President’s Message

By Sherman W. Cole, MD

Save the date ~ April 18!

Please plan to attend the psychiatric program April 18 at the Westin Crown Center Kansas City. Topics include maintaining physician/staff safety around mentally ill patients, tips for helping physicians deal with the news media, and physicians dealing with law enforcement staff.

In my own work in hospital inpatient units, a substantial portion of patients are brought to the hospital by law enforcement personnel. And, frequently some of the most pertinent clinical information may be found in (and maybe only in) the police reports. Dr. Stuart Munro from UMKC will be talking about his work with first responders in Kansas City.

Physicians sometimes receive requests from news media seeking comment about various issues including perhaps a recent crime carried out by a mentally ill person, or about more general issues such as whether antidepressants cause suicide. Dr. Bob Batterson from Children’s Mercy Hospital will speak regarding how physicians can deal with news media.

Health care professionals have reason to have concern about their safety in both inpatient and outpatient settings. Dr. Todd Hill will present an actual account of a hospital patient who injured a physician. Dr. Steve Segraves will discuss various measures to maintain safety for physicians and nurses and others dealing with mentally ill patients.

Good news about MPA membership!

In the fairly recent past MPA membership was below the 400 mark. Thanks to multiple efforts by our Executive Director and also by MPA members and board, we now have 437 members. This nice increase helps provide even greater stability for the MPA, and also moves us even closer to the number where we will gain even greater representation in the APA Assembly.

Other good news about MPA strength and operations!

The merger of the three Missouri District Branches into the one statewide branch presented multiple challenges. The three branches had varied situations regarding financial strength, processes and procedures, record keeping, and related issues. MPA chose to affiliate with Sandy Boeckman with S and J Management Group and this has proven to be a very good move. Sandy has hit it out of the ballpark with getting the MPA off to a good start, with very good financial strength, an ongoing system of very good record keeping, processes and procedures, and good communication with the membership. Sandy has worked closely with the APA to provide the MPA with some substantial grants from the APA to assist with various goals and programs. Hats off to Sandy and also her organization.
**Missouri Psychiatry**

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**Legislative Report**

Mo McCullough, MPA Lobbyist

The 2015 legislative session has been very interesting to say the least. On the House side there were a couple of significant changes made in the committee structure that added committees and changed the way bills move through the process. Bills are referred to a regular committee to heard and voted on. They then go to a select committee where they are heard and voted on again. If they pass through both they then go to the floor. This year in the originating committee there can be no substitutes and bills can only be amended with language within the same subject matter of the original bill. This new process tends to slow the whole process somewhat and make it more deliberate, which most believe is a good thing.

Another interesting change is that both the House and the Senate are moving rapidly in an effort to complete the budget earlier than in past years. The idea is to get it to the Governor early so he is forced to sign or use his line item veto while the legislature is still in session. At that point they could vote on any potential veto overrides.

There are several big issues hanging out there that will take up a lot of the remaining session time following spring break. In no particular order: Medicaid reform/expansion (won't happen), tort reform (possible), medical cannabis and hemp extract (doubtful), highway funding, education reform, right to work, prescription drug monitoring program and more. As usual, the final outcome won't be known until sessions end at 6:00 on May 15.

Mo McCullough

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**Save The Date**

Saturday, April 18, 2015
Westin Crown Center

“Mental Health and Violence”

In a mental health crisis a variety of persons are at risk from physical violence. The most likely victim is the patient, but family members, neighbors, first responders, providers and the community at large are also at risk. There are interventions that can reduce these risks. One intervention that will be explored in depth is the training of first responders to be better prepared to handle a mental health crisis situation. We will also examine the importance of ongoing collaborative efforts between first responders and providers to reduce the risk of unwanted outcomes resulting from a mental health crisis.
APA Legislative Update

Murphy Seeks To Rally Advocates Around Mental Health Bill.
The Hill (1/28, Ferris) reports that psychologist Rep. Tim Murphy (R-PA) "is attempting to unite mental health advocates around his plan to reshape the nation’s treatment and prevention systems." His bill, the "Helping Families in Mental Health Crisis Act," would "create new, strict guidelines for state governments, including a controversial provision that makes it easier to require people with severe mental illnesses to seek treatment and take medication."

US News & World Report (1/28, Leonard) reports that at a Capitol Hill lunch hosted by the Treatment Advocacy Center, Murphy discussed the measure that "would increase access to psychiatric beds, allow patients to get medications they need more easily, and create accountability services to make sure care is delivered as it should be, among other" provisions. At the event, Paul Summergrad, MD, president of the American Psychiatric Association, said, "Every day I see patients backed up, waiting for a medical bed." He added, "We would not tolerate this for any other medical condition."

Currently, "one in four Americans suffers from a mental health issue such as anxiety or depression, and one in 18 suffers from more serious mental illness such as bipolar disorder or schizophrenia, according to the National Institute of Mental Health."

Report: US Behavioral Health Appears To Be Improving.
Medscape (1/28, Brauser) reports, "Behavioral health in the United States appears to be improving, especially for those between the ages of 12 and 17 years," according to a report released Jan. 26. In addition, "the latest national behavioral health barometer from the Substance Abuse and Mental Health Services Administration (SAMHSA) showed that treatment for adults with mental illness increased from 62.9% in 2012 to 68.5% one year later." In a news release, SAMHSA Administrator Pamela S. Hyde said, "States and local communities use these data to determine the most effective ways of addressing their behavioral healthcare needs."

