



Nebraska Psychiatrists Newsletter

3rd Quarter 2013

President Report

Dear fellow physicians,

Let me take this opportunity to thank all fellow members who elected me as president of the Nebraska Psychiatric Society. I feel honored and deeply touched by the trust you have placed in me. With your help and collaboration with others medical professional societies, my goal is to maintain and improve the quality of care for patients who experience psychiatric disorders in Nebraska.

I completed my psychiatry residency training from Creighton-University of Nebraska in 2006 and joined Creighton University School of Medicine, Department of Psychiatry as a faculty member. I started my journey with the Nebraska Psychiatric Society as the Early Career Psychiatrist, progressing to deputy representative, secretary-treasurer, and served as representative. I have been actively involved in academic and patient care by providing inpatient psychiatric care at Lasting Hope Recovery Center and outpatient care at the Mood Disorder Clinic at Alegent – Creighton Clinic.

The positive improvements in Nebraska are many: the merging of Alegent and Creighton Health, development of telepsychiatry to provide psychiatric treatment in rural areas, and completion of several successful years of partnership of the University of Nebraska with Alegent Health to provide inpatient to provide inpa-

tient psychiatric care at Lasting Hope Recovery Center. I'm also proud to share the establishment of a local Schwarz Center Round site recognition, which focuses on psychiatric disorders and related challenges.

Among other exciting news is the release of the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM V) in May 2013. During the 166th annual American Psychiatric Association's meeting, Dr. Howard Liu and I had the opportunity to receive the DSM V "Training the Trainers." I'm glad to announce we have both scheduled to give a presentation on November 12, 2013, at the Regency Marriott. I highly encourage everyone to join this informative training session in understanding, using, and implementing DSM V in clinical and research settings.

Once again, thank you for giving me this opportunity. I'm looking forward to more progress in psychiatry.

Sincerely yours,
S. Faiz Qadri, MD



S. Faiz Qadri, M.D.

NPS CALENDAR 2013/2014 EVENTS

October 22-27
AACAP Mtg

November 12
NPS Member Meeting
Omaha Marriott
(see enclosed flyer)

February
NPS Member Meeting
(Details to be determined)

May
NPS Member Meeting
(Details to be determined)

September
NPS Member Meeting
(Details to be determined)

October 21 - 26
AACAP Meeting
San Diego, CA

NPS EXECUTIVE COMMITTEE MEMBERS:

Dec. 3	Aug. 5
Jan. 7	Oct. 7
Mar. 4	Nov. 4
April 1	Dec. 2

Secretary/Treasurer Report

Our current balance this fall (approximately \$43,000) is the best it has been at any time in our history. Therefore, I will digress to another subject- more of our history.

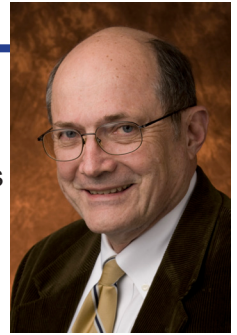
In June, when Dr. Qadri and I were meeting with Diane Parsons, our previous executive secretary, we discussed possible solutions to the problem of fewer and fewer members being willing to serve as officers of NPS. Dr. Qadri noted the pictures of all of the past presidents of the Metropolitan Omaha Medical Society which are on display in their Board Room. He raised the issue of whether or not something like that could be done for our organization so that people who had served as our presidents could be recognized.

Since we have never had an office of our own, it did not seem realistic to ask to take up that much space in another organization's board room. We were, however, able to work out a meaningful compromise. With the help of Carol Wang, our new executive secretary, we are now in the process of preparing two plaques which will display the names and years of service of our current and future past presidents. These will be placed in the MOMS board room.

As I indicated in the third quarter issue of our 2012 Newsletter, the history of the Nebraska Psychiatric Society is more brief than one might imagine. Our parent organization, the Sioux Psychiatric Society, formed in 1965, originally served North Dakota, South Dakota, and Nebraska. North Dakota split off in 1968 to form its own district branch. South Dakota left in 1979. Therefore, the Nebraska Psychiatric Society was not incorporated until that spring. I was able to prepare a list of the

28 past presidents of the Nebraska Psychiatric Society by reviewing 34 years of our newsletter which I had saved. I thought it would be important to publish the names of those past presidents in this newsletter, partly to recognize them in print, partly so that there could be multiple sources of that information should it be needed in the future, and partly so that any corrections could be made before the plaques are finalized. Below you will find a list of our past presidents and their

years of service. If you are aware of any corrections (dates of service, preferred use of initials, etc.) please call 402-393-1415 and let Carol or Laura know as soon as possible so that we can list everyone correctly on the plaques.



John Donaldson, M.D.

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PAST PRESIDENTS NEBRASKA PSYCHIATRIC SOCIETY

William Bruns, M.D.	1979-1981
T. Bulent Tunakan, M.D.	1981-1983
David K. Kentsmith, M.D.	1983-1985
John Y. Donaldson, M.D.	1985-1987
Jay B. Bastani, M.D.	1987-1988
Klaus Hartmann, M.D.	1988-1989
Subhash Bhatia, M.D.	1989-1990
Donald A. Swanson, M.D.	1990-1991
Ann Taylor, M.D.	1991-1992
Mark J. Dierks, M.D.	1992-1993
Eli Chesen, M.D.	1993-1994
Sara L. Jones, M.D.	1994-1995
George W. Bartholow, M.D.	1995-1996
Susan J. Boust, M.D.	1996-1997
William H. Henderson, M.D.	1997-1998
David G. Folks, M.D.	1998-1999
Terry Davis, M.D.	1999-2001
Carl Greiner, M.D.	2001-2002
Janet McGivern, M.D.	2002-2003
Arun Sharma, M.D.	2003-2004
Blaine Shaffer, M.D.	2004-2005
Timothy Tse, M.D.	2005-2006
Michael Sedlacek, M.D.	2006-2007
Daniel Wilson, M.D., Ph.D.	2007-2008
Sid Kauzlarich, M.D.	2008-2009
Michele Marsh, M.D.	2009-2010
Matt Egbert, M.D.	2010-2011
Jane Theobald, M.D.	2011-2013

Legislative Representative Report

I would like to take this opportunity to introduce myself, and my colleague, Dr. Kayla Pope, as we are the new NPS Legislative representatives. Both Dr. Pope and myself have a long standing interest in the interface between psychiatry and legal issues, and hope to work together to provide a voice to NPS members about legislative issues that can effect our patients and our profession.

