

PSYCHIATRIST

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Newsletter of the Southern California Psychiatric Society

President's Column

Summer is in the Air

David Fogelson, M.D.



Summer is in the air. June gloom has been charitably brief. The fog is clearing from 26th street at eight thirty this morning as I drive to the office. My mind is on racing my bicycle at the California Senior Games and a summer vacation in Alaska, when I receive a call from Mindi asking when will my column be ready for the presses! My column? I thought my column and I were on vacation until September! I told Mindi that I would make my best effort to switch from vacation mode to work mode and update you on the recent activities of your Society and advances reported by the APA.

We hosted the National Association for Mental Illness' executive board at our June Council meeting. We had a lively discussion about the proposed funding of more psychiatric beds in California. There was an animated discussion about the need for more mental health beds in prisons, hospitals, and residential treatment centers. NAMI and SCPS intend to research this issue and provide input to the state legislature about setting priorities. There was discussion and consensus that tele-psychiatry should play a role in commitment hearings, allowing treating physicians to testify in court by a video link. Training in video testimony would be required for this system to work. There was discussion of the implementation of Laura's law in Orange County and the hope was expressed that Laura's law would soon be implemented in San Francisco. The shortage of DMH psychiatrists in remote areas was addressed and Dr. Shaner promised to work on ways to enhance recruitment to underserved areas.

Over the summer several committees are busy at work developing programs for the fall and end of the year. The *Art of Psychiatric Medicine Committee* and the *Women's Committee* are planning events. Expect to hear from our *Program Committee* about a Maintenance of Certification Seminar for early next year.

As an associate editor of eFocus, the supplement to the APA's life-long learning journal, I have co-authored an online program: *Understanding the evidence, Off-label use of atypical antipsychotics*. I hope you will visit eFocus, www.psych.org/learn/cme/apa-efocus, to learn from our efforts.

We believe that this program is important to the practice of psychiatry. Prescribing of atypical antipsychotics has expanded beyond the indications, for which they have been approved, but their effectiveness, benefits, and adverse effects in off-label uses are not well understood. A grant

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(#5R18HS021944) from the Agency for Healthcare Research and Quality (AHRQ) has funded APA's development of a FREE CME program to help physicians make informed decisions about treatments based on evidence for the off-label use of these medications as summarized in a recent AHRQ Report. This is a multipart interactive CME program consisting of a multimedia series of 10 clinical vignettes and a self-assessment test. I highly recommend it to you!

There is an excellent editorial In the June issue of the American Journal of Psychiatry, *Family-Focused Therapy Study Raises New Questions*. This editorial is a nice contrast to the course on the use of atypical antipsychotics. What is the role for this form of psychotherapy in the treatment of Bipolar Disorder? Holly Swartz, M.D., from the Western Psychiatric Institute and Clinic in Pittsburgh, reviews the report written by David Miklowitz who is from UCLA. She describes his study, "as meticulously conducted, elegantly analyzing the comparison of family-focused therapy and a brief psychotherapy education intervention as adjunctive to state of the art pharmacotherapy for adolescents with Bipolar Disorder. " The results were surprising and raise as many questions as answers. The results will propel forward our thinking about how to integrate psychotherapy and medication.

Miklowitz et. al. found that both therapies were equally effective in time to remission, time to recurrence, and proportion of weeks ill over two years. The study was methodologically sound and there is no reason to doubt the results and yet these results challenge the findings of 7 previous studies in adolescents! This study challenges the conventional wisdom that family-focused therapy is more effective than brief psycho-education. Perhaps brief psycho-education will suffice! How do we square this finding with the better outcomes with bipolar specific psychotherapies in over 35 prior studies of psychotherapies such as family-focused therapies, group psychoeducation, CBT and interpersonal and social rhythm therapy? These therapies have been shown to be as effective as pharmacotherapy! Several national guidelines recommend them as key treatment for Bipolar Disorders. Four studies in adults and two in children found similar results to Miklowitz.