HHS: 9.5M Have Enrolled In 2015 Exchange Plans.
The New York Times (1/28, A15, Pear, Subscription Publication) reports that the Obama Administration "said Tuesday that 9.5 million people had signed up to receive health coverage through public marketplaces in 2015, with less than a month to go before the enrollment deadline." HHS Secretary Sylvia Mathews Burwell said that more than 7.1 million people had enrolled in 2015 plans through the Federal marketplace, and that 2.4 million signed up through the state-run exchanges. The Times adds that "while the report would seem to suggest the Administration has reached its goal of having 9.1 million people enrolled in 2015, attrition could bring that number below the threshold by the end of the year. In 2014, for instance, "more than 15 percent of people who selected health plans in the public marketplaces failed to pay their share of premiums and were therefore not on the rolls at the end of the year."

The AP (1/28, Alonso-Zaldivar) reports that the five states with the most enrollments "were Florida, with nearly 1.3 million signed up; California, with 1.2 million; Texas, with nearly 920,000; North Carolina, with nearly 460,000; and Georgia, with more than 425,000." Secretary Burwell said there's still work to do before the end of open enrollment on Feb. 15, but she's "encouraged by the strong interest we've seen so far."

USA Today (1/28, Hoyer, O'Donnell) reports the data from HHS show that 35 percent of enrollees were younger than 35, and 87 percent qualified for Federal subsidies. According to a USA Today analysis of HealthCare.gov data, nearly "three-quarters of Florida's largest marketplace ZIP codes — those with at least 2,000 enrollees — have seen enrollments increase at least 20% over last year's numbers." In the areas of Texas where at least a quarter of adults are uninsured, however, "total enrollments are up just 8.9% from last year."

House To Hold ACA Repeal Vote Next Week.
Fox News (1/28) reports on its website that House Republicans are set to hold their first vote of the new Congress to repeal the ACA next week. The vote comes as the GOP debates how to address the health law. Republican lawmakers are facing mounting pressure from conservative groups "to go big in their efforts to dismantle the law, but the party is stuck in an internal debate over how far they can go, and whether undoing it piecemeal is a preferable course of action." The article adds that although the GOP now controls the Senate, it remains "extremely unlikely" that any House-passed repeal bill would reach Obama’s desk, "as the party remains six seats short of being able to attain cloture."

The Hill (1/28, Marcos) reports in its "Floor Action" blog reports that the vote "will be the fourth time the House has voted to completely repeal ObamaCare. The last full repeal vote was in May 2013."

Poll: Most Americans Want Congress To Restore Subsidies If Court Rules Against ACA.
The AP (1/28, Fram) reports that 64 percent of Americans "would want Congress to restore federal financial assistance for millions buying health care coverage under President Barack Obama’s health care law if the Supreme Court invalidates some of those government subsidies, a poll...

(Continued on page 4)
said Wednesday." Additionally, 59 percent of people in states with Federally-run exchanges said their state should create its own marketplace if the high court strikes down the subsidies. According to the AP, the findings by the Kaiser Family Foundation "suggests that a complicated political landscape might await Republicans...should the court annul a crucial part of it later this year." Modern Healthcare (1/28, Subscription Publication) also reports on the poll.

Groups Urge SCOTUS Not To End ACA Subsidies. The Washington Times (1/27, Howell) reports that in a friend-of-the-court brief, the American Cancer Society, the American Diabetes Association, American Heart Association, and the National Multiple Sclerosis Society, told the Supreme Court that "there is no evidence that Congress wanted to limit Obamacare’s subsidies to states with their own health exchanges." The groups argued that a decision to pull the subsidies "from states that rely on the federal HealthCare.gov portal would put 9.6 million people at risk of losing coverage, and make them more susceptible to chronic disease."

Senate Republicans Ready “Plan B” For ACA. The Hill (5/6^2, Bolton) reports that Senate Republicans "are preparing a legislative plan of action in case the Supreme Court strikes a major blow against ObamaCare and rules subsidies provided to people on the federal exchange are illegal." Sen. Lamar Alexander (R-TN), who is spearheading the effort along with Finance Committee Chairman Orrin Hatch (R-UT) and Republican Policy Committee Chairman John Barrasso (R-WY), said, "If the Supreme Court were to say the law says what the law says, we would like to be ready with a response to that that makes practical sense for the 5 or 6 million Americans who would be affected." According to The Hill, GOP senators "are confident the justice will rule in their favor."

**Pence Agrees To Expand Medicaid In Indiana.**

The Washington Post (1/27, Millman) reported in its “Govbeat” blog that Indiana Gov. Mike Pence announced that he has reached agreement with the Federal government “to accept Medicaid expansion funding in his state.” Pence said that “months of negotiations” have resulted in agreement on “a plan that will cover an estimated 350,000 low-income adult Hoosiers earning under 138 percent of the poverty level, or about $16,105 for an individual.” The Post noted that the plan “doesn’t follow the traditional Medicaid expansion outlined under Obamacare,” and Pence, a potential 2016 presidential candidate, “said he believes his plan will become a model for other states considering expansion funds.”

