

# Central California Psychiatric Society



## Central California Psychiatric Society Newsletter

Issue No. 47

April 2014

### President's Report

By, Shannon Suo, MD  
CCPS President



I write to you from my last CPA council meeting as a voting member. It has been my privilege to represent you as your CCPS President on this council over the past two years. To emphasize how critical our position is in APA and as a state, we have the new Medical Director/CEO of the APA--Saul Levin, incoming president-elect--NCPS's own Renee Binder, and (a new position) Chief of Membership and RFM\*-ECP of APA--Jon Fanning, in attendance. It's exciting to hear what Drs. Levin and Binder and Mr. Fanning have planned for the APA and how CPA, and ultimately, CCPS, fit in with these plans. Some important things to know out of the CPA/APA:

The APA was instrumental in Rep. Tim Murphy's (PA) attack on CMS's proposal to remove antidepressants and antipsychotics from the protected category in Medicare Part D. See YouTube for a great video of Rep. Murphy "interrogating" the CMS representative:

<http://m.youtube.com/watch?v=MLTmwbyQGwU>.

Our Area 6 trustee, Marc Graff has recently resigned, leaving the trustee position vacant for the remainder of 2 years left in the term. The CPA nominating committee, comprised of representatives from all 5 district branches, waded through the many qualified applicants and selected three to put forward for the Board of Trustees to select from: Melinda Young, Lawrence Gross, and

### The President-Elect Update

By, Ranjit Padhy, MD  
CCPS President-Elect; CME Committee Chair



My heartiest gratitude to all the CCPS members for making the CCPS-2014 Annual CME Conference in Monterey, CA a success. With the preliminary feedback from many of the attendees, including guest speakers, it seems we achieved our goal. Some residents/fellows commented: "it was a blast".

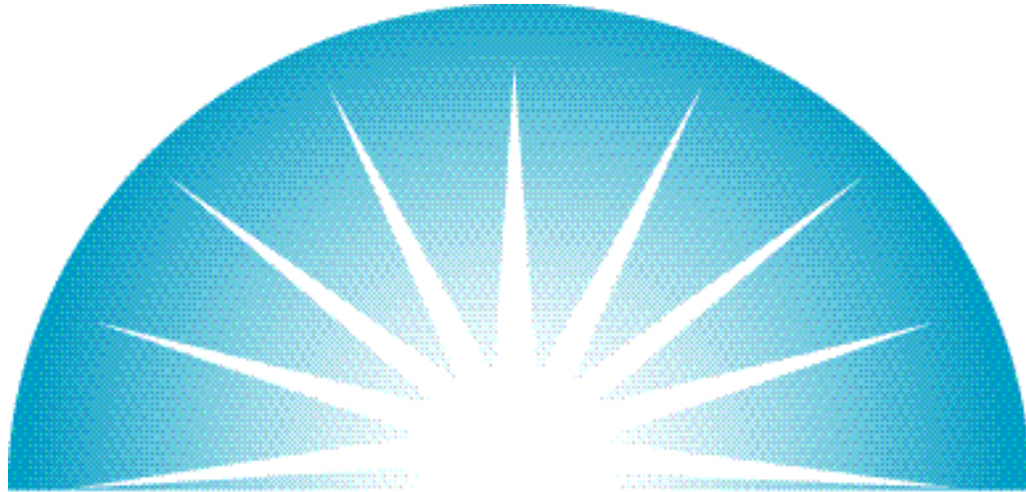
As the Council members and other attendees might have noticed this year's conference program had some new twists, such as, starting the Friday meeting a little late to accommodate members and inviting some well known guest speakers. Additionally, the full CME credit is up to 14 units for the whole conference (Hope you attended all the presentations and filled out the Evaluation forms). Another piece of good news is that the newly founded "Outreach and Fund raising committee" headed by veteran CCPS leader, Dr Ravi Goklaney, gathered substantial support from corporate and some

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## President's Report

*Continued from page 1*

Robert Cabaj. We have all questioned the irregularity of the BOT selecting a nominee for an elected position, but we're chagrined to find that we have several conflicts in our CPA by-laws in contrast with the APA by-laws. These conflicts are not unusual, as we have subsequently discovered, and multiple Areas are taking a look at these inconsistencies.

