



# Nebraska Psychiatrists Newsletter

2nd Quarter 2009

## Letter from the NPS President

**Sid Kauzlarich, M.D.**



I would like to take this opportunity to thank all the NPS Executive Committee Members for their support and hard work over the past year. I feel lucky to have had the opportunity to be associated with, and work along side, such a professional group of psychiatrists.

Early on there were bumps in the road. This included the need to fill the vital position of Executive Secretary. Fortunately, Cindy Hamilton came aboard and handled this change with grace and competence. Soon after the Executive Committee was up and running and went on to have a productive year.

Over the past year the NPS was able to encourage nearly all the Creighton-Nebraska Residents to become APA and NPS members. Plans are in place to continue actively recruiting residents, and I ask all NPS members to encourage colleagues to become APA and NPS members. This is extremely important because in today's environment it is going to take a unified effort to preserve the professional integrity of the field of psychiatry and promote improvements in the treatment of those suffering from mental illness.

This year the Committee worked diligently to address State Legislation affecting areas of mental health care. We strengthened our relationship with the Nebraska Medical Association in part by creating a Nebraska Medical Association Representative position. More recently the NPS has joined the Nebraska Association of Behavioral Health Organizations (NABHO) in order to help stay on top of proceedings affecting mental health care at the State and National levels.

Currently the NPS is in the process of developing an interactive website offering a Members Only Corner. This will provide NPS members the opportunity to share information in a convenient fashion. In addition, we hope this will allow psychiatrists located outside of the Omaha metropolitan area to become more involved in NPS activities.

The near future is going to bring with it a push for psychologist prescribing privileges in Nebraska. To help prepare for this the NPS Executive Committee has invited Bob Kearley to speak at the Annual NPS Members Meeting. As the American Psychiatric Association State Legislative Field Representative, Bob is in the unique position to help the NPS develop strategy for countering the psychologists' endeavor to obtain prescribing privileges in Nebraska.

The above is just a small sampling of the activities of the NPS over the past year. There is a tremendous amount of work to be done and the NPS will need your help to succeed. So please consider becoming an active participant in NPS activities.

Once again, my sincere thanks to all the NPS Executive Committee Members. I wish Dr. Marsh the best of luck in her tour as NPS President and look forward to working with her.

Sincerely,  
Sidney A. Kauzlarich, MD



## WEB UPDATES

Blaine Shaffer, M. D.,  
Chief Clinical Officer  
Division of Behavioral Health  
Nebraska Dept. of Health &  
Human Services

- 1) [www.samhsa.gov/economy](http://www.samhsa.gov/economy), this provides information for getting through tough economic times.
- 2) [www.hhs.state.ne.us/networkofcare/](http://www.hhs.state.ne.us/networkofcare/), this is a resource for individuals, family, and agencies concerned with behavioral health. There is information on behavioral health services, laws, insurance, a large library, and related news as well as communication tools. There is a live demo to learn about the site, and information on WRAP for consumers. Printable brochures for each Region are available to download. Title is, Network of Care for Behavioral Health. Lots of stuff here.
- 3) [www.suicideprevention.nebraska.edu/index.htm](http://www.suicideprevention.nebraska.edu/index.htm), this is the site for the Nebraska State Suicide Prevention Coalition. Lots of information on projects, best practices, etc.
- 4) [www.nebhands.nebraska.edu](http://www.nebhands.nebraska.edu), this site has information on psychological first aid, suicide prevention and more clinically relevant material.

## Insurance Chair Report

As most of you are probably aware, starting the first week in March, we were faced with a new set of challenges from Magellan and Nebraska Medicaid. In their efforts to contain costs they determined that duplicate services would not be covered. Unfortunately, some of those new limits included initial evaluations and psychotherapy. Under the new limits we received reports that if a psychologist had done a previous initial evaluation (90801) Magellan would not approve a psychiatrist doing another initial evaluation on the same patient. Also, if a non medical therapist was doing psychotherapy, the medical psychotherapy codes (90805, 90807) were being denied unless the psychiatrist could persuade the non medical psychotherapist to give up some of his or her approved psychotherapy sessions to the psychiatrist. At worst, this left a psychiatrist able to do only med checks or to utilize a more limited number of E&M codes on such patients, but without a proper initial assessment. At the March meeting of our Executive Committee, we voted to formally protest these limitations.

I prepared a letter to Magellan with input from Doctors Wilson (NPS past president), Kaulzarich (current NPS president) and Marsh (NPS president-elect). In that letter I stated the need for a psychiatrist to do his or her own initial evaluation to include a review of such issues as post medical history, family medical history, history of prior medication responses including sensitivities, neurologic observations, etc. I also stressed the uniqueness of psychotherapy with medical management which, in addition to psychotherapy, typically involves observations

regarding the patient's response to medication, assessment for side effects, the teaching of patients and/or care givers about the medication, deciding what physiologic markers need to be monitored, as well as doing an ongoing assessment of the patient and/or family for psychogenic sources of stress which could also be impacting the patient's physiology, behavioral and emotional responses. In that letter I also suggested other ways in which they might be able to achieve cost savings, particularly in situations where patients are not making progress or in cases where they might have concerns about provider over utilization.

