

Texas Psychiatrist



A Tale of Two Realities

Lauren Parsons, MD, Chairman, Federation of Texas Psychiatry



Lauren D. Parsons, MD

“It was the best of times, it was the worst of times.” As with many enduring literary examples, this opening line of Charles Dickens’ novel, “A Tale of Two Cities” has once again become the mantra for our current situation not only in medicine in Texas but in the economy and politics as well.

For example, woven into the fabric of the original financial institution “bailout” aimed at addressing the mortgage crisis was parity for the insurance coverage of mental illness. More recently, as part of the settlement of the Frew v. Hawkins lawsuit, physicians in Texas who meet certain eligibility criteria can have student loans repaid. The new program, which is scheduled to begin in March 2009, was one of the items funded from \$150 million set aside by the 2007 Texas Legislature to facilitate access to medical and dental services for children with Medicaid coverage.

Once the program is fully implemented, it will provide loan repayments for up to 1,200 physicians and dentists a year. Each doctor will be eligible for up to \$140,000 in loan repayments over four years if they meet targets for services provided to children on Medicaid.

This is very good news for all involved but as with most things, not without a price

tag (which is not limited to dollars and cents).

As a state, Texas has fared well in these tough economic times due to our oil and gas industry but despite that we are not immune to the continued decline in our national economy. As our lawmakers begin their job of reviewing, revising, and approving the budget for the state, they will face some difficult choices. Governor Perry has already made the state school reform issue an “emergency” priority in order to allow for immediate attention to be brought by the Legislature. But by doing so we hope that does not diminish the importance of focusing attention on other social service issues.

Who among us would want to settle for second-rate medical care for our family or ourselves? That is not the “American way.” As a society we demand the best in both products and services and there is a tremendous amount of time and resources devoted to assuring that an acceptable level of quality is achieved. Watchdog groups such as Advocacy, Inc, governmental entities like the Food and Drug Administration as well as private businesses, for example the Joint Commission, have developed from our desire to assure this quality. In the not too distant past, board certification in

Psychiatry was awarded for a “lifetime”. But now those who achieve this level of accomplishment must recertify every ten years to maintain this certification. New Joint Commission standards require both Focused and Ongoing Professional Performance Evaluation be included in the granting of initial and renewed hospital privileges in an effort to assure current clinical competency in a data driven way.

What needs to be remembered is that none of these quality improvement measures come without a price tag attached. Whereas we once had the luxury of experts and departments when it came to dealing with human resource issues including competency assurances, we have evolved to the point that front line staff is responsible for these functions. This diminishes their ability to provide services to our patients that would in turn require additional staff to assure continuity of necessary care functions.

Ironically, technology for all its benefits must still interface with people thereby creating the potential for errors. Of course checks and balances can be built into systems to make them safer but that requires additional keystrokes that takes additional time again reducing the amount of services available. Here again is another double-edged sword as President Obama has com-

mitted to financial support for electronic medical records and has proposed the very ambitious plan of having all health records computerized within the next five years. In the same vein, Medicare is offering financial incentives to doctors who e-prescribe. If the issues of patient privacy and provider competence to use the technology were not enough, we also have the huge gap between the code writers and the practitioners. You can develop a software program to accommodate the work processes or you can retool the processes to match the program. Either way, you need qualified people on both sides of the equation who can communicate with the other side and we are woefully lacking in both areas.

The prospects ahead of us are both exhilarating and exciting. As we embark on our brave new world we must keep our thoughts positive and attack barriers in a systematic way so as to maximize our success and truly experience the best of times. ■

Thank You for Your Support

Linda J. Rhodes, MD, Chairman, Texas Foundation for Psychiatric Education and Research

The Texas Foundation for Psychiatric Education and Research concluded Annual Campaign 2008 on December 31 with excellent results...thanks to the generous financial support of Texas Psychiatry, advocates and friends. Annual Campaign 2008 received \$12,070 in charitable contributions, increasing the Foundation’s total charitable contribu-

tions received since 1993 to \$326,139.

Through September, 2008, the Foundation has awarded 102 grants amounting to \$174,446 supporting the following purposes of the Foundation: Public Education/Advocacy - 53%; Professional Education - 43%; and Research - 4%.

The Foundation wishes to acknowledge the following donors who earned membership in the 2008 Foundation Associates (\$500 or more) and Foundation Advocates (\$100-\$499):

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Unintended Consequences

Martha E. Leatherman, MD, President, Texas Society of Psychiatric Physicians

A young man with symptoms of avian flu was released from a local state-run hospital. He returned to school. Two months later, he was dead along with his roommate and three of his fellow fraternity brothers. Of course, the public outrage was immediate and loud, but his father argued that a) he had been hospitalized three times within the past three months with symptoms of avian flu, and each time he had been released without treatment because federally funded patient advocates argued that he did not have to be treated, that treatment for avian flu is dangerous, and that he had a right not to be treated. They showed him ways to mask his symptoms—and were present when he was examined by treating physicians, and even answering for him. These advocates argue that people need protection from the diabolical medical/pharma/industrial complex and so the young man was released from the hospital despite multiple warnings from his physicians. The government-funded patient advocates countered that there was legal recourse available to the physicians and hospital that they failed to take.

WHAT?? Who would even believe such a story? Things like this don't happen! Well, actually, they do—only the disease is different. Here's the real story:

"William Bruce, a young man with symptoms of paranoid schizophrenia, was released from Maine's state-run Riverview Psychiatric Center in April 2006. Two

months later, he killed his mother with a hatchet. . . . Joe Bruce, William Bruce's father and now guardian, along with Joe's pro-bono attorneys argue that despite strong and persistent warnings from William's first psychiatrist, government-funded patient advocates "strongly lobbied" for his release into society.

"The patient advocates acted as if William's treatment meetings with his doctor were adversary depositions and told him how to answer questions and interposed directions not to answer," said Bruce senior's attorney Bob Owens .

*In response, advocates and others have argued that mentally ill patients need someone to protect them from abuses and fight for their rights . . ."*¹

This situation raises a number of questions that many psychiatrists routinely face in their practices:

1. Safety *versus* autonomy
2. The role conflict inherent in treating patients when their families are affected by the treatment
3. The role of patient privacy
4. Forced medication
5. Outpatient commitment

I'm sure you can think of a host of other ethical considerations inherent in treating patients with psychiatric illness. The point here, though, is that despite a general understanding among the public that psychiatric illnesses are "real," psychiatrists and our patients must still contend with

laws and attitudes that hamper patient care, recovery, and sometimes lead to tragedy.

It is tempting simply to work hard, do your best at your job, and leave all that political stuff to the politicians. In my opinion, similar head-in-the-sand attitudes among psychiatrists all over the country have allowed anti-psychiatry forces to insinuate themselves and their dangerous misperceptions into the fabric of the legal system. In a situation such as the one described above, these "advocates" are publicly funded. A patient or family member seeking appropriate treatment in the face of such well-funded opposition must navigate a convoluted and expensive legal system without the advantage of taxpayer funding. Many psychiatrists don't know that these "advocates" continue to work to undermine our ability to treat our patients.

