



The Wisconsin Psychiatrist

Summer
2011
Vol. 52 No. 2

QUARTERLY PUBLICATION OF THE WISCONSIN PSYCHIATRIC ASSOCIATION: NORTHERN, SOUTHERN AND MILWAUKEE CHAPTERS

There and Back Again

Frederick Langheim, MD, PhD, Psychiatry Resident, UW Health

In the fall of 2010, Dr. Molli Rolli took over as Medical Director at Mendota Mental Health Institute. Her career trajectory has spanned from Staff Psychiatrist at Mendota Mental Health, to C&L and inpatient psychiatry at the UW Hospital, to Psychiatry Director at the Wisconsin Department of Corrections. The editorial board was interested in learning more about how Dr. Rolli's career developed, and what her latest experience has been like.

Following her chief year in the UW residency, Dr. Rolli began a staff psychiatrist position at Mendota, where she attended lectures in the newly accredited Forensic fellowship achieving her own credentialing. She found the experience rewarding and grew to feel that a Mendota directorship would make an attractive career someday. During her time at Mendota, she maintained association with UW, and was Medical Director of both the Cornerstone Community Support Program as well as the TRAC Program at Mendota.

In 2000, Dr. Rolli became director of Consultation Liaison Psychiatry Services at the UW as well as Director of Inpatient Psychiatry. In 2003 this combined duty was divided and she continued as Director of Inpatient Psychiatry. Over an eight year period, Dr. Rolli influenced the careers of countless medical completing their 3rd year clerkships, and nearly a

decade's worth of psychiatric residents on their inpatient rotations. While at the UW, she became involved with several committees (chairing at least two), including Quality Evaluation and Review, Corrective Action Peer Review, and Medical Ethics. In 2008 she was promoted to Associate Professor.

Later that year, Dr. Rolli states she wasn't looking for a change, but when she received the advertisement for the Department of Corrections Psychiatry Director position, her qualifications in Forensics and her desire to expand upon her administrative experience led her to apply. Taking over at the DOC "was a big adjustment." While there were clinical components (filling in for open positions, and later, providing weekly consultation services to the infirmary), this was a very administrative position. She describes her work with the DOC as focusing upon systems management, orchestrating multiple providers to function as a unified practice, providing timely services, and providing an accessible psychiatrist to all of the system's inmates. Across 20 facilities are over 23,000 inmates and 34 psychiatrists, of whom most are part time. While with the DOC, Dr. Rolli helped develop an evidence-based formulary. Though several state prison systems have formed a consortium to negotiate pharmaceutical pricing, she was not party to this; rather,

the formulary was developed based on efficacy, side effects and cost. The new guidelines curbed previously uninhibited access to atypical antipsychotics, saving millions of dollars. Of note, quetiapine is abused among inmates, and malingering attempts to acquire this commodity common. Headquartered in the old American Family building on E. Washington Avenue and Highway 30, approximately once or twice weekly, Dr. Rolli would travel to any one of the 20 different prisons in the system.

After two years, again not looking for a new opportunity, Dr. Rolli learned that Ken Casimir would be moving on from his position as Medical Director at Mendota. Having had an attraction to that position while working at Mendota after residency, she felt she needed to look into the opportunity. Dr. Rolli was drawn to the prospect of greater patient contact and a smaller system. She got the job.

The Mendota she returned to was everything she remembered and more. Mendota does a great job retaining employees and promoting from within so there were many friendly, and familiar faces for Dr. Rolli to work with. She was as impressed upon her return as she was during her original appointment at the quality of care provided to patients and the positive collegial relationships among staff at the facility. Now it was

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time to take a look at Mendota from another perspective. The ways she viewed the job as a staff psychiatrist just out of residency in the 90's and as a new administrator were quite different.

During the first 9 months of her tenure at Mendota, Dr. Rolli experienced three distinct challenges: (1) within weeks of her arrival, the Wisconsin Department of Health Services (then under the Doyle administration) closed the civil unit (2) the Joint Commission, DQA, and CMS surveys all took place, and (3) more than 6% of employees decided to retire.

