

Notice: the VPA Listserv will soon be back in operation. If you haven't already done so, sign up by e-mailing Jessa Block at: . Please tell other Vermont psychiatrists about the Listserv. The Listserv can be accessed at:

VERMONT PSYCHIATRIC ASSOCIATION

Minutes of the Executive Committee/General Meeting Three Stallion Inn, Randolph April 16, 2005

Members Present: Drs. Bolton, Buchanan, Catapano-Friedman, Cotton, Danielson, Deppe, Graves, Jimerson, Kalibat, Lopez, Mack, Malloy, McMains, Novas-Schmidt, Pierattini, Pellitier, Porter, Robbins, Rubin, Schultz, Siegel, Silverman, Simpatico, Weker, Wolinsky, and Zaur; and Jessa Block, VMS

Guest Present:

Minutes: The minutes of the previous Executive Committee Meeting were not reviewed.

Announcements:

1. Gibbard Award: Dr. Siegel announced that the Bruce Gibbard Award was presented to Robert Pierratini, MD.
2. Jessa Block will be leaving her position with the VMS, and with the VPA, in June. Dr. Kalibat, VPA president, thanked her for her exemplary service on behalf of the VPA as its Executive Assistant. The VMS is interviewing candidates to fill her position.

Reports:

1. Legislative Report: Ms. Block presented a summary of legislative issues of psychiatric interest these include:
 - a. Sexually Violent Predators: The House Judiciary Committee has taken this up. The VPA has been entered as a party wishing to testify. Ms. Block does not believe this bill has good chances. Dr. Simpatico noted that what's new in the proposed legislation is the separation of sexual and violent predators, which would be a unique feature.
 - b. Mental Health Parity: Bills that would establish Any Willing Provider and fuller parity, i.e., elimination of mental health insurance carveouts.
 - c. Death With Dignity: This bill was taken up this week; a public hearing will be held in a couple weeks. It will not be taken up this year.

- d. Budget: The Medicaid budget has been separated from the remainder of the budget. Information about the Medicaid budget can be obtained at: .

Old Business:

1. Medicaid Drug Formulary: Dr. Graves reported that OVHA's (the Office of Vermont Health Access's) current position is to "review" proposals for "SPMI" med management other than Preferred Drug Lists and make a decision. They also wish to tinker with the SPMI definition, and see what that does to the number of people exempted; the goal being to trim some, but keep the vulnerable. E.g., perhaps not all children need be immediately exempt. At the last meeting of the Drug Utilization Review Committee they asked for input about this from DUR members. Dr. Graves also reported that with the emergence of Medicare drug insurance, much of this debate will be shifting from the state to the federal level. Dr. McMains explicated that this will effect "dual eligibles," which include 2200 people in the public mental health system. As of January 1, 2006, this group will be required to sign up for this Medicare drug coverage. The formularies that Medicare establishes will be regionally based, and there will be multiple formulary plans from which each individual can choose; this will require that physicians will have to be acquainted with each of the formulary systems. Additionally, Medicare drug coverage will impose significant out of pocket expenses for patients, up to \$4000/year. Each CMHC has been asked to identify a staff person to learn all the rules and procedures of the various plans, and of the selection process.

New Business:

1. It was moved and seconded that while the VPA recognizes the difficult issues raised by the release of convicted sex offenders into the community, it strongly opposes the proposed legislation that would establish involuntary commitment and purported psychiatric treatment of sex and violent offenders following completion of their sentences, unless the individual meets existing involuntarily commitment standards on the basis of recognized mental illness. The motion unanimously passed. Drs. Simpatico and Kalibat will draft a letter to the Legislature communicating the VPA's position on this issue. Dr. Robbins reported that the Hospital and Community Psychiatrists have also taken a position strongly opposing this legislation and will be communicating that to the Legislature.
2. Election of Officers: Dr. Siegel, chair of the Nominating Committee, presented the following slate of candidates on behalf of the committee:

President: Frank Kalibat, MD
President-Elect: Robert Pierattini, MD
Secretary: Jonathan Weker, MD
Treasurer: David Fassler, MD

No additional nominations were made from the floor. The committee's slate of officers were elected.