On April 3, I attended one of a series of informational meetings held by Magellan throughout the state to explain their new standards. At that meeting, I learned that there had been numerous complaints by the non medical therapists as well as the psychiatrists regarding the psychotherapy limits. Those attending received verbal assurances from the Magellan staff that the new rules limiting psychotherapy have already been rescinded. Magellan officials denied that the limitations on initial evaluations had ever been their official policy. Several days after that meeting, we did receive a formal response to our letter of complaint, which confirmed what had been stated at the meeting.



John Donaldson, M.D.



## NPS Annual Membership Meeting

Wednesday, May 27th

Granite City  
1001 N. 102nd St • Omaha, NE

6:00 pm – Cash Bar  
6:30 pm – Business Meeting  
7:00 pm – Dinner & Speaker

### Legislative Advocacy Update And Action Training

*Presented by:*  
*Bob Kearley*  
*State Legislative Field Representative*

Meal Selections:  
Honey Rosemary Filet Mignon  
Grilled Salmon  
Mediterranean Chicken

*Served with a glass of wine.*  
*Salad available on request.*

**We look forward to seeing you there!**  
**Please consider inviting a colleague to come as well.**

RSVP to Lorraine at 393-1415  
or [Iseibel@omahamedical.com](mailto:Iseibel@omahamedical.com)  
by May 22nd.

## NPS CALENDAR OF EVENTS

May 27th	Annual Membership Meeting	Granite City
June 2nd	Monthly Executive Meeting	MOMS
July 7th	Monthly Executive Meeting	MOMS
August 4th	Monthly Executive Meeting	MOMS
September 1st	Monthly Executive Meeting	MOMS
October 6th	Monthly Executive Meeting	MOMS
October 20th	General Membership Meeting	TBD

# LEGISLATIVE UPDATE

I always knew Dr. Boust had big shoes to fill, but I never really knew how big, until I accepted the position of NPS Legislative Representative this year. Dr. Boust has been phenomenal as a teacher and continues to be an instrumental



part of NPS. I am learning lots and have realized how very sheltered I have been as a psychiatrist. It is so very easy to become so much involved in our own lives and practices that we often can forget about the bigger picture of what is going on in the state in terms of behavioral health. I have learned that as a group, NPS has an opportunity to be a reckoning force in change and we really have the responsibility to be proactive for our patients. There are bills out there that can greatly impact how we practice medicine and if we don't stand up for what we believe in, we have no right to complain in the end. This year, NPS has increased its collaboration with the NMA and I have to say that the NMA has gladly welcomed the involvement and have committed themselves to helping out in whatever way they can in terms of behavioral health issues. Also this year, NPS will be join NABHO so that even more collaboration can be made with people who are really at the forefront of behavioral health issues in the state.

This year the legislature reviewed multiple behavioral health bills which were likely the result of problems that were brought to public light by the Safe Haven issue in the state. Five bills this year LB 136, 346, 356, 601, and 603 were major bills to address the Safe Haven issue, behavioral health reform, and work force issues facing Nebraska. NPS was instrumental in writing letters for support of these bills and I had the opportunity to testify for

LB 603. As many of us know, funding is a key issue. Unfortunately, for most of those bills, the amount of money that was asked for is substantially more than what is being proposed right now, but we have to re-

member that the passages of those bills are a positive for the state.

I also had the opportunity to testify for LB 661 down in Lincoln which was both a nerve-racking and wonderful experience. I am pleased to announce that LB 661 (the bill that was proposed to eliminate the mental health drug carve out for Medicaid patients) did not have enough votes to move it out of the HHS committee because of enough objections and isn't expected to be brought back for discussion until the 2010 session. This is an extremely important bill that has the ability to drastically change the care that we can provide for our Medicaid patients. I believe that because the NPS and NMA were both in strong opposition to this bill and collaboratively expressed their concerns, it made a big impact on how that turned out.

I encourage all NPS members to keep their eyes and ears open to issues and bring your concerns or questions to the NPS Legislative Committee at anytime. I also encourage all of you to take a few minutes and explore the Nebraska legislative website at [www.unicam.state.ne.us](http://www.unicam.state.ne.us)

Cheryl Buda, MD  
NPS Legislative Representative

## Insurance Chair Report

(Continued from page 3.)

Recently, I learned that Medicaid reviews in Iowa are focused primarily on outliers, while Nebraska's contract with Magellan focuses heavily on prior authorization and inpatient review. I have expressed my concern to Magellan management that their approach tends to discourage psychiatric participation and doesn't do enough to scrutinize long term weekly psychotherapy or encourage review when patients are not making progress. They claim they have little or no flexibility to change the current contractual paradigm.

If you have specific suggestions to improve Nebraska Medicaid, contact me through my office. I will do my best to encourage the long term development of a less intrusive but more effective review process.

John Y. Donaldson, M.D.  
Chairman, Insurance Committee

## 2009 APA Annual Meeting



May 16-21  
San Francisco

Come and join your colleagues from across the U.S. and 50 other countries for the psychiatry event of the year.

