

THE PSYCHIATRIC SOCIETY OF VIRGINIA VIRGINIA NEWS



A DISTRICT BRANCH OF THE AMERICAN PSYCHIATRIC ASSOCIATION

FALL/WINTER 2014

A MESSAGE FROM THE PRESIDENT

By **Brian E. Wood, DO, FAPA**
President PSV

As you are reading this, the PSV Fall Conference is history and planning is well underway for our Spring event in Richmond. This promises to be an exciting year for education in the PSV. We continue to reach out to psychiatrists around Virginia as well as the significant number of trainees interested in mental health careers that now inhabit our five (yes count them, five) medical schools in the state. We have enjoyed good attendance from members as well as trainees at our conferences and continue to strive to put on programs that appeal to our many members and Resident-Fellow members.

The Fall Conference was held on September 19-20, 2014 at the beautiful Marriott Westfields in Chantilly, VA. We had a wonderful turn out for the conference including a number of residents and medical students, some of whom entered posters in our annual poster-competition. Drs. Hassamal, Fernandez, Rekabdarkolae, and Pandurangi of

VCU School of Medicine topped the list as winners of the 2015 poster contest with their entry "QTC Prolongation in Veterans With Heroin Dependence on Methadone Maintenance Treatment." The second and third place entries were both from Virginia Tech Carilion School of Medicine with Drs. Pagadala, Detweiler et. al. taking second place for their entry, "Pharmacological Treatment of Combat Nightmares: A Veteran's Hospital Experience" and Dr. Rajdip Barman taking third place for his entry, "Comparison of Advance Medical Directive Inquiry and Documentation for Hospital Inpatients in Three Medical Services: Implications for Policy Changes." There were many excellent



Brian E. Wood, DO, FAPA

Continued on page 14



Medical students from Edward Via College of Osteopathic Medicine join Dr. Brian Wood, PSV President, for the Friday evening reception prior to the start of the Fall Meeting.

SEE YOU THIS SPRING!

2014 PSV Spring Meeting **Movies and the Mind**

March 13-14, 2015
*Hilton Richmond
Hotel & Spa/Short Pump
Richmond, VA*

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A MESSAGE FROM THE EDITOR

The Schizophrenias: Beginning a New Era in Psychiatry

By Kathleen M. Stack, MD, DFAPA

PSV Newsletter Editor



Kathleen M. Stack, MD,
 DFAPA

I was so intrigued with a recent report stating that scientists had uncovered some of the genetic underpinnings of schizophrenia that I finally activated my *American Journal of Psychiatry* online subscription so I could read it before the journal arrived at my home.

The research was funded by the National Institutes of Health. In summary, the article reports that “schizophrenia is not a single disease, but a group of eight distinct disorders, each caused by changes in clusters of genes that lead to different sets of symptoms.” After comparing “the DNA of 4,200 people with schizophrenia to that of 3,800 healthy people,” researchers also “found that certain genetic profiles matched particular symptoms.”

There are 42 single-nucleotide polymorphisms (SNP’s) associated with 70% or greater risk of schizophrenia; some as high as 100% risk of schizophrenia. Seventeen networks of SNP’s were associated with what we see clinically as symptom differences within the diagnosis. While it is complex, the summary stated that positive and negative symptoms, as well as disorganization and residual symptoms, are associated with different SEP’s.

Some of the SNP’s are associated with particular neuro-active substances or pathways. Hopefully, this will lead to new and effective treatments.

There are more studies under way. One of these studies is supported by the National Institute of Mental Health. It is funded by a multi-institutional team studying schizophrenia and bipolar disorder. The plan is for “whole genome sequencing for schizophrenia and bipolar disorder in the genomic psychiatry cohort.” This study is to involve over 10,000 ethnically diverse people.

With these studies, I believe we will discover the science behind the classification of syndromes we have used so far in the DSM structure. This will bring a new era to both diagnosis and treatment of mental illness. I also hope it will help end the stigma for those who suffer from these illnesses, their families and those who treat them.

Reference:

1. Arnedo J, Svrakic D, Val C, Romero-Zalis, R, et al. Uncovering the hidden risk architecture of the schizophrenias: confirmation in three independent genome-wide association studies. *Am J Psychiatry* 2014, doi:10.1176/appi.aju.2014.14040435

A SPECIAL INVITATION FOR FREE MEMBERSHIP

The Senior Psychiatrists, Inc. invites all PSV members who are Life Members of APA to join our organization. We are the collective voice of APA Life Members and we have a representative to the APA Assembly. Our focus is on articulating the needs of senior psychiatrists and to meet those needs through education and collaboration. We host a seminar each year at the APA conference related to the practice of psychiatry as a senior. At each APA Annual Meeting, we have a reception for our members and APA leaders. This fall, we are launching our new *Senior Psychiatrist* digital magazine. Further, we are working closely with APA to play a role in the mentoring of young psychiatrists. We are working with the APA to enhance services for senior psychiatrists in hopes of integrating into the APA structure. In the meantime, we are an independent organization supported by dues dollars. As an introduction to the organization, the \$50 dues are waived for new members for one year. To join, visit our website at <http://www.seniorpsychiatrists.org> or call 443-597-0066 or e-mail admin@seniorpsych.org.

DON'T LOSE YOUR HEAD IN THE CLOUDS: FIVE THINGS TO KNOW ABOUT CLOUD-BASED EHR VENDOR CONTRACTS

By Ann McNary, JD
Senior Risk Manager, PRMS, Inc.

Many physicians are making the decision to convert to electronic health records. A well-designed system, once implemented and fully operational, can provide many benefits to your practice. Cloud-based systems are particularly attractive to solo practitioners and small groups as they can often be obtained at a much lower cost. Of course, it's important that you find a system that works with the way you practice and has all of the features you need to achieve your desired goals. But as you're reviewing and comparing various systems, don't forget to look beyond the bells and whistles. One of the most important things to consider has absolutely nothing to do with the functionality of the system – the vendor contract. Some physicians erroneously assume that because they are not paying for the system they are not putting themselves at risk, but that is a mistake you cannot afford to make. Set forth below, are five contract terms that anyone contemplating EHR use should know and understand.

1. Warranties

Warranties are contractual promises. They may be expressly written into the contract or implied by such things as the representations of the vendor or information provided on its website. One example of an implied warranty might be that the system will work as advertised. However, many contracts disclaim implied warranties. So, unless a promise is actually written into the agreement, it will not be enforceable against the vendor. In addition, vendors will often include provisions stating that they are not making any warranties with regard to their product (including accuracy and security of information) and that you are agreeing to essentially use the system at your own risk.

