Southern California

PSYCHIATRIST

Volume 62, Number 9 May 2014 Newsletter of the Southern California Psychiatric Society

President's Column

My Year as SCPS President

Steve Soldinger, M.D.

On April 12 we had our awards and installation event. It was well attended and was a wonderful time for all. The award recipients were very well deserved. I want to commend them as well as all the committees and people responsible for choosing those people who were awardees. At this event we said goodbye to last year's Council as we installed the new Officers for the next Council. The Council members this year were of perfect service to our organization as I am sure the next Council will be to Dr. David Fogelson and our organization. We have had a great year in terms of participation by our membership in our Council and leadership. This is evidenced by the increasing numbers of our members who are running for office. This is a very good sign for a healthy growing organization that is becoming vital and of relevance to its members. To that end I note that this year we have started two new committees and a third is in the background. The first is the Volunteerism Committee and the second is the Art of Psychiatric Medicine Committee. The Art Committee had its first event with collages, and there is now a seven minute video that will go live on our website. This will demonstrate to our membership what kind of participation and fun we all had at the event. The theme this year was "membership is its own reward." As we can see the rewards are many. We continue to do all of the other vital business of our organization, as we expand the areas of our involvement with significant areas where we as psychiatrists have interest. We are indeed fortunate to be involved with our organization at a time when relevance is being found and applied in such a thoughtful manner. I can't wait to see how many more new concepts and committees get formed in the future that will carry on this process that we have started.

The American Psychiatric Association convention will take place May third through the eighth in New York. As of now there is a plan for those of us being inducted as either Life Fellows, Distinguish Fellows, or Life Distinguished Fellows to be in a special section in the auditorium on Monday when the Vice President of the United States, Joe Biden will address us. This represents a significant move forward in terms of the way mental health is considered in the United States. That the sitting Vice President of the United States will come and address psychiatrists, and allow us to feel honored, and honor him in this event that represents so much for mental health in our country. I can't thank the Vice President enough for the honor he bestows upon us. I only hope that our profession can serve our country in a way that continues to make us worthy of

(Continued on page 2)

In This Issue...

such prominence. That this is occurring when there is a great shortage of psychiatrists and child psychiatrists in our country hopefully will be the start of gaining the prestige needed to ensure that mental health in the United States continues to be served rather than underserved.

The California Psychiatric Association had its meeting in April. This meeting was very well attended. And we also had our Advocacy Day. During the Advocacy Day I got to meet with representatives of both Fran Pavley's office and of Matt Debabneh's office. They were quite informed as well as informative about mental health. This made it very easy for me to promote our main concepts which relate to mental health parity, the protection of MICRA, as well as the overall relevance of mental health care in the state of California. How lucky we are that we can walk into the seat of government and walk from office to office and be heard by those that affect our legislature. Walking around the grounds of the Capitol building I felt so fortunate to be a citizen of the United States. We live in a world where freedom is not always so easy to have. The freedom that I got to be involved with was awe inspiring. As I stopped to look at the beautiful grounds and realize that I was dealing directly with our state officials I was struck with pride for our country and our way of life. Things may not always be perfect in a political process. We have to realize that there are a lot of stumbles that occur along the course to the future and progress. How amazing is it that the freedoms that we hold dear do actually exist.

In September the California Psychiatric Association will hold it 27th annual convention from the 19th till the 21st. The convention will take place at the Tenaya Lodge, in Yosemite, California. This promises to be a fun and educational time for all of us. I remember spending time in Yosemite when I was in my twenties. The scenery is second to none. Beautiful vistas and true communing with nature is the order of the day. I am looking forward to long hikes and wonderful weather for this special occasion.

Thoughtfulness should be our guide to the future. Whether it is at home or at the office. This concept will serve us well. How many times has the absence of thoughtfulness led to our own undoing? Too many times. That is why I bring this up as a form of mindfulness for our lives that will bring us happiness and fulfillment at home and at work. Perhaps in the future we will have a program dedicated to creating an atmosphere of thoughtfulness, with speakers from around the country. The payoff would be positive in all aspects of our lives.

As I approach the end of my year as president I want to say thank you to all those people who have helped and guided me through this year. The Council members were very successful this year with their leadership and commitment. Our office is amazingly first rate. Mindi Thelen is an excellent example of the consummate district branch director. She is the oil that makes our engine operate at top performance. Tim Thelen is very helpful and is a wonderful compliment to our office. I also wish to commend the past presidents for their counsel. Further I must commend our state leadership and their office. I have grown so much through their constant tutelage. Our national organization has a dedication to help its district branches and at this they do succeed.

