A MESSAGE FROM THE OUTGOING PRESIDENT

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

It’s hard to believe that a year has come and gone since I first addressed you as the new President of PSV and encouraged you to be involved in your profession as an advocate for reform. Over the past year, I have tried to keep you informed and energized in advocating for real reform in the mental health system of Virginia. True reform, as we know, is only possible with the involvement of psychiatrists as key figures in deciding how we can better serve our patients with mental illness. I can tell you that the road to having psychiatrists be a meaningful part of the discussion has not always been an easy one. We have needed to be consistent at times and supportive of our colleagues in DBHDS and the state mental health system at other times. Although the road has had its twists and bumps, PSV has been there every step of the way with support and patience. When we have needed to advocate, we have. When have needed to support other groups, we have. And yes, when we have needed to disagree, we have done that also, all the while making sure to maintain strong and honest relationships with all parties who play a part in mental health reform.

I have certainly not traveled that road alone. This would have been an impossible job without the support of the PSV staff, lobbyists and membership. Engagement of leadership in any organization is only as good as the support behind it, and I have felt that support all the way. Special thanks need to go to Mr. Andrew Mann, Association Manager, and Mr. Ralston King, PSV Lobbyist and Government Relations Consultant. These two gentlemen work absolutely tirelessly for our organization and its membership every day, negotiating evening calls, meetings and the day-to-day business of PSV while never displaying anything less than the utmost enthusiasm, professionalism and energy. They are often the face of PSV and I simply can’t put into words how much we benefit from their expert representation. We should all be very proud to have them associated with our organization.

So, I leave this job as President content that I and the other leaders of PSV have done our best to make things better, not only for psychiatrists in Virginia, but their patients and families. PSV has a definite place at the table to negotiate and operationalize mental health reform and has continued to strengthen its credibility with decision makers throughout the state. We are, and will be, integrally involved in the mental health reform process in Virginia, not only over the next few years, but hopefully for many years to come. Our mental health system, both in the public and private sectors, must be dynamic and responsive to the needs of our patients and colleagues. Only with our continued collaboration can reform truly be achieved.

I am confident that PSV remains in capable hands with Dr. Varun Choudhary, as he has been integrally involved over the past year as President-Elect and shares our vision for a better system that benefits us all. I encourage each of you to support him as you have me and to continue to stay involved in all the things that have made us successful over the past year and will for years to come. I will certainly continue to be a part of that process and support PSV and Dr. Choudhary in any way that I can. See you in October for the PSV 2015 Fall Meeting in Chantilly!
A MESSAGE FROM THE EDITOR

A Few Comments on “Burn Out”

By J. Edwin Nieves, MD, DFAPA

PSV Newsletter Editor

Psychiatrists, like all physicians, have a great responsibility for the welfare of their patients. The day-to-day exposure to patients that are unhappy, emotionally distressed, angry or sad requires an intensity of labor; however, that is very different from other medical specialties. We must remain empathic and maintain a degree of “emotional benevolence” throughout the work day. This can wear you down. Like most other physicians, we have a tendency to “lock it down,” a term used in armed forces to describe repressing feelings, moving forward, and keeping on as we either ignore or fail to recognize the early signs of being “burned down”.

A very interesting article in the Psychiatric Times from last year describes burn out as “chronic exhaustion and decreased interest in work”. It also mentions another definition that uses three domains to describe burn out:

1. Emotional exhaustion - fatigue-emotional depletion
2. Depersonalization - isolation-frustration
3. Lack of Personal Accomplishment - a sense of failure, apathy

Like most signs of emotional discomfort, it is not unusual for these signs to be more evident to your staff or your loved ones. While we are encouraging with others to come forward, seek help and normalize the experience of seeking help, physicians tend to react with denial and surprise at any hint of “weakness.” In many ways, this has to do with the way we are trained. Medical school and residency training are an exercise in personal discipline and repression. I do not recall ever being on call as a resident and wondering if I was “burned out.” That just did not happen. Resilient behavior was modeled by your second and third year resident, vacation time was scarce and most of us were balancing the beginnings of family life and early adulthood. Since then, the practice of medicine has become even more complicated. Not only are physicians required to know and master the technical aspects of medicine, but now billing codes, ethics, administrative and leadership duties are also piled into the discipline. These are usually not taught, but modeled by more senior colleagues or institutional practice guidelines.

The article mentions several ways to avoid burn out:

• Take a vacation for example is one of them. This was hard for me to learn. Many feel guilty about taking vacation (I was one of them) or feel that they may “lose their job” for taking a vacation.
• Read a book, the 7 Habits of Highly Effective People is a wonderful reference on how to “keep sharpening the saw” by maintaining your skills and at the same time enjoying travel or seeing friends.
• Talk to other colleagues, play a sport, seek the support and friends.