2. Cost

One of the reasons that many physicians opt for a cloud-based system is cost. Certainly, it is far more attractive from a cost perspective to choose a free system rather than one that costs thousands (if not tens of thousands) of dollars. But recognize that there is “no such thing as a free lunch” and understand that in order to have a system that functions the way you would like – ad free, 24-7 access, tech support, sufficient storage, speed, etc. – there may, in fact be additional costs. Be aware of these issues before you start using the system.

3. Remedies

In the event that there is a problem with the system (for example, it goes down for several days preventing you from accessing your records, information is lost, or there is a breach of confidentiality) you will want to know what your remedies are against the vendor. In many instances, you will have no remedies. Cloud-based vendors often disclaim liability for almost everything or limit your recoverable damages to what you have actually paid over the course of a given period.

If the system is free and you didn't pay anything, your damages are ZERO!

4. Indemnification

Not only will vendors deny liability and prevent you from recovering against them, they will typically include indemnification clauses in contracts that actually make YOU liable for any claims or damages. So, let's say there's a problem with the system and it generates erroneous information causing you to make an incorrect treatment decision which leads to a lawsuit. Your patient learns of this and decides to include the EHR vendor in its suit. Under the terms of the agreement, you will have agreed to not only pay any verdict or settlement against the vendor, but also their attorneys' fees! And as contractual liability is typically excluded from your malpractice coverage, any amounts paid will be out of your own pocket.

5. Termination

Before you enter into a contract, you should know how you can get out of it. The agreement might say you can terminate at any time or with a certain amount of notice to the vendor. Sounds simple enough, but what happens to your records? Can you get them back? Will the vendor keep a copy? If you can get them back, will it be in a format you can use? Will you be able to transfer your information to another system? Will you have to purchase software or pay fees to get your data back in a usable format?

EHR vendors want to do business with you, but they also want to protect their own interests and their lawyers have obliged them by drafting contracts in the most favorable terms possible. At this juncture, they've had little impetus to create more physician-friendly contracts because too few are even reading their user agreements before clicking on “agree,” let alone attempting negotiation. Before entering into any contract, make certain that you clearly understand its terms and their potential impact upon your practice and livelihood. Better yet, seek the advice of an experienced attorney because this is definitely an area where what you don't know CAN hurt you.



PSV 2014 Fall Meeting The State of Psychiatric Subspecialties Resident Poster Award Winners

FIRST PLACE POSTER RECAP

QTc Prolongation in Veterans with Heroin Dependence on Methadone Maintenance

Authors: Sameer Hassamal MD, Antony Fernandez MD, Hossein Moradi Rekabdarkolae MS, Ananda Pandurangi MD
Virginia Commonwealth University School of Medicine
Richmond, VA

QTc prolongation and TdP have been reported in patients on methadone maintenance. In this study, QTc was compared before and after the veteran was on a stable dosage of methadone for 8.72 ± 4.50 years to treat heroin dependence. Risk factors were correlated with the QTc once the veteran was on a stable dose of methadone. Differences in the clinical risk factors in subgroups of veterans with below and above mean QTc change was compared. ECG data was obtained from a 12-lead electrocardiogram (pre-methadone and on methadone) on 49 veterans. Data and risk factors were retrospectively collected from the medical records. The mean QTc at baseline was 426 ± 34 msec and after being on methadone for an average of 8.72 ± 4.50 years was significantly higher at 450 ± 35 msec. No significant relationships were found between QTc prolongation and risk factors except for calcium. The methadone dosage was significantly higher in veterans with a QTc change above the mean change of ≥ 24 msec (88.48 ± 27.20 mg versus 68.96 ± 19.84 mg). None of the veterans experienced cardiac arrhythmias. The low complexity of medical co-morbidities may explain the lack of a significant correlation between any risk factor with the QTc except calcium and dosage. The absence of TdP may be explained by the low prevalence of QTc values > 500 msec as well as the retrospective design of the study. During long-term methadone treatment, there was a slight increase in the QTc interval but we did not find evidence of increased cardiac toxicity as a reason for treatment termination.



Sameer Hassamal, MD with his winning First Place Poster.

SECOND PLACE POSTER RECAP

Pharmacological Treatment of Combat Nightmares: A Veteran's Hospital Experience

Authors: Bhuvaneshwar Pagadala, MD¹, Mark B. Detweiler, MD, MS^{2,3,4}, Joseph Candelario, NP⁵, Jennifer Boyle, MD⁶, Brian Lutgens, MSW⁴

¹Carilion Clinic-University of Virginia Roanoke-Salem Psychiatric Medicine Residency Program, Salem, Virginia, USA; ²Staff Psychiatrist, Veterans Affairs Medical Center, Salem, Virginia; ³Virginia Tech-Carilion Clinic; ⁴Psychiatry Residency Program, Roanoke, Virginia; ⁵Geriatric Research Group, Veterans Affairs Medical Center, Salem, Virginia;

⁶Emergency Department, Veterans Affairs Medical Center, Salem, Virginia; ⁶Emergency Department, Veterans Affairs Medical Center, Syracuse, New York

Objective: To assess the effectiveness of pharmacological agents prescribed to treat combat nightmares in a Veterans Affairs hospital and to compare these results to the existing literature.

We reviewed the records of 2,131 randomly selected veterans for 2009 to 2010 with the last note examined in November, 2013. We included clinic notes documenting nightmares associated with PTSD, specifying use of a pharmacological agent(s) and excluded cases where only non-pharmacological treatments were used.

By analyzing 327 patients with 478 trials involving 24 individual medications and 16 combinations, Prazosin was most frequently used (106), with a success rate of 49.1%. Among the combinations, Prazosin was used with Trazodone and Quetiapine equally, with success rates of 40% and 20%, respectively. Among the antipsychotics, Risperidone was most effective, with a partial or full response in 76.5 % of cases. Clonidine and Terazosin were similar in both frequency and success, with successes 17/27 uses (62.9%) and 16/25 uses (64%) respectively.

Conclusion: It is possible that Prazosin was less effective than in recent reports as the dosing range was not sufficiently high enough for therapeutic results. The success of Risperidone replicates the results from other studies where it was dedicated specifically for nightmare reduction/cessation.

THIRD PLACE POSTER RECAP

Comparison of Advance Medical Directive Inquiry and Documentation for Hospital In-Patients in Three Medical Services: Implications for Policy Changes

Authors: Rajdip Barman, MD^{1,2}; Jonna G. Detweiler MEd²; Brian Lutgens, MSW²; Echezona Anunobi, MD, MPH, M.Phil¹; Roopa Sethi, MD¹; Reena Thomas, MD¹; Mark B. Detweiler, MD, MS^{2,3,4}

¹Contributions while residents of the Carilion Clinic-University of Virginia Roanoke-Salem Psychiatric Medicine Residency, Roanoke, Virginia; ²Geriatric Research Group, Salem Veterans Affairs Medical Center, Salem, Virginia; ³Staff Psychiatrist,

Salem Veterans Affairs Medical Center, Salem, Virginia;
⁴Virginia Tech-Carilion School of Medicine Department of Psychiatry and Behavioral Medicine, Roanoke, Virginia

The objective of this study was to assess the effectiveness of Advanced Medical Directive (AMD) documentation at a local Veterans Affairs Medical Center (VAMC). AMD documentation rates were compared across surgery, medicine and psychiatry.

