



President's Update

*By, Shannon Suo, MD
CCPS President*



As we enter 2013 and race towards 2014 with the initiation of the Affordable Care Act, I find myself confronted daily with challenges associated with providing care to the underserved. I work in a County clinic where people who don't (currently) qualify for Medi-Cal are able to obtain medical, psychiatric, and dental services. In addition, Sacramento County has chosen to implement a LIHP (low income health program) in advance of the ACA and is currently qualifying thousands of individuals to obtain services through contracted medical homes rather than through the County clinic where I work. I worry about the transition for these patients and wonder if the quality of services they will receive are better or worse than what they've gotten in the past—probably a bit of both.

CCPS is well aware of the issues facing psychiatrists and other physicians in 2013 and 2014 and will be preparing members for the changes through educational efforts such as the CCPS Annual Meeting, March 22-24 in Monterey. There we will be discussing the patient centered medical home and how psychiatrists will fit into this new model of care. The APA has given us resources to understand the CPT coding changes for 2013 (<http://www.psych.org/practice/managing-a-practice/cpt-changes-2013/current-procedural-terminology-cpt-code-changes-for-2013>) and even has live webinars to assist with your real-time questions. CPA remains ever-vigilant about the legal issues facing our profession and our patients and works tirelessly on our behalf to make sure our voices are heard in Sacramento. The new chair of the Health Committee in the legislature is Richard Pan, a Sacramento pediatrician, so CPA will be in close contact with his office as bills come down the pipeline over the next couple of months.

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President's Update

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Change is hard, but it's a great time to be a CCPS/APA/CPA member! I hope that 2013 brings you and yours prosperity, health, and happiness and thank you for your support.

Payers Not Accepting 2013 CPT codes?

Report Them.

Submitted by

The American Medical Association

The rejection of a valid Current Procedural Terminology (CPT®) code is a violation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Included within the Healthcare Common Procedure Coding System (HCPCS) code set, CPT is one of the medical data code sets adopted under HIPAA. Additionally, HIPAA-covered entities—including payers—are required to use the current applicable medical data code set valid at the time the health care is furnished. The introduction of the CPT book provides instruction for use of the CPT codes and states that Jan. 1 is the effective date for use of the updated CPT code set.

We encourage you to report HIPAA violations. Simply file a complaint through the Centers for Medicare and Medicaid Services [website](#) and/or through the online AMA Health Plan Complaint Form at www.ama-assn.org/go/clickandcomplain. AMA members and their practice staff can visit www.ama-assn.org/go/templateletters to download sample appeal letters and customize them for use in their practices.



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- “Bullying in Children and Adolescents

Salvador DelRosario, M.D.

- Documentary / Discussion—”Bully”

Jason Roof, M.D.

- “Treatment of Psychiatric Patients In A Forensic Setting”

John Onate, M.D.

- “Chronic Pain, Fibromyalgia, Chronic Fatigue”

Thomas Bodenheimer, M.D., M.P.H.

- “The Building Blocks of High-Performing Primary Care”
- “Upcoming Changes in Healthcare”

Thomas Neylan, M.D.

- “Sleep Disorders”

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Murderers, Sex Crimes, Psychiatry, Oh My!

By, *Brian Holoyda, MD, MPH*
PGY-1, UC-Davis Medical Center

Have you ever thought about what happens to prisoners with chronic, debilitating psychiatric conditions whose prison terms are up? Maybe you have had a patient become psychotic while on bath salts and want to know how the legal system views these new designer drugs and associated intoxications. Perhaps you've been thinking about what it would be like to be the sibling of a mass murderer ... well, perhaps not. But even if you have, then your academic curiosity would be piqued and satisfied if you attended this year's annual meeting of the American Academy of Psychiatry and Law, which took place in Montreal, Canada at the end of October. The annual four-day conference is one of the best opportunities to learn about the field of forensic psychiatry and the wide variety of topics that forensic psychiatrists tackle in their evaluations.

The American Academy of Psychiatry and Law, or AAPL (pronounced "apple") for short, is the principal professional organization for forensic psychiatrists, boasting over 1500 members throughout North America and the world. It was founded in 1969, and since that time has served as a force dedicated to and promoting excellence in education, practice, and research in the field. Every year in late October the organization hosts a meeting for its members and interested individuals in other fields. There is never a dearth of interesting educational, controversial, and occasionally macabre topics presented at the meeting, and it is certainly an event not to be missed if you have any forensic inclinations.

