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President's Message

Joshua Nathan, MD, FAPA



Dear fellow psychiatrists,

I hope you have had an enjoyable start to your 2019.

At this time of year, I am eager to share with you updates about our IPS Annual Meeting, which took place on February 2, 2019 in Downtown Chicago. I always enjoy the camaraderie of our colleagues and IPS members. This year, however, was particularly special to me, as we added some new



From left: Leonidas Theodoro, MD; Mariam Aboukar, DO; Senator Laura Fine; Danesh Alam, MD

elements for the benefit of all psychiatrists and the patients we treat.

One way to improve well-being is to feel part of a community, which helps give support, meaning and purpose to the hard work we do. So, for the first time ever, we opened the IPS Annual Meeting to non-member psychiatrists. We wanted to address physician well-being by inviting all Illinois psychiatrists – members and non-members alike – to feel part of the special community that is the field of psychiatry. We wanted to highlight that IPS represents all psychiatrists in Illinois with the work we do. We do need members, and I really hope opening up the Annual Meeting will encourage new membership, but even if not, I hope to at least share the sense of belonging and support that I feel as an IPS member with both IPS members and non-member colleagues.

The Annual Meeting was also a great opportunity to learn together. For the first time ever, we added an educational program during the day before the Annual Meeting. With the help of APA, and for just the cost of some refreshments, we conducted a training on the Collaborative Care Model, complete with CME credit. This training was also open to both IPS members and non-members. As we work to improve

(continued on page 2)

Visit the new and improved IPS website: illinois.psychiatry.org

Be sure to check out the new Career Center.

Announcements: Dr. Carl C. Bell, IPS member and Distinguished Life Fellow of the American Psychiatric Association, was awarded the National Commission on Correctional Health Care's 2018 Bernard P. Harrison Award of Merit. Dr Bell was presented this award for his lifelong career and work as a psychiatrist and anti-violence activist.

President's Message

(continued from page 1)



IPS members with APA President and Guest Speaker, Altha Stewart, MD

the state of mental health in our state, this is a well-researched method that allows our community to increase access to psychiatric treatment in a patient-centered and physician-friendly way. The Collaborative Care Model is an increasingly popular approach to enhancing access to mental health services, and having attended the training myself, I would highly recommend it.



IPS Annual Meeting

The Annual Meeting itself was a big success, with over 77 attendees, including APA President Altha Stewart, who was our keynote speaker. In addition, we were honored to have Illinois State Senator Laura Fine, a champion of mental health, speak at the meeting.

Finally, I would like to express my gratitude and admiration again for the amazing individuals that were recognized during the IPS Annual Meeting for their contribution to mental health.

The recipient of the 2019 Service Awards:

