



# Nebraska Psychiatrists Newsletter

1st Quarter 2012

## President's Report

Dear fellow members,

With Advocacy Day approaching for the APA, my mind turns to the continuing struggle we face to serve our patients while interfacing with the ever-changing landscape of government and private insurance. It seems each year post-residency I find myself spending less time doing what I love (talking with my patients) and more time filling out papers to justify services. While a resident, I remember advocating for allowing residents to spend more time with patients to learn the art. Now, I would support this even more assertively. Never again post-residency will our future psychiatrists be afforded the privilege of time to learn the nuances of assessment. Efficiency will come with experience.

As a result of changes seen in my own practice of medicine, I am beginning now to realize how essential it is to be involved in proceedings that affect our patients' access to quality and meaningful care. This includes speaking out to ensure our own offices can provide services in a cost-effective and efficient manner. As more and more of us find ourselves salaried employees of large institutions, our direct interface with the business management side of things may be more removed. The APA's effort to organize a united message to government and third-party payers is perhaps one of the greatest benefits I see from the dues we pay every year. I would also like to encourage each of our members to consider taking a more active role in our local organization to stay informed of issues that ultimately affect each of us as providers and then consequently, the patients we serve. We are the best educated to speak out for our patients and our practices. If we do not speak out, others who are less informed will do so; sometimes with far reaching adverse consequences. If you have an interest, please contact me! There is room for all who wish to serve.

On a lighter note, my nephew is currently a first-year resident (in radiology... what's up with that?). We were talking the other evening about the perils of residency, and I was again reminded just how much I loved that experience. I made the best friends of my life during that time. These are the colleagues I call on today for advice concerning personal and professional matters of my own... and I trust them. I know they practice good medicine. I know they are good people. We went to residency when you walked up hill to and from the hospital in the middle of the night during a snowstorm. We didn't have all the work hour restrictions, but those days were still some of the best days of my life! We walked uphill together. I am forever grateful for all who helped me grow during those years.

May all of you be blessed in unforeseen ways in 2012!

Respectfully, Jane



Dr. Jane Theobald

## Farewell to Dr. Dan Wilson

*It is with mixed emotions that we bid our colleague, Dr. Dan Wilson, adieu as he moves to a new position as vice president for Health Affairs & Dean of Medicine at the University of Florida Health Science Center in Jacksonville and dean of the UF College of Medicine-Jacksonville. Dr. Wilson will oversee 1500 faculty, residents, fellows, students, and staff in the colleges of medicine, nursing and pharmacy based at the 800 bed Shands-Jacksonville Hospital.*



*Dr. Wilson has been a pillar within our psychiatric community for eleven years. He has served as department chairman and professor at Creighton University during this time. He was also president of NPS in 2007. He has been a respected voice advocating for our profession and patients at many levels. He will be missed, but we wish him success in his new position. His mark will have a lasting effect on our community. On a personal note, Dr. Wilson was one of the most influential in helping me make a decision regarding what specialty to pursue after medical school. I remember distinctly his comment that there is no profession which will allow for more personal growth than psychiatry. I know now what he means. I have not regretted my decision a single day. Thanks, Dr. Wilson!*

*Jane Theobald, M.D.*

## Insurance Chair Report

One of the many changes I have seen in my 40 years of psychiatric practice is the gradual separation of more and more psychiatrists from the direct impact of third-party reimbursement. Twenty-five years ago, a large percentage of our members practiced in either solo or small group practices. Those of us in that model of practice gradually became aware of the increasing unpredictability and the gradual reduction of our insurance payments, as well as the cost of complying with increasingly complex regulations. As a result of those problems, more and more of our members left private practice. Now, as I look over our current membership list, it appears to me that close to 90% of our members are working in salaried positions within large corporate groups, hospital-based corporations, universities, or government agencies. Those practice arrangements protect psychiatrists from unpredictable week-to-week and month-to-month variations in cash flow. However, we all need to be aware that as the health care system becomes even more complex and highly regulated, business overhead and the cost of write-offs will continue to take a greater and greater percentage of our usual and customary fees. This will eventually place downward pressure even on salaried income. Two examples of the high cost of Medicare related bureaucratic activity caught my attention this past year.

The first example occurred this summer when the government granted all physicians a small fee increase for Medicare services. In specialties like psychiatry and internal medicine, this amounted to approximately an extra \$0.81 per patient visit. Because this increase in fees was granted retroactively, our Medicare contractor Wisconsin Physicians Service (WPS) was forced to send large numbers of those small

individual payments to the M.D. offices and also to send corrected EOBs to the patients. Those millions of mailings cost more than the extra fees which were paid. More importantly, extra bookkeeping costs were generated in all physician offices to be sure each extra fee was properly credited.