One explanation for Milkowitz's findings is provided by Miklowitz himself when he writes, "it is possible that the quality of pharmacotherapy limited the degree to which the effects of psychotherapy could be observed over the effects of medication." However, 58% of patients relapsed over the two years of follow up, suggesting better treatment is needed. It may be that the addition of individual psychotherapy would decrease the relapse rate. Perhaps there are family sub-types or bipolar sub-types that respond best to family-focused therapy. More research is needed to resolve these issues.

Well, enough psychiatry for one fine summers' day! I wish you all a wonderful summer full of vacations in far off places or just relaxing in SoCal, our very own paradise! I am off to Alaska the end of the month and will report back about cycling next to glaciers and fjords and hopefully not next to any grizzlies.

An article of interest. Another viewpoint on parity.

<http://www.marketplace.org/topics/health-care/mental-health-parity-opens-new-business-opportunities#.U62c8kyXpgs>.email

Letter from the Editor

The Dog Ate My Medicine

Colleen Copelan, M.D.



As you may know by now, therapy dogs play a big part in my practice. Some of them are also highly skilled agility dogs, earning ribbons for speed and accuracy. And of course they're all Labradors, always hungry for a snack. Whenever they hear the crinkle of a wrapper, they come running for the treat.

So, one recent day I'm in session with a young man who's stopped his medicine and is reluctant to restart. After a persuasive conversation on my part, he agrees and I retrieve a sample blister pack from our medicine locker.

I crinkled it open and the pill dropped out, into the air. Maggie, one of my fastest Labs, woke from her nap on the nearby chair and leapt into action, snatching the pill in midair and gulping it down before I could say, well, before I could say anything.

Then, frantic for my dog's safety, my receptionist Alex and I (it was a two-woman job) drove three blocks to a pharmacy to get hydrogen peroxide, which usually makes dogs throw up. But not Maggie.

Next we called the vet, who called poison control, and Alex rushed Maggie off the vet's office for a shot of apomorphine—with great results and great relief all around. Except maybe for Maggie, who was still throwing up in the back of my Expedition.

So, why would my patient take a pill that I worried would kill my dog? That's a good question, particularly since he shared my fear for Maggie.

It was time for another persuasive conversation. It was medicine for people not dogs, and the dog is much smaller---like a child---and maybe we over-reacted, just a bit. Fortunately, he maintained humor and perspective. He was OK with the explanation, and the restart. I let him open the blister pack this time, outside of earshot of my Labradors.

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26th Annual Psychopharmacology Update

Saturday, January 31, 2015

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Council Highlights

June, 12 2014

Erick Cheung, M.D., *Secretary*



June 12, 2014 - SCPS – NAMI Meeting, 7:00 PM, Chaired by Dr. Heather Silverman

The SCPS Council and several members from NAMI Los Angeles / Southern California convened on June 12, 2014 to discuss multiple issues related to mental health, including patient care and legal matters. The following is a summary of the general topics that were discussed:

Access to behavioral healthcare: In several rural areas of Southern California, including the Antelope valley, the access to mental health resources is severely limited; there is concern for all level of services including inpatient, outpatient, and urgent care. There was broad discussion about the limited access to substance abuse treatment in Los Angeles, as well as the shortage of inpatient hospital beds. Many participants agreed that substance abuse treatment is greatly needed and a high priority. Attracting psychiatrists to become a Medi-Cal provider is very challenging in large part due to poor reimbursement rates.

It was reported that Medi-Cal has expanded eligibility for adults; DMH is in the process of increasing the availability of services.

The group discussed the SB82 plan for LA County including the potential creation of 8 regional psychiatric urgent care centers with mobile crisis services.

There was discussion about Laura's Law and it was noted that the LA County Board of Supervisors has requested an implementation plan for LA County. 3 Counties in California have now fully implemented Laura's Law. Laura's Law permits court ordered "treatment", though it specifically does not permit the involuntary administration of medications.

The group discussed, at length, concerns about jail mental health and the design of mental health jail facilities, the type of care rendered in the jail, the lack of adequate and appropriate follow-up care.

There was discussion about LPS conservatorship and the problems with cost, complexity, and placement issues.

The groups expressed concern about the shortage of addiction specialists. Discussed reluctance of psychiatrists to take on severe addiction problems.

Discussed fragmentation of resources for children/adolescents.

