President’s Message: Responding to Disaster and Aftermath
by Jim Nixinger, M.D., President, New York State Psychiatric Association

As I write this message, thousands of psychiatrists in New York City, New York State and across the country are responding to the threat on the World Trade Center and the Pentagon. There are thousands of casualties, tens of thousands of family members who must deal with the loss of loved ones and those looking for virtual eyeswitnesses in every corner of this nation who saw over and over, and in excruciating detail, the face of evil on September 11. NYSPA has responded to a request from Commissioner Stone of the NYS Office of Mental Health and prepared a list of psychiatrists who are ready to volunteer their services to those in need. Psychiatrists who want to add their names to this list should contact the NYSPA Central Office and check the NYSPA website (nypsych.org) for more information.

Physician Discipline in New York State
by Martha Crownwer, M.D.

Earlier this year the New York State Commissioner of Health suspended the license of a prominent surgeon at New York Methodist Hospital in Brooklyn. His license was suspended though he was found not guilty of negligence or incompetence. Television news of the horrific scenes on their televisions. Physicians who took disciplinary action. Physicians who are required to report physicians against whom they have a probable suspicion of misconduct. Physicians who should be licensed as a mental health professional and what they can control: work in the garden, clean children’s rooms, nursing homes and HMO’s are required by law to report when they have a probable suspicion of misconduct. The great majority of complaints, 60%, came from the public, but substantial proportions came from insurance companies (13%), other states (11%), and governmental agencies (10%). A much smaller proportion came from hospitals or health care facilities (3%), or other physicians and medical societies (2%). Hospitals, nursing homes and HMO’s are required by law to report when they have a probable suspicion of misconduct. If the doctors are also licensed in New York, our state may take action against them. Psychiatrists are required to report misconduct in their colleagues. In case they cannot be certain that another physician’s behavior is misconduct they may consult with OPMHC while not revealing the physician’s name or they may choose to report to a hospital peer review committee or to a county medical society. Psychiatrists are especially prepared by their training and expertise to address the short and long term impact of this event. Whether it is called shell shock, battle fatigue, Vietnam War syndrome or post traumatic stress disorder, psychiatrists know about the impact of this type of disaster. The true scope of the psychiatric problems from this tragedy will be seen not just over the ensuing months, but over years, and not only among those who were at “ground zero” or who lost, or feared they had lost, a family member or friend, but also among those who only viewed the horrific scenes on their television. We are also awaiting a public statement from the behavioral managed care industry affirming their intention to insure that patients in need of loved ones and millions of virtual casualties, tens of thousands of complaints investigated? What is reportable behavior? How are complaints investigated? What is reportable behavior? What is not? Many Complaints The process starts with a complaint. In 2000 the New York State Department of Health’s Office of Professional Medical Conduct (OPMHC) received 6006 complaints, while in the same year the Board for Professional Medical Conduct (the Board) carried out 357 disciplinary actions. At each successive step of the process between receiving a complaint and issuing a disciplinary action many matters are resolved. Who Complains? The great majority of complaints, 60%, came from the public, but substantial proportions came from insurance companies (13%), other states (11%), and governmental agencies (10%). A much smaller proportion came from hospitals or health care facilities (3%), or other physicians and medical societies (2%). Hospitals, nursing homes and HMO’s are required by law to report when they have a probable suspicion of misconduct. If the doctors are also licensed in New York, our state may take action against them. Psychiatrists are required to report misconduct in their colleagues. In case they cannot be certain that another physician’s behavior is misconduct they may consult with OPMHC while not revealing the physician’s name or they may choose to report to a hospital peer review committee or to a county medical society.

