



# West Hudson Psychiatric Society

*Serving Rockland, Orange, Sullivan & Delaware Counties*

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# eSynapse

December 2019

## Editor's Comments

James Flax, MD, MPH, DLFAPA

I want to wish all our readers a very happy holiday season as we are looking at the start of 2020. In this issue of eSynapse you will find a multitude of announcements and articles about the variety of activities members of your local branch are involved in. There are several contributions from ORMC, descriptions of the Public Forum held every October at RCC, Assembly notes from the last meeting, a description of testimony by our former president Mona Begum to Senator Carlucci's hearing and another article from your WHPS president, Laura Antar, MD, PhD. 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>. (If the links in eSynapse don't work, copy and paste into your browser).

**FIND A PSYCHIATRIST** is a wonderful public service and can be a source of referrals to your practice. I recently checked and there are now 5 psychiatrists listed in Rockland County, one of whom has relocated, 3 within 20 miles of Middletown and none within 20 miles of Liberty. This level of participation makes the list virtually useless for patients searching for care. **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". Doing so could be of benefit to your practice and will be of benefit to prospective patients searching for care. 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.

As I've said and written many times, I **will** publish anything you'd like published if it's suitable for the eSynapse newsletter by being of relevance to our profession, our patients or about a member's life, such as – professional opinion, recipes, personal announcements, travelogues, etc.

I want to underline the importance of the NYState Psychiatric 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 the 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 NYSPA PAC that advocates for my interests as a psychiatrist better than any other organization.

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In this issue of eSynapse you will also 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 one of our friendly meetings to appreciate the rich discussions and enjoy a tasty lunch at Il Fresco.

**Executive Council Meetings**  
**Il Fresco Restaurant, Orangeburg, NY**  
**Friday, December 13, 2019 & Friday, January 24, 2020**  
**PROMPTLY at 12:30**

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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Nigel Bark, MD

The WHPS probably does more for its members and for psychiatry, proportionately (considering the number of members), than any other district branch, as was recognized by the APA in awarding it the Best Practice Award in 2018. **For our members:** twice yearly educational dinner meetings with high quality speakers; open executive committee meetings that all members can attend with a journal club or presentation from local leaders of psychiatric services or organizations; a mentoring program for residents at Orange Regional Medical Center; a women's group of female psychiatrists that meets every six weeks. For psychiatry and the community: the Mental Health Coalition of Rockland County organized by Lois Kroplick 22 years ago, with about 20 local mental health organizations, has been perhaps the most active and successful undertaking by WHPS, with its highly successful annual Forum, attended by 500 or so people, its educational programs in local Colleges, elementary schools, high schools, its presentations to groups of clergy, police, Rotary clubs, PTAs; many members have been involved in these programs. eSynapse, (with news of psychiatric and WHPS activities in our area, a summary of the executive committee meeting, original articles, advertisements for jobs and offices etc) has been recognized with awards by the APA for its quality and interest. Of course if you don't read it you wouldn't know and you may not know what the WHPS does. We are involved with representing our members and patients at NYSPA and its committees and the APA on the Assembly and its committees. If you don't think we are doing enough, please join us and contribute.

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## **President's Column**

### **Making a Living Practicing Medicine**

Laura Antar, MD, PhD



I have struggled all my professional life with taking money for providing medical services. I can define it easily. It is the proverbial battle between id and superego. The id wants what it wants, and the best it can get. My id is happy, for example, to make money for myself and my family at my profession. It speaks clearly:

My colleagues and I have worked very hard to become physicians and psychiatrists. Each of us has endured many sleepless, stressful nights. We have paid our dues.

My id, therefore, reassures me that I deserve to not only make a living, but charge fair “market value” to now give to the community while simultaneously giving back to my family and myself so I can earn as comfortable a living as I can manage.

On the other hand, my superego thrashes me. It tells me that healthcare is a “right.” Our residencies were paid for by public funds. I feel that one of the reasons I was granted a slot in my MSTP program was my humanistic bent: the wish to give to and sacrifice for my fellow human. This privilege was not given to me only to help people who could afford my services. Many would-be physicians are barred from gaining any medical or osteopathic school education despite the desperate physician shortages in the population. There are people who need. I am lucky enough to possess some skills to help; I should help others as I have myself been helped. Help should not be denied to those in need.

I worked in the Bronx during training, and became disillusioned with “systems” issues. the pecking order, that required one to betray one’s values or endure loss of autonomy to do what was demanded. It became clear, as I watched people whom I admired, who had dedicated themselves to community medicine, leave or be pushed out of their positions only to be replaced by administrators who seemed less dedicated to the individual and more interested in the institutions they represented. I wanted none of it. I left and opened a private practice.

I did not take insurance for the same reasons; I did not want to be managed by any kind of institution. I wanted autonomy. I don’t want to be audited or dictated to, or denied payment, or sent on a wild-goose-chase. I would never want to be in the position of our counterpart internists whose patients are on a conveyor belt as they pass through the office every 10 minutes or so. I want to see patients; I do not want a burnout life of paperwork where there is more time spent calling insurance companies than seeing patients. I LOVE private practice. I feel a part of my community, effective and useful. I enjoy my colleagues, my patients, my office. I love lifetime learning and feel so privileged. What is an idealist to do?

Since I started my practice, I have maintained a small number of *pro bono* patients, so that I could give back to those who could not pay, while also make a living for my family with full-fee patients. That works. But, so many people in my practice complain that they want to come for therapy, and yet cannot afford it. Therapy may be short-term if you do CBT, but it is definitely time-intensive; hard to pay for and hard not to be paid for. It is clearly easier to do *pro bono* work with the medication management patients. Also, limited *pro bono* services may not allow enough people to access care that simply having a sliding scale could allow for. Each *pro bono* slot might be filled with two or more sliding scale slots.

I am aware that there are services in the community for people who cannot afford my out of network services, and these, too, are not sufficient to meet demand - such as Mental Health Association (MHA) of Rockland and Volunteer Counseling Services (VCS). There is Jawanio, and others (for a list, please scroll to the end of eSynapse for a referral card). Part of my work with our WHPS is to go to health fairs and listen

to what people in the community need and want. People are angry. They cannot get call backs from doctors, they have long waiting lists to get appointments, they are frustrated by practitioner names being on insurance lists only to find that they are not participating. Too many people suffering from mental health issues feel disconnected and uncared for. I recall one woman who came up to me at one of the Senior Citizen health fairs who told me that she sleeps with an overdose number of pills next to her bed every night, and cannot get the medical care she needs. She had no psychiatrist. At our recent CME dinner talk at La Terazza, so well attended by our members, Dr. Bruce Schwartz, the president of the APA, showed us staggering statistics where there were between 30-40 psychiatrists (even including NPs) per 100,000 people. A terrible shortage!

I called Dr. Schwartz who was also responsible for initiating and running a non-profit HMO through Montefiore Medical Center called UBA (University Behavioral Associates) to see if there was any feasibility to starting something in the West Hudson Region that reimbursed psychiatrists well for their work, while not being miserly with session number, and while also affordable for patients. UBA seemed to be well received in the Bronx by both doctors and patients alike. But, alas, he stated that the time for these kinds of “fixes” are gone now that Mental Health Parity has been passed. He believes that the way to get coverage for the masses is for insurances to stop reimbursing 20% less for CPT codes charged by psychiatrists than the same codes charged by internists or other physicians. He believes that the best way to help our patients now is by spearheading the enforcement of the law that NYSPA and APA have successfully passed. It sounds like giving to our PAC to influence congress is one true means to help our patients. However, that is far from my role as a doctor delivering community health care.

