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PSYCHIATRIST

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President's Column

AB 3632: The Jaw Dropper!

Kathleen Moreno, M.D.

On October 8, 2010, the same day as the CPA Council meeting, the Governor signed the 2010-2011 budget bill vetoing $963 million in General Fund spending that had been approved by the Legislature, including a deletion of approximately $133 million in funding for the 1984 state program known as the AB 3632 mandate to county mental health departments to provide mental health services for eligible special education students. The CPA Council was in session when we heard this terrible news. According to a handout dated June 9, 2010 from The Conference Committee on the Budget AB3632 Mental Health Services Legislative Analyst's Office, under state law suspending a mandate makes its provisions optional for one year. The Governor decided to suspend this mandate for the fiscal year 2010-2011. The legality of this suspension is now being reviewed.

A little bit of background: Until 1984, schools provided mental health services to students in special education who needed the services to benefit from their Individualized Education Plans (IEP). In 1984, the responsibility for providing students these services was assigned to the county mental health departments by the legislature. In 1996, the county responsibilities to include services to students placed in out-of-state schools were expanded by the legislature. It is my experience that children are already being sent home from residential treatment programs because of the funding being cut off. We will be left to treat sicker children with a lower level of care.

Approximately 20,000 students in special education receive mental health services under the AB 3632 program. About half of the students who qualify for AB3632 are enrolled in the state MediCal Program. Common mental health disorders in this population include attention deficit hyperactivity and disruptive behavior disorders, as well as depression and affective disorders. Services provided include mental health assessments, case management, individual and group therapy, rehabilitative counseling, day treatment, and medication support. The Commission on State Mandates determined that any residual county program costs are a state-reimbursable mandate. The Constitution requires the state to pay mandate bills or suspend or repeal the mandate. Typically, the state pays mandate bills two years *after* the local government carries out the activity. This is still far from an ideal situation. In what other area of business does one expect to get paid two years after the services are rendered anyway? For a short, concise summary of this topic please refer to: DANNIS WOLIVER & KELLEY Special Education and Students Practice Group Impact of Governor's Veto of AB 3632 Funding Vol. 2010, Client Bulletin No. 39 - October 22, 2010

Locally, the Women's Committee had a very successful High Tea on October 23. It was a very nice event planned by the committee chair, Dr. Yara Salmon, with the help of Dr. Mary Ann Schaepper.

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There was lots of time to interchange with colleagues, trainees and old friends. It was very productive with speakers and participatory exercises. The Public Psychiatry Committee hosted a round table discussion on October 5. It was very well-attended. Thanks to Drs. Rod Shaner and Janet Farhie for planning such an interesting evening.

At the state level, the CPA's annual meeting October 8 and fall conference were held at the La Quinta Hotel and Resort. Despite receiving the news regarding the "blue penciling" of AB3632 funding at the conference, the weekend ended on a high note. The speakers were informative and relevant. The weather was fabulous, the food was good and the accommodations were palatial.

On a national note according to the APA Rush Advocacy Notes, the APA has joined with the AMA and other medical organizations in signing a letter urging Congress to address the Medicare physician payment cuts scheduled to take effect in December and January. The letter urges Congress to provide Medicare payment stability through at least the end of 2011. This would avoid another delay in payments and a repetition of the many disruptions that occurred this year. The letter was based on a strategy developed in consultation with a task force of state medical societies and national specialty organizations convened by the AMA. Given the importance of this issue, the task force concluded that this initial step was needed before we can reach our shared goal of permanently repealing the sustainable growth rate formula. This has a direct impact on our patient population that can only access mental health care with their Medicare insurance. Many providers have halted taking patients with this coverage because of the problems with reimbursement.

We have a lot to be thankful for and I wish everyone a Happy Thanksgiving!

Psychopharmacology Update 22
Saturday, January 29, 2011

Please click this link for full meeting and registration information:

http://www.socalpsych.org/events.html

Letter from the Editor

Painful Lesson at the Teaching Hospital

Colleen Copelan, M.D.

Here's another story and learning experience from doctor-patient-doctor relationship.

This time it's my shoulder surgery at USC University Hospital. After years of decreasing motion and increasing pain, I decided to add a total shoulder to my prior total hip and knee. All on the right side, but that's a story for another day. Just glad I'm left-handed.

Striving for simplicity and shunning drugs I don't know, I opted out of the Dilaudid drip Patient-Controlled Anesthesia and put my faith in the more familiar Percocet tablet, the fewer the better.

