



# Oklahoma Psychiatry

OKLAHOMA PSYCHIATRIC PHYSICIANS ASSOCIATION  
A DISTRICT BRANCH OF THE AMERICAN PSYCHIATRIC ASSOCIATION

July, August, September 2022

## Inside

Membership Benefits	1
Editorial Corner	4
APA Assembly Update	7
Member Spotlight	9
COPS / TPA Webinar	10
APA Free CME Courses	11
Upcoming Events	13

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## Becoming a Member of the APA and OPPA

It is an exciting time for the psychiatry profession. While new innovations in diagnosing and treatment continue to expand the field, organized psychiatry has made great strides in providing a voice for our colleagues, advocating for our patients, and ensuring the profession's continued growth. The American Psychiatric Association (APA) and the Oklahoma Psychiatric Physicians Association (OPPA) members at every level enjoy many benefits and services. An informative flyer is included on page 3 which details some of OPPA and APA membership benefits can be explored in detail [HERE](#). Medical Student and Resident-Fellow membership benefits are explored below.



### MEDICAL STUDENT MEMBERSHIP

Explore a career in psychiatry and find resources and ways to get involved! Medical student members are dues exempt and belong to APA at the national level only (there are no dual membership requirements with the OPPA). OPPA, APA, and the APA Foundation are committed to investing in the future of psychiatry. OPPA offers free/discounted registration to medical student members for its annual CME meetings and for chapter CME conferences from the Central Oklahoma Psychiatric Society and the Tulsa Psychiatry Association. APA provides grants to give medical students opportunities to travel to APA Meetings (Annual Meeting and The Mental Health Services Conference) and receive mentorship from psychiatrists and leaders in the field. Online free CME learning modules, and several of the other benefits available to medical student members are listed below!

[APA Guide and Roadmap for applying to psychiatric residency](#), including application materials, interview questions, and how to choose a program.

[SAMHSA Summer Medical Student Program](#). The APA Foundation Substance Abuse and Mental Health Services Administration (SAMHSA) Summer Medical Student Program (SMSP) provides medical students who are interested in serving underserved communities the experiential learning, training, and professional development they need to be leaders in the field of psychiatry. This month-long program gives participants the opportunity to learn from world-renowned psychiatrists, receive invaluable academic resources, explore content in the award-winning APA Learning Center, and partake in the organization's annual meeting.

Continued on Page 2

## Membership Information (continued from Page 1)

[Career and Networking Development Resources](#). Online directory of summer jobs and networking opportunities through APA JobCentral, including how to build a career in psychiatry and access to travel awards and other research funding opportunities.

[Psychiatry Student Interest Group Network](#) (PsychSIGN). PsychSIGN is the national network of medical students interested in psychiatry, from those with a rough interest in the brain and mind to those already in the residency application and match process. PsychSIGN connects students across the country to their peers, to psychiatry residents, and to practicing psychiatrists from a broad range of subspecialties. Join PsychSIGN and sign up for the free email newsletter.

[Publications and Journals](#). Medical student members receive articles on cutting-edge research and the latest developments in the field with free online subscriptions to *American Journal of Psychiatry*, *Psychiatric News Update*, and *APA Advocacy Update*. Members also receive a 20% discount on over 700 books and special member pricing for journals and subscriptions.



### **RESIDENT-FELLOWSHIP MEMBERSHIP**

Explore a career in psychiatry and find resources and ways to get involved! APA and OPPA dues are waived for Resident-Fellow Members (RFMs) for the first year of membership. After that, annual national dues for RFMs are \$111 for APA and \$25 for OPPA (\$136 annually until completion of residency/fellowship) for U.S. members. Many resources are available to RFM members!

[Fellowship Opportunities](#). The APA and the APA Foundation Fellowships provide psychiatry residents the experiential learning, leadership, training, and professional development they need to be leaders in the field of psychiatry. The fellowship programs offer opportunities to work with Congress on health policy, conduct research of your design, expand access to care to minority and underserved populations, focus on child psychiatry or substance abuse, and much more. Fellowships are available in many areas including child and adolescent psychiatry, leadership, diversity, correctional psychiatry, public psychiatry, psychiatric research, and minorities and special populations.

