The Psychiatric Society of Virginia
VIRGINIA NEWS
SUMMER *A District Branch of the American Psychiatric Association* 2004

Yaacov S. Pushkin, MD, DFAPA

From the President of PSV

When I was asked to consider a term as President of the PSV, I had an interesting admixture of internal responses. First, I had always envisioned this position as one being occupied by colleagues with more seniority and political savvy than I possessed. This request fully brought into consciousness the fact that I had reached mid-career status. Accompanying this realization, I also experienced a sense of humility and some trepidation as to whether or not I would have the wherewithal and time to devote to this effort and whether or not I would meet the needs of the body. After all, what had I done to deserve this honor? Gradually, my thought process shifted from "Why me?" to, "Why not me?" Ultimately, I realized that I was simply taking my turn in assuming stewardship of our body, as many had done before. I also knew that I was not alone in this process. I would be guided by the wealth of knowledge and seasoning of the Board and other active members who so reliably have served the PSV. The acceptance of this position also made me think of my late father, an internist, and my mother, a retired nurse, and how they had so responsively answered the call of those in need. To respond to such a calling is a developmental theme that we in Psychiatric Medicine can fully appreciate and identify with. I knew I had to answer the call.

INSIDE THIS ISSUE

In keeping with this theme of answering the call and with the help of many others, including Drs. Greg Fisher, Ed Goldenberg, and Edwin Nieves, I set forth to arrange the educational programs of the Spring and Fall Meetings with an emphasis on quality programming inspired by feedback from PSV members. In demonstrating responsiveness to the group, and in an effort to enhance and stimulate membership involvement, our Spring meeting featured Drs. Elizabeth Weller, Jay Scully, Jim Levenson, and Ed Kantor along with medical students from the University of Virginia. It was highly attended and well-received. I have endeavored to continue to respond to the PSV's call relating to educational topics, and am pleased to have secured another set of outstanding speakers for the Fall Program in Williamsburg. This program will feature Drs. Wade Myers (Vice-Chair, APA Ethics committee), Vamik Volkan, and Anand Pandurangi. I anticipate an excellent turnout and rave reviews with such a superb roster.

In the time I've spent within the PSV, I've always been inspired by the passion and energy of those turning "affect into effect."

Aside from our educational mission, we have many calls to answer in terms of our political agenda. Despite advances in mental health parity, true equity remains elusive. We look to further work with Virginians for Mental Health Equity (VMHE) on enhancing mental health coverage within the business community. We seek to maintain proper control of matters relating to managed formularies and prescriptive authority. We wrestle with the balance of reinvesting state resources into the community versus adequate provision of access to acute private and public hospital beds. We live in a troubling age where we must consider our society's role in the event of disaster. We must actively support our PsychMD PAC, thoughtfully initiated by our lobbyist, Cal Whitehead, in order to help ensure that our concerns will be received and responded to by our legislators. We need to achieve a more active membership involvement within our Society. Our body has a number of committees where members may be involved, including Ethics, Public Psychiatry, Child and Adolescent Psychiatry, and Disaster.

In the time I've spent within the PSV, I've always been inspired by the passion and energy of those turning "affect into effect". I vow to do my part in helping to promote this energy transfer. Over the course of the year, I will be calling upon many of you for your ideas and contributions to our efforts in hopes of realizing some of our potential and goals. Now, I must call upon you, the membership. Who will answer?

Sincerely,

Yaacov R. Pushkin, M.D., *President*

James S. Reinhard, MD, DFAPA

Transformation: Are you Serious?

We keep hearing the word "Transformation" regarding our current mental healthcare system. Especially since the release of the New Freedom Commission Report that reminded us that the only thing that could save a fragmented, dysfunctional system would be a total transforming of the way we do business.

Transformation is a dramatic word. It is a serious word. It is a word that has been particularly popular at the federal level after the President's New Freedom Commission issued their final report and proclaimed that the Mental Health service system was "in shambles" and was long past a point where some tweaking around the edges would do any good.

SAMHSA director Charles Currie has tapped CMHS director Kathryn Power to be the point person for the Feds to push the "transformation agenda" among Washington's fragmented, uncoordinated, and often duplicative bureaucracies and set an example for states to do the same.

