FACULTY, STAFF, RESIDENT AND STUDENT NOTES . . .

CONGRATULATIONS

Congratulations to Monica Raposo Gorcos, MD, PGY 1 resident, Psychiatry, and Jeff Gorcos, MD, PGY 2 resident, Internal Medicine, on the birth of their son, Gabriel Gorcos, July 8.

Congratulations to Connie Marsh, MD, on having passed her exam on Psychosomatic Medicine held June 6-14.

Congratulations to Don Morgan, PhD, on having been elected a Fellow in the Society for Personality Assessment.

Congratulations to Katherine Grimsley, MD, PGY III, on receiving the Bharati Patient Care Award, and to Mohamed Ramadan, MD, on receiving the Excellence in Research Award at graduation in June.

John Bober, MD, associate professor, received the Teacher of the Year Award from the residents.

Two, fourth-year medical students received awards from the Dr. Ronald L. Martin Student Scholarship Award. Ben Davis received one award for outstanding interest and performance in the field of psychiatric medicine during the Neuropsychiatry Clerkship, and Monica Gorcos received an award for outstanding performance in a psychiatric elective.

PRESENTATIONS


PUBLICATIONS

Matson, Robin (August 2005) presented “Relationship of the PSY-5 MMPI-2 scales to weighted MCMI-III factor scores,” at the American Psychological Association Annual Meeting in Washington, DC. Other authors: Dorr, D, Morgan, CD and Jones, TL.


Ramadan, M. (October 5, 2005) presented, “Comparison of the formal published human clinical trial databases for the six serotonin selective re-uptake inhibitors.” Other authors: Preskorn, SH, Griffith, J, and Khan, A.

Volume 3 Number 3
November 2005

Resolutions for 2006

Like most individuals, the KUSM-W Department of Psychiatry begins 2006 with its New Year resolutions. Each supports the primary mission of the department: the highest possible quality education for medical students, psychiatry residents, and clinical psychology interns. The department accomplishes its primary mission through its activities in scholarship and research, patient care, and service to the university, the community, and the profession. Scholarship and research are traditional areas for a medical school department engaged in teaching residents, medical students, and psychology interns. To fulfill its primary mission, the department and its faculty has significant patient care responsibilities. Like the entire KUSM-W campus, the Department of Psychiatry, is community-based. Hence, our service to the community includes the care that we provide to our fellow citizens who are afflicted with psychiatric illnesses and our volunteerism with many community agencies and groups. In this cover story, I will summarize the educational review that the department is doing, and then the department’s resolutions in the areas of scholarship and research, patient care, and service to the university, the community, and the profession for 2006.

Education

The department is undertaking an in-depth review of both the psychiatry residency program and the medical student program. Targeted faculty meetings are being held to review both, and determine where the programs can be enhanced.

In terms of the residency program, these discussions include the establishment and assessment of overall goals and objectives for the residency and the establishment and assessment of specific goals and objectives for each year of the residency, as well as developing methods to monitor whether those yearly goals and objectives are met by each resident as they progress through the training program. To meet these goals and objectives, the department must provide our residents with an adequate and appropriately diversified inpatient and outpatient care exposure. For this reason, the department continually evaluates the patient care mix for either deficiencies or excesses so that it can correct imbalances if they occur. At the same combined targeted faculty meetings, discussions are held to discuss the overall medical student education program and to review and refine the goals and objectives for the clerkship in all areas including the various clinical rotations offered by the department and its formal didactic program, in terms of how each lecture advances the goals and objectives of the medical student clerkship, as well as, how electives offered by the department can further the education of KUSM-W medical students. The review also is focusing on the role of residents in teaching of medical students and how to facilitate and enhance their teaching role and skills.

The final goal is to continue fundraising activities for special interest in psychiatry. The department has successfully completed its fundraising for the Ronald L. Martin, MD, fund for recognition of medical students’ interested in psychiatry. This fund is now endowed in perpetuity. The department has also made great strides towards reaching the $70,000 goal for funds in the George Dyck, MD, visiting professorship in geriatric. This fund is within $10,000 of being endowed in perpetuity. The department welcomes contributions to help it reach this goal.

Scholarship and research

The first objective in this area is to expand the involvement of the faculty in investigational clinical trials in accordance with their areas of sub-specialization and interest. The
Congratulations to Don Brada, MD by Mary Spachek

continue teaching residents and medical students by becoming a volunteer faculty member.

