



Orange County Psychiatric Society

DISTRICT BRANCH OF THE AMERICAN PSYCHIATRIC ASSOCIATION

December 2013 - January 2014 Newsletter

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PRESIDENT'S REPORT

By Jeffrey C. Glass, M.D.

THE BATTLE OVER THE SHAPE OF PSYCHIATRY IN THE FUTURE HAS ONLY JUST BEGUN

This is not just purely intended as an attention-grabbing heading, but it truly encapsulates the importance of organized psychiatry and the potential it has to help you shape the future of our field. There are indeed numerous battles threatening a variety of aspects of our practice. If not for organized psychiatry, who is going to effectively stand up for our profession? Who is going to advocate for access to care for our patients? Who is going to advocate for the safety and quality of patient care when economic concerns and shortage of psychiatrists fuel legislation to allow non-medically trained mental health providers exceed their scope of practice.



Three examples of the myriad of legislative issues that need our support include a very real threat to the Medical Injury Reform Act of 1975 (MICRA), a possible derailment of a significant portion of Parity Law, and the very real possibility that psychologists may be defined as "physicians" under Medicare. The means by which these issues are gaining momentum include misrepresentation, deception and hidden agendas.

MICRA

The Consumer Attorneys of California, the trial lawyers' statewide organization, has put nearly \$2 million behind at signature gathering effort to put MICRA on the ballot in November 2014. Once on the ballot, they will reportedly have at their disposal \$30 million to support their efforts.

According to a recent CMA bulletin dated 11/26/13: "From Redding to San Diego, canvassers working to support the trial lawyers' anti-MICRA ballot language have hit the streets, and have reportedly been gathering signatures at an alarming rate. As expected, the signature gatherers are framing the initiative as an effort to ensure patient safety through mandatory drug testing of physicians, largely ignoring the deceptive and greed-fueled provisions that would see MICRA gutted of its historic reforms and patient protections." The strategy in this case appears to be based on polling data which suggests that although the majority of Californians are not in favor of changing the caps on damages, 70% do believe that drug testing physicians is a good idea.

"It's a time-honored political technique in the California initiative process, the bait-and-switch," said Sherry Bebitch Jeffe, who teaches at the University of Southern California's School of Public Policy, in a recent interview with the San Francisco Chronicle. Despite being collected under the guise of patient safety, in all likelihood this campaign by the trial attorneys will succeed in placing the initiative on the ballot in November 2014.

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Newsletter Editorial Board

David M. Kliger, M.D. - Editor
Barton J. Blinder, M.D.
Kirk McNagny, M.D.
Nicolaas-John van Nieuwenhuysen, M.D.

Orange County Psychiatric Society

17322 Murphy Avenue
Irvine, CA 92614
Phone: (949) 250-3157
Fax: (949) 398-8120
E-mail: happelbaum@ocps.org
www.ocps.org

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The advertisements, Letters to the Editor, columns and articles published in this newsletter state the authors' opinions and do not represent endorsement of those opinions by the Orange County Psychiatric Society. Information submitted by advertisers has not been verified for accuracy by the Orange County Psychiatric Society.

In an effort to improve communications and to save money and trees, OCPS intends to "go electronic" as much as possible, especially with its communications with its membership. To that end, please provide your E-mail address to Holly in the OCPS office (happelbaum@ocps.org). Starting with this issue, the OCPS Newsletter will be sent to members by E-mail and also will be posted in the "Members Only" section of the OCPS website (www.ocps.org). We appreciate your assistance and cooperation in this effort.

President's Report, continued from page 1

PARITY

It is no secret that people with mental illness have long faced unjust and often illegal barriers to care by insurance companies who employ a myriad of tactics to deny necessary care.

At the Federal level, the passage of the 2008 Mental Health Parity Act was a major victory for both organized Psychiatry and our patients, and a significant step towards eliminating barriers to care. Nonetheless, just because parity passed, the issue has been far from settled.

According to APA President Jeffrey Lieberman:

"Despite passage of the 2008 legislation, many insurance companies have manipulated its intent and purpose through vague medical necessity standards, lengthy approval procedures, bureaucratic delays in service requests, and complicated appeals processes. These maneuvers have unfairly denied patients the care they need, have paid for, and are due."

