

Physicians Largely Satisfied with Magellan

A WPS snapshot survey of psychiatrists listed in the BluePreferred PPO panel shows that most are satisfied with and have no complaints about Magellan, the behavioral carveout for BluePreferred. Psychiatrists on the panel are taking new patients from the panel and can see new patients within a maximum of three weeks.

Psychiatrists were surveyed by telephone on June 24, 2003 by four callers under the direction of James Dee, MD, FAPA, a past president of WPS. Psychiatrists were identified in the Provider Directory of BluePreferred. Each caller made calls for 20 minutes. Of 29 psychiatrists called, 18 responded. In some cases office staff made responses. Callers told recipients that they were calling from the Washington Psychiatric Society on behalf of Dr. Dee, that recipients' responses were confidential and would only be used as part of a composite report.

Here is the survey with numerical responses

1. Are you still a member of this panel? 16 yes, one no, one person did not realize BluePreferred now uses Magellan
2. Here is the information listed on you in the company's directory (information was read by caller) Is this information correct? Nine yes, seven no, two didn't know (information may not have been

read to them) Of the incorrect information one had the wrong city listed, two had phone numbers wrong, two were listed multiple times for multiple offices, two had wrong street addresses

3. Are you taking new patients from this panel? 12 yes, 5 no, one not applicable (no longer on panel) If not taking new patients, why? Three had no available appointments, one not enough staff.
4. Are you having any problems with this company (Magellan)? 11 said no problems; one did not want to discuss. Problems described were:
 - a. higher co-pay for pharmacology than for therapy
 - b. required 3-page OTR before second visit, then must wait for approval
 - c. operators tell patients they can't give authorization number to patient - must then take session time to get the authorization number
 - d. 90-day prescription with three refills by mail - not good practice for psychiatric patients
 - e. if psychiatrist in network sees patient for medication checks who is receiving therapy from an out of network provider, the psychiatrist is treated as out of network

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Calendar

Upcoming Events

See page 3 for registration information

July 31 6:30 p.m.
Depression in the Elite Athlete
(Women's Caucus) at Terrazza

Sept 20 7:30 a.m.
Medical Update in Psychiatry:
Treatment Advances in Medicine and
the Impact on Psychiatry at
GW Hospital ■

The President's Column

By Jeffery S. Akman, M.D. President



Life, Liberty and the WPS Presidency

It is with a great sense of enthusiasm, humility and gratitude that I

begin my term as President of the Washington Psychiatric Society. To Carol Kleinman, MD and the Nominations Committee, thank you for nominating me two years ago for President-elect. To our members, thank you for electing me to this office. To Catherine May, MD, thank you for your friendship and your outstanding work as President this past year. To Walter Hill and the WPS Board of Directors, I look forward to a productive year working together on behalf of our members and our patients.

It has been quite a while since a full-time academic psychiatrist assumed the mantle of WPS President. Yet with several medical schools, residency training programs and fellowships within our district branch, many WPS members are actively involved in scholarly, educational and research activities as faculty, residents and fellows. As chair of the GW Department of Psychiatry, I plan to use this column to address some of the key challenges faced by academic psychiatry that I believe are relevant to our members and our organization.

It also might be the first time that the WPS has had a gay President or, at least, one who is out. This occurrence was inevitable as there are many psychiatrists and psychiatry residents who are openly gay, lesbian, bisexual or transgendered. Furthermore, organized psychiatry, and the WPS in particular, have long led the fight for human and civil rights and against stigma and prejudice. In the last quarter century that fight has included the rights of GLBT people.

To that end, this past month marked a watershed event in this ongoing fight as the U.S. Supreme Court, in the landmark case Lawrence v. Texas, boldly supported the fundamental liberty of gays to participate in the human experience in the most fundamental

way. Strengthened by an *amicus* brief filed by the APA, the court not only struck down sodomy laws throughout the United States but put forth sweeping language that promises real equality to gay people in our relationships, our families and our everyday lives.

Furthermore, of particular relevance to WPS members and patients, it renders Virginia's sodomy law unconstitutional, which not only criminalized homosexual sex, but in addition, certain acts between consenting heterosexual adults.

