



West Hudson Psychiatric Society

Serving Rockland, Orange, Sullivan & Delaware Counties

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eSynapse

February 2020

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 is a new article by Dr. Orakpo, a resident from ORMC, about “interventional psychiatry” and our WHPS president, Laura Antar, MD, PhD serendipitously wrote on the same topic. Our former president, Nigel Bark, MD sent in a terrific travelogue with wonderful images of his recent hiking trip to the Grand Canyon. Keep on truckin’ Nigel. 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 just checked and there are only 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.

In this issue of eSynapse you will also find a summary of our last two Executive Council meetings 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, February 28 & Friday, March 20
PROMPTLY at 12:30

Please contact Liz Burnich (westhudsonpsych@gmail.com) if you are planning to attend.

IT'S A FREE LUNCH



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.

President's Column: TMS and in-office procedures



Laura Antar, MD, PhD

I recall during research fellowship some ten years ago, researching the risks and benefits of TMS (transcranial magnetic stimulation) for depression, in hopes of finding ways to understand if it would have a role in OCD. Years later, TMS has become commonplace. It is FDA approved for the treatment of moderate to severe depression after a single treatment failure with an antidepressant medication; TMS machines are found in the practices of many of our colleagues, and in major medical centers.

This main-streaming of a medical procedure in psychiatry raises several central issues for our field: First, should we purchase medical devices in our offices and then refer patients with the diseases to our own offices for treatment? What are the ethics of providing procedures to patients from which we can profit? Now psychiatrists can have expensive machinery in their offices, much like GPs can have x-ray machines and labs. Psychiatrist's patients may now wonder if their doctors are recommending to them the best treatment or the one that makes them the most money? Patients may wonder if neuromodulating treatments that can change the brain are safe, and if they can trust the people who peddle these treatments to give them informed consent. The psychiatrists themselves will have to ask themselves if they would choose TMS as an option if there were not profit for them in the referral. Will anyone ask the question about where we draw the line? Where on the continuum is TMS when compared to the Cyberknife that also transforms (cuts) brain tissue, but without opening the skull?

To begin to answer this question, we need to know about what we have to offer our patients. Is what we offer them sound? It is incumbent on us as a field to make sure we can sift through the snake oil and the best research for our patients. It is exciting to think that we are moving beyond a neuroamine model of psychiatry to embrace the neuroimaging aspects (soon to be validated for the mainstream), and to look at non-invasive means for brain stimulation. According to Mark S. George, MD, who recorded a recent APA-sponsored CME lecture entitled "TMS Therapy: a unique and proven approach to treating depression," and an experienced researcher and practitioner of TMS, TMS' time has arrived, and he cites four large, randomized controlled trials that suggest that TMS is effective at getting a 30% remission rate and 50% decrease in symptoms, and that 12 months out, 67% of patients remain responding to the therapy with 44% in remission. These results are superior to antidepressant medications. While the data for ECT are superior to both, ECT has more side effects than TMS, which has as a greatest risk a 0.1% chance for a seizure and as a more common risk, headache and discomfort at the site of application, palliated by NSAIDs. Patients drive and return to work after their TMS treatments. ECT, on the other hand does not have such lasting effects, and requires full sedation and body immobility, and has side effects including nausea and memory loss to name a few.

TMS works by passing electricity through the TMS coil which generates a magnetic field that, unlike electricity, can pass through the skin of the scalp and the skull. Per Dr. George, this magnetic field activates (depolarizes) the neurons. It is the neurons in the dorsolateral prefrontal cortex (DLPFC) that are activated. These neurons that are depolarized are only thin superficial ribbons in the brain. However they synapse with several other deeper key brain regions that are responsible for the symptoms of depression, including in the frontal cortex, the medial prefrontal, anterior cingulate, orbitofrontal, regions that activate the limbic system including amygdala and hippocampus, nucleus accumbens and the hypothalamic pituitary adrenal (HPA) axis. These regions affect the psychomotor, cognitive, emotional, neurovegetative symptoms of depression, to name a few. Studies show changes in blood flow and metabolism in the stimulated areas, changes in monoamine concentrations, beta-receptor and serotonin receptor modulation, induction of genes of neurogenesis, activity similar to those involved in learning and memory, effects on GABA and glutamatergic activation, lead to changes in grey matter and hippocampal volume and changes in connectivity and neural circuitry activity in the anterior cingulate. For further information I refer you to Dr. George's excellent power point on the APA learning site from March 2019 where he cites the appropriate studies in a more scholarly manner than is needed for this column.

