THE BULLETIN

NEW YORK STATE PSYCHIATRIC ASSOCIATION

Summer 2008, Vol. 51, #3 • Bringing New York State Psychiatrists Together

President's Message: Our Patients – Their Medications!

By C. Deborah Cross, MD

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Most of us would agree that the current American health care system has some serious flaws; inadequate or no coverage for a lot of people, difficulty in access to care for large segments of the population, huge variations in quality of care, etc. Though most of us deal with these issues on a day to day basis in a least some areas of our practices, we often feel that there is little or nothing that we can do to change the situation, except for our lobbying efforts (which by the way, both at the national APA level and the state NYSPA level are excellent).

I would like to address one area where I believe that most of us can make a significant positive impact on behalf of our patients—their medications! For large numbers of our patients, their medications constitute a significant portion of their monthly expenditures. We are fortunate in New York State that Medicaid still covers most of the medications we use. However, even in that population, Medicaid managed care companies often have significant formulary restrictions and co-pays. We all are aware of the problems with Medicare Part D, the donut hole, and the significant expenditures involved for patients. We all bemoan the difficulties and excessive amount of time we face in trying to get an override when we feel that a patient must have a specific medication not on a particular formulary.

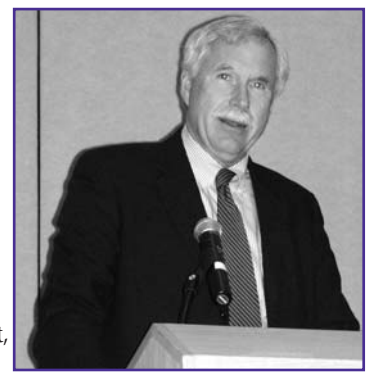
There are significant numbers of patients in New York State who either do not have insurance, or have inadequate coverage, particularly for psychiatric conditions. When these patients need psychiatric hospitalization, to a large extent, they receive it. Perhaps not for as long as we think they need it, and often they are treated for days in emergency rooms waiting for inpatient beds, but by and large NYS patients have access to inpatient psychiatric care. And what happens? They get treated with the most up to date medications we have; the atypical antipsychotics, the SSRIs, the mood stabilizers, most of them not available in generic formulation! Then they are discharged with several prescriptions for a 2 to 4 week supply, and hopefully they are able to see a psychiatrist in some clinic within a reasonable amount of time. The patients, if they are trying to be compliant with treatment, will try to get these prescriptions filled. If, as I noted above, they are on straight Medicaid, they are among the fortunate few, and have little problem. Unfortunately, most are not

[See **President** on page 2]

Spring Area II Council Meeting

By Rachel A. Fernbach, Esq.

The New York State Psychiatric Association held its annual Spring Area II Council Meeting on Saturday, March 29, 2008, at the New York LaGuardia Airport Marriott in East Elmhurst, New York. C. Deborah Cross, M.D., NYSPA President, called the meeting to order and introduced Council guests Jeffrey Akaka, M.D., Assembly Speaker, Bruce Hershfield, M.D., Jo-Ellyn Ryall, M.D., Scott Benson, M.D., and Ellen Jaffe, Editor and Production Manager, APA Healthcare Systems and Financing.



Michael F. Hogan, PhD, OMH Commissioner

Dr. Cross began the meeting with two awards presentations. First, Aaron Satloff, M.D., presented the NYSPA Distinguished Service Award to Stephen Dvorin, M.D., a member of the Genesee Valley District Branch. Dr. Satloff highlighted Dr. Dvorin's numerous contributions to psychiatry, particularly in the areas of ethics and the care of the chronically mentally ill. He thanked Dr. Dvorin for his many years of service and commitment to NYSPA and the Genesee Valley District Branch.

Next, Dr. Cross presented a plaque to Ann Sullivan, M.D., in recognition of her service as Area II Trustee from 2002 through 2008, as well as her many contributions to the APA and Area II. Dr. Sullivan is completing her second term as Area II Trustee to the APA Board of Trustees and before that served for two terms as NYSPA Treasurer. Dr. Sullivan has also been active in the New York County District Branch, most recently serving as Chair of its Legislative Committee.

The meeting continued with the President's Report. Dr. Cross provided an update on the activities of the NYSPA Public Affairs Committee. At its morning meeting, the Committee discussed some national public affairs issues, such as updating the APA website, the search for a new APA Director of Public Affairs, the upcoming survey about Tri-Care, the insurance carrier for military personnel and veterans and their families, and the media training program that will be offered at the APA Annual Meeting in May. Dr. Cross also provided updates on the public affairs activities of several District Branches. The New York State Capital District Branch received a grant to increase access to care for veterans and their families. The Westchester District Branch received a grant to host a job fair. The Greater Long Island Psychiatric Society received a grant to hold focus groups and other outreach to members. The West Hudson District Branch participates in an active mental health coalition. Finally, the Healthy Minds television show, hosted by

[See **Area II** on page 4]

NYSPA Interview: Anna Holmgren, MD, Recipient of the 2007 Assembly Profile of Courage Award

Interview conducted and edited by Rachel A. Fernbach, Esq

On Saturday, September 3, 2005, Anna Holmgren, M.D., a New York City based psychiatrist, boarded a plane bound for Baton Rouge, Louisiana. It was approximately five days after Hurricane Katrina passed through the Gulf Coast region, leaving massive destruction, flooding and devastation in its wake. Even though she had no prior experience in emergency response or disaster psychiatry, Dr. Holmgren took a leap of faith, as she describes it, by traveling more than 1,300 miles to volunteer in a veritable war zone, providing mental health care and treatment to those displaced by the storm and to law enforcement personnel and other first responders. The recounting of her experiences during the twelve days she spent on the front lines in Baton Rouge and New Orleans is both harrowing and inspiring.

Here at home, Dr. Holmgren is an Attending Psychiatrist in the Outpatient Mental Health Department at the New York University School of Medicine at Bellevue Hospital. She completed a residency in psychiatry and a clinical fellowship at Massachusetts General Hospital in Boston, Massachusetts. Dr. Holmgren received a bachelor of science from the University of South Carolina and her medical degree from the Medical University of South Carolina.

