



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



10 Flitt Street, West Nyack, NY 10994, westhudsonpsych@gmail.com, WestHudsonPsych.org

eSynapse

February 2017

Editor's Comments

James Flax, MD, MPH, DLFAPA

In this issue of eSynapse you will find a synopsis of our Executive Council meeting so all readers will have an idea of district branch business. But, it's only a synopsis. Please **come** to a meeting to appreciate the rich discussions. There are comments by our President. Dr. Abdullah has again sent us a new article in his long line of erudite essays. Dr. Kroplick has sent the text of her thank you for Rockland DBSA choosing to honor her and Leslie Davis at their 10th Anniversary Celebration. Great work Dr. Kroplick! Rena Finkelstein has thanked us for our support. There are communiqués from the APA and from the APA Assembly.

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 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 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.

**Congratulations to the ORMC Psychiatry Residency Program
2nd year in the APA 100% Club!**

100% Club



Executive Council Meeting
Il Fresco Restaurant, Orangeburg, NY
Friday, March 10th 2017
Journal Club (15 minutes) PROMPTLY at 12:30
Followed immediately by Business Agenda
Please contact Mona Begum, MD (drmonabegum@gmail.com) if you are
planning to attend. IT'S A FREE LUNCH

Please join APA's New **FREE** 'Find a Psychiatrist' Database by clicking
<http://www.psychiatry.org/psychiatrists/search-directories-databases>.

PRESIDENT'S COLUMN – JANUARY 2017

Mona Begum, MD, DLFAPA [drmonabegum@gmail.com]

Dear West Hudson Psychiatric Society Members, Colleagues and Friends:

I am very happy to report that we matched eight Orange Regional Medical Center (ORMC) psychiatry residents with mentors who are our Executive Council members. The matching was done according to the expressed interests of residents with the expertise, skill and experience of the mentors. Special thanks to all the members who have volunteered! In the future, we will need more mentors since ORMC will have four new residents each year. I would like to urge our district branch members to volunteer so that we can continue this mentorship program. I am sure it will be a rewarding experience.

During this month's Executive Council meeting, Leslie Citrome presented an article from AJP regarding a study of intravenous ketamine use in patients with Treatment Resistant Depression. The results of this randomized, double blind placebo controlled study confirm the sustained antidepressant response and decreasing dissociative symptoms in a 4-week trial. The trial also documented changes in suicidality, which is a high priority rationale for considering rapidly acting new treatments, but did not find an effect of ketamine. The twice-weekly and thrice-weekly administration appears to be equivalent in efficacy, an important parameter for the design of larger trials. According to an article about ketamine in Dec. 2nd, 2016 Psychiatric News, there are at least two dozen ketamine clinics in the USA. Anesthesiologists, rather than psychiatrists run most of them, likely because anesthesiologists have the most firsthand experience with using ketamine and managing side effects. In clinical trials, the effectiveness peaks around one day after infusion and wears off over the next two weeks. Long-term repeated ketamine treatment remains an area of uncertainty, as data on effective maintenance treatment is lacking. Johnson & Johnson is conducting clinical trials on esketamine, an isomer of ketamine, for the treatment of treatment resistant depression, particularly for those at imminent risk of suicide. The investigational drug is delivered through intranasal spray. If approved by FDA, esketamine may be covered by insurance and become a more accessible treatment option.

On a national level, in October, the Center for Medicare and Medicaid Service (CMS) issued the first set of rules and policies for Medicare's new quality and payment programs. These new

programs were created by congress in the Medicare access and CHIP reauthorization act of 2015, otherwise known as MACRA. Because of the complexity of these Medicare programs and the potential impact on our practice, APA has created a Payment Reform Toolkit that is designed to make the transition as easy as possible. The toolkit can be accessed on APA's website at www.psychiatry.org/paymentReform. The good news is CMS projects that almost half of psychiatrists who see Medicare patients will be completely exempt from Medicare's quality reporting requirement and exempt from any related penalties.

Other good news for our profession is that President Barack Obama signed the wide ranging \$6 billion 21st Century Cures Act into law on December 13, 2016. The law includes significant mental health and substance abuse treatment components as well as research funding for Obama's Precision Medicine Initiative, the BRAIN Initiative and Vice President Joe Biden's Cancer Moonshot. There are also provisions intended to speed up the FDA's review of new drugs.

