

OKLAHOMA PSYCHIATRY

July, August, September 2019

OPPA LAUNCHES NEW WEBSITE

In order to improve access to information regarding the **Oklahoma Psychiatric Physicians Association** on a more timely basis, the organization has launched a revised website. On October 10, <https://www.oklapsychiatry.org> went online.

The previous OPPO website (*oklahoma.psychiatry.org*) was hosted through the American Psychiatric Association. However it is more difficult for the OPPO staff to maintain. So when the opportunity arose for Vo-tech training in WordPress, the decision was made to make the switch. According to WordPress.org, WordPress is the most popular online content management software on the planet!

LEGAL UPDATE

Oklahoma recently enacted a new law limiting the common insurance practice known as "Step Therapy." Step Therapy, also known as "Fail First," is an insurance policy process that requires the cheapest drug to be prescribed to a patient first, rather than the medicine the doctor originally prescribed based on clinical judgement.

Oklahoma's new law requires any health insurance plan that utilizes a step therapy protocol to use clinical practice guidelines based on peer-reviewed and widely accepted medical practices when implementing the protocol, to ensure that step therapy protocols are based on the most accurate, up-to-date, evidence-based standards for disease treatment. Additionally, the new law requires that insurance companies grant step therapy exceptions in cases when:

- The prescribed drug will likely cause an adverse reaction or harm,

One new feature which will become available to members when registration opens for the annual spring conference will be the ability to register for the conference online as well as make payment using a credit card or PayPal. Also included in the new platform is a *Hot News* Member Blog which will feature newsworthy items and program reminders.

As a part of the package, the OPPO also purchased the new domain name for the website for a period of five years with option to renew.

We hope you will visit the website and let us know what you think. This is your website and we encourage ideas for improvement and development. ❖

- The prescription drug will likely be ineffective,
- The patient has already tried the prescription drug and discontinued use,
- The prescription drug is not in the best interest of the patient, or
- The patient is stable on another prescription drug.

Further insurance providers must respond to requests for exceptions or appeals within 72 hours, unless urgent circumstances exist, in which case insurers must respond within 24 hours. Patients may appeal any exception decision.

For more information see:

http://webserver1.lsb.state.ok.us/cf_pdf/2019-20%20ENR/SB/SB509%20ENR.PDF

This information is provided by the American Professional Agency, Inc. endorsed by the APA. ❖

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APA AWARDS OPPA ADOLESCENT & PHYSICIAN SUICIDE GRANT FOR WORKSHOP SYMPOSIUM

The *Oklahoma Psychiatric Physicians Association* is pleased to have received another American Psychiatric Association Expedited Grant for 2019-2020 titled *"Increase in Adolescent and Physician Suicides: Hiccup or Trend?"*

This new grant is funding a half-day interactive workshop symposium and dinner on **Friday, March 27th**, the day before the annual OPPA Continuing Medical Education Conference scheduled for Saturday, March 28th. Both Friday and Saturday programs will be held in the Tandy Conference Center on the campus of the Oklahoma State University Center for Health Sciences, Tulsa.

With these grant funds, **all members of the OPPA/APA** will be admitted to this Friday workshop **FREE OF CHARGE** and will include the dinner symposium which follows the afternoon workshops. All non-member psychiatrists are welcome to attend the workshop and symposium dinner but will be charged \$100. Registration will open later this year.

In Oklahoma, **suicide** is the 2nd leading cause of death for ages 15-34. According to the American Foundation for Suicide Prevention, on average, one person dies by suicide every 12 hours in Oklahoma. That is two each day! Also, alarming is **one doctor commits suicide** every day in the United States according to findings presented at the American Psychiatric Association 2018 annual meeting. New research shows the number of doctor suicides is more than twice that of the general population.

Educating Oklahoma psychiatrists and especially the resident fellows in training and the early career psychiatrists about adolescent and physician **Suicide Prevention** is not only important, but imperative and the focus of this proposed educational programming.

The Friday program, *"Increase in Adolescent and Physician Suicides: Hiccup or Trend?"* will be composed of five workshop presentations by OPPA member faculty followed by an informal round-table discussion period and evening dinner interactive symposium, *"360° View, Challenges & Discussion"* moderated by Swapna Deshpande, MD, Rainbolt Family Chair in Child Psychiatry, Training Director, Child and Adolescent Psychiatry Fellowship, University of Oklahoma Health Sciences Center, Oklahoma City.