Assuming we agree that TMS is an important and emerged (and very low risk, low side effect) treatment for moderate to severe depression that has failed one anti-depressant treatment, why don't we all provide TMS in our clinical sites, and what are the risks of doing so?

As far as I can see, the risks are a few: that of doctors over-prescribing in order to earn procedure dollars and therefore beginning to objectify patients, and that of patients losing trust that their doctor is practicing medicine in their own best interest, without profit between them. The doctors or practitioners who purchase or rent these devices will need to pay for their TMS use, and for new coils. They also have a right to profit. This means they have an incentive to choose TMS over other forms of therapy in order to recoup losses, and to turn a profit. Would psychiatrists provide this service at cost? Not likely. New TMS devices can take less than the former 30 or so minutes needed five times per week. Now patients can go through in well under 10 minutes after their first anatomical parameters are set. And coils last longer. How is this practice different from the GP who must pay for his x-ray machine? It really isn't. Dr. Bruce Hillman et al. published about self-referring:

Physicians who do not refer their patients to radiologists for medical imaging use imaging examinations [four times] more frequently than do physicians who refer their patients to radiologists, and the charges are usually higher when the imaging is done by the self-referring physician. From our results it is not possible to determine which group of physicians uses imaging more appropriately.

Some patients love "one stop shopping," they would infinitely prefer to have a procedure with a doctor they know and trust rather than going to a new environment for a new procedure. Others complain that they feel like cattle being herded through their psychiatrist's office, dehumanized. Is providing TMS different from the Rheumatologist providing injections for arthritis? Again, not very. Yet, we wonder if injections are done more often than needed because of the potential for making profits. Part of the problem may be in the optics rather than greed. In the incident of the x-ray machines, it was unclear which group was using the modality more correctly.

Yet, all of these incidents are decidedly different than the dermatologist who sells their line of skin products in their office, or the nutritionist who sells their own supplements. These latter practices may seem to some as "over the line." While many of our patients are smart consumers, some will purchase an item or have a procedure, whether needed or not, if a physician recommends it. This may be because of trust in their physician's recommendation or maybe they're too uncomfortable to refuse or disagree. Erica Adler writes in her column about physicians selling products:

Before selling any product, physicians must consider all legal and ethical limitations...AMA Code of Medical Ethics, Opinion 8.063 ...addresses the sale of non-prescription products that provide a "health" benefit, the

AMA raises several concerns...such as whether it creates a financial conflict of interest; places undue stress on the patient; erodes patient trust; or undermines the primary obligation of physicians to serve the interests of patients before their own... physicians should not sell health-related products whose claims lack scientific validity and should rely on peer-reviewed literature and unbiased scientific sources to review products. Additionally, physicians must take steps to minimize financial conflicts of interest by disclosing financial arrangements with a manufacturer or supplier and by letting the patient know where else the products can be obtained.

Yet again, there are no clear answers here. Mindfulness may be the key. Thinking about what the cost is to our profession, as we begin to make money on the procedures we provide as well as the diagnosis, evaluation and management we bill for. How is it different from providing therapy in our particular specialty? Therapy could certainly be more costly than providing simply medication; I have always thought of therapy as the “procedure of psychiatry.” What is needed to be ethical is that whatever procedure we provide is considered better for the patient. This involves proper consent and understanding of the patient’s socio-cultural-economic and health needs.

Do we let the market decide what kind of services or merchandise we sell in our offices? Perhaps to some degree. However, we are a profession, and, per me last *eSynapse* column, we take an oath to care for our patients. This is not something businessmen do.