It is almost hard to stop writing this column. I have come to find the time writing as a way of taking perspective of my own life as a Psychiatrist. I want to leave you with the following words that reflect my feelings for all of you:

May the road rise up to meet you.
May the wind be always at your back.
May the sun shine warm upon your face;
the rains fall soft upon your fields
and until we meet again,
may God hold you in the palm of His hand.

Advocacy Day

Letter from the Editor

APA 167

Colleen Copelan, M.D.

I'm at the Big Apple. At the 167th Annual Meeting of the American Psychiatric Association.

Great program, great people and great exhibits.

And I took pictures of some famous presidents and near presidents: David Fogelson, Heather Silverman and Joe Biden!

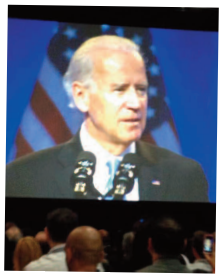
Mr Biden appeared in person but I watched his speech on a big screen across town during a break in the bipolar disorders master course. The Big Apple is not Big Enough to accommodate the Annual Meeting at a single venue.

Patrick Kennedy introduced Biden and both men emphasized the promise of the new federal BRAIN Initiative (Brain Research Through Advancing Innovative Neurotechnologies) and the recent Final Rule on federal PARITY.

As for parity, Biden declared himself “fully aware that enforcement is the key” to actually achieving that promise, and all enforcement is local. Our California Psychiatric Association—with the support of all our members and presidents—is working to ensure that promise. cocopelan@aol.com

President Fogelson

President-elect Silverman



Vice President Biden

Respect

by Walter T. Haessler, M.D.

“I can’t get no respect.”
Rodney Dangerfield

“You came a long way from St. Louis but, baby, you still got a long way to go.”
Bob Russell

I wrote last month about anecdotes — that we all have them; that some of them are real beauties; that they provide an excellent jumping-off point for philosophizing; and that we ought to share them. Seriously, we ought to. And *Southern California Psychiatrist* seems like a good way to do it.

I can’t say that the following two anecdotes are beauties, but they kind of make the same point; and even though the point is not a happy one, I want to share them.

A close friend of ours works as an accountant for a large medical device company. He is fifty-something years old, and is a highly intelligent and thoughtful person. And a cancer survivor.

We are also acquainted with his sister, and the last time we saw him I inquired as to what she was doing — referring, I thought, to her employment situation, which has been changing recently.

As can happen, I got a little more than I bargained for.

It seems that she is in the throes of the break-up of a romantic relationship, and is very depressed. And it seems that she is chronically depressed, and a recovering alcoholic. I didn’t know that. And it seems to him that she has self-defeating traits. (He didn’t say that in so many words, but said the family feels that she tends to go for men

who will predictably not work out in the long run.)

I'm sure we all have experienced this kind of thing in a social setting, and have learned to tread lightly. But I did want to know more. (And wouldn't it have been rather cold to just change the subject at that point?)

So I asked about her treatment. Brother at this point seemed a little tense, and said he was hesitant to tell me about that — thinking I would not like what he had to say. And I didn't.

It seems that for some time her four siblings have been trying to convince her to enter treatment, and she has resisted their efforts, leaving them feeling worried and frustrated. One sister had taken medication for depression, and sent her some, which she may have been taking.

So, based on a ten-minute conversation with a primary relative, here's the situation: a help-resisting, chronically depressed recovering alcoholic with self-defeating traits, and a recent aggravation of depression; taking an unknown medication which had been prescribed for someone else; in unknown doses; for an unknown duration; with unknown adverse effects and unknown drug-drug interactions. And this is a lady with a graduate degree. (Not in pharmacology, praise the Lord!)

I found myself saying perhaps more than I should have, but still don't think I crossed the line, as far as professional ethics or basic kindness.

I said a few things, the first one quite obvious: she needs to see a psychiatrist. Being in a major East Coast city, she could receive top-flight private care. But since she is said to be of limited means, perhaps seeing a psychiatrist through a mental health center makes more sense. Then out popped my favorite suggestion: since the siblings have money, if they chipped in and sent her a few thousand dollars, that would probably fund a private psychiatric evaluation and perhaps a year or so of medication-focused treatment.

I also said, though, that some people are just plain hard to help. They may elicit a rescue response and then frustrate the would-be rescuers. But that doesn't mean they don't need help. So keep at it; do what you can; but remember that it all boils down to her getting herself into the doctor's office.

Perhaps it was stigma, or pride (kind of the same thing, come to think of it) that kept her from seeking psychiatric care. I don't know. But would she have accepted sister's medication for a "real" condition such as arthritis or hypertension? Would sister have offered it? I don't think so.

Then there is this anecdote, involving two colleagues — although *they* don't seem to see *us* as their colleagues. I'll explain.

Drs. Mehmet Oz and Michael Roizen, a heart surgeon and an anesthesiologist, write a syndicated advice column, and I am referring specifically to their column in Riverside's *The Press-Enterprise*, April 11, 2014.

