

WPS Members Name Eist President-Elect

Harold I. Eist, MD, DLFAPA will take the WPS helm in 2008 as President of the Society. Dr. Eist, who will serve his third term as president, ran against Elizabeth A. Morrison, MD 129-107 in the 2007 race for President-elect. He, with other newly elected officers, will assume his duties for the 2007-08 year on May 24, the last day of the APA Annual Meeting. The President-elect serves a one-year term before serving a one-year term as President.

In the uncontested elections, WPS members selected the following leaders:

At Large Members of the Board (two elected):

Carol Lynn Trippitelli, MD
178 votes

Simona Pick Both, MD 168

Secretary

Janice C. Hutchinson, MD 198

Legislative Representatives

Maryland – Harvey Fernbach,
MD 195

District of Columbia –

Janice C. Hutchinson, MD 190

Virginia – E. J. Pepper, MD 179

Federal – Brian Crowley, MD 203

APA Assembly Representative
Eliot Sorel, MD 187

Public Affairs Representative
Stuart M. Sotsky, MD 199

Early Career Psychiatrist
Representative

Maryam A. Razavi, MD 189

In the Chapter elections the following leaders were elected:

Suburban Maryland
Chairperson – Louis E. Kopolow,
MD 67

Secretary/Treasurer –
Shira H. Rubinstein, MD 68

District of Columbia
Chairperson – Robert W. Keisling,
MD 80

Secretary/Treasurer –
Steven Lipsius, MD 73

Northern Virginia

Chairperson –
Eric A. Steckler, MD 41

Secretary –
Barry C. Gorman, MD 38

Treasurer – Valerie J. Buyse,
MD 40 ■

**Do We Have
Your Email
Address?**

What's Inside...

President's Column.....	page 2
Inpatient Practice	page 3
Membership Update	page 4
Photo Gallery	page 4
MD/VA Legislative Review	page 6
WPS Marketplace	page 6-7
Exec Director Search	page 8

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WHADDA YEAR!!

By Richard Ratner, M.D.

Anyone who is already feeling that life is passing by at breakneck speed is advised not to run for president of the WPS, since, for me at least, this year has truly shot by at warp speed. It could fairly be said that I feel I am just beginning to get the hang of the job despite the fact that I had three years on the Board and a year as president-elect to prepare me. While much of the WPS on a day to day basis runs itself, one can't really know until he/she is sitting in the driver's seat, how much responsibility one feels for the tone and shape of the year.

Some district branch presidents have discussed (and some may have) two year terms for their chief executives. Does one really want to saddle a president with a two year term? In spite of the hardship, it seems an idea worth considering. Interestingly, our new president-elect, Harold Eist, has already served two years non-consecutively; and, unique in the history of this district branch, he is about to have a third in 2008.

This has been a year of high hopes and solid achievements but also of losses. We began the year with a much needed \$50 dues increase, generously voted by the membership. We have seen new leadership take over at the District's Department of Mental Health. Thanks to Barry Landau and Elizabeth Hersh, there is a new and simpler, as well as less intrusive, format for us to use in the District

when seeking reauthorization from insurance companies. Lou Kopolow honchoed the first new member directory in some years. We had a glittering awards banquet at the Italian embassy in November (much thanks to the irrepressible Erminia Scarella), though the pleasure was tempered by the pain of having gone well over budget for this event. In Maryland and Virginia we kept many very bad bills from becoming law. At the last minute we were thwarted again in our attempts to pass the Eist bill, guaranteeing that individuals' medical records can be served up to the Board of Medicine at the behest of some third party without the opportunity to contest that breach of privacy. We'll try again next year; maybe the third time is the charm. Thanks to our president-elect, Mike Houston, we have a strategic plan in place that we hope will guide us over the next five years.

Leaders look good when they surround themselves with able colleagues, and if those around me are the measure of my presidency, I figure I will look pretty good. I'm thinking of people like Beth Morrison, head of our CME committee, who has continued the tremendous work of the former chair, Dan Hicks, and compiled a distinguished, intellectually exciting, unbiased, and above all very popular series of CME events. Bill Lawson, Jan Hutchinson, and Connie Dunlap have been involved in many things this year but especially in outreach to minority medical students, hoping to bring

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them into psychiatry, and residents, involving them in WPS as members-in-training. Had people been more familiar with the energy, enthusiasm, and creativity of our MIT from Georgetown's Psychiatry Department Samantha Shlakman she, I am sure, would have been resoundingly elected to represent the MIT's on the APA Board. Mike Houston, my successor, has proven himself to have a terrific grasp of the ins and outs of a Board managed institution. Kudos again to our hard working Ethics committee under the leadership of Tom Goldman. While we have lost the services of our longtime Executive Director Walter Hill (another association made him an offer he couldn't refuse), we intend to work with our interim director, Jackie Eder-Van Hook, to review all of our operations and to create a succession strategy.