One such example regarding the California Parity Law has recently been playing out in the courts in the *Rea v. Blue Shield* case. The specific issue in this case is whether an eating disorder patient qualifies for coverage of residential care under the California Parity Law. In this instance Blue Shield denied coverage to Rea for residential care, stating the plan did not cover residential treatment even though the insurer agreed that the treatment was medically necessary. The Los Angeles Superior Court contradicted a Federal Ninth Circuit Court of Appeals decision in a similar case supporting a broad interpretation of California's Mental Health Parity Act., and instead dismissed the law suit and ruled that parity only applies in a restrictive view. The case has now gone to the California Second District Court of Appeal.

The implications of this case are both obvious and ominous. If decision of the Los Angeles Court is upheld, henceforth parity interpretation will be far more restrictive, and Blue Shield and other insurers will have successfully used the courts to accomplish what they were not able to accomplish in their attempts to block legislation and weaken associated regulations -- i.e. to derail a significant portion of Parity Law. In view of these concerns

The California Psychiatric Association has filed an Amicus Brief in this case.

SCOPE OF PRACTICE

Through the efforts of CPA, numerous attempts over many years by psychologists to gain legislation granting prescribing privileges have been defeated.

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Having been stymied through the legislative process, they have turned to the regulatory process. One such example is Department of Public Health regulations which have basically granted psychologists the right to serve as attendings in California hospitals and state facilities. In addition, the regulations remove the word "physician" and replace it with "licensed health care practitioner practicing within the scope of his/her professional licensure".

A more recent scope of practice challenge has surfaced at the Federal level. Legislation has been introduced in the U.S. Senate to define psychologists as "physicians" under Medicare.

Legally defining psychologists as "physicians" in any capacity would potentially carry serious concerns for the medical supervision of patients with psychiatric illness who may already have, or may be prone to have multiple co-occurring medical conditions such as heart disease or diabetes. However, the broader implications are also quite serious, and the obvious agenda is to open the door to further widening of scope of practice.

In each of these issues, when the hidden agendas come to light, there are no surprises. After all, these are perennial issues that organized psychiatry and organized medicine have been grappling with for many years. However, while the agendas may not come as a shock, to the previously uninformed the tactics being employed are quite eye-opening.

All of these issues, and many more, underscore that the need for advocacy for our patients and our profession is more relevant, and more important than ever. The deceptive and disingenuous nature of the tactics utilized by the opposing forces in each of these instances underscores that the challenges we face as a profession have never been greater.

NOMINATING COMMITTEE REPORT

*By: Brenda Jensen, M.D.
Chair, OCPS Nominating Committee*

The Nominating Committee is pleased to announce the following slate of candidates for the 2014 election of officers and Council members:

President-Elect
Richard Granese, M.D.

Secretary
Dan Tzuang, M.D.

Treasurer
David Safani, M.D., M.B.A.

Council (8 positions)
Yujuan Choy, M.D.
Roula Creighton, M.D.
Lawrence Faziola, M.D.
Douglas G. Kahn, M.D.
Deena McRae, M.D.
Carolyn Nguyen, M.D.
Thomas Okamoto, M.D.
Nicolaas-John van Nieuwenhuysen, M.D.

Early Career Psychiatrist Representative
C. Scott Huffman, M.D.

A brief biography and position statement for each nominee will accompany the ballot you receive in late January/early February.

APA ASSEMBLY REPORT

Richard Granese, M.D.
OCPS Assembly Representative



The Fall Assembly Meeting in Washington was a busy meeting. In addition to the usual action papers that address recruitment and retention, other areas of business addressed the stigma of mental illness and concerns with implementation of the Affordable Care Act.

The Access to Care work group discussed the work force issue and implementing integrated care models to provide more coverage for more individuals. The concept of “medical homes” that primary care groups are organizing was discussed to see if this is a viable option for providing more comprehensive psychiatric treatment.

Our new Medical Director, Saul Levin, M.D., addressed the Assembly and emphasized his vision of running the APA as a business with better customer service and value added to the members so that members will renew their membership the following year. He also noted that the APA has generated significant revenue with the publication and sales of the DSM. Over 400,000 hard copies have been sold. The plan with the revenue is to repay the debt that was incurred to publish the DSM and put money into the future of the APA so that the organization is viable 10 to 20 years down the road by fulfilling its fiduciary duties. Dr. Levin recognized Gene Cassel, JD, director of advocacy, for his commitment to the APA for over 20 years and his retirement at the end of this year.