In no way am I averse to having these machines available to our patients in our own offices. I consider getting a TMS machine for my practice. The ruminations I share are thoughts I ponder as I try to make my own decision. I hope we can discuss these issues both within our Society and with the public to create and maintain good will, and perhaps a consensus as to how to self-regulate so that we do not ever create reason for our patients to feel an adversarial relationship with us, and certainly so that we never act on any predatory impulses we could have toward our patients.

References

Dr. Mark S. George, MD, Clinical TMS Society, 2018 APA Learning Center

Bruce J. Hillman, M.D., Catherine A. Joseph, B.A., Michael R. Mabry, B.A., Jonathan H. Sunshine, Ph.D., Stephen D. Kennedy, Ph.D., and Monica Noether, Ph.D. “Frequency and Costs of Diagnostic Imaging in Office Practice — A Comparison of Self-Referring and Radiologist-Referring Physicians” December 6, 1990 *N Engl J Med* 1990; 323:1604-1608

Judy Illes, Marisa Galloa and Matthew P. Kirschen “An ethics perspective on Transcranial Magnetic Stimulation (TMS) and human neuromodulation.” *Behavioral Neurology* 17 (2006) 149–157 IOS Press

Minutes WHPS Executive Council Meeting Friday, December 13, 2019 12:30pm - Il Fresco

Attendees Present: Laura Antar, Nigel Bark, Jim Flax, Lois Kroplick, Roger Maginley and Liz Burnich

1. Spring 2020 Meeting Recap:
 - a. Raj to look into the availability of Gary Kennedy (geriatric psychiatrist), Jeffrey Geller (APA President-Elect) and Jeff Borenstein (NYSPA President)
 - b. Other suggestions if none of the above speakers pan out are having a psychiatrist who specializes in nutrition (Dr. Drew Ramsey) or finding an expert on personality disorders.
2. Committee Updates:

- a. Women's Group scheduled for Jan 10 at Susan's Hoerter's office in Pomona. The Women's Group meets every 6 weeks to discuss difficult cases, etc.
 - b. Giselle is looking to start up a Women's Group in Orange County
 - c. Public Forum – Lois reported that while the Oct Forum on Suicide & resiliency was a great success, she is still looking for more psychiatrists and residents to attend.
 - i. We discussed potential topics for next year as well as speakers.
 - ii. APA has a "Typical or Troubled" program that would make a great topic for a future Forum but it is currently priced too expensively.
 - iii. Another suggestion is to market this program to the Rockland County high schools.
 - iv. There was some discussion about offering CME credits but most of the attendees are students so CME would not really be relevant.
 - d. Liz worked with Laura to create a Membership Survey to poll members on what types of programs they are interested in. The survey will go out before the holidays.
3. Miscellaneous Items:
- a. We discussed setting up a Communications and Social Media Committee.
 - i. Laura will initiate a remote meeting test using google meeting platform Bluetooth speakers and microphones.
 - ii. We would like to make our website more relevant and we discussed whether or not WHPS should have a Facebook page.
 - iii. Roger will see if any of the residents who are tech savvy would be willing to be a part of this committee.
4. We would like to invite Dr. Jim Kelleher, new Medical Director of Nyack Hospital to speak at a future EC Meeting.
5. 2020 Upcoming events:
- a. April 4 – NYSPA Area II Council Meeting at 9am
 - b. April 25-29 – APA Annual Meeting, Philadelphia, PA
6. UPCOMING WHPS EC Meetings:
- a. Friday, January 24, 2020
 - b. Friday, February 28, 2020

Minutes WHPS Executive Council Meeting

Friday, January 24, 2020

12:30pm - Il Fresco

Attendees Present: Laura Antar, Nigel Bark, Jim Flax, Lois Kroplick, Madhu Ahluwalia, Dom Ferro and Liz Burnich

1. We opened the meeting by welcoming Emelia, a 3rd year student at Touro Medical School who is interested in psychiatry.
2. Congratulations to Laura Antar and Russ Tobe on their approval as Distinguished Fellows of the APA. They will be honored at the Annual Meeting on Monday, April 27 at 4:30pm in Philadelphia. Everyone who is attending should meet prior to the induction for a West Hudson group photo and join in the convocation ceremony.
 - a. Ulrick reported that he will be presenting at the APA Annual meeting on the topics of Racism and Climate Control.