It's both a relief and a frustration to step down. As I do, I want to thank all the talented and devoted people I've listed and the ones I've not. I want to thank even the least active member who is there with his or her financial support of our programs. It's been a pleasure serving you all. Thanks to all, and Godspeed. ■

Hospital Psychiatrist Survey

By James Dee, M.D.

In the greater Washington area there is a shortage of psychiatrists and especially psychiatrists willing to do inpatient work. For those who do outpatient work, we need access to and backup from an inpatient psychiatric unit for our patients. Several private inpatient psychiatric units have closed, and the states have been downsizing or eliminating state hospitals. Along with this, there has been less interest by psychiatric physicians in attending at hospitals, making it easier for inpatient units to close. To look at and understand the dynamics of the psychiatric physicians' part of the process and perhaps to develop strategies for future change, a survey to gather data was made.

A two minute survey was sent to the entire membership of the Washington Psychiatric Society. Fortunately, most surveys that were filled

out and returned had very detailed and insightful comments added that took much more than two minutes. I am grateful for the generosity of the participating members of WPS.

963 survey forms were sent out to the WPS membership. Five surveys were returned as undeliverable. 277 surveys were returned for a total of (28.9%). 78 members (28.5%) had some form of hospital privilege with 39 members, or one half, (14%) who actually admit patients. Those who do not attend, but have privileges, 20 (7%), have courtesy privileges, ten members, (3.6%), only do consultations. The rest (4) have honorary or emeritus status, (3) are faculty for residents and (2) have forensics as a practice but don't actually attend patients.

Of the 199 returned surveys that do not have hospital privileges, the cited reasons for stopping in pa-

tient work in order: preference of outpatient work (18%), Quality of life (17%), dislike of taking on-call (16%), hassle's (11.3%), and being burned out (7%). The rest in order are other, risk management, paperwork, money, too many non-pay patients, bad experiences, too many committee assignments.

Those doctors who attend 200 or more hospitalized psychiatric inpatients, 22, (7.9%), generally wrote positive comments about rewarding work, interest in having challenging patients, enjoyment of working with their colleagues, and staff etc. However, 5 or (1.8%) also wrote that they were stopping inpatient work within the next one or two years. Three members identified themselves as early career and another 2 as residents; of these 5 only 2 had an interest in doing inpatient work.

Continued on page 7

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WPS Happenings



L-R, Catherine McCarthy, MD, Lisa McCurdy, MD, Carol Lynn Trippitelli, MD and Kathryn Suter, MD catch up with each other at the ECP event. Drs. McCarthy and Trippitelli are ECP members of the WPS Board and part of the planning team for the evening. Dr. McCarthy has organized the WPS mentoring program for ECPs and Dr. Trippitelli is the ECP representative to the APA Board of Trustees.



Bruno Lima Winners – Julia Frank, MD (left) and Erminia Scarcella, MD received the 2007 Bruno Lima Award from the American Psychiatric Association for their efforts in preparing our area to face the mental health challenges of a natural or manmade disaster. Dr. Frank chairs the WPS Disaster Response Committee and is developing a master plan for the Washington region. She also headed up WPS efforts at the DC Armory following Hurricane Katrina. Dr. Scarcella has directed the Society's outreach efforts to the embassy and international community in Washington, developing a psychiatrist-liaison plan with over 30 embassies in the city. With Drs. Frank and Scarcella is WPS President, Richard Ratner, MD who presented the awards on behalf of APA at the February 12 WPS Board of Directors meeting.



Rick Kuder, JD, WPS Counsel presented to Early Career Members at the February 1 dinner meeting at Chef Geoff's. His topic was "Tax Law for Early Career Psychiatrists." Our ECP committee was pleased with the presentation and attendance at this event and will soon announce other program topics for ECPs.



CME Chair, Beth Morrison, MD talks with Mitchel Kling, MD at the January 22 CME program, "Vagus Nerve Stimulation for Refractory Depression." The program focused on Dr. Kling's research at NIMH on VNS which has recently received FDA approval for use to treat depression.



Margot Onek, MD and Lee Haller, MD enjoy a moment at the VNS program. Attendees received 1.5 Category 1 CME credits for the program

WPS welcomes our newest members, advancements, and transfers since June 1, 2006

DFAPA

Darrell G. Kirch

DLFAPA

Michael E. Kerr
John J. Straumanis

LAPA

Ann A. Bahrani

MAPA

Ritula B. Mehndiratta
Harry S. Gill
Terry L. Jarrett
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Ellen Leibenluft
Alan W. Newman
Raymond L. Sattler
Andree M. Bouteri

Maryam A. Razavi
Barbara B. Rosenbaum
John T. Little
Aisha Sabir
Eve Samuels Fields
Sylvia Atdjian
James H. Hutchinson
Alycia J. Bartley-Heinsen
Van G. Nguyen
Venera Miller
Andrei A. Pikalov
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Virginia General Assembly Raises Rates for Pediatric Care

By Cal Whitehead, NoVa/PSV Lobbyist

The Virginia General Assembly focused its healthcare dollars on children and Medicare patients in the 2007 session. All physicians who provide pediatric services will receive a 10 percent increase in fees for state-supported patients. All other physicians will receive a five percent increase, effective July 1, 2007. Legislators funded eight child psychiatry and psychology internships with \$493,000. Payback of funds by mental health professionals will come from service in underserved areas of the state.

