

THE PSYCHIATRIC SOCIETY OF VIRGINIA VIRGINIA NEWS



A DISTRICT BRANCH OF THE AMERICAN PSYCHIATRIC ASSOCIATION

SPRING 2008



Steve Brasington, MD
PSV President

A MESSAGE FROM THE PRESIDENT

Thank you for the opportunity to serve as your society's President. My tenure witnessed Psychiatry engaged in legislative reform, mental health funding, disaster response and community centered care. I appreciate the support from our Board of Directors, the Ruggles Staff, our Political Lobbyists and the Medical Society of Virginia (MSV).

The Medical Society of Virginia created a coalition of medical societies called Physicians for Mental Health Reform. In case you are unable to name the members besides MSV and PSV, they are the American College of Obstetrics and Gynecology, the Virginia Academy of Family Practice, the Virginia Chapter of the American Academy of Pediatrics and the Virginia College of Emergency Physicians. The goals included expanding access to psychiatric care, upholding high standards of care and protecting patient privacy. On behalf of the Psychiatry Society of Virginia, I wish to extend our gratitude for the tireless and dedicated advocacy demonstrated by these Virginia medical societies. Physician involvement is essential to maintain the quality and safety of treatment for the mentally ill we serve.

At the forefront of issues vying for the public's attention was the response to the Virginia Tech massacre. Dr. Bela Sood from the Medical College of Virginia worked with former Circuit Court Judge Diane Strickland to study the mental health system as members of Governor Tim Kaine's Virginia Tech Review Panel.

The Special Mental Health Commission of the Virginia Supreme Court began examining the need for Mental Health Law Reform one year prior to the Virginia Tech shooting. The Chair of this Commission on Mental Health Law reform is Richard Bonnie, the Harrison Foundation Professor of Law and Psychiatry at the University of Virginia. Those readers who attended the last two PSV meetings were fortunate to hear Bela Sood in Roanoke and Richard Bonnie in Richmond. Attendance was as strong as ever at our fall and spring meetings.

Consider this year, preparation for working more effectively with legislators. Note that a published goal for PSV is to have at least 20% of members receive training in legislative effectiveness. In addition, we encourage those of you who do not belong to an advocacy group to be involved and support local advocacy groups. Please stay informed, as a member of the board may be calling in the future asking you to speak with your elected representative to educate them about the issues of the day regarding mental health. Deserving special mention are Bela Sood and Ed Kantor, who met with House Delegate Rob Bell in his office on December 11 to discuss the creation and financing of safety net services through interagency support. My thanks to these doctors for making time in the middle of the week, just before the holidays, to speak with an elected official. This year, we recognize Senator Janet Howell (D-Reston) and Delegate Rob Bell, III, (R-Charlottesville) for their extraordinary work in this year's session of the General Assembly.

To improve the value of our meetings, your board continues to choose beautiful locations and recognized

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speakers. Looking ahead, the next three meeting sites have been identified. September 26-27, 2008, we will meet in Virginia Beach, and both 2009 spring and fall meetings are planned for Richmond. Jim Krag's planning skills were evident by the positive response of the membership to our spring 2008 gathering at the Crowne Plaza Richmond West Hotel.

I remain impressed by the accomplishments of our officers. James Krag developed his leadership skills as Medical Director of the Valley Community Services Board in Staunton and as President of the Virginia Association of Community Psychiatrists. President-Elect, Edwin Nieves is an innovator in the use of telepsychiatry to increase community-based access of minority patients in rural areas to psychiatric services. Leaders like Drs. Krag and Nieves have energized the body by including residents through poster sessions at the Fall Scientific Meeting. Thanks to your generous gifts to the Foundation, residents will receive financial support for their participation in research, presented at our conferences.

I hope to see you at future meetings.



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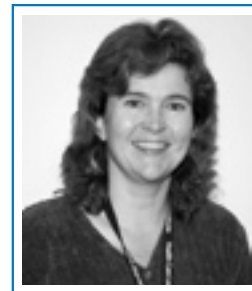
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Letters to the editor and editorial contributions are welcome. Submissions may be sent to Jose Edwin Nieves, MD or to Kathleen Stack, MD via email at jose.nieves@med.va.gov or to kathleen.stack@med.va.gov. Paid advertising is accepted on a first-come, first-served basis. To place your advertisement or to request a rate sheet, contact Beverly Bernard at PSV Headquarters via email at beverly@societyhq.com or by phone at (804) 565-6321.

A MESSAGE FROM THE EDITOR

PTSD: What Shaped Beliefs About This Illness

By Kathleen Stack, MD, DFAPA



Kathleen Stack, MD

The November issue of the *American Journal of Psychiatry* contained an article entitled, "Shell Shock and Mild Traumatic Brain Injury: A Historical Review."¹ As well as my usual interest in the topic, I was intrigued by the suffixes of the first two authors' names, as both were doctors of philosophy. The article read more like a History Channel special than the usual journal article fare. I am crudely chopping their elegant report to allow for discussion of how factors outside science can impact societal beliefs about PTSD.

The authors described the WWI experience of "shell shock." Early in the war, this diagnosis was not imbued with the taint of an emotional disorder, but was seen as akin to traumatic or surgical shock. In 1917, if wounds were excluded, fully one-third of all British Army discharges were from shell shock. The British government had to prevent articles on shell shock from publications and stopped ascribing this diagnosis in attempts to staunch the losses to the fighting force. In WWII, despite a ban on the diagnosis, the same symptoms were present in soldiers. The new diagnosis was "post concussive syndrome." Post war studies showed that physical injury (brain tissue loss/penetration) contributed little more than 7% of impairment in those having symptoms at five years.

Recent studies on mild brain injury show that those who believe their symptoms will have a lasting and deleterious effect are more likely to experience this outcome. In other words, strongly held negative beliefs play a part in maintaining symptoms and functioning.

