

The Psychiatric Society of Virginia VIRGINIA NEWS

FALL

A District Branch of the American Psychiatric Association

2002

PSV PRESIDENT / David Markowitz, MD, FAPA



From the President of PSV

HIPAA, confidentiality, parity, bed shortages, managed care, scope of practice issues, and of course, the ever-shrinking state budget. These are just a few issues that affect our members and the citizens of Virginia. Once again, I am reminded of another “Yogism” (a quote from the past great baseball player and manager, Yogi Berra). “It was impossible to get a conversation going, everybody was talking too much.”

Looking at the local newspaper, The APA News, and my e-mail, I’m overwhelmed by a deluge of information on a daily basis. There is time to react, but rarely the opportunity to reflect on the issues and hold a true conversation with colleagues and others on the merits and intricacies of the issues. Of course, “sniper anxiety” and potential war add to everyone’s stress, and are frequently priority topics, but even here the information changes so rapidly that reflection is often not possible, or even meaningful. I know that this situation is often shared by my colleagues.

Thus, I am humbled by so many PSV members who somehow “shut out the noise” and hold meaningful conversation about the major issues that confront Virginia

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Psychiatrists and their patients in 2002. It is unfair that I name only a few, when there are so many more who are energetically fighting for their cause. I invite members to remind me of their good work so I can include this in the next newsletter. Many of our members, as well as non-members, are unaware of the many activities taking place in the state that help them in their day to day clinical, teaching, and administrative roles.

Helen Foster continues to push tirelessly on the legislative front and in her work with the Coalition for the Mentally Ill. Doug Chesson leads the charge for the PSV Foundation, so we can fund Ram Shenoy’s media focused efforts to educate the community about Psychiatry and Mental Health. Greg Fisher, our President-Elect, focuses on getting the word out concerning the devastating effects of the bed shortage on the citizens of Virginia and their families. Yaacov Pushkin is providing his boundless energy to several committees, including scope of practice. John Shemo is hard at work as an assembly representative, presenting our views to the national organization. Our other representative, Anita Everett, continues to push for quality care in our state system (Please be aware that her role as Inspector General is threatened by the budget crunch, so a word to your local legislators would be much appreciated

by all those involved in the state system). Joel Silverman continues to fight for parity, and led a provocative discussion on the role of the Virginia Psychiatrist in preparing for future disasters. He challenged us not to “drop the ball” and to keep our focus, so I am reminding the reader of that challenge now. Last, I want to mention Jim Krag, who is working to bring community psychiatrists and the PSV closer, so we can more effectively promote our mutual goals and objectives.

The entire executive board of the PSV continues to surprise me with each contact, as they expend their time, energy, and yes, even financial resources to promote psychiatry and mental health in the Commonwealth. Details of their work will have to await a future venue.

*Thus, I am humbled by
so many PSV members
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conversation about the
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Virginia Psychiatrists and
their patients in 2002.*

One final word. For those of you not yet involved, Yogi had another other pertinent quote. “The other teams could make trouble for us if they win.”

A handwritten signature in dark ink, reading "David J. Markowitz". The signature is written in a cursive style.

Dave Markowitz

Guest Editorial

Medical Emergency for the Mentally Ill in Virginia: Lifeline Severed, Safety Net Cut

Challenge for Medical and Political Leadership

Dr. Applebaum's prediction has come true... here in Virginia. In May of this year, Paul Applebaum, M.D., in his *Presidential Paper* at the 155th annual meeting of the APA in Philadelphia, addressed "The Systematic Defunding of Psychiatric Care: A Crisis at Our Doorstep." Well, the crisis has reached our doorstep, found the door unlocked and is slipping into the lives of our patients and their families.

