The Future of Psychiatric Practice: 2013 Annual Meeting Review

By: WPA Administrative Office

The 2013 WPA Annual Conference, Looking Forward: The Future of Psychiatric Practice, was held March 15-16 in Madison. The event featured a collection of prominent national speakers and leaders in organized medicine who shared their perspectives on the changes and challenges that lie ahead for the psychiatric profession. The Fluno Center, located in the heart of the UW-Madison Campus provided an ideal location to enjoy the conference, as well as downtown Madison.

The conference was highlighted by Jeremy Lazarus, MD (President of the American Medical Association and private practice psychiatrist from Colorado). Dr. Lazarus presented on implications of the Affordable Care Act with respect to patients and psychiatric practices. Dr. Lazarus also discussed the future of the private practice model of psychiatry in the United States.

Wisconsin is also fortunate to have leaders practicing innovative care right in our state – and the conference highlighted some of Wisconsin’s own experts and leaders. Robert Golden, MD (Professor of Psychiatry and Dean of the University of Wisconsin School of Medicine and Public Health) shared information on the future of academic psychiatry in our evolving healthcare system. Steve Brannon, MD (Vice President and Therapeutic Area Leader for Neuroscience, Clinical Development, Clinical Science at Takeda Pharmaceuticals) then provided information about the future of psychiatric treatments – including the medication pipeline as well as non-pharmacologic treatments (past Medical Director of Cyberonics the company behind VNS Therapy). And Pat Hammer, MSA, president of Rogers Memorial Hospital Behavioral Health System (the largest provider of behavioral health services in the state) presented on the major changes ahead in the delivery and the financing of mental health care at the national and local level.

The conference also included presentations from other prominent national speakers. John Oldham, MD (Immediate Past President of the American Psychiatric Association, Chief of Staff at Menninger Clinic, and the editor-in-chief for the Journal of Psychiatric Practice) discussed a number of novel models of psychiatric practice being conducted in Texas. Andrew Pomerantz, MD (National Mental Health Director for Integrated Care, Veterans Administration) presented on innovative practice models of psychiatric care in the V.A. Health System and provided a perspective on integrated care from one of the most innovative models in the country. And David Katzelnick, MD (Chair of Integrated Behavioral Health at the Mayo Clinic) presented on novel models of integrated psychiatric care in Minnesota.
The Wisconsin Psychiatrist is published four times a year – Spring, Summer, Fall and Winter – for members of the Wisconsin Psychiatric Association (WPA) and those interested in its activities. Opinions expressed are the authors’ and do not necessarily reflect the policies of the WPA. Articles submitted must be signed and are subject to review by the Editors and/or Editorial Board. Articles may be reprinted. However, attribution to The Wisconsin Psychiatrist and two copies of the reprint are appreciated.

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Consideration will be given to the guidelines and principles of the American Psychiatric Association. Appropriate events may be listed under Calendar of Events free of charge.

The conference concluded with the first annual Resident Clinical Case Vignettes. This friendly competition featured representatives from both residency programs. Each presented a clinical vignette, and answered audience questions. We would like to thank all the participants in this year’s event – and congratulate the first winner of the “Siggie Award” (see description below). We look forward to continuing this event as a new WPA tradition at next year’s annual conference.

President Elect Jerry Halverson, MD with current President Joseph Layde, MD.

New WPA Tradition Starts at 2013 Annual Meeting: Thanks to our Resident Vignette

Resident vignettes were presented on Saturday, March 16. The clinical vignettes highlighted interesting psychiatric cases that involved rare diseases; unusual presentations of common disease; important principles about diagnosis or management; and innovative approaches to the management of patients with psychiatric disease.

Thank you to our inaugural presenters:
Neil Brahmbhatt, DO from the Medical College of Wisconsin
Elizabeth Hamlin, MD, MA from the Medical College of Wisconsin
Jake Behrens, MD from the University of Wisconsin-Madison
Justin Gerstner, MD from the University of Wisconsin – Madison

Congratulations to Elizabeth Hamlin, MD, MA from the Medical College of Wisconsin who presented, “With Friends Like These…” Dr. Hamlin won the 1st Place Award for Outstanding Presentation in the Clinical Case Vignette Competition.
WPA 2013 Advocacy Day set for April 24, 2013

By: Eric Jensen

Location
Madison Club
5 West Wilson Street
Madison WI 53703

Please clear your calendar and plan to attend WPA Advocacy Day in Madison on April 24, 2013, presented by the Wisconsin Psychiatric Association. Advocacy Day is an important opportunity for you to help make the legislative changes that our patients and our practices need by educating our elected officials on what psychiatrists actually do and how the state could be better addressing the needs of Wisconsin’s mentally ill – and if you’ve been paying attention at all, you know that this topic is on the mind of many legislators. This is a wonderful opportunity to have an advocacy day “at the right time.”

Why do we ask that you come to Madison? WPA’s Advocacy Day is our opportunity to put a face on the Wisconsin Psychiatric Association – and it is our opportunity to show legislators, by our very presence in their Madison offices, that we are aware of who they are, the importance of their work and we are showing respect for both them and the political process by taking the time away from our practices to visit them (rather than taking the easier, and often impersonal road of leaving voicemails or sending emails).