WWII, Korea and Vietnam veterans, and their medical providers, were indoctrinated to see the same symptoms we now call PTSD as a weakness of character. I began to think about where else this message was given. One iconic standard of behavior is the movies. We never saw Gregory Peck, John Wayne or Charlton Heston ambivalent about their role as a soldier. Sure, minor characters died, but the hero prevailed over evil and got the girl. The first movie I can recall that directly addressed PTSD was "Patton." The actor George C. Scott, playing the role of General Patton, slapped and berated a soldier that was emotionally distraught over what he experienced in battle. Later in the movie, he regretted his actions. I saw that movie in 1970 when I was eleven. The fact that I recall the scene is a testament to the impression it made on me. In retrospect, I wonder if it was a reflection of the view of the ongoing Vietnam War—a mixture of frustration and regret.

I think that our societal views began to change with "The Deer Hunter," "Platoon" and "Apocalypse Now." These movies showed us a very different view of the Vietnam War and stirred our conscience. They challenged the idea that war was "good versus evil" but something much more complex and disturbing. It was impacted by forces of which we would rather be ignorant. If we had to question our beliefs about the Vietnam War, then we also needed to question our treatment of those who survived it. I believe that as a nation, we do see these men and women differently now.

The next step was to reexamine the experience of our fathers. My grandfather was a WWI Canadian veteran who died in 1993. He never spoke about the "Great War" beyond saying that the "Brits always sent us in first." My father is a WWII veteran. When asked about his combat experiences in the Pacific, he would tell a few humorous stories, but little more. Tom Hanks' movie, "Saving Private Ryan," about the invasion of Normandy, "Thin Red Line" and "Band of Brothers" forever changed my view

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ASK THE EXPERTS

PSV MEMBERS ARE THE EXPERTS

By Kathleen Stack, MD, DFAPA

Since becoming co-editor of the newsletter, it has become even clearer to me that we have a membership made up of diverse, talented and thoughtful physicians who have much to offer. I would like to access this underutilized resource by proposing a new addition to the PSV newsletter.

I will ask that members respond with their opinion on questions related to current events in mental health, ethical quandaries, boundary issues, etc. We will stick to hypothetical situations and remind everyone that the goal will be to explore the issues and encourage broad and differing perspectives. Hopefully, this exercise will stimulate discussions that will expand our knowledge horizons.

I also invite the submission of questions for future issues. Following are the first set of questions:

1 How should a psychiatrist interact with a peer counselor, hired to work with shared patients if the peer counselor is a former or current patient of the psychiatrist?

2 What are the appropriate clinical experience disclosures, when invited to speak in public forum?

3 What should you do if contacted by the media for your professional comment on a public event, not involving your patient, such as a recent shooting or suicide or the mental state of a dictator or popstar?

4 How should you respond to a patient who contacts you by email (not your home email) when you have not provided this as a means of communication yet the address is available?

5 How to become involved in public policy debates, when is it about you, when is it about the discipline?

Please reply to PSV@societyhq.com and include "Ask the Experts" in the title of the message.

You may reply to one or all the questions. Please include the number of the question with the response.

PSV GOALS

Have you ever viewed the PSV website?

In addition to job postings, important links and information on legislative issues, there is a link under "About the PSV" labeled, "What We Do."

This lists goals of the PSV. Some of them have been accomplished, and others are ongoing efforts. As a PSV member, your input is valued, and if you have a suggestion for the future goals of the PSV, please let us know.

www.psva.org

PLAN NOW!

PSV Fall 2008 Meeting

September 26–27, 2008

Cavalier Oceanfront Hotel

Virginia Beach, VA



Take advantage of the new meeting dates and enjoy the gorgeous September days in Virginia Beach!



FALL MEETING POSTER SESSION

Last year's meeting inaugural poster session was such a big success, that it will return for the 2008 meeting!

Visit www.psva.org for poster applications.

Photos courtesy of the Virginia Beach CVB



IN THE NEWS

WELCOME TO OUR NEW MEMBERS

GENERAL MEMBER

Kamala Agarwal, MDHopewell, VA
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Ian J. Chapel, MD..... Virginia Beach, VA
Patti E. Croft, MD Huddleston, VA
Maria Carmen V. Gonzales-Vigilar, MD Ashburn, VA
Rashida Gray, MD..... Richmond, VA
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Tahir N. Khwaja, MD Richmond, VA
Hilton Lacy, MD..... Charlottesville, VA
Lawrence B. Lee, Jr., MD.....Orange, VA
George Martin, MD Marion, VA
Norma McKenzie, MD Midlothian, VA
Syed J. Murtaza, MD Haymarket, VA
Natalie G. Shaheen, MD Richmond, VA
Katherine H. Sikoryak, MD..... Alexandria, VA
Sysan J. Waller, MD Richmond, VA
Brian E. Wood, MDSalem, VA

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Michael V. Aronsohn, MD..... Charlottesville, VA
Kapil Chopra, MD Norfolk, VA
Christian A. De Filippo, MD Norfolk, VA
Sadaf S. Ijaz, MD, MPH..... Glen Allen, VA
Timothy Jana, MD Charlottesville, VA
Amal Jijakli, MD..... Norfolk, VA
Nitin A. Khadilkar, MD.....Salem, VA
Durre N. Khan, MD..... Richmond, VA
Louis M. Leone, MD.....Chesapeake, VA
Crystal L. Nelson, MD Richmond, VA
Eloise Weeks, MD Richmond, VA

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Adolphe C. Kiczales, MDWinchester, VA

CARILION PSYCHIATRY RESIDENCY TO COMPETE AT APA NATIONAL MEETING

Each year the APA sponsors a competition titled “Mind Games” for residents. Mind Games is a national competition where resident teams compete against each other with board type questions.

This year, the Carilion Clinic Psychiatry Residency placed number one nationally in the preliminary round. The top three teams will compete in a live competition during the APA convention in Washington, DC.



Brian Wood, DO and the Carilion Clinic Psychiatry Residents gear up for the Mind Games competition that will take place during the APA convention.

Stay tuned to the summer issue of PSV's *Virginia News* for more details on the competition!

