

WPS Members Say Yes to Advocacy Campaign

By Louis E. Kopolow, MD,
Chair, Advocacy Committee

With nearly \$3,000 contributed to the Washington Psychiatric Society's Advocacy Fund, the Society's vigorous efforts in our state legislatures to ensure a favorable practice environment for psychiatrists in the District, Maryland and Virginia, and to make quality mental health care accessible for our patients will take on an even more active face in 2006. You, too, may become a WPS Advocate with a contribution.

2005 was an extremely active year legislatively in all three WPS jurisdictions. In Maryland alone our Suburban Maryland and Maryland Psychiatric Society Joint Legislative Committee reviewed over 150 bills. Working on our behalf in Annapolis, our lobbyist Frank Goldstein has pushed hard on bills to secure enhanced confidentiality of patient records, to oppose an optometrist prescribing rights expansion (a prelude to the psychologists prescribing bill we anticipate in 2006) and supported legislation to repeal the sunset date for the Dept. of Health and Mental Hygiene's Clinical Review Panels. Working equally hard in Richmond our Virginia lobbyist, Cal Whitehead

pushed successfully for passage of the Omnibus Medical Malpractice Reform bill and for legislation that increases an insurance carrier's obligations for disclosure of information to providers on contracts. In the District of Columbia, WPS continues its advocacy for the exclusion of psychiatric medicines from the public health system's proposed Preferred Drug List (PDL).

In years past, WPS members' Chapter dues have funded our public policy initiatives. Those Chapter dues no longer cover expenses, given the rising costs of doing business and the fact that WPS has not increased dues in nearly 20 years. Your contribution to the Advocacy Fund is necessary if we are to prevent our jurisdictions from following New Mexico and Louisiana in granting prescribing privileges to psychologists.

I urge you to support this Fund. Please use the form that follows this article to make your contribution today.

Our thanks to our current donors who are listed below. They have started the ball rolling. NOW IT'S UP TO YOU.

Continued on page 6

What's Inside...

Transitions	page 2
WPS Print Directory	page 2
CME Committee	
Presents	page 3
Obituaries	page 4
Next Generation of	
Psychiatrists	page 5
Medicare Part D and	
Illness	page 6
WPS Marketplace	page 7

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Visit the APA website for information on the 2005 APA Annual Meeting in Atlanta May 22-26 ■

The President's Column



by F. Rodney Drake Jr., M.D.

Dear Colleagues:

This will be my last column as your president as we prepare for the new administration of the WPS under the able leadership of David Fram and the new president-elect Richard Ratner. As I said in the April column, it has been a wonderful year for me personally to have the opportunity to serve in this capacity. This was made so because of the officers you have elected to represent you in this large complex society of ours. As you know, we probably have the most complex wiring of any society in the United States, bringing together groups from 3 different jurisdictions (Virginia, Suburban Maryland and the District of Columbia) each with a chapter chair represented on our Board. In order to make this arrangement work requires maturity, experience and dedication of your representatives, all of which have been in abundance. Their support and gentle guidance when needed made this past year the successful one that it was. I won't need to reiterate the members of the Board as this was noted in the April issue.

I would like to direct the remainder of this column to you the members of the WPS who as yet have not had an opportunity to become involved in the workings of our organization. I came on as a neophyte two years ago when I joined the Board for the first time as the President-elect, having been a member for over 20 years but not actively involved. There was much to be learned quickly including

the realization that our work here affected our own members in real tangible ways as did our impact on the APA and therefore the national scene. We also have members who are now members of the World Psychiatric Association as officers on that board, so that our shadow casts far and wide, and we can't cast it with substance without your time and energy. I urge you all to contact your jurisdiction chair (Northern Virginia-Eric Steckler; DC-Constance Dunlap; Suburban Maryland-Lou Kopolow) or Walter Hill, the Executive Director of the WPS or any of the other officers. They would be very happy to discuss with you how you personally might become more involved, either as a Board member or a committee member. Remember also that you are more than encouraged to attend our Board meetings held on the second Monday of every month at the Psychiatric Institute of Washington from 7:30-9:30 p.m.

Again, I wish to thank you all for your wonderful friendship, support and encouragement this past year and as I said in my last article, I will pledge to continue my time and energies to the WPS in the best way that I can.

I welcome the new President, David Fram, and the President-elect, Richard Ratner, and the new officers of the Board as they assume leadership effective immediate after the May meeting of the APA. Let us all support them and give our own personal best to this next year. ■



THE WASHINGTON
PSYCHIATRIC SOCIETY News

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WPS to Publish New Directory

The Washington Psychiatric Society will print a new Directory of Members in 2005. WPS members have an opportunity to purchase a "business card" advertisement in the Directory. We will publish a facsimile of your business card as a boxed ad on or near the page where your listing appears. Business card ads are available for \$200.

