



THE PENNSYLVANIA DISTRICT
BRANCH OF THE AMERICAN
PSYCHIATRIC ASSOCIATION

PENNSYLVANIA

OCTOBER 2009

PSYCHIATRIST

NEWSLETTER OF THE PENNSYLVANIA PSYCHIATRIC SOCIETY

ISSUE HIGHLIGHTS

Dues reminder 2

Bringing access issues to
the forefront 3

Patient care in a
tough economy 3

Pittsburgh Psychiatric
Society News and
Notes 4

Red flags rule deadline
extended 5

Political dollars need to
be spent at home 5

What's been your
experience lately? 6

Join us in welcoming Jeff
Wirick to the psychiatric
society team 6

Patient Safety in
Psychiatry 2009 8

Welcome New
Members 11

PRESIDENT'S MESSAGE

Communicating with our Medical Colleagues

by Melvin P. Melnick, MD, DLFAPA, President



Last fall the society received an email from a psychiatrist in the Harrisburg area who has served as a consultant to Capital Blue Cross (CBC) on their Quality Oversight and Management Committee. Some time ago

I had served on a comparable committee for Highmark in Pittsburgh so I was not surprised by what he had to say, that "CBC participating physicians showed significant dissatisfaction in obtaining...psychiatric evaluations...and...records."

Over the past several months I've had the opportunity to speak with training directors from all corners of Pennsylvania at meetings of our

Society. Without exception, all acknowledged that teaching about communicating with medical colleagues outside of the academic, hospital setting was not part of their resident curriculum. Certainly, residents and fellows are taught how to do an assessment and write it up. There is not, however, a focus on what a PCP would find helpful to learn from a psychiatric colleague about their mutual patient.

In response to PCPs' need to get feedback from psychiatrists, CBC and Highmark have developed, respectively, *Coordination of Care; Specialist Report to PCP and Communication Document for Behavioral Health Specialist to Primary Care Physician*, forms that appear on

continued on page 10

EDITOR'S COLUMN

Anniversary Reminiscences

by Edward C. Leonard, Jr., MD, Editor



The *Pennsylvania Psychiatric Society* began seventy years ago as the *American Psychiatric Association's* fifth regional affiliate. The *Philadelphia Psychiatric Society*, which

started thirty years earlier, continued to maintain its independence from the APA. Our society organized at the apex of state-hospital care of the mentally ill, when homeopathic medicine was clinically and politically powerful, and the month after Hitler's invasion of Poland started World War II. The interests and successes of the first three presidents provide a view of our field in their times.



William C. Sandy, MD

Image from "THE PRESIDENT'S ADDRESS: Organization and Administration in Psychiatry" by W.C. Sandy (*Am J Psychiatry* 1940; 97:xii-2-12). Copyright © American Psychiatric Association. Used with permission.

William Charles Sandy, MD (1876-1957)

On October 5, 1939, fifty-six founders met in the Forum Room of Pittsburgh's Hotel William Penn to elect William Sandy first president of the *Pennsylvania Psychiatric Society*. Since 1921, Sandy had been in charge of most psychiatric treatment in Pennsylvania as

continued on page 10

President's Message

continued from page 1

their websites. It is not clear how much these forms are being used. If you are looking for a way to develop an efficient means for communicating with PCPs, let me suggest that you go to several insurance or MCO websites and have a look at the forms that they post.

Sometimes psychiatrists get requests for complete psychiatric records. Even if the request is HIPAA compliant, the patient has given truly informed consent, and there is not a duty to object because releasing the record would be harmful to the patient, sending a copy of an entire record is not likely to be of practical use for the PCP.

There is a range of service that primary care physicians provide. This range influences what they are looking for from their psychiatric consultant. Some PCPs would like consultative guidance in order to provide counseling themselves following a psychiatric evaluation. Others

prefer to have the psychiatrist manage the mental health treatment and to keep them informed. The forms mentioned are a good guide to the kind of information a PCP would need. It should not be too hard for us to figure out what we would like the PCP of our patient to know. (For a discussion about reimbursement for communication between psychiatrists and primary care as well as other related topics, see the recommendations in the article by the *American Academy of Child and Adolescent Psychiatry and the Task Force on Mental Health in Pediatrics* 2009; 123; 1248-1251 entitled *Improving Mental Health Services in Primary Care: Reducing Administrative and Financial Barriers to Access and Collaboration*.)