But are we really serious about transformation? Do we really want to commit ourselves and start throwing that hefty word around? Transforming a huge system requires some heavy lifting and takes a lot of energy. You don't just do that on a Sunday afternoon.

What would it take to transform the Commonwealth's mental health service system? What would a transformed system look like? The full answer to those questions would take more space than this editorial column would allow. But I firmly believe that a starting point, a major premise of transforming our system has to center around fully understanding and embracing the concept of recovery.

. . . we should get serious about what we can do, what we should do, what the people that we serve really need, what they really want, and what they can do themselves (or with family and peers)–and then accept nothing less.

I'll put it this way: Only a "recovered" mental health system will be transformed. By that I mean that we need to approach and view our overwhelming mental health problems through the lens of the recovery model. We have too often only addressed mental illness and not mental health. We study neuronal destruction and dysregulation, but know little about resiliency. We pay little attention to prevention and early intervention of DSM's well-described syndromes.

Most businesses, organizations, and systems that are trying to get from "good enough" to "great" pay close attention to feedback from the people they serve. Who hasn't filled out a customer survey within the last few days, somewhere? Organizations want to know what we think. The people that we are trying to serve are trying to tell us something, too. No, they are screaming something: "PAY ATTENTION TO WHAT RECOVERY MEANS IN MENTAL HEALTH." They want to be at the center of the decisions made about them, and want more responsibility for their wellness and their life. They want to know that there is hope for improvement–no matter what point they are at–on the spectrum of their disease. And, they want a life apart from their illness–so they can do other things besides being consumed by their illness. They don't want to be just consumers, especially forever; they don't want to be totally and permanently disabled.

When we spout off figures of how much the disease burden of our serious mental diseases costs society, I believe we mean well. They are serious, chronic medical illnesses. Schizophrenia and Affective Disorders alone take a huge toll on society. But most of the numbers we use have not, in the least bit, been influenced by the recovery movement and models of thinking about the illness.

We have to figure out a way to capture the disease burden and associated costs by incorporating what we are learning and being told from many of the individuals we serve about recovery and the course and impact of the illness as seen through the lens of the "recovery model."

Why are we complacent about an underfunded system? Why do law-makers and budget writers, year after year, ignore the needs that advocates project? Why are we willing to tolerate "waiting lists" in our system?

It is because the projected needs are so large that they either overwhelm people–or are often not taken seriously–or both. For example, I heard it stated in one of the annual APA

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We welcome letters to the editor and editorial contributions.

PsychMD PAC Closing in on Year One Goal

As of this writing, PsychMD PAC is only $400 short of our first year goal of $7500.

Virginia psychiatrists use PsychMD PAC to increase awareness of issues impacting psychiatric medicine and patients. In a crowded political environment, it is increasingly important to support candidates who share our commitment to a better mental healthcare system.

Forty of your colleagues have generously contributed to the PsychMD PAC and actively participated in our advocacy efforts. Before August 1, please join the psychiatrists below and help PsychMD PAC meet its goal.

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Members *($50-99)*

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Helen Foster
Richard Oliver
Joel Silverman
John Hendrickson
Yaacov Pushkin
Jim Krag
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PsychMD-PAC

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PsychMD-PAC raises money from Virginia psychiatrists to fund the General Assembly and statewide candidates with positions that promote a better environment for psychiatric care delivery.

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John P.D. Shemo, MD, DFAPA & Ram Shenoy, MD, DFAPA

Report Area V Council Meeting *March 6 and 7, 2004* and APA Assembly Meeting *April 29 to May 2, 2004*

Ram Shenoy and I attended both above meetings as Ram is serving out Anita Everette's term as Assembly Representative, given her move to Maryland.

On a very positive note, the finances of the APA continue to do very well; the belt-tightening effort has been very successful. We have a $5.9 million surplus from last year. The APA has assets of $51 million and liabilities of $15 million. Forty-five percent of the APA's revenues last year came from publications, 25 percent from the annual meeting, 17 percent from dues, and 12 percent front grants and contracts.

The APA Scientific Meeting in New York was again a major success. With a projected attendance of over 22,000 participants, this was literally the largest medical meeting of any kind in the history of the world.