Ethicists struggle with the question of money and medicine in Boutique practices that ask for retainer fees for high quality care Retainer Fee Medical Practices (RFMPs):

Physicians are ethically obligated first and foremost to promote and protect the health of their patients. RFMP fulfills this duty directly by ensuring prompt and ample professional time for the care of patients. It does so indirectly by allowing time for physicians' continuing education, which in turn should upgrade the quality of care. It also advances the ethical goals of autonomy as it allows patients to choose their own physicians and to spend their money as they please. On the other hand, these ethical positives are offset by the cost of retainer fees that may exclude access of patients to their physicians' care. Even if ethical tradition obligates physicians primarily to patients under their specific care, as professionals and as private citizens, they also have a responsibility to support the health of the entire community. RFMP does little to advance this cause, except that by optimizing the conditions under which their own private patients receive healthcare, they call attention to shortcomings in prevailing public healthcare policies, which by comparison fall short of that standard. An assumption that health is not properly a market commodity, and that all people should receive healthcare on equal terms, would expose RFMP to moral reproof. From an ethical perspective, we find sufficient cause for concern and caution in this innovative style of practice. As neither pro nor con views seem to have settled the ethical question, definitive moral judgment on RFMP will probably depend on the outcome of future experience and ongoing evaluation.

Money for medicine has been an issue through-out the ages. From barter to cash-for-service to capitation to the coming fee-for-value system. I personally think that it is best for patients to pay for their services themselves in some form so as to value their therapy. That is potentially in conflict with my other belief that “healthcare is a right.” I think physicians and patients making these arrangements themselves, without third party involvement would make it much more likely that physician fees were kept low enough for people to afford them, and high enough to make a living they deserve.

I didn't expect to solve any problems in this column. The conflict seems as old as medicine. We all have to make ourselves comfortable with our own concepts of what is right to charge for health care services. The twelfth-century Physician Oath of Maimonides states, “May the love for my art actuate me at all time; may neither avarice nor miserliness, nor thirst for glory or for a great reputation engage my mind; for the enemies of truth and philanthropy could easily deceive me and make me forgetful of my lofty aim of doing good to Thy children.” I would love to hear how other people consider these problems that are so

commonly encountered in our particularly intimate profession. If nothing, it may make some interesting table talk this thanksgiving. I hope we can all be thankful for our profound privilege of being doctors in this community, and that we have knowledge of healing that we can offer our fellow humanity.

Happy Thanksgiving!

#### Citations

The Oath and Prayer of Maimonides. Translated by Harry Friedenwald, Bulletin of the Johns Hopkins Hospital 28: 260-261, (1917)

Eli Y. Adashi Medicine and Society Money and Medicine: Indivisible and Irreconcilable, AUG 2015 AMA J Ethics. 2015;17(8):780-786.

Mervin H Needell, John S Kenyon J Ethical Evaluation of "Retainer Fee" Medical Practice Clin Ethics 16 (1), 72-84 Spring 2005

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**MINUTES: WHPS Executive Council Meeting**  
**Friday, September 6, 2019**  
**12:30pm - Il Fresco**  
**WHPS Executive Council Meeting**  
**Friday, November 1, 2019**  
**12:30pm - Il Fresco**

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**Attendees Present:** Laura Antar, Nigel Bark, Mona Begum, Raj Mehta, Jim Flax, Ulrick Vieux, Madhu Ahluwalia, Ingrid Montgomery, Giselle Plata, Lois Kroplick and Liz Burnich

1. Guest Presenter: Brigid Pigott, LCSW of the Rockland County Department of Mental Health gave a presentation on adult mental health services and resources in Rockland County.
  - a. She reviewed the process of applying for OPWDD (Office for People with Developmental Disabilities). It is an extremely difficult process with a lot of testing. Need to have Medicaid in order to apply.
  - b. The RPS Behavioral Response team (BHRT) is a free service provided by Rockland Paramedic Services that provides outreach and support to anywhere in Rockland County and will also do well checks. Help is available 24/7 by calling (845) 517-0400 or toll free at (844) 255-2478 (BHRT).
  - c. Reach One offers proactive peer engagement and services for people with psychiatric diagnoses and/or chemical addiction in Dutchess, Ulster, Orange and Rockland Counties. The Mid-Hudson Regional Recovery Center provides traditional peer support, educational opportunities, integrated social and recreational activities, assistance with employment and health home integration. For more information, call (845) 565-1162 x251 or go to <http://www.reach-one.org>.
  - d. Brigid distributed Rockland County Behavioral Health Resource Cards that contains a comprehensive list of mental health services and phone numbers that are included at the end of this newsletter.
  - e. There is more information about mental health services in Rockland County at <http://rocklandgov.com/departments/mental-health/> and <http://rocklandgov.com/departments/mental-health/provider-agency-links/>

2. Introduction of new Executive Council Member – Dr. Ingrid Montgomery, Early Career Psychiatrist Rep (ECP Rep).
  - a. Dr. Montgomery mentioned that attending weekday meetings can be difficult for residents and early career psychiatrists and suggested maybe offering some weekend programs for our members. We will try to keep this in mind while planning future events.
3. Fall 2019 Meeting Recap:
  - a. APA President, Bruce Schwartz, MD, gave a presentation on the topic “*A Survey and Perspective on the State of Psychiatry in America*” on Friday, October 11 to an audience of almost 50 members of West Hudson.
  - b. Dr. Schwartz mentioned the non-profit UBA insurance in his talk and this was further discussed during the board meeting. Is this something that could benefit access to care for the mental health population of our district branch. Dr. Antar would like to determine the feasibility of developing something like this in our area. See President’s column above.
4. Committee Updates:
  - a. Dr. Mona Begum testified at a public hearing on Eating Disorders on October 28 at the Clarkstown Town Hall in front of Senator David Carlucci. See her article below.
  - b. West Hudson is invited to testify at another public hearing by Senator David Carlucci on the topic of Veteran’s Mental Health and Well-being on Wednesday, November 6 at the Clarkstown Town Hall from 10am-3pm. Marianne Goodman, MD, a psychiatrist who works at the Bronx VA will testify on behalf of NYSPA. We also asked Dr. Alexandra Berger, our own member who works at the VA, if she would be able to testify but was not available.
  - c. Orange Regional Medical Center received a quality and patient safety award.
    - i. The 2<sup>nd</sup> Annual Update in Psychiatry took place at ORMC on Thursday, October 24 with keynote speaker is Dr. Francis Lu who presented on the topic of Cultural Psychiatry. See article below.
    - ii. Giselle Plata, our RFM Rep, is trying to organize a Women’s Group in Orange County. She will soon send a survey to Orange County female members.
  - d. The Public Forum took place on Wednesday, October 23 at Rockland Community College on the topic of Suicide & Resiliency. The consumer presented an emotional and powerful story of her own mental health struggles and suicide attempts. It was followed by a presentation by psychiatrist and suicide expert Dr. Marianne Goodman, MD. The event was moderated by our own Dr. Laura Antar . While the topic itself was a difficult one, the presenters did a wonderful job of leaving the audience with feelings of hope and resiliency by the end of the evening. The event was well attended with over 250 attendees.
  - e. Women’s Group: the next meeting is scheduled for Friday, December 6 at 12:30pm at Diane DiGiacomo’s house.
5. Spring 2020 Educational Dinner Meeting: Raj will look into the feasibility and availability of the following speakers for our Spring 2020 meeting:
  - a. Dr. Gary Kennedy, geriatric psychiatrist
  - b. Dr. Jeffrey Geller, APA President-Elect
  - c. Dr. Jeffrey Borenstein, NYSPA President
6. Miscellaneous Items:
  - a. Speakerphone Unit – at the last meeting, the board approved the purchase of a speakerphone unit for \$1,000. After a lot of research, Liz determined that the Polycom Trio would best suit our needs. The cost of that equipment will be upwards of \$2,000 and they can’t guarantee that it will work well for us because of our unique setup of meeting in a restaurant as opposed to a conference room. Everyone decided that Liz should also look into other options such as HNA Palisades, NKL, and possibly renting polycom equipment to determine feasibility.
7. UPCOMING WHPS EC Meetings:

- a. Friday, December 13, 2019
  - b. Friday, January 24, 2020
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## **PUBLIC FORUM 2019-A GREAT SUCCESS!**



Lois Kroplick, DO, DFAPA (second from the left)

This year's annual Public Forum "Breaking the Silence" dealt with a very relevant and serious issue among our college students and the general public. The topic was "Suicide Awareness and Resilience: Finding Hope, Healing and Health." The program was held at the Cultural Arts Theatre at Rockland Community College on Wednesday evening, October 23, 2019.