Presidential Award: Danesh Alam, MD

Member of the Year: Sidney Weissman, MD

Resident of the Year: Mariam Aboukar, DO

Excellence in Patient Care: Peter Chien, MD

Community Service Award: Anita Rao, MD

Outstanding Achievement in Illinois Advocacy:
Rachel Weisberg, JD

Outstanding Achievement in Psychiatric Research:
Katherine Wisner, MD

Innovation for Physician Wellness:
Joan Anzia, MD and Gaurava Agarwal, MD

Innovation in Patient Care: Jeffrey T. Rado, MD

Outstanding Leadership in Mental Health: Meryl Sosa, JD

At your service,

Joshua Nathan, MD, FAPA,
IPS President 

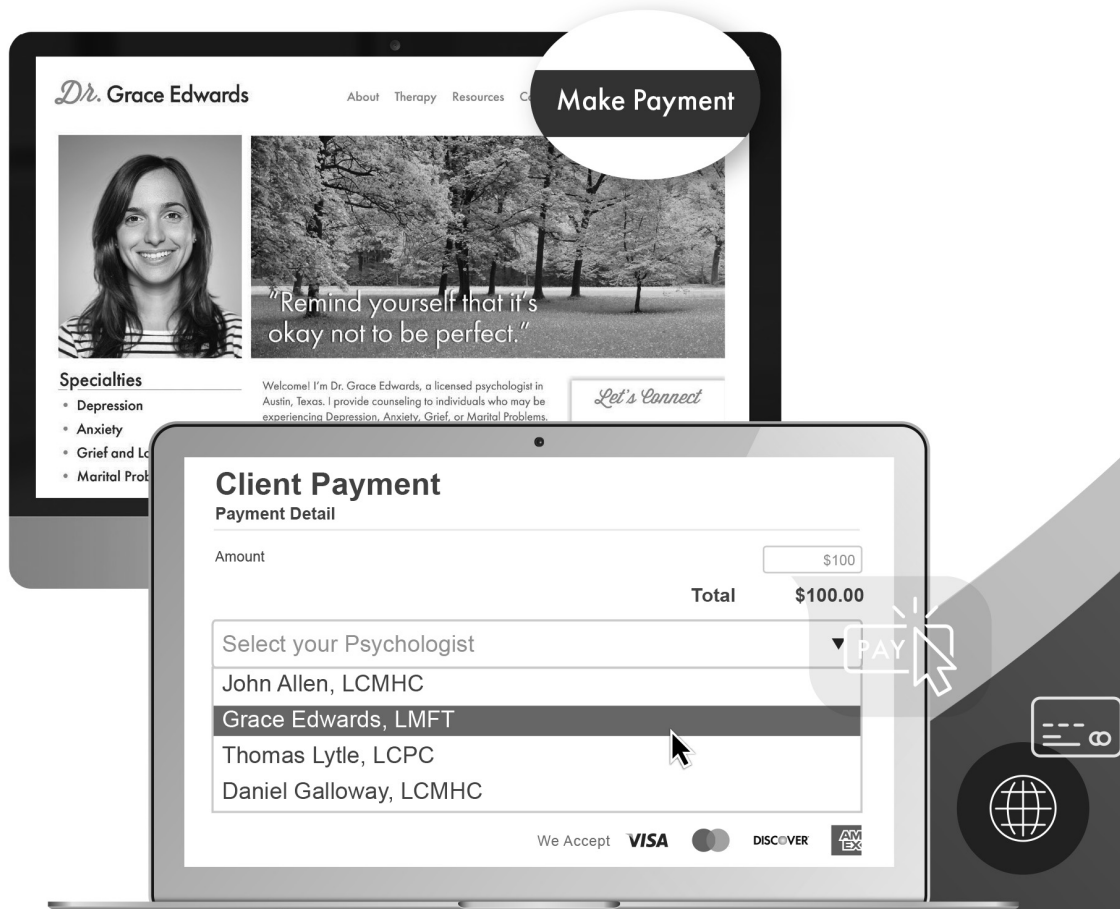
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At the Table in Vieques

By Peter Chien, MD

“How do we sustain this?” I thought.

As a fresh breeze blew through windows with a distant view of the Caribbean in the background, local pastors, first responders, some of the few local doctors and mental health professionals, and active community members of all types came to speak about their experiences and work on the island of Vieques, Puerto Rico. Through several sessions, they alternately took turns sitting and speaking along the rectangular tables, green from tablecloths, emblazoned with the Instituto de Cultura Puertorriqueña logo.

They were sharing with us, about twenty U.S. psychiatrists – both American Association of Community Psychiatrists (AACCP) board members and members of Crear con Salud, a group of psychiatrists with Puerto Rican roots who return to Puerto Rico to serve, mainly through health education. In addition to some dedicated board business, we were there to serve. We had planned these gatherings with the help of a local community organizer who had suggested addressing a number of topics of interest, such as professional burnout, trauma, and disaster psychiatry. We planned to listen and respond to the flow, never quite sure whether and how to introduce the topics we prepared. What impact could we hope to have in the short time that we were there? What might make a difference in Vieques, a small island with few health—let alone mental health—resources?

My surroundings slowly marinated my understanding. Vieques is six miles from the main island of Puerto Rico, sometimes thought of as a colony of the colony. Its population is at most nine thousand, maybe half that when vacation home owners aren't there. It is additionally home to many animals – chickens, pigs, dogs, and horses – many of whom roam freely, often along the narrow roads. The horses are tame, domesticated enough to poke their heads into car windows and ask for food.

History reveals that residents were forced by the U.S. Navy to leave both sides of the island in the 1940s, as this became land to test bombs and other weaponry. When epidemiologic studies showed that rates of cancer and many chronic diseases on Vieques were much higher than on the main island of Puerto Rico, many Viequense attributed this to the heavy metals and effects of the bombing. They stepped up community organizing in an effort to push the Navy out; this included community members taking shifts on target sites to prevent bombing. After the Navy left in 2003, the community celebrated, although the East side of the island remains closed due to the unaddressed risk of unexploded bombs.

During our visit, we learned that the only hospital had been destroyed by Hurricanes Irma and Maria in 2017. It has relocated to a temporary building which originally housed hurricane refugees. The walls are so thin, one can easily hear a conversation several rooms over. The nurses note the lack of privacy as a primary barrier to mental health treatment. People hear everything, and on Vieques, everyone is your neighbor. When the nurses feel stressed, frequently caught between opposing pressures of finite resources and patient care needs, they go to a nearby trailer to confide in each other. Or they might take a short walk in order to cry. A couple are on call at all times in order to airlift urgent cases to the main island, because of the inability to provide hospital-level care. For example, obstetric care is unavailable on Vieques. When pregnant, women from Vieques go to the main island during their 8th month of pregnancy and stay to access care until birth. Even the island's two midwives did not return after the hurricanes.