Given the quality of their advice, I can certainly see why they gravitated to medical specialties where they deal with patients who are intubated and asleep. But, sadly, that didn't keep them from writing an advice column.

I quote the question from "Susan D." in Charlotte, NC, in its entirety: "Lately my husband is angry about everything. I tell him it's not good for him, but he won't, or can't, dial it down. Any suggestions?"

The right answer, of course, is the same one I gave to our friend in the first anecdote: he needs to see a psychiatrist.

But Drs. Oz and Roizen did not give that answer. It seems that they don't like to get bogged down in details by inquiring into such minor matters as: the gentleman's medical, psychiatric and family histories; his marital, fam-

ily, work, financial and spiritual situations; his use of alcohol and (legal and illegal) drugs; and all kinds of other little distractions.

What they did, instead, was use 32 lines of print to talk about how anger is bad for your health. (She already knew that, as you can see by reading her question.) Then, 34 more lines were used to present four handy-dandy little anger management tips.

Here they are, in abbreviated form: 1) Have him admit he is angry. (I hate to admit it. but I actually like that one.) 2) Have him count to ten before expressing anger. 3) Have him stop exaggerating and cursing. 4) Have him meditate for ten minutes, twice a day.

There you go, “Susan D.”. That’s all you need to know. Nobody even needs to know what the anger is all about. And nobody cares. See how simple it is? And all this for the price of a daily newspaper.

Disrespect from a resistant would-be patient, and disrespect from colleagues. Which is harder to take? Which is harder to excuse? Which is more dangerous? These are rhetorical questions. We all know the answer.

Here’s a deal I’m ready to strike with Drs. Oz and Roizen: I admit my ignorance about heart surgery and anesthesiology, and agree to not dispense free advice on those subjects to the unwary; and you do the same in regard to psychiatry.

Editor’s Note: Information included in this article has been changed to protect confidentiality.

CALIFORNIA PSYCHIATRIC ASSOCIATION/AREA 6
COUNCIL MEETING MINUTES by David Fogelson, M.D.

Saul Levin, APA medical director introduced himself and showed a video of Representative Tim Murphy of Pennsylvania grilling the CMS representative on removing protected status for antidepressants and antipsychotic medication.

CPA council members introduced themselves.

President's Report Ron Thurston, MD
CCPS has donated $5,000 to CPA and intends to do so annually.
Interim trustee issue: Marc Graf resigned, CPA was asked to send suggestions for a new trustee, APA board appoints the replacement trustee; we sent a slate of prospective candidates. We learned that the interim trustee does not vote; the next full term trustee will be elected by CPA members; the next full term trustee may be a voting member of the board.

President Elect's Report Tim Murphy, MD
Ron Thurston's last council meeting. Suggests we rethink our committees in CPA. Should we strengthen some or eliminate others. A list of committees will be available at the SCPS office for our members to review and make suggestions. Managed care committee will be revived. Rob Burchuk will co-lead this committee. Rob will continue as chair of Judicial Action Committee.
Government affairs, chair will be Tim Murphy. Invites members to bring action proposals to CPA.

APA BUSINESS 1:15 PM

Executive Session Voting members of Council only 20 min
Nominations for Trustee unfilled term

Discussion of board of trustee replacement:
Brenda Jensen, M.D., chair of the committee, solicited nominations from district branches; there were 8 nominations; three were selected; the selection committee focused on APA and CPA leadership experience; Melinda Young, Bob Cabai, Lawrence Gross were selected. Barbara Yates was nominated from the floor; The council voted to not add Barbara Yates name to the nomination slate; The slate will be sent to the APA as selected by the nominating committee.

Speaker's Report Melinda Young, MD Speaker of the Assembly

Enjoyed being speaker. Emphasized the importance of knowing procedural rules. Regional members for the most part do not understand the structure of the APA. Members loved going to "train the trainers." They loved being the trainers. **The next train the trainers will be on the ACA and its implementation. One person per district branch will go and be funded by APA; SCPS needs to select someone to represent us at this meeting. 6/24 Chicago**; The first one was changes in CPT coding and the second one was DSM 5.

Patrick Kennedy spoke last year about parity for mental health care delivery to the assembly. January met with consultants to help guide the assembly executive committee. Dr. Blinder is asking for input on practice guideline for psychiatric evaluations.

