



# Orange County Psychiatric Society

DISTRICT BRANCH OF THE AMERICAN PSYCHIATRIC ASSOCIATION

## September 2014 Newsletter

### PRESIDENT'S REPORT

*By Brenda Jensen, M.D.*



APA Councils and Committees target specific areas of importance to psychiatrists. The Council on Advocacy and Government Relations (CAGR) addresses the APA's advocacy strategy and also assists in planning the annual APA Advocacy Day, which provides direct access to members of Congress. Issues which have been targeted in the past few years include efforts to stop psychologists from being characterized as physicians under Medicare, support for mental health parity legislation and implementation, support for Medicare Sustainable Growth Rate (SGR) reform and support for the Ensuring Veterans Resiliency Act. CAGR is currently engaging members from around the country to facilitate advocacy with local representatives in preparation for the upcoming elections via the Engage 2014 campaign.

The APA also provides support for professional caucuses. One example is the APA's VA Caucus, which supports VA psychiatrists and VA patients. A recent VA Caucus survey garnered a response rate of almost half the psychiatrists in the VA Caucus. The information gleaned from the survey has already been shared with VA leadership, the Office of the Inspector General (who is studying ways to improve recruitment and retention of VA psychiatrists) and the General Accountability Office with the hopes of improving working conditions for VA psychiatrists and psychiatric care for VA patients.

California is one of only two states (New York being the other) that has both district branches and a state organization as most district branches encompass an entire state. We are quite lucky that CPA exists as it provides enormous support for issues in our state. Perhaps most notable is CPA's effectiveness in defeating various psychology prescribing initiatives which have been introduced to the California legislature. Currently CPA is devoting resources to defeat Proposition 46, which could substantially increase medical malpractice costs and likely lead to large cost increases for patients. CPA's goal is for each member to spread the word amongst colleagues and friends to "Vote No on 46."

OCPS is a nationally-recognized, award-winning District Branch. OCPS Council, multiple committees and individual members are working hard to make our district branch so special. One example is the OCPS Governmental Affairs (GA) Committee, which has diligently addressed a number of issues to strengthen our practices and improve patient care in Orange County. These efforts produced tangible results earlier this year when the Orange County Board of Supervisors voted to implement Assisted Outpatient Treatment (AOT), otherwise known as Laura's Law, in Orange County. Last year the GA Committee also was successful in helping the OC Board of Supervisors understand the benefits of and ultimately enact 5270.15, a 30-day inpatient hold for grave disability. Future efforts will center upon the implementation of AOT as well as continued dedication to improving access to care in Orange County.

The OCPS Education Committee is quite active and successful in providing educational and professional development opportunities to our members. Educational "salon-style"

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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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events are regularly held which cover topics such as the Affordable Care Act, DSM-V, Medical Board issues, psychopharmacology and CPT coding. Upcoming lectures will offer an array of speakers on a wide range of topics relevant to our psychiatric practices. In one of our upcoming lectures, Dr. Vivien Burt, a world renowned expert on women's mental health, will be speaking to OCPS members. The Education Committee welcomes your ideas for future lectures. Please contact Dr. Sonya Rasminsky or Dr. Michael Frazier, co-chairs of the Education Committee, with your ideas for a presenter or topic.

OCPS also values opportunities to be involved with community educational events. Psychiatrists from OCPS volunteer time to answer questions about psychiatry at the Mental Health Association's "Meeting of the Minds" conference, Cal State Long Beach's annual "Live Your Life Day", and the inaugural "Gathering of Mental Health and The Church". These events provide an excellent opportunity to help the community understand the profession of psychiatry and what is available to individuals in need of mental health care.

Not to be forgotten among these other great activities, OCPS is also an organization designed to help members and their families socialize. Dr. Rimal Bera graciously hosted the recent OCPS Summer Social in early September, which was an opportunity for local psychiatrists and their families to reunite. It was so much fun to see the children of members playing together, former residency colleagues laughing about shared experiences, OCPS members catching up about their practices, kids and grandchildren, and new members gaining a chance to meet psychiatrists from around the county. We often get so busy in our lives that it becomes difficult to see our friends and colleagues as frequently as we would like. OCPS events can help make that a bit easier. In addition to the Summer Social, other OCPS events include Happy Hours, the holiday party and the Installation Dinner.

