

# The Wisconsin Psychiatrist

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QUARTERLY PUBLICATION OF THE WISCONSIN PSYCHIATRIC ASSOCIATION: NORTHERN, SOUTHERN AND MILWAUKEE CHAPTERS

## FROM THE PRESIDENT Endangered Species?

*Kenneth Casimir, MD, President WPA*

In the March 2, 2001 issue of the *Psychiatric News*, then-president Dr. Daniel Borenstein commented on composition and trends in the psychiatric workforce. He concluded that the percentage of US medical graduates entering psychiatry was much lower than for those entering other specialties. He attributed this trend to at least two factors: (1) **The shift from psychodynamic to biological orientation.** "Decreased, and at times, complete loss of psychodynamic considerations has removed an intellectually interesting aspect of psychiatry that differentiated it from other fields." (2) **Economic changes in modern healthcare.** Problems with parity and reimbursement "have made (psychiatry) less attractive, especially to medical students with large debts."

Fast forward to the present day. Last week, I received in my e-mailbox the following advertisement for a mental health CME activity (paraphrased): "Dear Doctor/NP/PA: Are you encountering more patients in your practice who don't have timely access to psychiatric treatment? Are you finding that these patients cannot get in to see a mental health professional for months on end? Do you feel incompletely trained with regard to the prescribing of psychotropic medications? If so, this educational activity can help you to overcome these obstacles to treatment."

Let me quickly say that the faculty presenter for this activity is an impeccable educator, and in my opinion, this symposium fulfills an important function in the current climate. Nevertheless, Dr. Borenstein's words from a decade ago have turned out to be remarkably prescient. In Wisconsin, as in other states, there are not enough psychiatrists to meet the mental health care needs of our patients.

At the time of the 2000 census, there were 528 psychiatrists, 2,910 psychologists, and 9,250 social workers in Wisconsin. This is equal to 10.1 psychiatrists, 54.1 psychologists, and 172.1 social workers per 100,000 population. Based on these figures, Wisconsin ranks 24th among states in psychiatrists per capita, 7th among states in psychologists per capita, and 23rd among states in social workers per capita (IIRSA: National Center for Health Workforce Analysis). In a report on 2/13/2004, Minnesota public radio identified that state's frequency of 1 psychiatrist per 10,000 population (28th among states in the U.S.) as a "severe shortage" which leads to "an enormous gap between doctor and patient." Iowa is in even more dire straits, with 5.7 psychiatrists per 100,000 population, ranking them 47th in the U.S. National trends in the psychiatric workforce also provide us with little cause for optimism.

A nationwide survey conducted in 2005 by Locum Tenens.com found that 25% of psychiatrists would not choose medicine if they could decide their career paths all over again. In the current managed care climate, a psychiatrist can earn 57 percent more money from three medication management visits than from one outpatient psychotherapy visit with medication evaluation. Another problem: the psychiatry workforce is aging: more than 60 percent of psychiatrists completed their training more than 21 years ago. Only 32 percent of psychiatrists are under 45. However, according to the U.S. Bureau of Health Professions, the demand for general psychiatrists is expected to increase by 19% between 1995 and 2020. Although it is beyond the scope of this column, suffice it to say that the situation with child/adolescent psychiatrists is significantly worse than with general psychiatrists.

During the 1990s, as the number of US medical graduates dwindled, psychiatry residency programs depended increasingly on international medical graduates. Through the use of HPSAs (Health Professional Shortage Areas), IMGs have proved invaluable in delivering psychiatric care to the poor, particularly in urban and rural areas. However, current trends illustrate that the supply of IMGs will

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not be sufficient to meet the needs of mentally ill patients in the new millennium. (Rao, N.R., Academic Psychiatry, 27:269-276, 2003).

So, in the face of such dire predictions, what can be done to rescue our profession? Logically, we require a two-pronged approach, garnering resources to provide clinical care to patients in the immediate future, and devoting effort toward enlisting young talent and training an ample psychiatric workforce for future generations. Considering that 75% of all antidepressant prescriptions are written by primary care physicians, and psychologist prescribing legislation is creeping inexorably to our door, it's clear that if you and I don't work to solve this problem, somebody else will.

Having established that we won't have enough psychiatrists to care for mentally ill patients any time soon, whose help shall we enlist to provide such care? Without a credible approach for providing sufficient pharmacologic training for psychologists, we turn to our colleagues in primary care. This includes primary care physicians, advanced practice nurse practitioners, and physician assistants. There are two primary mechanisms of support which we have at our disposal; education and consultation. The CME activity described in paragraph 2 above is an example of such training, and I applaud such efforts to education our colleagues in primary care, to allow them to deliver safer, more effective mental health treatment. Secondly, primary care clinicians need our consultative support and encouragement. To the extent that they can access such support, our colleagues will be more likely to manage psychiatric illness of mild to moderate severity in their primary care clinics, rather than prematurely referring patients to psychiatric specialists. I ask you to join the WPA as we do all that we can to support primary care clinicians in their efforts to fill the gap in mental

health services. It is upon us.

The second challenge we face is how to recruit more medical graduates into the specialty of psychiatry. In a 2002 article in JAMA, Tamaskar and McGinnis describe a 42.5% decrease in medical students choosing psychiatry between 1988 and 1998. This has contributed to a drop in rates of 7% to 10% in the post WW-II years, to a current rate of approximately 3%. How do we account for such a drastic decrease? One reason is legislative. The Balanced Budget Act of 1997 resulted in a mandated transfer of educational resources from specialty areas to primary care. Another reason is more subjective; in 1999, Feifel et al. interviewed fourth year medical students who chose not to enter psychiatry, and the most common reasons cited included: low effectiveness of psychiatric treatments, poor opinions of peers and faculty about psychiatry, and lack of status of psychiatry within medicine.

While students' perceptions of financial disadvantages may be based on realistic concerns, their negative views of treatment efficacy are often based on misperceptions. There is plentiful evidence that psychiatric treatments are just as effective, if not more so, than somatic therapies. So, what can be done to improve medical graduate recruitment into psychiatry? At the medical school level, careful curriculum design and sufficient clerkship time are certainly necessary. Beyond this, however, three additional interventions come to mind: (1) Encouragement of attendance and financial incentives to allow medical students to attend WPA and APA meetings. Here in Wisconsin, this has already recapped dividends in larger and more active trainee and early psychiatrist sections within the WPA.

(2) Individual practitioner involvement. With diminishing budgetary resources, voluntary faculty positions have become ever more important in maintaining a

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broad spectrum of educational experiences. Consider volunteering your tie as a clinical mentor and/or lecturer. (3) Finally, there is evidence that better integration of primary care and mental health care can have a beneficial effect on interest in our profession. In a 2001 study by Coodin and Chisholm, fourth year medical students' perceptions of treatment for mental illness became more favorable when psychiatry was co-taught with internal medicine, and presented as a central and integral part of a medical patient work-up.

So, in summary; what should you and I be doing to get off the endangered species list? I ask that you join us at WPA in supporting our colleagues in primary care by sharing your expertise through training and consultation. Encourage them to

treat subacute mental illness, rather than to prematurely seek specialty treatment, if they know that you will continue to be available as a consultant. Secondly, I ask that you become an ambassador for psychiatry, wherever you are. While you may or may not have the opportunity to cross paths with medical students, you surely will cross paths with countless patients, families, and healthcare providers in the course of your practice. Show them that you love what you do. In a karmic sense, this may be the most profound way that we can encourage others to join us in this marvelous profession of psychiatry.

*Kenneth C. Casimir, MD*

## Finding A Job After Residency

*By Jeff Marcus, MD, WPA Councilor at Large*

As many of you are aware, the WPA hosted another successful career fair this past August, with good participation by psychiatry residents from both UW and MCW. I facilitated a "career panel" discussion, which included mostly early-career panelists who have chosen a variety of different career paths post-residency. The audience participants (mostly residents) asked great questions and seemed genuinely interested in hearing about job prospects. It was evident to me that this type of dialogue does not occur nearly enough during residency.

After all, we're physicians – our residency training does not typically include content on finding employment after residency, or even the basics of contract negotiation. If not for the sage advice (or visible missteps) of those who graduated before me, I would've been far less prepared to enter the job market.

For graduating residents, the quickest path to future employment is to remain at your training institution. It's a ready-made proposition: familiar staff, familiar surroundings, and familiar patients. As many of us are aware, this early career move often doesn't work out for the junior faculty member, thus the relationship may be short-lived. There are several possible reasons for this, most of which are way too involved to discuss here. Suffice to say, the "quickest" path to a job is often not the least complicated.