TSPP has worked with advocacy organizations such as NAMI and DBSA to educate lawmakers about psychiatric illness and how physicians approach treatment of psychiatric illness. We have been present at regulatory meetings where anti-psychiatry forces were attempting to insert language that would restrict psychiatric treatment. We have worked to establish relationships with our colleagues in other medical specialties as well as the members of the legislature so that we speak credibly and with one voice about the importance of proper psychiatric care for patients.

We have been very successful, but this is a job that is never really over. Every two



Martha E. Leatherman, MD

years, we see new legislators in Austin and we have to update them regularly. We have to meet new legislators and let them know that we are caring experts who are committed to our patients' well-being.

You have a chance to join your colleagues and other advocates in Austin on March 4th. Capitol Day is a very special day spent at the Texas Capitol advocating for quality psychiatric care. Activities include an Advocacy Workshop, lunch, a Rally on the South steps of the Capitol, personal visits with members of the Texas Legislature and a reception. This one-day event is your opportunity to participate in an advocacy activity that will make a difference in the lives of persons diagnosed with mental illness in Texas. I hope to see you there. ■

1. Kaplan, A. (October 2008). Patient Advocacy—and a Deadly Outcome. *Psychiatric Times*, 1-8.

MEMBERSHIP CHANGES

TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS

The following membership applications have been approved by the TSPP Executive Committee and have been transmitted to the APA.

Member in Training

Baskin, Joel, MD, Dallas
Bhatti, Nadeem, MD, El Paso
Brar, Sam, MD, San Antonio
Brown, Julie, MD, Dallas
Camp, Mary E., MD, Houston
Cantu, Michelle, MD, Helotes
Cayce, Jessica, MD, Lampasas
Chambers, Beth A., MD, Houston
Churi, Kartiki, MD, El Paso
Clark, Sharonda, MD, Houston
Deaton, Ashley, MD, Houston
Deister, Diana, MD, San Antonio
Gaitawe-Johnson, Princess, MD, Austin
Gonzalez, Pablo, MD, San Antonio
Han, Jim, MD, Houston
Harlan, Brent, MD, San Antonio
Hossain, Shawn, MD, San Antonio

Idicula, Sindhu, MD, Houston
Leong, Levi, MD, Temple
Marquez, Ames, MD, El Paso
Mayhew, Amy, MD, Houston
Monterrosa, Ana E., MD, El Paso
Moore, Nakita, M., MD, Temple
Naus, John, MD, San Antonio
Obregon, Maria, MD, San Antonio
Pawlowicz, Ivan, MD, El Paso
Pisklak, Stacey, MD, Houston
Rawra, Fahd, MD, Houston
Reahard, Amanda, MD, Dallas
Tycner, Grazyna, MD, Webster
Udoetuk, Sade, MD, Houston
Unzueta-Hernandez, Mary, MD, San Antonio
Ward, Jennifer, MD, Dallas
Yost, Tracey, MD, San Antonio

General Member

Awasthi, Sangeeta, MD, Arlington
Benton, Cynthia, MD, Austin
deGravelles, C. Eliot, MD, Dallas
Dismukes, Jennifer, MD, Wichita Falls
Guynes, Suzanne, MD (Reinstatement), Weatherford

Hanna, Nancy, MD, Taylor Lake Shore Village
Hinds, Stephanie, MD, Dallas
Magid, Michelle, MD, Austin
Mitchell, Kristie, MD, San Antonio
O'Pry, Jon, MD, San Antonio
Zielinski, Tanya, MD (Reinstatement), Grapevine

TEXAS ACADEMY OF PSYCHIATRY

The following membership applications have been approved by the Texas Academy of Psychiatry:

Associate Member

Herbert A. Perkins, MD, San Antonio

UTMB Correctional Managed Care

WANTED: HIGH QUALITY PSYCHIATRISTS

UTMB-CMC employs Psychiatrists at multiple adult and juvenile facilities all over Texas. We currently have multiple locations for child/adolescent experienced psychiatrists. We are heavy utilizers of telepsychiatry using state of the art technology and an electronic medical records.

We are a correctional healthcare system that is setting the standard for others. Correctional Managed Care is among the world's leaders in telemedicine and electronic medical record applications. Innovative programs, creative solutions and participation in the Baldrige National Quality Program further define our organization and help lead us toward performance excellence.

Current Opportunities Available

- ✓ BROWNWOOD: Staff Psychiatrist – Youth Services
- ✓ MART: Staff Psychiatrist – Youth ServicesI
- ✓ AUSTIN: Staff Psychiatrist – Telemedicine Center
- ✓ CORSICANA: Staff Psychiatrist – Youth Services
- ✓ Positions also available for Psychiatric Physician Assistants and Nurse Practitioners

Compare our benefits with other organizations:

- ✓ Relocation allowance
- ✓ \$2000 CME stipend per fiscal year
- ✓ 5 days paid CME leave
- ✓ Competitive salaries
- ✓ Biannual CMC conferences
- ✓ M-F work schedule-day shift
- ✓ Flexible schedules
- ✓ Limited on-call rotation
- ✓ Professional liability coverage
- ✓ Comprehensive medical coverage
- ✓ Paid vacation, holidays and sick leave
- ✓ State retirement plan in ORP or TRS with State contributions.

Correctional practice eliminates many of the "headaches" of community practice such as dealing with insurance companies including Medicare and Medicaid and malpractice insurance problems.

To learn more about our programs go to:

www.utmb.edu/cmc

To Apply contact Debie Dansbe 409-747-2619 or 866-900-2622
or email resume: dsdansbe@utmb.edu

UTMB is an EO/AA Employer M/F/D/V

Invitation to Attend TSPP Spring Meeting & CME Program

You are cordially invited to join your colleagues at the 2009 Spring meetings of the Texas Society of Psychiatric Physicians and Texas Academy of Psychiatry on **April 4-5 at the Westin Galleria Hotel, 5060 West Alabama Street, Houston, Texas.** A TSPP accredited continuing medical education dinner meeting “The Neuropsychiatry of Traumatic Brain Injury” presented by Stuart C. Yudofsky, M.D, will be held Saturday evening.

MEETING HIGHLIGHTS

- Committee Meetings
- Legislative Update Luncheon Hosted by TSPP Government Affairs Committee
- Meet and Greet Reception with TSPP and TAP Officers
- CME Dinner Program “The Neuropsychiatry of Traumatic Brain Injury” Guest Speaker: Stuart Yudofsky, M.D., Houston, Texas
- TSPP Executive Council Meeting - Installation of 2009-10 Officers



HOTEL/REGISTRATION INFORMATION

All meetings will be held in the Westin Galleria Hotel, 5060 West Alabama Street, Houston, Texas. Located within the prestigious Galleria shopping and entertainment complex in uptown Houston, the Westin Galleria offers instant access to exclusive shops, restaurants and entertainment options. **TSPP has arranged a special discounted room rate of \$159.00 for attendees who place room reservations PRIOR TO MARCH 4. For room reservations please call 1-800-228-3000 and ask for the TSPP discounted room rate.**

LEGISLATIVE UPDATE LUNCHEON

Everyone will want to attend the legislative update luncheon hosted by the TSPP Government Affairs Committee! \$15.00 Per Person / \$20.00 After March 4, See Registration Form.