The highlight of the Assembly meeting was the guest appearance of former Congressman Patrick Kennedy. He was the sponsor of and an influential party in the implementation of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act (MHPAEA). He reported that he became sponsor of this bill by default because nobody else wanted it, and with his past experience of going to rehab, he had some personal background that helped him relate to issues of the bill. Politicians on the floor of the House were afraid to vote for the bill five years ago for fear it would adversely affect their careers. Some of the most memorable sentiments from the former Congressman at the Assembly meeting include: “Treatment for mental illnesses needs to be as routine as the treatment of the rest of medical illnesses” and “Neuroscientists are the new astronauts that will fulfill our need to understand the inner workings of the brain”.

Patrick Kennedy spoke with passion for equality in the world of mental illness. He compared the stigma and segregation of mental health within the medical world to the Civil Rights movement of the 1960's. The difference, in my opinion, between these two human rights violations is not the decades of time in between the passing of legislation toward equality. The difference rests on the important distinction that in those decades past people were able to stand up and fight for their civil rights. People with mental illness, our patients, are often unable to advocate for themselves and fight for equality.

This integral part, as Mr. Kennedy emphasized, lies with our ability to make this law into a reality as we help the rest of this country and the medical world “struggle past the stigma” of mental illness. We have to help our fellow physicians, throughout all specialties within medicine, to understand this new model of integrated care where a psychiatric diagnosis is given the same creed, attention and allocation of resources as any other medical diagnosis. No longer will anyone feel ashamed of having a brain disorder because we will change the barriers that have limited a patient's access to care. These barriers have to be taken down systematically as we fight on the front lines of implementation of this new law.

Patrick Kennedy charged us with the task of implementing this law at each of our respective state levels through education, support and monitoring to ensure the change in normative structure occurs. I was very inspired by his dedication to this law, not just because of his own personal experiences with mental illness, but because he was able to induce a further sense of responsibility within me to fight for my patients. The time is now for our profession to stand up against all forms of discrimination based on mental versus medical diagnosis and I accept his challenge.

If anyone is interested in listening to the complete speech it is available at the link below.

<http://www.psychiatry.org/advocacy--newsroom/newsroom/video-news/patrick-kennedy-2013>

BUILDING CAPACITY AT THE PATIENT-CENTERED MEDICAL HOME

A First Step Toward The Integration of Physical and Mental Health

By Sajid Ahmed

As unprecedented change continues to evolve the healthcare landscape, the need to develop solutions that address both access to care and the integration of physical and mental health services is at the forefront of the issues currently facing Orange County.

The Affordable Care Act (ACA) introduced two new health care coverage options that will increase access for thousands of newly eligible enrollees in Orange County through (i) the Health Benefit Exchange and Medicaid expansion. Expansion of CalOptima membership will open the door to a new demographic and population with more complex needs. Essential Health Benefits include mental and substance abuse disorder services, including behavior health treatment that will be expanded to include an array of services to better meet the needs of eligible individuals starting in 2014. In its present state, the shortage of psychiatrists in Orange County poses an area of great interest and concern. With the introduction of additional patients through ACA and mental health parity, further concerns continue to mount around the likelihood that patients will need to see other practitioners for medication management who might not have the appropriate training or expertise to appropriately treat them. In the United States, fifty percent of the care for common mental health disorders is delivered in general medical settings, emphasizing the vital role that primary care providers play in the diagnosis and treatment of these disorders. A new model that integrates mental health into primary care and the redirection of funding for mental health towards community-based services and innovative technologies and approaches supporting expanded access to better and more cost-effective interventions for more people is what is needed to address these challenges.

Effective and successful solutions will not emerge overnight to easily solve the immense county-wide needs and address the big picture problems. Rather, these shifting needs must be met with a systematic and incremental approach that is scalable in its underlying design. Most importantly the solution must be developed and refined by the practicing physicians who deliver the care in partnership with the experts that support these efforts with the development of necessary tools such as comprehensive care coordination services and technologies such as telehealth. The knowledge and commitment by the leaders in these respective fields will ensure that the development of quality clinical programs remain at the forefront of the delivery of care.