The recent passage of a psychologist-prescribing bill in Louisiana was a major topic of discussion. It is ironic that the Majority Leader of the Louisiana Senate is a family physician who, I am told by our Louisiana colleagues, has not only voted for but has sponsored every bill by every non-medical group seeking prescriptive privileges or increased scope of practice. Professional ethics prohibit me from speculating on the dynamic underpinnings of his actions. Unfortunately, although I was told at the meeting that the Governor of Louisiana might well veto the bill because it was passed so rapidly and without any hearings or debate, a fact that was exposed and criticized in editorials in major Louisiana newspapers, as you are probably aware by now, the Governor ultimately did elect to sign this bill. It was noted that in both states where psychologist prescribing has been passed, there has been a "perfect storm" of local political dynamics that occurred at "just the wrong moment." Nonetheless, as has been said, "all politics are local."

The ongoing problem of Legion insurance bankruptcy was discussed in some detail. It is noted that Legion did not go bankrupt because of its medical liability division, which in fact was profitable for them, but because of bad decisions in other lines of business in which they were involved. The status of coverage for the policyholders involved in the approximately 700 suits outstanding is still very unclear. We are told that the companies involved in the current APA endorsed (not sponsored) program are sound. The APA endorsement will expire next year. An Assembly Action Paper did direct that in the future the APA only endorse malpractice insurance plans that guarantee that enrollees have direct access to re-insurers in the event the primary carriers go into liquidation. The Insurance Committee tells us that on any given day in the United States there are 125,000 medical malpractice suits outstanding. Seventy percent of these "just go away." Eighty percent of the remainder are settled without payment. Of the then remaining, many are settled with minimal payments. Unfortunately, rewards are ever rising for those that are litigated and the cost of litigation itself overall far exceeds rewards ever made.

Free online continuing medical education is available at www.psych.org/cme.

The APA remains very active in trying to deal with projected cuts in Medicare payments per code of four to five percent over the next several years. This is in part driven by the fact that, in many states, psychiatrists are accepting reimbursement rates from managed care companies that are significantly less than current Medicare rates, thus revising downward the "community standard." In Virginia, for example, Sentara reimburses Code 90807 at only 69.7 percent of the Medicare rate. Nationwide, 54 percent of private practice psychiatrists no longer contract with any managed care organization. This, of course, only worsens the access problem for patients who are forced by their employers to be under managed care programs.

Free online continuing medical education is available to APA members at www.psych.org/cme. Programs available under this free access include 11 APA practice guideline courses. Instant online CME certificates will be provided for APA members who complete any of the courses.

A number of Action Papers were proposed and debated. Perhaps the most significant was a paper proposing the abolishment of the DSM multiaxial diagnostic system. This is recommended both because the upcoming ICD-10 does not use such a system and, furthermore, has an expectation that the patients' illnesses be listed in order of importance, creating problems when the most important disorder is listed on Axis II or III. Robert Spitzer, M.D., who created the five-axis system 25 years ago, spoke to the Assembly and endorsed this proposal.

An Action Paper was also passed which would direct the APA to have an official position that the percentage of the health care budget for mental illness and substance abuse services should approximate the percentage of "burden of illness" represented by these disorders. This was predicated on several significant statistics. The number of psychiatric beds is steadily decreasing while jail and prison beds are increasing at an annual rate of 3.5 percent. In 2000, there were 66,987 persons with serious and persistent mental illness (SPMI) in jails and 1,308,689 persons with SPMI in prisons. About 100,000 homeless persons have SPMI. Nursing homes contain 407,200 persons with SPMI. Yet, the USA State Hospital Census was but 54,826 patients. Parents are increasingly forced to relinquish custody of mentally ill children to obtain necessary psychiatric services. Psychiatric disorders, including substance abuse disorders, account for 13 percent of the burden of disease; 17 percent if dementia and suicide are included. Psychiatric and substance abuse services, including primary

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Page Moss Fletcher, MD, PSV Medicare Carrier Advisory Committee Representative

Medicare Matters

I represent PSV at the Medicare carrier advisory committee (CAC) Meetings conducted by Trailblazer, a company that serves as the Part B fiscal intermediary (FI) for Virginia, Delaware, Texas, Maryland, and Washington, DC. Bill Harp served in this role for many years and passed the torch to me in the later 1990's. The CAC functions as an advisory board to comment on local medical review policy (LMRP). Clinicians can consider LMRP as representative of medical necessity language for the Medicare insurance product. The psychiatric services LMRP were revised in March of this year. Please review the new LMRP at www.trailblazerhealth.com.