[Psychiatric News Residents' Forum](#). The *American Journal of Psychiatry Residents' Journal* (AJP-RJ), is published monthly online with the *American Journal of Psychiatry* and serves as a forum for psychiatry residents and fellows to share ideas and experiences in training, clinical practice, research, and careers with colleagues. RFMs are encouraged to submit original submissions for the Psychiatric News Residents' Forum.

[SET for Success](#). The Supplemental Education and Training (SET) program is an online experience to supplement and complement psychiatric training and education. SET provides Resident-Fellow Members with resources to enhance their medical knowledge and practice of psychiatry including practice management, treatment and care, and special populations. SET takes into consideration the core competencies of psychiatry and focuses on the achievement of milestones in psychiatric training.

[Leadership Opportunities](#). Leadership positions in the APA are available for residents and fellows who are interested in organizational psychiatry.

[Publications](#). Resident-Fellow members can receive articles on cutting-edge research and the latest developments in the field with free online subscriptions to *American Journal of Psychiatry*, *Psychiatric News Update*, and *APA Advocacy Update*. Featured free publications for residents and fellows include *Building a Career in Psychiatry*, *A Resident's Guide to Surviving Psychiatric Training*, and the *Resident-Fellow Member Handbook*. Members also receive a 20% discount on over 700 books and special member pricing for journals and subscriptions. ♦



## Membership Benefits



# LET US BE YOUR VOICE OF PSYCHIATRY IN OKLAHOMA

<https://www.psychiatry.org/membership>

JOIN

## WHO WE ARE

The Oklahoma Psychiatric Physicians Association (OPPA), a district branch of the American Psychiatric Association, is dedicated to meeting the professional needs of its members and promoting quality treatment and prevention of mental illness and substance use disorders. In performing these functions, members of the OPPA are mindful of the unique history and cultural diversity of Oklahoma, and the influence of social determinants on health and outcomes.

## THROUGH YOUR MEMBERSHIP

Members enjoy discounts on APA and local OPPA branch and chapter CME programs, legislative advocacy on behalf of all psychiatrists in Oklahoma, print and electronic newsletters, and alerts about information you need on all laws, regulations, federal and state healthcare reforms, and more!



## LEGISLATIVE ADVOCACY

OPPA, in conjunction with the Oklahoma State Medical Association, is very engaged in legislative monitoring and advocacy in all matters of interest to the practice of psychiatry in Oklahoma.



## CONTINUING MEDICAL EDUCATION

APA and OPPA serve as the integrated home for all your CME education needs. Attend CME events to network with colleagues, complete educational activities to earn CME credit, meet MOC requirements, learn new skills, and more!



## DIVERSITY, EQUITY AND INCLUSION

OPPA is committed to developing programs and resources to bring awareness to and support the needs of evolving, diverse, and underserved patient populations in Oklahoma, implement strategies to enrich a diverse representation of psychiatrists in Oklahoma and within the OPPA, to reflect the unique, cultural richness of our state, provide an open forum to address issues related to diversity, equity, or inclusion, and foster connections across multiple medical sectors to end mental health inequities.

OKLAHOMA PSYCHIATRIC  
PHYSICIANS ASSOCIATION



A DISTRICT BRANCH OF THE AMERICAN PSYCHIATRIC ASSOCIATION



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<https://www.oklapsychiatry.org>

## Editorial Corner

*Harold M. Ginzburg, MD, JD, MPH*

For many members of a District Branch (DB), such as the Oklahoma Psychiatric Physicians Association (OPPA), it is often difficult to understand what their representatives to the APA Assembly do. One such responsibility is that the representatives put forth ideas and prepare Action Papers, as noted below. An Action Paper is a resolution for the Assembly to consider, discuss, reject, or accept with or without modifications. Once the Action Paper is approved, it is forwarded to the Board of Trustees (BOT) who consider it and may ask for a standing [existing] Council, that deals with the specific topic area, to review the Action Paper for its content, merit, and feasibility. Once approved by the BOT, the Action Paper becomes a funded project. The Action Paper below was conceived and discussed at the Area 5 [the Southern Tier of the United States] meeting held this past weekend in Baltimore [which is below the Mason-Dixon line; the line that separated Pennsylvania from Maryland, and the North from the South]. The author has allowed me to share it with our DB before it is presented to the Assembly in November 2022. If any members have an idea, thought or suggestion, Dr. Vinekar and/or I would be more than willing to help you develop it into an Action Paper.