USA Today (1/27, Rudavsky, Groppe) notes that Pence said the Healthy Indiana 2.0 plan "goes beyond standard Medicaid expansion by requiring that participants contribute to the cost of their care."

Bloomberg News (1/27, Niquette) notes that Indiana is "the 10th state with a Republican governor to expand," and the Wall Street Journal (1/28, Radnofsky, Campo-Flores, Subscription Publication) reports that by providing a model, Pence’s move could cause other Republican-led states, including Florida, Tennessee, and Alabama to do the same.

The Los Angeles Times (1/28, Levey) calls the development a "significant victory for the Obama administration," which "has been working to persuade Republican state leaders to back coverage expansions made possible" through the ACA.

**State Senate Panel Approves Bill To Exempt Some From Return Home New Jersey Policy.**

The Newark (NJ) Star-Ledger (1/28, Livio) reports in continuing coverage that on Monday, the New Jersey state Senate Health, Human Services and Senior Citizens Committee voted 7-0 to approve a measure “that would grandfather the most medically fragile from having to leave the homes they’ve had — some for decades” – under the Return Home New Jersey policy. The bill, S2600, "would exempt people from the state’s mandated Return Home New Jersey transfers if their families oppose the transfer, and if they had been at an out-of-state facility for at least a quarter of their lives.” In addition, the measure would "exempt those who are medically fragile and have lived outside New Jersey for at least four years and those whose parents live within 15 miles of where they are currently located." The bill now goes to the full New Jersey Senate and Assembly for their consideration.

**Ohio Governor To Ask For Medicaid Expansion Renewal.**

The Toledo (OH) Blade (1/28) reports that the two-year budget Ohio Gov. John Kasich (R) will propose on Monday "is expected to include a call to renew" the state’s Medicaid expansion program. He is also expected "to propose tying receipt of government benefits such as welfare with work force development reform, reaffirming his call for increased ‘personal responsibility.’"

**Ohio Behavioral Health Groups Urge State To Continue Medicaid Expansion.**

The AP (5/6^2) reports that a coalition of behavior health groups "say an extension of Medicaid has benefited low-income Ohioans living with mental health disorders and addictions, and lawmakers should continue it." The Coalition for Healthy Communities on Tuesday "shared what it viewed as success stories from the Medicaid expansion."

(Continued on page 5)
Advocates Warn On Proposed Budget Cuts To Tennessee Department Of Developmental And Intellectual Disabilities.
The Chattanooga (TN) Times Free Press (1/28, Belz) reports that “proposed state budget cuts to the Department of Developmental and Intellectual Disabilities (DIDD) amount to $21.9 million – with the potential to lose millions more in federal funding because of the match that comes through the state’s Medicaid waiver.” A spokeswoman for the Tennessee Department of Developmental and Intellectual Disabilities, Cara Kumari, “said the cuts had to be proposed, since Gov. Bill Haslam requested a plan for a 7 percent reduction from each department for his upcoming budget.” Even though it is still not clear if these cuts will actually be included in the final budget, advocates “say such cuts, if adopted and approved, could ‘devastate’ agencies already stretched thin as they try to care for 11,000 of the state’s most vulnerable residents.”

King-Devick Test Not Used By NFL To Assess Players For Concussions.
USA Today (1/28, Armour) reports that with the exception of a few teams, the NFL is not using the King-Devick test to assess players for concussions. In the test, which “measures saccadic, or rapid, eye movement,” an individual “suspected of having a concussion is given three cards, each with several lines of numbers on them, and asked to read them, left to right.” Players experiencing a concussion or other type of brain injury will “read the numbers” more slowly than they did in baseline testing.

Small Scan Study Ties Concussions To Memory-Related Brain Damage In Former NFL Players.
HealthDay (1/28, Preidt) reports that a PET and MRI scan study published in the February issue of the journal Neurobiology of Disease suggests not only that “concussions may damage areas of the brain related to memory in National Football League players,” but also that such “damage might linger long after the players leave the sport.” Included in the study were “nine former NFL players, ages 57 to 74,” as well as a control group of nine adults who had no concussion history. In particular, MRI scans revealed that the hippocampus appeared to be smaller in former players than in controls.

Physicians, Dentists Stage One-Day Strike At UC Student Health Clinics.
The Los Angeles Times (1/28, Gordon) reports that yesterday, approximately 125 physicians “and dentists staged a one-day strike...at student health clinics at 10” University of California (UC) “campuses as part of a contract dispute between the union and the university system.” Members of the Union of American Physicians and Dentists walked out “after the union filed formal complaints of unfair labor practices against UC involving what its leaders said was UC’s refusal to provide financial information during bargaining.” Currently, “the union is seeking its first contract with UC at the student clinics.”

Single Copy Of Gene Variant May Be Associated With Better Executive Function.
The Los Angeles Times (1/28, Mohan) “Science Now” blog reports that research published online in the Annals of Clinical And Translational Neurology suggests that “having a single copy of one variety of” the Klotho gene “seems to give people better executive function and more gray matter in an area prone to the ravages of time.”

