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. Dr. Tobe has written of the closing of the Rockland County inpatient unit that will be moving on 4/22/14 to Nyack Hospital. Dr. Abdullah has again sent us a new article in his long line of erudite essays. There is news from the APA. There are a variety of ads. 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.

PRIVATE PRACTICE: FEES Here is a link to a legal public site where you can look up fees for a given zipcode. http://www.fairhealthconsumer.org/

PRIOR AUTHORIZATIONS If you are frequently bothered with cumbersome and seemingly unnecessary requests for prior authorizations, the APA is eager to hear from you: Ellen Jaffe, Director, Practice Management HelpLine/Medicare Specialist, Office of Healthcare Systems and Financing, American Psychiatric Association, (703) 907-8591 ejaffe@psych.org Practice Management HelpLine (800-343-4671), email at hsf@psych.org.

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.

**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, April 4th @ 12 Noon at Il Fresco in Orangeburg, NY.

Please contact Dr. Russell Tobe, MD (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 eSynapase and ask if they received theirs. If not, tell them to email Liz Burnich at 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](http://www.psychiatry.org/join-participate/member-benefits)

**PRESIDENT’S COLUMN**

Russell Tobe MD (russell.tobe@gmail.com)

Dear West Hudson Psychiatric Society (WHPS) membership, colleagues, and friends:
Given the significant changes in mental health service delivery in Rockland County, this presidential message will constitute the first in a two part series. Jim Flax, Bert Pepper, and Nigel Bark will be assisting in contributions to and preparation of these Presidential Columns. We will review the changes as we understand them, will reflect on past systems of delivery within the county including strengths and weaknesses (Dr. Flax and Pepper), and propose a position statement for WHPS with respect to these changes (Dr. Bark). We suspect that this column may generate some degree of need for clarifications and perhaps desire to state responses and reactions. Please forward them to me directly.

On 10AM April 22 (as currently planned), the inpatient unit at the Rockland County Department of Mental Health (RCDMH) will close its doors permanently after decades of service within our community. Coinciding with this closing, Nyack Hospital will open the doors to the new inpatient unit consisting of 26 beds of which 9 will be identified for high acuity clients. The Nyack ER will house a 4 bay crisis evaluation and triage service as well. However, outpatient services (for the time-being) will continue to operate at RCDMH and not at Nyack Hospital. The Mental Health Associations (in Nyack and Valley Cottage) as well as Jawonio will continue to provide clinic-based psychiatric management in addition to select NYS OMH clinics that may be accepting a small number of clients directly. While a plan is in the works to create a 24 hour
As many of our distinguished membership know, the Rockland County mental health system had been, in many ways, an innovative system once well ahead of its time. Dr. Flax is a past President of WHPS, Distinguished Fellow of the APA, and had, from 1980 through 1983, directed crisis services for the county. Many of us have worked with or for Dr. Flax in this capacity, and I will turn the floor over to him now to review some of the history that has made our regional area unique with respect to service delivery.

I write this brief remembrance with sadness for the gradual demise of the Rockland County Community Mental Health Center (RCCMHC). Bert Pepper who was instrumental in making the RCCMHC what it was will be writing a more comprehensive history for our next edition of eSynapse.

Those who have come to live and work in Rockland County in the new millennium aren’t aware that Rockland had the largest and one of the most successful mental health centers in the country between the 1970’s and early 2000’s. Many of our members started our careers there, being exposed to the absolute best system of care available to any population. It was very exciting to be part of building a new institution that was sincerely trying to provide cutting edge treatment to anyone with emotional disorders – from the poorest poor to those who could afford the best. I think many of us took it for granted. Now I can see what a privilege it was to learn and practice in a system that really could deliver the highest level of mental health care to a population. That promise is now gradually withering away.

When at the top of its’ game, the RCCMHC had programs throughout the county. The inpatient unit that is to be closed permanently on 4/22/14 was a big jewel in a multi-jeweled crown. There were several day hospitals serving various populations from acute to rehab, children’s services including a specialized school that became part of the Clarkstown district, consultation services to the community, inpatient and outpatient substance abuse, a methadone clinic, jail services and forensic services. There were outpatient clinics in Pomona, Haverstraw and Spring Valley.

