Greetings!

Welcome to the quarterly column from your new President of the WPA, the “President’s Page.” This was a format that had been used in the past and I decided to resuscitate it as a vehicle to improve communication to and from your executive council.

I will use this column to let you know what is going on locally and nationally as well as my perspective on it, and how it will affect you and your practice. I will attempt to be a resource for the Wisconsin Psychiatrist as to what’s going on nationally and statewide in the practice of medicine and psychiatry.

My other organized activities that help me be “in the know” include

• WPA Legislative Committee Chair, Past Membership and Program Chairs
• Wisconsin Medical Society Board Member, Past President of Dane County Medical Society
• Wisconsin Medical Society Chair of Legislation
• Representing American Psychiatric Association (APA) at American Medical Association House of Delegates
• Member of APA’s Council on Advocacy and Government Relations
• Member Wisconsin Hospital Association Mental Health Task Force
• Member Privacy Subcommittee for WISHIN, Wisconsin Statewide Health Information Exchange

For those of you who do not know me, I am a board-certified adult psychiatrist with added qualifications in psychosomatic medicine. I practice at Rogers Memorial Hospital in Oconomowoc, where I am Medical Director of Adult Services. I see adults at the inpatient, partial hospital, intensive outpatient and residential level of care as well as working with program design and providing medical leadership and supervision. I am a Wisconsin native—I went to undergrad and medical school at the University of Wisconsin-Madison and trained at the Mayo Clinic and the Medical College of Wisconsin. Prior to moving over to Rogers, I worked for the UW.

As you will find on this page over the next 2 years, I am very interested in where Wisconsin and the nation are headed as far as health care reform and how we will as a nation confront these challenges. This will affect all specialties, including psychiatry. Possibly even more so psychiatry - as we will discuss in future editions of the President’s Page. We will discuss ways that I think Wisconsin, and Wisconsin psychiatrists in particular, can make a difference and help our State get to where we all want to go—a place where our patients get the quality care they need, and we get paid fairly for our professional efforts.

Over the course of my WPA presidency, I hope to empower WPA members with a sense of what they can do to not only be prepared for the changes ahead, but also to be able to affect the changes and make the future more of what is best for psychiatrists and their patients. I want to help our members be prepared for the changes ahead and to have the tools to change the future.

One of these changes occurred earlier this year with changes in CPT coding. As we learned then, not every change is a move forward—at least at the beginning. WPA had a webinar that I know many of you watched to help you sort through some of that. The next change was DSM-5. The WPA is prepped and ready to show you what you need to know about the DSM through webinars and in person events over the summer and into the fall, including the Fall Meeting in Milwaukee September 26-27 at the new downtown Marriott.
There are certainly more changes and challenges ahead. Changes in how we get paid—Health Care Reform, Accountable care organizations, bundling payment, performance measures, meaningful use of electronic records - and not to mention changes in how we keep up with licensure and maintenance of certification. We will give you a heads-up on what’s coming so that you can stay focused on your day-to-day work of taking outstanding care of patients. You need someone who has your back. I hope that you continue to find that in the Wisconsin Psychiatric Association.

I am honored to lead this organization through what are sure to be interesting and trying times—but to borrow a phrase from the American Medical Association—together we are stronger. Together we can have a louder and more effective voice in halls that are looking to hear from psychiatrists.

Exciting times indeed. I'm looking forward to the next two years with you. Please feel free to email me with any concerns that you may have regarding this column, the WPA or anything else in the world of medicine and psychiatry. jhalversonmdWPA@gmail.com

WPA Advocacy Day Update: We Need Your Engagement!

By: Jerry Halverson, MD
jhalversonmdWPA@gmail.com

WPA Advocacy Day has been rescheduled for Thursday September 12, 2013

As you may remember, Advocacy Day was originally scheduled for the end of April, which was actually a reschedule of an earlier date. We did reschedule that date also, this time due to lack of member engagement. The executive council felt that it would be better to reschedule it than to chance a low turn out and reinforce the very perception that we are trying to fight - that there are no psychiatrists to be found in the state. Many of our members had attended the very successful Wisconsin Medical Society lobby day earlier in the month and may have found it difficult to make two days in Madison in one month.

Clearly, your WPA leadership failed to communicate the importance of getting practicing psychiatrists, residents and medical students to the capitol to discuss mental health issues or picked a really bad date. We also rescheduled the date with a pretty short time horizon. We take full responsibility for those reasons or any other reasons and hope for a better turn out this time around.

We have decided with the input of our government relations liaison, Eric Jensen, JD, to reschedule for the second week of September as that it when it is likely that the Speaker’s Task Force recommendations will be out and there will be a need for Wisconsin’s psychiatrists to help our legislators get the recommendations passed. If you have been paying attention at all to what’s been going on at the capitol, you would have to agree that a strong showing of psychiatrists would not hurt. Although there are many issues that as citizens you may want to discuss with your legislators, we will be focused on the Speaker’s Task Force and issues such as helping to decrease hurdles to mental health records in order to improve coordination of care as well as an innovative program to spread out access to child psychiatrists.

