



# Orange County Psychiatric Society

DISTRICT BRANCH OF THE AMERICAN PSYCHIATRIC ASSOCIATION

## JUNE 2013 Newsletter

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## President's Report

By Jeffrey C. Glass, M.D.

### OCPS - APA's "Best Practice" Recipient

At the recent APA Annual Meeting in San Francisco, Brenda Jensen, MD and I had the opportunity to represent OCPS at a meeting for all of the District Branch Presidents and Presidents Elect nationally. It was an excellent opportunity to compare notes and to learn about important issues pertaining to many of the District Branches. Although there is always much to be learned from the experiences of others, an impression that stood out was just how well overall OCPS is doing compared to many other District Branches.



In particular, from the discussions that took place, it was evident to me that many other District Branches are less ambitious in their programming, and consequently, have fewer offerings. I also came away with the impression that some other District Branches of comparable size have fewer people actively involved, and they do not meet as often.

In Orange County we are particularly blessed to have quite a number of talented and dynamic individuals who have dedicated themselves to leadership positions within OCPS, and who collectively have been able to accomplish a great deal.

Now as OCPS President, I do recognize that I am probably a bit biased, perhaps in a manner analogous to the type of observer bias that requires research studies to be double-blinded. However, it is also undeniable that OCPS has recently received quite a bit of external validation for many of our undertakings and accomplishments.

In this regard, most noteworthy is the recognition OCPS received at the APA meeting, immediately preceding the District Branch Presidents' meeting. During the opening of the APA Assembly, OCPS was presented the 2013 Assembly District Branch Best Practice Award, chosen from among the 78 district branches nationally. In particular, OCPS was cited for three different offerings: The Asian-American Issues Committee, Salon-style educational events, and the Career Panel for early career psychiatrists and residents.



The OCPS Asian-American Issues Committee provides peer support, informal mentoring, and education to the growing Asian-American psychiatric community, as well as all psychiatrists who are interested in learning and discussing Asian-American issues that may pertain to mental health. It also provides an added incentive for a number of graduating residents and fellows to continue their APA and OCPS

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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](mailto: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](http://www.ocps.org)). We appreciate your assistance and cooperation in this effort.

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## President's Report, continued from page 1

membership after leaving training, while also encouraging current members to renew membership by providing additional value to their membership.

The Salon-style events arose from a very challenging situation facing OCPS two year ago: How to provide educational offerings for our members with grant funding dwindling, attendance at CME events shrinking, the proliferation of on-line free CME, and the process of obtaining CME accreditation becoming more difficult and onerous? At the suggestion of Bart Blinder, MD, and under the leadership of then President Charles Nguyen, MD, OCPS's version of Salon-style events was created. Since that time, OCPS has offered a number of educational events on a variety of topics of interest to our members, along with lively and interesting discussions held in various settings including members' homes. The concept has proven to be a great success, with many well-attended events having taken place, and more planned.

Faced with the challenge of providing programming relevant to psychiatric residents and Early Career Psychiatrists, OCPS has organized a program called the Career Panel. Both ECP members and residents from throughout Southern California have been invited. The event is held at a local venue in a dinner meeting format. APA-member representatives from a variety of different practice settings participate in a panel discussion. Each speaker discusses his/her specific practice type, as well as the evolution and pros and cons of his/her practice. An interactive question and answer session follows. Potential employers from the various modes of practice are invited to attend. This is both an excellent networking/career development opportunity and a valuable membership benefit to ECPs and psychiatric residents.

In presenting the Best Practice Award, we became aware that APA had taken note of a simple, yet powerful common thread to all of these events: we bring people together. In an age of electronic technology and communication via emails, texting, and messaging, OCPS has developed multiple events that not only bring people together, but do so in a way that facilitates high level interactions and discussion of very important topics for psychiatrists.