For more information or to register online, visit [www.psych.org](http://www.psych.org) and click on "Meetings" in the center of the home page.

# In Memory of Beverley T. Mead, M.D.

January 22, 1923- March 13, 2009

I feel honored and humbled to be asked to write this memorial about Dr. Beverley T. Mead. I also want to thank Mrs. Mead, his bride of 61 years, for giving me the honor to eulogize Dr. Mead.

Dr. Mead earned his B.S. (1943) as well as M.D. (1947) from University of South Carolina and M.S. in Psychiatry (1958) from University of Utah College of Medicine. From 1947-51 he completed his Internship rotation and Psychiatry Residency training at Detroit Receiving Hospital. From 1951-1954 he honorably served in the United States Army. In the following 5 years he served at the Salt Lake City VA Medical Center. From 1955 to 1965 Dr. Mead served as a faculty member at Universities of Utah and Kentucky College of Medicine investing significant time in Continuing Medical Education.

In 1965 Dr. Mead was appointed as Chairman at Creighton University Department of Psychiatry, a position he held until 1977. In 1985 Dr Mead was reappointed as an interim Chair of the Department while serving as an Associate Dean for Faculty and Academic Affairs at Creighton University School of Medicine. In 1986 Dr Mead achieved Emeritus Chairman and Professor, Creighton University Department of Psychiatry. Upon retirement as the Associate Dean, Dr. Mead continued to be active in clinical practice, education and training as well as travelling around the globe and pursued his hobbies of collecting rocks and taking care of his cats.

Amongst others, Dr. Mead served as Fellow American College of Psychiatrists; Fellow American Psychiatric Association, Fellow American Geriatric Society and Fellow American Association of psycho-analytic Physicians. He also served as President of the Utah and Nebraska Psychiatry (70-71) District Branches as well as President of Central Neuropsychiatric Association and was sought as an examiner by American Board of Psychiatry and Neurology.

For over three decades Dr. Mead served as a Newsletter Editor of the Sioux/Nebraska Psychiatry District Branch. He had a gift to succinctly summarize information in the editor's column. This newsletter titled "Smoke Signals" under Dr. Mead's editorial stewardship received APA Award for best small district branch newsletter publication.

Dr. Mead was an effective communicator both through his authentic voice and print. He authored multiple peer-reviewed research papers and had written many books, either in part or in their entirety. The last book he authored, a source of his pride, was on "Century of Teaching and Healing: The First 100 years of the Creighton University School of Medicine 1892-1992."

Dr. Mead had a passion to teach. This was in evidence as late as six weeks prior to his death. As a mental health consultant to Douglas County Board of Mental Health, he always had 2- 3 junior medical students join him to the Board hearings to expose students to the involuntary hospitalization process in psychiatric practice. In these and other educational activities medical students gave Dr. Mead rave reviews about his ability to communicate complex concepts in a simplified manner and his gift as an effective teacher. Dr. Mead was a teacher of teachers. His Continuing Medical Education offerings on human sexuality, foundations of successful marriage and other complex mental health topics earned him accolades and national name recognition as Chair of Creighton University Department of Psychiatry.

Dr. Mead was a master clinician. He was endowed with a gift of healing patients with very complex/difficult to treat mental health conditions amongst others like multiple and borderline personality disorders often using his skills in hypnosis.

At a personal level I first got to know Dr. Mead through his correspondence with me when I was in India. His correspondence reflected his kindness, humility, compas-

sion and generosity. When I arrived at Eppley Airport in Omaha Dr. Mead came to receive me and made sure that I had proper accommodation and meal arrangement. This left a lasting impression on me about Dr. Mead's capacity to value every human being no matter what stature, race, religion or nationality. I saw this paradigm depicting richness of his humane qualities operate frequently in his interactions with faculty, residents, students and patients. Dr. Mead also had a special ability to diffuse conflict either with remarkable laughter or through wiggle of his eye brows. He truly lived his life with simplicity without pretence with love for all.

Some of the colleagues shared their reflections as follows: "I was grateful for his ability to communicate empathy and fairness for all parties....", "Dr. Mead was an outstanding psychiatrist and teacher"; "Dr. Mead was one of the finest of all physicians and kindest of all human beings I have ever met"; "I knew Dr. Mead for thirty years since I was a medical student. He was a kind and generous man and an outstanding role model as a psychiatrist and teacher".

Some of the current medical students stated "Dr. Mead was a dedicated physician who enjoyed working with students. Future medical students will be less fortunate without Dr. Mead"; "He was an extremely kind person with a sharp mind and a great sense of humor, wish we had more teachers like him."

Quoting Elizabeth Kubler-Ross "Death is the great clarifier; it shows us what is important". Dr. Mead was very important and special to his family, friends and patients as well as humanity at large. He was like a diamond that shined through his gifts to humanity.

We have a tremendous gratitude to Dr. Mead for making life of everyone he touched blessedly rich. We thank him and salute him. He will be sorely missed.