In moments of state budget challenges (\$1.5 billion shortfall in a setting of paying \$1.7 billion for a car tax refund), essential care for persons with severe and persistent mental illness must not be cut. The budget for Virginia's inpatient and outpatient state mental health service must be supported at realistic levels. Medicaid funding vital to the mentally ill must not be cut. A bill should be passed establishing true parity, which doesn't alter based upon revenues, for this moral obligation of treatment. Over the decades and escalating over recent years, states have been cutting budgets, providing less service

at the cost of compromised psychiatric care for the mentally ill. The fiscal solution for revenue is the tobacco tax and alcohol tax: not only will state revenues increase, the research shows clearly that adult and especially youth tobacco and alcohol use will decrease; taxation is an evidence-based tool of prevention.

In mid-October, a 10% budget cut was implemented to the state's portion of funding to the community mental health system, the safety net for the system. A 15% budget cut from what was labeled "non-direct care" was imposed onto our state psychiatric facilities. State Hospitals are the lifeline for treatment. This 15% cut is on top of previous 4%



largest new state expenditure." He warns us, "Virginia is facing a fiscal crisis of monumental proportions that could severely affect the state's ability to provide essential, government-responsible services." Embarrassingly, Virginia ranks nationally as "47th in spending for mental health, mental retardation and substance abuse services," he notes.

A civilized and just society is obligated to care for those of its members who suffer from severe mental illness. Systematic defunding for any reason, including paying for car tax cuts, is a retreat from responsibility. The Bazelon Report showed that "our states now spend 30% less on mental health care, adjusted for inflation, than they did in 1955." 100% of funding for Virginia's state psychiatric hospitals, the lifeline for the mentally ill, comes from the state. Homelessness and incarceration of the mentally ill is tragic; marginalization and stigmatization is a national disgrace. If one cuts Mental Health Services, there will be massive suffering:

- Further Homelessness
- Increased Safety Concerns for Communities
- Inappropriate "Transinstitutionalization" of patients with ill persons going to jails and prisons instead of receiving hospital or clinic care
- Increased Burden on Emergency Rooms and the Private Sector

*Persons with
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reductions defined as "executive management savings" over the past two years. Medicaid is on the chopping block. Clear and present danger exists for additional cuts in the next months. All of this to pay for the car tax refund, which has been identified by House Delegate Phillip Hamilton, as "the

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VIRGINIA NEWS

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and editorial contributions.*

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- Increased Harm to Self/Others.

Persons with schizophrenia, bipolar disorder and other mental illnesses should not have their very lives compromised (to pay for a car tax refund). History is repeating itself with the litany of failures of inadequate systems of care in the underfunding of public sector mental health, exposed in 1948 by Albert Deutsch in "The Shame of the States."

The "Third Shame of the States" was identified by Mowbray et al. as the present tactic across the nation with states, driven by economic pressures, cutting public sector psychiatry with the knife of managed behavioral health care.

There is a solution. This is an opportunity for political leadership as well as medical leadership: 1) Advocacy: Paul Applebaum's call that "those of us who are aware of the problem have a responsibility to sound the alarm." 2) "A dollar a pack" and "Save the Kids": Tobacco taxation will increase

revenues. A tobacco tax will also decrease adult use and especially decrease youth initiation of smoking and use.

Virginia currently has the lowest excise cigarette tax in the nation at 2.5 cents per pack, which has not changed in over 35 years; in fact, we don't even tax non-cigarette products such as cigars. A dollar a pack would generate nearly \$700 million. Youth smoking would decrease by an estimated 12.2% or 51,200 children. Virginia would have \$959 million in lifetime health savings. Even prior to the announcement of severe budget cuts and layoffs, an August Poll showed two-thirds of Virginia voters (67%) support a 60-cent per pack increase in the state's tobacco tax as part of an effort to reduce tobacco use, particularly among kids, and help address the state's budget deficit.

3) World Health Organization studies have also shown that taxing alcohol will provide: a) revenue, b) decrease in adult alcohol use, c) significant decrease in initiation and abuse by children and teenagers. 4) A policy

change is warranted. The Commonwealth of Virginia should place into law for the future that in times of revenue shortfall, state funding for mental health will not be cut.