The staff make this work. The pediatrician/primary care doctor at the hospital expressed appreciation for the dedicated nurses and staff. He shared the extraordinary care involved in unexpectedly delivering a 25-week, premature baby, flying her quickly to the main island, and seeing her now as a healthy child.

At a local high school, we heard students speak about boredom. The recently built sports and recreation complex was irreparably damaged in the hurricanes. Many of them have sought entertainment and relaxation through social media, recently more reliable since electricity from the main island replaced generator power last month. Some spoke of enjoying Vieques' world-renowned beaches, although many had tired of them. The students acknowledged that drugs, mostly cocaine, were prevalent among some groups in the school. Vieques sits on an international cocaine trade route, and students openly talked about the prospect of selling cocaine as their future livelihood. Teen pregnancy had touched a dozen students in the school a few years ago but was currently down to three.

In a community forum, local residents described their organizations and many service efforts to reach older, sick, and disabled populations. They told of projects designed to preserve and restore the natural environment, rebuild homes, distribute disaster communication kits, and provide care for the animals of the island. They also spoke about what they wanted: increased community services, consistent medical

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IPS Career Fair 2018

The third annual IPS Psychiatry Career Fair took place in October 2018. The event drew residents from multiple programs throughout the state and exposed residents to a broad range of practice settings and philosophies, which they might not otherwise see during their residency training. It also gave residents an opportunity to mingle with colleagues from other programs over a delicious array of hors d'oeuvres and drinks at Rock Bottom Restaurant and Brewery, a downtown Chicago staple.

Thank you to all of the vendors and sponsors for this event. They include: Adkisson Search, Advanced Psychiatric Solutions, Carle Physician Group, Clarity Clinic, Compass Health Center, Cook County Health Department, Franciscan Health, Howard Brown, Lake County Health Department, Meridian Psychiatric Partners, LLC, Northwestern Medicine, Oak Street Health, OSF Healthcare, ReGroup, Riverside Healthcare, Rogers Behavioral Health, Summit Clinical Services, Wexford Health Sources, Inc, and Professional Risk Management Services (PRMS.)



From left: Juhi Kushwaha, MD; Amanda Wellmann, MD; Dhruthi Kalangi, MD



IPS President, Joshua Nathan, MD with Amber May, MD



IPS member talking with representatives from Compass Health



IPS members talking with a representative from Professional Risk Management Services (PRMS)

New Law Protects Our Patients from Midyear Coverage Changes

By Lala Park, MD

Many psychiatrists have dealt with insurance companies interrupting treatment courses by changing coverage tiers, raising out-of-pocket costs, or eliminating coverage for previously covered prescription drugs that kept patients stable, after the patients are already locked into a health plan. This practice is known as “non-medical switching.” IPS supported House Bill 4146 to amend the Managed Care Reform and Patient Rights Act and thus protect our patients from non-medical switching. This bill was signed by Governor Bruce Rauner into Illinois Public Act 100-1052 in August 2018.

Effective January 1, 2019, commercial insurance health plans can no longer make midyear coverage changes without providing patients and their prescribing providers a 60-days’ notice and information on how to continue their original prescribed drugs.

What IPS members need to do:

1. When a health plan gives you and your patients a 60-day notice about a midyear coverage change, the insurance company administering the plan is required to include a one-page form or instructions to access an online portal. Be sure to complete these requests to continue the coverage for the original drugs. This is a relatively easy way to continue the original prescription, as opposed to a lengthy appeal process your patients would have had to face before the new protections.

2. Educate your patients and colleagues about the new protections. Patient resources are available at <http://dontswitchme.org/Illinois/>

The full language of the plan is available at: <http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=100-1052>

At the Table in Vieques

(continued from page 4)

and mental health care, reliable transportation to the main island, and economic stability for the community in the face of rising prices caused by vacation home development. Lastly, they wanted a seat at the political table to advocate for these changes.

We primarily listened. The community stakeholders connected over their passions and shared desire for a stronger, healthier Vieques. Maybe we were able to offer some education and suggestions based on our experiences; yet, we found ourselves literally at the borders of the conversation, receiving simultaneous translation of their comments in order to keep up. They thanked us for listening. We invited them to organize themselves more around health and mental health and agreed to consult and further support their efforts.

While it can be difficult to define community psychiatry, this trip was an example. In follow-up to this experience, AACP will be organizing a committed team to help respond to the need in Vieques. Change in Vieques could set an example for similar disadvantaged, separated, discriminated, low-income, or climate-challenged communities all across the country.