On January 3, 2017 voting in the APA national election begun. As an APA member, this is your chance to make your voice heard and determine which of your colleagues will assume the most visible position in APA leadership. For information about the election and candidates, visit <http://psychiatry.org/elections>.

As always, I welcome your ideas and exchanges. Our next meeting is on March 10th 2017 at 12:30 pm in Il Fresco Restaurant in Orangeburg.

Summary from Executive Council Meeting Friday, January 20, 2017 Il Fresco, Orangeburg, NY

Attendees Present: Mona Begum, M.D., Nigel Bark, M.D., Leslie Citrome, M.D., Raj Mehta, M.D., Lois Kroplick, D.O., James Flax, M.D., Russell Tobe, M.D., Nicholas Batson, M.D., Minh-Duc Huynh, Tina Diaz and Liz Burnich

Journal Club: (Leslie Citrome, M.D.)

- Les presented and discussed an interesting article from the American Journal of Psychiatry on Ketamine.

Spring 2017 Educational Meeting Announcement: (Raj Mehta, M.D.)

- Speaker: Dr. Katherine Shear
- Topic: Complicated Grief
- Date: Friday, April 28, 2017
- Location: La Terrazza – smaller front room

WHPS Psychiatry Mentorship Program Update: (Mona Begum, M.D.)

- Mona matched the mentors with the residents based on areas of interest that the residents listed on their questionnaires with the areas of expertise of our Executive Council mentor volunteers as follows:

Mentor	Resident/Mentee
Raj Mehta	Minh-Duc Huynh
Lisa Batson	Christopher Walfall
Dominic Ferro	Stephanie Kuntz
Russ Tobe	Eric Benson
Mona Begum	James Crawford
Nick Batson	Ryan Omura
James Flax	Eric Jarmon
Lois Kroplick	Kevin Moore

- ORMC will take on 4 new residents this summer so we will need to recruit more mentors for the next group of residents.
- Les also suggested that the residents join the American Society of Clinical Psychopharmacology (ASCP). The membership fee to residents is free and this will be a great resource for them.
- The residents are being pushed to do research before July and ORMC would appreciate any guidance that the mentors can provide to their resident.

Open Board Positions in May 2017:

- **Assembly Representative** – Nigel advised that being an Assembly Rep is quite fun. It is a great way to network with other psychiatrists, get involved with important issues in the psychiatric profession and includes attending the bi-annual meetings; APA Annual meeting in May (location varies) and Assembly meeting in DC in November (the November meeting is paid for by the APA).
- **President Elect** – Mona and Lois are working on trying to get more members to attend our EC meetings in hopes that they would be willing to take on a board role in the future.

Committee Updates: (Mona Begun, M.D. & Lois Kroplick, D.O.)

- Dr. Mona Begun advised that the next Women's Meeting will take place on February 3 at Lois Kroplick's office.
- Dr. Lois Kroplick advised that the Coalition is considering doing the 2017 Public Forum on the topic of Anxiety Disorders or Eating Disorders and requested that anyone with suggestions of speakers for those topics contact her.
- Lois also advised that the DBSA is looking for new members/referrals. They have a self-help group meeting for patients with treatment resistant depression on Thursdays from 6:30-8 at Jawanio. The facilitators are trained, with Mona and Lois as advisors. They also have a family support group. For more information, refer to the website: <http://www.dbsarockland.org/>

APA/NYSPA Updates: (Nigel Bark, M.D.)

- NYSPA advised that nominations are being accepted for the position of Area II Resident-Fellow Member Deputy Representation to the Assembly of the APA.
 - Dr. Ulrick Vieux nominated PGY-2 Resident Dr. Eric Jarmon for this position and Liz is working with them to put together the nomination packet. Dr. Jim Flax and Dr. Lois Kroplick have generously agreed to write letters of recommendation on behalf of Eric.
- Nigel suggested that West Hudson apply for the APA Best Practice Award with our Mentorship Program. Liz will look into the application details and deadline.
- The APA Annual Meeting will take place this May in San Diego, CA.

Miscellaneous Business Items:

- Jim is working with Liz on redoing our website using the GoDaddy platform.
- Liz also discussed moving our electronic newsletter to an automated marketing platform such as Constant Contact. This will allow us to send out our newsletter in a more professional format and have the ability to check open rates, etc.
- There was a discussion on disclosures of conflicts of interests and how we should be more cognizant of making those disclosures at not only our Educational meetings but also Executive Council meetings. We need to take a stance and do a better job of regulating ourselves to reveal conflicts of interest on a regular basis.