The psychiatrists in Orange County have an opportunity to craft and drive a solution that preserves the intended role of the psychiatrist by introducing a new model of care. A model of care deploying a new delivery system that couples limited on-site clinic presence with current store-and-forward telehealth technology. Structuring a "Community Clinic Mentoring" model that engages the use of both technology and care coordinators to bridge the integration of physical and mental health at the Patient Centered Medical Home (PCMH) puts the psychiatrist in the right place at the right time which can yield many key benefits including, enabling physical and mental health integration efforts within an ideal setting, building PCMH capacity, introducing a new model of "virtually integrated" care that is established, standardized and governed by a psychiatrist and, maximizing workforce development opportunities and strategies by way of a scalable model.

Furthermore, psychiatrist shortages can be mitigated by enabling psychiatrists the ability to conveniently support the ongoing education of primary care providers or other clinic-based extenders to better manage low level problems, improve the ability of the psychiatrist to co-manage complex cases by facilitating the exchange of information to appropriately manage the mental health conditions that often coexist with chronic medical conditions and, grant the psychiatrist access, participation and control that will utilize the professions' expertise in as broad of way as possible.

Recently, tremendous success has been demonstrated by "eConsult LA", a local primary care model launched in Los Angeles to include over 1,000 primary care providers and over 10 different specialties including nephrology, endocrinology and other specialty scarcities. In an 18-month period over 4,000 users successfully conducted over 50,000 consultations resulting in 100% access to specialty care, reduced waiting times to less than 3 days (instead of months), significant reduction in face-to-face visits with 55% resolved electronically, and increased education at the Medical Home level. This pilot project was met with such great success that it is now mandated and will be fully implemented across all LADHS clinic specialty sites starting 2014.

The advancement and adaptation of the "eConsult" technology within Orange County for mental health services can effectively expand psychiatric consultations in the underserved populations while allowing Orange County based psychiatrists to control their level of commitment and contribute to the medically underserved population. It broadens the participating panel by allowing the specialist flexibility to review cases on preferred time before, during or after usual office hours. In addition to flexibility, the cost to the provider is much lower and unnecessary/inappropriate face-to-face referrals are decreased. This type of solution not only alleviates access to care issues on a controlled basis, but also aids the profession in addressing the mounting attention and call to social responsibility for a population that has been known to have restricted access, a population that will expand substantially by number and by complexity into 2014.

Psychiatrists have an opportunity to lead the way in bridging the gap between physical and mental health by developing and introducing new models of "virtually integrated" care which expand psychiatric consultations and are both standardized and governed by the psychiatrist. These programs may just be the first step in an incremental approach to solving big picture issues facing Orange County by efficiently providing limited specialty resources and achieving the "triple aim" of improved patient outcomes, access to care, and cost savings to the health care system.

About the Author:

Sajid Ahmed, Chief Information and Innovation Officer at MLK, Jr. Hospital, who helped design the system and ensure its success while he was Director for Health IT and Innovations at L.A. Care

Education Committee Report

By: Nancy Dom, M.D., Education Committee Chair



This fall has been full of educational events. Dilip Jeste, MD, the Past President of the APA and Distinguished Professor of Psychiatry at UCSD, gave a presentation on “Positive Psychiatry.” Donna Vanderpool, MBA, JD, the Vice President of Risk Management at PRMS, gave a presentation entitled “Prescribing Controlled Substances: Managing the Risks.” David Sultzer, MD, professor and director of the UCLA Geriatric Psychiatry Fellowship Training Program, discussed “Behavior Disturbances in Dementia: The Antipsychotic Conundrum and Management Strategies.” William Bunney, MD, a Distinguished Professor of Psychiatry at UCI, spoke on the topics of “The critical and mostly unknown clinical discoveries that led to the monoamine theories of mood disorders and schizophrenia, and the development of current psychoactive medications” and “Recent research on abnormal circadian rhythms, clock genes, and potential novel treatments for depression.”

The Education Committee is pleased to announce that Charles Nguyen, MD, will give a presentation on “Change Your Thinking, Shrink Your Waistline” on January 16, 2014 at the OCMA Offices. Dr. Nguyen designed the Win-Nguyen Diet which focuses on four simple diet changes to decrease weight gain often associated with antipsychotics. Please RSVP with Holly Appelbaum (happelbaum@ocma.org).

PUBLIC AFFAIRS COMMITTEE REPORT

by Rimal Bera, M.D

On Thursday, February 27, 2014, the Mental Health Association of Orange County will be hosting the 20th Annual Community Service Awards Luncheon. It will be held at the Turnip Rose/Celebrations in Costa Mesa. It is scheduled for 11:30 a.m. – 1:30 p.m. OCPS has nominated Jody M. Rawles, M.D. for his outstanding contributions to the mental health community in Orange County. His nomination is in the professional category. The Public Affairs Committee urges the OCPS membership to attend this special event, not only to root for Dr. Rawles but to support the exceptional work of the Mental Health Association. Please contact the Mental Health Association at (714) 547-7559 for more information.