We are looking at making the program very similar to the previously scheduled event. It will be a half day event with

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some advocacy training, a legislator, a meal and then visits. I encourage psychiatrists of all levels of experience and training to join us in this event. In order for this to be successful, we do need membership engagement that we did not have last time. Hopefully this is enough time for you to MARK YOUR CALENDAR FOR SEPTEMBER 12, 2013.

Please contact me at the email above if you have further questions on this important event.

To register please complete the registration insert included in this newsletter or visit : www.thewpa.org

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**DSM-5 Workshop: Everything you need to know**

**September 26 & 27, Milwaukee**

The Wisconsin Psychiatric Association is excited to announce an upcoming educational conference on the Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). The program, designed by WPA members for WPA members, will take place on September 26-27 at the new Milwaukee Marriott Downtown.

Conference planners attended training on DSM-5 at the American Psychiatric Association Annual Conference (APA). As a result, they will review evidence-based data to share substantive changes in the DSM-5, as well as the impact on both clinical practice and in research.

Presentations will highlight the many changes to DSM-5 and the rationale behind them. Controversies accompanying the development of DSM-5 will be explored. The conference will offer sessions that are specific to diagnostic categories, as well as general sessions highlighting broader changes made across the manual.

Persons attending this program will gain an understanding of the use of DSM-5 in both clinical and research settings, as well as for administrative purposes.

Register today for the September 26-27 program, and join your WPA colleagues to learn more about how DSM-5 changes will affect your work.

To register please complete the registration insert included in this newsletter or visit : www.thewpa.org

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**Editorial Board Corner**

*By: Fredrick Langheim, MD, PhD*

This issue marks the sixth installment from the Editorial Board consolidating recent clinical updates, mental health policy news, popular press news patient’s 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 please email Will Clark: Will@badgerbay.co

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**Of General Interest**

**Spurious Results Run Rampant?**

Given the data acquisition and computing powers available over the past ten years, scepticism is increasing in the scientific ranks. That is to say that publications are put forth at such a rate and with such bias (for tenure requirements and pet theories, as well as the more widely recognized financial conflicts of interest) that some argue the results are not to be trusted. These skeptics cite and underscore as evidence the chronic lack of replication noted in recent decades (see Ioannides, PLoS Medicine 2005 for a thorough summary recently brought to the editor’s attention).

**Research Misconduct:**

In related news, but to an extreme, the New York Times Magazine (4/26/13, Bhattacharjee) ran an article on defamed social psychologist, Diederik Stapel, Ph.D., describing his decent into fabrication of data to support his hypothesis – suggesting a pursuit of beauty in data over the messy truth of human subject research – led to a path of research misconduct and highly publicized articles including multiple articles in the journal Science.

**You Are What You Eat:**

The brain uses about 420 Calories a day, and requires omega-3 fatty acids, folate, fiber, choline, iron, zinc,
Clinical Psychiatry in the News in Brief

Prescribe Family Dinners:
According to research published in the Journal of Adolescent Health, (Elgar et al 2013) frequent family dinners result in lower risk taking and happier children: “The frequency of family dinners negatively related to internalizing and externalizing symptoms and positively related to emotional well-being, prosocial behavior, and life satisfaction. These associations did not interact with differences in gender, grade level, or family affluence.”

Inflammation and Suicide:
Among patients suffering from Major Depression, suicidal ideation is associated with higher levels of inflammation (O’Donovan et al, Depression and Anxiety, 2013).

Light Drinking in Pregnancy?
The journal BJOG published a study (Kelly et al, 2013) indicating that light drinking (as defined by 2 units of alcohol per week or less, showed no ill effects on child development. The study design was quasi-experimental, using propensity score matching in a population of over 10,500 7 year old children.

Childhood Trauma, PTSD and Epigenetics:
According to a study in PNAS (Mehta et al, 2013) changes in DNA methylation appear to have a much greater impact in PTSD among subjects with a history of childhood-abuse, suggesting a possible distinct pathophysiologic pathway to the disease in adulthood.

Medtronic DBS Recall:
Medtronic issued a Class I Recall of their deep brain stimulation (DBS) device due to potential lead damage associated with the lead cap provided in Medtronic DBS lead kits and dystonia therapy kits (Thomson Reuters ONE via COMTEX at Medtronic website, dated May 2, 2013).

Hypertension Correlates with Greater Sense of Wellbeing?
According to an article published in Psychosomatic Medicine (Berendes et al., 2013) in a sample of 7688 participants aged 11 to 17, elevated blood pressure was twice as frequent (10.7%) and correlated with greater obesity, academic success, and higher self- and parent-rated quality of life than their normotensive matched controls.

Parent Behavioral Training for ADHD:
According to Charach et al (Pediatrics 2013 e-pub) parent behavioral training should be first line treatment for ADHD in young children, only then followed by administration of methylphenidate, with the latter only of benefit when no or one comorbidity is present.