Under the Doyle administration, the state concluded that there were too many civil beds between those available at Mendota and Winnebago, and made the decision to close the civil unit. This was difficult for Mendota staff who were dedicated to providing that service to civil patients. That decision has been felt throughout Madison hospitals and the region, with beds frequently unavailable at many or most inpatient units in the area. Local hospitals are working to absorb the additional patients including those who would have been hospitalized at Mendota as well as outpatient admissions now displaced by emergency detentions. Certainly on-call psychiatrists have been presented with greater challenges in finding disposition for patients seen in local emergency departments after hours.

With respect to the regulatory agency surveys, they are a part of the job but just happened to come fast and furious, one after the other. As an administrator this required Dr. Rolli to do some quick policy changing and revamping. Her role now involved oversight of primary care and pharmacy as well as psychiatry. She had to learn quickly about such things as proper procedure for cleaning medical instruments and maintenance of pharmacy refrigerator temperatures.

The final difficulty of public employee retirement (seen across the public sector) may present the greatest challenge thus far during Dr. Rolli's tenure as director. While she is aware of no further programmatic changes planned for Mendota, most Mendota employees belong to a union. Approximately 50 of the 800 employees at the Institute have chosen to retire. While this number includes physicians, most pending retirements are in clerical and associated areas, representing a tremendous loss in experience, knowledge, training, and highly reliable ancillary staff upon whom the medical staff greatly rely.

Dr. Rolli points out that she has approval for two staff psychiatrist positions for which she has begun recruiting. "There have been challenges, but overall I believe in Mendota. I believe we give good care . . . we have a lot of talented people at Mendota, and helping our patients is the top priority of all Mendota staff."

Executive Director's Message

Sara Finger, WPA Executive Director



Hello and a Happy Spring to Everyone!

This time of year we're reminding of new beginnings and fresh starts. It's been a whirlwind of a year with everything going on at our State Capitol, yet May has brought a new sense of hope and opportunity.

Having previously worked at the Wisconsin Medical Society, I have years of experience working with physicians and helping them

become more engaged in our advocacy process. I've always felt that while you all needed to know the "practice" of medicine, knowing the business and advocacy of medicine was equally as important.

Out of our 132 State Legislators, only a handful of them have a health care background. Yet, every day, our legislative leaders are making decisions on health-related policies with or without your input. It's critical that WPA members work to identify their legislative representatives and start building relationships with them now.

At our recent WPA Annual Meeting in Wisconsin Dells, we heard from State Representative Sandy Pasch about how critical your voices are in the debate around mental health policies. They truly need to hear your insights, experiences and ideas.

At this given moment there are many policies being considered that will affect the affordability and access to care for your patients and the way in which you can deliver care. It's a matter of whether you want to be "in the kitchen" or "on the menu".

I hope you'll all take moment to visit to <http://legis.wisconsin.gov/w3asp/waml/waml.aspx> to get to know your representatives. And I encourage you to connect with your WPA Legislative Committee Chair, Jerry Halverson, to learn how you can get more involved in efforts to advocate for your profession and your patients.

Sara

2011 Annual Meeting Draws a Crowd

Claudia Reardon, MD, 2011 Annual Meeting Chair

March 11–12, 2011 saw 83 psychiatrists, residents, fellows, and medical students from Wisconsin, Illinois, and Iowa venture to the Kalahari Resort in Wisconsin Dells for the Wisconsin Psychiatric Association Annual Meeting. As you know, the spring meeting is our annual opportunity to gather together as an entire membership to soak up new knowledge, reignite our passion for learning, and mingle with friends and colleagues. The Dells event, dubbed "Integrative Medicine in Psychiatry: What Your Patients are Doing but not Telling You", promised and delivered on all fronts. Here are some of the highlights from the weekend:

- Thanks to Harvard psychiatrist Dr. Marlene Freeman, all attendees left the meeting feeling that their knowledge about fish oil was thoroughly topped off. Are you aware of the impressive evidence for fish oil for depression? Do you know the dosage range with the most evidence? What about that whole DHA:EPA ratio thing? If you don't know the answers to these questions, you probably should have come to the meeting. No worries, though, because many of the presenters' handouts are available on our website (www.thewpa.org).