Cutting psychiatric services is an ethical offense: Reinstatement of state funding to Virginia's Mental Health Services. Increase state revenues with tobacco and alcohol taxes, which in turn will decrease tobacco and alcohol use disorders. Preserve through policy the moral obligation of treatment for persons with severe and persistent mental illness.

Yad M. Jabbarpour, MD, is a Clinical Assistant Professor of Psychiatric Medicine with the University of Virginia School of Medicine, Chief of Staff/Medical Director of Catawba Hospital. Dr. Jabbarpour is this year's recipient of the Outstanding Professional Award from the National Alliance for the Mentally Ill Roanoke Valley "in recognition of his vision, leadership and tenacity to translate research into practice."



Healthy Communities Loan Fund

Consider obtaining a loan from the **Healthy Communities Loan Fund** before interest rates climb up again!

The **Healthy Communities Loan Fund** encourages psychiatrists to practice in mental health professional shortage areas. Word of mouth conveys how satisfying it is to:

- develop long term relationships not only with individual patients but also with their families;
- set up and run your own practice;
- participate in the life of a community where your contributions really matter and people show their gratitude.

If these factors appeal to you, we urge you to consider the long term benefits of practicing in an underserved area. To finance opening a new practice, relocating, building, expanding a facility, or adding new equipment to accommodate another psychiatrist,

Call:

Lilia Mayer/ Healthy Communities Loan Fund at the
Virginia Health Care Foundation
804-828-7494 or Email: loanfund@vhcf.org

First Virginia Banks, Inc.
The Robert Wood Johnson Foundation
The Virginia Health Care Foundation

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PSV In The News

IN MEMORY OF...

William F. Blair, MD died June 8, 2002 in Norfolk's Bon Secours DePaul Hospital. He was 92. Dr. Blair maintained a private practice in adult psychiatry in Norfolk for 49 years. Dr. Blair was the former chief of the Department of Psychiatry of Sentara Norfolk General Hospital, director of the Community Mental Health Center and associate professor of psychiatry at Eastern Virginia Medical School. Dr. Blair received an M.D. from the University of Kansas School of Medicine in Lawrence, Kansas in 1944 and completed a residency in psychiatry at Duke University in Durham, NC.

Dr. Blair held memberships in numerous medical and scientific organizations including the American Psychiatric Association and the Psychiatric Society of Virginia. Dr. Blair was an avid sailor, and a patron of the arts and a humanitarian. He is survived by his wife of 60 years, Dorothea Thompson Blair and his son, William F. Blair, III.

Kurt M. Morbitzer, MD died September 26, 2002. Dr. Morbitzer resided in Sutherland and was the former director of the Southside area mental-health clinic who was involved in establishing other mental-health centers in the Tri-Cities area. Dr. Morbitzer was 83.

Dr. Morbitzer held a short appointment as assistant superintendent and clinical director at Central State Hospital before called the Southside area Mental Hygiene being named director of what was then Clinic in 1962. From 1969 until his retirement in 1988, Dr. Morbitzer practiced privately.

Dr. Morbitzer was among a group of doctors instrumental in the conversion of Lee Nursing Home into the 42-bed Petersburg

Psychiatric Institute, now Poplar Springs Hospital. Dr. Morbitzer also played a large role in the creation of the 5 West Psychiatric Wing at the former Petersburg General Hospital. Dr. Morbitzer was a native of Sudetenland in the Czech Republic and arrived in the United States in 1954 and earned his U.S. citizenship about 1957. Survivors include two sons and three daughters.

SPRING 2003 MEETING UPDATE

Mark the Date

Friday, April 4 and Saturday, April 5, 2002

Omni Richmond Hotel

100 South 12th Street • Richmond, Virginia

Saturday's meeting will focus on the academic centers with updates from the departments at UVA, MCV, and EVMS with speakers from each.

Dr. David Spiegel (EVMS) is going to talk on geriatric issues and **Dr. Anita Clayton** (UVA) is going to speak on women's issues.

