

**NASMHPD MEDICAL DIRECTORS' COUNCIL MEETING:
May 20, 2007**

Meeting started at 8:00 a.m.

Present: Joe Parks (chair, MO); Alan Radke (vice chair, MN); Larry Miller (AR); Brian Hepburn (MD); Ron Diamond (WI); Patricia Singer; Mary Diamond (PA); Ken Marcus (CT); Gerard Galluci; and Rajiv Tandon (FA).

Guests: Ted Lawlor (UCON); Tom Ruter (MN SOS); Karen Sanders (APA) and Ken Thompson (SAMHSA)

Topic: Virginia Tech Tragedy

Discussion: Mass shooting incidents are so rare that prediction is not a viable strategy. Public safety is a legitimate and necessary task for SMHA, Contributing factors included lapse in continuity of care between hospital services and community services. Like many consumers, the shooting suspect did not follow through with recommended treatment and the treatment system was not aware of the lack of treatment adherence. Outpatient commitment failed to persuade the person to treatment because of the lack of assertive outreach services in the community. Furthermore, cross-cultural issues of mental illness stigma in the Asian community did interfere with the shooting suspect seeking treatment services. Unrestricted access to weapons made it possible for the shooting suspect to obtain handguns and automatic weapons despite his mental illness. Possible improvements are gun restriction lists; public health “mental health first aid” to identify and early intervene with people who have serious mental illnesses; mandated screening for mental illness and substance abuse when purchasing a weapon and standardized violence assessments in outpatient service settings.

Action: Dr. Parks will ask NASMHPD Board what type of report the commissioners would want the Council to produce i.e. issues paper, advisory paper or decision paper.

Topic: APA Outreach

Discussion: Ms. Karen Sanders joined the Council to discuss what the APA should attend to in the coming months. Issues of the Deficit Reduction Act; CMS rehabilitation services changes; and Medicare Part D PPL access were given as illustration of APA Outreach initiatives. Other possibilities discussed were rehabilitation versus habilitation; targeted case management; IMD exclusion and acute inpatient bed crisis.

Topic: Suicide Prevention

Discussion: Dr. Radke distributed the second draft of the suicide prevention technical report. He presented a PowerPoint of the findings, conclusions and recommendations (see attached). Areas of particular concern were training law enforcement to recognize suicide events; the competency of mental health professionals to evaluate and intervene with suicidal patients; risk management tool for electronic health record and working with MHA and NAMI.

Action: Dr. Radke and Mr. Ruter will complete the third draft of the technical report to send out to the Council Editorial Board. Revisions after feed back from the editorial board will be incorporated into the draft before presentation to the commissioners at the Summer Commissioners' Meeting in July 2007.

Topic: Joint Commission Report

Discussion: Dr. Radke, NASMHPD Liaison to the JC Hospital PTAC, presented an after action report from the spring JC PTAC meeting (see attached). Problems of balancing risk management with utilization management were referenced in addressing pay for performance initiatives.

Action: Dr. Radke will continue as Liaison. Upcoming meetings this summer include the 15th Annual Liaison Network Forum, July 10 and 11 and an In-Person Meeting for the Hospital PTAC on July 30.

Topic: Winter Commissioners' Meeting and Council Symposium

Discussion: There will be conjoint meeting with the Commissioners' in December. The agenda will include suicide prevention technical report; obesity technical report; evidence based medicine; acute inpatient psychiatric bed crisis and continuity of care; applying evidence based medicine to medication management and role of psychiatrists in recovery oriented systems.

Action: Dr. Parks and Radke will meet with Mr. Bob Glover and Mr. Roy Praschil to finalize agenda.

Topic: Service Needs of Returning War Veterans

Discussion: Dr. Radke led a discussion of the priority problem presented by the returning war veterans with acute stress reactions, PTSD and TBI and the impact on children and families. A conjoint effort of the VA, universities and public mental health programs and services working with the National Guard and Reserves is warranted. The post Vietnam War experience need not be repeated.

Action: Exploring the magnitude of the problem and the gaps in services on a state level is recommended.

Topic: Recovery Concepts and Role of the Psychiatrist

Discussion: Whether recovery is a belief, philosophical construct or and strategy, it is impacting on clinical care. Ideals of hope and personal responsibility have created expectations the clinical process will be one of individualized care with mutual respect and trust between the consumer and provider. Treatment plans are contracts for care. With such contracts there are expectations and consequences if those expectations are not met. Questions arose including:

- What does recovery mean?
- Do providers know how to engage a consumer?
- Do providers know how to negotiate?
- Where does the power reside?
- How does recovery ideology and personal obligations integrate?
- Can shared decision making be actualized?

Action: Reading Dr. Ron Diamond's paper on recovery and the psychiatrist is a start. Ongoing conversations should attempt to define the word "recovery" each time it is used to be clear as to whether it is being used to describe an ideal, theoretical construct or a strategy.

Topic: Psychiatric Leadership Project

Discussion: The National Council for Community Behavioral Health Care with a SAMHSA grant is developing a Psychiatric Leadership Development Program by bringing together a group of psychiatric leaders to draft a curriculum. Dr. Radke represents the NASMHPD Medical Directors' Council on the Advisory Committee. During the last Advisory Committee phone call participants objected to the National Council going forward with a program plan without a consensus draft curriculum. Additions to the curriculum including consumer perspective, recovery and transformation were recommended. Project timeline expansion was suggested.

The shifting landscape of health care was discussed. It is clear that physicians including psychiatrists do not have a central role in the direction health care is going. But transformation without the profession is problematic and psychiatrists do have a supporting role for any health care system change. CMHS plans to pull together a group of psychiatrists to discuss their role in transformation. Issues regarding the medical model versus the recovery model; marginalizing psychiatrists and psychiatrists' inability to grasp psychiatry were emphasized. Transformation states are Connecticut, Hawaii, Maryland, Missouri, New Mexico, Ohio, Oklahoma, Texas and Washington.

Action: Drs. Parks and Radke will work with Dr. Thompson to facilitate CMHS plans.

Topic: Applying EBM to Antipsychotic UM

Discussion: Dr. Tandon presented a final draft of his paper on Comparative Effectiveness of Antipsychotics: Critical Reassessment and Recommendations, circa 2007.

Decision: Dr. Tandon will prepare

Topic: Medical Director Council Telephone Conferences

Discussion: Upcoming agendas for the next three conferences were discussed. A change in time to 12 noon EDT (11 a.m. CDT) was also recommended,

Action: Upcoming conferences and agenda items are:

June – Acute Inpatient Psychiatric Bed Crisis

July – Recovery

August – Returning War Veterans.

Meeting ended at 12:00 Noon.