



# West Hudson Psychiatric Society

*Serving Rockland, Orange, Sullivan & Delaware Counties*

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# eSynapse

January 2018

## Editor's Comments

James Flax, MD, MPH, DLFAPA

In this issue of eSynapse you will find a summary of our Executive Council meeting so all readers will have an idea of district branch business. But, it's only a summary. Please **come** to a meeting to appreciate the rich discussions. There are comments by our President, Dr. Nigel Bark. Dr. Abdullah has again sent us a new article in his long line of erudite essays, this time on life's lessons and aging. There are ads and announcements that may interest you, including from my malpractice insurer, PRMS. 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>.

I invite all readers to submit anything they'd like published – professional opinion, recipes, personal announcements, travelogues, etc. In this vein and to stimulate contributions, the image below is of Dr. Ferro and myself in France this past July. We'll be showing a 10-minute video of our adventure at the next executive council meeting on 2/9/18 at 12:30 (see below).

I want to underline the importance of the APA PAC. However much we may dislike it, this is the way American politics works. **More important than the amount of money contributed is the number and percentage of members who contribute.** Politicians want to know how many people feel strongly enough about the issue to give to the PAC. If you haven't contributed, please consider doing so. Even \$1 adds your name to the list and number of donors. **See the form appended to the last page of this eSynapse.** I make a point of giving every year because it is the APA PAC that advocates for my interests as a psychiatrist better than any other organization.

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Our website is now operational. The content will be updated over the next few months, thanks to the efforts of Liz Burnich. We prominently include a link to the APA "**Find A Psychiatrist**" database. (<http://finder.psychiatry.org>). This is a wonderful public service and can provide a source of referrals to your practice. Please join APA's **FREE** "Find a Psychiatrist" Database by

signing in to psychiatry.org, under the Psychiatrist menu go to Search Directories and Databases, scroll down to Find a Psychiatrist Database and “opt-in”.

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***Mental Health Works*** is an interesting APA publication addressing mental health and the workplace. If you don't get it, I suggest you find it at the following website and see what you think.  
<http://www.workplacemetalhealth.org>

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**Executive Council Meeting**  
**Il Fresco Restaurant, Orangeburg, NY**  
**Friday, February 9<sup>th</sup>, 2018**  
**Journal Club - a 10 minute video of Drs. Ferro & Flax cycling the Alps**  
**PROMPTLY at 12:30**  
**Followed immediately by Business Agenda**  
**Please contact Liz Burnich ([westhudsonpsych@gmail.com](mailto:westhudsonpsych@gmail.com)) if you are planning to attend.**  
**IT'S A FREE LUNCH**



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## **President's Column**

### **Goldwater, again; some old and new epidemiology.**

Nigel Bark January 28, 2018

I was going to talk about some interesting epidemiology papers to get away from all this politics but psychiatry and the Goldwater rule is on the front pages almost daily so I'm revisiting this subject first.

In my first column as president of WHPS I wrote about the Goldwater rule. Then I was ambivalent but tending to support it. A lot has happened since that makes me question it – even after reading the piece in the *Psychiatric Times* of January 23 by James Knoll and Ronald Pies. With Michael Wolff's "Fire and Fury", and Trump's more outrageous comments and tweets, and his vacillations on policy, Bandy Lee's "The dangerous case of Donald Trump" is most timely. It was trashed by Jeffrey Lieberman, but I wonder if he read it. And the APA came out with an even more definitive press release confirming the Goldwater rule and condemning "armchair psychiatrists". You may remember that in March 2017 the APA ethics committee extended the Goldwater prohibition beyond diagnosis to "any opinion on the affect, behavior or speech or other presentation..." that draws on the skills and training of psychiatrists. Bandy Lee's book by 27 psychiatrists and other mental health experts does just that and is a sober, thoughtful, professional, discussion by experts, of Donald Trump's mental state and behavior. I found it enlightening and helpful in understanding Trump and dealing with our present situation. I don't think Bandy Lee's solution of having Trump examined and certified is either feasible or politically appropriate but the discussion by experts is essential. Another important op-ed in the *New York Times* was by Steven Buser, a former air force psychiatrist, discussing the psychological evaluation that all air-force personnel involved with nuclear weapons have to undergo; why not the President too? And note that the APA's code of ethics is an annotated version of the AMA's code; section 7 of that code says that physicians have a duty to promote public health and safety.

