

# The Wisconsin Psychiatrist

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

## WPA Fall Meeting “Bringing Psychiatry “into the Future” a Success!

*By Jerry L. Halverson, MD, Program Chair, WPA Executive Council*



The joint meeting of the WPA and the Illinois Psychiatric Society (IPS) was held on October 16<sup>th</sup> and 17<sup>th</sup> 2009 at The Grand Geneva in Lake Geneva, WI. Fall in Lake Geneva was the perfect setting for this unique opportunity to meet some of our colleagues from the south, learn from them (and they from us) it also provided the opportunity to learn about what is ahead for our specialty from our invited speakers. As expected, The Grand Geneva was a gracious host, and the program was both relevant and useful to all that attended.

The meeting was kicked off by a welcome from the respective group's current presidents, our Ken Casimir, MD and for IPS Lisa Rone, MD. Our first speaker was the Medical Director of the American Psychiatric Association, Jay Scully, MD. He gave us his “boots on the ground in DC” take on what's happening in the Nation's Capital as far as health care reform and where he sees our association and our profession going in the near future. Dr. Scully was followed by Laura Roberts, MD, the Chair of Psychiatry at the Medical College of Wisconsin. Dr. Roberts

patted psychiatrists on our backs while challenging us to continue to do the right thing and challenge ourselves to do even more for our specialty and our patients at this important time in history. It was an inspirational and expertly delivered lecture. Dr. Roberts was followed by attorney Michael Summerhill, JD, who laid out what the legal expectations are for physicians in their interactions with pharmaceutical and device companies. It was a fast paced and humorous look at a topic that many of us find frustrating and not very funny.

After an excellent lunch, Dr. George Nikopoulos spent two hours laying out the case for continuous quality improvement for psychiatrists. Dr. Nikopoulos is from Intermountain Health Care in Utah, which is one of the hot beds of taking the quality movement and steering it in directions that benefit the patient as well as the physician. He spoke about some of the exciting initiatives that they have undertaken in Utah with both inpatient and outpatient mental health populations. He shared some of his impressive results and data that he has accumulated; tackling issues that we deal with everyday, such as use of restraints and treating bipolar disorder. His lecturing style was informal and quite funny. Dr. Nikopoulos was followed by Louis Kraus, MD from Rush University. He spoke on his topic of expertise, fo-

rensic issues in children and adolescents. He recounted several fascinating cases as he discussed trends in treatment and advocacy for delinquents. Dr. Kraus was followed by an optional discussion lead by Drs William and Mary Alice Houghton regarding the eroding sense of “team” in mental health treatment and how that could be addressed.

Friday evening marked our first foray into a formal dinner program on the Friday night of a meeting. We had invited Ilsa Bick, MD to discuss her evolution from a child and adolescent psychiatrist to award winning science fiction author. The dinner and camaraderie was great and the presentation was even better. She has a very interesting “story” to tell and was an excellent speaker. I had no idea how tortuous the path to become an author was. It was an extremely well received program.

The meeting wrapped up with a technology focused morning. Carl Chan MD, Robert Kennedy and John Luo, MD spoke about how rapidly technology is evolving and how it can best be harnessed to improve the quality of patient care and improve the life of the psychiatrist. They discussed how technology can impact upon our relations with patients (i.e. should I “facebook friend” a patient?) as well as how Electronic Medical Records may or

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## The New Boards: Boon or Bane?

By Travis Fisher, MD, Resident, Medical College of Wisconsin

A seismic change is coming to the psychiatry boards, first available to those residents who began their PGY-I training on or after July 1, 2007. Part II of the board exam will be eliminated. Part II currently consists of two parts, a patient and vignette section. The 30 minute patient interview and 30 minute case presentation to examiners that currently compose the patient section will be completely removed. The computer-based vignette section will remain as part of the newly minted Psychiatry Certification Examination. Residency programs will now be responsible for certifying that their graduates possess adequate interviewing skill. Our distinction as the last specialty to use live patients in its board exam will officially end.

One way of thinking, this is a loss. Perhaps a great one. The ability to connect with a patient, to build a bridge across which information and therapeutics can move, is fundamental to our role as a healer of the mind. The oral portion of the board exam provided a way to test that applicants were experts not just of pharmacology, diagnoses and assessment but of empathy, ability to relate, and information collection. By replacing this component with video vignettes, we no longer test this later category, providing them with the information in a clear organized fashion and asking only that they assess and devise a treatment. No longer will there be an opportunity to directly observe how a candidate prioritizes information, follows a patient's affective lead, or seeks the missing pieces in a diagnostic puzzle. Is this a further nail in the coffin of the "talking cure?" Do we value only a psychiatrist's ability as a technician, checking the correct diagnostic boxes in order to pick the "proper" medications?

