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2008 WPA Spring Meeting “Hot Topics” with Resnick, Goodwin and Kraus – April 18-19, 2008

By Jerry Halverson, M.D., Program Chair

Join your friends and colleagues at the Wisconsin Psychiatric Association’s spring 2008 meeting which will be held on April 18-19, 2008 at the Intercontinental Hotel in Milwaukee. We have worked to arrange a program for our membership and all mental health professionals that will be both fascinating and will inform your practice. We arranged for two internationally known lecturers to come to Milwaukee and spend some quality time with our membership at our spring meeting.

The program is cleverly titled “Hot Topics in Psychiatry” and the day and a half will be split into two “topics”: “Risk Management: Suicidality, Violence and Malingering” on Friday and “Bipolar Disorder: Challenges in Diagnosis and Treatment Across the Lifespan” on Saturday. As you will see, this is a program with a “generic name,” but plenty of “name brand” education.



Phillip J. Resnick MD

Past President of the American Academy of Psychiatry and Law

Director, Division of Forensic Psychiatry, Department of Psychiatry, Case Western Reserve School of Medicine



Frederick K. Goodwin, MD

Former director of NIMH Professor of Psychiatry

Director, Psychopharmacology Research Center Director, Center on Neuroscience, Medical Progress and Society, George Washington University Medical Center Washington, DC

Friday April 28, 2008 “Risk Management: Suicidality, Violence and Malingering”: featuring Dr. Resnick and the Dahmer Panel.

The first day of the meeting will be an opportunity to learn from world renowned forensic psychiatrist Phillip J. Resnick, MD. Dr. Resnick is known for his forensic expertise and his involvement in many of the United States most infamous legal cases of the past several years including the Andrea Yates, Unabomber, and Scott Peterson cases. We arranged this “hot topic” as the Joint Commission has placed a high priority on assessing suicidality and violence and psychiatry will be expected to take the lead in many multispecialty settings. The increasing complexity and legalities of the world that we are practicing in puts an even larger onus on the psychiatrist to “get it right” when evaluating dangerousness.

The clinical interview is the most powerful technique that we have to give us this type of information. We brought in Dr. Resnick to help us improve and hone our clinical interviewing skills by teaching us best practices and ways to avoid malpractice troubles with practical strategies for assessing your patients for potential for suicide and violence as well as evaluating for malingered mental illness. Per Dr. Resnick’s request, each presentation is seventy five minutes long giving him adequate time to communicate “the important stuff”. These presentations will seem much shorter than seventy minutes as he is known to make these presentations fast paced, humorous and filled with essential information. These presentations are shorter versions of his wildly successful workshops that he presents at the APA annual meetings.

After the membership lunch, we will explore in detail one of the most well known cases that Dr. Resnick has consulted on, the Jeffrey Dahmer case. We will discuss the case as well as the prediction of this type of violence and psychopathy in our patients. In what should be a fascinating and very unique gathering, a “Dahmer reunion” of sorts, we will have many local professionals with

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On the Front

By Michael McBride, M.D.

From Dr. McBride: I have finally settled in and am seeing patients based here at Camp Victory, as well as the surround FOBs (forward operating bases). Most of the headquarters are located at our site so there is quite a bit of activity. The psychiatric model is fascinating and I am enjoying the opportunities to meet and hobnob with folks from throughout the theater. Presently, I am the Officer in Command of a Combat Stress Control clinic. We are seeing 300 to 400 patients a month between two psychiatrists and three to four mental health techs. Most of the presenting complaints involve trouble with adjusting to a combat zone; insomnia, depression, length of tour burnout, command problems, and emerging personality disorder traits. The trauma work is ubiquitous. I'm having fun and am appreciative of the outstanding training I received at MCW. Kudos to you and the rest of the faculty. What other questions do you have? I would be open to any correspondence from the WPA. I will include some pictures of our clinic which sits behind concrete and a bunker. Also our clinic staff posing in a truck. etc.

Dr. Michael McBride reports from Iraq. When not on active duty, he is a Child and Adolescent Psychiatrist now employed at the Zablocki VA Medical Center in Milwaukee and is a Councilor for the WPA. You can reach him at: michael.fuller.mcbride@us.army.mil.



Board Certification: the Rules Have Changed

By Carlyle H. Chan, M.D.



