# **PSYCHIATRIST**

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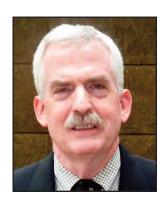
Newsletter of the Southern California Psychiatric Society

President's Column

## **Prescription Narcotics**

by Larry Lawrence M.D.

Welcome to the February Edition of our Newsletter. We had an excellent turnout for the Psychopharmacology Conference. The topics were up to date, thorough, and gave some hints as to upcoming DSM-5 changes. Useful clinical information was given, as well as fine perspectives on treatment decisions. Congratulations and thanks to our Program Committee, our presenters and our audience members for making this a successful program. Thanks also to Dr. Maria Lymberis, who presented the Psychiatric Education and Research award to Dr. Ken Wells and Dr.



Bonnie Zima. Thanks to Mindi Thelen and Tim Thelen for their great work on the Psychopharmacology Conference and the monthly meeting featuring Kitty and Michael Dukakis.

Our thanks to Kitty and Michael Dukakis for attending the January 10th SCPS meeting. They gave a most thoughtful and compelling presentation - Mrs. Dukakis regarding her treatment, benefits of ECT and her advocacy for this treatment modality. Mr. Dukakis joined in the presentation with regards to spousal issues in care, as well as treatment advocacy. It was a privilege and honor to have them attend our meeting. They are both interested in meeting with providers of somatic therapies to network on ways to advocate, and methods to (Continued on page 2) support patients and families.

Letter from the Editor  Candidate Statements	
Covereil Highlights	4
Council Highlights	13
PER Update to SCPS Membership	
PER Supported Research	16

The APA Annual Meeting is approaching quickly. Please make your hotel reservations soon. The blocks of rooms fill up or close out, and it becomes a challenge to obtain rooms near the convention center. The program runs from May 18th to the 22nd. It will include two Nobel Laureates as speakers, President Bill Clinton presenting the keynote speech on Monday, the 20th, and the release of the DSM-5. This promises to be a memorable meeting. I hope to see as many of you as can attend in San Francisco.

My topic this month is the surge in deaths related to prescription narcotics. The L.A. Times published a series on this problem in December 2012. The issue is striking in several ways. The number of deaths related to overdoses of prescription narcotics is now greater than the total of deaths from overdose of all other drugs of abuse. Additionally, the number of prescription overdoses exceeded the number of deaths by automobile accidents in the past couple of years.

What happened? Interestingly, there was a huge push to add pain as a fifth vital sign, and to introduce narcotics to treat pain (other than malignant pain) in terminal patients. This push began over 10 years ago and resulted in pressure to medicate a group of patients who had not previously been on maintenance narcotics. While pain as a fifth vital sign has benefitted our care of pain patients, the systems of narcotics delivery and availability seem open to much more abuse than in the past.

I suggest two documentaries to review the problem. "Oxycontin Express" explores the whole trade of so-called pain centers in Florida. It is quite revealing with regards to how the business end proceeds. "Oxymorons" follows brothers and friends in Boston as they get hooked onto the narcotic, and its complications. Both are quite instructive.

The problem is well documented in the Los Angeles area in the series titled, "Dying for Relief." It reveals issues related to patient deaths, "rogue pharmacies" and the difficulties of intervening in a timely manner. They also explore the CURES Program (California Prescription Drug Monitoring Program) and the consequences of state budget reductions.

The following scenario plays out often, and is quite similar in many other states:

A doctor opens a pain center. In a short while it gets very busy. Word spreads if the clinic is one where narcotic access is easy. The clinics multiply, but complications often arise and overdose deaths ensue.

The federal government took strong steps to resolve the overt abuse in Florida by shutting down pharmacy supply houses and pharmacies that had jumps in narcotic distribution of 200 to 500 %. These were checked against population and prevalence of illness, which had not changed.

There are the usual tip-offs to diversion of drugs, including "lost prescription," "stolen prescriptions," running out of pills early, doctor shopping, pharmacy shopping, and driving great distances to "special" pharmacies. Other tip-offs include: multiple people from the same address requiring high doses of narcotics; young, apparently healthy people hanging out in pharmacy parking lots; and patients travelling as a group to obtain prescriptions, and then celebrating as they leave the drugstore.

