ARIZONA PSYCHIATRIC SOCIETY NEWSLETTER, VOLUME 4, ISSUE 1

ARIZONA

SPRING 2013

Special Points of Interest from the Newsletter Committee:

Welcome to the 2013 Spring Edition of the Arizona Psychiatric Society's Newsletter. We begin by extending congratulations to the new APA Life members for their dedication and service to our profession.

After the comments of our APS President, Dr. Ghafoor, we outline the presentations and speakers for the APS Annual Meeting in April. Our main theme for this edition is psychotherapy. Dr. Martin Kassell, in the Meet our Fellow APS Member article, shares the richness of his life experiences in medicine and psychiatry. His passion for psychotherapy continues with his regular hosting of psychotherapy discussion groups at his home.

Dr. Mariam Cohen, an expert in psychoanalysis, reflects on the role of psychodynamic psychotherapy in a changing psychiatric environment. She raises the issue of treating people versus illnesses. Admirably and with pride, she continues her path of helping residents learn about psychotherapy.

Dr. Theresa Nguyen, a psychiatric resident, shows her excitement and enthusiasm for psychotherapy by outlining the principles she has learned. In addition to expressing her gratitude for her teachers, she directs us to local resources for analytic therapy.

Our section on reports has information on the Arizona Legislature by APS Lobbyist Joe Abate; on the APA Assembly by our representative, Dr. Jay Bastani; on resident issues from our APS Member-in-Training, Dr. Felicitas Koster; and on the value of APA membership by our APS Early Career Psychiatrist, Dr. Monica Taylor-Desir. We close the edition with reminders about educational programs and follow-up comments by Dr. Gurjot Marwah on our recent CPT Coding workshop.

The APS Newsletter committee thanks Teri Harnisch, our Executive Director, for her oversight of each edition of the Newsletter.

CELEBRATING OUR NEWEST LIFE MEMBERS!

The following members of the Arizona Psychiatric Society are being recognized by the APA for reaching the following Life membership status:

Veeraiah Choudary Karumanchi, MD—Life Member
Steven Glenn Dulla, MD—Life Fellow
Michael Edward Brennan, MD—Distinguished Life Fellow
Marianne Nebel Klugheit, MD—Distinguished Life Fellow
James Brian McLoone, MD—Distinguished Life Fellow
Joan L. Webb, MD—50-Year Distinguished Life Fellow

We recognize these fellow members for their years of dedicated service to the APA and the Society and to their contributions to the field of psychiatry and the enrichment of our mental health community.

Inside this issue:

APS Newsletter Committee: Robin Reesal, MD, Chair, Elizabeth Kohlhepp, MD, and Gretchen Alexander, MD

ARIZONA PSYCHIATRIC SOCIETY NEWSLETTER, VOLUME 4, ISSUE 1

PRESIDENT'S MESSAGE
TARIQ M. GHAFOOR, MD

Colleagues and Friends, it has been my pleasure to see many of you at recent Society gatherings. It has been a busy few months, and I hope you enjoy the articles, photographs, and the reporting in this Newsletter from these recent wonderful events, including the Winter Social, the dessert reception in Tucson for the UofA 21st Annual Psychopharmacology Review Course, the CPT Coding Workshop in Phoenix, and the CPT Coding Workshop in Tucson. There are many to thank for bringing these events to our members, but I would like to especially thank Dr. Ole Thienhaus for the gracious welcome at the Tucson reception and Drs. Bennett Blum, Joanna Kowalik, and Felicitas Koster for also attending; Dr. Kowalik and Dr. Edward Gentile for welcoming the CPT Coding Workshop attendees in the Phoenix and Tucson sessions, respectively; AACAP leadership for working cooperatively with us on both CPT Coding and the Annual Meeting; the APA for their support on CPT Coding and Dr. Ronald Burd for his time and contributions in speaking to our membership; and Dr. Gurjot Marwah for agreeing to support our members with future discussion groups on the topic. I hope you will register for the APS Annual Meeting—which is all set for April 13, 2013 at The Ritz-Carlton in Phoenix. Special thanks to Dr. Potts for bringing together what promises to be a very interesting panel on Arizona commitment law featuring Retired Judge Michael Jones and prominent Arizona counsel, Charles Arnold. Details are being finalized for a Friday evening reception (April 12th from 6:30 to 8:30 pm), and we will be providing that information to all who register. I look forward to seeing you at Annual Meeting! Until then, I wish you peace and good health.

THANKS TO OUR SPONSOR FOR THE 2013 APS WINTER SOCIAL

The Society thanks Valley Hospital Mental Health and Dependency Care for its sponsorship of the 2013 Arizona Psychiatric Society Second Annual Winter Social (held February 8, 2013 at the Sierra Bonita Grill). Aaron Carlon spoke briefly to the APS members regarding the unique and diverse programs offered at Valley Hospital; APS Lobbyist Joseph Abate updated the members on advocacy and scope of practice for 2013; and warm conversations accompanied by wonderful food and drink were enjoyed by all.

Valley Hospital is a private psychiatric hospital specializing in mental health and chemical dependency care. Valley Hospital provides a wide range of services and programs that offer evidence-based treatment proven to have positive outcomes for its patients.