A couple years ago I served on a joint committee between the American Board of Medical Specialties (ABMS) and the Council of Medical Specialty Societies (CMSS) which was dealing with the board certification process. ABMS oversees all the specialty boards, including the American Board of Psychiatry and Neurology (ABPN). CMSS represents all the specialty societies, including the American Psychiatric Association (our APA). The committee agreed that the ABMS boards would continue to oversee individual certification, but the various specialty societies would determine the educational standards for their respective specialties.

Board certification was once life-time certification, but as the public became concerned about physician skills possibly deteriorating, ABMS changed to 10 year time-limited certification. More recently, ABMS modified this to the concept of Maintenance of Certification (MOC). MOC consists of four parts: I) professional standing; II) lifelong learning and self assessment; III) cognitive expertise; and IV) practice performance assessment.

Professional standing ties board certification to medical licensure. If you lose your license to practice medicine, you will also lose your certification.

Lifelong learning maintains the traditional Continuing Medical Education (CME) process, but self assessment adds a new wrinkle. We are expected to keep up with

new developments in our field. However, how can one demonstrate that what one learns in a lecture actually has an impact on practice? Last year I saw a new patient who was a Vietnam War veteran who for 30 years was experiencing nightly nightmares about his war experiences. At a subsequent CME lecture I learned about how prazosin, an antihypertensive, might decrease nightmares in PTSD. Returning home, I tried it on my patient. He experienced his first nightmare free nights in 30 years. While in this particular instance, listening to a lecture had a significant impact on patient care, part II of MOC (lifelong learning) has no way of guaranteeing that this occurs on a regular basis.

The expectation for self assessment places a new responsibility for clinicians to determine their own areas to improve. This can include evaluating not only one's medical knowledge but also one's clinical outcomes. APPI (the American Psychiatric Publishing, Inc.) has a series of online cognitive self assessment exams grouped by sub-specialty (child and adolescent psychiatry; forensic psychiatry; geriatric psychiatry; neuropsychiatry and behavioral neurosciences; clinical psychiatry; clinical psychopharmacology; psychosomatic medicine; and substance abuse treatment. These can be found at: <http://cme.psychiatryonline.org>. CME credit is also available for taking a self assessment exam.

Demonstrating one's cognitive expertise (part III of MOC) will mean continuing to take and pass written certification exams every ten years. With the exception of child and adolescent Psychiatrists, diplomats of the ABPN with subspecialty certification will be expected to maintain their certification in general psychiatry in addition to their subspecialty.

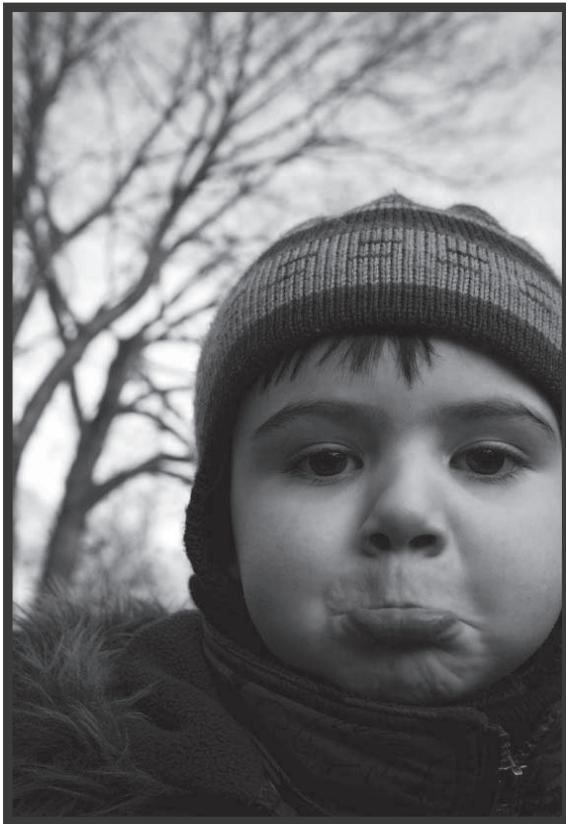
Part IV of MOC, practice performance assessment is the biggest change in the certification process. This is to address the concerns expressed earlier about the limitations of part II (lifelong learning). Psychiatrists (and physicians in general) will be expected to review their own clinical practices and identify an area where outcomes could be improved. We will be expected to select a number of patients and document an outcome, comparing that outcome to a reference group. We will then be expected to research and select a change in clinical practice that will affect that outcome. Finally, we will then select another group of patients to document whether that practice change actually had its intended effect. 5 CME credits can be awarded for the initial practice assessment, 5 CME credits for the practice change, and 5 CME credits the follow up practice assessment. Psychiatrists who complete all three portions can be awarded a bonus 5 CME credits, but they need to work with an accredited CME sponsor to develop an individualized program.

