

THE PSYCHIATRIC SOCIETY OF VIRGINIA VIRGINIA NEWS



A DISTRICT BRANCH OF THE AMERICAN PSYCHIATRIC ASSOCIATION

SPRING 2012

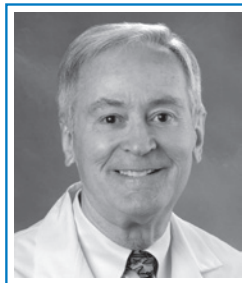
MESSAGE FROM THE INCOMING PSV PRESIDENT

By W. Victor R. Vieweg, MD, DFAPA

The next 12 months got off to a rousing start with the PSV Spring Meeting held in Richmond, March 23-24 at Sheraton Park South. The high point of the Friday reception was President Adam Kaul presenting Delegate Riley E. Ingram (Member Since 1992, R-62nd District, Counties of Chesterfield, Henrico, and Prince George, City of Hopewell) the PSV Legislator-of-the-Year award for his tireless efforts on behalf of mental health in the Commonwealth.

The CME-accredited portion of the meeting, *Preparing for the Future of Psychiatry*, began Saturday morning with the presentation "Physician Hospital Integration and the Interface of Outpatient and Inpatient Psychiatry" by Paul S. Altovilla CHFP, Vice President, Bon Secours Richmond Health System, Diamond Healthcare Organization, Richmond, VA; commentary by Tom Wise, MD, Medical Director, INOVA Health System, Falls Church, VA; Marty Buxton, MD, Private Practice, Richmond, VA and our own Cal Whitehead, PSV Government Relations Coordinator, Whitehead Consulting, LLC, Richmond, VA. Points emphasized in this portion of the meeting included: (1) the importance of communication and continuity of care needed between inpatient and outpatient psychiatry to promote consistent and effective mental healthcare, (2) better understanding of the great current flux in delivering care in the interface of outpatient and inpatient psychiatry and to better understand how the psychiatrist will fit in either confining their practice to inpatient or outpatient care or providing care in both settings, (3) understanding the variables at play to today's psychiatric service delivery environment, and (4) review of the laws and regulations that will impact inpatient and outpatient settings and how those policies affect practice trends.

Prakash G. Ettigi, MD, Director, Panic, Anxiety & Depression Center, Richmond, VA, discussed treatment among patients with mixed anxiety and depression. Points covered included: (1) a review of the common occurrence of anxiety and depression,



W. Victor R. Vieweg, MD
DFAPA
President

(2) discussion of medications favorably impacting on patients with mixed anxiety and depression, (3) identification of optimum drug mix in such patients, and (4) reviewing the extensive overlap between the mood disorder Major Depressive Disorder and anxiety disorder Post-traumatic Stress Disorder.

John P. D. Shemo, MD, Medical Director and Principal Investigator, Psychiatric Alliance of the Blue Ridge, Charlottesville, VA, addressed the role of antidepressants in the treatment of Major



CALENDAR OF EVENTS

June 1, 2012 - Legislative Summit, MSV Headquarters, Richmond, VA. For more information, call (804) 377-1036 or visit www.msv.org/mainmenucategories/advocacy/legislative_summit.aspx.

September 28-29, 2012 - PSV 2012 Fall Meeting, Complete Patient Care Through Collaboration, Hotel Roanoke, Roanoke, VA. Visit www.psva.org for more information.

October 3-7, 2012 - Southern Psychiatric Association 71st Annual Meeting, Clinical Excellence in Psychiatry, The Greenbrier Resort, White Sulphur Springs, WV. Call (410) 938-3403 for more information.

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Letters to the editor and editorial contributions are welcome. Submissions may be sent to Jose Edwin Nieves, MD, DFAPA, or to Kathleen M. Stack, MD, DFAPA, via email at jose.e.nieves3@us.army.mil or to kathleen.stack@med.va.gov. Paid advertising is accepted on a first come, first served basis. To place your advertisement or to request a rate sheet, contact Beverly Bernard at PSV Headquarters via email at beverly@societyhq.com or by phone at (804) 565-6321.

A MESSAGE FROM THE EDITOR

Synthetic Cannabinoids Intoxication Present as Acute Mental Status Change

By Kathleen M. Stack, MD, DFAPA



Kathleen M. Stack, MD,
DFAPA

I am writing about synthetic cannabinoids (spice and related products) as I have not seen much about it in the psychiatric literature. I think this is deficit and I know it was an area where I needed more awareness. As is usual, I learned it the hard way, by missing it entirely. With this editorial, I will try to raise the profile of "spice" in the differential for other PSV members.

