

# The Psychiatric Society of Virginia VIRGINIA NEWS

SUMMER

*A District Branch of the American Psychiatric Association*

2006

**Lawrence Conell, MD, DFAPA**



## *From the President of PSV*

In this, my first PSV newsletter column as your new president, I would like to address some of the great challenges we face currently and in the near future as a profession and as a society.

First and foremost, as a state society we are facing a huge transition, as we embark on a totally new form of management. For years we have depended on the skill, passion, and devotion of a committed Executive Director.

When I first joined the PSV in 1982, Ruth McDonough was serving in that role, and she did so for 18 years until her retirement in 1998. It truly had the feeling that we were being looked after by someone who cared not only about our field and our society, but our practices, our patients, and each of us personally. And of course, it was true. As many of you know, she was married to a local icon of psychiatry, Dr. Bill McDonough.

Finally, when it came time for her to retire, we were blessed as we were forced into the next transition—that is, to an Executive Director, with experience in professional medical organizations without a personal connection to one of us. But, we took the necessary leap of faith when Sandra Peterson came to us from the Medical Society of Virginia in 1998, and we've never been sorry since. She has helped guide us through many successful meetings and lobbying efforts. She has been a treasure beyond measure who has served us tirelessly through these years, guiding all of us in leadership positions, helping us look

## INSIDE THIS ISSUE

<b>Are We There Yet? . . . . .</b>	<b>2</b>
<b>Advocacy Day . . . . .</b>	<b>3</b>
<b>APA Assembly Meeting . . . . .</b>	<b>4</b>
<b>Medicare Update . . . . .</b>	<b>5</b>
<b>PSV in the News . . . . .</b>	<b>6</b>
<b>Psychiatry and the Media . . . . .</b>	<b>8</b>

as if we knew what we were doing. . . yet never taking any credit herself.

Unfortunately, due to changing circumstances, she has chosen to move on to another phase in her life.

Things have changed dramatically in the needs and operations of specialty organizations in general, and ours in particular, over the years; and Sandra has wisely challenged us on the Board to explore different options for the future direction and management of our Society.

We have a full time lobbyist, keeping track of relevant bills and helping us lobby on our behalf as we advise; a PAC strictly looking out for the interests of Virginia psychiatrists; two (2) meetings per year providing CME without charge to our members; three newsletters per year; a directory of PSV members; a website; and varying committees and subcommittees working on concerns of vital interest to Virginia psychiatrists. Many times each year we make a difference in the lives of Virginia psychiatrists. Please keep these things in mind as just a short, incomplete list of our activities, when colleagues or others ask, "What does PSV do for you?"

We on the Board have also tried to keep in mind all the different and important aspects of the work of the PSV, as we considered the organizational options in the wake of Sandra's leaving: whether to hire yet another single "Executive Director;" hire meeting consultants to arrange our twice yearly meetings; or engage a professional medical specialty management organization. Certainly, not an easy choice, but after lengthy discussions and investigation of the options—including interviews with two (2) professional management organizations, a meeting consultant, and active involvement of

Sandra and your leadership at all levels, the decision has been made. We have taken the next leap of faith as we embark on the next stage of our development as a society. In so doing, we have signed a contract with Ruggles Services Corporation which manages a number of state and national groups, including, among many others: the Virginia Orthopedic Society, and the Virginia Society of Anesthesiologists.

In addition to there being an identified "point" person for our society who will have overall responsibility for its management, there is a depth of resources that we have not had heretofore. With a staff of about 20, Ruggles has staff dedicated to marketing vendors for our meetings, meeting set up and management, and many other aspects of running a professional society. With this depth and back up, no longer will our society be solely dependent on a single individual for all of its functions, which was simply becoming overwhelming, not to mention the risk to the functioning of the society should something have happened to that individual.

Thus, as we sadly say goodbye to Sandra (who has kindly offered to help with the transition as long as necessary), we optimistically welcome our new partners.

In addition to the many hours involved in accomplishing the above, we have been active in many other areas as well. There was a very informative, well attended, and well received Spring meeting on March 24-25 in Richmond, in which we learned of the importance and prevalence of drug-drug interactions; some of the vulnerabilities of our "evidence base;" as well as learning more about the Virginia Board of Medicine and our increasingly regulated lives; and a review and update on our newest subspecialty, Psychosomatic Medicine. See some of the highlights in this issue of the PSV News.