Discussed communication between SCPS and NAMI, as well as collaboration on advocacy issues with CA state legislature.

June 12, 2014 - SCPS Council meeting was called to order by Dr. Fogelson at 9:15pm

The May Council meeting minutes were approved.

A motion was made to approve the membership committee recommendations for the following new members:

Jamie Garcia (GM)

Yelena Koldbodkaya (RFM)

Kristen Pagel (RFM)

Patrick Pompl (GM)

A motion was made, seconded and approved to support a \$500 contribution to UCLA/Sepulveda VA for recruitment, orientation, and graduation events.

Dr. Sophie Duriez provided the treasurer's report. Motion was made, seconded, and approved to accept the

treasurer's report.

A motion was made, seconded, and approved to recommend Dr. Curly Bonds for the Minority and Under Represented Trustee position on the APA Board of Trustees.

A motion was made, seconded, and approved to provide a letter of support for a pilot test of psychiatry tele-testimony in LPS Conservatorship hearings at Court 95.

The meeting was adjourned at 9:50 P.M.



SCPS and the Art of Psychiatric Medicine Committee
present

Project 1: Feared Vs. Favored Experience

8-minute Documentary Short - Now Online

Please click the following link to watch:
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Filmed March 8th, 2014 in Santa Monica, California.

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CPA Annual Meeting

Tenaya Lodge, Yosemite

September 19-21, 2014

<http://www.calpsych.org/annualmeeting2014.html>

Letter to the Editor

Dear Dr. Copelan,

Thank you for the work you do in editing the newsletter.

In the media we are daily bombarded with the “Sterling” affair.

I submit for publication in the newsletter the piece I did on the first amendment. It has not been published anywhere.

by Edwin Kleinman, M.D.

I will attempt to review the first amendment and the many congressional acts pertaining to it. I hope to clarify the often misquoted legal opinion written by Supreme Court Associate Justice Oliver Wendell Holmes Jr.

The First Amendment to the United States Constitution is part of The Bill of Rights. The amendment states “Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof; or abridging the freedom of speech, or of the press; or the right of the people peaceably to assemble, and to petition the government for a redress of grievances. “

Originally, the First Amendment applied only to laws enacted by Congress. However, the Supreme Court has applied the First Amendment to each State. This was done through the Due Process clause of the Fourteenth Amendment. The court has also recognized a series of exceptions to provisions protecting the Freedom of Speech. This is important as I recently heard a federal judge say, “You can’t say anything you want without consequences.”

In 1798, a law was passed under President John Adams, **The Alien and Sedition Act of 1798**. This act authorized the President to deport any resident alien considered “dangerous to the peace and safety of the United States.” The sedition act made it a crime to publish “false, scandalous and malicious writings against the government or certain offices.”

There were many people tried and convicted under this act. Many prominent people denounced the act. President John Adams later on regretted very much his part in the Alien and Sedition Act of 1798.

The **Espionage Act of 1917** imposes a maximum sentence of twenty years for anyone who caused or attempted to cause “insubordination, disloyalty, mutiny or refusal of duty in the military or naval forces of the United States.” Over two thousand were convicted under this act. The **Sedition Act of 1918** went further, criminalizing “disloyal, scurrilous, or abusive language against the government.

In the midst of WWI Charles Schenck, the General Secretary for the Socialist party, was found guilty of printing 15,000 leaflets to be mailed, to men intimating fervent opposition to the draft, and urging potential draftees to not submit to intimidations.

Schenck appealed to the Supreme Court. He claimed the **Espionage Act of 1917** violated the **Free Speech Clause of the First Amendment**. The Supreme Court unanimously rejected Schenck’s appeal and affirmed his conviction.

Justice Oliver Wendell Holmes Jr. wrote for the court, “The question in every case is whether the words are used in such circumstances are of such a nature to create a clear and present danger that they will bring about substantive evils that Congress has a right to prevent.

In this Supreme Court unanimous decision, Justice Oliver Wendell Holmes Jr. wrote the Court Opinion. During his decision he gave the example of limitation of speech, namely “the question in every case is whether words used in such circumstances are of such a nature to create a clear and present danger that will bring about substantive evils that Congress has a right to prevent. The **Clear and Present** “test” has been used to decide other cases.