Perhaps this is too dramatic. Because by another perspective, this corrects several inequities in the current sys-

tem. Live patient interviews cannot be standardized, previewed, or replicated. There is simply no way to make sure that each candidate has an equivalent "set of questions." With a limited set of examiners, the answers aren't the same either. Though the ABPN works very hard to ensure inter-rater reliability, it would be impossible to achieve perfect concordance. Yet the possible results are the same- pass and get more diverse, higher salaried job opportunities; or fail and spend another \$1600 to try again. Even if a patient and the examiners are perfectly average, is your performance? The fact that interviewing abilities and clinical skills are given a final judgment based on two or three stranger's evaluation and one interaction is remarkably unscientific. If the board really wants to fully research an applicant's interviewing skills, why ignore a data set with an "n" in the hundreds? That is what residency training represents, with the added bonus of examiners who know the applicants well. Under the new system the responsibility for certifying an applicant's interviewing ability will be given to their training program. Ideally this will also encourage longitudinal evaluation and targeted interventions that reach way beyond "pass/fail" scoring.

So which is it? The death of humanism in psychiatry, or establishing equilibrium in a capricious system? I would argue the answer is largely dependant on the actions of residency programs. The structure for developing their interviewing certification is only broadly outlined by the ABPN. If this flexibility translates into a customizable, improvement-focused process, there is no need to worry. If it translates into a lax, "rubber stamp" endeavor? Then I suspect it won't just be interviewing skills that suffer in the future.

## One Bad Apple

By Kenneth C. Casimir, MD, WPA President



A lot has been made of the fact that Nidal Malik Hasan is a Muslim, but what of the fact that he is a psychiatrist? Following his alleged spree of mass murder at

Fort Hood, on 11/06/2009, APA President Dr. Alan Schatzberg made the following statement: "The American Psychiatric Association is saddened and shocked by the events at Fort Hood on Thursday, November 5. Our hearts are with the soldiers, the families, and all the members of the Fort Hood and military community affected by this tragedy." While this statement is appropriately sympathetic, it does not acknowledge the fact that Malik Hasan is a psychiatrist. Immediately following the shootings, our nation has undertaken intensive debate which confronts questions of his identity: Is Hasan a terrorist, or not? Is he a sociopath, or not? Is he a devout Muslim, or not? I would submit that it behooves us as psychiatrists to address the question of his professional identity. In other words: what sort of psychiatrist has Nidal Malik Hasan been? More importantly, *how could a psychiatrist do such a terrible thing?* The first of these questions is answered more easily than the second, but as a profession, it is essential that we confront both of these issues clearly and distinctly.

According to National Public Radio (NPR), officials at Walter Reed Army Medical Center had repeatedly expressed concern about Hasan's behavior for the entire six years that he was there. During that time period, Hasan's supervisors had repeatedly given him poor evaluations and warned him that he was doing substandard work. During the spring of 2008, and some other times afterward, several key officials had meetings to discuss what to do about Hasan. According to NPR, attendees of these meetings reportedly included the chief of psychiatry at Walter

Reed, the chairman of the Psychiatry Department at USUHS, the assistant chair of the Psychiatry Department and director of Hasan's psychiatry fellowship, another assistant chairman of psychiatry at USUHS, another psychiatrist, and the director of the psychiatric residency program at Walter Reed. According to NPR, both fellow students and faculty were strongly troubled by Hasan's behavior, which they described as being, "disconnected," "aloof," "paranoid," "belligerent," and "schizoid." While it is early in the investigation, the weight of the available evidence seems to indicate that Dr. Malik Hasan functioned poorly in meeting his professional responsibilities. It appears that his personality and disposition were not well suited to treating mental illness, particularly in a highly stressed population such as that of the armed services during a time of war. The question of why Hasan's supervisors did not more aggressively confront these inadequacies will no doubt be a cause for much discussion and administrative activity in the US Army during the months to come.