REGISTER FOR THE 2013 ANNUAL MEETING TODAY

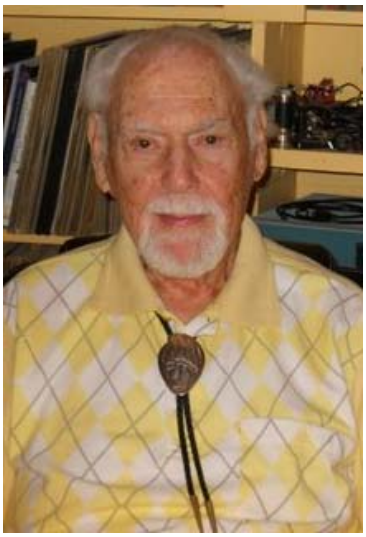
REGISTER TODAY for the Arizona Psychiatric Society Annual Meeting, "Managing Aggression through the Lifespan," to be held Saturday, April 13, 2013, at The Ritz-Carlton, Phoenix, Arizona. Registration brochures have been mailed to all members and are also available online at www.azpsych.org.

Agenda topics and speakers for the Arizona Psychiatric Society 2013 Annual Meeting,include: Combat-Related PTSD: A Developmental and Historical Perspective, Elise L. Leonard, MD; Panel on Statutory, Legal, and Ethical Options when Dealing with Dangerous and Potentially Dangerous Patients, Jack L. Potts, MD, Honorable Michael Jones (Ret.), BA, JD, and Charles Arnold, Esq.; Pharmacotherapy and Psychosocial Interventions for Aggression in Children and Adolescents, Leslie A. Hulvershorn, MD, MSc; Legislative Update, Tariq Ghafoor, MD, and Joseph F. Abate, Esq.; DSM-5 Personality Traits and Disorders Associated With Aggressive Behaviors, Andrew E. Skodol II, MD; Management of Aggression in the Geriatric Lifespan, Rajesh R. Tampi, MD, MS, FAPA; Cognitive and Behavioral Flexibility: Novel Target for Pharmacological and Behavioral Treatment and Implications for Alternative Future Classification of Mental Disorders, Pedro L. Delgado, MD.

Don't miss this great meeting, which is free to attend for all active Arizona Psychiatric Society members! Courtesy meeting room rate available through March 26, 2013 (reservation instructions provided at www.azpsych.org).

(Drs. Bueno, Harp, Kowalik, Rastogi, and Sood at the Winter Social)

MEET FELLOW APS MEMBER: MARTIN B. KASSELL, MD, DLF, APA



I obtained my medical degree in March 1948 from Hanemann Medical College. I had a brief Fellowship in Internal Medicine at the Lahey Clinic in Boston, Massachusetts. For 23 years, I practiced General Medicine. At age 48, I entered a psychiatric residency at Jefferson Medical College. It was heavily oriented towards analytic practice. Fortunately I was given much latitude and added other modalities to my repertoire such as hypnotherapy, role playing and reversal, psychodrama, etc. I was appointed both to the faculty of the medical school and to the Psychiatric Staff. I developed and taught medical students, and was part of a team that visited various County Medical Societies giving some training to general practitioners. I was also Chief Psychiatrist at Jefferson's Community Mental Health Center where I had to care for 2,000 very chronic mentally ill patients who had just been released from the back wards of Philadelphia Psychiatric Hospital. I was there from 1968 to 1976.

In 1976, I relocated from Philadelphia to Phoenix. For various reasons I elected not to begin a private practice but instead went into the public sector. My first position was at the County Psychiatric Service under Stu Hollingsworth. I was Chief of Consultation and Liaison to the County Hospital. I moved from there to the State Hospital where I served as Chief Psychiatrist and then Clinical Director. I was going to retire in 1986, when Dr. Leonardo Garcia and Dr. Jack Potts began a psychiatric inpatient service in the County Jails. Dr. Garcia asked me to join them for a year to help get the program started. I ran the Psychiatric Inpatient unit at the Durango Jail for not one year but 10 years.

I decided it was time to retire. My wife who suffered Multiple Sclerosis for over 32 years died 12 years ago of Ovarian Cancer. My son, Neal Kassell, is an internationally known Neurosurgeon at the Virginia Medical School; my daughter oversees me and the home; I have 3 granddaughters and 6 great grandchildren.

To offset boredom of retirement, I went into the Forensic sector and did competency evaluations to the Superior Court until three years ago. Now, I only do an occasional case. I play golf three days a week and on alternate days work with a Personal Fitness trainer. I also have been an amateur short wave radio operator for over 50 years and occasionally dabble in some painting to fill up some blank wall space in the house.

I have found that the most valuable thing I got from psychiatry was the Analytic or Psychodynamic theory. This is the basis for constructing a scenario to understand my patients. However, I give credit for my successes in Psychotherapy not to practicing Analytic Psychiatry but more to being Eclectic.

To me, the present practice of psychiatry is no different than General Practice. Treat the symptoms (despite DSM-5 "diagnostic manual") of chronic disorders, they get better, they get worse. But there is a definite need for Psychotherapy still, and that has been my forte and given me great pleasure. We have given the last art of medicine over to social workers, psychologists, and others who are still doing this work.

I think I did the most good running the Community Mental Health Center at Jefferson. I was able to rehabilitate the most regressed patients from the State Hospital. How I achieved that, the various approaches and programs I developed, will be a topic for one of my Thursday evening Kaffe Klatches.

Lastly, due to Dr. Payam Sadr's urging and assistance, I have been having a gathering of both psychiatrists in training and recent psychiatrist practitioners once monthly at my home. We gather at 7:00 p.m. for several hours. Coffee, wine, for socialization. We share experiences, discuss some cases; I share some of my memorabilia, offer some tips on psychotherapy, case management, analysis of cases, etc. It is my hope that this will become a focus for a variety of psychiatrists to come together . . . Retired, still practicing, new practitioners and residents, who can share experiences, discuss cases, problems in practice, be of interest to the residents. At age 95, this would be a great way to still feel involved.

