



**West Hudson Psychiatric Society**  
of the American Psychiatric Association  
*serving Rockland, Orange, Sullivan & Delaware Counties*



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# eSynapse

January 2014

## Editor's Comments

James Flax, MD, MPH, DFAPA

THANK YOU to all those who have contributed to this issue of eSynapse! Please scroll through everything below as there are many items you will find interesting and useful throughout.

You will find a synopsis of our meetings, events and NYSPA meetings so all readers will have an idea of district branch business. But, it's only a synopsis. You have **got to come** to a meeting to appreciate the rich discussions. **PLEASE JOIN US March 7<sup>th</sup> @ 12 Noon** for the Executive Council meeting open to all.

I comment on changes in access to care and a local response, Dr. Tobe has written of local issues of interest to all members, Dr. Abdullah has again sent us a new article in his long line of historical articles & erudite observations on aging. There are a variety of ads at the end of this issue for jobs, offices for rent in Rockland, Depression Support Groups, research subjects at NKI, and malpractice insurance that may interest you. Please scroll all the way to the end to see it all. And, if you are not receiving the MSSNY eNews, here's a link where you can read about issues of interest to all of medicine in New York State: <http://www.mssny.org>.

### **Membership Announcements:**

1. Congratulations to our President Dr. Russ Tobe on the birth of his first born child.
2. Congratulations to our long-standing member Dr. Saleem Ahmad on the birth of his 1st grandchild
3. Congratulations to Dr. Lois Kroplick for being awarded Physician of the Year for 2014 by the NY State Osteopathic Society.
4. The APA Board has approved Kalu N Agwu M.D. and Pe Shein Wynn MD MPH to Fellow in our District Branch:

**Half of Psychiatrists Reject Private and Federal Insurance, Preferring Cash. Researchers Warn that Just When the Need for Mental Health Services is Recognized on a National Level, Access to Help is Declining at an Alarming Rate.**

You may have heard of the new study in JAMA Psychiatry, led by researchers at Weill Cornell Medical College. The study found that outpatient psychiatrists increasingly refuse to accept Medicare and Medicaid, or even private insurance, as payment. (The study did not include psychiatric outpatient clinics linked to hospitals or large medical centers). Locally, the services at the Rockland County Department of Mental Health are shrinking, leaving all those patients with Medicare, Medicaid and private insurance trying to find care in the private sector. The percentage of outpatient psychiatrists that accept Medicare or private insurance has declined to about half and acceptance of Medicaid has declined to about 40%. This suggests that unless those in need of help have deep pockets, they might have a hard time finding a psychiatrist that will provide the needed services. Based on my subjective experience, this is very true in our area. At the same time that insurance benefits for mental health care are being expanded, the number of psychiatrists nationally is declining.

I, like many Rockland psychiatrists, have opted out of Medicare and do not accept Medicaid, or any other insurance. The reasons are numerous and include bureaucratic oversight, lower reimbursements, time-consuming paperwork, etc. Based on the calls to the WHPS information service, more psychiatrists in office practice are following the same business strategy that I have. Many callers say they are finding it impossible to find a psychiatrist covered by their insurance. Many say it's common to never even get a return phone call after leaving a message asking for an appointment. (Not returning calls in a timely manner reflects badly on our profession). I suspect the same problem is common across the country. I review charts for disability insurance and see similar problems everywhere. A niece in Minnesota recently had a psychiatric crisis and had difficulty finding timely and competent care.

We can't change the insurance rules or the economics that drive our business and care decisions. What we, as a district branch, can do is provide useful information to the public on where to search for care that is affordable to them and specific to their needs. We've done this in the past with our Information Brochure, now out of date, yet still available on our website. We are actively updating it now. I urge you to respond to a solicitation to provide your information and/or the information of any clinic you are associated with. This will be collated and then made available to the public through our information phone line and on the web. This is one local way to combat the declining access to care. Please participate.

