



CALIFORNIA PSYCHIATRIST

The Newsletter of the California Psychiatric Association

Volume 31, Number 3

Nov/Dec 2016

The President's Message

A New Substance Use Treatment System?



By William Arroyo, M.D.,
CPA President

In 2014 nearly 18% of American adults had a mental disorder while 8% had a substance use disorder. Annual health spending on behavioral health problems was \$201 billion in 2013.¹ It appears as though multiple factors, including the reduction in stigma related to alcohol and drug use coupled with the fading naiveté of the traditional substance use treatment community, are in large part responsible for the use of an expanded armamentarium of interventions. This should bring substantial relief to those individuals and their families who have struggled with abstinence or decreased use of substances.

There is a treatment culture of usual interventions such as twelve step programs for alcohol use disorder which still may benefit some while other options such as naltrexone and acamprostate are available.² It's unfortunate that many in the medical community have not embraced options beyond twelve step programs. A publication by SAMHSA in a pocket guide format provides further useful treatment details.³

The opioid epidemic resulting in many accidental deaths also appears to be raising general public awareness, not only about unnecessary deaths, but also the newer array of interventions generally categorized as Medication Assisted Treatment (MAT). For various reasons, including discrimination against those with these disorders despite

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From the President-Elect

Primary Care Psychiatry: Innovative Training As A Way To Expand Our Mental Health Workforce



By Robert M. McCarron, D.O.,
CPA, President-elect

About half of the patients who receive a mental health referral do not make it to a specialist or receive this needed care. There are many reasons for this, but chief among them is limited access to mental health providers (including psychiatrists, psychologists and other mental health practitioners). This lack of access results in higher disability and morbidity, as well as early mortality among those who have severe mental illness. This is particularly problematic in the veteran patient population and in the context of a 24% increase in veterans' suicide rate over the past 16 years. The California Psychiatric Association (CPA) has recently taken innovative steps to squarely address this ongoing lack access to mental health care.

Primary Care Providers (PCPs) deliver about 60% of all mental health care in the US and roughly 40% of primary care patients have significant psychiatric mental health conditions. Because of this, PCPs are on the frontline when treating psychiatric illness and collectively serve as the de facto mental health delivery system.

Even though PCPs are delivering the majority of the mental health care, they would likely benefit from more psychiatric training. The CPA has taken the lead in

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Editor's Note



Yvonne Ferguson, M.D.

The deadline for article submission preceded November 8 so readers will not find articles in this issue that expressly address the national election. However, you will read my note written after that date and I will discuss matters in a fashion anticipatory of possible mental health ramifications of this election rather than my usual summarization of content. Already my patients are more symptomatic, some are in crisis and looking for answers that don't yet exist. This could be a trying time for some of us who may be sharing the concerns that our patients have. We must be careful to not politicize their therapy or use it to vent partisan opinions but at the same time we must be pragmatic. Once President Trump's budget is rolled out, we may find the public sector, nonprofit organizations, and social service agencies that some of our patients rely upon begin to experience federal funding cuts. Those of us who treat minorities must be careful to not pathologize their fears and suspicions regarding increased oppression whether by law enforcement or civilians. In just these few post-election days, we have already witnessed evidence that people who harbor hatred and bigotry may now feel emboldened to express it more openly. Let's not collude with the perpetrators of such behaviors by labeling our patients as delusional but rather check our own attitudes and biases

first, and then assist our patients to explore constructive ways of addressing any rights infringements they might experience. Legislative, executive, and judicial acts unchecked by balances of partisan power may affect our patients and practices for decades to come. I welcome your Letters to the Editor.

— Yvonne B. Ferguson, M.D., MPH, Editor

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Check our WebSite at www.calpsych.org
APA WebSite: www.psychiatry.org

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New Legal Developments



Daniel H. Willick, Esq.

By Daniel H. Willick, J.D., Ph.D.

Gerner v. Superior Court: Nullification

In the last issue of the CPA Newsletter, I reported on what I believed was a significant victory in protecting a patient's psychiatric records from disclosure to the Medical Board without patient authorization. In that article I described a recent California Court of Appeal precedential decision in the case of *Gerner v. Superior Court*, where the Court of Appeal adopted the position taken by the CPA and CMA in an amicus brief. Unfortunately, as a result of procedural motions by the Medical Board, that precedential decision has been nullified.