In his opinion, Holmes wrote “the most stringent protection of free speech would not protect a man **FALSELY** shouting fire in a theatre causing a panic.” The key to his opinion is the word **falsely**. I don’t know how many times I have heard this phrase used without the word falsely.

In 1940, Congress enacted the Smith Act, also known as **The Alien Registration Act**. This act is a federal statute that sets criminal penalties for advocating the overthrow of the U.S. government and required all non-citizen adults to register with the government. Some 215 Americans were indicted under terms of the Smith Act indicting them as communists and fascists. Persecution continued under the Smith Act until a series of United States Supreme Court decisions in 1957 revoked a number of convictions so obtained as **unconstitutional**. The statute (Smith Act) has **not** been repealed.

Indeed, I got tired of hearing this misquote, falsely shouting fire, that I decided to write this piece. What is one do if you see fire in a theatre? Keep quiet and exit as soon as you can... hardly. Send a telegram, as you would have in my day, send an email or text message? Will yelling fire, not falsely, automatically cause a panic? I don’t think it is inevitable.

About fires in theatres or public places. To my knowledge, panic and death that occurred in the infamous ‘Shirtwaist Factory Fire’ in NYC and the “Boston Nightclub Fire” during WWII were all caused by a combination of locked exit doors, inadequate exit doors or the use of flammable materials in the building. I will send a copy of this to the Los Angeles Fire Department and if I get a response I will let you know.

Many years ago, my late wife and I visited the New York Museum of Modern Art (MOMA). We sat down for a lecture and a man came to the microphone and calmly told the audience that we should abandon the building. Hundreds or perhaps thousands left calmly, took escalators, steps, perhaps elevators. There was calm, no shouting, no pushing, exiting in a manner that people do from a religious service. On the street we were told it was a bomb threat. Could it be that it was a New York City sophisticated crowd, used to this situation? Perhaps.

One thing they do in New York City, there is complete blackout of the media about such events. No one can gloat seeing what they did on the news or in the papers.

Back to the First Amendment, there are many complex cases brought against or claiming First Amendment protection:

- Political speech
- Company Finances
- Election Issues
- Flag Desecration
- Free Speech Zone
- Obscenity
- School speech
- Libel, Slander
- Other

These are all interesting issues, as I am not a scholar in the area; I leave it up to you to examine these issues. Wikipedia has an excellent coverage of the First Amendment, which has largely been the source of the factual data of this article.

This article started out, at my dismay, at the misquote of Justice Holmes, namely leaving out the all important word, “Falsely.” I hope this brings some clarification.

Parenthetically, Justice Oliver Wendell Holmes Jr. was the son of the prestigious physician and author Oliver Wendell Holmes, M.D.



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2014 AMA Annual Meeting

House of Delegates

Maria T. Lymberis, MD

This is my report as your CMA/RIM Alternate Delegate to the AMA from LACMA. As you know we are in a very challenging period for our profession as the pressure for CHANGE is intense. Many view this period as transition and "work in process".

The session opened with presentations from the AMA leadership. Outgoing President Ardis D. Hoven, MD stressed that while there was amazing & historic consensus by 26 organizations, and both in the AMA House & both sides of Congress, yet the SGR fix **did not happen...**

She noted that "Politics as usual" in the US Congress failed not only us, in the AMA but patients and their families and in fact failed all US citizens. Dr. Hoven stressed that this failure should be used to further mobilize us to continue with an even more effective advocacy to "fight back", hold politicians accountable and achieve "the impossible" by doing what we, as physicians, do daily in our practices. She stressed increased efforts by AMA in advocacy, public education and the building of an even larger coalition to compel Congress to fix SGR. Support for AMPAC by all physicians is essential during this critical time to achieve this goal.