There was a 24/7 crisis hotline that was part of a Crisis Intervention service that I had the privilege of directing. We not only evaluated and treated (E&A) over 3000 crisis cases yearly, we provided 24/7 psychiatric services to the two local hospitals as well as the Pomona facility. With a staff of over 45 we provided 6-week crisis intervention therapy to avert inpatient hospitalization when possible and to treat less serious cases. We taught classes to the local police academy on how to handle calls involving the mentally ill, spoke with the press regularly, appeared on local radio call-in shows and had students from several local graduate programs competing to do their internships with us. Our staff included more psychiatrists than I can remember, many of whom went on to contribute important research to our field and to become famous & well known psychiatrists known worldwide.

Part of the culture I most remember well was the collaborative nature of the center as staff worked together to best serve the population as the patients went from one part of the treatment program to another. And this was in the days before electronic health records. This collaborative culture extended throughout the community to include other agencies in the county such as VCS, the shelter (started by graduates from the RCCMHC), State facilities and the local hospitals. The Mental Health Coalition started by Lois Kroplick, and continuing to this day, is reflective of that collaborative spirit.

Yes, it is with sadness that I reflect on what has been lost from what was a comprehensive facility serving the mental health needs of a diverse community. I don’t know all the reasons the RCCMHC has gradually had one program after another amputated. Was it the insurance environment, federal grant monies, state
funding, labor costs, leadership, local politics or all of these factors and more? The closure of an inpatient program embedded in a comprehensive system of care is symbolic of the deterioration of services that I have witnessed throughout the country. The opening of a psychiatric inpatient unit inside of a general hospital is a very good thing for those who need medical and psychiatric services. At the present time that unit does not seamlessly link to the myriad of outpatient services that once existed to refer all those patients to after their inpatient stay. What will happen to them? It is truly unfortunate, and maybe short-sighted (albeit fiscally prudent in the near term), that we can’t have both a comprehensive mental health center and a psychiatric inpatient unit that is part of a medical hospital.

Summary from Executive Council Meeting
Friday, April 4, 2013


President’s Message – Update on the Rockland County Mental Health Services Changes.
- Nyack opening inpatient (26 beds of which 9 will be ICU) and crisis service as of 10am on April 22.
- Separate pod in Nyack ER consisting of 4 bays psychiatric crisis service
- Pomona closing inpatient unit and crisis service as of 9:59am on April 22.
- Outpatient services ongoing at Pomona
- Nyack will not have outpatient services at this point.
- 364-2000 will be handled as an informational line during business hours. It is not going to provide 24/7 emergency coverage. Emergency patients should go to Nyack or Good Sam. No crisis line but Nyack plans to have one.
- Paul Arlean will be the interim director at Nyack. Horizon is in the process of hiring staff.

DSM-5 Workshop Recap – Our DSM-5 Workshop was held on Wednesday March 12 at 6pm at Cosimo’s Brick Oven of Woodbury in their wine cellar. This was a complimentary event and we had 22 people respond that they would attend but only 15 actually showed up. One possible reason was that the weather was stormy that night. We decided that we will require prepayment for future educational meetings and if we want to make it complimentary, we will refund the payment at the event.

Spring Educational Meeting – Dr. Ann Sullivan, the OMH Commissioner will be the speaker for our Spring Meeting. It is scheduled to take place on Friday, April 25, 2014 at 6pm at La Terrazza Restaurant in New City. Liz has booked the larger room at La Terrazza and is coordinating the topic and CME details with Dr. Sullivan’s assistant. The topic will be Healthcare Reform & The Transformation of the New York State Mental Health System.

NYP’A’s March Meeting – Dr. Lois Kroplick and Dr. Nigel Bark attended the March NYSPA meeting. See Nigel’s article below for details.

Fall 2014 Educational Meeting – Pat Bloom, MD will be the speaker for our Fall Dinner Meeting on the topic of Mindfullness Meditation on Friday Oct 17.

Additional Educational Meetings – Russ will inquire if Dr. Paul Summergrad will be
interested in presenting at our Spring 2015 Educational Meeting.