For more information on burn out, check out the references below.

References:

1. Burn out: Strategies to Prevent and Overcome a Common and Dangerous Problem, Eva Szijethy Psychiatric Times May 2014 Vol. 31 #5 PP 28-30
3. The 7 Habits of Highly Effective People, SR Covey, 1989 Free Press USA
A MESSAGE FROM THE INCOMING PRESIDENT

Building Bridges
By Varun Choudhary, MD, DFAPA
President, PSV

We build too many walls and not enough bridges.
~Sir Isaac Newton

We had an extremely successful Spring Meeting this year. There were a record number of people in attendance, not only at our CME-sponsored program Saturday, but at our Friday night Gala celebrating mental health reform. Our topic, Movies and the Mind: A Cinematic Approach to Hollywood’s Perception of Mental Illness, was certainly a draw, and our esteemed speakers did not disappoint. Dr. Bruce Cohen kicked off the day with a lively presentation on psychiatric treatment from past to present using One Flew over the Cuckoo’s Nest as his theme. He was followed by Dr. Kenneth Brasfield, using Awakenings, to complete the psychotropic portion of psychiatric treatment modalities. This was followed by Dr. Adam Kaul’s discussion on Intellectual Disability and Mental Illness, using segments of Rainman and I Am Sam to explain the complex presentations of these dually diagnosed. After lunch, we took a break from our theme to allow Professor Richard Bonnie to give us an update in psychiatric advanced directives, and the importance of sharing these practices with our patients. We returned to our cinematic theme with Dr. Kogut’s presentation on the Recovery Model using Silver Lining Playbook as the guide. Dr. James Reinhard then discussed violence and risk assessments in the mentally ill population with Dr. Hannibal Lector of Silence of the Lambs as the medium. Finally, Dr. Glen Weiner enlightened us on advances in the field of Neurofeedback and Neuro-modulation using Limitless as inspiration.

The reception Friday brought a number of people together to celebrate mental health reform, including Delegate John O’Bannon, Delegate Betsy Carr, Senator Steve Martin and Senator Rosalyn Dance, to name a few. Delegate T. Scott Garrett, MD, received the Legislator of the Year award for his significant contributions to improving the lives of people with mental illnesses. He had a very important message and recognized the president of the Medical Society of Virginia, Dr. William Reha, who was in attendance. He urged all of us to be vocal advocates for our patients, our profession, and our community.

It is through the building of bridges, strong relationships with our peers, other physician groups, legislators, and advocacy groups that we can make a significant difference. Our profession is at a unique crossroads unlike anything in the past. The significance of mental health and wellness has never been so prominent and stigma is giving way to acceptance of such issues. From the Mental Health Parity Act to Representative Tim Murphy’s aggressive push to pass a comprehensive mental health bill into law, never have we had such an opportunity to advocate and make a difference. I urge you all to join me in building bridges so we can help make the system better.

REVERSIBLE VALPROIC ACID-INDUCED PARKINSONISM IN PSYCHIATRIC POPULATIONS:

By Sameer Hassamal, MD
Chief Resident
Department of Psychiatry
Virginia Commonwealth University

Two PSV board members, MCV Chief Resident Dr. Sameer Hassamal and President-Elect Dr. Susan Waller recently published a case report and literature review in the Turkish Journal of Psychiatry on Valproic acid (VPA) - induced reversible parkinsonism and cognitive impairment. While this phenomenon is well recognized in neurology, it has been under recognized in the psychiatric population. Given the neuropsychiatric side effects of levodopa and other dopaminergic agents, which may be used to treat parkinsonism, and the reversible nature and potential severity of VPA-induced parkinsonism, improved recognition in psychiatric populations, particularly after extended VPA exposure, is critical.

The temporal relationship between VPA and VPA-induced parkinsonism may not always be apparent, because the onset of symptoms can start many years after VPA is initiated. Discontinuation of VPA should resolve the parkinsonian symptoms within a couple weeks. It is unclear if there is a positive relationship between the dose of VPA and the severity of parkinsonian symptoms, although a dose reduction does improve the symptoms. In our literature review of VPA-induced reversible parkinsonism, we found that the mean age was 62.71 years +/- 12.32 years, the mean total daily dose of VPA was 1183.82 mg +/- 425.28 mg, the time to onset of parkinsonism, improved recognition in psychiatric populations, particularly after extended VPA exposure, is critical.