- b. Giselle and Suhal will be presenting posters at the Resident poster session. Liz suggested that they enter these posters in the NYSPA spring poster contest. Liz will ask Donna for the poster submission deadline.
3. Spring 2020 Educational Meeting Planning:
 - a. Raj advised that Dr. Jeffrey Geller is available to speak to our group on Friday, June 5 on a topic of his choosing for our spring educational dinner meeting.
 - b. Raj booked La Terrazza for the June 5th meeting.
 - c. Raj will connect Liz with Dr. Geller's assistant to coordinate the details.
4. Additional meeting in 2020 geared toward Early Career Psychiatrist and Residents:
 - a. Our new ECP Rep, Ingrid Montgomery advised that it is often difficult to attend weekday meetings so we discussed some ideas of how we can engage this demographic. Ulrick advised that Thursday evenings were ideal for residents. Another suggestion was a mid-day meeting up in Orange County. Topic suggestions were "Starting a Private Practice" or one of the PRMS risk management topics such as "What Would You Do".
 - b. Liz will identify a list of ECPs and Residents, send out a blast email and then set up calls with everyone to get a better idea on how we can meet their needs.
5. WHPS Member Survey and how to get members more engaged:
 - a. The survey was created using Google Forms and was sent out in December. Laura was hoping to get some feedback from members on how we can add more value to their membership. Only one person responded to the survey (Lois) and everyone agreed that the survey was too long.
 - b. Future surveys (should we decide to try this again) should be much shorter and more focused towards one topic as opposed to the long broad survey we just sent.
6. Discussion around media inquiries:
 - a. Laura advised that she recently did an interview with Peter Clemental who has a radio show on WRCR that focuses on mental health. He is looking to interview more psychiatrists and everyone present was willing to participate in future interviews on topics of their expertise.
 - b. We also discussed setting up a media training dinner meeting for April 17 since our spring educational meeting is happening in June this year.
 - c. Liz will see if we can coordinate this with neighboring district branches, NYSPA or the APA.
7. Committee Updates:
 - a. The next Women's Group is scheduled for March 6 at Lois' office.
 - b. Public Forum: Lois advised that the committee will be meeting soon to start planning the Oct 2020 Public Forum and are looking for volunteers. Laura, Raj and Liz all agreed to be a part of the planning committee again this year.
 - c. Ulrick advised that Orange Regional Medical Center and Catskill Regional Medical Center are scheduled to transition to Garnet Health this summer.
 - d. Ulrick also advised that he is trying to give the PGY4 residents some exposure to "Private Practice Psychiatry" as part of their "Transition to Attending course. He is looking for volunteers to allow the residents to visit their practices.
 - e. Liz suggested forming a "Treasury" oversight committee consisting of our Treasurer, Past President and President Elect. Jim suggested that instead of creating more meetings, that we post reports, receipts, checks written, etc. on DropBox for all EC members to review. Liz will work with Russ to set this up. Liz will also put together some Treasury Reports from 2019 prior to our February EC meeting.

- f. Laura advised that DBSA would like to meet with us and it was suggested that we invite them to our June 5th Educational Dinner meeting as our guest and allow them to speak briefly during the business meeting portion of our program.
8. Technology/Communications/APA Innovative Grant:
- a. We discussed ideas to apply for the APA Innovative Grant. Madhu suggested that we request money to help us develop a “Communications and Technology” platform that will allow us to connect remotely with our Executive Committee and other members by offering webinars, the ability to stream meetings, etc. The money could be used to purchase equipment and hire an IT person to execute this plan. Jim said he would work with Liz on preparing grant proposal. It was suggested that we ask Les Citrome for his input on the proposal. Grant proposal is due on March 1.
 - b. We also discussed updating the website and adding more enhancements such as videos and a blog.
 - c. Laura would like to perform a remote communications test with Ulrick. Liz will coordinate a date with Laura and Ulrick.
9. 2020 Upcoming events:
- a. April 4 – NYSPA Area II Council Meeting at 9am – Ulrick, Nigel and Liz will attend. All are welcome.
 - b. April 25-29 – APA Annual Meeting, Philadelphia, PA
 - c. June 5 – WHPS Spring Educational Dinner Meeting with APA President-Elect Dr. Jeffrey Geller.
10. UPCOMING WHPS EC Meetings:
- a. Friday, February 28, 2020
 - b. Friday, March 20, 2020 – we will invite Dr. Jim Kelleher, Behavioral Health Medical Director of Montefiore Nyack to join us at this meeting.
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Interventional Psychiatry: Modulating the Motherboard