The five afternoon presentations with tentative faculty will include, *"Adolescent Suicide Trends and Risk Assessment"* by Swapna Deshpande, MD; *"Neuroscience of Suicide"* by Ashley Walker, MD, Psychiatry Residency Training Director, Department of Psychiatry, OU-TU School of Community Medicine; *"Treatment Approaches to Suicidal Adolescents"* by Sara Coffey, DO, Assistant Clinical Professor of Psychiatry and Behavioral Sciences, Director, Child and Adolescent Psychiatry, Oklahoma State University Center for Health Sciences; *"Physician Suicide: Why the Increase and Why Now?"* by Vijaya Ekambaram, MD, Assistant Professor, Department of Psychiatry, University of Oklahoma Health Sciences Center, Oklahoma City; and *"The Contribution of Substance Abuse"* by Jason

Beaman, DO, Chair, Psychiatry and Behavioral Sciences Oklahoma State University Center for Health Sciences. All distinguished expert faculty are volunteering by donating their time and effort to OPPA/APA for this valuable training endeavor.

Suicide is devastating and impacts not just the near and dear ones, but everyone in far reaching ways. In recent years, the suicide rate has increased by 28%. The suicide risk assessment is crucial in determining the course of treatment planning. While clinicians may become proficient in naming the factors that contribute to suicide risk, knowledge of why these factors contribute to suicide has been lacking until recent times when neuroscience research has begun to illuminate the specifics of pathophysiology leading to suicide.

Higher suicide rates among physicians have been documented for decades. Higher and higher economic pressures experienced by budding physicians and specialists, higher and higher expectations of excellence and perfections, time pressures, electronic record mandates, third party constraints, and intrusions, social isolation resulting from work pressures, higher and higher overheads, etc. lead to higher rates of burnout and depressive symptoms coupled with the fact physicians are less likely to seek professional help for these conditions, in part because of fear for professional repercussions and many seek to address the symptoms by self-medicating with alcohol and drugs.

In teens, access to today's social media platforms is overwhelming and can create a superficial or artificial world where teens frequently compare themselves to others. With anonymous apps, kids can post something derogatory or hurtful to another student or bully him/her without holding themselves accountable. Students vulnerable to suicide sometimes are heightened by an interaction with another student or an adult or an internal conflict that no one else can detect.

In both instances the physicians and teenagers suffer from silent misery with no one to open their heart to, feeling no one can understand their plights and if they remotely do, they do not deserve to be trusted to respect their privacy. There is literally no safe place for physicians and teenagers to express their secret fears and conflicts. Many, therefore, turn to allay their anxieties and fears, sorrows and miseries, overwhelming problems at work, and in family or relationships, by turning to tranquilizing substances including alcohol and marijuana that are culturally acceptable in their own culture.

The stigma and undesirable professional and social repercussions are formidable obstacles to seeking help. It is time for serious in-depth thinking and responding to the critical needs of our colleagues and teenagers as well as young adults who are likely to face self-inflicted damage and lose their lives prematurely from preventable causes like anxiety, depression, panic and mood swings many a time concealed with self-medication efforts, denial, secrecy, maintaining a façade of mental health while feeling totally defeated inside. ❖

OPPA MEMBERSHIP UPDATE

JULY 2019 - SEPTEMBER 2019

Welcome New Members

Kaelyn Lu, D.O., Resident Fellow, Edmond
Douglas Coker, D.O., Resident Fellow, Broken Arrow
Ernest Tabi Abnuaw, M.D., Resident Fellow, Norman
Rikinkumar S. Patel, M.D., Resident Fellow, Norman
Corey Spence, D.O., Resident Fellow, Tulsa
Eric Monsebais, D.O., Resident Fellow, Sapulpa
Theodore Brisimitzakis, D.O., Resident Fellow Oklahoma City

Reinstatements: Welcome Back!

Jerrod Spring, M.D., General Member, Tulsa
Robert Hensley, D.O., General Member, Tahlequah
Yana Jarman, D.O., General Member, Oklahoma City
Sara Verga, D.O., Resident Fellow, Tulsa ❖

Renew your membership for 2020!