DR. RAMAKRISHAN SHENOY RECEIVES DISTINGUISHED AWARD

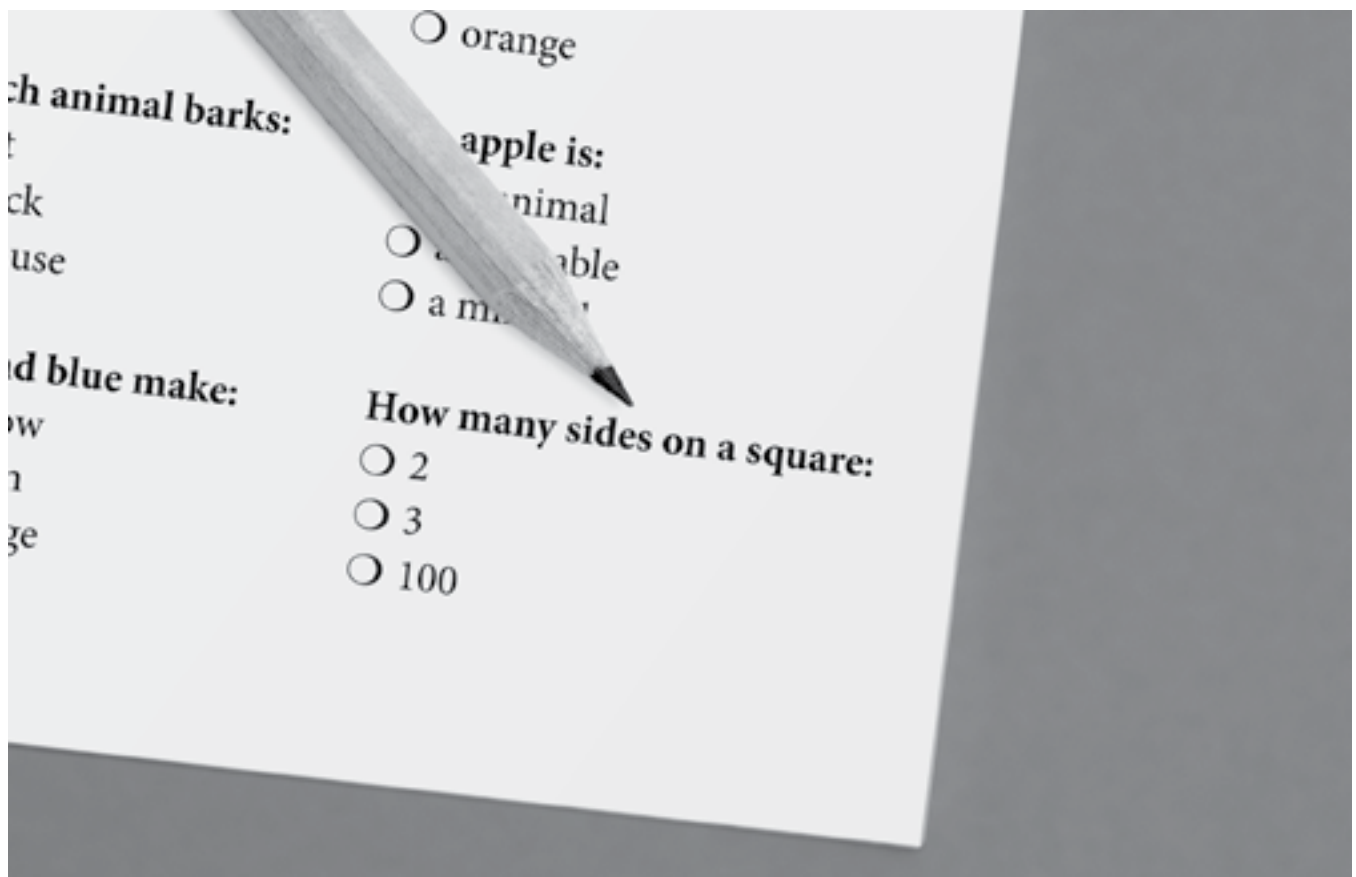
We are proud to announce that Ramakrishnan Shenoy MD, DLFAPA, has won the 2008 Frank J. Menolascino Award for Psychiatric Services for Persons with Mental Retardation/Development Disabilities. This award recognizes an APA member who has made significant contributions to psychiatric services for persons with mental retardation, through direct clinical services and/or dissemination of knowledge in this field through teaching or research.

New APA Website!

Check out
American Psychiatric
Association's
newly revamped
website!

www.psych.org





What do you do when the right answer isn't an option?

For many people who depend on public assistance, the most effective treatment for mental illness is not an option. Instead of access to newer, safer treatments, they are often forced to change medicines or wait for authorizations. Worse yet, some must go through a "fail-first" treatment in which they are first required to use older, cheaper medications, regardless of what is considered to be the most effective treatment.

The effects of such unsettling treatment patterns can be dramatic, triggering a pattern of deterioration that can be marked by unemployment, hospitalization, imprisonment, and even homelessness.

That's why Eli Lilly and Company continues to support open and unrestricted access to all available treatments for mental illness.

We believe mental health professionals should be able to choose the right answers for their patients.

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PSV SPRING MEETING – MARCH 29, 2008: BETTER BUT NOT WELL; THE CONTINUUM OF COMMUNITY PSYCHIATRIC CARE IN VIRGINIA

By James L. Krag, MD

With this meeting, I wanted to focus on the broad spectrum of care that exists between the two extremes of hospital and office care, highlighting what is clearly helping prevent the need for hospitalization.

In Virginia and around the country, there are problems with homelessness, too many mentally ill in jails and prisons and often great difficulty in accessing hospital care. However, many psychiatrists continue to primarily focus on the need for more psychiatric hospital beds rather than primarily advocating for and helping to develop programs in the community to prevent the need for hospitalization. The cause of the current problems is not because we have too few hospital beds, and the solution will not come from creating more hospital beds. That does not mean that we can't or shouldn't build more bed capacity. But more important is the need to expand the currently successful programs which help people with mental illness remain in the community.

The meeting began with Jim Reinhard, MD, giving An Update on Mental Health Transformation in Virginia. He reminded us that Virginia continues to be among those states with the highest per capita in spending for state hospital beds, and among the lowest per capita in funding for community psychiatric care. Even with ongoing budget restraints, the Department has persisted in seeking ways to increase community care. The community services boards are among the agencies not receiving budget cuts this year, and the governor's budget increased community care funding by over \$40 million.