Approximately 250 people in the audience got to hear two outstanding presenters who were uniquely equipped to discuss suicide and resilience.

The first speaker was Colleen Casey Johnson, who is a suicide survivor, in recovery for 31 years. She is an ardent mental health advocate and is actively engaged in suicide prevention, education and support. She shared what she learned from her personal and family experience. Colleen is a huge advocate for Transmagnetic Stimulation (TMS), as this technique made the difference in treating her depression. She also attributed her success in her treatment to her wonderful caring psychiatrist!

The second speaker was a psychiatrist, Dr. Marianne Goodman, who is considered one of the foremost suicide prevention experts in the VA System. She is a professor of Psychiatry at the Icahn School of Medicine at Mt. Sinai and a VA Clinical research physician.

Dr. Goodman's presentation was extremely informative. She shared the alarming statistics that suicide is the 10<sup>th</sup> leading cause of death and many states have seen suicide rates go up more than 30%. Her presentation included the risk factors of suicide, how to identify suicidal individuals, recognizing the warning signs of the suicidal person, as well as management of suicidality. She emphasized how important it is to ASK a person: "Have you had any thoughts of killing yourself?"

You will NOT spur suicidal thinking by asking this question.

The last part of her presentation was about Resiliency and Suicide. She explained that after a traumatic event there is often post traumatic growth. Many approaches help to build resiliency in suicidal individuals such as yoga, meditation, peer support and fostering gratitude and hope.

Dr. Goodman and Colleen Johnson did an outstanding job in coordinating their presentations to give the audience a realistic picture of the risks of suicidal person, while leaving the audience with feelings of hope and inspiration.

I would like to thank everyone who came out to the Forum to support us and to all the volunteers who helped at the Forum. A very special thank you to NAMI Rockland who sponsored the event along with their partners: West Hudson Psychiatric Society, Rockland Community College, Rockland County Department of Mental Health, Rockland County Depression and Bipolar Support Alliance, Mental Health Association of Rockland and the Rockland County Suicide Coalition. A special thanks to the Committee who organized the Forum led by Sandy Wolf, the President of NAMI Rockland. Those members included: Rena Finkelstein, Robin Group, Robyn Sloboda, Carol Olori, Michele Katz, Lois Kroplick, Sherry Glickman, Nicole Annunziata, Rich Donoghue, Laura Antar, Raghunath Mehta and Liz Burnich.

This was the first year that West Hudson Psychiatric Society was an active partner in organizing the Forum. Thank you to Dr. Laura Antar, Dr. Raj Mehta and Liz Burnich for attending the committee meetings! Special thank you to Dr. Laura Antar for being the moderator. Their help and support were invaluable!

We should be proud as psychiatrists that we played an integral role this year in making the 2019 Forum a great success!



## TESTIMONY ON EATING DISORDERS FOR SENATOR CARLUCCI

Monowara Begum, MD, DLFAPA

The following summary on Eating disorders was presented on October 28, 2019 as an oral testimony to the public hearing lead by Senator David Carlucci, Chairman, Committee on mental health and developmental disorders.

Subject of the hearing: Eating disorders: treatment and recovery

S.5869/Carlucci - Establishes the NEW York state joint eating disorder awareness campaign and joint New York state joint eating disorder awareness fund

S.5870/Carlucci - Relates to the screening of children for eating disorder

Proposed legislation/Carlucci-standardized health class curriculum on eating disorder

Proposed legislation/Carlucci - Relating to New York State and the office of mental health recognizing or including eating disorder as a mental health condition

Eating disorders usually start in the late adolescence or early adulthood. It usually affects 0.9-2% of young women. There are several types of eating disorder:

- Pica: Persistent eating of nonfood, regurgitated food maybe re chewed or spit out.
- Avoidant/restrictive food intake disorder: Lack of interest in eating or food avoidance leading to significant weight loss
- Bulimia Nervosa: Recurrent episodes of binge eating, eating in a discreet period of time, a sense of lack of control over eating during the episode
- Binge eating disorder: Recurrent episode of binge eating, eating much more rapidly than normal, eating large amount, and eating until feeling uncomfortable. More common in male and older adults.
- Anorexia Nervosa: Restriction of energy intake causing marked weight loss in the context of age, sex, developmental trajectory and physical health. Intense fear of gaining weight or becoming fat. Disturbance in the experience of body shape

Restrictive type: Weight loss is accomplished primarily through dieting, fasting and or excessive exercise

Binge eating type: Recurrent episode of binge eating or purging behavior by self induced vomiting, misuse of laxatives, diuretics and enemas

Formulation of Public health policy:

- Even though the vast majority of female adolescents diet only 2% -3% develop an eating disorder. This finding poses an interesting dilemma for public health policy. On the one hand prevalence of Obesity is increasing which suggests that dietary interventions are important, but on the other hand a small proportion of women may respond to dieting by developing an eating disorder.
- Education about healthy eating habits would seem important, particularly in adolescents, in an effort to stop the development of restrictive dieting.
- Comorbidity of anxiety disorders, depression and obsessive-compulsive disorder need to be acknowledged.

As with most mental illness the etiology is bio- psycho-social, the interplay of a combination of genetic, psychological and social factors. In western culture thinness in young women is encouraged as a measure of beauty.

Various treatments available are: Cognitive behavioral therapy, exposure therapy, relational-cultural therapy, group therapy in an structured setting, nutritional, medical assessment and treatment of comorbid mental illness with psychotropic medication.

Early diagnosis, treatment and management would reduce suffering and mortality from eating disorders.

Education and raising awareness about eating disorders as a mental health issue, reducing stigma, early intervention, creating special treatment programs targeted to this population and access to a variety of psychiatric, behavioral and medical treatments should be made available.

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## Update from ORMC

Ulrick Vieux, DO, MS  
Chairman of Department of Psychiatry  
Psychiatry Program Director



Recently the department of psychiatry at Orange Regional Medical Center was honored to host Dr. Francis Lu, who is the Luke & Grace Kim Professor in Cultural Psychiatry, Emeritus, University of California, Davis, Department of Psychiatry & Behavioral Sciences, for our 2<sup>nd</sup> annual update in psychiatry conference. Dr. Lu enlightened our organization with his profound insight. Dr. Lu's presentation was divided into three segments. The first segment was geared towards our Graduate Medical Education department and attendance was limited to core faculty in all six of our residencies (Psychiatry, Family Medicine, Internal Medicine, Surgery, Emergency Medicine and Transitional Rotation Internship). Dr. Lu spoke about the recent ACGME core requirements on diversity and inclusion. The second and third segments were geared towards the psychiatry residents and TouroCOM medical students. In the second segment, Dr. Lu instructed us on the outline for cultural formulation and cultural formation interview. This segment included a case presentation by our two chief residents Drs. Ryan Omura and Minh-Duc Hyunh. The case reviewed transference-countertransference and identity issues with a young Korean American patient that was treated in our clinic. Dr. Lu's insight on the case was invaluable. The third segment was a presentation on the movie "CAN". This documentary highlighted the struggles of a young Vietnamese male and his family with mental illness. Dr. Lu skillfully moderated the intense discussion that followed and provided pearls of wisdom that will help all of us in our sessions with our patients.

At the recent IPS conference I had the pleasure of sitting on a panel with Drs. Jessica Kovach, MD (Program Director at Temple University – SOM), Myo Thwin Myint, MD (Program Director of Triple Program at Tulane) and Iverson Bell, MD (Program Director at University of Tennessee) and moderated by Dr. Francis Lu. Our presentation was titled "ACGME Common Program Requirement (CPR) on Diversity and Inclusion: How Training Programs Can Innovate and Collaborate to Improve Access to Care".