In answering the second question (*How could a psychiatrist do such a terrible thing?*), we must remain disciplined as psychiatrists, and resist the temptation to exonerate an alleged criminal on some psychiatric basis due to cultural or political pressures. As best we can tell thus far, there is no clinical basis to logically explain mass murder as an expectable response in Malik Hasan. First, he had no basis to claim anticipatory anxiety as a combatant, or that he would be pressured to kill those of his religion. Based on the Geneva Convention, physicians in the armed forces are by definition non-combatants, and it is customary for them to treat patients from the opposing side, as well as their own. Second, there is no basis to claim Post-Traumatic Stress Disorder, since Hasan had never been deployed to any war zone or experienced documented trauma outside of war. Third, contrary to speculation on some talk shows, there is no such diagnosis as "Secondary PTSD"

in DSM-IV. To invoke "compassion fatigue" as a basis for mass murder would be both irresponsible based on research evidence, and utterly disrespectful to the many psychiatrists (one of whom is a distinguished member of the WPA) who have served their country nobly by delivering psychiatric care to our soldiers during wartime. Unless some unanticipated data is brought to bear, there is no exculpatory psychiatric explanation for Malik Hasan's behavior.

Despite serial unsatisfactory performance evaluations, or clinical explanations based on contrived diagnostic formulations, we may not always be able to predict unethical, criminal, even heinous behavior in some rare fellow psychiatrists. In some cases, their behavior may defy application of otherwise reliable psychiatric principles, and can only be seen as an idiopathic corruption of human free will. We may not always be able to understand or predict such behavior, but following its emergence, we must be prepared to respond to it clearly and directly, and to work energetically to minimize the damage which it can cause. In the aftermath of the tragedy at Fort Hood, we must unite as a profession to reaffirm our values as physicians and psychiatrists, to reassure the community around us of the integrity of our profession, and to be prepared to help our patients to cope with any anxiety or skepticism which they might be experiencing in response to frightening and disturbing reports from news media and the internet. After applying due consideration, we must be prepared to answer the question "*How could a psychiatrist do such a terrible thing?*" In such a case, my best response is a direct one: **Those who don't belong in psychiatry cannot belong to psychiatry.**

Kenneth C. Casimir, MD  
WPA President

# Facing the New Economic Realities

By Jane A. Svinicki, CAE, WPA Executive Director



'economic realities.'

The changes in the economy, along with the changes in the giving of grants, exhibit funding and the stricter guidelines for CME, are going to continue to squeeze the financial resources of WPA, along with all medical societies. APA itself has certainly been on the front lines of these changes – and the economic impact.

The financial impact of the economy is also driving some legislative changes, less money is available, and everyone wants a piece of it. It will be ever more important to guard the scope of practice of physicians to ensure the safety of patients.

I certainly do not have to tell a group of psychiatrists that it is important to maintain a positive attitude

Heading the holiday season for 2009, many of us may be anxious for 2009 to end. They say the economy is improving, but personally, I think we may just be getting used to the new

### Jane, times are tough.

Recently a friend said to me, "Jane, times are tough." That is certainly true, the level of job losses is very troubling and perhaps you have friends and family who are out of work. Employers are holding on and waiting for the economy to improve before adding jobs.

Your organization might be facing some tough choices. Raises and benefits may be absent or meager at best for the next couple of years. The future seems to be more work, less pay, fewer benefits.

### Did you "save for a rainy day"?

Let's face it, it is pouring out there. My parents, both raised during the Great Depression, always preached the virtue of saving. But I am not just asking about your financial bank accounts, I am also asking about your emotional bank accounts.

Have you been making regular 'deposits' into your friends and colleagues emotional bank accounts? Consistently treating them right and helping them do their best work? Because it is 'withdrawal time' and hopefully there is enough goodwill in those accounts to keep everybody happy.

It's never too late to start building emotional capital. Here are a couple of ways to make deposits.

**Share the Bad News Right Away.** If others feel you are withholding information – trust will be lost. Explain why the actions need to be taken, and acknowledge hard times by your leadership.

**Make a Connection.** Take some time every day to touch base with others, make a personal connection, recognize success, find out what's going on and fix the problems. Ask co-workers what they need to do a good job and keep motivated. Yes, everyone always feels they are under compensated, but there may be other non-monetary perks would make them feel appreciated. Can you offer something that costs little, but shows concern and builds camaraderie?

**Go for Easy Fixes.** Be certain co-workers have the best tools to do the job. Try to keep up technology upgrades that are needed, fix the problems, and keep the supplies stocked up. These actions show that you want your organization to be here once the economy improves – and be in top shape to serve your patients.

Happy New Year to everyone!