COMMITTEE MEETINGS

Congratulations on your appointment or re-appointment to TSPP and TAP Committees for 2009! We look forward to welcoming you and your colleagues to the April 4-5 Spring Meeting and to working with you on TSPP and TAPs

business and interests in 2009!

Not a member of a committee? Not sure which committee(s) to attend? Please plan to attend any committee meeting (with the exception of the TSPP Ethics Committee) and participate in the discussions and activities of the committees.

Committee meetings will be held in the new cluster, interactional format so you may visit several committees of interest to you during the scheduled meetings’ time-frame.

GOVERNANCE MEETINGS

The following governing bodies will also meet in conjunction with the Spring Meeting: Texas Society of Psychiatric Physicians’ Executive Council; Texas Academy of Psychiatry Board of Trustees; Texas Foundation for Psychiatric Education and Research Board of Directors and the Federation of Texas Psychiatry Delegate Assembly. ■

Scientific Dinner Program

Saturday, April 4 • 6:30-9:00 P.M.

“The Neuropsychiatry of Traumatic Brain Injury”

Objectives: At the conclusion of this activity, attendees will be able to:

- Recognize and Describe the epidemiology and the importance of Traumatic Brain Injury
- Describe the Assessment of Traumatic Brain Injury
- Describe and Apply the Neuropsychiatric Treatment of Traumatic Brain Injury

SCIENTIFIC PROGRAM SPEAKER

Stuart C. Yudofsky, M.D.
D.C. and Irene Ellwood Chair and Professor
Menninger Department of Psychiatry and Behavioral Sciences
Baylor College of Medicine
Chair, Psychiatry Service
The Methodist Hospital
Houston, Texas

SCIENTIFIC PROGRAM ACCREDITATION

The Texas Society of Psychiatric Physicians designates this educational activity for a maximum of two (2) *AMA PRA Category 1 Credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

The Texas Society of Psychiatric Physicians is accredited by the Texas Medical Association to provide continuing medical education for physicians.

TARGET AUDIENCE / PROGRAM OBJECTIVES

This CME program is designed with didactic lecture supplemented with audiovisual presentation and direct discussion. The program is designed to provide its’ primary target audience of Psychiatrists in the State of Texas, as well as other specialties of medicine, with clinically-relevant information to advance the physician’s competence and effective use of targeted skills so that they may develop strategies to apply the knowledge, skills and judgement of the information presented in the educational activity into their practice.

Medical Malpractice Insurance

Are you paying too much?

The **Federation of Texas Psychiatry** in cooperation with Cunningham Group is offering Texas psychiatrists free premium indications. Prices have come down during the past year — one insurer dropped its rates 48 percent. Let Cunningham Group shop the market for you and reduce your premium.

Go to the Cunningham website (**www.cg-ins.com**) and complete the Medical Malpractice Premium Indication Short Form to receive your premium indication.

**Cunningham
Group**

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R E G I S T R A T I O N

NAME:

E-MAIL ADDRESS FOR MEETING CONFIRMATION

ADDRESS / CITY / STATE / ZIP:

PHONE/FAX

COMMITTEE MEETINGS / GOVERNANCE MEETINGS / CME PROGRAM

Check the Activities You are Planning on Attending and Enclose Payment for Luncheon or CME Dinner, if applicable.

SATURDAY, APRIL 4

☐ **7:00 AM- 8:30 AM FOUNDATION BOARD OF DIRECTORS BREAKFAST MEETING**

8:30 AM- 10:00 AM COUNCIL ON FELLOWSHIP

☐ Chapter Leadership Forum

☐ **8:30 AM- 10:00 AM TEXAS ACADEMY OF PSYCHIATRY**

10:00 AM- 12:00 PM COUNCIL ON ORGANIZATION

☐ Ethics ☐ Finance
☐ Fellowship ☐ Strategic Planning

12:00 PM- 1:30 PM COUNCIL ON ADVOCACY

Legislative Update / Government Affairs Luncheon
☐ **\$15.00 Per Person Before March 4 / \$20.00 Per Person After March 4**

1:30 PM- 3:30 PM COUNCIL ON SERVICE

☐ Academic Psychiatry ☐ Public Mental Health Services
☐ Children & Adolescents ☐ Socioeconomics
☐ Forensic Psychiatry

3:30 PM- 5:30 PM COUNCIL ON EDUCATION

☐ CME ☐ Professional Practices
☐ MIT Section ☐ Hospital Practices

5:30 PM - 6:30 PM RECEPTION

6:30 PM- 9:00 PM CME DINNER PROGRAM

“The Neuropsychiatry of Traumatic Brain Injury” / Stuart C. Yudofsky, M.D.
☐ **\$35.00 Per Person Before March 4 / \$45.00 Per Person After March 4**

SUNDAY, APRIL 5

☐ **8:00 AM- 9:30 AM FEDERATION OF TEXAS PSYCHIATRY DELEGATE ASSEMBLY BREAKFAST MEETING**

☐ **9:30 AM- 12:00 PM TSPP EXECUTIVE COUNCIL**

METHOD OF PAYMENT:

☐ **Check** in the Amount of \$_____ *Make Checks Payable to Texas Society of Psychiatric Physicians*

Please Charge \$_____ To My: ☐ **VISA** ☐ **MasterCard** ☐ **American Express**

Credit Card # _____ Expiration Date: _____

3 Digit Code on Back of Card on Right of Signature Panel _____

Name of Cardholder (as it appears on card) _____

Signature _____

Address where you receive your credit card statement (include address, city, state, zip) _____

CANCELLATION POLICY: In the event of cancellation, a full refund will be made if written notice is received in the TSPP office by March 4, 2009, less a 25% handling charge. No refunds will be given after March 4.

RETURN TO:

TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS, 401 WEST 15TH STREET, SUITE #675,
AUSTIN, TX 78701; PHONE (512) 478-0605 FAX (512) 478-5223 EMAIL TSPPOfc@aol.com



Invitation to Attend TSCAP’s Annual Meeting

R. Andrew Harper, MD, President, Texas Society of Child and Adolescent Psychiatry

The TSCAP Executive Committee is putting the finishing touches on the plans for the Annual Meeting , July 24-26, in downtown Fort Worth. The CME scientific program “Bipolar Disorder in Children and Adolescents: Diagnostic and Treatment Dilemmas” features a wide range of interesting speakers that have been recruited to address this broad ranging topic and to help clinicians untangle the current issues in this complex and sometimes controversial clinical diagnosis. Speakers will cover a wide rage of subjects to help conference attendees hone their diagnostic and treatment skills. National trends indicate a rise in the use of this diagnosis in the pediatric

population and this has raised concerns about the true incidence and prevalence as well as about appropriate interventions. Some have even proposed the diagnosis is, at least in part, a vehicle to generate pharmaceutical sales.

