

# PSYCHIATRIST

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Newsletter of the Southern California Psychiatric Society

## President's Column

# Art of Medicine and Evidence-based Medicine

Kathleen Moreno, M.D.



The art of medicine is practiced daily by psychiatrists probably more than any other specialty but it is nice to know that some of the art is backed up by evidenced-based medicine. Recently, there was research that was published in the New England Journal of Medicine which suggests that coordinating care to manage depression and chronic illness, specifically heart disease and diabetes, together at the same time, produces better outcomes for patients. The study included 214 patients from 14 primary- care clinics. About half of the patients received coaching from a specially trained nurse to help them meet goals related to their depression as well as their diabetes and/or heart disease. The other half received standard care and were not assigned

a nurse care manager. It is not surprising that after a 12- month program, the researchers measured the patients' blood sugar, LDL cholesterol, blood pressure and levels of depression and according to Dr. Elizabeth Lin, a study coauthor, the patients who worked with a nurse care manger had better blood sugar control, as well as significantly lower blood pressure, cholesterol and depression than those who did not get the special coaching.

There are several factors that enter into the reasons that such patients have more severe complications and higher mortality, according to Dr. Lin, including, people who are depressed tend to be less active, smoke more and have poor diets, and often don't follow directions when taking medication.

As a resident on the consultation liaison service, I was referred a patient from the Family Medicine Department. The referring family medicine resident thought that the 45 year-old woman with poorly controlled diabetes was depressed and had a wish to die because of the seriousness of the diabetes and her lack of ability or concern for managing her disease. The physician had felt that this patient's lack of compliance could be thought of as a slow suicide attempt and at the least a wish to die. I thought for sure she was just a very negativistic person and that nothing I did or said would make a difference; however, she was invested in following up with the other doctor's referral and she was open and willing to participate in the process. As we took a careful history, it appeared that this woman did actually have a 25-year history of untreated depression that was unremitting, which may not usually be the case. She could remember the last time she had not been depressed. She was treated with weekly individual psychotherapy and an antidepressant and she got better. She had more energy and concern for herself and as a result she was able to follow

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the diabetic diet and use the insulin as directed.

This case will always remain in my mind since it was such an involved process for this woman to get better. There was the relationship with the referring physician, the medical contribution of the symptoms of out-of-control blood sugar overlapping with the symptoms of depression and the addition of psychopharmacology and psychotherapy which helped to treat the biological component and offer support and psychoeducation. All of these important factors contributed to her depression going into remission. It is nice to know that there is data to back up the art of medicine.

At the local level, SCPS is very excited about our upcoming annual Psychopharmacology Meeting which is fast approaching, Saturday, January 29<sup>th</sup>. By now, all of our members should have received a registration pamphlet in the mail. In addition, we will be holding another election next month so look for your ballots in the mail. The nominees' statements will be published in next month's newsletter.

At the state level, CPA will be having their triennial meeting in March in Sacramento.

At the national level, the APA is now having an election so please be sure to vote either via email or regular mail. In addition, the APA filed an amicus brief in November, 2010 urging the Supreme Court to order California to cut its prison population substantially in order to provide the mental health services that many inmates require but fail to receive. The brief was in collaboration with many organizations including CPA, California Psychological Association, American Academy of Psychiatry and the Law, Forensic Mental Health Association of California, National Alliance on Mental Illness and Bazelon Center for Mental Health Law. The case was heard by the Supreme Court on November 30, 2010. This is very important as overcrowding is one of the biggest exacerbations of mental illness, as well as, one of the biggest barriers to providing the quality and volume of mental health care needed for inmates with mental illness.

Wishing to all of our SCPS Members a happy, healthy and prosperous New Year!  
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# Letter from the Editor

## Tucson Tragedy

Colleen Copelan, M.D.



There are certainly no other words for it. Tragedy. A member of Congress gravely wounded, 6 dead and 13 others shot down at a storefront, grass-roots exercise of our First Amendments rights.

What does it say about America? Politics too extreme? Gun laws too liberal? Mental illness too often untreated? I would say all of it.

Certainly the political rhetoric of recent years has waxed vitriolic, and vitriol can certainly incite violence. Tone it down, America. We are the Beacon of Democracy, not demagoguery.

Eric Fuller, one of those wounded in the attack, described the gunman as “vigorously exercising his Second Amendment rights”—on him and 19 others. Did our founding fathers contemplate semi-automatic pistols at corner gun shops?