LEGISLATIVE UPDATE

Legislative Year in Review
by Richard Gallo, NYSPA Legislative Consultant

T he scope of practice debate was in the forefront by mid-April as the sponsors of the various bills at issue pushed for closure by June. Electroconvulsive Therapy (ECT) came under attack in May as the result of two controversial cases at the Pilgrim Psychiatric Center on Long Island. The Mental Health Insurance parity bill in the Assembly was strengthened, during the legislative session, to a full mandate for a broad array of benefit plans. The New York State Psychiatric Association’s efforts with the Legislature and the Governor with respect to State Budget bills is ongoing with expectations of positive results if and when a comprehensive budget is adopted. Scope of Practice The thirty years of rancor over who should be licensed as a mental health professional and what they should or should not be authorized to do may be coming to an end. Three and one half years of a concerted effort to craft legislation acceptable to all of the parties involved appears to be in the offing. NYSPA, together with the Medical Society of the State of New York (NYSMSNY), have negotiated bill language with respect to the licensing of “mental health practitioners” that will enable the medical community to remove its opposition to the bill. Similarly, an agreement was reached in June with the State Psychological Association with the help of Senate Majority; but the agreement, as discussed below, has become undone. Psychology The new problem with the psychology scope of practice bill surfaced when the psychology proposal and the mental health practitioners’ bill were reattached to another in late June. In the resulting amendment, three words were left out of the psychology portion of the bill. The three words, “use of titles,” were part of a broader exemption to amplify that nothing in the psychology scope of practice law would affect or prevent the practice of conducting a professional activity, services, or “use of titles” by a licensed psychologist. The net effect of dropping the three little words would be to prohibit physicians from performing “psychological” services, including psychological and neuropsychological testing because the term “psychological” is otherwise restricted in the bill to use by licensed psychologists only. Needing to know when the psychologists acknowledged the phrase was not inadvertently omitted in the revised bill, the weapons came out again in pre-September 11 and post-September 11 items. You are encouraged to e-mail me with any news from your individual District Branches ASAP at <strrame@nki.fhni.org> for inclusion in the next issue of the Bulletin to be published in December 2001.

As we were going to press, the tragic events of September 11, 2001 were unfolding. Issue 9 of the Bulletin is over one month late and contains a mixture of pre-September 11 and post-September 11 items. You are encouraged to e-mail me with any news from your individual District Branches ASAP at <strrame@nki.fhni.org> for inclusion in the next issue of the Bulletin to be published in December 2001.
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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 in length (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 advertisement 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.

Letters to the Editor are welcome but must be sent electronically. Send your submissions to: Leslie Citrome, M.D., M.P.H., e-mail: citrome@nki.rfmh.org

Photographs
From the Editor’s Desk...

I received a total of fourteen responses from the NYSPA membership regarding the questions raised last issue about the future of the printed Bulletin. Responses were received by e-mail and telephone (about 50/50). Twelve responses were positive—usually along the lines that the printed Bulletin is easier to bring with you, comes passively in the mailbox, and serves as a reminder that NYSPA membership is yours. There were several responses that included statements such as “I don’t usually read the internet,” “I don’t have a computer,” and “If I had to actively go to the website, I never really would.” I also received several responses from non-NYSPA members. These were sent from other District Branches who indicated that they were grappling with very similar issues.

I received one ambivalent response, and one negative response. To illustrate the latter, I have reproduced it below (preserving the anonymity of the sender):

From: [NAME withheld by the Bulletin]
Sent: Thursday, July 19, 2001 3:16 PM
To: citrome@nki.rfmh.org
Subject: NYS Bulletin

Dear Leslie, I'm writing this in response to your questionnaire on the Bulletin's future, but I first want to say that I love this bulletin and I wouldn't miss it for the world.

I think the printed Bulletin is easier to read and I feel that the printed Bulletin is easier to find. I think the Bulletin is much better than some other publications and I don't want the Bulletin to cease operations. I think it's very important that NYSPA members CEASE operations and that 4454 NYSPA members, 3830 want the Bulletin to continue, 312 are ambivalent, and 7% were negative. If these responders were representative of the general membership, we could make the printed Bulletin a success.

Another interpretation could be that from the 4454 NYSPA members, 12 want the Bulletin to continue, one is ambivalent, one wants it to cease operations, and 4440 don’t really care. Which interpretation is more accurate? I would like to see more responses please at 845-398-5595 or e-mail me at citrome@nki.rfmh.org TODAY!

This issue devotes space to committee reports and the intention is that one issue per year would serve as a min-annual report of the activities of the NYSPA committees. Some committee reports are more active than others. Which ones are YOU most interested in? I look forward to:

• Committee on Addiction Psychiatry
• Committee on Awards
• Budget Committee

Deep six the Bulletin. Too much of my dues get wasted on this junk.

From this small sample of 14, we see that 86% were in favor of continuing The Bulletin, 7% were ambivalent, and 7% were negative. If these responders represented the general membership, we could make the printed Bulletin a success. But which interpretation is more accurate? I would like to see more responses please at 845-398-5595 or e-mail me at citrome@nki.rfmh.org TODAY!

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NYS Psychiatrists: How Many, How Old?