"Spice" a synthetic cannabinoid, first came to my attention in a news cast last year. Its use was reported to be a problem for the department of defense. Then there was a story about an active duty service member who was admitted to an area hospital acutely psychotic from its use. I mistakenly thought its use was uncommon, and that the psychotic symptoms were an unusual response. I now think that the military was just more vigilant and noticed this crisis earlier.

I also assumed it was like other illegal substances, sold by "dealers" and bought by the same clientele. I had no idea it was being sold in local tobacco shops, hookah bars, and convenience stores all over Virginia. Most worrisome, was it was being sold to anyone who had the money to buy it as it was not limited to "18 and older" as are tobacco products. The 2011 Monitoring the Future survey captured the use of "spice" among high school seniors for the first time. According to the results, almost 1 in 9 or 11.4% of high school seniors reported using "spice" in the past year.

The poison control center began reporting "spice" calls to the DEA in 2009. In February, 2011 "spice" and related compounds were categorized by the DEA as Schedule I, those with no medical benefit and high risk for abuse. This was done using the DEA's emergency scheduling authority as they recognized it as a risk and renewed its status as Schedule I 2/29/12. In March 2011 "spice" was made illegal in Virginia. This has not resulted in decreased availability in the Tidewater area. This seems to be because the manufacturers alter the chemical content to remain ahead of law enforcement agencies.

These products are marketed as "natural or botanical" and there are no warning labels about potential health risks. While "spice" products are labeled "not for human consumption," they are marketed to people who are interested in herbal alternatives to marijuana. While the person buying them may be looking for a mellow experience of intoxication, often, this is not the case. The packaging on at least one such product includes a notice that the content is "lab certified" not to contain the 12 specific chemicals that are illegal". I also believe that those who would manufacture and sell such potentially dangerous products are not likely to provide accurate information about the contents used to create psychoactive effects.

NIDA provides the following information on spice:

"Spice" is used to describe a diverse family of herbal mixtures marketed under many names, including K2, fake marijuana, Yucatan Fire, Skunk, Moon Rocks, and others. These products contain dried, shredded plant material and presumably, chemical additives that are responsible for their psychoactive effects. It is most commonly smoked. The labels often make unverified claims that Spice products contain up to 3.0 grams of a natural psychoactive material taken from a variety of plants. While Spice products do contain dried plant material, chemical analyses of seized spice mixtures have revealed the presence of synthetic (or designer) cannabinoid compounds, such as JWH-018 and HU-210. These bind to the same cannabinoid receptors in the body as THC; however, some of them bind more strongly to the receptors, which could lead to a much more powerful and unpredictable effect. Reported symptoms of use

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SUICIDE: AN EPIDEMIC THAT CAN BE PREVENTED

By Ramakrishnan S. Shenoy, MD, DLFAPA

The most fearful report that a psychiatrist gets is that a patient of his/hers has committed suicide. It brings up guilt (for possibly missing some clues that the patient has told the doctor) sadness and even depression and fears of litigation that might follow after a suicide. In the last decade many efforts have been made to identify the causes of suicide and the various methods of prevention. Though many suicides have been prevented with these measures, it still continues to be a major cause of death in all countries.

In the United States demographics showed that in 2007 the rate was 11.3 suicide deaths per 10,000 of the population and an estimated 11 attempted suicides occur per every suicide death. Suicide behavior is complex and is different in countries. In the United States risk factors with age, gender and ethnic group. Some of the risk factors in this country include prior suicide attempt, family history of mental disorder or substance abuse, family history of suicide, family violence, firearms in the house, incarceration and exposure of suicidal behaviors by others in the family or close friends. In the United States. About 6% more men die of suicide than women. The biggest number of suicides occur in males over 65 years of age and non-Hispanic whites who are over 80 years old.

In India, the country of my birth, fifteen suicides occur every hour. A majority (69.2%) of the suicide population are married while 30.8% percent are unmarried. The major suicide rates are in the Southern states of Kerala, Tamil Nadu, Andhra Pradesh and Maharashtra. Suicides because of family problems occur in 44.7% of the population. Guns are not easily available in India and the common ways of committing suicide is by hanging (31.4 %), self immolation (8.8%), drowning (6.3%) self poisoning (31.4%). The trend to poison oneself has declined in the last five years