Report from Saul Levin, MD APA Medical Director and CEO 5 min

Gave thanks to Mindy Young for her service. Gave thanks to district branch directors**, including our own Mindi Thelen.** Congratulated Renee Binder on her election as President. The ACA and the health care delivery system is changing how psychiatry will be practiced. We need to have a voice in this process. We need to

focus on membership. How do we help our members? We accumulate national collective wisdom on issues germane to psychiatry. We need to make sure that allied health groups of psychiatrists are brought into the APA. Secondly partnerships were discussed: APA administration, board of trustees, assembly and district branches, allied organizations (professional and consumer organizations). Strategic issues: that a psychiatrist should be the head of an integrated team assessing and treating patients. Presented an organizational chart for the APA, divided into six categories: communications; policy, programs, and partnerships; chief operating officer; membership; chief financial officer; and Government Affairs. DSM five has been a success with over 500,000 copies sold, only slowed by the delay in adopting ICD-10. CPA PAC; APA PAC; American Psychiatric Foundation asked for contributions.

John Fanning of the APA spoke about membership; up 3.6% at about 35,000; vehicles, value, and packaging are key to membership recruiting; Websites are vehicles that deliver value; We need to offer value to psychiatrists in all phases of their careers; John explained that most non-affiliated psychiatrists reside in managed health care delivery systems or in governmental service. He said we will attempt to partner with these parent organizations in such a way so that they will encourage membership in the APA. For example we may provide maintenance of certification and licensure in exchange for their encouraging their members to join APA.

Assembly Candidates: Glenn Martin, MD and Bob Batterson, MD for Speaker Elect
Dan Anzia, MD and Stephen Brown, MD for Recorder were present. All four candidates were articulate and gave well organized and thought out presentations.

Action Papers Bart Blinder, MD Area 6 Assembly Representative
Joe Mawhinney, MD Area 6 Assembly Deputy Representative

Shortage of psychiatrists: currently a shortage and a projected shortage; encourage medical students to go into psychiatry; cost $18,000. Determine ways to help psychiatry residents pay for their education as an incentive to go into psychiatry. Devise ways to actively recruit medical students into psychiatry. Council voted to support this concept.

Increasing the number of patients an individual practitioner may prescribe Suboxone for narcotic addiction; cap is currently 100; Dr. Thurston believes APA should work with allied organizations; author did not speak to council on addictions or committee on government relations; council felt the author needed to do more research before presenting paper

Black box warning on antidepressants; lobby FDA to remove warning; reviewed by government affairs committee; warning has done more harm than good; consensus is that this would be a good development in that more prescriptions would be written for patients in need.

DSM 5 paper belated disclosure of COIs; wants a task force to be set up; Dr. Saul Levin says we already have a COI process at the APA, this would be redundant

Maintaining standards in Federal Prisons; Dr. Benson supports this paper; need for more psychiatrists and better leadership standards; addresses scope of practice issues in this arena; Council endorsed this paper; cost will be minimal

Re-institute industry symposia; attendance dipped when they left; meeting evals excellent without them; council did not support this paper. There was concern that industry symposia would drown out unbiased teaching with perks such as expensive dinners and that industry sponsored talks would undercut other APA agenda items.

CPA BUSINESS

Confirmation of Executive Committee Action authorizing oral argument in the
Rea vs. Blue Shield Case

Treasurer's Report William Arroyo, MD
Dr. Arroyo gave the Treasurer's Report.

CMA Request for MICRA Funds; Randall Hagar, Medical Injury Compensation Reform Act; reviewed by Ron

Thurston; cap on non-economic damages is limited to 250K; the trial lawyer supported initiative would remove cap.

C3PH Request for Funds http://cppph.org/, CPPPH is an independent, non-profit California public benefit corporation established in 2009 to develop a comprehensive statewide physician health program so that California does not remain one of the few states without such a resource. It is a collaborative effort funded by many medical organizations including specialty societies, county medical societies, as well as the California Hospital Association and liability carriers and medical groups. It provides consultation, coordination, education and network-building. It promulgates guidelines for physician health service providers and policies and procedures for physician health committees.

CPA Election Report Lila Schmall
The turnout was low. Results have been previously published.

NEW BUSINESS

Date set for Summer Council Meeting. Joint Reference Committee is June 7,
AMA is June 7-11. Possible dates are June 21 and June 28.

GOVERNMENT AFFAIRS Ron Thurston, MD Chair
Randall Hagar Director of Government Affairs

Sponsored bills

Mental Health Parity Budget Act- Hearing in Senate on DMHC Agenda, working with Daryl Steinberg on this issue. He has been an effective advocate. His commitment to this has been aggressive and assertive.

SB 1088 (Yee) – Juvenile Disposition, bill may be revived by Darrel Steinberg; Mr. Steinberg let us know that he would allow another Senator to exceed his 40 bill limit in order to author this bill in place of Senator Yee who was recently forced to resign.

Legislative Report

2014 Bill Highlights

Several Minor Scope of Practice Bills, RNs and optometrists never came back; the pharmacists did come back with a bill to allow them to dispense naloxone; it will be amended so as not to enlarge scope of practice.

Large Number of Access Improvement Bills.