Jane A. Svinicki, CAE  
Executive Director

## WPA Fall Meeting

*continued from page 1*

may not be the panacea and gave some simple tips to help practicing psychiatrists sort through the dizzying array of choices available. Our final presentation included psychiatrists from the two states who discussed how they have used telepsychiatry successfully in patient care. It was personally surprising to me how much patient care is actually being successfully delivered in our states via telemedicine.

With all of the problems that we have in our state with access, it certainly had me thinking that this could be part of a solution.

Overall, the conference delivered interesting speakers on topics that will continue to affect our practices now and in the future. Our speakers were uniformly terrific and the Grand Geneva was an awesome

venue. It worked well to invite our neighbors from the south and I personally hope that we have another joint meeting before too long. It was really unique and fun to have the folks from Illinois there. I appreciate the assistance in planning this meeting from Carl Chan MD as well as Meryl Sosa, the Executive Director of the IPS and their Executive Council.

# Legislative Update

By Alice O'Connor, WPA Legislative Advisor



When the legislature returns in January to begin its final six months of activity before summer adjournment to run for re-election, expect a huge push on individual pieces of legislation (this includes psychology prescribing).

There will be many bills introduced, with no real intent for passage this session. Some will be introduced for partisan or political reasons, or to tee-up issues for the new legislative cycle to begin with a new legislature January 2011.

Mental health issues are being discussed, in large measure, because freshmen Democrat legislator Rep. Sandra Pasch (D-Whitefish Bay) has held to her campaign pledge to focus the bulk of her efforts related to mental health.

What follows are WPA key issues.

### Mental Health Parity Legislation – SB-362 and AB-512 – WPA Supports

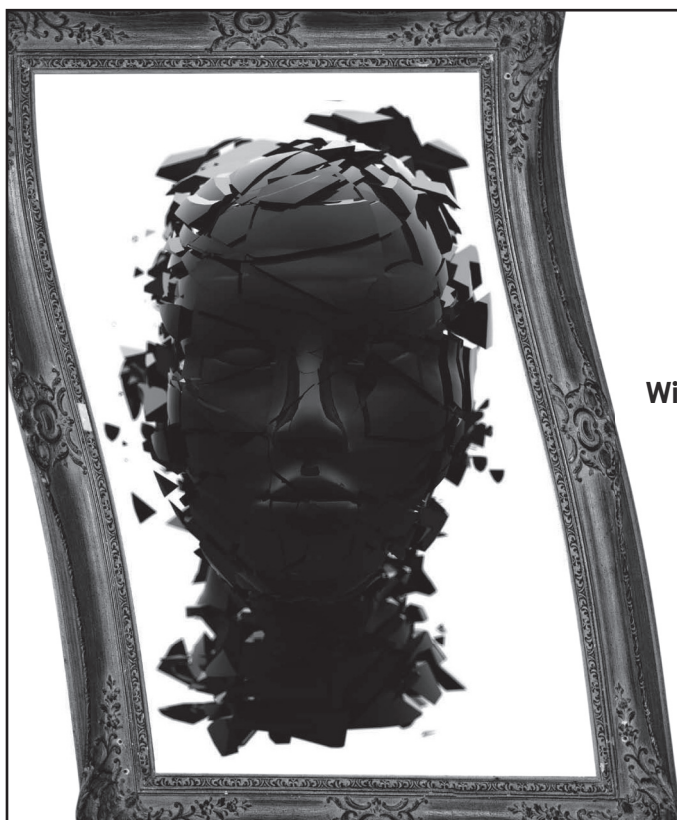
Public hearings have occurred in both houses with WPA members who testified – Drs. Jerry Halverson, Ken Casimir and Ken Robbins – along with many other mental health advocates. Senator Dave Hansen (D-Green Bay) and Rep. Sandy Pasch (D-Whitefish Bay) are the main authors of these companion bills. The bills add insurance coverage mandate for any employers with 2 to 50 employ-

ees (considered a small business) who offer insurance to their employees, to also include coverage for mental health services.

The Insurance Commissioner’s office (OCI) has been extremely helpful and will be preparing a social/financial impact statement. The goal remains to reduce business opposition to this new mandate. The Commissioner will also be delineating costs for two screenings of pregnant women because early estimates from a state agency seemed unreasonably high.

Once the legislation is passed (and there is great optimism this will be signed into law), OCI will have to draft rules to clarify some definitions, such as “mental health screening” and how the recent mandate to cover services for those with

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A District Branch of the American Psychiatric Association

**Wisconsin Psychiatric Association**  
2010 Annual Meeting

**Where Psychiatry & Medicine  
Overlap: Seeing the Big Picture  
of Our Patients' Health**

American Club  
Kohler, WI

April 23-24, 2010

## Legislative Update

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autism (also defined as a mental health issue) should be addressed.