Next Executive Council Meeting - Friday, March 10, 2017 at 12:30pm at Il Fresco, Orangeburg, NY. Liz will invite Dr. Mark Scher, the Director of Psychiatry at Nyack Hospital to be our guest presenter if he is available. If he is not available, Russ suggested that we invite Dan Iosifescu, NKI Depression Researcher. Lois suggested that we invite Leslie Davis, DBSA founder.

THANK YOU TO DBSA DBSA 10th ANNIVERSARY CELEBRATION 11-4-16

Lois Kroplick, DO, DFAPA

I would like to thank Rockland DBSA for choosing to honor myself and Leslie Davis at your 10th Anniversary Celebration. I am thrilled and touched to be joined tonight by many family members, friends and colleagues along with members of DBSA, Coalition and NAMI. Congratulations to all the members of DBSA on your 10th anniversary. This is a very special organization. It is the largest peer-to-peer support group in the country. I am so impressed by the dedication and commitment of the members. DBSA provides hope, help and support and education to the lives of people living with mood disorders.

I am so proud to be the advisor of Rockland DBSA, a group that was recognized by National DBSA, when they won the award for "Outstanding Large DBSA group in 2014." Congratulations to my friend and colleague, Leslie Davis, for being honored tonight. Leslie, I am continuously impressed by your accomplishments. Leslie founded the Rockland County DBSA and served as its president for seven years. In 2014, Leslie received the National DBSA's outstanding leadership award. Not only does Leslie serve as Co-president of NY State Chapter of DBSA, treasurer of RC-DBSA and the Coalition, but for the past 4 years she served as President of the Mental Health Coalition. Leslie, I will forever be grateful to the time and energy you have given to start DBSA but to volunteer to be president of both DBSA and Coalition. To top it off, this year, Leslie and her husband Leonard, were the speakers at the Public Forum, sponsored by the Coalition, DBSA, NAMI and RCC. To say Leslie Davis has courage and amazing leadership skills is an understatement. I couldn't think of anyone more deserving than Leslie to be honored at this Anniversary dinner.

Being involved in community groups and helping others have always been passions of

mine. In 2009, when Leslie Davis asked me to become the medical advisor of DBSA Rockland County, this seemed a natural fit for me. Being the advisor to DBSA has been one of the most fulfilling aspects of my career. Working with members of Rockland DBSA has helped me become a better psychiatrist and has enriched my life as a person. It is an organization where peers with mood disorders are trained to help their fellow peers. I have personally witnessed that people who give back to others and are involved with their community become stronger in their own recovery. It is clear that being socially connected helps to decrease loneliness and depression.

Finally, thank you to my family, friends, and members of DBSA, Coalition and NAMI for coming tonight. Your presence here tonight means the world to me! I would like to also thank my co-advisor, Dr. Mona Begum, for joining me in working with DBSA. Thank you to the DBSA board and all their members for allowing me to be part of this wonderful organization. All of you should feel so proud of the great work you are doing. I have witnessed both first hand from my work with individual patients and as your advisor how you help to change the lives of so many people.

In conclusion, I am humbled to be honored tonight. This is one of those special nights, I will cherish forever. Thank you!

CORRESPONDENCE

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

Donald E. Cameron, M.D. A Tale of Research and Medical Ethics

Syed Abdullah, M.D.

Dr. Donald Ewen Cameron was a world-renowned psychiatrist having gained his fame from the experimental work he did with mental patients at the Allan Memorial Psychiatric Institute in Montreal, Canada. Born in Scotland in 1901, he immigrated to the United States and worked in Canada for 28 years. He became the head of Allan Memorial since it's opening in 1944. To his credit goes the stance to unlock doors throughout the hospital. He declared that the mentally ill had to be treated rather than feared. It is to be noted that this "open door" policy was a revolutionary concept in those days.

In the 1950s a strange phenomenon occurred during the Korean War. Many American prisoners of war made confessions or signed petitions demanding an end to the American presence in Asia. It was believed by the Intelligence agencies that these prisoners, some 70% of a total of 7,190, had been brainwashed by their Korean and Chinese captors. A cover organization, Society for the Investigation of Human Ecology (SIHE), was set up by CIA for funding research on brainwashing. Cameron, because of his reputation in the field, was chosen to conduct such a study.