By the way, beginning with this year's incoming class of psychiatric residents, psychiatrists will no longer have a live patient interview as part of oral boards. Three observed live interview exams must be completed prior to graduation in order for future psychiatrists to apply for the board certification exams. As of now, additional video vignettes will replace the live patient interview.

Welcome to the brave new world of maintenance of board certification.

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HEALTHCARE RESOURCES

The Annual Mental Health Check-Up A Key to Psychiatric Prevention

By Henry A. Nasrallah, M.D.

The annual physical exam is widely accepted as a vital part of health maintenance. Physical problems are detected early, preventative measures are implemented, and clinical intervention is much more feasible and cost-effective.

So why is there no wide recognition that an annual “mental health check-up” is equally valuable and necessary? Psychiatric illness in the general population is quite prevalent according to epidemiological studies [between 25-43%] and mild initial symptoms eventually worsen to the point of disrupting social or vocational functioning to such a degree that urgent inpatient or outpatient psychiatric care is frequently needed.

The toll of mental illness is very substantial with tens of thousands of deaths annually from suicide or violence with enormous direct and indirect costs to society including hospitalization, medications, laboratory tests, forensic costs, absenteeism at work and disability payments. The cost of mental illness and substance use in the US exceeds \$400 billion per year. Prevention can be done at a modest cost and can save enormous amounts of tertiary and quaternary health care costs, not to mention the immeasurable anguish and suffering of those afflicted with serious psychiatric illness as well as the family burden of such illness.

Stress is one of the commonest triggers or causes of psychiatric disorders. A large proportion of psychotic, bipolar, depressive or anxiety episodes are often recurrently triggered by the stress of life events, and recent research demonstrates that genes alone are not sufficient to produce mental illness but that the combination of genes and environmental influences is required for clinical symptoms to emerge. On the other hand, posttraumatic stress disorder is a product of a life-threatening stressful

event and about 35% of the population suffers such an event during their lives (but only some become chronically disabled by it). The annual mental health checkup can detect the earliest symptoms of stress-induced psychopathology, which may be manageable with psychotherapy alone without medications. Psycho-education, stress management, and coping skills can be highly effective in many cases, and at minimal cost.

The annual mental health check-up would be particularly valuable for children and adolescents. Many major psychiatric disorders start early in life but go unnoticed until too late. Early identification and intervention can have a tremendous impact on the affected children and their families during formative years.

Detection of alcohol and drug abuse can be a standard component of the mental health check-up. Early detection and intervention can reduce the huge personal and societal toll of abuse and addiction and their associated psychopathology and medical complications.

The mental health check-up can also be instrumental in detecting psychiatric illness secondary to general medical conditions and their treatments. Psychiatrists can help many middle aged and elderly individuals avoid the mental disorders that may be attributed to medical ailments and psychiatric side-effects of prescription drugs.

In summary, the annual mental health check-up is a sound idea whose implementation is long overdue. A healthy mind is critical for general wellness, optimal functioning and the pursuit of happiness. The annual physical exam rarely addresses the mental status, which may be quite abnormal in an otherwise normal physical exam.

The value of the mental health check-up is summarized in the well-known proverb “An ounce of prevention is better than a pound of cure”. It is not enough to agree about that: let’s collectively act on it.

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Save the Date – April 23, 2008

Noon-7:00pm

Attention Psychiatrists!

Free event, mark your calendars!

Wisconsin Psychiatric Association

Legislative Advocacy Day

(Cosponsored by the APA)

A chance for you to become involved in the political process, meet legislators and learn what legislative issues impact psychiatrists in Wisconsin.