During the transition period, Dr. Brada will be phasing out his outpatient and inpatient clinical practices. Dr. Brada says that while, in many ways, he will miss the clinical practice, he is looking forward to the challenges of his new position. He will oversee all of the Wichita-based residency programs, and work cooperatively with the department chairs and program directors to assure continued accreditation of those programs. He is also looking forward to the opportunity to assist in mentoring and enhancing a cadre of educational leaders at the medical school.

Search for Chair Under Way

A national search is starting for a new Psychiatry chairman. Sheldon Preskorn, MD, chair and professor, has announced that he is leaving his position to go full time as President and CEO of the Clinical Research Institute (CRI), affiliated with the University of Kansas School of Medicine-Wichita. CRI specializes in clinical research including phase I through III randomized trials in psychiatric, neurological, and other medical disorders.

Dean S. Edwards Dismuke, MD, MSPH, has appointed a search committee for the new Psychiatry chairman. The search team members are Jon Schrage, MD, chair, Internal Medicine, and chairmain, search committee; Connie Marsh, MD, clinical associate professor in Psychiatry; Brent Rody, MD, Emergency Medicine at Via Christi St. Francis; Tim Scanlon, MD, clinical associate professor in Preventive Medicine; Lois Clendenning, Director of Nursing at Via Christi Good Shepherd Campus; and Kathy Sexton, assistant county manager with Sedgwick County.

If you have any suggestions on what a new chair should be like, what direction do you think the resident program should be moving into, or if you know anyone who would be interested in the position please contact Dr. Marah by e-mailing Mary Spachek, administrative assistant, at mspachek@kumc.edu.

National Provider Identifier (NPI): Not Just Another Number by Janice McAdam, MD, associate director

The Centers for Medicare and Medicaid Services (CMS) announced on May 6, 2005, the availability of a new identifier for use in standard electronic health care transactions. The NPI will be the single provider identifier for use by each health plan with which you do business. Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires the implementation of an identifier for all health plans, health care clearinghouses, and health care providers, that conduct electronic transactions for which the Secretary of the Department of Health and Human Services has adopted a standard (i.e., standard transaction). NPI is one of the steps CMS is taking to improve electronic transactions for health care. To date, HIPAA has implemented the following standards: electronic health care transactions and code sets, privacy, and security, and the national employer identifier. Now begins the implementation of NPI. On January 23, 2004, the Secretary published a Final Rule that adopted the NPI. HIPAA covered entities must use NPIs to identify health care providers in standard transactions, such as claims, eligibility inquiries and responses, claim status inquiries and responses, referrals, and remittance advices by May 23, 2007. Small health plans have until May 23, 2008 to start using NPIs. Health care providers may use only one NPI to identify themselves at a time in the standard transactions.

Implementation of the NPI will eliminate the need for health care providers to use different identification numbers to identify themselves when conducting standard transaction with their business partners. The first is to continue to serve the mental health needs of the citizens of south central Kansas through ... COMCARE, and other relevant county and state agencies. In this regard, the department, through its unassigned

Resolution 2006 continued from page 1

establishment of the Clinical Research Institute by the Medical Practice Association has already begun to facilitate our ability to achieve this goal.

In addition to promoting scholarship and research, the involvement in investigational clinical research serves partnerships and service to the community. Through such research, the department can improve the lives of Kansans through the provision of better health care by allowing our faculty to be on the cutting edge of new treatments in development. Such research also diversifies the economic basis of the department.

The second objective is to increase the opportunities for faculty to pursue scholarly activity. Increased involvement in research studies enhances the opportunities for faculty to present their findings at local, regional, and national meetings, and to publish in scientific and professional journals. In addition, faculty are encouraged to find care studies to both publish and use as teaching material for the future residents and students. They are also encouraged to involve residents and medical students in writing up such cases for publication. The department also seeks to partner with other KUSM-W departments and with departments at our sister institution, Wichita State University, in areas of joint research and scholarly activities.