Yet I believe there is another important common thread to these programs: All of these offerings did not occur by accident. They are the direct result of individuals who have stepped up and taken the initiative to organize and lead these programs: Dan Tzuang, MD, who has led the AAIC, Charles Nguyen, MD, who launched the Salon-style programs, and Sara Vogel, MD, who has chaired the Career Panel. Although I was very pleased and proud to accept the District Branch Best Practice Award on behalf of OCPS, I think it was extremely fitting that this award

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## President's Report *continued from page 2*

was also collectively received by a number of OCPS leaders who were in attendance including four of the five officers comprising the Executive Committee: President-Elect Brenda Jensen, Immediate Past-President Charles Nguyen, and Secretary Nicolaas-John van Nieuwenhuysen. Additionally, Bart Blinder, who also provided a wonderful introduction of OCPS to the Assembly, Donald Sharps, Gina Mosich, and David Safani, were all in attendance.

Some of these OCPS members also gained individual honors and distinctions at the APA meeting:

**Charles Nguyen** was awarded the APA Assembly MIT Mentor Award. This award is chosen by Members-in-Training to recognize individuals who have made a significant impact in advocating for and mentoring MITs. Dr. Nguyen was recognized for the efforts he has made throughout his career to involve MITs in the APA and to enhance their development within organized psychiatry.

**Brenda Jensen** was elected to be the National Co-Chair of the VA Caucus within the APA. This was an extremely well-deserved honor as she single-handedly signed up more members to the VA Caucus than anyone else in the country. Because of her efforts, the medical staff at the Long Beach VA currently comprises more than 25% of the national caucus membership.

**Gina Mosich and David Safani** both wrote Action Papers that were successfully adopted by the APA Assembly. Dr. Mosich wrote to propose that the APA liase with ABPN regarding MOC exam timing, and Dr. Safani wrote a proposal regarding APA MIT 100% Club Benefits. It is remarkable that Dr. Mosich as an Early Career Psychiatrist, and Dr. Safani, still a Member-In-Training, have already been so effective with their contributions.

Yet the Best Practice Award, as well as these individual honors at the APA meeting, is not the only external validation OCPS has received in recent months. In my last newsletter article I mentioned the MHA Community Service Award and pointed out that although pleased and honored to be the recipient of this award, it should rightly be viewed as a group award to OCPS, reflecting the efforts of a number of psychiatric physicians who are actively involved in governmental affairs issues and advocating on behalf of our patients and our profession.

In the governmental affairs arena, OCPS has recently made a real and tangible difference on the local level. As previously reported, in March the Orange County Board of Supervisors voted to adopt implementation of the 5270 LPS Law in Orange County. This occurred as a direct result of sustained and committed advocacy efforts by OCPS. Not resting on our laurels, the Government Affairs Committee, led by Jody Rawles, has mounted advocacy efforts to accomplish implementation of Laura's Law in Orange County. Towards these goals, over the past two years members of the OCPS Government Affairs Committee have met with the members of the County Board Supervisors and other key administrators. For example, Laura Dardashti, David Safani and I recently met with Supervisor Todd Spitzer. I came away from this and other recent advocacy meetings at state and national levels, impressed by the traction we are getting with many politicians on these and other important issues. Certainly this is due in part to recent tragic events that have thrust mental health issues to the forefront. However, I am also impressed that in no small part our successes locally are also due to effective advocacy by passionate and talented individuals such as Drs. Dardashti and Safani, as well as all of the other members of the GA Committee.

It was also quite evident from recent meetings at the state and national level that we are doing well to maintain financial stability. Of course much of the credit (no pun intended) rightfully should go to Doug Kahn and Dave Davis, whose stewardship of investments has kept us in a strong position, despite the volatility of financial markets and the economy as a whole in recent years.

During the District Branch Presidents' Meeting, the APA staff presented us with an outline of suggested good practices called the "Model District Branch". Despite all the recent accolades, we cannot yet proclaim ourselves as the perfect "Model District Branch". Certainly there are many things that our organization, and I as your President, can improve upon. But recent events do suggest that we are on a pretty good path.

## Report from the APA Assembly – May 2013

The APA Assembly met on May 17 – 19, 2013 in San Francisco. The following report has been excerpted from Dr. Peter Forster's *APA Assembly Notes*. The entire report can be found by clicking on this link:

<https://www.box.com/s/czblvxtic5tbjdg11sh>

### **Report of the Medical Director — James H. Scully, Jr., MD, Medical Director/CEO**

Dr. Jay Scully announced that his replacement as Medical Director and CEO of the APA will be Saul Levin, MD, MPA. Dr. Levin completed his residency at the University of California, Davis, and was most recently appointed the Interim Director of the District of Columbia Department of Health. He will be taking over from Jay Scully in the Fall of 2013.