So, how does one go about finding a job? Here are a few thoughts:

1. The best way to hear out about job openings is through word-of-mouth. Networking with other psychiatrists and mental health professionals is essential. The best jobs are often not



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advertised, and even if they are, it's the personal referrals that tend to pay dividends for both employer and employee.

2. Confer with your elders! As clinicians, we often learn from the mistakes of others. You usually have to ask for advice – don't assume it will work its way to you passively. (Shameless plug...WPA conferences are a great place to engage your colleagues).

3. When it comes to money, we often don't know what we don't know, and we're usually afraid to talk about it. To my knowledge, none of us has negotiated our own residency contract, nor did we choose our training program based upon residency salary. Discussion of salary is often an awkward and unfamiliar subject, and by and large, resident physicians are amateurs when it comes to talking money. The people sitting across from us at the negotiating table are keenly aware of this fact. Do yourself a big favor – have an attorney review your contract before you sign. It's money well-worth spending. Please do not feel that you will be offending your prospective employer by doing so.

4. Consider paving your own way. Piece together a few part-time jobs, as an independent contractor. Mix it up a little, and be your own boss. This is often a good way to "try out" differ-

ent clinical experiences before making a big commitment in any one direction. Full-time jobs often spring from part-time ones. You'll learn a lot about what various jobs pay, among many other things. Keep in mind that your fringe benefits will likely be minimal, and that funding your own health insurance, retirement fund, and leave time will need to be factored into your cost analysis.

5. Find a mentor. Residency should be viewed as a starting point of what will become a lifelong learning endeavor. After residency, try to find a work environment where you can avail yourself of experienced colleagues who are willing to help you expand your practice skills. Even if these colleagues don't work at your place of employment, try to stay connected through your professional networking.

6. Consider doing a fellowship. This was the topic of another panel discussion at the career fair. If you have a particular area of interest, spending another year or so in fellowship training can be well worth it.

7. Begin early. Start looking into job opportunities early on during your final year of training. Your initial inquiries should be informal – no need to get too serious about any specific job too quickly. Keep your options open.

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## WPA 2010 CAREER FAIR

*By Lee Gruenwald, MD, WPA Councilor at Large*

The Wisconsin Psychiatric Association held its triennial member-in-training and early-career psychiatrist Career Fair on Saturday August 28, 2010 at The Delafield Hotel in Delafield, WI. This event was last held in the fall of 2007 and this time—like last time—it was very well received by the attendees and recruiters alike. It was a free event with good food and excellent speakers that was aimed at medical students, residents and early career psychiatrists.

The goal of the WPA Career Fair is to help "young" psychiatrists have a better idea of what is out there for them after graduation—or maybe after that first job doesn't work out as expected. We accomplished that goal by introducing them to psychiatrists that have "been there and done that;" highlighting what is available and really going on in Wisconsin psychiatry. In addition, recruiters from hospitals and healthcare employers from across the state were present to highlight job opportunities. We also had other speakers discussing issues that physicians face when entering the workforce.

The career fair began with breakfast at 8 am and finished at 2 pm. It included lunch, recruiter contacts and the following speakers/ topics:

**Fellowship Panel:** Is a fellowship right for you? Lee Gruenwald, MD moderated the panel of subspecialty-trained psychiatrists, including Stephanie Eken, MD (Child and Adolescent), Eric Kanter, MD (Child and Adolescent and Psychotherapy), Tim Juergens, MD (Geriatric and Sleep), Bob Vickrey, MD (Forensic), Selahattin Kurter, MD (Addiction), Tom Heinrich, MD (Psychosomatic), and Christina Wichman, DO (Psychosomatic and Women's Mental Health). These psychiatrists shared their motivations for subspecialty training and their experiences in their chosen profession.

**Career Panel:** What type of practice suit you? Jeff Marcus, MD moderated a panel of psychiatrists with a variety of practice styles, including Atit Desai, MD (Private Practice and Child and Adolescent), Katie Fassbinder, MD (Rural and County), Jerry Halverson, MD (Hospitalist and Employed), Justin Knapp, MD (Employed and Rural), Shane Moisio, MD (Emergency and County), Mollie Rolli, MD (Administration), Basil Spyropoulos, MD (Telepsychiatry), and Art Walaszek, MD (Academic and Research). These psychiatrists discussed the pros and cons of different practice models. They also illustrated the development of a psychiatrist's career over time.

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**Finances:** Building a career, a practice and a retirement: Well-known CPA Mike Arnow spoke to the group in his interactive and humorous style about all of the important financial things that you need to know (but nobody tells you) when starting a career. He specializes in advising medical professionals and has worked with many of our colleagues in Southeastern Wisconsin.

**State Senator Jon Erpenbach:** a champion of mental health parity in Wisconsin, discussed the future of health care, from a politician's point of view. He also highlighted the challenges facing the legislature in the next budget cycle.

**Advocating for Your Patients and Your Profession:** Mark Grapentine, JD from The Wisconsin Medical Society

gave his entertaining and spot-on assessment of the politics of the moment and how they affect our practices. He also talked about key political races for the fall.

**Pulling it all together:** charting your own path: Ken Robbins, MD, closed the day by using his own "shady path" to illustrate a multi-faceted career. He talked

about the spectrum of career options, salaries, and issues in making a thoughtful career choice.

The WPA would like to thank Jerry Halverson, MD, program chair, and the rest of the planning committee, whose hard work made the entire day possible.

*Career Fair Panelists included:*

Jeff Marcus, MD  
Atit Desai, MD  
Katie Fassbinder, MD  
Jerry Halverson, MD  
Justin Knapp, MD  
Shane Moisio, MD  
Moilli Rolli, MD  
Basil Spyropoulos, MD  
Art Walaszek, MD

*Fellowship Panel included:*

Lee Gruenwald, MD  
Stephanie Eken, MD  
Tom Heinrich, MD  
Tim Juergens, MD  
Eric Kanter, MD  
Salahattin Kurter, MD  
Robert Vickrey, MD  
Christina Wichman, DO

*The WPA would like to thank Rogers Memorial Hospital for their generous sponsorship of the 2010 WPA Career Fair.*

## Executive Director's Message

By Sara Finger, Executive Director WPA



Hello and Thank You!

As your new Executive Director, I would like to say "hello" and "thank you" for entrusting me to help lead the Wisconsin Psychiatric Association in the coming years.

For those of you not already familiar with me, I want to let you know a little about me. I started my work with health care associations in 2000 with the Wisconsin Medical Society where I served as the Northeast Director of Membership Services and the coordinator of the Young Physician, Resident-Fellow, Students and International Medical Graduate Sections. I also worked in the Governmental Affairs division of the Wisconsin Medical Society for a brief time and managed the Society's PAC and conduit accounts. In addition to working with the members of the Wisconsin Psychiatric Association, I also work with the

Dane County Medical Society and the Wisconsin Alliance for Women's Health.

I am very passionate about my work with health care professionals and have very committed to building and strengthening your membership through more recruitment and member engagement. Recently I participated in a wonderful strategic planning retreat with your WPA leaders and I am very excited to help advance WPA's mission and vision. Please don't hesitate to contact me to explore more ways we can work together to strengthen WPA! I look forward to seeing many of you at the 2011 WPA Annual Conference March 10-12th in Wisconsin Dells.

Sara

## “WHIO”: Ready or Not, Here it Comes! Part One of Three

By Jerry Halverson, MD, WPA Councilor at Large

**Note:** This is the first part of a three part series looking at the WHIO (Wisconsin Health Information Organization) database. The next article will describe some of the findings in more detail and the final article will discuss what it means and give ideas regarding where we go from here.

Feeling paranoid lately? Do you think that governmental entities are monitoring what type of care that you are providing? Are they recording what kind of medication choices that you are making for your patients? Are you worried that “big brother” is looking over your shoulder? Is it paranoia... if it's true? You are correct to be a bit on the paranoid side. You should be aware that someone is looking over your shoulder, documenting the care that you are recommending for your patients. In my opinion, this is not a bad thing a priori - but the devil is in the details, the scope and the implementation.