Modafinil Used Off Label:
JAMA Internal Medicine published a research letter (Omachi et al, 2013) citing a 10 fold increase in prescriptions for modafinil from 2002 to 2009, with nearly 90% of those receiving it not having a diagnosis with FDA approved use for modafinil. Instead, diagnosis ranged from Parkinson Disease, Chronic Fatigue and ADHD to Depression and MS.
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**Suicide = 10th Leading Cause of Death:**
According to the CDC (Morbidity and Mortality Weekly Report 5/3/2013) suicide was the 10th leading cause of death in 2010. At over 38,000 lives lost, this is nearly 5000 more than died in traffic accidents.

**Military Suicides Continue to Rise:**
The New York Times (5/16 Dao, Lehren) ran multiple stories on recent statistics released by the military, including that 350 active duty troops took their own lives in 2012, more than were killed in Afghanistan in the same year. This number is twice that of a decade earlier.

**Depression and C. Diff?**
BMC Medicine (Rogers et al 2013) published an article linking late life depression, widowhood, single living and specific antidepressant use with greater risk of developing Clostridium difficile infection.

**Nasal MicroRNA Predicts Schizophrenia?**
A small study (Mor et al, Neurobiology of Disease, July 2013) indicates microRNA-382 expression is elevated in the neuroepithelium of patients with schizophrenia and may be developed into a useful diagnostic marker in early detection.

**In Utero Antidepressants and Autism?**
According to conclusions of an article in the BMJ (Rai et al, 2013) “In utero exposure to both SSRIs and non-selective monoamine reuptake inhibitors (tricyclic antidepressants) was associated with an increased risk of autism spectrum disorders, particularly without intellectual disability.”

**Escitalopram for Heart Disease?**
In a randomized double blind placebo controlled study of escitalopram in heart disease, Jiang et al (JAMA 5/13) found that use of escitalopram resulted in less mental stress induced myocardial ischemia, despite similar positive changes with respect to scales of anxiety and depression in both groups.

**Arbaclofen Trial for Autism Halted:**
The Boston Globe reported (5/31, Weintraub) that due to lack of benefit for social withdrawal in combination with limited resources has led Seaide Therapeutics to discontinue a trial of the drug for Fragile X syndrome.

**Stimulants Do Not Prevent Substance Abuse in ADHD:**
A meta-analysis of 2565 participants from 15 studies (Humphrey et al. published online May 29 in JAMA Psychiatry) found that “children with attention-deficit/hyperactivity disorder [AD/HD] who take stimulant medication do not have a lower risk over all for later substance abuse, contradicting the longstanding and influential message that such medicines tend to deter those with the disorder from abusing other substances.”

**CMS Again Declines Vagus Nerve Stimulator Coverage:**
“HOUSTON, May 28, 2013 /PRNewswire/ -- Cyberonics, Inc. (NASDAQ: CYBX) today announced the receipt of a letter from the Centers of Medicare and Medicaid Services (CMS) declining the company's request to reconsider the 2007 National Coverage Determination for the treatment-resistant depression indication.”

**Male Adolescent Eating Disorders on the Rise?**
The Los Angeles Times (6/14, Alpert) reported on a new CDC survey finding that “High school boys in Los Angeles are twice as likely to induce vomiting or use laxatives to control their weight as the national average, with 5.2% of those surveyed saying they had recently done so”.

**FDA Investigating Injectable Olanzapine Deaths:**
According to the FDA website announcement dated 6/18/13: “The U.S. Food and Drug Administration (FDA) is investigating two unexplained deaths in patients who received an intramuscular injection of the antipsychotic drug Zyprexa Relprevv (olanzapine pamoate). The patients died 3-4 days after receiving an appropriate dose of the drug, well after the 3-hour post-injection monitoring period required under the Zyprexa Relprevv Risk Evaluation and Mitigation Strategy (REMS). Both patients were found to have very high olanzapine blood levels after death. High doses of olanzapine can cause delirium, cardiopulmonary arrest, cardiac arrhythmias, and reduced level of consciousness ranging from sedation to coma.”

**Brain Changes in Concussion Like Alzheimer’s:**
Reporting on-line in the journal Radiology (Fakhran et al., 2013), a study of 64 individuals with mild traumatic brain injury used fractional anisotropy (FA) MRI to correlate severity of concussion score with reductions in FA, indicating white matter changes similar to those resulting from plaque related strangulation in Alzheimer’s disease.

**Stroke, TIA and PTSD:**
According to a meta-analysis appearing in PLoS One (Edmondson et al., 2013) approximately 1 in 4 survivors of stroke and transient ischemic attack (TIA) develop significant symptoms of PTSD.

**Sleep Deprivation = Weight Gain:**
A journal Sleep study of 225 health adults (Spaeth et al, 2013) concluded that “sleep restriction promoted weight gain. Chronically sleep-restricted adults with late bedtimes may be more susceptible to weight gain due to greater daily caloric intake and the consumption of calories during late-night hours.”

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$247-Billion a Year:
On 5/17, the CDC released an estimate in their Morbidity and Mortality Weekly Report, that “In the United States, the cost (including health care, use of services such as special education and juvenile justice, and decreased productivity) of mental disorders among persons aged <24 years in the United States was estimated at $247 billion annually.”