The cause and prevention of suicide is being taught in many universities and colleges though suicide still affects many of the young and elderly population. In the year 2000, I was elected president of the PSV and my prime focus was "Prevention of Suicide". I received a grant from the APA and

was able to do a video project to impart understanding to the public and recommend methods to prevent suicide. By no means was this an altruistic attempt to gain attention. I am a triple 'victim' of suicide. When I was very young, my father's sister hanged herself mostly because of depression. My aunt died several years later by drowning herself because of post partum depression and my youngest sister died of overdose of prescribed medication because of depression and the influence of many of her classmates committing suicide. In addition I had a rough year when I worked for the Veterans' Hospital in Richmond when five of my patients killed themselves. All of them were Vietnam war veterans, all of them traumatized and suffering from PTSD. I had thoughts of giving up my career, but with the help of friends and colleagues, I was able to handle this episode.

The program I launched on TV was with a group of people who were the spouses of men who had committed suicide. All of the participants were women and almost every male had PTSD, alcohol abuse and sordid family histories of physical abuse from their families. The program was well received and we learned about what works and how to handle suicidal behaviors. Since then I have been able to handle emergencies in my practice. In spite of this knowledge I cannot say that we know how to absolutely prevent suicide.

I have not written about the methods to prevent suicide. This is just in evolution and differs from countries and in ethnical and social groups. This year the PSV has requested residents or medical students to come up with ideas as to taming and eventually eradicating the epidemic of suicide. We have decided to award a cash award for the best written poster for the subject of prevention of suicide. Original ideas are welcome and our hope is that many people give their own ideas.

A MESSAGE FROM THE EDITOR

Continued from page 2

can include rapid heart rate, vomiting, agitation, confusion, and hallucinations

As a provider of psychiatric care, one of the most frustrating and concerning issues about spice is that it is not detected on a urine drug screen. This adds yet another variable to consider in treating patients who present with sudden onset overwhelming anxiety, psychotic symptoms or mental status change. In keeping with the demographics of "spice" users, I consider "spice" in my differential of new onset psychosis particularly if the person is under 27 and a user of tobacco products.

Most concerning of all is that deaths have been associated with the use of "spice" in Virginia. Spice is not a "me too" marijuana product, but a much more dangerous substance that unscrupulous manufacturers are masquerading as a "potpourri."

Information for this editorial were gathered from NIDA.gov and DEA.gov as well as the state of Virginia website and Google search.

Virginia Beach Employment Opportunity

Full time out patient opportunity available for a board certified psychiatrist to join a well established out patient practice caring for children, adolescents and adults. Contact Dan Darby, MD at (757) 425-5050 or via fax at (757) 425-1389.



IN THE NEWS

MCV APPOINTS DR. SHEORN AS PSYCHOTHERAPY TRAINING DIRECTOR

Keyhill Sheorn, MD has recently been appointed Director of Psychotherapy Training at MCV's Department of Psychiatry. Dr. Sheorn will oversee the residents in their training in all modalities to include expressive, supportive, cognitive behavioral, family, and group psychotherapy. With a focus on psychodynamic psychotherapy, Dr. Sheorn will be running a psychotherapy clinic one morning a week, as well as a psych assessment clinic on Friday afternoons. This clinic provides an opportunity for the residents to have a more intensive experience with direct observation and group supervision.

Dr. Sheorn is excited to announce that the media observation room will soon be completely digital. This upgrade will enhance the clinical faculty supervisors' ability to observe their residents' work. There is now an opportunity for supervisors to come to MCV to both observe and be observed interviewing to broaden the training experience for residents and medical students. Anyone who is interested in demonstrating their interview techniques is asked to please contact Dr. Sheorn at (804) 323-0003 or sheorn@vcu.edu.

While closely aligned with Drs. Susie Waller and John Urbach in the training and supervisory process, Dr. Sheorn is still quite involved in her solo practice specializing in the long-term treatment of PTSD.

EASTERN VA MEDICAL SCHOOL NEWS

By Purnima Gorrepati, MD
Department of Psychiatry

This is an exciting time for the psychiatry program at EVMS! Our faculty is rapidly growing, with the addition of several new members, bringing youth and excitement to our program. As an example of one of our senior faculty members, Dr. Spiegel continues to bring forth new research ideas and case reports. He led a seminar in 2011 at the Annual Meeting of the American Psychiatric Association on the bedside assessment of frontal cortical functioning. In addition, Dr. Spiegel won the Nancy CA Roeske Teaching Award for his excellence in contributing to the education of medical students. Our program director Dr. Sayegh won the Irma Bland Award for Excellence in Teaching Residents.

