A Message from the Past-President

Dear fellow physicians,

With great pride, I am expressing gratitude for the work accomplished this year across the state of Nebraska. With your help, we have recruited more members, strengthening our reach and supporting our cause, and allows us to improve the quality of patient care as well as ensuring the future of NPS.

I especially want to thank our psychiatry residents who became involved and actively represented NPS in Nebraska and at regional and national meetings. Congratulations to our new NPS President, Dr. Julie Dickson and the other newly appointed members of the board. I’m confident that with the new leadership and the expanding membership, we are destined to bring about even more positive changes in psychiatry, ultimately bringing patients a new standard of quality care.

S. Faiz Qadri, M.D.

Behind the Scenes at the APA Assembly

As the NPS Deputy Representative to the Assembly, I had the unique privilege of attending the APA Annual Meeting assembly proceedings in NYC in May. I went in to this completely naive to the functions of the Assembly and its proceedings. Here is some of what I have learned: The Assembly is a deliberative, advisory body to the APA Board of Trustees. It represents the individual members of the APA through District Branch representatives (Dr. Qadri and I, in this case). Individual members of the APA (you, the members) can work with their Representatives to submit to the Assembly “white papers” or more simply “ideas.” These papers are reviewed and deliberated on by the Assembly and eventually a vote is taken on whether to refer to the Joint Reference Committee. The Joint Reference Committee then forwards the approved “white paper” or “idea” to Board of Trustees of the APA for consideration or to the appropriate component of the APA. The Assembly is not a voting body of the APA Board of Trustees but the Board listens very closely to the recommendations of the Assembly in formulating policy and direction. When the Assembly meets they follow Standard Code of Parliamentary Procedure which in and of itself is an interesting process. It was Continued on page 2.
As I opened up my email one afternoon in clinic, I was excited to have received an invitation to attend the APA Area 4 meeting in Indianapolis to represent the Resident Fellow Members (RFMs) from Nebraska. I was ecstatic as I’ve always enjoyed being exposed to new experiences especially in the field of psychiatry, but at the same time a bit nervous not knowing what to expect at this meeting as I had never attended one before. So on Friday, August 1st, I boarded a plane to Indianapolis, IN for the unexpected. It was difficult to fall asleep the night I arrived as I felt the excitement and nervousness about what the next day would entail. At 11am the next morning, I attended the meet and greet where I joined the many warm and friendly faces of other RFMs and Early Career Psychiatrists (ECPs) at the provided lunch. I was happy to be reunited with a medical school classmate who had started his psychiatry residency at the Cleveland Clinic and was representing RFMs from Ohio.

Once I had filled myself with a hearty lunch and met some colleagues who I would be friends with throughout my whole career, the session began. The series was sponsored by PRMS, and 4 presentations were set up. The topics included risk management, contract negotiations, and investment strategies. I thought about how fortunate I was to be at these presentations, and excited to think I would bring back so many useful tips to my colleagues who couldn’t be here. Dr. Lara Croft, the APA RFM Trustee spoke about how the APA operates and advocacy for our patients and our profession. I learned a lot about advocacy by attending the APA advocacy leadership conference last year on the behalf of NPS, but advocacy of our specialty and for our patients is so important, it was great to hear about it again.

Once the RFM presentations were completed, the RFMs joined the council meeting where various Area 4 representatives discussed action papers in order to receive support from the APA Area 4. Action papers are a way for any member to get the APA to advocate on an issue they feel should be changed whether it be on a regional or national level.

Afterwards we were all invited to a cocktail party sponsored by the APA Political Action Committee (PAC) to discuss psychiatric issues with U.S. Representative Todd Rokita. We then were invited to a delightful dinner with our colleagues hosted by the APA. I used this time to sit with other RFMs to talk about their residency programs and bring some ideas back to mine, along with some ECPs to get some tips on what residents should focus on when transitioning from residency to “real life” psychiatry. I left on Sunday afternoon after the second and final half of the Area 4 council meeting. I left feeling very honored and lucky to have been able to participate in such a worthwhile event and hoped to bring back some great ideas, tips and advice to my local colleagues!

Yon Chong, M.D.

Behind the Scenes at the APA Assembly (continued)

very entertaining to participate (quietly this time). There are some 834 white papers outlined on the APA website that can be tracked as to whether they were approved and what came of them. (I’ll review them all in my next article… or maybe not.) Of interest to most of us, this process was influential in shaping the revised MOC requirements which are much less cumbersome than originally drafted. The new requirements can be reviewed at the ABPN website.