While immersing myself in the community and language of Vieques, I simultaneously felt different moments of my life connecting. I remembered myself as a 27-year-old community

organizer on the West Side of Chicago, participating in a community health coalition. I would share my experiences working with local block leaders to create block projects – like community gardens, afterschool groups, and youth drama clubs. It was the most exhilarating work I had known, yet ripe with uncertainty. How do the blocks sustain their work? How do you continue funding a block leadership program, as foundations were increasingly reluctant to fund small programs? And how do I sustain myself just earning enough to live in my mother’s house?

I recall the day I decided to continue the community health work, but from a different seat at the table – one which would sustainably fit me. I remember looking around the table and thinking: policeman – no, pastor – no, organizer at a larger organization – maybe, teacher – maybe, principal – maybe, doctor – maybe. I shadowed an incredible community doctor, before deciding to pursue medical school.

I’ve always tried to be true to myself in the process of becoming a psychiatrist. One reaffirming confirmation was sitting at the table in Vieques surrounded by clergy, first responders, teachers, doctors, and community organizers. I was back at the table, more skilled and mature, thinking through how to sustain the work. I was a community psychiatrist, part of the reason the community stakeholders of Vieques were sitting together, at the tables covered with green Instituto de Cultura Puertorriqueña tablecloths.

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IPS 2018 Women's Brunch Speaker Inspires Our Members to Think Outside the Traditional Western Medicine Box

By Kimberly E. Merenkov, MD, D.F.A.P.A.

Hold out your hand right now. Just do it. What do you focus on? Do you note the shape of your hand, the color, wiggling fingers, youthful or not so youthful skin, bluish veins, memory evoking scars, or brown spots from sunny days long ago? But what about the space between the fingers? What do you see there? Did you dismiss those spaces in favor of your hand? And what if such spaces represented the essence of a life, of wellness, of peace? Why is it more natural for many of us busy professionals to focus on what is more easily known and quickly categorized at the expense of other dimensions of meaning and healing? Do these other dimensions, so emphasized in Eastern philosophies and traditions, have at least as equally an important role in the practice of medicine?

Such questions were posed to us by our Special Guest Speaker, LaGenia Bailey, Pharm D., at the IPS 2018 Women's Brunch held on October 21 at the bustling East Bank Club in Chicago. The IPS Women's Committee hosted this annual event under the leadership of the always-enthusiastic Dr. Aida Spahic-Mihajlovic, as well as our Executive Director Meryl Sosa and Administrative Coordinator Kristen Malloy. Once again, this event brought women psychiatrists and occasionally male colleagues together for stimulating discussion and relaxed networking. LaGenia Bailey's passionate talk on "Holistic Wellness: Bridging Eastern and Western Science" inspired attendees to consider how meditative practices allow for important time outs from all our distractions to discover who we really are. She asserts that meditative practices can positively impact our mental and physical health, with evidence suggestive of a positive impact on rebalancing the HPA Axis, promoting neuroplasticity, and reducing bodily inflammation. This can wake us and our patients up to the "here and now" and sharpen focus. All that could counter physician burnout, as well as offer our patients additional help in coping with mood disorders, grief, physical illness, and other mental challenges.

Dr. Bailey, a board-certified psychiatric pharmacologist and certified yoga therapist, is the founder and director of East West Integrative Healing in the Chicago area. She taught at the University of Illinois for 10 years, achieving



IPS members at the IPS Women's Brunch.

the academic title of Clinical Associate Professor there. She has worked in drug development for serious mental illness. She has trained at the American Viniyoga Institute, the Integrative Restoration Institute, and in India. She has also studied mindfulness-based stress reduction (MBSR) with Judson Brewer, MD, at the Oasis Institute at Massachusetts General Hospital. She has 18 years of experience as a yoga, meditation, and sound healing teacher working with physicians, pharmacists, nurses, social workers, allied health professionals, Cook County Jail inmates, as well as patients, veterans, corporations, the National Alliance on Mental Illness (NAMI), and artists.

Dr. Bailey's talk focused on life as encompassing "five states": 1) Physical; 2) Energetic; 3) Emotional; 4) Mental; and 5) Spiritual. In her years of working with a variety of patients, especially the serious mentally ill, she discovered that it is very difficult for patients (actually all of us) to feel so disconnected spiritually, and treatment outcomes could be negatively affected by such