Our senior residents serve a mentoring role towards interns, training them to function independently and eventually to train their own interns. The attendings know the long term aspirations of every resident and strives to foster an environment that encourages us to achieve this goal.

EVMS truly combines compassionate care with evidence based practice, making it the ideal place to train a psychiatrist with a more holistic approach to patient care.

BEDSIDE MANNER AWARD PRESENTED



M. Rizwan Ali, MD, DFAPA was awarded first place for his bedside manner in the category of psychiatry. The 5th annual Bedside Manner Awards were sponsored by Our Health Magazine. Dr. Ali was quoted as saying "When we take oath as physicians to save human lives we also promise to respect human beings as whom they are without any discrimination. I treat my patients as I want to be treated myself."

UVA PSYCHIATRY STUDENT INTEREST GROUP UPDATE

By Chad Lane
President, Psychiatry Student Interest Group

The Psychiatry Student Interest Group at the University of Virginia is thrilled to be sponsoring several events this spring. The popular annual lunch and faculty/resident panel will be held in the midst of the first-year Mind, Brain, and Behavior course. This event aims to introduce first-year medical students to psychiatry and answer questions regarding residency and career options. Our panel will include PSV members. On April 23, we are hosting a lunch to connect our recently matched fourth-years with third-years interested in pursuing psychiatry. Finally, in collaboration with the School of Medicine's Aid to Medical Students Committee, we will be co-sponsoring a film and pizza party to provide stress relief during exams.

The UVA chapter enjoys growing numbers in membership as we continue our efforts to increase awareness of psychiatry as a potential specialty. Be sure to start or join your school's psych interest group. It's our job to show our colleagues what a wonderful choice psychiatry can be!

UVA RESIDENTS UPDATE

By Meredith Lee, DO, PGY-4

UVA's Department of Psychiatry and Neurobehavioral Sciences would like to welcome our incoming PGY-1s! We are excited for 10 new residents to start at UVA in June 2012. The class is 50% male and 50% female, with three DOs and seven MDs. As we welcome our PGY-1s, we'll be saying good bye to the PGY-4s. There are a total of ten PGY-4s graduating on June 15, 2012. The majority of the Class of 2012 will be doing fellowships in a variety of areas: Consult-Liaison Psychiatry, Geriatric Psychiatry, Forensic Psychiatry, Child and Adolescent Psychiatry and Addiction Psychiatry. Out of 10 graduates, one will be entering the workplace directly after graduation. Congratulations to the Class of 2012 on their accomplishments.



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Help get prescriptions to patients in need. DOC RxRelief, the Medical Society of Virginia Foundation's (MSVF) medication assistance program, seeks physicians who are interested in helping their patients without prescription insurance get the medications they need for free.

How can you help?

Patients are referred to the program by their participating physician. Contact Katherine Carmon at 804 | 377-1005 to become a participating physician and begin referring patients to the program. Ms. Carmon then collects program applications and necessary income eligibility documentation from patients and submits the information to the appropriate pharmaceutical companies.

How does DOC RxRelief benefit your practice?

This program is designed to relieve the stress on the practice to meet the prescription needs of patients. This program allows your practice to provide a valuable service to your patients. It provides patients without prescription insurance coverage with medication resources and offers your patients without prescription insurance coverage access to brand name medications. The program is available to Medical Society of Virginia members. For more information, visit www.foundation.msv.org/Foundation/MedicationAssistance/DOCRxRelief.aspx



Katherine Carmon, patient advocate for the MSV Foundation.

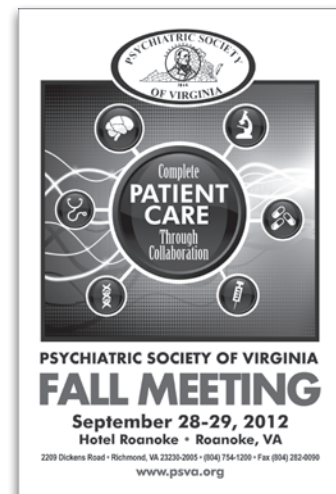
MESSAGE FROM THE INCOMING PRESIDENT

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Depressive Disorder and addressed popular press controversy about this subject. Points covered included (1) review aspects of evidence-based medicine to clarify confusion about this topic and (2) specifically review APA guidelines for using antidepressant drugs to treat Major Depressive Disorder.