The data was acquired from a randomly selected review of 600 electronic medical records from 1998 to 2010. A total of 224 (37.7%) patients had documented AMDs. Psychiatry (34.5%) and medicine (33.2%) had significantly lower documentation rates than surgery (45.6%). Logistic regression revealed that social worker and physician intervention after admission, and not discussion by admitting staff, are the primary predictors of AMD documentation. Patient-specific variables like age and length of inpatient stay carry no independent predictive power. A slight difference in rates by race was noted in medicine.

Policy makers need to consider the realities of hospital care, especially in emergency room settings, and to be more specific in the steps implementing AMD policy in the evenings, on weekends, and on holidays. Policy should include an electronic record reminder renewed every three years and provisions for scheduling social work visits for patients that arrive on weekends, evenings and holidays. Special awareness of the particular communication needs of minority groups is advised.

MSV UPDATE

A New Normal for Medical Societies

By William C. Reha, MD, MBA

President, Medical Society of Virginia

I am honored to have the opportunity to serve the Medical Society of Virginia (MSV) as President. With that comes the ability to closely interact with our state specialty societies, including PSV, and to work together toward important advancements for healthcare in Virginia.

We must consider the backdrop for our work, which is partially impacted by generational and practice setting preferences. Engaging physicians of all ages and practice models is important to our work and we need to be intentional about that.

Interestingly, next year there will be more Millennials in the work force than Baby Boomers. We will need to adapt to a generation that has never lived without the internet or mobile phones, a generation that is relatively unattached to organized politics, and one that demands that value be delivered on a very personal level.

So, what does this mean for medical societies? It means that we are looking at a “new normal” in terms of our membership and their needs. It means that we must find the shared concerns and interests of physicians, but also understand that we will be expected to demonstrate value in different ways to different groups. This may be one of our most challenging crossroads as medical societies and we will be called to assign fixed resources to a growing array of needs.

Medical societies across the country are struggling with this. There is no easy answer, but MSV is doing the right thing to learn about our members’ needs. We are asking and we are listening. In our recent member survey, we asked physicians what they saw as their biggest challenge now and in five years. The top three issues, in no particular order, include: time with patients, regulatory and legislative burdens and maintaining income.

To that end, you will see MSV focus on political advocacy and professional sustainability in the coming year. Our government affairs and policy team will continue to work on issues that drag us down. Such issues include prior authorization and credentialing along with a host of other advocacy initiatives that are important to our profession including workers’ compensation, Medicaid reimbursement, telemedicine, prescription drug abuse and SGR.

Your involvement in setting our agenda and advocating for these important issues is critical. We can’t just expect our organizations’ staff members to carry the flag for us. Nobody can speak more passionately about our profession than we can and we need to show up and speak up.

I hope to see great representation from PSV at our White Coats on Call days next year. Legislators definitely take notice when the white coats show up in their offices and we need as many physicians as possible to demonstrate that as a profession we are determined to be leaders in the development of healthcare policy and legislation in Virginia.

PSYCHIATRIC SOCIETY OF VIRGINIA
WHITE COATS ON CALL



JANUARY 22, 2015

ATTENTION PSV MEMBERS!
Help Make a Difference!

Meet with your Legislators to discuss legislative issues important to your specialty. MSV staff will review many important legislative issues.

Meet at 8:00 am

Hilton Garden Inn Downtown Richmond
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MSV will provide breakfast and lunch.

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IN THE NEWS

VIRGINIA TREATMENT CENTER FOR CHILDREN GROUNDBREAKING CEREMONY TO BE HELD

By Alexandria Lewis
VTCC Executive Director

Nearly eighteen months after the General Assembly authorized the \$56 million relocation project for the Virginia Treatment Center for Children (VTCC), a Groundbreaking Ceremony will be held on December 11 from 3:30-5:00 pm at the Children's Hospital of Richmond, VCU Brook Road Campus. Everyone is invited to attend. VTCC was established as a state psychiatric facility for children and adolescents over 50 years ago. In the 1990s, management was transferred to VCU Department of Psychiatry, Child and Adolescent Division. Currently serving children and youth aged 3 to 17 with 24 inpatient acute beds, outpatient services, the Commonwealth Center for Child and Family Studies and the Children's Mental Health Resource Center, these programs and services will expand with the new 116,000 square foot facility.

This state-of-the-art facility will encompass a 32-bed inpatient unit, with areas for special care and private bed/bathrooms that encourage parents to stay with their children throughout their treatment. The outpatient area will triple the current capacity and accommodate primary care integration and telepsychiatry/telemedicine capacity. The facility boasts a therapy mall with specialized space for occupational, recreational, play therapy, art and music, a half-court gym and K-12 classrooms. Medical teaching and meeting rooms will be used for VCU staff/trainees as well as community activities/events.

Preliminary designs reveal interior courtyards. Expansive windows will maximize natural light and the sense of the outdoors flowing throughout the building will emphasize the park-like setting of Brook Road. Construction completion is planned for the Summer or Fall of 2017.

NEWS FROM VA TECH CARILION SCHOOL OF MEDICINE PSYCHIATRY RESIDENCY PROGRAM

By Chintan Shah MD
Chief Psychiatry Resident
Carilion Clinic - Virginia Tech Carilion

This is an exciting time for residency programs as interviews for PGY-1 residents for the next year have begun! Virginia Tech Carilion Psychiatry residency program just finished their first interview weekend on October 17, 2014. This year, we have had over 1,200 applications for six PGY-1 positions. We look forward to having two more interview weekends in mid-November and mid-December. The VTC psychiatry residency program has changed its interview style to Multiple Mini Interviews (MMI). We implemented this style of interviewing in 2013 and had positive feedback from both the applicants and the staff. In fact, the Virginia Tech Carilion School of Medicine (VTC SOM) employs similar MMI style of interviewing for medical school admissions as well. We are proud to announce that VTC SOM just graduated their first class ever in 2014. Out of 42 graduates, three matched in psychiatry programs. Of the 2015 graduating class, five medical students are applying to psychiatry and we are certain that they will make great psychiatrists and contribute to our field.