Dr. Kenneth Kendler (MCV) will speak on *Psychiatric Genetics—A Current Perspective*.

For Room Reservations Call 804-344-7000.

Room Rates for Single and Double \$94.00 (+tax) for Friday, April 4.

See You in the Spring!



IN THE MAIL NOW...

Questionnaire for 2003-2004 Directory
Update and fax it back to PSV now!

PSV Foundation Form
Your donation is important.

PSV apologizes to Richmond psychiatrist Norman M. (Mike) Camp for listing him in the 2001-2002 directory as retired...

Dr. Camp has been in the continuous practice of Psychiatry and Psychoanalysis in the Richmond area since 1988 when he returned to Virginia upon completing a 20-year career with the U.S. Army Medical Corps. Since that time he also has served as Director of Psychotherapy Training for the psychiatry residency at Virginia Commonwealth University/Medical College of Virginia. In his practice he specializes in providing diagnostic assessment and consultation regarding individual psychodynamics as well as offers psychoanalytically informed psychotherapy (brief and long-term) and psychoanalysis for individuals with personality disorders or symptoms stemming from intrapsychic or developmental conflict.

Dr. Camp experience and training includes:

- Medical training: University of Tennessee
- General psychiatry training: Walter Reed Army Medical Center, Washington, DC
- Child/Adolescent training: University of California Medical Center, San Francisco
- Psychoanalytic training: Baltimore-Washington Institute for Psychoanalysis
- Board certified in General Psychiatry
- Board certified in Child and Adolescent Psychiatry
- Clinical Professor in Psychiatry, Medical College of Virginia/Virginia Commonwealth University
- Member and past president, Virginia Psychoanalytic Society

For further details or referral to his practice, contact Dr. Camp at 208 Overlook Road, Richmond, VA 23229 or 804-285-0931.

PSYCHIATRIST NEEDED
For Group Practice on the
Virginia Peninsula

We are recruiting for a general or child psychiatrist to join our busy practice on the Virginia Peninsula. We are a small, multi-disciplinary private group with psychiatrists, psychiatric nurses, and therapists.

We see outpatients at our office in Newport News, doing primarily psychiatric evaluations, medication management, and short-term therapy. We also run an intensive outpatient chemical dependency program.

Both of our full-time psychiatrists were Harvard trained in medical school and residency. Dr. Richard Poe was previously an academic psychiatrist at Eastern Virginia Medical School and before that at Duke, UNC, and Stanford.

He specializes in psychopharmacology and bipolar disorders. Dr. Doug Chessen is President of the Psychiatric Society of Virginia Foundation and is a past president of the PSV and the Newport News Medical Society. He has added qualifications in addiction psychiatry and earned an M.B.A. at William and Mary.

If you want a temperate climate with four seasons, water sports, history and culture, and a fine place to raise kids, you will love our area by the Chesapeake Bay, between Williamsburg and Virginia Beach. We have variety in our work and many opportunities for growth. Board eligibility or certification is required. Compensation and benefits are competitive.

If interested, contact

Douglas H. Chessen, M.D., EA.P.A., M.B.A.

by e-mail at dbchessen@home.com,

by phone at 757-595-3900,

or by mail to 12420 Warwick Blvd.,

Bldg. 7, Suite C,

Newport News, VA 23606.

2003 Medical Society of Virginia Physician Lobby Days

*Physicians, at a loss for how to respond to the devastation
in our profession??*

Sign up now, Mark your calendars

You don't even have to be an MSV member. The Medical Society of Virginia values your knowledge and experience as a physician. The 2002 Physician Lobby Days Program allows you to join the MSV legislative team and lobby your Senator or Delegate in Richmond during the General Assembly session.

MSV Physician Lobby Days give physicians an organized way to impact the legislative process, the critical component of any legislative session. The Psychiatric Society of Virginia participates actively with MSV. With the help of our grass roots lobbyist, Cal Whitehead you can influence state mental health, mental retardation, and substance abuse policy and have a great time too.