CONGRATULATIONS

The OCPS Executive Council and Fellowship Committee congratulate **Vivien Chan, M.D.** and **Tara Yuan, M.D.** for their election to Distinguished Fellowship in the APA. In addition, congratulations to the following OCPS members who were approved for Fellowship in the APA:

Bruce D. Appelbaum, M.D.
David R. Block, M.D.
Yujuan Choy, M.D.

W. David Chu, M.D.
Tshekedi G. Dennis, M.D.
Laurence F. Greenberg, M.D.

Brenda Jensen, M.D.
Matthew N. Koury, M.D.
Carolyn Nguyen, M.D.

Asian-American Issues Committee

By: Dan Tzuang, M.D., AAIC Chair

On **Thursday January 30, 2014 from 6:30-9PM**, the Orange County Psychiatric Society and its Asian American Issues Committee will be hosting a special film event featuring the showing of **Voices**, the work of psychiatrist **Gary Tsai, MD**. He is the founder of Forgotten Films and the producer and co-director of *Voices*, a feature-length documentary film that focuses on human and untold stories of psychosis, as well as the controversial issue of violence and untreated severe mental illness. This event will be held at the OCMA offices in Irvine (17322 Murphy Avenue, Irvine, CA 92614).

Voices tells the compelling personal stories of three individuals from very different backgrounds, all of whom are connected by their experiences with psychotic mental illness. In this state in which reality is bendable and oftentimes frightening, the resulting behaviors and its life impact are often misunderstood and incomprehensible to others. As a result, the human side of the psychotic experience is often lost. Psychosis causes some individuals to reach for care and connectedness with others, while other people tend to isolate and fall through the cracks. The narratives of this latter group are frequently lost and are the focus of this film. By highlighting human aspects of psychosis while also addressing the controversial issue of violence and untreated severe mental illness, *Voices* captures a uniquely intimate, honest and raw glimpse of lives which are frequently confined to the shadows of society.

Dr. Tsai is the lead psychiatrist of the Emergency Psychiatric Unit in San Diego County and a former APA/SAMHSA Minority Fellow while completing residency at San Mateo County Mental Health Services. As the son of a mother with schizophrenia and having experienced the stigma and criminalization that often accompanies serious mental illness, he is a passionate advocate for improving our mental health systems. He believes that the interplay between media and mental health is one of our most powerful tools for changing hearts, minds and improving systems through effective messaging. Dr. Tsai's clinical and research interests include public psychiatry, mental health policy, early intervention for severe mental illness, and cultural and forensic psychiatry.

Voices is in the process of "final cuts prior to submission to film festivals across the country and with hope of being

shown on networks such as PBS.

We are very excited that Dr. Tsai has agreed to come join us for a **special free screening** of his film, and to hold a **special Q&A**

session at the end of the movie to discuss questions that audience members pose.

This is an event that is not to be missed, with **seating limited to the first 80 people** who RSVP. **OCPS members will be joined by members of NAMI, OCMA, Orange County Psychological Society, local politicians, and community based therapists to form a diverse audience and networking opportunity.**

If you are interested in attending, please email **Dan Tzuang MD** at cardinalchildpsych@gmail.com or **Holly Appelbaum** at happelbaum@ocps.org to reserve seating. Free snacks and drinks will be made available (courtesy of the APA/SAMHSA grant funding provided by UCI grant recipient Esther Lee, MD) with larger meals available for purchase during the event as well. Sandwiches will be provided by Charles Nguyen, MD of Lorphen Medical Weight Loss Clinic.

For more information about the film and to watch the trailer, please go to: www.voicesdocumentary.com



SAVE THE DATE California Psychiatric Association

27th Annual Premier
Conference
September 19-21, 2014
Tenaya Lodge, Yosemite

For more information:
Lila-Schmall@calpsych.org

Ethics Corner

As a service to our members we are presenting ethics questions and their answers as printed from *Opinions of the APA Ethics Committee on the Principles of Medical Ethics with Annotations Especially Applicable to Psychiatry*.