Sometimes when we visit the Capitol, Legislators are busy – working in their district, perhaps working their “real” jobs, attending committee meetings or floor sessions, or meeting with other people – and we meet with their staff instead. Don’t forget these words – meeting with staff is equally important, and we need to treat the meetings accordingly. Legislators see literally thousands of bills each session, they sit on multiple committees, and they have tens-of-thousands of constituents in their districts. They cannot know or be experts on everything. Often, their staff is the expert on a particular topic, and always their staff serve as advisor, sounding-board and relayer-of-information to their boss. While it may not seem as “glamorous” to meet with staff, it is equally important and in no way diminishes the significance of your visits to the Capitol.

This year, WPA will be advocating some key issues for medicine: HIPAA Harmonization (a key to improving Mental Health Care), and legislation addressing “informed consent” in the wake of the Wisconsin Supreme Court’s decision in the Jandre case last year. In addition, we will be discussing as a group the “Physician Condolence” legislation, and perhaps other issues, and leaving relevant information with lawmakers.

Advocacy Days are a critical part of any group successfully impacting public policy-making. Lawmakers and their staff need to see that you care – and the best way to show them is by coming to Madison to visit their offices in person.

Our advocacy day program agenda includes an address from a legislator, a briefing on the issues for members by our government relations team as well as some tips on how to be an effective advocate for our issues. We will then fuel up with a lunch provided by the WPA after which we will hit the Capitol as a group.

Register today through the WPA website at www.thewpa.org. We look forward to seeing you on April 24th!

WPA Advocacy Day Agenda
11:30 am Welcome
12 pm Guest Speakers & Lunch
1 pm Issue Update
2-3 pm Legislative Visits
As you are all well aware of, the CPT coding changes are now into the third month. This process has been challenging in a multitude of ways, including the changes in how we bill and document the encounters. For a review of the billing and documentation changes, please reference the article on CPT changes in the Winter Issue. Along with these changes, additional frustrations and concerns have been noted in a recent issue of PSYCHIATRIC NEWS. One topic of significant discussion at the recent APA Area 4 Council Meeting, held in Chicago, was the concern with reimbursement. Several codes, in particular the diagnostic evaluation with medical services, have reimbursement rates lower than other provider based equivalent codes. The example of diagnostic evaluation is as such: if you provide medical services the standard billing is $436 and the Medicare billing is $121.70. If you do not provide medical services, the standard billing is $511 and the Medicare billing is $146.96. Oddly enough, the RVU for each code is in the opposite circumstance, where a diagnostic evaluation with medical services provides 2.96 and an evaluation without medical services has an RVU of 2.80. Uniquely enough, one can see where this could create a number of conflicts among providers and employers.

These concerns have been noted and attempts at addressing them have been initiated. This is due to a number of factors including the fact that some of the codes that were new had no functionally identified value. They are codes that should be available for the service provided but no one knew what the codes should be valued at, eg. Crisis Psychotherapy. Much of the discrepancy appears to be related to recommendations of the AMA/Specialty Society Relative Value Scale Update Committee (RUC) and Centers for Medicare and Medicaid Services (CMS); without readily identified values assigned for some of the codes, CMS held previous rates for codes. The new codes were then given an initial value. This is due to be reviewed again in the upcoming months. However, it appears that the current code values will not change until next year. That being the case, continued vigilance on the provider’s part to ensure proper coding is necessary. This vigilance should be extended to support of the APA and AMA in working to promote change within the newly developed coding values by CMS. This is likely to continue to be a fairly hot topic, as the information continues to filter in and everyone becomes more attuned to the discrepancies that exist.

WPA to Offer DSM-V Training in Wisconsin

The Wisconsin Psychiatric Association is planning to provide training on DSM-V. This training will be based on training offered exclusively to district branches at this year’s American Psychiatric Association (APA) annual meeting. The WPA sponsored training will be unique in Wisconsin as it will be the only training approved by the APA for CME. Trainings are tentatively planned to be all-day programs, and provided at a discount for WPA members. At least two trainings will be provided throughout the state in 2013, with additional training planned in future years to continue updating members on changes. The date, location and registration for trainings will be published as soon as details are confirmed. Again, this training will be the only APA-sponsored training in Wisconsin.

Course Description

Release of DSM-5 marks the first major revision to the classification of and diagnostic criteria for mental disorders since DSM-IV was released in 1994. WPA training will provide clinicians with information on the major changes from DSM-IV to DSM-5, including diagnosis-specific changes (e.g., criteria revisions) as well as broader, manual-wide changes (e.g., revised chapter ordering, use of dimensional assessments, integration of neuroscience and developmental material across the manual). The primary emphasis is on ensuring clinicians understand how these changes might impact patient care and knowing what modification might be necessary to implement these revisions in their practice. Presentations will also address potential scientific implications and assist researchers in understanding how DSM-5 might impact the study of mental disorders.

At the conclusion of this session, the participant should be able to:

1) List the primary significant changes in the classification of and diagnostic criteria for mental disorders from DSMIV to DSM-5;

2) Discuss some of the major clinical modifications that might be needed to implement the major changes in DSM-5; and

3) Describe some of the important research implications resulting from changes in DSM-5.