Dr. Cameron was busy for some time in a series of experiments that he labeled “Psychic Driving.” This was based on the benign sleep-teaching method developed by Max Sherover who helped his patients overcome nail-biting habits by continuously playing a tape recording to them while they slept. Cameron drastically streamlined this technique to reach deep into the psyche of the individual to erase disturbed memories and implant new learning. He introduced this form of therapy in a paper published in the American Journal of Psychiatry in January 1956. He explained that psychic driving allowed for “the penetration of defenses, the elicitation of hitherto inaccessible material, and setting up of a dynamic implant” of recurring thought that influenced the patient’s behavior. He experimented with a number of variations in the technique on those who were resistant to this approach.

By administration of sodium amytal, the so called truth drug, by inducing prolonged sleep and using LSD and other drugs to induce a state of confusion and disorganization, he claimed access to the deepest level of the patient’s psyche. In this state of defenselessness recordings of statements were constantly played to the subject in an effort to re-pattern his thinking. In keeping with the climate of the day, he sometimes referred to his procedure as brainwashing. Academically and professionally these research activities brought many recognitions to Dr. Cameron. At different times, he was the President of the Quebec, Canadian, and American Psychiatric Associations. He was also the cofounder and the first president of the World Psychiatric Association.

There was no let up in his enthusiasm to “de-pattern” his subjects. He remained convinced that “you could regress patients, particularly schizophrenics, back to their infancy.” For those who were still resistant to changing he added increasingly frequent courses of ECT at much higher levels than had ever been applied before. Cameron felt that a more forceful application of ECT was likely to produce more impressive results. Rather than administering a single shock he would shock the patient six times in rapid succession. Some patients received this treatment as many as three times a day for up to thirty days. Some became unable to walk or feed themselves. Many developed incontinence and chronic memory loss. Cameron’s high academic standing was such that he had no difficulty in getting his papers peer reviewed and published in prestigious professional journals.

Cameron called his technique “Psychic Driving.” In January 1956 he published a paper in the American Journal of Psychiatry under the same title in which he made the following conclusions:

1. Psychic driving is a potent procedure—it invariably produces responses in the patient, and often intense responses.
2. The responses tend ultimately to be therapeutic. To account for the effect of psychic driving the following working hypotheses has been set up: a. Penetration of Shielding - Defenses of the individual against the full implications of his verbal communication are circumvented by using air conduction only, rather than the synthesis of air and tissue conduction to deal with which his defenses were organized. b. Driving. - Constant repetition of the verbal cue locks the patient into continual response in terms of the community of action tendencies of which the cue is part. c. Talking and listening - Working ideas concerning these and their bearing on the penetrating effect of driving have

been set forth. d. Dynamic Implant. - A given period of psychic driving may continue to produce additional effects after the period of actual driving has been terminated. To account for this, a premise has been advanced that a period of psychic driving may set up within the individual an area of intensified responsiveness, which calls him back repeatedly into activation of the area concerned.

3. Psychic driving lends itself to a great many modifications with respect to its application. These have been listed, and include auto psychic and heteropsychic driving, variations in the mechanical procedure and variations in the preparation of the patient for psychic driving. It is still too early to determine the various particular values of these; the material presented has been derived primarily from short-term auto psychic driving without adjuvants.”

If the reader finds it difficult to understand the above statement it will not be his fault. The use of neologisms was a style of Dr. Cameron to describe his use of heroic amounts of ECT, sometimes combined with administration of LSD and amobarbital sodium given intravenously, to “brain wash” and disinhibit the patient and break his defenses. The “driving” in of “healthy thoughts” was then tried by excessive repetitions of such thoughts during prolonged sleep.

Due to poor showing in the real world of clinical outcomes, the increasing objections of civil rights groups who questioned the lack of informed consent, and above all due to the loss of financial support from SIHE, Cameron’s “psychic driving” came to a grinding halt in 1964. In 1966 he left Allan Memorial hospital and died in 1967 of a heart attack, essentially in disgrace. The New York Times obituary headlined: “Led Research in Geriatrics at Hospital in Albany.”

One good that came out of Cameron’s efforts was the introduction of increasingly stricter controls over researchers who use human subjects. When we hear the complaints, voiced by some researchers, about the “watch dog” committees looking over the shoulders of the well-intentioned scientists, we must remember the recent history of abuses in medical research because of the lack of such constraints.