Jared Loughner’s mug shot is top-notch maniacal killer, more scary than Hannibal Lechter. Some blame his parents for not noticing, reporting, stopping him. According to reports, a neighbor says his parents blame themselves. The National Alliance on Mental Illness issued a statement pointing to the “broken” mental health care system, under-funded and unable to respond to needs. Gabrielle Giffords is a past co-chair of NAMIWalk in southeast Arizona.

And, while we’re at it, what about the media frenzy, descending at times like vultures in search of ratings? Did you catch Meredith Viera’s tear-jerking exploitation of the grieving father of 9 year old Christina Green?

And then there’s the Westboro Baptist Church, who claims Christina—and most all of us—are going to hell. The Westboro bunch has made a career of picketing funerals of soldiers and announced plans to picket the Tucson interments as well. They say it’s all God’s punishment for America’s toleration of homosexuality.

Meanwhile, the Arizona legislature quickly passed a law that would forbid protests within 300 feet of funerals which, of course, treads close to violation of the First Amendment.

Big events bring out the best and worst in all of us but let’s forge a better best for tomorrow.

[cocopelan@aol.com](mailto:cocopelan@aol.com)

## Psychopharmacology Update 22

<http://www.socalpsych.org/events.html>

## 2011 Slate of Candidates

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Amanda Sells, M.D.

Candidate Statements will appear in the February issue of this newsletter. Abbreviated CVs will be available online when ballots are mailed. **Cut-off to run by petition is February 18, 2011.** Ballots will be mailed March 4, 2011. Ballots will be due April 1, 2011. The Installation and Awards Ceremony will be held on April 16, 2011. New officers will begin their terms starting on the last day of the APA annual meeting.

# ARTS, HUMANITIES, AND MEDICINE CORNER

## Medicine and the Muse

by Sarah Bein, M.D.

Hello and welcome to the Arts, Humanities and Medicine Corner...Medicine and the Muse. I have thought to write this column for quite some time, and am absolutely thrilled to be doing so. I think more often than not the overlap between the arts and medicine is present as a subtle (and at times blatant) undercurrent running through our work as Psychiatrists. The intersection between these two seemingly disparate fields is apparent in myriad ways: how patients might describe the symptoms of their mental illness by likening them to the plight of a character in a recent movie they have seen, or novel they have just read; or perhaps a medication side effect and its ramifications are described cloaked in metaphor; or perhaps it is best dynamized in the dreams our patients share with us, and how poetic and artistically their conflicts are displayed. My hope is to share works of art that highlight an issue we face as physicians traversing the language of medicine, and to reveal the creative face of psychodynamics both in our work and in our everyday lives. Perhaps in so doing we can create not only a new way of seeing for ourselves, but a new way of seeing and accessing our patients' experience.

Below is an excerpt from a poem entitled *Gurney Tears* by Audrey Shafer, M.D., an anesthesiologist at Stanford University, from her collection of poetry, [Sleep Talker](#):

Morning frost cocoons my car.  
I drive anyway,  
    peeping through the hole widened  
    by hot air and the slash of wipers.

The physician  
    excises, exenterates, exhorts  
    a vertical parasite on the supinated.

Yes, even so,  
A patient will gently  
    push aside the doctor's probing fingers,  
Reach in, and produce his own  
Soul, which he holds out on his palm  
    a gleaming light  
    a sudden clarification  
Before he collects himself and pockets it back inside.

Today is a day of gurney tears  
    glistening in canthi or lingering in the hollow between  
    cheek and tragus.  
I see fluorescent lights mirrored on the liquid  
    taste salt on my mind's tongue.

The internist, whose coronary artery grafts  
    prematurely close,  
Forces his tears inward  
    falling  
    like rain dropping into hollow pots.  
    *-They were supposed to last ten years*  
He mutters over and over  
    and is drenched in raw, uncontrollable sweat.

And finally – the veteran who had survived  
 A war, operations, pain  
     today is defeated by the dry suck of cigarettes  
 The first leg will be amputated.  
 He shakes the gurney with sobs  
     before his piecemeal death.  
 Only forty-five, he is already white whiskered –  
     they look soft  
     I want to touch them.  
 Instead I touch his hand, then inject into his intravenous line.

I am swollen. I need time  
     apart.

It's getting cold.  
 Almost home.  
 Perhaps it will snow tonight  
     and I can sleep  
         under the white, white covers.