For those of us who aspire to live in a land where all are treated with tolerance, equality and respect, and where the "inalienable rights" of "Life, Liberty and the Pursuit of Happiness" are ultimately achieved, let me quote the eloquent words of Justice Anthony M. Kennedy, writing for the majority in Lawrence v. Texas:

"Liberty protects the person from unwarranted government intrusions into a dwelling or other private places. In our tradition the State is not omnipresent in the home... Freedom extends beyond spatial bounds. Liberty presumes an autonomy of self that includes freedom of thought, belief, expression and certain intimate conduct.

"Adults may choose to enter upon this relationship in the confines of their homes and their own private lives and still retain their dignity as free persons. When sexuality finds overt expression in intimate conduct with another person, the conduct can be but one element in a personal bond that is more enduring. The liberty protected by the Constitution allows homosexual persons the right to make this choice."

While I am not yet accorded all of the legal and civil rights of my straight colleagues, at least I can assure you that this Virginia resident, as your new President, is now not knowingly in violation of the law. ■



THE WASHINGTON PSYCHIATRIC SOCIETY News

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Upcoming Events - Register Now

WPS continues to bring members cutting edge information and the latest in scientific research through our ongoing series of educational meetings. All events are without charge. Use the form below to register for any or all of these upcoming programs.

July 31 Women's Caucus
"Depression and the Elite Athlete"
Olympic Medallist
Wendy Williams, presenter
6:30-9:30 p.m. Dinner and Program
Ristorante Terrazza
2 Wisconsin Circle
Chevy Chase, MD
Red Line - Friendship Heights
(sponsor Pfizer)

September 20 Fall Scientific Symposium
"Medical Update in Psychiatry: Treatment Advances in Medicine and the Impact on Psychiatry"
Stephen Clement, M.D., James Lewis, M.D., Gary Malakoff, M.D., presenters
7:30 a.m. - 12:30 p.m.
George Washington University Hospital
900 23rd St., NW
Washington, DC
Blue and Orange Lines - Foggy Bottom
(sponsor GlaxoSmithKline)

Register for any of these events by phoning the WPS office at 202-625-2800, fax this form to 202-625-1364 or email whill@wdcpsych.org. Seating is limited. Contact us today.

Yes, I will attend the following WPS educational events (check all that apply)

- Depression in the Elite Athlete
July 31
- Medical Update in Psychiatry
September 20

Name _____

Telephone _____

Fax _____

Email _____

BEFORE YOU SIGN...

If you are purchasing insurance for the first time or have a policy with another carrier, you may be surprised to find that not all policies offer the comprehensive protection you need in today's environment. Unlike most professional liability insurance programs, we have only one focus: psychiatry. We tailor our policy and services to meet your needs. Our staff of psychiatric professional liability specialists provides personal service and expertise...you will not have to explain psychiatric terminology to us.



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When the “Perfect” Body Isn’t Good Enough: Antonia Baum, MD, FAPA Presents to APA Annual Meeting

Toni Baum, MD cruises toward the finish of Eagleman Triathlon. Dr. Baum combines her love for sport with her love for medicine in her sports psychiatry practice.



What makes outstanding athletes think that their finely chiseled bodies are never good enough? Highly competitive athletes and even “Sunday runners” usually look the part. Their years of training develop well-defined muscles, a chiseled look where the fat many Americans carry is pared away.

So why do some athletes appear to be blind when it comes to seeing how they look, and think they need to lift more weight, run more miles or starve off those extra pounds?

“Sometimes it’s nothing more than a coach’s comment,” said WPS member Antonia Baum, MD at APA’s 2003 Annual Meeting symposium, *Pathological Body Sculpting in the Athlete*. Dr. Baum cited the case of Olympic gymnast Kathy Johnson whose coach told her to lose a few pounds. Losing those few pounds spiraled into bulimia for Johnson, who shared the stage with Dr. Baum.

“It can also be a perceived weakness, a striving for perfection or possibly a genetic predisposition that can cause an eating disorder,” Dr. Baum continued.

Pathological body sculpting isn’t unique to gymnast waifs - those 60 pound little girls and young women who hurl themselves gracefully across the mat or through the air. Though not as well recognized, men in the aesthetic sports, figure skating and bodybuilding for example, can develop serious disorders. “Any athlete who has to make weight, like wrestlers and jockeys, is also susceptible,” said Dr. Baum.