Council Highlights
March 13, 2014
Joseph Simpson, M.D., *Secretary*

April 2014 SCPS Council Meeting Minutes

The meeting was called to order at 7 PM. The minutes from the March meeting were approved. Dr. Soldinger thanked the outgoing board members.

President's Report (Dr. Soldinger): Election results: President-elect - Heather Silverman. Treasurer-elect - Anita Red. Secretary - Eric Chang. Early Career Psychiatrist - Michelle Furuta. Resident and fellow representatives - Devin Stroman and Galya Rees. APA Assembly Representative: Larry Lawrence. San Fernando Valley Councilor - Oscar Pakier, who won a runoff after a tie vote. Ventura Councilor - Vanessa Lauzon. West L.A. Councilor - Curley Bonds.

Train the Trainers: The APA is having a training event in Chicago on June 21st. The subject is the Affordable Care Act. Each district branch can send one person, whose expenses will be paid. The Council will select a council member to go by the next meeting.

Southern California Society for Child and Adolescent Psychiatry joint meeting: Dr. Sheth contacted SCSCAP regarding our concerns about the location of the meeting, the CME, and the limit of the invitation to San Fernando Valley SCPS members. The representatives of SCSCAP did not discuss their budget for the meeting. They were not opposed to a new venue, but SCPS would need to identify it. The Council decided to continue supporting the joint meeting with $250 and CME, with the meeting to be held again at Dr. Arroyo's house. We will expand our invitation to all SCPS members. And we will also remind SCSCAP that we will expect an invitation to recruit new SCPS members at their January annual luncheon.

The Art of Psychiatric Medicine Committee would like to have a poetry event in May and is requesting a budget of $500. Discussion was held. The $500 was approved.

Dr. Duriez is proposing a new film committee. Discussion was held. It was pointed out that the New Center for Psychoanalysis holds regular movie events, showing full films as well as parts of movies with discussion. There could be collaboration between SCPS and the Center. It was requested that Dr. Duriez further elaborate on her plans beyond the initial event (a screening of the documentary *My Name was Bette* with the director) and this will be taken up at the next council meeting.

USC psychiatry program graduation event: a $500 request was received. This was approved.

President-elect's report (Dr. Fogelson): the NAMI joint meeting will be held at the time of the June Council meeting. It was decided to have the meeting at Caffé Roma which will be significantly less expensive than other possibilities and can accommodate 35 people.

The CPA Council meeting was held on April 6. Our area trustee, Mark Graff, resigned. The APA bylaws dictate that APA appoints the new representative; however, they agreed to accept a slate of possible candidates from CPA. Melinda Young, Bob Cabaj, and Larry Gross were recommended to the APA. The APA's new medical director, Saul Levin, presented at the meeting as did the new APA President-elect Renée Binder.

Dr. Levin reported that APA's staff will be restructured so that there will be six executive vice presidents in charge of different aspects of the organization. A half million copies of DSM-5 have already been sold and the sales would probably have been higher if not for the delay in the rollout of ICD-10. Dr. Levin encouraged donations to CPA PAC, APA PAC, and APF. John Fanning, vice president for membership, gave a report as well. There are 35,000 members of APA. The majority of nonmember psychiatrists work in either managed care organizations or government positions. Mr. Fanning suggested that APA needs to provide "carrots" to these organizations to get them to promote membership, such as MOC and MOL (maintenance of licensure).

Furthermore, the digital footprint of APA should be revitalized as a place to network and share ideas; this will start with revamping the APA's website. Our Council discussed whether we should wait on our recruitment efforts and decided not to wait. The question was asked as to what percentage of all psychiatrists in the US are members of APA. This is not a simple question to answer, but it is probably in the neighborhood of 40%.

A total of six action papers were presented by Dr. Blinder, CPA's Assembly Representative. A paper encouraging medical students to choose psychiatry, including by finding ways to help with the costs of medical education was approved. A proposal to increase the number of patients that can be treated with the suboxone by a provider was deferred. No final vote was held on a proposal to remove the black box warning from antidepressants. A proposal to set up a task force on conflict of interest in the development of DSM-5 was not approved. Dr. Levin commented that APA had an excellent conflict of interest process and this would be redundant. A proposal to maintain high standards in the federal prison system was supported. CPA Council did not support a proposal to return pharmaceutical industry symposia to the APA annual meeting.

The Council was reminded about the need to donate to the campaign to defeat the anti-MICRA ballot initiative. The CPA will give $10,000. In New York, which does not have a MICRA-type bill, malpractice rates are 5 to 10 fold higher than in California. CPA will also give $3000 per year to a physician assistance program operated by the independent nonprofit CPPPH, which is trying to bridge the gap left by the closure of the California Medical Board's physician health program.