F rom MSSNY’s News of New York report of an analysis by the SUNY (Albany) School of Public Health’s Center for Health Workforce Studies, in 1999 there were 55,541 physicians actively providing care in NYS, 305 physicians per 100,000 population (2nd highest state). 312 persons per physician (76,160 licensed but the balance included those practicing out of state, residents fellows, retirees, inactive, etc.). But the physicians were not well distributed and access to care was very limited in places.

5,829 physicians actively providing care were psychiatrists, 32 per 100,000 population, an increase of 166 (3%) since 1995. 84% were trained in NYS. Age: 4% under 35 (8% PCPs, 9%OB/GYN), 35-44 (28% PCPs, 27% OB/GYN), 29-45 54 (% PCPs, 15% OB/GYN), 35-54 56% (17% PCPs, 21% OB/GYN), 27% 65+ (17% PCPs, 15% OB/GYN)

Race/ethnicity: 74% White (66% PCPs, 69% OB/GYN), 29% Black (30% PCPs, 27% OB/GYN), 5% Hispanic (5% PCPs, 4% OB/GYN), 15% Asian (20% PCPs, 16% OB/GYN), no Native Americans.

Herb Peyser, M.D.
Central APA Reorganization and Money Issues
by Herb Peyer, M.D.

APA's reorganization is moving APA's board from a more vertical, organized, centralized, corporate and efficient model to a more a pyramid than the horizontally layered stack of pancakes it seemed before (DBs, Areas, Assembly, Board, management). It had ought to be done but, as with everything, there are unintended and unanticipated consequences.

New Executive Committee

The Board now has a seven person Executive Committee, officers only, that meets biweekly by phone and can take action if necessary. It plans to act only in "housekeeping" and emergency situations and will report regularly to the full Board by e-mail and at the regular quarterly Board meetings. The fourteen other Board members have requested some parameters and plan to be carefully attentive.

Power to Amend By-Laws

Similarly, the reorganization had granted the Board more power re amending APA's By-Laws in "housekeeping" and emergency situations. Concerns expressed in the DBs and Assembly have resulted in including the Assembly more. (There can always be a referendum of the members.)

Money, Money, Money

Then there's central APA's significant involvement in activities with major legal, business and financial implications. APA, as other professional organizations, is suffering gradual membership attrition and entering an era of projected potential budget deficits. In addition to decreasing expenditures and conserving reserves APA continues seeking non-dues income producing initiatives to support its advocacy and education work, but members properly get concerned when it appears APA might be getting in bed with pharmaceutical and managed care industries. Major expenditures, such as Information Service purchases, Medem.com, etc., have to be watched closely.

Lack of Money Smart

The Board, with fiduciary responsibility, has a watchdog mandate but is unlike most boards of for-profit and other non-profit organizations, which include many business and financial people. APA, however, is a membership organization, elects only members to its Board, people without major business and financial expertise. APA's Trustees must nevertheless vote on issues involving significant expenditures and initiatives with legal, business and financial risk, and have done so on various occasions without full financial expertise.

Before business and financial documents are signed or even discussed APA's Counsel should review and explain them to governance before and at the meetings where they are voted on. This is usually but should always be done, and I'll develop an action item on that.

Getting Help From Money Experts

In addition I developed, and NYSPA and the Assembly approved, a plan to develop an advisory council of neutral business and financial experts from the outside, with some members appointed by and for governance (Board and Assembly), and others similarly by and for management. Their input regarding our enterprises, available as soon as possible, will help the Board maintain its fiduciary responsibility.

The importance of representative governance's full understanding and oversight of APA's entrepreneurial activities cannot be overemphasized. Pyramids may be more efficient than pancakes but they have their problems.

Remember the Sunbeam Fiasco

For one disturbing example, APA's AMA delegation reviewed what happened in pyramid-structured AMA several years ago in that unfortunate Sunbeam matter where AMA had to withdraw at great expense from that questionably proper enterprise. AMA then let its Executive Vice President and top staff go. Echoes of Sunbeam continue to reverberate along with concerns over an unhappy real estate matter, and AMA now has let its new Executive Vice President go too; he then sued AMA. Informed governance participation such as we work for in APA and in that action item might have helped AMA prevent such things.

Data, Data, Data

After working on this for a couple of years I think we are on the road to getting our Information Service to work. It has not been easy. I have gotten central APA together with the DB execs, governance and our components experts, and now they agree first to fix what is broken: the dues billing, reports to the DBs, transfers, applications, reinsurance, databases, etc., and then work with the DBs on simplifying the complex, expensive membership categories and procedures. Only when this is done and credibility restored will they work incrementally toward an overall integrated system, proceding only after each clearly established success. The final system will be expensive, over $1 million. No commitment yet. As several of us insisted, the Information Service must prove itself first. The Board voted to spend $300,000 this year (and perhaps $70,000 more next) to get the broken parts fixed.