News and Notes for APA District Branches/State Associations
February 2017

This monthly newsletter is prepared by 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 or 703-907-8693. Want to keep up with APA in between newsletters? Connect with us on [Facebook](#), [Twitter](#)(@APAPsychiatric) and [LinkedIn](#) for the latest news and updates.

What's New at the APA?

APA issued a letter to leaders in Congress calling on them to ensure that Americans with mental illness and substance use disorders continue to have access to the care that they need. The letter comes as Congressional Republicans consider legislation on insurance coverage. "As Congress considers significant reforms to health insurance coverage this year, it is critical that any such reforms do not undo the gains which have been made over the past several years for individuals with mental illness, and that any such reforms only further enhance coverage and access to lifesaving evidence-based care."

You can read the full text of the letter [here](#).

On Jan. 3, APA President Maria A. Oquendo, M.D., began a new role as Psychiatry Department Chair at Penn Medicine. In this new role, Oquendo will lead a large department whose faculty members practice and conduct research in psychiatry and behavioral health, including depression, schizophrenia, eating disorders and substance use disorders. You can read more about President Oquendo's new role, and how it aligns with APA's mission [here](#).

Mark Your Calendar

1. American Heart Month
2. National Eating Disorders Awareness Week (Feb. 23 to Mar. 1)

February Course of the Month | 2017

Each month, members have free access to an online CME course on a trending topic. The February course is Myths and Misperceptions of Opioids and Cannabis presented by Nora Volkow, M.D., of the National Institute on Drug Abuse (NIDA). Volkow's presentation discusses misconceptions that contribute to the opioid epidemic, the inappropriate treatment of opioid use disorders, and highlights the ongoing research efforts to better understand both the positive and negative potential of cannabis. A calendar featuring all the Members' Courses of the Month for 2017 is also available online. [Access course and calendar 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. 23 for the preliminary qualification exam, which residents can complete Feb. 3-17. The top three teams will advance to the national MINDGAMES final competition, at the APA Annual Meeting. Visit [MindGames](#) for more information.

Listen to the Latest Research through the AJP Podcast

Do you find yourself constantly on the go with no time to catch up on the latest psychiatric research? AJP Audio brings you the highlights from each issue of The American Journal of Psychiatry. Each episode features discussion of three articles that also serve the basis for the AJP CME courses. [Subscribe](#) to receive automatic updates.

2016-2017 100% Club Announced

2017 marked another great year for the [100% Club](#) – with more than 100 residency

programs meeting the requirements to be recognized for the 2016-2017 year. In addition to the benefits of membership, 100% Club residents and their programs receive exclusive benefits like a practice resource gift, chief resident welcome kits, and access to free [SET for Success](#) for the program director.

Registration Now Open for the 2017 APA Annual Meeting

Join us at this year's Annual Meeting in San Diego from May 20-24, 2017. 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.

Link: <http://psychiatry.org/psychiatrists/meetings/annual-meeting>

Evaluate New Tech on APA's Mental Health Apps Page

Dozens of health care management apps are available, and deciding which, if any, to use can be confusing. APA is helping psychiatrists navigate mobile health technologies to determine whether an app will work for you and your patients. [This resource](#) includes information on how to evaluate apps and opportunities for additional guidance.

Take the Next Step in Your Career

Become a Fellow of the APA and earn the FAPA designation. Fellows are committed to psychiatry and the ongoing work of the APA. Be among the prestigious 25% of APA general membership. There are no additional fees or dues payments, just [complete the application](#).

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APA Assembly Notes

Autumn 2016

Speaker's Welcome and Report — Dan Anzia, M.D.

Speaker Dan Anzia welcomed everyone to the fall 2016 meeting of the APA Assembly. Dr. Anzia and the executive leadership personally greeted several new members to the Assembly. As an inspiration, Dr. Anzia recited a poem by Robert Frost to the members and guests present before the work of the Assembly would begin.