Nnamdi Orakpo, MD, PhD

It is an exciting time in biotechnology and the field of Psychiatry as more research is underway to help discover treatment modalities that will help to address medication-resistant or refractory depression, OCD, and severe anxiety disorder, as well as chronic pain syndromes.

Many may not think of a Psychiatrist as an Interventionalist or an Intensivist, but the role of the Psychiatrist is becoming more and more diverse. The role of an Interventional Psychiatrist is in high demand and critical

for managing medication-resistant mood disorders and in interventional pain management, and even the ICU (PICU) where severe depression, psychosis, mania, overdose, NMS, Serotonin Syndrome, delirium and trauma may be addressed. Some PICUs may be seen around the globe like in Western Australia, Toronto, Amsterdam, and domestically in Dallas and Austin, Texas.

For physicians who enjoy both challenging psychiatric cases and working with your hands, performing procedures, then the emerging field of interventional Psychiatry may be to your liking. Interventional Psychiatry is a rapidly emerging subspecialty that employs neuromodulation through scientifically developed neurotechnology that works to regulate the brain's motherboard.

What could I do to help my patients suffering from conditions that do not respond to medications?

Transcranial Magnetic Stimulation (TMS)

Transcranial magnetic stimulation is a treatment modality for major depression (MDD) and Obsessive Compulsive Disorder (OCD). This is a non-invasive technology that sends a series of magnetic impulses to the brain. It is done in an outpatient setting and is FDA approved for patients with refractory depression, unresponsive to antidepressants. Implications for Psychiatry in chronic pain management is evident in Centralized pain or Central Sensitization Syndrome, whereby peripheral pain eventually makes the brain more sensitive. Chronic bombardment of the peripheral pain may cause patients to be increasingly anxious, irritable, depressed, suffer from sleep deprivation, and experience suicidal ideation. These same cognitive and emotional factors feed back into the pain loop, and worsen the pain experience for a patient. The primary pain-processing centers in the brain are the dorsolateral prefrontal cortex, the anterior cingulate gyrus, and the insular cortex. Researchers are currently investigating the role of TMS in pain management.

Vagal Nerve Stimulator Implant (VNS)

Since 2005, Vagal Nerve Stimulation has served as a treatment modality for refractory depression. It is an invasive surgical procedure that requires surgical implantation of an electrode to the vagus nerve by making a small incision on the left side of the neck and another into the chest wall on the left. The electrode is programmed through software designed to modulate the strength and frequency of the impulses, which the patient cannot feel. The vagus nerve stimulator is FDA approved for patients who have failed at least 4 or more adequate treatments for depression (TRD) and epilepsy. This treatment modality is not for suicidal ideation or self-harming behavior, rapidly cycling Bipolar Disorder, or Schizoaffective Disorder. Patients may report hoarseness, cough, and possible shortness of breath as side effects, yet these side effects are said to be temporary.

Deep Brain Stimulator Implant (DBS)

Normally we have seen DBS for patients suffering with tremor associated with Parkinson's Disease, however, now, the FDA has approved DBS for Essential tremor and OCD. This is also an invasive neurosurgical procedure where a brain electrode is implanted and electrical impulses are governed by a generator that modulates the signals. The electrode is placed in the subgenual anterior cingulate gyrus, where there is suspected cortical thinning in OCD (Kühn et al., 2012). Researchers are currently looking into the role of DBS in MDD as well.