What to do? There are systems in place but they are underutilized. While the individual clinician can be thoughtful and careful, there are too many opportunities to circumvent the system. One of my colleagues received a letter about a patient he saw briefly on a two day inpatient stay, a month earlier. The letter documented 40+ clinicians or programs where this patient had obtained narcotics and/or benzodiazepines in the previous 30 days.

This was good information, but it arrived too late to be beneficial. The state program CURES could be an answer, but would have to be utilized by all physicians and healthcare personnel on a real time basis. CURES does have the ability to detect overprescribing and excess amounts of drugs and refills, however, most prescribers are not registered, and the funding is too low to successfully add large numbers of providers.

The Canadians developed a prescription monitoring program in British Columbia called, PharmaNet. It is a real

time drug monitoring program, which gives pharmacists instant access to drug use patterns which suggest abuse. This led to a sharp drop-off in abuse of narcotics and benzodiazepines in a two year period of time. The pharmacists in California can immediately know if your credit card is current. Why not implement a similar system for drugs of abuse?

A number of states have also adopted Good Samaritan 911 laws. Anyone working in a busy, large hospital setting has seen people dropped off, or sometimes get out of a car as the driver speeds away. The driver believes they will be in some trouble, or at times has reason to fear interaction with authorities. The Good Samaritan 911 laws allow people to report an overdose they are witnessing, or bring someone to the ER without fear of arrest for minor drug infractions.

Naloxone has been around for a long time. It is lifesaver for overdoses of narcotics. If people are going to be on narcotics, harm reduction might well be achieved by making sure that if they have narcotics, they also have the readily available antidote, and their friends or relatives know how to use it.

Several states have implemented single physician/single pharmacy programs for use of controlled drugs in certain populations. This seems an inexpensive and sound approach. We will always have people with addictions and chronic pain, but implementing such a program could slow the abuse and diversion. Likewise, the state of Florida, which had been inundated with out of state patients, started a program which requires that people live within a 50 mile radius of their pharmacy. This has slowed the abuse and diversion of narcotics.

Still, until there is a uniform system which is multi-state and has real-time checks built in, we will be challenged to address this problem. I welcome your thoughts and suggestions about this growing problem.

Larry Lawrence M.D.

## Letter from the Editor

## Silver Linings Playbook Colleen Copelan, M.D.



Silver Linings is in line for Oscar Gold with 8 nominations including best picture, best director, best adapted screenplay, best editing and--for the first time in 31 years--

best in all four acting categories. Worth seeing just for that.

Everyone in this film has issues and some of them have illnesses, but no one is defeated--or portrayed as a cartoon character--because of their troubles. In the end, it is the triumph of real-life people wrestling with real-life trouble. It's my nominee for Best

Film on Mental Illness of 2012.

Pat (Bradley Cooper) has lost his wife, home and job, and is back home with his parents after a stint in a psychiatric hospital for treatment of the mania that got him in trouble. His obsession with reconciliation is fueled by a relapse of mania when he quits meds to rely on "positive thinking."

Unusual in the movies, family, friends and psychiatrist persuade him to resume treatment--and with obvious benefit.

Tiffany (Jennifer Lawrence)--a young widow whose depression and self-destructive grief has only just run its course--befriends Pat and friendship reaffirms the human spirit. All

this with Oscar-quality performances by supporting actors, Robert DeNiro and Jacki Weaver.

Matthew Quick, who wrote the book, has said that he suffered from depression. According to publicity for the movie, Matthew Russell, who played a bit part, has bipolar disorder. Matthew is the son of double Oscar nominee, David O. Russell, who wrote the screenplay and directed the film.

Clearly, the heart in this film comes from real-life experience with mental illness. cocopelan@aol.com

### · CANDIDATE STATEMENTS ··

#### **Deadlines for Nominations by Petition February 20, 2013**

In this special section, the candidates nominated for your representation discuss their views.

Please read the statements carefully before voting.

Ballots will be mailed on or around March 6, 2013.



David Fogelson, M.D., President-elect

"The SOUTHERN CALIFORNIA PSYCHIATRIC SOCIETY is our voice in local mental health systems. SCPS ensures access to essential mental health services. We engage psychiatric residents and faculty in the broader psychiatric community and ensure a proper professional environment for psychiatrists.

This is important work. But it is more than that. The fundamental role of organized psychiatry is to protect our profession and our patients. Accomplishing this deepens and enriches our professional and personal lives through camaraderie, career development, education and purpose."