The areas highlighted above are aspects of APA, CPA and OCPS that I have experienced. It would be great if every APA, CPA and OCPS member could also tell you about their experiences with organized psychiatry. Only then, putting together the stories of hundreds of psychiatrists from OCPS, thousands of psychiatrists from CPA and over thirty thousand psychiatrists from APA, would we begin to see the true value of membership in these organizations.

# Call to Forming a Spirituality, Religion, and Psychiatry Interest Committee of the OCPS

In an age of receptors, DSM-5 and other reductionisms, the OCPS is offering the formation of an alternate focus, a post-Cartesian, relational project within the Orange County Psychiatric Society.

Recent national events, including Saddleback Church's "The Gathering; Mental Health and the Church" conference in March, as well as July's Mental Health and Faith Community Partnership meeting at APA headquarters in Virginia, demonstrate a groundswell of interest for a spirituality and psychiatry collaboration.

Our current APA President Paul Summergrad, M.D. advocates a partnership between psychiatry and the faith communities to reduce the stigma of mental illness, educate the public and promote a medically-based paradigm for those suffering from mental illness. His article in the August 2014 issue of Psychiatric News encourages both the education of members about spiritual issues as well as disseminating psychiatric information to the religious and spiritual communities.

With this in mind, and the APA's Spirituality, Religion and Psychiatry Caucus as a backdrop, the OCPS is forming a Spirituality, Religion and Psychiatry Interest Committee. We are calling for you to register your interest and step forward to participate.

This group is to be an ecumenical, open group, to provide a forum that promotes positive discussion, education and cross-fertilization of ideas from members demonstrating a desire to learn and connect, for the development of the field and to further integrate psychiatry into society and culture.

A proposed format can be quarterly gatherings, with designated members of OCPS or the community presenting material to stimulate thought and productive discussion. The forum can connect psychiatry not only to theology and the study of different faith traditions, but can easily include discussions of philosophy, psychoanalysis, brain science, culture, and world events. The intent is to expose and apply psychiatry's depth and power to understanding life's meanings.

Currently we are identifying interested members, not only those with youthful energy and vigor, including UCI residents, fellows and early career psychiatrists, but those who have a wider time-perspective in psychiatry, including icons and leaders of psychiatry in the OCPS. George Vaillant, M.D., Barton Blinder, M.D., Nicolaas-John van Nieuwenhuysen, M.D., Esther Yang, M.D. (formerly Esther Lee), Emily Yee, M.D., and others have expressed interest in and support for such a forum.

## **Visit the new APA Marketplace for exclusive member benefits and discounts**

The APA Marketplace is a new member benefit that is providing discounts for APA members, their families, and their businesses. The APA Marketplace can save you hundreds of dollars on insurance products (Long Term Care, Life, Accidental Death and Dismemberment, Pet), a prescription drug program, identify theft protection, discount office supplies through Office Depot, cash back rewards through Online Shopping Mall purchases, and access to discounted hotels and cruises in the Travel Vacation Center. Visit the APA Marketplace (<http://www.apabenefits.org/>) regularly for new additions to save you time and money!



# Public Affairs Committee Report

By Alexis Seegan, M.D. and Stella Cai, M.D.

As co-facilitators for the past year of the bimonthly NAMI family support group held at UC Irvine Medical Center, we learned about the great deal of programs and services that NAMI provides to its members. We jumped at the opportunity to participate in the NAMI California conference as representatives for the California Psychiatric Association. While sitting at the CPA table in the conference hall, alongside Lila Schmall, Associate Executive Director of CPA, and Randall Hagar, Director of Government Relations, we were approached by a wide variety of people, including those with mental illness who stopped by to share their experiences, family members who care for their loved ones with mental illness, and people who work in the mental health field. We spoke with one father who initially approached our table in anger, wondering why his son, who has schizophrenia, only sees a psychiatrist for 15 minute appointments. He was upset because he felt his son deserved a longer period of time with the doctor, and we told him that we agreed! After a few minutes of talking, it became clear that this father was incredibly frustrated by the difficulties he has faced getting treatment for his son, and wanted to ensure that his son was getting the best care possible. Randall Hagar encouraged the man to file a complaint about his health insurance plan with the California Department of Managed Health Care, and provided him with some hope that improvements in parity of insurance coverage may be on the horizon since the favorable ruling of Rea v. Blue Shield of California. When he left, he was still frustrated, but he came to see psychiatrists and the CPA as allied with him in the fight to improve treatment for psychiatric illnesses. Everyone who spoke with us shared a strong passion for advancing mental health awareness and treatment options. We were inspired by their stories of resilience and optimism despite their daily struggle with mental illness. Everyone was interested to learn about the CPA's efforts to implement assisted outpatient treatment programs, improve insurance coverage for psychiatric treatment, and expand mental health facilities. As physicians, we are humbled by the strength of the people we met that day and admire their ability to persevere and continue to spread awareness of mental health issues to others.