**Mental Health Coalition Update** – from Dr. Lois Kroplick
- The Coalition is working with NAMI on school projects for teachers, staff and parents.
- The Coalition will hold a comedy night fundraiser on April 25 (which is unfortunately the same night as our Dinner Meeting with Dr. Ann Sullivan. We will try and start Dr. Sullivan’s presentation between 6:30-6:45pm and hold the business part of the meeting afterwards.
- The Public Forum will take place on Oct 22 on the topic of Schizophrenia.
- Lois was extremely honored to accept the NYC Osteopathic Physician of the Year Award. She is the first psychiatrist ever to win this award!

**Disaster Training with the American Red Cross** – Liz Burnich has been looking into WHPS partnering with the American Red Cross for Disaster Psychiatry. The American Red Cross is looking for 8-10 (or more) interested psychiatrists associated with WHPS to be trained is Disaster Psychiatry (training includes online course and in person group course at Fireman’s Training Center in Pomona). We would then obtain special IDs to allow trained members to be able to assist with various types of disaster in the mental health capacity. American Red Cross will prepare an email that Liz will forward to our members to determine interest and availability. See American Red Cross letter below for more information about this potential project.

**WHPS Website** – the remainder of the meeting was focused on reviewing our website with recommendations for improvement. Dr. John Fogelman has extensive knowledge on the “look” and design of user friendly & easy on the eye websites. He made numerous recommendations for our websites and will work closely with the web designer to help make future enhancements to our site.

**Next Executive Council Meeting** - Friday, May 16, 2014 at 12 noon at Il Fresco, Orangeburg, NY. The meeting start with a short business meeting and will mainly focus on reviewing our new website / making recommendations for improvement, etc.
In conjunction with ROCKLAND PSYCHIATRIC CENTER  
THE WEST HUDSON PSYCHIATRIC SOCIETY  

Presents  
THE 2014 SPRING EDUCATIONAL MEETING  

Guest Speaker:  
Ann Marie T. Sullivan, M.D.  
Acting Commissioner, New York State Office of Mental Health  

Healthcare Reform & The Transformation of the New York State Mental Health System  
- Understand the impact of Health Care Reform on the transformation of the state public mental health system in NY  
- Understand the critical changes in NY Medicaid Redesign that will impact the care of the seriously mentally ill.  
- As a provider of care, learn how to be successful in adapting to the changing healthcare environment.  

Meeting Date: Friday, April 25, 2014  

Time:  
6:00 – 9:00 PM  
WHPS Briefing  
Dinner  
Presentation by Ann Marie T. Sullivan, M.D.  

Location:  
La Terrazza Restaurant, 291 South Main Street, New City, NY 10956  
(845) 638-0757  

Directions:  
Take NYS Thruway to Exit 13N (Palisades Parkway – PIP) and proceed to Exit 10 (Nanuet/New City). Off exit 10, turn LEFT at traffic light. Proceed to next traffic light and turn RIGHT onto Little Tor Road. Go approximately one mile on Little Tor Road to third traffic light and turn RIGHT on Collyer Avenue (Route 76). Proceed to traffic light (road ends) and turn LEFT onto Main Street. La Terrazza is on LEFT across from the A&P.  

There will be a charge of $20 per member and $30 per non-member.  

Please RSVP before April 18 by sending payment to Liz Burnich, West Hudson Psychiatric Society, 10 Flitt Street, West Nyack, NY 10994  

Checks (payable to West Hudson Psychiatric Society or WHPS) must be received by April 18, 2013 to reserve your place.  

** SPACE IS LIMITED – PLEASE SEND IN PAYMENT ASAP to guarantee your spot **  

Any Questions?...Contact Liz Burnich at (845) 893-1920 or email Liz at westhudsonpsych@gmail.com  

Please note:  Attendees will receive 2.0 CME Credit Hours **  

** The NYU Post-Graduate Medical School is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor medical education for physicians. The NYU Post-Graduate Medical School designates this continuing education activity for 1.0 credit hours in Category 1 of the Physicians Recognition Award of the American Medical Association. The NYU Post-Graduate Medical School adheres to ACCME standards regarding commercial support of continuing medical education. Disclosure of any commercial relationships as well as off-label investigational use of any drug, device or procedure by the faculty will be made known at the time of the lecture.
NYSPA congratulates Lois Kroplick, D.O. on being named 2014 Physician of the Year Award by the New York State Osteopathic Medical Society. The award was presented on February 21st at the President’s Reception during the 2014 Regional Osteopathic Convention.