In June each district branch will have the opportunity to send one representative to a special APA "Train the trainers" session on DSM-5 in Chicago. Additional attendees will be welcome at their own expense. Please contact your chapter president if you are interested in attending this meeting, either as the representative or at your own expense.

April 6th we had our CPA Advocacy Day, an opportunity for psychiatrists to meet with their legislators to discuss important bills in the California legislature and initiatives. Paramount among them is an attack on MICRA, the law that puts a cap on punitive (so called "pain and suffering") damages in malpractice lawsuits. Note that there is no cap on economic damages (lost wages, medical costs) under MICRA. CPA has joined the campaign Patients and Providers to Protect Access and Contain Health Costs to fight a likely November 2014 ballot measure funded by trial lawyers and their allies which will make it easier and more profitable for lawyers to sue psychiatrists, doctors and other health care providers. The measure also contains provisions that will make it more difficult for psychiatrists to prescribe needed medications for patients. Please join CPA and a broad and bipartisan coalition of doctors, community health centers, hospitals, local governments, public safety, business and labor groups to fight the trial lawyers. Under this measure, lawyers will make more money, but providers, consumers and taxpayers will see higher health care costs. See [www.StopHigherHealthCareCosts.com](http://www.StopHigherHealthCareCosts.com) for more information on MICRA. Please sign up on the website to be a supporter and to receive updates on the campaign against the trial lawyers' initiative.

Next year interested members can attend the national Advocacy Day in DC. Send an e-mail to [advocacy@psychiatry.org](mailto:advocacy@psychiatry.org) if you are interested.

I thank you for the confidence and support you have shown me in electing me president of your CCPS. I will



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**President-Elect Update**

*Continued from page 1*

pharmaceutical sponsors that gave us more flexibility in putting up a more valuable and advanced CME conference this year. Thanks to the sponsors. Our registration for the conference also jumped up from last year showing members' confidence in the organizing committee and the value of this conference. Not to forget the family fun time at the beach.

Success comes with some challenges too. Drop in new membership and improving chapter activities are just a few. Above all, our own APA organization to which we have some obligation, I believe, needs our active support. I salute and appreciate many senior mentors : Dr Ravi Goklaney, Dr Francis Lu, Dr Don Hilty, Dr Cap Thompson for their continued guidance and all other committee members for valuable time. Special appreciation to Dr Shannon Suo and Dr Robert McCarron. Kudos to Chris Stockton and his team for their tireless efforts.

See you all at the next CCPS Annual CME conference in March 2015. Baton is now handed over to Dr Jon Onate as the new CME Committee Chair. Good luck all!

With regards,



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CPA-Alf is dedicated to public education, legislative and legal advocacy. Contributions to the CPPAC (California Psychiatric Political Action Committee) for the purpose of electing qualified candidates to the California Legislature, are collected separately from CPA-ALF due to regulatory requirements.

**President's Report**

*Continued from page 2*

continue on the CPA Council as co-chair of the Integrated Care Task Force with Robert McCarron. I look forward to continuing to provide service to the organization for many years to come , but it'll be nice having a little less responsibility next year!

\*RFM is the new term for resident and fellow members. APA has discontinued use of the term "Member in Training".



# SAVE THE DATE

Central California Psychiatric Society  
2015 Annual CME Conference

March 13-15, 2015

*The Clement InterContinental Hotel*  
Monterey, CA



# 2014 ANNUAL CME CONFERENCE HIGHLIGHTS

*Photographs Courtesy of John Onate, MD*



# 2014 ANNUAL CME CONFERENCE HIGHLIGHTS

*Photographs Courtesy of John Onate, MD*



**You can View These and Additional Pictures From our Website:**

<http://www.cencalpsych.org/content/cme-2014-slideshow>





# Social Chair Report

By, Shannon Suo, MD

CCPS President and Social Committee Chair

Thank you for coming out to the CCPS annual meeting in March! As always, it was wonderful to see you all in beautiful Monterey--my request for amazing weather was accepted and granted, I'll submit a new request (in triplicate) once the annual planning committee finalizes the decisions about the 2015 meeting!

In lieu of our usual resident social, the residents had a unique opportunity to meet personally with our keynote speaker, Joel Yager, a nationally recognized educator, clinician, and researcher. The President's reception, hosted by Traditions Behavior Health, was a nice break to enjoy appetizers, wine, a view of the bay, and the pleasant company of our attendees and their families. I also introduced a new game into the dinner program--Family Feud! It called for diners to predict what attendees had answered using the audience response system throughout the meeting. It was a fierce competition, but one table emerged victorious and took home the prize--a selection of all the Girl Scout cookies!