# Residents' Corner

By: Emily Yee, M.D., Co-Chief  
Resident, UCI

Mentors, mentees, and meals, oh my! The OCPS Mentorship program started off with great success at its inaugural dinner where mentors met with mentees over a delicious meal. The OCD traits of the planners were evident from the meticulous and mysterious envelopes containing instructions and surprises to the elegant name tags dictating where everyone was to be seated. The energy of the residents swirled with the wisdom of the mentors, creating an excited energy that was palpable and quite audible. Announcements required quite a bit of shouting to be heard over the chatter. Great ideas for advocacy, outreach, and educational events sprouted from all corners of the room. By the end of the evening, all attendees had full stomachs and the invitation to continue their conversations in the near future with the incentive of a Starbucks gift card and (limited) sponsorship for dinner if they reconvened in the next 3 months. Only time will tell which of these mentor groups will follow through and ultimately rise to the challenge.

## 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**

# 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:** I have a question about psychiatrists treating patients who are established patients in the care of another psychiatrist, or another healthcare professional. For example, Patient X, who is in treatment with Psychiatrist Y, becomes suicidal, does not inform his/her doctor but instead overdoses and is admitted to the hospital. During that inpatient stay, hospital staff does not communicate with Psychiatrist Y. Moreover, the hospital psychiatrist tells the patient that the patient should stop working with Psychiatrist Y, and instead see a psychiatrist on staff of the hospital. The hospital staff does not encourage the patient to discuss this recommendation with the current doctor, and an appointment is set up with a hospital psychiatrist immediately following the patient's discharge. Has any wrongdoing occurred?

**Answer:** When a community psychiatrist refers a patient for psychiatric hospitalization, it is customary, even when the outpatient psychiatrist does not initiate the patient's admission, it is still usual and good practice for this doctor to be informed of the patient's hospitalization by the inpatient team. It is also customary that the patient is redirected to the outpatient psychiatrist for follow up care after discharge.

It should be noted, however, that the preference of the patient is relevant. A patient who has been admitted under the care of an inpatient psychiatrist may choose not to consent to the release of medical information to his/her outpatient psychiatrist, and also may choose not to return to this psychiatrist's care. When making such a choice, the patient is entitled to confidentiality. However, if the inpatient psychiatrist has arbitrarily excluded the outpatient psychiatrist from the patient's care, culminating in a de facto "firing" of the outpatient psychiatrist, then the conduct and the ethical behavior of the outpatient psychiatrist is certainly called into question.

**Question:** I am opening a new practice and want to put on my website my fees and that I will not be accepting insurances. I will print out claims forms for those people who want to submit claims themselves. Is it ethical to list the fees on the website -- in order to be straight-forward and clear?

**Answer:** Clearly stating one's fee and position regarding insurance assignment is consistent with Section 2, Paragraph 5, which advises the explicit establishment of the provisions of the contractual arrangement between patients and psychiatrist. In addition to posting this information on a website, it should also be a part of the contact with each patient.

**Question:** I am publishing a book about a particular psychiatric disorder in hopes of reducing stigmatization. With proper informed consent (Section 4, Annotation 11, APA), I wish to present some of my patients who have benefited from treatment to the media in a book promotion tour. Their expenses will be covered by the publisher, and I will have no contact with the patients other than the public interview while on the tour. I hope to financially benefit from the publication. Any problems?

**Answer:** Yes, considerable. This is a clear deviation from the original treatment plan with which the patients were in agreement. Their consent, while "freely" given, is likely to be heavily influenced by their transference feelings, the need to please you. The "reward" in the form of free travel in your near presence is likely to create serious distortions in the relationship. But, most seriously, the entire project suggests an exploitation of your patients for your personal gain that outweighs the potential benefit of public education.

# Behavioral Health Integration in Primary Care Medical Homes – Evidence-Based Collaborative Care

By: Richard Granese, M.D.