The legislators also passed into law House Bill (HB) 2368 increases the maximum fee from \$400 to \$750 that the court may pay for professional services provided by a psychiatrist or other mental health expert appointed by the court to render professional service in a criminal case other than murder.

HB 2955 passed. It requires a magistrate issuing a Temporary Detention Order to consider the recommendations of any treating or examining physicians licensed in Virginia prior to issuing a decision.

Defeated was HB 1938 which would have prohibited non-MDs or non-DOs from using the term "physician" in connection with their profession. This was a bill we worked hard on and are disappointed in the outcome. SB 737, also defeated, would have repealed strong confidentiality laws regarding mental health records in cases of child custody disputes. We worked to defeat this legislation. It is a victory for confidentiality. We do, however, expect the Bar Association's Family Law section to challenge this again in the 2008 session.

All 100 seats in the Virginia House of Delegates and all 40 Senate seats will expire this year. Thus far, seven General Assembly members have retired. Virginia's majority (Republican) and minority (Democratic) parties may well reverse in the Senate next year. The minority party also expects to make inroads in the House. Our Virginia Psychiatric Political Action Committee is in need of funds to make sure our voices are heard and our issues addressed in the election debates coming in November. PSYCHMD PAC contributions may be sent to me at 28 North 8th St, 2nd Floor/Richmond, VA 23219.

Del. Hammen Pigeonholes Confidentiality Bill – Frustrates Psychiatrists and Patients

Maryland House Bill 361, the WPS/MPS initiated patient confidentiality protection legislation died this year as a result of one Baltimore legislator's action. Del. Peter Hammen, Chair of the House Health and Government Operations Committee refused to put HB 361 to a vote in his committee saying he believes the bill hamstring the Maryland Board of Physicians. The companion bill – identical to HB 361 - SB 258 passed in the Senate 46-0. A poll of House Health and Government Operations committee members indicates overwhelming support in the committee and near assurance of passage in the full house. The bill would give mental health patients whose records are subpoenaed by the Board of Physicians as a result of a third party complaint 30 days to seek judicial relief from the subpoena's demand for their records. As Chairman of HGO, Hammen

determines which bills he will put on the agenda for a vote. By pigeonholing this bill and not allowing his colleagues to vote on it, he has used his parliamentary privilege to subvert the will of the Senate, HGO and the House of Delegates, and dashed any hopes psychiatry had after a three-year effort to get this legislation passed into law. Despite a letter writing, email and telephone blitz of Hammen's office, he remains intransigent. Suburban Maryland members of WPS also contacted Montgomery and Prince George's delegates on Hammen's committee hoping their influence would move him allow a vote. MPS members, including many in Hammen's district in Baltimore, joined the campaign to bring the legislation to a vote. ■

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Mark A. Lawrence, MD
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rec'd Mar 19 2007 ■

What would it take to have those doctors who used to attend inpatients and no longer do so to return to inpatient work? Most described the lack of equitable pay. "Lots of money," would seem helpful, but not for most. The problem of trying to do both an inpatient and an outpatient practice was often mentioned. Taking no call was desirable. The general feeling of the inability to provide the level and quality of care the provider wished to provide was also cited. Four members who attended at Chestnut lodge before its closure wrote about their and their patients' losses by a managed care system not providing the time and support necessary to effect change for the seriously mentally ill.

The impressions that come from the survey are that those doctors attending 200 or more patients per year are generally satisfied and have made an adaptation to the work they are doing. The teachers of inpatient work are generally no longer doing the work and the institutional knowledge is generally being lost

and not passed on. Perhaps a certificate program for medical directors would be a way of providing knowledge and further input by psychiatry. There will be an increased shortage of inpatient psychiatrists.

Hospitals have taken note of the abandonment by the state and federal government of the care of the severely chronically mentally ill. Those hospitals wishing to rid themselves of psychiatric units need do nothing. Just do not support the medical staff and time will cause a natural attrition. The inpatient unit can be closed without much outcry. There is a progressive mismatch between the mission of the community hospital units, their staff and the wish of the state for the local hospitals to replace the downsized or closed state hospitals. This mismatch creates disharmony, increased risk management issues and loss of staff.