Ananda K. Pandurangi, MD, Professor and Vice-Chair, Department of Psychiatry, Virginia Commonwealth University, Richmond, VA, discussed the role of atypical antipsychotic drugs when treating subjects with anxiety and mood disorders. Points covered included: (1) a review of the mechanisms of action of atypical antipsychotic drugs in non-psychotic disorders, (2) discussion of current literature and practice patterns when using atypical antipsychotic drugs in subjects with anxiety and mood disorders, and (3) treatment principles to optimize outcomes when using atypical antipsychotic drugs in patients with anxiety and mood disorders.

The PSV 2012 Spring Meeting was very well received and set the stage for the PSV 2012 Fall Meeting, September 28-29 in Roanoke at the Hotel Roanoke and Conference Center. The theme for that meeting will be *Psychiatric Collaboration with Other Disciplines of Medicine*.



WELCOME NEW MEMBERS

GENERAL MEMBER

Young Bae, MD..... Virginia Beach, VA
Ruta Nene, MD.....Richmond, VA
Paul Sayegh, MD..... Norfolk, VA
Harry Singh, MB, BS..... Culpeper, VA
Lillian Somner, DO McLean, VA
Nicholas Zeltvay, DO..... Roanoke, VA

MEMBER IN TRAINING

Julie Cohn, MD Norfolk, VA
James Decker, MD Portsmouth, VA
Purnima Gorrepati, MD..... Norfolk, VA
Wei Guan, MD, PhD..... Roanoke, VA
Solomon Meltzer, MD Charlottesville, VA
Charmaine Silva, MD Virginia Beach, VA

MEMBERSHIP CALL TO ACTION

We have been working with the APA to contact every non-member in Virginia to encourage them to join the APA and PSV. The APA has mailed out a letter to these non-members and we will follow up with a letter from PSV. We challenge every PSV member to reach out to one non-member and encourage them to join PSV. Together, we can help grow our Society.

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|-----------------|---|
| 9:00-10:30 am | The psychiatrist joins other medical providers in the community. Two presenters: (1) The primary care provider and the psychiatrist in the emerging medical home model (30 minutes) and (2) Connecting the natural networks (30 minutes) followed by a 30-minute Q&A. |
| 10:30 -11:00 am | Visit exhibits |
| 11:00-11:40 am | Consultation by psychiatrist with other disciplines of medicine" followed by a 20-minute Q&A. |
| 12:15-1:15 pm | Lunch and business meeting |
| 1:30-2:10 pm | Augmenting antidepressants with antipsychotics when treating depression" followed by a 20-minute Q&A. |
| 2:30-3:30 pm | Using anti-seizure medications with other psychotropic agents in psychiatry. Two speakers (20 minutes each) with strong backgrounds in the interface of Neurology and Psychiatry followed by a 20-minute Q&A. |

Major changes lie ahead in psychiatry over the next few years. The PSV Spring and Fall meetings identify some of the changes and strategies that PSV will pursue to optimize mental healthcare and the practice of psychiatry. I hope all readers will send an e-mail to me (VicVieweg@GMail.com) sharing their thoughts how this may best be accomplished. The next Newsletter will focus on these ideas.

Adam Kaul MD, Immediate Past-President, has played a major role in bringing new (and young) members to PSV. With his assistance, I hope to continue this emphasis.

PARTNER WITH PSV AND MSV

By Hugh M. Bryan III, MD

The 2012 General Assembly session has come to an end, which means it's a great time to celebrate all the accomplishments that we, Virginia's physicians, made during this year's session. Some of our notable accomplishments include:

- Protecting Medicaid funding and restoring the proposed cuts to the safety net programs.
- Enacting legislation that defines surgery in Virginia – a legislative success that very few members or allied providers thought was possible before the start of session.
- Ensuring that Virginians will have the benefit of team-based, collaborative care. Nurse practitioners will work as part of a team led by a physician.

Although we have so much to celebrate, I still want to take this opportunity to encourage you to ask yourself if you've been taking full advantage of the numerous opportunities there are to get involved with both the Psychiatric Society of Virginia (PSV) and the Medical Society of Virginia (MSV). By participating in these great membership organizations, you can work with other psychiatrists and physicians throughout the commonwealth to advocate for a shared legislative agenda and influence our elected representatives – so we can continue to accomplish great things on behalf of patients.

We are fortunate to have two dedicated professional associations that are focused on trying to make it easier for us to care for our patients.

Becoming a member is just the first step of many in becoming part of the movement to lead the future of healthcare in Virginia. Once you join both PSV and MSV, there are still many things you can do to make a difference in the lives of both patients and physicians.