disconnections. This led her to an ongoing pursuit of how science may explain the mind-body-spiritual connection that contributes also to well-being and healing. As psychiatrists, we are uniquely positioned to understand the more hidden dimensions of human emotion and motivation. Dr. Bailey adds the focus of ENERGY. How do we transform our energy to a usable, more positively impactful form? She proposes that we can change our energy by the way we think, move, how we absorb our experiences, and how we discard them. With the help of MRI and pet scans, understanding alpha and gamma waves, we can now study in more detail the activities of the brain in different mood states, in bliss, in distress, or after meditative practices. Dr. Bailey also explained some of the different types of mindfulness meditative practices such as Mindfulness Based Stress Reduction, Yoga Nidra iRest, and Twin Hearts. Ultimately, meditative practices can lead to a deeper, more fundamental experience of the individual—meditation is not about “thinking of breathing” but rather “feeling the breathing,” a profound awareness of BEING in our current moment. Dr. Bailey ended by pointing out the “six habits of happy people” as follows: 1) PAY ATTENTION; 2) Keep friends unconditionally close; 3) Give THANKS; 4) Drop Grudges; 5) Get moving; 6) Practice KINDNESS—this does not necessarily mean being nice, but rather being



From left: Rekha Kasi, MD; Guest Speaker, LaGenia Bailey; Naomi Levy, MD; Susan Scherer, MD

aware of our impact on others. Finally, all of brunch attendees participated in an actual meditation, guided and parts beautifully sung by Dr. Bailey.

Be mindful not to miss the next annual brunch! 



From Left: Rose Gomez, MD; Aida Mihajlovic, MD; Alyse Eytan, MD



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Legislative Update

By Betsy D. Mitchell, IPS Legislative Consultant

Beginning in 2014, everyone saw strong signs that Mental Health issues were finally beginning to move onto the top of the political agenda in Springfield with the introduction of famed House Bill 1 addressing the Heroin Crisis. Discussions on this bill illustrated that solving the heroin crisis in Illinois would also involve increasing significantly a focus on all mental health and substance use disorder needs and services throughout the state. Since then, we have witnessed a steady increase in the number of mental health bills introduced each session and – more importantly – a steady increase of discussions and solutions put forth.

In 2019, mental health issues in schools, jails, and communities are expected to take center stage in the 101st Illinois General Assembly. IPS will be a major part of all of the discussions. During 2019, please stay tuned for legislative updates and be prepared to lend your expertise.

2018 Highlights

Uniform Prior Authorization -- IPS drafted House Bill 5769 to require Managed Care Organizations (MCO) and commercial insurers to offer a uniform electronic prior authorization procedure, rather than the current practice of allowing each entity to offer their own form and no time limit on responding to a request for prescription coverage authorization. In November 2018, HB 5769 passed the Senate on a vote of 50 to 0 with 114 proponents and no opponents and the House 110 to 0. Unfortunately, two days before the end of his term, Governor Rauner vetoed the bill.

At the suggestion of IPS, **HB 5769 House Amendment 003** was introduced in the Illinois General Assembly by Representative Deb Conroy (D/Villa Park), chairperson of the House Mental Health Committee. Senator Julie Morrison (D/Deerfield), Chairperson of the Senate Human Services Committee carried the bill for us in the Senate.

Following negotiations led by Rep. Conroy and IPS, this monumental legislation will create two committees to be established by the legislature to create two prior authorization forms. One will be offered by the MCOs and the other by the commercial insurers. The purpose of this legislation is to reduce the huge number of PA forms currently used and to require electronic filing of the forms.

Clearly this will reduce significantly the amount of time needed to be spent on forms and allowing more time for valuable direct patient care. IPS appreciates the strong commitment of Rep. Conroy and Senator Morrison on this important issue. In addition, we appreciate the willingness of the insurance industry to work with IPS to reach a satisfactory compromise.

Reform Psychiatrists' Medicaid Reimbursement Rates

-- Illinois has reached a critical period in the foundation of our mental health system by having too few psychiatrists accessible for Medicaid patients. Mainly this is due to the low Medicaid reimbursement rate for psychiatrists which has not been reformed since 1996 and is among the lowest rates in the nation. When needed, everyone deserves quality mental health care coupled with a value-based payment to the provider. Last session, IPS began laying the groundwork for seeking an increase in the Medicaid Reimbursement rates for Illinois psychiatrists. This push will continue in 2019 with HB 2486.

Parity -- Attempts to expand insurance coverage to mental and emotional disorders continued in 2018 and will continue in 2019. Suicide, opioid abuse, and eating disorders cause enormous emotional and financial costs to this state and all are preventable. It is time for everyone to us to understand that mental health conditions are treatable medical conditions just like diabetes, cancer, and strokes. Important reforms are underway but much more needs to be done. In 2019, IPS plans to continue to work with legislation and regulations to ensure mental health parity and parity implementation. Please urge your lawmakers to support parity.