Thank you to our generous raffle prize donors and congratulations to the winners:

Arturo Villamor - gift basket from Eating Disorder Center of Fresno

Blair Romer - amazon gift certificate from APA, Inc.

Jennifer Lancaster - book from APPI press

Tai Yoo - APPI press gift certificate from PRMS

Pam Martell - gift basket from Good Samaritan Hospital

Julie Brennan - DSM-5 from APPI press

I look forward to seeing everyone next year in Monterey!

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# TelePsychiatry Service Provider (TPSP)

By, Patrick R. Callico

It was great to see everyone again this year... it was my 8th conference with CCPS! I am very excited to share information about my passion: Telepsychiatry and Telemedicine. As you consider venturing into Telemedicine and/or Telepsychiatry, it is important that you find a good TelePsychiatry Service Provider (TPSP) or a TeleMedicine Service Provider (TMSP) to work with to help you understand the legalities of the business. You can search [www.TelePsychiatryServiceProvider.com](http://www.TelePsychiatryServiceProvider.com) or [www.TeleMedicineServiceProvider.com](http://www.TeleMedicineServiceProvider.com) for more information about the industry.

I have seen an explosion of growth this year in the sector and analysts are predicting it to grow even more in the coming years, due in no small part to ObamaCare and the new shortage of providers. There is a tremendous opportunity for all psychiatrists and I would like to help you to realize your full potential in this sector. I will begin by defining the terms. I have included some information that can be found on Wikipedia so that I can better educate you on the terminology and usage of the technology.

Telepsychiatry is the application of telemedicine to the specialty field of psychiatry. The term typically describes the delivery of psychiatric assessment and care through telecommunications technology, usually videoconferencing. Telepsychiatry services can be offered through intermediary companies that partner with facilities to increase care capacities (TelePsychiatry Service Provider (TPSP)), or by individual providers or provider groups. Most commonly, telepsychiatry encounters take place at medical facilities under the supervision of onsite staff, though at-home models are becoming accepted as long as they are in compliance with HIPAA standards.

One of the drivers behind telepsychiatry's growth in the United States has been a national shortage of psychiatrists, particularly in specialty areas such as child and adolescent psychiatry; telepsychiatry can allow fewer doctors to serve more patients by improving utilization of the psychiatrist's time. Telepsychiatry can also make it easier for psychiatrists to treat patients in rural or under-served areas by eliminating the need for either party to travel. The most common means of insurance coverage for telehealth services among the United States is to incorporate coverage into the Medicare program. Reimbursement for Medicare-covered services must satisfy federal requirements of efficiency, economy and quality of care. Since 1999, Medicare and Medicaid reimbursement for all kinds of telehealth services have expanded, requirements of providers have been reduced, and grants have been given to support telehealth program adoption. For 2014, the Center for Medicare (CMS) services does cover telemedicine services, including telepsychiatry in many areas.

Telemedicine is the use of telecommunication and information technologies in order to provide clinical health care at a distance. It helps eliminate distance barriers and can improve access to medical services that would often not be consistently available in distant rural communities.

Telemedicine can be broken into three main categories: Store-and-Forward, Remote Monitoring and (Real-Time) Interactive services.

Store-and-Forward telemedicine involves acquiring medical data (like medical images, biosignals etc.) and then transmitting this data to a doctor or medical specialist at a convenient time for assessment offline. It does not require the presence of both parties at the same time. Dermatology (TeleDermatology), radiology, and pathology are common specialties that are conducive to asynchronous telemedicine. A properly structured medical record (preferably in electronic form) should be a component of this transfer. A key difference between traditional in-person patient meetings and telemedicine encounters is the omission of an actual physical examination and history. The 'Store-and-Forward' process requires the clinician to rely on a history report and audio/video information in lieu of a physical examination.

Remote Monitoring, also known as Self-Monitoring or Testing, enables medical professionals to monitor a patient remotely using various technological devices. This method is primarily used for managing chronic diseases or specific conditions, such as heart disease, diabetes mellitus, or asthma. These services can provide comparable health outcomes to traditional in-person patient encounters, supply greater satisfaction to patients, and may be cost-effective.

