

OKLAHOMA PSYCHIATRY

Winter 2020

REGISTER NOW! CME CONFERENCE & SUICIDE WORKSHOP SET FOR MARCH 27-28 IN TULSA

The *Oklahoma Psychiatric Physicians Association* will hold its spring continuing medical education conference and annual meeting including a special adolescent and physician suicide workshop symposium and dinner on **Friday and Saturday, March 27-28th** at the Tandy Conference Center, Oklahoma State University Center for Health Sciences, 1111 W. 17th Street in Tulsa.

The **Friday** afternoon workshop, *“Increase in Adolescent and Physician Suicides: Hiccup or Trend?”* is made possible thanks to an Expedited Grant received from the American Psychiatric Association (APA). *All members of the Oklahoma Psychiatric Physicians Association may attend at no cost.* Other non-member psychiatrists and mental health professionals are welcome to attend this workshop, but will pay a registration fee. The APA designates this live activity for a maximum of **6 AMA PRA Category 1 Credit™**.

The suicide workshop begins Friday at 12:30 p.m. with registration and will conclude at 8:00 p.m. after the dinner symposium.

In Oklahoma, suicide is the 2nd leading cause of death for ages 15-24. 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 APA 2018 annual meeting. New research shows the number of doctor suicides is more than twice that of the general population.

The **Saturday** CME conference, *“Beyond Molecules, Mechanisms and Medications: Infancy,*

ACE, Trauma, TRD, Gender Identify,” begins at 7:30 a.m. with registration and breakfast buffet. Exhibits also open at 7:30 a.m. The program will conclude at 5:15 p.m. The APA designates this live activity for a maximum of **7 AMA PRA Category 1 Credit™**.

Registration for the Saturday conference for OPPA members is \$180. Other non-member psychiatrists and mental health professionals are also welcome to attend this education conference. Please see the attached registration form for non-member fees.

It is imperative that modern psychiatrists mostly engaged in rapid evaluation and management of psychiatric conditions with adroit use of relationship with patients and their support systems, also take a longitudinal view of the context in which the patients present themselves in the clinical setting. ❖

SEE SUICIDE WORKSHOP ON PAGE 4
SEE CME SCIENTIFIC CONFERENCE ON PAGE 5

BOYER WINS SECOND TERM



She won, again! Thanks to the support of OPPA members and other Area 5 voting members, **Jenny Boyer, M.D.** was elected to a second term as APA Area 5 Trustee. She won her first term in 2017 by a 52.3% margin. This election she won by a 72.5% margin.

As *Area 5 Trustee*, she will not only represent Oklahoma, but also Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Tennessee, Texas, Virginia, West Virginia and the Uniformed Services Society. Congratulations! ❖

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OKLAHOMA GUIDELINES: PEDIATRIC PSYCHOTROPIC MEDICATION TREATMENT

by Sara Coffey, D.O.

Assistant Clinical Professor of Psychiatry & Behavioral Sciences
OSU Center for Health Sciences

The use of psychotropic medications for the treatment of youth with severe emotional and behavioral disturbances has increased dramatically over recent years. For instance, since the advent of atypical antipsychotics we have seen an increase in use up to 600%; compared to an increase in psychotherapy of 70% during that same time.³ Oftentimes, youth with the most significant emotional and behavioral needs are prescribed the most medications; and yet are less likely to have seen a child and adolescent psychiatrist.¹ In one study of Medicaid claims, data indicates that as much as 67% of youth prescribed atypical antipsychotics reported quality of care concerns.⁴ What is more, our most vulnerable children, in the state's child welfare system, are prescribed polypharmacy more often with limited oversight and continuity of care. These types of trends have led to a national discussion on the quality of care and treatment of our nation's vulnerable youth.⁵ With this overprescribing and at times imprudent use of medications we put youth at risk for serious side effects and miss the opportunity to employ more evidence-based care.

Unfortunately, the need for quality diagnosis and treatment is increasing. Mental Health America indicates that the rate of youth experiencing a mental health condition continues to rise. With the rate of youth with a Major Depressive Episode (MDE) increasing from 11.93% to 12.63% and yet, data show that 62% of youth with MDE received no treatment.² The majority of youth that do receive treatment will receive it in their primary care office, with the American Academy of Pediatrics estimating that by 2020-2030, 40% of patient visits to pediatricians will involve long-term chronic disease management of physical and psychological/behavioral conditions. Therefore, it is imperative that up-to-date evidence-based resources and collaboration is available to our clinicians on the front line of what at times can feel like a mental health epidemic.

