

NASMHPD Medical Directors Council
Business Meeting Minutes
October 8, 2002
Chicago, Illinois

Participants

Tom Hester, M.D. (Hawaii) - *Chair*
Jim Evans, M.D. (Virginia)
Bob Eilers, M.D. (New Jersey)
Brian Hepburn, M.D. (Maryland)
Dan Luchins, M.D. (Illinois)
Ted Lawlor, M.D. (Guest Participant/
Former Medical Director, Connecticut)
Larry Miller, M.D. (Arkansas)
Joe Parks, M.D. (Missouri)
Steve Karp, M.D. (Pennsylvania)
Alan Radke, M.D. (Minnesota)
Steve Shon, M.D. (Texas)
Dale Svendson, M.D. (Ohio)
Roy Praschil, NASMHPD
John Kretschmann, Missouri MH Institute

NASMHPD Medical Directors Council Leadership Transition

Chair Tom Hester, M.D. (Hawaii) reviewed the history of the Medical Directors Council, noting that the Council's Best Practice Symposium was in its seventh year. Given his new responsibilities in Hawaii, Dr. Hester requested that the Medical Directors Council select a new Chair. As the Council operated more informally without bylaws, Dr. Hester solicited input on how to handle the leadership change.

The group discussed different formats for leadership, including having a Chair and Chair-Elect, crafting formal bylaws to govern the Council, and designating Vice-Chairs to oversee the Technical Reports and/or Symposium. Other NASMHPD Divisions and Councils elect a Chair, Vice Chair, Secretary, Member at Large, and four regional representative for two-year terms which rotate on a staggered basis.

Alan Radke, M.D. (Minnesota), Steve Karp, M.D. (Pennsylvania) and Joe Parks, M.D. (Missouri) expressed interest in serving as Chair. Participants voted for the Chair via a paper ballot and requested that the other two candidates serve as Vice-Chairs.

Action: Dr. Parks was elected Chair of the Medical Directors Council. Dr. Radke and Dr. Karp will serve as Vice-Chairs. Consequently, Drs. Parks, Radke, and Karp will serve on the

Council's Editorial Advisory Board/Executive Committee.

Participants decided to not hold a vote on establishing terms for the Chair and Vice-Chairs. Instead, the Council will revisit the term issue in two years.

2003 Technical Reports

MH Disaster Response to Terrorism

Medical Directors decided to narrow the focus for this Technical Report to clinical guidelines for responding to disasters and curriculum development. While research is still emerging on best practices, the report would advise readers on which clinical practices are grounded in science. David Pollack, M.D. (Oregon) encouraged the work group to consult with the American Association of Community Psychiatrists (AACCP) and build upon its recent work. The Council's work group also will work closely with Kevin Huckshorn, who is coordinating NASMHPD/NTAC disaster response efforts.

Action: Bill Tucker, M.D. (New York), Dave Rosin, M.D. (Nevada), and Steve Stuery, M.D. (District of Columbia) volunteered to serve as co-editors for the Technical Report.

For the Council's other 2003 Technical Report, Medical Directors discussed the topic of prevention. A Technical Report on prevention could examine suicide prevention, early detection and intervention with people who have early signs of psychosis, primary prevention, prevention of alcohol and drug abuse, examination of risk and protective factors, intervention with children of parents with serious mental illness, early intervention with traumatized children, linkage with the public health model, and prevention of medical death among people with serious mental illness. Dr. Hester mentioned the tension for state mental health agencies around addressing prevention and the concern that a focus on prevention may dilute services for people with serious mental illness.

Action: Robert Eilers, M.D. (New Jersey) and Dr. Radke will serve as co-editors. At the December Medical Directors Council meeting, they will seek additional input on framing the scope of the report. Dr. Parks recommended that the work group involve someone knowledgeable about substance abuse prevention given that field's extensive infrastructure and technologies.

Planning for 2003 Medical Directors Best Practices Symposium

The format for the Best Practices Symposium is four, two-hour sessions combined with a business meeting. Dr. Hester invited participants to suggest topics for the 2003 Symposium. Suggestions included:

! guidelines for preserving access to medication while controlling formulary costs. Previously the Council drafted a Technical Report in partnership with Medicaid Directors on appropriate prescribing of polypharmacy. This topic may require a follow-up dialogue involving the federal Centers for Medicare and Medicaid, state Medicaid Directors, and state Medicaid Pharmacy Directors. In addition, the National Council of State Legislatures recently conducted an analysis of states efforts to control costs and found that approximately thirty states have different ways for capping or controlling pharmaceutical cost.

