APA 2020 DISTINGUISHED FELLOWS

Michael Hanau, MD, DFAPA

I am especially gratified to receive recognition as a Distinguished Fellow at a point in my career when, with luck, I have nearly as much of my career to which I may look forward as to look back upon. Hence, the honor is one which I intend to live up to.

My involvement with MPS began as an early career psychiatrist, when I was recruited by Past President James Ellison, MD in the drafting of a position paper on psychopharm office visits, their minimum content and duration, in response to systemic pressure to maximize the number-per-hour of office-based outpatient clinical encounters and limit the clinical encounter to a "med check." The position paper work group helped me resolve personal expectations and compromises I was unprepared to make in my practice. Twenty years later, I see 1 to 2 patients per hour in my hospital-based and private practices. I am pleased that, whatever other systemic challenges we currently face, the 30-minute psychiatric follow-up visit represents standard of care.

My tenure as a MPS Councilor from 2016 to 2018, and on the Healthcare Systems and Finance Committee, brought to my awareness significant lacunae in my understanding of the interface of healthcare delivery and the legislative process. It seemed there was much to be done by way of introducing ourselves and our profession to our elected representatives and dialoguing with them about how legislation can help and hinder mental health care delivery in the Commonwealth. For my interested colleagues, allow me to take vicarious satisfaction in your doing something I regret not (yet) having done, namely, testifying on Beacon Hill in advocacy of the needs of our patients and colleagues. To do so is an opportunity to truly make a difference. I am deeply indebted to Past Presidents Gary Chinman, Donna Norris, Mark Hauser, Greg Harris, my fellow Councilors and HCSF Committee members, Lisa Simonetti and many others with whom I served.

I here would wish to offer these unsolicited pearls to my early career colleagues:

Be aware of what heuristics and cognitive biases obtain in your clinical decision-making. Watch how they change over time.

Fully characterize, and discuss with your colleagues, clinical syndromes which do not conform to traditional diagnostic categories.

In your progress notes, document the reasoning underlying your clinical decision-making, notwithstanding documentation requirements increasingly structured around billing and data mining. Let your clinical record be supportive of effective longitudinal patient care. But let your patient, and not the EMR, remain the focus of your attention.

Trust your signal anxiety when sitting with patients and program directors.

Educate the next generation, with wisdom and empathy.

Ours is the most holistic of the allied mental health professions. We allow our formidable skills sets to atrophy at our and our patients' peril. Healthcare institutions seek to enhance "throughput," in the service of increasing access, a side effect of which is foreshortened courses of problem-focused treatment. As more of our PhD colleagues and other non-MD psychotherapists are pushed into time-limited roles, we become the patient's sole mental health clinician and thereby must be the bearer of an integrated, medico-psychodynamic understanding of our patients. So much for the myth of "Behavioral Health" – a pseudo-discipline suggesting that what is not visible is not clinically relevant. Let no one tell us that our role is mere "med management."

I wish to express my gratitude to my mentors, Drs. Mark Albanese, Guy Maytal, Arthur Papas, and Jerry Rosenbaum, Lynda Layer and Mayuri Patel, and my teachers, peers, colleagues and professional friends with whom it is an honor to work and from whom I learn every day.