**See page 11 for
full details**

2008 WPA Spring Meeting

continued from page 1

first hand knowledge of the Dahmer case discuss their perspectives on the case individually and then together in what should be a memorable panel discussion of what we have learned from the case, now almost twenty years later. The panelists will include Dr. Resnick and his insights on the case as well as

Neil Purtell – a retired FBI agent involved in the investigation of the case and who personally interrogated Dahmer, he will discuss the case from a law enforcement perspective

Kenneth Smail, PhD – A forensic psychologist who interviewed Dahmer at length, and was arguably able to get the most complete psychological profile of Jeffrey Dahmer.

E. Michael McCann, JD – Milwaukee's long time District Attorney who successfully prosecuted Dahmer will discuss his experiences prosecuting the case and some of the legal perspectives such as the not guilty by reason of insanity plea.

Kenneth Robbins, M.D. – A forensic psychiatrist who will moderate the panel and discuss his experience interviewing Dahmer as well as interviewing his murderer Christopher Scarver.

Saturday: “Bipolar Disorder: Challenges in Diagnosis and Treatment Across the Lifespan”

The second day of the meeting will be devoted to the next “hot topic”: bipolar disorder.

Member surveys have indicated a desire to have programming on bipolar disorder. For this topic, we asked the man who literally wrote the book on bipolar disorder, Frederick K. Goodwin, MD to come to Wisconsin to update us on bipolar disorder. His recent encyclopedic text “Manic Depressive Illness”, sets a new standard for Bipolar textbooks. Dr. Goodwin is an internationally known researcher, psychopharmacologist and former director of NIMH. He was the host of NPR's “The Infinite Mind” for many years and continues to guest host the program.

On Saturday, he will be discussing the treatment of bipolar disorder and how the old medications fit in with the new medications in the optimum treatment of bipolar disorder. He will also teach us how to diagnose and treat breakthrough depression in bipolar, which for most is the predominant state. We will then ask Louis Kraus, MD a child psychiatrist from Rush University in Chicago to discuss the challenge of making the diagnosis of bipolar disorder in children, and he will give his opinion that it is possibly over diagnosed. I expect a lively discussion to follow Dr. Kraus' presentation.



Dr. Kraus is an Associate Professor of Psychiatry and the Section Chief for Child Psychiatry in the Department of Psychiatry.

We will wrap up the conference an opportunity to ask questions and obtain expert opinion and consultation during a panel on bipolar disorder treatment and diagnosis challenges across the lifespan. The panel will consist

of Dr. Goodwin and Dr. Kraus, as well as local preeminent psychopharmacologist Harold Harsch, MD. The programming will wrap up around noon, which leaves plenty of time for you and your family to enjoy downtown Milwaukee on a glorious spring weekend. Its Gallery Night and Day at the Third Ward! Take your kids to “A Year with Frog and Toad” at the Marcus Center or “My Little Pony Live: The World's Biggest Tea Party” at the Milwaukee Theater or your significant other to the Milwaukee Symphony Orchestra Saturday Night at the Marcus Center!
(<http://www.marcuscenter.org>, www.milwaukeeetheatre.com)

The venue for the meeting this year is the Intercontinental Hotel in the heart of downtown Milwaukee. <http://www.intercontinentalmilwaukee.com/> You may have known the Intercontinental when it was the Wyndham. It was renovated in 2006 and if you haven't been there, you will likely not recognize it. The Intercontinental has a striking contemporary/ modern décor and has beautiful, state of the art meeting rooms with more than adequate sound proofing.

“Hot Topics in Psychiatry” promises to be an interesting and clinically relevant meeting. It will also be an opportunity to enjoy the collegiality that the WPA is known for. Clearly, this will be the “hottest” venue for clinically relevant psychiatry CME in April, so come to Milwaukee and bring a colleague or two and spend some time with friends and learn something that will change your clinical practice.

Additional details will be contained in the final program and registration materials which will be sent out via mail in February 2008, and at the Wisconsin Psychiatric Association Website: www.thewpa.org

Friday

AM: The Clinical Evaluation of Dangerousness and Malingered Psychiatric Illness

0800: Welcome and Introduction – Program Chair
Jerry Halverson, MD

0800-0915: Phillip Resnick, MD – Suicide Risk Assessment and Malpractice Avoidance

0915-1030: Phillip Resnick, MD – Violence Risk Assessment

1030-1045: Break

1045-1200: Phillip Resnick, MD – The Detection of Malingered Psychiatric Illness

1200-1315: Lunch

PM: The Mind of the Serial Killer: Lessons from the Jeffrey Dahmer Case

1315-1345: Neil Purtell – Overview of the Jeffrey Dahmer Case

1345-1415: Ken Smail, PhD – Jeffrey Dahmer: History and Psychology

1415-1445: E Michael McCann – “A Prosecutor's Probe of the Labrynthian Mind of a Necrophilic Serial Slayer”

1445-1500: Break

1500-1515: Introduction to the panel and personal observations: Ken Robbins, MD

1515-1615: Panel Discussion with Ken Robbins, MD as Moderator and McCann, Purtell, Smail panel members and Resnick as Discussant.