Dr. Fogelson attended the Advocacy Day after the meeting and accompanied Randall Hagar to meetings with state Senator Lieu as well as the legislative aide for state Representative Bloom. The indictment of State Sen. Yee should not affect any bills as Senate president pro tem Steinberg has agreed to identify a new sponsor for Sen. Yee's bill regarding sentencing in the juvenile justice system.

Membership report was given by Dr. Augustines. Three new resident/fellow members and four new general members were approved. The request by a member for waiver of membership dues was denied.

Treasurer's report was given by Dr. Silverman. Spending for the last fiscal year was almost exactly on budget, over by just $500. The Council voted to file our tax return, and approved the treasurer's report.

Legislative report was given by Dr. Fogelson in place of Dr. Thurston. At the CPA meeting, the committees were discussed and volunteers were asked for. It was requested that district branch Councils endorse members who want to join committees, although this is not a requirement under the bylaws. A list of all CPA committees is going to be e-mailed to all SCPS members so they can decide if they would like to join.

Program committee report was given by Dr. Gales. Because of the easy availability of CME, it is not as much of a draw as it once was. There was a new proposal by Dr. Gales to have speakers go to SCPS regions (SF Valley, South Bay, Inland, etc.) for local talks. This was greeted favorably by the council.

New business: The Central California Psychiatric Society has already pledged a $5000 donation to CPA, which they intend to do on a yearly basis. After discussion, the Council approved a one-time $5000 donation to the CPA which will not be restricted in terms of its use.

Old business: On **April 27** Dr. Soldinger will hold a meeting on surviving the APA annual meeting at his home. The PER event with Dr. Kogan was a great success.

This was the last meeting for Dr. Simpson, outgoing Secretary, and for Dr. Augustines, outgoing San Fernando Valley Councilor and Membership Committee member.

The meeting was adjourned at 9:05 PM.

"T-E-A-M, YAY, TEAM!" The Team Approach to Professional Wills, Wonts and Won'ts.

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

Welcome to the Third 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 more efficient way of approaching the problem, which has developed to help manage the overwhelming set of tasks to be done when a colleague dies or becomes disabled than having one partner at work – the team approach.

Where to start:

The team approach requires that a group of colleagues make an agreement to work together on development and implementation of a management plan in the event of a disruption in one of their practices.[ii] The modal strategy is to form relationship with colleagues who practice in your geographic area, with the specific agenda of assisting each other with a practice transition in the event of an "event." The typical approach is to work with fellow senior colleagues, as practice seniority is associated with a good working knowledge of how practices work, the ways in which records are kept and managed, a familiarity with other psychiatrists who practice in the community, their specialties and other indicia of relevance to being good choices for referrals of one's patients, etc.

The Team Leader:

The selection of the team leader is a critical part of the creation of the team, as the leader's function is to decide on the assignments of team members to the list of tasks that must be managed for the team's work to be successful. This means that the team leader must have a sense of how each member's personal style and particular skill set fits with the tasks to be done, to manage the team members' functioning, and to be sensitive to problem issues that may arise over the course of time. Such problem issues may include life problems or distractions that strike a member of the team from time to time, friction or conflict between one or more members of a team, failures of one or more team members to abide by commitments to do the work of the team, etc.

Team leaders will focus on how the team members are in place in order to manage the crises that develop when any team member has an "event," such that all members focus on performing their assigned tasks for all of each others' practices. Team leaders arrange for meetings of team members on a regular basis, to ensure cooperation, readiness and preparation for "events."

Team leaders are more effective when they consider the variations in the practices of other team members. Thus, while some proportion of the team may engage in a general psychiatry practice, with medication management and psychotherapy, other practices may focus on psychoanalytic treatment, while still others may be primarily medication management in nature. Each style of practice will require team leaders to work with members such that adequate referrals are provided when needed as well as for the differences in referral needs for patients. For example, when a colleague whose practice is primarily devoted to medication management, the team will need to find referral psychiatrists who have medication management openings in their practices and may need to prescribe medications for patients who are low or out of medications when their psychiatrist has an event. Ensuring that such prescription activities are proper within the jurisdiction of the practice falls to the team leader, who should contact the Medical Board in his/her jurisdiction to ensure that such conduct is proper.

Beyond the distribution of practice transition tasks that make a team approach more efficient than a single partnership approach, is the fact that a team that meets and works together is more likely to provide occasions for colleagues to be sensitive to symptoms of possible degenerative neuro-cognitive disorders among team members. Research suggests that at least 10% of colleagues over the age of 65 are likely to develop such disorders, and, as the number of colleagues in that age range increases over the next decade or two, we will be facing significant risk among our colleagues. Thus, the eyes, ears and training of a team of colleagues

may be very helpful as regards sensitivity to the development of symptoms among team members.