Our upcoming Fall meeting, scheduled for October 6-7 in Charlottesville, will carry the theme of Conflict and Trauma. We have a spectacular line-up of speakers including Dr. Jonathan Davidson of Duke, a world renowned expert in PTSD; Dr. Brian Smullen, an active duty Navy

*Continued on page 5*

## Are We There Yet?

It's good news that in December, 2005 Governor Warner committed \$460 million to a Transformation Initiative of our mental health system. This commitment to both hospital and community psychiatric care is being supported by Governor Kaine. Although we should not stop advocating until full funding for all needed services is allocated, this initiative provides a major infusion of resources for the state facilities and the forty Community Services Boards.

DMHMRSAS led a several year effort involving hundreds of people throughout Virginia to develop a Strategic Plan that called for added state investment and delineated steps to direct added emphasis on funding programs that will help people with psychiatric illness stabilize in their community and ideally not need to enter the various state facilities. This is both cost effective and compassionate. It also aligns with the national trend towards providing people more self-determination and supports the values of recovery.

In 2003 the Community Reinvestment Initiative began to redirect over \$10 million to programs such as crisis intervention, discharge assistance, programs of assertive community treatment, jail services teams and

private inpatient bed purchase. 100 beds at the three largest state hospitals were closed.

Clearly there is a national hospital bed shortage but this was already in effect, primarily due to funding issues, before the Department began this project. The trial Reinvestment projects adequately demonstrated that moving in the direction of providing more care in the community decreases the demand for state hospital beds. And this encouraged more support for the Transformation Initiative.

One major effort that will increasingly involve psychiatrists is the development of Crisis Stabilization Programs. In 2005, the General Assembly funded \$3.85 million to support seven of these new programs and the trend is to create many more. These programs provide community based services designed to avert hospitalization and also to provide a step-down program for people being discharged from hospitals. Creating an array of services at varying levels of intensity and readily available locally can only help reduce the demand on hospital beds.

This newly initiated Transformation Initiative has not brought us even close to completion of the goal. However, success is moving in the direction of the goal, not just reaching it. In that sense this initiative is a success and the PSV should continue to support this notable effort since it is moving toward improved psychiatric care and the concepts of recovery, self-determination and empowerment.

But only so much progress can take place with state wide efforts. Steven Sharfstein's ongoing call, from the beginning to the end of his term as APA president, to "tirelessly advocate" for a single-payer, universal health care system so every American has access to health care and one that fully funds psychiatric care deserves our support.

When Gov. Kaine took office a historically unusual event took place: he left Jim Reinhard as the head of DMHMRSAS and Patrick Finnerty in charge of DMAS. This has allowed a valuable continuity of programs and personnel to more quickly proceed with change. Communication and cooperation



among these various agencies and with many of the provider organizations is high. These web sites are very informative about the provision of psychiatric care in Virginia

### DMHMRSAS web site

[www.dmhmrzas.virginia.gov](http://www.dmhmrzas.virginia.gov)

- \* If you click on the photo of Jim Reinhard you are able to access several of his presentations.
- \* Notably: "Recommending Integration into the Community: How Long Must History Repeat Itself?"
- \* You can also access the Departments Comprehensive State Plan: 2006 - 2012. A very hopeful document.

### Office of Inspector General web site

[www.oig.virginia.gov](http://www.oig.virginia.gov)

- \* This past year there has been increasing focus on the continuum of crisis care in Virginia. The document titled "Virginia Community Services Board Emergency Services Programs" can be accessed at the web site and presents ideas that will help better address access to services when people with psychiatric illness are in crisis. We definitely have a shortage of hospital beds. But the OIG has broadened the discussion beyond merely beds to include a spectrum of community crisis services so that the hospital beds will be more readily available to those truly in need of this level of service.

### Virginia Association of Community Services Boards web site [www.vacsb.org](http://www.vacsb.org)

- \* This is the primary organization which advocates for people with mental illness in Virginia. Their web site provides a wealth of information about current efforts to improve care in Virginia.

So are we there yet? No but we're on our way.

## VIRGINIA NEWS

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*We welcome letters to the editor  
and editorial contributions.*

## Advocacy Day, Washington DC, March 26-29, 2006

The PSV was represented by Dr. Varun Choudhary and Dr. Antony Fernandez joined fellow psychiatrists and legislative representatives from all of the states of the union at the annual Advocacy Day in Washington DC on March 26-29, 2006. They received a warm welcome from the committee members of the Government relations and Public Affairs, the Council on Advocacy and Public Policy and the APA leadership.