The Directory will be sent to all WPS members, hospitals, medical societies and selected non-psychiatric physicians in the Washington metropolitan area. Your card (or the typed information you want in your ad) and payment should be mailed to WPS at 3615 Wisconsin Ave, NW/Washington, DC 20016 by June 30, 2005. For information or assistance with your ad, please call our Executive Secretary, Rosemary Polley at 202-244-7750 x 2. ■

Drug-Drug Interactions Is June Educational Program Topic

WPS member Kelly Cozza, MD will discuss the interactions of a variety of combinations of psychiatric medicines at the WPS CME Committee's next dinner/educational meeting set for Tuesday June 21. As usual, our program will begin with registration and cocktails at 6:30 followed by dinner and our speaker. We will adjourn at 9:30. Our location is yet to be determined. Advanced registration fees are \$30 for WPS members and \$60 for non-members. Residents may attend for \$20.

Please use the form below to register for this educational event. If you prefer, you may email a registration to whill@wdcpsych.org.

In the message box type your name and Register Drug-Drug. Payment may follow by mail or at the door.

Registration Drug-Drug Interactions Tuesday June 21, 2005 • 6:30-9:30 p.m. Location TBA

Yes, I will attend this educational program

Name _____

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I have enclosed my check for \$30 as a WPS member

I have enclosed my check for \$60 as a non-WPS member

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Obituaries

William, Suzanne Kling; Economist, Psychiatrist

William Kling, 89, and his wife, Suzanne Kaufman Kling, MD, 86, who were married for more than 64 years, died one day apart early this month. Mr. Kling, a Foreign Service officer and economist, died March 1 of respiratory failure at Summerville, an assisted living facility in Potomac. He also had dementia.

Dr. Kling, a psychiatrist, died March 2 of sepsis at Sibley Memorial Hospital. They had lived in the Lake Barcroft community of Fairfax County for more than 40 years.

Dr. Kling, who was born in Budapest, settled in New York with her family when she was 7. After graduating from Smith, she attended the Women's Medical College in Philadelphia for one year before moving to Washington, where her

husband was an economist with the Department of Agriculture.

In 1943, Dr. Kling graduated from George Washington University medical school as one of four women in her class of 64. After a one-year internship at a hospital in Brooklyn, N.Y., she was a resident in neurology at D.C. General Hospital in 1944-45.

In 1960, after 15 years abroad, the Klings returned to Washington. Dr. Kling began a psychiatric practice in her home while raising three children, each of whom was born in a different country. She later had an office in downtown Washington.

Dr. Kling had her psychiatric practice for more than 30 years and was also an assistant clinical professor of psychiatry at Georgetown University medical school. After closing her practice in the early 1990s, she worked until 1999 as a volunteer counselor for homeless women at Luther Place Memorial Church N Street Village in the District.

Survivors include three children, Robert Irving Kling of Orlando, Michael Paul Kling of Lincoln, Neb., and Virginia Airini Susan Kling of Bethesda; and five grandchildren.

James Read, MD

James L. Read, MD, 78, a longtime psychoanalyst in Silver Spring died April 27, 2005 of brain cancer at Casey House hospice in Rockville. He was born in Frostburg, MD, received a bachelor's degree from the University of Maryland in 1953. He received his MD degree from the University of Maryland School of Medicine.

He completed his residency in psychiatry at St. Elizabeths Hospital in 1960 and later opened a private practice in Silver Spring. In 1971, he graduated from the Baltimore-Washington Institute of Psychoanalysis.

He served in several positions at the Institute, including teaching analyst, president, chairman of the program committee, secretary of the executive committee, president of the foundation, and board of directors member.

Throughout his career, he was a consultant in psychiatry to Walter Reed Army Medical Institute, the Department of Defense and St. Elizabeths. He was also an assistant clinical professor of psychiatry at George Washington University Medical School. He retired in 2003.

Survivors include his wife of 50 years, Shirley M. Read of Silver Spring; four children: Grace Dytrtand, Ruthann Glover, both of Mount Airy, MD, Rebecca Read of Silver Spring, and James E. Read of Victorville, CA. ■

Remeron Antitrust Settlement

c/o Complete Claim Solutions, Inc
P.O. Box 24769
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Dear Doctor:

Complete Claim Solutions, Inc (CCS) is assisting the State Attorneys General as the claims administrator for this settlement. We would like to enlist your help in notifying your patients who were prescribed Remeron or its generic mirtazapine during the class period of June 15, 2001 through January 25, 2005. Your assistance will be greatly appreciated.