Membership is up a bit for the first time in years. The San Francisco meeting's attendance is well over expectations. The attendance for this meeting is a big increase over recent meetings. CPT codes have been a big focus. Dr. Scully recommended that everyone use this link to stay up to date:

[www.psychiatry.org/cptcodingchanges](http://www.psychiatry.org/cptcodingchanges).

Insurance companies used CPT changes as a way to reduce rates and services that psychiatrists can provide. There were problems with no payment for psychotherapy and excessive review of some E&M codes, among others. There were particular issues with Wellpoint, and discussions with United Healthcare and ValueOptions. The lawsuit against Anthem / Wellpoint got a lot of attention from other insurance companies. The board has been very active in supporting parity implementation. The recent Vermont court decision was the first decision on parity. It was favorable to parity because the court found that an insurer had to show that there is a clinically appropriate reason for not following parity. Dr. Scully said that APA has responded to Assembly position papers on improved information technology use to stay in touch with members, and he announced the anticipated release of the mobile app in the third quarter of this year.

Dr. Scully commented that the big challenge ahead is defining what good psychiatric care is and how to recognize it. As a profession we define the standards of care, and that is a task that he hopes the Assembly can tackle. Dr. Levin offered some

### **Presentation of Assembly Awards — presented by Bruce Hershfield, MD**

Bruce Hershfield, M.D., awarded the District Branch Best Practices Award to Orange County Psychiatric Society. The DB developed a career panel for ECP's and residents, and was actively involved in peer support and mentoring for Asian-American psychiatrists. The DB also developed "salon" types of educational programs which met in people's homes. After a 62 member loss, OCPS made an impressive turn around in membership recruiting.

### **Presentation of Assembly MIT Mentor Awards**

The Assembly established the Member-in-Training (MIT) Mentor Award in 2011. The award is given to an APA member in each area who advocates for and mentors MITs. The awardees are selected by the Assembly MIT's.

Area 1: Benjamin Liptzin, MD

Area 3: Eliot Sorel, MD

Area 4: David Diaz, MD

Area 5: Paul O'Leary, MD

Area 6: Charles Nguyen, MD (OCPS immediate past president)

### **Healthcare Reform at the State Level — Melinda Young, MD**

Melinda Young, M.D., discussed the Patient Protection and Affordable Care Act (also known as "ACA"). The ACA states that all US citizens 18 and over must maintain health insurance coverage. In addition, premium support should be offered to help low and moderate income families. Employers of large corporations (those with at least 50-100 employees) will be penalized if they don't provide a healthcare benefit. Small employers must follow an alternative plan that involves selecting plans from local Health Benefit Exchanges (HBE). 17 states developed their own HBE plan, whereas 7 states chose to partner with the federal government. 26 states defaulted to the federal government who will have to implement HBE's for them. Exchanges are online marketplaces through which small groups and individuals can purchase affordable insurance. Exchanges must be developed by October 2013 and must begin serving consumers by January 2014.

Each state is required to set minimum standards of coverage (Benchmark Plans or benchmarks) for plans available in that state's HBE. If a state doesn't set a benchmark plan, then,

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## Report from the APA Assembly *continued from page 4*

again, the federal government will set the standards for that state's HBE.

States are required to cover ten specific benefits. These benefits include mental health and substance abuse diagnoses, prescription drugs, rehabilitative and lab services, and more. The purpose of mandating coverage in these areas (called Essential Health Benefits or EHB's) is to ensure that health insurance companies don't develop plans that, because they don't cover certain expensive treatments, end up not enrolling people with risk factors for high medical use ("cherry picking"). Coverage decisions, cost sharing, and reimbursement rates may not end up discriminating based on age, disability, or health status. Health plan rates must not increase arbitrarily and all plans are explicitly required to meet the mental health parity law.