The next psychiatry discussion group (Kaffe Klatche) hosted by Dr. Martin Kassell is presently scheduled for Thursday, April 18, 2013, at 7:00 p.m. In March, the discussion included a brand new approach to understanding personality disorders. Contact Teri (teri@azmed.org) for the address and directions.
Dr. Kassell confirms all are welcome!

A PLEA FOR PSYCHOTHERAPY'S PLACE IN PSYCHIATRY

Mariam Cohen, MD, PsyD

Dr. Cohen is in private practice in Scottsdale. She is a Psychoanalytic Fellow of the American Academy of Psychoanalysis and Dynamic Psychiatry, a member of the American Psychoanalytic Association, and a Distinguished Fellow of the American Psychiatric Association. In addition, she has just completed her PhD in Religious Studies at Arizona State University.

When I was a resident in psychiatry, DSM-III was just being introduced, and we were all learning the new language of criteria for diagnosis and multi-axial diagnoses. Prozac was just on the market, and we used tricyclic antidepressants and first-generation antipsychotics regularly. As residents my cohort was expected to be able to assess our patients' problems and provide the treatment they needed, including psychotherapy. Diagnosis according to "the DSM" was not emphasized. During my residency I became interested in psychoanalysis. When I attended a series of seminars provided to all the mental health community by a group of local analysts, I found that they knew things about my patients that I didn't know. So I sought supervision with one of these analysts. My residency director was delighted that I was going outside of the program for a perspective the residency did not provide. Supervision led to analysis, which eventually led to analytic training for me. When I graduated and set up my own practice, I fully expected that I would provide both psychotherapy and medications for my patients. Over the years, the most rewarding aspect for me of being a psychiatrist has been the deep relationships I have had with my patients, relationships that develop over time and through the intensity of exploring with them the ways they relate to themselves, to others, to their pasts, and to me.

Now, over thirty years later, I teach psychodynamic psychotherapy to psychiatric residents, and our whole field seems to have changed. The residents are adept at applying DSM-IV (and soon DSM-V) diagnoses to their patients. They are skilled at knowing the details of medications, side effects, and neurochemistry. However, most of them tell me that they expect to spend most of their time in practice seeing patients only for medication management and referring the patients for any psychotherapy (now known as "counseling") to psychologists, social workers, or "counselors." I often see patients for consultations regarding disability claims for psychiatric illnesses. All too often these severely ill patients are seen once a month for brief visits with a psychiatrist and every two weeks (or less often) by a counselor. When I tell prospective patients of my own that I provide psychotherapy, the response is often, "Psychotherapy, what's that?"

Is psychiatry becoming too medicalized? As it has been put, is psychiatric gaining a brain but losing a mind? I hope not.

As psychiatrists, we are almost the only medical doctors any more who look at the whole patient. Or should I say, we should do so? Mental illnesses are not like medical illnesses. When I had pneumonia, the illness didn't change how I related to my friends or my husband. I was just sick until the antibiotic routed the bacteria. However, our patients don't just "have" a diagnosis; their entire lives are affected by psychological problems. Mental illnesses occur in a context of an entire psychosocial situation.

I have the privilege to teach a few psychiatric residents. I get a relatively short time – about four months, once a week – to convey something of a psychodynamic perspective. I show them the Psychodynamic Diagnostic Manual, with its extensive review of personality styles, and its orientation to "assessment" rather than "diagnosis." I emphasize that patients don't "have" personality disorders, but that each of them has a personality, a way of relating to the world, to their friends and families, and to us as their doctors. I try to show these residents that transference, countertransference, and resistance are issues that arise not only in something defined as psychodynamic psychotherapy but also in all interactions with patients. Patients come with a past that is relevant to how they experience their mental health, and the past is relevant to how the patient experiences his or her interaction with a psychiatrist. Even when the interaction is limited to prescribing medication, the patient's relationship with the doctor is affected by who the patient is.

Every psychiatrist should have some experience providing psychotherapy. As psychiatrists, we should not be giving up our responsibility to see our patients as whole people, not just bundles of criteria or carriers of illness. We need to know the history of our profession, including its claim to be psychotherapists as well as brain chemists. Residents in training need to have

A PLEA FOR PSYCHOTHERAPY'S PLACE (CONTINUED)

opportunities to work with patients in long-term, intensive psychotherapy, to be able to see in practice how a therapeutic relationship develops and can be transforming. As practitioners we should not allow insurance carriers or corporate medicine to limit our role to medication dispensers. Even if we are the leaders of teams of "mental health providers," we need to be able to understand our patients in depth.

When I had pneumonia, anyone could have written the antibiotic prescription. However, the "illnesses" (if indeed they are illnesses in the same sense that pneumonia is) that our patients struggle with will not relent without the help of a therapeutic relationship. Knowing that someone cares, is honest with you, is not judgmental, and can help you understand is essential for mental health. Even if you are not mentally ill, that sort of a relationship is essential to staying healthy and productive, being able to love and work. Knowing how to do psychotherapy is to know how to provide a therapeutic relationship, and we psychiatrists must keep up that skill.

THE PSYCHODYNAMIC PROCESS

Theresa Nguyen, DO
Banner Good Samaritan Regional Medical Center, Resident PGY-3

Clinical training for all psychiatry residents includes core competency achievement in at least five different psychotherapies. Psychodynamic psychotherapy is an art that requires intensive studying and practice. As more patients begin to seek long-term and deeper therapeutic relationships with mental health professionals focused on exploring unconscious content, psychodynamic psychotherapy is now recognized as an essential milestone in clinical practice.