Some of you have already shown your commitment to our causes by participating in one of MSV's White Coats on Call (WCOC) days. This year, PSV had its own WCOC day for the first time and many of you came out to represent psychiatrists and discuss important issues like behavioral



Hugh M. Bryan III, MD

healthcare issues, restrictive formulary medication, mandatory HIPV vaccinations, Medicaid funding and much more. It was great to see you working together to support the profession. If you weren't able to attend a WCOC day, I encourage you to participate next year because it is a great way to jump right into active advocacy.



Cynthia C. Romero, MD, FAAFP, 2011 MSV President, Delegate John M. O'Bannon, MD and Owen W. Brodie, MD, DLFASPA, PSV Past President, have an animated discussion on healthcare.

Another way to get involved is to attend MSV's Legislative Summit, during which MSV members, local societies and specialty societies are invited to present their ideas in the form of legislative proposals. This year's Legislative Summit will be on June 1 from 2:30 pm - 5:00 pm at MSV headquarters in Richmond. Consider attending this summit so you can communicate issues you'd like to see addressed in future legislative agendas.

It is critical for organizations like PSV and MSV to have dedicated members. Without your commitment, we would not be able to speak out on issues like Medicare sustainable growth rate repeal, Medicaid reimbursement, the definition of surgery, a collaborative patient-centered team and much more. Our abilities to successfully advocate are that much stronger with your support.

With the rapidly changing healthcare environment, it has never been more important for us to unite and speak out on behalf of healthcare in Virginia. Please take whatever opportunities you can to help lead the way to make Virginia the best place to practice medicine and receive medical care. There has never been a better time to stand up for our profession and be the best advocate for ourselves and our patients.

Dr. Bryan is an orthopaedic surgeon in practice in Gloucester, Virginia. He is a member of VOS and current president of MSV. He has served on the MSV Board of Directors and has been the vice speaker and the speaker of the MSV House of Delegates.



Adam T. Kaul, MD, FAPA, PSV's Immediate Past President, meets with William A. Hazel, Jr., MD, Secretary of Health & Human Resources for the Commonwealth of Virginia during PSV's White Coats on Call Day on the Hill, February 22, 2012.

2012 SPRING MEETING HIGHLIGHTS

WHAT TO DO, IF ANYTHING, IN CHANGING TIMES?

By Thomas N. Wise, MD, DLFAPA
Medical Director
INOVA Health System
Falls Church, VA

The Affordable Care Act will encourage physician groups to integrate with hospital systems to provide more “seamless” care. Information sharing via the Electronic Medical Record will be the “glue” to foster such integration. As most physicians practice in small groups the early iterations of such groups will be virtual multi-specialty organizations rather than under one roof. This poses a dilemma for the office based psychiatrist who is commonly in solo ambulatory practice. Electronic medical records are expensive and time consuming to meet “meaningful use” criteria for Medicare. Thus the question arises as to what should the psychiatrist do in this time of evolving patterns of health care.

The first possibility is to do nothing. Continue as always. Rationalize that by the time the changes are fully developed one can retire or take a job in a health care setting. Second begin to develop groups that could integrate with other specialties to have the option of developing into an ACOs. Third join a hospital staff where such groups may well be in the process of organizing and be part of that development. This may entail doing some type of hospital work such as taking call or doing some inpatient work. Another is to begin to work via an employed position now in a CSB Hospital; either general community setting or a Veteran’s Hospital or other settings of employment.

These decisions are often flexible and there is no one answer. The one clear benefit is organized medicine and the PSV specifically for us is that it will keep us informed as things do develop and allow opportunities to develop such groups. No matter what the supreme court decides about Obamacare there will be changes. The exact nature of which cannot be predicted with confidence. This does give all of us time to adapt but we must be aware of what is going on. Who does this better than the PSV?



*Thomas N. Wise, MD,
DLFAPA*

PSYCHIATRISTS NAME DELEGATE INGRAM “LEGISLATOR OF THE YEAR”

The Psychiatric Society of Virginia (PSV) has named Delegate Riley E. Ingram (R-6nd District) the 2012 “Legislator of the Year”. The award was presented at a March 23 reception as part of the PSV Spring Meeting in Richmond.

Delegate Ingram, who serves as Chairman of the House of Delegates Appropriations Subcommittee on Health & Human Resources, was honored for his work to maintain access to mental health medications for Medicaid recipients. He introduced and advocated for a budget amendment that would maintain an exemption for psychiatric drugs from the prior authorization process. Many patient and physician advocates believe the prior authorization process restricts access to these therapies.

Dr. Adam Kaul, the PSV Immediate Past President who presented the award, stated, “Delegate Ingram has consistently fought for the broadest possible access to mental health drugs and agrees that it’s not good policy to interfere with doctors’ decisions about effective medication.”