Qualified Health Plans (QHP) are NCQA- or URAC-certified plans that meet the EHB standards. A key aspect of ACA was to be Medicaid expansion (28 states have supported this change, but 20 opposed it and in those states there may be a loss of coverage for low-income people). ACA mandates the creation of an office of Health Insurance Consumer Assistance, and the development of a Basic Health Plan for those who would otherwise be uninsured. Plans also may not impose annual dollar limits or lifetime dollar limits. Large group plans have to meet a minimum value (meaning the benefit has to be equivalent in actuarial value to the EHB in that state). In other words, the EHB is to be a minimum level of coverage above which large employers or large groups can add benefits if they choose. ACA defines four different levels of coverage in each area, Bronze (60% of expected costs are covered), Silver (70% of expected costs are covered), Gold 80% and Platinum 90%. Someone wanting to select a plan should be able to see for each plan they are considering what level of coverage that plan has in each area (for example, a brochure will say, this plan provides Bronze, Silver, Gold or Platinum coverage for mental health).

*For more information - The Kaiser Family Foundation ([kff.org](http://kff.org)) offers lots of data about health exchanges. Simply select health reform after visiting the website homepage. The APA website ([psychiatry.org/statehealthexchanges](http://psychiatry.org/statehealthexchanges)) also has useful information.*

## Public Affairs Committee Report

*By: Rimal Bera, M.D., Chair  
Public Affairs Committee*

OCPS was an exhibitor at the Mental Health Association's Meeting of the Minds on May 15, 2013. Thank you to Drs. Jeffrey Glass and Vinayak Shanbhag for staffing the table with Holly Appelbaum and me. Hundreds of conference attendees visited OCPS' table, collected informational brochures and asked questions of our psychiatrist members.

In addition to exhibiting at the Meeting of the Minds, several OCPS members were workshop presenters during the conference. Many of the workshops had standing-room-only and received rave reviews.

### Advertising Rates

<u>Member</u>		<u>Non-member</u>	
Full page	\$320	Full page	\$400
Half page	\$240	Half page	\$300
Quarter page	\$184	Quarter page	\$230

### Classified Ads

#### Member

First 35 words - \$37;  
each additional word - 42 cents

#### Non-member

First 35 words - \$46;  
each additional word - 52 cents

## REPORT from the OCPS EDUCATION COMMITTEE

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

June has been chock full of educational events, including the emergency preparedness presentation by Matt Brisbois, the Newport Beach Fire Department community preparedness coordinator, and the two DSM-5 training sessions presented by Yujuan Choy, M.D. and Larry Albers, M.D.

The Education Committee is pleased to announce its next two offerings, both being presented by Donna Vanderpool, MBA, JD, who is the Vice President of Risk Management at Professional Risk Management Services, Inc. (PRMS).

The first presentation is scheduled for September 12, 2013, at 6:30 p.m. at the OCMA offices. It's called "What Would You Do?" During this course, the speaker will present several real-life scenarios based on actual calls to PRMS' Risk Management Consultation Service helpline. The audience is given a series of choices on how best to handle the particular scenario, and using an Audience Response System (ARS), weighs in on what he/she thinks is the best answer. The screen shows the percentage who voted for each option. The speaker then discusses the best answer and provides supplemental information as appropriate.

Some of the scenarios that might be presented include:

- The FBI is in your waiting room demanding to see a patient's records.
- The evening news just broadcast that your patient is the subject of a massive manhunt.
- The pharmacist called to tell you that your patient appears to have altered a prescription.

The second presentation, scheduled for October 17, 2013, is titled "Prescribing Controlled Substances: Managing the Risks". Addressing the prescription drug abuse epidemic has become a priority for the nation and for the states. As a result of this increased attention and the implementation of new laws and regulations, the risks associated with prescribing controlled substances have changed. Even for physicians who have a long history of safe prescribing practices, it's a new ball game.

PRMS, Inc. has identified the need to educate physicians on the risks of prescribing controlled substances and strategies

for managing those risks. PRMS also believes that educating physicians on their state prescription monitoring programs and proper use of its data is a vital step in reducing liability risks, enhancing patient safety, and contributing to solving the nation's prescription drug abuse problem.