At the APA Assembly meeting in Washington, D.C., in November 2007, Dr. Holmgren was awarded the Assembly Profile of Courage Award for her efforts in Louisiana following the Katrina disaster. NYSPA spoke with Dr. Holmgren via telephone on January 29, 2008, to discuss her personal experiences during September 2005, professional lessons learned, and how her life will never be the same.

NYSPA: How did you make the decision to go down to Louisiana following Hurricane Katrina?

DR. HOLMGREN: During the week following the storm, I was contacted by a friend who is a social worker who had done relief work with the Red Cross on 9/11 in New York. She told me that she was planning to go down to Baton Rouge to work with the people who had been evacuated from the New Orleans Superdome and Convention Center and asked me if I would go as well. Like the rest of the country, I had spent the days before watching the news and seeing the horrifying shots of people stranded on rooftops and going without food and water and I kept thinking somebody has to be doing something.

It was now the Friday of Labor Day weekend and my friend's plan was to go to Baton Rouge for the weekend and then to come home. She ended up being unable to go but I had already made my decision, so I went by myself.

I tried to find a group to join up with and I ended up reaching a doctor in Baton Rouge who was working directly with evacuees and I asked her if they needed volunteer psychiatrists there. She said that she couldn't officially tell me to come but yes they needed psychiatrists and if I showed up, there would

[See **Interview** on page 5]

Albany Report

By Richard J. Gallo and Barry B. Perlman, MD

It's do or die time for thousands of bills introduced during the 2007-2008 legislative term, as the NYS legislature nears the end of its "regular session." While an autumn session is likely, such sessions usually are limited to "must do" items negotiated during the summer months and a few bills labeled for the November elections. Hence, the 2008 GLP (gross legislative product), less scandal, transition and an on-time budget, is not particularly robust nor is it expected to improve in the near future.

NYSPA'S PRIORITIES

Timothy's Law

NYSPA, together with our coalition partners, continues to work on insurance parity issues involving both the implementation of Timothy's Law and new legislation augmenting it.

New Initiatives

On the legislative front, the Timothy's Law Campaign is fighting for passage of two initiatives:

- S.6818 by Senator Morahan (R-Orange; Rockland)/ A.10078 by Assemblyman Rivera (D-Bronx) – adds post traumatic stress disorder (PTSD) to the list of biologically based mental illnesses requiring full parity coverage under Chapter 748 of the Laws of 2006 (Timothy's Law); and
- S.5929 by Senator Morahan / A. 9354 by Assemblyman Rivera -- requires parity coverage for mental health and substance abuse services be included in the State's Child Health and Family Health Plus programs.
- S.6818 has been favorably reported from committee and awaits action on the Senate floor. A.10078 remains in the Assembly Ways and Means Committee following its favorable report from the Assembly Mental Health Committee in March.
- 9354 has advanced to the Assembly Ways and Means Committee; S.5929 remains in the Senate Health Committee.

Implementation and Compliance Issues

Timothy's Law has been in effect for over sixteen months. Nevertheless, NYSPA, TLC coalition partners and the State Insurance Department continue to receive questions and complaints about the implementation tactics of some insurers and HMOs. Representatives of the Timothy's Law Campaign meet regularly with State Insurance Department (SID) officials to sort through the questions and complaints in an effort to distinguish noncompliance from misinterpretation.

Some of the technical issues being pursued which have important clinical implications for coverage and care under the law include:

- Clarify the full range of DSM IV diagnoses accorded full parity coverage under Timothy's Law. To accomplish this goal, there has been a need to cross-walk and convert the DSM-IV definitions of "biologically based mental illness" and "serious emotional disturbances" used by the authors of Timothy's Law to ICD-9 diagnosis codes used by insurers to pay claims pursuant to the law. In that regard, the State Office of Mental Health, in consultation with NYSPA, has supplied the Insurance Department with a DSM IV to ICD-9 conversion document, which, when circulated, should clarify any ambiguities arising out of the definitional-coding differences between ICD-9

[See **Albany Report** on page 6]

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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.

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FROM THE EDITOR'S DESK... By Jeffrey Borenstein, MD


Jeffrey Borenstein, MD

This edition of the Bulletin highlights a number of activities of NYSPA. We report on the Spring Area II Council meeting which included a presentation by Michael Hogan, Commissioner of OMH. We also report on NYSPA's first Scientific Paper Contest. The President's Message focuses on the issue of medication. The Area II Trustee Report provides an update on a number of national APA issues. This is the last report by Ann Sullivan, MD who has completed her tenure in this position. I personally appreciate Ann's outstanding service to NYSPA and the APA and look forward to her continued service.

We also have the NYSPA interview with Anna Holmgren, M.D. who received the 2007 Assembly Profile of Courage Award. The Albany Report highlights a number of key legislative issues. We also have information about an evaluation of Timothy's Law which is being conducted by NAMI of NYC Metro. Finally, I am pleased to share the personal and professional news that I have been asked to serve as Chair of the Mental Health Services Council; Barry Perlman, M.D. has completed his service in this capacity and I am honored to serve in this role. I very much appreciate Barry's support and guidance during this transition. ■

President's Message continued from page 1

so lucky. If they are undocumented, have no insurance or insurance which does not cover the medication prescribed, they have to "pay out of pocket", which runs to hundreds of dollars. No wonder they do not remain compliant with medication!

As with other parts of our health care system, the solutions proposed are fragmented and chaotic. There are a number of legislative initiatives to deal with some of these problems—importing Canadian drugs, recycling medications, etc. Also, pharmaceutical companies have initiated plans for "free" medications—if the physicians fill out the paperwork! Several of the large chain stores (Target, Wal-Mart, and Costco) have programs where patients can fill prescriptions for generic medications for $4-$5. All of these "solutions" have inherent problems—the drug company plans usually do not cover undocumented patients, the $4 programs at the chain stores are for generics only, etc.

