President's Message: Our Patients – Their Medications!

By C. Deborah Cross, MD

ost of us would agree that the current American health care system has some serious flaws, inadequate and inaccessible care for a lot of people, difficulty in access to care for large segments of the population, variations in quality of care, etc. Though most of us deal with these issues on a day to day basis in a few areas some 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. Depending on the number of our patients, their medications constitute a significant portion of their monthly expenditures. We are fortunate in New York State to have Medicaid, but many of the medications we use. However, even in that population, Medicaid managed care companies have significant formulary restrictions and co-pays. We all are aware of the problems with Medicare Part D, the donut hole, and the significant copays involved for patients. We all bemoan the difficulties and excessive amount of time we face in trying to get an over-the-counter drug when we feel that it is needed. A patient must have a specific medication not on a particular insurance plan.

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 when they get treated with the most up to date medications we have, the atypical antipsychotics, the SSRIs, the mood stabilizers? We don’t have them 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 is noted above, they are on straight Medicaid, they are the fortunate few, and have little problem. Unfortunately, most are not.

[See President on page 2]

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 just a few days after Hurricane Katrina passed through the Gulf Coast region, causing 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 severely war zone, providing mental health care and treatment to those displaced by the storm and in law enforcement personnel and other first responders. The reasoning of her experiences during the twelve days she spent on the front lines in Baton Rouge and New Orleans is both harrowing and inspiring.

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.

Here at NYSPA, Dr. Holmgren is an Area II Trustee from 2002 through 2008, as well as her many contributions to the organization, as Area II Council Meeting on its annual Spring Area Meeting in May. Dr. Cross also provided updates on the public affairs activities of several initiatives: The New York State Capital District Branch received a grant to increase access to care for veterans and their families, the New York State Office of Mental Health received a grant to host focus groups and other outreach to members. The West Hudson Branch participates in an active mental health coalition. Finally, the Healthy Minds television show, hosted by [See Area II on page 4]

Albany Report

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

I n 2006, the New York State Psychiatric Association held an 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 Shalala, M.D., Assembly Speaker, Bruce Herschfield, M.D., Jo-Elyn Ryall, M.D., Scott Benson, M.D., and Ellen Jaffe, Editor and Production Manager, APA Healthcare Systems and Financing.

Dr. Cross began the meeting with two awards presentations. First, Aaron Satloff, M.D., presented the NYSPA Distinguished Service Award to Stephen Drotvin, M.D., a member of the Genesee Valley District Branch. Next, Dr. Cross presented a plaque to Ann Sullivan, M.D., in recognition of her service as Area I Trustee for the last ten years. 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 three terms as Area II 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 health efforts such as updating the APA website, the search for a new APA Director of Public Affairs, the upcoming survey about Trends in the insurance coverage of military personnel and veterans and their families, and the media training program which will be offered at the APA Annual Meeting in May. Dr. Cross also provided updates on the public affairs activities of several initiatives: The New York State Capitol District Branch received a grant to increase access to care for veterans and their families, the New York State Office of Mental Health received a grant to host focus groups and other outreach to members. The West Hudson Branch participates in an active mental health coalition. Finally, the Healthy Minds television show, hosted by [See Albany Report on page 6]
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 Hoch. Congress met on May 18 to discuss OMIH. We also report on NYSPA’s first Scientific Paper Contest. The President’s Message focuses on the issue of medication. The Area II Trus-ee Report provides an update on a number of national APA issues. This is the last report by Ann Sullivan, M.D. who com-pleted her tenure in this position. I personally appreciate Ann’s outstanding service to NYSPA. I look forward to her continued service. We also have the NYSPA interview with Anna Holm-gren, M.D. who received the 2007 Assembly Profile of Courage Award.

The Albany Report highlights a number of key legislative issues. We also have informa-tion about an evaluation of Timothy’s Law which is being conducted by NAMI of New York City. Finally, I am pleased to share the per-sonal 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 dur-ing this transition.

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. The contest received 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 Socolof, M.D., President of NYSPA asked me to review papers if there was a tie. 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 New York City. 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.

