Southern California

# PSYCHIATRIST

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*President's Column*

# Inaugural Column on the APA Annual Meeting in New York

David Fogelson, M.D.

I have begun my tenure as your President and a member of the California Psychiatric Association (CPA) Executive Council. As a member of the CPA Council I am learning about the lobbying efforts of our organization in Sacramento. These efforts are impressive. Please see my column in the next issue of the CPA newsletter which reviews our lobbying efforts on behalf of our patients and colleagues.

I am dedicating the remainder of my inaugural column to reviewing my experience at the APA annual meeting. I hope by doing so I can show you the wide breadth of advocacy, education, and networking the APA provides to us as members. Please see an excellent power point presentation on this topic at http://socalpsych.org/About-APA-PowerPoint-2014.pdf

I am writing this as I am about to land in New York. I have traveled here for the 167th annual meeting of the American Psychiatric Association. The syllabus is a daunting 209 pages long. I wish I could attend every workshop, lecture, symposium, new research presentation, and special event.

As I arrive at my apartment at 38th and 2nd Avenue, with a fabulous view of Freedom Tower and the Williamsburg Bridge, I switched on the Kings game. What a great harbinger for a successful APA meeting, as I watched the Kings score with seven seconds left in regulation time and then go on to win in over time. Thrilling! Sunday morning was crisp with a brisk breeze. Before registering I encountered the Five Boroughs Bike Tour. Last year at the APA I encountered the Bay to Breakers run. These sporting events gave the beginning of the APA meeting excellent energy.

This energy is invigorating the beginning of my term as your President. As many of you know I come from an academic and private practice world. One of my first goals as your President is to become conversant with the needs of all our members, members in health maintenance organizations, in managed care settings, in state and community settings, in residency training, in the penal system, and in forensic settings. Please let me know who I have omitted. I am also determined to become more conversant with the needs of all our patients.

My first stop at the APA was an orientation for new Presidents and Presidents elect. I was joined by Heather Silverman, our President elect and by Mindi Thelen, our Executive Director. The meeting was dedicated to preparing us to best serve our district branches (DB)

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and state associations. The legal and ethical duties of district branch officers were reviewed by Colleen Coyle, APA legal counsel. Ms. Coyle gave an outstanding presentation. She is an example of the high caliber of the staff working for us in Washington.

Ms. Coyle explained that we must follow IRS rules for a membership corporation, in our case a 501C6 corporation. She explained that it was our duty to keep our DB true to its mission, safeguard its assets, ensure adequate resources, monitor and strengthen the DB's programs, and enhance the public image of the DB. She explained that as officers we are fiduciaries responsible for the execution of duties for the DB: duty of care, duty of loyalty, and duty of obedience. Duty of care requires that we use common sense and informed judgment, consult with experts, always do what is in the best interest of the DB, and must be honest and fair. Duty of loyalty requires that we manage conflict of interests related to our employment, family, pharma, and personal values. We are required to put the district branch first. Our conflicts must be transparent, not non-existent. Duty or obedience requires that we obey rules, meet deadlines, follow ethical rules, and speak thoughtfully. I pledge to you that I will, to the best of my ability, carry out all these duties on your behalf.

Terry Swetnam, CFO of the APA, tswetnam@psych.org, told us that we are tasked with ensuring adequate financial reserves, which includes large enough reserves set aside for a crisis situation. We are tasked with establishing a stable operating budget. I am happy to report that our DB meets all these requirements due to the excellent job performed by our treasurers and executive director. We have reserved the equivalent of a one year operating budget.

In investing these assets we must follow the 'Prudent Investor Rule':

*A guideline that requires a fiduciary to invest trust assets as if they were his own. The managing investor should consider the needs of the trust's beneficiaries, the provision of regular income, and the preservation of trust assets and should avoid investments that are excessively risky. The prudent investor rule states that the decision-making process must follow certain guidelines, even if the final result does not satisfy the original intent.*

I learned that we carry insurance: for events, directors and officers, general liability, professional liability, fiduciary, workers comp, fraud, travel, media, etc. In order to prevent fraud we conduct monthly reconciliations, and require two signatures on checks. Our treasurer reviews all check writing and bank reconciliations; we have two sets of eyes on all these functions. For those of you irresistibly eager to learn more about the governance and good practices for professional organizations I refer you to the: association of executive directors, www.asaecenter.org, www.boardsource.org www.c4npr.org

Our next agenda item was membership recruitment and retention which I will review later in this article.