It was grassroots advocacy 101. There was expert analysis of developments in federal healthcare and mental healthcare policy from leading experts on Capitol Hill. They brought us up-to-date on major developments and the do's and don'ts of grassroots in action in Washington.

Our schedule was hectic to say the least. The evening began with a dinner honoring Jeremy Lazarus on Sunday, March 26th. Dr. Lazarus was instrumental in spearheading the Advocacy agenda for the APA for many years. The rest of the evening was spent reviewing the hectic agenda and all the materials the members of the Government relations and Public Affairs committee had put together for the attendees. On March 27th discussions and presentations on the health policy agenda of the 109th congress and the mental health policy agenda in 2006. Speakers included Charlie Cook, Editor and Publisher The Cook Political Report, former Member of Congress, the Honorable Billy Tauzin, PhRMA President and CEO, and other distinguished speakers. The Guest of Honor at the APAPAC reception on Monday March 27th was the Honorable Steve Buyer (R-IN). The next morning after a stimulating speech by the Honorable Joe Schwarz, M.D. (R-MI) the attendees left for visits with House and Senate Office staff.

On March 28th and 29th Dr. Varun Choudhary and Dr. Fernandez met staff in the House Office Buildings (HOB) and the Senate Office Buildings (SOB) and made the best possible case for the vital issues related to our profession.



***Drs. Varun Choudhary, Antony Fernandez from PSV and Eric Steckler from Washington Psychiatric Society at the Senate office Building.***

### *Contribute to APAPAC:*

APAPAC, is the political voice for the American Psychiatric Association. APAPAC a nonprofit, unincorporated, voluntary committee of psychiatric physicians who donate money to candidates seeking federal elective office. In order for it to be a vigorous and potent force, we need contributions from all psychiatrists.

APAPAC provides a way to present a significant contribution to an elected official or candidate on behalf of the entire profession of psychiatry. These contributions go a long way in allowing APAPAC contributors to target key fundraising events, set up grassroots educational meetings between APA members and elected officials, and provide other opportunities for APA members to have access to key Members of Congress. APAPAC is and will be bipartisan, representing all of psychiatry.

Many APA members find the national political process distasteful, but our choice is a simple one—have a seat at the table or give it to others who will not have psychiatry's or our patients' best interests in mind.



***Dr. Antony Fernandez with J.K. Robinson, Legislative Correspondent, Office of Senator John Warner.***

You can contribute to the PAC online. Visit the members Corner section of the APA website [www.psych.rog/members/apapac/index.cfm](http://www.psych.rog/members/apapac/index.cfm)

*Continued on page 7*



## APA Assembly Meeting May 2006 at Toronto, Canada

The May session of the APA Assembly met from May 19 to 21, 2006 just prior to the Toronto APA meeting. Despite the cold and wintry weather, the session was packed with many items, some of which were controversial.

The meeting was inaugurated by APA President Dr. Steven Sharfstein. He extolled the role of the Assembly in the functioning of the APA. Dr. Joe Rubin, the Speaker, called the Assembly to order. During the session, the Assembly elected Dr. Jeff Akaka of Hawaii as the Speaker elect and Dr. Ron Burd of North Dakota as the Recorder.

Of the 29 action papers presented to the Assembly, 10 were withdrawn, defeated or postponed for fine tuning. The rest were passed. Some of the papers evoked a lot of controversy and long discussion. Your PSV representative Dr. Shemo served as the Chair of one of the Reference Committees and Dr.

Shenoy was a member of another.

Some of the significant papers passed included one that urged the editors of the American Journal of Psychiatry and other APA journals and books "to publish full disclosure information re potential conflict of interest of contributors of manuscripts" as is already done in other journals such as JAMA.

Another required APA to support a proposal calling on psychiatrists and other professionals to stop using Antisocial Personality Disorder diagnosis to recommend involuntary commitment of persons to psychiatric hospitals. One paper explored a model that would open a new route into child and adolescent psychiatry training that would allow Board certified or eligible pediatricians to do 18 months of adult followed by 18 months of training in child and adult psychiatry. An important paper called on APA to explore diagnostic and therapeutic factors that arise

after large scale disasters. The impetus for this paper was the storm disasters on the Gulf Coast of the USA. A related paper urged APA to discuss with FEMA and SAMSA a proposal to have the agencies provide financial support for short term crisis intervention and long term psychiatric treatment following natural and man made disasters.

The highlight of the Assembly was the passage of an APA position statement dealing with psychiatrists' participation in interrogation of detainees held in either civilian or military detention. It expressly eschewed the use of torture of any person and required that members report any instances of torture they learn have occurred or are being planned. This position statement was discussed at length. Some members objected to some of the restrictions.