The size of teams:

The number of colleagues in geographic proximity to each others' practices will be determinative of team size, as colleagues who practice in small or rural communities will have fewer colleagues close-by than will those who practice in more highly populated areas. Team size will thus, to a great degree, be determined by geography. When possible, teams of 4-5 colleagues appear to be most helpful in making the work efficient and the team effective.

Division of tasks:

The tasks faced by the team are identical to those described in the second article in this series, dealing with the partnership model.

Informed consent:

When a team of colleagues is created, the informed consent discussion and documentation should include an identification of who the team members are, that the team members have agreed to manage the transition of the practice, and that, by signing the informed consent document, patients authorize the team members to view charts and make direct contact with the patients for the purpose of practice transition. One foreseeable problem with this part of the plan is that, especially in "small" communities, there may be patients who, at one time, have received services from one or more of the team members, and refuse to sign a release for that reason. For such patients, an alternative means of providing a referral and transmitting records must be found.

Transition Tasks to be assigned to specific team members:

In the event of an "event," the following tasks must be addressed by a team member:

Notification of patients: The team member's job begins with the notification of patients that an event has occurred. This process is often best done by a team member rather than an office staff member, as psychiatrists are familiar with the grieving process and are best qualified to assist patients with the transition of care during that grieving process.

Making referrals: The team member's responsibilities include referring the patients to a new treater. Ideally, the issue of what will happen in case of an "event" has already been discussed with each patient, with an eye toward who might be the best colleague for each patient to see in the future. These discussions are typically quite beneficial to patients, who appreciate being thought of in protective ways, such that they already know who they will be seeing for future care.

Transfer of records: The team member's responsibilities include ensuring that patient records are forwarded to the new treater, or provided to the patients who request them consistent with the laws of the jurisdiction of the practice.

Office rental: the team member's arrangements should already have been explained to landlords of office buildings, such that provisions for payment of rent, disposal of equipment and furnishings and associated tasks can be completed smoothly.

Family: the families of colleagues going through life transitions will be grieving, and the team member's responsibilities include reassuring families that preparations for transitions have been made and are being implemented properly.

Estate-planning attorney (wills/trusts): the team member should be aware of the identity of the estate-plan-

ning attorney, who, in turn, should have permission to discuss the estate plan and to provide funds for handling practice transitions, as there will be expenses associated with practice transitions.

Accounts payable and receivable: an important part of the transition team member assignments includes information as to billing and payment processes/procedures, such that the team member is able to ensure that bills are paid and collections are received. The team member's name should be known to the banks, such that checks may be written and deposits made.

Telephone: a team member should contact the relevant phone company and arrange to forward calls to the team member's telephone number.

Notices: a team member will place a notice in the local newspaper for two weeks, indicating that the practice is in transition and how to contact the surviving colleague. Further, notice should be provided to licensing boards, insurance companies and professional societies.

Computer access: a team member should be fully knowledgeable as to computer passwords and computer access to information.

Insurance: It is strongly recommended that team members take out term life insurance policies of $10k-$20k (which, at this time in history, are quite inexpensive), to support the team during the transition period, as the amount of time that colleagues will be putting in to assist with the transition can be compensated in this way.

Personal "good-bye" letters: It is a matter of grace and kindness for professionals to leave letters in the charts of all patients – which can then be mailed to each patient, with a simple statement of farewell, of appreciation for having had the opportunity to provide care, and wishes for future benefits from the care provided.

Access to offices: keys, pass-codes, access to files, awareness of staff and their availability – all of these must be available to the team members.

For colleagues who utilize EMR for record-keeping, releases need to be signed by patients to provide access by the team member

Down-sides of the "Team" approach:

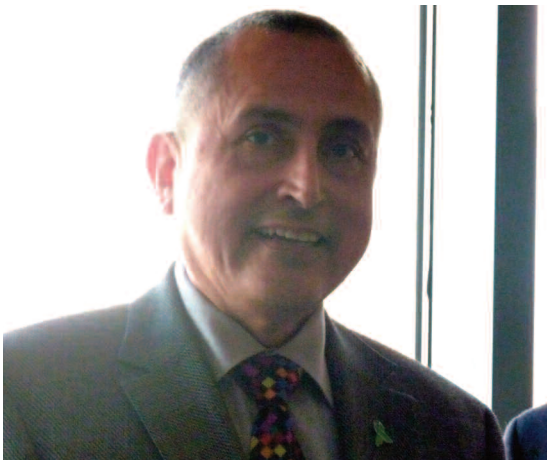
If you are still reading this article and if you have ever worked with a group, you may be coming to realize that the team approach has two significant downsides. First, depending on the geographic area of one's practice, assembling a team may be next to impossible.