It can be accessed in the following link,
http://www.bmj.com/content/349/bmj.g5205/rr

BENZODIAZEPINE USE Addressed

Abbot Granoff, MD has published a letter on Benzodiazepine use to the editor in the British Medical Journal of Medicine. It can be accessed in the following link,
GOOD THINGS COME TO THOSE WHO WAIT (AND STAY INVOLVED)

By Hugh M. Bryan III, MD
Former MSV President

Prior authorization requirements by insurance companies for medications, testing and surgery have been a tremendous drain on the time of all physicians and our staffs. In addition, these roadblocks result in delay in patient care and, on occasion, harm to our patients. When this issue was first presented as a possible legislative agenda item while I was President-Elect of MSV and the Chair of the MSV Legislative Committee, I looked at the expense of prior authorization in my office. As a solo practitioner, my office spent 40 hours during one month dealing with these requirements. That is a full week of a full time employee in a small office. During that month, only one MRI was denied and that decision was reversed after a “peer-to-peer” request (with an additional cost of ten minutes of physician time!). Stories like mine are common. They demonstrate incredible wastes of physician and insurance company resources as a result of these requirements.

Over the last three years, MSV has the background research. It has identified the right message for legislators and the public, it has identified the legislators who are best able to secure passage. MSV, along with various stakeholders, developed a winning strategy.

The result is HB 1942/SB 1262 – prescription prior authorization reform bills, which were introduced by Delagate Greg Habeeb (R-Salem) and Senator Steve Newman (R-Lynchburg). These bills will require a 24-hour turnaround on urgent requests, and a two business day deadline for standard requests. If an insurer needs additional information, there will be a two business day extension for action upon receipt of supplementation. Health plans will be required to accept electronic prescription prior authorizations that can be transmitted by electronic medical record, e-prescribing or health information exchange. A physician can request a tracking number, so they may track the status of their prior authorization request. When a prior authorization is denied, the plans must provide a reason for denial. If a patient switches health plans, the new plan must honor an approved prior authorization for at least 30 days. All formularies, medications subject to prior authorization, prior authorization procedures and prior authorization forms must be located on one page on a health plan’s website.

Thanks to the efforts of PSV, MSV and all of you who have contacted legislators, both bills have passed both houses and now await the governor’s signature (at the time of this writing).

We have more work to do. I believe the successful passage of these bills related to prescriptions will allow MSV and PSV to work on reducing the prior approval burdens for MRIs, surgery and other procedures. This will not happen without the continued involvement of all of us. I urge you to continue to educate your legislators about this problem in person and by mail. Stay active with MSV as well as PSV and encourage MSV to continue with this long range plan.

Stay involved.

WHITE COATS ON CALL EXPERIENCE:

By Sameer Hassamal, MD
Chief Resident, Department of Psychiatry
Virginia Commonwealth University

This year’s White Coats on Call event was held at the Hilton Garden Inn-Downtown Richmond. The day started with briefings at 8:15 am by MSV lobbyists, who provided information on key legislative issues. Psychiatry occupied an entire round table and included two of PSV’s Executive Committee members, Dr. Helen Foster and Dr. Susan Waller, as well as two MCV Chief Residents, Dr. Shivan Desai and me, another PSV member, Dr. Patel and our exceptional lobbyists, Cal Whitehead and Ralston King. After the morning briefings, physicians from different specialties marched to the General Assembly where we met with a variety of legislators. It was satisfying to be able to put names to faces there. It was an exciting and humbling experience to share our thoughts about how legislation would affect healthcare in the Commonwealth and to know how our input as psychiatrists is crucial to legislators being able to grasp the issues. Psychiatry was so well represented at the White Coats on Call that a few of the legislators even attended the Psychiatric Society of Virginia reception on Friday evening at the PSV Spring Meeting at the Hilton Short Pump. It became clear to me as a resident that, if you are in medicine, you are in politics. I definitely recommend that all physicians, including and, perhaps especially, trainees, make the effort to attend the next White Coats on Call! The future of psychiatry in the Commonwealth really depends on your advocacy!

WELCOME TO OUR NEW MEMBERS

GENERAL MEMBER
Roohi Alikhan, MD........................................... McLean, VA
Anjela Arbogast, MD........................................... Radford, VA
Kenneth Fore, MD............................................. Lynchburg, VA
Maria Haine, MD............................................. Glen Allen, VA
Charles Hall, MD............................................. Richmond, VA
Jennifer A. Hanner, MD, MPH......................... Charlottesville, VA
Dierich Kaiser, MD........................................... Gainesville, VA
Tayyab Paracha, MD......................................... Purcellville, VA
Guyton Register, MD....................................... Roanoke, VA
Kenneth Richmond, MD................................. Fort Monroe, VA
Nadia Robertson, MD..................................... Vienna, VA
Rhonda N. Sims, MD........................................ Lynchburg, VA

RESIDENT - FELLOW
Mason Ayobello, MD....................................... Roanoke, VA
Peter Breslin, MD............................................. Richmond, VA
Zeeshan Faruqui, MD..................................... Henrico, VA
Richard Ha, MD............................................ Roanoke, VA
Amanjot Kaur, MD.......................................... Charlottesville, VA
Kelli Messina, MD.......................................... Charlottesville, VA
Awtar Rathore, MD........................................ Richmond, VA
Samir Tarpura, MD......................................... Roanoke, VA
Sean D. Ziegler, MD....................................... Norfolk, VA