Conclusion

In the interventional domain, although invasive, ECT has proven valuable over the years for Bipolar disorder, catatonia and acutely suicidal patients. Newer technologies like Transcranial Direct Current Stimulation (tDCS) have been developed for impaired cognition, depression, anxiety, and chronic pain; tDCS is proving to be beneficial although currently, not FDA-Approved. There are many benefits to employing interventional therapies in neuropsychiatric disorders, and as this subspecialty blossoms, it will become more imperative to teach trainees about such novel technologies. Academic research centers and teaching hospitals may be pressed to include Interventional Psychiatry in the curriculum as a way of bridging the gap between theory and practice. Fortunately, with programs like the BRAIN Initiative, funding has been allocated to encourage the development of neuromodulation technologies and understanding the role of brain stimulation in neuropsychiatric disorders.

REFERENCES

McGrath CL, Kelley ME, Holtzheimer PE, et al. Toward a neuroimaging treatment selection biomarker for major depressive disorder. *JAMA Psychiatry*. 2013;70(8):821–829. [[PMC free article](#)] [[PubMed](#)] [[Google Scholar](#)]

Broadway JM, Holtzheimer PE, Hilimire MR, et al. Frontal theta cordance predicts 6-month antidepressant response to subcallosal cingulate deep brain stimulation for treatment-resistant depression: a pilot study. *Neuropsychopharmacology*. 2012;37(7):1764–1772. [[PMC free article](#)] [[PubMed](#)] [[Google Scholar](#)]

Williams, N. R., Taylor, J. J., Kerns, S., Short, E. B., Kantor, E. M., & George, M. S. (2014). Interventional psychiatry: why now?. *The Journal of clinical psychiatry*, 75(8), 895–897. doi:10.4088/JCP.13108745

WEBSITES

Psychiatric ICU

<https://www.empr.com/home/features/psychiatry-in-the-icu-managing-four-common-emergencies/3/>

Interventional Psychiatry

https://med.stanford.edu/psychiatry/patient_care/intvpsych.html

VNS

<https://www.aans.org/en/Patients/Neurosurgical-Conditions-and-Treatments/Vagus-Nerve-Stimulation>

tDCS

https://www.hopkinsmedicine.org/psychiatry/specialty_areas/brain_stimulation/tDCS.html

The Grand Canyon.

A six-day hiking, backpacking and camping trip.

Nigel Bark, MD

We started on the North Rim at Monument Point.



The first day we descended 2,200 feet (very steep and rocky) to the Esplanade to camp.



I was with my daughter, a guide with Wildland Trekking, and three others.



The next day we descended 3,200 feet, through Surprise Valley, with a scary traverse:

Just to the left was a 500-foot vertical drop!

We camped by Deer Creek, a lush green “oasis” in the desert with a path to the Colorado River too scary for the older members of the group.

The next day we walked above and along the Colorado River to Tapeats Creek – with another burst of greenery and a little beach on the very cold river.

And then the steep climb all the way up again, by a different route, along Tapeats Creek and Thunder River,





through Surprise Valley, and back to the Esplanade to camp.



Then a final 2,200 feet back to the North Rim; and a look back at that truly grand Canyon.



They said it would be strenuous and it was – **very**. I was at my limit but I managed to keep up until the last few hundred feet. It was fantastic, awesome and beautiful.

APA NEWS & NOTES FOR DB/SAs

AMERICAN
PSYCHIATRIC
ASSOCIATION 
Medical leadership for mind, brain and body.

News and Notes for APA District Branches/State Associations February 2020

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 joined with a coalition of the nation's leading organizations dedicated to the care, health, education, well-being, and welfare of children and families in filing an amicus brief in opposition to Trump Administration's regulations that overturn protections guaranteed to immigrant children under the Flores Settlement Agreement. You can read more about the amicus brief, the case it regards, and the organizations involved in the coalition [here](#).
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February Course of the Month – Emerging Treatment Strategies for Mood and Anxiety Disorders

Check out a free APA member benefit by taking this on-demand CME course on emerging treatments and approaches for mood and anxiety disorders. Presented by Stefan Kloiber, M.D., University of Toronto, Yuliya Knyahnytska, M.D., Ph.D., University of Toronto, Nazanin Alavi, M.D., FRCPC, Queens University, Alpna Munshi, M.D., FRCPC, University of Toronto, and Ishrat Husain, MBBS, University of Toronto.