There Are Roughly Zones

*We sit indoors and talk of the cold outside.
And every gust that gathers strength and heaves
Is a threat to the house. But the house has long been tried.*

*We think of the tree. If it never again has leaves,
We'll know, we say, that this was the night it died.
It is very far north, we admit, to have brought the peach.
What comes over a man, is it soul or mind
That to no limits and bounds he can stay confined?
You would say his ambition was to extend the reach
Clear to the Arctic of every living kind.
Why is his nature forever so hard to teach
That though there is no fixed line between wrong and right,
There are roughly zones whose laws must be obeyed.
There is nothing much we can do for the tree tonight.
But we can't help feeling more than a little betrayed
That the northwest wind should rise to such a height
Just when the cold went down so many below.
The tree has no leaves and may never have them again.
We must wait till some months hence in the spring to know.
But if it is destined never again to grow,
It can blame this limitless trait in the hearts of men.*

Rules Committee — Glenn Martin, M.D.

Dr. Martin presented the Consent Calendar for consideration by the Assembly. Once again, the Rules Committee reviewed close to 40 Action Papers and Position Statements referred from the JRC and placed 15 on the Consent Calendar, which, after voted on by the Assembly, left 21 items for deliberation by the Assembly, along with one item of new business.

Report from the APA President — Maria Oquendo, M.D.

Dr. Oquendo described the recent and upcoming efforts by the APA to streamline the development and updating of Treatment Guidelines, to make them more user friendly to clinicians. Also, the DSM is evolving into a “living document” which will be updated in a more easily and timely manner. Her recent attendance at a “listening session” with the FDA revealed that they are not interested in enforcing medication use exclusively for FDA indicated disorders. Rather, the FDA is relying on professional groups, like the APA, to develop guidelines for off-label use of medications already approved by the FDA. She also spoke of developing a “tree” algorithm to promote the multi-modal treatment of distinct Mental Health disorders.

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

Dr. Levin presented his report, much of which can also be found in the Assembly packet. At the APA Annual Meeting, the White House Task Force on Mental Health Parity heard testimony from several leaders and members of the APA, who voiced concerns and ideas to ensure full implementation of the law. Current initiatives include: health plan network adequacy, funding to audit health plans, public reporting on parity investigations, and producing a consumer guide to disclosure rights. APA is making MACRA implementation for Medicare providers as user-friendly as possible. This includes reporting exemptions for practices treating less than 100 Medicare beneficiaries, decreasing and making reporting requirements more flexible, and developing a registry – called PsychPRO – to facilitate MACRA reporting for members. With the rapidly changing political climate, Dr. Levin encourages members who can advise the president-elect and newly elected members of Congress to reach out to their transitional teams. APA is using their TCPI-SAN Grant to facilitate over 500 psychiatrists to date in Integrated Health Care, and plans to train several hundred more. Also, kudos goes to APA member Peter Yellowlees, M.D, recently elected president of the American Telemedicine Association. APA will be taking occupancy of its recently purchased new office space in 2018, after completion of construction and renovation.

Assembly Nominating Committee — Glenn Martin, M.D.

Dr. Martin announced the candidates nominated for Assembly office.

For Speaker-elect: Bob Batterson, MD from Area 4 and James Polo, MD from Area 7

For Recorder: Steven Daviss, MD from Area 3 and Paul O'Leary, MD from Area 5

Hearing no other nominations from the floor, the nominations were closed. Best of luck to all nominees .

Report from the APA President-elect — Anita Everett, M.D.

Dr. Everett presented her report as chair of the JRC, including upcoming new business for the Assembly

of a position statement on psychiatrist participation in euthanasia, an Autism Spectrum Disorder medication guide for parents, and increasing psychiatrist participation in treatment of persons with mental illness in prisons. She then outlined an agenda of initiatives for her upcoming presidency, including increasing access to psychiatric care, making the APA a “go to” place for psychiatrists everywhere, improving treatment of first-episode psychosis, and addressing physician burnout and improving resilience.

Treasurer’s Report — Bruce Schwartz, M.D.

Dr. Schwartz reported on the APAF and the APA. APA is generally on target with forecasted budget. Key points include better than expected revenue from DSM licensing and royalty fees, along with lower than expected overall book sales, lower than expected Annual Meeting attendance, some cost reductions due to personnel vacancies, and excellent investment portfolio performance. All detailed information can be found in the Treasurer's Report available in the Assembly Packet.