It is important to note that the majority of psychotropic medications are prescribed by clinicians with limited training in child and adolescent psychiatry, and Oklahoma is no exception. With the severe shortage area in child and adolescent psychiatrists and limited access to evidence-based therapy, clinicians are doing what they can, with the information they know, to treat the symptoms of often devastating and destructive mental health symptoms in our youth. Unfortunately, these interventions are often not-evidence based, masking the underlying disease state rather than treating the underlying problem. This can cause harmful and sometimes lifelong side effects including but not limited to tardive dyskinesia and metabolic syndrome. Judicious use of psychotropic medications is essential in the holistic well-being of the children of Oklahoma.

With this need in mind, a collaboration between the Oklahoma Health Care Authority and the Department of Human Services,

Division of Child Welfare assembled a task force to develop resources for Oklahoma clinicians caring for youth with mental illness. Our taskforce obtained additional funding support from the Telligen Community Initiative to aid in the creation and distribution of the guidelines. Clinicians from Oklahoma State University Center for Health Sciences and University of Oklahoma Center for Health Sciences lead the core team. The core-team helped to invite task force members to participate in the drafting of the guidelines. Our taskforce consisted of child and adolescent psychiatrists, pediatricians, and pharmacists who reviewed and compiled up-to-date information on best prescribing practices. Task-force members were identified through their community standing and clinical expertise. Taskforce members were responsible for reviewing current research practices along with thoughtful clinical acumen to prepare the specific topics included in the guidelines. Through collaboration and consensus building, a first draft of the Oklahoma Pediatric Psychotropic Medication Guidelines was developed. Subsequent revisions and input were completed to result in the final document.

The details in the guidelines rely on the most up to date evidence through December 2019. Subsequent revisions in the coming years will be made available to ensure our treatment recommendations are evidence based and current. Although this resource is meant to aid in the diagnosis and treatment of children and adolescents, it is important to note that ultimately the clinical decision making relies on the treating clinician and treatment team. Several task-force members will be speaking at various conferences across the state; and we anticipate the completed guidelines to be available to our Oklahoma clinicians in the spring of 2020. For further information please contact Dr. Sara Coffey at sara.coffey@okstate.edu. ❖

References

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3. Olfson, Mark M.D., M.P.H., Benjamin G. Druss, M.D., M.P.H., and Steven C. Marcus, Ph.D. Trends in Mental Health Care among Children and Adolescents. (2015). *New England Journal of Medicine*, 373(11), 1078-1079. doi:10.1056/nejmc1507642
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AN EDITORIAL

When my patients and students ask what it was like to go to medical school, more than half a century ago, I tease and I say I was given a hammer, chisel and a piece of granite to take notes on. This meant very short notes and speakers who spoke very slowly. Well, actually, I took notes on a short yellow pad and pencil or ball point pen. Though in grade school, we did have ink wells to pour liquid ink in, but sometimes, a boy would get an irresistible impulse and by placing a girl's pigtails in the ink well, thereby draining the ink well. So, after a few years we had to purchase pencils and sometimes they even had erasers; if you were poor and didn't have an eraser, you literally couldn't afford to make a mistake.

That is about where the field of psychiatry is. In February 2020, non-physician health care providers are declaring equal professional expertise without equal training and experience. Once again, it is my understanding that these non-physician health care professionals are in the process of attempting to end-run the legislative system by taking a 'shell bill' and inserting their bill within it. Their apparent need for obfuscation requires no further comment.

Nurse practitioners are not the primary threat to psychiatry. Psychiatrists are. Psychiatrists, and all physicians, fail to have an organized front that provides their communities with an understanding of what it is they are and are not capable of doing. Too much effort is spent on trying to explain what others should not be doing. Medical school teaches principals and practice of medicine. Specialty training hones down skills and allows for further specialized skills to be applied to the more difficult aspects of mental health as they relate to medicine.