The Medical Board petitioned the Court of Appeal for reconsideration of its published precedential decision, based on the grounds that although the psychiatrist who was under Medical Board investigation had surrendered his license, the legal issues involved were important, deserving of reconsideration. The Court of Appeal, in an unusual application of the procedure for a petition for reconsideration, gave the psychiatrist's attorney less than 24 hours to respond to the Medical Board's petition. When the psychiatrist's attorney filed opposition to the petition the following day, the Court of Appeal, in approximately one hour, rejected the psychiatrist's arguments and granted the petition for reconsideration. Almost immediately, the Medical Board petitioned the Court of Appeal to dismiss the case entirely contending, in contradiction to its petition for reconsideration, that the whole matter had been rendered moot by the psychiatrist's surrender of his license. As a result of this sequence of events, the precedential decision has been withdrawn and there is no clear precedential decision on the issue. I believe the Medical Board will continue to issue investigational subpoenas for patients' psychiatric records in cases where the patient either refuses or fails to authorize disclosure of his or her records. I am of the opinion that such subpoenas are antithetical to successful psychiatric treatment and a violation of the rights of the patients involved. I would appreciate

being promptly informed of any such subpoenas by the Medical Board. CPA anticipates supporting challenges to such subpoenas in the near future.

Rosen v. Superior Court

Rosen v. Superior Court is a case involving *Tarasoff* issues in which the California Psychiatric Association, joined by the American Psychiatric Association and the California Association of Marriage & Family Therapists, has filed an *amici curiae* brief with the California Supreme Court. Specifically, the *amici curiae* brief supports an interpretation of Civil Code Section 43.92, which would protect psychotherapists from claims by individuals harmed due to violence by a psychotherapy patient unless that patient had communicated a threat against the victim to the treating psychotherapist.

In the *Rosen* case, a mentally ill student at UCLA, who was known to the UCLA administration and who was receiving psychotherapeutic treatment from a UCLA psychotherapist at the UCLA student counseling center, attacked and slashed the throat of another UCLA student, Ms. Rosen, in an on-campus chemistry lab. The mentally ill student was charged criminally, found not guilty by reason of insanity and placed in a state mental hospital for treatment. Ms. Rosen, the injured student, sued the UCLA psychotherapist and the Regents of the University of California, contending that the therapist had an obligation to protect her, notwithstanding the total lack of any evidence that the mentally ill student had ever communicated a threat of violence against Ms. Rosen and evidence that such a threat was never communicated to the therapist. The Court of Appeal unanimously entered summary judgment in favor of the UCLA psychotherapist, and, in a decision by two Justices in favor and one Justice opposed, also entered summary judgment for the Regents of the University of California. (The entry of a summary judgment means that the party granted summary judgment has won the lawsuit.) However, the summary judgments have not taken effect. This is because the California Supreme Court has granted review of the Court of Appeal decision, thereby vacating the summary judgments. The matter is now pending before the California Supreme Court which will decide the case.

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APA Assembly Meeting Report



Joseph Mawhinney, M.D.

By Joseph Mawhinney, MD,
Area 6 Assembly Representative
and Barbara Weissman, MD,
Area 6 Deputy Representative

The 85th meeting of the Assembly of the American Psychiatric Association convened in November in Washington D.C. APA President, Maria Oquendo, MD, PhD, reported the APA is looking at updating APA guidelines in a more flexible and timely manner after conversations with the FDA about using the guidelines as a means to support off-label use of medications. APA CEO, Saul Levin, MD, talked about ongoing work at the federal level with the Parity Task Force, gave a brief update on the Medicare Access & CHIP Reauthorization Act (MACRA) (including projections that 49% of psychiatrists will be exempt

from the new regulations) and stated that extensive education will be made available. He encouraged the use of twitter for grassroots advocacy, and asked us all to follow him on twitter: @DCdocTweets. He further reported on the development of the psychiatric registry called PsychPRO. Anita Everett, MD, APA President-elect, announced that she will have three areas of focus during her presidency: access to care, making APA the “go-to place” for all psychiatrists, and a focus on early psychosis. There were also updates from the Foundation and the PAC. Please donate to both of these entities if you can, as they help support our APA goals. Currently, only 4.4% of APA member-



Barbara Weissman, M.D.

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CPA Acknowledges Excellence in Psychiatry

By Rahn Kennedy Bailey, MD, DFAPA, Chair, APA Membership Committee

Dear CPA Members,

It is my pleasure to recognize those CPA members who achieved the status of Distinguished Fellow (DFAPA) or Distinguished Life Fellow (DLFAPA) of the APA in 2016. Distinguished Fellowship is the highest membership honor the APA bestows, and is awarded to outstanding psychiatrists who have made significant contributions to the psychiatric profession. Congratulations to our newest DLF and DF members on this momentous accomplishment, and thank you for your commitment to advancing our profession!