CPT CODING CHANGE UPDATE

Dr. Justin Schoen, MD

As you are all well aware of, the CPT coding changes are now in the third month. This process has been challenging in a multitude of ways, including the changes in how we bill and document the encounters. For a review of the billing and documentation changes, please reference the article on CPT changes in the Winter Issue. Along with these changes, additional frustrations and concerns have been noted in a recent issue of PSYCHIATRIC NEWS. One topic of significant discussion at the recent APA Area 4 Council Meeting, held in Chicago, was the concern with reimbursement. Several codes, in particular the diagnostic evaluation with medical services, have reimbursement rates lower than other provider based equivalent codes. The example of diagnostic evaluation is as such: if you provide medical services the standard billing is $436 and the Medicare billing is $121.70. If you do not provide medical services, the standard billing is $511 and the Medicare billing is $146.96. Oddly enough, the RVU for each code is in the opposite circumstance, where a diagnostic evaluation with medical services provides 2.96 and an evaluation without medical services has an RVU of 2.80. Uniquely enough, one can see where this could create a number of conflicts among providers and employers.

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We are proud to introduce our next class of residents, who will join us in June 2013. Months of our hard work during the recruitment season have resulted in a fine new set of residents. Thank you to all our residents, faculty and staff for your many efforts during our busiest recruitment season ever (500+ applicants, 75 interviews over 10 days). Here is your brief introduction to the Class of 2017.

**Josh Boguch:** A native of the Pacific Northwest, Josh completed his undergraduate degree in Latin at the University of Washington, where he simultaneously was a research assistant in a medical genetics lab, resulting in a publication in Human Genetics. Josh then entered the University of Virginia School of Medicine, where he is currently a fourth-year student. In his personal statement, Josh eloquently expressed his passion for Psychiatry, saying that it will allow him “to practice in a field of medicine where the patient’s story not only matters but is central to their health.”

**Kirk Honecke:** Kimberly hails from Baraboo, where she still has strong family ties. She graduated summa cum laude from the University of Wisconsin-Stevens Point, and then went to medical school at the Lake Erie College of Osteopathic Medicine in Erie, Pennsylvania. Kimberly has won a variety of merit scholarships and awards, and she has been active in a number of professional medical associations. We welcome Kimberly back to Wisconsin!

**Emily Wang:** Heidi is a Badger through and through: she grew up in Madison, graduated from UW-Madison with degrees in Medical Microbiology and Immunology, and is now wrapping up at UWSPMHP. Heidi is engaged to PGY1 resident Jonathan Vu, with whom she shares a passion for Argentine tango. Heidi is exceptionally dedicated to patient advocacy, having taken an M4 elective in public health advocacy and service in psychiatry, having written for the APA Healthy Minds blog on binge drinking, and having recorded a public service announcement with the Wisconsin Medical Society on the same topic.

**David Michael:** David is currently a fourth-year student at the Chicago College of Osteopathic Medicine of Midwestern University. David received his undergraduate degree in Biology, Behavioral Science, and Cognitive Science from the University of Michigan, where he participated in research exploring the effects of insomnia on cognition and mood. He has a strong tech background, having worked as a computer specialist at UM for seven years. Now the process of transformation from Wolverine to Badger begins.

**Priscilla Park:** Priscilla brings a wealth of medical experience to our program. She completed undergrad at UW-Madison, and then received nursing degrees from the University of Virginia and University of California, San Francisco. Priscilla was a nurse practitioner from 2005 to 2007, and then enrolled at the UCSF School of Medicine. While in her internship at the UCSF-East Bay General Surgery residency, she became increasingly drawn to the psychosocial aspects of patient care - hence her new goal of becoming a psychiatrist. Priscilla’s commitment to the health sciences continues in her current role as a nursing instructor at a long-term care facility in Portland, Oregon.

**Kiran Patel:** Currently a fourth-year student at the University of Texas Southwestern Medical Center in Dallas, Kiran has a strong track record of service, mentoring and teaching. He graduated magna cum laude from Trinity University in San Antonio, where he was a member of the Alpha Phi Omega service fraternity. He has participated in research in the Trinity University Chemistry department and in the Surgical Oncology department at M.D. Anderson Medical Center. Kiran also has a strong interest in teaching, having been a Howard Hughes Medical Institute tutor and a laboratory teaching assistant. Service, research, teaching - we think Kiran will fit in very well at UW!

**Emily Walz:** Emily received an English degree from Ohio Wesleyan University and then a Masters in Social Work from the Ohio State University. Emily worked as a case manager for several mentally ill patients at North Community Counseling Center in Columbus, Ohio, and then matriculated at UWSPMHP in 2009. Here she is a member of the Training in Urban Medicine and Public Health (TRIUMPH) program, in which she has participated in a variety of public health and community outreach projects. Emily was co-chair of MEDIC, the medical student-run network of volunteer clinics. After residency, she will continue her commitment to public service as a member of the National Health Service Corps.
EDITORIAL BOARD CORNER:

By: Frederick Langheim, MD/PhD

This issue marks the fifth installment from the Editorial Board consolidating recent clinical updates, mental health policy news, popular press news patients may be reading, and changes in the landscape of psychiatry in Wisconsin. If you find you have announcements you might like included in a future issue (or a suggestion for a better series title) please email Rebecca Lamers: Rebecca@badgerbay.co