The AMA Executive Vice President James L. Madara, MD reported on the work of AMA in the National Diabetes, Cardiovascular Prevention and Medical Educational Initiatives. He emphasized that the most essential asset of the AMA is the "voice of physicians". Surveys have repeatedly demonstrated that the public views physicians as "harder working and more caring than other professionals with politicians just above the car salesmen". The public trusts physicians but the AMA needs to **maximize** the collective voice of physicians and of the AMA. The AMA has not yet utilized the full power of the AMA. Unity and advocating with one voice are needed. To get there, the AMA is conducting a study on physician satisfaction, is working hard to better understand the factors that lead to physician dissatisfaction and address the needs of physicians. Improving physician satisfaction is essential to strengthening the AMA & for continued increase in membership.

AMA Elections 2014 started with introduction of the candidates to the HOD. The candidates have been actively campaigning for some time. All candidates made presentations to the House, to all Delegations and held receptions. Our CMA Wine Tasting event was very successful as it helped feature our candidates both of whom won.

The Delegates of the House re-elected Andrew W Gurman, MD and Susan R. Bailey, MD as HOD Speaker & Vice Speaker respectively. This year CMA's candidates: Jack Resneck Jr., MD who run for the AMA Board of Trustees and Patricia L. Austin, MD who run for the Council on Constitution & Bylaws were elected. We now hope to work hard to see to it that in the future, Jim Hay, MD has a successful run for Vice-Speaker of the HOD. At the conclusion of the HOD meeting Robert M Wah, MD assumed the AMA Presidency.

CME Educational Programs

As always, I found the AMA CME programs to be of high quality and timely. Should you be interested in any of the programs offered this year you can access them at the AMA website with CME credit under 2014 AMA Annual Meeting by clicking [CME Opportunities](#).

I am only reporting on the several of the CME sessions:

A Global Perspective on Accountable Care Organizations. This was a great program offering a comprehensive review and providing some ideas about the continuing evolution of this area. I came away feeling that the various major changes that I have witnessed during the many

decades I have been in practice are now being utilized in an integrated way with physicians in charge of the entire program. The emphasis is on physicians as the leaders of these complex new systems of care. The mission of such systems is to ensure quality in a cost sensitive patient care system. This is a very multi layered system. There are a few such programs now in operation. Several examples of such a program were presented in detail. In each case the entire spectrum of non-medical professionals as well as all the various administrative functions that insurance companies have been performing were all included. One could view these as "new innovations", "variations" of existing capitated type of system.

Evaluating Impairment in the Senior Physician: Assuring patient Safety and Physician Well-Being. This program was offered by the newly established AMA Senior Physician Section and is part of a major effort to study issues of physical and mental health in physicians. While the Section is mainly focused on the problems of senior members, experts in the field of Physician Fitness for Duty stressed that this field began with the evaluation of physicians presenting with problems of addiction and then began to see physicians with a varieties of mental illness and behavioral problems regardless of age. The presenters noted that currently the majority of evaluations did not involve senior physicians.

Making the case for Inter-professional Education. This presentation reported Case Studies from the three medical schools that are part of the AMA Accelerating Change in Medical Education Consortium.

Optimizing Electronic Health Records to Enhance Physician Satisfaction. As previously reported the AMA funded Rand study on physician satisfaction identified EHR as the major source of physician dissatisfaction. The AMA has been working to identify physician-friendly EHR characteristics. This is work in progress and reporting on it will continue at the next HOD.

Innovators Panel on Understanding what Payment Reform means for your practice. This program was offered by the AMA Innovators Committee that was formed in 2011 composed by involved physicians from the AMA, the American College of Physicians and the American College of Surgeons. This committee has issued a number of booklets such as: "**Guiding Principles on Health Care Delivery & Payment Reform**", "**Where do I fit in: Dividing the Pie in New Payment Models**", "**Early Innovators Share What they have Learned**", "**Implementing Innovative Strategies in your Practice**". At this presentation, all three presenters stressed that ACOs offer physicians options to consider before they "give up and just join hospitals or managed care as employees". Three different models of ACOs were presented by the physician leaders who formed them. They all stressed that theirs is "work in progress" and that it very feasible to form these new care delivery models where the main focus is patient centered care and outcomes with effective monitoring and measuring systems as essential features of these systems. They require high capital investment. The physicians leading such systems stressed that they are assuming risk and take over all management functions with vigorous technical systems that measure/monitor all aspects of the patient care being provided as well as patient outcomes and patient satisfaction. They contract with a variety of hospitals, independent practice physicians, both group & solo practices. Some of these systems also have virtual networks with solo practitioners. They also contract with numerous payers who value/prefer to contract with them because they are absorbing risk and monitor/measure outcomes.