On its website, Fox News (1/28, Kwan) reports that in the study, which involved 400 people, the investigators, “using whole-brain analysis of healthy older adults...found that those who had the gene variation, a single copy of

(Continued on page 14)
APA Praises Sens. Grassley, Brown for Bill to Protect Part D Coverage of Needed Mental Health Drugs

Today the American Psychiatric Association (APA) endorsed new Senate legislation that would require Medicare Part D plans to provide robust coverage for six classes of medications, including drugs needed to treat depression and schizophrenia. The bill was introduced earlier today by U.S. Sens. Chuck Grassley, R-Iowa, and Sherrod Brown, D-Ohio.

If passed, the legislation would prevent the Centers for Medicare and Medicaid Services (CMS) from implementing rules putting restrictions on those classes of medication outside of the formal regulatory process—medications that are needed by the most vulnerable patients. In January 2014, CMS had proposed rules that could have limited “protected class” status, but decided not to pursue them in the face of public opposition, led by APA, medical societies, patient advocates, and other allied stakeholders. The Grassley-Brown bill would require protected class status for antipsychotics, antidepressants, anticonvulsants, antineoplastic, antiretroviral, and immunosuppressant’s, meaning that all or substantially all of the drugs in these categories are available to patients.

“We applaud this bipartisan legislation, which will ensure that Medicare patients will continue to have coverage for these needed medications,” said APA CEO and Medical Director Saul Levin, M.D., M.P.A. “We thank Senator Grassley and Senator Brown for their leadership on this important issue. The legislation would protect our nation’s most vulnerable citizens who depend on these life-saving treatments for depression, schizophrenia and other serious and chronic illnesses.”

Maria A. Oquendo, M.D., Elected APA President-Elect

The membership of the American Psychiatric Association has chosen Maria Oquendo, M.D., as its next president-elect. Oquendo is currently residency training director at the New York State Psychiatric Institute and Columbia University, where she started as a community psychiatrist. She is professor and vice chair for education at Columbia University, conducting research on treatment and neurobiology of mood disorders, suicide and global mental health.

Oquendo has held several leadership roles at APA. She is secretary of the Board of Trustees and chairs APA’s Conflict of Interest Committee. She formerly chaired APA’s SAMHSA Fellowship Selection Committee and served as associate editor of the American Journal of Psychiatry.

Oquendo also serves as vice president of the American Foundation for Suicide Prevention, is past president of the American Society of Hispanic Psychiatry, and serves on the American College of Neuropsychopharmacology’s Council and the National Institute of Mental Health’s National Advisory Mental Health Council.

“I am honored and grateful to have been elected to lead APA,” Oquendo said. “This is an exciting time to practice psychiatry. Our knowledge base has grown exponentially in the last decades, and we still have the privilege of forming close therapeutic alliances with our patients and their families, offering relief for suffering. Yet, APA has much work to do.”

Among Oquendo’s priorities as APA president, when she assumes that role in May 2016, are to:

• Secure a key role for psychiatrists as health care reform is implemented while ensuring high quality care for all, particularly persons with the most severe mental illnesses
• Pursue equitable reimbursement and true parity for psychiatric care
• Secure robust federal funding for education and research, coordinating efforts with advocacy groups
• Strengthen collaboration with psychiatric subspecialties and primary care, and
• Pursue active communication with all members.

“Importantly, I believe APA can continue to strive for diversity at all levels of the organization, including representation from women, minority psychiatrists, international medical graduates, and LGBT members. I hope to harness my experience in teaching and mentoring to engage our trainee members and early career psychiatrists. They are our future,” noted Oquendo.

Her term as president-elect of the APA, confirmed by the APA Board of Trustees on Saturday, March 14, will begin in May at the conclusion of the APA Annual Meeting, when president-elect Renée Binder, M.D., begins her one-year term as president. Other successful APA leadership candidates who will take office after the annual meeting include:

Secretary, Altha J. Stewart, M.D.
Early Career Psychiatrist Trustee-at-Large, Lama Bazzi, M.D.
Minority/Underrepresented Representative Trustee, Gail Erlick Robinson, M.D., D.Psych.
Area 1 Trustee, Jeffrey L. Geller, M.D., M.P.H.
Area 4 Trustee, Ronald M. Burd, M.D.
Area 7 Trustee, Jeffrey Akaka, M.D.
Resident-Fellow Member Trustee-Elect, Stella Cai, M.D.
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**APA Board of Trustees Notes on Key Decisions**

**2015 Budget**
The Board passed the 2015 budget for both the APA and American Psychiatric Foundation (APF) as recommended by the APA Board’s Finance and Budget Committee. The APA operating budget was approved at $53 million and the capital budget at $852,000. This funding includes support for the day-to-day operations of the Association as well as important new initiatives related to communications, advocacy and government relations, and implementation of activities around the Affordable Care Act and mental health parity. The APF budget, as proposed by the APF Board of Directors, totals approximately $5.258 million with an approved drawdown from reserves of $3.5 million. This budget supports important projects such as the Typical or Troubled program, the Judges’ Leadership Initiative, and the Partnership for Workplace Mental Health.