Responsiveness of Central Staff and Other Matters

Other matters: The Board supported the Assembly in requesting the Medical Director to report on the matter of adequate responsiveness of the central staff to membership requests. Movement will be made in the direction of parity of representa-
Addiction Psychiatry Committee

by Michael M. Scimeca, M.D.

The NYSPA Addiction Psychiatry Committee has met approximately every two months between September and June 2000. The membership has increased, including participation from Westchester and Long Island as well as the New York City District Branches. The committee has pursued careful attention to developments in OBT, that is, Office-Based Opioid Therapy butyrophenone, in a combination form, is expected to be available for all licensed physicians to prescribe probably in 2002. The committee has expressed concerns about the need for special training so that this medication and all other opioids agonists are properly prescribed and patients get appropriate psychosocial treatments. The Committee recently had a very informative update from their Medical Director of the NYS Office of Alcohol and Substance Abuse Services and will cosponsor educational/training events in the future, and serve as a conduit for other addiction treatment information. Members of the committee also share updates in clinical practice and other professional information.

Committee on Economic Affairs

by L. Mark Russakoff, M.D.

Over the past year, members of the Committee have been involved in three major projects. The first project was the collaborative development of Utilization Review standards for Medicaid. This task was directed by members of NYS Office of Mental Health. NYSPA was represented by Jim Spencer, M.D. Notable in the final product were reasons to extend a patient’s stay beyond the point of loss of acute risk for dangerous behavior. The inclusion of real clinical criteria into the UR standard set was not an easy task. Dr. Spencer alerted OMH and DOH of the importance of educating psychiatrists about the criteria, and volunteered to participate in such activities. The second project was developed by Elliot Roy Singer, M.D. from Westchester. Dr. Singer’s efforts have been directed at educating OBOT patients about Managed Care. He noted that there has been directed against the abuses of Westchester. Dr. Singer’s efforts have participated in such activities.

The one area in New York which is clear relates to prompt payment of bills. The result of this effort has been the creation and promotion of the Prompt Payment Complaint Form. The purpose of this effort is to collateralize information about how the various managed care companies are treating psychiatrists

Submission of these forms to NYSPA will make it possible for NYSPA to approach these managed care companies individually or the Insurance Department with patterns of actions – or inactions. Without this effort, psychiatrists are left on their own and are likely to be treated by both the managed care administrators and the Insurance Department as isolated situations.

The third area relates to CEA member participation in the Empire Medical Services Carrier Advisory Committee. Edward Gordon, M.D. is the representative from NYSPA to the CAC. This year, EMS revised its Local Medical Review Committee regarding Part B Mental Health. The originally proposed policy was extraordinarily restrictive and totally unacceptable. For instance, it noted that psychotherapy was an “adjunctive” treatment that was “rarely” indicated. Dr. Gordon and Seth Stein worked extremely hard on explaining the inadequacies and inequities implicit in their proposal. The final policy – issued in the recent – while not quite what we requested, is much improved. At this current time, the CAC is considering its drug screening policy. Again, their original policy was extremely restricted (it did not permit any psychiatric diagnoses as a justification for drug screening) and Ed and Seth have been attempting to educate the EMS staff.

We have not reached closure on any of these issues. We expect all of them to be current in the coming year. How to confront issues such as phantom networks has varyed. For that issue, we would be dependent upon patients informing us of the difficulties they have finding psychiatrists, while not attempting to educate the reputation of psychiatry in the state.

This list would be helpful in identifying regions or programs with fewer members thereby enabling us to focus our recruitment efforts where they are most needed.

The Committee will be launching a new annual Area 2 MIT Newsletter to inform MIT’s about upcoming events and issues such as the Area Council Meetings. It is hoped that this will stimulate candidates to apply for nomination to MIT Deputy Representative to the Assembly, as well as disseminate information about the APA to residents.

The election process of the Area 2 MIT Deputy Representative has been a testing period of discussion and regard for legal policy. None of the work of the Committee now takes place by email, whereas in the past faxes and email communications were needed to conduct business. On occasion, the Committee meets jointly with other NYSPA Committees to consider how to implement action on specific issues.