Patient care

Three goals have been established for this area. The first is to continue to serve the mental health needs of the citizens of south central Kansas through collaboration with Via Christi Regional Medical Center (VCRM), COMCARE, and other relevant county and state agencies. In this regard, the department, through its unassigned

Neuropsychiatry Clerkship Very Satisfactory to Medical Students by Brian Schmidt

In April, KU’s Medical Student Assembly conducted a survey of more than all of the students to discover their opinions about the medical school curriculum in preparation for the recently completed LCME (Liaison Committee on Medical Education) site visit. We were pleased to learn that 91% of the students rated their Clerkship as “Satisfied” or “Very Satisfied” on the item “Overall Clerkship Evaluation” for the Neuropsychiatry Clerkship on the Wichita campus. While the survey found a majority of the students were satisfied with almost all of the clerkships, the Neuropsychiatry-Wichita Clerkship’s satisfaction rating was tied for the best with Pediatrics-Wichita, among all third-year clerkships. Our thanks go out to all of the faculty and staff who helped to make this clerkship a good experience for our medical students.

As part of this process, the department currently looks for ways to educate faculty and residents on appropriate coding of patient care. The department sees this matter as both educational for its residents, and as a way to ensure financial viability so that the department can continue to provide these services for the most needy of our faculty. In this regard, the department is developing a simple tool to assist faculty and residents in the crossover between ICD-9 and DSM-IV coding as a way to teach, a practice and revenue generating. Another approach being taken by the department is the auditing of inpatient and outpatient services to review and optimal coding and documenting practices for our faculty and residents. The department has developed a means to continuously analyze costs and revenue generation to ensure that it is making the most efficient and effective utilization of its human resources.

The third patient care goal is to enhance departmental funding by seeking diversified funding sources beyond graduate medical education contracts and patient care professional fees. These include contractual relationships with other entities in need of psychiatry services, such as social service organizations, law enforcement, and the judicial system.

Community service

The first goal here is to facilitate the ability of faculty to serve the medical school, the profession of psychiatry, and the community. For example, faculty and staff have served on the Sedgwick County Suicide Prevention Task Force and its various committees to bring about increased awareness of the risk of suicide and how to ensure those at risk receive the needed professional services available within the community. Staff and faculty also serve other important community organizations such as fundraising for the United Way. Relative to the profession, several faculty members serve as national board examiners for the American Board of Psychiatry and Neurology. Publication of the activities in the department newsletter brings further awareness of the department’s involvement in the university, the community, and the profession.

Summary

The resolutions/objectives the department has made for the coming year are aimed at continuously improving the department’s mission of providing the highest possible quality education for medical students, residents, and psychology interns by enhancing its productivity in these key areas of scholarship/research, patient care, and service to the university, the profession and the community of central Kansas. The department appreciates its partners and looks forward to working with them in the year ahead.

As we begin this holiday season, best wishes to you and yours for a joyous and productive New Year.

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Resolution 2006
continued from page 1

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Molly Burns, Psychology Intern

I am originally from Nebraska, where I did my undergraduate work. I received my Master’s degree from Forest Institute of Professional Psychology in Springfield, Missouri, where I became interested in behavioral medicine and integrated health care. I enjoy working with multidisciplinary teams and look forward to my time in Wichita.

Sarita Pal, MD, 1st year resident

I was born and brought up in New Delhi, India. I attended the University College of Medical Sciences in New Delhi and came to the United States. I have a six-year-old son; my husband is an infectious diseases specialist physician. My hobbies are painting, playing tennis, and skiing. I enjoy riding, tennis, and skiing. Wichita has proven to be a delightful place to grow up and I am enjoying living here.

Barbara Bisio, Psychology Intern

I am a native of Seattle. My career goals are to work in a setting where I can be involved in neuropsychological and psychological assessment, research, and university teaching. I am married and have a son who is a senior at Columbia University in New York. It looks like he and I will be graduating at the same time. My former professional experience includes work as an elementary music teacher, a professional musical director, and an employee of a dot-com business. My hobbies are playing and listening to music; learning about new technologies, working out, riding, tennis, and skiing. Wichita has proven to be a delightful place to grow up and I am enjoying living here.

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National Provider Identifier (NPI): Not Just Another Number
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Implementation of the NPI will eliminate the need for health care providers to use different identification numbers to identify them when conducting standard transactions with their business partners. HIPAA specifies that a provider of electronic transactions will be subject to a civil money penalty if it does not use its assigned identifier in a transaction to which the standard applies.