I was introduced to the basic tenets of psychotherapy as early as my intern year of psychiatry residency. I remember the first lesson I learned in didactic sessions – psychotherapy starts at the first contact with a new patient. I learned what helps and what doesn't help in treatment. I learned to develop a therapeutic voice and presence. Most importantly, I learned how to take care of myself as a therapist so I could take care of my patient. Through the course of weekly supervision, I learned how to internalize and model behaviors that helped guide me through difficult moments in therapy such as when patients unload distressful feelings and memories that may trigger my own emotions. During my third year, I was exposed to psychodynamic psychotherapy concepts through a six-month lecture series led by Dr Mariam Cohen. I liked how fundamental psychodynamic principles such as establishing rapport and recognizing bidirectional influences within the therapeutic relationship could be generally applicable to all treatments in psychiatry. I wanted to learn more and to feel more comfortable using psychodynamic treatment with my own patients, so I began searching for additional opportunities in the community to learn from experts in the field. Gathering a couple of other interested co-residents and medical students, we formed a small study group that meets weekly after work. We bring refreshments to share and sustain the enthusiasm to learn by creating a setting consisting of good humor, self-discovery, and dedication to patient care.

We are so fortunate and grateful to have local analysts such as Dr Mariam Cohen, Dr Edward Gibeau, Dr Bob Ranucci, and Dr Rosemary Wilson lead our study group as they are all passionate about teaching and helping us develop our psychodynamic knowledge and clinical skills. Topics covered so far include dynamic interviews and assessments of patients, empathy, resistance, transference and countertransference, as well as reviewing modern theories such as mentalization-based treatment. Video recordings and simulated demonstration of patient interactions offer further guidance. The study group is comprised of 2nd year BGSMC residents Matthew Goldenberg and Keith Quirino, as well as 3rd year BGSMC residents Elizabeth Brown, Suzanne Tariot-Sheard, Monica Faria, and myself, who each have an active outpatient caseload. As residents, this group has become an invaluable, safe, and supportive environment to review process notes and discuss difficult clinical cases we have personally encountered with our colleagues and mentors. It facilitates direct application of the key principles of psychodynamic theory so we can process and handle the various complex issues that arise in psychotherapeutic work. After completion of a psychiatry training program, it is generally recommended that we continue to seek consultation as part of our developing practice to enhance our psychoanalytic skills.

THE PSYCHODYNAMIC PROCESS (CONTINUED)

Our psychodynamic psychotherapy study group meets on Wednesday evenings in the Phoenix/Scottsdale area from 7-9PM. If you are interested in joining us, please email me (Theresa Nguyen: TQNguyen@gmail.com).

For more information on regional organizations that provide a forum for mental health providers to study psychoanalysis, please check out the following websites:

- **Southwest Psychoanalytic Society (www.swpsychoanalytic.org)**
- **Arizona Center for Psychoanalytic Studies (www.arizonapsychoanalytic.org)**
- **Arizona Psychoanalytic Society (www.arizonapsychoanalyticsociety.com)**

2013 HEALTH LEGISLATIVE UPDATE
JOSEPH F. ABATE, ESQ., APS LOBBYIST

Following is a summary of legislation introduced in the current Arizona Legislature Regular Session that is still alive and bears the most relevance to the practice of psychiatry. If you would like any additional information, please contact the APS Lobbyist, Joe Abate, at 602-393-1700. If you are interested in being a part of the Legislative Committee of APS, chaired by Dr. Jack Potts, please contact teri@azmed.org.

The following summaries are excerpts from the "2013 Capitol Reports, L.L.C.," "2013 Health Legislative Report, February 13, 2013," 51st Legislature, 1st Regular Session, 2013.

H2045: AHCCCS; HOSPITAL REIMBURSEMENT METHODOLOGY
The AHCCCS reimbursement rates for inpatient hospital stays are extended one year to be valid through September 30, 2014. Upon expiration of those rates, the AHCCCS Administration is authorized to adopt a hospital reimbursement methodology consistent with the Social Security Act, and to make additional adjustments to the rates based on specified factors. The AHCCCS Administration is no longer required to obtain legislative approval before adopting the new rates. A legislative intent section states that the Legislature intends for the methodology to be budget neutral in the aggregate.

H2064: TRAINING PERMITS; MILITARY HEALTH PROFESSIONALS
The Board of Dental Examiners and Arizona Medical Board are required to issue a training permit to qualified military-health professionals who are practicing dentistry or allopathic medicine in the U.S. armed forces and participating in a clinical training program based at a civilian hospital affiliated with the U.S. Department of Defense. The professionals are prohibited from opening an office or meeting patients outside of the approved hospital. Training permits are valid for one year, and must be issued without a fee.

H2239: COLLATERAL SOURCE EVIDENCE; ADMISSIBILITY
In an action to recover damages for personal injury, wrongful death, or damage to or destruction of property, the defendant may introduce evidence to establish that costs or losses of the plaintiff are subject to reimbursement of indemnification from a collateral source. If the defendant does so, the plaintiff may introduce specified evidence. Does not impair or affect a healthcare provider or collateral source benefits provider's ability to pursue any lien or right of reimbursement under state or federal law or contract. Effective January 1, 2014.

H2310: ADMINISTRATIVE OFFICE OF THE COURTS; EVALUATION
Requires the AOC to establish methods and standards to evaluate the effectiveness, efficiency and accountability of the mental health courts; requires the AOC to develop standards, encompassing data gathering and reporting procedures to facilitate annual evaluations and audits and ensure comparative data across this state for the design, training in and procedures; directs the AOC to report its findings and recommendations to the Governor, the President of the Senate, the Speaker of the House of Representatives and the Chief Justice of the Arizona Supreme Court on or prior to December 31, 2014.