Among the matters that have been considered this past year by the Committee on Psychiatry and the Law have been (1) the continuation of the expanded definition of the Assisted Outpatient Treatment program, (2) the potential impact of legislation to mandate the civil incarceration of sexual offenders in the completeness of their prison terms, (3) whether or not the use of video equipment by voyeur should be made a felony– level offense.

On the matter of Assisted Outpatient Treatment (i.e. civil involuntary outpatient commitment), the Committee was concerned that the research project that had analyzed the results of the trial program at Beth Israel Hospital had reached an equivocal conclusion. Further, the

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PATIENTS WITH ALCOHOL PROBLEMS? Dr. Conor Farron and Mount Sinai School of Medicine are conducting a research treatment study of the combination of two medications plus psychotherapy for alcohol dependence. Call Amelia 718-584-9000 x6969 for information or referral. GCO # 99.588 Authority # 19/83.

PSYCHIATRIST(S) - FT/PT, Board Cer- fified or within 3 years of completion of residency. VA Hudson Valley Health Care Services, Castle Point Campus. Work in Mental Health Clinic, Consultation-liaison with medical and long term care units, PSTD patients. May include CT at Community Based Clinics in Orange, Sullivan, Dutchess and Putnam Counties. Contact Ms Monica DeRonda at 914-737-4400 X 2567.
Committee was concerned that the consequences of violating the terms of the Assisted Outpatient Treatment program were "toothless", i.e. failure to comply with civil involuntary outpatient treatment did not automatically lead to involuntary commitment. The proposed legislation included a broader potential population for civil involuntary commitment than had been included in the trial program at Bellevue Hospital (e.g. forensic patients and patients who did not freely agree to participate in the program) so that it was uncertain that the Bellevue Hospital experience could be extrapolated soundly and effectively to the larger potential population. Some of these matters were considered in articles previously published in The Bulletin.

The psychiatric hospitalization of convicted sexual offenders after the completion of their prison terms raised concerns about the appropriateness of placing criminals with difficult-to-change personality disorders in hospitals designed to treat persons with Axis One DSM-IV diagnoses. There was the problem that, once admitted, such persons would be unlikely ever to be released (e.g. forensic patients and patients who had secretly videotaped selected tenants in various states of undress.The issue was complicated because relatively little research has been done on this subgroup of voyeurs, so that empirical data to guide legislation is extremely limited. However, as the current penalty is only 15 days in New York State, it was felt that a felony-level penalty for the offense would give law enforcement personnel more leverage in persuading video-voyeurs to participate in treatment programs, increasing the potential long-term protection of the public at large.

The Committee appreciates the opportunity afforded by this special issue of The Bulletin to bring its work to the attention of the NYSPA membership.

The video-voyeurism case that caught the attention of the legislature involved a building superintendent who had secretly videotaped selected tenants in various states of undress. The issue was complicated by the difficulty in guaranteeing their safety, so that empirical data to guide legislation is extremely limited. However, as the current penalty is only 15 days in New York State, it was felt that a felony-level penalty for the offense would give law enforcement personnel more leverage in persuading video-voyeurs to participate in treatment programs, increasing the potential long-term protection of the public at large. The Committee appreciates the opportunity afforded by this special issue of The Bulletin to bring its work to the attention of the NYSPA membership.

**Strategic Planning Committee**

by Ann Sullivan, M.D.

Planning for the future energizes an organization, gathers new ideas and recommends key actions. The NYSPA Area Council established a Strategic Planning Committee in 1998 to develop a comprehensive mission and specific goals for the next four years. The committee included area representation state wide, ECP’s, members in training, minority representation and area and district branch leadership. Chaired by Deborah Cross, M.D. and Ann Sullivan, M.D., the committee first met in September 1998 and will finalize its report in October 2000.

Highlights of the committee’s actions and recommendations to date include:

- NYSPA adopted the Mission Statement: Aggressive Advocacy for our patients and our profession.
- Member Input: A survey to assess what membership expected of NYSPA was randomly sent to 700 members and 161 responded. The overwhelmingly important activities to the members involved active legislative advocacy. Legislative efforts to regulate managed care, Parity, supporting litigation against insurance discrimination; protecting psychiatrists scope of practice. Members also placed major emphasis on the camaraderie and fellowship of the organization and patient advocacy issues.
- Goals Implementation: In September 1999 a planning day was held for all NYSPA committees to develop action plans based on the NYSPA mission of aggressive advocacy. Plans were submitted to the council for review and endorsement.
- Communication: A committee of District Branch Presidents was established to enhance communication between NYSPA and the District Branches. It was recommended that committee chairs periodically join Executive Committee meetings. Bulletin articles emphasized membership recruitment and input into the planning process.
- NYSPA Administration Structure and Budget Review: Comparing the overall budget of NYSPA to other comparable state District Branches found it to be efficient and cost effective. NYSPA currently spends approximately 60% of its budget on advocacy activities, the most valued activity by its members.