The Virginia CAC meets every four months in Richmond. Draft LMRP are posted on the web site with public comments invited. The approval of our new psychiatry and psychology LMRP was influenced by comments from Dr. Harp, Virginia psychology CAC representatives, myself, and was constructed on the framework of the APA model LMRP. I primarily work with elderly leading to a vested interest in sound, friendly LMRP. One particular change that is both sound and friendly in this policy focuses on the family therapy codes 90846 (without patient present) and 90847 (with patient present). Unfortunately, Medicare maintains a 100% restricted policy on the 90846/90847 code set so no claims are paid without review of your note. National advocacy by the American Association for Geriatric Psychiatry put these codes on Medicare's radar. Intergenerational work with the elderly demands coding flexibility. Important new language in the revised LMRP states; "where both husband and wife are covered by Medicare, such therapy may be the most parsimonious treatment for both." I have found it much easier and quicker to get paid for family therapy claims since this change took place.

Two noteworthy pending national developments should be on your radar. The first pertains to the 90862 medication management code. A new rule pertaining to incorrect and inconsistent application for FI's across the country of the psychiatric payment reduction for 90862 and dementia diagnosis is close. I anticipate uniform 80% Medicare and 20% beneficiary payment application. Another important change stems from the reversal of an April 2003 decision not to cover positron emission tomography (PET) for the diagnosis of Alzheimer 's disease. While the effective change date is not set, CMS officials found that PET's usage for suspected AD could be covered when a specific diagnosis remains uncertain despite a thorough clinical evaluation. Similar to LMRP draft comment invitation, the PET scan coverage proposal seeks public comment at www.cms.hhs.gov/mcd/index_list.asp?list_type=comment

Today's article started with Helen Foster's in office observation of idiosyncrasies in Medicare paper claim adjudication. First, if at all possible, bill Medicare electronically. The float is 14 days for electronic, 30 days for paper billing. The system will only accept a clean electronic claim leading to less resubmission requests. For those of you stubbornly avoiding HIPAA and staying with paper claims go to the Trailblazer web site, click on Virginia, and then click on 1500 claim form/unprocessable claim form instructions. There you can read twenty pages of mind numbing instructions regarding the individual item numbers on the HCFA 1500. This is Medicare's way of prodding you into electronic submission.

Note: Trailblazer just posted reimbursement rates for Risperdal Consta on their web site. The relevant link is www.trailblazerhealth.com/notices.asp?action=detail&id=2233 I am unfamiliar with part A billing and ask PSV members who provide IM Risperdal Consta to send feedback about the reimbursement experience. The grey area I seek feedback on is whether Medicare will apply the psychiatric limitation to the part A service of drugs and biologicals. I assume the bulk of our members who will seek reimbursement for this service will work in the public sector, probably for the CSB's.

Antony Fernandez, MD, PSV Legislative Advocacy Chairman and Ram Shenoy, MD, APA Assembly Representative

Legislative Highlights, APA May 2004

Organized psychology has pursued prescription privileges for its members for over twenty years.

Their success in gaining prescribing rights in New Mexico in 2002 emboldened them and despite losing in 11 other states, then came Louisiana. This saga continues with no end in sight.

On May 6, 2004 Michelle Riba, M.D., President of the American Psychiatric Association responded to Louisiana Gov. Kathleen Babineaux Blanco's decision to sign House Bill 1426 into law. HB 1426 grants psychologists, who are not physicians, the right to prescribe powerful medications after having taken a course of training that does not begin to approximate medical school and residency. The legislation was backed by the House speaker and the Senate president and sped through both chambers. Dr. Riba called it a "rush to judgment that puts politics above patients' lives and safety." HB 1426 puts Louisiana well outside the medical mainstream in the United States and will jeopardize patients struggling with mental illnesses. Senator Hines, the Louisiana legislature and now Gov. Blanco have, sadly, placed the economic interests of a few well-funded psychologists ahead of the health and welfare of people of Louisiana, who elected them. The law vests sole oversight of prescribing psychologists with the Louisiana State Board of Examiners of Psychologists, a regulatory board whose members are not trained in the practice of medicine and cannot judge the medical competency of anyone.