The WHIO (Wisconsin Health Information Organization) is a unique multi-payer collection of healthcare utilization data. The WHIO is a collaboration of multiple stakeholders (State, providers, employers, insurers) in the healthcare business who are attempting to make sense of the utilization of healthcare resources in Wisconsin. The WHIO is a voluntary (non-mandated), not-for-profit collaborative that is creating a statewide data mart of administrative claims data. This is an undertaking that is set to be undertaken in many more states within the next few years. By most measures, the healthcare provided in Wisconsin is of very high quality compared to many other states - so it is fitting that Wisconsin is blazing this trail that is looking for healthcare waste and variation in costs. Other states will listen to Wisconsin, as we are known to “do it the right way”.

WHIO collects and reports administrative claims data at the hospital/ clinic and physician level in data dumps called “datamarts”. The datamarts are state-wide collections of cost data linked to utilization (cost) per episode of treatment for all types of healthcare in Wisconsin. An episode of care is defined as the series of treatments and follow-up related to a single medical event such as a broken leg or heart surgery, or the year-long treatment of a depressed patient. The most recent datamart reports on an unprecedented volume of data covering more than 220 million claims for care provided to 3.5 million Wisconsin residents, which corresponds to over 25.5 billion dollars of healthcare spending. You don't have to be a math genius to see that this covers a large percentage of Wisconsin's citizens (private insurance as well Medicare/ Medicaid) and thus has the promise of being able to describe the care provided in Wisconsin in a comprehensive fashion.

Wisconsin physicians are recognized national leaders in measuring and improving quality. Used with an understanding of

its limitations, these data have potential to be an excellent tool to help direct quality and efficiency efforts. You might think to yourself: “Why should I care? I'm busy enough seeing patients in my office and doing the documentation demanded of me. I don't have time to look at spreadsheets of data.” I do understand your point. However, the datamart includes both clinic and individual physician data, which can help answer questions about quality, cost and utilization variation in practices. Physicians can use these data to improve clinical decision-making, work flow management and patient care. This can improve our practices and our patients' health. Also, payers will likely use the data to establish pay-for-performance and network tiering strategies, so it is in your best interest to be knowledgeable about the data collection and what payers will attempt to use

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it for. These very episodes of care will likely be the strategy used for bundling payments that are anticipated for use in accountable care organizations.

According to WMS CEO Susan Turney, MD, just a few weeks after the data mart was unveiled, Manitowoc County introduced to its employees an incentive program called SPIN: "Specific Procedure Incentive Network." SPIN lists specific procedures and their costs by hospital. County employees and their families can earn cash incentives of as much as \$1500 if they choose "Tier 1," or lower cost, providers. Quality isn't factored in because high quality is assumed.

This is just one example of how data can be used by the business community and insurers seeking cost efficiency. At the same time, it's essential that quality isn't compromised. That's why physicians must lead these efforts.

One of the stakeholder-members of the WHIO is the Wisconsin Medical Society. I, along with several other WPA members, have been involved in a process

undertaken by the WMS to help evaluate these data. Behavioral health is the 4th largest "cost center" in this data collection, following orthopedics, cardiovascular and gastrointestinal, which altogether comprise 40.5% of all health care dollars in WI.

Interestingly, psychiatrists direct billings account for less than 9 percent of the entire mental health episode cost. At the same time, physicians direct the care that results in most of the remaining 90 percent, and we have seen a great deal of variation in that 90 percent regardless of the diagnosis. It's critical that physicians assess the reasons for these differences, because payers are looking at the same data. They will be using the data for benefit design and payment. But we believe physicians - not payers - should drive decisions of care. These data are not perfect, yet we need to be there to improve where we can and also to be sure that misinterpretation of the data does not harm our patients or their relationship with their doctor.

Over the next two installments of this column, we will discuss some of the many interesting findings of variation and cost of the behavioral health care in Wisconsin that WHIO has shown us. We will also explore areas where variations in care and treatment exist and look for ways to reduce costs without compromising quality. We will also discuss some of the places where these data fall short. It is very important that you be aware of WHIO. I encourage you to contact me, or Tim Bartholow, MD from the WMS with further questions. The WHIO website is [www.wisconsinhealthinfo.org/](http://www.wisconsinhealthinfo.org/). The WMS website is [www.wisconsinmedical-society.org/whio](http://www.wisconsinmedical-society.org/whio)

The WMS also holds monthly webcasts to introduce WHIO to Wisconsin Physicians- members and non-members:

<http://www.wisconsinmedicalsociety.org/education/webinars>

For further information contact me at [Halverson@thewpa.org](mailto:Halverson@thewpa.org)

## WPA at Lambeau

*By Carlyle Chan, MD, Past-President WPA*



*Ann C. McKee, MD*

The fall WPA at Lambeau conference provided new insights into the interface between sports and psychiatry. The Lambeau Field setting provided an opportunity to utilize the stadium's new confer-



*Pepper Bures, Trainer – Green Bay Packers*

ence facilities and the program was well received by those in attendance.

Dinner keynote speaker, Dr. Anne McKee, Associate Professor of Neurology and Neuropathology at Boston University,

identified and delineated a new diagnostic category of mental deterioration that is the result of repeated brain injuries. Numerous athletes who have experienced repeated concussions have shown a sharp decline in cognitive functioning eight to ten years after ending their athletic careers. In most cases they were diagnosed with Alzheimer's disease. Yet 18 out of 19 brains from deceased athletes with these symptoms and history have shown consistent pathological brain damage that is very different from the findings in Alzheimer's disease. There was no beta amyloid, but rather an accumulation of toxic tau proteins that was,

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in some cases, visible to the naked eye as regions of brown discoloration after staining. Dr. McKee spoke convincingly that this argues for a different disease process directly related to recurrent brain trauma, a condition called Chronic Traumatic Encephalopathy. Originally identified in boxers, these findings have been replicated in professional football players.

Dr. Steven Taylor, Medical Director of the NBA/NBA Players Association Player Assistance/Anti-Drug Program provided background into how the National Basketball Association has begun to deal with alcohol and substance abuse issues that arise among its athletes. Dr. Michael Miller, Medical Director of the Herrington Recovery Center at Rogers Memorial Hospital updated the audience on other substance abuse issues. Chief Packer Trainer Pepper Burress provided an insider perspective on supporting the physical and emotional health of the Green Bay Packers.

The schedule also permitted time to tour Lambeau Field as well as visit the Packer Hall of Fame Museum.

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## WPA Recognizes Wisconsin Legislators

*By Jerry Halverson, MD, WPA Legislative Committee  
Halverson@thewpa.org*



*Representative Chuck Benedict,  
MD, Claudia Reardon, MD,  
Jerry Halverson, MD*

### **Benedict Awarded 2010 Friend of the WPA Award**

Every year, the WPA elects a public official for its own honor: "The Friend of the WPA" award. As you know, the "Friend of the WPA" award is an honor bestowed yearly to a Wisconsin politician. Our 2009 winner was Senator Jon Erpenbach. This year, WPA members were asked to nominate

an individual who has been responsible for outstanding work as an advocate for patients with mental illness as demonstrated by one or more of the following attributes:

- Authored or co-authored legislation impacting mental health issues.
- Proven track record of voting in favor of pro-mental health legislation.
- Public support of issues concerning the health and well-being of patients with mental illness.
- Singular proponent of a particularly complex or relevant legislative initiative.

After receiving all of this year's nominations, the Executive Council selected a winner. Representative Chuck Benedict, MD a retired neurologist from Wisconsin's 45th District was selected for this honor for his outstanding work on behalf of our patients and our profession during this legislative session and his career. In many ways, this was given for his legislative opus over his 8 year legislative career, as he is retiring after this term. This biennium he was the only physician under the dome and thus played a huge role helping to advance the agenda of medicine, including psychiatry, as well as the safety and welfare of our patients. Dr. Benedict has been an active proponent for mental health parity in the assembly and played a large role in



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Or, for further information, contact: Kevin Kallas, MD

Mental Health Director  
608-219-6479  
[kevin.kallas@wisconsin.gov](mailto:kevin.kallas@wisconsin.gov)

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## Friend of the Wisconsin Psychiatric Association Award Nomination Form

WPA • 563 Carter Court, Suite B Kimberly, WI 54136 • (920) 560-5643 • [www.thewpa.org](http://www.thewpa.org)

The Friend of the WPA Award is presented to someone, often a Wisconsin legislator, who has been responsible for outstanding work as an advocate for patients with mental illness. The award recipient is chosen via solicitation of nominations from the WPA membership, followed by WPA Executive Council voting. The award is presented at the WPA Annual Meeting. Nominations are due January 1, 2011 and can be emailed to Lona Woods at: [lona@badgerbay.co](mailto:lona@badgerbay.co).