The use of prazosin and propranolol for anxiety are based on the basic understanding of the cardiovascular system and how by controlling heart rate and blood pressure, anxiety can be controlled. Atypical anticonvulsants such as gabapentin are used to control pain because of their central nervous system role in controlling neural transmission. What makes gabapentin a valuable asset as an adjunct in complicated medical management patients with underlying hepatic damage, as found in chronic alcoholics, or multiple medications metabolized through the P-450 enzymes system is that it is metabolized in the kidneys and not the liver.

The use of carbamazepine, in the management of trigeminal neuralgia, is another example of a medicine designed and used by one medical specialty that has been adapted to use in Psychiatry. Off label use of medications is not cook-book medicine, it requires a fundamental and comprehensive understanding of physiology, biochemistry and medicine and their clinical applications; clinical applications of these knowledge

bases are not learned in short on-line training programs. This is our training and experience, this is our contribution within the House of Medicine and this, in my opinion, is what our communities need to know.

Simply put, basic blood pressure issues are managed by primary care physicians, but primary care physicians do not perform cardiac bypass surgery or insert valve replacements through the femoral artery. So too, with the specialized care psychiatrists perform for other health and mental health providers. Fundamentally, we need to do a better job educating our communities as to what makes us unique within the health and mental health arenas.

Where are mass media campaigns and patient education programs to explain the differences between a medical specialist, in our field, being a psychiatrist, versus those who would like the privileges of prescription and independent operation without equivalent training and experience?

Psychiatry is not a particularly highly paid specialty, in ranks toward the bottom of average annual earnings of medical specialties. But, when compared to the earnings of nurse practitioners and clinical psychologists, we do earn more. Motivation to operate independent of physician supervision, to practice in the same scope of practice, to earn more, these are goals that should be achieved through education and collegial relationships not through manipulation of the political system.

The issue of the role and capabilities of what a psychiatrist is trained to do and how they can make an impact on those with mental health dysfunction is not an Oklahoma issue. Many states lack an adequate number of clinically practicing psychiatrists, especially child and adolescent psychiatrists. Our role and responsibility, in medicine, as physician-psychiatrists, is to provide opportunities for there to be more medical school graduates and, and specifically, for more medical school graduates to enter the field of psychiatry.

These goals do require the use of the political system and the media to educate the public as to what we do and why we can and currently do it better than lesser trained health care professionals who seek professional parity. Without an educated community, our neighbors will not understand the difference in our education and training and expertise and thus not be aware that there can be a substantive difference in the quality of care they and their families receive. ❖

Harold M. Ginzburg, M.D., J.D., M.P.H.

ADOLESCENT/PHYSICIAN SUICIDE WORKSHOP CONTINUED FROM PAGE 1

The recent increase in the rate of suicides in adolescents especially female adolescents and in physicians in the US are of grave concern to psychiatrists. This **March 27th** workshop-symposium is designed to offer educational activity to update knowledge base of all psychiatrist members of the APA/OPPA at no cost to them, giving members an opportunity to ponder the issues of etiology, contributing factors including substance abuse, access to care and impediments in obtaining effective preventive treatment. The seminar and following interactive discussion over dinner will try to cover the topic in a 360° fashion including treatment approaches so the participant will be prepared to implement the knowledge and techniques discussed in his/her daily practice immediately.

The Friday afternoon workshop will begin at 1:00 p.m. with **"Adolescent Suicide Trends and Risk Assessment"** presented by *Swapna Deshpande, M.D.*, Rainbolt Family Chair in Child Psychiatry and Training Director, Child and Adolescent Psychiatry Fellowship, University of Oklahoma Health Sciences Center, Oklahoma City.

Risk assessment in suicidal children is complex and involves many components. Good risk assessment is crucial in determining the course of treatment planning. Her presentation will describe various aspects of a comprehensive risk assessment.

This program is followed by *Ashley Walker, M.D.*, presenting **"Neuroscience of Suicide."** Dr. Walker is the Psychiatry Residency Training Director and Assistant Professor, Department of Psychiatry and Behavioral Sciences, University of Oklahoma School of Community Medicine, Tulsa.

This presentation will explore our burgeoning understanding of the neuroscience related to the risk factors, pathology, and potential biomarkers and treatments related to suicide.

Next on the agenda will be the presentation by *Sara Coffey, D.O.* **"Treatment Approaches to Suicidal Adolescents."** Dr. Coffey is Assistant Clinical Professor and Director of Child and Adolescent Psychiatry, Department of Psychiatry and Behavioral Sciences, Oklahoma State University Center for Health Sciences, Tulsa.