Back to epidemiology: when I was a resident it was generally accepted that the prevalence of schizophrenia was pretty much the same the world over and had always been so – except where I was in Ireland where the West of Ireland had one of the highest rates in the world. The author of those studies (Dermot Walsh) now thinks he was wrong, but I, with Fuller Torrey, think he was right and that it was probably due to a combination of poverty, people waiting unmarried for their parents to die to inherit the tiny plot of land and a particular austere kind of Catholicism. There is no increased rate now, and all these factors have gone. There were two other areas with high rates of schizophrenia: an isolated area of northern Sweden where three families (one with schizophrenia) had settled and multiplied, cut off from the rest of Sweden, in the eighteenth century; and Croatia where there were dramatic local variations which some ascribed to differences in rainfall (or sunlight); others to differences in occupation (mining versus agriculture). Through the 1990s and 2000s studies in England and Europe found enormously (up to 14 times in one study, commonly five times) higher rates in immigrants and their offspring from the Caribbean. (Immigrants were known to have higher rates from studies in the US and Norway from the nineteenth century.) Further examination confirmed that the rates were real and most probably a result of discrimination and difficulties acculturating. My friend John McGrath from Australia did comprehensive meta-analyses of prevalence and incidence studies showing a median incidence of 15.2 per 100,000 but the range was 0 to 100 (10-90% quantiles 7.7-43) per 100,000; and a median one-year prevalence of 3.3 per 1000 (range 0-25 per 1000) and lifetime prevalence of 7.2 per 1000; confirming the very large variation in rates.

Over the last thirty years a large number of risk factors for schizophrenia have been confirmed: genes of course, and older fathers, northern latitudes, being born and living in

cities; and during pregnancy: rubella, toxoplasmosis (Torrey's "feline schizo-virus"), influenza, rhesus incompatibility, maternal stress, anoxia at birth, lack of vitamin D; and in childhood: intra-cranial infections, head injury and early use of marijuana. Many of the risk factors are the same for autism – but in a future column I will talk about how the rates and causes of autism have become political.

Now to the new epidemiology studies all of which were on the first page of JAMA Psychiatry website two weeks ago. A study from rural England of first episode psychosis showed an incidence rate of 31.2 per 100,000 and that rates were highest where there was economic deprivation, social isolation and lower where there was racial/ethnic diversity! A study of treated incidence of psychotic disorders from 17 catchment areas in five European countries (not Scandinavia) and Brazil showed an incidence of 21.4 per 100,000 varying from 6.3 in Santiago, Spain to 61.4 in south east London. Higher rates were in racial/ethnic minorities, young men (and a small secondary peak in women over 45). Areas with higher owner-occupancy levels had lower incidence rates, confirming the association with economic deprivation.

Two curiosities: in Denmark, more lithium in the water supply was associated with lower levels of dementia. There is evidence of lithium's neuroprotective effects but in this study the effect was non-linear, which made me suspicious, but the authors state this has been observed in some of the micro-dose non-lithium neuroprotective studies, presumably a different mechanism is involved as the dose increases. And from Finland a study looked at the psychiatric hospitalization rates of the offspring of those who had been evacuated as children to Sweden during the war, compared with the offspring of their siblings who had stayed at home. These were first cousins – a nice control for family factors. Daughters of evacuated mothers had twice the hospitalization rate (and nearly five times the rate for mood disorders) as the daughters of mothers who were not evacuated. There was no effect in men. The effect persisted after correcting for the mother's hospitalization, which was doubled in women who had been evacuated, but not in men. (Finland reminded me of an older study showing that the offspring of mothers whose husbands were killed during the Finnish-Russian war while they were pregnant had increased rates of schizophrenia but if they were killed after birth there was no increase – a stress effect via the hypothalamic-pituitary-adrenal (HPA) axis?

John McGrath (again) has an opinion piece on the importance of psychiatric epidemiology. Examples are the early death of the severely mentally ill and the finding that cardio-vascular disease in such people is not recognized and not treated even when it is recognized. More globally, we all believe psychiatry is very important, but it was the Global Burden of Disease project that combined early death and disability in a single term and acronym: disability-adjusted life-years (DALY), and which could be applied to all medical conditions, that demonstrated to the world that psychiatric disorders are the leading cause of disability globally – and equally so in developing and developed countries. The epidemiology studies mentioned above point to possible means of prevention.