Building on the meeting theme of Bipolar Disorder, presenters will cover multiple related content areas. A key clinic difficulty is clarification of the presentation of this complex disorder in the younger age groups. The meeting will address current

information on etiologic factors that appear associated with the disorder. Teasing out co-occurring and related disorders of emotional and behavioral dysregulation will be discussed. In addition to assistance with diagnosis, information will be provided in the area of treatment with a focus on a multidisciplinary approach. The newest information on the status of pharmacologic interventions will be reviewed addressing concerns of many clinicians about how to prescribe appropriately and to deal with



R. Andrew Harper, MD

the complexities of polypharmacy. Since medication is not the only tool in our toolbox, the role of cognitive behavioral therapy for the patients will be covered. As has been our tradition, a member-in-training will present a related clinical case for group consideration and discussion. To round out the picture, plans include involving a speaker from a community based advocacy group to provide information about support and advocacy resources as well as the point of view of families with a family member suffering from this condition. Finally for the ethics CME this year, a panel will discuss the impact of the pharmaceutical industry on our clinic practice. Observations from clinicians in both academic and private practice settings will discuss the impact of changes in regulations and policies regarding contact with representatives from the pharmacologic companies. A panel discussion will also include a representative from the pharmaceutical industry to provide the perspective of the companies on this hot topic for physicians.

Apart from the educational program, the meeting will take place at the newly opened Omni Fort Worth Hotel, 1300 Houston Street, Fort Worth. This beautiful new hotel is currently the largest in Fort Worth and is situated in the downtown area, within walking distance of many of Fort Worth’s most visited restaurants and cultural activities. This fresh and comfortable venue will provide a great setting to catch up with old friends and colleagues as well as to meet new faces and to make new contacts. As always, this meeting welcomes family and loved ones to take a weekend getaway with you. I’m hoping you will make this exciting and topical meeting part of your Summer plans today. The reservation block for our group is already available so you can book your rooms now by calling 1-800-843-6664 and asking for the TSCAP discounted room rate of \$175. I hope to see all of you in Fort Worth!

Make Hotel Reservations by July 2
Omni Fort Worth Hotel – 817/535-6664



Texas Society of Child and Adolescent Psychiatry Summer Meeting and Scientific Program

“Bipolar Disorder in Children and Adolescents: Diagnostic and Treatment Dilemmas”

July 24-26, 2009 * Omni Fort Worth Hotel * 1300 Houston Street * Fort Worth, Texas

REGISTRATION

NAME		DEGREE	
MAILING ADDRESS		CITY	STATE ZIP
TELEPHONE NUMBER		FAX NUMBER	
E-MAIL			

SCIENTIFIC PROGRAM REGISTRATION

(includes Scientific Program & Syllabus, Saturday continental breakfast; Saturday & Sunday refreshment breaks)

	Before July 2	After July 2	
TSCAP Member Physician	\$195	\$215	_____
Non-Member Physician	\$250	\$270	_____
Allied Health Professional / Spouse / Guest	\$180	\$200	_____
TSCAP Member Trainee / Medical Student	No Fee	\$30	_____
Non-Member Trainee / Medical Student	\$30	\$50	_____

SOCIAL EVENTS

Friday Welcome Reception

☐ Friday Welcome Reception

Names Attending Reception: _____

☐ Sunday Membership Business Breakfast

TSCAP Members	No Charge	\$20	_____
Non-Members / Guests	\$20	\$25	_____

If you require any special assistance to fully participate in this conference, please contact TSCAP via e-mail tscapofc@aol.com or 512/478-0605.

TOTAL REGISTRATION

PAYMENT INFORMATION

☐ Check in the Amount of \$_____ Make Checks Payable to Texas Society of Child and Adolescent Psychiatry

Please Charge \$_____ To My: ☐ VISA ☐ MasterCard ☐ American Express

Credit Card # _____ Expiration Date: _____

3 Digit Code on Back of Card on Right of Signature Panel _____

Name of Cardholder (as it appears on card) _____

Signature _____

Address where you receive your credit card statement (include address, city, state, zip) _____

CANCELLATIONS – Deadline for cancellation is July 3, 2008. In the event of cancellation, a full refund will be made if written notice is received in the TSCAP office by July 2, 2009, less a 25% handling charge. NO REFUNDS WILL BE GIVEN AFTER JULY 2, 2009.

RETURN TO:

TEXAS SOCIETY OF CHILD AND ADOLESCENT PSYCHIATRY, 401 WEST 15TH STREET, SUITE #675,
AUSTIN, TX 78701; PHONE (512) 478-0605 FAX (512) 478-5223



Texas Society of Child and Adolescent Psychiatry 2009 Annual Meeting and Scientific Program

“Bipolar Disorder in Children and Adolescents: Diagnostic and Treatment Dilemmas”

July 24-26, 2009 * Omni Fort Worth Hotel * 1300 Houston Street * Fort Worth, Texas

Joint Sponsored by TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS and TEXAS SOCIETY OF CHILD AND ADOLESCENT PSYCHIATRY

GENERAL INFORMATION

LOCATION / HOTEL RESERVATIONS

All events will take place at the Omni Fort Worth Hotel, 1300 Houston Street, in downtown Fort Worth, 817/535-6664. A special TSCAP discounted room rate of \$175 single or double occupancy is available to TSCAP program registrants before July 2 or upon sell-out whichever occurs first. Make your hotel reservation today by calling 1-800-843-6664.

Located across the street from the Fort Worth Convention Center and Fort Worth Water Gardens, the Omni Fort Worth Hotel offers the ‘Omni Sensational Kids Program’ with special amenities for children staying at the hotel; in addition the hotel features a state-of-the-art fitness center and full-service health club; heated outdoor swimming pool and outdoor whirlpool; revitalizing spa; sauna and luxurious massage treatments for the kid in everyone! Maps for scenic hiking, walking, jogging and biking paths located nearby along the Trinity River are available at the Omni Concierge Desk. Restaurants located within the hotel include Bob's Steak & Chop House ranked as one of the top steakhouses in the country; Wine Thief (where you can enjoy various selections of wine paired with the finest cheeses); Cast Iron (featuring the true flavors of Fort Worth); Whiskey & Rye (Sports Bar) and Starbucks, in addition to 24 hour guest room dining. Numerous restaurants, entertainment and museums are also within walking

distance, so there is definitely something for every age group!

OPENING WELCOME RECEPTION WITH EXHIBITORS

A special Welcome Reception for all TSCAP attendees and their guests has been planned to kick off the weekend's meeting and activities. The reception will be held Friday, July 24, 6:30 - 8:30 pm in the Texas Ballroom at the Omni Hotel.