Our Program Director, Dr. Anita Kablinger, continues to play an integral role in conducting strong clinical research in addition to fulfilling her educational and clinical roles. She attends each resident's case conference and nurtures their academic interests and talents. Along with the help of our three Associate Program Directors – Drs. Mamta Sapra, Michael Greenage and Christian Neal – and the three Chief Residents – Drs. Jen Wells, Chintan Shah and Jonathan Olivas, implementation of a new didactic curriculum for our program has begun. Starting in July 2014, we changed our entire didactic curriculum to a two-year 'rolling curriculum.' Some of the changes include: grouping

of major topics for a smoother flow, having voice-over recordings for power-point presentations for review prior to the didactic, starting basics of psychotherapy training right from the PGY-1 level and getting residents at all levels to interview real patients in groups so that it can be a fruitful learning experience for everyone. Yet another educational experience implemented this year was a 'boot-camp' session for the incoming PGY-1s. One session involved a faculty member and the Chief Residents conducting interactive two-hour role-plays of the most common difficult psychiatric scenarios an intern will experience. The feedback we received from the interns was terrific.

In June 2014, we had two PGY-4 residents graduate and five new PGY-1 residents start anew in the following month for a total of 30 current residents. We welcome the following five PGY-1 residents to our family:

- Oday "Jake" Alsarraf, MD, Medical University of South Carolina College of Medicine
- Anita Joseph, DO, New York College of Osteopathic Medicine
- Ali Najafian Jazi, MD, Isfahan University of Medical Sciences
- Deborah Dille, MD, University of Texas Medical Branch at Galveston
- Brooke Burns, DO, Lake Erie College of Osteopathic Medicine

Four of our talented residents presented posters at the 2014 PSV Fall Meeting and two of them won the second and third prizes! Additionally, our Associate Program Director, Dr. Christian D. Neal, has been selected for The American Psychoanalytic Association Fellowship Program for 2015-2016. In January 2015, we are looking forward to hosting our annual St. Alban's Conference. In previous years, we have had fantastic speakers including the distinguished Dr. Glen Gabbard last year!

EASTERN VA MEDICAL SCHOOL RESIDENT UPDATE

By Robert F. Busch, PGY-1
*Eastern Virginia Medical School
Department of Psychiatry*

I am proud to call Eastern Virginia Medical School's Department of Psychiatry my new home. I am joining Drs. Justin Smith, Sean Ziegler, and Brian Bui as members of the PGY-1 class of the EVMS Department of Psychiatry and Behavioral Sciences residency training program. Dr. Justin Smith grew up in Park City, Utah and attended Washington State University before going to Medical School at Pacific Northwest University of Osteopathic Medicine, located in Yakima, Washington. Justin enjoys hiking, rock climbing, camping, skiing/snowboarding and all things outdoors. Justin's wife is in a residency program at Portsmouth Naval Hospital. Dr. Brian Bui was raised in San Jose, California and attended UC Berkeley for both undergraduate and graduate work in Endocrinology. Brian attended EVMS for medical school and his current area of professional interest is adult inpatient psychiatry. Dr. Sean Ziegler studied Economics at the University of Michigan and worked in electronic medical records after graduation before deciding to pursue medicine. Sean attended Michigan State University College of Human Medicine and completed a transitional year at Oakwood Hospital in Dearborn, Michigan, prior to coming to EVMS. Sean is currently thinking about fellowship training in Child Psychiatry, and also has an interest in telepsychiatry. Dr. Robert Busch, your humble author, grew up in Connecticut, and attended Pennsylvania State University, majoring in Biological Psychology and Neuroscience. Prior to medical school, I spent time in the NIDA intramural research program on the Johns Hopkins Bayview campus, studying the role of metabotropic glutamate receptors in heroin relapse. I attended medical school at St. George's University and was the President of the Neuroscience Society and co-founder of the SGU 2015 project, a collaborative program between the WHO and SGU to control infectious diseases and water borne pathogens. I completed a year of family

medicine at Thomas Jefferson University before joining EVMS. My professional interests include addiction, forensic and consultation/liason psychiatry. Our class of recently graduated residents has gone on to pursue fellowship training in various specialties: Elionora Katz is at Harvard in consultation-liason psychiatry; Stephanie Peglow is at Yale in addiction psychiatry; Ubha Rayamajhi remains at EVMS in sleep medicine; and Purnima Gorrepati is in child psychiatry at the University of Chicago. Clearly, our graduates continue to contribute to psychiatry's bright future.

There are exciting developments within several of the specialized EVMS programs. For example, Dr. Maria Urbano, the Co-Director of the EVMS Program in Autism Spectrum Disorders, and her colleagues have two recent papers supporting continued exploration of the therapeutic targeting of the NMDA receptor. Specifically, she and her colleagues showed that D-cycloserine improved sociability and reduced stereotypes in high-functioning older adolescents and young adults with autism spectrum disorders. In addition, the laboratory continues to test novel strategies for targeting the NMDA receptor in mouse models of autism spectrum disorders and explore the mechanism(s) of their pro-social effects. The community continues to be actively engaged in the EVMS Autism Spectrum Disorders Program. For example, a local advocacy group, Families of Autistic Children in Tidewater (FACT), sponsors an annual "mouse scavenger hunt" in Virginia Beach to raise money in support of these laboratory investigations. Our faculty also continues to be recognized as "Top Docs" in Coastal Virginia Magazine's Top Docs 2014 (Drs. Shriti Patel, Paul Sayegh, David Spiegel), in addition to winning national awards from the APA for their excellence as teachers and clinical supervisors, both at the undergraduate medical student and resident levels (Drs. Armin Ansari and Justin Petri).



NEWS FROM BLUE RIDGE PSYCHIATRIC SOCIETY

By Joe Mason, MD, DFAPA,
Outgoing Chapter President

The most recent meeting of the Blue Ridge Psychiatric Society was held on October 21, 2014 and featured Andy Thomson speaking on suicide risk assessment. As always, Andy presents his subject matter in an erudite and well-researched manner. He gave a history of the subject that was fascinating and offered practical suggestions for application in our daily work lives. Check out Andy's most recent book, *Why We Need God(s)*. We hope to see more residents and students at future meetings.

I am wrapping up my tenure as President of BRPS after five years. I welcome Robert Brown, Jr., MD to the position. I will continue to be involved in local, state and national psychiatric affairs in the future. Thanks to all of you who helped make my time enjoyable and manageable, including Bruce Greyson of the Center for Perceptual Studies (who provided a venue for our meetings – a huge contribution), the Program Committee of Meredith Lee, MD, Joe David, MD and Andy Thomson, MD, all of whom assisted in lining up speakers, and Meredith Lee, MD, Mandrill Taylor, MD and the other folks who helped keep us connected to the UVA residency program.