**For further information about this issue please refer to the July 16 issue of *Psychiatric News*, Pages 1 and 10.**



*Indo American Psychiatrists attended the Indian Psychiatric Society meeting in Mumbai, India in January 2006. Top left, Ram Shenoy, Past President of PSV and below him his wife Sbobba. Also PSV members Asba Misbra (front center) and Anand Pandurangi (far right side, white shirt).*

# Medicare Update From Your Carrier Advisory Committee (CAC) Representative

## Local medical review policy Vagal Nerve Stimulator for depression

The LMRP policy regarding VNS for seizure and depression was initiated on October 23, 2006 for the Virginia fiscal intermediary Trailblazer Health. Every draft LMRP remains open to change for a 45 day public comment period. The initial language was clear; "Use of VNS for depression is currently non-covered." During the comment period I advocated for potential case review noting FDA approval for VNS and the high morbidity and mortality of treatment resistant depression (TRD).

Virginia's CAC reconvened on Monday June 26. Upon meeting with the medical director of the CAC, Laurence Clark, M.D., I

learned that VNS coverage in Virginia may be considered on appeal. Trailblazer Health also provides FI services for Texas. VNS researchers Randolph Canterbury, MD, at the University of Virginia and A. John Rush, MD, at Southwestern Medical School in Dallas provided vital information supporting an accommodation very unusual for the Medicare insurance product. A statement provided by Dr Clark reads:

The policy regarding VNS and depression remains one of non-coverage. However, because of compelling early evidence at two universities within the Trailblazer regions, individual consideration (upon appeal) will

be applied to selected refractory cases failing multiple standard treatments.

A plausible clinical scenario depicts a younger Medicare beneficiary disabled by the illness of TRD. Without the possibility of VNS the actual illness effecting disability would not be covered by the default insurance provided by our government. Note that prepayment case review does not exist in Medicare. To my knowledge, Trailblazer is the only Medicare fiscal intermediary allowing consideration of appeal for the blanket non-coverage of VNS. The LMRP language for VNS was finalized with the June 26 meeting.

## Good Day, Not Good Bye

*I hate good bye's. These two words always make me feel sad so, in this column and similar to what the Aussie's say, I will say Good Day.*

*It has been a pleasure and an honor to work with all of you over the last eight years. I will remember with special fondness, working with those of you who served as Presidents or in some capacity on the board. Prior to the PSV I worked for almost 7 years with the Medical Society of Virginia and left there to work from home so I could be near my two small children at the time.*

*It was a perfect fit, as it not only benefited my children but the PSV as well.*

*Now it is time for me to turn toward another phase in my life. I am not sure what that exactly is right now but I do know it will be different, challenging and hopefully as fulfilling as the PSV was. You will not lose me completely as I will continue to support the PSV through Ruggles Service Corporation at least through the PSV fall meeting in October.*

*Of course, I will be available to answer questions, as was my predecessor; Ruth McDonough. The PSV is in great hands as I pass the torch to the staff at Ruggles and I am confident Ruggles will guide the PSV toward great things for many years to come.*

—Sandra Peterson

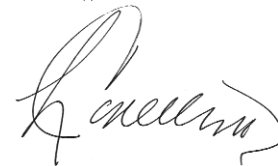
## President's Message continued from page 1

psychiatrist who will address personal experiences in War Zone psychiatry; Dr. Gregory O'Shanick, a recognized expert in brain trauma; and Dr. Steve Brasington, our president-elect, to talk about another type of trauma/conflict, i.e. recognizing and treating the impaired/disruptive physician.

The PSV is definitely alive and well, albeit in transition. Now, more than ever, we need involvement from as many of you as possible. Please call me personally if there are suggestions, concerns, or willingness to help out on the Board or a Board committee.

Also, please make every effort to come to our Fall meeting at the Omni in Charlottesville. Non PSV members and residents are welcome, pass the word.

Sincerely,



Lawrence Conell, MD



# PSV IN THE NEWS

## Spring Meeting *Controversial Issues in Psychiatry*

This past March the PSV co-sponsored a CME program called *Controversial Issues in Psychiatry*.

Speakers were William Harp, MD, Executive Director of the Board of Medicine, Neil Sandson, MD with the Sheppard Pratt Health System and Thomas Wise, MD with INOVA Fairfax Hospital.