A very, really very bad pain woke me up just after midnight. I pushed the call button but the nurse—-new to the job—said she would have talk to the doctor. The doctor was a first-year infection disease resident on call for ortho, and just three months out of medical school. She told the nurse she could give me half a tablet now and the other half in one hour and 20 minutes, when I would be eligible for my scheduled dose.

I can tell you that anxiety and helplessness magnifies pain. Especially for me and mine. My husband, who spent the night, is more practical. He offered to go get the bottle of Percocet I'd left in the car. Somehow, I thought that was cheating, or that he would be arrested or something. He said people do that all the time. I waited, gritting my teeth, watching the 80 minutes slowly tick by, ruminating on what I might do with that newly minted physician!

I'm glad I waited. My cooler head prevailed. I opted for a teaching moment. I called the resident two days later and identified myself Dr Copelan, an instructor with the Introduction to Clinical Medicine Program at the USC School of Medicine. I asked if she was the doctor on call that night and she happily confirmed she was. I asked if she remembered the post-op lady asking for an early Percocet and she hesitantly responded yes. I told her I was that lady—identified on that fateful night as just another patient.

There was a long and palpable pause. She responded that patients often request extra pain medicine and doctors had to be cautious, and that the nurse had not volunteered any special information. I asked if she—the decision maker—-had made sufficient inquiry to support her decision to withhold pain medication, adding that the physician's duty to relieve pain is a priority equal to her duty to be cautious with pain medicines. I asked if she knew the nature of my surgery—amputation of the proximal humerus and joint replacement—-and if she knew that I had no Dilaudid drip.

Yes, I sympathized with her newly acquired doctor responsibilities but I also let her know that I hoped I would be the last patient she ever left to suffer needless pain.

To be honest, I had more sympathy for the patient than I did for the doctor. cocopelan@aol.com

Letter to the Editor

Dear Editor

Knock. Knock. Who is there?

But this is no Joke.

A cautionary tale for Suboxone prescribers.

So it was 3:30pm and I was running 15 minutes late with my patients. Knock. Knock. I open the door. I face two smiling DEA agents who holding out their id badges for me to confirm their smiles. They tell me I need to talk to them for the next 45 minutes. They are here to "investigate" my office. I squeeze back a smile and say I have back-to-back patients for the next few hours, and I cannot just give them 45 minutes of my time without any notice. I am told this is a routine investigation. There is no specific cause or action against me. They do not give notice for these investigations, and I needed to speak with them now.

The first thing I was asked to do is sign a consent to permit them to "investigate" my office. I did not need to sign, but if I didn't they would soon be back with a warrant. The matter got settled in the following way. I was told the DEA is mostly concerned about issues of diversion. When they realized I do not possess or dispense Suboxone there was not much to physically investigate. Beyond physical security for Suboxone their investigation apparently focus on record keeping. As my prescriptions are all printed off my computer, with a few key strokes I was able to print out a list of all the Suboxone prescriptions I had ever written, which I turned over to them. This seemed to satisfy them as to my record keeping for the moment. Within 10 minutes they said this could be enough for today but they still needed to talk to me for 30 minutes, but they would be willing to consider doing this over the phone on a scheduled basis. So Suboxone chronies be prepared to turn over 45 minutes of your life to the DEA without any notice. I don't know if how I was able to handle it can routinely be expected to keep such encounters to 10 minutes.

If I possessed and dispensed Suboxone the investigation would have been much more consuming. The subsequent telephone call took 35 minutes. About half of the questions were about security issues as if I were to possess Suboxone. Despite the fact I do not, the questions were asked. Other questions were on such topics as how patients come to me who I put on Suboxone. They wanted to know about my protocol for induction with Suboxone. I was asked if I knew about CARES, the state program for physicians to learn what controlled prescriptions your patient is taking. They wanted to know how I use drug screens. Overall the questions were straightforward and cordial. They did not ask to look at patient records, but I was told they might later ask me to supply some.

I was told they were simply going down the list of doctors who are licensed to prescribe Suboxone. My name is Beebee. Be warned if your name is further down than mine in the SCPS membership list.

Alex Beebee, M.D., Ph.D.

Pasadena, CA

In early October, SCPS distributed a petition to its members via email. The petition was regarding changes to Maintenance Certification Requirements by ABPN. Most members emailed back thanking us for sending the petition and responded that they immediately signed and mailed in the petition, but a few of our members had differing opinions to the petition. We thought we would share some of the counterpoints with the readership.