Resolutions 2006
continued from page 1

services at VRCMC, is the principal provider of psychiatric inpatient services for indigent patients in south central Kansas. The effective provision of these services also requires the department to remain constantly cognizant of the financial ramifications of providing such indigent care. For this reason, a second goal in this area, is to constantly look for ways to ensure financial viability of the provision of these services. The WCGME requires us to establish a system for the appropriate generation of patient care revenue from these services. The department is also investigating and developing new services for outpatient populations.

As part of this process, the department constantly looks for ways to educate faculty and residents on appropriate coding of patient care. The department sees this matter as both educational for its residents, and as a way to ensure financial viability so that the department can continue to provide these services for the most needy of our fellow citizens. In this regard, the department is developing a simple tool to assist faculty and residents in the crossover between ICD-9 and DSM-IV coding as a way to train, a practice audit and billing. Another approach being taken by the department is the auditing of inpatient and outpatient services to review and optimal coding and documenting practices for our faculty and residents. The department has developed a method for continuously analyze costs and revenue generation to ensure that it is making the most efficient and effective utilization of its human resources.

The third patient care goal is to enhance the departmental funding by seeking diversified funding sources beyond graduate medical education contracts and patient care professional fees. These include contractual relationships with other entities in need of psychiatry services, such as social service organizations, law enforcement, and the judicial system.

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Neopsychiatry Clerkship Very Satisfactory to Medical Students
by Brian Schmidt

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Research provides new hope for depression patients

I'm sorry, but we've done everything we can. It's a phrase patients never want to hear, and one that, for a long time, physicians were forced to use with patients with chronic or recurrent depression.

Now, thanks to a new program clinically tested by KUSM-W psychiatrists at the Psychiatric Research Institute, a device called a Vagus Nerve Stimulator (VNS) offers new hope for relief.

"This is the first novel non-medication treatment for depression approved by the Food and Drug Administration (FDA)," said Michael Burke, MD, PhD, associate professor, Psychiatry and Behavioral Sciences, and principal investigator for the local program. "It involves implanting a pacemaker-like device under the skin above the breast. The device then sends electrical impulses to the brain along the vagus nerve to those areas thought to be involved with mood disorders.

"The FDA has recently approved the device for 'treatment resistant' depression," he continued. "It is especially designed for patients who have had no successful outcomes to at least four treatment trials with medications."

One of the first patients in both Kansas and the United States to have the device implanted was Ms Ruth Nord of Wichita.

"It has made a tremendous difference," she said. "Before, I tried all kinds of drug combinations and electronic convulsive therapy, and nothing seemed to work. Now, I can enjoy life again, and my family has said they even enjoy being around me. I truly believe that this device has saved my life," she said.

"Before, I made two suicide attempts, and I know I would have kept trying until I succeeded."

Although Nord still has periods of depression, they are of shorter duration and are not as deep as those prior to the device being implanted. The only significant side effect is hoarseness in her voice that occurs when the device cycles.

Wichita was one of 18 sites nationwide that participated in the trials, and was one of the first to implant the device. The list of the other sites reads like a "Who's Who" of clinical test sites. Baylor, Brown University, Stanford, NYU, Washington, Rush University Medical Center and Massachusetts General Hospital, among others.

"Our research has brought major treatment advances in Alzheimer's disease, anxiety disorders, clinical depression and schizophrenia, to name a few diseases, years before they were available in routine clinical practice," said Sheldon Preskorn, MD, professor and chair, Psychiatry and Behavioral Sciences and a co-investigator in the VNS effort. "In addition, our research often provides totally (or nearly) free care representing millions of dollars every year to citizens in this region, since the care is underwritten by the sponsors of the research.

"Finally," he concluded, "this research means that our medical students and residents are also being exposed to cutting-edge new treatments, as well as being exposed to academic physicians who are at that cutting edge and to the disciplined, systematic and careful way that clinical medicine is practiced in clinical trials."

The KUSM-W Department of Psychiatry and Behavioral Sciences is working to become a premier VNS access sites. For further information, contact the department at 316-293-2647.

Reprinted from the Monitor, October 2005

KUSM-W Psychiatry Research Highlights

Research conducted by KUSM-W Department of Psychiatry faculty made the following national news since the last issue of the Communicator.