Early Mental Health and Addictions -- In August 2018 Governor Rauner signed into law the bi-partisan Early Mental Health and Addictions Treatment Act. When the federal government approves coverage, Illinois will be the first state in the country to cover early treatment through its Medicaid program. This early treatment is tailored for young people who have early signs of a serious mental health condition such as bipolar disorder, schizophrenia, severe depression or anxiety. IPS supported this important legislation and worked for its passage with our coalition partners in the Healthy Minds Healthy Lives Coalition and led by Thresholds.

ECT- Introduced for discussion purposes by the Guardianship and Advocacy Commission, this bill would have prohibited electroconvulsive therapy from being administered under the emergency treatment provisions without a court order. IPS opposed this legislation which could be reintroduced in 2019.

The State Budget -- At the end of May, a timely, bi-partisan budget was passed, which also included critical funding for mental health treatment. Moreover, the passage hopefully illustrated that working in a bi-partisan fashion is a good sign of things to come from our legislators and governor.

2019 Legislative Issues

Mental Health: Mental health issues are expected to dominate much of the attention of the new 101st General Assembly. Many bills will be introduced focused on mental health issues in all different areas of life: schools, hospitals, tele-health, prisons, crime, and Medicaid reimbursements.

Scope of Practice: Aggressive legislative campaigns are expected to take place on several fronts including: naturopaths, lay midwives, dentists and others. Just this week the lay midwives passed a Senate Joint Resolution to create a task force to study the need for lay midwives. Clearly, they plan to introduce again their legislation to license lay midwives. We also know the naturopaths are planning to continue their quest to become licensed physicians.

Physician Mandates: Each year there are more and more legislative measures introduced to mandate how physicians care for patients.

Legalization of recreational marijuana: This is an important issue for Governor-Elect Pritzker especially so that state can get the tax revenue and implement laws to regulate the sales. Rep. Conroy has indicated that she plans to go after the revenue from the legalized marijuana to help fund mental health services.

Election Results

Clearly, the November 6 election will bring much change to Illinois. Beginning with the Governor's election, Governor-elect J.B. Pritzker and Lt. Governor-elect Juliana Stratton will be leading the state beginning on January 14, 2019.

A new Attorney General, Kwame Raoul, started on January 14. The other constitutional officers to be seated

on that date as they were all re-elected include: Secretary of State Jesse White, Comptroller Susana Mendoza and Treasurer Mike Frerichs.


In addition, we will see 50 new legislative faces in Springfield. The Democrats will continue to control both chambers, and both will have more Democrats giving the House and Senate super majorities. The Democratic margin over Republicans in the House will be 74-44 and 40-19 in the Senate. This means that they will be able to override any gubernatorial veto.

The 74-44 Democratic House supermajority represents the most Democrats we have seen in the House since Michael Madigan rose to power as speaker in 1982. It also is the highest percentage of Democrats in the chamber since 1964.

All four legislative leaders (Speaker Madigan, President Cullerton, Minority Leaders Brady and Durkin) will remain the same but other significant leadership changes will take place in both chambers. Representative Greg Harris has replaced House Majority Leader Barbara Currie and Senator Kimberly Lightford replaced retiring Majority Leader James Clayborne.

Implications:

- For IPS, the implications of this election include:
- 50 new legislators to meet and educate about IPS, who we are, what we do, and most importantly, why scope of practice issues are so important to the patients served
- This legislature is expected to be more liberal than in the past
- With so many new legislators, there will be many bills introduced
- 2019 will be a very busy legislative year

Let me know if you are interested in any specific election result or any IPS legislative actions. Also, I would be happy to help you meet with your legislators. Please feel free to contact me at Betsy@cook-witter.com 

Illinois Public Act 100-1052


*Provided by the Illinois Fair Care Coalition
Implementation Working Group*

Moving forward, a new law in Illinois ensures that commercial health plans deliver on policies they market and sell to Illinoisans. Until now, insurers in Illinois could change prescription drug coverage at any point in the year, while patients were locked into their plan. The practice is often called “non-medical switching” and can have serious negative health effects for patients. Public Act 100-1052 ensures continuity in prescription drug coverage for residents in Illinois with state regulated, non-ERISA Employer-sponsored plans. Commercial health insurance plans cannot remove a drug from its formulary unless the plan notifies the patient at least 60 days before the coverage change occurs. When a health plan notifies the prescribing provider about a midyear formulary change, they are required to include a one-page form or instructions to access an

online portal where the provider can easily request that the health plan continues providing coverage because the drug is medically necessary.

A health plan is required to authorize coverage for the drug based solely on the prescribing provider’s assertion that coverage is medically necessary. The plan is prohibited from making modifications to the coverage that increase out-of-pocket costs for the covered drug.

The Illinois Psychiatric Society encourages you to educate your patients and colleagues about these new protections in Illinois. For more information, visit www.DontSwitchMe.org.