CPA Members Approved Distinguished Fellows May 2016 Convocation

Veena R. Doddakashi, MD; CCPS DF

Hanumantha Damerla, MD; SCPS DF

Michael M. Takamura, MD; SDPS DF

Jody M. Rawles, MD; OCPS DF

Michael J. Ostacher, MD, MPH; NCPS DF

Bhupinder S. Waraich, MD; NCPS DF

James David Eyerman, MD; NCPS Distinguished Life Fellow

Gregory Smith McFadden, MD; SDPS Distinguished Life Fellow

Mohammed A. Molla, MD; CCPS DF

Christopher R. Thompson, MD; SCPS DF

Lesley MacArthur, MD; OCPS DF

Alka Aneja, MD; NCPS DF

Mark Harris Swoislin, MD; NCPS DF

CPA Members who obtained DLF status January 2016

Howard Bruce Terrell, MD; CCPS DLF

Allan Bruce Chinen, MD; NCPS DLF

Alan Kuo-Hin Louie, MD; NCPS DLF

Bruce Scott Victor, MD, NCPS DLF

Timothy Eugene Botello, MD, MPH; SCPS DLF

Joseph Alan Schwartz, MD; SCPS DLF

Arvin Mirow, MD; SDPS DLF

Harry Carl Wang, MD; CCPS DLF

Alberto Gerardo Lopez, MD; NCPS DLF

Trisha Suppes, MD, PhD; NCPS DLF

William Arroyo, MD; SCPS DLF

Thomas Brady, MD; SCPS DLF

Margaret Lois Stuber, MD; SCPS DLF

Andrei Novac, MD; OCPS DLF

CMA Report



Timothy Murphy, M.D.

By Tim Murphy, MD,
CPA Delegate to CMA

The CMA House of Delegates met October 15-16. Rather than debate Resolutions, which are now generally processed in a year round on-line procedure, delegates considered proposals for action on six “Major Issues” that had been developed by CMA Councils.

Affordable Healthcare Act (ACA) – CMA will advocate for a fix to the “family glitch” to expand eligibility for insurance subsidies by considering total costs of covering all family members; and CMA will support a 1332 Waiver for that purpose. CMA will also “study the feasibility and desirability” of supporting a public option, or a “Medicare for all” type system.

Medicare Access and CHIP (Children’s Health Insurance Program) Reauthorization Act (MACRA) – Work to improve MACRA will remain a top priority for CMA. There was considerable discussion of details, burdens and potential problems of MACRA. The final rule, published by the Centers for Medicare and Medicaid (CMS) on October 14, contains several major improvements made to MACRA in response to AMA’s concerns. 30% of Medicare physicians are exempted (those billing less than \$30,000 or having fewer than

100 Medicare patients), the number of measures to report has been halved, and the deadline has been moved back so that a physician can wait until October 2017 to report without being penalized. CMA’s input on MACRA will be very important. (See www.qpp.cms.gov for further discussion)

Opioids – CMA will work to improve the accuracy and usefulness of the Controlled Substance Utilization Review and Evaluation System (CURES), seek to move it from the Department of Justice and into a health-related department, and seek to facilitate sharing with prescription monitoring programs in other states, methadone clinics, the Veterans Affairs (VA), the Department of Defense (DOD) and Indian Health Service. CMA will also support the development of interfaces between CURES and

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Save the Date:



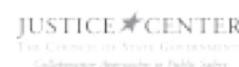
The California Summit

The Stepping Up California Summit will bring together teams of county elected officials and criminal justice and behavioral health leaders to reduce the number of people with mental illnesses in local jails.

Part of the national Stepping Up initiative, the California Summit will take place January 18–19, 2017, at the Doubletree Hotel in Sacramento, California. Participants will engage with national experts, peers from across the state, and people living with mental illnesses to advance county plans to improve the way counties respond to people with mental illnesses who come into contact with the justice system.

The California Summit will be open to teams from all of the state’s 58 counties. County teams are strongly encouraged to include at least one appointed, elected, or other high-ranking official representing each of the following four interests: sheriffs and jail commanders; behavioral health agencies; probation agencies; and county supervisors or administrative officers. Additional team members can include other people from these agencies or people representing the judiciary, local police departments, criminal justice coordinators, jail mental health directors, psychiatrists, district attorneys, or public defenders.

The APA Foundation welcomes and encourages the participation of California-based psychiatrists. To receive updates and information on how to get involved, please email SteppingUp@psych.org.



See a full list of Stepping Up supporters
<https://stepuptogether.org/partners>

 CALIFORNIA MEDICAL ASSOCIATION

PROTECTING YOUR PROFESSION WHAT CMA DOES FOR MENTAL HEALTH

CMA and its county medical societies have represented California's physicians for 160 years as the recognized voice of the house of medicine. CMA also partners regularly with the specialty societies of California, and together we stand taller, our combined voices stronger, fighting for the future of medicine and our noble profession.

A Commitment to Mental Health: CMA has for years strongly urged Congress to strengthen its commitment to mental health services, including screening, prevention and treatment. CMA also regularly adopts policy supporting increased funding for mental health services across all settings.

Mental Health Care in Underrepresented Populations: CMA has strong policy in support of public health campaigns and partnerships that provide outreach and education on culturally-sensitive approaches to mental health care delivery.

Physician Wellness: CMA joined with the California Society of Addiction Medicine and the California Psychiatric Association to establish California Public Protection and Physician Health, Inc., dedicated to providing services for physicians with physical, mental health or addiction issues that, if left untreated, could compromise their ability to safely practice medicine.