EXHIBITS

TSCAP's Welcome Reception, Continental Breakfasts and Refreshment Breaks will be held in the Texas Ballroom of the Omni Hotel. Please make plans on visiting with the exhibitors during the following hours:

Friday, 6:30-8:30 pm
Welcome Reception
Saturday, 7:30 am - 8:00 am
Continental Breakfast
Saturday, 10:30 am - 10:50 am
Refreshment Break
Saturday, 12:20 pm - 12:30 pm
Refreshment Break
Saturday, 2:10 am - 2:30 pm
Refreshment Break

ANNUAL BUSINESS MEETING BREAKFAST

The Annual TSCAP Business Meeting will be held Sunday 8:00 am - 9:00 am in the Sundance Room of the Omni Hotel. All members are encouraged to RSVP and attend.

EXHIBIT / SOCIAL SPONSORSHIP OPPORTUNITIES

The Texas Society of Child and Adolescent Psychiatry meetings provide an excellent opportunity to meet the Child and Adolescent Psychiatrists throughout the State of Texas all in one location! Last year's Annual Conference was the largest attended to date, so don't miss this one!

If you are interested in Exhibit Display Space or Sponsorship of one of the TSCAP social activities in conjunction with the Annual Convention, please contact the Texas Society of Child and Adolescent Psychiatry at 512-478-0605, or visit the website www.txpsych.org and download an Application for Exhibit Display / Social Sponsorship.

We hope you will make plans to join us! ■

LOCATION, LOCATION, LOCATION!! FORT WORTH - City of Cowboys and Culture

Sundance Square is Downtown Fort Worth's Entertainment and Shopping District – here you will find an entertainment destination to satisfy everyone! You can catch a movie, enjoy improvisational comedy, dance the night away, attend a theater performance, listen to live music or attend an event at the Bass Performance Hall. And, one of the best parts about having a meal in Sundance Square is you can dine there every day of the week and never eat at the same restaurant twice – there's something for everyone's taste! For a calendar of events, tickets, reservations, etc. visit www.basshall.com



In addition to the outstanding Scientific Program be sure to make plans to enjoy some of the following exciting sites and sounds of Fort Worth:



Also located in the popular Sundance Square Downtown, **Bass Performance Hall** is the permanent home to the Fort Worth Symphony Orchestra, Texas Ballet Theater, Fort Worth Opera, and the Van Cliburn International Piano Competition and Cliburn Concerts.

Step back in time and visit the **Fort Worth Historic Stockyards**, National Historic District, a one of a kind location with many unique attractions. It is the only place in the United States that has a daily cattle drive! Texas Longhorns are driven down East Exchange Avenue which is right in the heart of the Stockyards. For the history buff, museums and historic locations are plentiful to learn about Texas' great history. In addition, the family is sure to enjoy the Cowtown Coliseum; Grapevine Vintage Railroad; Stockyards Museum; Texas Cowboys Hall of Fame. And don't miss the world famous steaks, hamburgers, fajitas, bar-b-q or gourmet cuisine - all located within walking distance!



The oldest zoo in Texas, the **Fort Worth Zoo** was founded in 1909 with one lion, two bear clubs, an alligator, a coyote, a peacock and a few rabbits. From those humble beginnings, the zoo has grown into a nationally ranked facility, housing more than 5000 native and exotic animals. The atmosphere benefits from a widespread lack of cages. Most animals are separated from the viewer by rivers or gullies. And don't miss the World of Primates, a menagerie of orangutans, chimpanzees, gibbons, mandrills and gorillas!

PROGRAM AT A GLANCE

FRIDAY, JULY 24

1:00 pm - 5:30 pm Exhibit Set-Up
6:30 pm - 8:30 pm Welcome Reception with Exhibitors

SATURDAY, JULY 25

7:30 am - 8:10 am Continental Breakfast w/Exhibitors
8:15 am - 8:30 am Welcome and Opening RemarksFort Worth Ballroom 1-3
8:30 am - 10:30 am Differentiating Bipolar and Severe Mood Dysregulation and Neuroimaging
Ellen Liebenluft, M.D., NIMH, Bethesda, Maryland
10:30 am - 10:50 am Refreshment Break in Exhibit HallTexas Ballroom
10:50 am - 12:20 pm Update on Medication Treatments for Bipolar Disorder in Children
Karen Dineen Wagner, M.D., Ph.D., UTMB, Galveston, Texas
12:20 pm - 12:30 pm Refreshment Break in Exhibit Hall
12:30 pm - 1:30 pm Clinical Case Presentation
Neesha Desai, M.D., Fellow Presenter, UT Southwestern, Dallas, Texas
Kirti Saxena, M.D., Faculty Discussant, UT Southwestern, Dallas, Texas
1:30 pm - 1:45 pm Refreshment Break in Exhibit Hall
1:45 pm - 3:15 pm Role of Cognitive Behavior Therapy for Children and Adolescents with Bipolar Disorder
Monica Ramirez Basco, Ph.D., UT Arlington & UTSWMC, Dallas, Texas

SUNDAY, JULY 26

8:00 am - 9:00 am TSCAP Annual Business Meeting BreakfastSundance 1
Members Complimentary; Guests \$20.00
RSVP / Registration Required in Advance
9:00 am - 9:15 am Welcome and Opening Remarks
9:15 am - 10:15 am Depression and Bipolar Support in Texas
DBSA Texas Representative
10:15 am - 10:30 am Refreshment Break
10:30 am - 12:30 pm Panel Discussion: Impact of Pharmaceutical Research and Manufacturers of America (PhRMA) Code on our Clinical Practice
Academic - Pedro L. Delgado, M.D., UTHSCSA, San Antonio, Texas
Private Practice - Matthew Brams, MD, Houston, Texas
Pharmaceutical Industry - To be Determined

SCIENTIFIC PROGRAM SPEAKERS

Monica Ramirez Basco, Ph.D.

Clinical Psychologist
Assistant Professor of Psychology
University of Texas at Arlington
Clinical Associate Professor of Psychiatry
University of Texas Southwestern Medical Center at Dallas

Matthew Brams, M.D.

Houston, Texas

Pedro L. Delgado, M.D.

Dielmann Professor and Chairman
Department of Psychiatry
Associate Dean for Faculty Development and Professionalism
School of Medicine
University of Texas Health Science Center at San Antonio
San Antonio, Texas

Neesha Desai, M.D.

UT Southwestern Medical Center at Dallas
Child Psychiatry Fellow (PGY-4)
Dallas, Texas

Ellen Leibenluft, M.D.

Researcher, Affective Disorders Unit,
Mood and Anxiety Disorders Program
National Institute of Mental Health
Bethesda, Maryland
Clinical Associate Professor of Psychiatry
Georgetown School of Medicine

Kirti Saxena, M.D.

UT Southwestern Medical Center at Dallas
Assistant Professor of Psychiatry
Associate Director of Child and Adolescent Psychiatry
Outpatient Clinic
Dallas, Texas

Karen Dineen Wagner, M.D., Ph.D.

Marie B. Gale Centennial Professor and Vice Chair
Department of Psychiatry & Behavioral Sciences
Director, Division of Child & Adolescent Psychiatry
University of Texas Medical Branch
Galveston, Texas

PhRMA Revised Marketing Code Reinforces Commitment To Responsible Interactions With Healthcare Professionals

Effective January 2009, the new Pharmaceutical Research and Manufacturers of America (PhRMA) Code went into effect. For a full copy of the PhRMA Code please visit www.phrma.org. What does the newly revised PhRMA Code mean to you, as a Physician?