Dr. Kroplick is the first psychiatrist to have received this honor. Click here to view a copy of Dr. Kroplick's acceptance speech.

A NIGHT TO REMEMBER

Lois Kroplick, DO, DFAPA

On December 18, 2013, I received an email that the NY State Osteopathic Medical Society (NYSOMA) had chosen me as its “2014 Physician of the Year.” On February 21, 2014, the award was presented at the President’s Reception during the 2014 Regional Osteopathic Convention in Hauppauge, NY. This award was based on my work in the community and the creation of the Mental Health Coalition.

It was an exciting event, as I was the first psychiatrist to ever receive this award! I am so grateful to the The NY State Osteopathic Medical Society for acknowledging the valuable community work that the Coalition provides in destigmatizing mental illness and promoting mental health. I felt so proud to be both an osteopathic physician and a psychiatrist!

I would like to thank the Coalition members who attended the awards ceremony: Rena Finkelstein, Leslie Davis, Leslie Barnett, Sherry Glickman, Carol Olori, and Craig Caliciotti. I am so grateful to the entire board and to all the members of the Coalition for their ongoing support, and the tremendous effort they put into making the Coalition such a vibrant organization.

Thank you to all my family, friends and colleagues who attended the award ceremony. It truly was a night I will cherish forever.
As usual the day starts with Committee meetings. I attended the Public Psychiatry Committee. The main topic of discussion was the shortage of State Hospital beds (which will be worse if OMH Regional Centers of Excellence Plan is implemented) with patients waiting a long time in acute hospitals for transfer and a long time in emergency rooms for admission to the acute hospital (and increasing numbers ending up in jails and prisons). It is even worse for children and their families who have to travel long distances to see their hospitalized children. NYSPA produced an excellent Position statement in December on the OMH Plan (it’s on the NYSPA website) and two weeks later the Plan was put on hold (not a coincidence?), where it still is. Ann Sullivan is still “Acting” Commissioner of OMH. We were expecting her to be made permanent after the State Budget but it has not happened yet. She will surely bring clinical knowledge and expertise, humanity, as well as organizational ability to this position but there are major fiscal and political constraints. When she spoke later in the day she noted, among other things that all the severely mentally ill will be under Managed Medicaid; that the aim is to significantly increase community services and residences; that prisons are under the auspices of the OMH but Jails are not.

The main morning presentation was on the Physician Quality Reporting System (PQRS) by Kathy Dunphy, Director Congressional Affairs, National Government Services (which runs Medicare payments) and Rachel Fernbach, NYSPA’s Deputy Director and Assistant General Counsel. This concerns everyone involved with Medicare in private practice, Clinic or Hospital. (And where Medicare goes insurance companies aren’t far behind.) Beginning in 2015 there will be a 2% reduction in payment to those who do not “satisfactorily report on quality measures for covered professional services” in at least 50% of instances in 2014. There are nine measures covering three National Quality Strategy domains covering such things as patient safety, effective clinical care: for example diagnosis (using DSM-5) and severity (using DSM-IV) of a new patient with Major Depression, suicide assessment, depression assessment in substance abusers, tobacco use assessment, medication reconciliation for discharge patients. These need to be in the record and on a second line of the billing form with the appropriate code and a charge of $0.01. It seems incredibly complicated to me. NYSPA had a webinar on March 31st and the slides are on the website.

After the usual excellent lunch the afternoon session consisted of reports from NYSPA officers, Committee chairs, Dr Ann Sullivan, a Distinguished Service
award to Dr Deborah Cross and recognition of our own Lois Kroplick DO’s award as the Physician of the Year by the New York State Osteopathic Medical Society. Of note: NYSPA’s Chair, Glenn Martin has just been elected Speaker of the Assembly. In his report he noted that NYSPA’s influence on American Psychiatry far outweighs its 10% of APA’s membership: for example the new CPT coding and training, PQRS, in public affairs and Dr. Martin’s contribution to DSM-5. Incidentally DSM-5, which cost $27 million, has brought in $40 million so far. There is an APA Committee chaired by Paul Applebaum to see how to make it a living document updated when there is new evidence.

