

# The Psychiatric Society of Virginia VIRGINIA NEWS

SUMMER

*A District Branch of the American Psychiatric Association*

2003

**PSV PRESIDENT/J. Gregory Fisher, MD, DFAPA**



## PSV Virginia News *From the President of PSV*

I had a friend in residency who said she would rather be mauled to death by a bear than nibbled to death by a duck. I have come to realize that we psychiatrists have suffered this latter fate of being slowly nibbled over the years. Fortunately, none have been fatal wounds. The closest we came to being mauled or gored to death was by the onslaught of managed care beginning in the '80's. This nearly did our profession in and certainly changed the landscape of practice dramatically including reimbursement, paperwork requirements, and what type of work makes sense for each of us. Both outpatient private practice and inpatient work have changed significantly, but we have been able to endure this and even to forge ahead.

More recently, we have been bracing ourselves for what could be a true mauling: the extension of prescribing privileges to psychologists. We have looked for and expected this attack. This issue seemed to be on the horizon imminently, but, for whatever reason, it has not arisen and is not on the radar screen for the near future. Obviously this may come up and we need to continue to be prepared.

While we were reacting to the issue of managed care and worried about scope of practice

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extensions, we have continued to be nibbled by other stressors. Because of budget crises past and present and the result of economic factors including declining or flat reimbursements, the number of hospital beds in the state has declined substantially both through the private and public sectors. It is increasingly difficult to access a "safe place" for patients in crisis. This often causes significant tension for those who make referrals to hospitalize patients. In addition, various federal guidelines including EMTALA add aggravation for us and others when these patients backup in ED's.

The emerging crisis of malpractice coverage cannot be overemphasized. Virginia has lost several of its major carriers. Moreover, there are states where the APA's endorsed malpractice coverage is the only option available to psychiatrists. This program too has had its share of struggles of late.

We have also had to adjust to pressures related to JCAHO accreditation of our facilities and, for some, our offices. Relatively recent changes in seclusion and restraint related rules have impacted us. Those who work with children in longer term residential treatment centers have had to accommodate to the UR criteria used by Medicaid in the last few years. Despite these various challenges I am impressed by the way we have adjusted and emerged perhaps stronger in many ways.

I have just returned from our new Board's first meeting. We had decided, since we had so many things on our agenda, to start early and meet as long as necessary to cover what

we needed to. We had a lively and energetic meeting. Both the elected Board members and the committee Chairs were actively engaged in the process. I was impressed with the talent and commitment of those there.

A significant discussion focused on the Society's investments. Many members may not realize that we have greater than \$200,000 invested. We had discussed this at recent meetings. After thoughtful consideration, the Board accepted a proposal by Drs. Cortina and Conell to ask a consultant to help us choose among several options that we have. The Society needs to be wise with these monies and set up responsible oversight.

I was disappointed that we had many more recent post-graduate members dropped for non-payment of dues than new members joining. Fortunately we have a new membership Chair, Dr. Kaul. Helping him will be our new Early Career Psychiatry Chair, Dr. Judd, as well our MIT Rep., Dr. Mukkamala. We will work on attracting MIT's and keeping them through their transition to general membership.

We have lost our long-term lobbyist, Mark Rubin, who is no longer lobbying. The Board had a presentation from our current grassroots' lobbyist, Cal Whitehead and agreed to contract him as our full time lobbyist. We are extremely pleased by the work Cal has done for us over the last few years. Other professional organizations including the Ophthalmologists recommended him highly. Cal has proposed and the Board has agreed to start a new political action committee or PAC. We believe this is a significant step in helping us with legislative issues in the future.

The Board also discussed the shortage of beds across the state. We believe this is a crisis situation. We will initiate a dialogue with the Emergency Room physicians, the MSV and the VHHA re: concerns and then draft a letter to state officials on this. I am particularly impressed by the passion Dr. Kaye has brought to this issue as it relates to the potential closing of acute beds at Eastern potential closing of

*(continued on page 7)*



James S. Reinhard, MD, DFAPA

## Who is John Galt?

My oldest son, Adam, last year as a senior in high school was reading and asking questions about Atlas Shrugged for a "Theory of Knowledge Class" and so I decided in order to carry on an intelligent conversation with him and debate Rand's controversial Objectivism philosophy, I had better revisit the novel. A novel that, according to a recent cover story in USA Today, is the second most influential book in America—a distant second to the bible. I don't have a lot of time to read a 1,200-page novel, but I do have too much time spent in the car so I embarked on listening to the unabridged version of the book on about 40 cassette tapes.