- UW Family Physician David Rakel, MD led thought-provoking discussions on various and sundry topics, including that now well-known 2010 JAMA meta-analysis that showed that antidepressants have no significant benefit over placebo for mild to moderate depression. Does this study disavow the importance of one of our most commonly prescribed classes of medications? Or does it tell us something else?
- John Greist, MD, one of the world's foremost experts on OCD, shared with us lots of useful tidbits about online therapy resources, and the one that has rung most useful for many of us is his sharing of the website for his well-validated, online CBT program for OCD exposure and response prevention. I think we all know how hard it is for our OCD patients to access intensive, well-designed ERP treatments. Well, Greist's online program seems to help with that very problem. It's free. Our patients can utilize it 24/7, nights, holidays, and weekends. I'm still looking for the catch. Like me, several of our residents here at UW have now had success with their patients using the program.

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- How 'bout them local experts? We learned about Reiki/energy medicine (Katie Fassbinder, MD), Vitamin D (Norris Glick, MD), mindfulness (Andy Moore, MD), and nutritional medicine (Linda DiRaimondo, MD). And Madisonian Dr. Alexander Fritz skillfully moderated our panel of a whole bunch of these local folks.
- The WPA has continued to nurture its young cohorts. Our Friday evening student/resident/fellow/early career psychiatrist networking dinner brought not only delicious steak and seafood, but also laid back conversation moderated by UW senior psychiatry resident Dr. Ritu Bhatnagar. Bhatnagar facilitated a discussion among early career integrative psychiatrists Fassbinder and Fritz (see above) as well as Dr. Erin Curtis.

- Last but not least, the WPA paid homage to Wisconsin Representative Sandy Pasch (D-Whitefish Bay) via its Friend of the WPA Award. Representative Pasch was instrumental in passage of the Wisconsin mental health parity bill, for which the WPA remains extremely grateful.

With that, then, hopefully you either: 1) attended the above-described meeting and agree that it was a worthwhile event equal parts educational and fun, or 2) are sufficiently convinced that you'll never miss another WPA Annual Meeting. We'll see you for next year's meeting in Milwaukee!

Save the Date!

Mark your calendars for **October 22, 2011**, for the WPA Career Development Conference, which will be held at the Marriott Milwaukee-West in Waukesha.

Entitled, "How to Improve Patient Care and Stay Board-Certified," this conference is especially geared towards early- and mid-career psychiatrists who must participate in ABPN Maintenance of Certification.

We will have a terrific line-up of speakers, including:

Bob Ronis (Chair of Psychiatry at the Cleveland Clinic), who will represent ABPN and discuss Maintenance of Certification

Gene Musser (former head of the Wisconsin Medical Examining Board), who will discuss maintenance of licensure and other recent changes affecting psychiatrists

George Mejicano (head of CME at the University of Wisconsin), who will discuss how to conduct performance improvement projects and have them count towards board-certification

Our very own **Jerry Halverson** and others, who will discuss how to measure quality of psychiatric care

I strongly encourage you to attend! Please contact me (awalaszek@wisc.edu) with any questions about the program.

Luther Midelfort

Mayo Health System

Eau Claire, Wisconsin: Luther Midelfort – Mayo Health System, seeks two BC/BE Adult Psychiatrists. One position requires interest in Addictions and includes Medical Directorship of outpatient addictions program and general adult psychiatry. The ideal physicians will be collaborative and engaging in their approach to patients and non-physician team members. Upon completion of recruitment, call will be 1:7. Outpatient unit is attached to a newly renovated 20 bed inpatient unit. Luther Midelfort - Mayo Health System is a vertically integrated, physician directed hospital and multi-specialty clinic of 250 physicians owned by Mayo Clinic. Eau Claire is a university community with a metro area of 95,000, located 90 minutes east of Minneapolis. Outstanding schools, a family oriented community, a state with a favorable malpractice climate, and a strong compensation and benefits package may be expected. For more information, contact Cyndi Edwards 800-573-2580, fax 715-838-6192, or e-mail edwards.cyndi@mayo.edu. You may also visit our website at www.luthermidelfort.org EOE

Welcome to our new PGY1s – UW Residency Class of 2015

Art Walaszek, MD

Months of our hard work during the recruitment season have resulted in a fine new class of residents. We are proud to introduce the UW Psychiatry Residency Class of 2015:

Originally from Michigan, Sarah Feenstra is a graduate of Lake Erie College of Osteopathic Medicine. She studied molecular biology at Grove City College in Grove City, PA. After her first year of med school, she went on a medical mission to Peru, where she worked in two underserved clinics and jumpstarted an afterschool program that emphasized homework, sports, games and good hygiene. In her personal statement, Sarah wrote movingly of this experience: "This trip opened my eyes to medical needs around the world. It helped me appreciate basic luxuries, like washing my hands, which I had taken for granted." In addition to being proficient in Spanish, Sarah is an avid runner, bringing yet more athleticism to the residency.