American Psychiatric Association Foundation — Saul Levin, MD, MPA Chairperson/Chief Executive Officer and Medical Director, and Dan Gilleson, Executive Director

APF, APIRE, and APPI have all now been combined into APAF. Daniel Gilleson is the APAF’s new Executive Director, who promises to bring great enthusiasm and passion to his job. The APAF wants to increase relevance to members and increase efforts at education and fundraising. The APAF has been partnering with other organizations around the country to increase visibility of programs important to these efforts, including Typical or Troubled - called out by Hillary Clinton during her campaign, and partnering with “Sandy Hook Promise”, Partnership for Workplace Mental Health, which produces a Mental Health Works newsletter, and Stepping Up Summit – partnering with SAMHSA and state and county agencies to improve awareness of mental health needs of prison and jail inmates. Member contributions have increased in 2016 relative to 2015. The APAF will be hosting a reception in San Diego at the Wine and Cultural Event Center at the 2017 APA Annual Meeting. Please contribute generously to the APA Foundation for all the good work they do.

Report from APAPAC — Paul O’Leary, M.D.

Dr. O’Leary described the work the APAPAC has done over the past year. The PAC has contributed \$410K to various federal candidates and committees, with about 54% going to GOP and 46% to DNC projects. In addition, the APA-CAN (Congressional Advocacy Network) remains strong and active. With the results of this year’s presidential and congressional elections, psychiatrists can play an influential role in the upcoming lame duck session of Congress.

Reports and Next Steps from the Assembly Work Groups/Committees

This year’s Assembly agenda placed greater priority on meeting time for Workgroups.

- **Psychiatric Diagnosis and DSM** – Efforts to harmonize DSM and ICD-10CM continue, as does efforts to evolve the DSM into a “living document. The long awaited DSM portal website to accept suggestions and recommendations for future changes should be available in a matter of weeks.
- **Access to Care** – This task force has evolved into a standing committee of the Assembly. Initiatives include fostering better communication between APA and its constituent DBs/SAs to support state and local efforts at expanding access to care. Also, this committee continues to provide a repository for colleagues and patients to share their anecdotes of problems with access.
- **Assembly/Foundation Initiatives** – The APAF report underscores the importance of maintaining strong liaison with the Assembly.
- **MOC** – Identified concerns include cost to diplomates of MOC, testing reform, and the importance of keeping an open dialogue with the ABPN.
- **Metrics** – Current and proposed metrics projects include studying the Assembly’s role as a conduit/incubator for APA leaders, and Assembly reps as a resource for increasing membership engagement.
- **Liaison to the Steering Committee on Practice Guidelines** – It will be important to bring published guidelines up to date and making them more user friendly, as well as making the updating process more

nimble.

Assembly Committee on Procedures — A. David Axelrad, M.D.

The Committee on Procedures brought several proposed changes to the Procedures Code of the Assembly. Approved changes included:

- _Allowing Deputy Representatives to vote in matters before the Assembly
- _Incorporating the Assembly Committee on Access to Care into the Procedures Code
- _Incorporating liaison language for the Committees on Access to Care and Public and Community Psychiatry
- _Incorporating the Committee on MOC into the Procedures Code

The proposed change to the Procedures Code to allow election of Assembly officers by a simple majority of individual voters, rather than vote by strength, based on Action Paper 12T (2015), postponed in the last Assembly until this meeting, narrowly failed to achieve the required 2/3 majority of Assembly approval on a vote by strength.

Action Papers/Items

Among the more notable Actions taken during this session, the Assembly voted to:

- _Approve (on consent) proposed APA Position Statements on Out-of-Network Restriction of Psychiatrists, Location of Civil Commitment Hearings, Mental Health and Climate Change – all based on previous Assembly Action Papers;
- _Approve the improved communication between outpatient and inpatient (hospitalist) physicians;
- _Explore (with AMA) models for single payer and universal healthcare access delivery;
- _Ensure privacy of protected health information in access of PDMP databases by law enforcement;
- _Urge APA develop Position Statements on Screening and Treatment of MH Disorders during Pregnancy and Post-Partum and increase Parity of MH Care for persons with Intellectual and Developmental Disabilities;
- _Urge APA to improve liaison between APA fellowship applicants and recipients and their local DBs;
- _Urge APA to support smart-gun technology as part of an effort to reduce gun violence as a public health concern;
- _Urge APA to advocate for improved quality and access to medical and psychiatric care in correctional and institutional settings;
- _Urge the APA to collaborate with other state and national groups to combat the consequences of childhood poverty and to end this public health problem;
- _Have the BOT form a Task Force on combating Discrimination and its MH consequences;
- _Reaffirm the requirement of medical training for anyone who prescribes psychotropic medications;
- _Develop a fund with APAF help to pay costs of consumer speakers who present at APA meetings;
- _Reaffirm several current APA Position Statements, which can be found in the Assembly Packet;
- _Approve the proposed Position Statement opposing Psychiatrist prescribing or administering any euthanizing intervention to a non-terminally ill person.
- _Refer a Position Statement on Confidentiality of Medical Records of Physicians who have previously been in treatment back to JRC for revision to address practices of state Medical Boards publically posting such information on their websites.