Nominees should demonstrate 1 or more of the following criteria:

- Authored or co-authored legislation impacting mental health issues.
- Proven track record of voting in favor of pro-mental health legislation.
- Public support of issues concerning the health and well-being of patients with mental illness.
- Singular proponent of a particularly complex or relevant legislative initiative.

### Person filling out application:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Nominee:

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Description of how nominee meets 1 or more of above criteria and thus has been a supporter of mental health issues (attach additional sheet and/or write below):

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*Continued from page 10*

finally getting it over the finish line this session. Also during this session, he was a loud and persuasive proponent of patient safety when the question was posed regarding the advisability of giving crash course psychologists independent prescribing privileges by legislative fiat. Further, he has been generous with his time speaking to physician and trainee groups and sharing his wisdom and experience with the next generation of physicians. The WPA team of Claudia Reardon, MD, Executive Director Sara Finger, and myself was recently able to present Dr. Benedict with the award before he left the capitol. He was very appreciative of the honor and encouraged all physicians to be involved in the political process.



*Senator Dave Hansen, Kenneth Casimir, MD,  
WPA President*

## Hansen Recognized for Work on Parity

During the WPA Fall Meeting at Lambeau Field on October 1, 2010, the WPA recognized Senator Dave Hansen of Wisconsin's 30th senate district for his leadership in getting the "Wisconsin Parity Act" finally passed into law. Sen. Hansen has been a long time proponent of mental health parity at the state level. He was the Senate author of the bill. The Wisconsin Parity Act will provide equitable mental health and substance use disorder treatment benefits for many of the 700,000 Wisconsin residents left uncovered by the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008,

which does not protect insured individuals who work in businesses with 50 or fewer employees.

Dr. Ken Casimir, WPA President and Northern Chapter psychiatrist, presented Sen. Hansen with a plaque of recognition. Senator Hansen expressed his appreciation for the honor and his respect for the important work that psychiatrists do every day. He expressed his desire to continue to work with the WPA to improve access to quality mental health care in Wisconsin.

## Important Spring Meeting Planned for WPA

*By Claudia Reardon, MD, Annual Meeting Chair*

Your 2011 WPA Annual Meeting Planning Committee is delighted to present to you plans for this coming spring's meeting. Mark your calendars for Friday-Saturday, March 11-12, 2011. The venue will be the ever-popular Kalahari Resort in Wisconsin Dells.

We'll be bringing you a jam-packed event on the hot topic of "Integrative Medicine in Psychiatry: What Your Patients are doing but not Telling You." Recent data show that at least 40% of American patients use integrative medical treatments, and that number is probably even higher among psychiatric patients in particular. If you are not aware of 40+% of your patients using such treatments, maybe you're not asking, or maybe they're not telling. Come find out why it is critical to

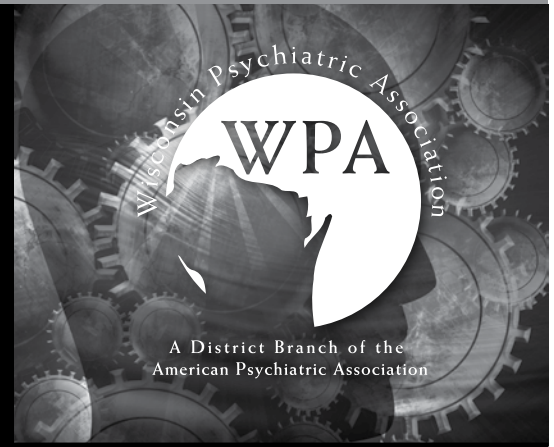
ask your patients about these treatments, and the kind of guidance you should be offering them in this regard.

Annual Meeting Committee Members Drs. Jeff Marcus and Cynthia Stanford have been instrumental in helping to put together an internationally recognized lineup of experts on this topic. Our headliners will include Marlene Freeman, M.D. from Massachusetts General Hospital, Chair of the APA Task Force on Complementary and Alternative Medicine in Psychiatry, member of the APA's workgroup on Major Depressive Disorder Treatment Guidelines, Board Member of the American Society of Clinical Psychopharmacology, and Vice Editor-in-Chief for *The Journal of Clinical Psychiatry*. She will be presenting a double-header of

talks on Friday: "Perspectives from the APA Task Force on Complementary and Alternative Medicine in Psychiatry", and "Integrative Medicine across the Reproductive Life Cycle."

Minnesotan Henry Emmons, M.D. is a nationally popular workshop presenter who completed his psychiatric integrative medicine fellowship training under the tutelage of Jon Kabat-Zinn, Ph.D. Dr. Emmons is celebrated author of the book "The Chemistry of Joy: A Three Step Program for Overcoming Depression". On Friday he will enlighten us on "Creating the Chemistry of Joy: Integrative Therapies for Depression", followed by a Saturday morning session on "Creating the Chemistry of Calm: Integrative Therapies for Anxiety." *Continued on page 12*

# Wisconsin Psychiatric Association 2011 Annual Meeting Kalahari Resort, Wisconsin Dells March 10–12, 2011



## Integrative Medicine in Psychiatry: What Your Patients are Doing but not Telling You

Research shows that 40% of U.S. adults, including and perhaps especially psychiatric ones, use at least one integrative medicine treatment annually to improve their physical and/or mental health (Barnes PM, Bloom B, Nahin R 2008). A survey of a nationally representative U.S. sample found that over half of respondents with self-reported depression or anxiety disorders used integrative therapies, and the majority of those using integrative treatments were also receiving treatment from conventional health care providers (Kessler RC, Soukup J, David RB, et al .2001). Research also shows that these patients rarely tell their conventional

psychiatric health care providers about the integrative treatments they are using (Elkins G, Rajab MH, Marcus J 2005). Many psychiatrists and other mental health providers are not educated in integrative medicine therapies and thus: a) do not know to ask their patients about them, and b) do not understand the risks and benefits of and evidence for or against such treatments. This activity is designed to improve knowledge of the various integrative medicine treatments that are frequently employed by psychiatric patients and to improve communication about this topic between providers and patients.

### SCHEDULE OF EVENTS

#### Thursday, March 10

**6:30–9:00 p.m.** Executive Council Dinner Meeting

#### Friday, March 11

**7:30–8:30 a.m.** Registration & Continental Breakfast with Exhibitors

**8:30 a.m.** Welcome  
Claudia Reardon, M.D., Meeting Chair  
Joe Layde, M.D., WPA President

**8:35–9:30 a.m.** Perspectives from the APA Task Force on Complementary and Alternative Medicine in Psychiatry  
*Marlene Freeman, M.D.*

**9:30–10:30 a.m.** Creating the Chemistry of Joy: Integrative Therapies for Depression  
*Henry Emmons, M.D.*

**10:30–10:45 a.m.** Break with Exhibitors

**10:45–11:45 a.m.** Integrative Medicine across the Reproductive Life Cycle  
*Marlene Freeman, M.D.*

**11:50 a.m.–12:50 p.m.** Luncheon and Annual Business Meeting; Friend of the WPA Award

**1:00–2:00 p.m.** Practitioner vs. Pill: How a Clinical Interaction Trumps the Power of the Pill  
*David Rakel, M.D.*

**2:00–3:00 p.m.** Can Vitamin D Really Cure Everything?  
*Norris Glick, M.D.*

**3:00–3:15 p.m.** Break with Exhibitors

**3:15–4:15 p.m.** Guided Imagery and its Clinical Application  
*David Rakel, M.D.*

**5:00–6:30 p.m.** Reception

**6:30–8:30 p.m.** MIT/ECP Dinner  
*\*Free for all students, residents, fellows, and early career psychiatrists with pre-registration*

#### Saturday, March 12

**7:30–8:00 a.m.** Continental Breakfast with Exhibitors

**8:00–9:00 a.m.** Beyond the Face-to-Face Encounter: Using Online Therapy Resources  
*John Greist, M.D.*

**9:00–10:00 a.m.** Creating the Chemistry of Calm: Integrative Therapies for Anxiety  
*Henry Emmons, M.D.*

**10:00–10:15 a.m.** Break with Exhibitors

**10:15–11:45 a.m.** What Your Local Experts are Doing: An Integrative Medicine Panel of Wisconsin Psychiatrists  
*Alexander Fritz, D.O., Moderator*  
*Linda DiRaimondo, M.D.: Nutritional Medicine*  
*Katie Fassbinder, M.D.: Energy Medicine*  
*Andy Moore, M.D.: Mindfulness*

### LOCATION AND LODGING INFORMATION

#### Kalahari Resort

1305 Kalahari Drive

Wisconsin Dells, Wisconsin 53965

For directions and map to the hotel, please visit:

<http://www.kalahariresorts.com>

#### Room Rates

**Thursday, March 10 - \$99**

**Friday, March 11 - \$145**

**Reservation deadline February 8, 2011.**

To make a reservation, call (877) 523-5466. Indicate that you are booking a room under WPA – Wisconsin Psychiatric Association block.

