



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



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eSynapse

April 2015

Editor's Comments

James Flax, MD, MPH, DFAPA

Once again, I **“THANK YOU”** to all those who have contributed to this issue of eSynapse! Please scroll through everything that follows, as there are many items you will find interesting and useful throughout.

You will find below a synopsis of our meeting 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.

If you are wondering about the available services in Rockland you can check out this website: <http://rocklandgov.com/departments/mental-health/provider-agency-links/>. We are hoping to have information that reviews the services in Orange, Sullivan and Delaware in future editions of eSynapse.

Dr. Abdullah has again sent us a new article in his long line of erudite essays. There are ads 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>.

WEB SITE Your district branch is still in the process of improving it's website. Thanks to Dr. John Fogelman. If you have expertise or ideas about web page design, please chime in. You can see the existing “under construction” site at WestHudsonPsych.org. I recently created a website for my private practice. JamesFlaxPsychiatry.com. If anyone wants advice on how one can create their own (simple) website, I'm happy to discuss it. 845-362-2557 or DrFlax@aol.com.

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. Also, one of our members posted to an international list-serv with regard to any denial of benefit, so I quote Dr. John Fogelman:

The URL below will direct you to a database for the regional CMS (Centers for Medicare and Medicaid Services) headquarters. The names of the regional Medical Directors are listed. When you call, hang in through all the options, and at the end type in the name of the medical director. You will get either the real live doc, an assistant, leave a message, or the name of someone to call for an emergency. It usually works.

http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Regional_Contacts.html

My experience has been that the higher you go in any organization (hospital, government, insurance companies), the closer you are to the decision maker, and the decision makers do not have to stay on the unvarying mindless script. They do not instruct you to have a good day, apologize for your inconvenience, thank you profusely and hear how they know how valuable your time is. They usually listen, and if you do not scream at them, a favorable result often follows.

PLEASE MAKE EVERY EFFORT TO RETURN PHONE CALLS. EVEN IF YOU HAVE NO ROOM IN YOUR SCHEDULE FOR NEW PATIENTS:

I have frequently heard complaints about patients leaving voice mails with private offices and never getting a return phone call. If true, this reflects very poorly on our profession. Yes, I know how many people leave voice mail messages that I can't understand, even after playing it back 6 times with the volume turned up full. Even so, the number of complaints seems to exceed the number of complaints that could be excused due to poor communication. I screen callers with my greeting message that gives enough detail about my practice so many callers know immediately not to bother leaving a message because I don't take their insurance. This saves valuable time for all.

Join APA's New 'Find a Psychiatrist' Database: APA is offering a new member benefit for psychiatrists practicing in the United States and Canada. They are invited to join a new database being added to APA's website that will enable individuals seeking psychiatric care to locate psychiatrists practicing in their area. The goal is to populate the database, known as "Find a Psychiatrist," in the coming weeks before it goes live on APA's website. To join the database, click [here](#). To view the functionality of the database, click [here](#).

IT'S A FREE LUNCH!

Next Executive Council Meeting

Il Fresco Restaurant, Orangeburg, NY

Journal Club (15 minutes) PROMPTLY at 12:30

Followed immediately by Business Agenda

Friday, April 17, 2015 at 12:30pm 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.

PRESIDENT'S COLUMN

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

Dear West Hudson Psychiatric Society (WHPS) membership, colleagues, and friends: Following the last presidential column focusing on Drs. Kroplick and Levitt's discussion of integrative health care, it seems salient to highlight that APA President Paul Summergrad will be speaking on May 1st at our 2015 Spring Educational Meeting. The topic will be Integrative Medical and Psychiatric Care and will likely touch on some of the themes we, as a branch, have begun to highlight. So please make sure to RSVP to Liz Burnich to guarantee a spot for the talk. During our past meeting, we had a wonderful opportunity to sit with Seeth Vivek, NYSPA President. We discussed several initiatives including recent legislative efforts to pass psychologist prescribing in New York State. As some of you may know, three states have set precedent and approved psychologist prescribing at some level: New Mexico (2002), Louisiana (2004) and Illinois (2014). The on-the-record argument, of course, is that there is a desperate need for psychiatric prescribing in the context of limited access with psychologists positioned to understand mental status evaluation and, therefore, to be a rational choice in adding an alternate pathway for increased access to care. Psychologists outnumber psychiatrists by factors of two to five, depending on the regional area. We will come back to this.