Improving Dementia Care: CMA is a member of the California Partnership to Improve Dementia Care, dedicated to decreasing the use of antipsychotic medications in nursing home residents and enhancing the use of non-pharmacologic approaches and person-centered dementia care practices.

Coordinated Mental Health Care: CMA supports a multi-disciplinary model of integrated care for mental health patients, including increased collaboration with primary care physician providers to better coordinate health care delivery.

Medical Student Wellness: The CMA Foundation recently awarded a grant to help fund the development of a mobile app for the self-management of depression, anxiety and stress in medical students.



“ CMA gives me a sense that I am not alone in the fight to protect my patients and ensure that they got the best and highest quality of care. It gives me an opportunity to stand with others.”

C. Freeman, M.D., Psychiatrist, Member Since 2006

FOR MORE ABOUT CMA AND ITS PROGRAMS, VISIT WWW.CMANET.ORG.

A Woman's Touch

By Shannon Suo, MD and Mary Ann Schaepper, MD

Coming out of the CPA conferences this past September, we were re-invigorated to meet with women from around the state, both in sessions and out, as well as during the second annual Women's Caucus on Saturday morning. At 7 AM, a small, but enthusiastic group of young women (medical students to Early Career Psychiatrists) met with a handful of more "seasoned" women to discuss what we wanted out of the Caucus. Suffice it to say, we all liked that we were meeting, but wanted more! CPA President Bill Arroyo joined the Caucus and recruited one of the participants into a committee, while other women were connected with mentors, got career advice, or just made some new friends.

On Saturday morning we had the Early Career Mentorship and Career Planning Symposium, where again we saw that the majority of participants were women medical students or ECPs. We discussed issues ranging from academics to work-life balance to understanding malpractice insurance to financial planning, and they wanted more!

As we have a woman APA President (Maria Oquendo, MD, PhD), President-elect (Anita Everett, MD). I can't help but feel that the time is right for women to be meeting and discussing what else we want. SCPS and OCPS have been doing this regularly. The APA holds a meeting for the Women in Psychiatry group at the annual meeting, and at the Assembly, there is a Women of the Assembly breakfast.

What else is your District Branch or institution doing for women? We hope to feature articles throughout the year from the different DBs who are actively engaging women. We hope that this will lend more of a "woman's touch" to CPA's focus. We look forward to hearing from you!

Dear CPA Colleague:

Some of you may know we recently started an annual training program for primary care providers who wish to learn more about the essentials of psychiatry. The purpose of these California based trainings is threefold. First, we hope to expand the mental health workforce where we need it most, in the busy primary care setting. Second, the CPA leadership believes this is an excellent opportunity to collaborate with our non-psychiatric colleagues. Third, this is an important source of revenue, which will be used to support CPA advocacy efforts.

Our next Essentials of Primary Care Psychiatry CME Conference will be held in Sacramento, CA on January 13-14, 2016. Please help us spread the word to PCP's throughout California and distribute the information on page 17 of this newsletter widely. Online information available at <http://www.calpsych.org/education>

Thanks for your support of this educational program and please feel free to contact me at rmmccarron@ucdavis.edu if you have any questions.

Robert M. McCarron, DO
CPA Education Committee Chair
President-Elect, California Psychiatric Association

CPA Fun Run

By Blair Romer, MD

We enjoyed another great annual CPA Fun Run; this year in Rancho Mirage near Palm Springs. The temperature was perfect in the lower 60s at 7AM, and wind was basically absent. Such pleasant weather allowed us to enjoy noticing the beautiful surrounding mountains, and reddish early morning hues. We don't necessarily think of the greater Palm Springs area as beautiful, but, Wow! It sure was for our run. All present are huge believers in "walking the talk" of diet and exercise that we regularly have with our patients. This being said, come join us next year! We will be trail running in Yosemite, which is so beautiful.

The CPA Fun Run awards are beautiful, by the way, so come and win one to proudly display on your desk. Patients who notice them always seem pleased to learn that their psychiatric physician celebrates physical fitness. On to this year's award recipients. Among women this year, Jessica Thackaberry, MD finished third, Zena Potash, MD was second, and Janelle Kistler was first. Among men, Larry Malak, MD finished third, Blair Romer, MD was second, and Eric Rafla-Yuan, MD was first.

We look forward to you joining us next year!