The legislative report was presented by Barry Perlman, Chair of Committee on Legislation and supplemented by reports (including an excellent Update on the New York State Budget passed April 2, and on NYSPA’s website) prepared by NYSPA’s Government Relations Office in Albany headed by our highly effective long serving Government Relations Advocate, Richard Gallo. These demonstrate how important and effective NYSPA is in working for psychiatrists and our patients. Having achieved parity in law, implementing it is not so easy and involves constant vigilance – and law suits by APA and NYSPA – and the NYS Attorney General who ‘won’ two cases against major insurance companies (MVP and Cigna). We were reminded that parity is a patient right, not a provider right. There were a number of things in the budget that NYSPA had worked very hard for: the inclusion of additional funds for the NYSPA/MSSNY Veteran’s Mental Health Primary Care Training Initiative; Prescriber Prevails in Medicaid; Off-Label prescribing in Medicaid; the extension of Physician Excess Medical Malpractice Program; Out-of-network reforms; Crisis intervention teams (see NYSPA website).

On the National level the Council voted unanimously to support the letter APA has written in support of Dr Vivek Murthy as Surgeon General whose nomination is being opposed by the NRA, not because his views on guns and health are out of the mainstream but basically to prevent discussion of gun violence. And Congressman Tim Murphy (PhD, psychologist), a strong advocate for mental health, held hearings on CMS’ proposal to remove the protection in Medicare Part D for antidepressants and antipsychotics, which led to the withdrawal of that proposal. It was reported that APA’s membership has begun to go up again – but though the income is stable the dues income has gone down slightly as members age and pay less. Not surprisingly 200-300 members were lost due to the “uncoupling” of PRMS insurance and the APA and there are rumors that they may “re-couple”. NYSPA’s finances are secure we heard and it is a “very effective, lean operation”.

This was as usual an interesting and enjoyable meeting, leaving me proud of and grateful for what NYSPA and APA do for all psychiatrists and those with mental illness. But it is a constant battle needing all our support and action.
Background

In an effort to mitigate the emotional and psychological effects experienced by survivors, their families, and relief workers in the aftermath of a disaster, the American Red Cross has provided crucial Disaster Mental Health (DMH) services since 1992.

Red Cross DMH assistance relies on Chapter recruitment, training, and retention of mental health professionals to provide services throughout the entire Disaster Cycle, Preparedness, Response, and Recovery.

DMH workers must possess the professional skills that enable them to work with diverse populations, assess and triage an individual’s emotional, behavioral and psychological reactions and provide appropriate level of support and intervention as described in Disaster Mental Health Fundamentals*

Disaster Mental Health interventions include the following activities:
- Psychological Triage
- Crisis Intervention
- Assessment
- Behavioral Health Surveillance
- Education
- Public Mental Health Messages
- Casualty Support
- Problem Solving
- Advocacy
- Referrals to other levels of care

Community Partner Groups

The American Red Cross Community Partner Program trains volunteer teams from local community and faith based organizations in disaster relief so they can support their community during emergencies as well as be deployed to disaster sites in the NY area. Partner Group Volunteers can support emergency relief operations such as large scale fires, floods, hurricanes etc.

What is Required?

- Recruit volunteers for the team.
- Coordinate a training schedule & identify training sites. We offer flexible schedules.
- Designate a team leader that the Red Cross can communicate with. The lead would be responsible for coordinating the rest of the team.
- Complete online Red Cross Volunteer Application
- Read and sign policy consent forms
- Initiate and pass on line background check
- Attend Disaster Services Overview and Disaster Mental Health Fundamentals classes
- Have a Red Cross ID photo taken

DMH professionals are expected to work within their areas of competence when serving the American Red Cross. The licensing of mental health professionals is determined by individual states or U.S. territories whose regulations must be followed by the Red Cross.

* Disaster Mental Health Fundamentals - National Red Cross training offered in a classroom or Webinar.
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).

Larry: His Undying Love for All
Syed Abdullah, M.D.

When Larry reached his 90th year his friends insisted that he stop driving. With only mild protest he agreed to hand over his car keys and gave his car to a friend. His wife had passed away a few years earlier. He had sold his house upstate and moved to live by himself in an apartment in Nyack. After some time, it was obvious that it was not safe for him to live alone. The next move was to have Larry live with one of his dear friends. By now he needed a walker at home and a wheelchair when he went out.