**LIST-SERV**

I have written in previous issues about the creation of a **list-serv** where a member can notify the entire list of a patient needing care, their requirements (location, insurance, expertise, etc) and any one who is a member of the list can reply (on or off list) if they have an opening. Before his death this past fall, Ivan Goldberg, MD (of Psycho-Pharm

listserv fame) graciously agreed to host this list at Psycho-pharm.com and we are going to try it out but need enough of our clinicians (private practice and clinics) to participate to make it work. This list-serv could work for other communication as well. So far 15 have indicated an interest. We don't have a "critical mass" for this list-serv to work well. If you want to be included in this listserv and keep this project alive, please email me at [drflax@aol.com](mailto:drflax@aol.com).

## **IT'S A FREE LUNCH!**

**Next Executive Council Meeting  
Il Fresco Restaurant, Orangeburg, NY  
Journal Club (15 minutes) PROMPTLY at 12 Noon  
Followed immediately by Business Agenda  
Friday, March 7<sup>th</sup> @ 12 Noon at Il Fresco in Orangeburg, NY.**

**Please contact Dr. Russell Tobe, MD ([rtobe@NKI.RFMH.org](mailto:rtobe@NKI.RFMH.org)) (845) 398-6556) if you are planning to attend.**

If you speak to your colleagues who are not members of the APA, remind them to become members. If members, tell them you've received your eSynapse and ask if they received theirs. If not, tell them to email Liz Burnich at [westhudsonpsych@gmail.com](mailto:westhudsonpsych@gmail.com) with their email address so they can be added to the list.

While some have indicated it is too costly to join the APA, the link below will remind you of the many benefits. The West Hudson Psychiatric Society Membership is one of the least costly in the nation and we hope to keep it that way. The benefits are numerous.  
<http://www.psychiatry.org/join-participate/member-benefits>

## **PRESIDENT'S COLUMN**

Russell Tobe MD ([russell.tobe@gmail.com](mailto:russell.tobe@gmail.com))

Dear West Hudson Psychiatric Society (WHPS) membership, colleagues, and friends:

As is often the case, winter time has been quiet for the West Hudson Psychiatric Society. I sincerely hope everyone, their friends, and families have had a pleasant holiday season and a Happy New Year. The holiday season was particularly happy for me as we had our baby boy in December. So, in anticipation of preparing this Presidential column, please forgive gross spelling and grammatical errors readily attributable to sleep deprivation.

Nonetheless, though WHPS has been in a state of hibernation, we have certainly been breathing and very much alive. Some recent events have been exciting.

**First**, given the increasing needs from members and growth of the branch, Scott Wiener has joined with Dom Ferro to jointly guide membership outreach and coordination. For those of you who have not met Scott, he is an energetic early-career psychiatrist who recently started practice in Pomona. With Scott on board, we anticipate a significant boost in membership outreach coupled to a cultivation of fresh ideas. Welcome, Scott!

**Second**, Lois Kroplick has been exploring the possibility of educational opportunities in disaster psychiatry training through the Red Cross or other avenues for interested members in the branch.

**Third**, our website is still very much a work in progress, please continue to send feedback and suggestions. (WestHudsonPsych.org).

With respect to educational programming, the DSM 5 meeting initially scheduled for Feb 7, will be tabled for the time-being due to logistical issues that arose. Nigel Bark and I are coordinating another meeting date (likely the end of February or early March). This will still be a free event to all members. For those members in Orange, Delaware and Sullivan Counties, please stay particularly posted as we are hoping to make this meeting more accessible to you. An announcement should be out in the coming days.

Also, I wanted to thank Nigel for coordinating with Dr. Ann Sullivan to conduct our Spring Educational Forum speaker. Dr. Sullivan is now Commissioner of the New York State Office of Mental Health. She has an exceptional service record in public psychiatry within New York State. Accordingly, she is incredibly knowledgeable and experienced. It should prove to be a wonderful forum. We are also actively in the process of organizing our fall symposium. If you have suggestions for speakers, please forward them to me.

So we will wrap up here. Please stay tuned for our DSM 5 training announcement. As always, forward suggestions and comments to make our branch more efficient and helpful for the membership to me.