Next, Sherry Glied, PhD, presented research from a book she co-authored titled *Better But Not Well: Mental Health Policy in the United States since 1950*. Dr. Glied is Department Chair at Columbia University, School of Public Health. Dr. Glied's principal areas of research are in health policy reform and mental healthcare policy.

She pointed out that about 1.7% of the population has a serious and persistent mental illness, or about 2.5 million people. Their research indicated that in many ways, the lives of those with mental illness have gradually improved over the years. People with mental illnesses are now more likely to be receiving treatment. The treatment is more likely to be effective; there is a lower financial burden on families; overall, there are better living conditions; and there are more resources, more rights, and somewhat less stigma. She also shared research that even though conditions for people with mental illness are "better," they are certainly "not well." One finding I found interesting, is the percentage of mentally ill in jails and prisons is only slightly higher now than it was years ago. However, since there has been a very large increase in the total U.S. population in prisons, the number of incarcerated people with mental illness has also greatly grown.

Our next presenter was David Moody, MD, Medical Director of Region Ten Community Services in Charlottesville, discussing Innovative Recovery-Oriented Community Support Services. Dr. Moody presented a variety of programs which are very successful in preventing psychiatric hospitalization, including PACT (Program of Assertive Community Treatment), which is the gold standard for working with people with schizophrenia and other serious mental illnesses. Programs like this have helped allow people to stabilize in the community.

After our annual business meeting and lunch, we learned about the Virginia Association of Community Services Boards. I wanted PSV members to be better acquainted with the VACSB, because they are currently the strongest and best organized advocacy organization in Virginia to promote the needs of people with mental illness and mental retardation, and their efforts are undertaken with impressive collaboration with other advocacy organizations, including the PSV. We heard from Jennifer Faison, who is their Public Policy Manager, and George Braunstein, who is the Executive Director of Chesterfield Community Services Board.

The majority of Virginia's severely and chronically ill people are cared for in community mental health centers. In 2006, CSBs served over 175,000 individuals with mental illnesses. In Virginia, the state is divided into 40 Community Services Boards (CSB) or Behavioral Health Authorities.

The VACSB, formed in the late 1980's, represents the CSBs in state and federal public policy matters, including state and federal funding. The VACSB works to build consensus on policy, administrative, and operational issues of CSBs and to represent those issues and solutions to the state agencies who most relate to the CSBs, the governor of Virginia, and the Virginia General Assembly.

Next, we had a panel presentation about Crisis Stabilization Units functioning in Virginia. The panel was composed of Anand Pandurangi, MD, of Virginia Commonwealth University, Baltej Gill, MD, and Ian Chapel, MD, of Hampton Newport News CSB and John Wilson, MD, of Fairfax Falls Church CSB.

In the past several years, there have been increasing efforts within Virginia and around the country to develop alternatives to hospitalization for those individuals who are deemed less acute and yet are not ready to return home.

In Virginia, CSUs appear in both residential and non-residential 23-hour programs. Some of the residential programs accept people under TDO and others only on a voluntary basis. Currently there about 15 residential crisis stabilization unit programs throughout the state. There are several more CSUs in the development stages, and eventually there will be CSUs available to every CSB.

Continued on page 13



THE CONTINUUM OF COMMUNITY PSYCHIATRIC CARE IN VIRGINIA

PSV 2008 Spring Meeting • March 28–29, 2008



*James Reinhard, MD, DFAPA
Commissioner, DMHMRSAS*



*Sherry Glied, PhD,
Columbia
University*



*Ananda Pandurangi, MD, DFAPA answers questions
during the panel discussion on Crisis Stabilization Units*



*Joel Silverman, MD, VCU
& Prakash Ettigi, MD, DFAPA from Richmond, VA*



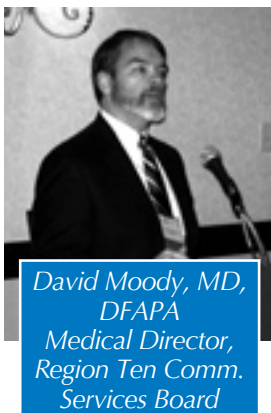
*Jim Krag, MD, FABA, Ananda Pandurangi, MD, DFAPA, Ian
Chappel, MD, John Wilson, MD and Baltej Gill, MD
hold a panel discussion*



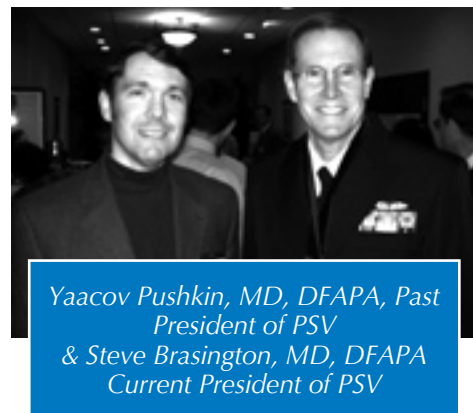
*Cal Whitehead gives
a legislative update
on recent General
Assembly session*



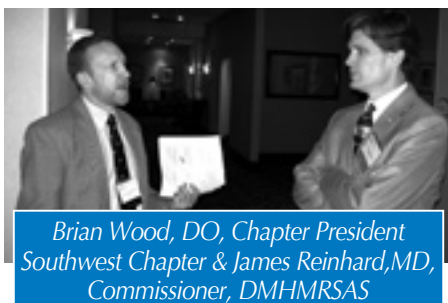
*James Krag, MD, accepts the
Presidential Medallion from
Steve Brasington, MD*



*David Moody, MD,
DFAPA
Medical Director,
Region Ten Comm.
Services Board*



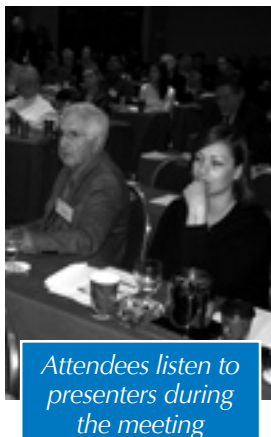
*Yaacov Pushkin, MD, DFAPA, Past
President of PSV
& Steve Brasington, MD, DFAPA
Current President of PSV*