By Nancy Tran Dom, M.D.,

Just Added:

I am delighted to announce that William E. Bunney, MD, distinguished Professional of Psychiatry at U.C. Irvine, has agreed to present "Rapid-Acting Antidepressant Strategies and Mechanisms of Action" to the OCPS membership on November 18, 2013.

Watch for more detailed information regarding both of these educational events in early fall.

## Classified Ad

### Attractive Office Space

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## 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:** It has been brought to our attention by angry ex-patients that a colleague not only charges for missed appointments canceled more than 24 hours in advance but also charges for future appointments after the patient refuses to continue treatment. If these arrangements were in the original treatment contract, are they ethical?

**Answer:** There are limits to how much a contract can commit a patient since it can be argued that the contract was not drawn between equal parties. When a patient discontinues treatment, charging for appointments made for the future may be a futile exercise and incomprehensible to most patients and medical colleagues. However, more important than a legalistic view of contracts is Section 1 (AMA):

*A physician shall be dedicated to providing competent medical service with compassion and respect for human dignity.*

There are occasions when issues of fees have to be given secondary importance if aggressive pursuit of payment is experienced by the patient as an assault upon his or her dignity and integrity. The wise and ethical physician recognizes times when it is best to accept the position of the patient. We believe your colleague's behavior is not ethical. (1985)

**Question:** A patient had been seeing a particular psychiatrist. The patient now is covered by a PPO of which the psychiatrist is not a participant. An emergency occurs, and the primary care physician refers the patient to a mental health clinic that contracts with the PPO; the clinic states the patient will go on its waiting list for services. Who is responsible?

**Answer:** If the mental health clinic's contractual responsibilities do not include emergency care, the primary care physician must make another appropriate

referral out of plan, ideally to the original psychiatrist. The PPO would be obligated to cover that service unless the insurance benefit excludes such care. If the mental health clinic is contracted to cover such services, it must do so and cannot use a waiting list for an emergency. (1989)

**Question:** Elderly patients often cannot give consent to be research subjects, but there is a great need for more knowledge about the aging process. What is the ethical position in this dilemma?

**Answer:** Obviously, if there is no ethical way to do research on our most disabled patients, we will be seriously hindered in developing preventive and therapeutic approaches for those most in need of help. The federal government has adopted regulations relating to this problem when the research is federally funded. Those regulations should be checked as guidelines. In addition, we suggest the following:

**a.** The preparation of a "living will" at the time the person was competent, which would indicate the desire to be a subject for research that is not dangerous and extend authority to some person to give approval. Such a living will would be very desirable, though obviously not always available, because individual may not have considered these issues during the time of his or her competency.

**b.** A determination of competency with the appointment of a conservator or guardian to be sure that the individual is not, in fact, now able to agree or refuse to be a subject. This conservator or guardian would have a responsibility not only to give approval, but also to provide continuous monitoring of the welfare of the conservatee.

**c.** It goes without challenge that there needs to be careful peer review of this research, heightened by the use of subjects who are not able to make this determination for themselves. It is very necessary that the peer review mechanism consider the welfare and best interests of the subjects.

**d.** Even though incompetent, the individual should retain the right to withdraw at any time as a subject from the project. (1977)

## Member Spotlight – *Barry F. Chaitin, 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 our newest regular feature of the OCPS Newsletter.

Barry F. Chaitin, M.D. is one such member.

Dr. Chaitin received his B.A. in Chemistry from Columbia University in New York in 1965. He completed his medical degree in 1969 at New York University School of Medicine and then completed his residency in psychiatry at Yale University School of Medicine in 1973. Dr. Chaitin is Board certified in psychiatry and a Distinguished Life Fellow of the American Psychiatric Association.

Dr. Chaitin was active during his medical school and residency training. He was elected as president of the Student Council and a member of the Curriculum Review Committee at New York University School of Medicine. He was elected president of the Yale Psychiatric Residents Association and was a member of the advisory council of the Department of Psychiatry at Yale University School of Medicine.