Sincerely,  
Russ

## **Summary from Executive Council Meeting Friday, January 17, 2013**

**Attendees Present:** Russ Tobe, Raj Mehta, Jim Flax, Nigel Bark, Mona Begum, Dom Ferro, Lois Kroplick, Saleem Ahmad, Scott Wiener and Liz Burnich.

**Journal Club** – Dr. Nigel Bark presented and discussed an interested study from Finland on the mortality of patients with schizophrenia.

**DSM-5 Meeting** – we decided to postpone the DSM-5 meeting from February 7 , 2014 to a date to be determined in late-February or March. We really want to have this meeting in a location that is closer to our members in Orange, Sullivan and Delaware counties. Russ will reach out to Dr. Carlos Rueda at Orange Regional Medical Center as well as Drs. Nicholas and Lisa Batson to see if they can suggest a venue in Orange County as well as a date that might work for the members in that area. Liz will coordinate the venue and CME details.

**Spring Educational Meeting** – Dr. Nigel Bark has confirmed that Ann Sullivan, M.D. to be the speaker for our Spring Meeting on Friday, April 25, 2014. Liz will coordinate the details with Dr. Sullivan's assistant and apply for the CME certification. We will need a

bigger room for this meeting - Liz will book with La Terrazza.

**DSM-5 Workshop** – We will have an additional educational dinner in 2014 – scheduled for Friday, February 7, 2014. The topic will be DSM-5 and Drs. Tobe and Bark agreed to be our presenters. We will not charge members to attend this meeting. We discussed some different venues – possibly in Orange County. Some venue names were suggested and Liz will look into them. We will use the APA grant to fund this meeting so it will be complimentary to all attendees.

**Fall 2014 Educational Meeting** – Potential speakers and topics were discussed. Russ will reach out to Dr. Paul Appelbaum and the incoming APA President Dr. Paul Summergrad to see if either of them would be interested in speaking on a topic of their choice for our Fall Meeting. Jim also suggested asking Dr. Pat Bloom to speak on mindfulness meditation if Drs. Appelbaum or Summergrad were not available.

**Mental Health Coalition Update** – from Dr. Lois Kroplick

- The Coalition Board Meeting is scheduled for Feb 6 at 12 noon at the Robert Yeager Conference Room Building F
- The Coalition General Meeting is scheduled for the first Thursday in March at 12 noon at the Robert Yeager Conference Room Building F
- The Coalition meeting with NAMI, Independent Living for school projects for teachers and parents is scheduled for Feb 13 at 12 noon at the Independent Living Center.

**Women's Group** – The next meeting is scheduled for January 24, 2014 at 12:30pm at Dr. Alex Berger's house.

**NYSPA Spring Meeting** – Dr. Nigel Bark advised that the next New York State Psychiatric Association Area/Council Meeting will take place on Saturday March 22 at 10am at the LaGuardia Marriott in East Elmhurst, NY.

**Membership Update** – Dr. Scott Wiener has joined Dr. Dom Ferro to coordinate our membership activities. A Membership Coordination meeting will take place on Friday, January 24 at 12 noon at Jimmy's in Nanuet.

**Disaster Training with the American Red Cross** – Dr. Lois Kroplick and Liz are exploring disaster psychiatry training for interested members in our branch. Liz will report with an update in our March meeting.

**Next Executive Council Meeting** - Friday, March 7, 2014 at 12 noon at Il Fresco, Orangeburg, NY. Dr. Jim Flax will present for our Journal Club.

## **CORRESPONDENCE**

*(Editors note: I vowed when I started this publication to publish anything sent to me. Please send me announcements, news, notices, rumor, recipes, innuendo, ads etc).*

# The Ramapo Mountain People

Syed Abdullah, M.D.

We selected the Ringwood Botanical Gardens for our Tai Chi exercises this spring and summer. Here under the shadow of the Ramapo Mountains we found a haven of peace and natural beauty unsurpassed in the region. I could almost hear the whisperings of these lofty mountains as we engaged in 'standing-meditation' which was part of our four hour practices every Saturday morning. Later I discovered that the mountains had a story to tell about the people who had found shelter there through the 18<sup>th</sup>, 19<sup>th</sup> and 20<sup>th</sup> centuries.