Saturday – Bipolar: Challenges in Diagnosis and Treatment

0800: Welcome and Introduction – Program Chair Jerry Halverson, MD

0800-0900: Frederick Goodwin, MD – Bipolar Challenge #1: Treatment “Integrating the Tried and True with the New in the Management of Bipolar Disorder”

0900-1000: Louis Kraus, MD – Bipolar Challenge #2: Diagnosis of Childhood Bipolar Disorder “Childhood Bipolar Disorder Diagnostic Controversies”

1000-1015: Break

1015-1115: Frederick Goodwin, MD – Bipolar Challenge #3: Bipolar Depression “Recognizing and Treating Breakthrough Depression in Bipolar Disorder”

1115-1200: Panel with Dr. Goodwin/Dr. Kraus – “Recognizing and Treating Bipolar Disorder/ Integrating New and Old Treatments in Bipolar Across the Lifespan” moderated by Harold Harsch

WPA Receives 2007 Newsletter Award from APA

The American Psychiatric Association (APA) Board of Trustees Executive Committee and the Newsletter of the Year Awards Corresponding Committee announced The Wisconsin Psychiatrist newsletter has received the ‘APA Continuing Excellence’ award.

The APA each year invites District Branches and State Associations (DB/SA) to enter the Newsletter of the Year Award competition. Awards are presented for Newsletter of the Year, Continuing Excellence, Honorable Mention, Best Editorial, and Outstanding Feature Article. The entries are judged by members of the Newsletter of the Year Corresponding Committee.

The awards exemplify the kind of quality information and resources that APA encourages District Branches and State Associations to produce.

Newsletter of the Year 2007 (501+)

Wisconsin Psychiatric Association
The Wisconsin Psychiatrist

Editor: Edward Krall, M.D.; Harold Harsch, M.D.; Jeff Marcus, M.D.; and, Linda DaRaimondo, M.D.

Continuing Excellence

The Continuing Excellence award is presented to a publication that has consistently excelled year after year, or that has made special journalistic contributions to its DB/SA even though it may not have met all criteria for Newsletter of the Year Award.

About the American Psychiatric Association: The American Psychiatric Association is a national medical specialty society whose more than 38,000 physician members specialize in diagnosis, treatment, prevention and research of mental illnesses including substance use disorders. Visit the APA at www.psych.org and www.HealthyMinds.org.

Legislative Update

By Alice O'Connor, Public Affairs Councilor



Mental Health Action Day – February 20th

Just under 200 organizations including the WPA, signed on as cosponsors of a Mental Health Action Day that took place February 20th in Madison and culminated in legislative visits. More than 400 people attended including several WPA members. Lt. Governor Barbara Lawton is spearheading this effort as a way to keep the issue of mental health parity alive and before lawmakers and the public. The goal of the day was to educate lawmakers on the best information related to the cost effectiveness and value of mental health services. A strong push was made for the Wisconsin Legislature to support SB 375, the mandatory mental health parity legislation authored by Senator Dave Hansen (D-Green Bay) and Representative Sheryl Albers (R-Reedsburg).

The January 17th Senate Health Committee hearing on SB 375 was noticeably missing any testimony against the bill. That is because the Committee Chair, Senator Jon Erpenbach discouraged opposition testimony. Nonetheless, the Wisconsin Association of Manufacturers and Commerce, representing the State's largest business organization, submitted written testimony against the bill citing this mandate as another factor that will drive up health care premiums.

The last couple of weeks mental health advocates have worked tirelessly to try to obtain a commitment that an identical Assembly companion bill mandating

mental health coverage equal to insurance coverage for physical ailments, would not be referred to a committee where it would die. The goal was for Rep. Albers to introduce a companion bill and at least be guaranteed a public hearing even without a committee vote. No such luck. As a result, Rep. Albers decided not to introduce her companion bill and instead is working on trying to capture more Assembly Republicans willing to publicly cosponsor mental health parity legislation at some point in the future.