You can also review the language of Public Act 100-1052 at <http://www.ilga.gov/legislation/publicacts/100/PDF/100-1052.pdf> 



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On Psychiatric Advance Directives

By Lala Park, MD

I am a doctor who is also a patient. This duality impassions me to improve the rights and the participation in treatment of people living with mental illness. Utilizing a legal document such as a psychiatric advance directive (PAD) accomplishes both of these goals. In Illinois, PAD is called Declaration for Mental Health Treatment. Its basic components are similar to those of a living will – designating a proxy and giving written instructions regarding future care. But unlike a living will, it gives advance consent to mental health treatment including hospitalizations, electroconvulsive therapy, and psychotropic medications, as well as specify details such as the names and dosages of medications known to be helpful or ineffective in the past, and the names of preferred psychiatric facilities and psychiatrists. One may include other helpful details that may not be communicated during times of crisis, such as history of trauma, ways to avoid seclusion and restraints, alternatives to hospitalization, who can receive or release medical information, and arrangements for care of children, pets, and finances.

The Patient Self-Determination Act of 1991 requires all Medicare and Medicaid facilities to provide information regarding advance directives to their patients and to educate their staff and their community about advance directives, in order to facilitate their use. This law does not exclude psychiatric facilities, clinicians, or patients. People with disabilities who exercise greater self-determination have better quality of life, including independence and more successful community integration.¹ People with chronic mental illnesses are capable of autonomous, informed decision-making when they are not in crisis, informed not only by medical knowledge but also their personal beliefs and preferences. Allowing their autonomy, in turn, empowers people to participate in the treatment.

PADs serve as a communication tool to support continuity of care across different care settings and clinicians. A study funded by NIMH to test an intervention to facilitate PAD use showed that 89% of people who completed PADs gave advance consent to hospitalization in at least one specific facility; 93% of people gave advance consent for at least one medication; 77% rejected at least one medication, and 76% of them gave reasons; 52% gave instructions on how to avoid seclusion and restraints. Participants of this study also listed on average 3 contacts for times of crises.² This tells us that PADs convey valuable information that other-

wise may not be easily obtainable by clinicians in times of crises and incapacity.

PADs also reduce health care costs, by avoiding treatments that have had a negative effect on one's recovery and choosing treatments that one has more positive attitude towards. People who were treated with the medication that they specified on their PADs were found more likely to stay adherent 12 months after starting the treatment, compared to those without a PAD.³ Medication adherence decreases risk of relapses, readmissions, and emergency room visits while increasing one's chance of remaining in community treatments that are cheaper than hospitalizations.

I encourage all clinicians, particularly psychiatrists, to familiarize themselves with PADs. As physicians, we have our feet in both worlds, the world of frontline health care serving one patient at a time, and the world of public advocacy leading changes that benefit our patients as a whole. At the micro level, we need to start asking patients, especially those with chronic mental illnesses, whether they have an advance directive regarding their psychiatric care. It is part of our duties as autonomy-affirming psychiatrists to educate patients on what a PAD is, why they might need it, and how to complete it. We should assist patients in making informed decisions by providing not only medical information but also helping them understand the limits of their preferred treatments based on insurance networks, physician privileges, and treatment standards in community and hospitalization settings. When someone has a PAD, we must assure them that we will do our best to honor their wishes, though we must also remind them of exceptions; when acting in good faith, we may override instructions that are inconsistent with clinical standards of care.

At the macro level, I urge clinicians to promote the use of PADs at the institution level and at the state level. Literature on medical advance directives suggest the importance of timely exposure to information on the advance directives; hospitalizations have been shown to be great opportunities to educate patients and assist them on completing the forms.⁴ We should discuss applying this lesson to PADs with our administrators and integrate PADs into the standard discharge planning processes at psychiatric facilities. We should also lobby for building the technical infrastructure that will optimize the accessibility of PADs. It is easy for patients and their families to lose or forget PADs during times of crisis. However, many institutions do not

have a designated place in their EMR to store PADs. The state of Illinois does not have a registry for PADs either. Accordingly, we need to work closely with insurance companies, EMR companies, healthcare facilities, and legislators to build a centralized and accessible platform for these important but underutilized documents.