STUDENT
Jennifer Yoon, MD............................................ Richmond, VA
LEGISLATIVE UPDATE

By Ralston King
PSV Lobbyist

The 2015 Virginia General Assembly Session adjourned early for the first time in 15 years with a balanced budget and 800 pieces of legislation passing both the Senate and House Chambers. The Legislature maintained its focus and continued efforts to support mental health services and providers in both the budget and various bills. The budget signed by Governor Terry McAuliffe on March 26 included no “amendments” or “line-item vetoes,” a rarity to say the least. Items specific to mental health include:

- $31 million: 21,600 adults received coverage for those with serious mental illness (coverage includes prescription medicines & behavioral health services)
- $1.8 million: Six new Therapeutic Assessment or “Drop-off” Centers
- $2.1 million: Permanent supportive housing through private entities or CSBs to assist with housing for a person with serious mental illness (includes 150 rental subsidies)
- $3 million: Adds three additional Programs of Assertive Community Treatment (PACT) which brings a total of 26 PACT teams statewide
- $2 million: Expands child psychiatry to children’s crisis and response services

The physician community’s number one priority for 2015 centered around Prescription Prior Authorization Reform (HB 1942 & SB 1262). These two identical bills were carried by Delegate Greg Habeeb (R-Roanoke) and Senator Steve Newman (R-Lynchburg) and focused on reforming prescription prior authorization process through transparency, efficiency and standardization. After the 2014 Medical Society of Virginia Legislative Summit, the MSV and physician specialty groups got to work discussing reforms utilizing physician input and data. Midway through the General Assembly, the Virginia Association of Health Plans and the Medical Society of Virginia were able to come to a compromise that will ultimately assist in delays to access to care, create transparency and efficiency in the prior authorization process. The identical bills passed the Legislature unanimously and they were signed by Governor McAuliffe on March 23. The legislation will go into effect July 1, 2015. The reforms include:

- Requires health plans to accept electronic prescription prior authorization requests that can be transmitted through e-prescribing, electronic medical records or health information exchange.
- Health plans must honor an approved prior authorization from a patient’s previous health plan for a minimum of 30 days when a patient switches plans.
- Health plans must provide a reason when denying a prescription prior authorization.
- Requires a health plan to have one location on a website that specifies formularies, medications for prior authorization, prior authorization forms and prior authorization processes.
- Upon prescriber request, a health plan must provide a tracking number for a prior authorization submission.
- Requires a two business day deadline for health plans to act on a prescription prior authorization.
- Requires a two business day extension upon receipt of additional requested information.

PSV’s priority for the 2015 General Assembly focuses on the delivery of emergency mental health services. In the Commonwealth, law only allows for Community Services Board’s designees to provide an evaluation and determine a temporary detention order under the involuntary civil admission process. This burdensome process has left educated and trained psychiatrists and emergency physicians from utilizing their skills to assess and find care for the seriously mentally ill in a more efficient and timely manner. HB 2368, carried by Delegate Scott Garrett (R-Lynchburg) directed the Commissioner of Behavioral Health and Developmental Services to develop a comprehensive plan to authorize psychiatrists and emergency physicians to evaluate and determine a temporary detention order under the involuntary civil admission process. The bill would require a group of stakeholders to assist in this comprehensive plan and have the Commissioner report the findings to Senator Deeds’ Joint Subcommittee on Mental Health Services for legislation to be considered for the 2016 General Assembly. Delegate Garrett, a retired general surgeon was a superb advocate and helped the PSV, the Virginia College of Emergency Physicians, the Medical Society of Virginia and the National Alliance on Mental Illness to pass the bill unanimously through the Legislature. The bill is awaiting the Governor’s action.

In addition to the budget and PSV priority bills, the Legislature passed numerous mental health related bills. Please visit the link below to find the PSV updated bill tracking chart.

Lobbyist-in-a-Box
http://lis.virginia.gov/cgi-bin/legp608.exe?151+upc+000002

Donate to PsychMD-PAC!