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**Minutes**  
**WHPS Executive Council Meeting**  
**Friday, January 5, 2018, 12:30pm**

**Attendees Present:** Nigel Bark, Mona Begum, Raj Mehta, Laura Antar, Jim Flax, Lois Kroplick, Ulrick Vieux, John Fogelman and Liz Burnich

1. Spring 2018 Educational Meeting – Nigel Bark, MD

- a. Dr. Altha Stewart, APA President Elect has agreed to present on a topic of her choice on Friday March 9, 2018 at La Terrazza in New City.
- b. Liz emailed Dr. Stewart's assistant Tabatha to get course title, objectives and CV for CME requirements.

2. 2017 Professional Risk Management sponsored events – Liz Burnich

- a. PRMS sponsored a Resident's Luncheon on Thursday, November 30, 2017 at Orange Regional Medical Center for all of the residents and the resident interviewees as part of the 2017 partnership program.
- b. PRMS also sponsored a risk management seminar/dinner meeting called "What would you do if..." on Thursday, November 30 at La Terrazza, New City as part of the 2017 partnership program.
  - i. This was an interactive audience response lecture where attendees were able to engage with a risk management specialist to discuss real life scenarios based on actual calls received by the PRMS risk management Helpline.
  - ii. Some things that were discussed include how to deal with law enforcement demand for patient records, a social media "friend" request from a patient, pharmacist report of prescription alteration and estranged parent demand for records.
- c. Both PRMS events were well received by all attendees and we look forward to doing more risk management events in the future.

3. ORMC Residency Program – Ulrick Vieux, DO

- a. First Annual ORMC Update in Psychiatry – Spring 2018 – Ulrick Vieux, DO
  - i. Scheduled to take place on Thursday, March 8, 2018 at TouroCOM, Middletown, NY from 12-5pm
  - ii. Confirmed Speakers:
    1. Dr. Cesar Rojas, MD-Topic: Update on Geriatric Psychiatry
    2. Dr. Alison Sullivan, MD- Topic: Update on Psychiatric Medications for Children & Adolescents
    3. Dr. Robert Stine, MD- Topic: Update on Emergency Psychiatry
    4. Dr. Lois Kroplick, DO:Topic: The Treatment of Complicated Grief
  - iii. Grand Rounds at Orange Regional Medical Center, Middletown, NY from 5:30-7pm
    1. "Ways to foster healthier interactions between law enforcement and people in crisis" presented by Alan Pean and Christian Pean, MD
  - iv. Dr. Altha Stewart (APA President Elect) will be able to attend and contribute in some way.
  - v. Liz will see if PRMS wants to set up a display table.
- b. Mentorship Program
  - i. Discussion around establishing an Annual Mentorship Luncheon at ORMC during the ORMC Residency Orientation and Training during the 1<sup>st</sup> 2 weeks in July.
    1. Some of the mentors will present on various topics of their choice and the more established mentees will present on how the Mentorship Program has helped them personally and career-wise.

#### 4. Committee Updates:

- a. Coalition Update – Lois Kroplick, DO
  - i. The Mental Health Coalition of Rockland County disbanded at the end of 2017 after 21 years of working towards de-stigmatizing mental illness and promoting mental health by educating the public that mental illness is just like any other physical illness.
  - ii. WHPS and the ORMC Psychiatry Residency Program both agreed to continue to carry on the mission of the Coalition by sponsoring and participating in the annual Public Forum.
  - iii. All members present unanimously voted to also help support the 2018 Public Forum with a monetary donation. Lois will forward Liz information on where to send the check.
  - iv. Planning has begun on the 2018 Public Forum.
- b. Women’s Meeting – Mona Begum, MD
  - i. The next meeting will take place on Friday, January 26, 2018 at 12:30pm at Jane Kelman’s office.
- c. Legislative Committee – Russ Tobe, MD
  - i. Liz will contact Senator Carlucci’s office to arrange a meeting – hopefully for a Friday around lunchtime.
  - ii. In addition to our Legislative Committee, many EC members expressed interest in attending the meeting with Senator Carlucci so as soon as the meeting is set, Liz will email the group to start a conversation on the agenda to be discussed with Senator Carlucci.
  - iii. Liz will also keep NYSPA/Gallo Associates apprised of all meetings and agenda.
  - iv. We opened the discussion and brainstormed on some agenda items to discuss at this meeting:
    - 1. WHPS wants to establish relationship
    - 2. Discuss historical platform
    - 3. What is Senator Carlucci’s mental health agenda?
    - 4. Area of concern: our area is in dire need of beds for children and adolescents
  - v. We cannot make a donation to Senator Carlucci on behalf of WHPS but individual members can bring donation checks to the meeting.