Readers of this novel know that the expression, "Who is John Galt", is used throughout the story by characters as a way to reply to an unanswerable question. In this novel, it is another way of saying, "How should I know" or "Why ask why."

We find out at the end of the book, in my case it took me about 60 hours of listening time, who John Galt is.

Well, enough of Ayn Rand's John Galt.

There is another, non-fictional, John Galt.

John Minson Galt, II. This John Galt was a brilliant physician who was superintendent of Eastern State Hospital (then sadly named the Eastern Lunatic Asylum) from 1841 to 1862. He was instrumental in changing the focus of Williamsburg's first public hospital from a jail-like infirmary full of sparsely furnished cells to a public mental health facility with rooms more like apartments. Dr. Galt strove to obtain the "self-respect, confidence, esteem and love" of his patients, believing that the doctor-patient rapport was key to recovery. He was the first to minimize the previously common use of restraints, one year restraining no one. Dr. Galt was the first to pay attention to human dignity and kindness and he was the first to desegregate the institution, a policy that was only able to last 10 years while he was superintendent. In addition to favoring medication over restraint, he was the first to bring psycho-social programming to the facility; starting a carpentry shop, a library, and a game room.

Perhaps his most important contribution was that he was 100 years ahead of his time in advocating for de-institutionalization and community based treatment. He wrote, "A large number of the insane, instead of rusting out their lives in the confines of some vast asylum, should be placed... in the neighboring community." He went on to write: "were any other... persons... collected together in such large numbers as is the case in some asylums, we are satisfied that the greatest disorder would be likely to ensue [on them as well]."

Dr. Galt's vision for community integration did not last long, even though he was able, for ten years, to have a policy where up to half of the more stable population at the facility were allowed to leave the grounds and have the freedom of the town during the day, and townspeople of Williamsburg were

encouraged to visit the institution. The civil war, and capture of the area and institution by the Union army ended Dr. Galt's administration and plunged the institution back into regressive changes and a vast influx of patients that we know followed in that part of our history. Dr. Galt apparently suffered from depression later and reportedly ended his life by suicide.

That's who a real John Galt is. And even though this stuff is 150 years old, many of the issues sound strangely familiar. Harry S Truman said, "There is nothing new in the world except the history you do not know." Our previous APA president stated that we are "teetering on the brink of a wholesale collapse of our mental health care system". The New Freedom Commission on Mental Health interim report concluded that, "...America's mental health service delivery system is in shambles."

With this assessment of our system, I am reminded of the quote by an anonymous author, "Every system is perfectly designed to get the results that it gets." We are getting what we pay for. We are getting exactly what we should expect, and therefore the only way to get anything different is to do something dramatically different. It seems that we need more John Galt type of vision and leadership if we want to change a system that is in shambles. It is interesting to contemplate what John Minson Galt would do if he were working in our present system. Perhaps he would refuse to attend any educational activities underwritten by a pharmaceutical company. Perhaps he would volunteer at a free clinic. Perhaps he would be more active in his local and state professional organization or seek board membership. What do you think a person like John Galt would do? Who is John Galt?

### VIRGINIA NEWS

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*We welcome letters to the editor  
and editorial contributions.*

***Congratulations to Dr. Reinhard for his honorable mention,  
best editorial entitled "The Meaning of Life, in 700 Words or Less."  
This award was presented to the Area 5 representatives in San  
Francisco from the American Psychiatric Association. The editorial  
was featured in the Summer 2002 issue of the PSV Virginia News.***

## Psychiatry's Advocacy Efforts

### *PSV-WPS NoVA Authorizes Formation of PAC*

At its June 7 meeting in Richmond, the leadership of PSV and the Washington Psychiatric Society (WPS) endorsed a plan that will create the Commonwealth's first ever political action committee (PAC) for psychiatric medicine. Tentatively named "PsychMD PAC", this separate, but closely related, entity will raise money from Virginia psychiatrists to fund state candidates having positions that promote better mental health care delivery. The decision to form PsychMD PAC demonstrates proactive recognition that success in a crowded field of public interests requires increased access to the elected officials who make decisions on health care policies.