Washington, D. C. (July 10, 2008) — Reflecting the continuing commitment of America's pharmaceutical research and biotechnology companies to pursue policies and practices that best serve the needs of patients and the healthcare community, the Pharmaceutical Research and Manufacturers of America (PhRMA) Board of Directors has adopted measures to enhance the PhRMA Code on Interactions with Healthcare Professionals.

The newly revised PhRMA Code, which builds on improvements already made in the previous 2002 version, is part of an ongoing effort to ensure that pharmaceutical marketing practices comply with the highest ethical standards.

"Informative, ethical and professional relationships between healthcare providers and America's pharmaceutical research companies are instrumental to effective patient care," said Richard Clark, PhRMA Chairman and Chairman and CEO, Merck & Co. , Inc.

"We take this responsibility seriously and are constantly reexamining ways we can enhance these essential company-physician interactions and reinforce the integrity of information about our medicines."

"Doctors rely on accurate and appropriate information about new medicines in order to provide the best possible care to their patients. The changes to the Code demonstrate that the members of PhRMA are committed to continue enhancing how our industry serves physicians and patients," said David Norton, Chairman of the PhRMA Affordability & Access Committee spearheading the Code changes and Company Group Chairman, Pharmaceuticals Group, Johnson & Johnson.

The voluntary PhRMA Code on Interactions with Healthcare Professionals, which will take effect in January 2009, reaffirms that interactions between company representatives and healthcare professionals "should be focused on informing the healthcare professionals about products, providing scientific and educational information, and supporting medical research and education."

Providing physicians with up-to-date, accurate information about the medicines they prescribe clearly improves patient care and advances health care in general. Pharmaceutical research companies that discover and develop new medicines are the most knowledgeable about their products and are in the best position to inform healthcare professionals about a wide range of topics related to these medicines, including new treatment options, appropriate dosing, emerging safety developments and potential interactions with other drugs.

"Although our member companies have long been committed to responsible marketing of the life-enhancing and life-saving medicines they develop, we have heard the voices of policymakers, healthcare professionals and others telling us we can do better," said Billy Tauzin, President and CEO of PhRMA.

"This updated Code fortifies our companies' commitment to ensure their medicines are marketed in a manner that benefits patients and enhances the practice of medicine. Simply put, it marks a renewed pledge to 'practice what we preach.' We hope all companies that interact with healthcare professionals will adopt these standards." Among its changes, the revised Code:

- Prohibits distribution of non-educational items (such as pens, mugs and other

"reminder" objects typically adorned with a company or product logo) to healthcare providers and their staff. The Code acknowledges that such items, even though of minimal value, "may foster misperceptions that company interactions with healthcare professionals are not based on informing them about medical and scientific issues." • Prohibits company sales representatives from providing restaurant meals to healthcare professionals, but allows them to provide occasional meals in healthcare professionals' offices in conjunction with informational presentations. The Code also reaffirms and strengthens previous statements that companies should not provide any entertainment or recreational benefits to healthcare professionals.

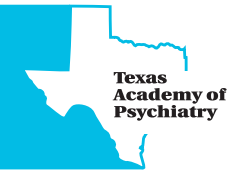
- Includes new provisions that require companies to ensure that their representatives are sufficiently trained about applicable laws, regulations and industry codes of practice – including this Code – that govern interactions with healthcare professionals. Companies are also asked to assess their representatives periodically and to take appropriate action if they fail to comply with relevant standards of conduct.
- Provides that each company will state its intentions to abide by the Code and that company CEOs and Compliance Officers will certify each year that they have processes in place to comply, a process patterned after the concept of Sarbanes-Oxley compliance mechanisms.

Companies also are encouraged to get external verification periodically that they have processes in place to foster compliance with the Code. PhRMA will post on its Web site a

list of all companies that announce their pledge to follow the Code, contact information for company compliance officers, and information about the companies' annual certifications of compliance.

Other additions to the Code include more detailed standards regarding the independence of continuing medical education (CME); principles on the responsible use of non-patient identified prescriber data; and additional guidance for speaking and consulting arrangements with healthcare professionals, including disclosure requirements for healthcare providers who are members of committees that set formularies or develop clinical practice guidelines and who also serve as speakers or consultants for a pharmaceutical company. Several of the changes to the Code, like PhRMA's recent acceptance of the revised Physician Payments Sunshine Act in the Senate, reflect PhRMA's position that appropriate transparency in relationships with healthcare professionals can help build and maintain patient trust in the healthcare system.

The Pharmaceutical Research and Manufacturers of America (PhRMA) represents the country's leading pharmaceutical research and biotechnology companies, which are devoted to inventing medicines that allow patients to live longer, healthier, and more productive lives. PhRMA companies are leading the way in the search for new cures. PhRMA members alone invested an estimated \$44.5 billion in 2007 in discovering and developing new medicines. Industry-wide research and investment reached a record \$58.8 billion in 2007. PhRMA Internet Address: www.phrma.org; PhRMA en Español: www.nuestraphrma.org. ■



State of the Algorithms

Stuart Crane, MD, President, Texas Academy of Psychiatry

Fifteen years ago, Texas set out to devise a system to guide psychotropic prescribing in, well, the planet Earth. Originally known as the Texas Medication Algorithm Project (TMAP), the system hoped to end the common experience of seeing a doctor or two, receiving eight different meds and maybe retrys of a few more, and a year later feeling the same except for a profound mistrust of psychopharmacology and practitioners thereof. UT Austin's College of Pharmacy, UT Southwestern's Psychiatry Department, and TXMHMR engineered a series of pilots in various settings followed eventually by the implementation of the algorithms in Texas community clinics and state hospitals.

TXMHMR educated lawmakers and psychiatrists about the nature of the program, stressing the need for judicious monitoring of symptoms every few weeks with interviews and outcome ratings. Psychiatrists were reassured that the algorithms utilized the best expert consensus for a disease

state without penny pinching, and allowed for rational clinical deviations from an algorithm.

Did the algorithms achieve their goal of helping patients escape prescribing chaos? In the late 90s, perhaps. Many hours were devoted to training psychiatrists on the use of the algorithms. Experts from across the country convened and reconvened to maintain the integrity of medication decision trees. In my view, the rubber left the road by the mid 2000's in three areas: training for new prescribers, unreliable outcomes ratings, and a divergence from clinical reality.

The bipolar disorder algorithm exemplifies the latter. Despite its evidence base for Bipolar I disorder, application often occurs in patients with Bipolar II disorder, Bipolar NOS and (let's face it) Cluster B Axis II problems, none of which clearly respond to this approach. Likewise, the major depression algorithm, although perhaps a decent match for dysthymic disorder, overbiologized many situations better explained

through economic and social hardship than precise readjustment of monoamines. Try showing a picture of a brain to someone with no job and no place to live! Believe it or not, TIMA actually requires this tactic to the great dismay of numerous community center doctors.