Suicide remains one of the leading causes of death in individuals aged 15-24 years of age. More recently there have been concerns of rising suicidal risk in young girls. This trend is alarming and with suicide continuing to remain as a leading cause of death in young people a systemic and thoughtful approach is indicated to treat this growing trend. We know that untreated depression is a contributing risk factor for suicide; yet most of the youth with depression go untreated, and a large majority receive treatment in primary care. Looking towards evidence-based care models and integrated care approaches is one way to address this growing need.

After a brief break, the program will continue with **"Physician Suicide: Why the Increase and Why Now?"** presented by *Vijaya Ekambaram, M.D.*, Assistant Professor and Psychiatry/Sleep Medicine Specialist, Department of Psychiatry and Behavioral Sciences, University of Oklahoma Health Sciences Center, Oklahoma City.

Higher suicide rates are documented among physicians for decades. In a Norwegian office mortality study (1960-2000), physicians had lower all-cause mortality rates compared with other professionals; however, physicians specific cause mortality rates due to suicide remained higher than non-physicians.

Suicide primarily occurs as a combination result of three factors: unbalanced mental state, unbearable social situation and easy access to suicide methods. In the United States, physician suicide data from *National Violent Death Reporting System (NVDRS)* reported mental illness as an important factor for completed physician suicides. The physician suicide victims have reported "job problem" as a stressful situation and the preferred access of method for suicide was firearms. Given the higher suicidal rates among physicians and its impact on community, it is very important for psychiatrists to understand the clinical picture and complexities of physician suicide.

The presentation will help practitioners to understand the epidemiology, causation, risk factors of physician completed suicides and help them to gain knowledge about workplace and work-home balance stressors.

Next is the presentation, **"The Contribution of Substance Abuse,"** by *Jason Beaman, D.O.*, Chair, Department of Psychiatry and Behavioral Sciences, Oklahoma State University Center for Health Sciences, Tulsa. He is also the Medical Director, Addiction Medicine Project Psychiatrist and Director of Forensic Psychiatry for the Oklahoma State University Psychiatry **Project ECHO**.

This presentation will review substance use and suicide. Mental illness is a large risk factor for suicidal ideation, suicide attempts, and suicide mortality. The misuse of substances can greatly increase suicide. Also discussed will be the criteria for diagnosis of substance use disorder, the association between substance use and suicide risk, and how physicians can identify patients most at risk for suicide.

The workshop will conclude at 8:00 p.m. after cocktails, a buffet dinner and interactive symposium, **"360° View, Challenges, Discussion"** moderated by *Swapna Deshpande, M.D.* This is an interactional session for audience participation with Q/A and comments by the participants leading to responses to these by respective panelists.

The moderator will attempt to cover all the aspects of the topic increased rate of suicides in adolescents and physicians with focus on material presented earlier by all faculty; discuss comprehensively the bio-psychosocial and neuroscientific findings leading to suicides and causes for the recent increased rate of successful suicides in the population addressed in this workshop; and execute a plan of actions to address substance abuse issues in their patients at all levels of care and in all treatment settings to give insight to their patients about the importance of recognizing how substance abuse accidentally helps increase the chances of completing suicides. ❖

CME SCIENTIFIC CONFERENCE CONTINUED FROM PAGE 1

The Saturday Continuing Medical Education program was developed for Oklahoma psychiatric physicians to describe the changes in 2020 affecting the practice of psychiatry. In this respect empathic appreciation of how attachments and affects evolve in infancy, how psychological trauma in infancy, childhood, adolescence and adulthood results in multitude of emotional as well as serious medical disturbances, including treatment refractory depressions as well as substance use disorders and even gender identity variations of different kinds, will enrich psychiatrists in their deeper understanding of their patients and how they become psychiatric casualties who are deprived of the quality of life with shortened life span.