The opportunity to serve our profession is an honor and the chance to see how much effort is put forth by so many people such as John Shemo, MD, DLFAPA, our APA Assembly representative (along with Ram Shenoy, MD, DLFAPA), has been illuminating. There is constant monitoring of, and participation in, the legislative process at all levels of government and within the APA. Many members contribute time and expertise with no compensation. I had no idea how much went on behind the scenes and my respect for the participants has grown substantially. My time in this office has enhanced my perspective on the ways professional organizations operate and, consequently, I never hesitate to renew my APA dues. Anyone who is reticent, please contact me or PSV and we'll happily give you some input that should make your decision easier.

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LEGISLATIVE UPDATE

By Ralston King
PSV Lobbyist

Senator George Barker Visits PSV

Senator George Barker (D-Fairfax) joined the Psychiatric Society of Virginia for our 2014 Annual Fall Meeting in Chantilly, VA. Senator Barker has been a representative of the 39th District since 2008. The 39th District is made up of part of Alexandria City, Fairfax County and Prince William County. He is a member of the Senate Education and Health Committee and has been a long time mental health policy advocate.

Senator Barker spoke at the Saturday Membership Luncheon and provided an update to members about mental health reform over the last four years. He was instrumental in crafting Senate Bill 260 that extended the Emergency Custody Order time period to eight hours, notification provisions throughout the ECO process and providing state facilities to be the “back up” facility or “bed of last resort” if a private facility is unable to be identified. In addition, Senator Barker resides on the newly adopted SJ 47 Joint Subcommittee that will study the mental

health system in Virginia over the next four years and will make recommendations annually to the Governor.

Prior Authorization

After collecting data from physician practices around Virginia, the Medical Society of Virginia (MSV) began talks with the Virginia Association of Health Plans (VAHP) regarding prior authorization reform. With the understanding that prior authorization will most likely not go away, the goal is to simplify and standardize the process. The issues for prior authorization have now become similar to Medicaid MCO as in private pay. So far, much of the response from the Virginia Health Plans is they are already working on new requirements from the Affordable Care Act that will create a better process.

While talks continue with VAHP, there has been much discussion surrounding a list of possible items that need to be discussed; transparent pre-authorization requirements, generic pre-authorization form, electronic pre-authorization, require a pre-authorization override in the event a patient is already stable on the medication, requiring health plans to allow a grace period for a patient to continue on

a medication if tapering is necessary to switch to a formulary medication.

Mental Health Forum with Delegate Joseph Yost

On Wednesday, October 29, 2014 in Blacksburg, VA, the Psychiatric Society of Virginia and the Edward Via College of Osteopathic Medicine (VCOM) hosted Delegate Joseph Yost (R-Pearisburg). He represents the 12th District, encompassing the counties of Giles, Montgomery (part), Pulaski (part) and the City of Radford. Delegate Yost is the youngest member of the Virginia General Assembly, who spent time as a jail diversion coordinator and was employed by the Community Services Boards.

Delegate Yost toured the VCOM facility and spoke to approximately 70 students who are second year medical students. He talked about the importance of being involved as an advocate for physicians and updated students on how mental health policy works through the General Assembly. Delegate Yost also discussed his role on the SJ 47 Joint Subcommittee that will study mental health over the next four years. We appreciate Delegate Yost's efforts as a mental health supporter and thank him for his service.

SAVE THE DATE! 2015 MENTAL HEALTH ADVOCACY DAY



National Alliance on Mental Illness

Monday, January 19, 2015
Approximately 9:00 am - 11:30 am
General Assembly Building
Richmond, Virginia

Don't Miss It!

- **Legislative breakfast** (legislators will be invited to attend and speak)
- **Lobby your legislators** (no experience necessary)
- **Meet other mental health advocates, be visible for mental health, and put a face on the issues we all care about**

PSV VISITS VCU & EVMS

By Ralston King
PSV Lobbyist

This summer, Andrew Mann, PSV Association Manager and Ralston King, PSV lobbyist visited Eastern Virginia Medical School, University of Virginia Medical School and Virginia Commonwealth University Medical School. We brought greetings, updates about the PSV, government relations briefings and most importantly, lunch. Approximately 20 residents and students joined us at EVMS, UVA and VCU.



Joseph Otonichar, DO, MS, PCY-3, (left) with Azchariah Dameron, MD, Residency Director of the University of Virginia Medical Center.

We were welcomed by Delegate Jennifer McClellan (D-Richmond). Delegate McClellan, who represents the 71st District that includes parts of the City of Richmond and the County of Henrico. Delegate McClellan was gracious to visit and discuss why being active in your professional organization makes a difference. Over the last few years, the PSV has made this a routine part of the organization's mission to get students and residents involved in professional networking, leadership and advocacy.



Cal Whitehead gives a mental health advocacy update to UVA medical students and residents.



UVA residents enjoy some great snacks compliments of PSV prior to the Society updates.



Ralston King, PSV Lobbyist, gives EVMS residents a legislative update on mental health issues.



Delegate Jennifer McClellan, D-71st District, describes to VCU residents the process of getting a bill passed and signed into law. There was a spirited discussion on mental health issues.

UVA MEDICAL SCHOOL UPDATE

By Joseph Otonichar, DO, MS

PGY-3 Psychiatry Resident

University of Virginia Medical Center

The University of Virginia takes pride in its diverse and well-rounded trainees and is pleased to announce the addition of ten new interns to the adult psychiatry residency program. Hailing from a variety of prestigious institutions, these talented young physicians have already proven to be caring, capable, and hard-working: Aditi Giri, MBBS; Gabriel McNabb, MD; Melanie Miller, MD; Katarina Nguyen, MD; Jacqueline Norman, DO; Steven Phillips, DO; Diana Robinson, MD; Jordan Rosen, MD; Keri Stevenson, MD and Chelsea Wolf, MD. UVA is also delighted to welcome four gifted new attending physicians to its faculty: Drs. Jorge Castro-Alvear, David Hamilton, Jennifer Hanner, and Meredith Lee.

UVA residents continue to stay active in numerous realms. Many residents commit their free time to volunteer regularly at Charlottesville's Free Clinic. Others continue UVA's longstanding tradition of cinematic showings and discussions of psychologically themed films. Six of our residents attended PSV's Fall Meeting, with poster presentations by Drs. Thakrar and Otonichar. Residents also continue to participate in a multi-disciplinary book club with UVA's Anthropology Department.