Patient Entered Care?
An article published in JAMA Internal Medicine (Hyo Jung Tak et al., 2013) concluded that patients who seek to “take a relatively aggressive, hands-on approach” to their medical care may “wind up with longer hospital stays and higher bills than their peers who leave the decision making up to their doctors.”

Nevada’s Solution to Mental Health Access?
According to USA Today (4/18, Winter) “Faced with deep budget cuts, Nevada’s main public psychiatric hospital [Rawson-Neal Psychiatric Hospital] has bused more than 1,500 patients from Las Vegas to other states during the past five years, a Sacramento Bee investigation has found.” In 2012, “last year, about 400 patients - more than one a day - were dispatched, according bus receipts kept by the state’s mental health division.”

Academics and ADHD:
The New York Times (5/1/13, Schwarz) carried stories of tightening regulations surrounding diagnosis and treatment of ADHD on college campuses, including a lawsuit filed against Harvard University for the University Health Services prescribing a medication for ADHD after a single evaluation of a student who went on, shortly thereafter, to commit suicide, with the deceased’s father contending that the evaluation and follow-up appointments involving prescription for Adderall did not meet medical standards.

Prenatal Iodine and Child Outcomes:
According to Bloomberg News (5/22, Kitamura) research published in the Lancet suggested that low iodine correlates with child IQ at age 8 and reading ability at age 9.

Children and Medical Marijuana:
According to multiple news reports on May 28th including the Boston Globe and the AP, an increasing number of children are inadvertently consuming medical marijuana in candies and cookies, resulting in emergency room visits.

Neonatal Cocaine Not So Bad?
Reporting on a review of 27 studies authored by Maureen Black and appearing in the journal Pediatrics, the AP (5/28, Tanner) suggested the 1980s “crack baby” scare was “overblown, finding little proof of any major long-term ill effects in children whose mothers used cocaine during pregnancy.”

Access to Mental Health Care:
As noted in the AMA newsletter, the Wall Street Journal (6/8, A1, Fields) in a front page article reported that families of the mentally ill foresee a quagmire of policies that will leave their sick relatives without medical care or the families without information as the US grapples with violent incidents blamed partly on poor mental health. They noted that HHS last year reported that close to 45 million adults, about 20 percent of the population, suffered from some form of mental illness in 2010, while an estimated 40 percent of those with the most serious mental illness went without treatment.

Sibling Aggression as Bullying:
USA Today and the NYTTimes, among other news outlets, reported 6/17 on a journal Pediatrics article (Jenkins Tucker et al.) exploring the mental health consequences of sibling aggression in over 3500 children, finding higher rates of depression and anxiety, comparable to those who experience non-peer bullying.

Recruits Predisposed to Suicide?
The Los Angeles Times (6/16 Zarembo) reported that the Pentagon has found higher rates of suicide among non-deployed troops, suggesting predisposition to suicide among their recruits, rather than the popular assumption that suicides are on the rise as a result of the conflicts in Afghanistan and Iraq: “the most recent Pentagon data show that a slight majority – 52% – of troops who have committed suicide while on active duty were never assigned to Afghanistan or Iraq”.

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Stimulant Crack-down?
CBS News, The Atlantic Wire, and The New York Daily News (6/17, Sit) all reported that Sen. Chuck Schumer (D-NY) urged “colleges to help stem abuse of stimulants, specifically drugs like Adderall [amphetamine and dextroamphetamine] and Ritalin [methylphenidate], which many sleepy students take after getting prescriptions at campus clinics. According to reports, between 15% and 30% of college students have gotten hopped up on the attention-deficit/ hyperactivity disorder [AD/HD] remedy for ‘nonmedical, academic’ purposes."

Air pollution associated with autism:
As noted in the AMA Morning Rounds: “Bloomberg News (6/18, Lopatto, Ostrow) reports, “Researchers from Harvard University’s School of Public Health found that pregnant women exposed to high levels of diesel particulates or mercury were twice as likely to have an autistic child compared with peers in low-pollution areas.” Bloomberg News adds, “The findings, published today in Environmental Health Perspectives, are from the largest US study to examine the ties between air pollution and autism.”

Psychiatry in Wisconsin
Medical Board to Establish Guidelines:
On the heals of the Wisconsin State Journal’s series titled “Doctor Discipline” in January, David Dahlberg (WSJ 5/15) reported that most on the medical examining board would like to establish guidelines for minimum and maximum disciplinary actions for various violations. At the same time, members of the board with whom he spoke wished to clarify that this was not intended to raise the severity of disciplinary action.

Stimulants ≠ Academic Improvement in ADHD.
According to AMA Morning Rounds, the Wall Street Journal (7/9, D1, Wang) reported that a growing body of evidence is finding that stimulants may not improve academic outcomes. The newspaper cited the Federal MTA study which explored the effects of long-term AD/HD treatment and found that the benefits wore off by the third year of treatment. An eight-year follow-up found no difference between any of the study groups’ academic achievements.