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The governor and the Louisiana legislature have attempted to cloud the issue of safe medical care by referring to "medical psychologists," a term that has no basis in fact and is a creation of the small group of psychologists who benefit from this deliberate subterfuge. The Louisiana Psychiatric Medical Association worked around the clock and along side a host of other national and local organizations to oppose the hastily considered measure: NAMI (the National Alliance for the Mentally Ill); the Depression and Bipolar Support Alliance; the Louisiana State Medical Society; the American Medical Association; and many other patient, consumer, and physician groups.

As psychiatric physicians we need to band together and ensure that this saga does come to an end. We have an obligation to protect our patients.

As psychiatric physicians we need to band together and ensure that this saga does come to an end. We have an obligation to protect our patients. The American Psychiatric Association will continue to vigorously resist psychologists' efforts to practice medicine without benefit of medical school and supervised medical residency.

Federal Issues for PSV members:

Senator Wellstone Mental Health Equitable Treatment Act
http://capwiz.com/psych/issues/alert/?alertid=5710271

People with Mental Illnesses in Jails Unnecessarily
http://capwiz.com/psych/issues/alert/?alertid=5381111

Senator Wellstone Mental Health Equitable Treatment Act

The APA—both independently and as chair of the Coalition for Fairness in Mental Illness Coverage—has sought diligently to secure enactment of the Senator Wellstone Mental Health Equitable Treatment Act (MHETA). However, despite reaching with your help, a record of 69 cosponsors in the Senate and 245 in the House of Representatives, Congress has failed to move on MHETA (S.486/H.R. 953). Two years have passed since President Bush expressed support for full mental health parity legislation. Since then more than 360 organizations have joined our coalition to pass MHETA and end insurance discrimination against those suffering from mental disorders.

To get Congress moving on MHETA, we need to keep up the pressure to help the bill's sponsors, Senators Pete Domenici (R-NM) and Edward Kennedy (D-MA) and Representatives Jim Ramstad (R-MN) and Patrick Kennedy (D-RI). Please call your United States senators or house member and ask them to press Majority Leader Bill Frist, Senator Judd Gregg, chairman of the Health Committee, and Speaker Dennis Hastert to schedule S.486/H.R.953 for action.

Your suggested SENATE message: *"I am calling to ask the senator to urge Senators Frist and Gregg to make mental health parity legislation (S.486) a top priority for passage in 2004. Parity is a fair and affordable solution that will save lives and families. Congress must pass the Senator Wellstone Mental Health Equitable Treatment Act."*

Your suggested HOUSE message: *"I am calling to ask the congressman/congresswoman to urge Speaker Hastert to make mental health parity legislation (H.R. 953) a top priority for passage in 2004. Parity is a fair and affordable solution that will save lives and families. Congress must pass the Senator Wellstone Mental Health Equitable Treatment Act."*

Contacting Your Virginia Legislators

You can find out who represents you in the Virginia Senate and House of Delegates on the Internet at: http://conview.state.va.us/whosmy/constinput.asp. This website also will give you all the contact information for your Senator and Delegate, and will allow you to send them an e-mail from a hotlink. When you do this, you will want to remember that you are looking for your representatives in the Virginia State Senate and Virginia House of Delegates, not those in Washington.

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Jasdeep "Bobby" Miglani, MD

A Page from My Diary–Part 2

"I am telling you there is nothing wrong with her"–Dr. Xs shrill voice definitely sounded upset. The day was just getting started and I was definitely unprepared for the tirade that followed. "Ask her to stop wasting our time–her problems are all supratentorial." "Well I know this patient can be challenging at times and I was hoping that by referring her to you. . ." I trailed off as he launched again–"she is a drain on our time." He vented his ire for several minutes and I looked at the blinking line on the phone knowing I wasn't going to get a word in. Where is the pharmaceutical company squeezie toy when you really need it? In the end, I managed to murmur a polite thank you and hung up.

Even though I was sufficiently adrenalised by the verbal assault, I walked to get coffee and clear my thoughts–"What a way to begin the day" I sighed as I stood with a cup of coffee and gazed out the window. One of the advantages of living where I do is that the natural beauty surrounds you just about everywhere. It was going to be a beautiful day–the mountains looked beautiful as the fog was lifting and the warmth of spring sun felt soothing. I took a deep breath and indulged in this beautiful distraction for a minute. Feeling much better I returned and soon the activities of the day resumed their rhythm. Dr. Xs melodramatic comments of the morning drifted away from my mind.