### Epilepsy Do Not Substitute Prescription Legislation – AB-506 and SB-354

#### WPA is Neutral.

The legislation is being pushed by the Epilepsy Foundation of Wisconsin and has the support of a Wisconsin veterans' service organization, to provide a mechanism by which the treating physician and patient are made aware of any substitutions immediately as they occur. This bill prohibits a pharmacist from substituting a drug product equivalent if the drug prescribed is a drug for treating epilepsy or for treating convulsions, unless the pharmacist obtains and documents the consent of the prescribing practitioner and the patient or the patient's parent, spouse, or legal guardian.

Under current law, a pharmacist must dispense a prescription using the drug prescribed or, if the price is lower, a drug product that the federal Food and Drug Administration has designated as the "therapeutic equivalent" of the drug prescribed. Currently, a pharmacist may not substitute a drug product equivalent if a prescription indicates that no such substitution may be made.

Under current law pharmacists may switch a patient's prescription from one epilepsy medication to another without the consent of the doctor who wrote the prescription. Medication substitutions occur haphazardly, without the knowledge or consent of the physician or in some cases even the patient. It is not clear if this legislation will pass due to pharmacist opposition. Pharmacists say it can take up to three days for a doctor

to get back to them. During this time, a person without their epilepsy medicine could have a seizure.

### Chapter 51 Rewrite – WPA is part of a work group.

Rep. Sandra Pasch wishes to change the commitment law that she and others feel has bogged down resources of law enforcement, public defenders, courts and mental health treatment centers especially in Milwaukee County.

Under current law, a person who law enforcement believes could be a danger to themselves or others and therefore should be committed to a mental health facility, needs to process that individual for in-patient care within 24 hours if they are going to be detained. If this can't be

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### WPA 2010 Annual Meeting Topics

**James Levenson, MD** (author of the APA's Textbook on Psychosomatic Medicine)

- Psychopharmacology in the Medically Ill
- Legal Issues at the Interface between Psychiatry & Medicine
- Myths, Mistakes, and Malpractice: Neuroleptics in the Treatment of Delirium

#### Other Topics

- Antipsychotics and the Metabolic Syndrome
- Sleep Medicine Update: The Interface between Psychiatry & Primary Care
- Nicotine Dependence Treatment
- Exercise & Mental Illness: From Healthy Habit to Obsession (featuring Olympic runner Suzy Favor-Hamilton)
- Late Life Depression
- A Rational Approach to ADHD
- Eating Disorders: Addressing Medical & Psychiatric Co-Morbidity.

#### Joint Session with Wisconsin Academy of Family Physicians (WAFP) on Access to Psychiatric Care

For more information visit [www.thewpa.org](http://www.thewpa.org)  
Registration will open January 15, 2010

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# WPA Access Sub-Committee Staying Busy

By Claudia Reardon, MD, WPA Southern Chapter ECP Representative

**H**ow can we improve access to psychiatric care in the state of Wisconsin? Over the last 6 months, the WPA Legislative Committee realized that this is important enough of an issue that we would need to appoint a sub-committee to devote themselves solely to this topic. Enter the WPA Access Sub-Committee! Drs. Ken Robbins, Justin Schoen, Lee Greenwald, and me have been working on a couple of access-related projects over the past several months.

We are excited to be working with the Wisconsin Academy of Family Physicians (WAFP) in hosting an upcoming series of (free and CME-provided) Access Webinars for members of our two organizations. You probably recently received an email invitation to participate in an online survey soliciting preferences for specific access-related topics to be addressed during these webinars. The webinars will occur on the second Tuesday of each month beginning in February from noon to 1 p.m.: 2/9/10/, 3/9/10, and 4/6/10. This series will culminate in our Access Panel, consisting of both psychiatrists and family physicians, at our Spring 2010 Annual Meeting (4/23-4/24/10). Mark your calendars!

We need more than just webinars, though... We need hard data. To get a better feel for what WPA members are actually doing (or what they wish they could be doing) when it comes to expanding access to psychiatric care, we recently conducted an online survey of our membership. We had 47 respondents, with many different practice settings and geographic locations represented by these members. Though of course those members choosing to respond to the survey could represent a skewed sample, overall we were impressed with actions our members are taking to help increase access to psychiatric care. Check out our survey results:

## 1. Do you accept Medicare?

**Yes:** 93%

**No:** 7%

Comments: "I feel obliged." "Poor to terrible payer." "I see these patients for free." "I'm in child practice—only patients on Medicare are ESRD."