Individually, UVA residents claim many professional accomplishments, a handful of which include:

- Dr. Caridad Ponce-Martinez, PGY-4 (chief resident), accepted a fellowship position in Addiction Psychiatry at Yale University.
- Dr. Sariah El-Haddad, PGY-4, accepted a fellowship position in Addiction Psychiatry at Boston University.
- Dr. Mandrill Taylor, PGY-4, also accepted a fellowship position in Addiction Psychiatry at Yale University. Prior to beginning, he will attend the Harvard Global Mental Health Program in Orvieto, Italy, and initiate SBIRT training programs in select Virginia CSBs with SMHSA.
- Dr. Toral Desai, PGY-3, presented posters, "Moderators of Comorbidity Between Childhood Asthma and ADHD" at AACAP's Annual Meeting in San Diego, "A Case Study: Assessing Safety of Electroconvulsive Therapy in the Presence of Intrathecal Pump" and "Pediatric Delirium and Alpha-Mannosidosis: A Case Report" at APM's Annual Meeting in Florida, as well as "Cerebellar Vermis Hypoplasia and Midbrain Elongation in a Patient with Schizophrenia" at the APA Annual Meeting.
- Dr. Amanjot Kaur, PGY-3, presented a poster, "Internet Gaming Disorder: A Case Report and Review of Literature," at the APA Annual Meeting and won the Area 5 Resident-Fellow Member Poster Award.
- Dr. Joseph Otonichar, PGY-3, began as a fellow in the Adult Psychoanalytic Fellowship Program at the Baltimore-Washington Center for Psychoanalysis and attended the AAPL Annual Meeting in Chicago. He also met with Senator Tim Kaine's legislative aide, Kristen Mallow, to lobby for public health concerns.
- Dr. Souraya Torbey, PGY-2, published a research article "Smoking Increases Risk of Pain Chronification through Shared Corticostriatal Circuitry" in October.
- Since June 2014, Dr. Diana Mungall Robinson, PGY-1,

published a textbook chapter, "Psychogenic Non-Epileptic Spells" and journal articles in both *Current Treatment Options in Neurology* and *Multiple Sclerosis Journal*, presented a poster, "Acute Onset of Non-epileptic Psychogenic Seizures in a Patient with Chronic Intractable Epilepsy" at the APA IPS Conference, and authored three other unique posters.

UVA values all of its residents, fellows, and faculty members and their personal and professional achievements!

PSYCHED UP!

PSYCHOPHARMACY EDUCATION UPDATE

What's New? What's Old?

By Martin Paspe Cruz, PharmD, CGP, BCPP, FASCP

Clinical Pharmacy Specialist

U.S. Department of Veterans Affairs Medical Center

Whenever FDA releases new psychotropics, I can't help but quiz myself, without seeing the generic name available, if it is really a "new" drug. The tongue-twisting brand names catch everyone's attention, but generic names should give it away. That it is not a new drug entity, but rather derived from an old, currently existing drug. Bummer! Within the last ten years, nearly 10% of the top 100 medications by sales were "new and improved" versions of previously released drugs with 4-5% being reformulated psychotropics.¹ It creates confusion among practitioners and patients, but draws big sales for manufacturers. Example: isomer drugs include escitalopram (Lexapro[®]) from citalopram (Celexa[®]) and desvenlafaxine (Pristiq[®]) from venlafaxine (Effexor[®]). Paliperidone (Invega[®]) is an active metabolite of risperidone (Risperdal[®]) while lisdexamfetamine (Vyvanse[®]) is a prodrug of dextroamphetamine (Dexedrin[®]). Newer agents are priced much higher than their predecessors. Clinical evidence of the newer agents is limited with only few placebo-controlled and/or active-controlled efficacy studies. Rarely are studies conducted comparing new agents head-to-head with predecessor products. The costs of the newer drugs are also considered hard pills to swallow. As head-to-head trials are extremely rare with these "new" drugs, evidence-based comparisons may be limited to pharmacokinetic and pharmacodynamic properties of products. And often times, "new" medications even have new formulations released such as, desvenlafaxine succinate extended release tablet was released in 2008 under the brand name Pristiq[®]. Patent exclusivity for this product expired in early 2013. As of October 2013, desvenlafaxine is available as the succinate salt (Pristiq[®]), desvenlafaxine base (both generic and Khadezla[®]) and desvenlafaxine fumarate extended release tablets.³⁻⁵ What is the difference among these products? Other than its pharmacokinetic and pharmacodynamic properties, i.e., solubility, half-life, no clinical difference exists among these new agents compared to their parent or 'original' drugs. Manufacturers claim the "new" drugs have little to no adverse effects compared to the original drugs – sometimes true, but for the most part they share mirror adverse effects. In the future, before getting excited over a new psychotropic releases, make sure to look at the generic

name, or chemical name, if it sounds like it's a derivation of a familiar drug, then you can tell that it is not all that new of a drug. It may promise benefits for your patients, but keep in mind the adverse effects potentially produced may cause the patient to not get better (or not be tolerated) from the disorder.

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4. Khedezla (desvenlafaxine) [package insert]. Wilmington, North Carolina; Osmotica Pharmaceutical Corp.; 2013
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STATE BOARD CHAIR AND GOVERNOR'S MENTAL HEALTH TASK FORCE UPDATE

By **Anand K. Pandurangi, MD, DFAPA**
Professor of Psychiatry
Virginia Commonwealth University

- Debra Ferguson, Commissioner, DBHDS, has created a number of Transformation Teams to revamp the mental healthcare system in Virginia. Details available on DBHDS website.
- The Governor appointed Mental Healthcare Task Force wound up its short term work with several recommendations. Drs. Knittel, Pandurangi and Wise served on this Board. The recommendations are available on the DBHDS website. The Task Force may meet periodically under the leadership of Lt. Governor Northam to make long-term recommendations.
- The state Board met in Richmond in October. Senior members of DBHDS, including Dr Jack Barber, presented. Nothing specific to report at this time.

A REFLECTION ON GRIEF THROUGH THE EYES OF A THIRD YEAR OSTEOPATHIC MEDICAL STUDENT

By **Cassandra Phillips, MSIII**

Edward Via College of Osteopathic Medicine – Virginia Campus

As I sit and reflect on the past month I've spent in Geriatrics, there is a specific encounter that comes to my mind. It wasn't a life-altering or exciting experience really, but mostly sobering. I sat and talked with an elderly gentleman in a nursing home where he was staying temporarily. Throughout the entire conversation, he proved to have some mild cognitive impairment, which I was informed, was his baseline. Halfway through our conversation, he grabbed my hand and held it while he talked to me and cried about his situation. As we finished and said our goodbyes, I turned to walk out the door when he stopped me and said, "I just want to thank you, Miss, for listening to me."

A simple phrase and gesture such as holding someone's hand brought me down to Earth. Here is a patient that has various comorbidities and is grieving for his current medical state. It's easy as a medical student to get caught up in the diagnoses and pharmacology without really understanding the stress these disease processes put on the patient and their family. But it was during this rotation that grief became a more familiar emotion to me when talking with the patient or their caretaker.