Vagus Nerve Stimulator Studied in Wichita Approved for Treatment Refractory Major Depression

Michael Burke, MD, PhD, was the principal investigator in Wichita on the two pivotal studies that led to the approval by the Food and Drug Administration of the Vagus Nerve Stimulator (VNS) as a treatment for patients with treatment refractory depression (TRD). This approval set several firsts: (1) the first treatment specifically approved for TRD and (2) the approved implantable device to treat a psychiatric illness. Dr. Burke has received novel recognition for his research on this device. He is in the process of setting up a service to consult with providers and their patients on whether VNS may be an appropriate option for them to consider. He is also working with the manufacturer, Cyberonics of Houston TX, on two more studies: a registry study to follow patients who do not receive the device but who are implanted to treat their depression and a double-blind, randomized study to determine the optimal dosing parameters for the device.

MATRICS completed

Lyle Baade, PhD, was the principal investigator in Wichita on this study which was designed to establish the gold standard neuropsychological battery to assess cognitive dysfunction found in patients with schizophrenia. This battery will then be used in studies to test the efficacy of treatments that could improve cognitive functioning in such patients. The other sites in this study were: Harvard University, University of Maryland, Duke University Medical Center, and University of California-Los Angeles.

First results of CATIE published in the New England Journal of Medicine

Alsan Khan, MD, was the principal investigator in Wichita on the largest clinical trial ever funded by the National Institute of Mental Health (NIMH), the Clinical Antipsychotic Treatment Intervention Effectiveness (CATIE) study. This study was designed to compare the relative effectiveness in conventional clinical care settings of all of the newer generation antipsychotics (i.e., olanzapine, risperidone, and ziprasidone) and a conventional antipsychotic (i.e., perphenazine). That is in contrast to typical efficacy trials done in clinical research settings with fewer comparators. The publication of the first results from this study has generated considerable interest because the study highlights the potential to change clinical practice.

STAR*D publications

Numerous full-time and volunteer KUSM-W faculty in the Department of Psychiatry were active in the second largest study ever funded by NIMH, the Sequenced Treatment Alternatives to Relieve Depression (STAR*D). This study was also an effectiveness trial comparing various marketed antidepressants. Numerous publications have been forthcoming from this important work. The following faculty are authors on various STAR*D publications: Annie Harvey, Alsan Khan, Don Morgan, Sheldon Preskorn, and Glenn Venema.

Six single studies conducted at the Clinical Research Institute (CRI) over past year

Sheldon Preskorn, MD, was the principal investigator on these studies which were only conducted at CRI. These studies were in four different therapeutic areas and were sponsored by four different companies.

Presentation to FDA advisory panel

Sheldon Preskorn, MD, was asked to attend and present to the FDA advisory panel on psychiatric medications October 26. The topic was about the new drug application for the first transdermal delivery system for a monoamine oxidase inhibitor. He was the only psychiatrist outside of the FDA to present to the panel on this pending application. The majority of the advisory committee was in favor of recommending approval to the FDA without dietary restrictions. Dr. Preskorn has served on this committee when it reviewed and recommended the approval of bupropion (Wellbutrin) and fluoxetine (Prozac). He also presented to this panel when they considered and recommended the approval of mirtzapine (Remeron), nefazodone (Serzone), sertraline (Zoloft), and venlafaxine (Effexor).

Top Doctors in Wichita by Mary Spaschek

Early this year, the Wichita Register did a survey of the greater Wichita area to find out who were the top doctors in fifty different specialties.

Wichita Register early this year, the

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Michael Burke, MD, PhD, right, traces the route an electrical impulse moves along the vagus nerve from a pacemaker-like device implanted in the chest to the brain to relieve depression for Ruth Nord, of Wichita, one of the first patients in the United States to receive the device.

National Provider

continued from page 2

various health plans. The old provider number will no longer be used. Where the NPI is called for, only the NPI will be used. Health plans include Medicare, Medicaid, and private health insurance issuers, and all health care clearinghouses.

There are only three ways to apply for your NPI: Web-based application process at https://nppes.cms.hhs.gov. Prepare a paper application and send it to the Department of Health and Human Services, known as the Enumerator. A copy of the application, including the Enumerator’s mailing address, will be available on https://nppes.cms.hhs.gov, or call the Enumerator for a copy, 1-800-465-3203 or TTY 1-800-692-2326.

With your permission, an organization may submit your application in an electronic file. This could be a professional association or a health care provider who is your employer. This process will be available this fall.