Our department also had our yearly tailgating BBQ get together at West Point. The game was between Army and Morgan State. A highlight of the event was that this was our first tailgating event in which our alumni attended!



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## ORMC Employees Consider Cross Continental Telepsychiatry Initiative

While On Call, earlier this year at Orange Regional Medical Center, I met Dr. Charles Afful, a Bon Secours based psychiatrist, who often covers weekends at ORMC. He is of Ghanaian decent, and informed me of his plan to open a medical clinic in Accra, the capital of Ghana, Africa. Upon hearing this, I knew that I had found a kindred spirit in Dr Afful.

Coincidentally, a few years earlier, I had conducted a philanthropic trip to Ghana with family and friends. One friend, of Ghanaian heritage, discussed that there is a critical lack of healthcare providers in the country. Upon learning this, I contacted the Department of Pathology and Cell Biology at Columbia University, in order to initiate a telepathology service.

The plan was to establish a telepathology service between select providers in Kumasi (the second most populous region in Ghana) and Columbia University. While in Ghana, I met three leaders from Kumasi. They included: the Assistant Chief of the Ashanti Region, the Mayor of Kumasi and a Public Health Advocate, who was affiliated with the United Nations. They informed me that there was only one pathologist in Accra and none in Kumasi. The one pathologist must be paid, out of pocket by patients, if they were to have their specimens interpreted. Given the level of poverty in Kumasi, most patients had biopsies, but never had their specimens interpreted. Consequently, we decided that we could use telepathology for the interpretation of Pap smears. A few months later, the Mayor and the Public Health Advocate arrived in NYC, where we discussed the proposed telepathology service in detail. The Public Health Advocate, then, accompanied me to Columbia University to meet with faculty and further establish the program.

After conducting my own research on various telepathology options, I was able to devise a method best suited for the needs of the Kumasi people and engage Columbia University. The approach was to utilize a device that could attach a cellphone to a microscope, in order to take a picture. The Kumasi Medical Center already had a high-resolution microscope, a laboratory to generate slides and an appropriate desktop computer to operationalize the project. The plan was to have the Kumasi team perform Pap smears (Figure 1), generate the accompanying slides and then capture images of these slides using the cellphone that was now attached to the microscope. These images would then be transmitted to Columbia University and interpreted by Columbia University faculty, via telepathology. Eventually, my plan was to expand our telemedicine service to include psychiatry, oncology, dermatology, and dentistry.

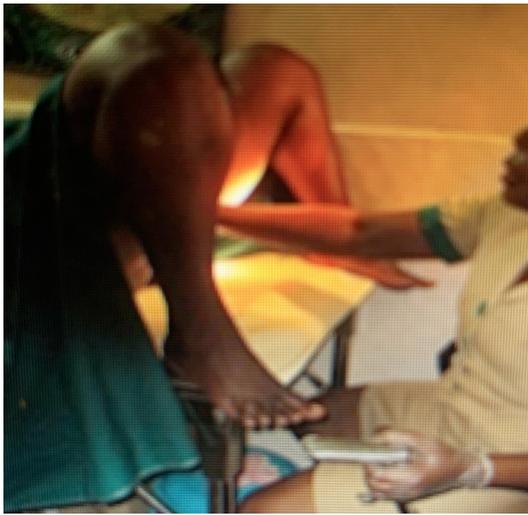


Figure 1

The first test run was highly successful, proving that the Pap smear images could be obtained and interpreted via telepathology (Figure 2). My plan was to simultaneously train the obstetrician-gynecologists in Kumasi, on how to screen these microscopic images, so that they could interpret future cases on their own. Unfortunately, the project came to an abrupt end, when the Kumasi obstetrician-gynecologists were unable to participate, despite agreeing affirmatively, in the exploratory stage. It was very disappointing.

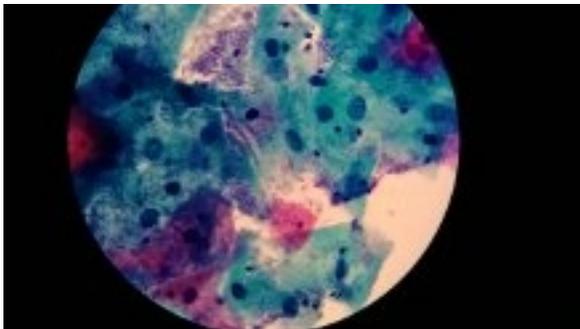


Figure 2

Thus, when meeting Dr. Afful at Orange Regional Medical Center, my interest in utilizing telemedicine to benefit underserved communities was renewed. Initially, we will concentrate on offering psychotherapy, as there are very few mental healthcare providers in Ghana, given the lack of resources and the perceived stigma regarding mental health issues. Ultimately, we hope to engage other healthcare providers, from different disciplines, to join us, and aid those around the world in desperate need of medical attention.

Erika Balfour, MD



Medical leadership for mind, brain and body.

## APA Assembly Notes

November 2019

*This digest of events during the November Assembly meetings held in Washington, DC summarizes oral presentations and action items of the Assembly. Many other reports presented in written form can be found in the Assembly Packet. It is best to download or read these notes online, but may also be printed and distributed in hardcopy (without access to the web links). You may use it as is, or edit and modify the content to suit your particular needs. Any errors or omissions are to be considered unconscious. Corrections and suggestions may be sent to [Adam Nelson, M.D.](#)*





Dr. O'Leary welcomed all to the November Assembly. He discussed a change to the procedures for one of the Reference Committees that would involve creating what would amount to a second- chance consent calendar of all items addressed during the deliberations of Reference Committee 4. This would amount to a pilot project of a change in procedures on which the Assembly would then vote later in the session. If approved, the procedures would go into effect for all Reference Committees for the upcoming spring session in Philadelphia. Subsequently, Dr. O'Leary, along with Speaker- Elect Dr. Joseph Napoli and Recorder Dr. Mary Jo Fitz-Gerald, welcomed all new members to the Assembly.

Report of the Assembly Nominating Committee — James R. Batterson, MD

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The Nominating Committee presented its slate of candidates for Assembly Officers. In addition, nominations were accepted from the floor. Congratulations and good luck to all the candidates!

Speaker-Elect: [Mary Jo Fitz-Gerald, MD](#) (Area 5)

Recorder: [Vasilis Pozios, MD](#) (Area 4), [Adam Nelson, MD](#) (Area 6) Steven Brown (Area 7)

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APA President — Bruce Schwartz, MD

Dr. Schwartz has been in Washington lobbying on issues including lack of psychiatric beds, homelessness, ligature use, and poor access to mental health services. He has had meetings with members of the “group of 6”, at the White House with the Deputy Director of Domestic Policy and is currently planning a meeting with Secretary of HHS Alex Azar. Everyone is in agreement that there are universal problems of multiple crises with MH issues. Recent APA accomplishments include the start of appointments to the APA Committee on Women's Mental Health (which grew out of an Assembly Action Paper); the BOT approved a long term plan of change in investments in fossil fuels (another Assembly Action Paper). IPS meeting was a huge success with over 1500 attendees. A workgroup is developing continuing recommendations for the IPS to make it cash-flow neutral. The IPS track on Treatment of Early Psychosis drew a lot of non-psychiatrist attendees. In an effort to improve access to care, Dr. Schwartz has created a task force to explore collaboration, chaired by APA Secretary Sandra DeJong. The task force has engaged a number of non-psychiatric clinical groups and organizations to participate in the discussion. One of the missions is to break through the resistance to the recently passed parity legislation. Another APA task force will examine finances once purchase has concluded of the APA HQ. Finally, there is a workgroup to develop clinically-based criteria for acute and continuing levels care of SMI patients, rather than leaving it to insurers and other 3rd parties.