Reading the newspapers, you know that the State now faces a projected \$700 million dollar structural deficit that must be addressed by June 30th, the end of the State's fiscal year. The high fiscal note means this bill has no chance of passage during the remaining days of session.

Our involvement in the February 20th Mental Health Action Day was appreciated along with the Wisconsin Psychiatric Association's co-sponsorship.

Legislation to remove Physician Referral for Mental Health Services Sought

SB 246 would allow licensed mental health professionals to be paid directly by third party payors for outpatient mental health addiction treatment clinics. Social workers and psychologists want it amended so small business owners, consumers and providers have the option of receiving mental health services in either a private practice or a certified mental health service.

Supporters believe access to care for services in rural areas would improve.

A number of concerns and questions were raised at the hearing by the Department

of Regulation and Licensing (DRL). They are concerned about a psychologist amendment to the bill to mandate DRL establish a grievance procedure for abuses by professionals. DRL stated "We regulate, but we are not in the business of dealing with any grievance issues for any of the 100 plus professions we regulate." DRL says the bill in its current form does not have a fiscal note and they believe a grievance procedure would require more staff and dollars.

Non-profit organizations testified for information only expressing concerns that Medicaid recipients may have less access to care because private pay patients would be "cherry picked by." There are currently 800 plus Department of Health and Family Services (DHFS) certified clinics in Wisconsin with Masters level mental health providers.

The main authors of this legislation are Senator Mark Miller (D-Monona) and Representative Garey Bies (R-Sister Bay). This bill has many questions, so discussions are likely to continue and additional changes will be made before the bill moves forward.

Remaining Days of Session

The Wisconsin Legislature is nearing completion of its work for the 2007-2009 biennium and thoughts are already on Fall elections. Currently, belief is that the Legislature may adjourn by the end of March. The Governor anticipated a three percent growth rate in the budget bill that was finally approved in October 2007 and Wisconsin's economy only grew .08%. This explains why the Governor in his annual "State of the State Address" in

continued on next page

Update on the Tamper-Resistant Prescription Law

By Edward Krall, M.D.

What is happening with the Tamper-Resistant Prescription Law? Answer: It is still coming. As you may recall, starting on October 1, 2007, in order for Medicaid outpatient drugs to be reimbursable by the federal government, all written, non-electronic prescriptions would have to be executed on tamper-resistant pads. This requirement was included in section 7002(b) of the U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act of 2007. On August 17, 2007, the Centers for Medicare & Medicaid Services (CMS), issued a letter to State Medicaid Directors with guidance on implementing the new requirement.

However, on Saturday, September 29, 2007, President Bush signed the "Extenders Law," delaying the implementation date for all paper Medicaid prescriptions to be written on tamper-resistant paper. Under the new law, as of April 1, 2008, all written Medicaid prescriptions must be on tamper-resistant prescription pads.

CMS' guidance on the tamper-resistant law, set forth in an August 17, 2007 State Medicaid Director letter, contains two phases. For the first, a prescription must contain at least one of the three tamper-resistant characteristics in order to be

considered "tamper resistant." For the second, prescriptions must contain all three characteristics.

The two-phased approach is still in effect. At least one of the three tamper-resistant characteristics is required on April 1, 2008. All three characteristics are required on October 1, 2008.

CMS outlined three baseline characteristics of tamper-resistant prescription pads, but each State will define which features it will require to meet those characteristics in order to be considered tamper-resistant. The baseline characteristics must:

1. prevent unauthorized copying of a completed or blank prescription form;
2. prevent the erasure or modification of information written on the prescription by the prescriber; or
3. prevent the use of counterfeit prescription forms.

The letter to State Medicaid Directors also outlined situations where the new requirement does and does not apply. The requirement does not apply: when the prescription is communicated by the prescriber to the pharmacy electronically, verbally, or by fax; a managed care entity

pays for the prescription; or in most situations when drugs are provided in certain institutional and clinical facilities. The letter also allows emergency fills as long as a prescriber provides a verbal, faxed, electronic, or compliant written prescription within 72 hours.