Question: Our hospital proposes that attending psychiatrists provide medical management and that other hospital-employed professionals provide psychotherapy. We don't have to do this if we think it clinically unwise, but the hospital will preferentially refer patients to those who do. Your opinion, please.

Answer: We do not address the ethics of hospitals but those of the psychiatrists practicing there. It is ethical to delegate treatment to other professionals if the psychiatrist is confident they are competent and it will not compromise the patient's welfare. It is not ethical, however, for the psychiatrist to make that decision if financial inducement (patient referrals) takes precedence over the best interests of the patient. Further, a direct quid pro quo referral arrangement would be an unethical payoff. (1990)

Question: Is it ethical for a psychiatrist to charge exorbitant fees for treatment rendered to patients?

Answer: As a general matter, subject to the guidelines below, the setting of a fee is a matter to be mutually agreed upon by the physician and patient. Opinion 6.05 of the AMA Council Opinions, 2000–2001 states:

A physician should not charge or collect an illegal or excessive fee. For example, an illegal fee occurs when a physician accepts an assignment as full payment for services rendered to a Medicare patient and then bills the patient for an additional amount. A fee is excessive when after a review of the facts a person knowledgeable as to current charges made by physicians would be left with a definite and firm conviction that the fee is in excess of a reasonable fee. Factors to be considered as guides in determining the reasonableness of a fee include the following:

- (1) the difficulty and/or uniqueness of the services performed and the time, skill, and experience required;
- (2) the fee customarily charged in the locality for similar physician services;
- (3) the amount of the charges involved;
- (4) the quality of performance;
- (5) the experience, reputation, and ability of the physician in performing the kind of services involved. (1981)

Question: I billed my patient's insurance company for his care and when no payment was received, I billed the patient. When the patient did not pay, I utilized a collection agency that eventually collected the full amount but kept one-third as their share. Then the insurance company paid and the patient demanded the money. I want to keep the amount I lost to the collection agency. Is that ethical?

Answer: No. You should refund to the patient the payments received from the insurance company. Fees and their payment are a contractual agreement with the patient. In this situation, there was a presumption the insurance company would pay a portion of the bill, something the patient relied upon. Their failure does not make the patient liable for your collection costs. Collection costs, like other billing expenses, are part of the practice overhead built into your fee schedule. (1986)

Member Spotlight — *Deena Shin McRae, M.D.*



Numerous outstanding and accomplished individuals comprise the membership of OCPS. In order to better recognize the unique and dynamic individuals who are OCPS members, “Member Spotlight” is a regular feature of the OCPS Newsletter. Deena Shin McRae, M.D. is one such member.

Dr. McRae received her B.A. in Anthropology from the University of Pennsylvania in 1996. She graduated Magna Cum Laude and was a member of the Golden Key National Honor Society as well as the Phi Beta Kappa Society. After graduation from the University of Pennsylvania, Dr. McRae moved to Irvine, California and found employment with the UC Irvine Department of Surgery, working for Dr. Mark Kobayashi, a plastic surgeon. She then matriculated at the UC Irvine College of Medicine until June 2001. While there, she co-founded and co-directed the Psychiatry Interest Group. In addition, she was a member of the Student Advisory Board (1997-1999), was a co-director of the Medical Scholars Program (1997-2001), was a co-director of the Pediatrics Interest Group (1998-1999) before she realized that psychiatry was her true love. She was also a co-founder and co-director of the AMSA Prenatal Care Project (1998-1999). Upon graduation, she received the UC Irvine Excellence in Psychiatry Medical Student Award.

Following the completion of medical school, Dr. McRae began her residency in psychiatry at UC Irvine Medical Center. Dr. McRae was active during her residency training. She served as member of the Residency Selection Committee and Residency Training Committee (both 2001-2005), a member of the Education Policy Committee (2004-2005) and was selected as the class representative in 2001-2004. She was elected Chief Resident in 2004-2005 and simultaneously served as the OCPS Resident Representative on the Executive Council. Dr. McRae completed her residency training in June 2005. Upon completion of her training, she became board certified and also became a General Member of OCPS.

