perlman, M.D.

It is with a sense of pride and accomplishment that I report to you the approval at the October 23, 2004 Area II Council meeting of a three year renewal of the contract with Seth Stein, Esq., NYSPA's Executive Director and General Counsel, for his services and all central office functions. Since our members are well aware of Mr. Stein's contribution to moving our Association's agenda, I know you will share my pleasure in knowing that the relation with Mr. Stein will be ongoing. At the same meeting, the Council adopted NYSPA's 2005 budget. I wish to assure you that although we are projecting a small deficit for the coming year, the Council acted prudently and NYSPA remains on a very firm fiscal footing.

Having explained the outcome, I would like members to be aware of the process. Last Spring, I appointed a special committee to review the existing contract with our Executive Director and make a recommendation regarding renewal to the Executive Committee. I am grateful to Aaron Satloff, M.D., and Seeth Vivek, M.D., NYSPA's past and present treasurers, for serving on the special committee and to Edward Hanin,



Barry Perlman, M.D.

M.D., who served as its Chair. In July, the special committee submitted its report to the Executive Committee recommending that the contract be renewed for an additional three year period and that Mr. Stein receive a modest increase as well as a trend factor in order to make up for ground lost over many years in relation to inflation. While Executive

Committee members agreed with the recommendation, there was concern about its impact on the NYSPA budget. As a result a subcommittee of the Executive Committee consisting of Richard Altesman, M.D., Deborah Cross, M.D., Ann Sullivan, M.D., and myself further reviewed the matter, this time seeking comparative budget data from another large state association and a large district branch.

What we found was both surprising and reassuring! NYSPA's total budget for 2004 was \$410,500 of which \$ 215,000 went for our Central Office operation including Mr. Stein's work. The cost per member for our entire operation was \$95.91 and for the central office it was \$50.23. NYSPA's general member dues were \$135. By contrast the

[See 2005 Budget on page 2]

Oxford Announces New Documentation Policy for Psychotherapy Services

Oxford Health Plans has announced a new policy limiting the scope of clinical information required to be forwarded to Oxford in connection with documentation reviews of psychotherapy services. Oxford announced its decision to adopt the documentation policy after it agreed in late 2003 to drop its widespread audits of psychiatrists and other mental health professionals. Psychiatrists participating in the Oxford Program will shortly receive a letter notifying them of the new documentation policies. NYSPA took a leadership role in securing Oxford's agreement to drop the audits and in developing the new policy together with representatives from the American Psychiatric Association, the American Psychoanalytic Association, and state and national psychology and social work associations. Under the new policy, psychiatrists 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 the focus of the psychotherapy session and, for psychiatrists only, a brief description of medical evaluation and management services, e.g. medication prescribed. The new guidelines reflect full implementation of the special protection for psychotherapy

notes under the HIPAA Privacy Rule. The policy will neither require the disclosure of any additional clinical information nor any psychotherapy note material in the patient's record. Under the new policy, the disclosure of any additional material or any psychotherapy note material to Oxford will now require a separate and distinct HIPAA-compliant authorization from the patient.

Seth P. Stein, Esq., NYSPA Executive Director, stated: "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. This new policy should assure patients enrolled in Oxford Health Plans that sensitive clinical material disclosed in psychotherapy sessions will not be disclosed in connection with documentation reviews."

It is anticipated that Oxford will be sending the policy to all mental health providers in the Oxford provider networks early next year. Oxford will recommend that the required elements be maintained separately from the remainder of each session note so that the information can be copied and forwarded easily. NYSPA is also working with Oxford

[See Oxford on page 8]

Albany Report

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

Although the regular 2004 legislative session has long since been over, NYSPA's advocacy efforts in Albany have continued throughout the fall. Primarily, those endeavors have revolved around the quest to obtain insurance parity for mental illness and chemical dependency, also known as Timothy's Law. Recently, the grassroots movement in New York State to obtain such a law was ratcheted up a notch when Alexandra Zimmerman, a mental health advocate from Orange County who had lost a high school classmate, Robin Desrats, to suicide began her own crusade to heighten public and political awareness about current discriminatory insurance practices. What began as an advocate's desire to fight an injustice, evolved into an all out effort to bring attention to the need for increased access to mental health treatment. This initiative came to fruition on November 13th when Alexandra began a 122-mile Walk for Timothy's Law that began in Warwick, New York and ended at the east steps of the Capitol in Albany.

A number of advocates joined Alexandra along her route, including a NYSPA representative. Upon her arrival in Albany on November 18th, Alexandra was greeted by approximately 350 Timothy's Law supporters, where she joined their rallying call to the New York State Legislature to enact Timothy's Law. The rally, organized by the Timothy's Law Campaign (TLC), was a well publicized event that occurred outside of the Capitol while the legislators convened a special session, assumed to be one of the last in 2004.

Addressing the Rally, Alexandra told the crowd "I congratulate all of you here today, as we all have journeyed, in numerous ways, to continue to spread hope to those living with mental illness. As we move forward, keep in mind, I am not special; this is a movement led by all of us. You don't need to walk 122 miles to have an impact; all you need to do is con-

tribute whatever you can."

Also addressing the Rally was the Assembly prime-sponsor of Timothy's Law, Assemblyman Paul Tonko (D-Amsterdam), as well as Senate Minority Leader, David Paterson (D-Harlem) and Assemblywoman elect, Donna Lupardo (D-Binghamton), each speaking of the need to provide New Yorkers with a substantive parity law. The Rally also served as a launching pad for a new organization known as *Small Businesses for Timothy's Law*, founded by Susan Wheeler, a small business owner in Binghamton, N.Y. Ms. Wheeler's presence marked the beginning of yet another crusade within the campaign -- this one directed at galvanizing support among employers of fifty or fewer for increased mental health and substance abuse benefits.

Restoration of Medicare/Medicaid Crossover Funding

Although Timothy's Law will remain a front burner issue for NYSPA in 2005, NYSPA will also continue to work on issues unresolved this year, most notably the restoration of Medicare/Medicaid "Crossover" funding.

As reported earlier in the year, 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, had secured a \$2.5 million "member item" put forth by Senate Majority Leader Joseph Bruno (R-Brunswick), which will restore approximately \$10 million (adding Federal and local share) for Medicare/Medicaid dually eligible patients. While NYSPA is extremely grateful to Senator Bruno for his initiative, we realize that this is merely a step in the right direction. However, it is a step which puts the issue in play at the start of the next legislative session, as the initiative is designed to accomplish full restoration of crossover funding for a limited

[See Albany Report on page 3]

Workshop on Media Relations

By Liz Lipton, M.A.

One of the highlights of the Fall 2004 Area II Council Meeting held on October 23, 2004, at the LaGuardia Marriott in Elmhurst, New York, was a workshop on media relations presented by Jason Young, the Communications Manager in the Division of Advocacy of APA's Office of Communications & Public Affairs. He spoke about a wide range of topics including the following: building relationships with reporters and editors, deciding when to speak and when not to speak to the media, developing a media strategy/message, and avoiding common pitfalls. This informative session was organized by Deborah Cross, M.D., NYSPA's Vice President and Chair of the Committee on Public Affairs.

Develop Relationships With The Media

Mr. Young encouraged psychiatrists to call reporters on a regular basis. If they know of a local reporter who covers science and/or medicine, he suggested that psychiatrists introduce themselves: "Why not just offer to take them for coffee to talk a little bit about what your clinic, practice, or hospital does or what you see as some of the important issues on the horizon. ... You will start to grow their knowledge base about what you do [and] what you offer, and [you will] position yourself as an expert that they can call on as needed."

Stay On Message: This Will Decrease The Likelihood of Being Misquoted

Dr. Cross asked how psychiatrists can ensure that their comments are accurately reported. Mr. Young said that sometimes mistakes do happen. However, he emphasized that "a lot of misquotes are not misquotes, but are in fact people who are upset at how they are quoted. A key thing is for you to stay on message. ... The better you are at staying on message, the less likely it is that you will be misquoted because you say the same thing several times." Even if a reporter repeats a question several times—something they often do to sharpen a quote—the psychiatrist should simply repeat his or her message.



Jason Young, Communications Manager in the Division of Advocacy of the APA's Office of Communications & Public Affairs.

