THE WASHINGTON PSYCHIATRIC SOCIETY News

JULY/AUGUST 2007

P4P=G1xF1xP1

By Harold Eist M. D., DLFAPA

Dr. X was sent a gift from a "Denial of Access to 'Comprehensive Psychiatric Care' Company", misnamed a Managed Care Company. This was an unsolicited document claiming through "spin" (a new term for self-serving propaganda) to be a kindly service to help Dr. X witness and understand his place within the community of his "peers." These were invisible "peers" because Dr. X did not know any of them; whether or not they were psychiatrists, whether or not they had similar practices to his, how many hours they worked seeing patients, their location, their level of training and experience, and whether or not they, like him, had refused to work for accountants and business people who pillaged the psychiatrically ill.

Dr. X was given his scores. His "peers", according to the document, prescribed more generic medication than he did: 63% vs. 48%. Patient diagnoses were, of course, "ethically" excluded. Dr X scored high on the generic index, calculated by subtracting the percentage of generics prescribed from 100-called the G1.

Dr. X saw his patients more often than his peers. He "averaged" one appointment hour every other week while his "peers" saw their patients once every six to eight weeks. Dr. X scored substantially higher on the frequency index, calculated by dividing 52 by the average time between appointments, in weeks-called the F1.

Dr. X did psychotherapy with a higher percentage of his patients than did his "peers." He was an abysmal failure on the psychotherapy index, calculated by the percentage of patients seen in psychotherapy-called the P1.

Dr. X and his "peers" were compared "scientifically" using a complex formula that indicated lower scores were better for patients (because they increased profits for those denying care??). The P4P score was calculated using the formula: P4P=G1xF1xP1.

The calculations:

"Peers:" 37x6.5x15=3607.50

Dr. X: 52x26x50=67,600.00

Dr. X;s score was approximately 18.7 times that of his "peers" and his competency was questioned: he was advised that he required serious and immediate remediation. He was told that he would not be considered for the company's panel. Mind you, all this was written in spite of the fact that Dr. X had never accepted one red cent from the Managed Denial Company, and Dr. X had refused and rejected many solicitations to join the panel of this company. The "scientific" information about Dr. X was made public as a service to the community.

We welcome the return of Dr. Eist's column: Notes from the Bureaucracy.

The Ed. ■

What's Inside . . .

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The President's Column

By Michael J. Houston, M.D..

With all due respect to Bob Dylan: 'the times they are a changin'. It is an exciting, perhaps too exciting, time to begin my term as president of our society. While I am honored to be given the opportunity to serve our society in such an important role, I must admit that the first month has been daunting. Walter Hill, our executive director for the last eight years, resigned in April, prompting a search for his replacement. This came on the heels of our having moved our executive offices in February. While a search for his replacement was begun immediately, the Board voted to use this transition as an opportunity to initiate a thorough review of our operations. As much work as this may entail, I am optimistic that the results of our introspection will leave us more efficient and better able to fulfill our mission: advocating for our profession and our patients.

June is traditionally the month for change within WPS when newly elected board members take office. Carol Lynn Tripittelli and Simona Pick Both began terms as At-large Board Members. Bob Keisling became the new Chair of the DC Chapter. Maryam Razavi began her term as Early Career Representative. And, a new President elect took office: Harold Eist, whom, I imagine, truly understands what he has gotten himself into, having already served two terms as President of WPS.

June is also the time to say goodbye. Constance Dunlap, whose energy, wisdom, and diplomacy have revitalized the DC Council, finished her term as its chair. We also lost David Fram who, after serving terms as Board Member, Treasurer, President Elect, President, and Past President, is now free to spend his Monday evenings anyway he likes.

Our work continues. The Washington Psychiatric Society has always played a pivotal role within the APA, especially in the Assembly of Delegates. The names of Oscar Legault, Larry Sack, and Larry Kline are remembered within the Assembly as psychiatrists who worked tirelessly to keep the APA focused on the needs of its members and patients. Our current Assembly Delegates, Roger Peele, Eliot Sorel and Catherine May, carry on the mission as examples of WPS grass roots leadership within the Assembly. At the most recent APA meeting in May, our delegates wrote or endorsed eight of the twenty-nine action papers that were voted on by the Assembly. Six of the eight were passed and will find their way into APA policy. This includes a paper that directs the APA to work towards including psychotropic medications in the Strategic National Stockpile of medications that are available for victims of disasters. Another paper focuses on ending the continuing reduction of state funded psychiatric hospital beds.