Kristin Homburg received her undergrad degrees in Biochemistry and Integrative Physiology from the University of Colorado before moving on to the University of Colorado-Denver School of Medicine. As part of a research project, she co-facilitated CBT groups for children with anxiety and autism-spectrum disorders; her work resulted in an award-winning poster presentation at UC. Not surprisingly, Kristin has a strong interest in Child & Adolescent Psychiatry - so much so, that she did sub-internships in both psychiatry and pediatrics this year.

Cecilia Jefferson will bring strong interests in the humanities, cross-cultural medicine and community psychiatry to UW. She received a degree in English and American Literature from NYU, where she wrote an essay entitled, "The Space Within," a meditation on culture, creativity and understanding human behavior. She has a Wisconsin connection, having been a TA for a Comparative Anatomy of Vertebrates course at UW and having worked at a Madison Public Library. Cecilia hails from the University of Minnesota Medical School.

A native of Milwaukee, Stuart Jones received his undergrad degree in Biology from UW, and then went on to Rosalind Franklin University to attend medical school. Stuart has strong interests in Buddhist philosophy, psychotherapy, education and neuroscience - so I suspect he will do quite well in our Department. He has done research in the lab of Ronald Kalil at UW, attempting to induce neurogenesis in rat brains. A harmonica player and sound technician, Stuart will infuse the residency with yet more musical talent.

Sam Lin has a strong interest in Child & Adolescent Psychiatry, forged during an AACAP Summer Medical Student Fellowship,

where he worked as a counselor at a treatment program for children with ADHD. He completed his undergrad studies at the University of Illinois-Chicago, and is currently a student at the University of Illinois College of Medicine. Sam impressed us with his poise during a Welcome Reception: a snowstorm had delayed the other applicants, so Sam was the lone applicant with a room of faculty and residents - and he did a great job! We hope that Sam continues to play French horn and piano, as he did with various musical groups throughout the Chicago area.

Dana Marlowe will have to give up her Hoosier ways in order to become a full-fledged Badger. (Just kidding, Dana!) A native of Indiana, she studied at Indiana University School of Medicine. She received degrees in Biology and Chemistry from DePaul University in Chicago, where she was involved in research in neuroplasticity after traumatic brain injury. Dana has a strong commitment to public service, having volunteered at a community center for adults with disabilities, at a senior citizen center in her home town, and at Children's Memorial Hospital in Chicago. She has also served as a representative of her medical school to the Indiana State House, speaking with legislators about funding for medical education.

Brendon Nacewicz enters our program as our 6th Research Track resident. He already has had a first author publication in the Archives of General Psychiatry ("Amygdala volume and nonverbal social impairment in adolescent and adult males with autism," 63:1417-28), based on his work in the lab of Richie Davidson. Brendon received his undergrad degree in Molecular Biology and his PhD in Neuroscience from UW where he completed medical school. Embodying the concept of translational research, Brendon eloquently wrote in his personal statement: "I have found that the skills I developed to soothe the extreme social fear responses of children and adults with autism [in research studies] are equally useful with difficult patients in the clinic and on the psychiatry ward."

Tim Thurber is a man of many passions and talents, including sailing (he was on the NC State Sailing Team), photography (awesome!) and web design. He has volunteered as an Emergency Medical Technician and has participated in wilderness survival training. And he's interested in Psychiatry, too! Tim received his undergrad and graduate degrees from NC State and attended the Brody School of Medicine at East Carolina University. We welcome him and his wife, Stephanie, who is a school teacher.