H2400: PRIOR AUTHORIZATION; PRESCRIPTION DRUGS
A health care insurer that provides prescription drug benefits is required to develop and maintain a process when requiring prior authorization for prescription drug benefits that allows for electronic submission. Establishes an 11-member Uniform Prior Authorization Form for Prescription Drugs Committee within the Department of Insurance to develop recommendations for a uniform prior authorization form for prescription drugs by November 1, 2014. The Committee must report to the Governor and the Legislature by December 1, 2014. The Committee self-repeals January 1, 2015.

H2550: HEALTH INSURANCE; POLICIES; RATING AREAS
The Director of the Department of Insurance is required to ensure that the state retains its full authority to regulate health insurance policies and contracts. Health insurers subject to the federal Patient Protection and Affordable Care Act (PPACA) are prohibited from issuing a contract or policy or otherwise transacting insurance inconsistent with the applicable provisions of PPACA. Establishes "rating areas" (defined as an area within which a health insurer cannot vary rates based on geography) for the issuance of individual and small group health insurance policies and contracts. For health benefit plans issued on or after January 1,

(Continued on next page)

2013 HEALTH LEGISLATIVE SUMMARY (CONT'D). JOSEPH F. ABATE, ESQ., APS LOBBYIST

2014, if an accountable health plan is subject to and in compliance with the federal Public Health Service Act (PHSA), the plan is deemed to comply with state statutory requirements for premium rates and rating practices that are consistent with PHSA. Conditionally repealed as of the date a specified section of the PPACA is declared unconstitutional by the U.S. Supreme Court or is repealed by the U.S. Congress.

H2604: TRANSPORTATION FOR INPATIENT EVALUATIONS
If a guardian who has mental health treatment authority requires the assistance of a peace officer to transport a ward in need of inpatient mental health treatment or evaluation, the guardian may file a petition for an order directing a peace officer to take the ward into protective custody and transport the ward to a level one behavioral health facility or a hospital. **May be added to another House Bill.**

S1115: DIRECT PAY PRICES; HEALTH CARE
Health care providers and facilities are required to make available to the public in a single document the direct pay price for at least the 25 most common services, which must be updated at least annually. Self-repeals January 1, 2021.

S1235: PSYCHIATRIC SECURITY REVIEW BOARD; CONTINUATION
The statutory life of the Psychiatric Security Review Board is extended seven years to July 1, 2020. Retroactive to July 1, 2013.

S1353: HEALTH INSURANCE; TELEMEDICINE
Health and disability insurance policies or contracts executed or renewed on or after January 1, 2014 are required to provide coverage for health care services provided through "telemedicine" (defined as the use of interactive audio, video or other electronic media for diagnosis, consultation or treatment) if the service would be covered were in provided through in-person consultation.

S1374: BEHAVIORAL HEALTH EXAMINERS BOARD
Various changes relating to the Board of Behavioral Health Examiners, including modifying Board membership and requirements for public members of the Board, requiring Board members and Board investigators to complete specified training, and modifying requirements for reciprocal licensure. Various education, training, and clinical experience requirements for Board licensees are modified. The professional credentialing committees of the Board are eliminated and replaced with an academic review committee for each professional area licensed by the Board. Membership and duties of the committees are specified. The investigatory duties of the credentialing committees are transferred to the Board. By January 31, 2014, the Board is required to appoint an executive director to perform specified administrative duties for the Board. The statutory life of the Board is extended four years to July 1, 2017, retroactive to July 1, 2013.

S1375: BEHAVIORAL HEALTH SERVICES; DEPENDENT CHILDREN
Beginning October 1, 2014, the Department of Economic Security (DES) is required to provide behavioral health diagnostic, evaluation and treatment services for dependent children. The AHCCCS Administration is required to contract with DES for the delivery of all medically necessary behavioral health services to dependent children who are eligible for AHCCCS. Of the monies appropriated to the Department of Health Services in the FY2012-13 general appropriations act, an unspecified amount (blank in original) is transferred and appropriated in FY2013-14 to DES for implementation.

S1438: PRESCRIPTION ORDERS; BIOLOGICAL PRODS; SUBSTITUTION
A pharmacist who fills a prescription order for a specific "biological product" (defined in federal law) is permitted to substitute a "biosimilar product" (defined in federal law) under specified conditions, and must notify the patient and the medical practitioner of the substitution. **Does not look like it will go forward this session, but expect issue to return.**

S1443: MARIJUANA; POSTSECONDARY EDUCATION; MEDICAL RESEARCH
Statute prohibiting the lawful possession or use of marijuana on the campus of any postsecondary educational institution does not prohibit medical research projects involving marijuana that are conducted on the campus of a postsecondary institution as authorized by applicable federal approvals and on approval of any applicable university institutional review board.

As a reminder, the foregoing legislation summaries are for those proposals introduced in the current session that are most relevant to the practice of psychiatry. These have not yet been enacted into law.