#### 5. 2018 PRMS Partnership Agreement

- a. PRMS would like to enter into another non-exclusive partnership agreement with WHPS.
- b. All members present unanimously voted to continue the partnership with PRMS in 2018.

#### 6. Upcoming NYSPA/Area 2 meetings:

- a. Saturday, March 24, 2018 – **\*\* Mark your calendar \*\***
- b. NOTE: the location this year has changed to the **LaGuardia Plaza Hotel**, 104-04 Ditmars Blvd., East Elmhurst, NY

#### 7. Upcoming 2018 APA Annual Meeting:

- a. May 5-9, 2018 in New York City.
- b. Registration is open on the APA website [Psychiatry.org](http://Psychiatry.org)

#### 8. NEXT EC MEETING – Friday, February 9, 2017 at 12:30 at Il Fresco

- a. Jim will do a short video presentation of his and Dom’s biking trip to the Alps.
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# **CORRESPONDENCE**

*(Editors note: I vowed when I started this publication to publish anything sent to me by our members. Please do so.)*

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I received the following from **Syed Abullah, MD**. For decades Dr. Abdullah has been sending Synapse articles of interest to our local psychiatrists. Thank you, Syed, for **all** your contributions. J Flax, MD.

## **Good For Nothing**

While growing up, I had difficulty in doing most things that other kids my age did with natural ease. I could not throw a ball more than a few feet away; whereas my friends could, to my amazement, throw it in a wide arc across the playing field. The same was true about kicking a ball, which would reluctantly roll only a few feet from where I stood. The result was that I was seldom selected to play for any team.

Cricket, a popular game in my time, was a terror for me from the first time I held the bat. There I was standing at the stumps with bat in hand as the hard ball came menacingly toward me, hitting directly my right knee cap. The pain was so excruciating that I became light-headed and passed out! As I limped away from the playing field I resolved never to indulge in that folly again. I kept that resolve to this day. I was mercifully excluded from the cricket team by my class-mates.

As a youth I found running to be a formidable task. Whenever I ran my friends thought I was putting up a comic act and laughed heartily. In all the racing events I was the last to reach the finishing line, if I at all managed to run that far. I would usually stumble a couple of times on the way. As my friends ran past me I had a feeling that sports were passing me by, and they did.

Then there was the school bully. I was an easy target for him. He often challenged me to a fist-fight or a wrestling match at the end of the school day. I would be petrified at the prospect all through the day, praying that by some miracle my father would appear at the school gate to rescue me from the ruffian. My prayer went unanswered, as my father had died when I was only eleven months old. But mysteriously I was spared the fight as the bully was distracted by some other activity more challenging than poor miserable me. Sometimes he would be content with some light rough- handling before letting me go. He would have pity on me, being himself an orphan like me.

Not being able to shout or scream was another handicap I learned to live with. Whenever I tried to scream or even speak loudly I would have a fit of spasmodic cough with terrible scratching in my throat. During the War I was in the University Officers' Training Corp as a requirement. I did not pass the test for promotion to the rank of a corporal because I could not shout out the commands to the small group of cadets who were marching under my lead. My voice was not loud or crisp enough to impress the examining officer who was grading me.

As for lifting weights, I was a weakling and have remained so into my adult life. Only recently I went to the garden supplies where I saw a slim young lady pull up her van and pick a bag of topsoil and gracefully haul it into the trunk. I said to myself, if she could do it with such little effort I could do it too. So I tried with all my might but the bag would not budge even a little. Finally, after the lady drove away, I asked an old man standing nearby to help me with the loading of that stuff, which he did graciously without any help from me. Once home I had to call out to my wife and nephew to help me unload the bag.