CLINICAL PSYCHIATRY IN THE NEWS, IN BRIEF:

ARE ANTIPSYCHOTICS PRESCRIBED FOR BEHAVIORAL CONTROL IN US POOR?
Zito et al (Psychiatric Services, 2013) looked at antipsychotic prescribing rates among children. Their abstract results section read: “The prevalence of antipsychotic use increased from 1.2% in 1997 to 3.2% in 2006. The increase in odds of antipsychotic use in 2006 was greatest among youths enrolled in SCHIP (adjusted odds ratio [AOR]=5.9), followed by youths enrolled in foster care (AOR=4.1), TANF (AOR=3.6), and SSI (AOR=2.8). Among users of antipsychotics who had a psychiatric diagnosis, youths with externalizing behavior disorders and bipolar disorder had 2.4- to 3.8-fold greater odds of using antipsychotics in 2006 versus 1997 compared with youths with schizophrenia or other psychoses and pervasive developmental disorders. The proportion of youths using antipsychotics between 1997 and 2006 increased significantly more among African Americans and Hispanics than among whites.”

MEDICATING OUR YOUTH:
A recent article appearing in JAMA: Pediatrics (Kathleen R. Merikangas, et al., 2012) argued that, contrary to concerns that youth of today are overmedicated, many who are identified as having mental illness are not receiving medication which could be of benefit to them.

POSITION STATEMENT AGAINST NEUROENHANCEMENT:
In an Ethics, Law, and Humanities Committee position paper, endorsed by the American Academy of Neurology, Child Neurology Society, and American Neurological Association, Graf and co-authors (Pediatric Neurology, 2013) argue that it is unethical to prescribe stimulants for performance enhancement.

BRAIN INJURIES IN CONTACT SPORTS:
In an article appearing in Brain (Ann C. McKee, et al., 2012), the authors found evidence of chronic traumatic encephalopathy (hyperphosphorylated tau pathology) in 68 of 85 post mortem brains evaluated in the cohort study.

SSRI AND STILLBIRTH RISK:
Stephanson et al (JAMA 2013, 309(1):48-54), in a study of 1,633,877 singleton births, concluded “Among women with singleton births in Nordic countries, no significant association was found between use of SSRIs during pregnancy and risk of stillbirth, neonatal mortality, or postneonatal mortality. However, decisions about use of SSRIs during pregnancy must take into account other perinatal outcomes and the risks associated with maternal mental illness.”

PATIENT ACCESS TO NOTES IS GOOD:
As reported in the AMA newsletter: Modern Healthcare (1/2, Conn, Subscription Publication) reports, “A research team from Johns Hopkins waded into the thorny debate over electronic access to patients' mental health information with a small study finding that readmission rates are lower for psychiatric patients whose records are available electronically and accessible to nonpsychiatric physicians.” In an article published online Dec. 20 in the International Journal of Medical Informatics, researchers found that “four hospitals studied that both kept all psych records in an EHR and gave psych-records access to nonpsychiatrist doctors had lower readmission rates for psychiatric patients at seven, 14 and 30 days.”

INHALED MEDICINE:
According to Mescape Medical News, the US Food and Drug Administration (FDA) has approved loxapine inhalation powder under the brand name Adasuve (Alexza Pharmaceuticals) at 10 mg for the acute treatment of agitation associated with schizophrenia or bipolar I disorder in adults. Adasuve combines loxapine with the company’s Staccato delivery system.

PTSD AND ECSTASY:
Mithoefer et al., (Journal of Psychopharmacology, 2013) reported a study of 19 subjects treated for PTSD with MDMA (ecstasy) assisted psychotherapy which found “On average, subjects maintained statistically and clinically-significant gains in symptom relief, although two of these subjects did
relapse. It was promising that we found the majority of these subjects with previously severe PTSD who were unresponsive to existing treatments had symptomatic relief provided by MDMA-assisted psychotherapy that persisted over time, with no subjects reporting harm from participation in the study.”

WORKPLACE BULLYING:
Lallukka et al (BMJ 2012) reported on the prevalence of workplace bullying and its association with increased use of psychotropics.

STRESS AND STROKE:
Henderson et al (Stroke 2012) reported their study which found that “Increasing levels of psychosocial distress are related to excess risk of both fatal and nonfatal stroke in older black and white adults.”

OPTIMISM AND ANTIOXIDANTS:
According to a study by lead author Julia K. Boehm published in Psychosomatic Medicine, for every standard deviation increase in optimism among over 900 men studied, there was a 3 to 13% increase in carotenoid levels.

PSYCHIATRIC MEDICATIONS AND MOTOR VEHICLE ACCIDENTS:
In a case control study of 5,183 subjects, Chang et al (Br J Clin Pharmacol, 2012 epub ahead of print) found that people taking antidepressants (both TCAs and SSRIs), benzodiazepines, and so called “Z-drugs” zolpidem, eszopiclone etc, had considerably higher accident rates, with adjusted odds ratios between 1.34 and 1.73. The impact appeared to be related to dose, and was accounted for using covariates of urbanity, psychiatric and non-psychiatric visits, and Charlson comorbidity score.