In 2002, New York Education Law 7606 was passed, expressly prohibiting psychologists from prescribing. This Law explicitly banning psychology prescribing in our state was agreed to by organized psychology as a part of negotiations in support of a statutory scope of practice within the state. However, during the 2014 Legislative Session, organized psychology ostensibly reneged on this agreement and introduced Senate Bill S.7488, which will expand the scope of practice of psychology with New York State by authorizing psychologists to "prescribe, administer, discontinue and/or distribute without charge, drugs or controlled substances recognized in or customarily used in the diagnosis, treatment, and management of individuals with psychiatric, mental, cognitive, nervous, emotional or behavioral disorders." Some preliminary thoughts:

First, clearly biological interventions are with risk that must be counterbalanced against potential benefit. Of course, the decision to prescribe is reached only after medical evaluation involving investigation of differential diagnoses including the possibility of medical syndromes that may augment or directly manifest symptoms as well as co-occurring medical illness that may impact medication safety or intervention effectiveness. To assess these requires not only knowledge of psychiatric diagnosis but broad understanding of medical diagnosis, resultant from extensive medical education and experience. To suggest that a provider could reliably assess such factors through a focused psychopharmacology curriculum without similar extensive training is likely reckless and, at best, lacks judgment. Of course, without such assessment, both benefits and risks cannot be reliably reported to patients in advising treatment decisions. Furthermore, if one were to naively grant that psychologists could adequately perform this level of evaluation, suggesting they would be positioned to monitor and intervene for ongoing medical and neuropsychiatric side effects seems a further stretch.

Second, the language in this bill is board and vague, particularly regarding what types of disorders apply. I would argue, psychiatrists prescribe biological treatments to individuals with psychiatric disorders that may manifest as a phenotype comprised of cognitive, behavioral, and emotional symptoms. To propose prescribing to other poorly specified classes of disorders outside of psychiatry ("mental, cognitive, nervous, emotional or behavioral disorders") is

particularly alarming as I am not fully confident as to what organized psychology considers these other disorders to be.

Third, it is not clear that this bill will significantly improve access to psychiatric medication treatment within New York State. Perhaps in Louisiana and New Mexico (though I still outright disagree with psychology prescribing in these states for the above reasons) the argument can be made that there are just too few psychiatrists; New York State has approximately 5,083 according to the American Medical Association (AMA) *see attached map*. New York State has approximately double the number of psychologists and quadruple the number of primary care physicians (6 fold if including nurse practitioners). In looking at our state map, the locations of practice of psychiatrists and psychologists are essentially the same, centered around the large population areas. There are few examples where a psychologist is present in a geographic area with a psychiatrist and no examples of a psychologist present without a primary care physician. So the rural argument falls short. This leaves only the mass effect argument: that more prescribers are required overall. Of course, all medical fields would benefit from more access to appropriately trained and competent providers. New York State is actually positioned quite well from a mental health perspective. We have one of the largest numbers of practicing psychiatrists of any state with approximately 500 outpatient mental health clinics covering all regional areas. Even if every psychologist in New York State could competently prescribe, this would increase potential prescribers from 35,000 (psychiatrists, primary care physicians, psychiatric and family nurse practitioners) to 44,000, or about a 25% increase.

Fourth, the long-term implications to mental health care in New York State may be highly detrimental. My thoughts on this are speculative and relate to financial incentive, which I suspect to be the primary reason for this push by the American Psychological Association. Psychologists, if approved to prescribe, would likely first integrate into established hospital and clinic based practices where those systems will prefer providers who collect lower salaries. Private insurance will support psychologists on their panels for similar reasons while driving down reimbursement rates to psychiatrists. The end result, I suspect, could be increasing numbers of psychiatrists opting out of insurance plans with patients carrying the load of lower out-of-network reimbursement or being unable to access appropriately trained psychiatric providers due to financial factors. Psychiatrists will almost certainly shift practices out of New York State, where job opportunities will be more plentiful and compensation more appropriate. Many remaining psychiatrists will be relegated into supervisory roles, managing teams of psychologists who are prescribing.

So where does this leave us as a Field? WHPS in the coming weeks will be working with NYSPA in an ongoing partnership to prepare a series of initiatives. We will be reaching out to local Senate and Assembly Members and will likely be distributing ways for all in the membership to contribute to relaying facts and rational logic to those who will be in a position to pass such a bill. We are also revitalizing our legislative panel and will be welcoming of any thoughts or further suggestions.

I hope to see you all on May 1 for our Spring Meeting. I also wanted to thank Marc Tarle for presenting on violence assessment and reviewing the HCR-20. Our next Executive Council meeting will be 1230PM on April 17 at Il Fresco in Orangeburg. As always, please stay connected and relay feedback about or ideas for branch activities to me.