*Brian Wood, DO, Chapter President
Southwest Chapter & James Reinhard, MD,
Commissioner, DMHMRSAS*



*Richard Bonnie,
JD, Dir. of the
UVA Inst. of Law*



*Attendees listen to
presenters during
the meeting*



*PSV members attend the luncheon/
business meeting*

FOR MORE PHOTOS OF THE MEETING, VISIT WWW.PSVA.ORG

SENTARA BEHAVIORAL HEALTH SERVICES LAUNCHES INITIATIVE TO PROMOTE IMPROVED MONITORING OF PATIENTS PRESCRIBED ATYPICAL ANTIPSYCHOTICS

By Matthew Keats, MD, MMM, Senior Medical Director, Sentara Behavioral Health Services

As you know, patients with chronic mental illness not only must deal with their psychiatric illness but also suffer from a much greater than average burden of chronic physical problems. In addition, for a host of reasons they often do not receive the medical treatment they need. As a result of all these factors, on average persons with major mental illness lose more than 25 years of normal life span.

To complicate the situation further, some of our treatments, like atypical antipsychotics, by causing weight gain or abnormalities in glucose and lipid metabolism can make matters worse physically even while they are treating the psychiatric illness.

To try to help address this aspect of care, and at the urging of our Medical Care Advisory Committee, SBHS adopted and distributed a guideline for screening patients on atypical antipsychotics for metabolic effects in 2005. This guideline was based on recommendations from the Consensus Development Conference on Antipsychotic Drugs and Obesity and Diabetes, and included a recommendation to obtain a fasting blood glucose and lipid panel at baseline and again in 12 weeks.

For the next step in this quality initiative, and in close coordination with our Medical Care Advisory Committee, SBHS developed a process to report back to physicians prescribing an atypical antipsychotic, if we had no evidence from claims that the guideline-recommended lab tests had been obtained. We felt this could be an important area of focus because our preliminary data showed baseline glucose levels were obtained in less than 50% of cases and baseline lipid levels in approximately 25% of cases, with follow-up rates even lower.

The first wave of reports went out in February of this year, and we'll continue to send the reports going forward on a quarterly basis.

We know treatment of people with chronic psychiatric illness can be challenging at best, and that often these patients have difficulty following our recommendations. We hope that if you receive these reports, they will be helpful to you, and I welcome your feedback and suggestions. Also, if you'd like more information about the report specifications or the guideline itself, please contact me at mmkeats@sentara.com or by phone at 757 552 8894.

Continued from page 2

of WWII and the men who fought there. I began to understand that their experience had more in common with the veterans of other eras and less with John Wayne. But now this did not imply that they are any less heroic.

"Black Hawk Down" showed both the chaos and bravery of battle. It brought the complexity of the modern warrior and modern warfare alive in our minds. Just because our nation was not at war did not mean our soldiers were not.

This is the first war I remember. I know what I was doing when Kuwait was invaded by the forces of Saddam Hussein. I can recall the live broadcast on CNN of the air strikes on Baghdad and remember the plan to receive casualties at the Veterans hospital when the ground assault started. I saw the second airplane hit the twin towers and watched them collapse "live" on the news. I heard the complaints by some that embedded reporters identify too closely with the troops and are too close to report accurately. As a viewer, I heard bullets and saw bravery.

I believe that as a nation, we appreciate our soldiers/veterans more now than at any time since WWII. I like to think that we can accept them for who they really are on their return, not requiring them to pretend nothing happened to them for our sake. I don't want our veterans to hide their service, as happened in Korea and Vietnam, but to be lauded for it. I wish I could say we have matured to this point as a culture. But I accept that, at least in part, "life imitates art" rather than the other way around. I do not know what future movies will be made about the wars in Afghanistan and Iraq. Those so far have not been commercial successes or military friendly, yet media coverage is generally friendly toward the warriors. Still, I worry about another swing of the pendulum in years to come.

1. Edgar Jones, PhD D Phil., Nicola Fear D Phil., Simon Wessely, MD; *Am J Psychiatry* 2007; 164: 1641-1645

PSV Abstract Submissions

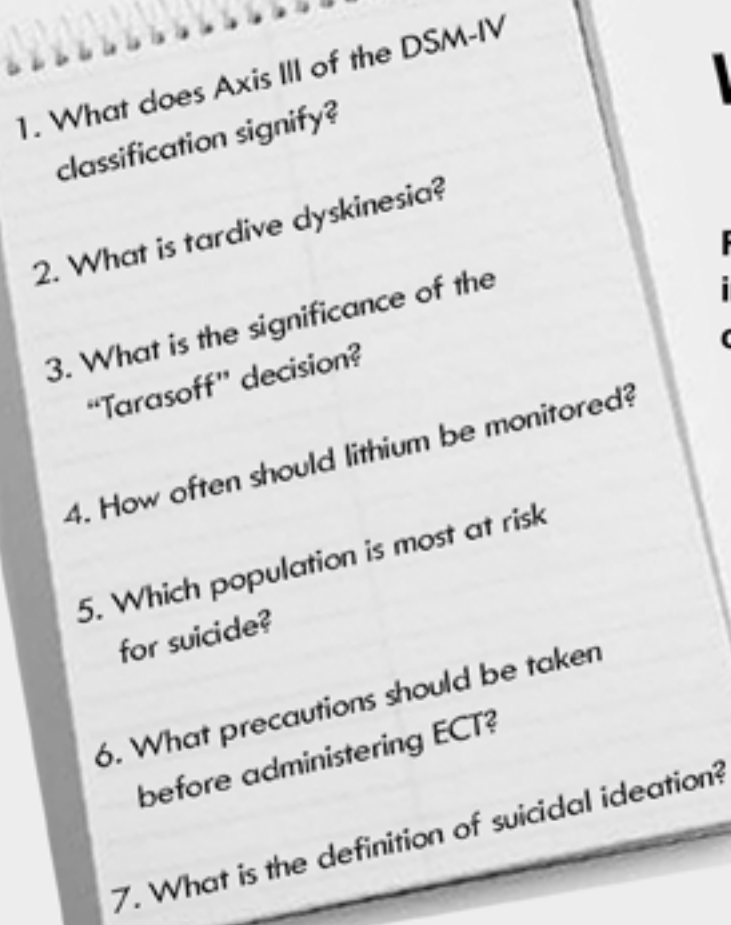
*Fall Meeting
September 26-27*

*Deadline:
August 1, 2008*

- E-mail abstract files to Andrew@societyhq.com.
- Subject line should read: Abstract Submission – Presenting Author's Last Name (i.e., "Abstract Submission – Smith").
- If you have not received an e-mailed receipt confirmation within two working days, please notify the PSV Administrative Office at Andrew@societyhq.com or 804-565-6325 (phone).