"This is going to dramatically increase organized psychiatry's visibility at the General Assembly," explains PSV President Greg Fisher. "It will also give psychiatrists a new reason to get involved in the political process.

Our members will know these contributions will benefit our organization by supporting friends in the legislature, advancing our profession, and improving psychiatric care."

The necessary paperwork and organizational requirements are currently being prepared. It is expected that PsychMD PAC will be officially announced at the September PSV Annual Meeting in Roanoke. The leadership hopes to combine the announcement with a special event and fundraiser.

### *Medicaid Preferred Drug List (PDL)*

PSV and WPS NoVA, with help from APA, is providing input to the Department of Medical Assistance Services (DMAS) and actively monitoring the implementation of the Preferred Drug List (PDL), which creates a formulary for Medicaid fee-for-service patients. The leadership is working with legislators and executive officials to ensure that the PDL includes the broadest possible exemption for

psychotropic medicines and the least burdensome prior authorization process.

### *Mental Health System Restructuring*

At the local and state level, psychiatrists are engaged in the Restructuring Plan which will shift millions of dollars to communities to treat mental illness and substance abuse. There is concern that the closing of state hospital beds will exacerbate the current bed shortage and result in reduced access to acute care in communities. Dr. Richard Kaye is leading grassroots efforts in Peninsula area to educate policymakers and build coalitions of concerned health professionals and community stakeholders.

***For more information on any of these issues or questions about organized psychiatry's advocacy efforts, please contact Cal Whitehead at [cwhitehead@whiteheadconsulting.net](mailto:cwhitehead@whiteheadconsulting.net).***

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# Highlights from PSV Spring Meeting

Friday, April 4 and Saturday April 5, 2003 at the Omni Richmond Hotel

Friday evening, April 4 a special award was given to Mr. Raymond Burmester and his wife, Jessica Burmester for their outstanding advocacy and leadership in support of services for people with mental illness, mental retardation, and substance abuse problems.



Outgoing President, David Markowitz receives Presidential plaque at Saturday's Business Luncheon from incoming President J. Gregory Fisher.



Saturday's Scientific Session included Anita L.H. Clayton, MD and her topic on "Depression in Women", Kenneth S. Kendler and his topic "Psychiatric Genetics – A Current Perspective and David R. Spiegel, MD and his topic on "Treatment of Behavioral Disturbances in Dementia."

Stan Jennings, MD, DFAPA

## PSV Golf

A beautiful spring day welcomed the participants to Willow Oaks Country Club for the 2003 Psychiatric Society of Virginia golf championship on April 4th. For the first time in the tournament's history all of the participants were PSV members. The stellar tournament field included current President David Markowitz, who happened to be the only PSV member ever to win his tournament.

This year's was an exciting tournament, which ended in breathtaking fashion with the final putt on the 18th hole as Dr. Markowitz sank a lengthy breaking putt to even the match. Despite this act of heroism, the title of the state golf champion was awarded to Dr. Doug Chesson after a random match of cards. Dr. Chesson was characteristically humble in accepting his trophy, seeming to feel unworthy of such a singular achievement. Sadly, there were no cameras available to record the event.

The scorecard was promptly discarded to protect the innocent leaving this written report as the only evidence of what happened.

## FALL 2003 MEETING—Current Updates in Psychiatry MARK THE DATE

Friday, September 19 and Saturday, September 20, 2003 at the Hotel Roanoke in Roanoke, Virginia

### FRIDAY EVENTS INCLUDE:

4:00 pm PSV Board Meeting

6:00 pm reception (area Legislators will be invited)

7:00 pm dinner and speaker **Thomas Morris, Ph.D.**, President of Emory and Henry College in Emory, Virginia. Dr. Morris is an American constitutional scholar and political scientist. He was a faculty member at the University of Richmond for 21 years prior to his arrival at Emory & Henry. His topic will be Virginia's current political and public policy environment in the context of 2003 General Assembly elections.