To make a donation, recommend a candidate, attend an event, or get additional information on PSYCHMD-PAC follow the link below or contact PSV Advocacy Coordinator, Ralston King at rking@whiteheadconsulting.net for questions/assistance.

https://secure.societyhq.com/psv/PsychMD-PAC.iphtml
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Leaders in Psychiatric Medical Liability Insurance
By Joseph Otonichar, DO, MS
PGY-3 Psychiatry Resident

In addition to their clinical responsibilities, the residents within the University of Virginia’s Department of Psychiatry continue to amass an abundance of scholastic contributions. Dr. Erin Dooley, PGY-2, recently presented a poster at the AADPRT conference in Orlando titled “An Interdisciplinary Case Based GME Orientation Used at the University of Virginia and its Future Application in Orientation for Psychiatry Residents.” At the American Psychiatric Association’s 168th Annual Meeting in Toronto, Dr. Surbhi Khanna, PGY-2, will present “Yoga and Mindfulness for Smoking Cessation: Current Evidence and Future Directions.” There, Dr. Khanna, together with Dr. Diana Robinson, PGY-1, and Dr. Derek Belvins, PGY-2, will present a poster titled “Prevalence and Impact of Substance and Alcohol Misuse on College Students Presenting to the Emergency Department and Evaluation of Practical Referrals.” Dr. Abhishek Nitturkar, PGY-2, who was recently selected for an advanced practice training program in schizophrenia hosted by GME Today in Chicago will be presenting his poster titled “Effects of Sex, Age and Number of Treatments on the Seizure Duration in Bilateral ECT: A Naturalistic Study.”

With departmental support, all ten of our PGY-3s will be attending the upcoming APA Meeting, with six of our PGY-3s exhibiting their scholarly work. Dr. Toral Desai will be presenting three posters, “Moderators of Comorbidity Between Childhood Asthma and ADHD,” “A Case Study: Assessing Safety of Electroconvulsive Therapy in the Presence of Intrathecal Pump,” and “Pediatric Delirium and Alpha-Mannosidosis: A Case Report.” Dr. Tina Thakrar, who presented “Pharmacotherapeutic Options for Treatment of Adolescent Substance Abuse Disorders: A Literature Review” at the Fall PSV Meeting, will now be presenting “EEG-Neurofeedback in ADHD: Current Literature Review and Controversies.” Dr. Nishant Parikh will present “A Case of Ultra-rapid Neurocognitive Decline” and Dr. Joseph Otonichar will present “A Rare but Dangerous Side Effect to a Common Mood Stabilizer.” Drs. Amanjot Kaur and Michael Heck will also be sharing their work with the broader academic community.

Our PGY-4s have been active with scholarly labors as well. Dr. Caridad Ponce Martinez has had a number of recent academic contributions, including two accepted posters at the upcoming APA Meeting, “Can Impulsiveness Predict Treatment Response with Topiramate in Cocaine Dependent Individuals?” and “An Ethical Dilemma in a Depressed Patient’s Refusal of Treatment.” She has also had a poster, “In The News”

by Chintan Shah, MD
Psychiatry Residency Program

With the Electronic Residency Application Service (ERAS®) match on March 20, 2015, we are delighted to announce six PGY-1 psychiatry residents who will begin their training with us on July 1, 2015. Equally exciting are the PGY-4 residents who will be completing their training in psychiatry in June. Our graduation ceremony will be June 5, 2015 at Hotel Roanoke. We would like to congratulate:

- Aaron C. Clark, MD
- Jonathan C. Olivas, MD
- Vikas Pattu, MD
- Champakamala H. Rajanna, MD
- Anuradha Sekhri, MD
- Bushra M. Shah, MD
- Chintan Shah, MD
- Jennifer Wells, MD

Of these graduates Drs. Bushra Shah and Chintan Shah are pursuing fellowships in psychosomatic medicine at Virginia Commonwealth University and geriatric psychiatry at University of Pittsburgh respectively. Three PGY-3 residents are heading to pursue fellowships as well:

- Samir Tarpura, MD for Child & Adolescent Psychiatry at North Shore-Long Island Jewish
- Zheng Lian, MD, PhD for Child & Adolescent Psychiatry at North Shore-Long Island Jewish
- Anterpreet Dhanoiya, MD for Collaborative Care Psychiatry at Loyola University

Additionally, Drs. Jerita Dubash and Joseph Iskandar will be graduating as our newest Child & Adolescent psychiatrists in June.

Before the end of this academic year, the department of psychiatry had another half-day professionalism retreat for the residents on May 1, 2015 to help strengthen camaraderie and prepare trainees for practice upon graduation.

The psychiatry department has several quality improvement (QI) projects ongoing that involve residents. Some of these include: hospital-based inpatient psychiatry in collaboration with a nursing quality management clinical documentation improvement manager as well as addressing suicidal care in inpatient settings with non-psychiatric nursing staff. Beginning July 1, 2015, we are implementing a Referral Evaluation Stabilization-Quality Improvement (RES-QU) rotation. Approved by the Program Evaluation Committee (PEC), this will change the way the resident overnight on-call system works. This new rotation will include integration with CONNECT, our psychiatry 24/7 triage service, allowing...
2015 RETIREMENTS AND ELECTIONS MEAN
BIG CHANGES FOR VIRGINIA GENERAL ASSEMBLY
AND OPPORTUNITIES FOR ENGAGEMENT

Cal Whitehead
Legislative Consultant

All 100 House of Delegates and 40 state Senate districts will hold elections this year. Every Virginia voter will have the chance to vote for their General Assembly representatives. In addition, several retirements and intra-party contests will trigger primaries to select party nominations for the November General Election.