Following are the newly formed Health Committees of Reference:

SENATE	HOUSE
Sen. Nancy Barto (R-15) Chairman	Rep. Heather Carter (R-15) Chairman
Sen. Kelli Ward (R-15)	Rep. Paul Boyer (R-20)
Sen. Kimberly Yee (R-20)	Rep. Kate Brophy-McGee (R-28)
Sen. David Bradley (D-10)	Rep. Eric Meyer (D-28)
Sen. Linda Lopez (D-2)	Rep. Victoria Steele (D-9)

REPORT FROM AREA 7 SPRING ASSEMBLY

Jehangir "Jay" B. Bastani MD , Delegate
Joanna Kowalik MD, Deputy Delegate

The Area 7 Spring Meeting was held in downtown Albuquerque, NM with Representatives and Deputy Representatives from all the 13 District Branches (DB) except Idaho. New members were introduced including Joanna Kowalik MD, our President-Elect and the AZ Deputy Representative.

WASHINGTON - had a successful seminar on Suicide Assessment that was legislated for all mental health providers to take except for MD and DO. The 2 physician emergency medical hold bill is being played out in the legislature with the Medical Society taking the lead. Utah State Bar is threatening to subpoena the MD for the hearings. After failing its Accreditation, a State Hospital of the two left in the State was decertified. Concern was expressed for prior involuntarily committed individuals who could have their rights restored to possess fire-arms. This would be conditional if their symptoms were not likely to recur in the future and the proceeding would be through the Courts.

UTAH - shared the recent awkwardness faced where a member had an ethical lapse and was expelled, yet attended the DB meetings by making necessary payments for CME meetings. Residents of University hospital have been involved in a volunteer-staffed Clinic started by a psychiatrist in Salt Lake City for refugees and non-Medicaid patient. New CPT codes have been denied or underpaid by III Party payers. OPTUM continues to selectively deny ECT for patients in the University Hospital. Utah DB has been approached to join an amicus brief of the Tenth Circuit Court re: Solitary Confinement of mentally ill prisoners. Utah psychiatry residency program has been fully matched, of interest was 340 IMGs applied.

WESTERN CANADA - Welcomed the decision for APA annual meeting being hosted in San Francisco as their members need 80 hours of Continuing education annually. They hope to achieve increase in membership to 500 members (same occurred in Hawaii 2 years ago). FOCUS on-line is free for APA ECP members and adds towards their CME. Their cannabis prescribing program is run through the Canadian Health that is using assessment by MD to prescribe marijuana for anxiety –it remains an ethical issue of concern since it places psychiatrist policing their patients.

ALASKA - Their annual meeting will be April 12-14, 2013 with 20 hours of Cat. I CME credits at the Alyeska Resort in Girdwood AL. No plan for Insurance Exchange and Governor expressed concern regarding future of state funding for Medicaid recipient and is holding out on the 3 years of federal grant. There are 2 bills on Suicide prevention and on access to mental health care. No residency planned but repayment of student loan by serving in Alaska is aggressively pursued. Eva Holmes is their new Executive Director and working to place their budget in black through CME by using local talents and increasing tuition cost- member apathy is rampant- they will be without DB President come May.

COLORADO - Opted for Health Exchange and accepting ACA Medicaid proposal. Plan afoot for Single Payer and MD community are split on this issue. The DB will be honoring their recently awarded Distinguished Fellows at their annual meeting. The Judge decreed a gag order re: the Aurora Mall shooting. The Colorado DB continues to be supportive of the University psychiatrist who treated the shooter. For helping members obtain Cat. I CME credit, they plan to have 2-3 meetings annually. CPT code change has resulted in some denials by payers. Cannabis decriminalization approved by voters has resulted in extensive reworking of regulations e.g. impaired drivers having > 5 ngm% cannabis in blood. Mental hold has been extended to 5 days to give time for evaluation and treatment, obviating a rehearing. Colorado is the ONLY District Branch to have a Disaster Plan and have volunteered to make it available to all the DB in Area VII. There is no Disaster Policy template at a national level for the DB.

WYOMING -Their membership is growing slowly and is at 27 members, their partnership with the Wyoming Medical Society (WMS) for mutual support has benefitted them such as their Annual Meeting with the WMS, the theme to be on School Bullying and use of Electronics in psychiatry. Legislature voted down use of Jury trial for Involuntary Commitment proceedings. Health Link, a California company received a grant of $7 million from CMS to provide telepsychiatry for Wyoming and Western Montana.

NEW MEXICO - Mental health contract has gone out and will be a carve-in where behavioral health becomes part of medical care using telehealth and other creative means for outreach. Medical Board oversees the Psychologist Prescribing per legislation - this is being resisted by psychologists. Currently Psychologists are prohibited from prescribing medications for side-effects. New Mexico becomes one of two states (CT is other) where PTSD is approved for 'medical' cannabis prescription.

HAWAII - Membership has declined by 18% and plans to have more member programs such as social meetings with "hot food and topics" such MOC, CPT, DSM-5 focusing on ECP needs. MIT are being treated for lunch meetings with DB members. An Electronic Holidays DB card was sent and was well received, inviting members to a post-Holiday lunch. It was get-together for members and spouses. Skype is used in DB meetings, the ECP have started a closed Facebook and Twitter feed. Their web-site has the Brainwave blog. Scope of practice bill is not yet heard in Committee but psychologists have started at the new University of Hawaii site in Hilo on Hawaii Island a pharmacology department with field work at Tripler Army Hospital. Currently the University funding is stressed and program faces closure. Single payer and formulary is dead and 3 companies are vying for Medicaid as well as public hospital contracts.

MONTANA - Membership has gone up but member apathy is ongoing. Their finances are better with their grant and dues increase. Their lobbyist is monitoring scope of practice bill. They have opted into the ACA's Medicaid program but will not set up an Insurance Exchange. Regard to gun legislation; move is afoot to make *(Continued on Next Page)*

REPORT FROM AREA 7 SPRING ASSEMBLY (CONTINUED)

the County Sheriff the ultimate arbitrator of law. Existing marijuana law is being reworked.