The **March 28th** program begins at 7:30 with registration and a breakfast buffet. Following a welcome by OPPA President, Dr. Harold Ginzburg, *Britta Ostermeyer, M.D.* will speak on *"Health Care Challenges and Delivery of Culturally Competent Care to LGBTQ+ Patients."* After reviewing the social, health, and mental health disparities of LGBTQ+ patients, this presentation aims to discuss how to deliver culturally competent quality health care services in a safe environment for LGBTQ+ patients. Dr. Ostermeyer is Professor and Chairman of the Department of Psychiatry and Behavioral Sciences at the University of Oklahoma College of Medicine. She holds the Paul and Ruth Jonas Chair in Psychiatry.

The morning program continues with two presentations by keynote speaker, *Charles Nemeroff, M.D., Ph.D.*, chair and professor, Department of Psychiatry, Dell Medical School, University of Texas at Austin. He also directs the Institute for Early Life Adversity Research within the Department of Psychiatry as part of the Mulva Clinic for the Neurosciences.

Dr. Nemeroff will first present, *"Neurobiology of Child Abuse."* This presentation summarizes the literature investigating the effects of childhood maltreatment on disease vulnerability for mood disorders, and post-traumatic stress disorder (PTSD), specifically summarizing cross-sectional and more recent longitudinal studies demonstrating that childhood maltreatment is more prevalent and is associated with increased risk for first mood episode, episode recurrence, greater comorbidities, and increased risk for suicidal ideation and attempts in individuals with mood disorders. It summarizes the persistent alterations associated with childhood maltreatment, including alterations in the hypothalamic-pituitary-adrenal axis and inflammatory cytokines, which may contribute to disease vulnerability and a more pernicious disease course.

His next presentation, *"Management of Treatment-Resistant Depression"* will examine overwhelming evidence from multiple randomized controlled clinical trials that antidepressants are indeed effective in the treatment of major depression. Unfortunately, 30-50% of patients treated with antidepressant monotherapy or evidence-based psychotherapy do not attain remission. The management of such patients, termed treatment resistant, requires considerable attention to revisiting the diagnosis. Once the diagnosis is clear, there are several evi-

dence-based treatments that are effective in converting antidepressant non-responders to responders.

The annual meeting and awards luncheon will be held beginning at 12 Noon. The new OPPA officers will be installed and the 2020 Benjamin Rush Award recipients will be announced.

After the luncheon, a special program will look back at a horrific episode in Oklahoma history, *"1995: Recalling Effects of Terrorism a Quarter of a Century Later."*

OPPA is pleased to have *Betty Pfefferbaum, M.D.* present her research on *"Children and Terrorism: 25 Years After the Oklahoma City Bombing."* Dr. Pfefferbaum is a George Lynn Cross Research Professor Emeritus in the Department of Psychiatry and Behavioral Sciences at the University of Oklahoma Health Sciences Center College of Medicine. Working in disaster mental health since the 1995 Oklahoma City bombing, Dr. Pfefferbaum has assisted with numerous major disasters providing clinical services, public mental health programming, education, and training; conducting research; and developing and testing public mental health interventions.

Also discussing her research will be *Phebe Tucker, M.D.* as she presents, *"Consequences of Disaster Trauma in Adult Survivors and Responders."* Dr. Tucker is Professor, Vice Chair of Education and Ungerman Endowed Chair in the Department of Psychiatry and Behavioral Sciences at OUHSC. Her faculty career has been devoted to teaching and conducting research on anxiety and trauma, including sequelae of the OKC bombing. This presentation discusses health and mental health sequelae for different levels of exposure among adult direct survivors, bereaved persons, first responders and other community members. Research is presented assessing adult survivors' emotional effects, treatments, continued needs and posttraumatic growth over many years, suggesting that recovery assistance needs to be provided for many years and adapted to changing needs of survivors.

"An Introduction to Infant Mental Health," will be presented by *Tessa Chesher, D.O.*, associate clinical professor at Oklahoma State University Center for Health Sciences in the Department of Psychiatry and Behavioral Sciences. Her professional interests include infant and early childhood mental health, early childhood trauma, and pediatric consultation-liaison psychiatry. This presentation will discuss the basics of infant mental health as well as what knowledge and training are required to provide this service. Participants will also look at Oklahoma's exciting progress in infant mental health, as well as community resources.

