



# Nebraska Psychiatrists Newsletter

1st Quarter 2013

## President Report

Dear Members,

Hello again. You must all be a bit tired of reading President's letters from me. I urge you to become involved in a more proactive way and volunteer to assume an executive board position. Then you can vote me out of this position come spring. Until then, you are stuck. I'll do my best to entertain you, once again, with a few of my musings.

I recently read an article in our local Reader that irritated me. The writer was again beating the drum of the ills of psychiatric medication. He essentially blamed all mass murders on psychiatric drugs. After all, the people that committed these heinous crimes were on psychotropics. I guess I would find it more disturbing if these individuals weren't on psychiatric drugs. Enough said.

So, how are all of you coping with the new coding regulations? I feel a bit like a resident again. I have my trusted template and am trying to learn a new way of dictating. I suppose it is a good thing to have to do something familiar in a different way. I once read in a popular women's magazine that driving an unfamiliar way to work was a good way to stave off dementia so perhaps this will do the same. I don't think it will change the way I take care of my patients all that much. However, it may for a short while prevent me from getting completely through a mental status dictation only to realize I have no idea what I just dictated because it has become

somewhat like saying the pledge of allegiance. And perhaps my patients will be more inclined to see me as a physician when they get their blood pressure taken in my office. Perhaps they will then call me "Dr. Theobald" rather than "Jane." I've given up trying to change this behavior in my patients. However, I find it rather puzzling that someone would pay as much as they pay to see me if they are not expecting me to function as their doctor.

On a more serious note, the new coding has presented a number of challenges. I've read most of what I could find to help me decipher when to code what and then how to document correctly so as to not commit fraud. However, I still have a lot of questions. Dr. Wengel suggested we have an expert come to a member meeting to help us with this process. I think this is a wonderful idea. Maybe after everyone (experts included) has had a chance to use the new system for a couple of months we can find someone to do this. I'm not sure there are any experts at this point. I recently posed a question to our state experts and eventually was sheepishly told they just didn't know the answer, and I thought it was a fairly straightforward question. So I hope if we wait a couple of months, some of the



Jane Theobald, M.D.

## NPS CALENDAR 2013 EVENTS

**February 5**

**NPS Member Meeting**  
Omaha Marriott  
*(See flyer in this newsletter)*

**April 8-10**

**Nat. Council of Behavioral  
Health Conference (Vegas)**  
[www.TheNationalCouncil.org](http://www.TheNationalCouncil.org)

**May TBD**

**NPS Member Meeting**

**May 18-22**

**APA An Mtg (San Francisco)**

**September TBD**

**NPS Member Meeting**

**October 10-13**

**65th APA Institute on  
Psychiatric Svcs (Philadelphia)**

**October 22-27**

**AACAP Mtg**

### **NPS EXECUTIVE COMMITTEE MEMBERS:**

Mar. 5	Oct. 1
April 2	Nov. 5
May 7	Dec. 3
Aug. 6	

simple issues will be flushed out and addressed. In the meantime, may the powers that be be gracious and understanding.

It continues to be rather quiet at NPS. I'd love to see more involvement. Maybe we need to have a gala. Until next time....

Jane Theobald, MD

At our November Executive Council meeting, Dr. Theobald volunteered to write an article about the new CPT codes for this newsletter. Since I am mostly retired and won't be dealing with the new codes on a daily basis, I was glad to shift the insurance part of my report to someone who will need to become thoroughly acquainted with the new standards and record formats. This also gave me an opportunity to write about the many contributions made to our profession by Dr. Robert Osborne who died this past September at the age of 81. In the mid 1960's, Dr. Osborne was one of the founding members of our predecessor organization, The Sioux Psychiatric Society. He was its president from May of 1971 to May of 1972. Although he was primarily an administrative psychiatrist when I first knew him, he was also an excellent teacher and later a private practice role model and a long-term role model for service to the medical profession. Reviewing his many accomplishments also gives me an opportunity to note his involvement in some important milestones in the history of psychiatry in Nebraska.