### ACTION PAPER

#### TITLE: APA Champions Firearm Safety

*Draft as of 9/13/22*

#### WHEREAS:

Firearm-related injuries and fatalities are preventable.<sup>1,2</sup>

The U.S. has the highest rates of private firearm ownership in the world.<sup>3</sup>

According to latest data from the Centers for Disease Control and Prevention, in 2020 there were 45,222 deaths due to firearms, with firearms involved in 79% of homicides and 53% of suicides.<sup>4</sup>

Persons with mental illness are more likely to be victims than perpetrators of violence, and “there is a critical need for public health interventions designed to reduce violence in this vulnerable population.”<sup>5</sup>

Black Americans are more than twice as likely to die from firearm violence than whites, and disparities by race/ethnicity and socioeconomic status are widening.<sup>4,6,7</sup>

Suicide attempts using firearms are the most lethal, with a mortality rate of 90%.<sup>8</sup>

Firearms have been shown to be the #1 suicide method for youth 10 to 19 years old.<sup>8,9</sup>

Veterans represent another vulnerable population. Studies show that “High firearm ownership rates, along with high rates of major depression, substance use disorders, and post-traumatic stress disorder...raise the risk of firearm suicide in veterans.”<sup>10</sup> Further, “firearm suicide rates in male and female veterans are elevated 81% and 188%, respectively, compared with demographically matched nonveterans, and this is attributed to higher gun ownership rates.”<sup>10</sup>

Research shows that “firearms in the home are associated with a fivefold greater risk of suicide, and in firearm-owning households, 90% of suicides involve a firearm, compared with 50% of suicides in U.S. households as a whole.”<sup>10</sup>

Research has shown that firearm safety laws are associated with reduced firearms-related fatalities,<sup>3</sup> and that firearm access restriction and firearm safety education programs decrease firearm-related suicides.<sup>11</sup>

Other countries have made reforms that have reduced firearms-related fatalities,<sup>12</sup> and individual U.S. states have made reforms that have reduced firearms-related fatalities.<sup>3</sup>

In the 1990s, the CDC began exploring firearm-related violence as a public health issue,<sup>13</sup> and in 2016, the AMA declared firearm-related violence a public health crisis.<sup>14</sup> The AMA has numerous policy statements on firearm safety.<sup>1,14</sup>

The U.S. has made strides in another public health focus, automobile safety, since the 1920s, and automobile safety can serve as a model for firearm safety progress.<sup>13,15</sup> In 2017, firearms overtook automobiles as the primary injury-based lethality for youth up to 25 years old.<sup>13</sup> In 2020, firearm-related fatalities were “the leading cause of death among children and teens in 2020, accounting for more deaths than COVID-19, car crashes, or cancers.”<sup>16,17</sup>

In 2018, the American Psychiatric Association (APA) issued a revised Position Statement on Firearm Access, Acts of Violence and the Relationship to Mental Illness and Mental Health Services.<sup>18</sup> It stated, “Recognizing that the vast majority of gun violence is not attributable to mental illness, the APA views the broader problem of firearm-related injury as a public health issue and supports interventions that reduce the risk of such harm.” Some recommendations included:

- ◇ Requiring background checks and waiting periods on all firearm sales or transactions
- ◇ Requiring safe storage of all firearms in the home, office or other places of daily assembly

**Editorial Corner***(continued)*

- ◇ Restricting the manufacture and sale for civilian use of large-capacity magazines and firearms with features designed to increase their rapid and extended killing capacity
- ◇ Increasing resources for safety education programs related to responsible use and storage of firearms
- ◇ Banning access to firearms for persons whose conduct indicates that they present a heightened risk of violence to themselves or others, whether or not they have been diagnosed with a mental disorder
- ◇ Prioritizing early identification and treatment of mental disorders, including school-based screening, in national and local agendas, along with other efforts to augment prevention strategies, reduce the stigma of seeking or obtaining mental health treatment, and diminish the consequences of untreated mental disorders<sup>18</sup>
- In 2019, APA joined six professional organizations in calling for action to address, via evidence-based steps, the “public health epidemic” of firearm-related injury and death.<sup>2,19</sup>
- Psychiatrists can be part of a multi-disciplinary effort to educate the public about evidence-based strategies that can reduce firearms-related injuries.<sup>20</sup>

**BE IT RESOLVED:**

1. APA shall designate addressing firearm safety as an organizational priority.
2. APA shall coordinate directly with the American Medical Association (AMA) and other professional medical organizations to develop and implement a comprehensive advocacy strategy on firearms-related policy and firearms safety campaigning.
3. APA shall assign relevant APA components to recommend actionable steps to implement recommendations made in the 2018 APA Position Statement on Firearm Access, Acts of Violence and the Relationship to Mental Illness and Mental Health Services.
4. APA shall develop a targeted media campaign (including social media) reflecting above efforts and pushing out to the public and to practitioners information about firearm safety.