The application form contains a Privacy Act Statement, which explains the dissemination of the information contained on the application. When your NPI is correct, such as your social security number and Federal employer identification number. Safeguard the use of your NPI number once you receive it. You need only apply once for an NPI. However, you may receive numerous reminders or requests for NPI application. Every health plan uses the same NPI for you. Although health care plans are not required to use NPIs prior to May 23, 2007 some may start notifying you that they are accepting NPIs prior to that deadline.

Additional information about the NPI is available at www.cms.hhs.gov/hipaa/hipaa2. CMS will provide updates on the NPI program at http://nppes.cms.hhs.gov, or you may call the Enumerator at 1-800-465-3203 or TTY 1-800-692-2326.
Research provides new hope for depression patients

I’m sorry, but we’ve done everything we can. It’s a phrase patients never want to hear, and one that, for a long time, physicians were forced to use with patients with chronic or recurrent depression. Now, thanks to a new program clinically tested by KUSM-W psychiatrists at the Psychiatric Research Institute, a device called a Vagus Nerve Stimulator (VNS) offers new hope for relief.

“This is the first novel non-medication treatment for depression approved by the Food and Drug Administration (FDA),” said Michael Burke, MD, PhD, associate professor, Psychiatry and Behavioral Sciences, and principal investigator for the local program. “It involves implanting a pacemaker-like device under the skin above the breast. The device then sends electrical impulses to the brain along the vagus nerve to those areas thought to be involved with mood disorders.

“The FDA has recently approved the device for ‘treatment resistant’ depression,” he continued. “It is especially designed for patients who have had unsuccessful outcomes to at least four treatment trials with medications.”

One of the first patients in both Kansas and the United States to have the device implanted was Ms. Ruth Nord of Wichita.

“It has made a tremendous difference,” she said. “Before, I tried all kinds of drug combinations and electronic convulsive therapy, and nothing seemed to work. Now, I can enjoy life again, and my family has said they even enjoy being around me. I truly believe that this device has saved my life,” she said.

“Before, I made two suicide attempts, and I know I would have kept trying until I succeeded.”

Although Nord still has periods of depression, she are of short duration and are not as deep as those prior to the device being implanted. The only significant side effect is a hoarseness in her voice that occurs when the device cycles.

Wichita was one of 18 sites nationwide that participated in the trials, and was one of the first to implant the device. The list of the other sites reads like a “Who’s Who” of clinical test sites. Baylor, Brown University, Stanford, NYU, Washington, Rush University Medical Center and Massachusetts General Hospital, among others.

“Our research has brought major treatment advances in Alzheimer’s disease, anxiety disorders, clinical depression and schizophrenia, to name a few diseases, years before they were available in routine clinical practice,” said Sheldon Preskorn, MD, professor and chair, Psychiatry and Behavioral Sciences and a co-investigator in the VNS effort. “In addition, our research often provides totally (or nearly) free care representing millions of dollars every year to citizens of this region, since the care is underwritten by the sponsors of the research.

“Finally,” he concluded, “this research means that our medical students and residents are also being exposed to cutting-edge new treatments, as well as being exposed to academic physicians who are at that cutting edge and to the disciplined, systematic and careful way that clinical medicine is practiced in clinical trials.”

The KUSM-W Department of Psychiatry and Behavioral Sciences is working to become a premier VNS access sites. For further information, contact the department at 316-293-2647.

Reprinted from the Monitor, October 2005

KUSM-W Psychiatry Research Highlights by Sheldon H. Preskorn, MD

Research conducted by KUSM-W Department of Psychiatry faculty made the following national news since the last issue of the Communicator.

Vagus Nerve Stimulator Studied in Wichita Approved for Treatment Refractory Major Depression

Michael Burke, MD, PhD, was the principal investigator in Wichita on the two pivotal studies that led to the approval by the Food and Drug Administration of the Vagus Nerve Stimulator (VNS) as a treatment for patients with treatment refractory depression (TRD). This approval set several firsts: (1) the first treatment specifically approved for TRD and (2) the approved implantable device to treat a psychiatric illness. Dr. Burke has received research recognition for his research on this device. He is in the process of setting up a service to consult with providers and their patients on whether VNS may be an appropriate option for them to consider. He is also working with the manufacturer, Cyberonics of Houston TX, on two more studies: a registry study to follow patients who do not qualify for VNS and have been implanted to treat their depression and a double-blind, randomized study to determine the optimal dosing parameters for the device.