Homepage of SCPS, www.socalpsych.org

As SCPS president I will endeavor to promote and support the goals of our organization. I will draw upon my experience as an APA and SCPS member since 1979, my leadership on the program committee, and my two tenures as a Westside Councilor to inform my work as president. In addition I bring the perspective of an academic hybrid. I have been a clinical professor at UCLA for the past 31 years while maintaining a private practice in Santa Monica. At UCLA my focus has been schizophrenia research, supervision of psychiatry residents, and chairperson of the psychopharmacology journal club for the UCLA clinical research faculty.

I see one of the most pressing needs for SCPS as recruitment of new members from all types of clinical practices and academia. I will strategize with our I.T. experts on the SCPS council and in the SCPS office staff ways of utilizing social media to recruit new members. I will support the continuation and development of programs that blend an opportunity to network with members and to learn from experts in SCPS. I will reach out to community organizations that support the education of the public about mental health issues and provide support and resources to patients and their families.

I have divested myself from the pharmaceutical industry. I no longer accept appointments to speaker bureaus or consulting boards. I continue to support a healthy relationship between the University and the pharmaceutical industry. I believe this relationship is critical to new drug development.

The Patient Protection and Affordable Care Act (PPACA), commonly called Obamacare, holds the promise to deliver mental health care at an unprecedented increased level, but only if we remain vigilant. Robert Freedman states in the December 2012 American Journal of Psychiatry that, "In many states, psychiatrists in their APA district branches may need to advocate for the financing of care, specifically reinsurance and risk adjustment to protect the financial viability of insurance plans that serve mentally ill persons. These techniques are introduced by the Affordable Care Act to attempt to combat the tendency of plans to restrict mental health care benefits. This is to counter the natural tendency of Plans to restrict benefits to prevent selection of their insurance plan by the mentally ill patients who need more coverage." I will ensure that the SCPS is in the forefront of these efforts.

I am honored to have been nominated for the office of president. Thank you for your consideration.



Sophie Duriez, M.D. Treasurer-elect

What an honor to be nominated Treasurer-Elect. I have been serving the SCPS over the last ten years and, currently still serve as the SCPS Secretary. I would be thrilled to continue giving my best to the SCPS as Treasurer-Elect.

With the on-going federal health care reform and the state budget cuts, it is crucial for the SCPS to maintain a dynamic financial status in order to stimulate new memberships and continue voicing the best interests of our profession.

Psychiatrists, including those in training, more than ever, really need to understand how important it is to be strongly associated during this evolving time of change.

Example: Even though the new 2013 CPT code changes are supposed to reinforce the recognition our psychiatric services as medical specialist services, private insurances continue to list "psychiatrists" among "behavioral mental health professionals", apart from other physician specialists listed on their websites.

The belief that there is "no need to be a psychiatrist for talk-therapy", remains the usual public and private payors leitmotif, allowing them to calculate their reimbursement for our time spent with patient for "no procedure" to the bare minimum rate.

Being in full-time private practice, I have to manage my "small business" budget and have had to learn how to successfully deal with major private insurances carriers.

I am committed to continue my participation in the SCPS. I believe that the combination of my experience gained from managing my private practice as an employing business, together with my knowledge of serving the SCPS Council, would make me a good Council Treasurer-Elect, if elected.

I thank you very much in advance for your anticipated favorable vote.



Jospeh Simpson, M.D. Secretary

Dear Fellow Psychiatrist:

Psychiatry has changed radically over the past two decades, and the next few years will bring even greater changes. DSM-V is only months away, and sweeping changes to health insurance will follow not long after as the Affordable Care Act is implemented. For most of us, maintenance of certification is now a reality.

We are a diverse group, practicing in a wide variety of different settings and systems. I have spent the last seven years working for large public sector entities, first the VA and now Los Angeles County Jail Mental Health Services. As an SCPS Councilor for the past three years, I have noticed that the majority of members active in our organization are in private practice or academia. I also learned that this is not the case for all of California's district branches.

I believe that SCPS has much to offer to all psychiatrists including those who are county, state or federal employees. Furthermore, these professionals can make significant contributions to SCPS. Fostering communication among psychiatrists in private practice, academic centers, and public institutions will benefit all. As an officer of SCPS, I would make it my goal to increase the participation of public-sector psychiatrists in our organization and on the Council.

I look forward to the opportunity to serve as your SCPS Secretary.