Election year provides ample opportunities to engage the candidates in your community. It can be as easy as visiting their website to sign-up for newsletters or high-level interaction through contributions and volunteering. Getting to know your General Assembly members early in their careers can result in long-term and valuable relationships when it comes to policy making. As a supporter and information resource, you can be a “go-to” constituent on important issues.

Here are some great resources for engaging in the 2015 General Assembly races:

Non-partisan, non-profit resource for daily Virginia political news, candidate information, campaign finance details (who gave to whom), PACs, and lobbyists.

Virginia General Assembly - http://virginiageneralassembly.gov/
The Commonwealth’s website for all things legislative. Find your member using “Who’s My Legislator?” Track bills, understand the legislative process, and locate official information from studies and commissions.

Your Government Relations team! We are also available to introduce you to Virginia politics. Please contact Cal Whitehead at cwhitehead@whiteheadconsulting.net if you have questions about races in your community and would like to engage in the political process. We can assist you with identifying the candidates or even hosting a fundraiser.

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ABILITY OF GENERAL PSYCHIATRY RESIDENTS TO DiAGNOSE AND TREAT CHILD AND ADOLESCENT PATIENTS

By Jerita J. Dubash, DO, MS

Due to the recent decline in child and adolescent psychiatry fellowship applicants and filled positions, inquiry into the role of general psychiatrists in the current mental healthcare coverage crisis is warranted. Certainly, not all general psychiatry residents will consider and pursue a fellowship; however, their residency training does include child and adolescent psychiatry rotations as required by the Accreditation Council for Graduate Medical Education. If general residents cannot be persuaded to pursue a fellowship, then perhaps general psychiatrist may serve some role in bridging the gaps in care for some patients depending on provider competence and confidence. This IRB approved study aims to assess the self-reported ability of general psychiatry residents based on their completion of their required child and adolescent psychiatry rotation. An anonymous online survey will be sent out to each of the training programs in Virginia – Carilion Clinic, University of Virginia, Virginia Commonwealth University, and Eastern Virginia Medical School, inviting general residents to participate. The survey consists of two non-indentifying questions and 20 statements about their ability to diagnose and recommend treatment for child and adolescents with a variety of psychiatric diagnoses. One of the initial items asks about pursuance of a child and adolescent fellowships. The corresponding results will be removed so that the target population will be those residents who will complete their general training. There will be a comment box at the end of the online survey in which respondents can leave feedback about what may have more positively affected their perceived ability to care for child and adolescent psychiatry patients. This information may be helpful to all general training programs – particularly to increase quality or characteristics of training in child and adolescent rotations and hopefully, to encourage general psychiatrists to consider treatment of child and adolescent patients.

VIRGINIA TECH CARILION
Continued from page 7

residents to learn more about how systems-based practice affects us all.

An active undertaking by the department is telepsychiatry. We have started a pilot telepsychiatry program with rural family medicine clinics providing consultations. This pilot program involves residents, fellows and medical students giving them valuable telepsychiatry experience which will become more prevalent in the years to come.

Finally, the department is proud to announce that faculty member, Dr. Thomas Milam was nominated by the VTC medical students to receive the Arnold P. Gold Foundation Humanism in Medicine Award. This annual award honors a medical school faculty physician who exemplifies the qualities of a caring and compassionate mentor in the teaching and advising of medical students. The goal of the award is to emphasize, reinforce, and enhance the importance of humanistic qualities among medical school students and faculty. The recipient of the Arnold P. Gold Foundation Humanism in Medicine Award is honored at an awards dinner...
held during the 2015 AAMC Annual Meeting in November. In addition, Dr. Milam is a recipient of the APA Nancy Roeske award for teaching medical students for 2015.

The Virginia Tech Carilion School of Medicine (VTCSOM)

VTCSOM has announced a reorganization of its Department of Basic Science, a move designed to more closely align medical educators and researchers in the basic sciences. The new unit will be called the Department of Biomedical Science. VTCSOM’s basic science department has 57 members and will grow under the new configuration. The school will hire several new faculty members during the coming year.