Treasurer is published quarterly. We welcomes advertise-ment. The President’s Message focuses on the issue of medication. The Area II Trustees Report provides an update on a number of national APA issues. This is the last report by Ann Sullivan, M.D. who completed her tenure in this position. I personally appreciate Ann’s outstanding service to NYSPA. I 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.

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P R O F E S S I O N A L S U P P O R T

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

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

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

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This is my last report to you as your Area 2 Trustee. It has been my honor and pleasure to serve you all of you over these six years. I hope you don’t mind if I reminisce a bit! When I came to the board we were in a peri-

duration 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’s staff has bal-

anced 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 priori-

ty 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 un-

resolved. 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 especial-

ly pleased to work with Dr. Norris and her 
team in ensuring that members of the DSM Task force were seriously vetted for compet-

ence. 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 

his gratitude for the contributions that Dr. Perlman has made to the organization and for providing such valuable insight and expertise that have been of great benefit to your 

profession and our entire state.”

and how they can work together more 

effectively with each other and with the Board. It is always good when you examine how we work and see if we can be more effec-

tive, 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.

The formation of an ad hoc work group of the Board charged to work with the Medical 

Director to: identify the categories and types of training needed for international graduates entry to the US sys-

tem of medical training.

The formation of 

national branches need to weigh in on this, and give direct feedback to the Board. All 

agreed that ultimately the needs to be involved in any decision to change our mission statement.

Finally, the financial picture is not as bright as last year, but we are still doing fairly well. Revenue is down about $200,000 from last year for the first two months of 08, largely due to decreased advertising rev-

ue. Dues are down slightly as well. While membership has increased from 34,822 members in 2002 to 38,015 mem-

bers (a seven year high) in 2007, the per-

centage of full dues paying members has 
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The Board with a report and recommendations 

in revenue; and to provide the board with 

the information 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 mini-

imize the pharmaceutical revenue received by the APA. The group will report to the 

Board with a report and recommendations 

for approval.

Health Reform: The formation of an ad hoc work group to do the BOT to 

build upon the 2003 report authored by Dr. Sharpstein “A Vision for the Mental Health System” and provide the board with the information about the pros and cons of major national health care sys-

tems, as a basis for the Board and Assembly discussion of the BOT to receive reports in 2009, with a report and recommendations to the BOT in October 2008.

Dr. Borenstein has served on the MHSC for 3 years, in the Deputy Representative of the Area 2 District to the BOT and has been the Editor of the NVSPA Bulletin since 2002. He is the CEO and Medical Director of Hollywood Hospital located in Queens. Dr. Perlman, the Director, Department of Psychiatry at Sarah Lawrence College and a member of the Board of Directors at the APA and the Area 2 Representative to the Assembly from 2002 – 6. Currently he serves as the Chair of the APA’s Committees on Government Relations.

Dr. Perlman expressed delight at Dr. Borenstein’s appointment and was pleased 

with the succession. The new psychoanalyst, Dr. Reverberi, received much appreci-

ation to Commissioner Michael Hogan, NYS OMHL, who spoke of his “stewardship” of the Council for these many years. The Governing Board sent a letter of 
gratitude to Dr. Perlman which he ended by saying, “Thank you again for pro-

viding such valuable insight and expertise that have been of great benefit to your 

professor and our entire state.”
Jeffrey Bornstein, M.D., will begin its sec- ond season in the fall. NYSVA Vice President Glenn Martin, M.D. provided an update on the NYS Medicaid Pharmacy Preferred Drug Program. He also provided an update on the NYSVA Information Technology Committee. He reported that New York State has designated $600,000 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 promo- te health information exchange. He reminded the Council about the Google group started by NYSPA and that a bill has been introduced in the state legislature regarding patient consent and confidentiality.