Our society is fortunate to have other members who are active on the national level. This includes several of our younger colleagues. Carol Lynn Trippitelli, who represented Early Career Psychiatrists on the WPS Board of Directors, was also chair of the committee on ECPs' for the APA Assembly. Hind Benjelloun, selected last year as our "Resident of the Year" was chosen Deputy MIT Representative for Area III. Samantha Shlakman, our MIT

Representative from Georgetown University, ran for the position of MIT Representative to the APA's Board of Trustees.

With so many enthusiastic and dedicated individuals working on behalf of the society, I think my year as President, should be an easier one. ■

THE WASHINGTON PSYCHIATRIC SOCIETY News

Embassy Disaster Preparedness

WPS International Graduates and Embassies Link for Disaster Preparedness

By Erminia Scarcella, MD

Since 9/11, Washington, DC, more than most other communities in the nation, has stood at heightened alert for terrorist activities. WPS members have taken an active role in preparing themselves to serve our community should disaster, man-made or natural, strike. Washington is home to a large contingent of foreign nationals, many of whom belong to the 180 embassies and legations in the city.

In 2003 the WPS International Medical Graduates (IMG) group organized an outreach program to assist the diplomatic community. Our goal is to link a WPS member (this includes Residents in Training) with the embassy of his/her native country or of a country that they know in some way other than by birth. Our mission includes conveying the need for a mental health component to addressing medical emergencies generated by a disaster. WPS members in the program have agreed to be available on site at the embassy, as far as this is feasible, should a disaster strike, and to serve in other ways at the request and direction of the Ambassador. Participants undergo disaster response training and are available for additional training as available and indicated.

So far , seventeen major embassies or legations participate: the Apostolic Nunciate, Austria, Czech Republic, Egypt, France, Germany, Iceland, Israel, Italy, Malta, Nigeria, Norway, Poland, Romania, South Africa, Sri Lanka, and Switzerland. We are seeking those who have a connection with any other embassies to contact me and the embassy to expedite extension of the project. We invite members with an interest in this project to join as well, even if they do not have a direct embassy link. Residents, as noted above, are very welcome.

Read all about us by clicking on the link called Embassy Disaster Preparedness on the WPS website at http://dcpsych.org/

To join or inquire about joining, call me, Erminia Scarcella at 202-244-5462 or by email at ermsca@bellatlantic.net. Residents interested in joining please contact Hind Benjelloun, PGY2 Georgetown, at hbenjelloun@yahoo.com. ■

"Suicidality"

by Roger Peele,MD, DLFAPA
WPS Assembly Representative

Almost six decades ago, Georgetown's George Raines led the effort to develop the American Psychiatric Association's first Diagnostic Statistical Manual. An aspect of its purpose was to describe and define psychiatric terms to increase their consistent and reliable us in the care and treatment of people with psychiatric disorders. This thinking led to DSM-1,1952. Recent DSMs have been structured to both stimulate and integrate research into psychiatric diagnosis. Appropriately, this has been led by the APA.

In this decade, it has become apparent that another term needs APA's leadership to clarify its meaning: suicidality. "Suicidality" is being used as if it predicts an increase in suicide and attached to treatments in which an increase in suicide per se is not a finding. The term "suicidality" is getting confused with talk about suicidal ideas, self-injurious behaviors that are not intended to lead to death, and gestures with other conscious motives as if all of these lead to an increased risk of suicide. For example:

1. In some patients, an increased willingness to talk about suicide in therapy is not necessarily associated with an increased potential to suicide. For some patients, willingness to talk of suicidal thoughts may represent an improvement in the patient's willingness to speak about difficult topics. Many a suicide occurs in people who have no history of talking about suicide. Many of us have had patients who are alive today because they had become willing to talk about their suicidal thoughts.