**Registration information coming soon!**

*Continued from page 10*

Not to be outdone by the out-of-staters, we are also extremely privileged to be bringing in University of Wisconsin family physician David Rakel, M.D. Dr. Rakel is the editor of the leading textbook (“Integrative Medicine”) for this emerging field and a respected leader of the Consortium of Academic Health Centers for Integrative Medicine. He will be gracing us with two powerful seminars: “Practitioner vs. Pill: How a Clinical Interaction Trumps the Power of the Pill”, and “Guided Imagery and its Clinical Application.”

Dr. Rakel is not alone in our lineup of stellar local experts. John Greist, M.D. will share his wisdom on “Beyond the Face-to-Face Encounter: Using Online Therapy Resources” (after all, one might reasonably consider online therapy as “complementary”). Pediatrician and Vitamin D expert Norris Glick, M.D. will answer the question in his seminar of the same name: “Can Vitamin D Really Cure Everything?” in which he will also address the hot topics of Sam-E and N-acetylcysteine in psychiatry. Finally, we will finish off Saturday mid-day with a special panel: “What Your Local Experts are Doing: An Integrative

Medicine Panel of Wisconsin Psychiatrists”, moderated by Dr. Alexander Fritz and comprised of Drs. Linda DiRaimondo (Nutritional Medicine), Katie Fassbinder (Energy Medicine), and Andy Moore (Mindfulness).

Opportunities for networking and relaxing with colleagues and friends will abound throughout the weekend and will include a Friday luncheon and Friday evening reception. And of course, a WPA Annual Meeting wouldn’t be complete without our usual shout-out to the young’uns. We will hold our annual free dinner for all students, residents, fellows, and early career psychiatrists and their guests on Friday evening.

Registration will soon be available (and information on a reduced fee block of hotel rooms already is) online at [www.thewpa.org](http://www.thewpa.org). In the meantime, save the date for what promises to be a practice-changing and inspiring weekend.

## Dr Ken, “He’s the Breakout Star of Health.com”

*By Edward Krall, MD, WPA Councilor at Large*

*Wisconsin State Journal, July 20, 2008*



Dr. Ken Robbins, past president of the Wisconsin Psychiatric Association has had an interesting career. He personifies the broad opportunities that are available to physicians and particularly psychiatrists because of their background and training. Most recently, Dr. Robbins has brokered his skills into becoming a media personality as a psychiatric expert for a couple of Internet websites: [caring.com](http://caring.com) and [health.com](http://health.com).

He has developed a reputation as having a Midwestern ‘nice’ appeal—straightforward, sincere, credible, and not arrogant and at the same time reassuring and authoritative.

Initially, however, he had to prove himself. Amy O’Connor, executive editor of the newly launched Time Inc. Web site [Health.com](http://Health.com), admits she scoffed at the notion of a psychiatrist from Wisconsin being the key expert for her site’s section on depression. In fact, she confessed her response was: “Oh please. Why would we want him?”

Apparently most of [Health.com](http://Health.com)’s medical experts are from New York City, where Time is based. But for the sake of regional

*Continued on page 13*

## Luther Midelfort Mayo Health System

**Eau Claire, Wisconsin: Luther Midelfort – Mayo Health System**, is seeking a BC/BE Adult Psychiatrist with interest in inpatient and outpatient work. The ideal physician will be collaborative and engaging in their approach to patients and non-physician team members. Call of 1:7. Outpatient unit is attached to a newly renovated 20 bed inpatient unit. Luther Midelfort - Mayo Health System is a vertically integrated, physician directed hospital and multi-specialty clinic of 250 physicians owned by Mayo Clinic. Our physicians practice evidence-based, protocol-driven medicine. Eau Claire is a university community with a metro area of 95,000, located 90 minutes east of Minneapolis. Business Week ranked Eau Claire as the best place to raise your kids in the State of Wisconsin for 2009. Eau Claire was also ranked one of the safest small cities in US (12/09). Outstanding schools, a family oriented community, a state with a favorable malpractice climate, and a strong compensation and benefits package may be expected.

For more information, contact Cyndi Edwards 800-573-2580, fax 715-838-6192, or e-mail [edwards.cyndi@mayo.edu](mailto:edwards.cyndi@mayo.edu). You may also visit our website at [www.luthermidelfort.org](http://www.luthermidelfort.org) EOE

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diversity, she decided to give Dr. Ken a shot. Now O'Connor happily admits her skepticism was dead wrong.

"My boss and I went down to watch the taping of his video and we were blown away," O'Connor said. "He's the psychiatrist from Central Casting he's such a natural. Halfway through the taping we were asking ourselves, 'Can he move here and be our staff psychiatrist?'"

Since then, he has done video clips with experts and patients talking frankly about their experiences. One of Robbins' segments explains how to ask loved ones if they are thinking about suicide. This clip on YouTube, generated more than 20,000 hits. (Other topics he addresses in videos on the site include signs of bipolar disorder, mood stabilizers and alternative depression treatments such as St. John's Wort.)

"I have enjoyed it. I have made contacts," he said in an interview with this writer. He notes network news will interview him frequently. When ABC news is looking for psychiatric expertise or a quote about an event, he will get a call.

There is 'goofy stuff' like an interview

with stars from Sex and the City about their psychiatric issues. There have been very interesting opportunities like his work with caring.com. This is website which is dedicated to caregivers of patients with chronic illnesses like Alzheimer's. It is a takeoff from the very popular baby.com and provides advice and networking and support for caregivers. Given their access to a rich experiential data base, Dr. Robbins is working with the website authors to survey the caregivers on the symptoms of their charges and where they might be along the spectrum of illness with hopes of developing a tool to predict the course of dementia.

Dr Robbins, MD, MPH, is well suited for his role as a spokesperson. He has combined training in internal medicine, psychiatry, and public health. He also has a forensic psychiatry practice, in which he evaluates people who are referred by attorneys or judges, and he provides consultation to several medical, legal, and public In his varied career, Dr. Robbins has been medical director at Mendota Mental Health Institute, helped the Madison Police Department interview re-

cruits and aided Barry Alvarez in creating a program to acclimate new UW football players to college. He is currently a consultant, as well as part-time medical director of the geriatric psychiatry unit at Stoughton Hospital.

Is there money in it? He says not much so far. He gets paid a small retainer for one position and for the other he gets paid in stock options. He said, "It is kind of a lottery." But he is not in it for the money.

Dr. Robbins says, "It has been an interesting ride," but it is not all fun and games. He has learned that to represent psychiatry in the public eye is a responsibility not to be taken lightly. He cautions that when asked to comment on people or events that one needs to be, "...really careful that you are not commenting on that person when you are not in a position to comment." He went on to say, "You need be sure that you not say something you would regret taken out of context." Ken, I hope I quoted you accurately on that.

## Revitalizing an Aging Brain

*By Abhilash K. Desai MD, Associate Professor, Department of Neurology and Psychiatry, Division of Geriatric Psychiatry, Saint Louis University School of Medicine*



In the last decade, interest in staying sharp has taken central stage in the minds of older adults. New research has shown that age-related decline in memory and thinking abilities are much smaller than previously thought and are "reversible" with lifestyle modification. Strategies that maintain cognitive functions and emotional vitality overlap

considerably and are listed as follows:

1. A comprehensive assessment of health to identify and treat medical conditions that are prevalent in older adults and can cause current or future cognitive impairment and or depression. These conditions include medication induced cognitive impairment (especially anticholinergic medications, benzodiazepines), malnutrition including vitamin deficiencies (especially Vitamin D and B12 deficiency), sleep disorders (especially obstructive sleep apnea) and harmful use of alcohol (alcohol intake more than 1-2 drinks per day).
2. Regular exercise schedule (e.g, walking 2 miles a day, swimming).
3. Healthy nutrition (e.g, Mediterranean diet).
4. Control of vascular risk factors (e.g, hypertension, diabetes, high cholesterol, obesity, smoking) and secondary prevention of stroke.