Where The UW Grads are Going Next

Frederick Langheim, MD, PhD - Psychiatry Resident, UW Health

Dr. Katherine Dutra will be doing a combination of outpatient, partial, inpatient, and forensic psychiatry with a focus on women’s mental health issues and will be working in communities in south central WI. Dr. Matthew Herald will enter the Geriatric Fellowship at the William S. Middleton VA Hospital. Dr. Utpal Dhruve is seeking positions in the Chicago area, given his wife’s recent promotion within the Walgreen’s corporation headquartered in Deerfield, Illinois. Dr. Frederick Langheim will be joining Dean Health Systems in outpatient psychiatry at the Fish Hatchery location. He will maintain a presence at the UW by providing lectures in the residency and continuing collaborations at HERI while conducting research through the Dean Foundation. In addition, Fred will continue writing a popular press etiquette guide for young men. Dr. Nitin Bagul is heading to northern California and will be working with a federally qualified health center. His decision was influenced by the ability to work with a primary care clinic and patient mix including indigenous, uninsured and homeless populations. His work will mostly consist of

consultation psychiatry to primary care, in addition to a wide base of patients with severe mental illness. Dr. Bagul will also be doing some community based psychiatry and office based treatment of opiate and alcohol addictions. Added attractions included 30-minute visits and 90-minute intakes with primary care physicians taking call on his behalf. Dr. Angela Janis will be joining the Dean Health Care System seeing patients in an outpatient setting in Janesville, WI. She is very much looking forward to the opening of the new St. Mary’s Hospital and outpatient clinic there in January 2011. Dr. Timothy Cordes will continue in the addiction psychiatry fellowship in Madison and will develop his speaking career, sharing the lessons he has learned while becoming a blind physician. Dr. Ritu Bhatnagar will be joining the Madison-based Addictions Fellowship in 2012.

Medical College of Wisconsin Residency Program

Robert Gouthro, MD - Psychiatry Resident, MCW

With this academic year coming to a close, it is time to congratulate the MCW General Psychiatry Residency Graduates of 2011 and wish them well on their future endeavors. Similarly, it is time to look to the future and welcome the incoming General Psychiatry Class of 2015.

Jody Langford, MD, has accepted a position as a Child & Adolescent Fellow at the Medical College of Wisconsin

Gina Negrette, MD, has accepted a faculty position in the Mental Health Urgent Care Clinic at the Milwaukee VA Medical Center

Mark Phelps, MD, has accepted a position as a Forensic Fellow at the Medical College of Wisconsin

Aaron Riley, MD, has accepted a position as a Psychosomatic Fellow at the Medical College of Wisconsin

Janet Zoch, MD, has accepted a position as a Child & Adolescent Fellow at Baylor College of Medicine in Houston, Texas

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Graduates of 2011

Michelle Bentle, MD, has accepted a position as a Child & Adolescent Fellow at the Medical College of Wisconsin

Robert Gouthro, MD, has accepted a position as a General Adult Psychiatrist at Prevea Health in Green Bay

Alma Grewal, MD, has accepted a position as a Geriatric Fellow at the Medical College of Wisconsin

Mateen Khazi, MD, has accepted a faculty position as a General Adult Psychiatrist at the Milwaukee County Behavioral Health Division

Stephanie Kohler-Neuwirth, DO, has accepted a position as a Psychosomatic Fellow at the Medical College of Wisconsin

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Incoming Class of 2015

Rajni Aulakh - American University of the Caribbean

Neil Brahmhatt - Chicago College of Osteopathic Medicine of Midwestern University

Jason Burns - University of Iowa Roy J. & Lucille A. Carver College of Medicine

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Vikram Gopal - Chicago College of Osteopathic Medicine of Midwestern University

Elizabeth Hamlin - Medical College of Wisconsin

Mercy Kagoda - Loma Linda University School of Medicine

Kirsten Kirschner, M.D. - Rush Medical College of Rush University Medical Center

Annaliese Koller - West Virginia School of Osteopathic Medicine

UW Residency Updates

Art Walaszek, MD

On Match Day, March 17, we at the University of Wisconsin Psychiatry Residency were pleased to welcome a wonderful new group of residents - our Class of 2015. Our new residents hail from across the country and will bring to Wisconsin a wide range of experiences and interests, from writing essays in the NYU undergrad literature program to being a camp counselor at a summer camp for children with ADHD. We look forward to helping the next generation of Wisconsin psychiatrists grow.