Allow me a final controversial example – clozapine. Those of us watching sick public sector patients resume their lives after responding to clozapine do not wonder why the schizophrenia algorithm places clozapine as a 3rd or even 2nd line choice. The rationale was that the average chronic patient will see over 30 community psychiatrists in their journey through the system due to "inevitable" turnover of doctors. Looking at the explosion in locum tenens companies and their frequent utilization by Texas clinics and hospitals, the estimate may have been low. How many individuals with paranoid psychosis readily consent to start weekly blood draws, much less continue them with a tenuous attachment to their new and/or locums psychiatrist? In



Stuart Crane, MD

my view our alliance is far better utilized on beginning a decanoate with the assurance that even if a clinic fails to find a doctor for extended periods, a dedicated nurse will have monthly contacts with the patient almost as important as the injection.

Although we funded a laudable effort at expanding the science base for Bipolar I, Major Depression and Schizophrenia, the majority of Texans with mental illness with alternative diagnoses such as PTSD and substance dependence get an ever shorter end of the stick with this approach. And might we have recruited and maintained Texas psychiatrists over the last 15 years such that a patient would see 3 docs in their lifespan, not 30? Quien puede decir? ■

Health Insurance Code of Conduct Act of 2009

“The Time Has Come”

Texas physicians are dedicated to making the process more transparent, and ensuring that employers and employees — our patients can see exactly how insurance companies are using these premium dollars.

Skyrocketing Health Insurance Costs Affect All Texans

For many employers and their employees, yearly health insurance premium increases are unsustainable. No one feels this challenge more acutely than your local neighborhood businesses, such as family-owned restaurants, auto mechanic shops, and physician practices. All are trying to provide affordable health insurance coverage for their employees because it's the right thing to do. But in these uncertain economic times, affording health insurance is becoming more difficult. According to the U.S. Census Bureau and the Texas Department of Insurance, only 52 percent of Texans have coverage through their employer. For small businesses — the bulk of Texas employers — the number is even worse: 34 percent. In fact, Texas ranks last in the nation for employer-sponsored insurance.

So Where Are the Premium Dollars Going?

Texans pay more money each year for health insurance but receive less coverage in return. Patients are now paying more money out of their own pocket for their health care, and paying more for health coverage. Over the past decade, insurance companies have decreased their cost by increasing premiums and offering products with much larger deductibles, copays, and coinsurance.

While insurance premiums are increasing and patients are paying greater out-of-pocket costs, these companies also are ratcheting down physician payments. At the same time, the cost to run a physician practice has increased more than 30 percent. This is due to inflation and the ever-more complex paperwork burdens placed on them by health insurers. To compound matters, payments from Medicaid and Medicare have not kept pace with general inflation or physicians' operating costs.

What Should Be Done? The time has come for Texas to implement solutions so that Texas' employers and patients can see exactly how their health insurance premium dollars are being spent.

Make Insurance Companies Accountable for Their Marketplace Decisions

Texas needs a health care system that allows all patients to receive the care they need when they need it. Removing barriers to affordable health coverage is critical.

To get there, legislators should enact a code of conduct that curtails skyrocketing health insurance premiums, brings more transparency to the business operations and coverage designs of this multibillion-dollar industry, and holds health insurance companies accountable for the promises they make to the Texans who pay their premiums.

The Texas Medical Association is asking

legislators to support the Health Insurance Code of Conduct Act of 2009. This law would ensure transparency and accountability in the way health insurance companies conduct business and better protect patients from questionable insurance tactics that result in loss of coverage and increased out-of-pocket costs.

1. Transparency and Accountability in Health Insurance Cancellation and Rescission

Health insurance tactic: When patients incur high medical bills, health insurance companies increasingly are cancelling policies unilaterally, a practice called “rescission.” Insurers pore over the patients' health information for evidence that the patients did not disclose their entire medical history to the insurance company on their insurance application. If an error or omission is found, no matter how insignificant, the insurance company rescinds the policy rather than continue to pay the patient's medical bills. What is worse, the insurer then attempts to reclaim all previous payments it made on the patient's behalf to doctors, hospitals, and other health care providers.

Patient impact: No health insurance when health care coverage is needed most. Patients also are stuck with additional medical expenses for prior payments the insurer revoked. Recently, only after a Waxahachie woman appealed to her congressman was her insurance coverage reinstated. The company said she did not check “acne” on her application, so it denied her treatment for breast cancer and revoked her coverage.

Code of Conduct solution: Require insurers to notify patients that rescission of their policy is under consideration prior to the actual cancellation. In addition, the insurer would have to provide a patient all relevant information about why the policy is being revoked and how to initiate an independent review of the decision. This solution will allow the patient to contest the decision if desired and help prevent his or her policy from being revoked inappropriately.

2. Transparency and Accountability in the Calculation of Premium Quotes

Health insurance tactic: Insurance quotes are developed in a black box. Small employers and individuals have little or no understanding of how or why their health insurance premium quote increased from the prior year.

Patient impact: Paying more each year for unsubstantiated premium increases. At renewal, when small employers ask the broker, agent, or insurance company how their premium was spent, they often are told the information is not available, or they receive incomplete information. Recently Harris County Medical Society, a small, nonprofit business in Houston, experienced an unexplained double-digit increase in its premium quote with no understandable basis provided by the insurer that warranted the increase.

Code of Conduct solution: Allow Texas' small businesses' to challenge health

insurance premium quotes, and have insurers provide information to justify a premium increase. If a small business believes its premium increase is unwarranted, it can ask TDI to investigate the proposed rate.

3. Transparency and Accountability in the Calculation of the Medical Loss Ratio

Health insurance tactic: Health insurer profits are expressed as part of the industry's term “medical loss ratio.” The medical loss ratio is the percentage of premium dollars spent on payments to physicians, hospitals, and other health care providers for health care services rendered. The amount of premium dollars left over often translates into administrative expenses that include health insurer profits. Simply stated, insurers can maximize their profits by keeping the amount of the premium dollar they spend on the patient's health care to a minimum.

Patient impact: Employers and employees are spending more money on health insurance each year but have no idea exactly where their health insurance premium dollars are going. Is it going toward their health care costs or to the insurer's bottom line?

Code of Conduct solution: Require a consistent reporting formula for the term “medical loss ratio.” The formula needs to specify exactly what insurers can include as a medical cost vs. profit or expenses for items such as marketing, administration, and recruitment. This solution would allow employers and patients to compare easily the performance of their health plan with other plans and aid in shopping for health insurance.

4. Transparency and Accountability for Unregulated Secondary Networks (aka Silent PPOs)

Health insurance tactic: Currently the discounted rates physicians negotiate with health plans are being hijacked by unregulated preferred provider organization (PPO) networks. These entities, called “silent” and “rental” PPO networks, take a discount that has been accessed without a physician's permission. They shop around to find the lowest rate a physician has agreed to with any health plan. Then the PPO sells, resells, or leases that discounted rate to insurance companies, discount brokers, and other unregulated health care businesses without the physician's knowledge or permission. These unregulated companies then fraudulently apply these discounts to minimize their payments for patients' medical expenses.