Negotiating Your Employment Contract. The AMA offers assistance to members on issues of contracting, see the AMA website.

Insights on the evolving Role of the Physician. This program focuses on the rapidly changing medical knowledge and considers what the doctoring of the future will look like. What the physician will do and how. What resources and relationships will be needed.

Litigation Center and Scope of Practice Summit. The program presented in the form of a mock trial, the details of the currently pending before the US Supreme Court case Dental Exam-

iners v. Federal Trade Commission. This case is about the issue of whether a state licensure board can be liable under the federal antitrust laws when it makes decisions that restrict competition.

These programs and many others, offer CME credit and can be found at the AMA website.

RESOLUTIONS

The main work of HOD was done in seven Reference Committees. These committees reviewed the Reports of the Board of Trustees, the Reports of the Councils of both Constitution & Bylaws and Ethical & Judicial Affairs and the various resolutions that were submitted.

Heated discussions occurred on a number of issues such as:

- 1) Opposing any interpretation, by The Joint Commission, or any other entity, of primary care medical home and/or patient centered medical home (PCMH) as being any other than MD/OD physician led. (It was felt that this clarification is crucial in the current environment).
- 2) Addressed the problem of multiple regulations. Over regulation interferes with both patient care & reimbursement of in-office examinations/care.
- 3) The issue of the impact of the funding problems that many States are experiencing, (especially in the cases of the Delegations of NY & CA that spend over \$40K/year), on the funding for Delegates/Alternates for Residents/Med Students was discussed. CMA reorganized its Delegation to address these fiscal problems. Strong opinions were expressed about the AMA needing to help **All States** thru some type of funding formula for joined AMA/State funding for all delegations, so as not to single out Residents/Med Students or threaten the traditional strong relationship between Residents/Med Students and State Delegations by creating loyalty conflicts. The issue was referred for study & report back at the next HOD.
- 4) Gun Laws restrictions were addressed by two Resolutions asking for the AMA to support Congressional passage of legislation requiring criminal background checks for all gun sales, public and private. (New HOD Policy), as well as support federal efforts to promote legislation to make licensing and background checks mandatory for all firearm purchases and transfers regardless of seller or individual making a transfer (New HOD Policy). After major debate these were referred for study and report back.
- 5) Several Resolutions were discussed on the urgent need for timely **access to care with or without payment** for Veterans to private physicians and pharmacies. The debate over referral was intense with the HOD voting for immediate AMA action by Presidential order for eligible veterans to obtain care outside the VA system until the VA can provide the timely care that is urgently needed.
- 6) Major debate also took place over the problems of maintenance of certification (MOC) & licensure (MOL) and osteopathic continuous certification (OCC). The vote was for the AMA to continue to study and investigate all of these and report back at the next meeting in November 2014.
- 7) There was agreement for the AMA to oppose the sales and marketing of e-cigarettes and nicotine delivery systems to minors and called for the application of the same regulations and oversight that the FDA has for tobacco & nicotine products.
- 8) With Telemedicine moving ahead as a major new mode of practice, the house voted a set of principles to ensure appropriate coverage and payment for Telemedicine services as well as patient safety, quality of care and the privacy of medical information.
- 9) The problems that physicians have with EHR were discussed extensively in a panel and by several resolutions. The House voted for the AMA: a) "to engage the EHR vendor community to

secure changes to their systems that would better meet physicians' practice needs", b) "to work with the federal government and EHR vendors to enhance transparency and establish a process to achieve data exchange", c) "to advocate for suspension of the e-prescribing requirements in the electronic health record (EHR) meaningful use program until all pharmacies (including the government) are able to comply with this requirement".

I am honored to represent you. Feel free to contact me with your concerns and issues:
<maria@lymberis.com>

Best wishes for the summer.

Maria T. Lymberis, MD,

CMA/LACMA Alternate Delegate to AMA

Positions Available

Tele-Psychiatry & On-Site Opportunities!

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