During one of the breaks, a Tai Chi participant told me that in those mountains lived a group of very dangerous people, feared and despised by all. "They steal from the towns people, break into cars and indulge in all kinds of serious and petty crimes and show scant respect for what is morally or legally right or wrong." I was told that these people are called by different names: Jackson Whites; Mountain Indians; Black Americans of mixed blood etc.

My curiosity aroused, I went to the Internet and to most of the libraries in the area to find out more about them. The more I read, the more I was confused by the medley of contradictory information about these forgotten and much maligned people living in extreme poverty and with substandard health care and education. Tuberculosis and rickets were rampant and infant mortality rates were very high.

Most of the initial information I stumbled into was negative and derogatory. It was heart-breaking to read how after their defeat at the hands of the British army, the Tuscarora Indians walked the Cumberland Trail to join their allies, the Iroquois, in upper New York. These skirmishes with the British had taken place in western North Carolina from 1711 to 1714, forcing the remnants of the uprooted tribes to leave their hearth & home and trek northwards. They were joined by run-away slaves, called by the local people 'Jacks', who were also seeking refuge in the relative safety of the North. The sons and daughters of Black freedmen from the plantations of Hudson River Valley and Catskill Mountains also accompanied them, bringing with them their former masters' Dutch surnames like deFries, van Donck, de Groot and Mann.

The local Lenni Lenape Indians helped the weary travelers and took them to the safety of the Ramapo mountains, where they pitched their tepees and settled down. There were inter-racial marriages and the children that were born had combinations of Black, Indian and European features as well as a variety of skin, eye and hair colors. As with any inbred population, there was a slight increase in birth defects and instances of polydactyly, syndactyly, albinism and pie-baldness etc. These features have further stigmatized and isolated them.

Another part of the legend will have us believe that during the war of Independence, the British Army contracted a Colonial sea captain by the name of Jackson to procure around four thousand prostitutes from England for the entertainment of the British garrison in New York. When he had a shortfall in the number of women, due to accidents and deaths, the clever Mr. Jackson recruited black women from the south to fill the quota. These, named the Jackson Blacks, were segregated from the rest and billeted for several years in a cow pasture in Greenwich Village called Lisperard's Meadows.

When the British were forced to quit New York during the War of Independence, the women fled Manhattan and wandered northward into the Hudson Valley where they were joined by Hessian (German) deserters and other Tory refugees. Dutch adventurers and villains, including

the Tory guerilla Claudius Smith and his followers also joined in the trek to the Ramapo Mountains.

By 1880 all these people were firmly ensconced in the Ramapo Mountains, bearing the collective name of "Jackson Whites", presumably a variation of "Jacks and Whites." The lowland people feared and despised them, either for having been Tory sympathizers, for their mixed blood, or for being Black, or Indian, or outlaw, or all the above. From 1880 on, The Jackson Whites had little to do with the world outside the Ramapo Mountains in the few towns and villages they managed to build at the foothills. They subsisted by hunting, fishing and primitive farming on the slopes of the mountains. The women wove wicker baskets and carved wooden ladles that were sold in the markets of Suffern and Hillburn.

Around the time of The Civil War the Underground Railroad played a significant part in the drift of former slaves into the community of the Ramapo people. Nyack was one of the stations on the way to the mountains. The Jackson Whites still sing songs that were sung in the cotton fields of the South. Their spoken language shows traces of German and Dutch usages. For example *housen* for house and *feist* for frightened.

The first school for the Ramapo Mountain children was started in 1902 by the missionaries, Mr. and Mrs. Wheaton. They not only provided elementary education but also served the children warm food. Some came from the very remote districts, unwashed and in clothing in which they slept. Frequently clothes were worn until they were filthy rags. Eventually the State Department of Education took over and rebuilt an elementary one-room school. All the children were given mental tests and found to be of average intelligence. A number of them went on to high schools in Suffern and Mahwah. Some have had college education, achieving professional status.