Statistics on the prevalence of problems related to eating disorders, abuse of anabolic steroids and muscle dysmorphic disorder are not readily available, according to Dr. Baum. Denial plays a key role in keeping many athletes from admitting to and seeking help for a problem that could cause long term damage to their health. The stigma of having a mental disorder is a factor that also prevents some from getting treatment.

When athletes do present with these disorders, the role of the psychiatrist is to identify the pathology and intervene. Even young children can develop problems, said Dr. Baum. She recommends that pediatricians use an instrument to screen children for eating disorders, anabolic steroid abuse and other sports-related problems.

Dr. Baum, in addition to holding a seat on the WPS Board of Directors and co-chairing the WPS Women’s Caucus, is vice president of the International Society for Sport Psychiatry. Her specialty in sports psychiatry blends her love for both medicine and athletics. An avid swimmer, marathon runner and triathlete, Dr. Baum originally planned to become an orthopedic surgeon. “I became interested in the psychiatric aspects of sport medicine and moved in that direction,” she said.

A professor of psychiatry at George Washington University, Dr. Baum suggests for those athletes who begin to feel the effects of gravity and age, that they “look to some kinder and gentler sports.”

(APA’s Psychiatric News contributed to this story.) ■

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JUNE CME COMMITTEE REPORT

Daniel Hicks, MD, DFAPA

Forty WPS members socialized with colleagues, and learned about diagnosis and treatment of ADHD on Thursday, July 17th from 7-9:30 PM at Maggiano's, 5333 Wisconsin Ave., NW in DC's Chevy Chase. Robert Lehman, MD from Baltimore spoke on Advances in ADHD, sponsored by Eli Lilly. With all of the publicity about ADHD, and the explosion of new treatments, this was a very helpful and interesting program.

The WPS dinner at Oceanaire on May 6th, sponsored by Cephalon, was a big success, with over 35 people attending to hear Charles Price, MD from Nevada talk on The Biology of Energy and Fatigue. Despite being in a very noisy room, the speaker received very enthusiastic evaluations.

The Medical Update for Psychiatrists scheduled for Saturday, Sept. 20th from 7:30a.m.-12:30 p.m. at George Washington University Hospital Auditorium is shaping up. Stephen Clement, MD of Georgetown University will discuss diagnosis and treatment of diabetes, as well as thyroid disease (2 sessions). James Lewis, MD a hepatologist at Georgetown

University will discuss the growing pandemic of Hepatitis C and its treatment implications for psychiatry. Gary Malakoff, MD a cardiologist at George Washington University will discuss the changes in diagnosis and treatment of hypertension. A continental breakfast will be served, and it will be a great way to catch up with colleagues and sharpen your knowledge about the latest medical treatments of common problems seen in psychiatric practice

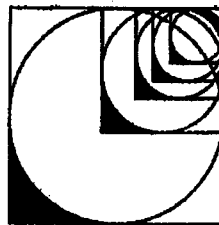
In October, we hope to have another CME event, possibly an update on atypical antipsychotics, sponsored by Bristol-Myers-Squibb. November 13th will be the Awards Banquet at the Cosmos Club featuring James Scully, MD, the new Medical Director of the APA.

The Committee consists of Catherine Crone, MD, Karen Weihs, MD, Beth Morrison, MD and Bill Lawson, MD as well as input from Toni Baum, MD of the Women's Committee and our president, Jeff Akman, MD. If you want to help us plan interesting social events with interesting CME topics, please let me know or give us your ideas on good topics and speakers to present, as well as good restaurants with private dining areas for our meetings.

As Chair of the CME Committee, I attended the Joint Sponsorship Committee Meeting at the APA annual meeting in San Francisco. The APA offers several opportunities for CME credit on-line. Go to www.psych.org.cme, and you can get credit for programs on Treatment Guidelines for Depression, Alzheimer's, Panic, Schizophrenia, Eating Disorders, and other topics. You can also take an 8-hour Training Course and become certified to use Buprenorphine in your practice. In addition, the APA is publishing *FOCUS: The Journal of Lifelong Learning in Psychiatry*. This journal will offer the latest evidence-based articles on selected topics in psychiatry, as well as major historical articles, and give CME credit. Over three years, they will cover 16 main topics in psychiatry, which will be directly applicable to reviewing for re-certification in psychiatry. This is an excellent opportunity to stay current in psychiatric treatment, earn CME, and prepare for re-certification. To subscribe, call 703-907-7300 or go to focus.psychiatryonline.org.

