

**VERMONT PSYCHIATRIC ASSOCIATION
MINUTES OF THE EXECUTIVE COMMITTEE MEETING
15 December 2006**

Present: Drs. Alice Silverman, Frank Kalibat, David McKay, Stuart Graves, David Fassler, Gail Barton, Ursel Danielson, Robert Pierattini, Tom Simpatico, Sue Deppe, and Mr. Steve Larose. The VMS ducks added their voices through the open window (!) later in the meeting.

Minutes of past meetings were not reviewed. Dr. Deppe requested, and was given, permission to make a couple of minor revisions in the September through November minutes to enable imminent publication in the Winter Solstice Edition of the newsletter. The minutes from September through today will need review and approval at the January meeting.

Announcements:

Michael Hartmann, MSW, of Washington County Mental Health was just hired as Deputy Commissioner of Mental Health in the Department of Health.

Reports:

A brief statement of year-to-date profit and loss for the VPA was circulated. Please contact Steve Larose if you would like a copy.

New Business:

1. Planning for VPA's spring meeting was begun. Professional Risk Management Services (PRMS), endorsed by the APA, offers risk-management programs. Psychiatrists insured by PRMS get a discount on their premiums for taking the course. Dr. Fassler moved to schedule the spring meeting at least three weeks prior to the APA meeting, and to invite PRMS to do a program. Dr. Kalibat seconded. Further discussion led to a final motion that we hold the meeting between Easter and the end of April, and explore having PRMS do a risk-management program. It was also moved that the meeting be in the Connecticut River Valley, preferably at the Hanover Inn or Juniper Hill Inn in Windsor, and that we invite the New Hampshire Psychiatric Society to join us. The motion was approved unanimously. Mr. Larose will contact PRMS. It might even be possible to get them to sponsor the meeting.

2. There was recent publicity about substantial gifts or payments to some psychiatrists from drug firms. Mr. Larose obtained information from the Attorney General's Office, where it is available, and presented it without names. We discussed issues around gifts/income and possible bias vs academic detailing. VPA does not yet have a position on this issue. Should we make this information available to our members (without names)? It was moved by Dr. Fassler, seconded by Dr. Silverman, that the issue will be referred to the VPA Ethics Committee for discussion and recommendations. The motion passed. Anyone who is interested in the discussion is welcome to participate.

Old Business:

1. The Mental Health Oversight Commission of the Vermont Legislature voted for the appointment of a Commissioner of Mental Health. (We currently have an Assistant Commissioner, under the Commissioner of Health.) It has been announced that a bill will be introduced to reinstate the Commissioner of Mental Health. There has been lots of political pressure to make this happen, despite the recent move to having the Division of Mental Health with a Deputy Commissioner in a Health Department model. During our special meeting on 27 November, we had not taken a stand on this issue. Dr. McMains had been charged with the task of drawing up a set of principles for discussion today. Because he had to be at another meeting today, those principles are not available.

Discussion ensued. The merits of endorsing principles vs more specific positions were mentioned. We can certainly agree on principles such as parity and emphasis on prevention and early treatment. Dr. Kalibat pointed out--with some frustration--that we have passed up several opportunities to weigh in on this issue over the past six months.

Dr. Pierattini recommended identifying principles and benefits of having mental health in the Department of health, yet it is important to take into account the politics of the situation and power/control/funding issues inherent in government. Dr. McKay stated that we need a strong leader who integrates mental health into the system as a whole and makes the broken system work. It also makes sense to be coherent here with our policy on parity. We talked about how to bring issues to/through VMS effectively. Dr. Weker is our representative to the VMS Council, and Drs. Barton and Fassler can bring our perspective to the Physician Policy Council.

(On a related issue, it was also pointed out that the Douglas Administration wants to change the law which currently requires the Commissioner of Health to be a physician, so that Acting Commissioner, Sharon Moffatt, RN, could become permanent. VMS opposes the change. We can work with VMS on these issues.)

Plan: Drs. Graves, Deppe, McMains and Larose will try to write and circulate a statement before the end of December, for discussion by the membership. We can vote by email or phone if we need to. It is likely that the Legislature will be working on this fairly early, but we will probably be able to consider it at our January meeting.

2. Draft resolution on mental health carve outs. Mr. Larose circulated a draft, as written below. He and Dr. Weker need our feedback before the VMS Council meets on 1 February. Members are requested to send their feedback to both of them. We will vote on this at the 19 January Executive Committee meeting. It was suggested today that we consider deleting the word 'for-profit', as some carve out entities are not-for-profit, but still problematic.

Draft VMS Resolution on Mental Health Carve Outs

Whereas, insurance companies have subcontracted their coverage for treatment of psychiatric conditions to for-profit, mental health "carve out" companies in an attempt to reduce their costs; and

Whereas, these mental health carve outs frequently employ untrained or minimally-trained individuals to enforce capricious and arbitrary limitations on access to clinically-indicated psychiatric treatment; and

Whereas, excessive requirements for preauthorization and certification by mental health carve out vendors result in additional administrative overhead for psychiatrists without compensation;

Whereas, these excessive requirements have a detrimental effect on patients receiving necessary care;

Whereas, many Vermont psychiatrists refuse to accept insurance that carries a mental health carve out;

Whereas, insurance companies that use mental health carve outs unfairly push patients into relying on primary care physicians for psychiatric care;

Whereas, primary care physicians, of which there is a serious shortage in Vermont, should not be additionally burdened by the requirement to treat patients with complicated psychiatric conditions, especially when they believe that care by a specialist is clinically indicated; and

Whereas, the American Medical Association has adopted a policy opposing mental health carve outs;

Resolved, it is the policy of the Vermont Medical Society to oppose mental health carve outs;

Resolved, the Vermont Medical Society will advocate for insurers to integrate mental health services with other health care by abandoning the practice of subcontracting coverage of psychiatric conditions to mental health carve out companies.