MIDLIFE FITNESS LOWERS RISK OF DEMENTIA:
A recent article (DeFina et al Annals of Internal Medicine) studied fitness levels in 19,458 non-elderly adults between 1971 and 2009, finding 1659 cases of incident all-cause dementia over 125,700 person-years of follow-up. The authors found that higher midlife fitness levels were associated with lower hazards of developing all-cause dementia later in life. “The magnitude and direction of the association were similar with or without previous stroke, suggesting that higher fitness levels earlier in life may lower risk for dementia later in life, independent of cerebrovascular disease.”

PERINATAL CHOLINE AND SCHIZOPHRENIA:
A randomized placebo-controlled trial of choline supplementation in 100 health pregnant women (Ross et al., AJP, 2013) showed no adverse outcomes and greater suppression of the P50 response in choline treated infants (76%) compared to placebo-treated infants (43%).

CBT FOR THE PREVENTION OF PSYCHOSIS:
In a randomized controlled study of cognitive behavioral therapy targeting awareness and normalization of cognitive bias in a group of 201 individuals at ultra-high risk for schizophrenia showed a number needed to treat of 9 in order to prevent one first break over 18 months (van der Gaag et al., 2012).

OXAZEPAM AND FISH:
Science (2/15 Brodin et al) ran a peer reviewed article regarding how trace levels of benzodiazepines in aquatic ecosystems (1.8 micrograms per liter) affected activity levels (increased) and sociability (decreased).

TELEVISION AND ANTISOCIAL BEHAVIORS:
In a cohort study of over 1000 New Zealanders born in the early 1970’s (Robertson et al.) “young adults who had spent more time watching television during childhood and adolescence were significantly more likely to have a criminal conviction, a diagnosis of antisocial personality disorder, and more aggressive personality traits compared with those who viewed less television.”

OVERDOSES UP FOR 11 YEARS AND RUNNING:
Using data from the National Institutes of Health Statistics in a research letter published at JAMA (2/20, Jones et al.) wrote that “in 2010, there were 38 329 drug overdose deaths in the United States; most (22 134; 57.7%) involved pharmaceuticals; 9429 (24.6%) involved only unspecified drugs. Of the pharmaceutical-related overdose deaths, 16 451 (74.3%) were unintentional, 3780 (17.1%) were suicides, and 1868 (8.4%) were of undetermined intent. Opioids (16 651; 75.2%), benzodiazepines (6497; 29.4%), antidepressants (3889; 17.6%), and antiepileptic and antiparkinsonism drugs (3889; 17.6%), and antiepileptic and antiparkinsonism drugs (1717; 7.8%) were the pharmaceuticals (alone or in combination with other drugs) most commonly involved in pharmaceutical overdose deaths.”

BULLYING AND PSYCHIATRIC OUTCOMES:
In a prospective, population-based study of nearly 1500 participants who had bullying assessed 4 to 6 times from ages 9 to 16 years, Copeland et al. (JAMA Psychiatry 2/20) concluded that bullying increased rates of depression, anxiety, antisocial personality disorder, substance use and suicidality, especially for those who were both bullies and victims.

HELMET PARENTS = DEPRESSED COEDS:
A study of 297 US undergrads (Schiffrin et al, Journal of Child and Family Studies) found that the more micromanaging and controlling the parents, the higher the rates of depression in college students.
YOUTH SUICIDE SCREENING:
A 4 question emergency room screener for suicide in youth demonstrated 96.9% sensitivity and 87.6% specificity (Horowitz et al, JAMA Pediatrics 2012) by assessing whether the patient thought he or she would be better off dead, wished to die, was thinking about suicide, or had attempted suicide in the past.

ARIPIPRAZOLE DEPOT:
The FDA approved Abilify Maintena, a long acting, once monthly intramuscular antipsychotic.

MENTAL HEALTH POLICY NEWS:

BRAIN MAPPING INITIATIVE:
The white house announced a new brain activity mapping initiative, likening it to the Human Genome Project in scope and potential benefits to our understanding of neurodevelopment and mental health.

MENTAL HEALTH INITIATIVES ANNOUNCED:
In his weekly e-newsletter, Governor Scott Walker “announced a near $30 million investment in state taxpayer funds for mental health programs to enhance and expand services provided by state and local governments to individuals living with mental illness.” The programs include Comprehensive Community Services, Office of Children’s Mental Health, Coordinated Services Team, Peer-Run Respite Centers, In-Home Counseling for Children, as well as Additional Forensic Units at Mendota Health Institute.

MENTAL HEALTH IN THE POPULAR PRESS:

MENTAL HEALTH PARITY:
According to Liz Szabo’s article in USA Today on 1/7/13, new health exchanges will be required to cover mental health care and substance abuse treatment, says Rachel Garfield, senior researcher at the Kaiser Family Foundation.

In a separate article also in the 1/7/13 online USA Today, Szabo wrote ““the enormity of the Sandy Hook tragedy is galvanizing the mental health community and forcing the nation to examine what is often described as a failing system, one that is underfunded, overburdened and ultimately ineffective.”

DEPRESSION IN THE NFL:
In a study published online in JAMA Neurology on 1/7/2013 “of 34 retired NFL players, about 25 percent suffered with clinical depression, higher than the 15 percent seen in the general population.”

