

Psychiatry

January/February, 2006

a publication of the Oklahoma Psychiatric Physicians Association

Save the dates!

Annual meeting and CME conference just around the corner

21st Century Challenges for Psychiatry and Psychotherapy will be the theme of the upcoming spring medical education conference and annual meeting of the Oklahoma Psychiatric Physicians Association scheduled for **April 7-8, 2006** in Oklahoma City at the Waterford Marriott Hotel.

This year, the conference is co-sponsored by the Oklahoma Council of Child and Adolescent Psychiatry; the Oklahoma Psychiatric Physicians Association and the Oklahoma Department of Mental Health and Substance Abuse Services Institute for Mental Health and Substance Abuse Education and Training. Eight hours Category 1 CME credit has been approved. Other certification is in process. Registration fee, if received by April 5th, is \$150. Registrations received after April 5th or paid on-site will be \$165. There is no charge for psychiatric residents and medical students.

Distinguished faculty who have confirmed include **Harold Eist, M.D.**, Past-President, American Psychiatric Association; Diplomat, American Board of Psychiatry and Neurology; Private Practice, Child and Adolescent Psychiatry and Psychoanalysis, Bethesda, Maryland; **Jerald H. Simmons, M.D.**, Neurologist and Sleep Disorder Specialist, Director, Sadler Clinic Sleep Disorder Center, The Woodlands, Texas; **Willis Holloway, Jr., M.D.**, private practice psychiatrist in Oklahoma City, President, Cutting Edge Research Group, Oklahoma City and Medical Director, Human Restoration Program, Integris Mental Health, Spencer and **Psychiatric Residents** from Oklahoma's three residency training programs.

A block of rooms at the Waterford Hotel has been reserved for the meeting under the name of the *Oklahoma Psychiatric Physicians Association*. Please refer to this when making your reservations. The cost is **\$105 per night. Deadline for this rate is March 17, 2006.** To make reservations call the hotel directly, 405-848-4782 or toll-free at 1-800-992-2009.

Watch your mail....the annual meeting program and registration information is coming soon! ❖

Buprenorphine Training coming to Oklahoma City

A Buprenorphine and Office-Based Treatment of Opioid Dependence training program has been scheduled in Oklahoma City on **Saturday, June 3, 2006** from 7:00 a.m. to 5:30 p.m. at the Embassy Suites, 1815 South Meridian.

This program is part of a national training initiative, which has been endorsed by the Federal Center for Substance Abuse Treatment and is sponsored by the American Psychiatric Association and the Oklahoma Psychiatric Physicians Association and qualifies for 8 hours Category 1 CME. Physicians who complete this course will be eligible to request a waiver to practice medication-assisted addiction therapy with buprenorphine for the treatment of opioid dependence.

Registration fee for APA members is \$100; \$150 for non-APA members and \$75 for non-physicians. Psychiatric residents will be admitted free.

Program faculty include **Jane Kennedy, D.O.**, University of Colorado School of Medicine, Denver; **Adam Gordon, M.D., MPH**, Assistant Professor of Medicine, University of Pittsburgh School of Medicine, Pittsburgh and **Jonathan Ritvo, M.D.**, Denver Health Medical Center, Denver.

Program information and registration will be mailed soon or you may visit the website for registration information at www.docoptin.com. ❖

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PatientsFIRST Coalition holds Capitol press conference

The Oklahoma Psychiatric Physicians Association, a district branch of the American Psychiatric Association, is a medical speciality society recognized world-wide. OPPIA's member physicians specialize in the diagnosis and treatment of mental and emotional illnesses and substance abuse disorders. Oklahoma Psychiatry is a bi-monthly publication of the Oklahoma Psychiatric Physicians Association. Please address all correspondence to Oklahoma Psychiatry, P.O. Box 1328, Norman, OK, 73070-1328, or email to oklapsychiatry@yahoo.com.