Despite the delay in implementation, the Wisconsin Department of Health and Family Services (DHFS) encourages providers to begin using these prescription pads and computer paper as a means to improve prescription security and reduce fraud in the Medicaid program. The DHFS still intended to provide a limited supply of free pads and paper to Medicaid providers beginning November 1, 2007, through its contracted vendor, Standard Register.

I contacted DHFS in writing this article and DHFS said that they'll be coming out with an update "soon" regarding the new requirement. In the meantime, they pointed to the two updates they've already posted:

<http://dhfs.wisconsin.gov/medicaid/updates/2007/2007-65.htm>

<http://dhfs.wisconsin.gov/medicaid/updates/2007/2007-67.htm>.

Legislative Update

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January said we have "serious challenges" ahead. Any policy initiatives that are going to cost money are not likely to move forward while additional cuts in State spending are on the table.

We all know nationally and in Wisconsin we face a possible recession and a poor economy.

Additionally, if the lawsuit affecting the State's Patient Compensation Fund is settled soon and the approximate \$175 million has to be repaid by the State, this will pose new problems. The State's budget deficit could be \$700 million by June 30, 2008. Since most other segregated pots of

money were already raided, a serious challenge will face policymakers.

If you have any questions, please feel free to call me at 608-257-7181 or e-mail me at aconnor@murphydesmond.com.

Publish and Test your Podcast

By Dr. Steven G. Zelenski, D.O., Ph.D., Developmental Neuropsychiatrist, CWC, Clinical Asst. Prof. of Psychiatry, University of WI

Publish and Test your Podcast

Now that you've completed your edits and are happy with your recording, the next step is to move the file off of your computer and find a place to host it on the Internet.

In this lesson, you'll learn about the different hosting options available for your podcast, the importance of RSS, and how to test your podcast feed.

Hosting

Hosting is nothing mysterious. It simply means that you need to find a place on the internet to park your podcast and this also has to be a place where people can go and download/listen to it. If you have your own Website and access to an FTP server, just create a new folder and upload your MP3. If you don't have an FTP server, and all this sounds too complicated, you'll need to find a site that will host your podcast. A good place to start is Ourmedia.org. For now, it's free and doesn't limit file bandwidth.

Another excellent site is Podbean.com. It is your responsibility to make sure that there is no content that would be offensive or illegal. If it is suspicious, this site will simply remove it. You can also put your podcasts on iTunes. In order to do this, visit the iTunes Music Store customer service page, and follow the instructions for adding a podcast to the catalog.

Some fee-based sites, such as Hipcast and Liberated Syndication, charge monthly fees starting at \$5. They may also impose

monthly data-transfer limits, so if too many people download your podcast, you could face additional charges.

At this point, people who you want to listen to your podcast have to be told that there is a new one available. You could announce this in a patient newsletter or post the site/Title in your office waiting room, but there is a better way.

Why RSS is your podcast's best friend

RSS

Once you've got your file hosted, you can use RSS to allow users to subscribe to a regular download of your podcast. Creating and uploading an RSS feed (which essentially is a simple string of text that allows you to announce your podcast to the world) lets folks know that you've posted a new show, what it's about, who it's by, and a link to the corresponding MP3. You can create this file in a number of ways. The free ways are to do it yourself (you'll need to know XML, though), by using the free podcast RSS-feed generator at TD Scripts.com, or by using the generator available to Ourmedia or Podbean users. Generators are also part of third-party software apps such as Propaganda, ePodcast Producer, as well as some fee-based hosting services.

Before you announce your podcast to the world, use an RSS validation service to test the syntax of your RSS feed. If it reports an error, you'll have to go back into the RSS file, correct it, and upload it again.

After you've tested the RSS feed and found that it is in working order, you're good to go! There's nothing between your podcast and your potential Internet audience. Take the RSS link, share it with friends, and begin spreading your show to wider audiences by submitting your link to podcast directories such as iPodder.org or iTunes and promoting it on sites such as Podcast Alley and the Podcast Directory if you really want a wider distribution than announcing it to your patients or friends might provide. (Again credit to Cnet.com for providing much of the material for this article).

If you want to generate a podcast and don't want to do it yourself, give me a call (ask.Zelenski@gmail.com). A typical quality podcast will take 5 to 10 hours including information gathering (you are a big part of this), generating, testing and distributing.

