



Flight of Ideas

A Publication of the Nebraska Psychiatric Society

A Message from the President

First and foremost, I wanted to express my gratitude for the opportunity to serve as your president this year. Thus far, we have faced some challenges that will be detailed further in this newsletter.

One of our most pressing issues right now is that on October 30, 2014 the Nebraska Psychological Association submitted a proposal to the state of Nebraska for the ability to prescribe psychiatric medications. Thank you to those of you who have already written letters to the Nebraska Technical Review Committee in support of our opposition to the Psychologist Prescribing Proposal. Special recognition is due to Drs. Jane Theobald, Chelsea Chesen, Beth Ann Brooks and Sarit Hovav for all of their hard work on our official NPS “line by line” rebuttal to the psychologist proposal. We will be moving up our next quarterly meeting to Saturday, January 10 in response to this proposal.

We are working on procuring a speaker who can provide up to date information on this issue and how we can further educate our state government on how dangerous

of a proposal this really is. We encourage you to attend the next quarterly meeting and bring your colleagues. It will be open to member and non –member psychiatrists so please bring your psychiatrist friends. We encourage our colleagues in the rural areas of the state to attend as well, and will be reserving a block of hotel rooms for those who need to travel a great distance. This meeting will be an opportunity for us to connect and support each other in this endeavor. I hope you will be able to attend. This is likely to be an issue that will continue, so please keep your eye on your email for future opportunities to be involved.

I would like you to consider this a “call to arms.” We need your help to defeat this. Please feel free to contact me if you would like more information, or if you would like to get more involved. My email is juliedicksonmd@gmail.com.

Julie Dickson, M.D.
NPS President



Julie Dickson, M.D.

NPS CALENDAR OF EVENTS

January 10
NPS Member Meeting
Embassy Suites
La Vista, NE
(See enclosed flyer)

May 16-20
APA Annual Meeting

NPS EXECUTIVE COMMITTEE MEETINGS
(Executive Comm Members Only):

Jan. 13
Feb 10

John Donaldson Acknowledgements by APA and NPS

Dr. Donaldson received the APA’s prestigious Frank Menolascino award at the last membership meeting. The recognition acknowledges an individual who has made “significant contributions to psychiatric services for persons with intellectual development disorders /developmental



disabilities, through direct clinical services and/or dissemination of knowledge in this field through research.” A prior recipient, Dr. Mark Fleisher, made the award presentation.

His wife, Linda, and his

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Jane Theobald, MD

This article is very important; please read it in its entirety!

PSYCHOLOGIST PRESCRIBING PRIVILEGES

The first section is on psychologist prescribing privileges and the second is on parity.

For those of you who may not be aware, the Nebraska Psychological Association has written a proposal to the credentialing review committee of the Nebraska DHHS for consideration to expand their scope to practice medicine. This includes adding medication-prescribing privileges.

Please review the proposal here:
<http://dhhs.ne.gov/publichealth/licensure/documents/PrescribingPsychologistPermit.pdf>

Dale Mahlman, of the Nebraska Medical Association, was kind enough to explain this process to me, which I will summarize. Please excuse the simplicity about this proposal. The process will include several meetings, the first of which was held December 2, 2014.

We would like to have psychiatrists at every one of the future meetings. Listed below are the dates of future meetings so you may plan your schedule accordingly. We will be sending email blasts regarding these meetings as well

as pleas for help as needs arise to reach out to the Nebraska DHHS committee members. We are hopeful the committee will not approve the proposal and it will never move to the legislative floor, but we must be vigilant in educating those who will be instrumental in making those decisions.

I recently had the honor to serve in the APA Assembly November 7-9 in Washington D.C. The Assembly psychiatrists are supportive, intelligent and fun people. I would especially like to recognize and thank Janice Brannon, APA Government Relations and Jeff Akaka, M.D. Janice has been very helpful in getting me information and introducing me to appropriate experts. Dr. Akaka is a practicing psychiatrist in Hawaii and has been fighting psychologist prescribing for over 20 years. His professionalism and poise are enviable. I am hopeful we can convince him to present to members in our great state in the future. The experience of others will be invaluable as we move forward to thwart the psychologist movement within our state.

To this end, I want to encourage strongly all of you to contact the executive committee to offer help in your settings to participate in this process. We need ALL OF YOU: retired psychiatrists, employed psychiatrists, private practice psychiatrists, resident

psychiatrists and medical students! Your participation can be as small or large as you choose it to be, but please participate. There is a need for all levels of involvement. If we are not at the table as this proceeds, we will find it on the menu soon on the legislative floor. We want our efforts to be effective and uniform, so please contact the executive board to see how you can best oppose the psychologists moving forward with this dangerous broadening of their scope of practice. We will be sending out news blasts as we have information so read your emails carefully.