All abstracts must be received electronically by August 1, 2008.

Can your claims examiner pass this test?

- 
1. What does Axis III of the DSM-IV classification signify?
 2. What is tardive dyskinesia?
 3. What is the significance of the "Tarasoff" decision?
 4. How often should lithium be monitored?
 5. Which population is most at risk for suicide?
 6. What precautions should be taken before administering ECT?
 7. What is the definition of suicidal ideation?

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AREA V COUNCIL MEETING – NOVEMBER 1, 2007

AMERICAN PSYCHIATRIC ASSOCIATION ASSEMBLY MEETING – NOVEMBER 2–4, 2007, WASHINGTON, D.C.

John Shemo, MD, DFAPA, Assembly Representative to APA

Ram Shenoy, MD, and I were present for both the Area V Council meeting and the APA Assembly meeting. I additionally have continued to serve on the Assembly Rules Committee and the APA Practice Guidelines Steering Committee, while Ram continues to serve on the Committee on Developmental Disabilities.

There has continued to be growth in membership of the APA with the current total being over 38,000 members for the first time.

The recent audit of the finances of the APA was again very good and the APA continues to increase its reserves. Advocacy remains the largest discretionary item in the budget. The DSM-V will cost about \$20 million. The process is very labor intensive and therefore very expensive, but it is very important to the profession that this work be done and continues to be recognized as highly credible, given the attempts by managed care to impose their own "guidelines." It is important that we insist that managed care guidelines be compatible with the APA guidelines, as they are not when managed care tries to dictate prescriptive practices based on FDA "labeling."

There was a lot of discussion in both the Area Council and the Assembly as to what constitutes "conflict of interest" as is related to committee appointments. The APA has for a long time required that members who are on committees declare any potential conflict of interest, as is done also with speakers at the APA scientific meeting. However, for those who are appointed to DSM-V committees, potential appointees with connections to the pharmaceutical industry have been excluded from such appointment. This of course means that some of the most knowledgeable and experienced researchers in the country have been thereby excluded. The discussions centered on the fact that there are a lot of other "connections" that could potentially lead to bias, such as an academic

career or employment by a specific type of facility or organization. For example, should anyone with any connection to managed care be excluded to avoid perceived bias for cost containment over best interest of the patient?

Again, at both the Area Council meeting and the Assembly, there was a lot of discussion about Medicare reimbursement cuts. There was a major cut done this past year to CPT Code 90807 with lesser cuts to other codes. There is a planned further 2 percent cut scheduled for the end of this year with then even further cuts of 11 or 12 percent scheduled in 2010 and 2011.

Part of this pattern of cuts in psychiatric reimbursement codes is based on the fact that the major factors in the reimbursement formula for "value" in CPT codes are related to a combination of overhead costs and physician work. We were told that the executive branch has decided to focus cuts on physician work, and our CPT codes are heavily weighted towards physician work. There was some discussion around the issue of psychiatrists using evaluation and management (E&M) codes since the E&M codes do tend to reimburse better. It is paradoxical in this respect that a primary care physician would be reimbursed more for doing a given amount of "counseling focused" time with a patient than would a psychiatrist spending the same time with the same patient if "Psychiatric Service" codes are used. It is noted that there are specified requirements for the use of E&M codes in terms of documentation and, while these can be used by a psychiatrist in the provision of Medicare services to a patient, most managed care companies will not allow a psychiatrist to use the E&M codes that are allowed for any other physician.

There was also discussion at the meeting that psychiatrists will not "do well" in a Medicare audit if they are found to be billing for more than a maximum of four

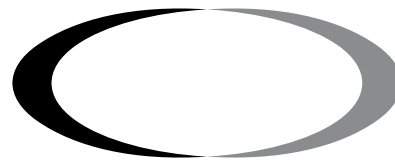
90862 codes per hour. Specific examples of audit consequences for this were cited.

Gene Cassel, who is the Director of Government Relations for the APA, did report that there is currently very poor cooperation occurring between Congress and the White House. He pointed out that mental health parity has "passed" in both Houses of Congress, but there are three separate bills and "who knows what will come out of Committee." He did point out that President Bush has only used his veto three times, but all have been related to medical issues. Two have been related to stem cell research bills and the third was a veto of the S-chip bill which included a provision for ending the discriminatory 50 percent co-pay for psychiatric services in Medicare reimbursement.

On a positive note, with major staff and financial assistance from the APA, increased work with allies and assistance from the AMA and other national medical specialty societies, district branch and state association advocacy has blocked all 16 pending psychologist prescribing bills in nine states. Jeff Akaka, MD, the current speaker of the Assembly and the nephew of Senator Akaka of Hawaii, along with his colleagues in the Hawaii Psychiatric Medical Society, did a masterful job of executing the APA's long range strategy of fighting the bill at every opportunity and refusing to compromise at any point on this critical patient safety issue.

There were a lot of action papers considered including several by an old and dear friend of the Psychiatric Society of Virginia, Anita Everett, MD (old in our esteem, not in age). Included in those passed were papers that addressed the problem of health insurance coverage for dependent adult children, problems with emergency room overcrowding and its

Continued on page 12



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impact on psychiatric patients, including psychiatric emergency diversion plans that put patients at risk. There was a paper passed which addressed the rather "loose" use of the term "suicidality" by the FDA, based on the fact that among the approximately 5,000 children and adolescents reviewed by the FDA that led to the "black box warning" on suicidality risk with the use of antidepressants, there, in fact, were no actual suicides. They defined "suicidality" as the children being more prone or willing to talk about suicidal feelings. Several action papers addressed issues of information technology and "telepsychiatry," an area with both a lot of potential promise and a lot of abuse potential, especially in regard to patient privacy. A paper was passed related to a review of the issue of "high volume psychiatric practice and quality of patient care."