**Mental Healthcare Reform Legislation**
The Board voted to express greater support for House Energy and Commerce Oversight Subcommittee Chairman Tim Murphy (R-Pa.) and Representative Eddie Bernice Johnson (D-Tex.) in their efforts to achieve bipartisan comprehensive mental health reform in the 114th Congress, and gave guidance to the APA Administration and Department of Government Relations regarding authorized advocacy activities in order to help assure that federal mental health activity is informed by APA's policies and the scientific evidence base.

**Membership**
The Board accepted a recommendation by the APA Membership Committee, which consulted with the District Branches, to remove identified barriers that discourage members from rejoining. These changes will be promoted in 2015 and effective during the 2016 renewal cycle. The Board also acted to establish new, lump sum dues categories for Canadian and International members in 2015, which replicate what is offered domestically. These actions are intended to ensure that the APA has the necessary policies in place to further increase membership. In December 2014, APA membership increased 4.9% compared to the same time last year. Moreover, the Association’s future looks bright with a 6.4% increase in resident membership and a 3.9% increase in Early Career Psychiatrists.

**2015 Medicare Physician Fee Schedule**
The Board received an update on the 2015 Medical Physician Fee Schedule included several areas of interest to psychiatry:
- Family therapy (90846 and 90847), psychoanalysis (90845) and prolonged evaluation and management services (99354 and 99355) are now eligible for telehealth payment.
- Beginning in 2015 CMS will pay CPT code 99490 at $40.60 per month for 20 minutes or more of non-face to face chronic care coordination services performed by clinical staff (or the physician) for the benefit of the Medicare beneficiary. Payment will be made to only one physician (the first to have met the 20 minute threshold and bill the service) per patient per month and the patient must give written consent to have the services provided. We anticipate that these services will be billed primarily by primary care physicians or others who are coordinating the entirety of a patient’s medical care.
- Physicians taking Medicare who do not meet the various reporting requirements of the Physician Quality Reporting System (PQRS), the Electronic Health Record (EHR) Incentive Program (also referred to as Meaningful Use, and the Value Based Modifier (VM), will be assessed penalties in 2017 based on 2015 reporting.

**Practice Guidelines**
The Board approved the Practice Guidelines for Psychiatric Evaluation of Adults. The Guidelines were passed by the APA Assembly at its November 2104 meeting. The Guidelines are composed of the following sections:
- **Guideline 1** - Review of Psychiatric Symptoms, Trauma History, and Psychiatric Treatment History as Part of the Initial Psychiatric Evaluation
- **Guideline 2** - Substance Use Assessment
- **Guideline 3** - Assessment of Suicide Risk
- **Guideline 4** - Assessment of Risk for Aggressive Behaviors
- **Guideline 5** - Assessment of Cultural Factors
- **Guideline 6** - Assessment of Medical Health
- **Guideline 7** - Quantitative Assessment
- **Guideline 8** - Involvement of the Patient in Treatment Decision-Making
- **Guideline 9** - Documentation of the Psychiatric Evaluation

**BOT Work Group on Education and Training**
In August 2014, APA President Paul Summergrad, MD, appointed a new Ad Hoc Work Group on Education and Training, tapping members from various levels of psychiatric education and representatives from stakeholder education associations. The Work Group will make recommendations to the Board of Trustees for changes in psychiatric education and training.

*(Continued on page 9)*
APA Board of Trustees continued

by reviewing current pressures on residency education and training including the following areas: Graduate Medical Education (GME) funding and other funding sources, curricula changes (related to areas such as neuroscience), changed models of training for residents that are aligned with changes in health care delivery (i.e., integrated care and payment models), and research pipeline. Other issues to consider when reviewing the above areas include opportunities and challenges in residency and also reviewing medical student education; proposals for shortening the length of training (e.g., fast-tracking) and also considering the needs of subspecialties; and core changes as appropriate to psychiatric education and training fields, and as a professional society given the APA’s size and within its resource and capacity.

Work Group on Strategic Planning

Over 2,200 psychiatrists responded to a recent strategic planning survey. The preliminary results of the survey were reviewed by the Ad Hoc Work Group on Strategic Planning and presented to the Board at this meeting. Survey responses are being analyzed to provide meaningful, data-driven guidance to the Work Group and the Board as APA seeks to identify the three to five major strategic areas that the Association must focus on in the next five years and beyond. The next steps in this critical project include an additional meeting of the Work Group in February where it will finalize its recommendations to the Board of Trustees for consideration at the March 2015 meeting.

Work Group on Real Estate/APA Headquarters: Update

The lease on APA headquarters in Arlington, Va., expires in December 2017. The Board, working with independent experts in commercial property, financing and real estate law, is considering how best to meet APA’s future office space needs. The Board reviewed a comprehensive analysis of purchasing and leasing options presented by the Work Group Chair, Frank Brown, MD. In addition, the Board considered factors such as geographic location, proximity to the seat of government for advocacy purposes, and the stability and outlook of real estate markets. Based on those considerations, the Board voted in favor of purchasing a property in Washington, D.C.

Consultants will now begin the process of identifying properties that meet APA office space needs. The Board will consider those options at its March 2015 meeting.

Council on Communications Recommendation on Branding and Budget

Noting many competing marks, fonts, and colors evident in APA’s current approach to branding, the Board voted unanimously to support a rebranding initiative. A new brand, which must now be developed, is intended to help the APA and related entities move forward in conveying a consistent look and message, and demonstrate clear value.