Photo by Liz Lipton

For example, if a psychiatrist's message is only three minutes long, and the reporter attempts to conduct a 30-minute interview, the psychiatrist should simply repeat his or her message several times. "When a reporter asks you questions, you just give back the same thing you want to promote," he said. The end result? "The reporter will know exactly what you have said, and there will be very little possibility of a misquote," said Mr. Young.

How To Deal With Tough Questions

Mr. Young offered several tips for how psychiatrists should respond if they are asked a hostile question: "If a reporter says, 'Aren't these increased malpractice insurance rates going to also keep you from buying a house in Lake Tahoe?' There is an answer to that but it's not an answer like yes or no. It's the response you want to give. ... What you are going to do is to reiterate that this really is about ... access to care and that you are vitally concerned about access to care."

If the question is inappropriate, another technique is simply to be quiet. Eventually, the reporter will move on to the next question. However, Mr. Young rarely uses this technique; instead, he is more likely to simply give a one-word answer: "A reporter

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THE BULLETIN NEW YORK STATE PSYCHIATRIC ASSOCIATION

Editorial Board

Jeffrey Borenstein, M.D.
Editor-in-Chief
Holliswood Hospital
87-37 Palermo Street
Queens, NY 11423
Tel: (718) 776-8181 ext. 321
Fax: (718) 776-8551
e-mail: jborenstein@libertymgt.com
http://www.nyspsych.org/bulletin

Manoj Shah, M.D.
Ann Sullivan, M.D.

Liz Lipton, M.A.
Assistant Editor

Robert J. Campbell III, M.D.
Editor-in-Chief Emeritus

Leslie Citrome, M.D., M.P.H.
Editor-in-Chief Emeritus

New York State Psychiatric Association
100 Quentin Roosevelt Blvd.
Ste. 509
Garden City, NY 11530
(516) 542-0077; Fax: (516) 542-0094
e-mail: centraloffice@nyspsych.org
http://www.nyspsych.org

Executive Committee 2004-2006
Barry Perlman, M.D., *President*
C. Deborah Cross, M.D., *Vice President*
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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.

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Graphic Design & Production
Lydia Dmitrieff
A to Z Design Group
<lydiad@hvc.rr.com>

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

This edition of The Bulletin highlights the ongoing efforts of NYSPA to advocate for our patients and our profession. We provide information about the changes which Magellan has made to provider contracts. We also have a report about Oxford's press release announcing a new policy limiting the scope of clinical information in connection with documentation reviews of psychotherapy services. In addition, we provide information about the new documentation policy of the NYS Medicare carriers. Each of these important



Jeffrey Borenstein, M.D.

initiatives is the result of the advocacy of NYSPA. The Albany Report provides a summary of key legislative issues concerning psychiatry, including parity and the Medicare/Medicaid crossover. The Trustee Report and the Fall Area II Council Meeting Report provide an overview of initiatives at the state and national level. We also provide an overview of a workshop on media relations. The President's Message focuses on the NYSPA budget and the value which our

organization provides to members.

We also have a report on the Peer Bridger Project and interviews with a number of individuals who participate in this program. Finally, we have an article about the important topic of psychiatric ethics.

We have continued to supplement The Bulletin with the E-Bulletin. It is sent by email in order to inform members about important developments in a timely way. We believe that this is a useful service to our members and encourage all members who have not yet supplied their email address to NYSPA to do so. Just email NYSPA's Central Office at centraloffice@nyspsych.org. ■

President's Message continued from page 1

other large state association's total budget was over \$510,000 and its central office expenditure was just over \$260,000. Its dues were \$260 and its cost per member for the entire operation was just under \$170 and for the central office just under \$86. Our review of a large district branch disclosed that annual dues were \$235; its total budget was over \$325,000; and its central office costs were just under \$290,000. Its cost per member was almost \$170 per member with almost \$160 of that for its central office.

Reflecting on what Mr. Stein has accomplished we firmly believed that NYSPA's members have been receiving excellent value for their dues' dollars. Recall the success of the Oxford negotiation which returned monies to members while setting a valuable precedent going forward for patient privacy by establishing the limited data set which would have to be shared with Oxford to establish the appropriateness of their payment for services provided to their members. Recall the annual Medicare mailing and the legal responses provided to our local fiscal intermediary to draft changes relevant to the practice of psychiatry within the Medicare program. Recall the successful work Mr. Gallo, our government relations advocate, and Mr. Stein did in relation to the "Profession's" Bill which was unique in the country in explicitly prohibiting psychology prescribing as well as their more recent work on

behalf of our psychoanalytic colleagues in protecting that modality from inappropriate degradation during the writing of regulations to implement the legislation. In addition, recall the preparation of NYSPA's memorandum of opposition to legislation which would have inappropriately regulated ECT, the language of which became the basis for the Governor's veto message of the bill. Finally, the implementation of NYSPA's Ebulletin as a means of rapid communication with members has also been a notable success.

Just as we were pleased to conclude the contract renegotiation with Mr. Stein, we were likewise pleased to finalize our budget for the coming year. Glenn Martin, M.D., who accepted appointment as Chair of our Budget Committee, highlighted several key points. It was noted that the rate of loss of members has lessened and that as a consequence of the 2002 dues increase, the first increase in over 10 years, dues revenues have stabilized. Mr. Gallo received a well deserved raise. He has worked very hard, indeed with passion, for passage of Timothy's Law, the NYS mental health parity bill, as well as on other key legislative matters including the matter of Medicare/Medicaid crossover reimbursement, the regulatory aspect of the Profession's Law especially as it related to the practice of psychoanalysis, and proposed ECT legislation among many items.

As adopted, the 2005 budget anticipates expenditures of \$423,000 and income of \$407,000 resulting in a projected deficit of \$16,200 which represents approximately 3% of the association's fund balance which currently is more than \$486 thousand. In other words, NYSPA has more than 1 year's cost of operations in the bank. Nevertheless, the Executive Council, acting prudently, announced to the Area Council that steps were being taken to enhance revenues. We have already created a link from the NYSPA web site to the APA job bank which, when used, will result in additional monies. Similarly, the NYSPA web site can now be used by members and others wishing to offer office space to psychiatrists in the NYC metropolitan region. Again, it is anticipated that advertising through this vehicle will generate revenues for NYSPA while providing a cost effective mechanism for soliciting members. Just as we shall continue to seek additional revenue enhancing steps, we would welcome related ideas from members.

In closing let me take this opportunity to thank all those members who worked actively in the contract renewal discussions with Mr. Stein and in developing the budget for the coming year. At the same time, let me affirm for NYSPA's members that your association will continue to vigorously advocate on behalf of organized psychiatry and the patients we serve in this state. ■

APA Job Bank on NYSPA Website

The APA Job Bank is an interactive employment site which can be accessed directly from the home page of the NYSPA website. Psychiatrists looking for available positions will have the opportunity to search the site by discipline or geographic location or to post their CV's to the site. Employers interested in posting employment opportunities can do so through the NYSPA Central Office. NYSPA will receive royalties for all job posting contracts, provided that they are arranged through our site, so please encourage your colleagues to contact NYSPA if they are interested in posting a position.

To post a job opening on the APA Job Bank, or for additional information, contact the NYSPA Central Office by phone (516-542-0077) or by email (centraloffice@nyspsych.org).

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).



Clinical Dialogue: Update on Psychopharmacology

APRIL 15 - 16, 2005
New York, New York

Chairmen:
Jeffrey A. Lieberman, MD
A. John Rush, MD
T. Scott Stroup, MD

Conference Organizer:
Imedex
70 Technology Drive, Alpharetta, Georgia 30025-3968 USA
Tel: +1 (770) 751-7332 Fax: +1 (770) 751-7334
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Ann Sullivan, M.D.

The APA Board Meeting in October tackled many key issues for all of us in finance, policy, organization structure, advocacy and membership. Since a major responsibility of the Board is to keep the APA fiscally solvent and thriving, I am going to outline the financial issues in some detail. I hope not too much detail! So here are the highlights:

Finance:

The board continues to be fiscally conservative and approved a balanced budget for 2005 with a small surplus of \$190,000. The 2004 budget is projected to end with a 6.4 million surplus, 3.5 million in revenue (mostly annual meeting and publishing) and 2.8 decreased expenses (vacancies). While this is great news, don't spend all the money yet!! It is expected that the income from the Annual Meeting in Atlanta could be as much as 4 million less, with little decrease in expense, due to probable lower registration. Also, the decreased expenses are vacancies, which would be filled in 2005. There was also an approximate \$600,000 increase in staff benefits, mostly due to an increase in health care costs, an issue for all employers.