*MSV Lobby Days are held each Tuesday, Wednesday, and Thursday during the
General Assembly Session.*

*The day(s) at the Capital begins with a 7:45 AM briefing at St. Paul's Church by one of your
MSV lobbyists. ALL BRIEFINGS WILL BE HELD IN CLASSROOM #207. You will then depart
to lobby your legislators across the street at the General Assembly Building (GAB).*

*Whether you are a physician, resident physician, component of specialty society executive,
MSV Alliance or a medical group manager, we have a place for you.*

*After you mail in your lobby day schedule, mark your calendar and plan to attend.
Sometimes MSV sends info in advance, sometimes not.*

PICK YOUR DATE(S):

Session Dates: January 8 through February 22, 2003

- | | | | |
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Please return this form to the Medical Society of Virginia at MSV/VAMPAC, 4205 Dover Road, Richmond, VA 23221 or fax to 804-355-6189.

If you have questions or need directions, please contact Ryan Viner MSV Associate Director of Political Affairs at 800-746-6768, extension 131 or Cal Whitehead (PSV grassroots)—cwhitehead@whiteheadconsulting.net or 804-389-2825.

Why Should Facts Get In The Way?

“The following article appeared in *The Daily Press* in October.”

With the current budget situation, the battle cry for some has become “just cut state spending!” While the “cut spending” proponents claim a forty percent increase in state spending over the past four years, the real per-capita spending, when adjusted for inflation, actually only increased by 11.9 percent from fiscal years 1998 to 2001.

A recent JLARC review of state spending from 1981 to 2001 documented that during those twenty years Virginia’s public school enrollment rose by 106,000 students, college enrollment by 31,000, Medicaid-eligible recipients by 378,000 and state inmate population by 25,000. All of these increases required additional state expenditures in accordance with federal or state mandates. Even with these expansions, inflation-adjusted state expenditures amounted to an average annual growth of only 2.3 percent.

Some people claim that Virginia is a high-tax and high-spending state. As far as state taxes go, Virginia ranks 46th as a percentage of personal income. Also, during the last 10 years, the General Assembly authorized \$1.6 billion in tax relief. In addition to the car tax reduction for individuals that is now paid by the state, other tax cuts include reducing the sales tax on food, eliminating the tax on Social Security and non-prescription drugs, and implementing an age deduction from income taxes for citizens who were at least 62 years old. Currently, Virginia does not collect \$3.6 billion in sales tax exemptions or reductions.

While Virginia ranks 12th in per capita personal income (wealth), it only ranks 23rd for state spending on public education, 37th in overall per-capita state spending, 45th in welfare spending, 47th in per-capita Medicaid spending, 47th in spending for on mental health, mental retardation, and substance abuse services, and 49th in spending as a percent of personal income. In addition, since 1992, almost \$1 billion was spent in state budgets for the creation of the “rainy day” fund as a savings account against potential revenue shortfalls. Again, it should be noted that the largest new state

expenditure has been the state’s reimbursement to localities for the reduction in local car tax collections. These facts hardly paint a picture of an out-of-control, high spending state for government operations.

Without any doubt, Virginia is facing a fiscal crisis of monumental proportions that could severely affect the state’s ability to provide essential, government-responsible services. FY 2002 ended with a deficit in revenue growth. As a result, there has already been substantial belt-tightening and budget cuts over the past year. More significant budget reductions will be implemented to meet the increasing revenue shortfall. While further budget reductions are implemented, the K-12 and college student populations will continue to increase, the numbers of Medicaid-eligible and senior citizens will continue to increase, traffic congestion will continue to worsen, criminal activity will continue, and as a result of the terrorist attack on the Pentagon on Sept. 11, 2001, new public safety concerns will need to be addressed. Given these facts, I wonder where the spending cuts to produce \$2 billion in savings to balance the budget should start.