You can assist by:

- Displaying the enclosed summary notice in your office (see web link below)
- Mailing a copy of the Summary Notice to your patients who were prescribed Remeron and or mirtazapine during the class period, and
- Posting the Summary Notice and Remeron settlement link <http://www.remeronsettlement.com> on your website

Notice efforts will continue through 5/31/05.

You may request reimbursement from the settlement fund for any reasonable out of pocket expenses (e.g. copying and postage costs) incurred in notifying your patients. All expenses must be submitted in writing, either by email info@remeronsettlement.com or mailed to Remeron Antitrust Settlement, c/o Complete Claim Solutions, Inc, P.O. Box 24769, West Palm Beach, FL 33416. For further information you may call the Remeron settlement hotline at 866-401-6807 and press #2 for the Psychiatrist hotline, or visit the settlement website at www.remeronsettlement.com and take the tab to the Psychiatrist web page where you can find: a. Court documents b. Notice of Class Action, Proposed Settlement and Fairness Hearing: and c. Consumer Claims Form.

CCS thanks you in advance for your assistance in this effort.

Alen J. Salerian, MD, of Washington, D.C., has been suspended for two years from the APA and the Washington Psychiatric Society. He was found to have violated Section 2.5 of the "Principles of Medical Ethics with Annotations Especially Applicable to Psychiatry." The physician breached confidentiality by offering a professional opinion without proper authorization. ■

WPS Develops Next Generation of Psychiatrists

Understanding that ethnic minority persons are seriously underserved by psychiatric medicine and that psychiatry is a specialty that attracts few minority medical students, the Washington Psychiatric Society has undertaken an ambitious project to recruit minority students at each of the city's three medical schools into psychiatry residencies. An invitation to students at Howard, George Washington and Georgetown Universities drew 35 students to dinner and conversation with WPS members in January. Headed by William Lawson, MD, Psychiatry Chair at Howard, the evening gave medical students a chance to hear something of the variety of practice settings, and the challenges and rewards of practicing psychiatrists. Joining Dr. Lawson at the event were Constance Dunlap, MD who shared her experiences and interests as a psychiatrist in private general practice, Marilyn Benoit, MD who practices as a child and adolescent psychiatrist, Aly Rifai, MD a research fellow at NIMH, Niku Singh, MD a third year resident at GW who provided the inside scoop on the residency experience and Annelle Primm, MD Director of the American Psychiatric Association's Office of Minority and National Affairs. Each shared briefly with students his or her backgrounds, reasons for choosing psychiatry, how they started and built their practices, and the balancing of career and family. Students then showered the panelists with a variety of questions running the gamut from the practical aspects of the everyday life of a practitioner, to getting a practice started, to the more esoteric - wanting information of the latest treatment advances and the scientific understanding of the brain functions. Students received, courtesy of APA copies of the DSM-IV-TR and an opportunity to apply for the free medical student membership in APA.

As a follow up to this initial meeting medical students at Howard were treated to pizza and a case conference presentation by Janice Hutchinson, MD, Training Director at Howard. Joining her were Dr. Lawson, Dr. Dunlap and Walter Bland, MD a psychiatry faculty member at Howard. Dr. Hutchinson held students in rapt attention as she tore a forensic case from the headlines and enabled students to explore the mental health issues, history and trauma that led a 12-year-old boy to murder two members of his family. Similar case conferences will offer George Washington and Georgetown medical students the same opportunity to explore a real life case and develop a clearer understanding of psychiatric medical practice.

Dr. Lawson said the project will monitor the progress of minority medical students into psychiatry residencies over time. Using 2004 as a baseline, the project will judge its success on a projected increase in the target demographic into residency programs over a five-year period. He noted that, thanks to a \$5,000 grant from the American Psychiatric Foundation that has made the project possible thus far, WPS hopes to fund at least one medical student scholarship to the 2006 APA meeting in Toronto. ■



Medical students learn about life as a psychiatrist at the January 27 meeting with WPS. Students from Howard, Georgetown and George Washington. In April WPS members William Lawson, MD, Janice Hutchinson, MD and Walter Bland, MD led a case conference presentation for medical students at Howard.



Representing a variety professional experiences, the faculty created a sense of enthusiasm and generated a number of questions from students about subspecialties and life as a practicing psychiatrists. L-R are Niku Singh, MD, GW resident; Annelle Primm, MD, Director of APA's Office of Minority and National Affairs; Constance Dunlap, WPS DC Chapter chair, private practice; William Lawson, Dept. of Psychiatry Chair at Howard and Aly Rifai, MD, researcher at NIMH. Not pictured is Marilyn Benoit, MD, child and adolescent psychiatrist.