*Neil Sandson, MD, Speaker*



*PSV Foundation President, Douglas Chessen, MD and PSV Foundation Secretary, Duncan Wallace, MD*



*The reception Friday evening welcomed Mrs. Phoebe Hall, Delegate Frank Hall (D) 69th District, Mrs. Pat Brodie and Dr. Owen Brodie*



*Dr. Larry Conell, Current President (left) handing over Presidential Plaque to Dr. Edward Goldenberg (right), Immediate Past President and thanking him for his 2005-06 term*



*Paulette Chessen and her service dog, Buddy, in Richmond Marriott West hotel lobby*



PSV ANNUAL FALL MEETING

**Conflict & Trauma**

OCTOBER 6 & 7, 2006

THE OMNI CHARLOTTESVILLE HOTEL

*Speakers include:*

**Dr. Jonathan Davidson**

*What's New in the Treatment of PTSD?*

*What's New in the World of Anxiety? He will have two talks.*

**Dr. Brian Smullen**

*Pre-traumatic Stress Disorder:  
A Psychiatrist's Observation  
of Troops Under Fire*

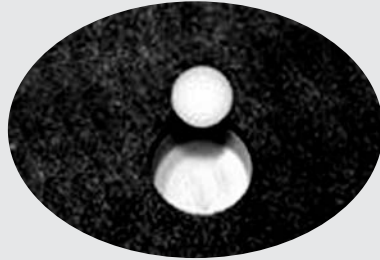
**Dr. Gregory O'Shanick**

*Evaluation and Management of  
Traumatic Brain Injury: What a  
Practicing Psychiatrist Needs to Know*

**Dr. Steve Brasington**

*Distressed Professionals*

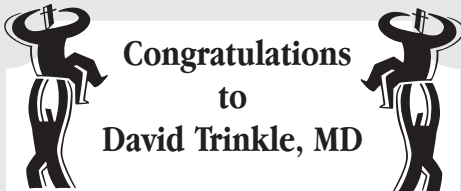
*Please call the Omni at 434-971-5500 and  
book your room (single and  
double) at \$159 plus tax before Friday,  
September 15, 2006.*



**Golf Update**

The 2006 PSV golf tournament was the best attended in several years. Stan Jennings, Doug Chessen, Yaacov Pushkin, Kip Jones and Larry Conell greeted the early spring weather at the Willow Oaks Country Club. The 2005 Champion Stan Jennings did his best to create the illusion of smug confidence. He wanted his opponents to think he expected to keep the legendary broken putter trophy. Privately, he was trouble by a factor that he could not control. That factor was youth—fearless, virile, dashing creative youth with spinal flexibility. And it was that youth that did him in. Yaacov Pushkin dazzled the field with his golfing powers and seized the championship in his first attempt inviting comparisons to Tiger Woods and other prodigies. As our new champion contemplates his strategy for defending his title, he can take comfort in knowing his adversaries are not getting any younger or any better. The wisdom he gains as champion will serve him well.

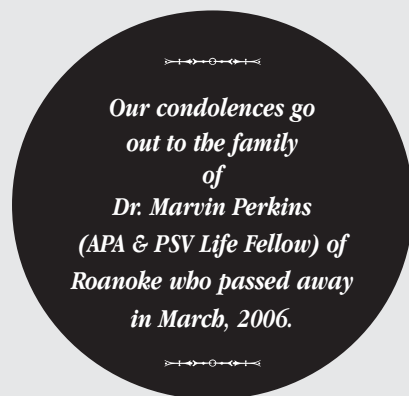
—Stan Jennings, MD



**Congratulations  
to  
David Trinkle, MD**

PSV member David Trinkle, MD of Roanoke recently won a seat on the Roanoke City Council.

Dr. Trinkle will be the city's new vice mayor when the Council takes office July 1, 2006.



*Our condolences go  
out to the family  
of  
Dr. Marvin Perkins  
(APA & PSV Life Fellow) of  
Roanoke who passed away  
in March, 2006.*

and click on "Contribute to APAPAC". Personal checks can also be mailed to APAPAC, 1000 Wilson Boulevard, #1825, Arlington, VA 22209

**Update:** Congress is moving steadily on the Fiscal Year 2006 (FY 2006) Appropriations bill for the Departments of Labor, Health and Human Services and Education (LHHS). The Senate Appropriations Committee marked-up its LHHS FY 2006 bill last week. Its measure will proceed to a full Senate vote in September. The House approved its LHHS FY 2006 spending bill (H.R. 3010) on June 24, 2006.