Our new residents will enter a markedly changed world of graduate medical education. In 2003, the Accreditation Council for Graduate Medical Education (ACGME), put in place rules for residents' duty hours. These included limiting work weeks to 80 hours and shifts to 30 hours, among other things. Last Fall, the ACGME made sweeping changes to these rules:

Beginning in July 2011, new residents (PGY1s) will not be allowed to work more than 16 hours in a row - thus ending the classic concept of call, at least for interns. Residencies across the country have been working hard to reconfigure call systems, which will likely include "night float" schedules (working

several nights in a row, with no daytime responsibilities) and increased call for senior residents.

The ACGME is also placing a much greater emphasis on supervision - that is, making sure that new physicians receive the support and monitoring they need from senior residents and from faculty. We will have to carefully demonstrate that residents are progressing to higher levels of competency and thus needing less supervision over time.

Residencies will also need to include residents in patient safety and quality improvement projects - thereby preparing residents for medical practice focused on improving clinical outcomes. We will also be watching more closely for signs of fatigue and distress among residents, so as to ensure that patients always receive high quality care.

These are exciting times, and we're thrilled that eight new residents join us each year.

APA honors Rogers' Pahlavan

Kambiz Pahlavan, MD, FAPA, FAACAP, received the American Psychiatric Association's (APA's) highest award—a distinguished life fellowship – during the organization's annual meeting. The award is given to those individuals who have made outstanding contributions in the field of psychiatry.

An APA member for nearly 30 years, Dr. Pahlavan is the medical director of Rogers Memorial Hospital-Milwaukee and is director of the Rogers Center for Research and Training. He has been an investigator or co-investigator in more than 90 studies, in areas including attention deficit hyperactivity disorder, affective disorders, psychotic disorders and suicide. He also has been recognized for his contributions to the quality partnerships Rogers has established with The Medical College of Wisconsin and Children's Hospital of Wisconsin.

"As a clinician, educator, researcher and administrator, Dr. Pahlavan has long been recognized for his leadership and dedication," David L. Moulthrop, PhD, president and CEO of Rogers Behavioral Health System, said in a news release. "This award represents the appreciation and respect shown by his accomplished colleagues."

2011 APA Advocacy Day: Hot Issues in D.C.

Jerry Halverson, MD - WPA Councilor at Large and Chair of Legislative Committee

The American Psychiatric Association Advocacy Conference for 2011 was held April 11-13 at the Phoenix Park Hotel in rainy Washington DC. As a member of the APA's Council on Advocacy and Government Relations, I was invited to represent the Badger State at the 2011 Advocacy Conference. The Advocacy Conference is a yearly opportunity for psychiatrists from across the country to "fly in" to D.C., have some training on the hot behavioral health issues in Congress by fellow members and our excellent APA advocacy staff and then lobby the Congressional members from the state.

Advocacy Day is more than just the visits. It is an opportunity to learn about the issues affecting psychiatry at the national level that the APA is tracking and on which it would like its members to educate Congress. We were able to attend a few plenary speeches by active Congressmen and political commentators. It appears that the view from the ground is that Washington is as mired in gridlock as it seems it is from afar. Hot psychiatric issues and the APA talking points were explained over the course of multiple panel discussions led by a member expert with discussants drawn from our excellent APA Washington based advocacy staff. There were many topics that we covered. They included: mental health parity (the battle is certainly not over), health reform implementation/accountable care organizations, Medicare scope of practice, Medicare payment issues, PTSD/ TBI/ Veterans' issues, public health funding, workforce issues and health information technology. From these discussions came our talking points and marching orders for the Hill visits.

The specific issues that I discussed with the Wisconsin Delegation were: federal funding of the mental health infrastructure for fiscal years 2011 & 2012, supporting the mental health needs of our returning vets, arguing against the designation of psychologists as physicians under Medicare (H.R. 831/S. 483), ending the discriminatory lifetime inpatient days cap for Medicare (The Medicare Mental Health Inpatient Equity Act , S. 374), behavioral HIT funding extension (Behavioral Health Information Technology Act of 2011 S. 539), workforce and our good friend, the reviled and nefarious SGR. Please see the companion article in this issue of the Wisconsin Psychiatrist for more detail on the issues.