I am happy to report that with the revision, I have met all the requirements with the exception of the recertification exam for which I will be eligible to take in 2017! Whew!

Also of interest, Sarit Hovav, M.D., was elected at this meeting as our Area 4 Assembly Resident-Fellow Member Deputy Representative. Our area includes Nebraska, Iowa, Wisconsin, Minnesota, North Dakota, Ohio, South Dakota, Illinois, Indiana, Kansas, Michigan and Missouri. Please remember to congratulate her on this accomplishment next time you see her!

On another note, as a member of NPS and practicing psychiatrist working with some of our most profoundly mentally ill in the state, I have become increasingly frustrated with difficulty obtaining reasonable services for them. This difficulty has escalated at an alarming rate over the last year. Nebraska’s Medicaid behavioral care was contracted to Magellan last September as a full risk contract. It is my understanding as such, Magellan has agreed to provide all benefits on a per member per month basis, often known as “full capitation.” If enrollee use of services exceeds capitation payments, Magellan must pay the additional costs. If enrollees use fewer services, the plan may keep or reinvest unused funds. I was hopeful this change would result in Magellan being much more sensitive to providing consistently appropriate levels of care so as to avoid the constant movement from one source of care to another (or lack of care entirely) for these vulnerable individuals. I believe this constant movement further traumatizes patients and ultimately costs more for care. Of course, the problem remains; there are few facilities/options within the state able to provide the care needed. I am wondering if others are experiencing similar frustration. If so, please email me jmtheo@cox.net so we can work together to share experiences and formulate strategies to solve this growing problem.

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2014-2015 Psychiatry Residents

NICK BASALAY
American University of the Caribbean School of Medicine
Nick graduated from American University of the Caribbean School of Medicine. He’s a Husker football, Creighton basketball, and Chicago sports teams fan. He enjoys cooking, golfing, and chasing his goldendoodle around.

STUTI BHANDARI
American University of Antigua College of Medicine
Stuti graduated from the American University of Antigua College of Medicine after completing a Neuropsychiatry research in her hometown of Ottawa. In her free time, she loves running, swimming, and cooking.

JOSEPH KENT
University of Nebraska College of Medicine
Joseph completed medical school at UNMC. He is an avid outdoorsman, with interest ranging from fishing and mushroom hunting to camping, hiking, and canoeing. He also coaches little league in his spare time.

SONIYA MARWAHA
University of Seychelles American Institute of Medicine (USAIM)
Soniyi completed medical school at the University of Seychelles American Institute of Medicine and graduated from Western Kentucky University with a Master of Public Health. She did research in delirium and in Autism Spectrum Disorders. She enjoys travelling, reading, exercising, and hanging out with friends.

MACKENZIE MERTZ
Des Moines University College of Osteopathic Medicine
MacKenzie attended Des Moines University for medical school. She enjoys traveling and has completed five medical mission trips with Global Health Outreach

NARGISS SADAT
Creighton University School of Medicine
Nargiss graduated from Creighton University School of Medicine. She loves dancing, watching movies, traveling and meeting people from different cultures, and speaks several languages including Hindi, Farsi, Pashto, and English.

ANDREW SMITH
University of Nebraska College of Medicine
Andrew completed medical school at the UNMC. While an undergraduate student, he did research in ecology, evolution, and behavior at UNL. He spends much of his free time in the outdoors fishing, mushroom hunting, hiking, camping and scuba diving.

STEPHANIE SUTTON
University of Nebraska College of Medicine
Stephanie graduated from UNMC Medical School. Her hobbies include traveling, cooking, and eating out. She spends her free time working on her new house and growing herbs and tomatoes.

Letter from the Editor:

Summer is an exciting time of year for any medical profession. New psychiatry residents have started in our state, and it's exciting to think that maybe, just maybe, they will fall in love with our community and bring their gained knowledge to our state and help with our immense access-to-care issues. In May, the APA annual meeting was held, and it was wonderful to see so many in our community participating and presenting. Dr. Theobald participated in the APA Assembly and is giving us an inside look.

Indianapolis hosted this Summer’s Council Meeting earlier in August. It was the first opportunity for me to represent the Resident Fellow Members in the 12 states making up Area 4, and a very special honor to also represent our own District Branch in place of Dr. Qadri.