Lawrence Gross, M.D. Assembly Representative

These are exciting yet challenging times for our profession. While we continue to face challenges such as access to care, insurance parity, and stigma, organized psychiatry has the opportunity to participate in health care reform at the national, state, and local levels. As the Affordable Care Act is being rolled out, so is the DSM-5, the latest diagnostic revision for psychiatry and the rest of the mental health world. The process is not perfect, but both the ACA and DSM-5 are attempts to improve our ability to evaluate and care for our patients.

During the past four years as an APA Assembly Representative, I have had the opportunity to participate in the discussion of issues facing our profession, not only at the national level, but also in our state and local organizations. In the APA Assembly, I am the Area 6 representative on the Assembly Committee on DSM-5, which was part of the review process for proposed DSM-5 criteria changes. In addition, I have served on the Assembly Nominating Committee and on the Assembly Committee on Public and Community Psychiatry. As a CPA Council member, I represent SCPS on the Organized Psychiatry in California (OPIC) Committee. I also sit on the SCPS Council and Chair the SCPS Academic Liaison Committee. My broad career experience - with public and private institutions, inpatient and outpatient administration, residency training, and private practice – has given me some understanding of the issues facing these varied areas of practice. With the reality of health care reform, organized psychiatry needs to be at the table; mental health is an essential part of health care and necessary for successful reform. It has been my privilege to represent you for the past four years, and I would be honored to continue as your APA Assembly Representative.



Dharmesh Sheth, M.D. Los Angeles South Councillor

As L.A. South Councilor, I offer a wealth of experience as a board-certified adult, child and adolescent psychiatrist in private practice for last 7 years. I feel that our patients' best interests can be voiced via leadership roles in the community. I am also an avid teacher who enjoys the challenges of mentoring medical students and residents about the important role that psychiatry plays in the medical profession. I enjoy intellectually contributing to our specialty by actively involving myself in literary works, most notably contributing to field trials for DSM-V. Our roles as constructive leaders are crucial in the development of policies that will help our country in times plagued by a depressed economy, violent crimes that are often blamed on

underlying mental illness, deterioration of American family and religious values, and individual loss of financial and social support systems leading to an increasing rate of mental illness. Lastly, I feel that community leadership for the advocacy of education, implementation, delivery, and maintenance of vital psychiatric services for all age groups and economic levels of our population are extremely critical for a brighter and more productive future for our nation.



Benjamin Woo, M.D. San Fernando Valley Councillor

I'm honored to be nominated as SFV Councilor. I have been an APA member since 2004, and I have previously served as a resident fellow on the APA Committee on Access and Effectiveness for the Elderly in 2007-09. Currently, as a junior faculty at UCLA and the Clerkship Director at Olive View - UCLA Medical Center, I hope to continue becoming more involved in the APA by being a SCPS Councilor. I believe that organized medicine is necessary for improving student/resident training, enhancing physician satisfaction and commitment to our practice, and providing quality care to our vulnerable patients. "To the extent we care for those most

vulnerable among us, we do most to protect the health of our nation." Thank you for the opportunity to serve in SCPS.



Amir Ettekal, M.D. San Gabriel Valley/East Los Angeles Councillor

I have had the pleasure of being associated with SCPS in various positions throughout the past decade. This has been a far more rewarding experience than I anticipated; and I look to continue my involvement, particularly as I realize how vital SCPS is to protecting the interests of patients and physicians. As a psychiatrist working in the community I am saddened and angered by the current health care system that patients must navigate; that we must navigate. Without active and vocal involvement from physician groups these conditions will deteriorate further. Whether addressing health care policy, psychologist prescribing, encouraging more members to join

SCPS, or any number of other issues, we must remain vital and relevant, and I will continue to lend my voice to our struggle.

PHOTO NOT AVAIL-ABLE Steven Horwitz, M.D. San Gabriel Valley/East Los Angeles Councillor

Although I have been a member of SCPS for more than thirty years, my involvement has been limited to reading the monthly newsletter.

After completing my residency at USC in 1979, I stayed on the full-time faculty in Emergency Psychiatric Service eventually as the director from 1984 to 1987. After leaving the County, I worked in several different locations as a solo practitioner initially in a large hospital providing consultations and limited inpatient work. However most of my time is spent in private practice in Pasadena. I have continued on the voluntary faculty at USC, supervising residents in the adult outpatient department since 1987.