The current plan for spending the surplus includes several initiatives for membership with approximately one million dollars allocated for the Assembly and District Branches. \$380,000 is earmarked for direct distribution to District Branches/State Associations, including \$100,000 for district branches in need (mostly the smaller DB's) and \$280,000 as direct revenue sharing for all DB's. Initially it was proposed at the board that the \$280,000 for direct revenue sharing be distributed as \$5,000 per state association as was done last year. This would have meant only \$5,000 for all of New York State. The "larger" states, obviously including us, successfully negotiated a compromise that will bring more

dollars to the NY DB's. \$2,500 will be allocated to the State Associations (including NYSPA) and the remainder to the DB's based on voting membership. Approximately an additional \$17,000 should be distributed among the NY DB's based on this formula! It should also be noted that of the \$100,000 set aside last year for the small State Associations "in need", only \$25,000 has been requested!

Next year the \$280,000 dollars for revenue sharing will be distributed through specific grants to the DB's, so the current cash unfortunately cannot be seen as ongoing dollars. The process for obtaining the dollars next year will be sent out by early January so DB's can request dollars ASAP.

In addition, \$218,000 will be allocated on an ongoing basis to the Assembly to cover its regular operating expenses. Another \$250,000 has been allocated for a Legislative Institute in 2005, a program the District Branches have been requesting for the past few years. Other increases in the budget include an 1) additional \$31,000 to the Board budget for projects; 2) \$45,000 to cover JRC (Joint Reference Committee) ongoing expenses. 3) \$200,000 for a public affairs Anti-Stigma Campaign 4) \$100,000 for a New Initiative Fund. Also, remember, that \$740,000 has been spent this year directly on advocacy issues!

However, the vast majority of the surplus will be added to the APA reserves. Remember, our reserves are at 2.7 million and should be at least at 14 million! We need to be fiscally cautious and conservative for quite awhile longer!

Three other financial actions were also taken by the Board. 1) Medem was finally written off on the APA books as of zero value. This is important in keeping all the accounting for APA up to date and accurate. APA also won the right to put consumer educational information on the APA website, a practice previously prohibited by the Medem agreement. 2) Investments are being consolidated among APA, APPI (American Psychiatric Publishing, Inc.) and APIRE (American Psychiatric Institute for Research and Education) to improve the returns. 3) Funds will be allocated from the APPI reserves to a Grant Reserve Fund, so that monies can appropriately be utilized by the APA for its activities. The APA will then put its revenue dollars previously used for these activities in the APA reserves. This will more rapidly move the

reserves to that 14 million dollar target! Finally, the Audit Committee has selected a new auditor, B. Seidman, as it is recommended that there be a change in auditors after 5 years. So far the process is moving smoothly. The Medical Director and CFO continue to ensure solid accounting practices, which are transparent and accurate.

Policy:

The Board passed an action that a position statement and resource document in support of same sex marriage be developed for approval at the December Meeting. There are a number of legal actions being taken at the state level which APA could support, such as Lewis vs. Harris in New Jersey, which are focused on same sex marriage. Our current policy supports same sex unions, but not specifically same sex marriage. The board recognizes the need to move quickly on this issue, as several legal actions are forthcoming.

Dr. Goin's report on Jails and Prison's makes for great reading and can be accessed on the APA Website.

The APA also passed a resolution on improving the availability and providing appropriate control of buprenorphine.

Membership:

The Texas District Branch (TSPP) came to the Board and presented their new approach to organized psychiatry in Texas, which includes three distinct entities: the Academy, the Federation and the current APA District Branch, the TSPP (Texas Society of Psychiatric Physicians). There are still many questions to be answered. It is unclear to some of us how these entities may interact, relate, compete, etc. There are many concerns, and the Board is actively considering the issues. Input of the Assembly is clearly critical. This is obviously a difficult issue.

On other issues, overall dues paying membership is up, and the Association Management system is moving forward. Current progress on the Association Management System will be presented to the District Branch Executive Directors at the Assembly, and ongoing communication established. If done with solid input from the District Branches this could be an excellent asset. Herb Peyser and I are on the Task Force and see as our main job to be sure the District Branches are involved.

Governance:

The board approved sending to the by-laws committee the recommendation to

change the title of the Medical Director to CEO of the APA (a recommendation passed by the Assembly). The majority reasoned that the medical director was already acting as the defacto Chief Executive Officer, and that the change clarified roles and responsibilities. The President remains the chair of the board, and with the board, is reported to by the CEO.

Advocacy:

This year the APA has spent 740,000 on direct advocacy efforts, including to prevent psychologist prescribing, support the "Millionaire's Surtax" to support mental health services in California, and other scope of practice issues. In addition through lobbying and HSF activities is supporting action on the prospective payment system, the Medicare co-pay, legislation for mental health courts and jail diversion programs, Medicaid cuts, parity, increased research dollars, and much more. It is important to get the word out to our members about these activities. APA's role here can truly effect our practices and our patient's care!

In order to prioritize these and other initiatives, I am on the workgroup to set the priorities for action for the APA in the next few years. You can read the various possible actions, etc in the Plan to Actuate the Vision for Mental Health Services. Your input and your DB's input would be appreciated. Let me know if you want a copy of the document.

There have also been some new developments in New Mexico. Some psychologists are demanding even further prescriptive privileges than psychotropic medications! The APA Task Force is reevaluating the situation for prompt action!

APA and Subsidiaries:

Finally, the board approved a number of measures to establish increased accountability to, and communication with, the subsidiary boards, APPI and APIRE, and the APA board. This should enable increased focus of time, dollars and effort on the key APA priorities.

All in all, another busy session. I want to wish you all a Happy Holiday and great 2005! If we work together we can make a difference!

Please feel free to call or email me with your suggestions, ideas, etc. 718-334-3536 or ann.sullivan@mssm.edu. ■

Magellan Makes Changes to Provider Contracts Requested by NYSPA

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

On November 3, 2004, NYSPA received a response to its August, 2004, letter raising numerous issues regarding the new Magellan provider contracts mailed out to providers earlier in the year. On eight key issues, Magellan provided appropriate clarifications and representations and also agreed to make two modifications to the provider contracts.

The following summarizes Magellan's response on eight key issues:

- Magellan has agreed that psychiatrists are not required to obtain errors and omissions insurance coverage and to amend the contract upon request.
- Magellan has agreed that all its contracts are subject to the privacy provisions of the federal HIPAA rules.
- Magellan has agreed that psychiatrists are not required to participate in all plans and riders and can choose between programs.
- Magellan has agreed that the contracts are subject to the provisions of state law

on external appeals.

- Magellan has agreed that the contracts are subject to the provisions of state law on physician profiling.
- Magellan has agreed that psychiatrists are not bound by the Magellan fee schedule for non-covered services and to amend the contract upon request.
- Magellan has agreed to assume responsibility for verifying the patient's coverage in the case of contracts involving Empire Healthchoice, Inc.
- Magellan has agreed that any proposed contract modification or amendment will be accompanied by the full text of the proposed change.

In June, 2004, psychiatrists in New York who participate with Magellan received a large packet containing revised 2005 provider contracts and program riders. Providers were directed to sign all the contracts in the packet without making any modifications and to return the contracts no later than December 17, 2004. In the inter-

im, many NYSPA members contacted the central office for assistance in reviewing and assessing the new contracts. In response, Seth P. Stein, Esq., NYSPA Executive Director, drafted a memo to members outlining key problems and issues in the contracts and forwarded a similar letter to Magellan. After several months of negotiations, Magellan agreed to clarify and/or modify the eight problematic contract provisions listed above.

However, despite the positive outcome on the eight issues, Magellan did not agree with NYSPA's request to delete the indemnification clause in the contracts. This clause requires providers to indemnify and hold Magellan harmless in the event of a law suit against Magellan alleging malpractice or misconduct by the provider. In a memo posted on the NYSPA website in December 2004 and in an E-Bulletin sent directly to members, Mr. Stein advised each psychiatrist contemplating signing a Magellan provider agreement to consider and evaluate the risk

[See Magellan on page 8]

Albany Report

Continued from page 1

time, i.e., February and March 2005. Exactly how this is going to be done is still under discussion but once the funding begins, it's that much more difficult politically to take it away again—or, so the strategy goes. Stay tuned.