VPA Annual Meeting Workshops: Four workshops addressing issues of topical importance provided the balance of activity of the general membership meeting:

1. Vermont State Hospital: this workshop was facilitated by Peg Bolton, MD and Corinne Pellitier, MD. The group was clear that there is a need for a state hospital or intensive care unit. The functions of the intensive care unit would not lend themselves to be distributed through out the state: expertise and esprit de corps would be lost. Tom Simpatico noted that the report by Jeffrey Geller, MD analyzing a recent suicide at VSH had been taken out of context in the press; the gist of the report was that VSH had met or exceeded national standards in the handling of the care of the patient. Concern was expressed about Governor Douglas's handling of the situation and that non-medical people were making medical decisions. Bob Pierattini reported that whereas FAHC's contracts with VSH psychiatrists had been pro forma in the past, there would be more scrutiny this year; FAHC plans to provide more clinical leadership through Tom Simpatico, and safety issues could be addressed in these contracts. He also reported that FAHC had been asked by the state to build and operate a new hospital that would comprise the intensive care unit function of VSH; no decision about this had been reached. The group expressed concern about for those patients who need more time to recover in a highly structured settings – so called ¾ or sub-acute settings – those settings are not in place. Bill McMains suggested that the VPA take a position stating that the state hospital/intensive care unit is needed as a specialized care unit and that it should be affiliated with FAHC. The VPA had sent a letter to the governor in support of the staff at VSH and expressing concern about staff morale. The group concurred that the VPA's messages—about the need for an intensive care function and preservation of a skilled hospital staff—needs to be directed to a wider audience, including legislators and the public. The group decided to form a steering committee to give input to, and draft a position statement from, the VPA. The statement would be drafted by this committee but would go out to legislators and the public through the medical society; it would come from the Vermont Psychiatric Association as an organization rather than from individuals on the committee.
2. Access to Psychiatry in Vermont: this workshop was facilitated by Lisa Catapano-Friedman, MD and Alice Silverman, MD. The group defined access to refer both to psychiatrists' access to each other as well as patient access to mental health care. Although there are regional differences, many psychiatrists are feeling isolated and alienated, both from other psychiatrists and from other physicians (non-psychiatric). Many psychiatrists feel much guilt about turning down the numerous patients looking for care, but there are far too few psychiatrists. Money is a big reason, as well as the time and aggravation wasted on managed care. Debra Lopez reported that Paul Jarris, MD, Vermont's health commissioner, is interest in investigating/writing a grand proposal re: merging public and private psychiatry. The group suggested that the private practice committee could provide a representative to this effort. Also, the group expressed the feeling that the VPA has not been strongly involved in or an advocate for private practice issues. Hopefully, the private practice committee will provide a venue for this advocacy.
3. Pharmaceutical Issues: this workshop was facilitated by Stuart Graves, MD. The attendees

arrived at a home grown synthesis of all the approaches out there to move to an “educational approach” of merging economic concerns and clinical concerns that would utilize best practices. The group was divided about using an unrestricted grant from a pharmaceutical company (as Missouri has done) to administer a best practices-based approach: no one truly desired such an expedient, but some were willing to bow to necessity if it helps patients. The group opposed a Preferred Drug List model as essentially not working in psychiatry for both clinical and economic reasons: because this model doesn't work clinically, it extracts a greater cost from First Health (the outfit contracted by the state to administer the PDL) and clinicians; and it generates costs to pay for the consequences of increased suffering due to lack of access to medication (e.g., decreased functioning, increased ER and hospital visits).

4. Health Care Reform: this workshop was facilitated by Jonathan Weker, MD. While this issue was noted to turn up over and over again like the proverbial bad penny and was greeted with a certain ennui, the group recognized that the future ability of patients to receive psychiatric care has everything to do with how health care will be paid for in the future. Even though it's unlikely that anything will be resolved this year, the emergence of multiple health care reform proposals in the Vermont Legislature makes it very likely that real, comprehensive health care finance reform will happen. The group unanimously concurred that Psychiatry needs to be at the table when this happens and needs to have organized its thinking on the matter.

The group reached consensus on four issues:

- a. There needs to be universal access to (at least some) health care.
- b. The public at large should pay for this universally-accessed health care.
- c. People should be taxed for health care proportional to their income/wealth.
- d. The taxation/budgeting for health care should be kept separate from other publicly-funded activities.

A Health Care Reform Committee was created whose purpose will be to further consider these issues and create a comprehensive position statement to present to the Executive Committee. Alice Silverman, MD agreed to chair this committee. Those interested in taking part may contact her at: .

The meeting was adjourned.

Respectfully submitted,
Jonathan L. Weker, M.D.

The next VPA Executive Committee will be held on Friday, May 13 at the Vermont Medical Society, 134 Main Street, Montpelier. VPA members may attend even if they are not members of the Executive Committee and are cordially invited to do so.