During my Geriatrics rotation, I also had the opportunity to attend a Memory Disorders Clinic in which the staff would assess patients for complaints of recent memory loss and talk with the family members. It was during the time I spent there that I really started to appreciate the role of the caretaker and the anguish they experience in watching their loved one steadily decline. Sadness is not a feeling any of us *want* to have. However, it is appropriate in this setting. It's important to grieve over a sad situation involving a loved one and the grieving allows us to cope with loss. For the elderly, it can be scary to decline in mental or physical function. It only seems natural to feel sad when learning of a disease that will progressively get worse, such as dementia or heart failure. So then, the next

question I ask is, where do I fit, as a future healthcare professional in this dynamic?

I used to feel uncomfortable talking about another's grief. It's not something we get practice with in our first two years of medical school. Although, I quickly learned it is an emotion I want to be able to empathize with when it comes to my patients. As medical providers, it's crucial that we learn how to stifle any discomfort we may get when a patient is grieving and learn to listen to their concerns. I entered the medical field to help others and I realized that "help" can come in different forms. Of course, it's essential to treat a patient's immediate medical concerns, but you can also help a patient by simply holding their hand or sitting and listening to them for an extra minute.

Although I have yet to complete my Psychiatry rotation, I am aware that grief can play a major role in this field. Whether working through the stages of bereavement after an event in one's life or coming to terms with the diagnosis of a mental illness, one might turn to their Psychiatrist in a time of need. For this reason, I look forward to my Psychiatry rotation so that I can build on this knowledge and learn more about how to help someone manage their grief.

In my opinion, healthcare is one of the greatest fields to be in. It allows us to interact with others and be trusted with one of the most important facets of someone's life – their health. One of the core tenets of osteopathic medicine is "the body is a unit; the person is a unit of body, mind, and spirit." This is a principle that I choose to follow during my study of medicine, focusing on not only a disease process or diagnosis, but also the patient as a whole person including their spiritual and mental state. In my future practice, I hope to have physician/patient relationships founded on mutual trust, respect and understanding. So, although grief can be troubling for me to talk about at times, I hope to continue getting more comfortable with it so that in my future interactions with patients, they feel they are receiving the best care possible.

MSV 2014 ANNUAL MEETING

By **Varun Choudhary, MD, FAPA**
PSV President-Elect

The Medical Society of Virginia hosted their 2014 Annual Meeting this year at the Williamsburg Lodge in Colonial Williamsburg on October 23-26, 2014. This event was well attended and offered the usual legislative agenda in addition to a CME educational session. The House of Delegates Opening Session took a moment of silence to honor the numerous physicians that had passed since the last meeting. The Opening Session also had an impromptu guest speaker, Dr. Marissa Levine, the Commissioner of Public Health for the Commonwealth of Virginia. Dr. Levine had a brief presentation on Ebola as well as a question and answer session. The repeated message was that the physician community needed to have a unified message based on scientific facts to quell the public anxieties and concerns.

The meeting was well attended by medical students, residents and early career psychiatrists and a number of activities were aimed at this group. On Friday evening, there was an MSV medical student Corn Hole Social as well as an MSVPAC-hosted Karaoke and Cocktails party.

The educational sessions offered were of high quality and important presentations that brought out crowds of attendees. Michael Tutty, Ph.D. began the session with a discussion of "What Makes Doctors Happy?" Dr. Tutty is the Vice President of Physician Practice Sustainability at the AMA, and he outlined the significance of job satisfaction and the factors that affect it. Physician burnout has been a critical issue in the past several years and the AMA has been exploring both internal and environmental factors that impact physicians' happiness.

Bernadette Harrow, MPA gave a presentation on "The Schwartz Center Rounds: Fostering Compassion and Creating Supportive Caring Communities." She explained how these rounds were patient-centered interdisciplinary teams created to discuss the social-emotional aspects of care and to recognize the impact of the human connection in the delivery of healthcare.

Robert Greenspan, MD completed the educational session with a presentation on "Useful Medical History for the Modern Physician," giving an overview of the history of medicine through works of art. He demonstrated, with a painting from Vesalius, that medicine became a science in 1543. Through works of Leonardo Da Vinci, it was explained that he was the first anatomist and that William Osler, MD, who was a co-founder of Johns Hopkins, was one of the most important physicians to help unify and propel the field of medicine forward.

Several important referendums were passed during the House of Delegates sessions. MSV put forth a resolution opposing Maintenance of Certification as a mandated requirement for licensure, credentialing or reimbursement. MSV moved forward on a resolution to eliminate the requirement for prior authorizations in the state of Virginia. MSV supported the AMA Truth in Advertising Legislation, with a goal to push full transparency of healthcare professionals by requiring that all wear badges with their name and actual credentials. Another

essential resolution was the establishment of the physician/patient relationship in the practice of telemedicine. A determination was made to define the parameters of telemedicine and the need to establish a proper doctor/patient relationship prior to dispensing any prescriptions.

The meeting was not all work. The MSV Foundation hosted its 80s-themed Gala on Saturday night. The highlight of the conference occurred when the leadership group of physicians for the MSV and the Foundation all dressed up as Michael Jackson and did a choreographed dance routine to Thriller! The festive spirit of Halloween was indeed in the air, and this was followed by a night of faux gambling and fun.

PRESIDENT'S MESSAGE

Continued from page 1

posters presented by other trainees as well, strengthening our confidence in the next generation of psychiatrists and PSV members. Congratulations to all of the poster contributors – you did a great job!

Our program was also successful. The title of the program was "The State of Psychiatric Subspecialties" and was anchored by the keynote address from Dr. Annelie Primm, Deputy Medical Director of the APA. Dr. Primm's presentation was well received and informative regarding the future direction of psychiatric subspecialties and the APA's involvement in supporting its increasingly specialty trained membership. It is reassuring to hear the APA's stance on meeting the needs of its membership in the next few very important years for healthcare.

In the remainder of the morning sessions, we heard "An Update of Pediatric Psychopharmacology" by Dr. Robert Findling of Johns Hopkins School of Medicine, and "Psychosomatic Medicine: Psychiatry's Newest and Oldest Subspecialty" by Dr. James Levenson of VCU School of Medicine. Both speakers were well informed, not only providing a thorough sense of where their specialties were heading, but also responding to many questions from the audience with thoughtful answers that reflected a thorough understanding of the importance of preparing for the future. At the conclusion of the morning session, the membership convened for our semi-annual business meeting and lunch and was treated to a legislative update given by Senator George Barker of the 39th district in Virginia. Senator Barker was an exciting speaker and clearly enunciated his fervent desire to work toward real mental health reform in the Commonwealth. It is always a pleasure to hear of the many important discussions that take place in the Legislature and to know that we have someone with Senator Barker's experience and vision representing our interests as mental health providers in Virginia.