The Ringwood Iron Mines and Foundry employed many men from the Ramapo Mountain people. The Ford Motor's factory in Mahwah was another source of employment for them. The iron mines are now closed and its shafts have been used for solid waste disposal by the Ford Company. This has left the Mountain people with fewer jobs. The other major calamity to hit these people was the building of roads through their neighborhood. Route 17, the New York Thruway and Route 202, took bites off their territories, bulldozing the homes built by them in the foothills over the decades. When they tried to stake their claims to those properties they were dismissed for lack of any deeds or documents of ownership.

Despite this, remnants of the tribe, albeit drastically reduced in numbers, continue to hold on to the semblance of a clan. Some are still living in shacks, shanties, lean-tos, consisting of two rooms at the most, but usually one. These are put together with every conceivable bit of material that they have been able to scrounge together. Sheets of corrugated tin serve for roofing, while the three sides are patched with old wash-boards, barn doors, or bed slats. The mountain makes the fourth.

These handsome, shy, gentle, proud and reclusive people have had some friends who have tried to make a difference in their lives. Mr. Thurgood Marshall, who later became a Judge of the US Supreme Court, championed their rights for adequate education and health care. President Lyndon Johnson's commission for the eradication of poverty in America had sent a special committee to study their needs and make recommendations. Despite all this, they have remained an isolated, segregated group subsisting below the poverty level. The activists among them have made several unsuccessful attempts to get themselves categorized as the Ramapo Mountain Nation.

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Editor's Note: Please read the report from Jim Niniger below and consider responding to the survey at the end by emailing it to [centraloffice@nyspsych.org](mailto:centraloffice@nyspsych.org).

## Area II Trustee Report and Survey

Dear Area II Colleagues,

I would like to provide you with a brief summary of changes that are evolving in the development process of Practice Guidelines in the APA as well as other professional organizations. You should have recently received a link to a draft of the new practice guideline on Psychiatric Evaluation of Adults. I am appending a short survey on guidelines, as well as several other current topics of interest to our members, which I hope you will take a moment to fill out.

Thank you,  
Jim Niniger, M.D., Area II Trustee, Vice Chair, APA Steering Committee Practice Guidelines

The APA began publishing Practice Guidelines in 1993, the first two being Eating Disorders and Major Depressive Disorder. New standards for professional guidelines published in 2011 by the Institute of Medicine have stimulated a review and revision of our procedures in producing guidelines in an effort to provide more scientific rigor, less unintentional bias, and a more practical, modular approach to facilitate updating.

Traditionally, psychiatrists have developed and sharpened their clinical decision making through experience, self-education, mentoring and peer supervision. In 1980 Byram Karasu, M.D., chaired a task force that developed "Treatments for Psychiatric Disorders" to accompany DSM-III. In 1989, the APA Steering Committee on Practice Guidelines, chaired by Jack McIntyre, M.D., was charged to produce guidelines using an evidence-based process. The original premises of the guidelines were that they be for psychiatrists by psychiatrists, that they be written by a work group of experts who are APA members, that there be a thorough literature review with evidence tables, and that there be no outside funding. Recommendations were to be graded on three degrees of strength, and review before final approval by the Assembly and Board of Trustees would be by stakeholders including other experts, advocacy groups and APA members. Publication would be in the American Journal of Psychiatry and be free to members. The evidence review process gradually became more rigorous with expansion of staff, and from 2005-2010 conflict of interest policies evolved, emphasizing disclosure and then limits on connections to the pharmaceutical and medical device industries for those participating in the writing of the guidelines.

The 2011 Institute of Medicine report states "Clinical practice guidelines are statements that include recommendations intended to optimize patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options." It was also stated that systematic reviews should include, in addition to a summary of relevant available evidence, identification of evidentiary gaps. The report states the guidelines should be developed by a "multi-disciplinary" panel, comprising a