Interactive telemedicine services provide real-time interactions between patient and provider, to include phone conversations, online communication and home visits. Many activities such as history review, physical examination, psychiatric evaluations and ophthalmology assessments can be conducted comparably to those done in traditional face-to-face visits. In addition, "clinician-interactive" telemedicine services may be less costly than in-person clinical visit, but not always.

If you are wondering what your next steps are, I would be more than happy to inform you and help you make a decision. I can be reached by phone at (661) 303-3444 or [PCallico@gmail.com](mailto:PCallico@gmail.com).



# MEMBERSHIP UPDATE REPORT

## **NEW MEMBERS**

### **Heidi Collins, MD**

Resident Fellow Member  
Medical School: UC Davis School of Medicine  
Residency: UC Davis School of Medicine  
Presently: Carmichael , CA

### **Selene Diaz, MD**

Resident Fellow Member  
Medical School: New York Medical Collage  
Residency: UCLA Kern School of Medicine Medical  
Presently: Bakersfield , CA

### **Lee Dolowich, MD**

Resident Fellow Member  
Medical School: Ross University School of Medicine  
Residency: UCLA Kern School of Medicine  
Presently: Bakersfield , CA

### **Leigh Harrington, MD**

General Member  
Medical School: Michigan State University College  
of Human Medicine  
Residency: Stanford University Hospitals and  
Clinics  
Presently: Davis , CA

### **Julie Hylton, MD**

Resident Fellow Member  
Medical School: The George Washington  
University  
Residency: UC Davis School of Medicine  
Presently: Sacramento , CA

### **WALTER LAMPA, MD**

General Member  
Medical School: Rush University Medical Center  
Residency: Rush University Medical Center  
Presently: Chico , CA

### **Julia Reece, MD**

Resident Fellow Member  
Medical School: University of Washington School  
of Medicine  
Residency: UC Davis School of Medicine  
Presently: Sacramento , CA

### **Roknedin Safavi, MD**

General Member  
Medical School: Shiraz Pahlawi University  
Residency: UC Davis School of Medicine  
Presently: Chico , CA

### **Hala Saleem, MD**

General Member  
Medical School: Dow University of Health Sciences  
Residency: Long Island Jewish Medical Center  
Presently: Tracy , CA

### **Ranvinder Rai, MD**

General Member  
Medical School: Ross University Roseau, West Indies  
Residency: STANFORD UNIVERSITY  
Presently: Tracy , CA

### **Katherine Scangos, MD**

Resident Fellow Member  
Medical School: Johns Hopkins School of Medicine  
Residency: UC Davis School of Medicine  
Presently: Sacramento , CA

### **Heather Schacket, MD**

Resident Fellow Member  
Medical School: American University of the Caribbean  
School of Medicine  
Residency: UC Davis School of Medicine  
Presently: Carmichael, CA

## **REINSTATEMENTS**

### **Mary Gable, MD**

Resident Fellow Member  
Medical School: Stanford University of Medicine  
Residency: UCSF– Fresno  
Presently: Saratoga, CA

### **Swati Rao, MD**

Resident Fellow Member  
Medical School: UC San Diego  
Residency: UC DAVIS SCHOOL OF MEDICINE  
Presently: Sacramento , CA



# MEMBERSHIP UPDATE REPORT

## TRANSFERS IN

### **Sanjiwan Boparai, MD**

General Member

Transfer from: Illinois Psychiatric Society

Presently: Sacramento, CA

### **Harnek Kahlon, MD, MPH**

General Member

Transfer from: Michigan Psychiatric Society

Presently: El Dorado Hills, CA

### **Zinzi Raymond, MD**

General Member

Transfer from: Arizona Psychiatric Society

Presently: Sacramento, CA

### **Andres Sciolla, MD**

General Member

Transfer from: San Diego Psychiatric Society

Presently: Sacramento, CA

### **Maria Thottungal, MD**

General Member

Transfer from: Georgia Psychiatric Physicians  
Association

Presently: Sacramento, CA

## DB TRANSFERS OUT

**Reba Bindra, MD**

**Kukoyi Oladipo, MD**

**Paul Mascovich, MD**

**Barry Mills, MD, Ph.D.**

**Rachel Rose, MD**

**Khandie Waugh, MD**





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*JENNIFER LANCASTER, DO, EDITOR*