Patient impact: While the plan gets a discount and pays less, the patient pays more of the medical costs due to the inappropriately applied discount.

Code of Conduct solution: Regulate how a physician's contract information is sold, leased, or shared among health insurance plans and other companies. In addition, these companies should be required to register with the Texas Department of Insurance. This solution prohibits any business or insurance company from improperly using a physician's contract information and

forcing greater costs onto patients.

5. Transparency and Accountability in Physician Rankings

Health insurance tactic: All major health insurance companies in Texas use some form of physician ranking or tiering of their networks. They market these networks to employers and patients as “quality” enhancements or “high-performance” networks. In reality, the rankings are based almost exclusively on claims data and cost. They rarely include any review of the quality of care the patient receives. Repeatedly, physicians find numerous inaccuracies in the data. Health insurance companies also post these rankings publicly on their Web sites prior to giving physicians any opportunity to verify the accuracy of the information and correct any mistakes made by the insurer.

Patient impact: Employers and patients are being deceived about the availability and quality of the physicians in the health plans' network, suffer disruption in longstanding patient-physician relationships, and have limited access to certain types of specialists.

Code of Conduct solution: Require health insurance companies to use scientifically valid criteria to evaluate physicians' performance and disclose those criteria in advance. Physicians should be given the opportunity to review their data and ranking before this information is made public. Physicians also would have an appeals process to correct any misleading or wrong information. A physician's disagreement with his or her ranking would be included in the information the insurance company publicizes.

6. Transparency and Accountability in Claims Processing

Health insurance tactic: Five years ago, a federal class-action lawsuit was filed under the Racketeer Influenced and Corrupt Organizations Act (RICO). The lawsuit charged several large health insurance companies with using claims-processing practices and systems that lowered physician reimbursement. Most major health insurance companies agreed to a settlement with many state medical societies rather than face federal antiracketeering trials over their disturbing claims processing practices. These practices included refusing to process claims for vaccine administration, formulating clinical policies on criteria that are not supported by medical science, and unilaterally changing billing codes and amounts.

Patient impact: These practices disrupted the patient-physician relationship and made it more difficult for physicians to provide patients the care and services that should have been covered.

Code of Conduct solution: Codify a number of the settlement's provisions, which are set to expire in the near future. This would continue to hold insurance companies accountable for how they process claims to ensure they are paying for the patient's care the way they should. ■

Capitol Day 2009

“No man’s life, liberty or property are safe while the legislature is in session.”

Judge Gideon J. Tucker

The Texas Legislature is now in session. During the 140-day session, the 181 legislators will file over 6,000 bills. Generally, about 300 filed bills could affect the practice of psychiatry in Texas.

Member organizations of the Federation, including the Texas Society of Psychiatric Physicians, the Texas Academy of Psychiatry and the Texas Society of Child and Adolescent Psychiatry, urge you to become involved in the political and legislative process to ensure that quality psychiatric care and patient safety are preserved and protected.

You can begin this involvement by attending and participating in the activities of CAPITOL DAY on March 4, 2009. CAPITOL DAY, sponsored by the Mental Illness Awareness Coalition (Depression

and Bipolar Support Alliance of Texas, Mental Health America of Texas, NAMI Texas and the Federation of Texas Psychiatry), will afford you the opportunity to participate in several activities on March 4th to advocate for your patients and profession. For additional information about CAPITOL DAY, including registration information, please visit the Federation's website, www.txpsych.org.

Come to CAPITOL DAY prepared to learn and to have a very fulfilling and fun experience. And, wear your white coat to the rally and legislative visits to demonstrate that “The Doctor is in the House.”

We hope to see you in Austin at the Texas Capitol on March 4th— MARCH FORTH FOR MENTAL HEALTH. ■



CAPITOL DAY ACTIVITIES

- 10:00 am - 11:45 am: Advocacy Workshop – receive briefings on key legislative issues and tips on effective legislative advocacy.
- 11:45 am - 12:15 pm: Box Lunch – enjoy a brief lunch with friends.
- 12:30 pm - 1:00 pm: Rally on the South steps of the Capitol – participate in rally to draw public attention to important legislation for persons with mental illnesses in Texas.
- 1:00 pm - 3:30 pm: Visits with members of the Legislature – visit members of the Legislature in teams of advocates to encourage support of needed legislation.
- 3:30 pm - 4:30 pm: Reception – Wrap-up your visit to the Capitol with refreshments and sharing of your experience.

“Just because you do not
take an interest in politics
doesn’t mean that politics
won’t take an interest in you.”

Pericles

CALENDAR OF MEETINGS

MARCH

- 4 MIAC Capitol Day 2009 “March Forth for Mental Health”**
Sponsored by the Mental Illness Awareness Coalition (Federation of Texas Psychiatry, Depression and Bipolar Support Alliance of Texas, Mental Health America of Texas and NAMI Texas)
For additional information please visit the Federation's website www.txpsych.org

APRIL

- 4-5 Texas Society of Psychiatric Physicians & Texas Academy of Psychiatry**
Spring Meeting and CME Dinner Program
“The Neuropsychiatry of Traumatic Brain Injury”, Stuart C. Yudofsky, M.D.
Westin Galleria Hotel, Houston, Texas
TSPP Discounted Room Rate \$159 / Hotel Reservations Until March 4 or Upon Sell-Out, whichever occurs first / 1-800-228-3000
For additional information please visit www.txpsych.org or call 512-478-0605

MAY

- 1 TMA Section on Psychiatry Program**
TEXMED 2009, Austin Convention Center
For additional information 1-800-880-7955 or www.texmed09.texmed.org
- 16-21 American Psychiatric Association Annual Meeting**
San Francisco, CA
For additional information visit www.psych.org

JUNE

- 11-13 Texas Osteopathic Medical Association and**
Texas Society of the American College of Osteopathic Family Physicians Joint Annual Convention
Arlington, Texas

JULY

- 24-26 Texas Society of Child & Adolescent Psychiatry Annual Meeting & Scientific Program “Bipolar Disorder in Children and Adolescents: Diagnostic and Treatment Dilemmas”**
Omni Fort Worth Hotel, Fort Worth, Texas
TSCAP Discounted Room Rate \$175 / Hotel Reservations Until July 2 or Upon Sell-Out, whichever occurs first / 1-800-843-6664
For additional information please visit www.txpsych.org or call 512-478-0605

JOB BANK

Whether you are looking for career opportunities or you are recruiting to fill a position in your organization, you will want to check out the Federation’s **JOB BANK** on its website at www.txpsych.org.
The Federation’s JOB BANK could be just what you have been looking for.

The TEXAS PSYCHIATRIST is published 6 times a year in February, April, June, August, October and December. Members of Federation member organizations are encouraged to submit articles for possible publication. Deadline for submitting copy to the Federation Executive Office is the first day of the publication month. Copy must be edited, acceptable for publication.

Display advertising is available and publication is determined on a case by case basis by the Editorial Board. The Editorial Board reserves the sole right to accept or reject any submitted advertising copy.

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