American Psychiatric Foundation Presentation

At the Board meeting, Saul Levin, MD, MPA, in his role as Chair of the American Psychiatric Foundation Board of Directors, commented on changes in APF Board Membership. Dr. Levin announced that two new exceptional public board members, Ms. Maureen O’Gara Hackett and Dr. Owen Garrick, were added to the Board in 2014. Four additional Board positions will be coming open in May 2015. This will present APF with an excellent opportunity to recruit new Board Members to diversify the expertise on its Board and to shift the APF focus to resource acquisition. Dr. Levin mentioned the discussion of the APF will create a new “Give and Get” donation policy for the APF Board.

Paul Burke, Executive Director of APF, informed the APA BOT that APF will convene a meeting of judges, psychiatrists and researchers for reducing recidivism and promoting recovery as the next step in Judges’ Leadership Initiative, on February 18, 2015, at APA Headquarters. Mr. Burke also announced that the APF is planning to host a National Conference involving groups of Community Judicial Leaders in late Fall of 2015.

New Employees

- Rodger Currie, Chief of Government Affairs; rcurrie@psych.org
- Ranna Parekh, MD, MPH, Director of Diversity and Health Equity (begins in January 2015); rparekh@psych.org
- Glenn O’Neal, Director of Corporate Communications and Public Affairs; goneal@psych.org
- Caterina Luppi, PhD, Chief Information Officer; cluppi@psych.org
- Jane Chittick, CFRE, Director of Development, American Psychiatric Foundation; jchittick@psych.org
- Steve Wolk, Interim Chief Financial Officer; swolk@psych.org

The APA Board and Administration thanks Terri Swetnam, PhD, for her 14 years of service as the Chief Financial Officer and for her efforts to improve the financial health of this organization.
Missouri is facing a healthcare crisis that could result in fewer doctors, higher costs, less access, and an unfair environment for patients and their families if the legislature does not pass medical malpractice reform. On July 31, 2012, the Missouri Supreme Court overturned the state’s limit on non-economic damages in medical negligence cases by ruling the cap violated the right to trial by jury, overturning more than 20 years of precedent. If the Missouri House of Representatives and State Senate do not pass legislation this year, more money will be diverted away from patient care and into the hands of personal injury attorneys.

What Happened Between 2002-2005 When Missouri Had Ineffective Caps on Non-Economic Damages?
- The number of companies writing policies in Missouri dropped from 32 to 8.
- In 2002, 27% of physicians limited their scope to avoid high-risk patients and procedures.
- In 2004, 49% of physicians admitted the insurance costs caused them to cut staff positions and 28% were compelled to forego updating or acquiring new technology.
- Among neurosurgeons, 53% refused to accept Medicaid patients, 23% refused to accept Medicare patients, and 66% reduced the services they could otherwise provide to their communities.
- By 2004, 1 in 10 Ob/Gyns quit practicing obstetrics due to insurance costs.

What Happened Between 2005 and 2012 When Caps were in Place?
- Missouri gained approximately 1,000 physicians.
- There has been a $44 million decrease in written liability insurance premiums.
- The number of claims filed has fallen 46.9%
- The average indemnity on paid claims fell 20%

Legislation
Bills of Interest:
House Bill 118: Establishes a statutory cause of action replacing the common law action for damages against a health care provider for personal injury arising out of the rendering of or failure to render health services.
Status: Read for second time

(Continued on page 11)
White Coat continued

Senate Bill 239: Creates a statutory cause of action for damages against health care providers.

House Joint Resolution 22: Proposes a constitutional amendment limiting the liability for noneconomic damages and authorizes the General Assembly to adjust the amount as necessary by law. Status: Read for second time.

Senate Joint Resolution 7: This proposed constitutional amendment, if approved by the qualified voters of this state, provides that the right to the determination of punitive damages by a jury shall remain inviolate, except that no award for punitive damages shall be greater than five hundred thousand dollars or five times the net amount of the judgment awarded to the plaintiff against the defendant. Such limitations may be reduced by law, and shall not apply if the defendant pleads guilty to or is convicted of a felony arising out of the acts or omissions pled by the plaintiff. Status: Read for first time.
No other psychiatric-specific claims team is as experienced as ours. Since 1986, we have handled more than 22,000 psychiatric claims, lawsuits and significant events.

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December 10, 2014

Ms. Sandra Boeckman
Missouri Psychiatric Assn.
722 E Capitol Ave
Jefferson City, MO 65101

Dear Ms. Boeckman,

On behalf of NAMI St. Louis, I thank you for your generous $500 donation for our 2015 NAMI Walk.

The theme of our Walk on May 30, 2015, is “NAMI Walks for the Mind of America.” Research and the improvements in diagnosis and treatment that follow hold promise for a better quality of life for those suffering from mental illness. The Walk raises awareness of mental illness and the challenges a diagnosis brings both to the person affected and their family. By educating others in this way, we help reduce stigma, which in turn also helps bring about a better treatment outcome.

The funds raised through our Walk are used for the free programs and services that NAMI St. Louis provides to the St. Louis community. Again, many thanks for making our work possible. I am certain that you join with me and all of our NAMI families, psychiatrists, and mental health providers in looking forward to the day when mental illness is thought of and treated like any physical illness.