A big congratulations to the four VTC medical students that matched into psychiatry:

Elliot Pohlmann - Psychiatry
Virginia Commonwealth University

Rohini Mehta - Psychiatry
Georgetown University

Boris Kiselev - Medicine/Psychiatry
The Medical University of South Carolina

Andrew Snyder - Psychiatry
Virginia Commonwealth University

The Virginia Tech Carilion Research Institute (VTCRI)

Every year, VTC celebrates Brain Awareness Week. Although the official, international commemoration of Brain Awareness Week is March 16-22, the VTCRI’s events took place throughout the month of March. We had several different events and talks that took place not just at the VTC campus but at restaurants and specialty stores throughout the area. Like several other events sponsored by VTC, this event included a series of free public lectures that illuminated some of the mysteries surrounding the brain.

VTCRI continues to bring nationally and internationally renowned experts to Roanoke to explore various topics in the ‘Distinguished Scholars Series.’ An interesting psychiatry topic was explored was: “Fear and Fear-Related Disorders: From Pavlov to PTSD” by Kerry Ressler, MD, PhD on May 21, 2015. In addition, several residents and faculty participated in ‘Carilion Research Day’ on April 16, 2015.

NEWS FROM THE NATIONAL ALLIANCE ON MENTAL HEALTH (NAMI)

2015 Legislative Successes

Below are some of the key outcomes regarding mental health funding initiatives approved by the legislature.

- Funding to implement the Governor’s Access Program (GAP) to provide limited mental health and medical benefits for uninsured adults between the ages of 21-64 with mental illness with income below 60% of the Federal Poverty Level
- Funding for permanent supportive housing to provide rental subsidies and supportive services for 150 adults living with mental illness
- Funding to expand and strengthen children’s mental health crisis response and psychiatric services
- Funding to start three new Programs of Assertive Community Treatment (PACT)
- Funding to expand and strengthen therapeutic assessment “drop off” centers to provide a bridge between law enforcement and mental health

NAMI Virginia State Convention

Saturday, June 6, 2015
Crowne Plaza Richmond Downtown in Richmond, Virginia
Registration: Details coming soon at www.namivirginia.org.

The NAMI Virginia State Convention features top quality presenters providing information and tools to increase attendees’ knowledge and skills on a wide range of mental health topics. The convention is an excellent opportunity for individuals, families, and professionals to learn, network, make connections, and discover new resources. NAMI Virginia’s Annual Meeting will occur during the State Convention. At the Annual Meeting we will present our year in review as well as announce the results of the election for the 2015-2016 new board members.

NAMIWalks Virginia

October 17, 2015
Innsbrook in Glen Allen, Virginia
Register: Registration is open at www.namivirginia.org.

NAMIWalks Virginia is one of the largest mental health awareness events in the state of Virginia. Attracting over 2,000 participants, NAMIWalks Virginia is a day for individuals, families and professionals to network, find community resources, and to celebrate the funds they have raised which support free NAMI programs in Virginia.

Youth Volunteers Featured in NAMI Say It Out Loud Campaign

Over the summer, Youth leaders and Youth MOVE Virginia (a program of NAMI Virginia) advisory Board members Arianna Gray, Suzanna Woods and Hayden Myer participated in the making of a new film by NAMI called Say It Out Loud. In partnership with the OK2Talk Campaign, NAMI is using the video as a tool to promote conversations about mental health among youth and young adults. Toolkits are now available to be disseminated to various organizations across the country. In addition to the film, toolkits include a short educational presentation for an adult facilitator, a discussion guide and fact sheets. Learn more about Say It Out Loud today.

PSV FALL MEETING

OCTOBER 23-24, 2015 • MARRIOTT WESTFIELDS • CHANTILLY, VA

ABSTRACT DEADLINE: AUGUST 30, 2015

VISIT PSVA.ORG TO SUBMIT YOURS
PSV 2015 Spring
Jointly Provided by the American Psychiatric

From left: Delegate T. Scott Garrett, MD, (R) 23rd District, receives the Legislator of the year award from Brian Wood, DO, PSV President.

Kevin Spicer, MD, past presenter for the Spring Meeting and Varun Choudhary, MD, incoming PSV President visit the exhibits.

From left: Delegate Jimmie Massie catches up with Jim Reinhard, MD and Adam Kaul, MD.

From left: Tom Foster and Helen Foster, MD catch up with Ram Shanoy, MD.

From left: Thomas Jayne, MD and Larry Conell, MD and their wives enjoy a great reception on the Friday night before the Annual Meeting.

From left: Kevin Fitzgerald and Bryan Stinnie from Arbor Pharma with Kevin Spicer, MD and Varun Choudhary, MD
RAM SHENOY, MD, DLFAPA
RECEIVES LIFETIME ACHIEVEMENT AWARD

By Helen Montague Foster, MD, DLFAPA

When Dr. Ram Shenoy was presented with the lifetime achievement award at the spring meeting of the Psychiatric Society of Virginia this March, I found myself wishing I had recorded the short stories he shared on public radio many years ago. All I remember is that they evoked the magic of India and I thought of them as stories of the heart. When I first met Dr. Shenoy, he worked as a psychiatrist at McGuire VA Medical Center. I knew very little of his background except that he had been a resident at MCV, was gentle and radiated a sincerity that put patients and trainees at ease. He listened deeply with the “third ear” that psychodynamic therapists treasure, but he was practical and supportive to his patients and the residents he taught. He left the veteran’s hospital, started his own practice, and also worked in the public sector psychiatry at state hospitals, where he began treating people with intellectual disabilities. For many years he served as an advocate for our patients and profession through the Psychiatric Society of Virginia and the American Psychiatric Association, where he has been one of two psychiatrists to represent PSV in the APA Assembly.