APA President-elect — Jeffrey Geller, MD, MPH

Dr. Geller began with a history lesson: The first meeting of APA Assembly of District Branches was held in 1953. The agenda topics included psychologists encroaching on psychiatric practice, state and national legislative matters, and the role of APA in inspecting mental hospitals. The budget for the Assembly was \$500. (A new color TV cost 3x as much at that time.) From 1953 to 1983, all DBs sent one representative and one deputy representative. There were an estimated 559,000 psychiatric beds, or 340 beds per 100,000 persons in the US.

Today, we have an estimated 11 beds per 100,000 – a huge drop in the past 66 years. Persons with SMI are more likely to encounter police and go to jail than get psychiatric help, or to wind up homeless. 10% of suicides are caused by persons with untreated SMI. Looking forward to 2021, no one knows how many psych hospital beds we need. Dr. Geller includes in his goals as APA president an initiative to figure this out.

Treasurer Report — Gregory W. Dalack, MD

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Dr. Dalack presented highlights of the 2019 fiscal year thus far. A full report is in packet. Net income for 2019 has gone up compared to 2018. The annual budget is expected to be net \$8.8 positive compared to 2018, including cash reserves as allocated by BOT for the building purchase of the APA headquarters. Expectation by end of year is to break even. Regarding revenues, our investments in market have done significantly better than expected. Dues income is lower due to the “rule of 95”. Publishing and DSM revenue is higher; annual meeting income is lower. Regarding expenses, program and services expenses are lower than expected; advocacy expenses are also lower. Investments in fossil fuels are being divested. Cash is accruing for the eventual purchase of the APA building.

Dr. Dalack then presented a report as chair of the Workgroup on Safe Prescribing. They are working to harmonize the Position Statement from the Assembly Action Paper with previous APA Position Statement. They met once, with one more meeting scheduled to produce a statement to present to BOT in February.

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#### APA Political Action Committee — R. Scott Benson, MD, Chair

In 2019 so far, 1233 contributors gave \$234600 – or an average of \$190 per contribution. Contributions have come from 66% of Assembly members, 96% of AEC members. APAP to key legislators who support issues of importance to APA. Since it was discovered that it is not following the Parity law and not reporting on equitable expenditures, PAC contributions gone to legislators who are now trying to pass a law to follow the parity law. PAC is also contributing to support proposed legislation for effective suicide screening. The [APA-CAN](#) (Congressional Advocacy Network) encourages APA members to meet with their federal legislators.



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#### CEO/Medical Director of the APA — Saul Levin, MD, MPA

Dr. Levin began with the sad announcement of the passing last week of Paul Burke, former director of APAF. He was adored by all and “a man for all seasons”. APA has completed the TCPI- SAN 4 year grant, having trained 3566 psychiatrists, 357 primary care physicians, and 920 support staff. Going forward, APA continues to provide CME on all training modules. In a joint project with SAMHSA, APA has produced the SMI Adviser mobile app ([www.smiadviser.org/app](http://www.smiadviser.org/app)) and, in 2017, APA produced an online [App Evaluation Model](#). Illinois has become the 1st state to pass APA's Model Collaborative Care legislation. In addition, APA is sponsoring Mental Health Parity legislation in Congress: S1737 (folded into S1895 - Lowering Healthcare Costs Act) and HR3165 introduced this year. [USUHS](#) residency slots are in danger of ending due to proposed cutting of "4th Estate" programs. The 2020 CMS reimbursement schedule currently calls for planned increases in E/M reimbursements. In a note to Assembly members, Dr. Levin observes that Action Papers are much improved and staff have taken notice. In comments from the Assembly floor, Dr. Levin is congratulated for receiving an [honorary fellowship](#) by the Royal College of Psychiatrists.

**Presentation of the Assembly Profile of Courage Award: Pamela McPherson, MD**

Patricia Westmoreland, MD, President of Colorado Psychiatric Association presented this award to Pamela McPherson, MD for her work with immigrant families in border issues. Dr. McPherson is a mental health expert for the [Office of Civil Rights and Civil Liberties at the Department of Homeland Security](#). She wrote to [the Senate Whistleblower Caucus](#) and to [Congress](#) about the long-term psychiatric consequences of separation of children from immigrant families. She has published [articles](#) in the news media. She also received [The Ridenhour Prize for Truth-Telling](#) and the [Physicians For Human Rights Award](#) and was interviewed on ["60 Minutes"](#). Dr. McPherson describes herself as a whistleblower and recognizes the value of APA in protecting her rights to speak out in protecting the rights of children where they may be infringed.

Assembly Committee on Procedures — Edward Herman, MD (Area 2), Chair

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The following items were approved by the Assembly:

A new proposed Action Paper (AP) Pathway & Reference Committee's Role and Functions (vote Y: 141-N: 46) This change in the Procedures of the Assembly develops new responsibilities for the Rules Committee, which will now present a Consent Calendar and a Reaffirmation Consent Calendar for the Assembly to approve. The latter will consist of Action Papers and proposals that, in the opinion of the Rules Committee, reflect or reiterate currently existing positions or policies within APA. As with the existing Consent Calendar, any item can be pulled by any member of the Assembly at the time of the meeting of the Assembly. In addition, changes in the Procedures of the Assembly specify the mechanism of an author's withdrawal of an Action Paper from consideration at each stage of the deliberation process of the Action Paper and address the possibility of Conflict of Interest when an Action Paper's author serves on the Reference Committee in which the Paper is assigned for consideration.

**Eliminate author responsibility of preparing a cost analysis in writing an Action Paper** (vote Y: 168-N: 9)

American Psychiatric Association Foundation — Saul Levin, MD, MPA, Chairperson/Chief Executive Officer and Medical Director & Daniel Gillison, Jr., Executive Director

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Dr. Levin reports APA Foundation is looking for new public sector member to join the Board who either has significant fund raising experience or access to funds to support the APAF. There is also opportunity to ["give an hour"](#) through the APAF partnership. Mr. Gillison reports the APAF Benefit during the upcoming APA Annual Meeting will be on Saturday, April 25 at the Union League in Philadelphia. For the upcoming holidays, the Foundation presents an opportunity to [Adopt-A-Book](#) in the APA Library. Other ways to support APAF include making an annual [donation](#), [pledging a planned gift](#), connect APAF with your network of supporters, or launch a peer-to-peer fundraising campaign. This year, APAF Fellows have come from many states, with the largest number (24) from California. There has been a 30% increase in APAF Fellowships. This year, there are two [Jeanne Spurlock Congressional Fellowships](#) (\$100K+) available. A new fellowship is the [Edwin Vladiserri Correctional Public Psychiatry Fellowship](#). The Center for Workplace MH ([www.workplacementalhealth.org](http://www.workplacementalhealth.org)) has had growing media engagement, with significantly expanding number of website and resources hits in the past year. The [Typical or Troubled? Program](#) 2019 pilot is being directed at several different school settings. And APAF continues to sponsor the Awards for [Advancing Minority Mental Health](#), which recognize psychiatrists who have undertaken innovative approaches to improve access for minority populations to mental health services