Larry had reached a point in his life when his physical condition became so compromised that he saw the need to curtail his autonomy and do what was decided by his well-wishers. But on one issue he resisted and prevailed. His younger friends had decided that his old fashioned manual typewriter, which he had used for decades, was no good. So they went ahead and replaced it with a modern electronic typewriter. They tried to teach him the intricacies of this wonderful, high-tech contraption. During one of my visits he lamented “Syed, I had used the old typewriter for years and was quite comfortable with it. I know Mark means well but I am having a difficult time working with this new machine he has given me.” After much deliberation and frustrated attempts to explain to him the advantages of the new technology, we had to submit to his wishes. His relief was visible and understandable.

Even though living with this loving family, Larry insisted on a semblance of independence by cooking his meals as often as he could. But as his infirmities worsened he had to abandon this token of self-sufficiency. His world was shrinking around him, soon he was restricted to his wheelchair where he received his friends as they came to him for his counsel and words of wisdom, which he gave freely. His intellectual faculties, his memory and the wealth of classical learning remained intact until the very end. What was even more amazing was his insatiable thirst for new information. He would question his visitors in their respective fields of expertise and listened with rapt attention as they spoke. There was no decline in his capacity to critically absorb new information and retain them for some unknown purpose. He was constantly welding together new facts into useable knowledge, adding to it the invaluable ingredients of his wisdom and inexhaustible love & concern for all. When he was in this mode he would become oblivious to his
bodily discomfort, aches and pains. Every visitor left him feeling very special and enriched.

As time passed, sitting in the wheelchair also became a luxury. He started spending more and more time in bed. One night attempting to get out of bed he fell on the floor. He had a button to press so could get help immediately, as his hosts lived in the adjoining quarters. It was around 2 in the morning and he decided not to disturb those who were sound asleep. He made himself comfortable on the carpet where he lay and waited for the dawn when he knew his friends would come to help. Larry walked this earth gently trying not to be a burden on others.

Following the above event his friends, one of whom was a registered nurse, started taking turns in staying with him round the clock. As he was spending almost all his time in bed, now there was concern about developing bedsores. So every two hours we would turn him on alternate sides to avoid such a dreaded possibility. Finally, at age 97, a bout of pneumonia landed him in the hospital. Surrounded by his friends who stood in a circle around his bed, drifting in and out of consciousness, holding my wife’s hand tightly and muttering inaudible words of farewell, Larry closed his eyes as the monitor overhead signaled the cessation of his heart beats.

March 2014

APA Sets Record Straight on HIPAA Compliance of DSM Code Sets

In response to misinformation circulating on the Internet indicating that DSM-IV and DSM-5 do not provide HIPAA-compliant code sets and may not be used in HIPAA standard transactions, APA has issued a statement correcting those claims. For information concerning DSM-5 and ICD codes, see "understanding icd-10-cm and dsm-5: a quick guide for psychiatrists and other mental health clinicians" on APA's website.
Call for Applications: APA Medical Student Senior Elective in HIV Psychiatry

APA members who work with fourth-year medical students (particularly from racial and ethnic minorities) are encouraged to invite them to apply for APA's clinical or research elective in HIV psychiatry. The month-long elective begins with an intensive two-day training in Washington, D.C. Students then travel to training sites for their clinical or research experience in September. The deadline for applications is March 31; click here for more information and an application. Additional information can be obtained from Diane Pennesi at (703) 907-8668 or dpennessi@psych.org.

London's Calling: International Congress of the Royal College of Psychiatrists

The 2014 International Congress of the Royal College of Psychiatrists will take place in London June 24 to 27. This year's theme is "Psychiatry: Medicine's Heartland." With a projected attendance of over 1,500 delegates from more than 40 countries, the congress will offer numerous networking opportunities as well as a full program that includes a presentation by APA President Elect, Paul Summergrad, M.D.

Medicaid ACOs: Program Characteristics in Leading-Edge States

In this brief, the CHCS and the Commonwealth Fund are encouraging states to leverage investments in managed care and primary care to guide the development of Medicaid accountable care organizations (ACOs). This new resource presents key features and requirements for ACO programs in seven of the states participating in the Medicaid ACO Learning Collaborative: Colorado, Maine, Massachusetts, Minnesota, New Jersey, Oregon, and Vermont. The details from these seven ACO programs can help inform additional states as they consider their own ACO approaches. Read more.