From left to right: Back row: Jonathan Kistler, MD, Blair Romer, MD, Zena Potash, MD, Randall Soloman, MD, Jessica Thackaberry, MD, Janelle Kistler, Elizabeth Galton, MD, Lawrence Malak, MD. Front row: Timothy Murphy, MD, Eric Rafla-Yuan, MD

Continuing Education in a Desert Paradise

By Shawn B. Hersevoort, M.D., M.P.H., Vice-chair
CPA Education Committee

On behalf of the entire Education Committee, we would like to thank everyone who attended the 29th Annual CPA Premier Conference in beautiful Rancho Mirage. The conference was very well attended, interactive, and of course educational. This year we enjoyed the addition of the first CPA Clinical Updates in Psychopharmacology Pre-conference hosted by Drs. Robert McCarron and Ira Glick. All four of our experts: Terence Ketter, MD, speaking on Bipolar Disorders, Charles DeBattista, MD on Depression, Lorrin Koran, MD on OCD, and Ira Glick, MD on Schizophrenia, were from Stanford. We were happy to see 95 attendees at this Friday pre-conference, most of whom stayed on for the full program. Our extended format of 60 minutes of lecture followed by 30 minutes



Senator Ed Hernandez, OD of Senate District 22 and
William Arroyo, MD, CPA President



Attendees enjoying the Psychopharmacology Conference

for questions seemed to be very successful. Following the pre-conference we were happy to welcome 169 attendees, including 18 residents to our main program.

The conference continued to build on the excellent content from last year with world class speakers, workshops, and events. Friday began with the President's Reception in the exhibit area, followed by dinner and a screening of "The Art of Storytelling: The Human Experience of Being a Psychiatrist." produced by SCPS members. Here, in counterpoint to our pharmacology component, we saw a glimpse into several very different therapists, approaches, and modalities, ranging from the fundamental to the exotic.

On Saturday we enjoyed a morning run with some good natured competition followed by our second year of profes-

sional caucuses: Training Directors, Women in Psychiatry, and Senior Psychiatrists. After opening remarks by CPA President William Arroyo, MD and CME Chair and CPA President-elect Robert McCarron, DO, we dove into the formal educational program: Managing Agitation by Jose Maldonado, MD; Legislative Updates by Randall Hagar, CPA Director of Government Relations; Med-psych Pearls by Y. Pritham Raj, MD; and Cultural Sensitivity with Yvonne B. Ferguson, MD. The day ended with a timely discussion of the newly passed regulations around "Physician Aid in Dying: Law and Ethics in California" presented by Rebecca Weintraub Brendel, MD, JD. Saturday also featured the Early Career Mentorship and Career Planning Symposium running in parallel to the main program. The Political Action Committee (PAC) Reception led by Larry Malak, MD capped off the evening.

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Legislative Luncheon

APA Board of Trustees October 9, 2016 Highlights



Melinda L. Young, M.D.

By Melinda L. Young, M.D.,
D.F.A.P.A., APA Area 6 Trustee

By the Numbers

Membership in APA remains solid at more than 36,000 members. The APA's balance sheet remains strong, with net assets of \$92.3 million, cash accounts of \$6.2 million and investments of \$80.4 million. Net income is ahead of last year, primarily

attributable to higher investment interest.

American Psychiatric Excellence (APEX) Awards

The first ever APEX Awards, developed by former President of APA, Renee Binder, MD and the APA staff, celebrating those who have demonstrated the highest levels of mental health advocacy, were presented in April 2016, with the inaugural awards focusing on individuals working to reduce the number of Americans with mental illness in prisons and jails. The Board of Trustees voted in favor of continuing the Awards that will recognize contributions to improved access to mental health care and the provision of excellent mental health care on an annual basis. Their goal will be to advance the work and reputation of the APA.

The APA's Mental Health Registry: PsychPRO

The development of the newly named APA Registry, or database, of mental health disorders, treatments and interventions, and outcome measures, is progressing well, and in some cases is ahead of schedule. The APA will be able to apply to CMS (Centers for Medicaid and Medicare Services) to become a certified quality reporting registry more than one year earlier than anticipated. The Board has accepted a proposal from the American Board of Psychiatry and Neurology (ABPN) to provide partial funding for the project so ABPN diplomates who are not APA members can access the Registry, once completed, for a reduced fee. In addition to the Registry driving our knowledge of psychiatric illnesses and treatments, it is anticipated that participating psychiatrists can access the Registry's data to reduce the burden of submitting reports such as Performance-in-Practice data for obtaining ABPN Maintenance of Certification Part IV credit and to meet the Merit-Based Incentive Payment System requirements

that are part of the new Medicare reimbursement system.

Candidates for APA National Office for 2017

- **President-Elect:** Rahn K. Bailey, MD and Altha J. Stewart, MD
- **Secretary:** Philip R. Muskin, MD, Gail E. Robinson, MD, Robert P. Roca, MD, MPH, Brian Crowley, MD
- **Minority/Under-Represented Representative (M/UR) Trustee:** David L. Scasta, MD, Ramaswamy Viswanathan, MD, DSc
- **Area 2 Trustee:** Vivian B. Pender, MD, Ravi N. Shah, MD
- **Area 5 Trustee:** R. Scott Benson, MD, Jenny L. Boyer, MD
- **Resident-Fellow Member Trustee-Elect:** Tanuja Gandhi, MD, Sarah Kauffman, MD, Benjamin Solomon, MD, MBA

Open Access Journal

The Board approved development of a new, online-only open access journal to capture quality research that cannot be published in other APA journals. Rigorous scientific quality will be maintained when selecting from high quality submissions. Funding will be primarily supported through article publication charges paid by authors or research funding agencies.