### SATURDAY EVENTS INCLUDE:

7:30 am Committee Breakfasts

9:00 am CME Program featuring two speakers

Eileen P. Ryan, DO, Associate Professor, UVA Health Systems, Charlottesville "Juvenile Crime and Culpability"

Anand Pandurangi, MD, Professor, MCV/VCU, Richmond "Antipsychotic Psychopharmacology –The Straight Talk"

**Deadline for Room Reservations is August 22 by 5:00 pm.**

Room rates for single/double is \$112.00 plus taxes per room per night. Reserve your room now at [www.hotelroanoke.com](http://www.hotelroanoke.com) or call 540-985-5900.

**PSV welcomes all non-PSV members. Contact Sandra Peterson for more details at 804-754-1200 or [spetersonpsv@comcast.net](mailto:spetersonpsv@comcast.net). A registration fee of \$50.00 for non-members includes break and lunch. Residents welcome. No fee for non-member residents.**



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## Excitement at the Assembly

A San Francisco Treat? One of the great things about serving as the PSV assembly Representative is that attendance at the annual APA meeting is essentially compulsory. In many ways a spring trip to San Francisco following a snowy winter and soggy spring sounds splendid, however, leaving an active family, during the week of transition from school to summer has its downfalls. All working parents have their tricks. Often this includes the capacity to leap tall stacks of dirty dishes to help with homework, fly through town between soccer and trumpet lessons, (leaving no child behind), and skipping through the dreaded t-r-us to pick up that Saturday laser tag birthday party gift. Travel comes at a price. It is often something that throws the best of us, even those fortunate enough to have a great leading man equipped with safe kitchen skills, into a disequilibrium that requires weeks of recovery. Is the pain worth the gain, do the risks outweigh the benefits? In short? Yes. Travel is tough, but to date I am always glad I have made the sacrifice, and the May 2003 meeting was no exception. Additionally after sampling several menus, I have decided that eating healthy foods is much easier in San Francisco than in the southeastern United States. They just do not fry things there.

The good parts: This was the first Assembly for the new Medical director Dr. James Scully. Dr. Scully envisions APA as a community of professionals, not a trade guild. He emphasized four central elements of the APA mission:

1. Promote quality care for individuals
2. Promote psychiatric education and research
3. Advance and represent the profession of psychiatry
4. Serve the professional needs of its membership

There is great anticipation that his leadership will promote a positive face for American Psychiatry. Additionally, Dr. Marcia Goin began her year term as president. Dr. Goin will also provide a wonderful, solid and feminine face for psychiatry as she represents our profession throughout her term. Already in her term as president elect she has demonstrated leadership in advocating for better access to services for indigent mentally ill persons. Other good news includes an APA budget surplus of about one million dollars. (Last year at this time it was reported to be three million dollars in deficit.) This comes in part from one time collection of outstanding past membership dues and from unanticipated revenues from American Psychiatric Press International. (Help APA by buying books from APPI!!!) A bright spot at the meeting was the appearance of our PSV grass roots lobbyist Cal Whitehead. Cal enhanced his general knowledge about our profession and met with folks from APA government relations while there with us. Another welcomed guest appearance was made by Dr. John Buckman who served as the PSV representative to the assembly for a number of years.

A practice guideline on the treatment of Persons with Suicidal Behaviors is in final draft. Many anticipate that attorneys will be the primary readers/beneficiaries of this extensive document. It is my understanding that any APA member can comment on this at this time. It can be found on the members' only section of the APA web site. (Psych.org)

There were several proposed action papers of interest in the Assembly part of the meeting. These included two papers suggesting elimination of axis two in the DSM V, a paper advocating for an APA policy on single payer health insurance, a paper which will encourage the ability to obtain free CME credit by reading APA journals. Your Virginia delegation brought forth one paper regarding representational voting within the assembly

process. Although the paper technically did not pass, the change in voting procedure suggested by John Shemo's paper (which called for more formal counted representational voting process), did actually occur during this assembly. (i.e. John and I interpreted this as successful as it raised awareness of the issue we were trying to get at through the paper.) This session, there were a total of 24 papers that were deliberated. Please contact me if you have interest in a more full accounting of all action papers.