2005/06 Executive Budget Request

Integral to the crossover issue, as well as many other areas of interest to psychiatry, is the State of the State's economy and what the Governor will propose in his upcoming budget with respect to the economy. The huge deficits of the past two budget cycles are not expected to abate appreciably by April 1, 2005. In addition, as of this writing, the Legislature is planning to return to Albany on December 6th, where it is expected the Assembly will take another stab at garnering the votes to override the Governor's 2004 budget vetoes. A successful override vote in the Assembly would likely be followed by a concurring vote in the Senate. As previously reported, the Governor vetoed approximately \$5.7 million in mental health funding that was added to the budget by the Legislature. ■

The Fall 2004 Area II Council Meeting was held on Saturday October 23, 2004, at the LaGuardia Marriott in East Elmhurst, New York. Barry Perlman, M.D., President of NYSPA, moderated the event.

Secretary Richard Altesman, M.D., presented the minutes from the April 30, 2004, to May 2, 2004, Area II Council Meeting at the Spring APA Assembly Meeting. A motion to accept these minutes was approved. After brief remarks by Treasurer Seeth Vivek, M.D., the January to September 2004 financial statement was approved. A motion to renew the contract of Seth Stein, Esq., the Executive Director and General Counsel, --as recommended by the Executive Council--was approved.

Dr. Perlman spoke about several important topics. Please see the "President's Message" on Page 1. Additionally, Dr. Perlman presented the NYSP-PAC report. In comparison to the 2003 donations at this time, the 2004 donations are slightly lower. This may have been due to decreased legislative activity since the passage of the Professions Bill and the fact that, in 2004, the second PAC mailing was sent out later than it had been in 2003.

Richard Gallo, NYSPA's Legislative Consultant, spoke about a number of key issues. Karin Moran, MSW, is the Associate Director of the Legislative Exchange. Ms. Moran said she was hired in January 2004 and that she is assisting Mr. Gallo with his legislative work. Please see the "Albany Report" on page 1. Mr. Stein provided information about a number of important topics. Area II Trustee Ann Sullivan, M.D., spoke about several key issues. To read a summary of her remarks, please see "Area II Trustee's Report" on page 3.

Additionally, James Nininger, M.D., Assembly Speaker and NYSPA member, and Michael Blumenfield, M.D., Assembly Recorder and NYSPA member, addressed the council, respectively. Becky Yowell, the Assistant Director of APA's Healthcare Systems & Financing also attended the meeting.

Karen Heller, M.B.A., and Christopher Vaz, Ph.D., Winners of Distinguished Service Awards

Dr. Perlman said, "It is my privilege and pleasure to be able to present NYSPA Distinguished Service Awards to Karen Heller, M.B.A., and Christopher Vaz, Ph.D., both of the Greater New York Hospital Association.

"Before presenting them with their plaques I want to digress for a moment. Hospital-based psychiatrists from the New York City metropolitan area, and who are overrepresented among our leadership, well know the excellent work done on behalf of our institutions by the Greater New York Hospital Association and are well aware of the work of its Mental Health and Substance Abuse Committee, chaired by Joe English, M.D. The staff of that committee has been of consistently high quality and its effort is enhanced by the coordination of its work with legal and government affairs staff. Where areas of concern to NYSPA and the Greater New York Hospital Association exist, it has benefited advocacy on behalf of patients, psychiatry and New York State hospitals when we have been able to align and coordinate our respective

advocacy efforts."

He continued, "When the Congress mandated the implementation of a per diem Medicare Prospective Payment System for Inpatient Psychiatric reimbursement such a situation arose. How this mandate was realized represented a high stakes situation national challenge. Inchoate to it were great opportunities and risks for New York's hospitals and the patients they serve. In response, the Chair of the Greater New York Hospital Association's Mental Health Committee coordinated a collaboration between APA and The Health Economics and Outcomes Research Institute, known by the acronym THEORI, of the Greater New York Hospital Association.

"And that brings us to today's awardees. Karen S. Heller, MBA, is the Executive Director of THEORI and a Senior Vice President of GNYHA and Christopher Vaz, a Ph.D., economist, is the Director of Economic Policy for THEORI. Speaking personally, I must say that I along with other colleagues were awed by the intelligence, creativity, ability to integrate clinical information, attention to detail, and sheer hard work which they brought to bear in addressing the problem presented. Ultimately, they created a model classification and payment methodology, which was presented to CMS and has become the basis of much of the thinking about regulatory implementation."

He continued, "In addition, they worked with me and others on a project funded by the New York State Department of Health under its Quality Grant Program which addressed the issue of the impact on inpatient costs of a number of patient specific variables beyond those already collected in existing databases."

He concluded, "In summary, they have created a model for prospective reimbursement for inpatient psychiatric care which is equitable, fair and would address many of the methodologic issues which have for too long resulted in the underpayment for inpatient psychiatric care in New York State. Complementing that work has been our work demonstrating the minimal contribution to explaining the variance of cost of patient specific demographic and clinical variables. That work, it is hoped, will be persuasive in deterring CMS from requiring the completion of a patient specific instrument for each admission.

"Karen and Chris it is with great admiration that we acknowledge your contribution by presenting you with these NYSPA Distinguished Service Awards." While accepting the plaques, Mrs. Heller said, "On behalf of Christopher and myself, I would like to thank Barry ... and the New York State Psychiatric Association for recognizing our work in this way."

William Tucker, M.D., NYS OMH Liaison to NYSPA

The meeting featured a presentation by William Tucker, M.D., who serves as OMH's liaison to NYSPA. Dr. Tucker stepped down as OMH's Acting Chief Medical Officer this past summer and is now working on special projects for OMH. Currently, James MacIntyre, M.D., is Acting Interim Chief Medical Officer, but he will be leaving this position early in 2005. Dr. MacIntyre and OMH Commissioner, Sharon Carpinello, R.N., Ph.D., have asked

Dr. Tucker to help recruit someone for this position. If any members are interested in this position or know someone who might be, please call Dr. Tucker at (212) 543-5690.

Dr. Tucker also spoke about Risperdal® Consta™, the first long-acting novel antipsychotic approved by the FDA. Costing about \$220 an injection, Risperdal® Consta™ delivers and maintains therapeutic medication levels in the body via just one injection every two weeks.

At the 2004 Spring Area II Council Meeting, Dr. Tucker spoke extensively about this drug. He said that Risperdal® Consta™ is not included on the Medicaid formulary for clinics due to the "technicality" that it is not self-administered. OMH would like Medicaid to approve this drug as a medical procedure that physicians administer during regular clinic visits. Considering the financial implications of this, Dr. Tucker is recommending that agencies adopt policies in which their physicians prescribe Risperdal® Consta™ as antipsychotic monotherapy. (A summary of Dr. Tucker's presentation at the Area II Spring Council Meeting was featured in the *The Bulletin's* summer issue.)

At the 2004 Fall Area II Council Meeting, Dr. Tucker updated the audience about OMH's efforts regarding Risperdal® Consta™. "The Commissioner is very supportive of having it approved for the prison population and also having it available for patients assigned to treatment under Kendra's law."

Dr. Tucker emphasized that the obstacles to its approval are essentially financial. He explained, "According to DOH calculations, it would cost \$800 a month to provide the largest possible dose twice a month. That's almost 10 grand a year. Their calculations are based on a percentage of everyone in the whole state on Medicaid who takes any antipsychotic, which is a population of 225,000 people. If you figure, say, 10,000 people at \$10,000 a year, that's 100 million dollars right there for Risperdal® Consta™--a cost that the state's Division of Budget would probably have a hard time approving."

He continued, "I submitted to them [DOH] the alternative of starting with the more likely base-population for this form of medication, namely, those who receive depot antipsychotics now, who number 3,000 to 5,000. And not all of those patients [would be included], because many of them are doing well, and there would be no need to change their medication."

Dr. Tucker also mentioned that the needle used to administer Risperdal® Consta™ is 2 inches long. He said, "DOH said that the most impressive piece of evidence I brought them that not everyone taking an



Dr. Perlman with Karen Heller, M.B.A., and Christopher Vaz, Ph.D., Winners of the Distinguished Service Awards.