As for my goals, I would like to borrow from a recent article written by Paul Phinney, MD, current President of CMA. He addressed the following:

- 1) the importance of membership in organized medicine (as in psychiatry).
- 2) the vital role of physicians in leading changes as we move towards a new system that must be patient centered.

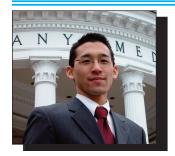
3) mentorship-we must provide guidance and experience to our students, residents, and young physicians as they enter the new world of medicine and psychiatry.

I am hopeful that I will be chosen to join with other professionals in guiding the future of psychiatry, both in dedication to the public as well as the individual practice of medicine by caring and dedicated physicians.



Mary Read, M.D. South Bay Councillor

It is an honor to have been asked to stand for election for the position of South Bay Councilor for SCPS. I have been at Harbor-UCLA and in the South Bay since 1996 and am proud to be part of this community.



Erick H. Cheung, M.D. West Los Angeles Councillor

Advocacy, ethics, progression, value. These are the foremost attributes that I seek in our professional organizations, the SCPS and APA. As psychiatry grows more complex with scientific advances, a changing healthcare system, encroachment on professional boundaries, and the enduring stigma and disparities in mental health care, psychiatrists are faced with challenging ethical and legal issues in patient

care and health policy, and rely on organizations like the SCPS and APA for guidance and advocacy. However, maintaining the welfare and membership of SCPS depends greatly on adding value for its members.

As councilor, I will seek the following on behalf of SCPS members:

Continue the optimization and review of the 2010 SCPS Conflicts of Interest Policy to protect the organization and the public.

Seek added value for all SCPS members through novel ideas, such as improved job classifieds, more informative newsletters and bulletins.

Represent psychiatrists and their patients in the development of local mental health policy and systems under the affordable care act.

Advocate on behalf of our patients and profession for increased access to mental health services, improved emergency services, and decreased stigma.

Enhance communication and engagement between the SCPS and its members.



Marcy Forgey, M.D. West Los Angeles Councillor

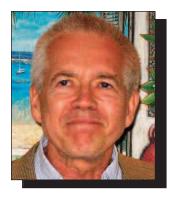
I am thrilled to be nominated for West L.A. Councillor of the SCPS. I have been an APA member since 2004 and joined SCPS in 2007 after moving to California to pursue a child and adolescent psychiatry fellowship.

I have greatly enjoyed serving SCPS as Secretary, Treasurer, and on the Women's Committee. During my tenure, I have been able to emphasize the needs of residents/early career psychiatrists, which is an area of great importance to me as an Associate Training Director. I have also worked with SCPS to organize joint meet-

ings with the Southern California Society of Child and Adolescent Psychiatry (SCSCAP). As the current President of the SCSCAP, I hope to insure ongoing collaboration between SCPS and our child psychiatry colleagues.

I also bring with me a strong interest in mental health advocacy. It is a very important time in our history with ongoing budget deficits, scope of practice issues, and the implementation of the Affordable Care Act. As a Council member, I hope to continue to inspire our members to take an active role in the legislative process.

I look forward to the opportunity to serve as a West L.A. Councillor and hope that you will support my candidacy.



Michael Gales, M.D. West Los Angeles Councillor

Public and private sector forces are moving in directions that will test our professional and personal ability to manage change as never before. Skeptics may say that there is little we can do through our professional organizations to alter the course of this great flowing river that health care change has become. I would vehemently disagree with this viewpoint and suggest that our greatest threat lies from within our own ranks, when we lose faith, and hence membership, in our local, state, and national organizations. Looking outward, the greatest challenge will be to stand up to the well intended forces that insist bigger is better and in so doing

jeopardize the core of our work, which is to reaffirm the essential humanity of our patients and, yes, ourselves.

There is much to discuss and there will be need for action. If elected as West LA Councillor, I will serve with pleasure and pride for the betterment of our profession and those we treat.



Arsalan Malik, M.D. Early Career Psychiatrist Deputy Rep

I am honored to be nominated for the position of Early Career Representative to the SCPS Council. As a neophyte psychiatrist I strive for excellence through a scientific framework and a humanistic approach. I am developmental in concept and collaborative in practice. These will be the values that I will stand for as your representative on the Council. I will advocate for shifting the system towards an ecologically informed, integrative, psychiatry where we as psychiatrists must start to move ever more freely between body, mind, spirit, psychosocial, biological, emotional, cognitive, physical, and environmental realms that are all at play in dealing with

psychiatric issues and create the great complexity we see in our patients. As health care reform slowly changes the way Americans receive care we must seize this opportunity to provide as comprehensive services to our patients as we can. This will involve educating both the public and colleagues.