Notice the tension between her want to be human with her patients and the objectivity of her actions; where she wants to touch, she injects. Similar tension is present in the stanza about the internist and what feelings might lay behind what the reader imagines to be a stern exterior; where he forces “his tears inward,” they are transformed within him, and he is “drenched in raw, uncontrollable sweat.”

This poem highlights that we as physicians often have feelings about our patients or our actions as doctors that, though we hold in according to our intact, ethically responsible boundaries, very much exist. And pain is universal. Physicians feel pain, evidenced here by the anesthesiologist/narrator who wants to hide like the “morning frost cocoons my car,” or to cocoon herself, as the poem ends, by sleeping “under the white, white covers.” And this poem reveals our patients’ pain as well, seen as the narrator describes the pre-amputated veteran as he “shakes the gurney with sobs.”

The arc of this poem from narrator/physician, to physician, to patient, helps link their plights with a similar subjective experience. And isn't this the formation of empathy? Such a necessary tool in the treatment of illness.

### Brief Biography

*Sarah R. Bein, M.D. has studied widely in the field of medical humanities. A writer herself, she has led seminars discussing the arts and humanities as therapeutic tools for accessing the subjective experience. She also taught Creative Writing as a tool for medical students to foster empathy throughout medical training at her alma mater, Stanford University School of Medicine. She practices Psychiatry in West Los Angeles.*

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# Electronic Prescribing Alert

As you may already be aware, Medicare currently has an incentive program in place for physicians who do electronic prescribing (e-prescribing, or eRx), which means transmitting a prescription electronically directly to a pharmacy. Besides earning you some extra money, and saving you some money down the line (see below), e-prescribing has some real advantages in making prescribing more efficient and safer: Calls from pharmacists to clarify prescriptions should be significantly reduced, it's less likely scripts will be filled incorrectly, and you should receive notifications at the point of care of potential problematic interactions with medications prescribed by other physicians.

The denominator codes on which the e-prescribing initiative is based include most of the psychiatry and evaluation and management codes.<sup>1</sup> All you have to do to participate in the incentive program is include the code G8553 when you fill out a claim for a Medicare beneficiary for whom you've e-prescribed when you've used one of the denominator codes. A minimum of 25 claims with the G-code in 2010 will earn you a 2% incentive for 2010, which is based on the value of your *total* Part B claims for the year. In 2011 and 2012 the incentive will be 1%, in 2013 it will be 0.5%, and thereafter there will just be a penalty in place for those who don't e-prescribe. The only exemptions to this penalty are for physicians who live in an area where there is limited internet access or who live in an area where there is no pharmacy that can receive electronic prescriptions. This means that psychiatrists in small practices who are currently exempt from filing electronic claims, and exempt from Health Insurance Portability and Accountability (HIPAA) regulations if they did not do any other electronic patient communications, will soon be obligated to do electronic transactions if they wish to avoid the penalty, and, hence, will be covered by HIPAA regulations.

In fact, if you don't e-prescribe starting in 2012 and in the first six months of 2011 you had at least 100 encounters using any of the designated denominator codes, you will not only not get the 1% incentive, but you will be hit with a 1% penalty on all of your Medicare claims for that year. And it's a little more pressing than that, since currently it is the intention of the Centers for Medicare and Medicaid Services (CMS) to determine whether or not to apply the 1% penalty on whether or not you e-prescribed at least 10 times during the first six months of 2011. (It should be noted here that the APA has joined the AMA in protesting this plan, requesting that, at a minimum, that the penalty be based on claims for the first ten months of 2011 rather than just the first six months.)

E-prescribing can be accomplished either with freestanding software or it can be done using part of an overall electronic health records (EHR) system. An e-prescribing system is cheaper than an EHR system, and because of its more limited functionality is comparatively easier to learn how to use. However, it's important to take into account that as of 2015 there will be a penalty if physicians are not using an EHR system, and there is an incentive program for using EHR if you begin by October 2012 (although another factor to take into account is if you receive the EHR incentive you cannot also receive the eRx incentive).

## What to Do?

Unfortunately, there is no simple advice we can offer you on how to proceed in this confusing new world. As things stand now, you can't avoid the 1% penalty if you don't have e-prescribing software system in place well before the end of 2011. But in purchasing this software, you run the risk of wasting money on a system that will become unnecessary when you put an EHR system in place for your practice sometime before 2015. The easy answer might seem to be just to purchase an EHR system now, but that also might not be the most economically sound decision since EHR technology is relatively new and the EHR market is still evolving. It's not unreasonable to think that the cost and sophistication of EHR systems will be moving targets over the next few years.