Photo by Liz Lipton

antipsychotic medication is going to welcome this was the needle. I have been discussing this [the needle's size] with the Janssen people as well."

In his concluding remarks on this topic, Dr. Tucker said, "DOH has been bombarded with calls from advocates and from the practice community, supporting approval [for this drug]. DOH has investigated the possibility of doing so through an 'S'-code that could be billed in addition to the one for the regular clinic visit." To demonstrate that NYSPA supports Dr. Tucker's efforts, Dr. Perlman said that the association will send a letter to NYS DOH. Additionally, Mr. Stein will post a sample letter on NYSPA's listserv that members can use as a template.

Dr. Tucker also noted that OMH is distributing a Suicide Prevention Education & Awareness Kit-SPEAK--that includes information about suicide prevention. For a copy of the kit, write or call the Office of Mental Health Community Outreach & Public Education Office, 44 Holland Avenue, Albany, New York 12229, 1-866-270-9857 (toll free).

Following Dr. Tucker's presentation, C. Deborah Cross, M.D., NYSPA's Vice President, noted that Jeffrey Borenstein, M.D., Editor-in-Chief of *The Bulletin* and CEO of Holliswood Hospital in Queens, has been spearheading meetings in which physicians and OMH executives address urgent problems at psychiatric hospitals. Dr. Cross said, "Growing out of NYSPA executives meeting with Commissioner Sharon Carpinello, [R.N., Ph.D.], the group of downstate New York City physicians that Jeff heads for the inpatient psychiatrists has continued to meet with Dr. Carpinello. The most recent meeting was with Dr. [James] MacIntyre, the Acting Interim Chief Medical Director, and some of the clinical directors from the state hospitals in the New York City area. They spoke about bed access and bed transfers from city hospitals. I think we have to give Jeff a round of applause for following up on that and for OMH and Sharon Carpinello for continuing to dialogue with us about these issues." For more information about this group, contact Dr. Borenstein at (718) 776-8181 ext. 321. ■

Committee Reports Presented at the Area II Council Meeting By Liz Lipton, M.A.

C. Deborah Cross, M.D., Committee on Public Affairs

C. Deborah Cross, M.D., Chair of the Committee on Public Affairs, reported that 33 members attended the media relations presentation by Jason Young, the Communications Manager in the Division of Advocacy of APA's Office of Communications & Public Affairs. (See article on page 1.) She reported that the members' evaluations of his presentation were, in general, excellent.

There have been some changes at the APA Office of Communications & Public Affairs. "One of the things they have done in Washington is to hire some dynamite

people. Jason Young is one of them, and Lydia Sermons-Ward, [the director], is an excellent leader. ... During the annual meeting in New York, all of us were extremely impressed with her knowledge of organizations, of the media, and of how to get the message out."

Additionally, the Office of Communication & Public Affairs staff has implemented two new initiatives that help members keep abreast of mental health news. Dr. Cross reported that the "OCA News Summary," provides information about breaking news stories that feature quotes by APA members and/or pertain to the APA and mental illness issues. Prepared three times a week, this summary

is posted on the APA Web site and emailed to the Committee on Public Affairs and some APA staff. It includes the following information: the name of the publication, the name of the reporter, the headline, the first few sentences of the article, the link to the full text, and the name of the APA member quoted in the story. To view the "The OCA News Summary," go to the APA Web site <www.psych.org>, and then click on "News Room," and then scroll down to "Resources for APA Members," and then click on "APA Clips," and then enter your password information.

Contacted after the Area II Council Meeting, OCA staff noted that they also prepare another type of media summary.

When reporters call the office, the staff provides them with information and/or arranges for them to interview the appropriate APA member. The staff lists information about these requests in the "OCA Weekly Media Summary," which is posted on the APA Web site and emailed to the Committee on Public Affairs and some APA staff. The following information is included: the name of the publication, the name of the reporter, a short summary, the name of the APA member who was interviewed, and the date the story will run. To view the "OCA Weekly Media Summary," go to the "News Room" section of the APA Web site and then scroll down to

[\[Continued on next page\]](#)

A recent New Yorker cartoon showed a gentleman testifying before a hearing panel. The caption read: "Please pay attention, as the ethics have changed." Whether or not you find the cartoon humorous, it is true that medical and psychiatric ethics have evolved over the years. However, it is also true that the core ethical principles governing the practice of psychiatry remain in force. In this article I will first review what is new and then what is timeless about psychiatric ethics.

All psychiatrists who are members of the American Psychiatric Association and its local branches are bound by the American Medical Association Principles of Medical Ethics with Annotations Especially Applicable to Psychiatry. This code carefully regulates professional behavior and, by so doing, protects patients from harm. It may be reassuring for patients to verify that their psychiatrist is indeed a member of the APA. Every local branch of the APA has an Ethics Committee that reviews complaints of unethical conduct by psychiatrists. These complaints can be investigated, and, if found to be serious, a hearing can be held, in which the psychiatrist must respond to the allegation of a violation of the principles of medical ethics. Although it happens infrequently, psychiatrists have been expelled from the APA for improper behavior towards patients.

The APA recently changed the procedures by which complaints against psychiatrists are handled by local branch ethics committees. The three most significant modifications in procedures involve the addition of an "educational option" to the traditional enforcement process, the imposition of a statute of limitations for ethics complaints, and an alteration in the process of

appealing an ethics sanction of reprimand, suspension or expulsion from membership.

The new educational option responds to the concern that the ethics enforcement was too adversarial and punitive for psychiatrists, whose careers could be jeopardized by the imposition of a sanction. The goal of the educational option is to permit local branches to resolve complaints in an educational atmosphere that facilitates learning, sensitivity, and behavior change rather than stigmatization. It is not intended for allegations of serious ethical infractions.

The APA had never adopted a statute of limitations, recognizing that it may take years for a patient to file an ethics complaint. However, states generally impose time limits on the filing of legal actions, including malpractice lawsuits, in order to exclude cases involving poor memories and lost evidence. Although state statutes tend to be in the 2-3 year time frame, the APA has set a 10-year statute of limitations, except in the case of children when it would begin at adulthood.

The Principles of Medical Ethics with Annotations Especially Applicable to Psychiatry is a document that derives from the ancient Greek study of philosophy. In fact, ethics is the specific branch of philosophy that encompasses the analysis of moral value judgments and duties, including the duties of professionals. In the work Crito, Socrates presents a discourse on moral responsibility. Socrates argues that he should not break the state's laws, though they were unjust, by escaping from his prison death sentence. Instead, he chose to accept his punishment by drinking hemlock. By dying, Socrates proved

that ethics should be taken seriously.

Awareness of the importance of ethics declined over the centuries, only to be revived in the aftermath of World War II. A significant but unfortunate factor stimulating interest in medical ethics has been the repeated exposure of unethical experimentation by physicians. Two millennia ago Hippocrates observed, "as to diseases, make a habit of two things - to help, or at least to do no harm." The tradition of beneficence, doing good, is at the core of the physician's role in society and the basis for the trust and honor invested in the profession. It was shocking and horrifying to discover that doctors could place their patients in mortal jeopardy.

Initially, it was presumed that unethical experimentation was confined to Nazi physicians. It was later discovered that patients were exploited in places far from the concentration camps. In fact, a shocking revelation involved an experiment sponsored by the United States Public Health Service. This was a study of the natural history of syphilis in African-American men in the rural South. Some of these men continued to be denied effective treatment for syphilis into the 1960's! The direct result of these revelations was the creation of the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, and the implementation of a universal system of Institutional Review Boards in hospitals to oversee the protection of human subjects.

The same ethical scrutiny now given to the conduct of research can also serve as a model for the routine treatment of all patients by physicians. For example, a patient ought to be informed of the rele-

vant facts concerning the purpose, procedures, risks, benefits, and alternatives of any recommended medical intervention. It may not be easy to determine exactly which risks should be explained to the patient. One standard is the reasonable person rule, which states that all of those risks that a reasonable person would want to know should be explained.

A patient should be allowed to exercise decision-making without coercion. A fundamental value in biomedical ethics is autonomy or the cardinal principle of respect for persons. Autonomy serves to safeguard the liberty or freedom of an individual to control his or her own body. In fact, psychiatric treatments are designed to enhance autonomy, by empowering patients to choose freely their own course of action by limiting the constricting effects of mental illness.