range of experts and clinicians representing all disciplines caring about the implementation of the guideline. Congress approached IOM to develop standards in part out of a sense of conflicting guild-oriented guidelines by U.S. medical specialty societies. In a March 2013 survey by the Council of Medical Specialty Societies, 10 of 17 member societies reported they are adapting their procedures to align with the IOM standards. The Agency for Healthcare and Quality's (AHRQ) National Guideline Clearinghouse is beginning to list many of these criteria as necessary for inclusion in their recommended guidelines. We are now piloting a new APA guideline development process where one or more "writing groups" craft guidelines across topics and determine strength of recommendations. A writing group consists of eight psychiatrists who are generalists and seek outside expert advice during question formulation and evidence interpretation through formal surveys. To ensure the guidelines are "multidisciplinary" the Steering Committee is discussing whether professionals from other disciplines should be represented on writing groups and/or expert panels and whether the guidelines should also be endorsed by other professional organizations. Guidelines will now be focused on specific clinical questions, each separately rated on strength of recommendation and strength of supporting evidence. A modular format will be used to facilitate updating, and recommendations will be worded so compliance can be measured. APA guidelines currently underway are "Aspects of Psychiatric Evaluation, including assessment of suicide risk, cultural factors, substance use, and general medical health" and "Use of antipsychotics in patients with dementia for agitation and psychosis." Others being considered are bipolar disorder, binge-eating disorder, and non-pharmacological treatments for behavioral symptoms of dementia. Where systematic reviews are available from AHRQ, the cost of development is significantly lessened. APA will need to determine if guidelines can be made that are useful and affordable to produce adhering to the new standards. There has been discussion of making DSM-5 a "living document" (revising as new evidence-based data emerges), and if implemented the process should ideally occur in parallel and be coordinated with our practice guidelines.

### **Brief Survey**

1. I use practice guidelines as a clinical guide in my practice. Yes\_\_\_\_\_ No\_\_\_\_\_
2. I am in favor of making DSM-5 a living document (updated on-line and periodically in print as new empirical data emerge). Yes\_\_\_\_\_ No\_\_\_\_\_
3. I favor making APA Practice Guidelines a living document. Yes\_\_\_\_\_No\_\_\_\_\_
4. To recruit and retain members, for those pursuing Maintenance of Certification, the cost of the preparatory journal FOCUS should be free as a member benefit (approximately \$300). Yes\_\_\_\_\_ No\_\_\_\_\_
5. Other member benefits that I would suggest to recruit and retain members (please fill in) \_\_\_\_\_
6. I have had increasing difficulty being paid by insurance companies for "out-of-network" services. Yes\_\_\_\_\_ No\_\_\_\_\_
7. Would you like to be in an email listserv with your Assembly DB Rep to provide two-way communication regarding relevant APA issues? Yes\_\_\_\_\_ No\_\_\_\_\_

Please respond to [centraloffice@nyspsych.org](mailto:centraloffice@nyspsych.org)



## January 2014

### **Call for Applications: APA Medical Student Senior Elective in HIV Psychiatry**

The American Psychiatric Association established the Medical Student Senior Elective in HIV Psychiatry in 2004 to provide an opportunity for 4<sup>th</sup> year minority medical students to participate in a one-month clinical or research elective in HIV psychiatry.

With improvements in HIV drug therapy there is a burgeoning demand to treat the mental health needs of those living longer with the disease. People with HIV have a higher incidence of mental health problems than the general population and people with serious mental illness are more at risk for contracting HIV. HIV attacks the brain, causing inflammation and tissue deterioration. Infection of the brain also can lead to clinical depression, mild or moderate thinking problems, and trouble with memory and focus. Unfortunately, the mental health needs of people living with HIV/AIDS are too often overlooked.

Undoubtedly, future physicians need to develop a working knowledge of HIV-related psychiatric and neuropsychiatric issues. The purpose of the *Medical Student Elective in HIV Psychiatry* is to foster the participation of racial and ethnic minority medical students in HIV-related care and research and provide them with a means of obtaining essential HIV-related mental health training through an integrated approach to patient care.

### **Description of the Project**

This September the *Elective in HIV Psychiatry* begins with intensive two-day training in Washington, DC. Topics range from neuropsychiatric complications of HIV, somatic complaints, and mood disorders to special patient populations including people with substance use disorders and/or those suffering from severe mental illnesses. Training modalities include a combination of lectures, role playing, case vignettes, and first-person accounts through interviews with HIV positive people. Students then travel to training sites for their clinical or research experience for the month of September.