PARITY

We also need your involvement in the parity discussion. The class action lawsuit the APA supported on “mental health parity not being upheld by an insurer” was dismissed. The grounds were that the lawsuit would have to be filed by individuals and not an organization. Since our patients are often unable to effectively speak for themselves to take such actions, I was asked to encourage you to contact our new attorney general, Doug Peterson, especially to point out and remind him the federal law prohibits private health insurance plans from discrimination against those with a mental illness, including a substance use disorder.

The parity law specifies:

- Consumers are entitled to mental health treatment a physician says is necessary and insurers cannot allow a “fail first” requirement
- Deductions should not be higher for mental health care than for medical or surgical care

NHHS Credentialing Review Committee Meetings

January 7	Meeting Location: Nebraska State Office Bldg. 14th & M St Room LL-F Lincoln NE
February 3	
March 10	
April 7	
May 5	
June 2	

Continued on page 3.

Legislative Report: *Psychologist Prescribing Privileges & Parity (cont'd)*

- Consumers should pay only one co-pay when seeing a therapist and psychiatrist on the same day
- Consumers should have access to an “in network” mental health care provider
- Mental health related visits should not require pre-authorization that is different from all other medical care
- Number of visits or hospital days should not be limited unless similar limitations apply to all medical illnesses
- Health plans should pay for treatment even if treatment is not completed
- Health plans must provide consumers an explanation of denial or payment decisions
- Consumers have a right to appeal through an independent review.

**Contact Attorney General
Doug Peterson:**

ago.consumer@nebraska.gov
or
Office of the Attorney General
2115 State Capital
Lincoln, NE 68509

If you can give him specific examples of a violation of this law from your practice, that is wonderful, but

not necessary. I have penned a sample letter you can use as an example and modify as you see fit. Please contact the NPS office if you would like a copy. There are also posters available from the APA you can display in your office to inform your patients. Encourage and help your patients to contact him if they experience any violations.

Jane Theobald, M.D.
Deputy Assembly Representative

Residents Report

Greetings from the residency world! I'm once again excited and honored to be part of the Nebraska Psychiatric Society as the Resident Member this year from being the Resident Member Elect position last year. This year I have been able to bring along the current Resident Member Elect, Dr. Rachel Faust, PGY2, along for the ride and we have spent the new residency year attending monthly executive meetings and learning about what is going on in the psychiatry world in Nebraska!

I attended the Assembly meeting in Indianapolis (summarized in the last NPS newsletter) along with co-PGY3, Dr. Sarit Hovav, Area 4 Resident Fellow Deputy Representative! She also was able to attend the assembly meeting in November 2014 in Chicago as well. Through NPS and our association with MOMs I was also able to go trapshooting with my colleagues, Dr. Hovav and Dr. Marin Broucek, along with many female physicians in Nebraska and I can say we have a group of sharp shooters here!

As for the residency, we are now a resident body of 8 interns, 10 PGY2s, 9

PGY3s, 5 PGY4's and 2 PGY5s in the general program and 2 first year Child and Adolescent (C&A) fellows along with 4 second year fellows, which totals to 40 residents all together. The PGY5s in the general program have also completed the C&A fellowship in the same program as well.

We are also in full swing of the recruiting months for 2015-2016 candidates for new interns and fellows. Interviews have been going well. Two current PGY3s, including myself and colleague, Dr. Rahul Sharma, have interviewed for the C&A fellowship as well!

The biggest change in residency this year have been the one week PGY2 rural rotation in North Platte, Kearney and Hastings, Nebraska which have been extended to a whole month in hopes to increase interest in working in rural psychiatry. This interest has also been promoted through the telepsychiatry experience the residents are being exposed to in all three outpatient clinics at the VA, Creighton and University of Nebraska Medical Centers. Many of the current residents are

also extensively involved in research and quality improvement projects this year as well.

Since the beginning of our residency year in July 2014 many of the residents have received distinguished awards. Dr. Venkata Kolli, 2nd year Fellow, has been awarded not only the 2014 Association of Academic Psychiatrists Fellowship Award, but also the 2015 Laughlin Fellowship from the American College of Psychiatrists. Dr. Kate Robertson, PGY3, and Co-associate chief along with myself, received the Humanism and Excellence in Teaching Award in July 2014 from Creighton University. Dr. Siv Hour, PGY3, was accepted to participate in PRIME'S 2nd Annual GME Today Advance Practice in Schizophrenia: Barriers and Solutions in Schizophrenia Treatment, Efficacy, and Evolving Clinical Practice in October 2014.