Dr. Chaitin's moved to Orange County upon completion of his psychiatric residency in 1973, where he began his private practice in Huntington Beach with his esteemed colleagues Barton Blinder and Jim Stanley. He subsequently moved his practice to Newport Beach in 1976 and has remained in the same office ever since. He early on joined the Orange County chapter of the Southern California Psychiatric Society and served as the Program Chair in 1975. He chaired the Ethics Committee in 1976 and was elected president of the Orange County chapter of SCPS in 1977, an office he held until 1980. Dr. Chaitin was instrumental in transitioning OCPS from a chapter of SCPS to its own district branch in 1984 and was also instrumental in negotiating our arrangement with the Orange County Medical Association. He served as the OCPS Federal Legislative Representative from 1984-1994. He was elected as the OCPS APA Assembly Deputy Representative from 1987-1998. In 2000-02, Dr. Chaitin served as president of the California Psychiatric Association, during which time he also served as the Area VI Representative to the APA Assembly.

Dr. Chaitin service in organized psychiatry continued at the APA level. He served on the APA's Managed Care Committee in 1994-2000. In 1995-98, he was a member of the APA's Ad Hoc Committee to develop guidelines for ethical practice in organized settings. Dr. Chaitin served as Chairman of the APA Council on Healthcare Systems and Financing from 2000-2005. He also ran for Vice-president against the formidable Stephen Sharfstein, M.D. and lost a close election.

Dr. Chaitin joined the medical staff of Hoag Memorial Hospital in Newport Beach and in 1975 was appointed as Chair of the Task Force Committee for the hospital's Department of Psychiatry. He also served as a member of the Core Committee of the hospital's Department of Psychiatry in 1977-80. He was named Chairman of Hoag's Department of Psychiatry in 1978, a position he held until 1980.

Dr. Chaitin was recruited by UCI to assist in the development of its program at Capistrano-by-the-Sea Hospital in Dana Point, where he served as Clinical Director of the UCI Clinical Service from 1980-1991. Dr. Chaitin was the Vice-Chief of the Medical Staff and Chairman of Capo's Professional Activities Committee in 1982-84. He was Chief of the Medical Staff at Capo from 1984-86. He served on the hospital's Medical Executive Committee from 1986-1991.

In 1980-82, Dr. Chaitin served on the Clinical Faculty Liaison Committee of UCI's Department of Psychiatry & Human Behavior. He also served as Chairman of the Clinical Faculty Review Committee for the UCI Department of Psychiatry from 1983-1991. In 1993, Dr. Chaitin agreed to return to UCI to assist in the reorganization of the Department of Psychiatry with the opening of the Neuropsychiatric Center. Dr. Chaitin initially agreed to remain only for one year but that has stretched out to twenty. From 1995-98, Dr. Chaitin served as the Vice-Chairman of Clinical Affairs of the UCI Department of Psychiatry. He was named Executive co-chair of the UCI Department of Psychiatry in 1998, a position he held until 2007.

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## Member Spotlight continued from page 7

Dr. Chaitin's current responsibilities are numerous: since 2007 he has served as Chairman of the Department of Psychiatry & Human Behavior at UCI. Since 1991 he has been a Health Sciences Clinical Professor in the UCI Department of Psychiatry & Human Behavior and has served as a member of the Medical Staff Executive Committee at UCI Medical Center since 1995. He continues to supervise psychiatric residents, a task he has enjoyed since 1993. In addition, he served as a member of the UCI Embryonic Stem Cell Research Oversight Committee from 2005 until 2011. Dr. Chaitin also serves as a member of the CalOptima Behavioral Health Quality Improvement Committee and has served as a member of the Committee on Reimbursement for the APA.

Dr. Chaitin's long term academic interest are in the synthesis of modern neuroscience and expressive psychotherapy into a new philosophy of psychiatric treatment.

Dr. Chaitin has a few publications to his credit. These include:

["The Pharmacotherapy of the Eating Disorders"](#) Audio Digest, 1986.

["Two Diagnostic Correlates of Depressive Disorder in Normal Weigh Bulimia"](#), published with Dr. Barton Blinder and Dr. Jennifer Hagman, in the Hillside Journal of Clinical Psychiatry, Fall 1987.