Second, a major downside of the Team model is that it is a group, and, as those readers who are familiar with group processes know, groups do not always function smoothly. Disruptions in the lives of group members, conflicts between group members, problematic assignment of transition tasks to group members, problematic management style of group leaders, all can lead to disruptions and ineffectiveness of group process and effectiveness. These difficulties add to the general denial and avoidance that keeps us from developing needed plans.

The next article in this series will present a newly developing model, involving a quasi-insurance approach which assigns a colleague who is trained to be a "Transition Specialist" ("TS") to a "Subscriber's" practice. The TS visits the Subscriber's practice annually, assisting with the planning and management of the practice so as to facilitate practice transition at the time of an "event," and who works with office staff (or "temps," where there are no office staff members already) to effectuate a smooth transition.

[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] See Dr, Ann Steiner's "The Therapist's Professional Will" at www.sfrankelgroup.com

The annual Installation and Awards Ceremony was held on Saturday, April 12, 2014 at Le Merigot Beach Hotel and Spa. Here are photos from the event.



William Arroyo, M.D.

David Fogelson, M.D.

Jacquelyn Green, M.D. and Michael Gales, M.D.

Lawrence Gross, M.D. and Devin Stroman, M.D.

Group of attendees.

Heather Silverman, M.D.

Larry Lawrence, M.D. and Larry Gross, M.D.

Maria Lymberis, M.D.

MIchael Gales, M.D.

Anita Red, M.D. and Elizabeth Galton, M.D.

Steve Soldinger in the crowd.

Samuel Miles, M.D. and Steven Soldinger M.D.

Ronald Thurston, M.D.

CLASSIFIEDS

Positions Available

Tele-Psychiatry & On-Site Opportunities!

Aligned Telehealth, Inc. is a National Behavioral Health Hospitalist and Telemedicine Company delivering high impact Clinical Services to Hospitals in varied clinical settings including Acute Inpatient, C/L, ER and Outpatient settings. Some locations also need clinical oversight as Medical Directors.

Positions are open in the following states: AZ, CA, NV, MI, MT, TX &WA

Board Eligible/Certified Psychiatrists, including Senior Residents and Fellows. Psychiatric NPs and PAs are welcome to apply.

Compensation in Excess of $300,000 per Annum, Attractive Benefits Package, Flexible Hours, Work from Home or Office, Relocation, Sign On Bonus.

Interested candidates please send CV to Mona Karaguozian.
mkaraguozian@alignedth.com O: 818-528-6166 F: 818-707-1311

Visit our website: www.alignedth.com

Opportunity for a psychiatrist to join a growing private practice in Beverly Hills. Our office treats Children, Adolescents and Adults. We also provide services in Addiction Medicine. Hours are based on your convenience. If interested please contact Maria with your CV. maria@bniclinics.com. 310-691-5005

Space Available

Full time psychotherapy office available **Immediately,** near the 10 & 405. Lrg. window, beautiful sunsets, wait room, private exit, individual thermostats, call lights, kitchen, fax, WIFI, nice suite & office mates, great referral sources, Good parking. Call Deborah 310-470-4900.

It's Time to Make the Right Choice!

Life is full of many choices, but making the right one is easier than you think. You need the level of expertise that can be measured by 40 years of experience writing Psychiatric Medical Liability Insurance Policies and providing Risk Management strategies. Why not take advantage of the program offered to you by the most prominent associations, the American Psychiatric Association and the American Academy of Child and Adolescent Psychiatry, who have chosen to be represented by the American Professional Agency, Inc.

AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY
WWW.AACAP.ORG

- ☑ Superior protection provided by Allied World Assurance Company rated "A" (Excellent) by A.M. Best Company
- ☑ Access to a Risk Management Attorney 24 hours daily
- ☑ Individual Customer Service provided by our team of underwriters
- ☑ Telepsychiatry, ECT coverage and Forensic Psychiatric Services are included
- ☑ Interest-Free Quarterly Payments / Credit Cards accepted
- ☑ Many Discounts including Claims-Free, New Business and No Surcharge for claims *
- ☑ Great Low Rates
- ☑ Years in the previous APA-endorsed Psychiatry program count towards tail coverage on our policy
- ☑ Fire Damage Legal Liability and Medical Payment coverage included

American Professional Agency, Inc.
www.APAmalpractice.com
(877) 740-1777

* Subject to State Approval

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.

SCPS website address: www.socalpsych.org

Southern California PSYCHIATRIST, (ISSN #10476334), is published monthly, except August by the Southern California Psychiatric Society, 2999 Overland Ave., Suite 208, Los Angeles, CA 90064, (310) 815-3650, FAX (310) 815-3650.

POSTMASTER: Send address changes to Southern California PSYCHIATRIST, Southern California Psychiatric Society, 2999 Overland Ave., Suite 208, Los Angeles, CA 90064.