This year's AAPL meeting was particularly important for the Central California Psychiatric Society as it marked the termination of the AAPL presidency of Dr. Charles Scott, the director of the Forensic Psychiatry Training Program at the University of California, Davis, which is the only forensic fellowship hosted by a CCPS institution. In this role, Dr. Scott delivered a stirring speech to open the meeting in which he discussed the need for scientific principles to lead practice and education within the field of forensic psychiatry. He emphasized the ever-growing necessity for trainees to learn how to administer and interpret psychological tests pertinent to forensic evaluations, which has not traditionally been a focus of many forensic training programs.

To give a snapshot of the variety and uniqueness of topics presented at this meeting, one only needs to glance at the presentation schedule. The UC-Davis forensic fellowship program directors and current fellow delivered a presentation on psychiatric malpractice, prescribing practices, and forensic assessment of psychiatric malpractice claims. Another excellent session reviewed malingering in media, and featured clips from a broad variety of TV shows and movies as disparate as *The Sopranos* and *Hot in Cleveland*. Other highlights included a lunch talk by the brother of the Unabomber, a mock trial on the diagnosis of hebephilia, a comparison of practicing psychologists and psychiatrists in assessing risk for violence, and courses on starting a private forensic practice, expert witness testimony, and the interpretation of psychological testing and neuroimaging in forensic evaluations.

If any of this interests you, then definitely consider attending next year's AAPL meeting, which will be in our own state of California! The meeting will take place from October 24-27, 2013 in San Diego. If you have an interest in presenting a poster, scientific paper session, or panel on a forensic topic, the deadline for abstract submission is March 1, 2013. When you attend you will not only learn about what a forensic psychiatrist does, but you will hear some of the leading experts that specialize in areas of psychiatry that one does not usually encounter in general psychiatry residency training. So come check it out!





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Alcoholics Anonymous

By, William C. Buhles, Ph.D.
Central California Fellowship of A.A.

Certainly I didn't grow up with plans to be an alcoholic. It sneaked up on me.

I was a good citizen with a graduate education, and a nice family and good job. I didn't drink every day, never in the morning, and I could sometimes drink 'normally'. But I would rather drink instead of have dinner and I often wanted to drink after dinner until I 'fell asleep'. When I wasn't drinking I didn't get into trouble, and I didn't get into trouble every time I drank. But every time I got into trouble I'd been drinking. In time my drinking progressed, as it invariably does, and I became less able to control my intake and less able to control the bad outcomes of my alcohol use. I was beginning to meet the definition of alcoholism put down in the first step of Alcoholics Anonymous (AA); I was becoming powerless over alcohol and my life was becoming unmanageable. In time I lost a marriage, a job, and my self-esteem to alcohol use. I started hiding my drinking. I got arrested. But I didn't think drinking was the problem.

A loved one confronted me about my drinking in the presence of a psychiatrist. I was referred to an in-patient treatment facility. Here I was introduced to AA. This changed my life. AA is a fellowship of men and women who come together and share their common history of drinking and their common solution to alcoholism. The only requirement for being a part of AA is a desire to stop drinking. One doesn't even have to *be* sober as long as one *desires* to be sober.

AA has a very unusual structure as an organization – it consists basically of tens of thousands of meetings every week across the country, and the world. Each meeting is organized by a 'group' and every group is autonomous as to how it runs its affairs. But there does tend to be commonality across most meetings. Meetings are frequent and easy to find. There are over 1100 meetings each week just in the Greater Sacramento area. Meetings are in every city and town and in most foreign countries.

AA is an entirely volunteer-run fellowship. We are self-supporting and AA takes no money from any outside source. AA does have a central office in New York and once each year there is a national conference. The central office publishes the AA literature, including the basic text of AA, *Alcoholics Anonymous*. This text discusses alcoholism as an illness, and it also presents the solution as being spiritual, emotional, and physical. One basis of recovery from alcoholism is that alcoholics help each other; we call this service. In the text are many personal stories of recovery and detailed descriptions of how service to each other helps keep us sober.

AA holds that alcoholism is an illness caused by a lack of a spiritual connection. AA is not a religion. But it is a spiritual program. We in AA believe that to truly recover requires living life on a spiritual basis. For some members this involves a god, and for others it involves a 'higher power'. The necessary concept here is that there is a beneficent force greater than the individual. Some people use the group as this higher power.

AA is of course famous for its twelve steps. What the steps do, in order, is break down the denial of the alcoholic, stimulate an honest self-appraisal, followed by a personal house cleaning including making amends for harms done others and ourselves, and finally the institution of a maintenance program of spiritual practice. Working through the steps is often successful in solving the drinks problem. This process is usually done with the help and support of a mentor with more experience in AA, also called a sponsor.