There were also several papers passed related to support for a scientific and evidence-based approach to potential medical uses of marijuana. Unfortunately, but probably predictably, this very limited endorsement of the need for research has already been misrepresented by proponents of other agendas.

Reminders:

- There is an automatic transfer process an APA member can access on the APA website which allows the member to transfer to a new district branch if they move, which does not require members to submit any forms.
- There is a member recruitment program which allows nonmembers of the APA who are registering for the annual scientific meeting an opportunity to qualify for a rebate equal to the difference between the member and nonmember registration rates by applying for membership prior to or even at the annual meeting.
- There is free CME credit available at www.psych.org/cme, based on courses derived from several of the recent APA practice guidelines with the Alzheimer's Disease course to be added soon.

As always, Ram and I remain available to discuss APA issues or to try to formulate potential assembly resolutions based on concerns of PSV members. Please feel free to call us.

John P. D. Shemo, MD, DFAPA

Ram Shenoy, MD, DLFAPA

Assembly Representatives

Shenandoah Valley, VA

PSYCHIATRIST—Harrisonburg, Virginia. Rockingham Memorial Hospital (RMH) is seeking a board certified/board eligible psychiatrist to join a well-established hospitalowned practice. Outpatient and inpatient care. Current call coverage 1:5. Competitive salary and benefits package including year-end bonus package, malpractice, health, dental and life insurance, 403B retirement plan with employer contribution, CME allowance, relocation assistance and much more. Contact Jenny Hansbrough at 540-433-4439 or at jhansbro@rhcc.com.

Continued from page 6

For the residential CSUs, there are currently 99 licensed residential beds and 94 operational beds statewide. Units range from 6 to 16 beds. The average length of stay statewide is 8.2 days, with a range of 5.3 to 13.4 days. Services provided in all 12 sites include psychiatric assessment, medication evaluation and medication management, psychoeducation about treatment and medication,

individual and group counseling, and referrals and discharge planning.

Finally, we heard from Richard Bonnie, Director of the University of Virginia Institute of Law, Psychiatry and Public Policy about the Recent Legislative Changes in Commitment Law and The Work of the Commission on Mental Health Law Reform.

PSV RECOGNIZES LEGISLATORS FOR MENTAL HEALTH LAW REFORMS

This spring, PSV and local societies presented awards to key General Assembly members for outstanding work on mental health policy during the 2008 legislative session. Governor Tim Kaine and the General Assembly adopted a wide range of changes to the laws that govern emergency psychiatric services.

PSV announced at its Spring Meeting in Richmond that Senator Janet Howell (D-Reston) was chosen as "Senator of the Year" and Delegate Rob Bell (R-Albemarle) was selected "Delegate of the Year" for their management of the many bills introduced in response to the Virginia Tech tragedy. Jim Krag, MD, President-Elect of PSV, presented the award to Delegate Bell at an April event in Charlottesville. In May, at the Northern Virginia Chapter of the Washington Psychiatric Society (NOVA WPS) dinner, Senator Howell accepted her award from Drs. Jim Krag and Eric Steckler, the Chapter President.

The Southwest Virginia Psychiatric Society (SWVPS) held its spring meeting in Roanoke on April 25. This local chapter invited local legislators, Senator

John Edwards (D-Roanoke) and Delegate William Fralin (R-Roanoke) for an update on changes to mental health laws. Chapter President Brian Wood, DO, took the opportunity to honor them for their active roles in advocating positive changes to the civil commitment laws. Dr. Krag was also in attendance.



Senator Howell (right) accepts the Senator of the Year award from Eric Steckler, MD.



Dr. Jim Krag (right), President Elect of PSV, presents Delegate Rob Bell with the 2008 Delegate of the Year award.



Brian Wood, DO, presents Senator John Edwards with an award for his role in supporting changes to civil commitment laws.



Delegate William Fralin (left) is also an award recipient for his role in advocating positive changes to civil commitment laws.

AMERICAN PSYCHIATRIC ASSOCIATION APPLICATION FOR FELLOWSHIP

**Submission
Deadline:
September 1**

Eligibility Criteria:

General Member for at least five consecutive years

.....

Certification by the American Board of Psychiatry and Neurology, the Royal College of Physicians and Surgeons of Canada, or the American Osteopathic Association

.....

Two letters of recommendation from current Fellows, Life Fellows, Distinguished Fellows or Distinguished Life Fellows

.....

30-day review period for the district branch to offer comments about the Fellowship candidate

.....

Approval by the APA Membership Committee

.....

Approval by the APA Board of Trustees

Applications and Letters of Recommendation should be sent to:

American Psychiatric Association
Membership Department
1000 Wilson Blvd., Suite 1825
Arlington, VA 22209-3901

Submissions may also be faxed to (703) 907-1085.

Application for Fellowship can be found on page 14

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PSV & APA are currently accepting applications.

For more information, please contact Kim Whitehead at kim@societyhq.com.

All completed nominations are due to APA by Tuesday, July 1, 2008.