MATRICS completed

Lyle Baade, PhD, was the principal investigator in Wichita on the study which was designed to establish the gold standard neuropsychological battery to assess cognitive dysfunction found in patients with schizophrenia. This battery will then be used in studies to test the efficacy of treatments that could improve cognitive functioning in such patients. The other sites in this study were: Harvard University, University of Maryland, Duke University Medical Center, and University of California-Los Angeles.

First results of CATIE published in the New England Journal of Medicine

Alsan Khan, MD, was the principal investigator in Wichita on the largest clinical trial ever funded by the National Institute of Mental Health (NIMH), the Clinical Antipsychotic Treatment Intervention Effectiveness (CATIE) study. This study was designed to compare the relative effectiveness in conventional clinical care settings of all of the newer generation antipsychotics (i.e., olanzapine, risperidone, and ziprasidone) and a conventional antipsychotic (i.e., perphenazine). That is in contrast to typical efficacy trials done in clinical research settings with fewer comparators. The publication of the first results from this study has generated considerable interest because the study was able to show potential to change clinical practice.

STAR*D publications

Numerous full-time and volunteer KUSM-W faculty in the Department of Psychiatry were active in the second largest study ever funded by NIMH, the Sequenced Treatment Alternatives to Relieve Depression (STAR*D). This study was also an effectiveness trial comparing various marketed antidepressants. Numerous publications have been forthcoming from this important work. The following faculty are authors on various STAR*D publications: Anne Harvey, Alsan Khan, Don Morgan, Sheldon Preskorn, and Glenn Venstra.

Six single studies conducted at the Clinical Research Institute (CRI) over past year

Sheldon Preskorn, MD, was the principal investigator on these studies which were only conducted at CRI. These studies were in four different therapeutic areas and were sponsored by four different companies.

Presentation to FDA advisory panel

Sheldon Preskorn, MD, was asked to attend and present at the FDA advisory panel on psychiatric medications October 26. The topic was about the new drug application for the first transdermal delivery system for a monoamine oxidase inhibitor. He was the only psychiatrist outside of the FDA to present to the panel on this pending application. The majority of the advisory committee members were FDA employees and some were in favor of recommending approval to the FDA without dietary restrictions. Dr. Preskorn has served on this committee when it was reviewed and recommended the approval of bupropion (Wellbutrin) and fluoxetine (Prozac). He also presented this to panel when they considered and recommended the approval of mirtazapine (Remeron), nefazodone (Serzone), sertraline (Zoloft), and venlafaxine (Effexor).

National Provider

continued from page 2

various health plans. The old provider number will no longer be used. Where the NPI is called for, only the NPI will be used. Health plans include Medicare, Medicaid, and private health insurance issuers, and all health care clearinghouses.

There are only three ways to apply for your NPI: Web-based application process at https://nppes.cms.hhs.gov. Prepare a paper application and send it to the Secretary, known as the Enumerator. A copy of the application, including the Enumerator’s mailing address, will be available on https://nppes.cms.hhs.gov, or call the Enumerator for a copy, 1-800-465-3203 or TTY 1-800-692-2326.

With your permission, an organization may submit your application in an electronic file. This could be a professional association or a health care provider who is your employer. This process will be available this fall.

The application form contains a Privacy Act Statement, which explains the dissemination of the information contained on the application. Federal law requires that anyone that will be assigning the NPI on behalf of the Secretary, known as the Enumerator. A copy of the application, including the Enumerator’s mailing address, will be available on https://nppes.cms.hhs.gov, or call the Enumerator for a copy, 1-800-465-3203 or TTY 1-800-692-2326.

You need only apply once for an NPI number. However, you may receive numerous reminders or requests for NPI application. Every health plan uses the same NPI for you. Although health care plans are not required to use NPIs prior to May 23, 2007 some may start notifying you that they are accepting NPIs prior to that deadline.

Additional information about the NPI is available at www.cms.hhs.gov/hipaa/
hipaa2. CMS will provide updates on the NPI application at the following site on the NPPES website at http://nppes.cms.hhs.gov, or you may call the Enumerator at 1-800-465-3203 or TTY 1-800-692-2326.