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It is not known exactly why AA works. But newcomers who are successful find that going to meetings regularly, getting a sponsor and beginning work on the steps right away is effective. Being part of a group of like-minded individuals and one alcoholic talking to another seem to be critical to success. The compulsion to drink persists for a while then wanes with time as the alcoholic continues to apply the principles of the steps to his or her life.

It is estimated there are over two million people involved in AA worldwide. The average age of AA members in the U.S. is 49 years, and 35 percent are women. Many young people, those whose alcohol use has gotten out of hand in their teens and twenties, have found AA – 28 percent of AA members are below the age of 40. Forty percent of members were referred to AA by a health care provider while family and friends also help the alcoholic find AA. The average duration of sobriety among AA members polled is 10 years.

There are two basic categories of AA meetings, open meetings and closed. An open meeting of AA can be attended by anyone. Visitors, professionals wishing to observe, family, and those who think they may have a drinking problem are welcome. An open meeting is a good way for someone to get a feel for AA if they are curious. Closed meetings are meant for the alcoholic. Whether a meeting is open or closed is stated in the local listing of AA meetings.

Many people becoming involved in AA these days have also had experience with substances other than alcohol. People with a ‘substance misuse’ diagnosis are welcome in AA as long as they have the desire to stop drinking. AA considers sobriety as abstinence from alcohol and all other mind-altering substances commonly thought of as recreational drugs. We take no opinion on psychotropic medications - we are not professionals and encourage our members to seek outside help for psychiatric and other health issues.

And what does AA not do? AA does not solicit members, keep membership lists, engage in or sponsor research, make medical diagnosis or prognosis, provide treatment of any kind including de-toxification programs and residential facilities, provide any social services (housing, food, jobs, money) nor provide letters of reference. We are supported entirely from ‘passing the hat’ at AA meetings. AA is not aligned with any outside organization nor cause.

In the Central California area the best directory for AA meetings can be found at www.aasacramento.org. The 24-hour hotline in the Greater Sacramento area is 916-454-1100. AA meetings in other Central California communities can be found online and in the telephone directory.



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CPA Referral Rewards

By, Shannon Suo, M.D., & Carolyn Nguyen, M.D.
Area 6 Representatives to Assembly ECP Initiative Project

At the recent CPA Council meeting, an initiative to incentivize members to bring in new/returning members was approved. For members who “recruit” new members (or returning members who have been non-members for 12 months or more), CPA will give each person (referring member and referred) a \$25 Amazon gift card as a “thank you” for your trust and support. There is no limit to how many gift cards a member can receive, and new members are eligible for the same incentive as soon as they are approved as members! As an additional incentive, referring members who recruit new/returning members in their first or second year out of training, will receive an additional bonus of \$25 for a total of a \$50 Amazon gift card! (Referred members still receive a \$25 gift card.)

Our hope is that our members don’t just blindly ask their friends and colleagues to become members to get the gift cards, but that they will truly reflect on the value and worth of their APA/CPA/DB membership and communicate that worth to new/returning members. We are working hard to increase the value of your membership—look for future articles in your DB newsletter and CPA newsletter about Maintenance Of Certification (MOC), member-only activities and discounts, and as always, just read Government Affairs Director Randall’s and President Ron’s articles about what CPA accomplishes for our patients and profession!

For returning members who are worried about owing past dues, remind them that there is a one time amnesty program by APA that allows them to have any past owed dues forgiven, as long as it has been 12 months or more since they were dropped. Your local DB executive director can find out how long it has been.

Members who recruit 10 or more new/returning members will be recognized as “ambassadors” of the APA and will receive a recognition pin and be entered into a drawing for free registration at the 2013 CPA Annual Meeting. If you would like materials that describe benefits of APA membership, please contact Shannon and she will have them sent to you.

Please let the CPA know when you have

referred a new member and instruct your referral to tell them as well so you both get credit! You will both receive the gift card upon approval of the new member.

We would love for this membership “drive” to be successful so that we can grow as an organization and increase the power and influence that APA/CPA/DBs have in California and the nation. Thank you for your trust, support, and continued membership.

Did you know that APA members... get 20% off APPI products? ...have access to an online referral directory on psych.org? (update your profile today!) ...get FREE self-assessment and performance in practice materials to satisfy MOC? And MITs get their first year of membership FREE, 25% off APPI products, and online access to Residents’ Journal in addition to the regular benefits!



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