In response to a request from the State Insurance Department, NYSVA has prepared a 3 & 4 address regarding implementation of Timothy’s Law. This document will be made available to all NYSVA members and can be used in com- munications with insurance carriers. Mr. Stein also prepared a chart for the Insurance Department that outlines both 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 par- ticipating as a NYSVA representative on a statewide task force developing protocols for health information exchanges that would permit hospitals and physicians to access information regarding patients electronically. NYSVA prepared a position state- ment regarding patient consent and confidentiality issues that was submitted to the NYS Department of Health. Regarding Medicare/Medicaid, Mr. Stein reported that NYSVA has filed a law- suit seeking to overturn 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 NYSVA member, contacted NYSVA because he received a preauthoriza- tion form for a Medicare patient from BC America which threatened to discontinue the patient’s medications if the form was not completed. NYSVA and the ap- pointed CMS on Dr. Gordon’s behalf and were able to clarify that a patient’s medica-

tions 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 NYSVA’s legislative and advocacy efforts. He reported on a new health legislative initiative that would pro- vide funding for training of mental health professionals in the identification and treat- ment of mental illness in veterans. NYSVA has worked to revise the language of the bill to ensure NYSVA participation in the devel- opment and administration of the program. In addition, NYSVA is working to modify §9.05 of the Mental Health Law so that a re- cently discharged or an individual who is a member of the Board of Directors of a hospital from participating in involuntary com- mitments at that hospital. NYSVA has proposed to amend the statute to permit psychia- trists whose board membership arises solely as a result of their position as department chair or other ex-officio position in a voluntary hos- pital to participate in involuntary commit- ments.

Mr. Perlman reported that NYSVA is consid- ering developing legislation to address the problem of unauthorized release of medical records by insurance carriers and managed care companies. Currently the only sanisa- tion is to require the plan to impose a small penalty, such as $50 per person, be- ing a way of adequately sanctioning such improper releases.

With respect to pending legislation, NYSVA 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 ECI bill intro- duced 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., a NYSVA 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 past recent.

With respect to advocacy issues, Dr. Sullivan reported that a mental health bill was 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, psycholo- gist 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 and structure, function and composition 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 Government Relations and the Council on Public Policy, which could result in pos- sible changes to increase efficiency and effectiveness.

Finally, Mr. Stein reported on the creation of three new Board of Trustees Ad Hoc Groups: (i) to address the needs of psychia- trists in changing legal and regulatory environments, (ii) to address the relationship between the APA and the pharmaceuti- cal industry and examine alternative sources of revenue, and (iii) to address issues regarding a national health care system.

Appointments
Mr. Stein announced that NYSVA has appointed Paul Mosher, M.D., as its repre- sentative to the NYS Board for Mental Health Practitioners. In addition, NYSVA appointed Edward Gordon, M.D., to serve as its representative on the new National Councils for Certification (Medical Services) Provider Advisory Committee for behavioral health services.

NYSVA Block Grant

Dr. Cross reported that NYSVA had submit- ted 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 meet the cost of living increases or infla- tion. NYSVA is awaiting the APA’s response.

NYSVA Membership Challenge
Karen Gennaro, M.D., Chair of the NYSVA Membership Committee, presented the NYSVA Membership Challenge, a new initiative to enhance NYSVA membership, focusing on recruitment, retention, recom- mendation and participation. The NYSVA Membership Challenge consists of a year-long competition between districts that will provide financial incen- tives and awards for district branches that will increase membership. For example, NYSVA will provide 50% of the NYSVA dues for two years (maximum pay- ment of $150) for each new or reinstalled general member or fellow.

Dr. Stephen Dovner, MD and Aaron Saliod, MD

Jeffrey Bornstein, M.D., will begin its sec- ond season in the fall. NYSVA Vice President Glenn Martin, M.D. provided an update on the NYS Medicaid Pharmacy Preferred Drug Program. He also provided an update on the NYSVA Information Technology Committee. He reported that New York State has designated $600,000 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 promo- te health information exchange. He reminded the Council about the Google group started by NYSPA and that a bill has been introduced in the state legislature regarding patient consent and confidentiality.

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What was it like in New Orleans?
That was the only
Amazingly, someone
What was it like when you arrived
continued from page 1

NYSPA:...
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 such codes, including what are referred to as E&I (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 law, frequently serve as examining physicians without also limiting their ability to function as an examining physician in the follow-

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 remedial offer 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, “No person shall be disqualified by reason of being 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.