Irregular Bedtimes and Cognitive Development:
Also in the AMA morning rounds, Bloomberg News (7/9, Gerlin) reported on research published in the Journal of Epidemiology and Community Health, which found that children who do not have “consistent bedtimes in early childhood score lower on tests of intellectual performance at age 7, which may affect their health and wellbeing later in life.”
The Wisconsin Psychiatrist

DSM-5 Update
By: Justin Schoen, MD

As you all know by now, the DSM-5 has been released. This much anticipated document has been in the works through a multi-million dollar process for more than a decade. Many would believe this to be accompanied by great praise and excitement. In the days shortly before release, well over 100,000 copies had been reserved and it was ranked at #12 on Amazon.com. By the morning of release, it was ranked at #8 on Amazon.com. If you were at the APA annual meeting and went to purchase this text, large lines surrounded the APPI sales counter and my wait time was about 20 minutes. Even with all of the popularity and hype, there were a large variety of controversies.

The document itself has had a restructuring including such changes as giving Trauma- and Stressor-Related Disorders and Obsessive-Compulsive and Related Disorders separate chapters. It has also been divided into sections including Section 1: DSM-5 Basics, Section 2: Diagnostic Criteria and Codes, and Section 3: Emerging Measures and Models. There has been work to allow this text to be more of a “living document,” where updates can be made, eg. DSM-5.1. Along with these changes, the multi-axial system has been disbanded and global assessment of functioning is no longer an active component. These changes went without much fanfare.

Where differences of opinion became more apparent were in the changes of diagnoses. With deletion of the multi-axial system, personality disorders now join the ranks of all other psychiatric diagnoses. Personality disorder diagnostics became a significant topic of debate during development. To many people’s surprise, the diagnostic criteria did not change significantly for personality disorders. The idea of personality disorders being diagnosed based on traits and functionality had been entertained, but ultimately was placed in section 3. This would have resulted in a complete restructuring to the point that there would be 7 diagnoses, antisocial, avoidant, borderline, narcissistic, obsessive-compulsive, schizotypal, and personality disorder-trait specified. The personality trait model is based on 5 domains and allows for a unique level of description that is not currently present. A multitude of other diagnostic changes have been made and to cover them all would be a small text in itself.

Additional controversy occurred when previous DSM authors did not agree with changes being made and did not hesitate to make this known. Internal discord resulted in further questions by any number of factions. Being at the APA and watching protesters at one point, I saw a sign that described it as, “Psychiatry’s Death Bible,” as well as people making comments that we cannot even agree with each other. All of this being said, DSM-5 has now reached bookshelves, classrooms, courtrooms, and the hands of people interested in it for any number of reasons, and ongoing debate is likely to occur.

DSM-5 Preview Webinar
August 15, 2013, 12:00-1:00 p.m.

Join in this complimentary webinar and get a glimpse at the many changes that are new with DSM-5. This one-hour session will provide an overview of DSM-5 and will help set the stage for WPA’s DSM-5 Training Workshop scheduled to take place in Milwaukee in September. Register today to participate in the August 15 webinar.

DSM-5 Training September 26-27; see insert to register today!
It is with a heavy head that this resident writer must report that his years as a member-in-training (MIT) of the American Psychiatric Association (APA) came to a close at the end of this year’s Annual Meeting in San Francisco this past May. I am happy to look back, reflect and report on a few of the areas of possible resident interest. Over the past year I’ve been serving as the chair of the Assembly Committee of Members-in-Training (ACOM) which is the resident representative group within the APA Assembly (think geographically representative legislative body of the APA). As a group of 14 individuals (a representative and deputy representative from each of the 7 areas making up the US and Canada), we’ve been meeting over joyous monthly conference calls to coordinate meeting details, crafting action papers, and working closely with the MIT trustees (the 2 resident representatives on the illustrious APA board of directors). After having had to miss our first meeting in DC in November secondary to other commitments with the AMA, this writer was finally able to meet the committee in person for the first time after a full year of conference calls, and let me say this: there is absolutely no substitute for in person meetings. Voice and video conferences can simply not compete.

All of this said, a few highlights out of the APA assembly (where WI was also represented by the perennial all-star Clarence Chou and the quickly rising star Justin Schoen (congrats for becoming the newly elected Area 4 early career representative)):

• MIT generated action paper on further evaluation of what occurs with ABPN data required for board certification now that ever more data is required and there is a particularly nebulous disclaimer that you must accept before submitting materials.
• Efforts to standardize resident safety training procedures after discovering the vast discrepancies in safety training that residents receive across the country.
• A rather large surprise is the Assembly passing an action paper that would ultimately make online access to the DSM-5 an included benefit of membership to the APA. Don’t go rushing to return your newly purchased hard copies as the online version is not available yet and this paper would still need to get by the Board of Directors before any action would be taken - this will not be an easy feat.
• Multiple action papers out of Connecticut regarding the APAs role in disaster preparedness and gun violence with relation to mental illness.
• Application by the APA to the UN to become accredited as a non-governmental organization with consultative status.
• Our esteemed Medical Director and CEO, Dr. James Scully, will retire from his post of more than a decade. After working with this fine leader within both the APA and AMA, I can say that we are losing a man who truly had his finger on the pulse of psychiatry within the broader field of medicine. I was personally thrilled to learn that the new Medical Director/CEO will be Dr. Saul Levin, who is both well connected and respected within the AMA and an outgoing and friendly mentor who so warmly welcomed my novice self into the APA delegation to the AMA a few years ago. As residents, we will have a friendly voice and compatriot moving forward. Thank you to Dr. Claudia Reardon for serving on the APA nominating committee and finding such an outstanding candidate.