I will strive to increase awareness about these and other important scope of practice issues as they relate to the mind-body interface amongst residents, early career psychiatrists, mentors and mentees through my various positions as supervisor and volunteer faculty at UCLA and in private practice.



Lindy Lay, D.O.

Member In Training Representative

I am honored and humbled to be nominated for the position of MIT representative. Medicine and psychiatry are constantly evolving and changing and it is important for residents to stay up to date and be involved with these changes. Many exciting developments such as DSM-V and a new generation of antipsychotics make proper education and training imperative for continued excellence in patient care and its necessary for residents to be up to date and stay informed. As a Member-in-Training representative, I will work to increase resident involvement in SCPS and educate myself and others for the betterment of the future.

Through years of volunteering with the homeless and meeting people from all walks of life as an undergraduate at UCLA, encountering numerous patients in medical school, and working in one of the busiest EDs in southern California, I've come to learn and appreciate that everyone has a story that's worth a listen and no two stories are the same.

I believe in the goals psychiatry has for its' patients. It is a science that, when better understood, allows us to better understand ourselves and each other. It is a humanistic medicine that works to keep patients safe and functioning for the purpose of enjoying life. To have a functioning society, there must be adequately functioning people and I look forward with enthusiasm to aiding in this cause.



Devin Stroman, M.D. Member In Training Representative

It is an honor to be considered for the position of Member-In-Training representative to the Southern California Psychiatric Association. As a current resident at LAC-USC I feel privileged to be continuing the public health-related work that I began after my undergraduate years. Through my work in HIV/AIDS services with AmeriCorps prior to medical school, I was able to observe firsthand the impact that psychosocial stressors play on individual health, medication compliance and overall physical and psychiatric wellbeing. My current training over the past 2 ½ years has provided me an even deeper insight into the interplay of medicine, psychiatry

and socioeconomic factors on the individual. My future goals include interests in end of life and Palliative Care services, which I hope to merge with my interest in working with underserved populations. I hope to become a Member-In-Training Representative in order to help encourage resident participation in the Southern California Psychiatric Society and to continue to explore public policy issues that pertain to our specialty so that I and my fellow residents can better advocate for the needs of our patients.



Rebecca Van Horn, M.D. Member In Training Representative

I am thrilled to be nominated for Member-In-Training Representative. Currently, I am a second year resident at UCLA and see almost daily the importance of clear communication between clinicians in the community and those of us currently in training, caring for hospitalized patients. As MIT Representative I would encourage resident involvement in SCPS activities as well as foster an ongoing dialogue between trainees and more seasoned members of the SCPS and the psychiatric community. My colleagues and I are entering Psychiatry at a time when the basic

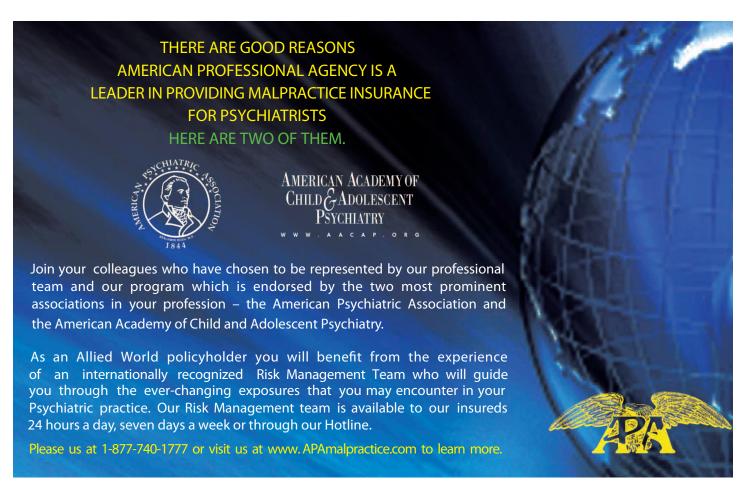
landscape of our national healthcare system continues to undergo major changes in how care is articulated as well as a time marked by the long anticipated replacement of our current diagnostic rubric with the DSM-V. It would be an honor to represent and advocate for my colleagues as MIT Representative at such an exciting time in our careers. Thank you for your consideration.