**AUTHOR:**

Isabel Norian, MD, ACROSS Representative, American Association for Community Psychiatry

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**ESTIMATED COST:** (APA to complete)

**ENDORSED BY:** ACROSS, Area 1 Council, New York County Psychiatric Society

**KEY WORDS:** Firearms, Safety, Public Health, Prevention, Suicide

**APA STRATEGIC PRIORITIES:** Advancing Psychiatry, Supporting Research, Education

**REVIEWED BY RELEVANT APA COMPONENT:**

Council on Psychiatry and Law - Council on Children, Adolescents and their Families

Council on Communications - Legal Counsel

Council on Advocacy and Government Relations (in progress) - Department of Government Relations (in progress)

Council on Research (in progress) - Office of Communications (in progress)

AMERICAN  
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HEADLINES

in affiliation with  
BulletinHealthcare

A daily news briefing on psychiatry and mental health, prepared by the editors at BulletinHealthcare, exclusively for members of the APA

[Watching Short Video About Benefits Of Therapy For COVID-19-Related Anxiety, Depression May Reduce Treatment-Related Stigma Among Healthcare Workers, Study Indicates](#)

Psychiatric News (9/14) reports, "Despite being at higher risk of anxiety and depression than the public, healthcare workers are often reluctant to seek mental healthcare," but a 1,402-participant randomized controlled trial published online Sept. 13 in *Psychiatric Services*, a publication of the American Psychiatric Association, "suggests that watching a [short video](#) about the benefits of therapy for COVID-19-related anxiety and depression may reduce treatment-related stigma and encourage more healthcare workers to seek help."

# APA Assembly Area 5 Report

*Harold M. Ginzburg, MD  
Shree Vinekar, MD*

## DISTRICT BRANCH REPORT • OKLAHOMA PSYCHIATRIC PHYSICIANS ASSOCIATION • SEPTEMBER 2022

### MEMBERSHIP ISSUES: 210 members (-5 from previous report)

The Oklahoma district branch currently reports 210 members, comprised of 15 Life Fellows, 21 Life Members, 2 Distinguished Fellows, 18 Distinguished Life Fellows, 24 Fellows, 86 General Members, 11 inactive members, and 33 Resident-Fellow Members. Dropped members from the last cycle include 5 Resident-Fellow members who transferred membership.

A new slate of officers and councilors assumed office during the May 7, 2022, General Membership Meeting.

APA has recently begun reporting contact information for medical students who elect to opt-in and receive communications from APA and their assigned district branches. OPPIA has so far added 13 Oklahoma medical students who opted-in for marketing, mailing lists, and CME activities.

### LEGISLATIVE ISSUES: *Scope of practice: (x) yes ( ) no ( ) maybe*

**988 Implementation.** In July 2022, the 11-digit National Suicide Prevention Lifeline phone number changed to 988 and will allow callers to talk with a mental health professional during a mental health crisis. New call centers have opened across the country, including in Oklahoma, to meet increased demand. Oklahoma is one of several states that has opted to use federal and state dollars to build new services for people whose crises are too severe to be handled over the phone.

The OPPIA Legislative 988/Partnership Sub Committee met in August, 2022 with various stakeholders in Oklahoma include the Oklahoma State Medical Association, the National Alliance on Mental Illness, and the Healthy Minds Policy Initiative to discuss the issues and scope of 988 implementation. Issues include: long-term funding and resources for 988 implementation and access issues. Advocacy and legislation support is needed for continued funding of these centers to make sure Oklahoma's 988 implementation is thoughtful and sustainable.

HB 4227 established urgent recovery centers as a source for mental health crisis response (those calling 988) implemented through certified community health centers. Callers can be referred to a mobile crisis response team with 988 providers agreeing to provide next day appointments.

HB 4082 established a revolving fund for transportation for 988 callers but was vetoed by Governor Stitt, who wanted more data to ascertain how many services will be actually used.