["The Eating Disorders: Medical and Psychological Bases of Diagnosis and Treatment"](#) Editors: Barton J. Blinder, Barry F. Chaitin and Renee Goldstein. PMA Publishing Co., 1988.

Chaitin, B.F.: ["The Relationship of the Eating and Affective Disorders"](#) In: ["The Eating Disorders: Medical and Psychological Bases of Diagnosis and Treatment"](#). PMA Publishing Co., 1988.

Goodman, S., Blinder, B.J., Chaitin, B.F., Hagman, J.: ["Atypical Eating Disorders"](#) In: ["The Eating Disorders: Medical and Psychological Bases of Diagnosis and Treatment"](#). PMA Publishing Co., 1988.

Reviewer -- Practice Guidelines for Depression, American Psychiatric Association - Published, 1994.

Book Review, ["Cognitive Therapy Techniques: A Practioner's Guide"](#), Journal of Clinical Psychiatry. 65:11, November 2004.

Dr. Chaitin and his wife, Anita, live with their three dogs in Corona del Mar. In his spare time, he enjoys reading, working-out and walking on Balboa Island. He is currently studying Spanish and plans on playing the piano again.

## SAVE THE DATE

### 2013 CPA 26th Annual Premier Conference

September 27-29, 2013

La Quinta Resort and Club, La  
Quinta, CA

For more information, contact Lila  
Schmall at (916) 442-5196

## SCHEDULE OF EVENTS 2013

Aug 10, 2013	OCPS Summer Social – Dr. Glass' condo building
Sept 12, 2013	"What Would You Do . . . ? Donna Vanderpool, PRMS – OCMA offices
Sept 27-29, 2013	CPA Annual Meeting – La Quinta Resort and Club, La Quinta
Oct 17, 2013	"Prescribing Controlled Substances: Managing the Risks" – Donna Vanderpool, PRMS – OCMA offices
Nov 6-8, 2013	APA Advocacy Day – Washington, D.C. (by invitation only)
Nov 18, 2013	Presentation by William Bunney, M.D., OCMA offices



## Psychiatric Medical Practitioners, Inc

PMPI: the future of Psychiatry, today!

**FREE Membership invitation: Join the Consortium!**

### **PMPI is seeking board certified/eligible Psychiatrist's and Psychiatric Nurse Practitioners**

Psychiatric Medical Practitioner's, Inc (PMPI), located in Bakersfield, CA, is offering you the chance to join our consortium in an effort to provide services to the high need patients through Telehealth. These positions will give privileged status throughout your career as we expand with your help through membership.

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For more information about PMPI, consortium membership, our staff, the clinics we serve and how we provide our service, please visit [www.PMPItelemed.com](http://www.PMPItelemed.com) or reply RSVP at the information provided below:

PMPI-1021 Columbus Street, Bakersfield, CA 93305. Ph – (661) 310-3688; Fax – (661) 368-0826.

Thank you in advance for your interest!!

## **Maintenance of Certification: *Everything You Need To Know***

- a.** Did you pass your General Psychiatry boards or the Child and Adolescent Psychiatry boards after 1994?
- b.** Are you certified by the American Board of Psychiatry and Neurology in any subspecialty?

If the answer to either **a** or **b** is **yes**, then this presentation is for you!

Come join us on Saturday, August 3<sup>rd</sup> at the San Diego County Medical Society building, as UCSD faculty member Jonathan Meyer, MD, explains what you need to do to maintain your board certification(s). He'll clarify the confusion surrounding Self-Assessment Activities, and provide resources for completing the Performance in Practice (PIP) modules, and tracking your maintenance of certification (MOC) progress.

**WHEN:** Saturday, August 3, 2013, 8:30 am-11:00 am

**WHERE:** 5575 Ruffin Rd., Suite 250  
San Diego CA 92123-9697

Free for APA members; \$20 for non-members

Continental breakfast provided

**Sponsored by Neuroscience Education Institute**

To register, e-mail **Janelle Kistler, Esq.** at [janelle.kistler@sdcms.org](mailto:janelle.kistler@sdcms.org)

For more information call: **858-279-4586**

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