We once again extend to all the members your continued participation and we hope to see everyone more involved in all that the APA has to offer.

Sarit Hovav, M.D.
“You want to do what?” That was an all too often response of friends, family, and colleagues when I told them I wanted to go into psychiatry. “You’re too bright to do that”, “You’re throwing away all of your medical education” or “What’s wrong with you”... the wounded healer issue. In fact, when pressed, most would say psychiatry was scary, that they didn’t have the patience for the work, or the uncertainty was intolerable.

When I entered medical school, I did not know what I wanted to do, but I knew what I did not want to do – psychiatry.

I had the same misconceptions that many people have now. I never took psychology classes in college – only basic science (you know, real science). I may have slipped in an anthropology class but it was primatology and I loved working with the monkeys and apes!

During my first two years of medical school, I became fascinated by my human behavior classes and by the time I did my third year clerkship, I was hooked! I loved working with the patients and found the readings and discussions incredibly intellectually stimulating. The stories I heard were like nothing I had ever encountered and I wanted to know more.

Despite this, I still decided to do a public health / preventive medicine residency, so during my last semester of my fourth year in medical school I also enrolled as a student in the College of Public Health and loved that too. Faculty in the Department of Psychiatry continued to tell me that I had a gift and needed to do psych. I did miss working with people, and so on the day I was supposed to mail in my Public Health Commissioned Corps application, I instead signed on to be a psychiatry resident! I had not seen too many residents in other areas of medicine who seemed happy or talked about liking what they did, and now I was going to get paid for doing something I liked. So I took the plunge and I have never looked back! “Follow your bliss” as Joseph Campbell said.

It turns out that my experience was not all that unusual. Just as the consumers we serve experience stigma, so do we as behavioral health professionals. During the 19th century, psychiatrists were called “alienists” because they worked with those alienated from society and because they themselves were alienated from the rest of medicine.

I was thinking of all of this as I drove back from Kearney a couple of weeks ago. I participated for the second year in a weekend experience developed by the Behavioral Health Education Center of Nebraska (BHECN).

Forty high school students from across Nebraska, mainly from rural locations, college students, behavioral health professional school students, residents, psych interns, practicing providers and consumers were all connected. These students were seriously considering careers in behavioral health. They were bright, engaging and wanted to know all we had to share. They really cared about helping others and were not put off by any stigma or other misinformation. I could only reflect on what this type of experience might have meant to me when I was at their stage of career development. It was so refreshing to see their enthusiasm! Sure, some will decide to do something else with their lives. But I must believe they will be much more informed and sensitive to the needs of others and the importance of behavioral health and to health overall. My hope is that the process of becoming educated and trained doesn't, in time, begin to alienate and stigmatize them. Many aspects of medical school, for instance, still put a negative spin on psychiatry and other behavioral health professions (poor pay, not supported in rural areas, etc.)

And what about those who said I was throwing away my medical training? Nonsense! I kept what I needed and added new knowledge and skills (just as ALL areas of specialized medicine). Today, as we look at the integration of primary care and behavioral health, it seems ridiculous to have thought otherwise. Behavioral Health brings a much more holistic, personal touch to medicine more so through the biopsychosocial model. I am reminded of what Hippocrates had to say of working with people: “It is more important to know what sort of person has a disease than to know what sort of disease a person has.”

I feel like I have gone full circle. Maybe we have made at least a little progress in changing attitudes and beliefs about behavioral health work. All the more reason to keep going... much to do, but having fun along the way!

Blaine Shaffer, M.D.
Wednesday, October 1st
Omaha Marriott
10220 Regency Circle

6:00 pm – Cash Bar
6:30 pm – Buffet Dinner Served
7:15 pm – Presentation

ADVANCED RESERVATIONS REQUIRED
Please RSVP by September 26th:
Call 402-393-1415 or
e-mail hsliva@omahamedical.com

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

ACA & PSYCHIATRY
Featuring:
Dr. Jennifer McWilliams
Assistant Professor,
UNMC Child & Adolescent Psychiatry
&
Dr. Kevin Nohner
Nebraska Medical Association President and Family Medicine physician with CHI Health Alegent Creighton Clinic

Dr. Jennifer McWilliams will discuss how the Accountable Care Act impacts psychiatry and Dr. Kevin Nohner will discuss patient-centered home models and how to incorporate mental health into the models.

RESERVATIONS REQUIRED