## Part 1 – The Need

Access to behavioral healthcare has been a long standing issue. In 2014, as a result of the ACA, both eligibility and benefits expanded and put an even brighter spotlight on the scarcity of psychiatric resources. While at the same time, we are tasked to bridge the gap between physical and mental health for whole person integrated care. By 2015, the American Psychiatric Association predicts a shortage of more than 22,500 psychiatrists, and in California, psychiatrists are the least likely to have any Medi-Cal patients. Even in the well-served areas, demand is so high practitioners frequently decline to take new patients or private insurance. 70% of all active psychiatrists are 50 or older meaning they are often both established and approaching retirement and more likely to only take patients who can afford to pay out of pocket

With increased demand of services, coupled with the shortage of mental health providers, the amplified need for assessment and treatment of behavioral health issues will continue to fall within the primary care setting. Unfortunately, most primary care providers are ill-equipped or lack the time to fully address the wide range of psychosocial issues that are presented by the patients. Evidence shows that the mental health system fails to reach a significant number of people with mental health-related problems, and those that it does reach often drop out or get insufficient, uncoordinated care. More than 70% of all visits in primary care are related to behavioral health needs but not identified to be mental health disorders.

Orange County is unique, possessing all of the pieces for a solution but yet to arrange them to effectively utilize limited psychiatric resources. Collaborative care models have been emerging nationally, each program slightly different and tailored to the specific needs of the community. Launching a collaborative care model integrates behavioral health services within primary care, starting by identifying behavioral health concerns early and developing a patient centered care team. A team model that utilizes workforce redesign and technology tools to build capacity at the primary care clinic level along with care navigation to bridge the gap between physical and mental health integration. It can make remote consults and increased interaction of the PCP and psychiatrist common place and ensure the appropriate care is delivered in the right place, at the right time. Furthermore, it facilitates a mentoring model for PCP's and practice extenders through both asynchronous and synchronous technologies allowing patients to seek care for mild to moderate conditions in the primary care setting from a team they trust.

Collaborative care represents an opportunity for our psychiatric community to collaborate with primary care to establish a scalable model of care that utilizes our expertise and limited participation in the most impactful and broad way possible. To proactively drive our role as innovative leaders in integrating physical and behavioral health services and not only address increasing demand and rising cost, but also to improve outcomes and enhance the patient experience.

Michael Iorfino. *Shortage of Psychiatrist plaguing state, region, experts say.* July 2013

<http://thetimes-tribune.com/news/shortage-of-psychiatrists-plaguing-state-region-experts-say-1.1516076>

Andrew Bindman, Andrew Chu, and Kevin Grumbach. *Physician Participation in Medi-Cal, 2008*, California Healthcare Foundation, July 2010,

<http://www.chcf.org/~media/MEDIA%20LIBRARY%20Files/PDF/P/PDF%20PhysicianParticipationMediCal2008.pdf>

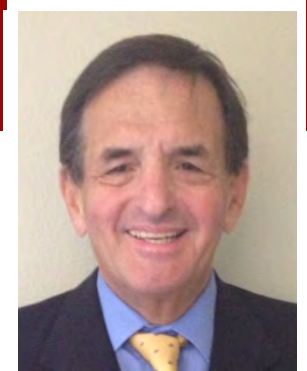
AMA master file 2013

Chris Collins, Denise Levis Hewson, Richard Munger, and Torlen Wade. Milbank Memorial Fund : *Evolving Models of Behavioral Health Integration in Primary Care.* 2010

<http://www.milbank.org/uploads/documents/10430EvolvingCare/10430EvolvingCare.html>

Mike McKetterick, Ashish J Abraham, MD. Behavioral Health-Physical Health Integration Strategies and best Practices for Medicaid Health Plans. World Congress Medicaid Managed Care Summit 2014. [PowerPoint Slides]. 2014 Feb.

# Update on MHSA (Prop 63)



By Barry F. Chaitin, M.D., DLFAPA

I have been your representative to the MHSA Steering Committee for the past six months. My first impression was that it was similar to the Tower of Babel with a large membership and an equal number of public observers.

There was no orientation packet so one had to learn by listening and asking questions. Brian Jacobs was a good resource and a voice of reason. Recently, I have been sitting with Marc Lerner, M.D. and getting his perspective.