All through this time, one of the issues Dr. Shenoy addressed was the problem of suicide. He arranged for educational television broadcasts about suicide prevention. When one of his young patients committed suicide after a Community Services Board worker overruled his attempt to keep the patient in the hospital involuntarily, Dr. Shenoy followed his conscience. Instead of keeping mum as a malpractice carrier would have advised, he contacted the patient’s mother and began a crusade which culminated in the passage of “Jef’s Law,” which required magistrates to accept and take into account input from the treating psychiatrist.

Occasionally, Dr. Shenoy will confide some of the issues that influenced him to take up his battle against suicide. When he was a boy he attended a Jesuit school, and one of his teachers took his life. The headmaster addressed the boys and told them that they had driven their teacher to kill himself. As psychiatrists, we might surmise that the headmaster may have feared he had behaved well enough to protect the teacher and was projecting his own guilt onto the boys. But obviously that experience inspired our colleague to think deeply about suicide, and we, our profession and his patients have profited.
AN URGENT NEED
FROM PSYCHMD PAC

The Political Action Committee of the Psychiatric Society of Virginia is REQUESTING YOUR HELP! We have raised a mere $800.00 in 2015! THIS IS UNACCEPTABLE.

As PSV President, I am asking that every PSV Member give $100 to the PSYCHMD PAC today.

~Varun Choudhary, MD DFAPA

Retirements and elections mean big changes for the Virginia General Assembly and provide opportunities for Virginia’s Psychiatrists to engage in the political process. All 100 House of Delegates and 40 state Senate districts will hold elections this year.

Election year provides ample opportunities to engage the candidates in your community. The contributions from PSYCHMD PAC go to campaign efforts such as marketing, staff, flyers, etc. It is crucial to get to know your General Assembly members early in their careers and can result in long-term and valuable relationships when it comes to policy making. As a supporter and information resource, you can be a “go-to” constituent on important issues.

The PSV Government Relations team is hard at work and working on three important issues to psychiatry:

1. Allowing psychiatrists to evaluate and TDO a patient under the involuntary commitment process
2. Prior Authorization reform for mental health medications
3. Preventing psychologists from prescribing medications

By contributing to PSYCHMD PAC you are contributing to the success of these policy measures that can change the way you practice medicine.

Virginia General Assembly
http://virginiageneralassembly.gov/
The Commonwealth’s website for all things legislative. Find your member using “Who’s My Legislator?” Track bills, understand the legislative process, and locate official information from studies and commissions.

PSYCHMD PAC Contribution
https://secure.societyhq.com/psv/PsychMD-PAC.iphtml
Please click link and make your contribution today via credit card or mail a check to:
PSYCHMD PAC
28 North 8th Street, 2nd FL
Richmond, VA 23219

Your Government Relations team!
Please contact Ralston King at rking@whiteheadconsulting.net or (804) 310-2718 if you have questions about races in your community and would like to engage in the political process. We can assist you with identifying the candidates or even hosting a fundraiser.
2015 FALL MEETING
October 23-24, 2015
Marriott Westfields • Chantilly, Virginia

Integration of Care

Psychiatric Society of Virginia
2209 Dickens Road • Richmond, VA 23230-2005 • (804) 754-1200 • Fax (804) 282-0090
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WHY BECOME AN APA FELLOW?

Being a Fellow is an honorary designation that was created by the APA Membership Committee and Board of Trustees to recognize early career members who have demonstrated allegiance to their profession and commitment to the on-going work of the Association. Most members who pursue Fellow status perceive it as one of the first steps to enhancement of their professional credentials. Fellows are recognized by their colleagues in the APA as a member of a very select group and are permitted to use the FAPA designation on all of their professional documentation. You do need to be board certified; you do not need a letter of recommendation. Fellow applications require review and comment from the member’s district branch/state association and approval by the APA Membership Committee and Board of Trustees. All newly appointed Fellows are publicly recognized at the Convocation of Fellows and Distinguished Fellows, which is held every year during APA’s Annual Meeting. Fellows receive a lapel pin as a symbol of their status and an embossed Fellow certificate to display with pride in their office.

Fellowship application submission deadline is September 1. Visit www.psychiatry.org/BecomeaFellow to apply!