**The following Position Statements were approved by the Assembly:**

- \*\*Proposed Position Statement: Disaster Preparedness and Response for Older Americans**
- \*\*Proposed Position Statement: Mental Health of Foreign Nationals on Temporary Protected Status**
- Position Statement: Addressing Racial and Ethnic Health Disparities in Substance Use Disorder Treatment in the Justice System**
- \*\*Proposed Position Statement: Diversity and Inclusion in the Physician Workforce**
- Proposed Position Statement: Transitional Aged Youth**
- \*Retired Position Statement: Consensus Statement on Improving the Quality of Mental Health Care in U.S. Nursing Homes**
- \*Retired Position Statement: Core Principles for End-of-Life Care**
- \*Retained Position Statement: Peer Review of Expert Testimony**
- Revised Position Statement: Relationship Between Treatment and Mutual Support**
- \*Proposed Position Statement: Prescription Drug Monitoring Programs**
- \*Retained Position Statement: Discrimination Against Persons with Previous Psychiatric Treatment**
- \*Retained Position Statement: Insanity Defense**
- \*Retained Position Statement: The Need to Monitor and Assess the Public Health and Safety Consequences of Legalizing Marijuana**
- Revised Position Statement: Discriminatory Disability Insurance Coverage**
- \*Revised Position Statement: Assuring the Appropriate Care of Pregnant and Newly-Delivered Women with Substance Use Disorders**
- Revised Position Statement: Leadership of State Behavioral Health Services**
- \*Retired Position Statement: Ethical Use of Telemedicine**
- \*Retained Position Statement: Joint Resolution Against Torture**
- \*Retained Position Statement: Psychiatric Participation in Interrogation of Detainees**
- Proposed Position Statement on the Care of Medically Vulnerable Migrants in the United States**
- Proposed Position Statement on Controlling Drug Prices**

**Action Papers/Items**

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**Among the Actions taken during this session, the Assembly voted:**

- To Develop an APA Position Statement Addressing Harmful Consequences of the Rise of White Supremacy**
- \*\*To Propose an APA Position Statement Regarding Mental Health Screening and Access to Mental Healthcare for Civil Immigrant Detainees of U.S. Homeland Security**
- To Address Workplace Intimidation and Bullying at the VA**
- To Have the APA Develop a Toolkit Supporting the Recruitment and Hiring of Psychiatrists**
- To Oppose Social Security Disability Mental Evaluations by Chiropractors and other Non-Qualified Examiners**
- To Support Public Education Efforts by APA to Increase Responsible Disposal of Prescription Medication**
- To Address Variability in State Law Concerning Emergency Holds for Psychiatric Evaluation**
- To Improve Access to and Ease of Searching of the APA Position Statement Database**
- To Oppose APA's Development of an Affiliate Membership Category for Non-Psychiatrists**
- To Change the Procedural Code of the Assembly to Oppose Action Paper Author and Sponsor Bias in Reference Committee Discussions**
- To Urge Greater APA Accountability for Climate Change Using Carbon Offsets and Becoming Carbon Neutral**
- For APA to Join as a Signatory to the US Call to Action on Climate, Health and Equity**

*(Items with a \* were approved by consent. Items with a \*\* were approved by consent of the recommendations from Ref Committee 4.) A draft summary of actions taken by the Assembly can be found [here](#).*

*Final version of all Action Papers can be found [here](#).*

*You can view all current and previous Action Papers and track their current status on AITS [here](#).*

## Reports and Next Steps from the Assembly Committees/Work Groups

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### **Committee on MOC - Russell Pet, MD**

There were 3 pending lawsuits against ABMS, ABIM, and ABPN on anti-trust concerns. ABIM case was dismissed by the judge. There was discussion on the recent new pilot MOC program and individuals' experiences. Also there was discussion on the Action Paper for APA to explore its own pathway to MOC. APA is actively exploring this as a "benefit of membership".

### **Committee on Psychiatric Diagnosis and the DSM – Heather Hauck, MD**

Members came to speak on the 4 DSM revision action items on which Assembly voted previously. There was discussion between the Assembly Workgroup and the DSM Steering Committee.

### **Committee on Public and Community Psychiatry – Isabel Norian, MD**

Focus of discussion was on further work on a position statement on involuntary hospitalization of SMI adults. Plans include coordinating with the Council on Psychiatry and the Law on crafting the statement. There was discussion on mental healthcare delivery issues in Canada with Dr. Judy Glass. The workgroup will address the crisis in the workforce and peer support services in Public Psychiatry.

### **Committee on Access to Care - Eliot Sorel, MD**

Access to care is one of top 3 issues in this election year. There was discussion on implications of recent successful litigation against UnitedHealthcare in California and the recent fine of \$1M against UHC, as well as further discussion of egregious practices by insurance companies in preventing access to adequate MH Care.

### **Assembly RFM Merit Award Work Group**

No chair: first meeting. There was initial effort to establish who is in the workgroup. Awardees may include ECPs as incentive to retain ECP membership in APA. Inclusion and exclusion criteria are still being established.

### **Assembly Psychiatry Workforce Work Group – William Greenberg, MD**

The workgroup is looking to extend forecasting information beyond available data, which currently extends only about 15 years. This is not helpful for current RFMs and ECPs who would be seeking workforce participation for considerably longer.

## The (Dis)Assembled Nine

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A taste of Assembly talents      <http://bit.ly/34AJOeR>

## New Business

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**Basker Dave commends Speaker O'Leary for his pilot project on Reference Committee procedures**

**Bob Batterson recognizes Charles Price, former Dep AEC rep from Area 7 and Assembly member for many years, who has had to resign for personal reasons**

## Future Meetings

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### **April 2020 Assembly**

**April 24-26, 2020**

**Philadelphia, Pennsylvania**

**[APA Annual Meeting April 25-29, 2020]**

**\*\*\*\*ACTION PAPER DEADLINE FOR THE APRIL 2020 ASSEMBLY: March 5, 2020**

### **November 2020 Assembly**

**November 6-9, 2020**

**Capital Hilton, Washington, DC (please note new venue)**

**\*\*\*\*ACTION PAPER DEADLINE FOR THE NOVEMBER 2020 ASSEMBLY: September 17, 2020**

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## **Call for Experience with Nyack Hospital and Acute Stabilization Services**

Russ Tobe, MD, Legislative Chair

We had a productive meeting with Senator Carlucci on May 31<sup>st</sup>. During this meeting, we extended our dialogue and began to integrate local member concerns into a larger NYSPA agenda. Feedback from the membership was quite helpful in this process and, though our agenda was broad as a result, we touched upon several areas of significant importance.

Of most importance to Senator Carlucci was gleaning a thorough understanding of (1) gaps in community services for acute stabilization and, along these lines, (2) member experience in collaboration and coordination with Nyack Hospital and other acute stabilization services. During this meeting and in subsequent exchanges, the Senator and his staff requested WHPS formally highlight both positive and challenging experiences with Nyack Hospital and other acute stabilization services in Rockland County and, with this information, propose next steps in better improving community acute stabilization services. Towards this goal, please provide anecdotes and other experience (positive and challenging) with Nyack hospital and other acute stabilization services in the county. These anecdotes may end up in the summary report to Senator Carlucci, so please notify us if you are comfortable having your name associated with the anecdote. If not, it will be de-identified.

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**APA NEWS & NOTES FOR DB/SAs**

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News and Notes for APA District Branches/State Associations

December 2019

This monthly newsletter is prepared by the APA's Communications Team as a benefit for our District Branches and State Associations. Feel free to share the articles below in your own newsletter. If you have any questions, please contact James Carty at [jcarty@psych.org](mailto:jcarty@psych.org) or 202-609-7077.

Want to keep up with APA in between newsletters? Connect with us on [Facebook](#), [Twitter](#), (@APAPsychiatric), [Instagram](#) and [LinkedIn](#) for the latest news and updates.

## What's New at the APA

- APA released a statement urging action to end disparities in mental health coverage in the wake of a report released by Milliman, Inc. The report, which covered calendar years 2016 and 2017, showed that patients using commercial PPO health plans were more likely to pay out of pocket for mental health care compared to general medical care, and that primary care reimbursement rates were higher than behavioral health reimbursements. You can read more about the Milliman report and APA's response [here](#).
- APA and the APA Foundation Center for Workplace Mental Health joined a coalition with National Alliance of Healthcare Purchaser Coalitions and the Meadows Mental Health Policy Institute to launch The Path Forward for Mental Health and Substance Use initiative. The goal of this collaborative effort is to realign the healthcare market to focus on a more sustainable approach and ensure affordable access to high value, effective treatment. You can read more about The Path Forward Initiative [here](#).