## 2. Do you accept Medicaid?

**Yes:** 84%

**No:** 16%

Comments: "Medicaid does not accept me, i.e., they do not pay for my services." "I feel obliged."

## 3. Do you participate in telepsychiatry?

**Yes:** 13%

**No:** 87%

Comments: "No, but I'd like to explore this. Could you provide me with info?" "Probably should." "Starting in September." "No, but I would like to." "Up to 5 hours a week on SKYPE." "Poor payer." "I might feel obliged but don't have the technology."

## 4. Do you provide any of the following types of psychiatric consultation/outreach?

- Phone consultations with non-psychiatric medical colleagues 63%
- Educational seminars for health care colleagues 63%
- Consultation to or supervision of non-medical behavioral health providers 58%
- In-person consultations with non-psychiatric medical colleagues (without requirement to see the patient) 49%

- Consultation to or supervision of psychiatric nurse clinical specialists or nurse practitioners and physician assistants with prescribing privileges 35%
- Travel from primary residence to underserved/rural areas for provision of direct psychiatric care to patients 19%

## 5. Please enter any other comments or ideas you have on increasing access to psychiatric care in Wisconsin.

- "Increase Medicaid reimbursement and access to telepsychiatry."
- "Establish a psychiatric study center at Mendota."
- "Properly fund county systems so they can afford a psychiatrist."
- "WCCAP is looking at corresponding child psychiatry access issues."
- "Improve funding available through Milwaukee County for uninsured residents."
- "I am old enough to do just my little part and leave the rest."
- "We have lost approximately 16 psychiatrists between Eau Claire and Ashland within the last 4 years or so. Access is a very critical issue here in Northwest Wisconsin."
- "Single payer national health insurance without mental health carve-outs."

We would welcome any other members who would like to become involved with the Access Sub-Committee's work! Please do not hesitate to contact us (creardon@uwhealth.org) with any thoughts, questions, concerns, or ideas. We value our members' input and know that you are out in the trenches doing the work of providing access to psychiatric care every day.



**Hourly rates:**

\$140.00/hr  
Outpatient  
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## Corrections Psychiatry

*Opportunities available in outpatient  
clinics and our new Tele-psychiatry clinic*

The Department of Corrections is seeking board eligible and board certified psychiatrists for part time work. Positions are available in a variety of settings from maximum to minimum security. Psychiatrists will work with a multidisciplinary team treating inmates in an outpatient clinic. There are no call responsibilities.

The DOC is also starting a telemedicine clinic. Positions are currently available in Madison and will soon be available in Milwaukee.

To learn more contact **Molli Rolli MD at (608) 240-5131.**

## Legislative Update

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accomplished, the person is released back to the community. Advocates believe the real issue for some people who are in the criminal justice system is the overall lack of treatment. Any efforts to remove time limits to hold someone are of concern to some advocacy groups as well as the ACLU. Rep. Pasch seeks to continue her dialogue to craft eventual legislation that is not likely to surface in bill form until next session. Her diligence is impressive.

### **Informed Consent for Psychotropic Medicine Legislation – AB-526 – WPA supports.**

The main authors of this bill are Representative Dan Meyer (R-Eagle River) and Senator Jim Holperin (D-Conover).

This bill requires that a nursing home obtain written informed consent before administering a psychotropic medication that contains a boxed warning to any resident who has degenerative brain disorder. Current law prescribes the situations and procedures under which a guardian may consent to the voluntary or involuntary administration of psychotropic medications to his or her ward. A nursing home is not required to obtain written informed consent if there is an emergency in which a resident, who is not under a court order for administration of psychotropic medication, is at significant risk of physical or emotional harm or puts others at significant risk of physical harm. This bill is moving through the legislative process slowly.

## SUMMARY

It remains to be seen if any budget repair bill surfaces in spring to deal with the State's projected deficit. Going into an election year, no one wants to be supporting additional taxes or fees and those appear to be the only viable options given the slow recovery of Wisconsin's economy.

If you have any questions on any of the highlighted issues, or any other legislative matters, please feel free to reach me at [aoc@dewittross.com](mailto:aoc@dewittross.com) or my direct line (608)252-9391.