To date, seventy-one students have completed the full month-long elective. Prior sites have included: Cambridge Health Alliance/Zinberg Clinic; The New York Presbyterian Hospital at

Columbia University; The New York-Presbyterian Hospital Cornell University Center for Special Studies (CSS); Emory University/Grady Infectious Disease Program; Howard University; University of Pittsburgh Medical Center; University of Cincinnati; University of Miami, Stanford University, Beth Israel Medical Center, Vanderbilt University, and the University of South Florida (for a research elective in HIV Neuroimmunology in Psychiatry.) Tentative dates for the elective are August 23 to September 20.

**Apply Now** The application deadline is **March 31, 2014** with selections to be announced in late April. The application is posted online at:

[www.psychiatry.org/practice/professional-interests/hiv-psychiatry/training-and-education/Medical-Student-Elective-In-HIV](http://www.psychiatry.org/practice/professional-interests/hiv-psychiatry/training-and-education/Medical-Student-Elective-In-HIV)

Additional information can be obtained from Diane Pennessi by phone at (703) 907-8668 or e-mail to [dpennessi@psych.org](mailto:dpennessi@psych.org).

## **National Health Service Corps (NHSC) Loan Repayment Program accepting applications**

The [NHSC program](#) supports qualified health care providers, including psychiatrists, in exchange for two-years of service in specific Health Professional Shortage Areas. The NHSC program is currently accepting applications for FY2014 Loan Repayment Program awards. This program is open to licensed primary care medical, dental, and mental and behavioral health providers who are employed or are seeking employment at approved sites.

### **Integrated Care and Psychiatry**

In the changing health care environment, one clear trend is greater integration of primary care and behavioral health care. APA has compiled extensive resources to help psychiatrists understand and stay abreast of the issues. Go [here](#) to see the latest research, news, analysis, policy, collaborative care models, and more, including [short videos](#) from leaders in the field and a Toolkit of practice resources.

## **APA Announces Medicare Reimbursement Victory on Psychiatry Work Values**

The federal Centers for Medicare and Medicaid Services has accepted work values for a number of psychiatric codes (90791/92 and the 908XX codes) that will result in increased Medicare payment for psychiatrists using those codes. The work values, which are recommended by the AMA's Relative Value Update Committee, are part of a complex payment formula that includes practice expense and other variables to derive a fee for every code used by physicians. [Go here to learn more!](#)

## **APF Seeks Applications for Advancing Minority Mental Health Awards**

The [American Psychiatric Foundation](#) is accepting applications for its [2014 awards for advancing minority mental health](#). This annual award recognizes mental health professionals, programs, and organizations that have undertaken innovative efforts to raise awareness of mental illness in underserved minority communities, increase access to mental health care for underserved minorities, and/or improve the quality of care for underserved minorities. [application](#) deadline is February 12.



### **North Carolina DB Helps Develop Tool Kit to Help Physicians Thrive in ACOs**

The North Carolina Psychiatric Association and more than 40 other state and county medical specialty societies has developed the “Physician’s Accountable Care Tool Kit,” which includes a section specifically for psychiatrists. Psychiatrists have the skills and experience that position them for success in ACOs, and it is vital for them to step up with like-minded physicians to lead in what can be a career-changing transformation. To read the article, click [here](#).

### **APA President to Lead Unique Dialogue With Eric Kandel, M.D., & Alan Alda APA Annual Meeting May 3-7, 2014, New York City**



<http://annualmeeting.psychiatry.org/registration> Register now for APA’s 2014 annual meeting so you won’t miss what promises to be a thought-provoking session with APA President Jeffrey Lieberman, M.D., Nobel Laureate Eric Kandel, M.D., and actor Alan Alda. They will discuss the impact of science and the media on psychiatry and how those forces will influence the future of mental health care. The session will be held immediately after the Opening Session on Sunday, May 4.

- More information about the annual meeting can be accessed [here](#).
- [Register](#) before January 24 to take advantage of early-bird registration rates.
- Watch this [video](#) to learn more about why you should attend APA’s annual meeting including an introduction to this year’s meeting.