The bad parts: Dr. Applebaum has been an outstanding president and this meeting brought his term to a close. National APA membership is steady, but we have not gained the losses of the last several years.

The ugly parts: Homeless mentally ill individuals abound in the San Francisco area. It is rumored that an APA meeting attendee was assaulted by one of these individuals. A local controversy includes the slated closure of a metro area living facility which primarily houses nearly one hundred individuals who are indigent and would otherwise be homeless. (i.e. making a bad problem worse) A related topic of concern was the issue regarding Medicaid budgets which are becoming an urgent and ugly problem in many states. There is great concern that mental illnesses are likely to be one of the services most severely affected as states sort out budget shortfalls.

A great meeting with good, bad and ugly parts (mostly good). John Shemo and I are working hard to represent PSV, "and do us proud" within these proceedings. Please let us know if there are items we can assist you with or you have interest in or questions about. Thanks to you again for allowing us the opportunity to represent PSV in these meetings.

**Anita is accessible through [aeveretmd@msn.com](mailto:aeveretmd@msn.com), John prefers a call to his office at 434-984-0005.**

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## PSV MEMBERS IN THE NEWS

**PSV Past-President David Trinkle of Roanoke has recently won a seat on the Roanoke City School Board.** Dr. Trinkle worked closely with many of Roanoke Valley's elected leaders to garner support for his successful bid. Congratulations David!

**Avtar Dhillon, MD of Williamsburg has been appointed by Secretary of Health & Human Resources Jane Woods to serve on the Department of Medical Assistance Services (DMAS) Pharmacy & Therapeutic (P&T) Committee.** This committee of physicians and pharmacists will oversee DMAS' implementation of the Preferred Drug List (PDL) and recommend which medications will be subject to a prior authorization process. Congratulations Avtar!

**A special thank you to Page Moss Fletcher, MD of Leesburg for all of his time and effort attending meetings as the PSV representative of the Medicare Carrier Advisory Committee, Trailblazer Health. The PSV appreciates all of your hard work!**

**Please contact Sandra Peterson if you have an interest that can be shared to the PSV membership via the PSV Virginia News.**

*(continued from page 1)*

acute beds at Eastern State Hospital in the last few months; apparently now some beds, but not all, will close there.

Although our most recent Semi-Annual meetings have been very successful, the Society did a survey recently which suggested that many members would like programs with more CME's available. The Board entertained a proposal by Drs. Goldenberg and Pushkin who had researched and contemplated this issue and decided to hold a longer meeting next spring in Richmond.

The Board discussed various other issues as well. Our Reps. to the APA Assembly, Drs. Everett and John Shemo, gave an update from the recent APA meeting. We are lucky to have such active participants in this body. We have a new Disaster Chair, Dr. Kantor, who provided a report on his considerable activities in this area. Lastly, Dr. Krag and the Community Psychiatrists continue to be very active and his leadership has been valuable to this large number of Psychiatrists in our Society.

In sum, we do continue to be nibbled at times by external forces. We also need to be on the watch, lest we be mauled. Yet, I see PSV as vibrant and vital now in meeting challenges head-on. I look forward to seeing you at our Fall meeting in September in Roanoke in Southwest Virginia. The Hotel Roanoke is a beautiful facility and I expect to see a large crop of attendees from that area as well as the usually good number from the Blue Ridge, Richmond and Hampton Roads areas.

Sincerely,

J. Gregory Fisher, MD

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## VIRGINIA NEWS

The Psychiatric Society of Virginia  
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*Fall Meeting  
Information –  
See page 4*

*Spring Meeting –  
Mark the Date  
March 26-27  
2004*



## Attention All PSV Members!



*Are you interested in running  
for a PSV office next Spring, 2004?*

*The PSV nominating committee  
(which will be established this fall)  
is always looking for members  
who are interested in making a  
difference within the PSV organization.*

***Please contact Greg Fisher, current PSV  
president at langhorner@aol.com or  
Sandra Peterson at spetersonpsv@comcast.net  
for more information.***



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### Call:

Lilia Mayer/ Healthy Communities Loan Fund at the  
Virginia Health Care Foundation  
804-828-7494 or Email: [loanfund@vhcf.org](mailto:loanfund@vhcf.org)

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