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5. Socially and spiritually active lifestyle.
6. Stress reduction strategies (e.g., relaxation / breathing exercises, meditation, yoga).
7. Engaging in mentally stimulating and challenging activities (especially new activities that involve intense focus for prolonged periods of time and done repeatedly [e.g., learning to play a musical instrument, learning a new language, learning to dance, doing puzzles]). Computer games that are marketed to enhance brain function may have some benefit but are no better than low cost, low tech approaches mentioned above.
8. Simple memory enhancing strategies such as doing one thing at a time (avoiding multi-tasking), being patient, repeating information in one's mind and routinely using note pads or personal digital assistants to write down information.

Suggested reading and resources:

1. Desai AK. Guest editor. Healthy Brain Aging: Evidence based methods to preserve brain function and prevent dementia. Clinics of Geriatric Medicine, February 2010.
2. Weil A, Small G. The Healthy Brain Kit. Audio CDs, brain-training cards and workbook. Sound True, Boulder, CO.



Neuronetics' NeuroStar TMS Therapy® was cleared by the FDA in October 2008 for adult patients with major depressive disorder who have not adequately benefitted from prior antidepressant medication. NeuroStar TMS Therapy is a non-drug and non-invasive form of neuromodulation. It stimulates nerve cells in an area of the brain that has been linked to depression, by delivering highly focused MRI-strength magnetic field pulses. NeuroStar TMS Therapy is indicated for the treatment of Major Depressive Disorder in adult patients who have failed to achieve satisfactory improvement from one prior antidepressant medication at or above the minimal effective dose and duration in the current episode.

**For more information, visit [www.NeuroStar.com](http://www.NeuroStar.com)  
or call us at 877-600-7555**

## Wisconsin Legislature Enacts New Physician Reporting Law

*By Edward Krall, MD, WPA Councilor at Large*

As you may or may not know, earlier this year the Wisconsin legislature passed Act 382, which is a new physician reporting law. Due to the nature of the Act and the likelihood that it will affect the practice of many of our members, we asked Jerold Harter, MD a psychiatrist from the Stevens Point area and physician member of the Medical Examining Board to comment on the Act. We felt it would be helpful to give Wisconsin Psychiatrists some guidance as to what exactly the MEB is going to hold us to. Dr. Harter graciously supplied the following letter.

*By Jerold Harter, MD, Psychiatrist  
Physician Member Wisconsin Medical Examining Board*

The Wisconsin Legislature passed a new law, 2009 Wisconsin Act 382. The law requires that licensed physicians report to the MEB if they have knowledge of a colleague who engages in a pattern of unprofessional conduct, creates an immediate or continuing danger to one or more patients or to the public, may be medically incompetent or may be mentally or physically unable to safely engage in the practice of medicine or surgery. This will pose some tricky ethical issues for psychiatrists who are often privy to scenarios in which other physicians are experiencing problems.

Sometimes we see other physicians as patients or we serve on peer review committees. The new rule does not exempt us from the responsibility of reporting in such cases.

The intent of the new rule is to protect the public. The intent is not to violate physician-patient confidentiality or to require reporting of minor issues. Some examples: if a psychiatrist sees a physician as a patient and discovers that he is an alcoholic, the psychiatrist has no duty to report the fact of the alcoholism to the board. A mere history of alcoholism is not a danger to patients. However, if the psychiatrist learns that the alcoholic physician is showing up to surgery intoxicated then he should file a complaint to the Medical Examining Board to report the dangerous behavior.

If a psychiatrist serves on a peer review committee at the local hospital and learns that a patient complained to the hospital about a physician who was rude to a family member, the psychiatrist has no obligation to file a complaint. The behavior involved does not meet the threshold as written above. However if the physician on the peer review committee is aware that a physician was performing substandard care in numerous cases and then resigned from the staff before those cases could be investigated, the physician should file a complaint with the Medical Examining Board.

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Most times these situations are straightforward. If the situation is more complex, you can contact the Medical Examining Board at 608-261-2378.

You can read the law here: <http://www.legis.state.wi.us/2009/data/acts/09Act382.pdf>

You can file a complaint here: <http://drl.wi.gov/section.asp?linkid=16&locid=0>

*Jerold Harter MD*

*Psychiatrist*

*Physician Member, Wisconsin Medical Examining Board*

## WPA Election Update

*By Eric Jensen*

*Jensen Government Relations, LLC*

By now, you have seen the big news items – Scott Walker will be Wisconsin's new Governor; Ron Johnson defeated U.S. Senator Russ Feingold... But you may not have seen all the results from what can only be described as a stunning election last night.

Three of Wisconsin's eight Congressional districts were in play yesterday:

- Democrat Congressman Ron Kind won a tight race in the Third District;
- Republican Reid Ribble knocked off two-term Congressman Steve Kagen in the Eighth District;
- And, for the first time in more than 40 years a Republican will represent the Seventh District in northwestern Wisconsin as Sean Duffy beat State Senator Julie Lassa to fill the void left by Congressman Obey's retirement.

On the state level, the Republican tide was greater. Democrats entered controlling the Governor's office, the State Assembly by a 52-46-1 margin, and the State Senate by an 18-15 spread. While it was clear that Republicans would gain ground, it was unclear how big those gains might be. Quite literally, everything changed.

Come January 3, 2011, Republicans will control the Governor's office, the State Assembly (60-38-1) and the State Senate (19-14). It was an unprecedented single-election swing, in which both the sitting Assembly Speaker (Mike Sheridan) and sitting Senate Majority Leader (Russ Decker) lost their own re-election bids.

Each of the four caucuses will meet in the next week to choose leaders for the coming session and begin the process of selecting committee chairs and making committee assignments. It is widely anticipated that brothers Rep. Jeff Fitzgerald and Sen. Scott Fitzgerald will be elected Assembly Speaker and Senate Majority Leader respectively. The leadership picture is far less clear for the Democrats.

The new Walker Administration's transition begins now as well, as the process of lining up Department secretaries and many other critical staff positions, and formal planning to address the looming \$2+ billion budget deficit while boosting the state's economy get underway.

Back to State Legislative races... Recounts are likely in a number of races that were very close, but Republicans will hold strong majorities in both the Senate and Assembly nonetheless.

State Senate

Entering the election season, consensus was the outcome of four races would be the keys: the 1st District (Door County) where longtime GOP Senator Alan Lasee retired; the 5th District, held by Senator Jim Sullivan (D); the 21st District, held by Senator John Lehman (D) and the 31st District, held by Senator Kathleen Vinehout (D). Republicans took three of those seats, and two others to seize a 19-14 majority.

Of particular interest: Challenged by Pam Galloway, MD, late money began pouring into the 29th District race in the last couple weeks, and in last night's biggest surprise on the Senate side Dr. Galloway prevailed over Senate Majority Leader Russ Decker by a 53%-47% margin. The seats that changed hands:

- District 5 (Wauwatosa) – Leah Vukmir (R) beat Sen. Jim Sullivan.
- District 21 (Racine) – Van Wanggaard (R) beat Sen. John Lehman.
- District 23 (Eau Claire) – Terry Moulton (R) beat Sen. Pat Kreitlow.
- District 29 (Wausau) – Pam Galloway (R) beat Senate Majority Leader Russ Decker.

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### State Assembly

Republicans were faced with having to defend many traditionally close seats as well as hold numerous seats opened by retirements, as election season began, and a close Democrat majority seemed likely to remain just that. As the campaigns progressed, however, polling began to suggest the Democrat majority was in jeopardy, but no one anticipated the depth of the wave that swept Republicans to a 60-seat majority last night.

Of note: Erik Severson, MD (R-Oceola), a practicing Emergency Physician, knocked off incumbent Rep. Ann Hraychuck in the 28th Assembly District located in far northwestern Wisconsin.

Here's a list of seats that changed hands:

- District 2 (Door County) – Andre Jacques (R) beat Rep. Ted Zigmunt.
- District 5 (Kaukauna) – Jim Steineke (R) beat Mert Summers in this open D seat.
- District 26 (Sheboygan) – Mike Endsley (R) beat Rep. Terry Van Akkeren.
- District 28 (Polk County) – Erik Severson (R) beat Rep. Ann Hraychuck.
- District 43 (Whitewater) – Evan Wynn (R) beat Rep. Kim Hixson.
- District 44 (Janesville) – Joe Knilans (R) beat Assembly Speaker Mike Sheridan.
- District 45 (Beloit) – Amy Loudenbeck (R) beat Roger Anclam in this open D seat.
- District 49 (Platteville) – Travis Tranel (R) beat Rep. Phil Garthwaite.