Physicians who are already using or who are close to adopting electronic prescribing are best positioned to take advantage of the eRx incentive and to avoid the penalties that begin in 2012. Others will need to weigh factors such as the size of their Medicare caseload; immediate or long term plans to adopt an EHR; and the relatively small size of the reimbursement reduction to guide their decision of whether or not to participate at



this time.

### For More Information

For information on the incentive program from CMS: <http://www.cms.gov/ERXIncentive/>

For information on e-prescribing programs from the AMA: <http://www.ama-assn.org/go/eprescribing>

For information about the software systems available today: <http://www.surescripts.com/connect-to-sure-scripts/prescribers-connect.aspx>

Or call the APA's Practice Management Help Line at 800-343-4671.

## Participating or Non-Participating

For the past ten years, every year has begun with the possibility that Medicare fees will be cut significantly to satisfy a Medicare physician payment formula, the sustainable growth rate (SGR). The APA and AMA are continuing their ongoing lobbying to have the SGR eliminated, a change for the better, especially in today's economic climate, does not seem imminent.

Each year so far, Congress has acted to override the SGR (although sometimes belatedly) and Medicare fees have remained relatively stable. Unfortunately, although Medicare fees have gone up approximately 3 percent since 2001, physician costs are estimated to have risen about 23 percent during that same period.

If you are currently a participating provider in Medicare, with your Medicare carrier or contractor reimbursing you directly for your patients' care, one way to correct slightly for decreased fees is to switch your status to nonparticipating (nonpar) by the end of this year, so that next year you will be able to bill as a nonpar provider. Although Medicare reimburses nonpar providers at 95% of what they reimburse participating providers, nonpar "limiting charges" are set at 115% of the Medicare approved amount for nonparticipating providers. What this means is that for each service you provide you can bill for a little over 9% more than you would be able to as a participating provider, with the difference being paid by the patient. Whatever status, par or non-par, you are in on January 1, 2011, is binding for the full year unless you opt out of Medicare entirely.

For example:

The participating fee schedule for 90801 is \$183.88

The nonpar fee schedule for 90801 is \$174.69 (or 95% of \$183.88)

Medicare will reimburse the participating provider at 80%\* of \$183.88, or \$147.10  
and the patient is responsible for paying the \$36.78

Medicare will reimburse the patient of the nonpar provider at 80% of \$174.69, or \$139.75, you may bill your patient \$200.89 for the 90801 (which means the patient will wind up paying \$61.14 out of pocket after she's reimbursed by Medicare). You wind up a little over 9% ahead.

**\*remember for other psychiatry codes the reimbursement rate is currently 55%**

Remember, as a nonpar provider you still have to submit the CMS-1500 form to your Medicare carrier or contractor just as you would if you were a participating provider.

To make things a bit more confusing, as a nonpar provider you can decide to “accept assignment” (just as if you were a participating provider) on a claim-by-claim basis. On claims for which you decide to accept assignment, you will be reimbursed directly by Medicare, but will receive 5% less for them than you would as a participating provider. When you accept assignment you cannot bill the patient the 15% above the nonpar amount. You can only do this on claims for which you don’t accept assignment. When you accept assignment you can only bill the patient for the copay.

The major disadvantage to being a nonpar Medicare provider is that if you wish to take advantage of the 115% limiting charge by not accepting assignment, you must collect the entire fee from the patient, who will then be reimbursed by Medicare for a smaller percentage of the fee than he would otherwise receive. **Medicare reimburses the patient for 80% or 55% of the nonpar fee before the limiting percentage is added and the patient has to pay the extra amount out of pocket.** When you do accept assignment as a nonpar provider because you don’t want the difficulty of collecting the entire payment from the patient, you wind up receiving less money than you would as a participating provider.

As a nonpar physician you also will not be included in the directories Medicare provides for its recipients and your claims may not be processed as quickly as those submitted by participating physicians.

Still, if you think the possibility of being able to collect over 9% more for each claim is worth these disadvantages, all you need to do is fill out an application form that you can obtain from your Medicare carrier or contractor.

If you want to contact Medicare changing your status, and don’t know how to reach your contractor or carrier, you can contact Ellen Jaffe in the APA’s Office of Healthcare Systems and Financing (ejaffe@psych.org, 703-907-8591) and she can provide you with that information.