NEVADA - Scope of Practice bill is of Chiropractors wanting invasive privileges. Nevada had a successful annual meeting and their Psychopharmacological Update meeting in Feb 2013. It was a week long- drew 1241 attendees in Las Vegas. Their Public Affairs plans to have Depression Screening Day during Mental Health Awareness month. They now have a cadre of members in their Speaker's Bureau and plan to utilize them to talk to MD in rural practice, provide them with chart review and consultancy as well.

OREGON - Their former lobbyist and Executive Director retired. The DB is financially strained. Legislative Bill of concern to Oregon DB is equal pay for equal work by Third Party payer for PA, NP and MD.

EARLY CAREER PSYCHIATRIST (ECP) - Member retention and recruitment is an ongoing issue. There is an Ad-Hoc Committee on ECP attrition. The new fee structure over 7 years of ECP dues should help and also the complimentary FOCUS on-line availability. Concern voiced that ECPs are unaware they have to call APA to activate this site since it is not done automatically. Psych News will have a new section for ECP.

MEMBER-IN-TRAINING (MIT) - Ongoing general discussion of election of MIT Area VII Rep and Dep. Rep. by DB rotation. MIT are working on a separate hub on the APA Homepage as well as a Facebook page.

REPORTING PARITY VIOLATIONS: AN UPDATE FROM THE APA ASSEMBLY REP

Jehangir B. Bastani, MD, DLFAPA, Arizona, APA Assembly Representative

In recent notifications to the Assembly Representatives, the Representatives have been asked to share the following important information regarding reporting parity violations:

APA's Office of Healthcare Systems and Financing is constantly dealing with insurance companies concerning coverage denials and advocates with HHS/CMS, private and public payors to expand their grasp of the parity rules in order close the loopholes upon which insurers rely to deny coverage. In doing so it is helpful to have specific examples of situations where patients clearly in need of a service have been denied the service by the insurer. We constantly hear that "nobody has complained so there is no problem." While APA can raise your complaints with the agencies and insurance companies, it is much more effective if you make the complaint first and we follow up on it. It would be most helpful if you would make a formal

REPORTING PARITY VIOLATIONS (CONTINUED)

written complaint whenever there is an insurer who has denied psychotherapy for a patient and provide a copy of that complaint to APA through the e-mail below so that we can follow up with the regulators and the insurance company. Filing a complaint with DOL is easy. The process for filing a complaint against an ERISA plan is located at http://www.dol.gov/ebsa/aboutebsa/main.html under "consumer complaints."

If you do not file a formal complaint, please provide APA with any examples you have where an insurer has denied coverage for psychotherapy for a patient and include in it:

The patient's diagnosis
The recommended psychotherapy
The insurance company name
The employer through which the coverage is provided (if known)
The insurance company's reason for denial if one is provided.

You can substitute a copy of the denial letter with the patient's name and identifying information redacted if that is easier. If no reason is given for the denial, please indicate that as well.

Other things that would be of interest include whether the company puts numeric caps on the number of visits permitted, pulls a file for review after a given number of sessions is reached, or has refused to pay psychiatrists for the psychotherapy add on in the new CPT codes.

This information should be sent to :
APAMemberparityviolations@psych.org

Please do not share any personally identifying information of the patient.

Thank you, Office of Healthcare Systems and Financing

MEMBER-IN-TRAINING REP AND OTHERS ATTEND UOFA PSYCHOPHARMACOLOGY REVIEW COURSE

On the one snowy day and evening in February, Dr. Felicitas Koster, the APS Member-in-Training Rep, together with Drs. Ghafoor, Blum, and Kowalik, and Teri, attended the dessert reception evening, part of the University of Arizona Psychopharmacology Review Course. APS member, Dr. Ole Thienhaus, welcomed the attending members, and recognized APS for its support of the dessert reception. It was a warm and inviting evening of collegial exchange—contrary to the weather outside.

ECP PERSPECTIVE: HAVE YOU MASTERED THOSE CODES YET?

Monica Taylor-Desir, MD, MPH
APS Early Career Psychiatrist

I continue to hear the following statement, "What is the Value of APA membership?" from Early Career Psychiatrists. This month I will highlight an excellent value and assistance from the APA.

As of January 1, 2013 major changes occurred in the Psychiatry section of the AMA's Current Procedural Terminology. In the Winter Newsletter Dr. Marwah gave a helpful overview of the new billing codes. The change in CPT codes affects our financial bottom line so it would behoove us all to become as familiar and accurate with the new CPT codes as we were with the old CPT codes. I know, change is not easy but the APA has provided several avenues to help you with the transition.

If you are like me, you still have "cheat sheets" and "crosswalk codes" posted in your office even as we are well into 2013. One of the benefits of APA membership is the activities that your District Branch provides to its members which are often free of charge to members. There were two CPT trainings this month, one in Phoenix and one in Tucson.

The 166th Annual Meeting of the American Psychiatric Association in San Francisco, CA will hold two sessions related to the new CPT codes on Monday, May 20th:

Seminar 10/Session #2344- Current Procedural Terminology: Coding and Documentation 8:00 am to 12:00 pm

Workshop #2865: CPT Coding and Documentation Update: 2013 CPT Changes 1:30PM-3:00PM

The Annual Meeting is a wonderful way to earn up to 58 CMEs from over 400 sessions. The APA works to ensure that there are a wide range of topics and learning forums that will meet your needs whether you are a medical student, resident, fellow, Early Career Psychiatrist, or Well-Experienced and Well-Rounded Psychiatrist. The Annual Meeting will also provide information for Board Preparation and Maintenance of Certification in addition to having many recruiters that are looking for psychiatrists.