The Strategic Planning Committee will endorse its final report in the fall of 2001. However, the need for ongoing suggestions, creative ideas and critical review by the membership continues. Remember to inform your Assembly Representatives of what NYSPA can do for your and your colleagues.

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**Mutual of Omaha Ad**

1/2 page

revised copy coming (wrong format originally sent)
The Psychiatrist As Artist & A Concert for NARSAD

by Roxanne Langueque

Dr. Kogan was a member of my residency training class at NYU/Bellevue. 1983-87 and a very nice guy. We see each other at the APA Annual Meetings where for the past three years he has delighted audiences with his musical and psychiatric insights into the lives of famous composers from Beethoven to Gershwin.-Ed.

Increasingly rare in this period of over-specialization, a few Renaissance men still can be found in medicine. With two careers, one as a concert pianist and another as a psychiatrist, Richard Kogan, M.D. is probably as close as anyone around. Dr. Kogan studied piano with Nadia Reisenberg at the Julliard School from age six to eighteen, supplementing his training with the legendary teacher, Nadia Boulanger, at the Ecole de Fontainbleau, in France. His mother, formerly a music teacher, recognized her son’s innate talent and perfect pitch when he was only four-year-old and steered him towards the piano, his first profession. Another influence was that of his father, a gastroenterologist, who introduced him to medicine, his second profession, by allowing his young son to accompany him on medical rounds. He was playing concerts by age seven, but due to his wide variety of interests, he chose to attend Harvard College after graduation from high school rather than a conservatory where the focus would have been almost exclusively on music. His roommate at Harvard was Yo-Yo Ma, whom he met at Juilliard, and the two formed a trio with the violinist Lynn Chang. Another Harvard student destined to become a musician.

Onto Harvard Medical School

By the time Dr. Kogan began Harvard Medical School, he was already an accomplished musician. The dean of the Harvard Medical School created a special five year schedule which allowed him to travel and concertize between his medical clerkships. He won first prize in the Chopin Competition of the Kosciuszko Foundation while still an undergraduate, and then the Concert Artists Guild Award and Portland Symphony National Piano Competition. He has performed as a recitalist and orchestra soloist throughout the United States, Europe, and Asia and as a chamber musician with Yo-Yo Ma and Lynn Chang.

Mind and Music

Dr. Kogan’s two principal interests led to his exploration of the connections between mind and music. “Music and medicine are both about healing,” he said. He decided to specialize in psychiatry, because he had always been fascinated by the brain. His interest in treating people with sexual dysfunctions developed during his residency in Psychiatry at NYU/Bellevue when he became aware of the widespread prevalence of sexual problems and sought to develop the skills necessary to improve these frequently treatable conditions. He is currently the Director of the Human Sexuality Program at the Weill–Cornell Medical Center and New York Presbyterian Hospital.

Sex and Music

Descriptions of the profound connections between sex and music can be found in the Kamassutra. The cycle of the four stages of lovemaking—desire, arousal, climax, and resolution—are represented in the structure of music, for example in Wagner’s “Liebestod” or the last movement of Robert Schumann’s “Fantasy”, a secret love letter to Clara. “Good music is good sex, relies on prolongation, on delaying the satisfaction of expectations. Great composers, like great lovers, know this instinctively.” said Dr. Kogan.

Creativity and Madness

One of Dr. Kogan’s main interests is the relationship between creativity and mental illness, and he gives lectures/performance demonstrations on the emotional lives of great composers and the ways their psychological problems influenced their art and creativity. Would artists such as Robert Schumann have written music as creative if they were not mentally ill? How do composers sublimate their suffering and convert it into creativity?

Desire to Help

When I first spoke to Dr. Kogan about this article, his mellifluous voice made me remember him from his rotation on the children’s ward at Bellevue where I worked, and I was delighted to renew our relationship. I recalled how intently he listens in order to understand and communicate with you. Caring deeply about improving patients’ lives, he gives benefit concerts for health related organizations such as the Hadassah, the American Cancer Society, the American Multiple Sclerosis Society, and the National Multiple Sclerosis Society, and for Healing. On March 6, 2001 he is scheduled to give a concert for NARSAD (the National Association for Research in Schizophrenia and Depression) in Weill Recital Hall at Carnegie Hall.