During her outpatient psychotherapy experience as a resident, Dr. McRae had Dr. Dennis Greenberger as a supervisor who inspired her to pursue further training in Cognitive Behavioral Therapy. During her final year of her residency training, Dr. McRae participated in and completed an extramural training program offered by the Beck Institute for Cognitive Therapy, resulting in certification. Immediately following completion of residency, Dr. McRae worked as a staff psychiatrist at Mission Psychological Consultants in San Juan Capistrano. She acted as a consultant and treating physician to adolescents and adults with a variety of mental illnesses. Dr. McRae also worked as a staff psychiatrist at Pacific Clinics in Laguna Niguel from September 2005 through August 2006. While there, she worked with case managers as an integral part of the treatment team and provided assistance to a chronically ill population in Orange County. When this facility closed, Dr. McRae moved to the Mental Health Agency in Lake Forest and continued work as a staff psychiatrist there. During this entire time, Dr. McRae also had a private practice in Irvine where she did both psychotherapy and medication management.

For a brief period in 2010 and 2011, Dr. McRae taught the core Clinical Foundations course at the UC Irvine School of Medicine to first and second year medical students. She provided training, support, mentorship and guidance to the medical students, putting in place a firm foundation on which these students could build a career in medicine. Then in September 2011, Dr. McRae was appointed Assistant Clinical Professor of Psychiatry and Human Behavior at the UC Irvine School of Medicine. She saw patients in the Centerpointe outpatient clinic in Irvine, providing psychotherapy and medication management. In October 2012, she was named the Associate Residency Training Director for the UCI Department of Psychiatry. She was named the 2013 Faculty Member of the Year for the UC Irvine Psychiatry Residency Program. As of November 1, 2013, Dr. McRae was promoted to Residency Training Director for the Psychiatry Residency Program.

OCPS congratulates Dr. Deena Shin McRae for this great achievement. Current and future psychiatry residents are in great hands under Dr. McRae's tutelage. Dr. McRae and her husband and two children live in Laguna Niguel. In her spare time, she enjoys cheering her kids on in their sporting events, paddleboarding, kayaking, and going to the beach with her family. She also enjoys traveling, trying new restaurants, and going to Broadway musicals.

OCPS Career Panel a Huge Success

By Sara Vogel, M.D., ECP Representative



OCPS held its annual Career Panel on November 12, 2013 at the Manhattan Steak and Seafood restaurant in Orange. We had nine interesting panelists representing different modes of practice in psychiatry, from private practice to academia to prison psychiatry to state hospital. The event was very well attended with 30 medical students, residents and a couple of more established psychiatrists present. After each panelist gave a presentation of his/her daily life in practice, it was time for questions.

The presentations were quite positive and motivational, and audience members came away with the knowledge that, with so many options available, each one is likely to find professional satisfaction – and that work/life balance is possible in a successful practice.

At the conclusion, Dr. Vivien Chan spoke eloquently on the benefits of being involved in organized psychiatry. She encouraged those present to join committees and attend OCPS' educational and social events, as a way to network and help support the field of psychiatry.

Thank you again to the panelists who donated their time and expertise to this year's Career Panel:

Laura Dardashti, M.D. – Metropolitan/state hospitals

Reza Farokhpay, M.D. – Royale Health Care

Khoi Hatuc, M.D. – Long Beach V.A. Medical Center

Scott Huffman, M.D. – Orange County Behavioral Health Services

Douglas G. Kahn, M.D. – Private practice (no insurance)

Hoang (Wayne) Nguyen, M.D. – Child/adolescent psychiatry (private practice, +/- insurance)

Jeffrey Peterson, M.D. – Department of Corrections

Adrian Preda, M.D. – Academia/Research

Sara Vogel, M.D. – Kaiser Permanente

Thank you also to Drs. Brian Maser, David Safani and Brenda Jensen in helping to organize and promote this year's Career Panel.

SAVE THE DATE

OCPS Installation of Officers Dinner

May 31, 2014

The Center Club Costa Mesa

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SCHEDULE OF EVENTS 2014

JANUARY 16, 2014 – Charles Nguyen, M.D. – Change Your Thinking, Shrink Your Waistline: A Bio-Psycho-Social Approach to Weight Loss

FEBRUARY 27, 2014 – Mental Health Association Community Service Awards Luncheon – Turnip Rose – Costa Mesa

APRIL 6-7, 2014 – CPA Council Meeting and Advocacy Day – Sacramento

MAY 3-7, 2014 – APA Annual Meeting, New York, New York

MAY 13, 2014 – Mental Health Association “Meeting of the Minds”, Anaheim Marriott

MAY 31, 2014 – OCPS Installation of Officers Dinner, The Center Club, Costa Mesa

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