Some psychiatrists have access to "free samples" from their drug reps or in their clinics. There was a recent journal article that contended that patients treated with "free samples" actually ended up paying more for their health care overall. (There is no such thing as a free lunch!) Using samples to see if a patient responds to a particular drug before actually giving a regular prescription may be useful; however, starting a patient on a medication using samples when the physician and patient intend to rely on a regular supply of the medication through samples is a prescription for trouble.

We all are aware of the increasing trend of the last 10-15 years toward "polypharmacy." Before 1985 polypharmacy was decried as "bad medicine." Now, prescribing multiple medications is considered being "on the cutting edge!" However, there is little research which shows that such prescribing practices actually improve patient care. We do know that it increases side effects—and additionally, adds cost, to the patient and to the health care system. The latest studies (CATIE, etc.) show that the older medications actually do work! However, they're not sexy!! And prescribers who use them are labeled "old fashioned" and "out of touch."

Our patients move from health care system to health care system—and from provider to provider. Their medications are changed frequently. We usually don't cure our patients, we stabilize and maintain them. It is in all our interests to make sure that we understand their financial situations when we prescribe medications. It is not uncommon for an inpatient psychiatrist to discharge a patient on a medication (or several) where the patient is unable to pay for it—e.g., a heroic effort of stabilizing a patient on clozapine on a inpatient unit, then discharging him to an outpatient clinic where the patient and his family says they were unable to fill the prescription because they couldn't afford it (the patient was undocumented!). (And of course with clozapine there is the financial burden of weekly blood work to consider.) Recently I was talking to a colleague who works in a facility with a restricted formulary and frequently has patients transferred to her facility from another facility. These patients have been treated and stabilized on medications which are unavailable at the facility to which they are transferred! The work must begin again to stabilize the patients on those medications which she is able to prescribe for them at the new facility. We must do a better job of coordinating all aspects of our psychiatric health care system and be aware when we prescribe medications that our patients will inevitably cross systems and be treated by others who may not have the same access to medications or where the patient is unable to obtain the medication for financial reasons.

We are our patients' advocates for change in the health care system. But we must do our part! We serve our patients poorly when we do not ask them about their financial situation and how they will be able to afford what we want to prescribe for them (and don't forget the lab work involved—even with insurance, patients have to pay co-pays for visits to labs!). Take a minute and think about your current patients. I would be willing to bet that most of your patients are on at least 2 to 3 medications, if not more (research shows that psychiatric patients average about 8 medications each). (We also know that our patients have more medical illnesses than the general population and of course that means more medications.) Do you know how your patients are paying for these medications—or even what they are paying? When is the last time you asked your patients how much they spend a month on the medications you prescribe for them—or on their total medication expenditures?

There are constant reminders that the economy is not in good shape—and appears to be getting worse, with gasoline prices rising, the housing crisis, etc. Our patients are in the midst of this economic crisis and we need to be acutely aware of the need to help our patients stay as healthy as they can. That means that we must talk with our patients about their financial status and whether they can afford the medication we think they need. We also must rethink our prescribing habits. We need to stop listening to the drug reps tout the latest miracle drug as the only medication which can save our patients and return to the basics—and to the research—and prescribe medications which our patients can afford and which work!

As always, I look forward to hearing from you, either about the above topic or any topic which you think that I, as your President, need to hear about. My email is deborahcross@usa.net. ■

First Scientific Paper Contest a Huge Success


Ragy Girgis, MD, winner of the MIT Scientific Paper Contest

We are pleased to report that the first New York State Psychiatric Association Scientific Paper Contest for Psychiatry Residents was a huge success. The contest was open to Residents and Fellows of all training programs in New York State (Area II). There was a robust response with 23 entries received prior to the deadline. We were honored to have eminent psychiatrists serve as judges. Jack McIntyre, M.D., Past President of the American Psychiatric Association and Donna Norris, M.D., Secretary and Treasurer of the American Psychiatric Association reviewed and graded all 23 entries. Nada Scotland, M.D., President Elect of APA, served as a third judge to review papers if there was a tie.

First Place went to Ragy R. Girgis, M.D., for his paper entitled *"Antipsychotic Drug Mechanisms: Links Between Efficacy, Metabolic Side Effects and the Insulin Signaling Pathway."* Dr. Girgis presented a summary of his paper at the Spring Meeting of the New York State Psychiatric Association on March 29, 2008, at the La Guardia Marriott Hotel. **Second Place** was awarded to Andrew Rosenfeld, M.D. for his paper on *"Oxytocin, Dopamine & the Amygdala: A Model of Emotion Processing Deficits and Negative Symptoms in Schizophrenia."* **Third Place** was clinched by Anna Yusim, M.D. for her paper entitled *"Normal Pressure Hydrocephalus Presenting as Othello Syndrome: Case Presentation and Review of the Literature."* We thank all the entrants who will each receive a certificate of participation.

I wish to thank our committee consisting of Drs. Akerele, Koss, Lewek, Stein and Vito and NYSPA staff Donna Gajda and Christina DiGiovanni for their assistance.

We ardently hope that this will become an annual event.

Respectfully submitted by: ***Seeth Vivek, M.D., Chair, Scientific Paper Committee***

AREA II TRUSTEE'S REPORT By Ann Sullivan, MD

Ann Sullivan, MD

Board Meeting March 9-10, 2008

This is my last report to you as your Area 2 Trustee. It has been my honor and pleasure to serve all of you over these past six years. I hope you don't mind if I reminisce a bit !

When I came to the board we were in a period of transition. We were looking for a new Medical Director and our financial situation was bleak. It was a pleasure to be a part of the team that has worked with that new Medical Director Dr. James Scully over the past 6 years. The Board, together with the Assembly, Dr. Scully and APA staff has balanced our budgets, built up our reserves, which were non existent in 2002 to almost 18 million, and has steadily grown our membership. With advocacy a major priority we had successes and failures, 2 states allow psychologist prescribing, but 48 still do not. The battle for national parity is finally almost won, but eliminating the Medicare discriminatory co pay is still unresolved. The APA has formed powerful alliances with NAMI and Mental Health America, to fight for parity, quality mental health care for our veterans and adequate Medicaid funding.