The second example occurred this fall. As part of the Patient Protection and Affordable Care Act, all physicians were required to reapply as Medicare Providers. Your business office may have done this for you. When one included the complex and often ambiguous instructions, the application form was over 30 pages long. Part of the purpose of reapplying was to allow the government to obtain access to our business banking accounts. This was to allow direct deposit of payments, but also to help CMS detect fraud and abuse. The application form also required each physician to list every practice setting where they might see patients. For example, in addition to the primary office, one would need to include satellite offices, hospitals, nursing homes, or other agency work. Unfortunately, the required form did not make it possible to tell if the physicians were working at the outside listed practice sites under a fee-for-service arrangement, as salaried physicians, or on contract. Soon after these forms were completed, fee-for-service claims were being denied both currently and retroactively. This was because the computer system assumed the professional fees for services outside our offices should have been consolidated into the other facility's cost structure and, therefore, should have been paid by that facility. This reapplication process led to more physician overhead costs, not only from the cost of seeing that

the forms were properly filled out, but also from the cost in the time and money of appealing the inappropriate denials. Fortunately, WPS did fairly



John Donaldson, M.D.

quickly determine that they had a "systems error" and were able to stop the fee-for-service denials. However, as this report is being written, WPS is still waiting for CMS to send instructions on how to reverse the earlier inappropriate denials.

Healthcare reform legislation was supposed to save money. These are only two examples of how huge bureaucracies can thoughtlessly cost themselves and providers significant amounts of time and money which could have been better used to provide needed services. As more regulations continue to be written for the 2000-page Patient Protection and Affordable Care Act, I predict more increases in our overhead costs. I have recently learned of complex new Medicaid documentation requirements. Send me examples of any insurance related problems you have encountered, as well as possible solutions to those issues, and I will include them in subsequent reports.

John Y. Donaldson, M.D.

### HELPFUL LINKS:

**Center for Quality Assessment & Improvement in Mental Health**  
<http://www.cqaimh.org/>

**Dementia in Long-Term Care**  
[http://www.unmc.edu/intmed/geriatrics/nursing\\_home\\_personnel.htm](http://www.unmc.edu/intmed/geriatrics/nursing_home_personnel.htm)



## Residency Program Update

The Creighton-Nebraska Residency program has undergone a lot of changes in recent years. This article aims to provide an update to what modifications have been implemented and what new changes lie ahead.

### NEW LEADERSHIP

After 11 years of serving as Residency Program Director, Dr. Roccaforte has chosen to step down from this role. He will be replaced by Dr. Jamie Snyder, the current Child and Adolescent Fellowship Director. Dr. Snyder, in turn, will be replaced by Dr. Joan Daughton as the new fellowship director.

### POST PEDIATRICS PORTAL

In addition to the two-year child and adolescent fellowship, the Creighton/UNMC program is one of the few in the country that offers a Post-Pediatrics Portal. This program allows pediatricians to complete a three-year curriculum of child and adolescent as well as adult psychiatry rotations by building on their pediatrics' background and integrating this into psychiatry. This training allows graduates to be eligible for board certification in both general and child and adolescent psychiatry.

### LASTING HOPE

General psychiatry residents are now rotating through Lasting Hope, the 64-bed psychiatric hospital that serves as the central hub to most of the inpatient beds in the city. During their PGY-1 and PGY-2 years, residents work with the inpatient attendings for one or two months each year.

### CHANGES TO CALL

Due to the new 2011 ACGME regulations regarding PGY-1 work hours, the resident ER call schedule has been revamped. The changes include more "buddy call" shifts for the first years, always working with PGY-2 and PGY-3 residents. These changes have meant more shifts for the up-

perclassmen but have maintained the program's graded system of decreasing the amount of front-line call for senior residents, while increasing the amount of supervisory call to prepare them for attending life.

### COMBINING GERIATRICS & COMMUNITY PSYCHIATRY

The separate rotations of geriatric psychiatry and community psychiatry (through the Community Alliance ACT program) have now been combined into one three-month rotation during the PGY-2 year. During this rotation, residents will visit one or more small towns throughout the state, looking at ways to help combat the mental health care shortage in rural Nebraska.

### MORE RURAL

This stems from the passage of LB 603 in 2009, which committed the residency program to providing more rural opportunities for psychiatrists-in-training. In addition to the above mentioned rural visits, residents have the option to spend one or more months at a rural site such as Scottsbluff during their PGY-2 or PGY-4 years. While working there, the residents can still participate in didactics and psychiatry grand rounds through the state-wide teleconferencing system.

### EXPANDING TELEPSYCHIATRY

This same teleconferencing system allows for patient care via telepsychiatry. During the PGY-3 outpatient year, residents at both the Creighton and UNMC clinics participate in the program's telepsychiatry consultation service that covers 19 different locations, including Norfolk, Fremont, and Wayne. Initial visits are conducted face-to-face and follow-ups take place over the high-speed

teleconferencing system with real-time video and voice communication.

### EVALUATION

As the oral board exam for psychiatry has been dropped starting with last year's graduating class, the requirements for evaluation of residents has changed. Each year, the residents are now required to perform a patient interview in front of an attending psychiatrist and then present a full history, evaluation, and treatment plan to that attending.

To keep up with the growing needs of mental health care throughout the state and the country, the Creighton-Nebraska Psychiatry Residency program has evolved and will continue to grow and change in the coming years.