When it came to carrying a tune I was unable to do so however much I tried, this is true to this day. Here is an actual life story: My four-year-old grand daughter was singing a nursery rhyme to herself. I tried to please her by saying, "Leila you sing so well." To which she replied briefly "I know." Encouraged by her response, I made a friendly plea, "Could you teach me how to sing?" Leila's reply was short and to the point, "No, 'cause you don't have a pretty voice!" I persisted, "Could you please give me a pretty voice?" Leila replied with some exasperation, "Only God can give you a pretty voice, not me!"

After the passage of a few months I announced, "Leila, do you know grandma thinks my singing is improving." Not impressed, she responded decidedly, "I don't think so."

Now in my old age I have developed other deficiencies. I don't hear very well, I have a weakening eye-sight, I walk and move slowly but have enough aches and pains to assure me that I am still alive. Thank God I am happy that my family and friends, ignoring my drawbacks, have sustained me through rough times. I am fortunate to be surrounded by goodness and beauty. I have glimpses of the perfection and oneness of all creation, including the bullies of the world.

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**The Orange Regional Medical Center (ORMC)** GME program is growing exponentially. They anticipate that starting July 1 they will have 73 residents in their 6 GME programs. As a result, the need to be able to refer at risk residents to effective, empathic mental health professionals is great. Due to confidentiality issues many residents may not feel comfortable receiving treatment at Orange Regional Medical Center. ORMC would like a list of therapists that would be willing to see residents as needed. The director of the psychiatric residency program would like to get a list of members of the West Hudson Psychiatric Society that would be willing to see ORMC residents in their private practices. Insurance is Blue Cross/Blue Shield of NY, with varying levels of reimbursement depending on which plan the resident chooses. Please contact:

**Ulrick Vieux DO, MS**  
**Psychiatry Residency Program Director/ORMC**  
**Cell #: 845-741-4990/Office #: 845-333-1763**

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### News and Notes for APA District Branches/State Associations: February 2018

#### What's New at the APA

APA released a new practice guideline on the Pharmacological Treatment of Alcohol Use Disorder. This practice guideline provides evidence-based recommendations for the pharmacological treatment of alcohol use disorder. You can read the full guidelines and related materials [here](#).

APA, along with America's Frontline Physicians, released a statement strongly urging the Centers for Medicare and Medicaid Services (CMS) to put patients first and reconsider its willingness to approve state waiver requests that would require patients to work in order to be eligible for Medicaid. You can read the joint statement by APA and America's Frontline Physicians on work requirements for Medicaid [here](#).

#### Mark Your Calendar

- Heart Month (February)
- National Eating Disorders Awareness Week (Feb. 23 – Mar. 1)
- National Donor Day (Feb. 14)
- Teen Dating Violence Awareness Month

#### February Course of the Month | Managing Physician Burnout

Burnout is a syndrome characterized by depersonalization, emotional exhaustion and a sense of low personal accomplishment that leads to decreased effectiveness at work. This presentation addresses burnout among physicians, focusing on psychiatrists at different levels of training, and discusses strategies, methods, and programs to reduce burnout and promote resilience and wellness. Presented by Eva M. Szigethy, M.D., Ph.D. of the University of Pittsburgh. [Click here to access the Course of the Month and sign up for updates about this free member benefit.](#)

#### Learn about New MOC Part III Pilot Project

The American Board of Psychiatry and Neurology (ABPN) has released details about the optional Maintenance of Certification ("MOC") Part III Pilot Project, which is scheduled to begin in 2019. This pilot program is a journal article-based assessment activity designed as an optional alternative to the current secure, proctored 10-year MOC examination. Diplomates who do not wish to participate in the pilot program may continue to take the current 10-year MOC exam. You can find more details on ABPN's MOC Part III Pilot Project [here](#).

#### Get ready for MINDGAMES!

MINDGAMES, the APA's national residency team competition, is a fun way for residents to test their knowledge on patient care, medical knowledge, and psychiatric history while earning bragging rights for their program. Registration opens Jan. 28th for the preliminary qualification exam, which residents can

complete Feb. 12-26. The top three teams will advance to the national MINDGAMES final competition at the APA Annual Meeting. Visit [MindGames](#) for more information.