2. Self-injurious behavior is not necessarily associated with an increased potential to suicide. Many suicides occur in people who have no history of self-injurious behavior. We certainly do not want patients injuring themselves, but it remains that many a clinician has had patients who cut themselves as a way of reducing unbearable anxiety. In reviewing their histories, one can conclude that if they had not cut themselves, they might well have done something more drastic. The emotion just prior to committing suicide is often not sadness, but an excruciating anxiety in which the only escape seems to be to end one's life. For some, self-injurious behavior that is not in itself life-threatening, may abolish that anxiety.

3. Suicidal gestures are not necessarily associated with an increased potential to suicide. Many a suicide occurs in people who have never made a suicidal gesture. Some gestures are enacted without any intention to cause death. As clinicians, we evaluate these conscientiously, but research should direct whether gestures of a particular type do or do not lead to an increased risk of suicide.

In this decade, we have seen the FDA pronounce that a given treatment "increases the risk of suicidality," as if this means suicide, when that assertion is not based on a single suicide. Instead, the statement is based on "suicidal thinking" (or more specifically, "suicidal talking"), self-injurious behavior, or gestures.

Whether a medication, psychotherapy or other intervention is "suicidal" should be based on evidence that it leads to an actual increase in suicides.

The Washington Psychiatric Society introduced a motion to address this issue at the APA Assembly meeting in May. It was defeated. One of the reasons given by an APA Board member from Illinois was that the APA should not get involved in defining terms used in the treatment of the psychiatrically ill. As odd as this may be given the history of the DSM, sometimes it takes more than one attempt to see a motion passed. We hope to take this motion back to the Assembly at the next meeting in November. ■

National Provider Identification

The Administrative Simplification provisions of HIPAA mandated that physicians and other health care providers obtain and begin using a National Provider Identification (NPI) number by May of this year. This deadline may be extended. But if you do not have one, you should apply as soon as possible. To do so online, go to http://nppes.cms.hhs.gov. You can also acquire a paper form by the following means:

Telephone 1-800-465-3203

Email customerservice@npienumerator.com or write:

NPI Enumerator POBox 6059
Fargo, ND 58108-6059

This NPI will replace all Medicare and industry legacy billing numbers. The new CMS-1500 forms require the NPI and private insurance company forms will too, so that not having one could affect the cash flow of many practices.

Some colleagues have expressed concern about how much personal data is available on the website. I checked my listing and found my name, office address, email address, office telephone number and "legacy billing numbers" (my Medicare and UPIN: not my social security number or tax ID number). This is generally what is available publicly, anyway. You can delete some information if you go to the website and sign in. For example, I deleted my email address. You can check your own listing by going to https://nppes.cns.hhs.gov

The Editor ■

Open Access: for the patients, for the people

All too often, people who depend on public assistance are denied access to newer, safer, and more effective treatments for mental illness. This inability to obtain the treatment they need can trigger a pattern of deterioration — becoming unemployed, being hospitalized, imprisoned, and often ending up homeless. This destructive cycle is costly for taxpayers and devastating to the families of people with mental illness.

That's why Eli Lilly and Company continues to support open and unrestricted access to all available treatments for mental illness.

Scientific advances have resulted in medications that are effective in delaying relapse[1], provide more effective symptom control, fewer side effects, and offer longer-term treatment than in the past.

Give them access to the treatments they need, and give them hope for taking their lives back.

1 Fenton WS, Blyler CR, Heinssen RK. Determinants of medication compliance in schizophrenia: empirical and clinical findings. *Schizophr Bull*. 1997;234:637-651.

Lilly

Answers That Matter.

Sydney G. Salus

Sydney G. Salus, 86, a Washington psychiatrist and professor who trained many psychiatrists in the region and was a leading local presence in child psychiatry, died May 15 of chronic obstructive pulmonary disease at his home in Hillsboro Beach, Fla.

Dr. Salus was born in Philadelphia and grew up in Washington, graduating from Roosevelt High School. After two years at Georgetown University, he transferred to George Washington University, from which he graduated in 1943.