APA Central Office Staff

The APA selected Tanya J. Bradsher as Chief Communications Officer. Ms. Bradsher was most recently Chief of Plans for Public Affairs at the TRICARE Defense Health Agency. Before that, she served as principal advisor to Secretary of Homeland Security Jeh C. Johnson on all internal and external communications and oversaw the Department of Homeland Security's public outreach, media, strategic and incident communications efforts.

Federal Legislative Issues

- **Mental Health Reform:** APA's Department of Government Affairs is leading a multi-pronged advocacy strategy around S. 2680, the Senate's Mental Health Reform Act of 2016, aimed to persuade the Senate to take up and pass the Act as soon as possible. Once passed, enough time must remain for the House and

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President's Message (Continued from page 1)

the fact that there are federal laws prohibiting such and also the lack of training among providers, the paucity of medical personnel employed by community based recovery programs, and even negative opinions about these newer interventions in the medical community, these new interventions are not fully embraced by treatment providers.⁴ A notice issued by multiple federal agencies to states further outlines federally funded treatment.⁵

Recently published federal mental health parity laws which pertain to Medi-Cal, are adding to the public sector treatment landscape.⁶ Substance use treatment is repeatedly addressed in the new final rule. This great beginning at the federal level must be further rolled out on the state level and then at the county level. States must, not only consider the implementation of federal parity laws directly related to substance use treatment, but, must enact laws and regulations in alignment with federal laws. This latter obligation has been moving at a snail's pace in some states. Such efforts should affect both private and public sectors.

We are about to witness the roll-out of a California initiative, Substance Use Disorder – Organized Delivery System (SUD-ODS), which happens to be the first approval given to a state by the Center for Medicaid and Medicare Services (CMS) for a substance use treatment proposal to be funded by “Drug Medicaid”, or “Drug Medi-Cal in California.”⁷ This demonstration project will be launched later this year. Although the initiative closely aligns with criteria established by the American Society of Addiction Medicine (ASAM), prospective providers underscore a worrisome feature which relates to the use of reimbursement rates which may not cover treatment costs in certain parts of the State and, therefore, may undermine the success of this new initiative.

An additional factor appears to be the increasing efforts by state legislatures to decrease the harsh penalties once typical of the “tough-on-crime” features of many jurisdictions, a shift by both state and local law enforcement agencies from the tendency to use lock-ups rather than referrals to treatment centers. Many of the same jurisdictions have been adopting strategies of increasing diversion from jails and prisons, with exceptions made for violent drug offenses.

Some experts in the field indicate that the medical community is still in need of adjusting medical jargon from the common use of such terms as “substance abuser” which is more typical of the clinician who assigns blame

to the individual rather than the term, “person with substance use disorder”, which tends to imply that a person may benefit from an intervention.⁸

Despite the evidence that alcohol and substance use disorders have their onset during adolescence, if not earlier, there is a substantial lag of new treatments for this age group. However, very promising interventions including behavioral interventions, family based interventions, and MAT among others are available in communities.⁹ The California Department of Healthcare Services has embarked on revising a policy manual related to adolescent substance use to provide guidance to counties and the general public sector. This effort was long overdue especially in light of the fact that CMS has repeatedly indicated that such services are an entitlement under the Medicaid program.

Our own CPA Council very recently decided to sharpen its focus on issues related to this new era though the establishment of a Substance Use and Drug Addiction Committee co-chaired by Randy Solomon, M.D., and Richard Granese, M.D. We will look forward to the Committee's guidance on new policies and programs.

We may have a system to better meet the needs of people with substance use disorders now that all of these factors converge serendipitously. Further merging these factors with better collaboration with the general health field, will mark a great milestone.

¹<http://jamanetwork.com/journals/jama/fullarticle/2556008>

²<http://psychnews.psychiatryonline.org/doi/full/10.1176/appi.pn.2016.PP10b1>

³<http://store.samhsa.gov/shin/content/SMA15-4907/SMA15-4907.pdfdetails>

⁴<http://www.samhsa.gov/medication-assisted-treatment/treatment>.

