



Orange County Psychiatric Society

A District Branch of the American Psychiatric Association

THE OCPS SCOPE

A Newsgram for the Members of the Orange County Psychiatric Society

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Message from OCPS President, *by Dr. Robert Bota*



Current situation during the pandemic crisis

During the last eight months, we all have had to make significant changes to our methods to meet guidelines and keep our patients safe. At the same time, we have worked diligently to ensure physical safety and mental security for clinical support staff members, who, due to the current pandemic, are working in more difficult conditions with longer hours and

fewer opportunities to relax.

Increased demand for our expertise

After my move from UC Irvine last year, I began to work with multiple different organizations, including UC Riverside, various clinical trials enterprises, and other TMS practices, while working on developing my own psychiatric second opinion and neuromodulation clinic. Yet even this gave me only a glimpse of the high demands placed on our profession at this critical time. Some organizations expect their healthcare workers to labor regardless of circumstance. However, many others have recognized the fact that we are human and vulnerable to stress created by changing expectations, and are looking for ways to improve their workplace environments, also, asking lecturers like myself to speak on dealing with stress and to present the available resources to regain emotional balance.

Integration of care and working with our colleagues

As medical professionals, our priority is the protection of our patients. To further this goal, our organization is actively lobbying to make sure that patients receive care from well-trained professionals. Unfortunately, we are not always able to reach patients who need our help; because of this, I truly believe that other health care professionals should have psychiatric training and knowledge pertinent to their practice.

Separation from the CPA

Over the past few years, we have implemented local and state reforms which emphasize on transparency and efficiency. To catalyze changes of this sort, OCPS council members voted to separate from CPA. The NCPS and SDPS also followed our example and we have agreed to form a new organization for our members for the purpose of improving efficiency, organizational agility, and efficacy. We look forward to this future partnership as we continue to work with other organizations aligned with our members' interests.

Broadening the experiences of our members

Improving our networking will improve our access to several important career development resources. Therefore, I would like to start the Networking Committee for our members, including residents, focused on creating opportunities and collecting information to support our members' practices and career plans. In this committee and others, we ask that our members suggest activities beneficial for them or their colleagues, such as lectures on topics of interest, networking opportunities, and resources.

Career mentoring

Recently, residents from UCI formed a committee to compile resources and connections with respect to moonlighting in their third and fourth years. I would like to create a new committee on career development and to have member psychiatrists interact with our residents for their mutual benefit.

Encouraging member participation

Previously, we have required that committees and council members participate in most activities related to their group. Acknowledging the high demand for our services and our limited time, we would like to remove this mandate and instead encourage everyone to attend events which they have an interest in. This would further the committee's goals by making it so all of those present are passionate about what is being discussed, leading to more constructive conversation. [CLICK HERE](#) for a list of available committees

Upcoming Events/Announcements

- **November 12, 2020** - Meeting and Journal Club of the Orange County Child Psychiatry Group. [CLICK HERE](#) for more information and to RSVP.
- **November 17, 2020** - Open meeting with our new advocacy partners. [CLICK HERE](#) for more information and to RSVP.
- **November 19, 2020** - Webinar: Social Media Benefits & Risks. [CLICK HERE](#) for more information and to RSVP.

For more information on OCPS committees, meetings, or conferences, and/or to inquire about participating, please contact Karina Amaya at Karina@ocps.org

Advocacy Update, by Roula Creighton, MD

Dear Members:

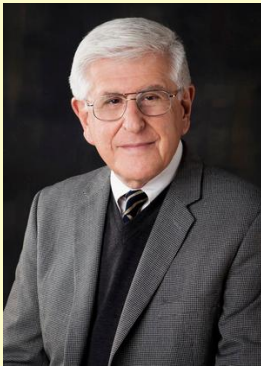
2020 has been a year for change! As you already know, OCPS made the decision to withdraw from the CPA

earlier this year. Your council has been working hard on finding the best way to move forward with state advocacy for the coming years. We are excited to be working towards an alliance with the San Diego and Northern California District Branches. The goals of this alliance are to coordinate lobbying and advocacy efforts in California to provide a strong voice for our members in Sacramento. This new structure will allow your local representatives to have a greater impact on how our legislative funds are spent on the State level. We are also working closely with the APA to assure that this alliance is compliant with the Association bylaws and is recognized by the APA as the voice of organized psychiatry in California. We are in the process of contracting with a reputable firm in Sacramento that has vast experience lobbying for healthcare issues. Along with prioritizing focus on legislative efforts and advocacy for mental health issues, the goals of the alliance are to prioritize fiscal responsibility, transparency and fair representation. We aim to provide educational opportunities for our members on important issues related to legislative advocacy and government affairs. More details to come soon. I encourage you to take every opportunity to learn and get involved!



Roula Creighton, MD
OCPS President-Elect

Editor Notebook, *by Barton Blinder, MD, PhD*



The Challenge and The Opportunity

During this COVID challenge many of us have had to grasp a "virtue out of a necessity". Well, maybe sheltering brought us closer to family;; perhaps zoom meetings are more democratic and bring us closer to the lived experience of patients, often it is easier to zoom into many conferences and international meetings without travel

However with time we realize the cost in deaths and economic devastation as well as the surfacing of disparities and inequities in our society

As we emerge and reenter daily activities initially into a " riskscape" of uncertainty I believe we will be stronger and more open to opportunities for change and innovation toward a more rewarding and equitable society and quality of life for all