"As the Vice-Chair of the Council on Medical Education and Life Long Learning for the APA, I feel obliged to express my misgivings about this petition. First, the requirements for MOC were initially promulgated by the American Board of Medical Specialties(ABMS) not the ABPN. In fact, Larry Faulkner has been a tremendous advocate for our field and voice of reason in his attempts to represent our field to the ABMS. Second, the Federation of State Medical Boards have already approved a document that incorporates essentially all of the MOC components into the standards that they are suggesting State Boards incorporate in maintenance of licensure. It is now up to each state to individually accept or reject these tenets and incorporate them in some form into their licensure requirements. Third, the development and monitoring of similar MOC-like requirements were incorporated into the recently passed healthcare reform legislation. The federal government will be establishing guidelines about physician quality and MOC, frankly we will be much better off with the ABMS standards that have been considerably softened by the hard and unappreciated work of Larry Faulkner than if we attempt to ignore MOC and let the federal government develop the standards for us. In all candor, there is no turning back. Rather, we need to work with the ABPN to develop mechanisms that minimize the inconvenience to our members and ensure that whatever type of patient assessment is promulgated is minimal and as reasonable as possible.

Sincerely,
Mark Rapaport"

"I did not choose to sign the petition about Maintenance of Certification by ABPN because I felt that it only superficially addressed one of the issues.

I have decided not to renew my Geriatric Psychiatry Certification and sent the email below to the Board. Certification should be a test of current knowledge and skills, not a test of how much time and money we are willing to spend to obtain the piece of paper.

I am forwarding you a copy of this email for your files in case APA decides to further pursue the business of Certification/Re-certification. Barry Kramer, M.D.

'I have decided NOT to apply for MOC for my certification if Geriatric Psychiatry.

The reasons are primarily cost and inconvenience. There is no differential in reimbursement for maintaining Geriatric Psychiatry Certification. The only "Practical" role it seems to have if one participates in a Geriatric fellowship program. That must be balanced against the cost of the examination. Excluding the need to now take an approved self assessment examination prior to the examination itself, ABPN has made the cost of the examination process itself prohibitive. In addition to a rather high examination fee, one now has to take off 1-3 days from work + travel to and from a city where the examination is being give + hotel and food while away. Previously the inherent value of being recertified could justify the cost of the examination, the exam was an "open book" exam that could be done from home over a more extended period of time without the need to miss work or travel.

It is unfortunate that the ABPN has moved the decision to be recertified to a business decision with resulting cost/benefit analysis. Hopefully, at some future time this will change back to a more reasonable process that actually encourages recertification to access ones knowledge and clinical skills rather than discourages it due to financial disincentives. '"

SCPS welcomes members' comments and opinions.

Council Highlights
October 14, 2010

Marcy Forgey, M.D., *Secretary*

Dr. Kathleen Moreno, President, called the meeting to order at 7pm at our new venue, the Café Bisou in Santa Monica. She announced that the new public directory is now available on our website. She encourages members to contact Mindi Thelen to update their information listed there. The Council also discussed the possibility of creating SCPS/NAMI t-shirts!

Special guest member Dr. Stuart Bell attended the meeting in order to discuss concerns about Proposition 19. After a lively discussion, the Council passed the following motion: "When casting their vote on prop 19, the SCPS urges voters to carefully consider the medical evidence regarding the special vulnerabilities in child, adolescent, and people with a variety of medical illness to the negative effects of marijuana use including exacerbation of symptoms of psychosis, depression, and cognitive impairment." Dr. Moreno agreed to prepare a Letter to the Editor for the L.A. times describing these concerns.

The Council approved a new contract for Ms. Mindi Thelen and then moved on to an interesting discussion regarding the creation of professional wills. There was enough interest that the Council decided to pursue this issue further.