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

Now Accepting Applications – HIV Psychiatry Elective

Apply for the 2020 Medical Student Elective in HIV psychiatry. The elective will begin with an intensive, two-day training Aug. 27-28, 2020, at the APA headquarters in Washington, D.C. The training will cover neuropsychiatric complications of HIV, somatic complaints, mood disorders, treating co-occurring substance use disorders, and more. Students then embark on a four-week clinical and/or research experience at one of several prominent universities across the country. Submit your application by April 1, 2020: <https://www.psychiatry.org/residents-medical-students/medical-students/medical-student-programs/hiv-psychiatry>

Early Bird Registration Now Open- Annual Meeting 2020

Don't miss out on the lowest registration rates for the [2020 APA Annual Meeting](#), the premier psychiatric event of the year! Join attendees from around the world to discover new, innovative treatments and explore topics impacting the future of psychiatry.

- Expand your knowledge with [500+ educational sessions](#)
- Gain practical skills in [30+ in-depth courses](#)
- Interested in a particular topic? Explore [8 learning tracks](#)
- Learn from renowned [psychiatry thought leaders](#)
- Discover new technologies at the [Mental Health Innovation Zone](#)
- Earn up to [35 AMA PRA Category 1 Credits™](#)

Learn More > https://www.psychiatry.org/psychiatrists/meetings/annual-meeting?utm_source=MEM&utm_medium=Email&utm_campaign=AM20&utm_content=EB_Reg_2

It's Not Too Late to Renew Your Membership for 2020

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

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

Find a Psychiatrist Database

Help patients find you by being included in APA's 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 who have elected to make their information public. 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.

- Read our January Advocacy Update here: <https://www.psychiatry.org/psychiatrists/advocacy/january-2020-advocacy-update>
- Sign up to receive advocacy alerts and our monthly update: <http://cqrcengage.com/psychorg/app/register?1&m=39947>
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PSYCHIATRIC
ASSOCIATION

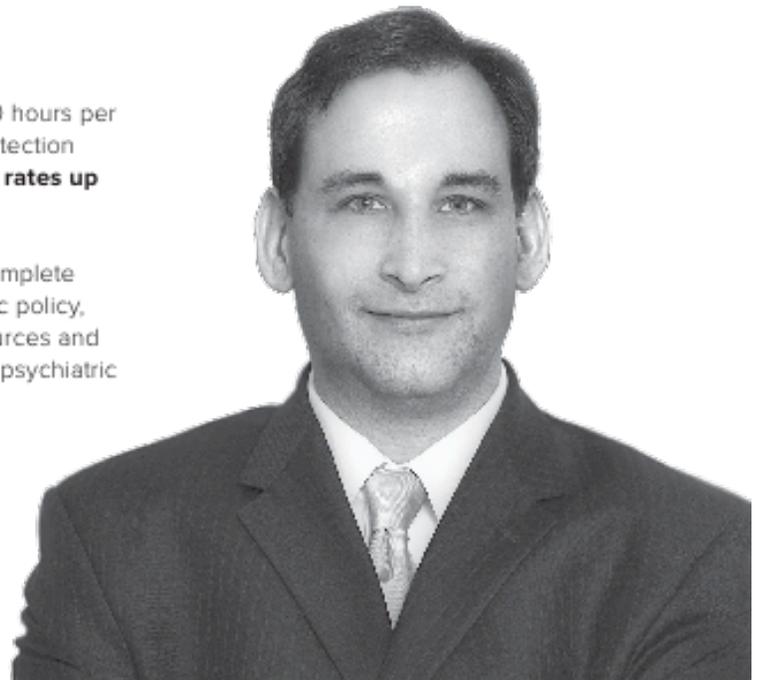
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CORRESPONDENCE, EVENTS, ANNOUNCEMENTS AND ADS

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

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.

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/qbp3bwcztqti8dqq/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>

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. 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

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

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 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. **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. 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.

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.
-

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.
 -
-

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

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.



Ed Day, County Executive

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 GOTS 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 (Valley Cottage, West Haverstraw, Airmont)	845-369-9701	
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-VR (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

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Tel. No.: _____

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_____	Sustaining Member	\$250.00 or more
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