Summary from Executive Council Meeting

Friday, March 20, 2015

Attendees Present: Russ Tobe, Mona Begum, Jim Flax, Raj Mehta, Marc Tarle, Nigel Bark, Dom Ferro, Lois Kroplick, Alex Berger, Nnamdi Maduekwe, John Fogelman and Liz Burnich.

Journal Club: For Journal Club this month, Dr. Marc Tarle presented a thorough and extremely informative presentation on violence and suicide risk in the office setting. He provided considerable detail about the HCR-20, a screening tool available for purchase. Please see this link for further information and guidelines on its use.

http://78.158.56.101/archive/psychology/miniprojects/riskassessment/Violence%20RA/hcr20_items.html

Guest Presenter: We are thrilled that Dr. Seeth Vivek, NYSPA's President agreed to join us this month to update us on the hot topics at the New York State Psychiatric Association.

- The most critical issue that NYSPA is focusing on is psychologists' intent to pursue prescribing authority in NYS in the upcoming legislative session.
 - Psychologists in two states (Louisiana and New Mexico) already can prescribe.
 - It is of critical importance for us to organize political support by speaking to state legislators (sending letters is good but making a phone call or organizing a meeting is better).
 - Another way to support this effort is to donate to PAC (Political Action Committee). The contribution amount is not as important as the actual # of members who donate, so we urge all members to make a contribution.
 - MSSNY is on our side and will campaign along side us on this issue.
 - Marc, Russ, Mona, Lois, Raj, Dom and Jim all expressed interest in meeting with our local government legislators starting with Senator Carlucci to gather support on the issue of psychologist prescribing.
- NYSPA is also focusing on membership recruitment, engagement and retention. A newly formed committee will be meeting on Sat 3/21 at the Area II meeting. NYSPA recently obtained a comprehensive listing from the state medical board of all psychiatrists in New York State so that we can identify and target non-members. Liz will represent WHPS on this committee and attend the March 21 meeting at the LaGuardia Marriott.
- NYSPA has received a \$150,000 grant from the VA to organize programs where the target audience is non-psychiatric physicians/clinicians to discuss issues facing returning veterans to help better recognize symptoms of PTSD, TBI, depression, anxiety and substance abuse. One idea is to have multi-specialty grand rounds at a local hospital. Lois mentioned that maybe the Public Forum may be interested in doing something like this. Under this grant, NYSPA would be able to reimburse cost of speaker and venue. NYSPA also has a panel of trained speakers as well as suggested slides.
- The APA Assembly is up for reorganization this May at the Annual Meeting. It is proposed that we go back to the system where every DB will get one representative. This is good news for us, as Nigel currently has to share his position with Mid-Hudson.

Nominating Committee – Russ, Mona and Jim will work together as our nominating committee to select our next President-Elect which needs to be voted on during the business meeting at our May 1 Educational Forum.

Spring 2015 Educational Meeting – Dr. Paul Summergrad will be the speaker at our

Spring 2015 Educational Dinner Meeting. It is scheduled for Friday, May 1, 2015 at 6pm at La Terrazza in New City. Raj will introduce Dr. Summergrad – Russ will forward Dr. Summergrad's CV and bio sketch to Raj.

Women's Meeting – The next Women's Meeting is scheduled for Friday, May 1 at Tovah Feldman's office.

Next Executive Council Meeting - Friday, April 17, 2015 at 12:30pm at Il Fresco, Orangeburg, NY. Mona will run the meeting in Russ' absence.

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).

Charles Guiteau, the Oneida Community, and Insanity

Syed Abdullah, M.D.

Charles Julius Guiteau was born on September 8, 1841, in Freeport, Illinois. As a youth Charles worked for his father, Luther Guiteau, who was a businessman, later elected county clerk, and then employed as a cashier in Freeport's Second National Bank. Luther Guiteau was opposed to sending his son Charles to college. However, in 1859, an inheritance from his maternal grandfather provided Charles the means to attend the University of Michigan in Ann Arbor. Charles, a malcontent and forever joyless, was unhappy at the university. To find solace and direction, he turned to the religious doctrines of John Humphrey Noyes, founder of the Oneida Community in New York State in the 1840's.

Humphrey Noyes had promulgated a kind of Bible communism. Here a communal living was practiced which included a form of 'complex communal marriage.' By the close of 1878 there were 306 of John Humphrey Noyes' followers living in this utopian community where every man was married to every woman and vice versa. It is reported that Mr. Noyes took upon himself the challenging task of initiating the young female virgins into the subtleties of the complex communal marriage.