During World War II, he served in a psychological unit of the Army Air Forces' medical corps, administering tests to service members. He graduated from Philadelphia's Hahnemann Medical College (now the Drexel University College of Medicine) in 1950. He came to Washington the following year for a two-year residency in psychiatry with the Veterans Administration.

After a year of further training at the University of Maryland School of Medicine in Baltimore, Dr. Salus entered private practice in 1954. Early in his career, he was a consultant to the U.S. Information Agency and the National Institute of Mental Health and also worked at the Fairfax Child Guidance Clinic. He was later a consultant and supervising psychiatrist at National Naval Medical Center and Walter Reed Army Medical Center.

Dr. Salus consulted at Duke University from 1960 to 1964 and at the University of Pittsburgh from 1968 to 1971. He was a clinical professor of psychiatry at the Georgetown University School of Medicine from 1969 to 1975.

He was affiliated with the Washington Psychoanalytic Institute for 37 years, training in both adult and child psychiatry. He later taught a variety of courses and helped train more than 130 Washington-area psychoanalysts. He retired in 1989 from both teaching and his private practice.

After living for many years in Bethesda and McLean, Dr. Salus moved to Florida in 1992. In retirement, he sometimes lectured at the Florida Psychoanalytic Institute.

His marriage to Mimi Salus ended in divorce.

A son from that marriage, Gary Salus, died in 1998.

CME Committee Reports

By Eliabeth Morrison, M.D., Committee Chair

The annual half-day Med-Psych Conference is scheduled for Saturday, September 15, 2007, at the Suburban Hospital Auditorium. The topic will be the interface of endocrine and rheumatological disorders in psychiatry.

Endocrinologist Todd Brown, M. D. of Johns Hopkins University will give updates for the psychiatrist on Diabetes Mellitus and thyroid function. Rheumatologist Kanan Maniar, M. D. will discuss rheumatological disorders that have psychiatric manifestations.

The CME Committee welcomes input from members about topics or questions you would like addressed, both as part of the upcoming September activity and as subjects for future meetings.

The CME Committee needs one more member.

Watch for brochure and/or email messages for registration information.

To contact us, email Beth Morrison at eamorrison@aol.com.

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Phone: 806 296 2726 ext. 243

E-mail: donnaj@clplains.org ■

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Members in the News

Dr. Constance Dunlap was awarded the Henry P. and Page Laughlin Outstanding Citizens Award for contributions to the community and psychoanalysis on June 21, 2007 by the American Society of Psychoanalytic Physicians.

The hard-working Dr. Dunlap recently ended her tenure as Chair of the DC Chapter. The accomplishments of the Chapter included : testimony before the DC City Council Committee on Health, development of a liaison with the Director of the Department of Mental Health and his staff, and establishment of collaborative relationships with the DC Chapter of the National Alliance for the Mentally Ill and with the Child and Adolescent Psychiatric Society of Greater Washington. The Chapter also hosted a dinner/scientific program, "Assessing Metabolic Comorbidities Associated with Atypical Antipsychotics." Congratulations to Dr. Dunlap and thanks to her Council members: Drs. Hind Benjelloun, Thomas Green, James Griffith, Janice Hutchinson, Robert Keisling, Steve Lipsius, Mozdeh Roozegar, Erminia Scarcella, and Eliot Sorel. ■

APA Notes

The APA reported that two large studies showed declines in suicide attempts with antidepressant treatment. Both studies are reported in the July issue of the American Journal of Psychiatry. Robert Freedman, M. D., the Editor of the AJP stated that "These studies of treatment in actual clinical practice find a decrease in suicide attempts after treatment, regardless of whether the treatment is psychotherapy or drug therapy. Patients and their doctors are concerned because of the FDA's black-box warning that antidepressants can cause suicide attempts. The studies in this issue provide more evidence that this side effect is rare, compared to the overall decrease in suicide attempts that occurs when treatment is initiated…"

The APA announced that member Jeremy Lazarus, M. D. of the Colorado Psychiatric Society, was elected speaker of the American Medical Association House of Delegates. It is important for psychiatry to have one of its own at such an influential position in the AMA. ■

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