## WPA Legislative Priorities in Action Testifying for Parity and What You Can Do

By Jerry L. Halverson, MD, Program Chair, WPA Executive Council



Even though activity on the bill for independent medical practice for psychologists has been reasonably quiet, the Legislative Council for

the WPA has been far from bored. As we continue to work on that important issue, we have been at the capitol working for bills that benefit our patients and our specialty. We have been working on these priorities in concert with many other stakeholders including NAMI, Mental Health America of Wisconsin, as well as Wisconsin's Social Workers and Psychologists. We continue to work closely with the Wisconsin Medical Society, who has championed issues that affect our patients and profession as loudly as we have. An example of these other legislative priorities is SB362/AB512, which is popularly known as the "parity bill". Wisconsin's Parity Bill, introduced by Rep Pasch and Sen. Hansen, looks to close "loopholes" in the national parity bill by requiring all employers (small and large) to offer parity in mental health coverage for their employees. (<http://parityforwisconsin.org>)

The WPA has not only "registered in favor" of both bills, but also testified in front of the committees that were considering them. Our President Ken Casi-

mir, MD and myself testified in front of the Assembly Committee on Health and Healthcare Reform and Ken Robbins, MD (on the WPA legislative committee and WPA Councilor at Large) testified in front of the Senate Committee on Health, Health Insurance, Privacy, Property Tax Relief, and Revenue on your behalf. Legislators understand and respect the expertise that physicians bring to the table and appreciate when we take the time to testify in order to help educate them. I spoke to the seriousness and treatability of mental illness. I also recounted to the committee specific examples of patients running out of benefits and the poor outcomes that followed. The testimony was well received as I heard afterwards from a couple of the committee members. I know that Drs. Casimir and Robbins also did our patients and our organization proud. The parity bill also needs you. We would ask you to talk to your reps and senators and ask them to support AB 512/ SB 362 when they come up for a vote.

Testifying in front of such hearings is an excellent opportunity for psychiatrists to become engaged in the legislative process. I would heartily encourage you to be more engaged in the process. Please contact me if you have any questions or would like to assist in such endeavors in the future. If you don't have the time or interest in directly engaging the legislators, please continue to support these

types of legislative activities by continuing to be members of groups such as the WPA/APA and NAMI or Mental Health America – Wisconsin. Further, giving to the WPA PAC that is on the horizon or the APA PAC are more important ways to support this activity. Finally, supporting the groups that support us, your patients and your profession, such as the Wisconsin Medical Society and the American Medical Association. The WMS has been an invaluable partner in our legislative priorities over the past several years. There are many active WPA members that are active in the WMS. The WMS works very hard for psychiatrists and our patients and we should all be members. The AMA, at the national level, has also delivered for psychiatry and continues to do so. The AMA has taken a controversial stance in supporting health care reform. Psychiatrists, who support this stance, should consider re-joining the AMA. If you don't agree with their stance, join and fight to change the stance.

The WPA, as well as the APA/WMS/AMA, continues to work hard for your priorities as well as that of your patients. We all need your continued support, be it actively engaging the legislators or continued membership in associations and PACs, to be able to continue the fight. We have no voice or relevance without an active and engaged membership.

## **Psychiatric Access in the Primary Care Setting** *Free Web Conference Series*

**Mark your calendar and watch for more information**

The Wisconsin Psychiatric Association (WPA) and the Wisconsin Academy of Family Physicians (WAFP) are collaborating on a FREE web conference series to improve communication between psychiatrists and family physicians. Learn from case studies presented by both psychiatrists and family physicians, and discuss ways to enhance access in your practice at the following CME sessions:

**12 – 1 p.m., February 9, 2010**

Ease in obtaining psychiatric referrals in the primary care setting and medical referral for psychiatric patients

**12 – 1 p.m., March 9, 2010**

Collaboration between primary care physicians and psychiatrists in prescribing and monitoring psychiatric medications

**12 – 1 p.m., April 6, 2010**

Enhancing communication between family physicians and psychiatrists

**The above three webinars will be leading up to our grand finale event, a live panel discussion of family physicians and psychiatrists at the WPA Annual Meeting in which issues of access to care will be discussed**

April 23-24, 2010 • WPA Annual Meeting

**Where Psychiatric Care & Medicine Overlap: Seeing the Big Picture of our Patients' Health**  
*Featuring an Access To Care Panel: A discussions with Psychiatrists and Family Physicians*

Web conference registration information for each session to follow – watch your email inbox.  
For more information, contact WPA offices at [info@thewpa.org](mailto:info@thewpa.org)