I did indeed visit the whole complement of 10 representatives from Wisconsin. You might be thinking, "Wow, one person to represent all of Wisconsin?" Yes. I thought that also- especially around the 6th or 7th office. The Congressional visits are always

the highlight of the trip, and this year was no different. What was different this year was that there were several new offices to visit. Part of the fun and utility of making this trip once or twice a year is to develop relationships with the Congressional members and their staff. Years like this with the turnover are particularly challenging, but well worth the trip.

Representative Ron Kind's comment to me encapsulated the vibe on the Hill regarding mental health. "I thought after Gabby Gifford (Representative from Arizona) was shot that congress would finally treat mental illness seriously... I guess I was wrong..." It really did feel like many of the other visits that I have completed in the past. There were few lessons learned from the Gifford shooting. Mental health funding continues to be amongst the first cuts when the going gets tough, as evidenced by both national budgets released and discussed that week. Obviously advocating for increased funding for mental health went over like a lead balloon in many offices. Many of the issues that we discussed did cost money. That being said, it is very important to continue to advocate for our patients and our issues- making sure that they are on the minds of the representatives and their staff. The mentally ill do not have as many advocates looking out for them as other "special interests" do.

How can you be more involved at the Federal level? Read the APA issues elsewhere in this issue. Please consider calling your senators and your representatives- particularly if they are on key committees- and give them your opinions on the issues that will affect your patients and your practice-. Visit them at the local office or in D.C. if able. Offer to be a resource on mental health issues to the office. Also, please consider giving to the APA Political Action Committee so that our specialty has the funding that we need to successfully advocate for our specialty and our patients. For further info, feel free to contact me at jerry.halverson@gmail.com or contact the APA's Advocacy staff at advocacy@psych.org or on the web at <http://psych.org/MainMenu/AdvocacyGovernmentRelations/GovernmentRelations.aspx>.

Hot Issues in DC Affecting Psychiatry

Jerry Halverson, MD - WPA Councilor at Large

Funding: Increasing funding for research (NIMH, NIDA and NIAA). Maintaining federal investments in services - especially SAMHSA block grants to states, which are often of critical importance to providing mental health care at the local level. These block grants are particularly important now with the states cutting back services.

Vets: Investments in suicide prevention, research in TBI/PTSD/ etc, women's health, and caregiver support.

Psychologists as Physicians: Legislation has been introduced in both houses (H.R. 831/S. 483) to deem psychologists "physicians" in the Medicare program (again, going the legislative route rather than doing adequate medical training and gaining the knowledge). The argument is that this would somehow address shortage issues in rural areas-which we all know to be a straw man. In no other program is this clearer than in Medicare. 20 years after psychologists argued to be covered by Medicare based on these access arguments, they are still no more likely to practice in rural areas than are other healthcare professionals.

Medicare Parity for Inpatient Mental Health: The Medicare Mental Health Inpatient Equity Act, S. 374 attempts to address another place where Medicare discriminates against the mentally ill. As you may know, Medicare beneficiaries are restricted to a total of 190 days of inpatient psychiatric hospital care throughout their lifetimes regardless of their needs. This arbitrary cap on benefits is not imposed on any other special inpatient hospital service under Medicare. This bill strikes down this disparity. A companion bill is expected to be introduced in the House shortly.

Behavioral HIT funding: The Behavioral Health Information Technology Act of 2011 (S. 539) attempts to extend "stimulus" funding to many of the places where psychiatrists work. The original "Recovery" HIT reimbursement incentive program was created to help physicians and hospitals overcome the expensive start up barrier for transitioning to electronic health records (EHRs). This original act left out many mental health facilities, meaning that they are not eligible to obtain these monies to help pay for EHR adoption. This leaves psychiatrists (and our patients) behind the technological curve and more likely to be penalized for low rates of use of EHRs. S. 539 attempts to extend these incentives to facilities like public and private psychiatric hospitals, community mental health centers, addiction treatment facilities and other excluded groups.

Workforce: Encouraging targeted efforts to promote psychiatry, especially child and adolescent and geriatric psychiatry, that are necessary to meet the changing needs of the American health system. Federal programs to recruit and train psychiatric physicians should be expanded.