### Scope of Practice:

**HB 2973:** Prohibits state entities to interfere with "Conversion Therapy" STRONGLY OPPOSED. OPPIA took action and rewrote Position Paper (distributed by the OSMA). Bill passed out of House State Powers Committee with unanimous vote but was not heard on the House Floor.

**HB3683:** Permits certified nurse practitioners to exercise their licenses without supervision after two years of physician supervision. STRONGLY OPPOSED and was not heard in Rules Committee

**SB1220:** Permits certified and designated nurses and nurse midwives to prescribe and administer Schedule II drugs. STRONGLY OPPOSED and did not come out of Health and Human Services Committee.

**HB2972:** Allows PAs to assess the physical and mental health of prospective jurors identifying them as incapable of performing jury service. STRONGLY OPPOSED Died in Judiciary Committee

**HB3540:** Permits PAs to sign death certificates. SUPPORTED. Vetoed by Governor.

**SB1322:** Allows PAs to sign death certificates and then amended to allow PAs to prescribe Schedule II drugs. STRONGLY OPPOSED. Governor signed the bill.

**SB516:** Permits a physician to supervise an unlimited number of physician assistants. STRONGLY OPPOSED Carried over from 2021. Was not heard in committee

**SB1542:** PAs could prescribe and order Schedule IIs in hospital. SUPPORTED but did not come out of Health and Human Services Committee.

**HB3246:** Allows Chiropractors to administer certain articles of natural origin, by needle or otherwise to their clients. STRONGLY OPPOSED. Did not come out of Business and Commerce Committee.

**HB3380** – Permits PTs to treat a patient without a referral by a medical professional, STRONGLY OPPOSED. Did not come out of Health and Human Services Committee.

**HB 3497** – Permits pharmacists to conduct certain tests and screenings for minor, nonchronic health conditions. STRONGLY OPPOSED Passed the House but died in Health and Human Services Committee.

**SB1215** – Would allow pharmacists to prescribe nonprescription Drugs STRONGLY OPPOSED. Did not come out of Public Health Committee.

### EDUCATIONAL TRAINING ISSUES:

The Tulsa Psychiatric Association and the Central Oklahoma Psychiatric Society have not scheduled any in person chapter meetings since 2020 due to the COVID pandemic. In 2022, joint zoom video webinars were held on February 17 and June 2; an upcoming virtual zoom webinar will be held September 29, 2022

### SCIENTIFIC PROGRAM ISSUES: (Dates/Theme/Location/CME Hours):

**Oklahoma Psychiatric Physicians Association (OPPIA):** 2021 OPPIA CME Scientific Conference: "Multiple Frontiers for Innovative Post-Pandemic Psychiatry," was held as a Virtual Webinar on November 5-6, 2021, due to the ongoing COVID pandemic. This event was jointly provided by the APA and presented with the sponsorship of the Donahue-Shadid Psychiatric Alumni Association and the Oklahoma Council of Child & Adolescent Psychiatry. The timely topics covered included remote assessment and treatment via telemedicine for COVID-19-related syndromes; psychiatric education in the pandemic era; integrative functional medicine and other new treatment avenues and modalities such as ketamine and esketamine for patients resistant to traditional treatments for depression and post-partum depression; prevention and treatment methods to decrease opiate dependence and overdose-related deaths; and strategies for long-term professional success for newly trained psychiatrists. The APA designated this live activity for a maximum of 11 AMA PRA Category 1 Credits™.

# APA Assembly Report

(continued)

*Harold M. Ginzburg, MD*  
*Shree Vinekar, MD*

**2022 OPPA CME Scientific Conference:** The 2022 CME conference was postponed until April 29, 2023 due to scheduling and fiscal difficulties. The OPPA CME Committee is utilizing feedback and needs assessment reports from the 2021 CME meeting to assemble an informative and outstanding slate of speakers. Topics under discussion include: Culture, Psychology, and Co-Occurring Disorders in Addiction, The Impact of Dual Pandemics on Women's Mental Health, Alcoholism/SUD in Geriatric Populations, Cognitive Behavioral Therapy, Burnout and Depression in Physicians, Psychopharmacology Trends and Updates, Opioid Epidemic/Proper Prescribing, Mass Shootings, Mental Health in Diverse populations (LGBTQ, DEI topics), Disaster Psychiatry, Autism/ASD in Adults and Children, Brain Imaging, Medical Marijuana