Ballots will be mailed on or around March 6, 2013. Due Date will be April 2, 2013. Deadline to run by petition is February 20, 2013.

Thank you for reading the candidate statements. Candidate's abbreviated CVs or Bios will be available on our website and the url will provided with the ballots.

Please be sure to vote!

Advertisement 12





The word describes the populations we serve, our professional colleagues and our own workplace opportunities. It's an exciting and rewarding environment made more so by a stable organization already working towards successful healthcare integration. Join us for professional growth and career options that make a difference in the lives of those who need our help.

The range of opportunities include positions in telepsychiatry, Wellness Centers, crisis resolution, consultation to integrated health/mental health/substance abuse programs, and field capable services, as well as clinics, jail and juvenile justice settings.

We offer competitive salaries (ranging from \$142,944 to \$288,483 annually) and excellent benefits.



For consideration, email your CV to: omd@dmh.lacounty.gov Roderick Shaner, M.D., Medical Director Los Angeles County Department of Mental Health 550 South Vermont Avenue Los Angeles, California 90020 (213) 738-4603

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# Council Highlights January 10, 2013

Sophie Duriez, M.D., Secretary



The Council meeting of new year 2013 was exceptional due to the presence of honorable guests, Kitty and Michael Dukakis. The Council Event, open to SCPS members, started with a dinner.

After the dinner, Dr. Lawrence gave Dr. Lymberis the honor to introduce her friends Kitty and Michael Dukakis, a "very distinguished couple, both known as prominent Human Rights Defenders."

Dr. Lymberis then, invited Kitty Dukakis to give her presentation. Michael Dukakis joined his wife and, casually interacted with the audience who warmly applauded them.

After the presentation, there was an interesting Q and A where the Dukakises and the audience interacted in a very friendly atmosphere. Michael and Kitty Dukakis and the non-Council members were warmly thanked by Dr. Lawrence for their attendance.

The Council meeting restricted to Council members, started soon after the non-council members left. Dr. Lawrence, SCPS President called the meeting to order. Quorum was in attendance.

The 2012 December Council minutes emailed to Council members were reviewed. A motion was made to accept the December minutes. All voted in favor, and none opposed.

Dr. Silverman, Treasurer-elect presented the 2012 December financials reports & cash on hand.. It was noticed that the 2012 Finances were coming back up. A motion was made to accept Dr. Silverman treasurer-elect's report. All voted in favor, and none opposed.

Dr Soldinger, President-Elect, addressed the Membership Committee report. Three candidates recommended by the membership committee, including a Member in Training candidate were approved by the Council. All in favor, none opposed to submit the three candidates applications to the APA.

The future Council Meeting Location was discussed. So far no location was found. All places suggested to Executive Director, Mindi Thelen, were explored but unfortunately found unsuitable. Mindi Thelen will continue to stay open to further suggestions as well as continuing her own search.

The APA DSM V "Train the Trainers" Seminar was addressed. A San Diego training session is already planned in July. APA is asking to have two council members taking the DSMV training at the APA and give back to their DB members a training seminar. Both Dr. Gross and Dr. Soldinger will take the APA DSM V "Train the Trainers" Seminar. All in favor none opposed.

Mindi Thelen gave an update regarding the office operating expense with the building pass thru fees on the SCPS lease.

New Business was addressed in regard to the 2013 Council Elections. Many positions remain unopposed and there is a vacancy for the Ventura Councilor position. The deadline for petition to run for a position was decided to be February 20, 2013.

There was no old business addressed. Dr. Lawrence thanked the Council Members and adjourned the January 2013 Council Meeting.

#### PER Foundation Update 1/26/13 to SCPS Membership

Maria T. Lymberis, MD, Founding President

This is the 23d year of the SCPS sponsored foundation, PER. On behalf of the PER Board, I am very pleased to submit this update.