Howard Goldman M.D., of the University of Maryland, explained that ACA and integrated care toolkits will be provided to district branches. The office of health care systems and financing will make them available.

Kristin Kroeger Ptakowski, our chief of policy, programs, and partnerships gave us an Advocacy Update. She explained that we have an outstanding partner and advocate in representative Tim Murphy (R-PA). He was instrumental in reforms of how the Federal government funds and administers mental health initiatives. He provided powerful comments on the CMS rule to eliminate protected status of antidepressants and antipsychotics under Medicare part D which in part due to his efforts was defeated. Ms. Ptakowski plans to broaden and increase the scope of participation of DB's in the annual Advocacy leadership conference, which is one of our major lobbying efforts on Capitol Hill.

I hope my reportage begins to show you the value of your membership in the APA. After this thorough orientation I attended the opening session which featured a lively discussion between Eric Kandel, Alan Alda, and Jeff Lieberman. Dr. Lieberman began with a passionate speech:

Dr. Lieberman shared that he had a rewarding year as President. He credits the APA with significant accom-

plishments; the launch of DSM 5, now on the Amazon best seller list; tackling health care reform and supporting the affordable care act (ACA) and parity and family's in crisis. He described how Patrick Kennedy has supported our initiatives; the honorable Mr. Kennedy is the most visible and eloquent spokes person on Mental Health and SUD. During Lieberman's tenure medicare reimbursement increased; the APA dealt adroitly with episodes of violence by people with mental health disorders; Paul Applebaum represented the APA on issues of violence to the White House; APA has been an effective watch dog for parity; assessing diversity and making recommendations to ameliorate under representation by minorities; He described the development of a work group to retain ECPs, including hiring of John Fannon to address their needs.

Dr. Lieberman then turned his eyes to the future of psychiatry. He proposes that we are at the nexus of health care reform; we are poised to remove stigma, we will better educate the public about what we do and what is mental illness; we will return to the house of medicine; we will have new and powerful diagnostic tools; a strong voice in the political arena; we will be in the game; biomedical research will benefit psychiatry; we will work hand and glove with NIH and NIDA.

Dr. Lieberman proposed that we need to support research into the consequences of marihuana on young brains; we need to continuously revise the DSM 5 to insure that it becomes a living resource for our profession; we need to insure mental health coverage for all; training programs will change to reflect our foundation in neuroscience; psychiatry will be seen as a gateway to not only mental health but to health; the APA will more effectively represent us and our patients; and we will remove the stigma associated with psychiatry and mental illness as well as the ignorance of what we do.

Later in the day I attended a Presidential symposium reviewing new research in the areas of psychotherapy, schizophrenia, neuro-imaging, and the application of translational research in the development of oncology medication to mental illnesses. You read the oncology correctly! More to follow. I thought the review of psychotherapy research was the most compelling.

Dr. Glenn Gabbard presented the talk about psychotherapy. He noted that synapses double and triple when a sea aplysia learns; He proposed that a similar process occurs in humans during psychotherapy. He noted 11 studies of dynamic therapy demonstrating normalization of midbrain, limbic and prefrontal cortical (PFC) activity which was associated with improved outcomes; He noted that psychotherapy changed brain regions that paroxetine did not change and increased 5ht1a receptor density as did fluoxetine; however psychotherapy increased the binding capacity while fluoxetine did not. He said it is enormously encouraging that we can demonstrate that psychological treatment may treat basic underlying pathology related to neurobiological mechanisms. Another example is that the PFC when activated by self directed regulation of emotional response; e.g. in tourettes, the self-activated suppression of tics was noted to induced larger volumes of PFC and fewer symptoms. He then reviewed the literature demonstrating efficacy for structured psychotherapies in the treatment of Borderline Personality Disorder, Mood Disorders, and more.

Kevin Carter, UCD, reviewed his FMRI data suggesting that in schizophrenia the inability to show an emotional response to others when remembering an experience is related to under activation of the PFC, striatum and limbic areas. Cognitive training can improve cognition and normalize FMRI responses in schizophrenia. Perhaps there is a way to train patients to activate a more normal response.

Sander Markx, from the clinic for translational research at Columbia said we desperately need medications with new mechanisms of action. Taking a page from drug development advances in oncology treatment, he noted that there is extensive genetic overlap of unique mutations between multiple pathologies in general medicine. Targeting these mutations has led to breakthrough cancer treatments. Why not in mental illness?