On the 23 acres of land in Oneida, Noyes established his nearly self-sufficient community essentially insulated from the rest of the world. People, even those in a complex marriage relationship, were forbidden to develop an exclusive attachment with each other because it would be selfish and idolatrous. Men were taught to practice continence. The community sustained itself with agriculture and cottage industry. Additional land was purchased, a communal dwelling house was built, and cottage industries mushroomed during the next few years. In 1849, small branches of the community were started in Brooklyn, Wallingford, Newark, Putney, Cambridge, and Manilus. But in 1885 most of these satellite communities were closed except the ones in Oneida and Wallingford. The Oneida Community attained financial success through the production of canned fruits and vegetables, and the manufacture of animal traps,

chains, silk thread and silverware. The production of tableware reached a level of unmatched excellence. Oneida Ltd continues to be a leading name in the manufacture of flatware. From 1849 to 1879 the community remained true to its original ideals, after that the decline was rapid. In 1881 the community was reorganized, the practice of complex marriages was abandoned and it was incorporated as a joint stock company, called the "Oneida Community, Limited."

Charles Guiteau joined the community in 1860, during its heyday. The promise of an 'Eden on earth' seemed near at hand, with Humphrey Noyes himself as God's agent in the Promised Land. Although still unsatisfied and grumbling, Charles lasted there for almost 5 years, leaving the community on April 3, 1865. At this time he conceived a notion that he had been chosen by God to spread Noyes' ideas about "millennial communism". Pursuing this dream, or delusion, he settled for a while in Hoboken, N.J where he attempted to start a newspaper called "Daily Theocrat." This project was short lived, and in July 20, 1865 he applied to re-enter the Oneida Community. This time he lasted in the Utopian community for just over a year.

After leaving the community for the second time he got into dispute with Mr. Noyes about money matters and came close to fighting a court case against his former mentor. By August 1867 Charles Guiteau was in dire financial straights and turned to his sister, Frances, and brother-in-law, George Scoville, for financial support. After working for a short time at Mr. Scoville's law office he returned to New York to work in Henry Ward Beecher's newspaper, the 'Independent'. In his grandiosity he had expected to be given editorial responsibility, instead he got an assignment selling subscriptions and advertisements. Disappointed and complaining, he quit the newspaper job and returned to Chicago where he got a job in the law offices of General Reynolds and Phelps. While working there he managed to pass the Illinois bar, and set up a private law office of his own. In 1869 he married Annie Braun, a librarian. It was a stormy, unhappy marriage. He was accused of being abusive to his wife, reportedly locking her up in a closet for entire nights. In 1874 the marriage ended in divorce, his law practice collapsed, and, in the wake of the Chicago fire, he moved back to New York.

Undaunted by life experiences he tried his hand, unsuccessfully, at starting another newspaper - the "Inter-Ocean." He returned to his sister and brother in law's generosity for shelter and support. One day his sister reported that he threatened her with a wood-chopping axe. Frightened, she took him to the local doctor, who, after examining him, declared that Charles should be institutionalized. Following this event he took off from his sister's house and became untraceable for a while. In 1876 he resurfaced as a regular attendant at Dwight Moody's revivalist meetings. From 1877 to 1880 Guiteau himself became an itinerant preacher, writing and disseminating his own sermons.

In 1880 he turned to politics in a big way, joined the Republican Party and was involved in the intra-party conflict between the "Stalwarts" led by Roscoe Conkling and the "Half-Breeds" led by James Blaine, who supported the president-elect James Abram Garfield. In his characteristic way Guiteau switched sides several times and became a familiar figure at the Republican headquarters on Fifth Avenue in New York City. After Garfield's election in 1881, Guiteau moved to Washington, D.C. with the grandiose expectation of a high level appointment with the new administration.

Disappointed, angry and full of vengeance he switched sides in the political in-fighting going on between the President and the Stalwarts. When nothing came of his letters and appeals to the Secretary of State, James G. Blaine, in mid-May 1881, Charles conceived of

a diabolical plot to “remove” the President as a “political necessity”. On July 2, 1881 the President was going on a vacation accompanied by an entourage of his aides, including Secretary Blaine. Charles Guiteau emerged from the shadows and shot him twice just as the President arrived at the Baltimore and Potomac Railroad station, once in the arm and once in the back. Mortally wounded, Garfield lay in the White House for weeks. Alexander Graham Bell, inventor of the telephone, tried several times, unsuccessfully, to locate the bullet lodged in the President’s body, with an induction-balance electrical device that he had recently designed. Yet others tried to reach the elusive bullet by inserting their unsterilized fingers in the wound, all to no avail. On September 6th, Garfield was taken to the New Jersey seaside. On September 19th, 1881, he died from infection and internal bleeding.