NARSAD

NARSAD is the largest donor-supported, non-governmental philanthropy that raises funds for research in mental illness, concentrating on all brain disorders but especially the most disruptive to patients’ lives—schizophrenia and manic depression. Since its inception in 1987, this not-for-profit organization has raised more than $112 million in research grants for 1,300 scientists at 172 universities and medical research institutions worldwide. It is supported by contributions from individuals, families of the mentally ill, foundations, and corporations. Every dollar given to NARSAD goes to funding research grants, because the operating expenses are covered by separate grants from two family foundations. The Scientific Council, volunteers composed of 65 leading national research scientists, identifies the most promising research among the many applicants. Constance Lieber is the President of the Board of Directors and Jerry Callaghan the Chairman. Members of the board have relatives who are mentally ill, which gives them a vital personal interest in making the organization successful.

Grant Programs

NARSAD has three grant programs. The Young Investigator Program awards grants of $30,000 per year for two years to young scientists who are beginning their careers. Constance Lieber believes that young investigators are the hope of the future. Independent Investigator Awards for more established researchers amount to $50,000 per year for two years. NARSAD’s Merit-based Investigator Awards of $100,000 are for full professors involved in unique research. In addition to these three special awards are given for momentous contributions to the field — the Lieber Prize for Schizophrenia Research, the Nola Maddox Falcone Prize forffective Disorders Research, and the Ruane Prize for Outstanding Research in Childhood and Adolescent Psychiatry. Amounting to $50,000 each, they are the largest awards especially aimed at brain disorder research.

The NARSAD–Nobel Connection

The three winners of the Nobel Prize in Medicine in the year 2000 are affiliated with NARSAD. Eric Kandel, M.D. and Paul Greengard, Ph.D are currently on NARSAD’s Scientific Council. Dr. Greengard received NARSAD’s Lieber prize for Schizophrenia Research in 1996 and a Distinguished Investigator Grant in 1995. Dr. Kandel received a Distinguished Investigator grants in 1995 and 2000. The third awardee, Ardit Emil Carlson, M.D., received the Lieber prize in 1994.

NARSAD and Families

I am a member of NARSAD’s Leadership Council, mainly family members who are faithful supporters of the organization. Council members organize benefits such as this concert. They hold seminars to inform the general public about mental illness in order to alleviate the stigma attached to being mentally ill. When I joined, I felt that I gained a new family. And in fact, NARSAD supporters are often called “the NARSAD FAMILY”. Bound by the tragedies of our children’s lost lives, we work together for a common cause. The researchers I have met at NARSAD are kind, friendly and helpful.

Always ready to answer questions and explain their work without being condescending or overly simplistic, they make it comprehensible to those of us who are not scientists. Every fall Young Investigators present a series of seminars to explain their work, and the seminars are open to everyone. In July we had the honor of hearing a speech by Eric Kandel and seeing a videotape of the Nobel Prize Awards Ceremony in Stockholm.

Dr. Kogan’s response when I asked him to give this concert for NARSAD reflects his concern and care about the mentally ill. His offer to volunteer his time and talent to raise money for NARSAD research comes from his belief that the organization is extremely important in furthering better treatments and cures for psychiatric disorders. Tools now available for clinicians and researchers promise discoveries that weren’t possible before. Schizophrenia and Bipolar illness affect millions of people who may be helped due to NARSAD’s effort to conquer the mysteries of mental illness. The promise of NARSAD holds hope for these people and their families. For information about the concert please call Kristi Dodson at NARSAD, 516-829-0091.
High Fees

Patients often complain that physician’s fees are too high. Charging what the patient believes is too much is not considered misconduct but charging for services that were never delivered is fraud, which is. Fraud is an act intended to deceive. Physicians can also be charged with excessive and unnecessary testing, another form of fraud, and with promoting the sale of goods and services in a way that exploits the patient. Fraud is the second most common reason for physician discipline in New York State and one of the most common reasons for revocation of licenses.

Promising a Cure

When appropriate treatment does not result in cure, or the outcome the patient wished, the physician may not necessarily be charged with misconduct, but when the physician guaran-
tees a cure he or she could certainly be charged. Misconduct is also perform-
ing services the patient did not authorize and failure to maintain appropriate patient records.