The highlight of the next day was Joe Biden's Speech. He received a rousing introduction by Patrick Kennedy as 18,000 psychiatrists listened in person or by a video link. He said he was committed to enforcing the parity act. He praised us for our commitment to neuroscience and for our passionate care that is life saving for so many of our patients. He said we underestimate the comfort we provide to our patients and our families. He gave the metaphor provided by his college roomate who is a successful and self assured businessman: while in tears, his

friend told him his own son had mental illness. He was frightened. He was a big powerful guy. He looked at Vice President Biden and said, “Joe, I dont know what to do. My son is at the end of his string in outer space. I am afraid if I tug too hard it will break and I will lose him forever.” Vice President Biden said, “Too many know that feeling as they worry about a loved one and losing that person forever. You give hope that they are not alone. You provide the expertise that helps them reel back in that fragile string.”

The next highlight of the meeting was the DB membership chairs session. It was hosted by:

Susan Kuper, APA membership director & Louise Martin, APA associate director, membership development, 703-907-7367 or 888-357-7924 x7367; lmartin@psych.org

They shared a strategy to enhance member recruitment and retention. This included Identifying young psychiatrists who will network with their non-member colleagues and share the benefits of the APA. Other recommendations included contacting residency directors and obtaining a list of emails of recent graduates over the past several years and mailing them a brochure about the benefits of APA membership. It was suggested that I visit residency programs and give a presentation to residents. I plan to do so. Please help us recruit members by sharing this link with non-members:
http://socalpsych.org/About-APA-PowerPoint-2014.pdf

Developing a national neuroscience curriculum was presented by:

David Ross, associate program director Yale, Melissa Arbuckle, associate director at Columbia, and
Dr. Michael Travis, director at University of Pittsburgh.

This is an exciting initiative that will prove pivotal in placing us back in the house of medicine, a primary goal of Dr. Lieberman.

Three outstanding links were provided for anyone wishing to better root themselves in the neuroscience of our work:

Genes to cognition website, see www.g2conline.org, The 3D brain app, download from App Store. A must download! www.nncionline.org national neuroscience curriculum initiative website

I look forward to my year as your President and providing you with timely updates of how your society works for you.

# Letter from the Editor

## Taylor's Not Old

Colleen Copelan, M.D.

Last night, my husband and I went to a James Taylor concert at the Santa Barbara Bowl. While waiting for parking, I couldn't help but notice all the old people streaming into the bowl.

But wait. They're not that old! Even James Taylor, whose career I've followed for forty years is not that old. And neither am I!

As proved by this sold-out concert at the bowl in Santa Barbara. There was no sterile repetition in his well-known repertoire. He did everything with new energy and enjoyment. Knock out rendition of “Country Road.” Overall great performance! That's what keeps him young.

Me too, and all of us.  We do the same repertoire everyday but let's renew it with fresh energy and enjoyment.

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**www.psychiatristjobs.la**

The Women's Committee held another successful brunch on Saturday, May 17th at the lovely home of Sheryl Kataoka-Endo, M.D. We were honored to have Elyn Saks as the guest speaker. Elyn talked about her hsitory with schizophrenia and also addresses mental health policy issues. Here are some photos from the event.

# Council Highlights
# May 15, 2014

Erick Cheung, M.D., *Secretary*

7:05 AM meeting called to order by Dr. Fogelson.

Minutes from the 3/13/14 meeting were approved.

President's Report (Dr. Fogelson): New Council members were introduced. Council was provided with a brief overview of the APA/SCPS organizational structure. Council was advised of the legal responsibilities of SCPS board members. Announcements: Mary Read, MD was appointed as state legislative representative. Steve Soldinger MD was appointed as federal legislative representative. Robert Dasher MD, Joseph Simpson MD, and Eric Levander MD will be nominated for Distinguished APA Fellowship.

The next Council meeting will begin at 6:30PM on June 12. It will be a joint meeting together with NAMI representatives, any agenda items may be sent in advance to Dr. Silverman.

Membership recruitment and retention strategies were discussed. Early recruitment is important for retention. Dr. Fogelman and Dr. Furuta expressed interest in meeting with each residency program to recruit new trainees. There are longstanding difficulties of finding a way to communicate to residents about the value of the APA/SCPS organization. It was suggested that the organization focus on developing a way to communicate hot topics and issues in a way that is relevant for residents. There was discussion about the feasibility of contacting residency directors to get a list of recent graduates.