- District 51 (Dodgeville) – Howard Marklein (R) beat John Simonson in this open D seat.
- District 67 (Chippewa) – Tom Larson (R) beat CW King in this open Ind. seat.
- District 68 (Eau Claire) – Kathy Bernier (R) beat Rep. Kristin Dexter.
- District 72 (Wisc Rapids) – Scott Krug (R) beat Rep. Marlin Schneider.
- District 75 (Rice Lake) – Roger Rivard (R) beat Steve Perala in this open D seat.
- District 80 (Monroe) – Janis Ringhand (D) beat Dan Henke in this open R seat.
- District 88 (Green Bay) – John Klenke (R) beat Rep. Jim Soletski.
- District 93 (Eau Claire) – Warren Petryk (R) beat Rep. Jeff Smith.

You can find a list of all the winners at the following website: <http://www.jsonline.com/news/statepolitics/105000829.html>.

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## APA Components Busy at Work at Fall Meeting

*By Claudia L. Reardon, MD, WPA Southern Chapter ECP Representative*

Do you know how the American Psychiatric Association governance structure is organized? If not, you certainly are not alone. The APA governance is anything but simple. In a nutshell, the Association is governed by the Board of Trustees, which is comprised of national and regional officers and trustees elected by the membership. The Assembly is the entity representing the individual members in the affairs of the Association and consists of representatives from the Association's district branches who are elected by the members of each branch (our Assembly representatives are Drs. Clarence Chou and Jon Gudeman). Thirdly, the Joint Reference Committee is a standing committee of the Board of Trustees and acts as a liaison and screening mechanism for the Board, the Assembly, and the As-

sociation's components. It refers issues for study to various components and coordinates their recommendations for further consideration by the Board and the Assembly. And that brings us to the components, which are the Councils, as well as the Committees and Task Forces that report to the Councils, of the Association. The components are the entities through which much of the nose-to-the-grindstone work of the APA is accomplished, and this fall's APA Components Meeting in Arlington, VA was no exception to that.

How does one obtain an appointment to a Component? These (usually three-year) terms are appointed by the APA President-Elect. Your WPA has representation on at least three Components. Dr. Jerry

Halverson continues his term on the Council on Advocacy and Government Relations, while Dr. Jon Gudeman serves on the Council on Research and Quality Care. I just started a term on the Council on Communications.

To give you a flavor of the Components work that was hammered out recently in Arlington, the work of the Council on Communications included:

- Preliminary work on redesign of the APA website ([www.psych.org](http://www.psych.org)). As it now stands, the website is regarded by many as difficult to navigate. Our Council is undertaking a membership survey to ascertain site users' perceptions of the current layout and functionality, and we will be organizing a major overhaul in the near future.

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## **IN PATIENT AND OUTPATIENT ADULT PSYCHIATRISTS NEEDED IN WAUSAU, WISCONSIN**

### **Aspirus Behavioral Medicine Clinic**

Seeking BC/BE outpatient Psychiatrists to join their team of psychiatrists and psychologists. 1:8 weekend call required.

### **Bridge Community Health Care**

Seeking BC/BE outpatient Psychiatrist to help build a new program due to community need.

National Health Service Corp Scholar & Loan Repayers welcome. 1:8 weekend call required.

### **North Central Health Care**

Seeking 1 BC/BE inpatient and 1 BC/BE outpatient Psychiatrist to join their team of physicians. 1:8 weekend call required.

You'll enjoy a large referral area with a sizeable population outside of the city limits including 20 counties. Compensation and benefit packages are highly competitive.

Located in North Central Wisconsin, the area is surrounded by lakes, forests and hills which provide year-round outdoor recreation. The Wausau area enjoys the perfect combination of big-city amenities with small-town hospitality.

We invite you to join a first-rate medical community and a family-friendly quality of life.

Please forward your CV to Jamie Sitko.

Phone: 800-792-8728

Email: [Jamie.Sitko@aspirus.org](mailto:Jamie.Sitko@aspirus.org)

[www.aspirus.org](http://www.aspirus.org)

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- Ongoing work on the APA's *Healthy Minds* website and blog ([www.HealthyMinds.org](http://www.HealthyMinds.org)). *Healthy Minds* is designed to be a reliable online resource for the general public on a number of mental health issues. Many of our Council members serve as blog authors.
- Discussion of the policies by which APA members/leaders offer commentary to the press on any number of 'hot topics' that arise in the media. Of course, we want to offer timely, accurate, and useful information to the public whenever possible.
- Strategizing for assisting District Branches (DBs) in development and refinement of their own local communication vehicles, which increasingly are becoming electronic. Our Council has started providing to Branches brief updates from the national scene that can be readily incorporated into DB newsletters or simply emailed to Branch memberships.

Dr. Halverson reports that the work of the Council on Advocacy and Government Relations included:

- Planning APA Advocacy Day April 2011.

- Brainstorming and discussion about healthcare reform (HCR). The APA's Department of Government Relations reported that there is much uncertainty regarding the fate of HCR, pending this fall's election results.
- Analysis of federal health information technology legislation and how it will affect psychiatric practice and the related privacy issues.
- A state update including a review of scope of practice and parity legislation across the U.S. Other than a close call in Oregon, it was a good year for patient safety and parity in mental health and addiction treatment.

With that update from APA activities on the national scene, please do not hesitate to contact any of the members of your WPA Executive Council if you would like to become more involved in leadership activities within our organization at the District Branch or national level. Your input and involvement are critical!

## University of Wisconsin Psychiatry Residency Update

*By Katherine Dutra, MD, Chief Resident*

This September marked another annual Resident Retreat for University of Wisconsin Psychiatry residents and fellows. Each year, the Resident Retreat, planned and orchestrated by the program's Chief Residents, combines educational and social enrichment for the residents and fellows.

This year, the co-Chief Residents – Drs. Nitin Bagul, Utpal Dhruve, and I – sought input from other residents and decided on the high-yield theme of Forensic Psychiatry. Working together, we were able to create a schedule of seminars and case discussions featuring many local psychiatrists and lawyers presenting on a variety of forensic and related topics. The residents spent an informative and refreshing day-and-a-half at the Kalahari Resort in Wisconsin Dells on September 17-18.

Ken Robbins, MD, MPH, Clinical Professor of Psychiatry at UW, presented residents with the basics of Forensic Psychiatry. He and Molli Rolli, MD, Medical Director of Mendota Mental Health Institute, led a large-group case discussion. Kelly Wilson, JD, Vice President and Deputy General Counsel at the University of Wisconsin Hospital and Clinics, gave a talk on medico-legal basics for residents. Dr. Rolli and Dane County

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### Lifestyle Position – Outpatient Adult

TheDaCare, Inc., an integrated healthcare system in northeast Wisconsin is committed to expanding psychiatric care to the communities we serve. We are seeking a full-time, outpatient adult psychiatrist. This is an excellent lifestyle opportunity!

- Work within TheDaCare Behavioral Health's Adult Psychiatry, an interest in Geriatrics is welcome to work in our Alzheimer Center of Excellence
- See patients 7:30 a.m. to 4:30 p.m., Monday through Friday
- Share call 1:8 weekdays; 1:7 on the weekends. TheDaCare On-Call, a 24-hour RN-staffed triage call center, triages all calls, in addition to TheDaCare Behavioral Health clinicians. Physicians off Mondays following call weekends.
- Nursing home care opportunity
- Adult psychiatrists may perform ECTs
- NeuroStar TMS Therapy System

Appleton, Wisconsin: Appleton, an urban community of 100,000 and surrounding area of 250,000, offers residents a relaxing, lakeside lifestyle combined with all the amenities. Schools are among the best in the nation, neighbors are friendly and the streets are safe! This area is within easy driving distance of Madison, Milwaukee, Chicago and Minneapolis/St. Paul. It's worth checking out!

Please contact Michelle "Mickey" Conner, Manager, Physician Recruitment 800-236-7772, ext 1, press 2 or 715-358-8921 [mickey.conner@thedacare.org](mailto:mickey.conner@thedacare.org)

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Corporation Counsel, Galen Strebe, JD, rounded off the first day with a discussion of the "Three Cs": commitment, capacity, and competency.