APA’s Annual Meeting Highlights

Standard Registration Includes admission to:
- Approximately 450 Scientific Sessions (excluding Courses)
- Exhibit Hall
- One (1) $10 Exhibit Hall food voucher
- Shuttle Bus Service from official meeting hotels to the Javits Center
- Applicable CME credit
Courses require an additional fee.

**Gold Registration**
Includes the APA Annual Meeting on Demand with a Standard Registration. A $10 US shipping or $45 International shipping fee will be added.

**Residents Will Find Resource Center Their Home Away From Home**
![Resident Resource Center](image1)
The central hub of APA’s 2014 annual meeting for residents is the Resident Resource Center, which will be located in the Javits Convention Center in the 3D glass room on the Third Floor. It will be open daily from 7:30 a.m. to 5 p.m. (just follow the signs).

**Enjoy New York at Reduced Prices**
Here’s another reason to attend this year’s annual meeting: APA has made arrangements for Annual Meeting attendees to enjoy exclusive discounts on Broadway shows and popular restaurants. Many of the prices on this website are 10% to 20% off the regular price, and $1 from each sale will be donated to the 2014 annual meeting charity, the Doe Fund. To check out the offerings, [click here](link). If you encounter any problems with the website, contact [fit@broadwayinbound.com](mailto:fit@broadwayinbound.com). Prices are available from May 1 to 10.

**Stay Connected & Informed @ APA’s 167 Annual Meeting...**

The *Daily Bulletin* is the official Annual Meeting publication that highlights meeting events, attractions and scientific sessions. A digital preview issue will be distributed the last week in March and will promote scientific sessions, highlight special events, and prompt early registration. A link to the preview issue will be emailed to all APA Members but will also be accessible via APA’s website, *Psychiatric News* outlets, and APA’s social media formats. Three print issues will be available at the meeting on Sat/Sun, Monday and Tuesday.

This year’s Annual Meeting mobile app will offer 24-hour access to unique, on-the-go meeting information but will also include additional interactive features such as access to APA’s social networks including: YouTube; Facebook; and Twitter (@APAPsychiatric, @WebsEdge_Health & #APAAM14). A “friends” icon will also allow users an opportunity to engage with colleagues. Make sure you visit psychiatry.org in early April for download instructions.

**APA TV**
APA TV is your conference channel for the 167th Annual Meeting. Just like last year we are bringing you the latest news and views daily. Exclusive
interviews with world renowned presenters and VIP guests to “behind the scenes” coverage of special events. APA TV provides major meeting highlights and updates you don’t want to miss. Where to Watch APA TV? APA Annual Meeting YouTube channel (download Annual Meeting app for easy access) and screens all over Javits Convention Center and the New York Marriott Marquis.

Women Psychiatrists: A Place to Gather, Share, and Learn!
https://www.tphousing.com/r2/startres.asp?EICode=2794&Attcode=72 Women members are invited come to the APA Women's Center at the annual meeting to connect with friends and colleagues, dialogue about issues of importance to them, and exchange career advice, practice tips, and hard-earned pearls of wisdom. Refreshments will be available. Hours and location: Sunday, May 4: 3 p.m. to 6 p.m., Rooms 2D06/07, Javits Convention Center; Monday, May 5: 9:30 a.m. to 11:30 a.m., Madison Suite, Second Floor, New York Hilton Midtown; Tuesday, May 6: 11:45 a.m. to 3 p.m., Rooms 2D06/07, Javits Convention Center. Also, there will be a lactation room in Room 2D16 in the Javits Convention Center. The key to the room may be picked up in the APA Meetings Office in Room 1E03.

Scroll down for more:
How much is your reputation worth?

You are twice as likely to have an administrative action brought against you than a lawsuit. And, this can cost you.

Should you face an investigation from a state licensing board or governmental agency related to billing, a professional society inquiry or any other administrative defense issue, our policy provides $50,000 administrative defense coverage at no additional charge.

We have the comprehensive coverage you need to protect your reputation and practice setting. There is no deductible and we assign you an attorney so you don’t pay out-of-pocket expenses.

Contact us today for your quote!

Remy Palumbo
Senior Account Manager

Call us (800) 245-3333
TheProgram@prms.com
www.PsychProgram.com

More than just medical professional liability insurance.