Guiteau was arrested on the spot and remanded to the District of Columbia jail. From there, he wrote to General William T. Sherman, stating: “I have just shot the President. His death was a political necessity. I am a lawyer, theologian and politician. I am a stalwart of the stalwarts. I was with General Grant, and the rest of our men in New York during the canvass. I am going to the jail. Please order out your troops and take possession of the jail at once. Very respectfully, Charles Guiteau.”

In a fit of overwhelming grandiosity he wrote from the prison: “To the American people: I conceived the idea of removing the President four weeks ago. Not a soul knew of my purpose. I conceived the idea myself and kept it to myself. I read the newspapers carefully for and against the Administration, and gradually the conviction settled on me that the President’s removal was a political necessity, because he proved a traitor to the men that made him, and thereby imperilled the life of the Republic... this is not murder. It is a political necessity...” His trial began on November 14th, 1881, and did not end until May 22nd, 1882. A plea of insanity by neurologists, as well as members of the Guiteau family to President Chester A. Arthur, was rejected and a writ of execution was issued. On June 30th 1882, Charles Guiteau was hanged at the District of Columbia jail. On autopsy evidence was found that he suffered from brain syphilis. The protracted trial of Guiteau sparked a feud between the neurologists and the psychiatrists. Dr. John Gray, the superintendent of the Utica State Hospital, N.Y. and long- time editor of the American Journal of Insanity (which later became the American Journal of Psychiatry), testified for the prosecution, arguing that Guiteau was perfectly sane when he shot the President. Spitzka, Hammond and other neurologists argued that Guiteau was affected by ‘reasoning mania’ and thus was insane.

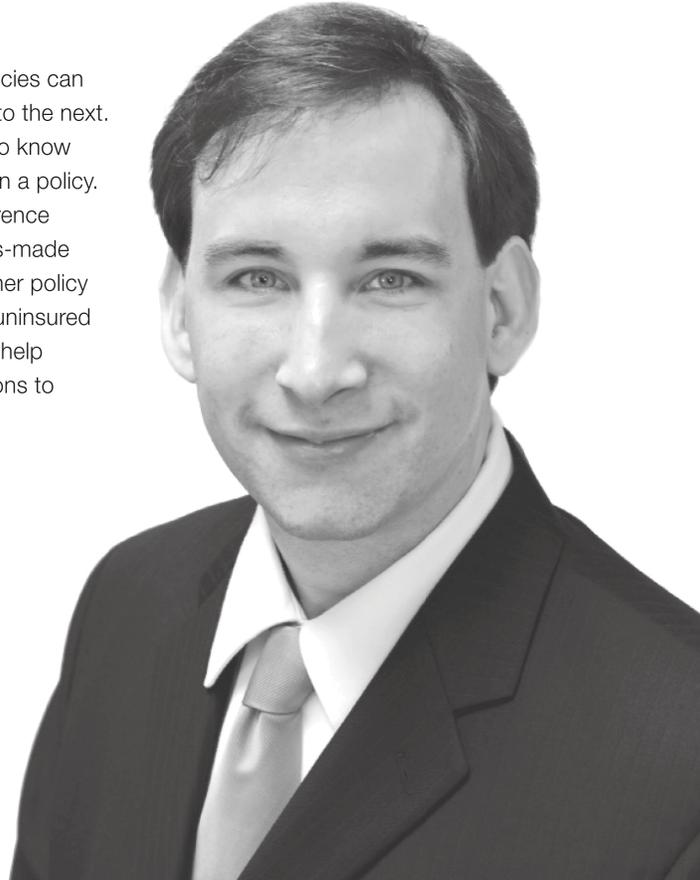
Hammond and Spitzka continued their practice as successful neurologists. Dr. John Gray was shot to death by one of his patients two months after he had testified regarding Guiteau’s sanity. The acrimonious debate between the psychiatrists and neurologists resulted in much bitterness and mutual denunciations. One of the psychiatrists, Dr. Eugene Grissom, an Asylum superintendent and a friend of Dr. John Gray, went overboard in attacking Dr. Hammond as a criminal, an atheist, a moral monster “whose bowels are but bags of gold”. This was in apparent reference to the highly successful and lucrative practice that Dr. Hammond had. The latter, in response, cited the shortcomings of the Asylum superintendents and proposed that laymen, instead of psychiatrists, be appointed to that post to raise tomatoes, corn, turnips and other vegetables in the Asylum fields. This was an evident allusion to the farms that existed those days on Asylum grounds. He also suggested that Grissom might be insane. Grissom did indeed become insane from brain syphilis and committed suicide in 1902.

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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.

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 Jawonio, inc. 775 N Main St. New Hempstead. 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.