Co-sponsored by the Wisconsin Psychiatric Association  
and the Wisconsin Academy of Family Physicians

*Application for CME credit has been filed with the American Academy of Family Physicians. Determination of credit is pending.*

## WPA Embraces Technology in Education: Bring on the Webinars!

By Claudia Reardon, MD, WPA Southern Chapter ECP Representative

The Wisconsin Psychiatric Association Health Care Access Subcommittee (a division of the WPA Legislative Committee) has been hard at work collaborating with the Wisconsin Academy of Family Physicians in planning a series of webinars on health care access. Mark your calendars for the following dates and times:

- Tuesday 2/9/10 12-1 p.m.: *Ease in obtaining psychiatric referral for primary care patients and medical referral for psychiatric patients*
- Tuesday 3/9/10 12-1 p.m.: *Collaboration between primary care physicians and psychiatrists in prescribing/monitoring psychiatric medications*
- Tuesday 4/6/10 12-1 p.m.: *Enhancing communication between family physicians and psychiatrists*

Webinar topics were chosen via online surveys of WPA and WAFP membership. There was a surprising (or perhaps not so

surprising!) amount of agreement between the Associations on topics of importance. Both groups agree that enhancing access to timely consultation and open collaboration with the other specialty is paramount in promoting optimal patient care. Let's put our heads together and figure out how to make that happen! If you feel there is any room for improvement whatsoever in your collaboration with our primary care colleagues, then this webinar series should prove worth your time (and you'll earn CME credit in the process!).

Each webinar will be co-led by one psychiatrist and one family physician. The order of the webinars flows logically from a discussion of how best to make a referral in the first place, to a discussion of how to collaborate on patient care (e.g., psychotropic prescribing) once that referral has occurred, and finally, to a webinar on how to keep the lines of communication open throughout the entire process and well after the referral and initial consultation have occurred.

Each hour-long webinar will begin with each co-leader describing a case that illustrates the topic at hand (e.g., a referral "gone bad" or a referral "gone right"). From there, the co-leaders will discuss the basic premises of the topic in a didactic format. Finally, each webinar will conclude with plenty of time for discussion and group problem solving. And don't forget that the grand finale to our webinar series will be a panel discussion on health care access, led by several Wisconsin psychiatrists and family physicians, at our 2010 WPA Annual Meeting (April 23-24, 2010, American Club, Kohler).

Watch for further details on the webinars in the near future. We hope you are able to participate! Contact [reardon@thewpa.org](mailto:reardon@thewpa.org) with any questions.

Everyone has questions  
about mental illnesses.

Now, for some answers.

Are you among the 44 percent of Americans who reported knowing only a little or almost nothing at all about mental illnesses? If so, here are some facts you ought to know:

Mental illnesses are common. One out of five Americans suffers from a diagnosable mental disorder during any given year. Severe and persistent mental illnesses are less common, but still afflict 3 percent of the population.

Research shows that mental illnesses are caused by genetic and environmental factors, traumatic events and other physical illnesses and injuries. And according to the National Institute of Mental Health, the rate of successful treatment for depression (70 to 80 percent) is much higher than the rate for other chronic illnesses such as heart disease (45 to 50 percent).

Learn more facts about mental health by visiting [www.HealthyMinds.org](http://www.HealthyMinds.org). You may be able to help yourself or someone you know lead a healthier, happier life.

 AMERICAN  
PSYCHIATRIC  
ASSOCIATION.  
Healthy Minds. Healthy Lives.

# Calendar of Professional & Clinically-Oriented Events

## Upcoming Events

### February 2010

9 – Free Access Webinar

### March 2010

9 – Free Access Webinar

19-20 – Spring 2010 Psychiatric Update

#### Jewels, Judgements and Justifications from Jaunty, Jovian Juggernauts

UW School of Medicine and Public Health  
Madison Institute of Medicine, Inc.  
Monona Terrace Community and Convention Center  
Madison, WI

### April 2010

6 – Free Access Webinar

23-24 – WPA Annual Meeting

The American Club  
Kohler, Wisconsin

### November 2010

5-6 – Fall 2010 Psychiatric Update

UW School of Medicine and Public Health  
Madison Institute of Medicine, Inc.  
Madison, WI

### March 2011

5-6 – Spring 2010 Psychiatric Update

UW School of Medicine and Public Health  
Madison Institute of Medicine, Inc.  
Madison, WI

**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 1300, Milwaukee, WI 53214 | Phone: 414-755-6294 | FAX: 414-276-7704

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