PER had a very successful year in 2012. The main event was the 4/14/12 PER 's special performance and talk "Beethoven: Creative Genius and Psychiatric Illness" at the Colburn School of Music by psychiatrist Richard Kogan, MD. This event was enthusiastically received by a group of over 200 PER supporters. During this event the PER ADVOCATE AWARD was given to Sharon Dunas, MFT, for her outstanding service as President National Alliance on Mental Illness (NAMI) L.A. County & Westside L.A and for her many contributions as a loyal PER Board member. Sharon's acceptance speech as well her introduction by UCLA Professor of psychiatry Robert Liberman, MD was extremely moving and personal. Both poignantly detailed their own experiences with the realities of mental illness. PER is proud to have presented such a very meaningful educational artistic evening that also raised much needed funding in support of urgently needed vital research directed by Kenneth Wells, M.D. Director of the Semel Institute's Health Services and Society Center and Bonnie Zima, M.D. UCLA Professor of Child & Adolescent Psychiatry. Today PER is glad to present the second PER check. PER has a multi year commitment to help fund this research but is now also considering other programs. That will be reported at my next update. The PER EXCELLENCE IN PSYCHI-ATRIC EDUCATION AWARD is honoring outstanding psychiatric residents from each of the psychiatric training programs in the SCPS region. These awards are given annually at the spring SCPS Awards & Installation meeting. Dr Larry Gross is doing an exceptional job as the Head of the PER Awards committee. He has already contacted all Training Directors requesting their submission of nominees, one nominee from each program. PER is also funding part of the cost, with SCPS, for MITs to attend the CPA Annual meetings. Interested MITs must contact SCPS.

PER is also working closely with the SCPS Womens' Committee supporting their highly successful Women's High Tea series with funding. PER has also given several educational presentations with the highly successful movie: **Mahler on the Couch** including at the New Center for Psychoanalysis and at the Annual meeting of the California Psychiatric Association. Additional presentations are planned for 2013 including one in collaboration with West LA NAMI. PER is a loyal supporter of the Annual NAMI WALKS and also contributes to activities connected with the Mental illness Awareness month upon request.

PER is looking forward to yet another successful year in 2013 & has exciting plans for 2014. None of these can be done with out **YOUR** support. We need your tax-deductible contribution to keep growing. Mail to the SCPS office with your 2013 SCPS Dues, your tax deductible PER contribution. Your check should be made out to the PER Foundation and please, include your current email. Checks of any amount are welcomed. A \$100.00 contribution is recommended. Thank you for your support.

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#### PER FOUNDATION SUPPORTED RESEARCH

PER has funded two studies as follows:

1) Psychotropic Medication Persistence in a Large Managed Care Medicaid Program:

Do Child-, Parent- or System-Level Factors Matter?

Bonnie Zima, M.D., M.P.H., Regina Bussing, M.D., M.S.H.S., Susan dos Reis, Ph.D., Lily Zhang, M.S., Lingqi Tang, Ph.D.

<sup>1</sup>UCLA Semel Institute for Neuroscience and Human Behavior David Geffen School of Medicine at UCLA, Department of Psychiatry and Biobehavioral Science; <sup>2</sup>University of Florida, School of Medicine, Department of Psychiatry; <sup>3</sup> University of Maryland, Department of Pharmaceutical Health Services Research.

#### **Objective**

To describe psychotropic medication treatment and persistence among children receiving care for ADHD in primary care and specialty mental health clinics in a large managed care Medicaid program over an 18-month time period. To examine how psychotropic medication persistence varies by child-, parent-, and system-level factors, and explore whether it relates to improved clinical outcomes.

#### Method

A longitudinal cohort study of 266 children ages 5 to 11 years receiving care for ADHD and at least one psychotropic medication filled within 9 months prior to baseline interview.

#### Results

Most children (n=165; 93%) in primary care and 85% (n=41) in specialty mental health clinics received recommended ADHD medication, and the proportions remained stable over time. Nevertheless, only 27-30% of children had acceptable medication persistence (MPR≥ .67) during the three 6-month time intervals. Acceptable medication persistence did not vary by child or parent sociodemographic characteristics, child clinical severity, parent distress, medication willingness, or care sector. Further, it was not related to improved clinical outcomes.

#### Conclusion

Use of recommended medication for ADHD was high but medication persistence was poor in primary care and specialty mental health clinics. Interventions to improve medication persistence are indicated in both care sectors.

Findings presented at the *American Academy of Child and Adolescent Psychiatry Annual Meeting*, San Francisco, CA: October 26, 2012.

2) Parent and Teacher Agreement on ADHD Symptoms and Functioning: Does it Relate to Improved Quality of Care?

Data analysis from this research is now in progress to be reported soon at the PER website

## Psychopharmacology Update 24

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