The beginning of the afternoon was marked by a special break-out session provided for our Resident-Fellow members in attendance entitled, "Negotiating Your First Contract" by Ann McNary, JD from PRMS. In our main lecture hall, an outstanding presentation on the state of forensic psychiatry was given by Dr. Bruce Cohen of the University Of Virginia School Of Medicine. Dr. Cohen's presentation was entertaining and informative and easily kept us all awake and engaged after the fine lunch provided by the Marriott - not always an easy task. Finally, the day was capped off by Dr. George Kolodner who spoke to our membership about the current state and future of addiction

psychiatry. Dr. Kolodner provided an outstanding presentation which was well received by the audience. At the end of the day, a short question and answer period was also arranged for our afternoon speakers.

This conference, like many others in years past, represented a tremendous effort by our planning committee, the speakers and our association management firm. My heartfelt thanks goes to all those who make events like this possible for us. We are particularly proud to have had a number of students and residents in attendance with some participating in the poster session as well. It is fitting, when addressing the future of psychiatry in this conference, that we see so many faces that will indeed carry on, not only the future of psychiatry, but particularly our organization and others like it. With this group of new individuals ready to take the helm of PSV in years to come, we will be poised to meet the future with even more success than we have today. So, that's what we're doing to get young psychiatrists involved and insure the future of PSV.

We look forward to continuing on this course for our 2015 Spring Meeting in Richmond on March 13-14, 2015 where we will be treated to what promises to be an exciting and entertaining topic, "Movies and the Mind". We will also be moving our venue to the Hilton Richmond Hotel & Spa/Short Pump this year, so I will look forward to seeing everyone there. Have a great winter filled with professional successes as well as enjoying your time with family and friends. As always, we look forward to hearing your ideas as PSV and Psychiatry moves into the future.

VCU WALKS IN ANTHEM SPEAK UP 5K



The VCU Psychiatry Department recently took part in the Anthem Speak Up 5K in honor of Cameron Gallager.



WELCOME TO OUR NEW MEMBERS

FELLOW

Oday Alsarraf, MD	Charleston, SC
Brooke Burns, DO, MS	Roanoke, VA
Deborah Dilley, MD.....	Roanoke, VA
Alkesh Gajjar, MD.....	Yorktown, VA
Aditi Giri, MBBS.....	Charlottesville, VA
Anita Ann Joseph, MD.....	Roanoke, VA
Benjamin Lowe, MD	Richmond, VA
Gabriel McNabb, MD	Charlottesville, VA
Doan-Thu Nguyen, MD.....	Vienna, VA
Jacqueline Norman, DO.....	Charlottesville, VA
Steven R. Phillips, DO.....	Zion Crossroads, VA
Diana M. Robinson, MD	Charlottesville, VA
Audrey M. Rushin, MD.....	Ashburn, VA
Sonia Sehgal, MD.....	Richmond, VA
Keri Ann Stevenson, MD	Charlottesville, VA
Souraya Torbey, MD	Charlottesville, VA

GENERAL MEMBER

Ramiz Audi, MD	Norfolk, VA
Adina Bowe, MD.....	Bassett, VA
Frank A. Clark, MD	Radford, VA
Mari J. Cochran, MD	Front Royal, VA
Manana Lapidus, MD, PhD	Henrico, VA
Rajeev Sharma, MD.....	Virginia Beach, VA
Justin B. White, MD.....	Roanoke, VA

IN MEMORIAM

Arnold Franklin Strother

1933-2014



Arnold Franklin Strother of Richmond, died peacefully on October 17, 2014. He was born in Clarksburg, West Virginia on October 31, 1933, to Grace Fleming and Paul Franklin Strother. Dr. Strother attended West Virginia University and went on to get his

MD at MCV. He practiced psychiatry in Richmond for 40 years. Dr. Strother was a member of the Richmond Academy of Medicine, a member of River Road Presbyterian Church and an avid supporter of his grandchildren's endeavors. He is survived by his loving wife, Frances; and his two daughters, Cynthia (Alex) and Courtney. He is also survived by his two grandchildren, Alexa and Wilson. The family received friends at the Parham Chapel of Woody Funeral Home, 1771 N. Parham Rd. A memorial service was held at River Road Presbyterian Church. In lieu of flowers, memorial contributions may be made to the American Diabetes Association. Online condolences to WoodyFuneralHome.com.



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Shire Pharmaceuticals**

JANSSEN CONNECT PROGRAM HELPS WITH CONTINUITY OF CARE

By Paula Allocca, PhD, NP

Bon Secours Richmond Health System

Janssen Connect has been providing comprehensive information and assistance to help patients stay on Janssen's Long Acting Therapies (Invega, Sustenna and Risperdal Consta) in Virginia for over two years. Since that time, many in the psychiatric community have shared that it has helped both the provider and the patient understand their drug benefit, assist with care coordination from the hospital to the outpatient site of care, provide reminder calls to patients for scheduled appointments, provide assistance with shipping medication to the office if needed, and help providers who do not administer injections in their office to find a convenient location for the patient to receive their injection. The injection center can be near the patient's work or home or the doctor's office. This is one of the more unique aspects of this program.

In this changing and often complex healthcare environment, providers have shared that Janssen Connect has provided a tremendous offering by helping with prior authorizations. In addition, Janssen Connect provides help and support with understanding benefits and acquiring Janssen's Long Acting Therapies with the various Managed Medicaid & Private/Commercial Insurance Plans in Virginia.

Paula Allocca, PhD, NP of Bon Secours Richmond Health System, practices in both the inpatient and outpatient settings and has shared the following: "Janssen Connect offers one of the most comprehensive programs out there for continuity of care. I have had the opportunity to work with several patients on Invega, Sustenna and Risperdal Consta that are enrolled in Janssen Connect. I had a patient referred to me from the hospital for outpatient care. He had to deal with the realization that his illness was chronic. He wanted to discuss medication management and how he would handle being on medication for the rest of his life. We received teaching materials and educational support from the specialists with Janssen and were able to convert his medication to a long acting injection and enroll him easily in Janssen Connect. Medication administration was managed by an injection center identified by Janssen Connect and selected by the patient. I receive monthly information that my patient is regularly receiving his medication as well as requests for timely medication renewals. He has remained on the injection for over two years. I believe this patient has remained compliant for as long as he has because of the support he has received from this program. Despite the fact that this patient suffers with severe paranoia, he has remained compliant for a long period of time and has not required any subsequent re-hospitalizations."

More information about this program offered by Janssen Pharmaceutical Companies of Johnson & Johnson can be obtained by visiting www.janssencns.com or by calling (877) 524-3579.