The DSM V is in process and I was especially pleased to work with Dr. Norris and her team in ensuring that members of the DSM Task force were seriously vetted for competing interests in this critical work. The DSM V has an excellent array of top notch researchers and clinicians in the workgroups and has the opportunity to produce a diagnostic manual that will truly enhance our ability to care for our patients.

I would also like to say what a pleasure it has been to be a part of the Area 2 Council. Our Council is dedicated, cohesive and truly works in the best interests of our patients and our profession.

Much still needs to be done. APA must examine and make some choices about its involvement in industry, and we must also be front and center in the healthcare debate with the new administration. All members need to weigh in on these issues. We also need to work even harder to support our District Branches and ensure that members have an effective voice in our governance.

I leave knowing that Area 2 is in excellent hands with Dr. James Nininger, your new trustee. As you know Jim has had a distinguished career in the APA, and he will be an outstanding trustee for Area 2. Please give him all the support you have given me!

And now a few HIGHLIGHTS of the 2008 March and May board meetings:

MISSION STATEMENT

The board took a new look at the mission statement for APA, focusing on the need to have a brief statement that relates well to all members. The proposed mission statement was:

AMERICAN PSYCHIATRIC ASSOCIATION: HELPING PSYCHIATRISTS PROVIDE THE HIGHEST QUALITY CARE

While this was felt to convey an important part of our mission, some felt that it did not adequately address the advocacy, research, education and preventive parts of our mission and that these needed to be directly addressed. These are more clearly outlined in our current mission statement which is much longer and more detailed. The area councils, assembly, district branches need to weigh in on this, and give direct feedback to the Board. All agreed that ultimately the membership needs to be involved in any decision to change our mission statement.

FINANCE

The financial picture is not as bright as last year, but we are still doing fairly well. Revenue is down about $280,000 from last year for the first two months of 08, largely due to decreased advertising revenue. Dues are down slightly as well. While membership has increased from 34,822 members in 2002 to 38,615 members (a seven year high) in 2007, the percentage of full dues paying members have dropped from 48% to 44%. This results in a slight decrease in dues despite an increase in members. This is a trend we need to follow in our recruitment efforts.

We are still contributing $600,000 to our reserves each year, but remember these dollars are also being used to support DSM development. Our reserves were up to 18 million, but 5 million has been earmarked for the DSM V and will be repaid from DSM V revenues once published.

ANNUAL MEETING

The annual meeting in Washington DC saw 17,300 in attendance. Not as successful as New York of course, but a good showing. In addition to quality edcational offerings, the annual meeting is a major fund raiser for the work of the APA.

Two program highlights: Jeopardy for residents called MIND GAMES was again chaired by Dr. Glenn Gabbard and an all day International Medical Graduate Institute on May 3 focused on facilitating international graduates entry to the US system of medical training.

DSM V

The DSMV Task Force has almost completed all the workgroup membership, and most groups are heavily into the work process. The Board has diligently reviewed members for potential conflicts following its guidelines, and has also kept track of the diversity and clinical expertise of the work group members. There is still some question as to the ratio of clinician to researcher on the work groups, and it was recommended that additional clinicians be utilized as advisors for the groups. A report is made at every Board meeting as to DSM progress. The DSM development dollars are being taken from the reserves, and the cost in 2007 is 1.5 million. The total cost is projected at 5 million by 2010.

ADVOCACY

A functional parity bill has now passed both the House and the Senate. An impressive victory, thanks to the hard work of DGR staff and our coalition partners! Both bills must now be reconciled, and we are still advocating for as comprehensive a bill as possible, especially to include addiction treatment. A comprehensive bill could potentially extend coverage to 113 million Americans. Keep those calls and e-mails coming to your representatives and our senators in support of parity. Our voice needs to be heard.

Psychologist prescribing was blocked in Mississippi and Missouri, and the fight continues in California, Tennessee and Alabama. Legislation to prevent the 10% Medicare cut to physician services needs to be passed, and so far it includes once more language that would end the 50% discriminatory co-pay for mental health. DGR continues to work on removal of the benzodiazipine exclusion in Medicare Part D and to protect psychotropics in Part D.

There was discussion about the role, structure and function of the Division of Government Relations and Public Affairs, and how they can work together more effectively with each other and with the Board. It is always good to examine how we work and see if we can be more effective, and the numerous APA committees and Councils that work for us and our patients do just that. This will be looked at over the next year for possible changes to make the committees more effective.

KEY AD HOC WORK GROUPS

At the request of Dr. Stotland, APA President-Elect, the board approved three key Ad Hoc Work Groups to begin work now to continue into her presidential year. They address key policy issues that the APA needs to address quickly and in detail. While the resolutions set dates for the board to receive reports, all proposed recommendations need to be vetted with the Assembly. These key workgroups will focus on:

THE CHANGING WORLD OF THE PSYCHIATRIST: The formation of an ad hoc work group of the Board of Trustees to reinforce the unique education, training, expertise and skills of psychiatrists and to address the needs of psychiatrists caring for patients in a changing legal and regulatory environment and to provide the Board with a progress report at its July 2008 meeting and a final report in October 2008.

THE RELATIONSHIP BETWEEN INDUSTRY AND THE APA: The formation of an ad hoc work group of the board charged to work with the Medical Director to: identify the categories and amounts of monies received from the pharmaceutical and other industries producing products or services used in psychiatry by the APA and its subsidiaries; determine what direct and indirect financial consequences there would be from discontinuing each category; indicate how the APA could adapt to the attendant change in revenue; and to provide the board with elements of a 5 year plan to end or diminish the pharmaceutical revenue received by the APA. The group will report to the Board with a report and recommendations by October 2008.

HEALTH REFORM: The formation of an ad hoc work group to of the BOT to build upon the 2003 report authored by Dr. Sharfstein " A Vision for the Mental Health System" and provide the board with the information about the pros and cons of major national health care systems, as a basis for the Board and Assembly discussion at their summer and fall meetings with a view to formulating an APA position or policy for which to advocate with the federal administration that will take office in January 2009, with a report and recommendations to the BOT in October 2008.