### **Register for the 2018 APA Annual Meeting**

Join us at this year's Annual Meeting in New York May 5-9,2018. APA's Annual Meeting is the premier psychiatry event of the year. With over 450 educational sessions and courses, there is no better event to help you expand your knowledge, network, and meet certification and licensure requirements. Members receive a steep discount on registration. [Register here](#).

### **Renew your Commitment to APA for 2018 – Today!**

As we enter 2018, we ask that you to **renew your commitment** to your professional home for psychiatry – at the national level with APA and through your local District Branch. You may [renew online](#) or by calling 888-357-7924 to pay by phone or to schedule an installment payment plan. If you would prefer to receive a direct payment link (no login required) via email, please send a request to [membership@psych.org](mailto:membership@psych.org).

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**JACKIE PALUMBO**  
CHIEF UNDERWRITING OFFICER

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Actual terms, coverages, conditions and exclusions may vary by state. Unlimited consent to settle does not extend to sexual misconduct.

Insurance coverage provided by Fair American Insurance and Reinsurance Company (NAIC 35157). FAIRCO is an authorized carrier in California, ID number 3175-7. [www.fairco.com](http://www.fairco.com)

In California, d/b/a Transatlantic Professional Risk Management and Insurance Services.

# ANNOUNCEMENTS AND ADS

If you missed the dinner meeting on genetic testing for psychiatrists, here is a link to the slides from the talk by Jay Lombard, MD, the founder of Genomind.

<https://www.dropbox.com/s/ullqriwoa37njgz/Genomind%20presentation.pptx?dl=0>

**USEFUL INFORMATION RESOURCES:** Dr. Ferro recently advised me of a useful electronic publication of psychiatric advice – SimpleandPractical.com. This prompted me to think of all the publications I use to keep up to date. I do not use UpToDate.com though I understand it is very useful. I do use the APA publications, including Focus. I am a member of the listservs of Columbia University and multiple PsychoPharm listservs. I receive Amadeo on 4 different topics <http://m.amedeo.com> and Evidence Alerts <http://plus.mcmaster.ca/EvidenceAlerts/> for reviews of recent articles. I pay for two monthly newsletters - Biological Therapies in Psychiatry and The Medical Letter. I read APA News, Psychiatric Times and Clinical Psychiatry News. I sometimes will read Psychiatric Annals as well. I use Epocrates, Google, Wikipedia, WebMD and others daily. As a result of our modern digital resources, I'm thinking of throwing out all the ancient textbooks taking up space on my shelves. I'd be interested in hearing from others about what resources you rely on to keep up to date.

**GoodRx** – a plug for this service I have found useful for patients whose medications are not well covered by their insurance. Sometimes it provides very beneficial coupons and lists the least expensive retail source for a medication.

**PRIVATE PRACTICE FEES:** Here is a link to a legal public site where you can look up fees for a given zip code. <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](mailto:ejaffe@psych.org) Practice Management HelpLine (800-343-4671) - email at [hsf@psych.org](mailto: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 in an emergency. It usually works.

[http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Regional\\_Contacts.html](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.

**PARITY ENFORCEMENT FROM NYSPA:** If you missed the NYSPA Webinar on parity I strongly suggest you listen to it; accessible on the NYSPA website. Seth Stein and Rachel Fernbach have presented a packet of wonderful new tools that potentially will allow us to

better manage and respond aggressively to insurance company efforts to restrict care. **THIS IS IMPORTANT!** NYSPA is soliciting detailed information on insurance reimbursements to identify fee and reimbursement discrimination in the payment for outpatient mental health services. **The NYSPA Parity Enforcement Project (PEP)**

NYSPA is rolling out its newest Parity Enforcement Project initiative to identify fee and reimbursement discrimination in the payment for outpatient mental health services. NYSPA has prepared two Request Forms - one for in-network services and one for out-of-network services - and a set of instructions for using the Request Forms. You will note that the instructions have been prepared for use for non-psychiatrists because these forms can be used by anyone who has health insurance through a job, through ACA or a Medicare or Medicaid managed care plan. We urge every psychiatrist who has health insurance coverage to submit either an in-network form or both forms (if you have out-of-network coverage). Anyone with health insurance can submit the forms regardless of whether they have received, are receiving or expect to receive treatment for mental illness. The forms do not require the disclosure of any individual medical information and the responses will not include any medical information. These forms can be widely disseminated to individuals receiving treatment and support groups for patients. The key is that NYSPA needs to review the responses in order to identify evidence of discriminatory coverage. The forms can be downloaded from the NYSPA website by [clicking here](#). Please join us in participating in this effort to identify and root out reimbursement discrimination in the treatment of mental illness.