Later that day I heard from my friend Dr. C (C as in courageous and charming). "Hey I'm in town next week–can we do lunch". "By all means"–I said as we bantered and joked with each other before hanging up. I dwelled on the happy memories of our times together. Dr C is the kind of person who inspires others to do better by example. He is one of the liveliest people I know despite having fought adversity and disability. Not once have I heard him begrudge his personal misfortune. "Leave the world a better place than you found it"–seems to be his motto.

I often wondered at his remarkable ability to pick up the pieces and move on. During one such curious moment, I remember asking Dr. C "doesn't all this despair make you a cynic at times, do you ever get compassion fatigue, does it ever feel that all empathy has been drained out of you." He looked at me before replying simply "I just know how it feels to be on the other side."

The day of our planned meeting was finally here. The beautiful spring day only added to my high spirits as we both joked on some story from bygone days while making our way to the rendezvous. Suddenly, I caught my breath as we entered and I saw Dr. X was waiting in the restaurant foyer as well. His rudeness over the phone was still fresh in my memory and I did not want to be ambushed again. "Best to ignore him" I thought but then changed my mind when I saw him looking pale and uncomfortable wearing a cervical collar brace. "Dr X, I hope you are OK"–I said absent-mindedly. He launched into a litany of concerns in response to my polite enquiry.

I couldn't help but smile at the irony of his parting comment though–"it hurts all right–but no one can seem to tell me what is wrong."

Dr. Miglani lives and works in SW Virginia. He can be reached for comments at jmiglani@hotmail.com.

Transformation *continued from page 2*

meeting sessions that I attended last spring, that "since mental illness accounts for up to 54% of the costs to society, mental illness should get 54% of the health care dollars spent in this country."

"Earth to Psychiatry. Come in please." I'm sure all the other specialties in medicine are just waiting in line to hand over our rightful share of the health care dollar pie. Especially as our nations health care costs continue to spiral out of sight, as it takes a bigger and bigger percentage of the GNP, and as employees pay more and more for their medical care and prescriptions out of their own pockets, even if they can get insurance.

That is why it is so important for us to, as soon as humanly possible–as rigorously and accurately as we can–determine what "recovery-based" mental health needs are. We need to project what costs are, what disability looks like, and what economic burden there is to society in light of the recovery model. That does not mean water down what we want. That does not mean undersell our needs. It means that we should get serious about what we can do, what we should do, what the people that we serve really need, what they really want, and what they can do themselves (or with family and peers)–and then accept nothing less. No more under-funded wish lists. No more waiting lists for mental health services. (Are people put on a waiting list for angina?)

I can get excited about a transformed system that listens to the recovery stories of the people that the system serves. Then we use the word transformation seriously–and not just as another fad. Then we can be taken seriously.

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care, receive only 7 to 10 percent of the health care budget.

An Action Paper was passed directing the APA Membership Committee to explore options for reducing the expenses of belonging both to the APA and to sub-specialty organizations such as the American Academy of Psychiatry and the Law, the American Academy of Addiction Psychiatry, etc.

An Action Paper was passed which would formally designate the APA Medical Director rather than the APA President as the "Chief Executive Officer." Given the one-year term of the President, for many years the Medical Director has served for all practical purposes as the CEO.

An action paper was passed advocating that the APA as an official position support the extension to psychiatrists of the right to use outpatient evaluation and management codes under insurance. Such a move would emphasize the complex medical nature of the care of psychiatric patients, moving away from the frankly insulting concept of "med management" a construct developed by managed care and applied exclusively to psychiatric care. Our colleagues in other medical disciplines such as cardiology, even if working with a comprehensive team as in cardiac rehabilitation, would never tolerate their involvement and input being categorized solely as "med management."

Finally, the Assembly did endorse the upcoming practice guidelines on post-traumatic stress disorder.

As always, as your Assembly Representatives, Ram and I are available to discuss local issues which members may wish to be brought to the larger APA Assembly Forum, or to discuss the development of potential Action Papers.

PSV IN THE NEWS

The contact information for the State's Ombudsman is (877) 310-6560 and the online address is www.state.va.us.scc.

Congratulations Dr. Haun!