## **ADVERTISING**

**Orange Regional Medical Center** Department of Psychiatry is seeking a Child & Adolescent Psychiatrist, Full Time for our growing outpatient division. Above average pay and excellent benefits. Call Carlos Rueda, MD at 845-333-2240.

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# How much is your reputation worth?

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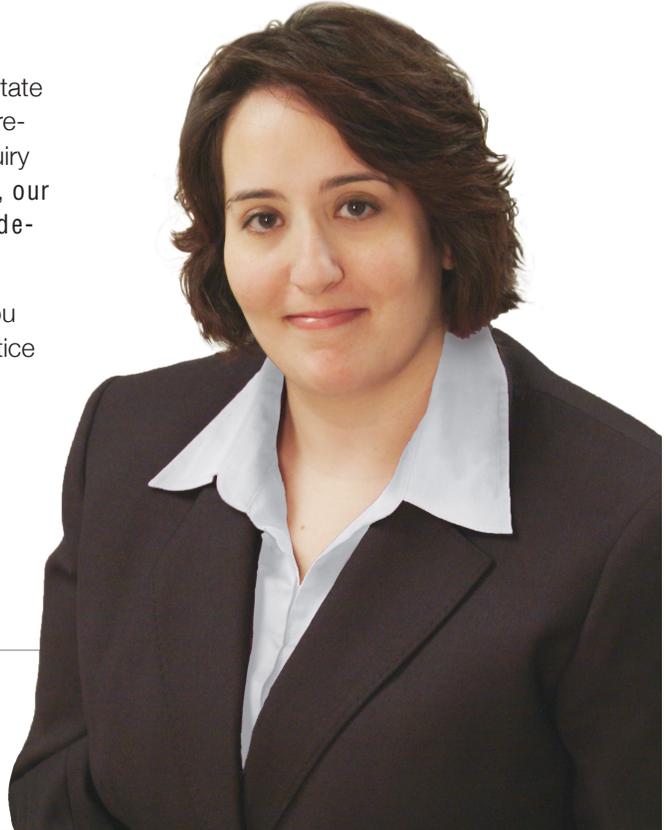
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## Valley Behavioral Medicine

We are seeking a BC/BE part-time Psychiatrist to join our established group practice as an independent contractor. Excellent financial opportunity. Our facility is located in Goshen, Orange County, New York. Interested candidates should fax their CV & cover letter to: 845-294-3785.

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### Psychiatry/Psychotherapy Office for Rent

Saturday all day, Sunday after 10:30

Route 45, Pomona

Shared Waiting Room, Wheelchair Accessible, Wall-to-Wall Windows,

Private Bath, Full Sound Insulation, Separate Entrance/Exit

Call Lorraine Schorr, MSW 354-5040

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### Depression Support Group

Depression support group meets 2 times a month in Pomona, NY. We are inviting new members at this time. We are moderated by a clinical social worker. This is not a therapy group but social support for people fighting depression. Call Kathy for more information (914) 714- 2837.

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### Rockland County Depression and Bipolar Support Alliance

peer-to-peer run support group for people with depression, bipolar disorder, anxiety disorder or any related mood disorder & their friends & family. The support group meets every Thursday night from 6:30 - 8:30 at St. John's Episcopal Church, located at 365 Strawtown Road in New City. Reservations are not required. There is no fee for attending the support group meetings. This is a very warm and welcoming group run by people who have been there and can help. Any questions please call Leslie or Leonard at 845-837-1182.

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# Nathan Kline Institute

### Participate in Research

Do you take medication for schizophrenia or schizoaffective disorder?

Volunteers 18-65 years of age needed for a study of a new experimental medication to be taken in addition to your currently prescribed medication. Participants will receive study-related medical exams, study medications and laboratory tests at no cost, reimbursement for transportation and compensation for study procedures.

For more information, please call NKI Clinical Trials Support:

Nayla Scaramello 845-398-6624

Santha Vaidian 845-398-6573

Karen Nolan 845-398-6572