Renew today to maintain access to valuable benefits including:

1. Complimentary subscriptions to the *American Journal of Psychiatry* and *Psychiatric News*;
2. Practice resources, like [PsychPRO](#), APA's mental health registry; and
3. Steeply discounted registration to the Annual Meeting.

Four easy ways to renew:

1. Renew online through your [my.psychiatry.org](#) account (login required). If you need any assistance with your renewal, please contact APA Membership Department at 202-559-3900, toll-free 888-357-7924 or by email to [membership@psych.org](#).
2. Pay by phone: 202-559-3900.
3. Pay in monthly, quarterly, or bi-annual installments. Complete the Scheduled Payment Plan form or speak with the membership department by calling 202-559-3900.
4. Request a direct payment link (*no login required*), sent via email. ❖

Recent Graduate? Update the APA

If you have recently completed a residency or fellowship program, inform the APA to ensure you receive member benefits geared to early-career psychiatrists. Members transitioning to practice can complete the General Member Verification form. If you are continuing training, send the name and type of your new Fellowship program, including start/end dates to [membership@psych.org](#) to continue as a resident-fellow. ❖

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FULL-TIME TELEPSYCHIATRIST HAS WIDE REACH TO PATIENTS ACROSS SOUTHWEST U.S.

In the days following the shooting in Odessa, Texas, telepsychiatrist Jenny Boyer, M.D., J.D., Ph.D., was able to connect with veterans who were witness to the event.

By Mark Moran, Senior Staff Writer, Psychiatric NEWS

Jenny Boyer, M.D., J.D., Ph.D., covers a lot of ground as a full-time telepsychiatrist, working from her home for the Department of Veterans Affairs. Her geographic area of clinical responsibility in West Texas includes Big Springs, Abilene, San Angelo, and Odessa. She has also connected with patients in Hobbs, N.M.

Last month her reach across the rural regions of the Southwest United States brought her into contact with survivors of, and witnesses to, the mass shooting in Odessa in August, in which eight people were killed and 25 injured.

A significant number of her more than 500 regular telepsychiatry patients are veterans who have seen combat, and they had a unique perspective on that event and a response shaped by their own historical experience. The shooting spree began after a routine traffic stop in which the perpetrator fired at police officers, then drove through the Odessa and Midland areas of Texas shooting randomly. It ended when police killed the gunman outside a movie theater.

Describing her experience with patients in Odessa after the shooting—and more generally as a full-time telepsychiatrist—Boyer emphasized that she was speaking on her own behalf and not for the Department of Veterans Affairs (VA).

“A couple of my patients reported that during the shooting, they were in combat mode, calling on their training to protect civilians and to face an enemy,” said Boyer, who is also APA’s Area 5 trustee. “The shooting was very loud, lasting a couple of hours, and the shooter was moving, which is like combat. They saw an active-duty colleague killed, and it caused them to relive their own combat experiences.

“Their training made them fearless, not thinking of themselves until it was all over,” Boyer told *Psychiatric News*. “But afterward, many were unable to sleep and avoided talking to anyone. They were waiting at the door [of the telepsychiatry clinic where they receive care] to try to see me the first day I was on duty after the shooting. These veterans were stalwart, then tearful, and afraid that our country is becoming a combat zone.”

A Long Reach

Boyer’s patients in Odessa and elsewhere throughout “Texoma” can thank the VA’s commitment to telemedicine and telepsychiatry. According to the VA, in Fiscal 2018 the Veterans Health Administration provided more than 2.29 million episodes of telehealth care to more than 782,000 patients; more than 45% of these veterans live in rural areas. The VA has three programs that draw on information and telecommunications technology:

- **Synchronous telehealth** is the use of real-time, interactive videoconferencing, sometimes with supportive peripheral technologies, to assess and provide care to a patient remotely. Typically, the patient at a clinic is linked to a health care professional at another location.
- **Asynchronous telehealth** is generally defined as the use of technologies to acquire and store clinical information (for example, data, image, and sound), which is then forwarded to or retrieved by a health care professional at another location for clinical evaluation.
- **Remote patient monitoring** is a program in which veterans with chronic conditions (for example, hypertension or diabetes) can opt to enroll in. The program applies care and case management principles to coordinate care through health informatics, disease management, and technologies such as in-home mobile monitoring, messaging, and video.

Boyer works from her home in Norman, Okla., seeing patients in real time; her day begins at 6 a.m. when she makes sure she can connect to whichever clinic she is scheduled to see patients first.