The Senate Committee restored all the cuts made by the House to the Center for Mental Health Services (CMHS). As expected, the Senate Committee provided greater increases for the National Institutes of Health (NIH) than the House (3.7% vs. 0.5%) at \$29.4 billion, an increase of \$1 billion over the FY 2005 appropriation and \$905 million over the president's budget request which translates into an additional \$48.2m for NIMH; \$28.5m for NIDA and \$13.8m for NIAAA in FY 2006. Unfortunately, due to "continued record budget deficits, it is unclear whether and from what sources the additional funding will be found. The Senate Committee was forced to recommend a slight shift in the date Social Security checks are mailed as the means to fund the increases. It is very unlikely that this will survive any House-Senate conference.

Additional funds for Veterans Administration are a step closer to approval. Senate appropriators on July 21 approved a fiscal 2006 spending bill for military construction and veterans' programs that would give the Bush administration \$2 billion it requested to fill a veterans' health care budget gap. The Senate Appropriations Committee voted 28-0 in favor of the \$83 billion measure (HR 2528). Of the total, \$70.7 billion is for the Department of Veterans Affairs and \$12.1 billion is for military construction programs. Discretionary funding would total \$46.4 billion, including the \$2 billion in emergency VA funding.

## Psychiatry and the Media

As recent events have proved, psychiatrists should have an interest in the media. Media coverage, regardless of the medium, has tremendous importance in how psychiatry, psychiatrists and our patients are portrayed. In addition, it gives us the opportunity to advocate for our patients and educate the general public.

There are two ways to conceptualize media coverage. You can pay for coverage, "paid media" or you can earn coverage, "earned media".

Paid media coverage refers to buying space or time in television, newspapers or publications. It also includes websites, mailing lists, etc. This form of coverage has a great advantage. It guarantees coverage and also lets us both control the message and target the audience. Paid media is generally

utilized for publicity, to raise awareness, advocate and educate.

On the other hand, earned media are those opportunities that arise when topics of interest in psychiatry come up in general media coverage. These include television news reports or interviews. Newspaper articles, editorials or other venues where we may "earn" the chance to respond, whether in writing or in live interview. Earned media has the advantage of being free of cost. On the other hand, you control only your message not the complete story. You also have no control over the audience.

The most compelling reasons to utilize earned media are to "set the record straight" or move public opinion. Having a specific expertise to offer, or contribution to make are also reasons to use earned media.

Reasons to stay away from this kind of coverage are practical legal ramifications, the appearance of being defensive or entering into a "tug of war" in a particular issue, or when you simply have nothing to contribute.

When interacting with the media, be brief, be clear and keep bridging back to your original message. Keep in mind that reporters are neither your friends nor enemies. More often than not, they want to get a good story and a good quote. Avoid phrases like "no comment", "cannot confirm or deny". These types of comments give the appearance that you are hiding something. If you are asked questions about something you are not an expert on, say so, and volunteer to find someone who can answer those questions. Lastly, remember, you are always on record.

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**Northern Coastal Virginia**— Join a superb, non for profit hospital in need of a psychiatrist to work either inpatient or a mix of inpatient/outpatient responsibilities. Work in a collegial atmosphere for one of the leading practices in Virginia. With over 7 psychiatrists and 7 therapists, call is minimal and nurse triaged. Centrally located between 2 major cities, this desirable location has access to both highways and rail systems. Do not miss this chance to be part of this great community.

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To view available practice opportunities visit [www.alphaps.org](http://www.alphaps.org)**





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## VIRGINIA NEWS

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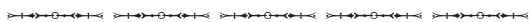
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**FALL  
MEETING**  
*October 6-7*

*See Page 7  
For Details*

### DOMINON PSYCHIATRIC ASSOCIATES

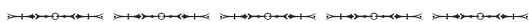
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and/or General Psychiatrist



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Virginia Beach, VA 23454  
or call (757) 498-9391.



## Healthy Communities Loan Fund

The **Healthy Communities Loan Fund** encourages psychiatrists to practice in Health Professional Shortage Areas (HPSA).

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 clinic; or share the workload with appreciative colleagues
- 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 relocating, building, expanding a facility, or adding new equipment to accommodate another psychiatrist or to hire a PA/NP...

### Call:

Sheila Grissom/ Program Manager  
*Healthy Communities Loan Fund* at  
the Virginia Health Care Foundation  
**(804) 828-7494** or Email: [loanfund@vhcf.org](mailto:loanfund@vhcf.org)

Psychiatric Society of Virginia  
BB&T  
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