American Psychiatric Association

Membership Department MS#5 1808
1000 Wilson Blvd., Suite 1825
Arlington, VA 22209-3901

www.psych.org
Email: apa@psych.org
Fax: 703-907-1085

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APPLICATION FOR FELLOWSHIP

**DEADLINE FOR SUBMISSION OF COMPLETED APPLICATION
AND LETTERS OF RECOMMENDATION - SEPTEMBER 1ST**

BIOGRAPHICAL INFORMATION

LAST NAME _____ FIRST NAME _____ MI _____ SUFFIX _____

MAILING ADDRESS _____

CITY, STATE/PROVINCE, ZIP/POSTAL CODE _____

OFFICE TELEPHONE (WITH AREA CODE) _____

HOME TELEPHONE (WITH AREA CODE) _____

OFFICE FAX (WITH AREA CODE) _____

E-MAIL ADDRESS _____

DISTRICT BRANCH NAME _____

APA ID# _____

BOARD CERTIFICATION(S) - (ABPN, RCPS(C), AOA)

NAME OF BOARD & SPECIALTY _____

DATE RECEIVED & VALID THROUGH _____

NAME OF BOARD & SPECIALTY _____

DATE RECEIVED & VALID THROUGH _____

ETHICS

1. Has your license to practice medicine ever been revoked or suspended? Yes _____ No _____
2. Are you currently charged with illegal or unethical professional conduct by a regulatory or law enforcement agency or by a professional society? Yes _____ No _____
3. Have you ever been found guilty of illegal or unethical professional conduct by a regulatory or law enforcement agency or by a professional society? Yes _____ No _____

If yes to any of the three preceeding questions, please furnish details in a confidential communication to the APA Membership Committee Chair and attach details to this application. Inquiry will be made with the District Branch for relative information, including pending ethics complaints.

REFERENCES

List 2 Fellows, Distinguished Fellows, Life Fellows or Distinguished Life Fellows whom you have asked to support your application (go to the Online Membership Directory in the Members Corner to verify member status of APA colleagues: www.psych.org). The individuals listed below should submit confidential typewritten letters of recommendation directly to the APA, Membership Department, 1000 Wilson Boulevard, Suite 1825, Arlington VA, 22209-3901 by September 1st. Letters may also be faxed to 703.907.1085 or emailed to apa@psych.org.

1. _____
2. _____

AGREEMENT

I will hold APA, its District Branches, members, officers, employees and agents free from all damage and complaint by reason of action taken on this Fellowship application or by reason of any subsequent action on membership, including the sharing between APA and District Branches of information about my professional conduct.

SIGNATURE _____

DATE _____

Medical Director

Skilled Nursing Facility/Home Health Care

Hampton, Virginia

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JOB SUMMARY

The Medical Director works actively to implement and administer medical policies, disease and medical care management programs, integrate physician services, quality assurance, appeals and grievances, and regulatory compliance programs with medical service and delivery systems to ensure the best possible quality health care for Health Net members. This position is primarily focused on maximizing the efficiency and quality of our members receiving care in Skilled Nursing Facilities or from Home Health agencies.

ESSENTIAL DUTIES AND RESPONSIBILITIES

- Leads the effective operational management of assigned departments or functions with an emphasis on execution, outcomes, continual improvement and performance enhancement
- Actively interfaces with Skilled Nursing Facilities and hospitals to improve care outcomes, utilization and costs
- Analyzes performance data of physicians, SNF's and hospitals to develop and implement action plans to work with outliers.
- Analyzes home health utilization and quality and makes recommendations for improvement when needed
- As a representative of the Health Net Plan, assists in maintaining relationships with key employer groups, physician groups, individual physicians, managed care organizations, and state medical associations and societies
- Participates and supports communication, education, and maintenance of partnerships with contracted providers, provider physician groups and IPA's and may serve as the interface between Plan and providers
- Analyzes population-based reports to refine management activities, investigate and define variation, and ensure conformance to expected standards and targets.
- Investigates selected cases reported as deviating from accepted standards and takes appropriate actions
- Actively interfaces with providers (hospitals, PPG's, IPA's) to improve health care outcomes, health care service utilization and costs
- Optimizes utilization of medical resources to maximize benefits for the member while supporting Health Net Plans and Health Net corporate initiatives
- Supports state regulatory relationships and may serve as the lead physician for state and federal medical management regulatory audits (i.e., NCQA, HEDIS, URAC)
- Actively supports Quality and Compliance to ensure that Health Net meets and exceeds medical management, regulatory, agency, and quality standards

REQUIREMENTS

Education

- Graduate of an accredited medical school; Doctorate degree in medicine

Certification/License

- Board certification in an ABMS recognized specialty, board certified in geriatrics desirable
- License to practice medicine in the State of New Jersey is required (or obtainable within 90 days of hire date), licenses in NY/CT helpful but not required

Experience

- Minimum five years medical practice after completing residency-training requirements for board eligibility
- Must have had significant practice experience in a skilled nursing facility
- Minimum three years of medical management experience in a managed care environment

Knowledge, Skills & Abilities

- Demonstrated excellent interpersonal skills
- Current knowledge of industry standard medical management tools
- Strong analytical and problem solving skills
- Ability to set priorities and achieve objectives
- Must be able to work well with all levels in the organization, and participate as a member of a national medical management leadership team
- Ability to operate PC-based software programs including proficiency in Word, Excel, PowerPoint, Access and MS Project
- Travel required

OR

Any combination of academic education, professional training or work experience, which demonstrates the ability to perform the duties of the position

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THE PSYCHIATRIC SOCIETY OF VIRGINIA

VIRGINIA NEWS

2209 Dickens Road
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PSV ADVOCATES

Please join PSV in thanking the following Psychiatrists for their invaluable participation in PSV's recent advocacy efforts:

Cheryl Al-Mateen, MD	Edward Kantor, MD
Steve Brasington, MD	Adam Kaul, MD
Owen W Brodie, MD	Jim Krag, MD
Varun Choudhary, MD	David Moody, MD
Bruce J. Cohen, MD	F. J. Pepper, MD
Lawrence Connell, MD	John Shemo, MD
John Davies, MD	James Shield, Jr., MD
Antony Fernandez, MD	Joel Silverman, MD
Greg Fisher, MD	Bela Sood, MD
Helen Montague Foster, MD	Eric Steckler, MD
David W Gould, III, MD	

It is the members' donation of expertise and time that helps PSV make an impact on public policy.

2008–2009 Psychiatric Society of Virginia Officers

Thanks to the nominating committee for submitting a talented slate for the 2008-2009 ballot. After a spirited election with a large number of ballots returned, the results are as follows:

J. Edwin Nieves, MD, FAPA

President Elect

M. Rizwan Ali, MD

Secretary

Adam T. Kaul, MD

Treasurer

David T. Moody, MD, DFAPA

Member at Large (two year)

Rashida Gray, MD

Member at Large (one year)

John P. D. Shemo, MD

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Eloise Weeks, MD

Member in Training