Top Doctors in Wichita by Mary Spachek

Early this year, the Wichita Register did a survey of the greater Wichita area to find out who were the top doctors in town in fifty different specialties. The top five doctors in psychiatry listed were Donald R. Brada, MD, Connie M. Marsh, MD, Paul W. Murphy, MD, Sheldon H. Preskorn, MD, and Mark E. Romereim, MD.

The department is pleased to note that all of the top psychiatrists listed in Wichita have connections with KUSM-W. Drs. Brada, Marsh and Preskorn are full-time faculty members. Drs. Murphy and Romereim are volunteer faculty. Three of the five graduated from KU School of Medicine-Wichita Psychiatry residency program: Dr. Murphy in 1986, Dr. Marsh in 1989, and Dr. Romereim in 1995.

The Department of Psychiatry congratulates all of these psychiatrists and is proud to have been a part of the fact that they are in Wichita. The fact that they are in this community further illustrates the important role that the KUSM-W department of psychiatry has in regards to providing high quality psychiatrists for the mental health needs of citizens of Wichita, Sedgwick County, and south central Kansas.

Michael Burke, MD, PhD, right, traces the route an electrical impulse moves along the vagus nerve from a pacemaker-like device implanted in the chest to the brain to relieve depression for Ruth Nord, of Wichita, one of the first patients in the United States to receive the device.
CONGRATULATIONS

Congratulations to Monica Raposo Gorcos, MD, PGY 1 resident, Psychiatry, and Jeff Gorcos, MD, PGY 2 resident, Internal Medicine, on the birth of their son, Gabriel Gorcos, July 8.

Congratulations to Connie Marsh, MD, on having passed her exam on Psychosomatic Medicine held June 6-14.

Congratulations to Don Morgan, PhD, on having been elected a Fellow in the Society for Personality Assessment.

Congratulations to Katherine Grimsley, MD, PGY III, on receiving the Bharati Patient Care Award, and to Mohamed Ramadan, MD, on receiving the Excellence in Research Award at graduation in June.

John Bober, MD, associate professor, received the Teacher of the Year Award from the residents.

Two, fourth-year medical students received awards from the Dr. Ronald L. Martin Student Scholarship Award. Ben Davis received one award for outstanding interest and performance in the field of psychiatric medicine during the Neuropsychiatry Clerkship, and Monica Gorcos received an award for outstanding performance in a psychiatry elective.

PRESENTATIONS


PUBLICATIONS

Matson, Robin (August 2005) presented “Relationship of the PSY-5 MMPI-2 scales to weighted MCMI-III factor scores,” at the American Psychological Association Annual Meeting in Washington, DC. Other authors: Dorr, D, Morgan, CD and Jones, IL.


EDUCATION

The department is undertaking an in-depth review of both the psychiatry residency program and the medical student program. Targeted faculty meetings are being held to review both, and determine where the programs can be enhanced.

In terms of the residency program, these discussions include the establishment and assessment of overall goals and objectives for the residency and the establishment and assessment of specific goals and objectives for each year of the residency, as well as developing methods to monitor whether those yearly goals and objectives are met by each resident as they progress through the training program. To meet these goals and objectives, the department must provide our residents with an adequate and appropriately diversified inpatient and outpatient care exposure. For this reason, the department continually evaluates the patient care mix for either deficiencies or excesses so that it can correct imbalances if they occur. At the same combined targeted faculty meetings, discussions are held to discuss the overall medical student education program and to review and refine the goals and objectives for the clerkship in all areas including the various clinical rotations offered by the department and its formal didactic program, in terms of how each lecture advances the goals and objectives of the medical student clerkship, as well as, how electives offered by the department can further the education of KUSM-W medical students. The review also is focusing on the role of residents in teaching of medical students and how to facilitate and enhance their teaching role and skills.

The final goal is to continue fundraising activities for special interest in psychiatry. The department has successfully completed its fundraising for the Ronald L. Martin, MD, fund for recognition of medical students’ interest in psychiatry. This fund is now endowed in perpetuity. The department has also made great strides towards reaching the $70,000 goal for funds in the George Dyck, MD, visiting professorship in geriatric. This fund is within $10,000 of being endowed in perpetuity. The department welcomes contributions to help it reach this goal.

Scholarship and research

The first objective in this area is to expand the involvement of the faculty in investigational clinical trials in accordance with their areas of sub-specialization and interest. The

continued on page 3