Investigations

After initial triage, those cases, which seem to meet the standards for misconduct or raise serious suspi-
cions, are investigated by an OPMC staff member and a physician coordi-
nator. Nearly always the investigator interviews the physician and the party who complained and reviews relevant medical records. At this interview stage and at all stages of the process the physician has the right to have legal representation present. Investigators may or may not find enough evidence to support a charge of misconduct. If they do not, the case is closed. Both physician and the complainant are notified in writing and a record of the investigation is kept in OPMC files for possible future reference.

When Misconduct is Established

At the next level, where investiga-
tors believe there is evidence of misconduct, they refer an investiga-
tive report to a committee made of three members of the Board. Two concer-
trate members must be physi-
icians and one a layperson. The Board has about 160 members, 2/3 of which are physicians, who are appointed by the Commissioner of Health after an internal vetting process and a review by the Governor’s appointment office.

Final Steps

After the committee reviews the evidence it recommends one of several options to the Director of OPMC who, after consultation with the Executive Secretary, makes the final decision. The committee may recommend further investigations. It may recommend a physician impair-
ment exam or an assessment of clinical skills. It may recommend warnings, an action, which is not punitive but educational. OPMC issued its first administrative warnings in 2000. The committee may decide there is insufficient evidence to support charges of misconduct. If it does, the case is closed, the physician and complain-
ant are notified and a record is kept in OPMC offices. Or, the committee may decide there is sufficient evi-
dence to warrant charges. If there is
Mental Health Practitioners

The organizations representing the mental health practitioners, i.e., the marriage and family therapists, mental health counselors, creative arts therapists and psychoanalysts) have agreed to major changes in their bill. The changes accommodate most of the concerns voiced by organized medicine, including language prohibiting the four professions from treating seriously mentally ill persons without a case by case medical evaluation and consultation with a physician to determine whether medical care is indicated for such persons.

Regarding the licensing of psychoanalysis, we have been unsuccessful in our effort to defeat the proposal for a separate profession of psychoanalysis. However, we have been successful in strengthening a number of requirements with respect to qualifying psychoanalytic institute programs and graduate level study in a health or mental health field as a licensing prerequisite.

Mental Health Insurance Parity

Considered to be the most comprehensive mental health insurance parity mandate in the country, Assembly bill 4506 (by Assemblyman Martin Luster (D-Trumansville) et al., passed the Assembly in late June by a 139-1 margin. Although the bill died in the Senate once again a bright spot in that house was the introduction by Senator John Marchi (R-Staten Island) of Senate bill S381 — a companion bill to A.4506. Senator Marchi’s action marks the first time the two houses have had identical bills on parity sponsored by members of their respective majorities. A.4506/S.5381, if enacted, would require health benefit plans in New York State to cover mental illness to the same extent, terms and conditions as any other illness covered by the plan. Plans without benefits for mental illness would be required to initiate them on an equal basis with other covered illnesses and conditions. The bill excludes ERISA exempt and Workers’ Compensation/No-Fault plans.

Watch for more on the New York State ICT saga in the next issue of The Bulletin.

Discipline

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an imminent danger the health commissioner may immediately suspend the physician’s license.

The Hearing

When the committee recommends proceeding with charges, the Director, after consultation with the Executive Secretary, can order the legal department to draw up charges and to proceed to a hearing, which is much like a trial. The case is heard by another three-member committee of the Board, composed of two physicians and a layperson. One physician member is nearly always trained in the same specialty as the physician who is charged when patient care is an issue. Both the respondent (the physician charged) and New York State are represented by lawyers who call and examine witnesses and introduce evidence which the committee considers. An administrative law judge attends in order to advise the committee on legal questions. The respondent is expected to testify. Failure to do so and to deny the charges is seen as an admission of guilt. Committee members then weigh the evidence and decide on whether or not to take punitive action. The hearing committee can choose one of many actions. It may require completion of a course of training or demand a monetary fine or community service. It can censure and reprimand or limit the respondent’s license to a specific area of practice. It can also suspend, revoke or annul the license.

Appeals

At the 5th and last step, either the state or the physician can appeal to the Administrative Review Board of the Board of Professional Medical Conduct. This board is composed of three physicians and two laypersons. The disciplinary system in New York is large and complex because it values due process for doctors. Due process is the right to be heard in a timely fashion. The system also values quality care and conscientious, careful professional behavior.

This article was prepared after discussions with executive staff at OPMC. For more information call 1-800-663-6114 or log on to the web site www.health.state.ny.us and click Information for Providers then Professional Misconduct & Physician Discipline.

THE PSYCHIATRISTS’ PROGRAM

The APA-Endorsed Professional Liability Insurance Program

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