Dr. Kayla Pope is a MD/JD who received her JD from the American University, Washington College of Law in 1993, and her doctor of medicine from George Washington University Medical Center in 2005. She completed her residency in psychiatry at Maryland/Sheppard Pratt in 2008, and finished her Child and Adolescent Psychiatry Fellowship at Children's National Medical Center/ National Institute of Mental Health in 2011. She has academic appointments in both the UNMC Department of Psychiatry and Creighton University School of Medicine. Currently, she is the Director of Neurobehavioral Research at Boys Town National Research Hospital.

Prior to pursuing a career in Medicine, Dr. Pope became a member of the Virginia State Bar in 1993. She worked as an attorney representing children and adolescents in abuse and neglect proceedings, custody disputes and juvenile criminal proceedings. She is also a Virginia Certified Mediator and has experience negotiating legal issues in domestic and civil disputes.

In addition, Dr. Pope has years of research experience and numerous publications focusing on the neurobiology of disruptive behavior, oppositional defiant, and conduct disorder. She was an active member of the Maryland Psychiatric Society and the American Academy of Child and Adolescent Psychiatry. Dr. Pope hopes to bring her experience and expertise to bear on the legislative process in Nebraska to improve psychiatric care for our patients.

I am a native Nebraskan who finished the CUMC/UNMC combined residency program in 2013. I obtained my JD from the University of Utah College of Law in 1997, and became a Utah Bar

member that same year. I worked for both the Third District Juvenile Court in Utah and the Utah Insurance Fraud Division. I obtained my MD from Creighton University Medical School in 2009. I have been involved with NPS for the last two years as a Member in Training. I am a member of both the American Academy of Psychiatry and the law, and a member of the American Academy of Addiction Psychiatry. I am currently in private practice at Inroads to Recovery here in Omaha. I practice both general and forensic psychiatry.

As the Legislative Representatives to NPS, both Dr. Pope and I hope to strengthen the working relationship between NPS and various community partners to do what we can help improve psychiatric care in Nebraska, for patients and practitioners. We hope to give a voice to the opinions of NPS members in the legislative process. Please feel free to contact us about current legislative issues that are important to your patients and your practice.

Cynthia Paul, M.D.

Secretary/Treasurer Report Cont'd.

Our old newsletters provide a wealth of information regarding the many issues dealt with by our organization and its past presidents. They include everything from the wit and wisdom of our longtime newsletter editor, Dr. Beverly Meade, to Assembly reports, changing insurance coverage and documentation requirements, the threatened and later real closing two of the three Regional Centers, the changing AP A structure over time as that has affected

our organization and our elections, and many other concerns. As time permits, I will in future newsletters, review in more depth some of the issues we have faced over the years. I also note that twenty-six of our past presidents are still living with only Doctors Tunakan and Bartholow being deceased. I would also ask that the other 25 living past presidents consider writing articles about one or more of the issues which impacted their time in office. These could be used in future newsletters.

Carol Wang recently reminded me that NPS will celebrate our 35th anniversary this next spring. In that context, I would encourage some of our current early career psychiatrists to save this and future NPS newsletters. It has been my experience that the printed word provides a much more lasting record than the internet.

John Y. Donaldson, M.D.

ELECTRONIC MEDICAL RECORDS AND PSYCHIATRY

Electronic Medical Records system with ease of accessibility to different specialties, high quality of documentation and automatic accumulation of patient data has revolutionized the practice of medicine. Electronic Medical records system has enabled improved training for residents by implementing meaningful use criteria to meet the minimum standards for patient care. Accessibility to documented opinions of other disciplines promotes learning through Multi Disciplinary Team approach. Patient access to medical records help in illness and treatment education. Electronic record system simplified components of research through easy access to data and patient enrollment.

Electronic medical records were introduced to improve the patient care and out come. Studies conducted over time in various settings have concluded this.

However most of this evidence stems from the studies conducted in medicine, surgery and their allied specialties. There were wide variations in results based on the settings and type of Electronic Medical Records used. There is a possibility of difference in out come based on outcome expectations of treatment and the disciplines involved in the management. So far specialty-focused studies were not conducted to measure the effectiveness of Electronic Health Records. In practical terms there are obvious benefits of using Electronic Medical Records in patient care, training, research and in communicating with other disciplines in psychiatry. There is a possibility of variations based on location of these services and the differences in the Electronic Medical Records. Psychiatry with holistic approach in patient management is closely connected with

community resources like housing programs, rehabilitation facilities and community support work. Effectiveness of managing illness, preventing relapses and facilitating recovery depends on accessibility of Electronic Medical Records by the teams involved in patient care. This is applicable when a patient is provided care by different disciplines in different settings.

In conclusion Electronic Medical Records have a definite advantage over the conventional system. However a specialty like psychiatry needs to be studied independently to measure out comes and to implement changes in making the system more effective in patient care, training and research.

Srinivas Dannaram, MD