The majority of her patients have major depression, bipolar disorder, sleep apnea, and/or substance use disorders. But many of her patients are also general medical patients with diabetes and orthopedic problems. Boyer sees younger patients who have traumatic brain injury and older veterans of Vietnam and Korea. As a woman, she is frequently in demand by women veterans.

“The pros of telehealth are that it really helps patients with a lot of complications save the time and trouble and travel of having to go to a big city center,” Boyer said. “It helps to be able to not have to drive to Dallas or Houston if you live hundreds of miles away. Sometimes patients may not like [telepsychiatry] at first, but when they see that it works, they come around.”

Boyer has a passion for public service psychiatry, and she said that the technology and distance involved in telehealth do not impede the forging of a relationship with her patients.

The strength of the relationships that Boyer has forged with her telepsychiatry patients was especially important to the veterans of Odessa, even those who were not witness to or directly affected by the shooting. “I had patients who could not make themselves come in [to the clinic], but I was able to call them after hours,” Boyer said. “Some of these patients would not leave the house and wanted to avoid any kind of crowds. Others refused to watch the news and avoided anyone who wanted to talk about the shooting, trying to fight off the effect it had had on them.” Boyer added, “My own heart is sad, but so proud of these good people.”

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Here are highlights from the approved minutes of the OPPA Executive Council meeting held on April 5, 2019 in Oklahoma City at the RAPP Foundation Conference Center, Saints Medical Plaza.

Treasurer's Report (Dr. Shannon Thomas) – Dr. Thomas, presented the first quarter *Operations Budget report for 2019*. Membership dues income is almost 50% of budget and the annual meeting registration has raised almost \$4,000. Expenditures include purchase of ink for the new laser printer and rental of the post office box for one year.

2019-2020 Officer and Councilor Ballot – The Executive Council ballot was emailed on Monday, March 18th to the 214 members whose email address was current and eligible to vote. A second email was sent on March 29th to those eligible members who had not cast a ballot. Of those email votes, 100% approved the slate of officers and councilors.

President-Harold Ginzburg, MD; **President-Elect**-Jason Beaman, DO; **Vice President**-Lauren Schwartz, MD; **Secretary**-Shannon Thomas, DO; and **Treasurer**-Britta Ostermeyer, MD. **APA Delegate** Shree Vinekar, MD was elected to a two-year term (2019-2021). **Councilors** elected include Robyn Cowperthwaite, MD; Vijay Ekambaram, MD; Hashib Faruque, MD; Tessa Manning, MD; Courtney Nixon, MD; Jed Perdue, MD; Art Rousseau, MD and Haiwang Tang, MD.

Child Psychiatry (Dr. Brent Bell) – Dr. Bell reported the Oklahoma Child Conference is scheduled for May 14-16 at the Embassy Suites Hotel in Norman. He also reported that he and Dr. Sara Coffey are on a committee started through the Department of Human Services and the Oklahoma Health Care Authority which is developing prescription guidelines for children in foster care. The procedures in several states were reviewed and the Health Care Authority is looking to extend this to all children with Medicaid.

Continuing Education – This afternoon is the Collaborative Care Workshop beginning at 1:00 pm and tomorrow is the annual CME Conference. Onsite registration is available to anyone who has not pre-registered.

Delegate (Dr. Hal Ginzburg) – Dr. Ginzburg reported that several psychiatrists have filed a class action lawsuit against the ABPN regarding the Maintenance of Certification. He also reported some district branches are still collecting their own dues and the APA would prefer to collect all dues payments.

Early Career Psychiatry (Dr. Shannon Thomas) – Dr. Thomas reminded council the APA has free articles on the website for CME.

Legislative (Dr. Art Rousseau) – Dr. Rousseau reported good tidings.

- **Senate Bill 801** by Smalley, the CRNA bill which passed the Senate, did get to the floor, but is now effectively dead.

- **Senate Bill 839** by Smalley is a *Waiver of Supervision* for an APRN which may be authorized by the *Oklahoma Board of Nursing* is dead as it did not leave committee.
- **Senate Bill 497** provides for pharmacists to be medical providers on par with physicians passed the Senate into the House.
- **Senate Bill 2194** by Randleman, the psychologist bill, is still live, but will fight if tries to move it forward. Dr. Rousseau encourage all members to become acquainted with their Senator and Representative!