Sustainable Growth Rate (SGR): Continues to be a big issue. We just wanted to be sure that they know that we haven't forgotten about it and demand a complete replacement, or at the least a two year freeze in cuts. Medicine faces a 29.5 % cut in January 2012.

The fact sheets are available on the APA website at <http://psych.org/MainMenu/AdvocacyGovernmentRelations/GovernmentRelations/Current-Legislative-Fact-Sheets-112th-Congress.aspx>

Wisconsin Psychiatric Association 2012 Annual Conference to focus on Suicide

Make plans now to join the Wisconsin Psychiatric Association for the 2012 Annual Meeting scheduled for March 2-3, 2012 at the InterContinental Milwaukee, Milwaukee, WI. The Friday program will include national expert on suicide and editor in chief of "Current Psychiatry" Jan Fawcett, MD and local experts discussing the ins and outs of suicide and suicide risk assessment. Saturday will feature a half day workshop on Suicide Risk Assessment by nationally known expert Shawn Shea, MD.

Reserve Your Room Today!

Rooms are available at a special group rate of \$129 single/double occupancy. Reservation can be made by calling the InterContinental at 414-935-5943 and requesting the WI Psychiatric Association Room Block.

News from the APA

APA Resource: Supporting Early Career Psychiatrists (ECPs)

The APA and its Assembly Committee on ECPs provide resources and networking opportunities to specifically serve members who are within their first seven years after training (residency/fellowship). The “Practice Management for Early Career Psychiatrists” is a reference guide that addresses the various issues ECPs must face. Members can download this resource via psych.org in the Early Career Psychiatrists section. The guide offers a wide range of knowledge from licensing / board certification and contract negotiation to implementing electronic billing and managing patient relationships. This detailed document not only meets the needs of residents and ECPs, but the information it contains may also be helpful to members who have been in practice for years.

Additional resources supporting members early in their careers can be accessed on www.psych.org in the Early Career Psychiatrists section where links are provided for CME activities, awards and fellowships among others.

Committee Provides Resources for Disaster Response

The APA’s Committee on Psychiatric Dimensions of Disasters continues to develop timely resources to help psychiatrists and psychiatric organizations prepare for and respond to natural disasters, terrorism threats, and other traumatic events.

Members may reference the “Disaster Psychiatry Handbook” for guidelines on topics like clinical interventions following a disaster and tips for parents and caregivers. The “Disaster Psychiatry Handbook” and relevant materials including APA Position Statements on posttraumatic stress disorder (PTSD) and traumatic brain injury (TBI) are easily accessed via the Disaster Psychiatry section of www.psych.org.

The Let’s Talk Facts brochure series is another tool for helping patients and their families understand mental health issues linked to trauma like PTSD, substance abuse, and anxiety. APA members get a 20 percent discount on titles in the Let’s Talk Facts series, which are sold in packages of 50. Visit the American Psychiatric Publishing, Inc. website to order brochures or visit www.HealthyMinds.org for a preview of each brochure.

Listserve, Award Support Women in Psychiatry

The APAWomen listserve, available to all women members, enhances dialogue on issues most significant to female psychiatrists. The online mentorship feature encourages members to share their personal views and advice for balancing work and family responsibilities. A popular section lists the latest job postings as well as announcements of government and privately sponsored programs for the advancement of women doctors. The service supports women in psychiatry and strives to advance their careers in a field where women are still a minority. To join the APAWomen listserve, members should send their name, email, and member number to women@psych.org.

Nominations are now being accepted for the Alexandra Symonds Award which recognizes a woman psychiatrist who has made significant contributions to promoting women’s health and the advancement of women. The deadline for nominations is June 1. Information about the materials required for nomination is available online or can be obtained from Alison Bondurant at abondurant@psych.org.

Attention Wisconsin Psychiatrists:

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UPCOMING EVENTS

November 11-12, 2011

Fall 2011 Psychiatric Update
UW School of Medicine and Public Health and Madison
Institute of Medicine, Inc.

March 16-17, 2012

Spring 2012 Psychiatric Update
UW School of Medicine and Public Health and
Madison Institute of Medicine, Inc.