3. Adolescent ECT Practice Parameters are under development. These can be obtained through the Academy, or accessed via the Academy website.

4. The Task Force on Assembly Structure has completed its charge. An Assembly Policy and Procedures Manual has been developed which includes job descriptions for both Assembly delegates and officers.

5. The AACAP has clarified its position with regard to ethics complaints. Membership in the AACAP is contingent on an unrestricted medical license. At the present time the Academy has no mechanism to deal with ethics complaints independent of the licensure requirement.

- October 19-24, 2004
  - Hilton Washington (DC) & Towers
- October 18-23, 2005
  - Sheraton Centre Toronto

The “Access to Care” Crisis
by Jennifer Hagman, M.D.
Past President and CCAPS Newsletter Editor

The “access to care” crisis has been building for years, but has reached crisis proportions for individuals with mental illness this year. In the Denver Metro area there is a critical shortage of inpatient beds with the closures of many psychiatric units. Over the past four years, the number of beds in units that remained open has decreased. Psychiatric patients often
must wait more than 24 hours in emergency rooms for care on an inpatient unit. Throughout the United States, and certainly in the Denver Metro area, many psychiatrists’ outpatient practices are closed to new patients. I do not have an outpatient practice and receive daily calls from patients seeking a psychiatrist. I am on most managed care panels, as I provide inpatient care at Children’s Hospital. When I return the calls to offer referrals, I almost always am told how difficult it is to locate a psychiatrist, and that they have called “everyone on the list” and “no one is accepting new patients.” Similarly, we have difficulty arranging aftercare for patients with private insurance when they are discharged from the hospital. It is remarkable that patients with Medicaid are often much better off when it comes to mental health services. The mental health centers can provide psychiatric care (but often with a wait of several weeks), in-home services, day treatment and outpatient therapy, in addition to case management, advocacy and assistance with a variety of other services. Locating private practitioners for aftercare can take days, often with little success. Even managed care companies are calling around to clarify the status of providers on their panels.

The reasons for this shortage appear to be multi-faceted, but largely related to managed care. While the population of the metro area has certainly increased, it does not fully explain the access to care crisis. I know of many child psychiatrists who have left private practice for “salaried” positions because of the decreasing reimbursements, increasing paperwork and the often intrusive review procedures of managed care companies. Individuals who maintain a private practice often take only patients who agree to pay “out of pocket,” or have significantly limited the number of managed care patients they will accept. We are working to better understand the issues and to develop solutions. This issue was one of the topics discussed at the recent CPS Town Meeting. The local chapter of the American Academy of Pediatrics has developed a joint task force with CCAPS to explore the issue and discuss ways to improve access to care. The CCAPS/CPS office also provides referrals for patients and tries to maintain a current list of psychiatrists with openings in their practices. If you are accepting new patients and would like referrals, please contact the CCAPS/CPS office (303-692-8783) and let them know. Similarly, please notify them when your practice is closed to new patients. If you have ideas you would like to share regarding access to care, please send them to the CCAPS office or to hagman.jennifer@tcden.org.

COLORADO MEDICAL SOCIETY REPORT
by Irvin A. Ebaugh, Jr., M.D.
CCAPS President-elect and CMS Liaison

The Colorado Medical Society met in Aspen September 21-24. As usual, it was an interesting and informative meeting, marked by expressions of sometimes markedly differing ideas, debate about the issues, generally followed by enough compromise to preserve relative unity in the "House of Medicine." As usual, attendance was less than ideal, especially by delegates from a number of specialty societies, making the voice and vote of our CCAPS delegate count for even more than it would have otherwise. As usual at CMS, most of our medical colleagues seemed to appreciate CCAPS’ involvement and input.

Resolution 16-P, initially proposed by Marianne Wamboldt and sponsored by CCAPS, passed in the House of Delegates only slightly amended, so that now CMS policy clearly states "RESOLVED, that the Colorado Medical Society endorse the passage of the ballot initiative on ARTICLE 26.1: BACKGROUND CHECKS - GUN SHOWS, requiring background checks on all persons buying firearms at gun shows."

The recommendations from the Gun Related Mass Assault Task Force, on which Marianne served, were also endorsed by CMS. These recommendations include beginning an educational campaign addressing the etiology of youth violence, recognizing firearm violence as a public health crisis, encouraging all physicians to consider this issue each time an opportunity to educate parents and patients presents itself, and disseminating information about grant funds available to initiate programs to reduce violence in our communities. In addition, the recommendations include providing physicians with more training and more opportunities for discussion of the issue, heightening awareness among physicians and school faculty about traits that may indicate an individual could be capable