Nominations were solicited for Warren Williams and Ed Rudin Awards. It was discussed that SCPS does not have the resources to assist with a request from Antelope Valley NAMI for help with psychiatrist recruitment strategies.

A motion was made, seconded, and approved by to Council to commit to a 5-year lease for the current SCPS office.

Assembly Report (Dr. Gross): It was clarified that the APA Assembly functions as a consensus advisory

board. Relevant actions papers at recent Assembly meeting were reviewed, including: implementation of DSM V, reinstatement of industry sponsored symposium (did not pass). A detailed review of APA Assembly activities will be disseminated by email.

Membership Report: The following individuals were recommended for approval to join APA membership: Mirza Baig, MD; Renuka Kharkar MD; Tinh Luong MD; Cole Marta MD; Jolene Sawyer MD, Ingrid Dombrower MD; Jerrold Parrish MD. A motion was made to accept the membership committee's recommendations, seconded, and approved.

Treasurer's Report (Dr. Red): A review of current financial status of the organization was presented. Motion was made, seconded, and approved to accept the treasurer's report.

Legislative Report (Dr. Read): Dr. Fogelson and Dr. Soldinger expanded on the issues related to MICRA and the potential negative impact on physician malpractice costs.

New Business: A motion was made to revise the Council conflict of interest procedures, specifically print only one copy of the COI form (rather than individual forms) and circulate it during the meeting. The motion was seconded, and approved by Council.

Old Business: none

The meeting was adjourned by Dr. Fogelson at 8:49PM.

Important Things to Watch for:

Meeting on MOC sometime in October.

Meeting on Healthcare Reform sometime in the fall.

CPA Annual Meeting in Yosemite October 10-12, 2014.

LA NAMIWalk in Downtown LA on October 11th.

Video of the first Art of Psychiatric Medicine Committee - soon to be released!

Annual Psychopharmacology Update Saturday, January 31, 2015.

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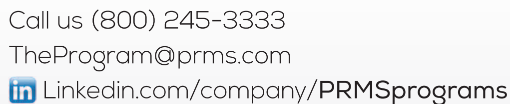


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# "We Do It All For You": a Quasi-Insurance Approach to Professional Wills, Wonts and Won'ts.

**Steven Frankel, Ph.D., J.D.**[i]

Welcome to the fourth and final article on ways to address the problem of preparing for unanticipated disruptions or terminations of practice due to death or disability. In this article, I address a most efficient and effective way of approaching the problem – an approach which has developed as a result of the view that, given the enormity of the task, colleagues need considerable support in order to fulfill the legal/ethical responsibility to prepare for the transitioning of practices when colleagues die or become disabled – a quasi-insurance approach. Currently all medical malpractice insurance companies are focused on "risk management" or "prevention." The program I write about in this article and its options are risk prevention tools for the new world order where people continue to function into what used to be called "advanced age".

Insurance plans typically respond with funds or funded services when a condition which is covered by a policy occurs. The quasi-insurance approach to the problem of dealing with sudden disruptions of practices goes a step further, in that it funds an annual visit with a psychiatrist-colleague with at least 20 years of practice experience, who has been trained to assess practices and to facilitate transitions when the time comes for transition services. That colleague is termed a "Transition Specialist" ("TS").

**Subscription Services:**

When a practitioner subscribes to the quasi-insurance program s/he becomes a subscriber and a TS is paid to make annual visits to the subscriber's practice to assist with ensuring that patients have been advised of the subscriber's involvement with the program, that proper releases have been signed by each and every patient, providing for the TS to review charts, talk with patients when transition services are rendered, and to refer the patients for continuing care with a psychiatrist in the community – and referral priority is given to other subscribers, thus providing a way to increase the practice value of subscribers.

During the annual visits, the TS reviews the condition of the records of treatment, including medication records, and apprises the quasi-insurance company of any support needs that a subscriber might have (e.g., record-keeping, medication prescriptions/records, etc). TSs also have authority, per the quasi-insurance company's planning, to prescribe limited medications for patients who may short or out of medications at the time of an "event," which will carry the patient through the time needed to transition to another provider of continuing care.

If the subscriber employs one or more office staff members, those staff members will be provided with a Manual created by the quasi-insurance company that provides for all of the "heavy lifting" needs discussed in prior articles, such as where furnishing and furniture should be transported, how to take care of funds, billables, receivables, telephone and electronics (computers), record storage, etc. If the subscriber does not employ such staff, a trained "office temp" who is familiar with similar manuals may be assigned to the practice to carry out those same functions.