BJB

Barton J Blinder, MD, PhD

Assembly Update, *by Dr. Anish Dube, MD, MPH, FAPA*

The APA's Assembly will meet virtually for its November meeting this year on November 7th and 8th. 21 action papers

were submitted for further APA action and 13 position statements were submitted for adoption, revision or retirement to the Assembly's 5 reference committees on Advancing Psychiatric Care (Reference Committee 1), Advancing Psychiatric Knowledge and Research (Reference Committee 2), Education and Lifelong Learning (Reference Committee 3), Diversity and Health Disparities (Reference Committee 4) and Membership organization (Reference Committee 5). Action



papers ranged in scope from expanding and maintaining telehealth services, the addition of a "Prolonged Grief Disorder" diagnosis to the DSM, the creation of a taskforce to explore changing the APA's name to increasing patients' access to personal items while hospitalized on an inpatient psychiatric unit. Some of the position statements submitted for adoption include addressing the increase in suicide rates among Black youth, treatment of migrants in ICE custody, mental health care during pregnancy and in the postpartum period and the mental health effects of misogyny and gender bias. The Assembly will deliberate on these items and hear reports from other areas of APA governance, such as the Councils and Components, Board of Trustees and the Medical Director.

Best,

Anish Ranjan Dube, MD MPH FAPA

Diplomate of the American Board of Psychiatry and Neurology, with certification in the specialty of Psychiatry and in the subspecialties of Child and Adolescent Psychiatry and Forensic Psychiatry

Ethics Q&A, *by Julie Giglio, MD*



These questions and answers were distributed by the APA and are available at www.psych.org

QUESTION:

Part A

Does APA have a position on reopening offices given that telehealth remains an option?

ANSWER:

While APA does not have an official policy or position statement regarding the use of telehealth during early phases of reopening following COVID-19 closures, it expressly recognizes that, for patients who have responded to telehealth, the safest way to continue providing treatment in early phases of reopening is through telehealth even as some physical clinical locations begin to reopen. As noted in previous answers, a psychiatrist may try to work with patients to increase their comfort with and benefit from telemedicine technology. When a psychiatrist determines that in-person assessment or treatment is necessary to provide competent care for particular patients, the psychiatrist must take appropriate precautions to protect themselves, their staff, and patients from risk of COVID-19 exposure during patient visits. Psychiatrists who will provide in-person

treatment should consult, among other things, guidance provided by the CDC and federal, state, and local authorities as well as all recommended infection control practices set forth therein. As physicians, psychiatrists have a duty to promote public health and take steps to protect themselves and others from exposure during the present circumstances of the COVID-19 global pandemic.

Part B

What happens if a patient gets sick and it is traced to your office? How do you participate in contact tracing and maintain confidentiality?

ANSWER:

Psychiatrists should request that any patient who has received in-person treatment contact the psychiatrist if the patient or any member of their household tests positive or becomes ill with COVID-19, regardless of the presence and/ or severity of symptoms. In addition, as a reminder, psychiatrists are always responsible for informing patients that there may be limits on the confidentiality of a treatment session. Specifically, during the present COVID-19 global pandemic, psychiatrists should expressly inform all patients who require in-person treatment that the psychiatrist may need to reveal confidential information, including the identity of the patient, in light of the psychiatrist's public health obligations. Advancement of public health interests is a long-recognized exception to the obligation of medical confidentiality. The responsibility to report exposure to public health authorities for the purpose of allowing contact monitoring, isolation, treatment, mitigation and prevention efforts to slow the spread of illness is an essential obligation of psychiatrists. Releasing confidential health information to public health authorities is expressly permitted under the HIPAA Privacy Rule (see 45 CFR 164.512(b)) and allowed under the APA's *Principles of Medical Ethics with Annotations Especially Applicable to Psychiatry* when required under applicable law (see Section 4).

Risk Management Update, by PRMS

We hope you are doing well in these tough times. You may have recently heard something along the lines of "patients will have access to your notes as of November 2nd." This is NOT TRUE. However, the federal government is continuing towards its related goals of electronic health information interoperability and ease of patient access to their records.

21st Century CURES Act - What's Coming?

Following the passage of the 21st Century CURES Act in 2016, the Office of the National Coordinator for Health Information Technology (ONC) has implemented a final rule which addresses electronic health information (EHI) blocking.

Preliminary things to know about ONC's CURES Act Final Rule:

- ONC's Final Rule only applies to electronic health information, or EHI.
- "Information blocking" relates not only to IT interoperability, but also to a patient's ability to access their EHI from treatment providers.
- Compliance is NOT required on November 2nd - Whereas compliance was initially required on November 2nd, in light of the COVID-19 pandemic, ONC has just extended the date of compliance to April 5, 2021.

Please stay tuned as we develop more resources.

Additional CURES resources (which may not have the newly-announced April compliance date) include:

- From the APA:
 - www.psychiatry.org/psychiatrists/practice/practice-management/health-

- From the AMA:
 - www.ama-assn.org/system/files/2020-10/information-blocking-part-1.pdf
 - www.ama-assn.org/system/files/2020-10/info-blocking-compliance.pdf

We hope you find this information useful.

Stay safe, and keep up all of the great work you are doing!

Inclusions in the Newsgram

If you have ideas for inclusions in this newsgram, or you have something you would like to include that would be of interest to our members, please contact Karina Amaya at Karina@ocps.org. **Note:** Prior to publication, all submissions will be reviewed and are subject to approval by the Newsgram Editorial Committee.

If you would like to place an ad in the OCPS Scope and/or the OCPS Website, the following is the pricing structure:

- \$100 for a 150-200 word ad restricted to the classified section in the newsgram or the website for one month
- To include a link to a .pdf file, add \$25
- To include a logo in the ad, add \$25
- To advertise for one month in both the newsgram and website, the cost is \$200 and inclusion of a .pdf link and/or logo is free
- An add placed for a full year receives a discount of one month free

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