On a more specifically resident-related note, these meetings are regularly large and overwhelming. We’ve attempted to work on ways of making things more accessible to residents venturing to the annual meeting. We were able to continue the resident annual meeting Facebook page for a one-stop shop for everything meeting and social related. After having quickly put this together in Philly last year, and not having access to a means to effectively market, we were able to utilize the fantastic tool “Constant Contact” and reach every MIT registered for the meeting and raise our group involvement from 138 to 400+ residents from all over the world. We also had great help from the UCSF residents in planning a resident social event for each evening of the meeting.

After an informal discussion last year with the then incoming MIT Trustee elect (Erik Vanderlip) over falafel in Philly, we were able to put into motion the idea of the centrally based MIT Center (oasis in the convention center for everything resident related). Turn out at the Center was high and we learned much this year as there may have been too
much programming and less “open” time for residents to simply connect and get information during the hectic meeting days. The other idea of having one recommended “resident hotel” when registering for the meeting did not take fruition this meeting, but crucial contacts with the board of trustees, assembly executive committee, and the membership committee should hopefully mean that future residents attending the meeting should not need be spread out throughout New York City next year, but instead have the option to be in one common location so networking and traveling to and from events are easier and safer. With Erik Vanderlip as the MIT Trustee and the newly elected and ever-

social Mark Haygood from Alabama as ACOM Chair, I rest easy knowing that the APA will continue moving in a resident inclusive direction.

Overall, it has been a most pleasurable experience to serve and I would love to help other interested residents navigate the confusing waters of the APA. Our fine state is well represented and I’ve found respect amongst the ranks of the APA and would love to help bring others into this fine tradition. Please do not hesitate to contact me directly for any guidance or direction.

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**Psychologists choose Illinois as Battleground State for Prescriptive Authority and Lose**

*By: Molli Rolli, MD*

Our neighbors to the south have been fighting a legislative battle with a group of psychologists who are seeking the authority to prescribe psychotropic medications. Illinois Senate bill 2187 gives PhD level psychologists who pass a course in pharmacology the ability to prescribe psychotropic medications. This bill passed in the senate but its companion, House bill 3074 has became bogged down in committee and on June 13, 2013 the lead sponsor, Representative John Bradley, withdrew the bill. The bill could conceivably be resurrected in November or December during a special “veto” session of the Illinois legislature but its chances of passing are clearly diminishing.

According to the Illinois Psychiatric Society, the psychologists seeking prescriptive authority have been pouring resources into Illinois to support this campaign. Some folks involved speculated off the record that the decision in Illinois could be a turning point one way or the other for the movement to gain prescriptive authority. Since 1995 there have been 170 such bills proposed. So far only three have passed. There are two states and one US territory that allow psychologists to prescribe medication; Guam passed legislation first in 1999 followed by New Mexico in 2002, and Louisiana in 2004.

Typically proponents of this type of legislation argue that it is a work force issue. They say that if psychologists can prescribe they can help with the shortage of mental health providers. They promise psychologists will serve patients on Medicaid and will work in underserved areas. There is no information about whether psychologists who prescribe in New Mexico and Louisiana are accepting Medicaid but it is clear that they are not practicing in underserved areas. In fact, only a small percentage of psychologists have actually become licensed to prescribe, and the vast majority of those practitioners are in the major urban centers. As of January of 2011 there were fewer than 100 psychologists with a license to prescribe in New Mexico and Louisiana combined.

The folks lobbying for prescriptive authority make some outlandish claims about the success of their program such as “no adverse drug reactions”, however there is a dearth of scientific evidence that these laws have been of benefit to the citizens in New Mexico or Louisiana. One would think that proving prescribing psychologists were successful in improving access to care for Medicaid patients would be quite straightforward yet no real data is forthcoming.
The primary concern of those opposed to this legislation is that it would be sacrificing patient safety to deal with a shortage of properly trained practitioners. They argue that training more medically qualified folks and reimbursing mental health care fairly would provide a better way to solve the problem in the long run.

New Jersey also has a bill that was introduced and passed in their assembly. That bill appears to be lagging as well, though it is unclear if it is completely dead.

So what is next? If the Illinois and New Jersey bills both fail, it would seem that the psychologists pushing for this change will have to take stock. It has been 9 years since a bill succeeded. After 170 trials and only 3 successes, how much more money are they willing to spend with so little gained? On the other hand, a change in the law in either New Jersey or Illinois would have been a major coup for this group.