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**SAVE THE DATE: THURSDAY, APRIL 7, 2011**

**THE PSYCHIATRIC EDUCATION & RESEARCH FOUNDATION  
CELEBRATES 20 YEARS OF SERVICE WITH A FUNDRAISER, PRESENTING:**

**"MAHLER on the COUCH"**

A film by Percy Adlon & Felix Adlon

For more than 20 years, the Southern California Psychiatric Society's PER Foundation has funded projects that address the psychiatric needs of our community, focusing on improving patient care through education and research. Now PER is launching a fundraiser on April 7th 2011 with the widely acclaimed movie "Mahler on the Couch" to initiate a campaign to fund research to improve mental health outcomes for children & adolescents in the public sector in our underserved communities. The PER Board has selected, as our partner in developing this research project, **the Semel Institute's Health Services and Society Center, directed by Dr. Kenneth Wells. That Center includes the NIMH Partnered Research Center (UCLA, RAND, and USC), the Research Center for Public Mental Health (DMH, UCLA, USC) and Media and Medicine for Communities. The Center's mission** is to support research to improve services for vulnerable children and families in our community.

Come view a terrific film and stay for the reception to meet both with the director of the film and the Center investigators and partners and learn about their work.

**JAMES BRIDGES THEATER, UCLA Campus**

7:00 p.m. - 10:00 p.m. (Registration opens 7:00 p.m.). Panel & Reception to Follow

Tickets: \$75.00, students/residents \$25.00. Additional contributions are strongly encouraged. Make checks payable to: PER c/o Southern California Psychiatric Society  
2999 Overland Ave. Suite 208, Los Angeles, CA 90064  
For questions email: <[MGlazerPERCoord@aol.com](mailto:MGlazerPERCoord@aol.com)>

"Mahler on the Couch" is based on Mahler's life. After the death of their first child, the Mahler marriage collapsed as his wife, 20 years his junior, began an affair with Walter Gropius, architect and founder of the Bauhaus School. The film depicts Mahler's marriage, his despair and his consultations with Freud. Esa-Pekka Salonen conducts the Swedish Philharmonic in the unfinished Mahler 10th symphony. The film masterfully interweaves themes of death, reactions to loss, depression, sexuality, betrayal and feminine strivings for empowerment and personhood.

With your help this event will be the success that is needed to fund urgently needed research into the psychiatric needs of children & adolescents in our own Los Angeles County. PER counts on your continued donations and support. Tell your friends and family & bring them to this event.

Happy Holidays, and a Healthy-Peaceful 2011!

Maria T. Lymberis, MD  
PER Founding President

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and select the link for the American Psychiatric Association members.

December 2010



## NEWS FROM THE APA

### APA Resource: “Tips to Protect your Practice While You Are Away”

Taking some time off to attend the American Psychiatric Association’s annual meeting? How about scheduling that much needed vacation? Or could a personal emergency draw you away from your practice for a while? The APA has created a resource guide with tips to help psychiatrists protect their practices while they are away.

Patients and office staff need to know that there will be a plan in place in your absence, and you need to feel secure knowing that all the bases are covered. The [tip sheet](#) offers a check-off sheet with reminders as simple as locking up your prescription pads and anticipating medication refills to specific instructions on how patients can get services in your absence. The guide also gives important questions to ask when you are covering a colleague’s practice.

The resource document was created by the APA Office of Healthcare Systems and Financing. It’s available on the American Psychiatric Association website under the [Quick Practice Info](#) section, which includes a variety of other resources for managing your practice.

Links:

Protecting Your Practice While you Are Away:

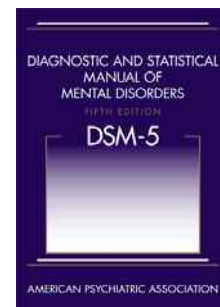
<http://www.psych.org/MainMenu/PsychiatricPractice/ManagingYourPractice/QuickPracticeInfo/ProtectYourPracticewhileYouAreAway.aspx?FT=.pdf>

Quick Practice Info:

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### Psychiatrists Needed for *DSM-5* Field Trials

Psychiatrists are needed for field trials for the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5). *DSM-5* Field Trials in Routine Clinical Practice Settings are designed to test the feasibility and clinical usefulness of the proposed diagnostic criteria and diagnostic-specific measures in real-world clinical settings; to examine whether the measures adequately capture changes in patients’ or clients’ symptom levels over time; and to examine whether criteria are informative for treatment planning.