Yon Chong, MD

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Ethics Report: Pre-Treatment Assessment (PTA)

Nebraska was unique in its historical application of the Pre-Treatment Assessment (the Biopsychosocial Assessment, H0002 and H0002-52) to gather a comprehensive history for Medicaid recipient patients; separate codes were developed for the Biopsychosocial Assessment and Initial Diagnostic Interview, and providers were reimbursed when both services were provided to an individual patient.

The pre-treatment assessment (PTA) requirement as a general service definition was removed by Nebraska Medicaid in its promulgated rules, effective June 12, 2013. However, the public largely was not aware of this until a request for public comment prior to a January 30, 2014 public hearing. The PTA for Children's Outpatient Mental Health and Substance Abuse Disorder Treatment Services was removed in rules effective January 5, 2014. Subsequently the PTA was removed effective September 30, 2014 for Day Treatment, Partial Hospitalization, PRTE, Therapeutic Group Homes, and Inpatient Services for Children, as well as for certain behavioral health and substance abuse services for adults.

Thus, the PTA was removed from the Medicaid State Plan as of September 30, 2014, but the implementation was

delayed to November 1, 2014 to allow Magellan time to make associated rate changes. Nebraska Medicaid-Magellan now recognizes only the Initial Diagnostic Interview (IDI) rather than the previous PTA and the enduring IDI. The previous 90791 IDI rate of \$132.71 for physicians has been increased to \$169.8, a 28% increase in payment for the 90791 code, even though this does not account for the entire reimbursement lost when the PTA was eliminated.

According to Magellan, its "updated fee schedule reflects increased reimbursement for the (IDI) and outpatient therapy codes. Obtaining an IDI has always been a requirement for establishing the medical necessity of services rendered, and continues to be an essential component of the treatment planning process. Additionally, as the assessment of a client is an ongoing and natural part of the treatment process, that continued information gathering is now reflected in the increased reimbursement rates for outpatient therapy codes.... The elimination of the biopsychosocial is a significant transition for providers. Magellan expects to collaborate with providers and offer specific education about IDI expectations when opportunities for improvement are

identified as part of the treatment record review process."

The PTA issue was complicated and at times contentious.

Both the Nebraska Psychiatric Society and the Nebraska Medical Association worked with the Nebraska Association of Behavioral Health Organizations (NABHO) to address how this would affect service delivery as well as reimbursement, offering alternatives to Nebraska Medicaid which were not accepted. I was asked in July 2014 to advocate for psychiatrists' interests in this process and subsequently was appointed as the NPS representative to NABHO. Hopefully future issues will be more transparent and can be responded to promptly.

Beth Ann Brooks, M.D. (babrooks@med.wayne.edu, 402-261-9183)

Beth Ann Brooks, M.D.
Ethics Chair



Beth Ann Brooks, M.D.

Residents Report (continued from page 3)

The residents are not even halfway through the year and plan on reporting more on our accomplishments in the months to come, along with updates on changes to our program, as well as announcing our new additions to our residency family in January and March when our new colleagues are known to us. We are also excited to hear where are 6 graduates will be heading for their first jobs out of residency. So stay tuned to NPS for exciting news to come from the Creighton –University of Nebraska Psychiatric Residents!

To see who these residents are and a

background for each of us, please visit: <http://www.creighton.edu/nebraskapsychiatry/ourresidents/>.

Yon Chong, M.D.
Resident-Fellow Representative

Member News:

In Memoriam:
Dr. Charles M. Graz
05/31/34- 07/01/14

Psychiatric Role in Ebola

Being a psychiatrist in Nebraska makes the questions about Ebola more pressing. Provision of Ebola care at Nebraska Medicine has made headline news. I have had a few patients express concern about Ebola. How might we be helpful in this emerging area of concern? Three basic issues to consider are

1. Assisting patients in receiving accurate information
2. Preparing our office for the possibility of an Ebola patient
3. Providing care to those who have worked with Ebola patients

INFORMING PATIENTS

Remembering that “we are physicians first” is a good starting place. Although we are not expected to be an infectious disease expert, we can aspire to have a primary care level of information. The Centers for Disease Control has a site for up to date information, although there has been recent criticism of the CDC for “mixed messages.”

The Nebraska Department of Public Health has valuable clinical information on transition and standards. The Center for the Study of Traumatic Stress has useful information: www.cstonline.org/ebola/. Sharing current medical information about transmission of the Ebola virus can be helpful to patients.