It has been a few years since we had a bill circulating in Wisconsin. It will be interesting to see where this movement goes from here and if we will see a bill proposed again in the coming years.

Many thanks to Meryl Sosa, Executive Director for the Illinois Psychiatric Society. She has been tirelessly working on this issue in Illinois and was generous with information for this article. If you work or live in Illinois, the IPS would be most grateful if you would contact your legislator and register your opposition to Illinois house bill 3074.

Proposed Wisconsin Child Psychiatry Access line for Primary Care Clinicians
By: Rick Immler, MD

The shortage of child psychiatrists is severe in many parts of our state. Waiting lists are often very long even when emotional and behavioral challenges are acute. Primary care clinicians report growing challenges in addressing the mental health needs of their patients and their families. It's estimated that almost 20% of children in United States suffer from some form of mental illness however only 20% of these children receive treatment.

To address this national challenge, Massachusetts, Washington State, Minnesota and a growing list of other states have instituted a child psychiatry access line program to support primary care clinicians. There is an initiative in Wisconsin to explore an access line model. This effort has been led by Project LAUNCH and the Wisconsin Chapter of the American Academy of Pediatrics (WIAAP). Project LAUNCH is SAMHSA funded to increase the quality and availability of evidence-based programs, improve collaboration among child-serving organizations and integrate physical and behavioral health services and supports for children and families.

Over the past six months contacts have been made with leaders of access line programs in several states. In an effort to seek support and funding, WIAAP led an effort to meet with several members of the Wisconsin Assembly Speaker’s Task Force on Mental Health and leadership of State agencies. An initial proposal has been endorsed by several professional organizations and by the State Council on Mental Health. At this point, a statewide discussion is needed to refine and strengthen the proposal and create a stronger base of support.

There are many factors to consider in the development of an access line. States vary in how programs are staffed, e.g. primarily by child psychiatrists or with multidisciplinary teams. Some programs offer direct clinical services and some are based centrally while others are regionalized. Additionally, some states are supported only through State general-purpose revenues while others also receive administrative funds from Medicaid. Each program must address record-keeping and privacy concerns while balancing the need for rapid feedback supported by the best available clinical data. Program performance and outcome measurement is needed to justify continued support for services that traditionally have not been reimbursable.

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In an effort to involve stakeholders from various perspectives and regions, meetings were scheduled for Milwaukee on July 22 and in Weston on July 23.

These initial gatherings provided a unique opportunity for clinicians, advocates, leaders of health care organizations and government and potential funders to learn, discuss and collaborate in order to improve mental health support for Wisconsin children and the primary care clinicians that serve them. If you were not in attendance please consider completing the following survey online at the following web address: https://www.surveymonkey.com/s/pdpalpcc. The discussion will be ongoing but now is a great time for input.

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Scas Management Group, LLC (SMG)

is seeking a part-time Psychiatrist to serve as Medical Director for our Crisis Stabilization Unit. Our unit is coordinated with a CBRF facility located in New Berlin, Wisconsin. The position will be responsible for reviewing patient care plans when necessary and communicating with HMO Medical Directors when required. The ideal candidate may be semi-retired or even retired from practice.

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Missed the DSM-5 Master Course at the APA Annual Meeting in San Francisco? Well, it's not too late! Take the course online now at APAeducation.org and Earn 6 CME AMA PRA category 1 CME credit TM

DSM-5: WHAT YOU NEED TO KNOW
The focus of this online course is to educate clinicians, researchers and healthcare providers 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 course is led by the DSM-5 Task Force Chair and Vice-Chair, Drs. David J. Kupfer and Darrel A. Regier, and is supplemented by presentations from chairs or members of the 13 DSM-5 Work Groups, who provide explanations regarding changes in their respective diagnostic classes and offer specific guidance about implementation in clinical care and research.

The course consists of slides plus video presentations recorded at the APA Annual Meeting in May 2013. Handouts providing key details of the changes as well as slide handouts are available for download.

EDUCATIONAL OBJECTIVES:
- List the primary significant changes in the classification of and diagnostic criteria for mental disorders from DSM-IV to DSM-5
- Discuss some of the major clinical modifications that might be needed to implement the major changes in DSM-5
- Describe some of the important research implications resulting from changes in DSM-5
- Transition from DSM IV to DSM-5 in a work setting.

CREDITS:
- American Psychiatric Association provides 6 hours AMA PRA category 1 CME credit TM for physicians.

REGISTRATION FEES:
- APA members - $199
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- Nonmembers - $249

Visit APAeducation.org to register NOW!

Continued on page 15
Institute on Psychiatric Services Early Bird Registration is Now Open!

The Institute on Psychiatric Services (IPS) held in Philadelphia, PA is scheduled, October 10 -13, 2013. IPS will offer attendees the following opportunities:

- More than 100 expertly led and clinically focused sessions,
- The latest updates on CPT coding and DSM-5,
- Networking and exhibit hall product demonstrations and,
- The opportunity to earn CME credit (CEU accreditation pending with Drexel University)

Don’t miss this remarkable learning and networking opportunity. Register by July 26 to save up to $55. Go here to register today!