⁵<https://www.medicare.gov/Federal-Policy-Guidance/downloads/CIB-07-11-2014.pdf>

⁶<https://www.gpo.gov/fdsys/pkg/FR-2016-03-30/pdf/2016-06876.pdf>

⁷<http://www.dhcs.ca.gov/provgovpart/Pages/Drug-Medi-Cal-Organized-Delivery-System.aspx>

⁸<http://jamanetwork.com/journals/jama/article-abstract/2565298>

⁹<https://www.drugabuse.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide/evidence-based-approaches-to-treating-adolescent-substance-use-disorders>

Primary Care... *(Continued from page 1)*

California to augment “primary care psychiatric training” for PCPs who wish to expand their knowledge and skill set in this area of medicine. The overarching goal is to expand a much needed psychiatric workforce with targeted, continued medical education in the area of primary care psychiatry. It makes sense to focus resources for the expansion of mental health care on PCPs, as they are expertly trained to practice medicine; have a baseline understanding of psychiatric illness; and they actually see most of the patients who have mental illness.

In January 2016, The CPA Integrated Care Committee began educating PCPs in the essentials of psychiatric practice and, to date, have trained over 275 providers. On January 13-14, 2017, we plan to provide primary care-based psychiatric training to over 200 more PCPs, with the goal of expanding psychiatric workforce in California. Please visit (<http://www.calpsych.org/>) for more information on this upcoming conference and please encourage your PCP colleagues to join us in Sacramento! Best wishes for a Happy Holiday Season!

Legal Update *(Continued from page 3)*

The Final Rule On Non-Discrimination In Health Programs And Activities Under The Affordable Care Act

On May 18, 2016, the United States Department of Health and Human Services issued a final rule to enforce Section 1557 of the Affordable Care Act. That rule prohibits discrimination for a variety of protected classes of patients and requires that physicians, who are subject to the rule, must post a notice regarding their non-discrimination practices by October 16, 2016. That notice must include “tag lines” in the top 15 languages spoken by individuals with limited English proficiency in the state where the physician practices. Guidance regarding the final rule is available at www.hhs.gov/civil-rights/for-individuals/section-1557/. Also, psychiatrists may check with their malpractice insurer to determine if they must post the required notice and what the insurer recommends as best practices.

APA Assembly Meeting *(Continued from page 4)*

ship donates to the Foundation. If this were increased, we would be better able to get large outside donors. www.americanpsychiatricfoundation.org.

Your California representatives were very active at this meeting, authoring 6 of the 23 papers discussed. Dr. Joseph Mawhinney’s action paper to encourage timely communication between inpatient and outpatient teams, as well as his paper to work with the AMA to assess various models of healthcare finances, including single payer models and universal healthcare, were supported. Dr. Mary Ann Schaepper chaired Reference Committee 2 which dealt with advancing psychiatric knowledge and research. Papers introduced included studying the variations in the Prescription Drug Monitoring Program (PDMP) across the country, and developing a position paper on perinatal screening for mental health disorders. Drs. Adam Nelson and Barbara Weissman co-authored an action paper asking the APA work to increase connections between resident and early career national fellowship applicants and their local district branches. In a much contested vote, the Assembly upheld the vote by strength for Assembly officers. A position statement on mental health and climate change passed on the consent calendar, as did a position statement in support of civil commitment hearings being located to minimize adverse impacts on patients. Drs. Bob Cabaj’s and Barbara Weissman’s action paper, regarding further development of smart gun technology, passed, as did Drs. Mary Ann Schaepper’s and Joseph Mawhinney’s paper on mental health parity for individuals with intellectual and developmental disabilities. Several Californians signed on as co-authors to an action paper to form a task force to fight mental health discrimination that arose in the wake of several state legislatures recently passing bills and policies discriminatory against the mental health of the LGBTQ community. A very old position paper on confidentiality of physician’s health records was retained in light of learning that in Kentucky, when a physician undergoes substance abuse treatment his or her discharge summary is published on the medical board website. Finally, a paper authored by Drs. Maria Tiamson-Kassab, Joseph Mawhinney, and Lawrence Gross affirming that medical treatment of psychiatric illnesses requires a biologically based medical education and supervised clinical training, and that regulation should be by boards with expertise and experience in the practice of medicine was well received.

The next meeting of the Assembly will be in May 2017 in San Diego. If you have ideas about actions you would like the Assembly to take, please contact your APA Assembly Representatives.

CMA Report *(Continued from page 6)*

Electronic Health Records (EHRs). CMA will advocate that a search warrant should be obtained before law enforcement or prosecutors can access and use CURES data. CMA will also advocate for transparency and stakeholder involvement in developing opioid guidelines.

Physician Burnout – CMA will survey members about the need and availability for services to address burnout, work with component medical societies, and develop a toolkit for accessing and developing resources.

Maintenance of Certification (MOC) –CMA will request that the American Board of Medical Specialties and American Osteopathic Association specialty boards establish a process to survey their diplomates periodically regarding their experience with the Maintenance of Certification process, including concerns regarding satisfaction, time, cost and effectiveness. CMA will oppose attempts to mandate MOC as a condition of licensure, medical staff privileges, etc.