### 2011-2012 INCOMING PSYCHIATRY RESIDENT

Our apologies. We accidentally omitted one of the new PGY-I residents in our last issue. Join us in welcoming Dr. Anureet Walia as well!

**ANUREET WALIA** is a 2006 graduate from Government Medical College, Amritsar. She has extensive experience in US psychiatry as an extern since 2009.



She is interested in pursuing a child and adolescent fellowship following residency. She enjoys dancing, painting and sketching, sports, cooking, and was a member of the national champion high school cricket team.

## APA Assembly Representative Report

I was privileged to represent Nebraska Psychiatric Society as an acting Assembly representative at the November 2011 assembly meeting in Washington, D.C. Here are the highlights of that meeting:

### THE WARREN WILLIAMS AWARD

This award was presented to Dr. Roger Peele. He is a tireless representative, averaging four or more action papers at each assembly meeting, and a true defender as the "voice of the members."

### DSM V UPDATE

Proposed new diagnoses include: autism spectrum disorder, complex and simple somatic symptom disorders, premenstrual dysphoric disorder, attenuated psychotic disorder, mild neurocognitive disorder, mild traumatic brain injury, disruptive mood dysregulation disorder, mixed anxiety and depression, personality disorder trait specified, avoidant restrictive intake disorder. The hope is to distribute the DSM V texts at the Spring 2013 annual meeting in San Francisco.

### APA UPDATE

- 4% of APA members contributed for fundraising in 2009-10. The goal is \$560,000 for 2011-12.
- Membership has declined from 37,000 to 17,000.
- Members in training (MIT) have also declined to less than 1,400.
- There has been a 20% APA staff reduction from 243 to 202
- The APA is focusing on enhancements to its online presence with books, journals, and e-products, such as Psychiatric News and Psychiatry Online.

### TREASURY REPORT

- Membership revenues have declined \$500,000 overall.
- Advertising revenues have declined 40%.
- DSM IV continues to have a net revenue of \$6 million per year.

- Pharmaceutical industry support dropped from \$18 million to \$4 million annually.
- DSM V development: \$16 million initial start up, plus an additional \$8 million for a total of \$24 million.

### CPT CODE AND REIMBURSEMENT UPDATE

- Psychoanalysis codes will be increased by 50%; however, CMS has elected not to accept this recommendation.
- 90862 will go away because there is a strong sense at CMS the code is overvalued and overused.
- Procedure Coding for Psychiatrists will answer many questions about best practices in documentation and coding.

### ACTION PAPERS

*The following action papers were approved (with some changes):*

- 12.A - Controlling misuse of prescription drugs – a 30-day dispensing rule to deal with 90-day prescription practices.
- 12.B - Improving patient access to psychiatric services through MCO provider panels.
- 12.C - "Committed Suicide"
- 12.D - Declaration of health care as a right.
- 12.E - Continuing support for the APA public psychiatry fellowship.
- 12.F - The assessment of life-long learning through maintenance of certification or maintenance of licensure for psychiatric physicians.
- 12.G - APA documentation templates.
- 12.H - Establishment of the MIT Mentor Award.
- 12.I - Improved HER education for members in solo private practice
- 12.J - Monitoring for unintended consequences of the National Resident Matching Program "All-in" policy for the match.
- 12.K - APA Fellowship.



Faiz Qadri, MD

- 12.L - Creation of Minority, Multicultural Interest Month
- 12.M - Creation of the Women of the Assembly Award for Excellence in Service & Advocacy.
- 12.Q - Reinstating the APA state legislative institutes.
- 12.R - Voice of the Assembly.
- 12.U - Provision of formalized mentorship for MIT in assembly.
- 4.B.4 - Sentences for juveniles serving lengthy mandatory terms of imprisonment.

*The following action papers were withdrawn*

- 12.P - Inclusion of "Demoralization" in DSM-5.
- 12.S - Voice of the Assembly.
- 12.T - APA Leadership, Governance, Transparency, Accountability.
- 12.V - Piloting "Subspecialty Sections"

It is my hope that you will find this information helpful and of benefit. Should you need more information please go to the APA website ([www.psych.org](http://www.psych.org)) for details.

# NEBRASKA PSYCHIATRIC SOCIETY

MEMBERSHIP MEETING

**Tuesday, February 7, 2012**

**Omaha Marriott  
10220 Regency Circle**

**6:00 pm – Cash Bar**

**6:30 pm – Buffet Dinner Served**

**7:15 pm – Speaker/Meeting**

**ADVANCED RESERVATIONS REQUIRED**

**Please RSVP by February 3rd:**

Laura Polak at 402-393-1415  
or [laura@omahamedical.com](mailto:laura@omahamedical.com)

**We look forward to seeing you there!!**

Please consider inviting a colleague to come as well.



## NEBRASKA LEGISLATIVE UPDATE

*Featuring:*



**Dale Mahlman**  
*NMA Executive  
Vice President*



**David Buntain**  
*NMA Lobbyist*

Hear an update on the current legislative session and the legislation that may impact not only psychiatry but medicine in general.

**RESERVATIONS  
REQUIRED**