! reducing medical mortality of people with serious mental illness

! early psychosis intervention

! interface and integration with primary care

! criminal justice and mental health interface (possibly with a focus on juvenile justice)

! treatment planning, particularly the incorporation of evidence-based practices

! level of care utilization systems and the shortage of psychiatric beds and staff

! substance abuse core competencies in the mental health system. What are the minimum competencies needed to evaluate and intervene with people who have substance abuse issues that should be part of the skill set in every community mental health center and state hospital?

! telepsychiatry, including best practices, practical considerations, and confidentiality issues.

After some discussion, the agenda was formed as Medical Directors volunteered to chair certain sessions.

Action: Ken Duckworth, M.D. (Massachusetts) and Dr. Pollack will chair the session on reducing medical morbidity.

Dan Luchins, M.D. (Illinois) and Dr. Parks will chair the session “Guiding Physician Practice to Ensure Open Formularies.” This session will focus on strategies for reducing costs and improving treatment with a particular focus on formularies. The aim is to outline ways to operationalize the premise that “better care will save money.”

Neal Adams, M.D. (California) and Dr. Radke will chair a session on effective use of LOCUS and treatment planning. This session would focus on how utilization management and staffing guidelines could address the critical shortage of psychiatric beds and staff.

Dr. Karp will chair a session on ORYX, the program which was scheduled to be presented at the 2002 Symposium.

Updating Editorial Advisory Board

Given the leadership transition, the Council had to update membership on its Editorial Board. Dr. Hester outlined the role the Editorial Board (primarily review Technical Reports and provide feedback) and requested volunteers to fill the vacancies.

Action: Replace Dr. Hester with Dr. Parks on the Editorial Advisory Board/Executive Committee. Add the two Vice-Chairs, Dr. Radke and Dr. Karp, to the Editorial Advisory Board/Executive Committee.

Make the following changes to the membership of the Editorial Board:

Dr. Duckworth replaces Dr. Karp in the Northeast.

Larry Miller, M.D. (Arkansas) replaces Phil Veehnhuis, M.D. in the South.

Dale Svendsen, M.D. (Ohio) and Alan Schmetzer, M.D. (Indiana) replaces Dr. Radke and Dr. Parks in the Midwest.

Dr. Adams and Richard Spencer, M.D. (Utah) join the West.

AACP Meeting

Given Dr. Park's new role as Chair of the Medical Directors Council, Dr. Hester requested a volunteer to serve as a liaison with the AACP. The liaison facilitates formal and informal interaction between the two groups, in accordance with the cooperative agreement drafted. Dr. Hester reiterated that the Medical Directors Council is a subcomponent of NASMHPD, but does have relationships with other psychiatric groups.

Action: Dr. Pollack volunteered to serve as the liaison with AACP.

Dr. Miller agreed to attend the state hospital psychiatrists caucus which meets at APA meetings and serve as an informal liaison with that group.

2002 Technical Report: *Reducing the Use of Seclusion and Restraint: Lessons from the Deaf and Hard of Hearing Community*

Participants received a copy of the draft Technical Report, *Reducing the Use of Seclusion and*

Restraint: Lessons from the Deaf and Hard of Hearing Community. The Report will be provided to Commissioners at the upcoming December meeting.

Action: Members of the Editorial Board were requested to alert Dr. Radke with major concerns about the report by November 15, 2002. If no major issues were raised, the report will be considered approved and proceed to the Commissioners.

Dr. Radke will submit a proposal to present the Technical Report at the 2003 Psychiatric Services Institute.

Dr. Parks will follow-up with John Talbot about publishing the Council's Technical Reports in *Psych Services*.

Role of State Medical Directors

Participants expressed interest in discussing the different roles and responsibilities of state Medical Directors, particularly given the recent decision by one state legislature to eliminate the position of Medical Director. Given the diverse scope of Medical Directors' responsibilities, a thorough discussion should focus on both the higher/meta functions of the Medical Director's role, as well the concrete functions. The Council's analysis should build upon previous efforts to outline the Medical Director's role, including results from a survey conducted by Bill Reed in 1990 and guidelines developed by the AACP and APA.

The group discussed several strategies for launching an informed discussion about the role of Medical Directors, including (1) developing a survey instrument and collecting responses from state mental health systems; (2) drafting a description of typical or "model" responsibilities for state Medical Directors; and (3) collecting job descriptions from Medical Directors and culling the common elements. Participants indicated interest in having NTAC, NASMHPD, or NRI assist the Council with this analysis.

Action: Dr. Parks will lead a work group consisting of Drs. Pollack, Svendsen, and Radke. The group will hold a teleconference and develop a preliminary proposal for discussion at the Council's December meeting.

Thanks to Tom Hester

Participants expressed great appreciation to out-going Chair Tom Hester for his strong leadership of the Medical Directors Council since its inception.

Next Meeting

The next Medical Directors Council meeting will occur on Sunday, December 8, 2002 in conjunction with NASMHPD's Winter Commissioner Meeting in Ft. Lauderdale, Florida.