A patient needs to have the capacity to appreciate the information provided by the physician or choose another person to offer consent instead. The question of what constitutes capacity to consent is complicated. There should be an ability to understand factual information and to make a reasonable decision. Whether a patient with major mental illness is capable of exercising an acceptable degree of competence requires individual consideration.

Psychiatric ethics has made progress in addressing the never-ending series of moral issues in professional practice. Serious attention to this dimension of mental health care promises to contribute further to the benefit of psychiatrists and patients alike. ■

Committee Reports continued from previous page

"Resources for APA Members," and click on "APA in the News" and then enter your password information. For more information, contact APA's Office of Communications & Public Affairs at 703-907-8640.

Glenn Martin, M.D., Budget Committee

Glenn Martin, M.D., Chair of the Budget Committee, explained that the proposed NYSPA Year 2005 Budget projects that revenues remain the same and expenditures increase 3 percent. Consequently, there is a projected deficit of \$16,200, which is approximately 3 percent of the current fund balance.

He explained, "NYSPA reserves are about \$485,000 plus. ... That's more than a year's worth of our operating expenses, which is a rather robust situation, so that the idea that this [the deficit] should be funded out of reserves for this year rather than through a dues increase seems reasonable and prudent."

The Bulletin's advertising revenue has increased, and this is projected in the 2004-to-date receipts. Furthermore, NYSPA has just implemented two new programs on its Web site—a classified advertisement section and a link to the APA Job Bank—that have the potential to generate additional revenue. (Their potential revenue is not included in the proposed 2005 budget.) Dr. Martin added, "Additionally, interest return on the reserves is likely to increase a bit."

In terms of cutting expenses, Dr. Martin noted that the Medicare mailing is projected to cost \$7,200 in 2005. He suggested that emailing this information to NYSPA members could lead to substantial savings.

He concluded, "So basically, the budget as presented, I believe, reflects an attempt to pare down expenses, without overstating potential revenue." Following his presentation, a motion to adopt the Proposed 2005 Budget was approved.

Evaristo Akerele, M.D., Committee on Addiction Psychiatry

Evaristo Akerele, M.D., Chair of The

Committee on Addiction Psychiatry, reported that the committee discussed buprenorphine, a partial opioid agonist used to treat opioid addiction. It is distributed by physicians and pharmacies.

The members are concerned about the 30-patient limit mandated by the Drug Addiction Treatment Act (DATA) of 2000. The buprenorphine Web site run by SAMHSA's Center for Substance Abuse Treatment stated the following information about this limit: "Physicians must attest that they have the capacity to refer addiction treatment patients for appropriate counseling and other non-pharmacologic therapies and that they will not have more than 30 patients on such addiction treatment at any one time. (Note: The patient limit applies to both physicians in solo practice and to entire group practices, and is not affected by the number of physician or group practice locations.)"

Here is the URL to the Web page that includes the above statement: <http://www.buprenorphine.samhsa.gov/tilexxxv.html>. Here is the URL to the home page of the Center for Substance Abuse Treatment's buprenorphine Web site, which includes the full text of Drug Addiction Treatment Act of 2000: <http://www.buprenorphine.samhsa.gov/index.html>.

Dr. Akerele said, "The clinic is viewed the same as a doctor's office—all as a single site. So a single practitioner's office is up to 30 patients, and a clinic is up to 30 patients." The committee advocates changing this limit. A motion to support the liberalization of the treatment restriction was approved.

The committee is also researching the Rockefeller Drug Laws. They will be establishing a position statement on this issue. Dr. Perlman suggested that they discuss this issue with the Committee on Law and Psychiatry.

The committee would like to collaborate with judges. Dr. Akerele explained, "We would like to meet with judges and see what can be offered to them in terms of

training on substance abuse and put together a workshop." For more information about this initiative, contact committee member Brian Sands, M.D., at (718) 963-8829.

In his closing remarks, Dr. Akerele said that the committee has bimonthly meetings and welcomes new members.

Edmond Amyot, M.D., Committee on Public Psychiatry

Edmond Amyot, M.D., Chair of the Committee on Public Psychiatry, said, "We spent the bulk of our meeting discussing the role and purpose of the committee and making some plans to get a little more organized and a little more focused. One thing we are going to be doing is instituting a system for email communication between meetings. ... We will be reviewing membership. We will be trying to focus some fairly specific and concrete issues, and we will be trying to identify significant contacts within the Office of Mental Health."

Gilberto De Jesus Rentas, M.D., Members-in-Training Committee

Gilberto De Jesus Rentas, M.D., Chair of the Members-in-Training Committee, reported that the committee is working on the following initiatives: communicating with MITs via email, planning another MIT night, recruiting more residents to join the APA, and examining the possibility of waiving dues for residents as a way to increase membership.

Jeffrey Feola, M.D., Committee of Early Career Psychiatrists

Jeffrey Feola, M.D., Chair of the Committee of Early Career Psychiatrists, began his presentation by explaining that "an Early Career Psychiatrist is defined by the APA as a psychiatrist in the first seven years after completion of residency or fellowship training."

He continued, "This seven-year period is a critical time to developing maintenance of a psychiatrist's interest in this professional organization. However, there are ongoing barriers between the ECP psychiatrists

membership upgrading and district branch transfers. It is still a difficult, slow, and confusing process to switch branches and/or to upgrade to general membership status. We strongly recommend that the membership process continue to be improved."

Jeffrey Borenstein, M.D., Editor-in-Chief of The Bulletin

Dr. Borenstein thanked everyone who contributed articles including Liz Lipton, M.A., Assistant Editor, and Rachel Fernbach, Esq., Staff Attorney. He also thanked Donna Gajda, NYSPA's Coordinator, for her assistance in proof-reading *The Bulletin*. Dr. Borenstein would like to hear from members who have ideas for articles and/or suggestions regarding advertising. He can be reached at (718) 776-8181 ext. 321.

Jeffrey Borenstein, M.D., Committee for District Branch Presidents and Presidents-Elect

Dr. Borenstein, Co-chair of the Committee, reported that the members discussed recruitment issues. They are particularly interested in reaching out to MITs. In an effort to do this, members of the Queens County Psychiatric Society are organizing an awards evening for residents. They are modeling the event after the Brooklyn Psychiatric Society's Annual Residents' Scientific Session. (An article about the Brooklyn Psychiatric Society's 12th Annual Residents' Scientific Session was featured on Page 1 of *The Bulletin's* Summer 2003 issue.)

Seth Stein, Esq., MSSNY Joint Committee on Psychiatric Medicine and Addiction Medicine

Reporting on behalf of Edward Gordon, M.D., Co-Chair of the MSSNY Joint Committee on Psychiatric Medicine and Addiction Medicine, Seth Stein, Esq., NYSPA's Director and Executive Council, said, "the MSSNY Committee considered all the issues that the council reviewed today." These issues included Oxford, Magellan, NYS Medicare policy, and forge-proof prescriptions. ■

After patients of NYS psychiatric centers are discharged, they may have difficulty adjusting to life in the community. One program that helps them make this transition is the New York Association of Psychiatric Rehabilitation Services' Peer Bridger Project. In this program, specially trained NYAPRS employees—called Peer Bridgers—link participants to various aspects of their community including events, associations, religious congregations, and educational opportunities. The project is financed with community reinvestment funds via NYS OMH.

Since it began in 1995, approximately 700 individuals have participated in the Peer Bridger Project. In 2003, 74 percent of the participants were still living in the community six months after being discharged from a state psychiatric center. Over the years, very few participants dropped out of the program.

Before reading about the Peer Bridger Project, it may be helpful to read some basic information about NYAPRS, a not-for-profit organization located in Albany, New York. Over 100 community mental health service agencies are members of NYAPRS, which is the New York Chapter of the U.S. Psychiatric Rehabilitation Association in Linthicum, Maryland.

According to the Web page "Who We Are" on NYAPRS' Web site, "NYAPRS is a statewide coalition of people who use and/or provide recovery-oriented community based services. We value difference and promote cultural competence in all aspects of our work. NYAPRS is dedicated to improving services and social conditions for people with psychiatric disabilities or diagnoses and those with trauma-related conditions by promoting their recovery, rehabilitation and rights so that all people can participate freely in the opportunities of society."