**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 psychiatrist's offices and never getting a return phone call. If true, this reflects very poorly on our profession.

#### **Mandatory Prescriber Education in NY after 7/1/17**

Prescribers licensed in New York to treat humans and who have a DEA registration number to prescribe controlled substances, as well as medical residents who prescribe controlled substances under a facility DEA registration number, must complete at least three (3) hours of course work or training in pain management, palliative care, and addiction by July 1, 2017.

Practitioners must notify the Department of Health that they have completed the educational requirements by submitting an attestation online.

Click on the following links for more information and guidance.

- [Mandatory Prescriber Education Guidance](#) (PDF)
- [Frequently Asked Questions - Updated June 2017](#) (PDF)
- [Attestation Process](#)
- Prescribers can access three hours of free course work covering the eight required topic areas, sponsored by NYSDOH, from the University of Buffalo\* at [Opioid Prescriber Training Program](#).

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## **Medical Director and Psychiatrist(s) (PT/FT)**

- The Mental Health Association of Rockland County, Inc. (MHA) was founded by a group of concerned citizens in 1951 to advocate for the development of public mental health services in Rockland County. Currently we are accepting resumes for the positions of a Medical Director and Psychiatrist(s) (PT/FT) to provide mental health and addiction services to the residents in Rockland County in our busy nonprofit agency.
- The Medical Director will supervise medical staff; provide psychiatric services; prescribe drugs and diagnostic tests; participate in treatment planning and goal setting; assist in the dev of support services and emergency coverage; and maintain case records.

- The Psychiatrist(s) performs diagnostic assessments to evaluate medication and overall mental health needs of clients in a busy and culturally diverse recovery program; prescribes medication; conducts group and family therapy sessions, monitors clients for side effects of medications; participates in treatment planning meetings and meets with other clinical and treatment staff for case review and input. Some programs include field work.
- Completion in an approved resident training and NYS license to practice psychiatric medicine and experience in a mental health, clinic or related program. Open to obtaining a federal DATA 2000 waiver (buprenorphine-certified.) Must be able to apply for Medicaid/Medicare reimbursement services. Must have or be able to obtain a board certification in addiction psychiatry or the equiv. If interested, send resume including salary requirements and availability to: MHA of Rockland, Att: HR, 140 Rte 303, Valley Cottage, NY 10989, Fax #:845-267-2169, or email: [dejesust@mharockland.org](mailto:dejesust@mharockland.org). [For additional information, including benefits please visit our website www.mharockland.org](http://www.mharockland.org).

- EOE

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## **Weekend Psychiatry/Psychotherapy Office for Rent**

- Route 45, Pomona
- Shared Waiting Room, Wheelchair Accessible, Wall-to-Wall Windows,
  - Private Bath, Full Sound Insulation, Separate Entrance/Exit
  - Call Lorraine Schorr (845) 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 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.

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**Rockland County Department of Mental Health (RCDMH)** is seeking to contract with psychiatrists to provide child custody evaluations referred to RCDMH by Family Court. Flexible time and competitive terms. Please contact Salina Williams at 845 364-2391.

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## **PSYCHIATRIST, OUT-PATIENT HEALTH CENTER (INDEPENDENT CONTRACTOR)**

Location: New City, NY 10956  
Division: Health Center  
Status: Independent Contractor

### **Build a brighter future...For those with special needs AND for yourself!**

Since 1947, Jawonio has advanced the independence, well-being and equality for people with disabilities and special needs. We take tremendous pride in making a positive difference in the lives of the individuals and families whom we support and now we're looking for a compassionate and caring person who wants to enrich their own life and the lives of others by working alongside a talented team of professionals in a working environment of personal accountability, mutual respect and most of all a true sense of teamwork.