[See Trustee on page 5]

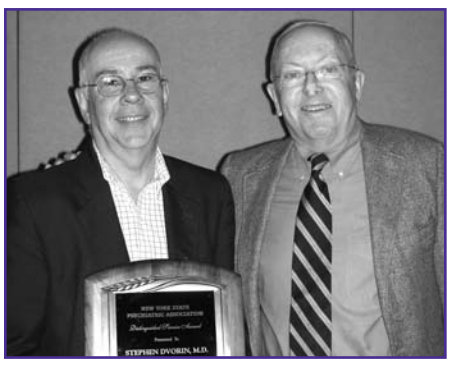
New Chair of Mental Health Services Council

Dr. Jeffrey Borenstein assumed the Chairmanship of the Mental Health Services Council (MHSC) at its June 20, 2008 meeting after having been named to the position by Governor David Patterson. Dr. Borenstein succeeds Dr. Barry Perlman who was Chair of the Council for almost 13 years having been appointed by Governor George Pataki. The MHSC was created by New York State Statute to advise the Commissioner, NYS Office of Mental Health on regulatory and Certificate of Need matters, as well as to be part of the state's planning process as they relate to mental health services for its citizens.

Dr. Borenstein, who has served on the MHSC for 3 years, is the Deputy Representative of the Queens District to the APA's Assembly and has been the Editor of the NYSPA Bulletin since 2002. He is the CEO and Medical Director of Holliswood Hospital located in Queens. Dr. Perlman, the Director, Department of Psychiatry at Saint Joseph's Medical Center, Yonkers, N.Y., served as the President of NYSPA and the Area 2 Representative to the Assembly from 2002 – 6. Currently he serves as the Chair of the APA's Committee on Government Relations.

Dr. Perlman expressed delight at Dr. Borenstein's appointment and was pleased that his successor was a fellow psychiatrist who is active in NYSPA. He expressed appreciation to Commissioner Michael Hogan, NYS OMH, who spoke of his "stewardship" of the Council for these many years. The Governor sent a letter of gratitude to Dr. Perlman which he ended by saying, "Thank you again for providing such valuable insight and expertise that have been of great benefit to your profession and our entire state."

Area II Council Meeting continued from page 1



Dr. Stephen Dvorin, MD and Aaron Satloff, MD

Jeffrey Borenstein, M.D., will begin its second season in the fall.

NYSPA Vice-President Glenn Martin, M.D. provided an update on the NYS Medicaid Pharmacy Preferred Drug Program. He also provided an update on the NYSPA Information Technology Committee. He reported that New York State has designated $100 million to support the development of health information exchanges within the state and that a bill has been introduced by United States Senator Ed Markey to promote health information exchange. He reminded the Council about the Google group started by the Committee and invited any interested persons to join. Finally, Dr. Martin provided an update on the Assembly Procedures Committee. He reported that the Committee has been looking into the possibility of revising the format for action papers by removing the alternatives section and moving towards a resolution format. The Committee is also reviewing whether non-Assembly members should be listed as authors and the issue of "endorsement."

NYSPA Secretary, Seeth Vivek, M.D., presented the minutes from the November 2007 Area II Council Meeting at the APA Fall Assembly meeting and NYSPA Treasurer Darvin Varon, M.D., presented NYSPA financial statements for 2007, 2006 and 2005 and January-March 2008, along with a comparison for the same time period for 2007 and 2006. Finally, Barry Perlman, M.D., presented the most recent NYSPA Political Action Committee ("PAC") financial statements and the list of contributors to date. He encouraged all present to contribute to the PAC if they had not already done so.

OMH Commissioner

Michael F. Hogan, Ph.D., Commissioner for the New York State Office of Mental Health, addressed the Council and reported on the current status of the mental health care system in New York and the activities of his office. He cited some of the challenges facing his department, including the need for a more systematic approach to care and impediments to access to care. Commissioner Hogan highlighted some of the actions his office is taking to improve clinic-based care and treatment, such as eliminating the Medicaid neutrality rule requiring proof of zero costs in order to increase capacity of care, raising the base rate for those clinics that have the lowest rate of reimbursement, and eliminating the ceiling on the supplemental rate. He also hopes to remove barriers to the provision of integrated care at a single facility, for example, providing mental health care and treatment along with substance abuse treatment. Finally, Commissioner Hogan hopes to improve access to care at the state psychiatric centers and to return to a hospital-based model of care. Commissioner Hogan concluded his presentation by answering questions from members of the Council.

MIT Deputy Representative Election

Dr. Cross announced that the winner of the MIT Deputy Representative Election is Ada Ikeako, M.D., a resident at Harlem Hospital.

Executive Director's Report

Seth Stein, Esq., NYSPA's Executive Director, provided an update on the OMH restructuring of COPS reimbursement. NYSPA is currently represented by Dr. Perlman, Dr. Cross, Mr. Stein and Richard Gallo, NYSPA Government Relations Advocate, on various committees and sub-committees. Mr. Stein also reported on proposals for changing reimbursement for Article 28 clinics from the current threshold visit payment to a payment based upon ambulatory payment groups (APGs). Under the APG system, reimbursement varies based upon the CPT service provided and the patient's diagnosis. There is concern regarding the APG groupings for psychiatric services and it appears that the software program may need to be revised to properly address psychiatric services.

Karen Gennaro, MD

In response to a request from the State Insurance Department, NYSPA has prepared a Q & A addressing open issues regarding implementation of Timothy's Law. This document will be made available to all NYSPA members and can be used in communications with insurance carriers. Mr. Stein also prepared a chart for the Insurance Department that crosswalks DSM and ICD-9 diagnosis codes since Timothy's Law uses DSM as opposed to ICD-9 nomenclature.

Mr. Stein also reported that he has been participating as a NYSPA representative on a statewide task force developing protocols for health information exchanges that would permit hospitals and physicians to access information regarding patients electronically. NYSPA prepared a position statement regarding patient consent and confidentiality issues that was submitted to the NYS Department of Health.