If a psychiatrist is interested in attending at a hospital, he or she should ask the following questions: Is this unit supported by the hospital? Do they really want a successful inpatient unit? What percentage of

non-pay patients will be required for the staff to treat? Do they have adequate medical staff to limit or share the burden of the on-call duties and non-paying patients? How hard is it to get away or take a vacation? Does the hospital have adequate discharge planners and case managers to limit the paperwork and time with insurance companies? Does the hospital negotiate deals with managed care with the physician staff in mind? Can the medical staff form an alliance such that coordination of administrative issues is simplified? Does the hospital medical staff open up to new members? Is the hospital willing to provide support adequate to limit the burdens of non-pay services?

With a shortage of inpatient psychiatric physicians, but no shortage of need, there should be consideration of how to make future inpatient work more attractive. Hopefully, the results of this study will add to a framework for future thinking. ■

Positions Available

CME CREDIT AT WASHINGTON SCHOOL OF PSYCHIATRY

Through a recent agreement with Maryland Med Chi the Washington School of Psychiatry now offers CME credits to all physicians who attend educational functions at the School. Check out the website for upcoming events: www.wspdc.org/

The Department of Psychiatry and Behavioral Sciences at The George Washington University Medical Faculty Associates, an independent non-profit clinical practice group affiliated with The George Washington University, is seeking a psychiatrist for a full time appointment to begin July 2007. The position will include participation in the department's adult outpatient psychiatry division. Academic rank and salary will be commensurate with qualifications.

Basic Qualifications: Applicants must be license eligible in the District of Columbia and be Board Certified or Board Eligible in

General Psychiatry. The applicant should have expertise and a background in the history of medicine, cross-cultural psychiatry, and/or international health with the potential to gain a secondary appointment in GWU School of Public Health and Health Services Department of Global Health. Academic rank and salary will be commensurate with qualifications. Preferred Qualifications: Graduate degrees in the history of medicine and/or global health. Applicants should allow the Search Committee to contact their training director or more recent mentors for reference.

Review of applications begins May 7, 2007, and will continue until the position is filled. Application procedure: To be considered, interested applicants should send a letter of interest, curriculum vitae and two letters of recommendation to:

Jeffrey S. Akman, MD
Leon Yochelson Professor & Chair
Department of Psychiatry and Behavioral Sciences
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WPS Executive Director Resigns

Walter Hill, long-time Executive Director of the WPS, announced his resignation in March. Mr. Hill, who has served as director of the WPS for nearly ten years will be leaving to assume the position of Division Development Manager with the American Association for Marriage and Family Therapy, a position that group created to assist it in strengthening their state chapters. Walter's numerous accomplishments while serving as Executive Director included strengthening our lobbying activities in Maryland, Virginia, and the District of Columbia. He was also responsible for the initial development of our web site, listserv and our policy manual. Known for his tireless devotion to WPS, he was recognized at the Board of Director's meeting in April.

Shortly after Walter announced his resignation, Richard Ratner, WPS president, formed an ad hoc search committee to begin the process of recruiting and hiring a new

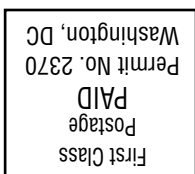
Executive Director. The committee is chaired by Michael Houston, WPS president-elect, and includes Catherine May, Eliot Sorel, Roger Peele, Stuart Sotsky, Eric Steckler, Louis Kopolow, and Constance Dunlap. In its initial meeting the committee recognized the difficulty of finding someone to replace Mr. Hill. Early in its deliberations the committee decided to use the loss as an opportunity, while searching for a new director, to review its administrative operations and financial health.

After consultation with the Maryland Psychiatric Society and the Washington Center for Psychoanalysis, which have recently hired new Executive Directors, the committee recommended and the Board approved a contract with Transition Management Consulting, Inc. TMC, is a consulting firm that provides interim management services to associations and nonprofits while assisting organizations in operational review and reorganization.

Ms. Jackie Eder-Van-Hook, the Executive Vice President of TMC, will serve as part time interim direc-

tor of WPS. Ms. Eder Van-Hook holds a Masters of Science degree from American University in Organization Development. She specializes in managing small associations and understands their needs such as volunteer recruitment and participation, staffing, resources, public affairs, advocacy, fundraising, and general management. Working closely with our Executive Secretary Rosemary Polley, Ms. Eder-Van Hook will oversee the WPS office and manage the day-to-day operations of the society. Over the next sixty days, Ms. Eder-Van Hook will survey our administrative operations and provide recommendations to the Board for improving the efficiency and efficacy of the society.

Meanwhile the Search Committee will proceed with its efforts to replace the Executive Director with interviews beginning in early summer. Should any member wish to have input into the deliberations, please contact Dr. Michael Houston or any other member of the Search Committee. ■



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