The structure is quite complicated with the Steering Committee broken into sub-committees that make recommendations that may or may not get incorporated into the overall plan. Orange County Behavioral Health Services sort of runs the show and garners almost \$100 million of their \$300 million budget from MHSA funds. Any programmatic recommendations must then go to the Mental Health Advisory Board and then to the Board of Supervisors with massaging by HCA along the way.

My first impression was that many of the programs had a “feel good” quality to them with relatively low impact. There did not seem to be a coherent process for program evaluation and there was much room for conflicts of interest. This was one of the criticisms of the entire statewide process in 58 counties. The State Auditor has been critical in the way funds have been used as have some legislators and some media.

To be fair, I think the process in Orange County has the potential to evolve into a well managed program. In this current cycle, there was the decision to fund Laura's Law, which was recently endorsed by the Board of Supervisors and is slated for implementation.

As part of the MHSA funding mechanism, 20% of the budget must be dedicated to Prevention, 75% to Community Service and 5% to Innovation. In Orange County, 80% is budgeted to Community Service and out of that 80% is taken the 5% for Innovation. This results in slightly less funding for Innovation.

The funding of the MHSA at the state level is irregular and is based on 1.76% of all monthly personal income tax payments with an annual adjustment based on actual tax returns. Cash transfers are largest in months with quarterly tax payments and year- end tax payments. Annual adjustments are quite volatile. Starting in fiscal year 2013-2014 the state increased its share of MHSA revenues from 3.5% to 5%, ostensibly to assist in funding the investment in the Mental Health Wellness Act of 2013. Currently, Orange County receives 8.1% of available MHSA revenues based on old census data. The county would like to get this percentage increased but there is resistance statewide. Allocated funds must be spent within a three year period. In the 2014-2015 fiscal year, Orange County is slated to receive \$132 million. The State Mental Health Services Oversight Committee has become more active in fiscal audits and outcome assessments after criticisms were leveled by the State Auditor. Also, complicating the financing of mental health are the 1991 and 2011 realignment mechanisms, the new Affordable Care Act and changes in Medi-Cal.

I want to highlight the Innovations Projects that are soon to be soliciting proposals from the public. The bar for these projects tends to be high. An Innovative Project is defined as one that contributes to learning rather than providing service. It must contribute to learning in one or more of the following ways:

**Introduce a new mental health practice/approach**

**Makes a change to an existing mental health practice/approach**

**Introduces a new application to the mental health system of a promising community-driven practice/approach.**

For the current Round 3 of innovation projects there is approximately \$8 million available. This is an opportunity for some of



# OCPS EDUCATION COMMITTEE REPORT

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our more creative members to come forward. The plan is for date and locations of community meetings to be determined this month, with ideally a focus group scheduled for each supervisorial district. The dates of the focus groups will be marketed in September and a focus group will be held with individuals working in the field. In October, the five focus groups will be held throughout Orange County and Technical Assistance Workshops will commence to help writers fully develop their ideas. The goal is to have all new **Innovation** proposals written and submitted prior to December 1. The implementation of any project will be determined by the Health Care Agency with

final approval by the Oversight and Accountability Commission. The road is a complex one and will require effort and tenacity though not all that different from the way NIH grants are submitted.

For further information, I suggest interested members consult the MHSA online at <http://ochealthinfo.com/bhs/about/pi/mhsa> or Dr. Jeff Nagel, MHSA Coordinator for the HCA.

*By: Michael G. Frazier, M.D. and Sonya Rasminsky, M.D., Co-Chairs, OCPS Education Committee*

The OCPS Education Committee is pleased to announce its upcoming educational events:

**October 23, 2014** – Kristen Lambert – “Firearms and Emergencies: Ethical and Liability Concerns when Dealing with Persons with Mental Illness”.

**November 10, 2014** – Vivien Burt, M.D. - “Transparency and the Therapeutic Alliance: Real Life Decision-Making in the Perinatal Period”.

**January 15, 2015** – Robin Berman, M.D. – “Permission to Parent: Raising Your Child with Love and Limits”.

**March 16, 2015** – James Fallon, Ph.D., author of “The Psychopath Inside”. The title of his presentation is “When You Learn You are not Who You Think You Are: Neurobiology, Psychopathy, and the Self”

All of these events will be held at the OCMA Conference Center, located at 17322 Murphy Avenue, Irvine. Watch your E-mail for further details.