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Medicare Part D and What It Means for Persons with Mental Illnesses

The Medicare Prescription Drug and Modernization Act of 2003 (MMA) created Medicare Part D, Medicare's prescription drug benefit, which goes into effect on January 1, 2006. Dually eligible patients, who currently receive their prescription drugs through Medicaid will have their coverage switched to Medicare Part D as of that date.

The MMA establishes a competitive market model approach for Part D by having private Prescription Drug Plans, or PDPs, manage it. Central to this arrangement is that each PDP will negotiate contracts with pharmaceutical companies for medications; by law the federal government will not be involved in the setting of prices or negotiations with manufacturers for pricing or rebates. The PDP will receive a set, or capitated, payment from Medicare for each patient enrolled in its plan.

The key elements of the benefit that are problematic include: how patients are to be enrolled in the benefit, how the transition to the new benefit will ensure continuity of care, what formulary a plan will utilize, and what strategies will be used to manage the selected formulary.

There are fundamentally three questions from the standpoint of the many Medicare patients with mental

Continued on page 8

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Campaign continued from page 1

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7. Louis Kopolow
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Announcements

GEORGETOWN UNIVERSITY HOSPITAL DEPARTMENT OF PSYCHIATRY - RESIDENT'S CLINIC

The Resident's Clinic of the Department of Psychiatry, Georgetown University Hospital is currently recruiting new patients for this program. Patients receive comprehensive outpatient psychiatric evaluation and treatment by PGY III and IV residents under supervision of the teaching faculty at substantially reduced cost. Initial Evaluations are \$65 and subsequent visits (45-50 minute combined psychotherapy and pharmacotherapy) are \$30. Adjunctive group psychotherapy (for patients in individual treatment) is \$20.

Following initial evaluation, patients are assigned for individual weekly psychotherapy and pharmacologic treatment as may be individually indicated by their condition.

For information or referral of patients contact: Dr. Richard Filson at 202-687-0681. ■

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Part D from page 6

illness who are dually eligible:

1) How do I enroll? ; 2) What is included in the PDP's drug benefit package?; and 3) What happens as I transition from my current Medicaid coverage to the new Medicare plan? These are also questions that have implications for policy makers and clinicians. Clinicians will be playing a critical role in the transition and need to be thinking ahead about how to minimize problems for their patients.

Enrollment

All people who are dually eligible will be automatically enrolled in a PDP beginning on November 15, 2005 . In every area of the country, beneficiaries are required to have access to at least two plan options. Patients will have an opportunity to switch from the plan they have been assigned to prior to January 1, 2006, or at any time thereafter, but they will have to do so by actively initiating the change. Already, many patient advocates have expressed grave concerns about the complexity of the enrollment process and the problems they see arising from the transition to Medicare coverage.

It is unlikely that the automatic enrollment process will match patients with the optimal coverage for them as individuals, or that they will have the resources available to

them to access other plans that would provide better coverage. Patients who want to choose an alternative plan will theoretically be able to research information about the plan's formulary since PDPs are required to identify which drugs will be preferred and which will require prior authorization or be subject to fail-first or other step-therapy protocols. The problem is who will actually facilitate this selection process for a class of patients who are cognitively impaired. It is unclear how an informed selection of a plan (i.e., in the best interests of the patient) can be made prior to the cessation of Medicaid coverage.

All concerned (e.g., state mental health authorities, community providers, individual practitioners, and consumer advocates) need to be thinking ahead about how to effectively communicate accurate information to people with mental illness and their representatives and how to assist them in making the best choices.

Conclusion

The law and its implementation by CMS have profound implications for Medicare beneficiaries with mental illness. Whether the model established by the law will perform in a manner that is responsive to the clinical and prescribing needs of

patients and physicians, or results in less favorable coverage, remains to be seen. The enrollment and implementation will occur over a very short period of time with significant clinical and economic consequences if patients are not properly informed about the changes. Central to any successful transition will be the involvement of providers: physicians, case managers, CMHC's, and other mental health professionals who are currently responsible for care for these patients. As a community, it will be critical for us to have the information and resources to ensure that every patient who will be receiving the new benefit will understand the implications and make an appropriate choice of plan. In any case, the complexities of the law and the challenges of transition will require an unprecedented sophistication of response by the advocacy community.

Starting in June 2005 the APA's Office of Healthcare Systems and Financing will be undertaking an educational project to prepare APA members for the transition to Medicare Part D. If you have any questions you would like answered, please contact Karen Sanders (ksanders@psych.org, 703-907-8590) or Irvin "Sam" Muszynski (imus@psych.org, 703-908-8594). ■

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