By following these procedures, the TS and office staff or temp collaborate to transition the practice with maximum efficiency and care for patients, colleagues and the families of subscribers.

Finally, since subscribers' practices have been vetted by TSs, they are eligible to receive patient referrals when other subscribers cease to practice.

**Emergency Services:**

In addition to the subscription services for planning and implementing the practice transition, the company also provides an emergency service for practitioners who have not subscribed or planned ahead. This emergency service also makes use of paid TSs and office staff/temps, armed with a court order signed by a probate judge, when necessary, to contact the affected colleague's family or personal legal representative and then to provide all of the services described above.[ii]

**Opportunities for Subscribers to Become TSs:**

One of the features of the Quasi-Insurance approach lies in the possibility that a subscriber can become a TS. Subscribers who see the helpfulness and compassion of the quasi-insurance model may, given that they have been in practice for at least 20 years, become TSs by taking the training and learning from how their own practices have been assessed and supported by subscribing, assist other professionals who are interested in preparing for unanticipated disruptions of practice.

**Time Commitments for TSs:**

TSs who work with subscribers typically put in one 4-6 hour visit to each TS's practice per year. When an "event" occurs, if it falls after the first year or two of TS visits, the TS's responsibilities are less demanding, in that the patients have already been advised as to their follow-up treater and have already signed releases such that records can be transferred. TSs might be needed by some patients who are grieving the loss of their subscribing treater, for support during the transition. However the bulk of the work will be under the purview of the office staff or temp. Since we do not contemplate a rash of needs for subscribed practice transitions in any given community, it is not likely that the company's calls to engage a TS will be a very frequently occurring event, and thus the TS's practice and personal life will not likely be disrupted by the call to duty very often. The presence of several trained TSs in a professional community will also allow the frequency of the company's calls to be low and non-disruptive, while the services are, in the words of one of the subscribers, "a god-send."

TSs who are willing to be involved with emergency transitions will be putting in more hours per case than those who work with subscribers. Files will have to be reviewed for appropriate follow-up care, patients will likely need to talk to TSs, to sign releases, review their records, and deal with their grief. Office staff and temps will still cope with the "heavy lifting" described in prior articles, but TSs should count on putting in a week-10 days for emergency practice transitions.

**Administrative Involvement:**

The company has an administrator who is available and accessible to TSs and office staff and temps. The administrator will coordinate the activities of the TSs and office staff and temps, will arrange for court orders when needed, and will have direct interaction with the families of the stricken colleagues. The administrator will be able to support the on-site work of the company's agents at all times.

**Up-sides and Down-sides of the quasi-insurance model:**

The up-side to the quasi-insurance model is that the company does the entire project in ways that care for patients, colleagues and families of practitioners. Those people are safe to grieve their losses and carry on with their lives with minimal disruption or distraction. The feelings of safety and being cared about are priceless, which leads to the down-side of the quasi-insurance model: as with insurance of any sort, payment must be made to the company to secure its services. It should be noted, however, that I have strongly recommended that subscribers purchase term life insurance policies for their colleagues if they us either the partnership or team models, such that payment, in and of itself, is found in all three models. For a full comparison of the models that I have discussed in this series of articles, see Fig. 1

**Conclusion(s):**

Thank you for reading the four articles that have described the problems of practice transition and the various solutions to those problems. The three pathways to manage and address these problems each have their own advantages and disadvantages, and may suit particular individuals differently, depending on their practices, their locations and their life situations. I am most appreciative of the opportunity to address these issues with and for you

Fig. 1

**Summary of Four Models of Preparation for Practice Terminations:**

| **Model:** | Do Nothing | Single Partner | Team | Quasi-Insurance |
|---|---|---|---|---|
| **Intervention:** | Emergency | One TS | 5 TSs | TS, Office Staff |
| **Advantages:** | None | Completion | Completion | Completion |
| **Disadvantages:** | Disruptions | Excessive work | Group Dysfunction | Financial Commitment |

[i] [ii] If you are interested in a closer look at the issues and support systems, you're welcome to contact me via www.practice-legacy.com

[iii] The company's programs have been vetted and endorsed by the second largest psychiatric malpractice insurer in the United States, and the company is actively seeking professionals interested in both subscription services and in becoming TSs.

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