**Central Oklahoma Psychiatric Society/Tulsa Psychiatric Association:** Three CME events have been held or planned jointly by OPPA chapters, the Central Oklahoma Psychiatric Society and the Tulsa Psychiatric Association, during this period. These programs were presented in a virtual Zoom webinar format as part of the "Diversity, Culture, and Current Treatment in Psychiatry: An Educational Forum," sponsored by the University of Oklahoma Health Sciences Center Department of Psychiatry and Behavioral Sciences (Course No. 22D10). Two (2) AMA PRA Category 1 Credits™ were available for each event. Registration is free to all psychiatrists, fellows, trainees, and others.

**February 17, 2022:** "Medical Leadership" and "Tulsa Life Chart: Web-based Graphic Representation of the Life Course of Mental Health."

**June 2, 2022:** "Here We Go Again: The Evolution of DSM-5-TR," "Makeshift Medical Care Amid the Mayhem of War," and "A Telepsychiatry Simulation for Suicide Assessment: Teaching Telemedicine Safety Competencies."

**September 29, 2022:** Trauma- and Stressor-Related Disorders," and "Do As I Say, Not as I Do: Burnout and Depression in Physicians."

#### DB GOVERNANCE CONCERNS/ PROBLEMS/SOLUTIONS:

Ongoing: the OPPA Executive Council (1) voted to adopt a new OPPA organizational logo to remove references to Benjamin Rush; and (2) renamed the annual OPPA award given to the Exemplary Medical Student Award for nominated outstanding senior medical students attending medical school in Oklahoma.

#### OTHER: (Liaison with APA, State Medical Association, Community, etc.):

The OPPA Legislative 988/Partnership Sub Committee met in August, 2022 with various stakeholders in Oklahoma including the Oklahoma State Medical Association, the National Alliance on Mental Illness, and the Healthy Minds Policy Initiative to discuss the background and scope of the national and state 988 suicide prevention hotline. More liaison and advocacy activities are planned for continued funding and implementation of these centers to make sure Oklahoma's 988 execution is thoughtful and sustainable. ♦

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# MEMBER SPOTLIGHT



**ANDREW LIEW, MD**

Dr. Andrew Liew is an assistant professor in the Department of Psychiatry at the University of Oklahoma (OU)-Tulsa University School of Community Medicine where he has been a faculty member since June of 2016. He is board-certified in adult psychiatry and in child and adolescent psychiatry.

In addition, he serves as the Dean of Undergraduate Medical Education and teaches medical students, physician assistant students, psychiatry residents, and child and adolescent fellows. Dr. Liew collaborates with the pediatric clinics at OU-Tulsa to improve patient and family access to child and adolescent psychiatry care and is proud to care for the children and families in Tulsa and to train future health care providers for Oklahoma.

Dr. Liew is currently a General Member of APA and OPPA having joined in July 2010. He also serves on the OPPA Executive Council.

## OPPA Working for You!

The **Oklahoma Psychiatric Physicians Association**, a district branch of the American Psychiatric Association, works hard to keep up with the role healthcare plays in the lives of every person to maintain their physical and mental health, their means of employment to feed and nurture their family, and their personal safety and freedom. At the core of every organization is membership—recruitment and retention.

**Working** through legislative advocacy this past session, we can continue the fight to protect your profession from scope of practice attacks and governmental encroachment on the practice of medicine.

**Connect** with your peers to increase knowledge, decrease isolation, and maintain relationships with colleagues working for issues benefiting Oklahomans.

**Learn** by participating in scientific webinars, seminars, and CME conferences from the comfort of your home or office.

### OPPA Membership Update July-September, 2022

**New Members:**

- Chen, Elizabeth MD (Resident-Fellow)
- Gill, Reagan DO (Resident-Fellow)
- Kasmani, Shahnaz MD (Resident-Fellow)
- Raidoo, Bharathi MD (General Member)
- Smart, Keenan MD (General Member)



**APA and OPPA  
JOIN or RENEW  
AND INFORMATION**



Please join us! **FREE VIRTUAL  
CME WEBINAR**

sponsored by the  
OUHSC Department of Psychiatry and Behavioral Sciences with the  
Central Oklahoma Psychiatric Society and the Tulsa Psychiatric Association