His outstanding professional skills were recognized early in his career. Soon after completing his residency training in 1962, Dr. Osborne was appointed Clinical Director of the Norfolk State Hospital in 1964. In 1967 at the age of 36, he was asked by Governor Norbert Tiemann to become the Medical Services Director for Nebraska's Department of Public Institutions. In that role he supervised the three State Mental Hospitals (in Lincoln, Norfolk, and Hastings), the psychiatric service function of the Nebraska Psychiatric Institute, and medical services within the prison

system and the Beatrice State Home. At that time Nebraska's three state hospitals still housed approximately 1800 patients and the Beatrice State Home housed over 2500 patients. In spite of his many responsibilities, Dr. Osborne still found time to come to Omaha once a week to teach at the Nebraska Psychiatric Institute.

I first got to know Dr. Osborne in the spring of 1968 as I was finishing my first year in residency training. At that time I was being supervised weekly by Dr. Merrill Eaton who was then Director of NPI's Adult Outpatient Services. During one of those supervisory sessions, Dr. Eaton was called out to speak by phone with then Dean Cecil Witson who asked him to replace the retiring Dr. Vernon Strough as Chairman of the Department of Psychiatry and Director of the Nebraska Psychiatric Institute. Because of his increased responsibilities, Dr. Eaton asked Dr. Osborne to take over the supervision of my weekly videotaped outpatient psychotherapy sessions. I was grateful for the change because I had not been comfortable with Dr. Eaton's analytic style. Dr. Osborne practiced a mix of Adolf Meyer's bio-psychosocial model and a Rogerian style of therapy and supervision. Instead of role modeling the long and often unproductive silences of the psychoanalytic method, Dr. Osborne's approach to psychiatric supervision taught an active and clarifying interview style which also conveyed a positive regard toward each patient. He wanted the trainee to gather as much information as possible to help understand the multiple symptoms and causes of each patient's disorder. That process was then used to build rapport and to develop a treatment plan.

I found his approach to be very effective. During the next four-and-one-half years I had frequent opportunities to work with him. We often discussed his plans for the state's mental health program.

Because the use of Thorazine and its derivatives had helped the three state hospitals shrink from having approximately 1500 patients each in the mid 1950's to about 600 each by 1968, they all had a surplus of beds, staff, and physical plant capacity. Closing one of the hospitals would have had a severe economic impact, especially on the cities of Norfolk or Hastings. About the same time community psychiatry was coming into its own with the help of federal funding. As Medical Services Director, Dr. Osborne divided the state into its current six mental health regions. He renamed and repurposed the three State Hospitals to become the three Regional Centers since they would no longer have a purely hospital function. His goal was to more fully utilize those existing facilities for related activities. He envisioned developing domiciliary programs for the chronically mentally ill on the Regional Center campuses, more easily reached short term psychiatric inpatient and residential services for the mentally retarded psychiatric services for mentally ill prisoners, and a system of outpatient psychiatric services in each of the six mental health regions.

In 1969, he knew that a child psychiatrist would soon be needed at the Lincoln Regional



John Donaldson, M.D.

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# NEBRASKA PSYCHIATRIC SOCIETY

MEMBERSHIP MEETING

**Tuesday, February 5, 2013**

**Omaha Marriott  
10220 Regency Circle**

6:00 pm – Cash Bar

6:30 pm – Buffet Dinner Served

7:15 pm – Speaker/Meeting

**ADVANCED RESERVATIONS REQUIRED**

**Please RSVP by February 1st:**

Laura Polak at 402-393-1415  
or [laura@omahamedical.com](mailto:laura@omahamedical.com)

**We look forward to seeing you there!!**

Please consider inviting a colleague to come as well.

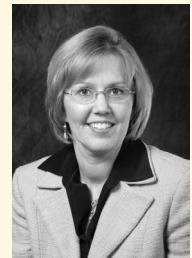


## NEBRASKA LEGISLATIVE UPDATE

*Featuring:*



**Dale Mahlman**  
*NMA Executive  
Vice President*



**Ann Frohman**  
*NMA Lobbyist*

Hear an update on the Medicaid Expansion, the current legislative session and what legislation may impact not only psychiatry but medicine in general.

