

On Closing A Practice



Diane H. Schetky, M.D.

At the end of December, I closed my therapy practice. Loyalty to patients, some of whom I'd followed intermittently for over 14 years, kept me hanging in. Several omens portended this decision including losing my pager, which spent the summer in a bed of lilies, and my right thumb succumbing to the ravages of arthritis undoubtedly exacerbated by years of charting, and writing prescriptions and non-formulary requests. A convergence of other factors forced my decision including too many bad managed care days, increasing concerns about liability under managed care, and the shift in my practice

towards doing more forensic psychiatry. In addition, I realized that I was barely meeting my office overhead with my small private practice given my mix of Medicaid, Medicare and managed care patients whom for years I had been underwriting with my forensic cases. Although I never contracted with managed care, I still saw their patients given the paucity of child psychiatrists in my area. All but one managed care company pulled out of Maine leaving Anthem Blue Cross with a monopoly and patients with little choice. Anthem began to object to my doing anything more than medication management and cutting back on reimbursement. Even

though I had prior approval to do psychotherapy with a college bound complicated patient with whom I had an eight-year relationship, they refused to pay my bill for therapy over the summer saying prior authorization was not a guarantee of payment. A letter of appeal failed to get a response.

Ethical guidelines demand that we give patients and their families sufficiently long notice in advance of withdrawal from their care to permit them time to find another physician. Failure to do so may constitute patient abandonment. Anticipating that transfers might not be easy, I gave my patients five months notice of my plans both in writing and verbally and offered to assist them in finding a new therapist. Some, mostly adults, acted with denial trying to put off the inevitable and waiting until the last minute. Finding therapists for my patients has been difficult. The situation was reminiscent of when I first arrived in Maine in 1986 and was the only child psychiatrist in the northern half of the state doing private practice. Although our numbers have swelled, there has been a flight from private practice with most of my colleagues opting for salaried jobs with agencies and residential treatment facilities. In the midcoast area where I live, we are down to one part time child psychiatrist and two adult psychiatrists in private practice serving a catchment area of about 40,000. Managed care has taken its toll. I learned that our local mental health clinic has a six-month wait period and will not take people who have private insurance. One adult psychiatrist agreed to take some of my patients but only if they were not on managed care. An adult patient called to inform me that her insurance company would not approve the other psychiatrist, whom she preferred to see, because he was not on their list. I asked her to read their list of approved providers in my area and all of those listed were phantom doctors who had closed their private practices some time ago. She is well enough to advocate for herself and I told her to fight her case and offered to back her

Attention AACAP Members

AACAP member *Carolyn Robinowitz, M.D.* is a candidate for the AMA Council on Scientific Affairs. The election will be held at the AMA Annual Meeting in mid June. We hope you will help promote her candidacy by speaking about her with colleagues in your state or county medical society who are Delegates to the AMA. The May issue of *AACAP News* will have more information about the election process.

Letters to the Editor

This letter was written by Rigoberto Rodriguez, M.D., who is active in leadership positions at the local and national level with the American Psychiatric Association (APA) and currently serving as Immediate Past President of the Florida Psychiatric Society, and by Lydia Usategui, M.D., a member of AACAP who is active at the local level in several professional organizations.

Dear Editor,

We are writing to express our concerns about the "President's Message" column published by Dr. Clarice Kestenbaum in the September/October 2000 issue of *AACAP News*, titled "Cuban Reveries—Impressions of a Visitor," regarding her second visit to Cuba in June 2000.

The "President's Message" went beyond the scope of what we believe should be the focus of an academic/professional publication like the *AACAP News*. It is our professional opinion that the *AACAP News* should limit its contents to scientific material—and not become a medium for political topics.

The organization and the *AACAP News* are intended for professional activities, and thus the elected leaders of the organization need to uphold their obligations as such and maintain boundaries between this and their personal political views.

There is nothing wrong with a group of professionals traveling to Cuba to exchange professional information, as Dr. Rigoberto Rodriguez has done in the past. In fact such activities should be encouraged—provided that the participants have unrestricted access to meet not only with those designated as official hosts and to inspect facilities beyond those set up as official showplaces. In any event, professional observations should be limited to the visitor's specific expertise. Cuban medicine and physicians have excelled throughout the years long before the Revolution; and it is not surprising that our Cuban colleagues are making every effort to maintain the quality and standards that they have traditionally been accustomed to. The credit should go to them as professionals, not to the government.

We find it inappropriate for the "President's Message" to portray such a partisan rendition of the trip to Cuba (even if the trip was not paid for with AACAP funds). Such a one-

sided view presenting a reality out of context compels readers with a different point of view to feel entitled to respond within the same medium—and fairness should allow it. There are other means of expressing political views than through membership-paid professional publications.

Sincerely,

Lydia M. Usategui, M.D. and Rigoberto Rodriguez, M.D.
Miami, FL

Readers are invited to submit letters not more than 500 words long for possible publication at the discretion of the AACAP News editor. Submission of a letter implies consent for publication unless otherwise indicated. All letters are subject to editing to meet style, clarity, and space requirements. Receipt of letters is not acknowledged.

Please send submissions to Letters to the Editor, AACAP News, 3615 Wisconsin Avenue, N.W., Washington, D.C. 20016; 202.966.2891 (fax); mmorse@aacap.org (email).

up if need be. Although no longer seeing my patients, I will continue to be available until they have met with their new physicians. In many cases, where medication management is the only issue and they are stable, that will be their pediatrician or family doctor, for whom I have offered to be available should they need consultation.

I wrote treatment summaries for all my patients and with their permission sent them to their new therapists or physicians. In some instances, where appropriate, I have shared the summaries with patients. Writing them was enlightening, allowing me to see how far we had come and what had been obstacles to progress in some

instances. In one case, I realized that one of the more therapeutic things I had done with an extremely difficult treatment resistant adolescent with OCD and ODD was to discontinue treatment other than his medication. Left to his own devices, this young man rallied and even agreed to come in for a goodbye visit. The treatment summaries were also my way of dealing with my loss of patient contact, letting go, and bringing closure. As child and adolescent psychiatrists, we have the rare opportunity to witness growth and the vicissitudes of child development. It continues to amaze me to read of troubled children I have done play therapy with in years past now going off

to college, getting married, contributing to our community and taking on leadership roles. It reaffirms one's belief in psychotherapy and the family.

I still have my replacement pager which I use for taking calls at the youth detention center where I will continue to work for a few more months. I have been on call for 28 years now and look forward to not having to remember where I left my pager and having more freedom to travel without burdening my one colleague who always cheerfully covers for me when I am out of state. I shall continue to write, teach, do forensic psychiatry and ponder ethical matters. ■

Dr. Schetky practices child and adult forensic psychiatry in Rockport, Maine.