As a **Psychiatrist** (Independent Contractor), you will provide diagnoses and treat individuals in our outpatient Health Center located in New City (Rockland County), NY. We are seeking a part-time NYS board certified Psychiatrist to work with adults and or children/adolescents with Behavioral Health and adults or children/adolescents with Developmental Disabilities in our outpatient health center which operates 8:00am – 5:00pm Monday through Friday; very flexible hours available. The qualified candidate will work with an integrated treatment team consisting of other Psychiatrists, Psychologist, LCSWs, LPNs, MD, Patient Services Representatives, Schedulers and a Coding and Compliance Specialist. Jawonio will provide administrative support and office space.

### **How to Apply:**

Please sent Resumes to:  
Jawonio Inc  
Human Resources Department  
260 N. Little Tor Road  
New City, NY 10956

Or by Fax to (845) 639-3530  
Or by E-Mail to [jobs@jawonio.org](mailto:jobs@jawonio.org)

We encourage all qualified applicants to apply.

Jawonio, Inc. does not base employment decisions on an individual's race, color, sex/gender, genetic predisposition, sexual orientation/preference, religion, age, national origin, disability, military or veteran status or any other characteristic protected by federal, state or local law. In addition, Jawonio, Inc. may make reasonable accommodations to enable applicants to participate in the hiring process and employees to

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**The Clinical Research Division (CRD, Director: Dan V. Iosifescu, MD, MSc) at the Nathan Kline Institute is pleased to announce we are starting several clinical trials in patients with major depressive disorder (MDD). We plan to evaluate novel potential treatments, including devices and pharmacological agents.**

**Our first study is testing transcranial laser therapy (TLT) in addition to antidepressants for MDD subjects who have failed to improve with antidepressants alone.**

**You can find more information about the study in the following summary description:**  
<https://clinicaltrials.gov/ct2/show/NCT02959307>

**Interested patients should contact Dr. Karen Nolan at 845-398-6572. The study PI, Dr. Dan Iosifescu, will be happy to answer your questions (845-398-6568), or [Dan.Iosifescu@nki.rfmh.org](mailto:Dan.Iosifescu@nki.rfmh.org)**

*Have you been feeling sad, blue, or down in the dumps?*

*Have you lost interest in the things you used to enjoy?*

*Are you looking for help?*

If so, you may be eligible to participate in a research study using Transcranial LED Therapy (TLT) to treat depression that is being conducted at the Nathan Kline Institute in Orangeburg, NY.

TLT involves a non-invasive and invisible beam of light that increases energy metabolism in the brain, and some of this increased brain activity may help people with depression. This treatment is not the same as electroconvulsive therapy (ECT).

All TLT sessions will take place at the Nathan Kline Institute. The visits include 1 initial screening visit, 24 TLT sessions, and 1 follow-up visit making for a total of 26 visits to our program. Those who qualify will receive the experimental treatment, study-related, medical exams, and laboratory tests at no cost. Study participants will be compensated \$50 per study visit.

If you are between 18 and 70 years old and would like more information please contact

Karen Nolan at 845-398-6572 or email [nolan@nki.rfmh.org](mailto:nolan@nki.rfmh.org)



NEW YORK STATE PSYCHIATRIC POLITICAL ACTION COMMITTEE, INC.  
400 GARDEN CITY PLAZA, SUITE 202  
GARDEN CITY, NEW YORK 11530

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Tel. No.: \_\_\_\_\_

I hereby join as a member of the NYSP-PAC for 2016 and enclose my payment in the following amount:

- |       |                     |                  |
|-------|---------------------|------------------|
| _____ | General Member      | \$100.00         |
| _____ | Contributing Member | \$150.00         |
| _____ | Supporting Member   | \$200.00         |
| _____ | Sustaining Member   | \$250.00 or more |
| _____ | Other amount        |                  |

Circle one:

VISA      MASTERCARD      AMEX      DISCOVER

I hereby authorize the charging of my credit card.

Account #: \_\_\_\_\_

Three or four digit number following account number that appears on signature bar on reverse side of credit card:

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please make checks payable to NYSP-PAC.**

Checks can be mailed to:  
NYS-PAC, 400 Garden City Plaza, Ste. 202, Garden City, NY 11530