The afternoon program concludes with the traditional presentation of research papers and posters by residents in Oklahoma's four psychiatric residency training programs. Presenting this year are *Branden Carr, D.O.*, PGY1, OSU Tulsa; *Eleanor Lastrapes, M.D.*, PGY2, OU OKC; *Taylor Warta, D.O.*, PGY1, OU Tulsa; and *Shirin Vartak, D.O.*, PGY2, GMH Norman. ❖

BECOME AN APA FELLOW/DISTINGUISHED FELLOW IN 2020

The 2020 application period for **APA Distinguished Fellowship** (DFAPA) and **APA Fellowship** (FAPA) is now open. APA members can learn more about APA Fellowship and Distinguished Fellowship online at www.psychiatry.org/join-apa/become-a-fellow.

DISTINGUISHED FELLOWSHIP ELIGIBILITY CHANGES

As a reminder, there have been *some changes to the criteria* recently approved by the Board of Directors which could expand the pool of potential applicants. The new criteria will make eligible those applying who have a certification by ABPN, AOS, RCPS with or without MOC or recertification, since some in non-clinical roles may opt to not continue their certification.

1. To be nominated for *Distinguished Fellowship*, APA members must demonstrate the following:

- Not less than eight (8) consecutive years as a General Member or Fellow of the APA.
- Certification by ABPN, AOA, RCPS, or an equivalent certification board, has been held at any time.
- Three (3) letters of support from current APA Distinguished Fellows or Distinguished Life Fellows.

2. Under optional categories for demonstration of excellence: If Boards are expired, no points will be awarded for this certification.

DISTINGUISHED FELLOWSHIP TIMELINE

- Nomination Deadline July 1, 2020 (11:59 p.m. ET)
- Membership Committee Review & Recommendation July 13 to August 28, 2020
- Board of Director's Recommendation December 12 – 13, 2020
- Communication to New DFAPAs & Deferrals (to member & DB) December 21, 2020
- Convocation May 2021 at Annual Meeting

DFAPA ELIGIBILITY ROSTER

The Oklahoma Psychiatric Physicians Association will be sending emails to all members who are eligible for the Distinguished Fellow application process. Or you may contact the APA at [contact your membership coordinator](#) for assistance.

You may review the updated [DB/SA Guide to Distinguished Fellowship](#) and other resources, including criteria guidelines, timeline and an overview of the process, located on the [DB/SA Resources webpage](#).

After the application has been started, District Branches will be provided with a Google Doc hyperlink with pending /submitted DFAPA applications for review and to make any necessary edits prior to approving submissions for consideration by the APA Membership Committee. The deadline for DFAPA applications is July 1, 2020.

FELLOW ELIGIBLE MEMBERS

The Oklahoma Psychiatric Physicians Association will be sending emails to all members who are eligible for the Fellow application process. Or you may contact the APA at [contact your membership coordinator](#) for assistance. The deadline for FAPA applications is September 1, 2020.

FELLOW ELIGIBILITY CHANGES

For those applying for Fellowship (FAPA), a General Member must have at least two of the following:

- Be certified by the ABPN, RCPS (Canada), or AOA **at any time**.
- **NEW:** Served in a psychiatric leadership position on a national, District Branch or international psychiatric association stage over five years.
- Have the concurrence of the Membership Committee after providing a 30-day comment period for district branches. ❖

OPPA MEMBERSHIP UPDATE

OCTOBER 2019 - DECEMBER 2019

Welcome New Members

Ernest Tabi Abnuaw, MD, Resident Fellow, Norman
Corey Spence, DO, Resident Fellow, Tulsa
Theodore Brisimitzakis, DO, Resident Fellow, Oklahoma City
Rikinkumar Patel, MD, Resident Fellow, Norman
Eric Monsebais, DO, Resident Fellow, Sapulpa
William Caleb Wilson, MD, Resident Fellow, Oklahoma City

Reinstatements: Welcome Back!

Robert Hensley, DO, General Member, Tahlequah
Sara Verga, DO, Resident Fellow, Tulsa
Yana Jarman, DO, General Member, Oklahoma City
Jerrold Spring, MD, General Member, Tulsa (*reinstate and transfer to Minnesota*)

Membership Expiration: Non-payment of 2019 Dues

Ed Hill, MD, General Member, Norman

Goodbye and Good Luck: Transfer from Oklahoma

Amit Mistry, MD, Resident Fellow (*to Texas*)

New Life Membership: Congratulations!