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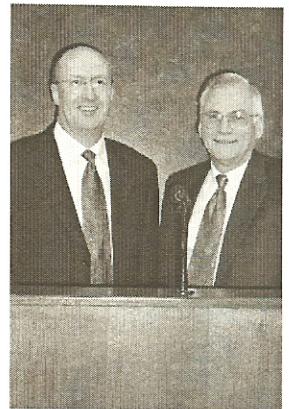
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Oklahoma's media were introduced to representatives from the PatientFIRST Coalition at a press conference held January 19th in the State Capitol Building press room. Leading the conference were co-chairs, **Art Rousseau, M.D.** and **Dennis Carter, D.O.**

"Thank you for attending this press conference today and even more importantly, thank you for helping to educate the public about our concerns and goals," Art Rousseau said. "PatientsFIRST is a coalition of **TEN** organizations from the Oklahoma Medical Community. We have joined as partners, **all as licensed physicians**, to express our concerns about the potential risk to our patient's safety. Those risks are the result of legislative and regulatory actions, or in some cases, inaction. This coalition has been formed to educate, warn and even **alarm** Oklahoma's legislature, the regulatory boards and the public about the potential risk to patient safety and quality medical care in this state."



Dennis Carter, DO (left)
and Art Rousseau, MD

"I want to make it very clear," Dr. Rousseau added, "the other healthcare professionals in Oklahoma are essential and are needed to provide good, quality healthcare services, but with some limitations. The Legislature may allow those professionals to call themselves **doctor** with the passage of a bill; however, this **does not** mean they are physicians. Nor does it mean they went to medical school like the **7,000** of us that are licensed as MD's or DO's."

"Why has this coalition recently been formed and what do we intend to do," Dennis Carter, D.O., questioned the audience. "Because we, as DO's and MD's, want to make it very clear to this legislature that the privilege to practice medicine and treat patients should come through **education not through legislation**. We want this legislature to know today that the Oklahoma Medical Community has partnered to **draw the line in the sand** and protect patients from additional inappropriate legislative decisions. The PatientsFIRST Coalition wants to become a **resource** for legislators, their staffs and state agencies on **best practices** for patient care, safety and treatment before further legislative action erodes the quality of healthcare in Oklahoma."

"Sadly, it has taken too long to wake up the medical community about the need to work together as specialties and jointly protect patient rights. We have always done it as individual groups, but today we are no longer individual specialties. We are the PatientsFIRST Coalition dedicated at this Capitol, throughout Oklahoma **and at the ballot box** to insure patient safety and access to quality medical care for all Oklahoma citizens," Dr. Carter added.

Dr. Rousseau concluded the press conference by stating, "Again, our goal is to educate the Legislature and the public about the practice of medicine and the training it takes to become a **physician**, one who has gone to medical school and is not just a **doctor** in legal terms. We sincerely believe that every citizen in Oklahoma has the right to quality and safe medical care; anything less is a **prescription for disaster**." ♦

Ph.D.'s prescribing

by John Mallgren, D.O.

In regards to psychologists being able to prescribe medication, first let me say that I have no problem with anyone having medication prescribing privileges. All that is required is that they go to medical school. I think that without adequate training, prescribing medications will put patients at risk. Thus for a group to obtain legislatively what they were not able to do academically, approaches being a serious ethical problem.



J. Mallgren, DO

Allow me to illustrate my point by referring to the New Mexico psychologists prescribing law from a quality of care point of view. The numbers speak for themselves. The psychologists in New Mexico are required to have eleven weeks plus ten hours of classroom activity versus physicians four years of being medical students. That means that they receive less than a month of academic training for every year of a physician's academic training, i.e. four months versus four years. Their clinical training doesn't fair much better. They are required to perform an 80 hour practicum and then 400 hours of physician supervised practice. This again is less than a month of clinical training for every year of a psychiatrist's clinical training, i.e. four months versus four years. We need to remind our legislators that our first eight years prepares us for our remaining four years that are focused on training to provide care for the mentally ill, during which time we interact directly with patients. Psychologists spend a total of eight years in school (*versus our 12*) most of which is classroom and not providing direct care for the mentally ill. Where is Flexner¹ now that we need him?