A full summary of all Actions of the Assembly may be found here. Final Action Papers can be found by going to <http://ait.psychiatry.org/>.

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

Immigrant Evaluations

Dominic Ferro, MD

I have done several evaluations for Weill/Cornell Center for Human Rights and I have found it rewarding. If you are concerned about the plight of immigrants to the U.S., then this is an opportunity to volunteer your skills to help some of these decent and needy people. The reports do not require much special training. Just applying your clinical acumen and making a recommendation for treatment and the likely impact that returning to their home country would have on their mental condition. If you would like to help in this way WCCHR provides an excellent platform. They have medical students sit in on the interview and help with the drafting of the report, so it is also a teaching opportunity.

WCCHR offers a one-time training to orient you to the process, but there is no commitment. Cases are offered, and if you agree to help on one, they connect you with the attorney on the case. They arrange a time and place for the evaluation. Some of the examinee's are detained, so you would be asked to travel to a local correctional facility. Most are not, and the examination can take place at offices at Cornell, on the Upper East Side. They are conducted there so that the medical students can participate more easily. You can schedule the examination when it is convenient for you and the students. They usually take a couple of hours. They let you know when the report is due before you accept the case, so you will only accept cases that work in your schedule. They ask that you be available for testimony, should the case go to a hearing. Usually the commitment is to be available for telephone testimony. I have done about five cases, and I have not been asked to testify yet. They don't usually have hearing, and your testimony is not usually required even if they do.

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 Practice Management HelpLine (800-343-4671) - email at hsf@psych.org. Also, one of our members posted to an international list-serv with regard to any denial of benefit, so I quote Dr. John Fogelman:

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

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

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

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.

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.

CHOICES

Laura N. Antar, M.D., Ph.D., and Carol A. Paras, M.D., are happy to announce their collaborative venture, an eating disorders program, Choices. This program for adults will focus on compulsive eating disorders, including food addiction, binge eating disorders and emotional eating issues. Referrals for our initial group are now being accepted. Typical patients may be those who have failed in more conventional diet programs, have lost weight only to regain it many times, or have not succeeded in individual therapy or nutritional counseling.

Additionally, this group is appropriate treatment for those hoping to avoid bariatric surgery, as well as those who are post- surgery needing guidance to succeed in reaching and maintaining their goals.

Before group entry, a comprehensive evaluation will be completed with each patient. Those patients not appropriate for group therapy will be referred to individual treatment with Drs. Antar or Paras, or elsewhere.

Dr. Paras completed a fellowship at the Cornell-Westchester Hospital- Eating Disorders Unit, under the guidance of Dr. Katherine Halmi. Dr. Paras has been treating eating disorder patients for over 30 years.

Dr. Antar completed her Ph.D. in neurosciences and a research fellowship with Dr. Eric Hollander in his Obsessive - Compulsive Spectrum Program. She additionally served as Co-Editor for the Impulse Control Disorders Section of Gabbard's Treatment of Psychiatric Disorders- 5th Edition.

Their collaboration will integrate proven psychotherapeutic modalities to achieve success for these difficult psychological and medical problems.

We welcome your inquiries and referrals.:

Dr. Antar : 845-367-4800

Dr. Paras: 845-735-4700

Patients can call Maria Larino, Office Manager at 845-367-4800

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Depression Support Group

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

Rockland County Depression and Bipolar Support Alliance

Peer-to-peer run support group for people with depression, bipolar disorder, anxiety disorder or any related mood disorder & their friends & family. The support group meets every Thursday night from 6:30 - 8:30 at Jawonio, inc. 775 N Main St. New Hempstead. Reservations are not required. There is no fee for attending the support group meetings. This is a very warm and welcoming group run by people who have been there and can help. Any questions please call Leslie or Leonard at 845-837-1182.

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