David Linden, MD, Life Member, Oklahoma City
Theresa Garton, MD, Life Member, Oklahoma City
Lauri Kearns, MD, Life Member, Norman
Jahangir Ghaznavi, MD, Life Fellow, Enid

The OPPA Executive Council congratulates these new Life psychiatric physician members on their accomplishments and sends sincere appreciation for their hard work and dedication to the health and safety of the citizens of Oklahoma. ❖

2020 OKLAHOMA LEGISLATION TO WATCH

Senate Bill 1915 (Sen. Kim David) – Allows Physician Assistants (PAs) to practice under a collaborative agreement with a physician rather than being supervised. This measure allows PAs to be considered Primary Care physicians and also expands prescriptive authority. (*Senate Health & Human Service Committee*).

Senate Bill 1917 (Sen. Bill Coleman) – Allows prescriptive authority for Advanced Practice Registered Nurses. (*Senate Health & Human Services Committee*).

House Bill 2194 (Rep. Randy Randleman) – Expands the definition of “physician” to include psychologist, therapist or counselor. Carry over from 2019 Session. Rep. Randleman (*a psychologist*) also filed a shell bill this year (**HB 3431**) which is anticipated to contain the same or similar language. (*House Rules Committee*).

Senate Bill 801 (Sen. Paul Rosino) – Requires that nurse anesthetists administer anesthesia and certain controlled substances *in collaboration with, not under the supervision of*, a physician. OSMA helped negotiate “collaboration” definition language agreed upon by the Oklahoma Society of Anesthesiologists and the Oklahoma Association of Nurse Anesthetists. (*Passed Senate Floor 44-0; To House*).

Senate Bill 1718 (Sen. John Montgomery/Rep. Jon Echols) – Provides for mental health insurance coverage parity by mirroring current federal law. This would better allow Oklahoma enforcement to require mental health care to be covered at the same level as physical health care. (*Title Stricken; Passed Senate Retirement & Insurance Committee 8-0; to Senate A&B*).

Senate Bill 1770 (Sen. Joe Newhouse) – Permits adults with mental illnesses to designate more than one person as a treat-

ment advocate, to determine the advocate's level of involvement in their care, and to place a universally accepted form to apply for such advocacy online. (*Senate Health & Human Services Committee*).

Senate Bill 1761 (Sen. Joe Newhouse) – Removes standards requiring a person who poses an immediate threat of harm to themselves to be considered a person requiring treatment under the standards of mental health statute. (*Senate Health & Human Services Committee*).

House Bill 4064 (Speaker Rep. Charles McCall) - Puts the Department of Mental Health and Substance Abuse Services under the administrative control of the Oklahoma Health Care Authority. This is called the *State Government Health Care Administrative Reform and Reorganization Act of 2020*.

Senate Bill 1870 (Sen. Casey Murdock) - Repeals the Section of law which creates the Commissioner of Mental Health and Substance Abuse Services.

Senate Bill 1863 (Sen. Casey Murdock) - Eliminates the current experience requirements for the Commissioner of Health (*i.e. Doctor of Medicine Degree or Osteopathic Medicine Degree or Doctorate of Public Health, etc.*) ❖

Members: Don't Get Dropped!

March 31st is the last day to pay your **2020 dues** and continue your member benefits without interruption. Renew your membership today and keep building on the success we have already achieved together. Prefer to pay your dues over time? Sign up for the **Scheduled Payment Plan** to make smaller payments monthly, quarterly or bi-annually. ❖



YOU COULD BE A WINNER!



Do you feel lucky?? For the third year, CME conference attendees will have the opportunity to buy a raffle ticket and if you are the lucky winner of the drawing held Saturday afternoon, you will receive a **full refund** of your CME Registration Fee plus a \$25 gift certificate to Panera Bread!

So bring your money (*cash, check or credit card accepted*) to the OPPA annual CME conference Saturday, March 28th and buy a \$20 raffle ticket...or more! You could join the “**winners circle**” along with Dr. Heather Geis who won in 2018 and Dr. Ana Maria Gutierrez who won in 2019!

What are we doing with this raffle money? All proceeds of the raffle are deposited into the **Resident Assistance Fund** to help residents participating in the poster competition pay expenses to the APA annual meeting. Last year the OPPA raised \$980 in raffle donations and spent \$800 helping five residents travel expenses. The fund currently has a balance of \$209. In 2019, only two of the four programs had residents participate in the

poster competition. To fully fund the program, a minimum of \$1,200 would need to be raised through donations.