Please send your comments on the above to Dr. Weker and Mr. Larose before the end of December.

3. Linked issues: The Futures Project, POC update, and the issue of VPA representation: Two days ago, the Public Oversight Commission held a preliminary hearing on whether VDH (the Vermont Department of Health) could proceed with detailed planning on a replacement for VSH and the rest of the Futures Project. VDH and the Futures committee, which has wrestled mightily with this for several years, had wanted to put forty new inpatient beds on the FAHC site, and smaller numbers of beds in a couple of other locations. In a special meeting on 27 November, the VPA Executive Committee had approved six general points, including parity and equal access to medical services. In its hearing on 13 December, the POC was very skeptical re: building at FAHC, and concerned about the cost. The POC told VDH to explore every other possible option.

There had been concerns last week as to whether the views of the Executive Committee had been conveyed clearly by Dr. Fassler in his written submissions before the hearing. This highlighted the important relationship between the VPA Executive Committee and the Legislative and Public Affairs Representative(s), including how much control over content and flexibility is given to the reps, and to what extent they are free to express their own views, if different from those of the organization. These concerns caused a flurry of emails and phone calls among members of the Executive Committee over the past week.

The testimony on 13 December (given by Drs. Weker and Fassler) was described as faithful to the six points this committee had approved. The Executive Committee expressed its appreciation. No one wanted to be divisive. The committee's strong respect and appreciation for Dr. Fassler's work over many years was noted. Several members, including Dr. Fassler, shared their thoughts. It was generally agreed that there is a need for flexibility, as things can change quickly in legislative and policy settings. When the subject of the testimony is a moving target, the rep has to be able to think on his or her feet. It was pointed out that it would be good to review materials and proposed testimony with the Executive Committee before submission, so that any unintended bias or confusion could be avoided. It is possible that conflict of interest because of people's jobs, roles, etc., may interfere with someone's ability to represent us accurately. Dr. Fassler was asked whether he had a difference of opinion with VPA. He clarified that it was more of a difference of strategy than policy. He usually submits backup articles, materials, etc. In this case, he gave the POC materials he knew they were going to want anyway (eg, articles from the professional literature and descriptions of what had been done in other states). He also noted that he had invited all members of the Executive Committee to

recommend other articles for submission. His prediction turned out to be correct. Additional articles were added to VPA's submission for the hearing, in response to the EC discussion and dialog. No formal action was taken, but the Executive Committee will likely want to coordinate more closely with the Legislative Reps in the future, particularly on controversial issues.

On a related note, Dr. Fassler also gave us a graph of the VSH daily census over the last couple of years. It is easy to see that the system is stressed by high numbers, and we wonder whether the Futures Project is aiming for enough capacity.

4. A recent incident in which a state subcontractor put a number of clinicians' social security numbers on the Web was discussed. The material has since been removed from the website. It is not clear that people are necessarily safe even if they did not receive a letter from the state. There are a number of employed people whose SSNs showed up, and it is not clear why.

Steve Larose will follow this issue. **There is a toll-free number to call, to see whether you are affected.** The state may be providing free credit checks or other help in managing the problem. (Note that some Internet Security experts say it is not a good idea to Google your own SSN on your own computer.)

5. Talks with Vermont State Police

Last summer, a man with mental health problems was killed by Vermont State Police in Corinth. He was camping out on the road to the copper mine. EPA people were trying to get up there. The patient had also threatened some of his family members. He pulled a gun and officers shot him. It was later ruled that they acted properly.

Steve Larose talked with the advocate community and met with the head of the State Police, Col. Jim Baker, who was open to dialogue. Washington County Mental Health and State Police are applying for a substantial DOJ grant for training of officers, and have legislative funding for training that is going on already. The plan is to train all state police. Part of the money will be used to develop a cross-disciplinary crisis team. All state police training increased from four to six hours, and they want to increase it much more. It sounds as though Steve Larose was particularly pivotal in this effort, and the Executive Committee expressed its appreciation to him.

State police find inconsistent response when they attempt to get information on patients in emergency situations. Mental health workers seem fearful of giving information, even in emergencies, where it is justifiable to violate confidentiality. Steve and the State Police are trying to develop a form to lay out what kind of information clinicians can give out and documenting what they release, for later review. Dr. Fassler has also been involved in efforts to help them get more mental health consultation into their system without exposing police to liability. Advocacy groups such as the ACLU, VAMH, NAMI, Vermont Protection and Advocacy, and the Clara Martin Center are working on this.

Happy and Peaceful Holidays to All!

Respectfully Submitted,

Susan Leigh Deppe, MD
Auxiliary Backup Secretary

The **next meeting** of the VPA Executive committee is on Friday 19 January 2007 at the VMS offices, 124 Main Street, Montpelier. All psychiatrists are welcome to attend, even if they are not members of the Executive Committee.