## Mark Your Calendar

- World AIDS Day (Dec. 1)

## Briefs For Your Newsletter

### December Course of the Month – Autism Disorder: Comprehensive Assessment & New Treatment Developments

Autism Spectrum Disorders (ASD) are common and complex neurodevelopmental disorders which may present at different stages with different target symptoms. This course helps educate psychiatrists to optimally participate in the assessment and treatment of ASD. It raises awareness and expertise in both the practical management of ASD and new cutting-edge treatments. A review of evidence-based treatments for various target symptoms of ASD is presented. Presented by Eric Hollander, M.D., Montefiore Einstein.

[Click here to access the Course of the Month and sign up for updates about this free member benefit.](#)

<https://apa-foundation.myshopify.com/>

<https://apa-foundation.myshopify.com/>

### Time to Renew Your APA Membership for 2020

Renew today to maintain access to valuable benefits, including the APA Learning Center, discounts on meetings and events, journals and publications and more. You can renew online, over the phone, or by mail.

<https://www.psychiatry.org/join-apa/renew-your-membership>

### Submit New Research Posters for the 2020 APA Annual Meeting

Mark your calendars! The 2020 APA Annual Meeting submission site is now open to New Research poster submissions. The deadline to submit your New Research is Dec. 12, 2019.

[https://s7.goeshow.com/apa/annual/2020/abstract\\_submission.cfm](https://s7.goeshow.com/apa/annual/2020/abstract_submission.cfm)

### Webinar on December 11<sup>th</sup>

#### Identifying Effective Solutions: Reducing Psychiatric Boarding in Emergency Rooms

Join us for webinar hosted by the American Psychiatric Association, the American College of Emergency Physicians, and the Coalition on Psychiatric Emergencies to identify how communities and emergency departments collaborate on this issue. The discussion will also address the role of psychiatrists in improving care based on APA's Resource Document, "Boarding of Mentally Ill Patients in Emergency Departments".

<https://register.gotowebinar.com/register/7941429842149456652>

### **Peer Support: From Position Description to Integrated Team Member**

This 12-week learning collaborative is intended to help you develop a step-by-step plan for bringing peer support into an existing behavioral health agency or practice, in a manner that enhances services. Space is limited and registration will close once maximum capacity is reached.

<https://education.smiadviser.org/Users/ProductDetails.aspx?ActivityID=6956>

### **SMI Adviser Now Offering Free Consultations**

The treatment of serious mental illness (SMI) creates complex questions for those early in their careers or those with decades of experience. APA's SMI Adviser offers a reliable way to find evidence-based answers that you can trust. Use our secure online system to submit your questions about SMI. A national expert will reply to you within 24 hours. It is completely free, secure, and confidential.

<https://smiadviser.org/submit-consult>

### **Find a Psychiatrist Database**

Help patients find you by joining the Find a Psychiatrist database. The database is exclusively offered to APA members as a reference source for patients and families looking for individual psychiatrists in the United States and Canada. The database is searchable by geography, specialty and more. Opt-in today to participate.

<http://finder.psychiatry.org/>

### **Make a Difference through Advocacy**

APA works every day to shape policies and legislation that advance our profession and promote the highest quality of care for our patients and their families. But advocacy only works if APA members are involved. Join us by signing up for alerts when your voice is needed to effect change and to receive a monthly newsletter about the policy changes affecting your profession and patients.

<http://cqrcengage.com/psychorg/app/register?1&m=39947>

### **Participate in the Quality Measure Development Initiative**

Help drive the future of psychiatry by participating in the Quality Measure Development Initiative. Your participation will help determine better ways to diagnose, treat, and prevent psychiatric illnesses by developing and testing quality measures. You will be rewarded with a \$1,000 honorarium, a tablet computer for your practice, plus other benefits for participating.

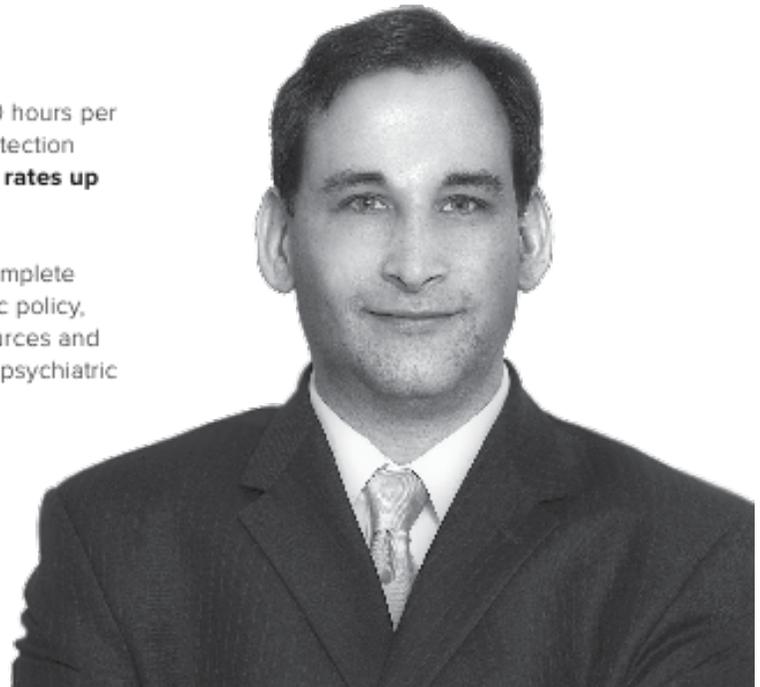
<https://www.psychiatry.org/psychiatrists/registry/quality-measures-initiative>

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# CORRESPONDENCE, EVENTS, ANNOUNCEMENTS AND ADS

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## **The Orange Regional Medical Center**

**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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### **PROJECT TEACH: PERINATAL CONSULTATION**

If you practice in New York, you are entitled to online resources including didactic materials, and live consultation from perinatal psychiatrists in our program offered 2x per week. Twice per week, one of our Perinatal Psychiatrists staff a consultation forum via teleconference. At this time, it is only available to NY providers. For more information, please see the attached flyer and the website: <https://projectteachny.org/mmh/>.

This initiative is funded by the Office of Mental Health in NY.

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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.workplacementalhealth.org>

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/ullqriwoa37njz/Genomind%20presentation.pptx?dl=0>

At the Spring 2018 dinner meeting Dan Iosifescu presented a comprehensive review and discussion of therapeutic strategies for treatment resistant depression. A copy of his slides is available here:

<https://www.dropbox.com/s/qbp3bwcqti8dqq/WHPS%2C%20Iosifescu%204.20.18.pdf?dl=0>

If you missed the Fall 2018 dinner meeting, slides from the presentation are available using the following link:

<https://www.dropbox.com/s/6ssdnjpi3a5ogpi/PlanetOfTheAppsStandardPresentation%20110418%20With%20Handouts.pdf?dl=0>

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## MAOI Antidepressants

I am a member of the “MAOI Clinicians info and support group that can be joined by emailing [maoi-info-and-support+unsubscribe@googlegroups.com](mailto:maoi-info-and-support+unsubscribe@googlegroups.com). I recently added my name to an online statement on the use of MAOI medications. The statement can be accessed through this link: [https://www.cambridge.org/core/services/aop-cambridge-core/content/view/32497C0FE4F08D0D4C07E6350A91B0EE/S1092852919001196a.pdf/revitalizing\\_monoamine\\_oxidase\\_inhibitors\\_a\\_call\\_for\\_action.pdf](https://www.cambridge.org/core/services/aop-cambridge-core/content/view/32497C0FE4F08D0D4C07E6350A91B0EE/S1092852919001196a.pdf/revitalizing_monoamine_oxidase_inhibitors_a_call_for_action.pdf)

If you are not familiar with the use of MAOI antidepressants, I suggest you take time to read this publication and join the googlegroup.