The American Psychiatric Association wants to include psychiatrists and other clinicians from multiple disciplines in this important phase of the *DSM-5* development process. Participating clinicians will be recognized as contributors in *DSM-5* and receive continuing education credits for completion of the required online *DSM-5* training session and participation in the field trials.



For more information about field trials and about volunteering, visit [www.psych.org/dsm5-rcp-fieldtrials](http://www.psych.org/dsm5-rcp-fieldtrials).

### **Tutu to Speak at APA Meeting in Hawaii**

World-renowned human rights activist Archbishop Desmond Tutu will be the speaker at the Distinguished Convocation of Fellows at the APA Annual Meeting in Hawaii. Tutu, a Nobel Peace Prize recipient, will be the William C. Menninger Memorial Lecturer on Monday, May 16. Plan now to attend the 164th Annual Meeting of the American Psychiatric Association, May 14-18, 2011, in Honolulu, Hawaii, the Aloha State. See the latest version of the annual meeting newsletter, Hukilau, for more information.

### **Bradshaw 'Conversations' DVD Available**

NFL superstar Terry Bradshaw was the special guest at the American Psychiatric Foundation's ninth annual Conversations event at the 2010 APA Annual Meeting in New Orleans. Bradshaw shared his personal stories of mental illness, ranging from how ADD influenced his childhood and schooling, to how depression compounded difficulties with ADD in adulthood. Bradshaw also discussed the issue of stigma related to mental illness within the sports industry and the ridicule he received from his teammates on the Pittsburgh Steelers. The event lasted an hour, was recorded, and is now available as a free DVD from the foundation. To request your free copy, please send an email to [apf@psych.org](mailto:apf@psych.org).

### **Healthy Minds. Healthy Lives. Website, Blog Offer Patient Information**

The American Psychiatric Association has a consumer-oriented blog and website that may be useful to your patients. The blog is a joint effort by members of the Council on Communications and other APA members, and includes timely and consumer-friendly information about mental health issues.

Consider adding links to the website, [www.healthyminds.org](http://www.healthyminds.org), and the blog, [www.apahealthyminds.blogspot.com](http://www.apahealthyminds.blogspot.com), to your website, email signature or business card.

### **Mental Health Works Informs Employers**

The Partnership for Workplace Mental Health, part of the American Psychiatric Foundation, publishes Mental Health Works, a free quarterly publication focused on mental health in the workplace. The publication is available online and is primarily designed to help employers understand that it makes good business sense to address the mental health needs of employees. It features articles about effective employer-sponsored mental health programs. Topics covered in the current issue include a feature article on equipment manufacturer Caterpillar Inc.'s health programs, a white paper on employer use of behavioral risk management and more. It also covers the employer-led Initiative for Depression Screening and Treatment in Primary Care in New York. To subscribe to Mental Health Works, write [mhw@psych.org](mailto:mhw@psych.org). Please include your mailing address and phone number.

Links:

<http://www.workplacementalhealth.org/Publications-Surveys/Mental-Health-Works-Newsletter.aspx>

### **Call for Nominations for the American Psychiatric Leadership Fellowship**

Psychiatric residency training programs are invited to nominate one resident per program for the American Psychiatric Leadership Fellowship. The two-year program is designed to develop future leaders in psychiatry. During this time fellows will participate in a component of the APA governance structure, attend APA Annual Meetings, and receive leadership training.

Psychiatric residents are eligible if they are in their PGY 2 year of psychiatric residency at the time of nomination (or PGY 3 of a five-year program), are APA members, or have applied for membership, and have passed all national or state board exams needed for full state licensure. The deadline for nominations is January 15.

Links:

<http://www.psych.org/share/OMNA/psychiatric-leadership-fellowship.aspx>

### **Legal Information and Consultation Plan Available to APA Members**

The American Psychiatric Association Legal Information and Consultation Plan is available exclusively to psychiatrists who are APA members. For a separate fee, members can obtain practice related legal consultation on managed care contracts, subpoenas, HITECH amendments to HIPAA, malpractice, risk management, and third-party reimbursement. (This service is not available to residents of North Carolina.) Members who enroll by January 1, 2011 may deduct \$25 from the Plan fee.