In most aspects of practice we are similar to other medical subspecialists. However, in what other subspecialty might it be improper for the consultant to tell the primary care doctor all that one has learned about the referred patient? It is part of the art of psychiatry and a responsibility of patient

care to determine what our colleagues need to know and to communicate that information in a timely and understandable manner, while at the same time protecting the patient's privacy.

If a PCP wants help with a patient from a psychiatrist who is not responsive, then that doctor would naturally look for support from someone from whom s/he is likely to hear back. We risk becoming less valuable to our medical colleagues if we have the reputation of being like black holes when it comes to responding to requests for information.

Our taking good care of a referred patient is part of what the referring physician wants. We are in a position to do more than that if we help the referring physician to do his/her job better with our consultation and guidance.

Our goal ought to be that in the view of PCPs, the best support for dealing with mental health problems in their patients is obtained from psychiatrists. ●

Editor's Column

continued from page 1

Director of the Bureau of Mental Health. He also was serving as President of the *American Psychiatric Association*. Sandy proposed that the new organization "exercise a state-wide general leadership in psychiatry, being a coordinating body to which controversial and other questions of psychiatric interest may be referred for an authoritative opinion." He hoped the society would develop "proper psychiatric standards" and encourage general physicians to attend its educational meetings.

Sandy achieved an A.B. in 1898 and an MD in 1901 from Columbia University. He became Medical Director of the state mental hospital in Columbia, South Carolina, in 1915 after political pressure forced out its superintendent. That psychiatrist was leading a national effort to understand and treat pellagra, having recognized it as an endemic problem in

1907. Forty percent of "pellagrins" died, and in addition to a horrible rash, pellagra caused dementia, depression, and psychotic symptoms.

In a 1917 article, Sandy reported that over a quarter of admissions to his hospital suffered from this disease. He believed that "a diet consisting of meat every day, milk, eggs and green vegetables" aided recovery. Sandy understood that these symptoms also might develop after admission. In a paper the next year, he described five patients who developed pellagra in a Connecticut state hospital from self-imposed dietary restrictions. Just before our society began, niacin was discovered. Fortifying flour with this vitamin helps keep pellagra a disease of the past.

Sandy was a charming man, noted for his "quiet, ever-present and disarming good humor" as well as for his "patience, tact, and diplomacy." Many envied his skill at securing re-appointment for twenty-three years by eleven different Secretaries of

Welfare under seven governors. His APA President's Address and his remarks on retiring from our society's presidency hint that charm did not always obtain good working conditions. Judges ordered admissions without consideration for availability of beds, and legislative support for buildings, supplies, and staff did not keep pace with admissions. He gave examples of political power interfering with psychiatric hospital operations.



Henry I. Klopp, MD
*State Hospital Archives.
Used with permission.*

**Henry Irwin
Klopp, MD
(1870-1945)**

Our second president graduated in 1894 from the homeopathic Hahnemann Medical College in Philadelphia. He interned at Reading's

continued on page 14

Editor's Column
continued from page 10

Homeopathic Hospital and then worked for the homeopathic Westboro State Hospital in Massachusetts, rising to Assistant Superintendent in 1903. He returned to Pennsylvania to become Superintendent of the Homeopathic State Hospital for the Insane at Allentown when it opened in 1912. He was a professor at Hahnemann Medical College for over thirty years and served as president of the *Pennsylvania Homeopathic Society*. He was a fellow of the *APA*, served on its Council, and published in its journal. Muhlenberg College awarded him an honorary doctor of science degree in 1927.