Patient Documentation Templates

Visit the WPS web site, www.dcpsych.org for templates you might use as part of your patients' records. These forms, which could be helpful for reimbursement issues, were submitted by colleagues at the request of APA's Medicare Advisory Committee. Go to the Members' Only section to view. Enter you last name as user id and your APA number as your password. ■



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NOW ACCEPTING APPLICATIONS FOR THE

TWO-YEAR ADULT PSYCHOTHERAPY PROGRAM

SCHEDULED TO BEGIN SEPTEMBER 2003

Positions Available

Adult/Child Psychiatrist: Clinical Associates of Tidewater, a multi-specialty mental health practice in Newport News, is interested in recruiting a child or adult psychiatrist to join our practice. We are interested in working with an individual interested in full or part-time work. We have an experienced office staff providing excellent receptionist, billing and collection services. We are centrally located in the Denbigh section of Newport News, with easy access to a wide referral area in and around the Virginia Peninsula. For additional information, please contact Alison Mascalo, Ph.D. or Cathleen Rea, Ph.D. at 757-877-7700.

Adult/Adolescent Psychiatrist: BC/BE, initially P/T, to join expanding respected multidisciplinary group practice in Montgomery County. To perform psychiatric evaluations, psychotherapy, and medication management. Fax CV to (301) 948-6199 or call (301)840-1077.

Psychiatrist Wanted: For well established, successful, private psychiatric clinic; adult or child and adolescent psychiatrist, FT or PT. Excellent opportunity for:

1. Administrative and billing services, rent, parking an secretarial
2. Membership in dynamic and collegial multidisciplinary group.
3. Great income potential.
4. Potential for partnership.

FAX CV to (301) 869-7760

Psychiatrist(s) (PT-FT): Desired for rapidly expanding multidisciplinary group practice in suburban Virginia. This young, energetic group is growing rapidly with several hundred new referrals a month and a patient base approaching 3,000. Psychiatrist(s) should be highly experienced in psychopharmacology. Must be comfortable in treating children, adolescents and adults. Child and adolescent training a plus, but not required. Very competitive pay with potential for future vestment in the practice. Please fax CV to (703) 858-9446, attention Dr. David Band.

Psychiatrist Wanted: Associated Psychotherapy Center, Gaithersburg, MD, seeks psychiatrist part-time (10-20 hours). Responsibilities include initial evaluations and medication management. Board Certified or eligibility required. Salary is highly competitive. Please fax resume to L. Kopolow, M.D. @ (301) 258-7482.

Office Space Available

Falls Church: Office available Aug. 1st. in suite with psychiatrists. Convenient to Lee Hwy/Broad St., E. Falls Church Metro. Second floor of professional building, ample parking. Shared furnished waiting room, common area, bath, and kitchenette. Reasonable rent. Call 703-241-1275.

Chevy Chase: Beautiful, furnished or unfurnished shared office suite available in prestigious Barlow Medical Building. Remaining time on existing lease is 20 months with likelihood of extending lease. Spacious office with panoramic windows and shared waiting area available immediately. Only a few steps from the Friendship Heights Metro. Many amenities located in the building and in the immediate area of Friendship Heights. Contact Dr. Damon Silvers at (202) 244-3908 for more information

OFFICE SPACE FOR RENT: Full- or part-time. Excellent location in Rockville – Executive Blvd. near Montrose Road with easy access to 270. Townhouse, free parking. Available July 15th. Call (301) 330-0444 (exts. 1 or 2) or (301) 881-4884 (exts. 1 or 2)

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September 20, 2003 - Speaker, Donald Rosenblitt, M.D., "Translating Psychoanalysis from the Playroom to the Classroom: Opportunities and Choices", Discussant, Aimee Nover, D.S.W., 5:00 - 6:30 p.m. ■

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Washington Psychiatric Society 2003 Managed Care Survey

Please duplicate this form as needed and answer these questions for each managed care panel of which you are a member. Return to WPS by August 15, 2003. FAX 202-625-1364.