Links:

<http://www.psych.org/Resources/Membership/APA-Legal-Information-Consultation-Plan.aspx?FT=.pdf>



# Council Highlights:

## November and December 2010

by: Marcy Forgey, M.D., Secretary



### **November Council Meeting:**

The Executive Council met at Café Bizou for the November 2010 meeting, which was called to order by Dr. Moreno at 6:56pm.

Dr. Moreno reported that the SCPS position statement about Proposition 19 was posted on our website as well as Twitter and Facebook. She also reported that NAMI/SCPS t-shirts are being developed to be worn at the annual NAMI Walks and will be available for the price of \$15. SCPS also collaborated with NAMI in writing an advocacy letter to Dr. Stephen Mayberg in support of early intervention funding by the MHSA.

The Council voted to create a formal Compensation Committee made up of the Immediate Past President, President, President-Elect, Treasurer, and Treasurer-Elect as well as any Presidential appointees. The goal of this committee is to deal with staff compensation and benefit issues.

Dr. Moreno reported that she is hoping to include some new contributions in the newsletter and the idea of the development of a Newsletter Committee to be explored further at future meetings was mentioned. The possibility of exploring Group Medical Insurance for Members was also discussed.

Dr. Schaepper reported on the Women's Committee High Tea held in October. Speakers were very well received and the mentorship program is off to a good start. The next Women's Committee meeting will be held on December 14 with plans for another Tea in the Spring. She also reported that the Nominating Committee has been working hard putting together a slate of officer candidates for next year and several outstanding candidates have accepted nominations.

Dr. Lawrence reported that we have collected more dues income this year. The Council discussed ways to bring in more revenue as advertisement revenue is less than in the past.

A motion was passed to that the Website Committee draw up a report with plans to develop an opt-out public directory. The report would consider technical, legal, and other issues and the Committee would bring it back to Council in 90 days. The Website Committee will also investigate the feasibility of the use of online Paypal or Credit Cards to pay for membership or other payments.

Special guest speaker Dr. Maria Lymberis came to speak about the Psychiatric Research and Education Foundation (PER). She reported that they will be having a fundraiser on Thursday, April 7 at UCLA. They will be showing a film, "Mahler on the Couch," to fund further research on the improvement of treatment of the mentally ill in the criminal justice system. She asked the Council for input on ways to improve attendance at the event and requested that information be sent out to members regarding the event.

The Program Committee showed a sample brochure for the Psychopharm meeting to be held at the Olympic Collection on Saturday, January 29, including 5 prominent speakers in the field.

Dr. Shaner presented 5 action papers coming from the CPA to be presented to the APA Assembly. The papers included the following action items: 1) request that funding from APA be granted to needy district branches to help them work to protect states from non-psychiatric professionals obtaining rights in psychiatric scope of practice; 2) recommendation that APA take a formal position to not allow for patient review to be included in maintenance of certification procedures; 3) development of a standing APA committee to identify early attempts by non-psychiatrists to gain prescribing privileges; 4) proposal that Conflict of Interest requirements be based solely on transparent disclosure of conflicts; 5) recommendation the MIT reps be re-invited to serve in the APA Assembly.

The Legislative report included discussion of the California budget crisis and proposed cuts to mental health and AB 3632 as well as the need to re-educate the new members, which comprise over 1/3 of the legislature. Randall Hagar will be meeting with members of the transition team for Governor-Elect Brown.

Dr. Fogelson and Ms. Thelen reported that the Council will not be able to return to Café Bizou for upcoming meetings due to their requirement of a 20 person minimum. The December meeting will be held at Billingsley's as the Council explores options for an alternative venue.

Dr. Moreno adjourned the meeting at 9:48pm.

### **December Council Meeting:**

The December Council meeting took place at Billingsley's. Dr. Moreno called the meeting to order at 7:08pm.

Council meeting location options were discussed due to the inability to return to Café Bizou. Options discussed included exploring the Daily Grill or possibly staying at Billingsley's. The Council voted on a t-shirt design, created by Mr. Thelen for the NAMI/SCPS t-shirt to be worn at NAMI Walks. The price should be around \$15 depending on the volume purchased.

The Council chose the date of April 16 for the 2011 Awards and Installation Event. The Awards and Installation Committee will discuss location, time, and program and report to Council.

The Website Committee Update include discussion about including an article to update members about media technology and a motion was passed to have Ms. Thelen explore with the district branches to see how they developed and manage their public directories.

Members were reminded about the upcoming APA Advocacy Days from April 11-13 and ongoing discussion was held about the development of a Newsletter Committee.