References

1. Wehmeyer M. Self-Determination and Individuals with Significant Disabilities: Examining Meanings and Misinterpretations. *Res Pract Persons Severe Disabl.* 1998;23(1):5-16.
2. Swanson JW, Swartz MS, Elbogen EB et al. Facilitated Psychiatric Advance Directives: A Randomized Trial of an Intervention to Foster Advance Treatment Planning Among Persons with Severe Mental Illness. *Am J Psychiatry.* 2006;163(1):1943-1951.
3. Wilder CM, Elbogen EB, Moser LL, et al. Medication Preferences and Adherence among Individuals with Mental Illness and Psychiatric Advance Directives. *Psychiatry Serv.* 2010;61(4):380-385.
4. Cugliari A, Miller T, Sobal J. Factors Promoting Completion of Advance Directives in the Hospital. *Arch Intern Med.* 1995;155(17):1893-1898. ■

Perspectives from the 65th Annual AACAP Conference

By Ishaq Lachin, MD

One of the best parts about being a second-year resident is having the chance to get more involved in my areas of interest. This past October, I had the chance to attend the American Academy of Child & Adolescent Psychiatry's Annual Meeting in Seattle, where I was able to learn about the latest developments in the field. One topic, however, that was on everyone's mind was the physician shortage that has plagued child psychiatry for years. This shortage is poised to get even worse with an aging workforce and increased demand for psychiatric services. Despite the need, the field has had greater difficulty attracting young physicians, which led to more than a hundred child and adolescent psychiatry fellowship positions going unfilled last year. At the conference, several potential solutions were discussed, including providing student loan assistance for fellows or possibly starting a new child and adolescent psychiatry residency straight out of medical school.

At a forum centered around this issue, numerous psychiatrists brought up the obstacles to recruitment, with limited exposure to the field being one of the prominent barriers. Indeed, when I was a medical student, I had the chance to do a rotation in child and adolescent psychiatry early on, and it really piqued my interest. I was then able to meet mentors who encouraged me to join APA and AACAP, network with more experienced providers, and be more active in committees and advocacy efforts. This has continued into residency. Unfortunately, this level of exposure is rare. With most schools only having a four-week rotation

for psychiatry, it can be very difficult to find the time necessary to fit in so much information and give adequate exposure to the different facets of the field. A great deal of the experience is also limited to inpatient units, and the limited exposure to such acute patients can be disheartening to medical students. Instead, having a more varied experience, generally in the outpatient space, can be more intriguing for students and better reflect reality. Doing so will hopefully inspire more students to consider child and adolescent psychiatry as a possible career.

There is also a growing effort to engage medical students and residents. AACAP and its state chapters are hoping to provide medical students with more mentorship opportunities and greater travel grants to attend the Annual Meeting. As a medical student, I was able to attend the conference, and the camaraderie and support that I received helped solidify my decision to pursue child and adolescent psychiatry as a career. I'm hoping that more medical students can have that same experience, and I'm grateful to be able to provide that same mentorship to those eager to learn about the field. By doing so, I'm hoping to address at least one factor contributing to a shortage that has caused a crisis for so many young patients seeking care.

Ishaq Lachin, MD is a second-year general psychiatry resident at the University of Chicago Medical Center. He completed his medical school education at the Johns Hopkins University School of Medicine, and he plans to pursue a child and adolescent psychiatry fellowship, following residency training. ■

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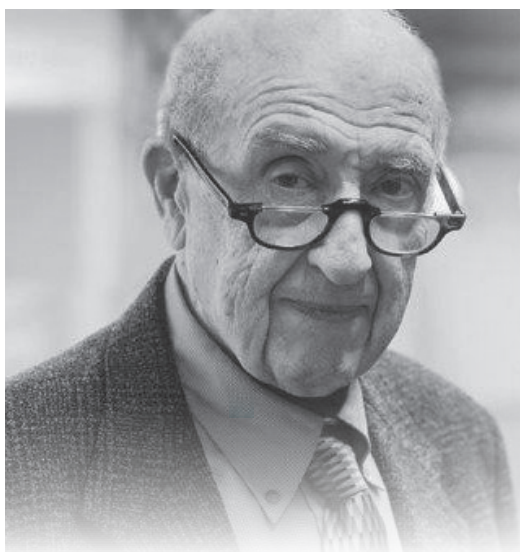
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It is with much sadness, admiration and appreciation that IPS announces the passing of Dr. Bernard H. Shulman.

Dr. Shulman, age 96, passed away peacefully at home on November 24, 2018. He was born and raised in Baltimore, MD to parents newly immigrated from Ukraine. After graduating from Johns Hopkins University with a B.A., he matriculated into The Chicago Medical School, now Rosalind Franklin University of Medicine and Science and graduated in 1946. Dr. Shulman established one of the Army's first outpatient mental health centers at Fort Belvoir, VA. He also co-founded the Alfred Adler Institute in Chicago. Dr. Shulman established the psychiatry inpatient unit at St. Joseph's Hospital and served as its Medical Director and Department Chair. A prolific teacher, he taught psychiatry and Adlerian psychology

through the years at such institutions as Galesburg State Research Hospital, Illinois State Psychiatric Institute, Northwestern University Medical School and Rush Medical College. Dr Shulman will be fondly remembered as a wise and insightful patriarch by family, friends, colleagues, students and patients alike.