The Board of Trustees and staff of the Virginia Health Care Foundation in Richmond have selected Dr. Eloise Haun as the winner of the 2004 Unsung Hero Award in the Physician category for my "outstanding contributions to the patients of the Shenandoah County Free Clinic." Dr. Haun was recognized at the Heroes in Health Care event at the Omni in Richmond on Tues. May 4 at noon. Dr. Haun was chosen for the honor after having competed with doctors from across the state.

Dr. Haun was quoted after being notified of this award and said the following: "I am humbled by this, since I feel I was only doing what had to be done. I was a founder of the Free Clinic, am secretary of the board and go every clinic night to do psychiatry." The Free Press newspaper in Woodstock wrote an article about Dr. Haun in the March 18, 2004 issue. Dr. Haun was quoted in saying that "this came as a total surprise, I am proud to be honored, especially because of psychiatry. To be a psychiatrist in a free clinic endeavor is a supreme honor. To acknowledge the importance and need is something I celebrate."

Mark Your Calendar for the Fall Meeting

Join us on Friday, October 8 for an evening reception and Saturday, October 9 for a full CME program at the Williamsburg Hospitality House, 415 Richmond Road, Williamsburg. *Call 800-932-9192 (rate is $129.00) for room reservations. Look for your brochure in the mail by the first of September!*

Program Highlights

8:25 am Welcome • ***Yaacov Pushkin, M.D. President***

8:30–10:00 am • ***Wade C. Myers, MD*** • *Associate Professor and Chief, Division of Forensic Psychiatry, University of Florida, Gainesville* • "Ethics Complaints and American Psychiatric Association (APA) Procedures: The Challenge of Integration"

10:30 am–12:00 noon • ***Vamik D. Volkan, MD*** • *Professor Emeritus of Psychiatry and Founder of Center for the Study of Mind & Human Interaction (CSMHI), University of Virginia, Charlottesville* • "Transgenerational Transmission of Trauma and Resistance to Change in Individuals and Societies"

1:00 – 2:30 pm • ***Anand Pandurangi, MD*** • *Professor of Psychiatry, Chairman, Div. Of Inpatient Psychiatry; Director, Schizophrenia & ECT Programs MCV/VCU, Richmond* • "Second Generation Atypical Antipsychotics–A Comprehensive Update"

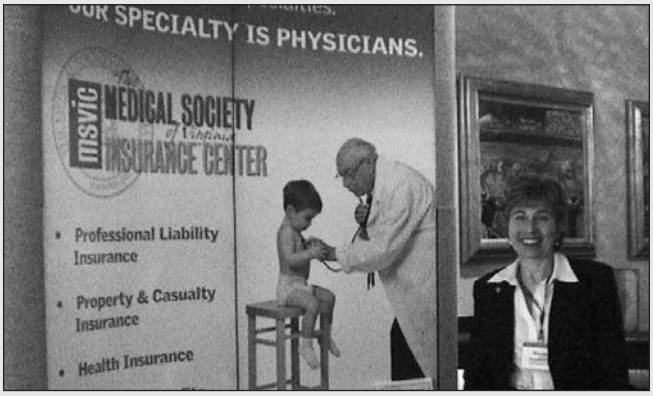
Congratulations Dr. Kantor!

Also Congratulations to Dr. Edward Kantor who was recently appointed to a statewide council on terrorism and behavioral health by Governor Mark R. Warner. This unique group is a joint effort of the Virginia Department of Health and the Department of Mental Health, Mental Retardation and Substance Abuse Services. Dr. Kantor is the head of the PSV Disaster Committee. Dr. Kantor is with the Department of Psychiatric Medicine, School of Medicine, University of Virginia Health System in Charlottesville, Virginia.

Highlights from the PSV Spring Meeting

The Spring meeting in March turned out to be very successful. Featured speakers where Dr. Elizabeth Weller (PA) our own members Drs. James Levenson, Edward Kantor and Dr. Jay Scully, Medical Director of the APA.

A record number of exhibits took over the lobby of the Richmond Marriot West.



Pictured here is Wendy McCullough from the Medical Society of Virginia Insurance Center.

Greg Fisher (right), immediate past President of the PSV, receives his Presidential plaque from in-coming president, Yaacov Pushkin (left).

VIRGINIA NEWS
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Mark the Date–
Fall Meeting
October 8-9, 2004
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