ACCESS ≠ PREVENTION:
The New York Times carried a story on 1/9 by Cares reporting on a JAMA Psychiatry article questioning the effectiveness of mental health treatment for teens given that over half of those who plan or attempt suicide had already had some mental health contact. Quoting the article, researchers “found that 55 percent of suicidal teenagers had received some therapy before they thought about suicide, planned it or tried to kill themselves, contradicting the widely held belief that suicide is due in part to a lack of access to treatment.” The study’s findings were “based on interviews with a nationwide sample of more than 6,000 teenagers and at least one parent of each.”

SODA AND DEPRESSION:
American Academy of Neurology released an article on 1/8/13 where in “a study of more than 200,000 older adults, those who drank more than four cans of soda a day had a 30 percent greater risk of depression than those who consumed none.”

LIKE FATHER LIKE SON?
On January 4th, USA today (Healy) reported on a journal Pediatrics study of over 31,000 children which found that mental health problems in expectant fathers strongly predicted behavioral and emotional problems in the children as toddlers.

ADDERALL IN THE NFL:
The New York Times (12/2, Battista) reported that increasing numbers of NFL players are failing drug tests due to recreational use of stimulants, with a 75% increase in suspensions.

WAITING FOR A BED:
The Washington Post (1/23, Khazan) reported that patient’s are spending hours to days and even weeks in limbo in hospital emergency rooms while waiting for psychiatric inpatient beds to become available. This was reported as a consequence of the scaling back of inpatient beds.
COMING OUT HAS HEALTH BENEFITS:
As reported in the AMA morning rounds: “The New York Daily News (1/29, Miller, 543K) reported that according to a new study by Canadian researchers published in Psychosomatic Medicine, gays, lesbians and bisexuals who come out about their sexuality are “less anxious, depressed and burnt out than their closeted counterparts, or even than heterosexual people of similar age.”

VIOLENT VIDEO GAMES ≠ YOUTH VIOLENCE:
The New York Times (2/12, D1, Carey) reported, “In surveys about 80 percent of high school-age boys say they play video games, most of which are thought to be violent, and perhaps a third to a half of those players have had a habit of 10 hours a week or more.” The Times added that “the number of violent youth offenders fell by more than half between 1994 and 2010, to 224 per 100,000 population, according to government statistics, while video game sales have more than doubled since 1996.”

PHYSICAL SYMPTOMS OF HEARTBREAK:
In time for Valentine’s, the LA Times (2/9, Conley) ran a story on the physical effects of a broken heart, including stress hormone induced transient cardiomyopathy.

CDC: NEARLY TWO-THIRDS OF US GUN DEATHS ARE SUICIDES.
From the AMA Morning Rounds e-newsletter: On its front page, the New York Times (2/14, A1, Tavernise, Subscription Publication, 1.68M) reports, “The gun debate has focused on mass shootings and assault weapons since the schoolhouse massacre in Newtown, Conn., but far more Americans die by turning guns on themselves.” In fact, “nearly 20,000 of the 30,000 deaths from guns in the United States in 2010 were suicides, according to the most recent figures from the Centers for Disease Control and Prevention. The national suicide rate has climbed by 12 percent since 2003, and suicide is the third-leading cause of death for teenagers.”

CPT CODING CHANGES AND DENIAL OF PAYMENTS:
From the AMA Morning Rounds e-newsletter: The NBC News (2/7, Aleccia) “Vitals” blog reported that “a growing number of US mental health professionals...say their insurance claims have been denied - and their payments have been withheld - because of problems resulting from nationwide changes in psychotherapy treatment codes that took effect Jan. 1.” These practitioners “say systemwide delays and outright denials of payment could last for months, jeopardizing not just the nation’s 500,000 providers, but also access to care for millions of mentally ill Americans.” The piece explained that “this year, changes to a mere 30 codes that affect mental health services have thrown a huge glitch into the system.”

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Julie.Edmundson@co.adams.wi.us
Clinical Services Manager
(608) 339-4505 Fax (608) 339-4593
The Wisconsin Psychiatrist at APA:
Compiled by Frederick Langheim, MD, PhD

The 166th Annual Meeting of the American Psychiatric Association is scheduled to take place from May 18-22, 2013, in San Francisco, CA. For those of you who are attending, the WPA thought it may be helpful to list some of the presentations that will be given by our local experts at the national meeting, as a reminder of the large role that your fellow WPA members play in running our organization and in driving our science, the health of our patients, and our practices forward.

Saturday 5/18 9am-Noon: As part of a Presidential Symposium on Envisioning a New Psychiatry: Radical Perspectives (PS1), H. Steven Moffic, M.D. and Rusti Moffic will be giving a multi-media presentation on “Eco-Psychiatry: Why We Need to Keep the Environment in Mind”.

Saturday 5/18: Neil Brahmbhatt, M.D., Suraj pal Singh M.D. MRC Psych, M.Sc., Thomas Heinrich M.D., Annalise Koller M.D., and M Khazi, M.D. will present their poster “Complete genital self mutilation and diagnostic challenges”

Saturday 5/18 11:30am-1pm: Melissa Goelitz, M.D. (Clinical Educator Track) will present her poster “Listening to Our Patients Who Cannot Hear” during the Resident Poster Competition.