Basic Information About The Peer Bridger Project

Individuals decide for themselves if they would like to participate in the Peer Bridger Project. Each participant is matched with a peer bridger for six to 12 months. To help the participants—called Matches—identify what activities they are interested in, the matches complete a skills assessment. After reviewing these results, the peer bridgers help them acquire the skills they need. Over the years, peer bridgers have helped matches read bus maps, sign up for sewing lessons, clean their apartment, join religious

organizations, obtain IDs, attend AA meetings, and sign up for GED classes.

Ideally, the peer bridgers begin meeting with their matches two to three months before they are discharged from a state psychiatric center. The peer bridgers help them obtain on-grounds privileges and off-grounds privileges. Once the matches have acquired the latter, the peer bridgers begin doing community activities with them. After the matches are discharged and living in the community, the peer bridgers continue working with them for a number of weeks or months.

Additionally, the matches can attend Peer Support Meetings. Each peer bridger facilitates two meetings each week: one in the local state psychiatric center, the other in the community.

Tanya Stevens, the NYAPRS Peer Bridger Project Director, explained, "What are the other things that people are interested in—outside of just having a mental health diagnosis—and how can we help link them into those communities as well?"

She said, "We think that [this sense of community] is the critical aspect of keeping people out of the hospital. ... We are not in opposition to mental health services as long as it is self-determined. What we're really trying to do is to link people to communities outside of that. When people are having a difficult time and not feeling well, they may want to call their therapist, or if they had more options, they may want to go to their religious community or some other community organization we have been able to link them up to. We are working to expand people's options, their choices, and their perceptions of who they are."

One expert who spoke highly about the Peer Bridger Project is Franck Paul, M.D., a staff psychiatrist at the Hudson River Psychiatric Center in Poughkeepsie, New York: "The project is helpful by helping hospitalized patients remain in contact with the community. Also, it gives them hope in allowing them to get involved in some activities outside of the facility. It brings some hope to some patients that they can move out of the hospital and move into the community."

Eligibility

Any patient who will be discharged from any of these six hospitals into the following seven designated counties is eligible to work with a peer bridger:

1. Binghamton Psychiatric Center: Broome County

2. Capital District Psychiatric Center: Albany County

3. Creedmoor Psychiatric Center: Queens County

4. Hudson River Psychiatric Center: Ulster County and Dutchess County

5. Rockland Psychiatric Center: Westchester County

6. Pilgrim Psychiatric Center: Suffolk County

These individuals do not have to meet any criteria to participate. Additionally, NYAPRS does not assess them. However, Ms. Stevens, noted that they "do put emphasis on working with people who have long histories of hospitalizations or high rates of recidivism."

Peer Bridgers' Responsibilities and Training

What does the term "Peer Bridger" mean? The term "Peer" refers to the fact that all of the peer bridgers have a personal mental health history, and most have been hospitalized. Because of this shared mental health experience, the peer bridgers develop a strong connection with their matches. These professionals use support, mentoring, and skills training to help the matches gain self-management skills and self-confidence. The term "Bridger" refers to the fact that the peer bridgers help "bridge" the matches to their community.

In each of the previously mentioned six localities, there is one team comprised of three or four peer bridgers. Ms. Stevens said, "One of the most important tenets of the project is that the peer bridgers are not hospital staff, and they are not linked directly to a hospital. They are paid for through NYAPRS, which gives us some freedom in what we are able to do."

What are the peer bridgers' responsibilities? Working 15 to 20 hours a week, each peer bridger manages approximately three or four matches, facilitates two weekly peer support meetings, and meets weekly with his or her team leader, who provides day-to-day administrative oversight and supervision. The team leaders are employees of a community mental health agency in a designated county (such as the Mental Health Association in Ulster County, Inc.) who also work as team leaders a few hours a week. Some team leaders are peers; Some are not.

Newly hired peer bridgers participate in a 30-day training period. First, they attend a one-day training session offered by Ms. Stevens. Then they work with one match

and spend their remaining time shadowing the other peer bridgers on their team. Gradually, they increase their responsibilities.

Peer Support Meetings

Overall, each of the peer bridger teams facilitates approximately eight to ten peer support meetings per week. These meetings are open to everyone including individuals who are not involved in the Peer Bridger Project.

According to the NYAPRS Web site, "The [peer support] meetings provide a continuing safe forum for individuals in recovery to receive support and encouragement, hope and assistance from their peers." Peer bridgers hold the community-based peer support meetings at the same location every week in order to establish a rapport with the attendees.

The Peer Bridgers' Relationship With The Matches' Treatment Team

Ms. Stevens explained that the peer bridgers are not part of the match's treatment team. However, she pointed out, that if a match requests to be linked with a mental health service or a group, his or her peer bridger would facilitate this request. The only time a peer bridger will attend a treatment team meeting is if a match requests it.

Ms. Stevens explained about the peer bridgers' relationship with the treatment team: "We don't speak for anyone or about anyone unless the person [match] is present. If approached by someone on the match's treatment team, the peer bridger would say something like this: 'I really can't have a conversation about this person [the match] without this person. I would encourage you to contact them [the match] directly. And I am going to tell them you contacted me and asked about this and that this is the conversation we had.'"

Ms. Stevens explained, "This approach is critical because it builds trust, and we're there to support the individual. It's about the relationship we're building between the bridger and an individual. Part of that relationship is trust and authenticity and being in that relationship all the time. Having conversations about somebody in which they are not present really violates the relationship we are trying to build."

For more information, contact Tanya Stevens, Peer Bridger Project Director, at (518) 436-0008 ext. 18 or <tanya@nyaprs.org>. ■

Peer Bridger Interview

By Liz Lipton, M.A.

NYAPRS peer bridgers Lanette Hughes, Susie Stone, Noelle Pollet, and Helene Schiff work with patients at the Hudson River Psychiatric Center (Poughkeepsie, New York) who are being discharged into Ulster County and Dutchess County. And while these individuals adjust to life in the community, the peer bridgers continue to work with them for a number of months. Hughes, Stone, Pollet and their team leader Martine Davis, met with Liz Lipton, *The Bulletin's* Assistant Editor, and explained how they help these individuals. (Ms. Pollet also works as a NYAPRS Peer Support Specialist, training individuals, including psychiatrists, who work with mental health consumers.)

Ms. Stone explained, "Instead of a doctor helping a patient, what we do is one mentally ill person helping another [person with mental illness]." Ms. Davis agreed: "We can say to them ...you can get out of the hospital because I did, and I will help you."

Unconventional Relationships with Their Matches

Ms. Pollet said, "[In comparison to the

way mental health professionals interact with patients,] it's an entirely different direction we are coming from." She continued, "Certain things that other mental health professionals would say positively ... [not to do] we do. It is according to our comfort level. If we ... [feel comfortable giving out our phone numbers], we do, so we really are on call in a unique way in a unique relationship."

Ms. Pollet explained, "I create a frame through my experience so they [the matches] can look through their experience and see it as less horrible than they think it is. So if someone cuts [themselves, this would mean] not getting hysterical and being reactionary. [Instead, I might say,] 'Oh, you cut. You must be having some feelings today.'"

Another key aspect of the program, according to Ms. Hughes, is that the peer bridgers help their matches to realize that they have something to offer—even if they are hospitalized. To facilitate this, the peer bridgers give the matches' positive feedback whenever possible. For example, Ms. Hughes said that she asked one of her matches who has a flawless

complexion to describe her skin care routine. Then she listened intently and thanked her.

When asked if matches obtain their GED, college degrees, or jobs, the peer bridgers explained why they view these goals as secondary ones. Ms. Pollet said, "Even though that sounds good. This inner stuff—liking yourself better and being more assertive—is more important."

For example, Ms. Pollet said, "They have taken a risk to develop a relationship with a peer bridger. That's such a foundational thing. Maybe they have been so wounded around relationships that they never trusted, and maybe now they have a little trust in this relationship. It's a subtle stuff but ... you're really doing important things by working on the subtle stuff."

Ms. Pollet added, "[Overall], I have seen their confidence increase. They learn to handle their symptoms better. They believe in a positive future much more. They have hope."