By accepting the funding, each resident must agree to the following criteria:

1. Attend the APA conference and present a poster;
2. Present the poster at the OPPA spring CME Conference or a quarterly COPS or TPA meeting;
3. Attend one OPPA Executive Council meeting during the coming year; and
4. Be a member in good standing of the APA/OPPA for one year.

The Resident Assistance Fund is in need of **tax deductible donations** to help the program continue. The raffle is just one way the OPPA is trying to make funding available.

Anyone wishing to help may send a check payable to the OPPA and mail to PO Box 1328, Norman, OK, 73070. Please include *Resident Assistance Fund* on the memo line. ❖

Oklahoma Psychiatry

Mailing Address:
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Oklahoma Psychiatry is a publication of the Oklahoma Psychiatric Physicians Association.

Harold Ginzburg, M.D., J.D., M.P.H., Editor

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.

Tandy Conference Center 4th Floor



OSU Center for Health Sciences
1111 W. 17th Street, Tulsa

CME Registration

To pay by credit card call
405-360-5066

To pay by check mail to
PO Box, 1328, Norman, OK 73070

<https://www.oklapsychiatry.org>

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

*"Increase in Adolescent and Physician
Suicides: Hiccup or Trend?"*

Interactive Symposium Workshop and Dinner

Saturday, March 28th, 7:30am-5:00 pm

CME Conference and Annual Meeting

*"Beyond Molecules, Mechanisms and
Medications: Infancy, ACE, Trauma, TRD,
Gender Identity"*

Separate registration is required for the adolescent and physician suicide workshop and the CME scientific conference and annual meeting.

The Friday workshop is FREE to all OPPIA members. The Saturday conference requires a registration fee for all participants.

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**OSU Center for
Health Sciences
Tandy Conference
Center**
1111 W. 17th Street,
Tulsa, OK

Increase in Adolescent and Physician Suicides: Hiccup or Trend?

360° View, Challenges and Discussion

March 27, 2020

Jointly provided by the American Psychiatric Association and the
Oklahoma Psychiatric Physicians Association

2020 Suicide
Workshop and
Symposium

Registration Form

Name _____ MD DO Other _____

Preferred Mailing Address _____

City _____ State _____ Zip _____

Preferred Email Address _____

Registration includes 6 AMA PRA Category 1 Credits™, conference materials, meals and breaks.

- OPPA Member Registration - NO CHARGE (call 405-360-5066 or email oklapsychiatry@gmail.com)**
- Non-member Psychiatrist/Physician Registration Fee - \$180.00**
- Other providers: PA, NP, RN, Ph.D. - \$200.00**
- Non-member Psychiatric Resident – \$75.00**
- Dinner Guest - \$75.00**

Credit cards are accepted by calling 405-360-5066.

If paying by check, please make payable to: **OPPA** and mail form and check to: P.O. Box 1328, Norman, OK 73070



Questions?? Contact Renée Mixon, Executive Director
Phone: 405-360-5066
Email: oklapsychiatry@gmail.com

a district branch of
the American
Psychiatric Association

**OSU Center for
Health Sciences
Tandy Conference
Center**
1111 W. 17th Street,
Tulsa, OK

Beyond Molecules, Mechanisms and Medications: "Infancy, ACE, Trauma, TRD, Gender Identity"

March 28, 2020

Jointly provided by the American Psychiatric Association and the
Oklahoma Psychiatric Physicians Association
Presented with the Donahue-Shadid Psychiatric Alumni Society
and the Oklahoma Council of Child and Adolescent Psychiatry

2020 CME
Conference and
Annual Meeting

Registration Form

Name _____ MD DO Other _____

Preferred Mailing Address _____

City _____ State _____ Zip _____

Preferred Email Address _____

Registration includes 7 AMA PRA Category 1 Credits™, conference materials, meals and breaks.

- OPPA Member Registration Fee - \$180.00**
- Non-member Psychiatrist/Physician Registration Fee - \$200.00**
- Other providers: PA, NP, RN, Ph.D. - \$220.00**
- Psychiatric Resident/Medical Student – \$25.00**
- Guest Luncheon - \$50.00**

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