Regarding Medicare/Medicaid Crossover, Mr. Stein reported that NYSPA has filed a lawsuit seeking to enforce the provisions of a 2006 amendment to the New York State Medicaid law mandating that psychiatrists receive 100% payment of the Medicaid share of the Medicare copayment for patients who are covered by both Medicare and Medicaid.

Finally, Mr. Stein reported that Edward Gordon, M.D., a NYSPA member, contacted NYSPA because he received a preauthorization form for a Medicare patient from Rx America which threatened to discontinue the patient's medications if the form was not completed. NYSPA and the APA contacted CMS on Dr. Gordon's behalf and were able to clarify that a patient's medications can not be discontinued as a result of a physician's failure to complete this form. This practice was stopped nationwide for all specialties as a result of Dr. Gordon's query.

Legislative Committee

Barry Perlman, M.D., Chair of the Legislative Committee, provided an update on NYSPA's legislative and advocacy efforts. He reported on a new veterans' mental health legislative initiative that would provide funding for training of mental health professionals in the identification and treatment of mental illness in veterans. NYSPA has worked to revise the language of the bill to ensure NYSPA participation in the development and administration of the program. In addition, NYSPA is working to modify §9.05 of the Mental Health Law, which currently prohibits any physician who is a member of the Board of Directors of a hospital from participating in involuntary commitments at that hospital. NYSPA has proposed to amend the statute to permit psychiatrists whose board membership arises solely as a result of their position as department chair or other ex-officio position in a voluntary hospital to participate in involuntary commitments.

Dr. Perlman reported that NYSPA is considering developing legislation to address the problem of unauthorized release of medical records by insurance carriers and managed care companies. Currently the only statutory penalty in place is to require the plan to provide a complimentary one year's credit check. NYSPA will be recommending that a small penalty, such as $50 per person, be imposed as a way of adequately sanctioning such improper releases.

With respect to pending legislation, NYSPA plans to oppose a recent bill introduced in the New York City Council prohibiting the treatment of violent patients above the ground floor in any building within New York City. Finally, the Legislative Committee is monitoring an ECT bill introduced in the NYS Assembly as well as a bill introduced in the NYS Senate that would address the shortage of child psychiatrists in underserved areas.

Area II Trustee's Report

Ann Sullivan, M.D., Area II Trustee to the APA Board of Trustees, provided an update on APA activities and functions. First, the APA is working on the development of a new association-wide mission statement. In addition, APA revenue has decreased approximately $280,000 since last year, due to a decrease in advertising revenues. However, the Board still plans to contribute $600,000 to the reserve fund this year, as has been done in the recent past.

With respect to advocacy issues, Dr. Sullivan reported that a mental health parity bill passed in the U.S. House of Representatives by a vote of 268 to 148 but that there is still work to be done in reconciling that bill with the Senate version. In addition, psychologist prescribing privileges were successfully blocked in Mississippi and Missouri, while the effort continues in California, Tennessee and Alabama. Finally, at its recent meeting, the Board discussed the role, structure and function of the Division of Government Relations within the current structure of the Council on Advocacy and Public Policy. Also discussed was the role of the Committee on Governmental Relations and the Committee on Public Relations and possible changes to increase efficiency and effectiveness.

Ann Sullivan, MD and C. Deborah Cross, MD

Dr. Sullivan reported on the creation of three new Board of Trustees Ad Hoc Work Groups: (i) to address the needs of psychiatrists in a changing legal and regulatory environment; (ii) to address the relationship between the APA and the pharmaceutical industry and examine alternative sources of revenue; and (iii) to address issues regarding a national health care system.

Appointments

Mr. Stein announced that NYSPA has appointed Paul Mosher, M.D., as its representative to the NYS Board for Mental Health Practitioners. In addition, NYSPA appointed Edward Gordon, M.D., to serve as its representative on the new National Government Services (formerly Empire Medicare Services) Provider Advisory Committee for behavioral health services.

NYSPA Block Grant

Dr. Cross reported that NYSPA had submitted a request to the APA for additional funding for its block grant. Area II currently receives an annual block grant of $31,000, however, this amount is insufficient to cover direct costs associated with the two one-day meetings held each year. The current amount of the grant was instituted in fiscal year 2001, and has never been increased to account for cost of living increases or inflation. NYSPA is awaiting the APA's response.

NYSPA Membership Challenge

Karen Gennaro, M.D., Chair of the new NYSPA Membership Committee, presented the NYSPA Membership Challenge, a new initiative to enhance NYSPA membership, focusing on recruitment, retention, recommitment and residency participation. The NYSPA Membership Challenge consists of a year-long competition between district branches that will provide financial incentives and awards for district branches that achieve stated membership goals. For example, NYSPA will provide 50% of the NYSPA dues for two years (maximum payment of $150) for each new or reinstated general member or fellow. ■

Timothy Law Evaluation

The National Alliance on Mental Illness of New York City Metro, a grassroots support, education, and advocacy organization, is conducting a qualitative evaluation of Timothy's Law, New York State's new mental health parity law. We are currently asking mental health providers to distribute a recruitment flyer to assist us in identifying participants for our evaluation.

While parity laws are intended to improve access to mental health services for employees with mental illness, it remains unclear whether Timothy's Law will accomplish this goal. In order to establish if the law is effective, NAMI-NYC Metro is conducting interviews with mental health consumers and their families regarding access to mental health services. It is vital that we obtain the most diverse sample possible so that our findings can influence future legislation and ensure access to quality mental health services for New Yorkers.

Your help with recruitment is crucial to our study's success. Please share this opportunity with your clients by placing our recruitment flyers in your waiting room.

Please email voziransky@ naminyc.org or call 212-684-3365 to obtain copies of the flyers.

Interview continued from page 1

be plenty of work for me to do. I asked if there was anything I could bring to be helpful and she surprised my by saying they needed basic items like pediatric Advil, Band-Aids, and liquid Tylenol.