Public Health - CMA will prioritize strategies to prevent and treat chronic disease and support healthy and safe communities, as specified within the following goals, with a report on progress to be generated in five years:

- 1) Reduce adult and childhood obesity
- 2) Reduce the prevalence of tobacco use
- 3) Address pain as a public health problem
- 4) Prevent and treat behavioral health disorders
- 5) Prevent and reduce violence
- 6) Prevent and reduce transmission of infectious disease
- 7) Monitor growing public health threats

CMA's membership has grown 6% growth in membership this past year (now over 43,000). CMA has supported the most aggressive anti-tobacco legislation in a generation, increasing the smoking age to 21 and closing the loophole on e-cigarettes. The tobacco industry is spending \$80-100 million against the tobacco tax initiative which is more than the \$25 million raised to support it, but if both Propositions 55 and 56 pass, there should be \$3-4 billion more to go to MediCal providers.

CPA's Barbara Weissman, MD, representing the Specialty Delegation on CMA's Board of Trustees (BOT), reported on the Board's meeting. The Board gave final approval to a resolution advocating for making naloxone available to patients being prescribed opiates. In the legislative arena, the Physician Health and Wellness Program was

signed into law, and a number of scope bills were defeated. Funding for ER care for the uninsured was extended, and \$100 million (divided over 3 years) was obtained for training of residents and others in primary care and related fields. AB72, now signed into law, essentially limits reimbursement for non-contracted hospital physicians to 125% of the Medicare rate. Though disappointing to some, CMA staff believes this was the best outcome possible and a big improvement over what would have occurred without their hard efforts.

Past CPA President Barbara Weissman, MD was re-elected as Trustee for the Specialty Delegation on CMA's BOT, and Tim Murphy, MD was elected as the Delegation's Vice Chair.

CPA members who also belong to CMA are encouraged to submit testimony on quarterly resolutions. The next comment period will be from November 11 – December 9, 2017. A platform for viewing the resolutions and posting comments is available on the CMA website, cmanet.org.

Continuing Education... *(Continued from page 8)*

Sunday opened with the Resident Fellow Member and Psychotherapy Caucuses. There were three different presentations that spoke to the darker side of our work: "Assessment and Management of Suicide" by Jose Maldonado, MD, "Diagnosing Evil" by Joel Dimsdale, MD, and "Violence in Youth" by Matthew Soulier, MD.

The location, accommodations, and weather were near-perfect, with nightly music, an excellent in-house spa, and the pools fully equipped with a lazy river. I would like to thank the sponsors and exhibitors whose generous support makes this conference possible every year. I want to thank the CPA staff and the Annual Meeting Committee members for their innovation, creativity and dedication to the Annual Meeting this year and every other. It simply cannot succeed without their valuable teamwork. If you have any ideas for topics or would like to join the Committee, please let me know. Also, if you would like to join an existing caucus or have an idea for a new caucus at the 2017 Annual Meeting, please contact Lila Schmall, CPA Executive Director. Keep an eye on the CPA website and newsletters for more information on our 30th Premier Conference next year in beautiful Yosemite at Tenaya Lodge, October 6-8, 2017.

APA Board of Trustees *(Continued from page 9)*

Senate to reconcile differences between S. 2680 and H.R. 2646 (the Helping Families in Mental Health Crisis Act passed by the House in July) before the Congressional session ends. Because bill passage and reconciliation during the lame duck sessions are limited, it is likely that both bills will need to return in 2017.

- **Scope of Practice:** State legislatures in Ohio and New Jersey remain in session and continue to actively address psychologist scope of practice bills. In Illinois and Iowa, previously passed legislation is in the rulemaking, or regulatory development, process. In New Mexico, psychologists are attempting to weaken the education standards for “prescribing psychologists”, arguing that the current program is “too rigorous”. For 2017, as many as 16 states, including California, are likely to see bills for expansion of psychologists’ scope of practice.

Federal Regulatory Issues

- **CMS Code for Collaborative Care Services:** CMS has developed a code for collaborative care services, but APA notes that reimbursement is insufficient to sustain the model, probably impeding its adoption.
- **Medicare Reform:** The Centers for Medicare and Medicaid Services (CMS) released the final rule, or regulations, for implementation of the Medicare Access and CHIP (Children’s Health Insurance Program) Reauthorization Act (known as MACRA) on October 14, 2016. These regulations replace the Sustainable Growth Rate formula governing reimbursement for all Medicare services, effective January 1, 2017, although APA and other medical associations are arguing for a 6-month extension. Detailed information on MACRA can be found on the APA website at <https://www.psychiatry.org/psychiatrists/practice/practice-management/coding-reimbursement-medicare-and-medicaid/payment-reform/about>.

The Department of Psychiatry at University of California, San Diego is recruiting psychiatrists to join our growing Outpatient Psychiatric Services Clinic, TeleMentalHealth Program and Community Psychiatry program. The position would include clinical, education and research expectations with residents and nurse practitioner students. We are a strong program with world class research, teaching and innovative programs. We are seeking psychiatrists to continue our growth to serve the greater San Diego and Imperial County Area.

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