The Association of American Medical Colleges (AAMC) provided a series of brief and specific points to share with patients (www.aamc.org/ebola). Misunderstandings about the disease are widespread. An abbreviated list included:

- Ebola is difficult to catch
- Risk of getting Ebola in the US is extremely low
- The US has taken active steps to protect the health and security of Americans

In any infectious disease outbreak, the fear of the illness has a greater impact zone than those who are actually infected. Offering specific information about what is known about transmission can decrease fears about catching the virus from non-infected persons. If the psychiatrist does not know the answer, it can be helpful to offer getting back to the patient with relevant information to the question.

We can serve as a trusted reference guide.

PREPARING THE OFFICE

We need to consider how to respond if a patient who might have Ebola presents at the office, clinic, or inpatient setting. This may be less likely for a psychiatrist than an internist but we need to consider how we would respond. It is prudent to consider how basic isolation would be done in our specific settings.

We need to start thinking about a circumstance when a febrile patient presents himself to us. We traditionally have not checked if patients have a fever. Basic questions about travel to countries where Ebola is present would be warranted. This is not a recommendation for a radical change, although it does make us consider taking a different perspective on providing care. We need to think about reasonable preventative care. Larger medical centers are already looking at isolation approaches for each clinic. As practical guidelines that are relevant to a psychiatric practice are developed, they will be shared with the membership.

PROVIDING CARE

The beginning of the AIDS epidemic generated great concern about providing care. Physicians had to wrestle with their ethical views about personal safety and responsibility to patients. In Nebraska, the area of concern may be most relevant in providing psychiatric care to those who were Ebola caregivers. For the physicians, nurses, technicians and others who have provided direct treatment, they could encounter unusual stresses about their work.

In a media presentation, a care provider had a scheduled visit with her dentist. The dentist cancelled the appointment when he learned that the provider had taken care of Ebola patients. Do we imagine conducting ourselves like the dentist? Psychiatrists will need to consider their own stance in providing psychiatric services to “those at risk.”

It was inspiring to read about Dr. Benjamin Harris, the only psychiatrist in Liberia who is working on developing a psychosocial program to focus on children and widowed spouses of Ebola victims

(*Psychiatric News*, October 14, 2014)

We can stay informed of the recommendations for assessing for Ebola is best done through the major, dedicated sites.

Discussions with each other will be a useful way to consider our approach to providing informed and relevant treatment to our Nebraska patients and colleagues. If you have recommendations for subsequent topics on Ebola, please contact me at cgreiner@unmc.edu.

Carl B. Greiner, MD

Disaster Psychiatry Liaison



Carl Greiner, M.D.

Dr. Donaldson (cont'd.)

daughter, Shannon, received the award for him. Dr. Donaldson wanted the membership to know that he was unable to attend due to his Parkinsonism. He pointed out that the APA award is proudly displayed in his home.

At the same meeting, his family accepted a Life Time Achievement Award on his behalf. He felt that “half the credit should go to my wife, Linda.”

Dr. Donaldson is a Distinguished Life Fellow of the APA and received his MD from UNMC in 1966. He took both his general residency and child-adolescent fellowship from the Creighton-Nebraska residency. He is an engaged teacher and clinician who provided a broad range of clinical services to children, adults, and the elderly. He continued doing nursing home consultations until this summer.

Dr. Donaldson has a persistent thoughtfulness. In a recent conversation, he reflected on the importance of maintaining a balance between professional dedication and time for oneself. He provides an inspirational approach to intellectual curiosity, clinical breadth, and engagement with his peers.

Carl B. Greiner, MD

NEBRASKA PSYCHIATRIC SOCIETY

ANNUAL MEMBERSHIP MEETING



Saturday, January 10

**Embassy Suites
12520 Westport Parkway
La Vista, NE**

6:00 pm – Cash Bar

6:30 pm – Dinner Served
followed by presentation

ADVANCED RESERVATIONS REQUIRED
Please RSVP by January 2, 2015:

Call 402-393-1415 or email laura@omahamedical.com

We look forward to seeing you there!!

PSYCHOLOGISTS PRESCRIBING PRIVILEGES PROPOSAL

Featuring:

Timothy Tumlin, Ph.D.
*Psychiatrists Opposed to
Prescription Privileges for
Psychologists*

**ADVANCED
RESERVATIONS
REQUIRED**

HOTEL ACCOMMODATIONS:

For members located more than 100 miles outside of Omaha, NPS will provide you lodging at the Embassy Suites hotel if you choose to attend. All other NPS members may choose to take advantage of the NPS discounted group rate of \$84 night.

Contact Carol Wang at cwang@omahamedical.com or 402-393-1415 to make your hotel reservations.