When calling for additional budget reductions, the following possible consequences of such reductions should also be considered: Drunk drivers, child abusers, spousal abusers, sexual predators, and many other criminals may go unpunished as Commonwealth’s Attorney offices may be forced to reduce prosecutorial positions and vacant judgeships may not be filled.

Current and future vacancies in State Police officers, prison guards, and other public safety officers may continue to remain vacant.

Instead of receiving life-stabilizing services and treatment, individuals with mental illness, mental retardation, or those substance abuse addictions may seek emergency assistance through more expensive emergency rooms or residential facilities. If services and treatment are not available, many of these citizens may end up in the local jails or state prisons.

A traditional four-year college degree may take five or more years to complete.

Larger public school class sizes may threaten school safety and reduce quality classroom instruction.

Reduced reimbursements for medical care may jeopardize the accessibility and quality of healthcare in hospitals, nursing homes, and physicians’ offices.

When real issues and tough decisions are at stake, it is easy to hide behind a simplistic slogan or solution. It is much more difficult to suggest proactive, practical, and long-term solutions that maintain a positive quality of life for all citizens.

Additional budget reductions must certainly be a component for addressing the current budget situation, however, for a complete discussion of the fiscal situation to occur there must also be a discussion of additional revenue sources and existing tax credits, deductions, and exemptions. When real issues and tough decisions are at stake, it is easy to hide behind a simplistic slogan or solution. It is much more difficult to suggest proactive, practical, and long-term solutions that maintain a positive quality of life for all citizens.

Delegate Hamilton is also Chairman of the Health, Welfare & Institutions Committee in the Virginia General Assembly.

VIRGINIA NEWS

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Cal Whitehead, Legislative Consultant

Organized Psychiatry Busy in Difficult Times

How much more can we take? 9/11, anthrax, war, an uncertain economy, and a serial sniper? The people of the nation and Virginia are shaken these days. Many look to psychiatrists for medical help and counseling. For those with chronic mental illness and substance addiction, an unpredictable world seems worse as our public officials describe program cuts and facility closings that will supposedly help to close a gaping budget hole. Luckily, our most vulnerable citizens have allies in organized psychiatry, advocacy groups, and legislators. Educating policymakers at the local, state, and national levels about the needs of your patients is our most important task as we approach the 2003 General Assembly session.

PSV and the Washington Psychiatric Society (WPS) have joined with groups like the Coalition for Mentally Disabled Citizens of Virginia (the Coalition) and Virginians for Mental Health Equity (VMHE) to describe the

expected challenges our patients and communities will face after drastic cuts to the mental health system. In the past few weeks, your organizations have written Governor Warner, distributed press releases, drafted letters to the editor, and developed op/eds highlighting our concerns about the future of psychiatric care. Our efforts are working. Local newspapers have printed letters and followed up with news articles. It is important that psychiatrists communicate the message in each community.

Leaders in organized psychiatry are also defending patients and their profession by contributing time and expertise. Obviously, by providing care in offices, community hospitals, state facilities, and free clinics but also by serving on professional committees, government workgroups, and coalitions that explore ways to increase access to mental health services, increase hospital bed space, maintain important officials like the Department of Mental Health Inspector General, and protect

community-based care. Unfortunately, advocating for your profession and your patients takes time and effort, fortunately, PSV has members who are willing and able.

If you would like to send a "letter to the editor" to your local paper or a plea to your Delegate or Senator to support mental health system funding, please contact me. Members of the PSV Board of Directors and Advocacy Committee are doing these simple exercises and reporting some success. As they say, "the squeaky wheel gets the grease" – now is the time not only to squeak but to roar. Events in the news and a busy practice compete for time and energy but psychiatrists must remain steadfast in our attempts to maintain a system that will adequately serve needy Virginians. **To join our efforts or to receive frequent updates about access to mental health care and other policy issues, please contact me at cwhitehead@whiteheadconsulting.net or visit the PSV website at www.psva.org.**