Friday evening was spent in a variety of social and group bonding activities. Saturday morning, the residents benefited from the talks on malpractice and other liability issues by Burr

Eichelman, MD, PhD, Professor Emeritus at UW and on disability claims by Anne Hartwig, JD, PhD, an attorney at Becker Law in Madison.

The Retreat struck just the right balance of fun and education.

## University of Wisconsin Psychiatry Residents

### Melissa Goelitz

*First Year Psychiatry Resident*  
**Undergraduate:** University of Illinois  
**Medical School:** University of Illinois College of Medicine  
**Start date:** 6/24/10

### Leah Schupp

*First Year Psychiatry Resident*  
**Undergraduate:** Wartburg College, Waverly, Iowa  
**Medical School:** University of Iowa Roy J. & Lucille A. Carver College of Medicine  
**Start date:** 6/24/10

### Kierre Nelson

*First Year Psychiatry Resident*  
**Undergraduate:** St. Olaf College, Northfield, Minnesota  
**Medical School:** University of Minnesota Medical School  
**Start date:** 6/24/10

### Madeleine Philpot

*First Year Psychiatry Resident*  
**Undergraduate:** Missouri University of Science & Technology  
**Medical School:** University of Missouri-Columbia School of Medicine  
**Start date:** 6/24/10

### Allen Rigell

*First Year Psychiatry Resident*  
**Undergraduate:** Emory University  
**Medical School:** East Tennessee State University James H. Quillen College of Medicine  
**Start date:** 6/24/10

### Alexander Stegeman

*First Year Psychiatry Resident*  
**Undergraduate:** Carroll College, Waukesha, Wisconsin  
**Medical School:** Des Moines University College of Osteopathic Medicine  
**Start date:** 6/24/10

### Richa Thapa

*First Year Psychiatry Resident*  
**Undergraduate:** University of Arkansas  
**Medical School:** University of Arkansas for Medical Sciences College of Medicine  
**Start date:** 6/24/10

### Neal Goldenberg

*First Year Psychiatry Advanced Track Resident*  
**Undergraduate:** Duke University  
**Graduate:** Tulane University (Masters of Public Health)  
**Medical School:** The Ohio State University College of Medicine  
**Previous Residency:** UW Family Medicine  
**Start date:** 7/1/10

### Joshua Babu

*Second Year Psychiatry Resident*  
**Undergraduate:** University of Illinois-Chicago  
**Medical School:** University of Illinois College of Medicine  
**Start date:** 6/24/09

### Carissa Bauer

*Second Year Psychiatry Resident*  
**Undergraduate:** Marquette University  
**Medical School:** University of Wisconsin School of Medicine & Public Health  
**Start date:** 6/24/09

### Jake Behrens

*Second Year Psychiatry Resident*  
**Undergraduate:** University of Wisconsin-Madison  
**Medical School:** University of Wisconsin School of Medicine & Public Health  
**Start date:** 6/24/09

### Kyle Benner

*Second Year Psychiatry Resident*  
**Undergraduate:** Ohio State University  
**Medical School:** Ohio State University College of Medicine  
**Start date:** 6/24/09

### Lisa Clement

*Second Year Psychiatry Resident*  
**Undergraduate:** College of the Holy Cross  
**Medical School:** Emory University School of Medicine  
**Start date:** 6/24/09

### Melissa Gannage

*Second Year Psychiatry Resident*  
**Undergraduate:** University of Wisconsin-Madison  
**Medical School:** University of Wisconsin School of Medicine & Public Health  
**Start date:** 6/24/09

### Elliot Lee

*Second Year Psychiatry Research Track Resident*  
**Undergraduate:** Northwestern University  
**Medical School:** University of Wisconsin School of Medicine & Public Health  
**Start date:** 6/24/09

### Rachel Plum

*Second Year Psychiatry Resident*  
**Undergraduate:** Northern Michigan University  
**Medical School:** Michigan State College of Human Medicine  
**Start date:** 6/24/09

### Chris Bermant

*Third Year Psychiatry Resident*  
**Undergraduate:** University of Wisconsin-Madison  
**Medical School:** University of Wisconsin School of Medicine and Public Health  
**Previous Residency:** UW Pediatrics Residency  
**Start date:** 6/24/09

### Rakesh Bhansali

*Third Year Psychiatry Resident*  
**Medical School & Prior Residency:** Seth G.S. Medical College, Mumbai, India  
**Start date:** 6/24/08

### Brandon Cornejo

*Third Year Psychiatry Research Track Resident*  
**Undergraduate:** University of Puget Sound  
**Medical School:** University of Colorado  
**Start date:** 6/24/08

### Alan Dimond

*Third Year Psychiatry Resident*  
**Undergraduate:** University of New Mexico  
**Medical School:** University of Wisconsin School of Medicine & Public Health  
**Start date:** 6/24/08

### Todd Kammerzell

*Third Year Psychiatry Resident*  
**Undergraduate:** Tulane University  
**Medical School:** University of Wisconsin School of Medicine & Public Health  
**Start date:** 6/24/08

### Brooke Kwiecinski

*Third Year Psychiatry Resident*  
**Undergraduate:** University of Wisconsin-Madison  
**Medical School:** University of Wisconsin School of Medicine & Public Health  
**Start date:** 6/24/08

### Kevin Murtaugh

*Third Year Psychiatry Clinical Educator Track Resident*  
**Undergraduate:** Vassar College  
**Medical School:** SUNY-Downstate, Brooklyn, NY  
**Start date:** 6/24/08

### Nathan Valentine

*Third Year Psychiatry Clinical Educator Track Resident*  
**Undergraduate:** University of Missouri-Columbia  
**Medical School:** University of Illinois College of Medicine, Urbana-Champaign  
**Start date:** 6/24/08

### Nitin Bagul

*Co-Chief Resident*  
**Graduate:** Oregon State University (Public Health)  
**Medical School:** Byramjee Jeejeebhoy Medical College, Pune, India  
**Start date:** 6/24/07

### Ritu Bhatnagar

*Fourth Year Psychiatry Resident*  
**Undergraduate:** University of Iowa  
**Graduate:** University of Iowa (Masters of Public Health)  
**Medical School:** University of Iowa Roy J & Lucille A. Carver College of Medicine  
**Start date:** 6/24/06

### Timothy Cordes

*Fourth Year Psychiatry Research Track Resident*  
**Undergraduate:** University of Notre Dame  
**Graduate:** University of Wisconsin-Madison  
**Medical School:** University of Wisconsin School of Medicine & Public Health  
**Start date:** 7/23/07

### Utpal Dhruve

*Co-Chief Resident*  
**Undergraduate:** Rutgers  
**Medical School:** Medical University of the Americas, British West Indies  
**Prior Residency:** PGY1 at Delaware Psychiatric Center  
**Start date:** 7/1/08

### Katherine Dutra

*Co-Chief Resident*  
**Undergraduate:** California State University, Chico  
**Medical School:** Creighton University School of Medicine  
**Start date:** 6/24/07

### Matthew Herald

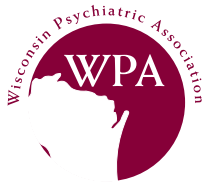
*Fourth Year Psychiatry Resident*  
**Undergraduate:** University of Colorado  
**Medical School:** University of Texas at San Antonio  
**Start date:** 6/24/07

### Angela Janis

*Fourth Year Psychiatry Resident*  
**Undergraduate:** Washington University, St. Louis, MO  
**Medical School:** University of Illinois College of Medicine  
**Start date:** 6/24/07

### Frederick Langheim

*Fourth Year Psychiatry Research Track Resident*  
**Undergraduate:** University of Wisconsin-Madison  
**Medical School:** University of Minnesota  
**Start date:** 5/21/07



**Wisconsin Psychiatric Association**  
563 Carter Court, Suite B  
Kimberly, WI 54136

## UPCOMING EVENTS

**January 10, 2011**

WPA Executive Committee Meeting  
Rogers Memorial Hospital, Oconomowoc

**March 10–12, 2011**

WPA 2011 Annual Meeting  
Kalahari Resort, Wisconsin Dells

**March 21–22, 2011**

AMA National Advocacy Conference  
Washington, DC

**April 8–9, 2011**

Wisconsin Medical Society Annual Meeting  
Madison, WI

**May 14–18, 2011**

American Psychiatric Association Annual Meeting  
Honolulu, HI

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