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**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 now use UpToDate.com and have found it 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 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, and encouraged by Dr. Citrome’s Fall 2018 talk, I’m slowly throwing out all the ancient textbooks and printed articles taking up space. I’d be interested in hearing from others about what resources you rely on to keep up to date.

**Simple and Practical:** Dom Ferro, MD writes to inform our readers of this very useful resource.

For the last year, I have subscribed to Simple and Practical Mental Health. The website provides resources and summaries of issues pertinent to psychiatry. Subscribers receive daily emails, which can be read in a few minutes. The presentations are clear and concise. Larger issues are spread over several days with attention to effective learning. Information is briefly reviewed and developed gradually. For a small commitment of time, quality education with clinically relevant lessons takes place painlessly.

All materials are available for review on the website. So when I have forgotten my lesson, but remembered that I had learned it, I have been able to access it quickly when needed. I have found the subscription worthwhile and the psychiatrists whom I have told about it have agreed. I recommend it highly for all our practicing members.

You no longer can receive a discount as a member of West Hudson Psychiatric Society.

**GoodRx.com** – 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. Cash price can be less than co-pays or deductibles.

**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.

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### **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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### **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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### ***OFFICE SPACE - PEARL RIVER, N.Y.***

Office Space Available – Evenings, Sundays in a prime medical building on the NY/NJ border. Clean, Professional. Ample Parking Available as soon as July 1<sup>st</sup>. The office is set up as a psychotherapy office, with it's own waiting room. Very private, comfortable; Internet, printing services included. Possible opportunity to take over the entire space in 2020. Call to discuss: Dr. Carol Paras @ 845-536-9700

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### **Job Opening**

- Article 31 Mental Health Clinic in Rockland County is looking to hire a part-time psychiatrist . Flexible hours.
    - Please call (845) 570-0743 for more information.
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# **Welcome to the Rockland County Chapter of the Depression and Bipolar Support Alliance**

**Come join our Mood Disorder, Friends &  
Family and Under 30 Share groups on Thursday nights  
from 6:30 to 8:30 pm**

**We've been there. We can help.**

**Together we share and seek understanding and acceptance of the situations surrounding Bipolar Disorder, Depression, other Mood Disorders and Dual Diagnosis. Through frank and open discussion, compassion, real and true support, the members of the Rockland Chapter of DBSA have come together to create a cohesive unit that is vibrant and alive and offers hope and the means to help people help themselves. This group should be a welcomed part of your wellness program, and if you are a family member, or friend of an individual dealing with a Mood Disorder the same applies.**

**Peer-to-Peer support is a proven path to recovery and  
wellness.**

**If you are looking for a place, for people who truly want to help you help yourself to change your life, waste no more time, look no further, we'd love to meet you.**

**All meetings are held from 6:30 to 8:30 pm at Dominican College  
Forkel Hall, 470 Western Highway, Orangeburg, NY 10962  
Any questions contact: Tony at 845-422-2084 or Brian at 845-300-1343 Email  
us at: [dbsa.rockland@gmail.com](mailto:dbsa.rockland@gmail.com)**

**To learn more about our next meeting, or to RSVP, please [visit our group on Meetup.com](#).  
There is no fee for attending the support group.**

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**Behavioral Health Resource Card**
*Don't Wait! Reach Out! Make the Call!*
**EMERGENCY SERVICES**
**If you need help with:**

- **Immediate assistance:** Call 911 or proceed to the nearest emergency room.
- **Mobile Crisis Response:** Behavioral Health Response Team (BHRT), 24/7 availability, 845-517-0400
- **Suicide Prevention Lifeline:** 24/7 hotline, 1-800-273-8255
- **Crisis Text Line:** Text GOT5 to 741741
- **Domestic violence, sexual assault and all crimes help:** Center for Safety & Change, 24/7 Hotline, 845-634-3344
- **Alcoholism/Drug Abuse:** NY HOPEline, 24/7 hotline, 1-877-846-7369
- **Veterans Crisis Line:** 24/7 hotline, 1-800-273-8255
- **Short term respite for adults:** Take Five Respite Program, 24/7 hotline, 845-825-0482
- **Safe Haven:** An overnight warming center in Pomona providing temporary, overnight shelter to men and women 18 years of age or older, from November 1 to April 30. Call DSS Housing Unit 845-364-3150 for information.

**CLINIC AND PROGRAM SERVICES**
**Mental Health Services**

Achieve Behavioral Health, A Division of Bikur Cholim	845-425-5252	(Monsey)
Cornerstone	845-999-3060	(New City)
Frawley Clinic	845-368-5222	(Suffern)
Jawonio	845-708-2000	(New Hempstead)
Mental Health Association	845-267-2172	(Valley Cottage)
Mental Health Association of Westchester	914-345-0700 ext. 7350	(Nyack, Haverstraw)
Orangeburg Service Center	845-398-7050	(Orangeburg)
RCDMH Pomona Clinic	845-364-2150	(Pomona)
VCS Mental Health Clinic	845-634-5729	(New City)

**Substance Use Disorder Services: Inpatient Detox & Rehab**

Good Samaritan Hospital	845-368-5242	(Suffern)
Montefiore Nyack Hospital	845-348-2072	(Nyack)
Russell E. Blaisdell ATC	845-359-8500	(Orangeburg)

**Substance Use Disorder Services: Outpatient**

Achieve Behavioral Health, A Division of Bikur Cholim	845-425-5252	(Monsey)
Lexington Center	845-369-9701	(Valley Cottage, West Haverstraw, Airmont)
Mental Health Association	845-267-2172x205	(Valley Cottage)
Montefiore Nyack Hospital	845-348-2070	(Nyack)
Samaritan Daytop Village	845-353-2730	(Blauvelt)

**CLINIC AND PROGRAM SERVICES (Cont'd)**
**Substance Use Disorder Services: Prevention**

CANDLE	845-634-6677	(New City)
Haverstraw Center	845-429-5731	(Haverstraw)
RCADD	845-215-9788	(Nanuet)

**RESOURCE HELPLINE**

MHA Client & Family Advocate: 845-267-2172, x 296  
 St. Dominic's Family Services Resource Line: 1-844-418-5618

**WHO DO YOU CALL IF?**

- You suspect your teen is using alcohol or drugs call **Teen Intervene at Haverstraw Center** or RCADD (listed above).
- You are concerned about an individual age 18 or over who can't provide for their basic needs and have no one willing or able to help in a reasonable manner. **Protective Services for Adults** 845-364-3571 for an assessment, 9AM - 5PM.
- You need information on all health and human services programs, call **211, Hudson Valley Region 2-1-1**.
- You need support and education for families in the mental health system. **NAMI Rockland Helpline** 845-359-8787.
- You need information on long term services and supports for all ages/disabilities. **NY Connects** 845-364-3444.

**COUNTY RESOURCES**
**Emergency Housing**

Daytime: 845-364-3150 After Hours: 845-638-5400

**Department of Mental Health**

Main Number: 845-364-2378

**Assisted Outpatient Treatment:** 845-364-3691. For individuals with a history of mental illness and noncompliance with treatment/medications who may benefit from court ordered outpatient treatment.

**Single Point of Access - Adult SPOA:** 845-364-2399. For adults with serious mental illness who need case management or housing.

**Child and Adolescent SPOA:** 845-364-2275. For children with serious emotional disturbance who need case management services.

**Veterans Service Agency**

845-638-5244

For assistance in obtaining and maintaining veteran's benefits.

**OTHER RESOURCES**

**Intellectual & Developmental Disabilities Services:** Hudson Valley Developmental Disabilities Regional Office, Community Support Team: 845-947-6390.

**ACCES-YR (Vocational Rehabilitation):** Assisting individuals with disabilities to achieve and maintain employment and to support independent living. 845-426-5410.

**Helping Hands for the Homeless of Rockland:** 845-356-0100

**Partnership for Safe Youth:** 845-405-4180

This list is not all inclusive. To find out about additional services go to the **RCDMH Website:** <http://rocklandgov.com/departments/mental-health/>

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