Above: Adam T. Kaul, MD FAPA presents Delegate Riley E. Ingram of the 62nd District with the Legislature of the Year Award with the help of Victor Vieweg, MD, DLFAPA, incoming PSV President.

Below, Delegate Ingram with M. Rizwan Ali, MD, DLFAPA, PSV President Elect.



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a contribution to PSYCHMD-PAC
by visiting www.psva.org.

2012 SPRING MEETING HIGHLIGHTS



Incoming PSV President, W. Victor R. Vieweg, MD, DLFAPA, gives Adam T. Kaul, MD, FAPA, his award for serving as President.



Mira Signer; Executive Director of NAMI VA



PSV Foundation table at the Saturday morning breakfast



From left: M. Rizwan Ali, MD, DFAPA, James S. Reinhard, MD, DFAPA and Anand K. Pandurangi, MD, DFAPA



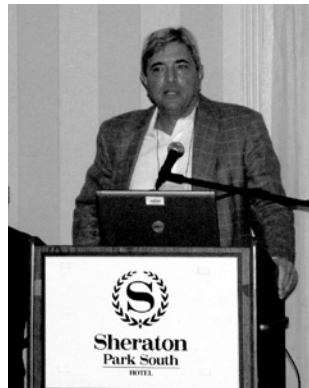
Dr. Chessen (right) chats with exhibitor, Dave Hamp.



Leslie E. Murray, MD (left) with exhibitor, James Padgett, Astra Zeneca



From left: Stephanie L. Peglow, DO; Kathleen M. Stack, MD, DFAPA; J. Edwin Nieves, MD, DFAPA; Ram Shenoy, MD, DLFAPA; Shaheen Mustafa, MD.



Martin N. Buxton, MD DLFAPA



Asha S. Mishra, MD, DFAPA (left) visits with Caroline V. Coster, MD



Anand Pandurangi, MD, DFAPA



From left: Robert E. Strange, MD, DLFAPA; Thomas N. Wise, MD, DLFAPA; Lawrence J. Conell, MD, DFAPA, PSV Past President



Stephanie L. Peglow, DO chats with exhibitor Bobbi Jean Simmers of Janssen Pharma.

Area V Council Meeting, November 17, 2011

APA Assembly Meeting, November 18-29, 2011

John P. D. Shemo, MD, DLFAPA
Ram Shenoy, MD, DLFAPA
Assembly Representative

Ram Shenoy and I again represented the Psychiatric Society of Virginia at the fall Area Council and Assembly Meetings in Washington, D.C. While there, we also, along with Cal Whitehead and Andrew Mann, had a very useful meeting with the Northern Virginia Chapter of the Washington Psychiatric Association. Given the state-based occurrence of such things as scope of practice legislation, it is imperative that we maintain close collaboration with our Northern Virginia colleagues. Frankly, I would like to see movement towards a shift by those psychiatrists who live in Northern Virginia and actively practice in Virginia, rather than in Washington itself, into the PSV rather than the WPA membership, given that the WPA is in Area III rather than Area V, separating them from us even further.

Meanwhile, no psychologist scope of practice bill has passed in 2011, with one carry-over in New Jersey. For a 25th year a psychologist prescribing bill has been defeated in Hawaii. There are indications that the American Psychological Association may turn to litigation on an anti-monopoly basis. It seems to me that it would be radically precedent setting if a legislative body were to decide that having a license in one profession allows an individual to practice another profession without the historically required license to practice that other profession. Could an individual with a license in psychology also thereby practice law? A caution, however, is that in a 1976 case involving chiropractic scope of practice, patient safety meant nothing in the end.

The Florida legislators have passed a "gag rule" under which physicians, including pediatricians and child psychiatrists, cannot ask about the presence of guns in the home.

The fight over actual implementation of the provisions of the mental health parity legislation will probably go through the end of the decade. The government

is maintaining that it does not have the resources to implement the law in the face of the resources available to the insurance industry to resist implementation.

Of importance to clinicians, in 2006 Congress did pass a three percent "service provision tax" which has not yet been implemented but certainly could be in the government's search for new revenues.

On a state level in Area V, in Oklahoma a bill was passed saying that any change made by a regulatory board, especially expanding scope of practice, cannot be implemented before being approved by the legislature after the conduct of hearings. This is actually a very important piece of legislation I would like to see replicated in other states, including Virginia.

