

Notice: the VPA Listserv is now in operation. If you haven't already done so, sign up by e-mailing Jessa Block at: jblock@vtmd.org. Please tell other Vermont psychiatrists about the Listserv. The Listserv can be accessed at: vpa@vtmd.org

VERMONT PSYCHIATRIC ASSOCIATION

Minutes of the Executive Committee Meeting

Taste of Burlington Restaurant, Burlington

March 18, 2005

Members Present: Drs. Bolton, Danielson, Fassler, Graves, Kiley, Kloster, Lasek, Lopez, McMains, Novas-Schmidt, Ragan, Schultz and Weker

Guest Present: Patty Ragan, MSW

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

Announcements:

1. VPA Annual Meeting, Three Stallion Inn, Randolph: Executive Committee meeting will take place at 10 a.m., followed by a general membership meeting and luncheon that starts at 10:45. The program for this unique meeting has been fueled by a groundswell among Vermont psychiatrists to band together in order to confront issues of unprecedented importance and urgency affecting our ability to practice our profession. Please see the announcement that is attached to the end of these minutes.
2. Gibbard Lecture and Award: Arnold Modell, MD will present the Bruce A. Gibbard Memorial Lecture at 10 a.m. on Friday, April 8 at the UVM College of Medicine. The VPA's Gibbard Award will be conferred at that time.
3. VPA Elections: Dr. Danielson announced that the Nominating Committee has nominated Robert Pierratini, MD for the position of VPA President-Elect. Elections will be held at the Annual Meeting in April.

Reports: No reports were provided.

Summary of the proceedings: The regular agenda was suspended in favor of a thoughtful discussion of the major issues facing psychiatric practice in the state and how the VPA might best participate in addressing them. Discussion began with consideration of recent developments regarding Vermont State Hospital; given that economic and political agendas have dominated these developments, one identified need was to arrive at a clinically-driven estimate of the

number of intensive care psychiatric hospital beds that would be required to care adequately for mentally ill Vermonters. As this estimate would vacillate depending upon the availability of outpatient treatment resources, discussion then turned towards considering the plight of the state's mental health centers and their recent and anticipated curtailment of services (especially psychiatric care) in the face of squeezed financial resources and increased administrative mandates. The CMHC's particularly poor reimbursement for psychiatric services and the roles of psychiatric nurse practitioners in CMHC's were among the topics specifically highlighted.

Participants then discussed the issue of access to psychiatric care in the state as a whole. Given the interdependency of all aspects of psychiatric practice in the state, the point was made that the distinction between "public" and "private" psychiatric care arenas has become increasingly irrelevant, that those who practice psychiatry in Vermont need to be aware of factors affecting all levels of mental health care delivery in the state and that planning needs to incorporate all sectors.

The common denominator across all psychiatric treatment venues is the ratcheting down of monies being made available to mental health treatment across the boards, whether the funding stream involves federal government dollars, state government dollars or insurance company dollars. It was noted, as one example, that Blue Cross/Blue Shield of Vermont has not increased its reimbursement figure for basic psychiatric treatment codes in over ten years. The "hidden tax" on patients is being assessed by the greater frequency with which they are called upon to pay for psychiatric treatment substantially or entirely out of pocket. Providing discounted and/or pro-bono care is a universal experience among unaffiliated Vermont psychiatric practices, as is the exigency of responding negatively to an incessant stream of calls from patients seeking psychiatric care. Despite this demand, graduating residents are wary of establishing unaffiliated practices because of the uncertainty of collecting adequate reimbursement and unfamiliarity with the practical mechanics and costs involved in setting up a psychiatric office operation. The correlation between lack of psychiatric access and psychology prescribing efforts makes this a cautionary tale for Vermont psychiatrists.

New Business:

4. **Reactivation of the Private Practice Committee:** It was moved and seconded to reactivate the VPA's Private Practice Committee, whose mission would be to identify and address issues affecting those psychiatrists whose practices are not primarily affiliated with hospitals, mental health centers, academic departments or other institutions. The motion was unanimously passed. Mark Schultz volunteered to head this committee; his appointment was approved.

The meeting was adjourned.

Respectfully submitted,

Jonathan L. Weker, M.D.

The next VPA Executive Committee will be held in conjunction with the VPA Annual Meeting on Saturday, April 16 at 10 a.m. at the Three Stallion Inn in Randolph. VPA members may attend even if they are not members of the Executive Committee and are cordially invited to do

so.

VPA ANNUAL MEETING: Coming Together and Developing Strategies for Action

Three Stallion Inn
Randolph, Vermont
Saturday, April 16, 2005

Greetings! Psychiatrists in Vermont are facing a number of unusually pressing issues of enormous consequence. In view of the palpable degree of concern among members of our profession, we have planned a VPA annual meeting that will provide an opportunity for us to discuss our thoughts and feelings on these issues and to determine what steps we can take to best effect the outcome of these events.

The meeting will include two sessions, each of which offers an opportunity to attend one of two work groups. Please see the schedule below.

We urge all Vermont psychiatrists, whether VPA members or not, to attend this meeting. If you're not a member, we hope you take the opportunity to discover (or rediscover) the advantages of joining with your colleagues.

Format:

5. 10 a.m. - 10:45 a.m.: Executive Committee Meeting (open to all)
6. 10:45 a.m. - 11 a.m.: General Business Meeting and Election of VPA Officers
7. 11 a.m. -12 noon: Session One: choose a group between VSH and Vermont Access
8. 12 noon -1 p.m.: Lunch and informal discussion
9. 1 p.m. -2 p.m.: Session two: choose a group between Health Care Reform and Pharmaceutical Issues
10. 2 p.m. -3 p.m.: Plenary: group summaries and development of priorities and formation of work groups

Four discussion groups:

11. What's happened to access to psychiatry in Vermont?
 1. What's happened to funding of psychiatry?
 2. Why don't psychiatrists want to come to Vermont?
 3. Are these uniquely Vermont problems?
 4. Is it time to eliminate the public/private distinction?

Facilitated by: Lisa Catapano-Friedman, MD and Alice Silverman, MD

12. Vermont State Hospital: crisis = opportunity
 1. Supporting VSH staff
 2. Discussion of the “Futures” Plan and recent developments

Facilitated by: Margaret Bolton, MD and Corinne Pellitier, MD

13. Health care reform: is the future what it used to be?
 1. Are we our brothers’ (sisters’) keepers?
 2. Do we spend too little on health care? (“little” is *not* a typo!)
 3. Must we ration irrationally?
 4. Does the Vermont Legislature know what it’s doing?

Facilitated by: Jonathan Weker, MD

14. Pharmaceutical issues:
 1. Pharmacy benefit management in Medicaid
 2. The influence of pharmaceutical advertising on physicians and the general public
 3. The influence of the pharmaceutical industry on the practice of psychiatry

Facilitated by: Stuart Graves, MD