APA has joined The Joint Commission and other national organizations in a public education campaign on depression: “Speak Up: What you should know about adult depression.” See the brochure in English or Spanish. Go here to learn more!

2013 Spurlock Congressional Fellow Selected

Rhonda J. Mattox, M.D., has been selected as the 2013 Jeanne Spurlock Congressional Fellow. Dr. Mattox is the medical director for United Family Services. She completed a psychiatry residency at the University of Arkansas Medical Sciences in Little Rock, AR. Dr. Mattox was also a Robert Wood Johnson Clinical Scholars Fellow at the University of California-Los Angeles (UCLA) in Los Angeles and a National Institute of Mental Health Services Research Fellow. While at the University of Arkansas she studied the portrayals of mental illness by clergy in media and worked with writers and executive producers of media entertainment organizations to integrate accurate portrayals of mental health into story lines of popular media sitcoms. Dr. Mattox has a particular interest in the impact of media violence on children and the accurate portrayal of mental health in media. She will begin her fellowship on Capitol Hill this Spring as a Health Policy Fellow in the office of Representative John Dingell (D-Mich), who is the current Dean of the House of Representatives and serves on the House Energy and Commerce Committee, as well as its six subcommittees, the Subcommittee on Commerce, Manufacturing and Trade, and the Subcommittee on Environment and the Economy.

Partnership for Workplace Mental Health Introduces Initiative on Depression Awareness

The Partnership for Workplace Mental Health has introduced Right Direction, an initiative to help employers raise awareness about depression in the workplace. The partnership collaborated with Employers Health, a national employer coalition based in Ohio, in the development of Right Direction, which gives employers tools and resources to conduct worksite education.

2012 APA Annual Report

We are pleased to present the 2012 APA Annual Report, posted at www.psychiatry.org/annualreport. This annual report highlights the events, initiatives, and accomplishments of the American Psychiatric Association during 2012 in support of our members in providing the highest quality of care for their patients. The report reflects the theme of positive psychiatry and pursuing wellness across the lifespan. We hope you enjoy reading about all the achievements made by the APA last year on behalf of our valued membership.

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Apply to Become an APA Fellow
Are you ready to take the next step in your professional career? Being a fellow of APA is an honorary designation to recognize early-career members who have demonstrated allegiance to their profession and commitment to the work of APA. Members who pursue fellow status perceive it as one of the first steps to enhancement of their professional credentials. Members who apply for fellow status and are approved this year will be invited to participate in the Convocation of Fellows and Distinguished Fellows during the 2014 APA annual meeting in New York City. The deadline for submitting a fellowship application is September 1. Revised guidelines make it even easier to apply.

Are you an international member? Apply to become an international fellow. To qualify, you must be a psychiatrist practicing outside the U.S. and Canada. Learn more about eligibility requirements and guidelines here. The deadline for international fellow applications is August 1.

Executive Council Recognition

The Wisconsin Psychiatric Association welcomes Jerry Halverson, MD as the new president of the Wisconsin Psychiatric Association. Dr. Halverson’s two-year term will continue through May 2015.

The WPA would like to thank outgoing President Joseph Layde, MD for his leadership and service to the organization over the past two years, as well as the following members of the Executive Council who have completed their service:

Kenneth Casimir, MD
Ed Krall, MD
Art Walaszek, MD
Claudia Reardon, MD
Jake Behrens, MD
Kristi Estabrook, MD

Doctor Layde will continue on the Executive Council for two years as immediate Past President. Others serving on the 2013-2015 WPA Executive Council include:

President Elect
Jeff Marcus, MD

Secretary
Harold Harsch, MD

Treasurer
Molli Rolli, MD

Councilors at Large
Jon Berlin, MD
Stephanie Eken, MD
Alex Fritz, DO
Rick Immler, MD
Ken Robbins, MD
John Schneider, MD

APA Assembly Representative
Clarence Chou, MD

APA Assembly Deputy Representative
Justin Knapp, MD

Early Career Psychiatrists
Sela Kurter, MD
Robert Gouthro, MD
Angela Janis, MD

Regional Chapter Presidents
Tom Heinrich, MD (Milwaukee)
Justin Schoen, MD (Northern)
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WI Psychiatric Association 2014 Annual Meeting

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UPCOMING WPA EVENTS

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WPA Advocacy Day, Madison Club
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September 26-27, 2013
DSM-5 Training
Milwaukee Marriott Downtown
See insert to register today

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

Paid Employment Ad

Professional Services Group
is a state licensed mental health and alcohol/ drug outpatient agency providing quality care in southeast Wisconsin since 1982.

1) Our psychiatric consultant in Milwaukee is retiring in July. We are seeking someone to provide part-time medication management to our clients.

2) Our psychiatric consultant in Kenosha is also retiring this fall. As a result, we are looking for the same services in our Kenosha office.

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Contact: Brian Wolf, Ph.D., 262-945-1784, bwolf@psgcip.com