Saturday 5/18 11:30am-1pm: Elliot Lee, M.D., Ph.D. (Research Track, Chief Resident) and Jake Behrens, M.D. (Clinical Educator Track, Chief Resident), will also present a poster during the Resident Poster Competition, theirs titled “Being Assaulted Is Not A Part of the Job: Development of Procedures and Protocols in Maintaining Safety of Psychiatry Residents.” Dr. Lee will also be participating in the Annual Research Colloquium for Junior Investigators, while Dr. Behrens will be working as Chair of the APA Assembly Committee of Members-in-Training (ACOM).

Sunday 5/19 10:30am-Noon: Jack Yen, M.D., M.P.H. will present his poster “Efficacy of Correctional TelePsychiatry: Is There Evidence?” (NR5-25) at the young researcher’s presentation. Below are the details:

Sunday 5/19 1pm-3pm: Travis Fisher, M.D, Suraj pal Singh M.D., MRC Psych, M.Sc., and Mara Pheister M.D., will present “An Electronic Medical Record Template Improves the Frequency of Laboratory Monitoring for Patients on Atypical Antipsychotic” during poster session NR6-05.

University of Wisconsin APA Reception is Sunday, May 19, 7:30pm - 9:30pm, Four Seasons Hotel, 737 Market Street, San Francisco, California. RSVP to balchen@wisc.edu or call Vanessa at 608-263-0491.

Monday, 5/20, 8 am-12 noon: Carlyle Chan, M.D. will be faculty for the CME Course, Exploring Technologies in Psychiatry.

Monday 5/20 1:30pm-3pm: Claudia Reardon, M.D. will speak during the workshop (W75) titled “What Happens Now That I've Graduated? Pears, Pitfalls, and Strategies for Negotiating Your First Job and Other Transitions After Residency.”

Monday 5/20 2:30-5pm: Claudia Reardon, M.D. will present on “The Role of Culture in Sport” during the International Society for Sports Psychiatry Scientific Session.

Monday 5/20 3:30pm-5pm: Jerry Halverson, M.D. will chair the workshop titled Amplifying the Voice of Your Profession and Your Patients: Advocating for Your Patients in an Era of Health Care Reform, by the APA Council on Advocacy and Government Relations.

Tuesday 5/21 9am-10:30pm: As a former President of the American Association for Social Psychiatry (AASP), Steven Moffic, M.D. will be part of a panel for the Forum on Humanitarian Challenges in Psychiatry: A Model of Forensics, Ethics, and Advocacy (F7). During this Forum, the AASP will present their second annual Humanitarian Award to Abraham Halpern, M.D.

Tuesday 5/21 2pm-5pm: In a symposium (S115) on Approaches to Treating Refractory Obsessive-Compulsive Disorder Across the Lifespan, Jerry Halverson, M.D. will provide the fourth presentation: Residential Treatment: Combining Medications, Exposures, and Millieu Therapy for Optimal Treatment of Refractory OCD.

Tuesday 5/21 2pm-5pm: In a symposium titled A Primer on Prevention in Psychiatry (S118), Frederick Langheim, M.D., Ph.D. will present on Suicide Prevention.
Join your colleagues who have chosen to be represented by our professional team and our program which is endorsed by the two most prominent associations in your profession - the American Psychiatric Association and the American Academy of Child and Adolescent Psychiatry.

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REBECCA BAUER, MEDICAL COLLEGE OF WISCONSIN
– Rebecca was born in Chapel Hill, North Carolina and graduated cum laude with honors from Tulane University with a degree in Neuroscience. We are thrilled that she has chosen to stay at MCW for her training!

AMIT BHAVAN, UNIVERSITY OF MEDICINE AND HEALTH SCIENCES-ST. KITTS – Amit comes to us from Salem, Oregon. He earned his BS in Biochemistry from the University of Washington. Amit completed two psychiatry rotations at Rogers Memorial Hospital, where he earned the “Rogers Memorial Hospital Employee 110% Award – “for being so hands on and helpful on the unit, and being positive and friendly.”

MARC GUNDERSON, MEDICAL COLLEGE OF WISCONSIN
– A native of North Dakota, Marc earned his BS in Biology from UCLA before coming to Wisconsin for medical school. We are very pleased that we could convince him to stay in Milwaukee for his training!

MICHAEL MONTIE, UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER AT FORT WORTH TEXAS COLLEGE OF OSTEOPATHIC MEDICINE – Michael is from Provo, Utah, where he earned his BS in Neuroscience from Brigham Young University. He is developing a retrospective study to investigate the presence of markers that may predict the risk of developing PTSD in trauma survivors. We are really excited to have Michael and his family join us in Milwaukee!

JOANNE ORFEI, CHICAGO COLLEGE OF OSTEOPATHIC MEDICINE OF MIDWESTERN UNIVERSITY – Joanne joins us from Chicago, where she earned a BS in psychology from Loyola University before joining the Chicago College of Osteopathic Medicine. Joanne has been conducting research on selective numbing in Bhutanese refugees who have PTSD. We’re so glad she chose to join us from Chicago!

JULIE OWEN, MEDICAL COLLEGE OF WISCONSIN – Originally from Wisconsin, Julie earned her BA and BFA in Psychology and Musical Theater, respectively, from the University of Central Florida. She continued her work in the arts while at MCW as the Executive Director of MCW Physicians for the Arts. She will be a wonderful addition to the class!