Membership (Dr. Jay Lensgraf) – A list of the members dropped due to non-payment of 2019 dues includes 28 General Members, Life Members and Fellows plus 16 Resident Fellow Members who did not renew their memberships.

Dr. Rousseau suggested we need to educate our members on how the OPPA serves their profession and advocates for them through legislation. Dr. Ostermeyer suggested working on a paper for a grand-rounds regarding the legislative process and why it is important to be a member of organized medicine. Dr. Ekambaram suggested an Advocacy Day for residents at the Capitol.

Since the January 1st, the OPPA has gained two new members; four general member reinstatements and one transfer from Oklahoma to Virginia.

Congratulations to **Satwant Tandon, MD, Deanna Storts, MD** and **Willis Holloway, MD** for advancement to **Life Membership**. Congratulations to **Marian Gutierrez, MD** and **Rebecca Susan Daily, MD** for advancement to **Distinguished Life Fellowship**.

Resident Program Directors – Dr. Ashley Walker reported for the OU-TU School of Community Medicine. She said the program had a good match with five great new students from Oklahoma. Dr. Ostermeyer reported for OU Oklahoma City. She said they also had a good match with six students from Oklahoma and the southwest region.

Meeting adjourned. ❖



APA joined with six other health organizations in a call to action to prevent firearm-related injury and death, a public health crisis which has recently reached epidemic proportions in the United States. *Firearm-Related Injury and Death in the United States: A Call to Action from the Nation's Leading Physician and Public Health Professional Organizations*, was published in the *Annals of Internal Medicine*. The full report can be found [here](#). ❖

APA and America's Frontline Physicians issued a joint statement opposing the Department of Homeland Security's public charge final rule. The regulation presents a major public health threat by upending decades of settled policy with regard to public charge, making it much more likely that lawfully present immigrants may not seek health care, since doing so could be used to deny green cards, U.S. Visas, or even lead to deportations. You can read the full statement [here](#). ❖

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Renée Davenport Mixon, Executive Director

The Oklahoma Psychiatric Physicians Association, a district branch of the American Psychiatric Association, is a medical specialty society recognized world-wide. Our member physicians specialize in the diagnosis and treatment of mental and emotional illnesses and substance abuse disorders.

ILLINOIS SIGNS COLLABORATIVE CARE MODEL BILL INTO LAW

By Saul Levin, M.D., CEO & Medical Director, American Psychiatric Association

Illinois has become the first state to sign APA’s model Collaborative Care legislation into law. On August 23, Illinois Governor J.B. Pritzker signed SB 2085, Psychiatric Collaborative Care, into law, which requires private insurers in Illinois and Illinois Medicaid to cover Collaborative Care CPT codes. SB 2085 was [APA model legislation](#); congratulations to the Illinois Psychiatric Society for being the first to champion this legislation in the states!

Part of APA’s strategic plan to increase access to mental health and substance use service is to advance and train members in innovative models of care. Through a CMS grant, APA has trained over 4,700 clinicians, including psychiatrists and primary care clinicians, in the Collaborative Care Model. CMS made payment for this model available in 2017 for Medicare services, and while uptake in private insurance and Medicaid is slowly advancing, we want to make coverage of these services a requirement.

APA has drafted legislation that would increase access to mental healthcare by requiring private insurers to reimburse the Collaborative Care Model billing codes. Legislation has been drafted for all 50 states and the District of Columbia and is designed to be a positive legislative solution for addressing access to care while being budget-neutral for the state. Each state has legislation that is tailored specifically for that state’s terminology and formatting. APA’s model legislation only addresses private insurers in order to remain budget neutral; Medicaid legislative language can be added for states where this is politically feasible. I hope you and your District Branch or State Association will work with APA’s State Government Relations team to advance this in your state!

To learn more about the Collaborative Care Model or to receive training in how to work in the Collaborative Care model, please visit psychiatry.org/collaborate. ❖

Save the Dates
March 27-28, 2020



Oklahoma Psychiatric Physicians
Association presents its

2020 CME Conference

Tandy Conference Center
OSU Center for Health Sciences, Tulsa

Friday, March 27th, 1:00-8:00 pm

Physician & Adolescent Suicide
Symposium Workshop and Dinner

Saturday, March 28th, 9:00am-5:00 pm

CME Conference & Annual Meeting