This letter substantiates that you received no goods or services as a result of your donation. Therefore it qualifies in full amount as a charitable contribution for tax purposes.

Sincerely,

Darwyn E. Walker
Executive Director

Darwyn E. Walker
Executive Director
Become a Fellow of the American Psychiatric Association

The APA offers many opportunities for residents to pursue leadership fellowships and present at APA meetings. Please consider nominating your residents for these fellowships.

APA Public Psychiatry Fellowship
This 2-year fellowship provides experiences that will contribute to the professional development of residents who will play future leadership roles within the public sector psychiatry and heighten awareness of the public psychiatry activities and career opportunities.

APA American Psychiatric Leadership Fellowship
The American Psychiatric Leadership Fellowship is the oldest and most prestigious fellowship program in the APA. The two-year fellowship introduces residents to organized psychiatry at the APA by serving on a component within the governance structure of the association. Fellows also have the opportunity to attend the APA Annual Meeting and network with psychiatrists from around the world. Nomination guidelines and additional information about the fellowship program can be found online.

APA Child & Adolescent Psychiatry Fellowship
This 2-year fellowship is designed to promote interest among general psychiatry residents interested in pursuing careers in Child & Adolescent Psychiatry. Fellows will have the opportunity to attend and develop session submissions for the APA Annual Meeting under the guidance of an assigned mentor and network with leaders in child and adolescent psychiatry.

Legislative Update continued

the KLOTHO allele, called KL-VS, had larger volumes in the right dorsolateral prefrontal cortex (rDLPFC) of their brains—and therefore slightly better cognitive function.” The researchers “also found that two copies of KL-VS, about three percent of people, was associated with a shorter lifespan, increased cardiovascular risk, worsened cognitive function, and a smaller rDLPFC.” Also covering the story are Medical Daily (1/28), the Guardian (UK) (1/28), and HealthDay (1/28, Thompson).

Scientists Make Efforts To Increase Data Sharing.
The Washington Post (1/28, A1, Achenbach) reports in a front-page story that “top-tier journals” have recently “announced new guidelines for the research they publish” as “leaders of the scientific community are recalibrating their requirements, pushing for the sharing of data and greater experimental transparency.” For example, the Center for Open Science, a Virginia startup company, aims to make data more available and “has received commitments for $14 million in grants, with partners that include the National Science Foundation and the National Institutes of Health.”

Swope Health Services is seeking a Chief of Psychiatry to succeed Dr. James True, who will be retiring after a successful 25-year tenure. Given the solid administrative support structure that exists within the division, this position entails primarily a clinical focus, with approximate allocation of time of 90% clinical and 10% administrative.

We are seeking candidates who possess:
- A Doctor of Medicine (M.D.) or Doctor of Osteopathic Medicine (D.O.) degree along with completion of an accredited psychiatric residency training program is required.
- A current, unrestricted board license to practice psychiatry in Missouri or eligibility to apply for a Missouri license is essential.
- Telemedicine experience or interest in expanding the main campus practice along with some knowledge of open scheduling would be a plus.
- A caring, sensitive, service oriented personality with a strong focus on quality and patient/client care.
- Management style that is firm but fair, with inclusiveness, facilitation and follow through.
- Must be comfortable in an urban core setting and working with the underserved.
- Interpersonal skills should include tact and diplomacy with a solid control over ego.
- A strong personal value system that encompasses high integrity, honesty, a solid work ethic, high professional standards and strong moral character with ethics that are above reproach.

EFL Associates has been engaged for this search. For questions or referrals, please contact Nancy Huckaba at nhuckaba@eflassociates.com or 913-234-1570.
APA members stay up-to-date on all the latest research and advances in the field through:

- Complimentary subscriptions to *The American Journal of Psychiatry* and *Psychiatric News*, delivered online or in print, as well as breaking news from *Psychiatric News Alerts*.

- Member discounts of 20% on all American Psychiatric Publishing titles (Resident-Fellow Members receive a 25% discount).

- Discounts on PsychiatryOnline.org, a powerful web-based portal that features DSM-5 and *The American Journal of Psychiatry* as the cornerstones of an unsurpassed collection of psychiatric references from American Psychiatric Publishing.

Visit [www.appi.org](http://www.appi.org) for a complete listing of American Psychiatric Publishing products and to obtain your member discount.

**Not a member?** Join at [www.psychiatry.org/join](http://www.psychiatry.org/join).

For more information, call 703.907.7300 or email membership@psych.org.
“Uncovering the Hidden Genetics of the Schizophrenias”

Speaker: C. Robert Cloninger, MD, PhD

Hilton St. Louis Frontenac, St. Louis, MO ~ Wednesday, January 21, 2015 ~ 7:00-9:00 pm

Jointly provided by the American Psychiatric Association and the Missouri Psychiatric Association

Objectives: Attendees will learn about recent findings published in the American Journal of Psychiatry showing that schizophrenia is not one disorder but really is eight or more disorders associated with distinct sets of genes and distinct clinical syndromes. Attendees will learn about the types of brain processes influenced differentially in these distinct forms of schizophrenia. Attendees will consider how their practiced would be affected by having reliable laboratory tests that would distinguish among these clinical subtypes. Attendees will consider how they many begin to treat people with these different subtypes in ways more appropriate for their underlying pathophysiology.