## Announcement from the APA

In response to requests by members, District Branches and the media, the APA Administration has developed a new searchable PolicyFinder. The link is posted in multiple places on the website, including the governance page at <http://www.psychiatry.org/about-apa--psychiatry/governance>. This should make it much easier for our members, leaders and staff to access and review official APA positions.

Also, a new members-only resource was recently posted to the APA's website titled *Building a Career in Psychiatry*. Its purpose is to help medical students, residents, fellows and early career physicians successfully prepare for the transition points. It covers non-clinical topics that often emerge in conversations with younger members but aren't typically covered in training. The resource has been posted on the newly reorganized resident page at <http://www.psychiatry.org/residents> and medical student page at <http://www.psychiatry.org/medical-students>.

Lastly, the *APA Guide to Resident Opportunities* is also posted on the page and includes detailed information regarding leadership and fellowship opportunities, as well as a section on how to create APA policies.



## **Member Spotlight** : Lawrence Budner, 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 planned to be a new regular feature of the OCPS Newsletter.

Lawrence Budner, M.D. is one such outstanding OCPS member. Dr. Budner is in private practice in Santa Ana. He is Board certified in both adult and child/adolescent psychiatry. He has been on the staff of CHOC Children's Hospital since 1988. He served as the Chief of Child Psychiatry at CHOC from 1992-2001 and was the director of the CHOC Child Psychiatry Clinic in 1998-2001. Dr. Budner served as an Assistant Clinical Professor of Psychiatry at UCI from 1986-2004



Dr. Budner received his B.A. in Classics and Biology from Brown University in Rhode Island in 1979. He received his medical degree from Brown University in 1982. He completed his psychiatry residency at UCI Medical Center in 1986 and went on to complete his fellowship in child/adolescent psychiatry in 1988. While at UCI Medical Center, Dr. Budner served as Chief Resident in Psychiatry in 1985-86 and Chief Fellow in Child and Adolescent Psychiatry in 1987-1988. In addition, Dr. Budner was a clinical associate at the Los Angeles Psychoanalytic

Society and Institute in Los Angeles from 1989 – June 1996.

Dr. Budner has been a member of OCPS/CPA/APA since 1985. He served on the OCPS Executive Council from 1996-2002. He was elected to Distinguished Fellowship in 1998. He also is a member of the American Academy of Child and Adolescent Psychiatry, where he was elected to Fellowship in 1994.

Dr. Budner has contributed opinion pieces to the Orange County Register. He also has published in the Journal of the American Academy of Child and Adolescent Psychiatry and the Jefferson Journal of Psychiatry.

Dr. Budner has been generous with his time and expertise when it comes to OCPS. He has been a panelist for the annual OCPS Career Panel. He has done many speaking engagements in the community and can be counted on to speak with the media when called upon.

Dr. Budner is married to psychologist Teri Wright, Ph.D., who is his practice partner, and whom he started dating when they were both interns at UCI Medical Center. They have one son, Jeff, age 25, who went to the Orange County High School of the Arts, Philadelphia's University of the Arts, and who is a performer at Disneyland, the Pirates Dinner Adventure, and acts and directs in local theater.

When not busy practicing psychiatry, Dr. Budner enjoys the burgeoning downtown Santa Ana arts and restaurant scene, volunteering with downtown's historic Episcopal Church of the Messiah, and belonging to the Chabad of Tustin synagogue.

### **SAVE THE DATE**

## **Assisted Outpatient Treatment Training Session**

(specific to O.C. psychiatrists)

**Tuesday, October 28, 2014**

UCI Medical Center

Neuropsychiatric Center

Watch your E-mail for your invitation and details.

# CLASSIFIED ADS

## **Psychiatric Office In Suite In Premium Multi-Specialty Medical Building**

**Newport Center Medical Plaza, Fashion Island  
Newport Beach**

This is an excellent opportunity for a part-time psychiatric office available 2-2 ½ days per week with the following amenities:

- Office is fully furnished
- WiFi, computer, and fax access
- Easy parking
- Elevators
- Snack bar and pharmacy on ground floor

\*There may be an opportunity for expansion to full-time adult/child psychiatric practice for interested and qualified colleague.

Please contact Chelsey Harris at the following email address for more information:

practicesublease@gmail.com

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## **IRVINE**

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- \*Call for appointment to tour

**Agent: Eileen Doody**  
**(949) 390-5506**  
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## **SAVE THE DATE**

### **OCPS Career Panel**

**November 17, 2014**

**Time and location  
to be announced.**

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