In several states, reimbursements for clinical services are being paid at a substantially higher rate for "telemedicine" than when the patient is seen in person. The rationale for this is not entirely clear.

With tort reform as passed in Texas, professional liability underwriters have increased in that state from two to 20 companies and prices have dropped dramatically, for psychiatry from \$12,000 to less than \$5,000 for \$1/\$3 million of coverage.

APA President John Oldham, M.D. addressed the Assembly focusing on the topics of where psychiatry should fit into Medical Homes and ACO's (accountable care organizations), as well as the fact that the DSM-5.0 is on track for presentation to the Assembly for approval at the Spring meeting in 2013. Jay Scully, M.D., our APA Medical Director and CEO, addressed the issue of the 20 percent reduction in APA staff over the past eight years and the need to try to staff up to deal with all the work of the APA. He also discussed the upgrading of Psychiatric News, its availability on the internet at www.alert.psychiatricnews.org, and the fact that it is being sent to 10,000 non-member psychiatrists to aid in membership recruitment.

There was a report from the ad-hoc work group on maintenance of certification which I found rather disappointing.

This Committee seems to me to be far too accepting of the fact that the cost of being a medical professional is skyrocketing, driven by proprietary, for-profit certification boards with grossly overpaid CEO's and directors. There is an Assembly caucus on Maintenance of Certification and Maintenance of Licensure which met separately from the above-referenced Board of Trustees ad-hoc work group, which intends to counter what they view as lassitude by the leadership on this issue. I personally addressed our incoming Assembly Speaker and APA President in front of the Assembly on the importance of taking this issue as seriously as does the membership – comparing it to the prior threats of managed care, which the APA dealt with poorly at the cost of membership, and psychologist prescribing, which the APA has dealt with fairly well with a positive effect on membership.

Twenty-seven action papers were presented and debated. Among those passed were:

- A paper arguing that patients unable to obtain a timely appointment with a psychiatrist through their MCO provider network panel should be able to contract with any willing provider for treatment at that psychiatrist's usual and customary fee for the duration of the treatment episode.
- A position statement supporting remuneration for psychiatrist time performing utilization review.
- A process for reviewing plans for maintenance of certification.
- A paper asking the APA to publish templates for documenting appropriate service provision for each CPT code as a member benefit. As above, this is currently available through an APA publication.
- A paper supporting a change in the bylaws of the APA so that members who pass their psychiatry boards would be automatically made Fellows of the Association.
- A paper asking for monitoring of the NRNP match process to prevent unintended disparities in residency placement for IMG's due to the new requirement that all positions go through the match.

I have continued in my appointed positions as a liaison on the Practice Guidelines Steering Committee and on the Assembly DSM-5 Work Group – both of which have been quite active.

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Nominations Sought for the New APA MUR Board of Trustees

The first Minority/Underrepresented Group (MUR) Trustee position on the APA Board of Trustees will be elected in the 2013 national election. APA is pleased at this time to invite nominations for this position which are due by June 15, 2012. Please submit nominations or questions to murtrusteenoms@psych.org.

BUDGET AND LEGISLATIVE UPDATE

By Ralston King
PSV Government Relations

After a month-long impasse, the 2012 General Assembly biennial budget (HB 1301) passed the Senate of Virginia on March 26, 2012 on a 35-4 vote. The following day, the Virginia House of Delegates convened to vote on Senate amendments to HB 1301. The Senate amendments to the budget were rejected on a vote of 23-69. This puts HB 1301 into conference where six members of both the House and Senate will negotiate remaining differences. The competing budgets do not include cuts to physician Medicaid rates, they contain slightly different approaches to maintaining the Medicaid mental health drug access provision, and both versions contain some funding for crisis stabilization and child/adolescent psychiatric services.

Health care policy for the 2012 Session included the creation of the All Payer Claims Database (SB 135) and Mandatory Outpatient Criteria (HB 475). SB 135 will establish a voluntary system in order to facilitate data-driven, evidence based improvements to access, quality, and costs of health care through understanding health expenditure patterns and operations/performance of the health care system. SB 135 has passed both the House and Senate and awaiting the Governor's signature.

HB 475 alters the mandatory outpatient treatment following



Delegate Betsy B. Carr of the 69th District representing Chesterfield County with Adam T. Kaul, MD, FAPA, Immediate Past President of PSV.

involuntary commitment. It eliminates the requirement that providers must actually agree to deliver such services before mandatory outpatient treatment may be ordered and requires a finding that such services will be delivered to the person on an outpatient basis. Both the House and Senate have signed off on HB 475 and are awaiting the Governor's signature.