Klopp dealt with treatment issues important in his age, one of which could become an issue for us if swine flu hits hard. In a 1930 article, he noted that over twenty-five percent of his hospital's child patients exhibited repeated impulsive outbursts following encephalitis, perhaps caused by the 1918 influenza. In a 1927 article, Klopp wrote that sixteen-percent of deaths at his hospital resulted from tuberculosis. He wanted early recognition of the disease, because he was optimistic that "rest, nursing, liberal dietary, fresh air and sunshine, and good hygienic care" benefited the patient. A discussant to his paper recommended installing special window glass that transmitted ultra-violet rays, so that patients might sunbathe inside in cold weather. Today, tuberculosis again is an American problem, usually associated with immune deficiency or recent immigration.

He maintained his appointment as hospital head for thirty years, and he shared Sandy's concerns about political abuses of the mental-health system. Klopp's presidential address to our society in 1942, "Progressive, Aggressive and Constructive Suggestions for the Future Activities of the Pennsylvania Psychiatric Society," urged political activism. He noted that nearly 49,000 persons lived in twenty-two state facilities. He hoped that the recent



Baldwin L. Keyes, MD
*Thomas Jefferson University
Archives and Special
Collections, Scott Memorial
Library, Philadelphia, PA.
Used with permission.*

Society when he was elected a Councilor at our society's founding meeting. He was chosen President-Elect at the next annual meeting but was unable to preside the following year, because he was serving as commanding officer of the Army's 38th General Hospital (the Jefferson Medical College unit) in Egypt. He retired from the reserves as a Colonel in 1954.

His great-great-grandfather Keyes fought in the Revolutionary War as a Captain at the Battle of Bunker Hill. His great-grandfather fought in the Indian wars and was a Brigadier General in the Alabama Militia. His grandfather, after fighting for the Confederacy in the Civil War, moved from Alabama to Brazil in 1867 with thousands of other "Confederados." The Emperor of Brazil was one of his dental patients. In 1875 Keyes' mother moved as a child from Philadelphia to Brazil. Keyes was born in Rio de Janeiro, where his father and uncle practiced dentistry.

Keyes served as a physician in both world wars, volunteering for service in the British army upon graduation from Jefferson Medical College in 1917. His regiment, the Gordon Highlanders, fought in the trenches, experienced gas warfare, and sometimes wore kilts. He received the British Military Cross, for "exemplary gallantry." In England, holders of this award put "M.C." after their names. He joked that he survived machine-gun fire when rescuing wounded soldiers, because the bullets passed over his head since he

enactment of total state care would end "the disgrace" of county care for those mentally ill.

**Baldwin
Longstreth
Keyes, MD
(1893-1994)**

Our third president was President of the *Philadelphia Psychiatric*

was just over five-feet tall. After the war, he completed his internship at Misericordia Hospital in Philadelphia and Santa Casa Hospital in Rio de Janeiro. He then trained in psychiatry at the Pennsylvania Hospital. Jefferson Medical College established its psychiatry department in 1942 with Keyes serving as chairperson until 1959.

During my residency at Jefferson, I recall being surprised that Keyes diagnosed a patient with "Anemia," although she had a normal hemoglobin and obvious depression. I was told that he thought putting mental disorder diagnoses in charts might harm patients. Despite much protest, Keyes had used "Tired Mother Syndrome" as his main diagnosis for years, reportedly without gender discrimination, and only later switched to "Anemia." The incongruity of his being one of seven serving on the final committee that promulgated the first edition of the *Diagnostic and Statistical Manual* is emblematic of the complexities of our field.

Coda

Today, although most of Sandy's state mental hospitals are closed, government's role in mental-health care is even greater. While Pennsylvania no longer has a homeopathic medical school or mental hospital, Klopp's Allentown State Hospital provides allopathic care to about 175 patients. Some psychiatrists continue to serve in our military forces, and America again fears war as a new blitzkrieg could conquer a targeted country by nuclear destruction.

The society served by Sandy, Klopp, and Keyes evolved. In 1948, it relinquished its right to have members who did not belong to the *APA*. This allowed the Pennsylvania society to gain representation in the *Assembly of District Branches*, which first met in 1953. In 1974, the *Philadelphia Psychiatric Society* joined as a chapter. Since the 1980s, local chapters have flourished across the state. ●