Recovery

One important point the four professionals emphasized is that recovery is possi-

ble. Ms. Pollet, Ms. Hughes, and Ms. Davis said that as part of their recovery, they stopped taking psychiatric medications.

Ms. Pollet said, "I was labeled with eight different psychiatric conditions. Now, I'm off all medications. There are things you can do instead of medications. And ... I can live that and promote that."

Ms. Pollet emphasized, "We believe in recovery. Our whole organization and everything we believe in is recovery, and this is my recovery."

Ms. Davis said, "Three of us in the group who were told we would be on [psychiatric medications] the rest of our lives are off and doing fine."

Asked if they promote their views about psychiatric medication, Ms. Pollet replied, "No we promote recovery—whatever that means for the individual." Ms. Hughes added, "I don't encourage anyone to get off or get on. I'm not a doctor. I'm not qualified for that, but as a peer, my experience is that I don't need it." ■

NYS Medicare Carriers Adopt New Psychotherapy Documentation Policy

Medicare Part B carriers in New York State (Empire, GHI and the Upstate Medicare Division) have adopted a new revised local medical review policy for mental health services. The revision was prompted by a direction that merged the Medicare policy development efforts in New York and New Jersey. This merger necessitated adoption of a new bi-state policy to replace the policies previously adopted in both states. Although the new policy essentially tracks the language of the former New York policy adopted in 2001, NYSPA took the opportunity afforded by the adoption of the new rule to request revisions in the proposed policy to comply with the federal HIPAA Privacy Rule that had gone into effect after the former policy was adopted.

When the first draft of the new policy was issued in June, 2004, Edward Gordon, M.D., NYSPA Representative to the Medicare Carriers Advisory Committee and Seth P. Stein, Esq., NYSPA Executive Director, prepared a response that focused on the documentation requirements for psychotherapy services and requested that the policy be modified to incorporate the greater protections for patient confidentiality required under the HIPAA Privacy Rule.

As a direct result of NYSPA's advocacy, the New York State Medicare Carriers have agreed not to require submission of any clinical information that falls within the HIPAA definition of psychotherapy notes - regardless of whether the psychotherapy notes are maintained separately. Under HIPAA, psychotherapy notes are defined as notes "documenting or analyzing the content of a conversation" during a psychotherapy session and excludes the following: "medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis and progress to date."

The policy lists the following eight data elements that must be contained in or readily inferred from the medical record:

- Name of beneficiary and date of service
- Type of service (individual, group, family, etc.)
- Duration of service
- Type of treatment furnished (insight oriented, behavior modification, or supportive therapy)
- A clinical note that summarizes the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis and progress to date. However, with respect to treatment plan, functional status, progress/prognosis assessment must be documented, updated and available for review, but do not need to be delineated for each individual date of service. (Note: this element directly tracks the list of items that are specifically excluded from the HIPAA definition of psychotherapy notes).
- Identity of person performing the service
- For interactive therapy, an indication of the adaptations utilized and the rationale behind them
- For medical evaluation and management, documentation of prescriptions, monitoring of medication effects and results of clinical tests.

The new policy now protects the content of the psychotherapy sessions from routine disclosure and mandates disclosure of only a summary of clinical information. NYSPA will be considering development of a documentation template for Medicare records to comply with the new documentation standard and to maximize privacy confidentiality.

The revised policy may be downloaded from the EmpireMedicare website at <http://www.empiremedicare.com/TRAINB/dlm/pinx.htm>. ■

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asked if she could see all the money that pharmaceutical companies had ever given to the APA, and my response was 'No.' That [my answer] was not very useful [to the reporter]. I could go on at length explaining—I think you misperceive this and I think that, etc.' ... But you don't want to deliver the other side's message; you want to deliver your message."

Exercises That Improve Media Relations

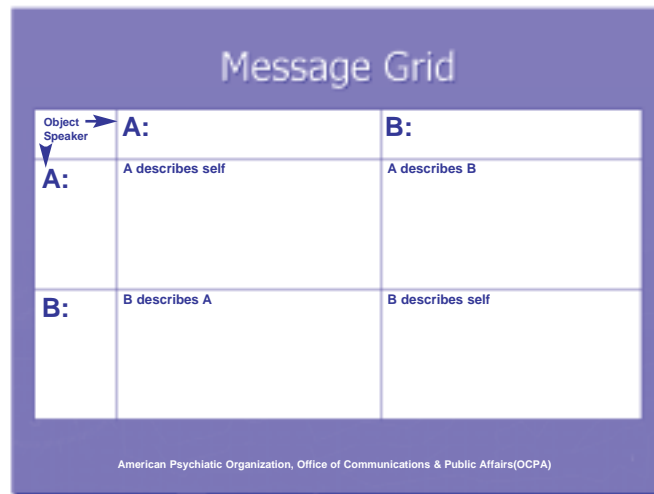
Mr. Young also led the audience through two very informative exercises. In the first one, he drew a picture of an umbrella's spokes. The goal was to think of points relating to a main point or argument. For example, the audience listed some of the negative effects that would occur if Medicare reimbursement rates were reduced. As the psychiatrists offered this information, Mr. Young wrote each point on a "spoke."

According to Mr. Young, one idea that encompasses all this information is "access to care." However, he noted that many reporters consider decreased Medicare reimbursement to be a physician reimbursement issue. Psychiatrists need to reframe it as an "access to care" issue. Mr. Young said psychiatrists should tell reporters the following: "It's an 'access to care' issue on so many levels. Let me tell you about them."

And then you move around the 'spokes' [and mention the information on each spoke]. ... You are really going to say the term 'access' so many times that it will be impossible for that story to be written without using the word 'access.'"

For the last exercise, called the "Message Grid" (See illustration 1) the group selected the topic of organized psychology and prescribing privileges. In this exercise, "A" refers to psychiatrists, and "B" refers to organized psychologists. Using this grid, Mr. Young and the audience completed the grid by answering the following questions:

- How do we talk about our own right to prescribe? (A describes self)
- What do you imagine that organized psychology says about their ability to prescribe? (Mr. Young noted if they were going to do this exercise in a comprehensive manner, they would do extensive research to identify what psychologists are saying.) (B describes self)
- What does organized psychology say



about us? (B talks about A)

- What do psychiatrists say about organized psychology? (A talks about B)

Upon finishing the grid, Mr. Young said, "You never talk out of their [organized psychology's] squares [which are the bottom two]. You talk out of your two squares only." If a reporter asks you a question pertaining to the information in the bottom half of the grid, "don't answer back with one of their claims. Answer back with one of your claims. ... Find the corresponding answer in one of your squares," he said.

For more information about his presentation, call Mr. Young at 703-907-8582 or email him at <jyoung@psych.org>. ■

Magellan Cont. from page 3

assumed by signing a provider agreement with this type of indemnification clause. The risk of this indemnification clause, although small, is not covered under medical malpractice or general liability insurance and each psychiatrist would be personally liable for the indemnification clause. In his memo, Mr. Stein offered additional information to assist members in evaluating the risks of signing participating provider contracts that include this type of indemnification clause.

In addition, Mr. Stein prepared draft letters of transmittal to be printed out, completed and mailed to Magellan with the signed contracts. The letter of transmittal confirmed the psychiatrist's request for the two contract modifications and incorporated the clarifications and representations contained in the Magellan response letter into the provider contracts.

All Magellan materials may be accessed on the Members Only section of the NYSPA website at www.nyspsych.org.

If you do not currently have a website user name and password, please contact NYSPA Central Office to obtain one. ■

Oxford Cont. from page 1

to develop a sample documentation template that can be used to record the required information.

Members should keep in mind that this policy does not establish a standard for minimally acceptable psychiatric records for purposes of state licensure, government agencies or other third-party payers. Psychiatrists will still be required to maintain medical records that are consistent with generally acceptable psychiatric standards. ■

Here are some other important points Mr. Young mentioned in his presentation:

- 1.) Always assume everything you say is on the record—even if you say it is off the record.
- 2.) If you suggest a story idea to a writer, always assume that he or she will also get quotes and information from your opponents.
- 3.) If there is a mistake in an article that featured your quotes, call the writer back or write a letter to the editor, but do not contact the reporter's editor - except in extreme cases.
- 4.) Keep in mind when preparing for an interview that reporters are looking for a compelling quote. A compelling quote should include your opinion and/or analysis as well as information that the reporter does not already know.

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