For sample medically-related podcasts see:

In iTunes go to the iTunes store and search podcasts for "medical"

<http://www.medicinenet.com/script/main/art.asp?articlekey=47344>

<http://www.hopkinsmedicine.org/medical/Podcasts.html>

<http://casesblog.blogspot.com/2006/08/top-5-medical-podcasts-i-listen-to.html>

Save the Date – April 23, 2008

Attention Psychiatrists!

Free event, mark your calendars!

WISCONSIN PSYCHIATRIC ASSOCIATION LEGISLATIVE ADVOCACY DAY (Cosponsored by the APA)

A chance for you to become involved in the political process, meet legislators and learn what legislative issues impact psychiatrists in Wisconsin.

WHEN: April 23, 2008

Time: 12:30 p.m. – 5:00 p.m. – Working lunch, issue briefing, Capitol visits

5:00 p.m. – 7:00 p.m. – Cocktail reception for networking with colleagues, lawmakers and their staff

WHERE: The Madison Club Capitol Room, 5 East Wilson Street
(parking underneath the Hilton or city parking across the street)

LEARN:

- How to be part of the legislative process; and
- How to communicate effectively with State legislators on issues that affect you and your patients.
- What issues affect your medical practice and your patients

WHY THIS EVENT:

- Legislators need to know who Psychiatrists are and what we do.
- Decisions are being made about mental health issues with or without us. We need to be at the table and participating, we have a stake in these decisions and our patients need our advocacy.
- Our key messages for this event are mental health parity, access to care and the difference between psychiatrists and psychologists.
- We need to be aware of key legislative issues that could impact a psychiatrist's ability to practice medicine or affect the patients we serve; and
- We need to identify WPA members who have an interest in participating in the political process.

New Members

New Members in Training

Dr. Michelle Bentle

Dr. Chienhua Clark

Dr. Robert Gouthro

Dr. Alma Grewal

Dr. Matthew Herald

Dr. Jeffery Hills

Dr. Abdul M. Khazi

Dr. John Austin Willoughby

Dr. Gina Negrette

Dr. Stephanie Kohler-Neuwirth

Dr. Mark Phelps

Dr. Aaron Riley

Dr. Kathy Russeth

Dr. Heijin Yoon

Reinstated Members

Dr. Schoen

Calendar of Professional & Clinically-Oriented Events

March 2008

5 – Jennifer Derenne, M.D.: Eating Disorders: A Clinical Update

12 – Jill Owczarzak, M.D.: The Side Effect of Our Work: Defining and Developing Effective HIV Prevention Strategies in Post-Socialist Poland

19 – Neil Purtell: Profiling, Understanding the Criminal Mind

April 2008

2 – David Sabsevitz, PhD: Everything You Need To Know About Neuropsychology From the Movies

9 – Ben Troy, M.D., Michael McCrea, PhD and Thomas Hammeke, PhD Getting Your Bell Rung: The Effects of Concussions in Sport

16 – Laura Glasman, PhD: Psychosocial Factors Associated With Men of Mexican Descent's Use of HIV Prevention Services

30 – Judy Eron, LCSW** What Goes Up: The Mania of Bipolar and Its Path to Disaster
***Special Grand Rounds!! More info to come*

May 2008

7 – NO GRAND ROUNDS-APA

14 – Jon Berlin, M.D.: Interviewing for Acuity and the Acute Precipitant

21 – Jess Fiedorowicz, M.D.: Cardiovascular Morbidity and Mortality in Bipolar Disorder

June 2008

4 – Jerry Halverson, M.D. Beyond Pills: An Update on the New and Upcoming Treatments For Refractory Depression

11 – TBA

18 – George Lind, M.D. Update: SSRI's and Suicidality

Where: Wheaton Franciscan Healthcare-Wauwatosa (Formerly St. Joseph's Outpatient Center) 201 N. Mayfair Road, 5th Floor

Time: Coffee 7:45 am
Presentation: 8:00-9:00 am

For more information: Call (414) 955-7250 or visit: www.mcw.edu/psych

November 2008

15 – Gabbard Event: Medical College of Wisconsin, Milwaukee

Note to readers and publicists: If you wish to have a professional meeting listed in future issues of the *Wisconsin Psychiatrist*, please send it to the WPA Office, 6737 W. Washington St., Suite 1420, Milwaukee, WI 53214, FAX: 414-276-7704

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