In short, any state that allows psychologists to prescribe medication is relegating their mentally ill to second-class citizenship. A group of citizens who are very vulnerable and who are carrying heavy crosses already, and just because they don't have the attention of most politicians, they shouldn't be made to carry additional wood.

And our fellow New Mexico physicians who are enabling what's occurring need realize they may yet reap what they sow. As we speak legislation is being introduced in New Mexico to expand psychologist's scope of practice to include all classes of medication. Any psychologist who feels adequately trained to practice psychiatry after only weeks of training will not balk at practicing family or internal medicine or beyond. New Mexico physicians: you are training your replacements and/or soon to be peers. The next ER shift may find you receiving clinical information regarding a patient who has overdosed from a psychologist. Do you want a psychologist telling you of coexisting medical conditions and/or trending vital signs? As the emergency room physician you are liable.

Unfortunately, that which drives the political process has to do more with money than anything else. That being the case, perhaps it is best we present some additional arguments from a financial point of view against psychologists prescribing. All recognize that legislation at times has unintended consequences. I suspect that the new laws in both New Mexico and Louisiana are going to haunt both Governors Richardson and Blanco. In the spring of 2004, the Wall Street Journal had an article which in effect seemed to indicate that the cost of psychiatric medication was going to break the health care bank. This in the context of budget cuts threatening state Medicaid programs, as was so clearly pointed out in the August 2004 *Psychi-*

atric Times front page article among other places. Given that it takes eight versus 12 years to become a psychologist versus a physician, and that there are many more psychologist programs, granting these individuals medication prescribing privileges in effect will increase the number of prescribers ten-fold easily. When these governors fully appreciate the financial impact of these new laws on their states, they will come to regret not having reached for their veto pens. (*I suggest all state APA branches do the math regarding this and submit the data to the governors of their states.*)

I am not saying that all individuals should not have access to affordable mental health services. I practice in a non-profit community mental health center in rural Oklahoma; and many psychiatrists are doing their part in this area, in one county that I serve a private psychiatrist by the name of Dr. Mary Weir donates her time to a free clinic.

Another group of individuals who may have real reservations about this legislation are those involved with monitoring scheduled medication. By this I mean the DEA, the state narcotics agencies, and for that matter all policing agencies that have to do with regulating habit forming medication, to say nothing of those involved in the treatment field. Unfortunately, I believe that statistically we can count on, for purposes of illustration, say one in 100 prescribers to be driven more by greed than by ethics. So if we have 10 physicians in the city and one of them is not very careful with scheduled medication that presents a big problem. In the same town where there may be as many as 100 psychologists and an equal percentage who are without careful prescribing practices, suddenly the problem is increased ten-fold.

For purposes of illustration, an area of concern may be ADHD. That is not to say that there is not a significant number of adults suffering from this disorder, but I personally believe that the number of individuals who enjoy stimulants outnumber ADHD patients.

In closing, a word of caution to our APA. My sense is that the APA does not appreciate the urgency of this situation. A brief history lesson may be in order. I can make reference to this event, as I am an osteopath. Osteopaths used a legislative strategy similar to the psychologists to obtain licensure nationwide. The big difference is that osteopaths were and are trained as physicians. The point is that what the psychologists are attempting to do can occur. And while it may not affect our eastern colleagues post-haste, I predict that if psychologists can in effect become psychiatrists legislatively, the noble profession of psychiatry as we know it will not be available to any of our offspring.

¹ **Flexner, Abraham.** The Flexner Report is one of the most cited evaluations of medical education in the 20th century. Published in 1910 by the Carnegie Foundation, the Report arose from research conducted by Flexner who claimed to have visited and objectively evaluated 155 graduate and 12 postgraduate medical schools in the United States and Canada.

W. John Mallgren, D.O., ABPN-P, is the medical director of a community mental health center in Claremore, OK. He is a graduate of Michigan State University and was a University of Oklahoma Psychiatric Resident from 1989-1993. Dr. Mallgren is a member of the Oklahoma Psychiatric Physicians Association and the American Psychiatric Association. ❖

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