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We Urge You to Carefully Consider the Referendum on Maintenance of Certification on Your APA Election Ballot

By Catherine May, MD, DFAPA
WPS Assembly Delegate

Dear Colleagues-

APA ballots have come out and, if history is any indication, many of us will not vote. This is a shame because there is a Referendum on the ballot about Maintenance of Certification that will affect all of us, including those of us who think we do not need to worry about this because our Board Certification is "grandfathered." I encourage you to familiarize yourself with this issue and vote so that however you choose, your voice may be heard. Apparently the positioning of the referendum on the ballot is "less than obvious" so please look for it.

The Petitioner, Ramaswamy Viswanathan, MD, DSc, states that ballots for the 2011 Election will be sent on December 22, 2010. On that date, those eligible voters with a valid email address on file will receive an email from the APA with an embedded link to their secure, personalized ballot. Simply by clicking on the link, voters will be able to access their ballots and submit them immediately.

We want you to be aware that a referendum pertaining to the ABPN Maintenance of Certification Performance in Practice requirements will be on that ballot. It states: the American Psychiatric Association was petitioned by APA members to hold a referendum on the issue of informing the American Board of Psychiatry and Neurology (ABPN) as follows regarding its proposed maintenance of certification requirements.

- 1) The patient feedback requirements for the purpose of reporting to the Board is unacceptable, as it creates ethical conflicts, and has the potential to damage treatment.
- 2) The requirements other than a cognitive knowledge examination once in ten years, regular participation in continuing medical education, and maintenance of licensure pose undue and unnecessary burden on psychiatrists. (Please see article on page 5 of this newsletter for details of the requirements.)

You will be asked to vote in favor of or against this statement on the ballot for APA's 2011 election. Passage of a measure in a member referendum requires (a) valid ballots from at least 40 percent of the voting members, (b) the affirmative vote of at least one-third of all the voting members of the Association, and (c) the affirmative vote of a majority of those members who return a valid ballot. There are several points of view presented as follows.

Board of Trustees Statement

The proposed requirement of the ABPN for patient feedback is part of the American Board of Medical Specialties (ABMS) Maintenance of Certification Program affecting all medical specialties, not just psychiatry. The ABPN will ask physicians to complete a small number of feedback evaluations over a 10-year period. Only the physician will see the evaluations and attest that evaluations have been completed. The ABPN will not receive or review any patient information.

The Ethics Committee of APA reviewed the ABPN/ABMS requirement and determined it did not violate APA's Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry. Requirements for patient satisfaction surveys, independent of certification, are part of the health care reform bill.

APA will continue to work closely with ABPN, ABMS, and other organizations to reduce unnecessary burdens that may be associated with MOC programs and to assure that such programs are consistent with high-quality patient care.

The Petitioner's Statement by Ramaswamy Viswanathan, MD, DSc

As the initiator of a referendum petition signed by 797 other APA members, stating that some MOC requirements are unnecessary and burdensome, with potential to damage treatment, I would like to make the following comments.

Many of us are not against soliciting patient feedback in indicated situations. In fact in psychotherapy we often pay attention to nonverbal signs from the patient and explore them to get meaningful information. What we are against is an external mandate that we collect evaluations by patients for maintaining our certification. We believe that such a mandate will damage the time-honored doctor-patient relationship. There is literature showing that if you introduce external rewards or regulators on acts that were formerly intrinsically driven (as the doctor-patient relationship should be), it can actually dampen the behavior. For example, people who are inclined to donate blood are less likely to do so if you add an external incentive. It changes how one views the act. (Daniel H. Pink: *Drive - The Surprising Truth About What Motivates Us*. Penguin, 2009). We are not against patient feedback in residency training, where the patient knows that s/he is being treated by a trainee, where it could be one measure of assuring professional competence before one graduates.

Mandated patient feedback will damage the doctor-patient relationship in all branches of medicine. Thus we are not advocating for a special status for psychiatry different from the rest of medicine. Patients may now think that their doctors are treating them nicely not because of their intrinsic worth or the doctor's helpful nature, but because the doctor has to comply with an external agency requiring it. There is potential for preferential treatment of a select few patients whose feedback the physician has decided to seek for his/her own benefit (maintenance of certification), distortion of transference, and adversely influencing prescriptions, limit settings, and discharge plans.

While a chart review for comparing one's practice against guidelines has merit, requiring ten chart reviews every three years is onerous, especially when it comes on top of ten patient reviews and ten peer reviews. Making too many demands on physicians' time can impair performance.

The peer evaluation is likely to become a meaningless exercise, and can deteriorate to "You scratch my back-I scratch your back." You would give a good evaluation for a peer so that that peer in turn would give a good evaluation for you. Psychiatrists in small settings may be reluctant to speak against psychologist-prescribing privileges efforts, or against allied health professionals acting beyond their scope of practice, or speak against substandard care or unprofessional behavior by others, because they are dependent on these others' evaluations for their own recertification.

For a different take on this issue please read the Presidents column in the Nov. issue of *Psych News* which you may access at <http://pn.psychiatryonline.org/content/45/22/3.1.full>

However you vote, just please vote!!!!!!! Any questions feel free to contact me directly at csmaymd@aol.com