**RESERVATIONS  
REQUIRED**

Center. By then I had decided to go into Child Psychiatry. He and I worked together to extend my residency to include a Child Fellowship and to shift my DPI Post Residency Service Contract from Norfolk to Lincoln. During my fellowship I began to see patients in Lincoln one day per week. In the fall of 1971, I became Director of the Child and Adolescent Services at the Lincoln Regional Center. Using a more active treatment approach by early 1973, the average length of stay on that unit was reduced from two years to 80 days, and the number of beds was reduced from 80 to 40. During that time Dr. Osborne also allowed me to return to Omaha to teach at NPI on Tuesday afternoons. This led to my being appointed Assistant Professor of Psychiatry and Director of Children's Services at NPI in January of 1973.

Dr. Osborne's vision for the State of Nebraska's psychiatric services appeared to be working out well while Governor Tiemann was in office. However, after James Exon became Governor in 1971, his emphasis began to shift from the State providing a variety of services for chronically mentally ill patients to deinstitutionalization efforts, a reduction of the state's direct mental health costs, and a greater reliance on Medicaid funded care. In my opinion, this led to an unfortunate fragmentation of the care of Nebraska's chronically mentally ill patients. Since Dr. Osborne could no longer develop the integrated mental health system he envisioned, he and then DPI Director, Mike LaMontia, negotiated a reassignment of his duties in May of 1972. Dr. Osborne briefly became Superintendent of the Lincoln Regional Center, and Dr. Jack Anderson became Medical

Services Director of DPI. By the fall of 1972, Dr. Osborne resigned his position as superintendent so that he could join Doctors Robert Stein and John Baldwin in the private practice of psychiatry in Lincoln.

Speaking with his widow, Desta, since his death, I learned the extent of Dr. Osborne's service to psychiatry and medicine in general during the 25 years he was in private practice in Lincoln. He soon became a leader in Lincoln General Hospital's Psychiatric Program. From 1978 to 1983, he coordinated the teaching of psychiatry to the Family Practice Residents being trained in Lincoln. He was Chief of Staff at Lincoln General Hospital from 1980 to 1981 and was on their Board of Trustees from 1984 to 1990. He was a Delegate to the Nebraska Medical Association from 1984 to 1988 and was President of the Lancaster Medical Society in 1989. He also continued to be active in our organization until his retirement in 1997. During those years I looked forward to seeing him at our quarterly meetings. He gave me pointers on starting my own private practice in 1980. Those meetings also gave us an opportunity to compare our impressions of the efficacy of the many new psychiatric medications which were being introduced the late 1980's and early 1990's. He had much wisdom to contribute to our business meetings. We have definitely missed his presence in the 15 years since his retirement.

Bob Osborne was an exemplary leader and mentor in his teaching, his service to the State of Nebraska, his care of patients, and in his service to a variety of State and local medical organizations. John Y. Donaldson, M.D.

## HELPFUL LINKS:

**Clinical Resources  
for Consumers & Providers**  
*(Response to Newtown, CT Event)*  
[http://www.unmc.edu/bhecn/  
Newtown\\_our\\_emotional\\_and\\_  
psychological\\_struggle.htm](http://www.unmc.edu/bhecn/Newtown_our_emotional_and_psychological_struggle.htm)

### **CPT CODING RESOURCES:**

**APA Website Resources:**  
<http://www.psych.org/practice/managing-a-practice/cpt-changes-2013>

### **CPT Coding Templates (from APA):**

[http://www.psychiatry.org/  
cptcodingchanges](http://www.psychiatry.org/cptcodingchanges)  
(near the top of the page)

APA Contacts for CPT Coding  
Questions:

Rebeccal Yowell or Ellen Jaffe  
800-343-4671 (8 AM-4 PM CT)  
or email: [hsf@psych.org](mailto:hsf@psych.org)