Dr. Schaepper reported that the Nomination Committee is busy finalizing the slate of officers for the upcoming election and continue to make progress with many excellent candidates. She also gave an update on recent changes to the duty hour regulations for residency programs. Many programs are implementing shift work and night float systems in order to accommodate the new regulations, which are stricter than the previous ones.

There were no significant changes in the Treasurer's report compared to November.

The Program Committee again shared copies of the brochure for upcoming January 29 Psychopharmacology Update.

In the APA Assembly report, Dr. Shaner reported that while overall membership is down, the dues are stable. APA is expecting that the upcoming DSM V will be very revenue generating. The submitted paper opposing patient surveys in maintenance of certification requirements was accepted for 360 review.

In the Public Psychiatry Report, Dr. Shaner brought up the issue of seclusion and restraint. SB 130 suggests that seclusion and restraint is never therapeutic, although an APA position paper suggests otherwise and may be modified. This issue has come to the forefront as these conditions are unsafe for workers and a nurse was killed as a result. He reported that another roundtable on depot medications will be held. A discussion was held regarding a local event on LPS authorization, seclusion, and restraint.

Special guest speaker Dr. Elizabeth Galton from the Board of the Proxy Parent Foundation (a non-profit organization which manages funds for mentally ill persons and also provides them with personal support) attended the meeting. She is planning to form a new committee that would assist mentally ill persons who inherit money from the passing of a parent to not lose services. She requested individuals to join her and volunteered to write an ar-

ticle for the newsletter.

In the Legislative Report, Dr. Thurston reported that parity is now being incorporated into the mainstream insurance industry and psychiatric patients should be eligible for rehab services. On the state level, there won't be much action until January. The state continues with a severe budget crisis. The elections of Dr. Richard Pan, a pediatrician from UC Davis, and Dr. Linda Halderman, a surgeon, to the legislature will be good for the practice of medicine.

The Council voted to grant LAC-USC residency \$500 for their retreat in 2011.

The Council will return to Billingsley's for the January meeting.

The meeting was adjourned at 9:26pm.

#### PER EXCELLENCE IN PSYCHIATRIC EDUCATION AWARD

The PER Foundation has established THE PER EXCELLENCE IN PSYCHIATRIC EDUCATION AWARD to annually recognize outstanding achievements by psychiatric residents during their training. The award was established to honor both the mentoring training program and the resident for his/her exceptional work. Each general psychiatry residency training director in the SCPS region may nominate one resident from their program that excels in any of the following areas: research, teaching and education, community involvement, or patient care. Nominations will be reviewed by the PER awards committee to choose the recipient of the award. Certificates will be presented to both the winning resident and the sponsoring training program at the annual SCPS Installation of Officers and Awards Ceremony. The award is accompanied by a \$500 honorarium to the recipient resident.

# CLASSIFIEDS

## POSITIONS AVAILABLE

**Job Announcement**  
Part-time position (16-20 hours) for one or two psychiatrists to join Tarzana Treatment Centers' staff in the San Fernando Valley. Familiarity with both addiction and HIV preferred. Flexible hours but set schedule needed. 8 hours residential, 8 hours outpatient mental health and possibly 4 hours on inpt detox unit. Also, child psychiatrist needed for our Lancaster site one day a week. Contact Dr. Ken Bachrach at 818-654-3806 or [kbachrach@tarzanatc.org](mailto:kbachrach@tarzanatc.org) for more information.

## SPACE AVAILABLE

**Westwood/WLA - Really lovely office with window in a two office suite. Charming courtyard building in an ideal location with ample parking. Available full or part-time; please contact Daniel Kupper, PhD; [daniel.kupper@roadrunner.com](mailto:daniel.kupper@roadrunner.com)**

## SPACE AVAILABLE

**Large windowed office in Tarzana in large psychiatric suite, with three other psychiatrists. Small kitchen, full light system, sound proofed and secretarial space. Possibility for referrals. rate is negotiable. call Oscar Pakier, MD at (818) 774-0939**

ALL EDITORIAL MATERIALS TO BE CONSIDERED FOR PUBLICATION IN THE NEWSLETTER MUST BE RECEIVED BY SCPS NO LATER THAN THE 5TH OF THE PRECEDING MONTH. NO AUGUST PUBLICATION. ALL PAID ADVERTISEMENTS AND PRESS RELEASES MUST BE RECEIVED NO LATER THAN THE 5TH OF THE PRECEDING MONTH.

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