**Gabriel Cuka, MD, MBA**

Clinical Assistant Professor  
Psychiatry and Behavioral Sciences  
College of Medicine  
University of Oklahoma Health Sciences Center  
Oklahoma City, Oklahoma

**"Trauma- and Stressor-Related Disorders"**



**Nicole B. Washington, DO, MPH**

Founder and Chief Medical Officer  
Elocin Psychiatric Services, PLLC  
Broken Arrow, Oklahoma

**"Do As I Say, Not As I Do:  
Burnout and Depression in Physicians "**

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**SEPTEMBER 29**  
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Be sure your mobile/cell phone number is listed in your  
CME profile as you will text a code during the meeting to receive credit.

**CME HELP AND QUESTIONS:**

**PHONE: 405-271-2350 EMAIL: CME@OUHSC.EDU**

The Central Oklahoma Psychiatric Society and the Tulsa Psychiatric Association are chapters of the Oklahoma Psychiatric Physicians Association, a district branch of the American Psychiatric Association. The presenters, program planning committee, and moderators disclose no financial relationships or affiliations with ineligible companies.



## Free CME Courses for Members

(Click on course name to access course)

### **AUGUST: Youth Anxiety: Up-to-Date Clinical Treatment and Research**

#### **Credits CME: 1.25**

Anxiety disorders receive inadequate attention among psychiatric disorders, despite being the most common mental disorders. 29% of people in lifetime have an anxiety disorder. With the many subtypes of anxiety disorders; e.g., phobias, generalized anxiety disorder, panic disorder, obsessive-compulsive disorder, and separation anxiety disorder, is high comorbidity and risk for secondary depression and substance use. Anxiety disorders in youth affect one in eight children or adolescents. This symposium will feature key issues faced by youth with anxiety disorders from underserved groups. Our treatment model with technology-based innovations serve these youth. The goal is to enhance understanding of the experience of underserved and other youth dealing with anxiety disorders.

### **SEPTEMBER: Ethnopsychopharmacology**

#### **Credits CME: 1.0**

In this presentation we will discuss the factors in which ethnicity plays a role in psychiatric pharmacological treatment. It is important to be aware of these points as they affect patient outcomes for these specific groups. We will focus on the biological considerations as they relate to the pharmacokinetics and pharmacodynamics of various medications. The panel will touch upon the cultural and social factors that contribute to varied clinical outcomes of ethnic populations. The audience will be informed of the mechanisms that underly dissimilar reactions in different racial groups. There are Ethnic differences in allele expression of subsets of cytochrome P450 and this encompasses enzyme inhibition, induction, genetic polymorphism or duplication in coding regions of these enzymes; both psychotropic and non-psychotropic medications may be metabolized at different rates in different ethnicities. Speakers will explore the different comorbidities that are seen in certain minority populations including African Americans, Hispanic Americans and Asian Americans and also highlight misconceptions and stigma maintained by various minority populations.



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# STAT

MONDAY, AUGUST 29, 2022

## Health Care

### Fed up with costly, onerous recertification, doctors are turning to an alternative board

By Tara Bannow

**W**hile taking the exam to renew his physician specialty certification, pulmonologist Jordan Metcalf got hung up on a question about a rare complication in a bone marrow transplant patient — a hematology issue.

"I'm a pulmonary critical care guy," said Metcalf, a professor in University of Oklahoma's College of Medicine. "If I have some really wild stuff going on hematologically in a patient, shouldn't I be calling, say, a hematologist?"

It's a common frustration among doctors. They have to take tests through the leading certification boards to renew their credentials, but many of them complain that the questions aren't always relevant to their specific expertise. Not only that, they say the whole process is too expensive and onerous. Surveys over the years have laid bare widespread dissatisfaction with recertification.

The same doctors are cheering the rise of an alternative recertification option called the National Board of Physicians and Surgeons. It doesn't require testing and costs less money than the competition. The California-based not-for-profit board has been on the scene since 2015, but took a giant leap forward in July, when the Joint Commission determined it can verify credentials.

"That was a major triumph for NBPAS," said Eric Topol, NBPAS board member, cardiologist, and executive vice president at Scripps Research. "I think that will be one of the most important milestones."

The milestone comes amid a broader conversation about burnout in the health care workforce, and about scores of

looming physician retirements. Doctors insist the gripes with recertification have a trickle-down effect on patients because, in some cases, recertification is the final straw that pushes a doctor to leave practice.