Dr. Mary Ann Schaepper, President-Elect, encouraged attendance the Women's Committee High Tea on October 23. Speakers include Dr. Schaepper, Dr. Yara Salman, Dr. Angela Chang, and another resident from Loma Linda. She continued by reporting on the CPA Council meeting, held at the La Quinta Inn in Palm Springs on October 8. She explained that CPA budget cuts will transform some of their face to face meetings into conference calls, will reduce the use of their lobbyists, and will limit the size of the Council. An extensive discussion was held regarding the APA Assembly changes that will reduce California's representation by one representative. This issue at hand is how to redistribute APA Assembly representation among the district branches. The CPA OPIC Committee is proposing that the two largest district branches rotate having one less representative on a meeting by meeting basis. The Council passed the following motion related to this issue: "The SCPS Council supports taking all necessary actions, including bylaws change, to enable the OPIC plan regarding representation by California district branches in the APA Assembly, contingent upon adoption of the same resolution by the other California district branches." Another issue that was raised involved the ABPN's changes to maintenance of certification requirements (such as that of requiring five peer colleagues to evaluate now you are practicing). Such changes have reportedly not been very well received. The CPA is also moving toward an electronic newsletter, inspired by ours.

The Nominating Committee was formed to select officers for the upcoming election. Members included Dr. Kathleen Moreno, Dr. Mary Ann Schaepper, Dr. Heather Silverman, Dr. Saba Syed, Dr. Robert Burchuk, Dr. Arestou Aminzadeh, and Dr. Stuart Bell. Open offices include the following: President-elect, Treasurer-elect, Secretary, West LA Councillor (2), San Fernando Valley Councillor, ECP Deputy Representative, MIT Reps (2).

In the Treasurer's report, Dr. Amir Ettekal explained that PMRS has purchased a full page ad in the newsletter, which is very encouraging. In addition, Ms. Thelen presented the issue of "Members at Risk" and strategies were undertaken by the Council members in an effort to retain these at risk members.

Current membership was 1061 members. The following members were approved by the Council for membership:

General Member:
Dr. Warden Emory

Members-In-Training:
Dr. Michael Bolton
Dr. Jennifer Kawase
Dr. Alexander Macy
Dr. Dahlia Woods
Dr. Lynne Love

The following MITs were approved pending residency training verification from APA.
Dr. Britany Alexander
Dr. Jeremy DeFranco
Dr. Marc Heiser
Dr. Cory Jaques
Dr. Erica Valdez

In the Program Committee report, Dr. Michael Gales reported that the following speakers have been confirmed for the psychopharm meeting:

Dr. Kiki Chang, Stanford, Bipolar Disorder in Children
Dr. Fred Goodwin, NIMH, Bipolar Disorder in Adults
Dr. Sheldon Preskorn, Kansas, Genomics of Psychopharmacology
Dr. Steve Marder, Update on Schizophrenia
Dr. Charles Grob, Psylocybin for Anxiety in Advanced Cancer Patients

In the Public Psychiatry Report, Dr. Roderick Shaner reported that the Public Psychiatry Committee Round Table meeting was successful with 19-20 people attending and the topic of discussion was the use of depot antipsychotics. Committee member Dr. Janet Farhie led the discussion at the lovely home of fellow member Dr. Helen Wolff. Attendees learned about new depot neuroleptic meds, which Dr. Shaner reported are currently difficult to access in public psychiatry systems. They also discussed the development of suggested protocols for public system formularies. There was great food and it was overall a wonderful meeting in Beverly Hills.

The next Council meeting will be held on November 11 at our new venue, Café Bisou, Santa Monica.

SCPS GLB Issues Committee Brunch Meeting Sunday, November 14, 2010.

Please RSVP for meeting address at the West Hollywood hills home of Dan Fast, MD.

Agenda:

1. 10:30 am: Brunch social welcoming medical students and residents
2. 11-12: Plan committee agenda and discuss DADT, DOMA, Prop 8 issues.

RSVP to: Stanley Harris, M.D. seh52@yahoo.com

SCPS' ECT Committee
is looking for new members.

Anyone interested in ECT should contact
Mindi at scps2999@earthlink.net
or Barry Kramer, M.D., Chair
kramerb@cshs.org

The committee meets quarterly alternating locations between Cedars and WLA VA.

CLASSIFIED ADVERTISEMENTS

Position Available

Windstone Behavioral Health (www.windstonebehavioral.com) seeking Psychiatrist P/T for outpatient services Torrance and Laguna Hills offices. Also Billingual (Vietnamese or Spanish) for Garden Grove office. Flexible schedule. Established fee schedule. Questions call Lori Bialobreski, (800) 577-4701 x403. Email resume to dcanada@hcsinc.org.

Space Available

West Los Angeles: Renovated prestigious creative building on Wilshire West of Bundy, call-lights, window offices, walk to restaurants and services, full-time available through building management or part-time blocks (818) 489-6289.

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