If you were not able to attend the local trainings or annual meeting there is more information on the APA website.
There is a CPT Frequently Asked Question of the Month on the APA website: http://www.psychiatry.org/practice/managing-a-practice/cpt-changes-2013
APA members can submit questions about CPT changes to hsf@psych.org
A CPT Webinar is available on the Website at: http://www.psychiatry.org/practice/managing-a-practice/cpt-changes-2013/cpt-coding-changes-for-2013—getting-prepared
There is also a list of CPT webinars and Training Options on the website and a CPT primer for psychiatrist which you can download.
Whatever venue you choose to participate in, encourage your colleagues to join you. I will attend the Phoenix CPT training and the APA Annual Meeting. Hope to see you there!

APS ANNUAL MEETING; WOMEN'S MENTAL HEALTH SYMPOSIUM; AND GRAND ROUNDS

12th Annual Women's Mental Health Symposium
Saturday, April 27, 2013
Westin La Paloma Resort, Tucson, AZ

www.wmh.arizona.edu

Presented by University of Arizona Department of Psychiatry in collaboration with Arizona Nurses Association, Arizona Psychological Association, and The Center of Excellence in Women's Health at The University of Arizona Mel and Enid Zuckerman College of Public Health. **Register now!** Condensed format with important content at a bargain price! $125 ($50 for students). Important presentations will be offered on topics such as eating disorders, girls and bullying, mental health and the aging woman, psychodermatology, sexuality, bereavement and grief, and more.

Visit the APA Annual Meeting website (http://www.psych.org/AnnualMeeting) to obtain more information and to register. Keynote speaker, President Bill Clinton, is now scheduled to speak on Sunday, May 19, 2013. This has rescheduled some of the other celebrations in the Annual Meeting. Visit the website to confirm dates, times, and locations.

APS ANNUAL MEETING; WOMEN'S MENTAL HEALTH SYMPOSIUM; AND GRAND ROUNDS (CONTINUED)

Grand Rounds for the Department of Psychiatry, Banner Good Samaritan, March 2013, Medical Education Amphitheater (12:00 to 1:00 pm), Friday, March 29, 2013 :"*Hyperemesis Gravidarum and Psychiatric Illness: Is there a connection?," Sarah Sherman, D.O., PGY-2 Psychiatry Resident. *Banner Health designates this live activity for a maximum of 1 AMA PRA Category 1 Credit. (Please note: No Grand Rounds on Friday, March 22nd).

St. Joseph's Hospital and Medical Center Psychiatry Grand Rounds, held at the Valley Hospital Ballroom 3550 East Pinchot Road, Phoenix, Arizona 85016, are posted as available on the APS website (http://www.azpsych.org/cmeandotherevents).

Register today for the APS Spring Annual Meeting on April 13, 2013 at The Ritz-Carlton, Phoenix, Arizona. Visit www.azpsych.org for the registration brochure, sign-up link, or other information.

A great meeting is planned on the theme, "Managing Aggression through the Lifespan." Save your spot today—this important meeting is free to current dues paying APS members. Hope to see you there!

NEXT APA CPT CODING WEBINAR: AN OPPORTUNITY TO ASK YOUR CPT CODING QUESTIONS

APA's Committee on RBRVS, Codes and Reimbursements is holding a one-hour Webinar on Wednesday, April 3, to respond to your questions on the new CPT coding framework for psychiatry. The session will run from 8 p.m. to 9 p.m. E.D.T. Space is limited, so reserve your seat now. To register, visit: https://www2.gotomeeting.com/register/422236746

APA RESOURCES WORKING FOR YOU ON ELECTRONIC HEALTH RECORDS AND DSM-5

Did you know that the APA continues to maintain a section on its website with various resources on EHRs: www.psychiatry.org/ehr. A new resource on the EHR webpage is a listing of key features that a psychiatric EHR should ideally contain. This may help psychiatrists in identifying key features to look for in an EHR, and also may help communicate to vendors the types of features needed by the field. A recent EHR survey to the APA members was sent to collect additional information for AmericanEHR (http://www.americanehr.com), on this frequently asked question, "What EHR should I buy?"

At the APA Annual Meeting in May, the APA is conducting special training sessions relating to DSM-5, and two representatives from our Society will be attending (Dr. Jim McLoone and Dr. Ole Thienhaus). Our thanks to these Society members, who are attending the training at their own election, and who have agreed to work with our Society to make training available to our members. **Look for future notices for Save the Date on DSM-5 Training that the Society plans to make available to its members in each of Phoenix and Tucson.**

FOLLOW-UP TO CPT CODING WORKSHOPS

It was great to see the response of our membership and other mental health professionals to the CPT Coding Workshops held on March 14 in Phoenix and March 16 in Tucson. We thank the American Psychiatric Association and Dr. Ronald M. Burd for their support in making this opportunity available and supporting the Society's desire to bring the presentation to both Phoenix and Tucson. If you would like an electronic copy of the presentation materials, please contact Teri (teri@azmed.org).

The feedback received from these CPT Coding Workshops is that our members would like some more opportunities to discuss CPT Coding using practical situations and case vignettes. Dr. Gurjot Marwah, the Arizona Psychiatric Society training delegate for CPT Coding, has accepted an invitation to coordinate some information discussion sessions on these issues. Stay tuned; this will be scheduled after the Annual Meeting.

Arizona Psychiatric Society

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