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VERMONT PSYCHIATRIC ASSOCIATION

Minutes of the Executive Committee Meeting

January 21, 2005

Members Present: Drs. Danielson, Deppe, Fassler, Kalibat, McMains, Siegel, Simpatico and Weker; Ms. Block

Guest Present (briefly): Paul Harrington, Director, Vermont Medical Society

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

Announcements:

1. VPA Executive Committee Meeting Schedule for 2004-2005 (tentative):
 1. Friday, February 18: 1:30-4:30 p.m., VMS, Montpelier
 2. Friday, March 18: Dinner Meeting in Burlington; details to be announced
 3. Saturday, April 16: Executive/Annual Meeting (location to be determined)
2. Bruce Gibbard Memorial Award: nominations may be put forward from this award by contacting Andrew Siegel at axsiegel@moose.uvm.edu.
3. Robert Pierratini, MD has been named chair of the University of Vermont College of Medicine Department of Psychiatry

Reports:

No reports were presented.

Old Business:

4. The Future of Vermont State Hospital: Tom Simpatico, MD, medical director of VSH, presented the current version of the futures project on behalf of Susan Wehry, MD of the Department of Health and himself. He noted that the planning is being driven by the ending of the IMD exclusion, which has provided federal funding to VSH up to now. The current licensed number of beds is 54; that would be kept close to the same. Functions would be "peeled off" to more specialized locales:
 1. "Secure Residential": Six beds will be so designated for individuals who don't require acute or sub-acute services but are hospitalized by fiat of the courts and are (or are perceived to be) dangers to society. The location of this service has yet to be determined.

2. Subacute Care: 16 or more beds will be designated for individuals who need intense rehabilitation but do not need to be hospitalized (e.g., the present Brooks Rehabilitation unit population). A level of psychosocial rehabilitation and re-connection with community providers that doesn't yet exist (or is not well developed) would be provided.
3. Acute Inpatient-Intensive Care: 32 beds would be maintained for this purpose (this includes individuals admitted under court order for forensic examination). This population would be subdivided between "ICU" (for patients who are more dangerously belligerent and might otherwise destabilize the unit milieu), and the non-ICU remainder. How this will be set up remains a topic of interest and uncertainty. To recoup federal dollars, a free-standing psychiatric hospital can have no more than 16 beds. Federal funding can also be achieved by attaching a number of psychiatric beds (which could exceed 16 in number) to a general hospital, so long as the average psychiatric census comprises no more than 50% of the hospital's total average daily census.

Three specific proposals for this service have been put forward:

1. All 32 acute beds could be located at Fletcher Allen Health Care, including 12 ICU beds;
2. 28 of the 32 beds could be located at FAHC, including 8 ICU beds. Four additional ICU beds could be located at another hospital, e.g., Rutland or Springfield.
3. 16 beds could be located at FAHC, including 4 ICU beds; 12 additional beds could be located at Brattleboro Retreat, including 4 ICU beds; and Rutland and Springfield could take 4 ICU beds each.
4. The Diversion Component: ten new beds, not now in the system, would augment 19 existing beds by designated agencies around the state (Next Door, Assist in Chittenden County; Home Intervention in Washington County). These would be broken down into the following categories:
 1. Triage and observation beds (up to 24 hours)
 2. Crisis stabilization beds (24-48 hours)
 3. Hospital alternative care (3-7 days)
 4. Step down beds from the state hospital acute program (or other hospitals' inpatient programs).

The Executive Committee discussed these considerations in great detail. Points raised included the concern that the 32-bed figure for acute and intensive care hospitalization may represent a bare minimum and could prove inadequate to future need; and that attention be given to the need to maintain a critical mass of specially-trained staff with the expertise to

care for the most acutely ill psychiatric patient population. The VPA will forward its comments to the “Futures” committee (which has been formulating these proposals) as well as to the Legislature.

5. VPA Membership: Dr. McMains reported that all but one of the members in potential dues arrears have now renewed their APA/VPA membership.

New Business:

6. Governor Douglas’s Proposed Budget and Medicaid Cutbacks: Mr. Harrington presented the impact of the governor’s proposed budget on psychiatry. The governor is proposing to expand the Medicaid medication formulary and to repeal the prior authorization exclusion for severely and persistently mentally ill patients. His administration is planning to reduce the total payment for services to patients with both Medicare and Medicaid to *the total Medicaid benefit*, not the total Medicare benefit as is currently the case. This in and of itself would represent an estimated 7% decrease in physician reimbursements, and would be in addition to the 17% reduction in the Medicaid reimbursement schedule. Mr. Harrington noted that because Medicaid is a 40/60 state/federal payment mechanism, for every 40 cents the state saves by lowering payments to doctors, physicians lose a dollar. The Executive Committee discussed these issues; it generally supported the VMS stance and specifically took a position favoring preserving the SPMI exclusion as is.
7. Vermont Teddy Bear: The Executive Committee discussed the status of the protest against the Vermont Teddy Bear Company over its development and marketing of a “Crazy For You” teddy bear (which portrays a strait-jacketed teddy bear accompanied by commitment papers). Thus far, requests that company officials meet with local mental health advocates has not been honored, although they announced they would meet with national NAMI personages. Dr. Fassler reported that Fletcher Allen psychiatrists have communicated seeking the removal of Elizabeth Robert, president and CEO to Vermont Teddy Bear, from the Fletcher Allen board of trustees. The Executive Committee discussed responses that the VPA as an organization, and its members individually, could take. The Executive Committee passed a motion expressing the belief that Ms. Robert should resign from the FAHC board of trustees. The Committee will also send letters to newspapers protesting Vermont Teddy Bear’s production of the demeaning product.

The meeting was adjourned.

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

The next VPA Executive Committee will be held on Friday, February 18 at 1:30 p.m. at the Vermont Medical Society, 134 Main Street, Montpelier. VPA members may intend even if they are not members of the Executive Committee and are cordially invited to do so.