The information you provide in this document is for WPS use. A composite report will be compiled, and reported to WPS members and managed care organizations. Neither your name nor answers will be divulged to any other person or entity without your permission.

Your name _____

Phone _____

Name of Managed Care Organization _____

Is the information listed on you in the MCO's directory

accurate? yes no

If no, what information is incorrect? (check all that apply)

name office address telephone fax,

email other - please describe

How long has this information been listed incorrectly?

current directory only 1-2 years 2 years plus

Are you accepting new patients from any sources at this time?

yes no

If yes, generally how long do new patients have to wait for their first appointment?

less than 1 week 1-2 weeks 2-4 weeks

4-6 weeks 6 weeks or longer

Are you accepting new patients from this managed care organization?

yes no If no, why

Are you having difficulty with pre-authorization and/or continuing authorization of medications or psychotherapy?

yes no

Are you concerned about the amount of patient information required for treatment authorization?

yes no

On average, how much time in a week do you or your office staff spend on paperwork, telephone, etc. dealing directly or indirectly with managed care organizations?

none 0-1 hour 1-3 hours 3-6 hours
 6 hours or more

What does this MCO do well that you think should be adopted by other MCOs?

Please provide us with as much specific information as possible about difficulties you have encountered with this MCO in your attempt to deliver good patient care. Use additional sheets as needed.

Return to Washington Psychiatric Society, Dept. M,
1000 Potomac St., NW, Suite 250, Washington, DC 20007
or fax to 202-625-1364.

Howard/NIMH Collaboration Investigates Mood and Anxiety Disorders

By William B. Lawson, MD PhD, FAPA., Chair, Howard University Dept. of Psychiatry

Last year the Department of Psychiatry at Howard University received a contract to work collaboratively with the Mood and Anxiety Disorders Program in the Intramural Program at the National Institute of Mental Health. The concept was proposed by Dr. Floyd Malveaux, Dean of the Howard University College of Medicine who had foreseen such a collaborative project as a way to address the needs of NIH and Howard University. NIH had a strong program of research in Bethesda within its intramural program (vs. extramural which are grants awarded to investigators and institutions outside the Institute).

Unfortunately African Americans and other racial and ethnic minorities were rarely in these studies. Moreover African Americans were underrepresented among investigators and seldom were fellows at NIH. The department of psychiatry at Howard had little to no research activity despite the tremendous strides being made in the past

decade in understanding the brain and treating mental illness. The simultaneous arrival of Dennis Charney MD, PhD from Yale who became director of the Mood and Anxiety program at NIMH and of myself (Dr. Lawson) from Indiana University to become chair at Howard University allowed the collaboration concept to be realized. The confluence of these events led to the development of a multimillion-dollar multiyear contract with myself as Principal Investigator that involved collaboration between Howard and NIMH. Initially Howard helped to recruit patients to participate in NIMH protocols done at NIMH. Later NIMH protocols were implemented at Howard and now Howard investigators have developed protocols.

Protocols include novel drug treatments to prevent posttraumatic stress disorder, to treat bipolar illness, or to treat refractory depression. Other protocols include structural and functional imaging studies, genetic studies, and biological marker studies with an emphasis on cultural and ethnic issues in diagnosis and outcome. Populations that are proposed for study include adults with post traumatic stress disorder (PTSD) exposed to community violence, and adults with panic disorder, major depression or bipolar disorder. One project that could only be done with the collaboration includes a study of the alpha-adrenergic receptor in normal

individuals. African Americans show a polymorphism in this receptor that predicts cardiovascular disease. Since the receptor may be involved in anxiety disorders, its relationship to PTSD and panic is being investigated. If you want more information or have patients that may be interested in participation do not hesitate to call (202) 806 7674. ■

Magellan cont. from page 1

- f. payment mistakes by Magellan take a long time to correct (up to 18 months for one inpatient claim to be straightened out and psychiatrist paid)
- g. Psychiatrist was told Magellan accepts only electronic billing, no longer accepting paper claims. This is incorrect stated the psychiatrist.

Readers will find a more comprehensive survey on page 7 of this newsletter. WPS asks members to complete that survey and return to the office to give us a clear picture of what are members' experiences with all the managed care organizations doing business in our region. This survey updates the 2001 survey of MCOs. Results of the written survey will be published in the September/October issue of WPSNews. ■

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