Thank You to Our Sponsors!
Alpha-Health Solutions, LLC
American Professional Agency, Inc.
Anthropedia Foundation
Janssen Pharmaceuticals/Janssen Connect
MoDocs
"Mental Health and Violence"

Speakers: J. Stuart Munro, MD; Bob Batterson, MD; Steve Segraves, MD; Todd Hill, DO

Westin Crown Center
Kansas City, MO
Saturday, April 18, 2015 ~ 10:30-1:00 pm
Joint Annual Meeting with Missouri State Medical Association

In a mental health crisis a variety of persons are at risk from physical violence. The most likely victim is the patient, but family members, neighbors, first responders, providers and the community at large are also at risk. There are interventions that can reduce these risks. One intervention that will be explored in depth is the training of first responders to be better prepared to handle a mental health crisis situation. We will also examine the importance of ongoing collaborative efforts between first responders and providers to reduce the risk of unwanted outcomes resulting from a mental health crisis. Objectives: List the variety of persons at risk in a mental health crisis. Describe and understand the preparation of first responders to manage a health crisis. Take measures to reduce risks arising from a mental health crisis.

AGENDA

9:30 - 10:00 am MPA Executive Council Meeting
10:00 - 10:30 am General Membership Meeting
10:30 - 11:30 am "Safety and Mental Health"
Speaker: J. Stuart Munro, MD
11:30 am - Noon Buffet Luncheon
Noon - 1:00 pm "Media for Medical Professionals"
Speaker: James R. (Bob) Batterson, MD, Lead Psychiatrist, Division of Development & Behavioral Sciences Children’s Mercy, Kansas City Associate Professor UMKC School of Medicine

"Maintaining a Safe Work Environment"
Speaker: Steve D. Segraves, MD

"When Patients Attack"
Speaker: Todd P. Hill, DO
Psychiatry: Integrating Body and Mind, Heart and Soul

Join your colleagues from across the U.S. and over 50 other countries for the psychiatry event of the year! Attend APA’s Annual Meeting in Toronto, May 16-20, 2015. With its world-class cultural attractions, restaurants, and entertainment, Toronto has been named one of the best cities to visit in 2015. The scientific program will feature a variety of innovative sessions and inspiring courses with a special focus on integrating body and mind, heart and soul.

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### Media Benefits for MPA Members

Your membership in the Missouri Psychiatric Association entitles you to several key media benefits:

1. Free ad listings on the MPA website. MPA Members can post their research studies, job listings, events or books for 6 months on the MPA website at http://missouri.psych.org. The listing can repost again after that period.
2. Reduced newsletter ad rates. MPA members may place any size ad in Missouri Psychiatry, MPA’s quarterly newsletter, for 50% off the regular rate. Missouri Psychiatry reaches nearly 500 MPA members and associated healthcare professionals in the state and appears online at the MPA website. It is the only publication dedicated to psychiatrists in the state of Missouri.
3. Free “Upcoming Events” listings. There is no charge for members to post upcoming meetings and special events of interest to the behavioral health community.

All ads must be camera ready in an electronic format and should include a link to the advertiser’s email address or website. Web ads may be submitted in color or black & white. Newsletter ads will print in black and PMS 294 Blue inks regardless of submission format.

### Letters to the Editor

We invite readers to submit letters of not more than 500 words. Missouri Psychiatry reserves the right to edit letters and to publish them in all editions, print, electronic, or other media. Letters should be sent by postal mail to Missouri Psychiatry, Missouri Psychiatric Association, 66 E. Capitol Avenue, Jefferson City, MO 65101 or by email to donmoise@hotmail.com. Clinical opinions are not peer reviewed and thus should be verified independently.

### Newsletter Submissions

We strive to offer content in Missouri Psychiatry that represents our membership and encourage members to participate in its creation. For communications regarding the newsletter or to submit articles, letters to the editor or upcoming events, please contact: Editor, Missouri Psychiatry, 722 E. Capitol Avenue, Jefferson City, MO 65101, or sandyboeckman@gmail.com.

Submit items specific to your local office to:
Central Missouri Regional Office: Hina Syed at hinasyedcmps@yahoo.com; Eastern Missouri Regional Office: Paul Simon at Ps13_99@yahoo.com; Western Missouri Regional Office: Dr. Bob Batterson at bbatterson@cmh.com

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### Advertisement Information

For advertisement information, please contact Sandy Boeckman by email at sandyboeckman@gmail.com.

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### Mark Your Calendar

**“The Psychiatric Impact of Economic Disparity, Societal Stress and Racial Profiling”**

Holiday Inn Select  
Columbia, MO  
Saturday, September 26, 2015
Calendar of Events

Saturday, April 18, 2015
“Mental Health and Violence"
Joint Annual Meeting with MSMA
Westin Crown Center
Kansas City, MO

May 16-20, 2015
American Psychiatric Association
168th Annual Meeting
Toronto, Canada

September 26, 2015
“The Psychiatric Impact of Economic Disparity, Societal Stress and Racial Profiling”
Holiday Inn Select
Columbia, MO