Fair American Insurance and Reinsurance Company - New York, NY
In California, d/b/a Transatlantic Professional Risk Management and Insurance Services.
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.

Outpatient practice and office available. Goshen, NY. Medicare and established workers' compensation; no other insurance. School, employer, and forensic evaluations. Will introduce to referring parties.

Office building on two private acres. Three consulting rooms, reception area/business office on first floor; full kitchen, full bath, and two additional rooms on second floor. Ample parking and two car garage. Handicapped access.

Inquiries: John J Lucas, MD, FRCPC 845.469.3123

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.

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

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.

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.
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
Date: March 3, 2014
Job Title: Medical Director
Program: Medical Services
Full/Part Time
Responsibilities: Coordinates, provides and ensures mandatory compliance of all Medical policies and services of the agency’s direct medical programs. This position provides professional (and clinical) supervision and leadership to medical staff and medical and psychiatric clinical services to individuals recovering from mental illness and/or substance abuse. The Medical Director conducts physical assessments, determines physical health needs, provides treatment and counseling; performs diagnostic assessment to evaluate medication and overall health needs of clients; prescribes medication in order to eliminate or reduce symptoms using safest possible products with fewest side effects; monitors clients for side effects of medications; provides medication education to all individuals seen and engages them as partners in the treatment process; stays abreast of current information on both new and older medications; consults with patients, their families, and other interested persons to interpret clinical findings and provide coordinated care; conducts group and family therapy sessions; participates in meetings as needed; executes paperwork requirements including documentation of all clients and collateral contacts, referral forms, entitlement reviews and annual psychiatric evaluations in a timely manner; schedules and provides backup for other program physicians, evaluating designated clients in emergency or during vacations; and additional related duties as assigned.
Requirements: Possession of a license to practice medicine, issued by NYS and completion in an approved residents training in psychiatry. Administrative experience in a mental health, clinic or related program preferred. Must obtain a federal DATA 2000 waiver (buprenorphine-certified) within four months of employment. The Medical Director will also need to have or obtain a board certification in addiction psychiatry or the equivalent from either: the American Board of Medical Specialties, the American Society of Addiction Medicine, American Board of Addiction Medicine, or the Addiction Medicine from the American Osteopathic Association. Experience working with a diverse population and experience as a psychiatrist in a mental health, clinic or related program preferred. Computer skills and familiarity with WORD, EXCEL and other software programs required. A current driver's license is required. If interested please send resume including salary requirements and full or part time interests to:

Mental Health Association of Rockland County, Inc.  
Attention: Human Resources  
140 Route 303  
Valley Cottage, NY 10989  
Fax #: 845-267-2169  
E-Mail: dumontn@mharockland.org

EOE Due to the high number of applicants, only successful candidates will be notified

Mental Health Association of Rockland County  

Date: March 3, 2014

Job Title: Psychiatrist(s)
Program: Medical Services
Full/Part Time

Responsibilities: Performs diagnostic assessments to evaluate medication and overall mental health needs of clients in a busy and culturally diverse recovery program; prescribes medication; monitors clients for side effects of medications; provides medication education and engages clients as partners in the treatment process; stays current on both new and older medications and incorporates this knowledge into treatment; consults with patients, their families, and other interested persons to interpret clinical findings and provide coordinated care; conducts group and family therapy sessions; participates in treatment planning meetings and meets with other clinical and treatment staff for case review and input; orders medical lab tests and health referrals as needed; executes paperwork requirements including documentation of all clients and collateral contacts, referral forms, entitlement reviews and annual psychiatric evaluations in a timely manner; provides backup for
other program physicians as needed; and additional related duties as assigned.

Requirements: Possession of a license to practice medicine, issued by the State of New York and completion in an approved residents training in psychiatry. Experience working with a diverse population and experience as a psychiatrist in a mental health, clinic or related program preferred. Strong written, verbal, and organizational skills needed. A current driver’s license is required. If interested please send resume including salary requirements and full or part time interests to:

If interested please send resume to:

Mental Health Association of Rockland County, Inc.
Attention: Human Resources
140 Route 303
Valley Cottage, NY 10989
Fax #: 845-267-2169
E-Mail: dumontn@mharockland.org

Due to the high number of applicants, only successful candidates will be notified.