The Louisiana Governor had just issued an executive order allowing physicians licensed in other states to practice medicine in Louisiana during the emergency, which alleviated my concerns about that issue. I found a group on the internet that was providing ground transportation for volunteers arriving from other parts of the country. This group would arrange to have someone pick you up from the airport and bring you to the Jimmy Swaggart Center, which is where they were triaging all the volunteers. Needless to say, it seemed a little bit like a leap of faith.

I went to a wholesale store and bought as much Tylenol and Ibuprofen as I could find and also went to my private office and gathered all my antipsychotic and antidepressant medications, put them in a duffle bag and flew down to Baton Rouge. Believe me, there was a large part of me that thought this was a fool's errand and that when I got there, they would just send me right back home. So the only things I brought with me were two days change of clothing, some protein bars and a copy of my medical license. I really thought I would be turned around and would just go home.

NYSPA: What was it like when you arrived in Baton Rouge?

DR. HOLMGREN: Amazingly, someone did pick me up from the airport and drive me to the Swaggart Center. At the Center, they processed me with other volunteers. They took my bag of medications and I never saw it again. We waited for a long time and nothing happened. I started chatting with a social worker who said that a psychiatrist was desperately needed at the Louisiana State University field house gymnasium, which is where they were bringing people who had been evacuated from the floods.

When we arrived at the gymnasium, there was much chaos. There were patients with all sorts of problems lined up waiting to see someone. There were disruptive patients with schizophrenia and dementia wandering around off their medications, there were patients seeking stimulants and methadone and even one psychiatric patient impersonating a doctor.

In the main gymnasium, rows and rows of cots had been set up. There were many volunteers running around offering water to people, but a real lack of trained medical personnel. I felt completely overwhelmed. There were other clinicians there to volunteer - social workers, a school counselor and a psychologist. We organized a system for psychiatric, non medical, assessment followed by medical assessment. I also started making a list of the psychiatrists, psychologists, and social workers who were on site, including names and cell phone numbers, so that there would be a central list of available resources.

I saw one woman who had been in charge of her three grandchildren until their estranged father arrived at her home and took them away. He put them on a mattress and left them with a neighbor. She told me that she tried to fight him off, but felt physically overpowered. One of the children had a heart defect and her daughter trusted her to take care of the children. She didn't know how she could live with the guilt if something happened to them. To this day, I don't know if those children are still alive or not.

At the same time, there were first responders who needed to be addressed, fatigued EMS workers and nurses, people who had been overly taxed. Amazingly, like me, there were people from all over the country who had come to help and some had managed to make their way to the gymnasium. So we organized a group to do debriefings and meetings with first responders.

At some point during the second day, I got a call on my cell phone from FEMA personnel who said they were looking for psychiatrists to come down to New Orleans to work with the police officers who remained in New Orleans. As you may have heard on the news, two police officers had killed themselves and it became clear that the first responders and other law enforcement who remained in New Orleans needed attention.

So, on Sunday night, a group of us met up to be driven down to New Orleans in an ambulance. But, at the last minute, FEMA said it was too dangerous to travel during the night because there was still sniping going on and they postponed the trip to Monday morning. But then the trip was postponed again until Tuesday and we were told we'd be driving down in a caravan, with a police escort. And, I'm thinking to myself, "Well, I'm supposed to be back at work on Tuesday." But, I'm pretty committed at this point.

We ended up driving down to New Orleans on Tuesday at 3:00 a.m. in an ambulance without a police escort. We were basically dropped us off at a hotel where law enforcement was based, along with police officers, swat teams, and Blackwater personnel. Along with me were a psychologist, two emergency room doctors, a nurse, a medical student, and a medical technician, many of whom were also from New York. We ended up being the medical team there for about ten days.

NYSPA: What was it like in New Orleans at that time?

DR. HOLMGREN: When we arrived in New Orleans, the streets were still flooded, the bodies were still in the streets, and there was no electricity or running water. The hotel was housing 500 law enforcement personnel and first responders and there were only four porta-toilets. We slept on the floor in the hotel lobby with everyone else, which was the coolest and cleanest place in the building. Amazingly, the Salvation Army provided hot meals each day to everyone assembled at the hotel.

We set up a medical clinic in the gift shop. We had medications and we kept the clinic open 24 hours a day, 7 days a week. Our group was assembled to provide care for the law enforcement officers who were going out into the city on rescue missions every day. Many of them had been separated from their families or had lost family members, and yet, were still going out day after day to save people. And they were forced to make these horrible decisions about who to take off rooftops, who to give water to, whether to separate people from their animals. I had been there several days when it occurred to me that the police officers were always wearing their uniforms because they had not changed their clothes since the first day of the storm. They were constantly soaking wet and had burns and skin irritations from the chemicals floating in the flood waters.

NYSPA: Can you tell us about any of the more unusual experiences you had?

DR. HOLMGREN: That was the only time I had ever done safety assessments with people who were armed and I never felt safer in my life. The police were so noble and heroic that I never had the sense of being in personal danger. They were very protective of us as medical professionals and of me as a woman.

I also worked with some of the 911 operators who were working during the floods. Many of them were on the phone with people who drowned while on the phone with them and they were so frustrated because they weren't able to send help. Instead, they stayed on the phone with those people and logged the calls, so later on, authorities could go back and look for the bodies. Other operators described 911 calls from people crying that their children couldn't swim and so many other horrific stories.

At the same time, the media was lined up in front of the hotel, taking our picture and trying to interview us. It was a crazy circus environment and down the road two blocks, there were bodies in the street.

NYSPA: Are there any special stories or uplifting memories that you can share?

DR. HOLMGREN: We had a small black and white television at our station. At the time, there were isolated reports of police officers stealing things and generally taking advantage of the situation. There were sensationalized news stories about the New Orleans police department calling them "crooked cops" and "lawless law enforcement." But that really was not the case at all. The most positive thing I can take out of this experience is the heroism of the police officers, which was amazing to me. They didn't sleep, they barely ate, they just wanted to go out and rescue the people in their community.

NYSPA: Obviously, this experience has changed you. Do you see the world differently now?