DEEPA PAWAR, MEDICAL COLLEGE OF WISCONSIN – Deepa is a 2009 graduate of MCW where she graduated as a member of the Alpha Omega Alpha Medical Honor Society. She is a native of Milwaukee who went to the University of Rochester for her internship in internal medicine/pediatrics and then to Johns Hopkins School of Public Health to complete her residency in Preventative Medicine. She’s decided to apply her training in preventative medicine to the psychiatric population. We are very excited that she’s joining us for the rest of her training! Through her residency, Deepa realized that she wanted to apply her preventative medicine training to the psychiatric population.

JAMES STEVENS, UNIVERSITY OF MINNESOTA MEDICAL SCHOOL – James comes to us from the University of Minnesota Medical School. In addition to his MD, James earned a BA in anthropology, an M.Ed in second languages and cultures education and an MA in linguistics. He grew up in Waukesha and is looking forward to bringing his family back here. He’ll be a wonderful addition to our program!
Dr. Jon A. Lehrmann Appointed Chair of Psychiatry and Behavioral Medicine at MCW

Jon A. Lehrmann, MD, has been named the chair of the department of psychiatry and behavioral medicine for the Medical College of Wisconsin (MCW), the Charles E. Kubly Professor of Psychiatry and Behavioral Medicine, and clinical chief of psychiatry at Froedtert Hospital.

Dr. Lehrmann, who also is the division manager of the mental health division at the Clement J. Zablocki VA Medical Center, joined the faculty at MCW in 1996.

Dr. Lehrmann received his undergraduate degree from Carroll College in 1986 and his medical degree from the Medical College of Wisconsin in 1990. He completed a residency in psychiatry and behavioral medicine at Medical College of Wisconsin Affiliated Hospitals in 1994.

Dr. Lehrmann’s research interests are in community and veterans' mental health care, conflict resolution, and psychiatric education. He has participated in numerous clinical trials and has published widely in his field. He is board-certified in psychiatry and psychosomatic psychiatry, and has been named to the “Best Doctors in America List.”

“In addition to Dr. Lehrmann’s research and clinical expertise, he has significant medical student teaching experience, and has shown a true commitment to the education of mental health professionals. His leadership will be an asset both at MCW and in the community," said Joseph E. Kerschner, MD, MCW’s executive vice president and dean of the medical school.

Dr. Lehrmann’s appointment was approved by the Executive Committee of the MCW Board of Trustees at its meeting on February 22, 2013, and is effective immediately.

Dr. Jon A. Lehrmann Appointed Chair of Psychiatry and Behavioral Medicine at MCW

APA Acknowledges 50-Year Distinguished Life Fellows and New Life Members for 2013

Congratulations to these WPA members who were recently elected to the status of 50-Year Distinguished Life Fellows and New Life Members by the American Psychiatric Association.

50-Year Distinguished Life Fellows
Herzl Robert Spiro, MD PhD
Heinz G Vogel, MD

New Life Members
Christina C Keppel, MD
Frederick W Coleman, MD
Beth Walters, MD
James S Rohan, MD
Robert M Factor, MD PhD

APA to Recognize Newest Fellows
Congratulations to these WPA members who were recently elected to the status of Fellow by the American Psychiatric Association.

Ned Kalin, MD
Erik Knudson, MD
Edward Krall, MD
Vani Ray, MD
John Schneider, MD
Theodore Weltzin, MD

All of these individuals will be honored at the 2013 Convocation of Distinguished Fellows during the Annual Meeting in San Francisco, CA. The ceremony will be held on Saturday, May 18, 2013 at 5:30pm in the Moscone Convention Center, Exhibit Hall D.
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UPCOMING EVENTS

April 24, 2013
WPA Advocacy Day, Madison WI

May 18, 2013
NAMI Walk - Greater Milwaukee
For more information about this event, please contact: Peter Hoeffel
peterh@namigrm.org
414-344-0447

October 11-12, 2013
Fall 2013 Psychiatric Update
UW School of Medicine and Public Health and Madison Institute of Medicine, Inc

March 6-8, 2014
WPA 2014 Annual Meeting
American Club, Kohler, WI

The Twenty-Seventh Annual
Door County Summer Institute
July 22-August 9, 2013
The Landmark Resort • Egg Harbor, WI

July 22-26  Life-Span Treatment Approaches
Donald Meichenbaum, PhD

July 22-26  Dialectical Behavioral Therapy
Lorie Ritschel, PhD

July 22-23  Ethical Issues for Psychologists
Drs. Derse and Ambuel (2 days)

July 25-26  Memory and Learning
Anthony Greene, PhD (2 days)

July 29-Aug 2  Motivational Interviewing/Julie Seel, PhD

July 29-Aug 2  Meditation & Improvisation
Fred Heide, PhD and Lee Becker

July 29-Aug 2  Psychopharmacotherapy/Philip Janicak, MD

Aug 5-9  Brief Psychotherapy/James Gustafson, MD

Aug 5-9  Neuropsychiatry/Sheldon Benjamin, MD

Aug 5-6  Ethical Issues in Legal Situations
Marc Ackerman, PhD (2 days)

Aug 8-9  DSM 5/Carlyle Chan, MD (2 days)

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