DR. HOLMGREN: In a very personal way, it's hard to describe the effect it had on me at the time and I think only people who were actually there can identify with that. But in the long term, it makes me think more about how I want to be involved on a bigger level. I do love seeing patients one-on-one, doing clinical work, and teaching – I love that part of psychiatry. But, this experience has made me want to do more work on a larger scale, maybe with disaster psychiatry or international psychiatry.

NYSPA: Knowing what you now know, would you still have gone down to Louisiana after Hurricane Katrina?

DR. HOLMGREN: Absolutely. After I got down there, we didn't have any other law enforcement suicides and we had feared some sort of contagion effect. We were very proud of our work. It really reinforced for me why I went into psychiatry and the work we were doing felt so important. I absolutely would do it again. ■

Trustee continued from page 3

GOVERNANCE: The work group on Assembly/Board relations worked on the issue of how to resolve differences in policy recommendations between the Board and Assembly. The group decided to develop mechanisms for improved communication and more open discussion, and to hold off on a redesign of the current APA process which leaves the final decision on policy in the hands of the Board. Some have recommended that the Assembly, as a representative body of the members should have a veto power over the Board in certain circumstances. This is currently on hold for future discussion.

Finally, the board work group on disclosures ofwhich I am a member, is reviewing disclosure and conflict of interest policies and procedures throughout the APA and will report to the Board in October.

Once again, it has been my pleasure to work with all of you and best wishes for the future! ■

Albany Report continued from page 1

and DSM-IV.

- Clarify whether, in conformity with Chapter 551 of the laws of 2006 as well as with Timothy's Law, psychiatrists may utilize all CPT (current procedural terminology) codes to describe the work they do with patients. Psychiatrists assert that being able to use all applicable CPT codes, including what are referred to as E&M (Evaluation & Management) codes enables them to better serve the individual needs of patients.
- Clarify whether under Timothy's Law the 20 visit limitation in the base include psychopharmacological medication management visits (CPT code 90862). Clearly, the inclusion of a medication management visit as a full visit subtracted from the base would dramatically reduce the benefit package available under Timothy's Law.

These are but a few of the issues and complaints that have surfaced throughout the state regarding the implementation of Timothy's Law. Consumers and providers alike are confounded by the insurance industry's seemingly endless variations on the scope of benefits under Timothy's Law and the procedures for accessing them. Some insurers, latching on to ambiguities in the statute, have even reduced or curtailed mental health benefits that they provided prior to Timothy's Law and are blaming the law for the "necessity" to do so. It is as if they are saying," YOU WANT TIMOTHY'S LAW – WE'LL GIVE YOU TIMOTHY'S LAW." Such actions are not only mean-spirited but potentially harmful to patients. Hopefully, the State Insurance Department will rule that such tactics violate the law.

We urge all psychiatrists to share with us any coverage problems that are linked, even remotely, to Timothy's Law. The current law sunsets at the end of 2009 and we have begun work on drafting legislation to extend the law and expand its scope. Contact richardgallo@galloassociates.org to report any problems or issues.

PRIVACY

Shifting the consequences of lost medical records

NYSPA is pursuing legislation that would impose punitive damages when health insurance companies lose control of protected health information. While reading about the loss of credit card or social security data has become commonplace, learning of the loss of medical records is startling. A recent example of such a loss was when WellPoint notified 75,000 members of its Empire Blue Cross and Blue Shield unit in New York that their medical and other personal information had disappeared. It was even more upsetting to learn that the lost compact disc contained unencrypted data sent to Magellan Behavioral Services, a company specializing in managing mental health and substance abuse treatments for health insurance companies.

Legislation addressing this problem is urgently needed because, at present, when such a loss occurs there are often delays in notifying the affected parties and the remedy offered is often nothing more than a year long credit watch. In essence, the health insurance industry treats the loss of such protected material as if it were akin to credit card information, despite the potential for far greater damage to the affected persons.

NYSPA plans to propose a new penalty for insurance carriers who lose medical records that would compensate each affected individual with a small monetary payment, perhaps $50. Such payments would represent only a gesture to individuals whose records get misplaced or stolen but a significant penalty to the fiduciary company, when thousands of records on unencrypted data discs or laptop computers are lost.

"Examining Physicians" a question of balance: reconsidering Section 9.05 of the Mental Hygiene Law

Section 9.05 of the Mental Hygiene Law states, "(a) A person is disqualified from acting as an examining physician in the following cases:" "2. if he is a manager, trustee, visitor, proprietor, officer, director or stockholder of the hospital in which the patient is hospitalized or to which it is proposed to admit such person." In other words, if a psychiatrist also served as a hospital trustee, the psychiatrist would not be permitted to serve as an examining physician for purposes of involuntary commitment, an important function of the hospital psychiatrist. This prohibition exists to prevent examining physicians from profiting by such hospital admission, except for the receipt of routine "professional fees, privileges, or compensation for treating or examining such person."

Directors of clinical departments, including psychiatry, often serve on the Medical Board of their hospitals. The President of the Medical Board may in turn serve ex officio on the hospital Board of Trustees or its equivalent. By limiting the functions of an examining physician with respect to other hospital posts, Section 9.05 in effect prevents psychiatrists from assuming leadership roles within their institutions. Those leadership roles permit psychiatrists to educate colleagues about mental illness and its treatment and advocate for adequate budgets and quality behavioral health and psychiatric programs. While the disqualification is unlikely to affect functioning in large psychiatric departments, smaller community hospital department directors are adversely affected because they frequently serve as examining physicians where the number of available psychiatrists may be limited.

NYSPA is considering the introduction of legislation that would provide an opportunity for psychiatric leaders to serve as trustees of Article 28 voluntary hospitals without also limiting their ability to function as examining physicians. The proposed legislation would also include appropriate conflict of interest safeguards with respect to involuntary commitments. Finally, in order to ascertain how widespread the problem might be throughout the general hospital sector, NYSPA has reached out to our colleagues at the hospital associations (HANYS/GNYHA) for their perspective on the issue. ■

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