Scott Monteith, a psychiatrist in Traverse City, Mich., said that's true in psychiatry, a specialty that's in high demand but faces a wave of retirements in the coming years.

"A lot of people just throw up their hands and say, 'I don't have the time and energy to deal with this,'" he said.

Instead of requiring doctors take tests to prove they're still knowledgeable in their respective specialties, NBPAS requires them to have completed 50 hours every two years of accredited continuing medical education, educational activities like conferences or journal subscriptions that keep doctors current.

Many doctors already do that and then some to maintain their state licenses, which are legally required to practice. In that way, the roughly 10,300 doctors who now get recertified through NBPAS view the process as less burdensome.

"They're not saying maintenance of certification isn't important, they're saying it's aligned with the requirements your state has determined are necessary for a physician to practice," said Monteith, who now maintains his certification through NBPAS. "It's still a high bar."

Supporters say using continuing medical education instead of tests is also helpful because it lets doctors choose what materials are most relevant to them. For Karen Sibert, NBPAS board member and physician, that's going to meetings, reading journal articles, and subscribing to the New England Journal

of Medicine's continuing education program.

"I got involved with the board because I was outraged at the implication that I wasn't keeping up with my profession just because I refused to do this mandatory program," said Sibert, who recently retired as an anesthesiology professor at UCLA's David Geffen School of Medicine.

Not everyone agrees. Richard Baron, CEO of the American Board of Internal Medicine, said he thinks assessing doctors' knowledge is critical. He pointed to research showing the bottom quartile of performers on tests tends to overestimate its performance.

"If people are only doing educational programs without assessment, they're missing a lot," Baron said. "They're not learning what their blind spots are, they're not learning what they don't know, and more importantly, they're not having an opportunity to learn what they don't know."

That said, boards like ABIM have in recent years responded to doctors' complaints about testing by moving from high-stakes, once-a-decade exams to flexible, online tests they can take anytime using any resources they want.

NBPAS also requires doctors to have earned their initial certification through a leading board, either one of the American Board of Medical Specialties' 24 member boards or the American Osteopathic Association. They also must have an active and unrestricted state medical license.

Recertification through NBPAS costs \$94.50 per year. That's compared to \$220 per year at the American Board of Internal Medicine plus \$120 for each additional certificate, meaning it's more expensive for highly specialized doctors.

## Oklahoma Psychiatry

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*Oklahoma Psychiatry is a publication of the Oklahoma Psychiatric Physicians Association (OPPA). OPPA, a district branch of the American Psychiatric Association, is a medical specialty society specializing in the diagnosis and treatment of mental and emotional illnesses and substance abuse disorders.*

# UPCOMING EVENTS

*Mark your calendars!*



### CME PRESENTATION

September 29, 7:00-9:00 p.m.

Central Oklahoma Psychiatric Society and the Tulsa Psychiatric Association



### OPPA EXECUTIVE COUNCIL MEETING

October 8, 10:00-12:00



### OPPA SPRING 2023 ANNUAL CME MEETING

April 29, 2023

More details on date and venue information forthcoming!

## APA Mental Health Services Conference: Session Search Now Available

The [full program and session search](#) is now available for APA's 2022 Mental Health Services Conference in Washington, D.C., on October 13 and 14. This multidisciplinary event brings together psychiatrists and other mental health clinicians from around the country to find fresh practical insights to address mental health disparities and drive systems-level change. Includes access to over 38 concurrent sessions on timely topics, 20 Poster Presentations, 2 educational luncheons sponsored by the APA Foundation, and up to 17.5 CME/Credits! Space is limited, secure your spot today! [Link: https://www.psychiatry.org/mhsc](https://www.psychiatry.org/mhsc)

## Register Today for APA's State Advocacy Conference

Don't miss the opportunity to engage with policymakers, advocates, and other mental health professionals at the 2022 APA State Advocacy Conference in Minneapolis, Minnesota on October 15-16. This event will provide you with essential knowledge on how state legislatures operate, in-depth training on how to be an effective advocate, and access to a variety of workshops where we'll be discussing the most pressing advocacy topics facing psychiatry today. View the [full schedule of events](#) with confirmed speakers and session information. [Link: https://www.psychiatry.org/advocacyconference](https://www.psychiatry.org/advocacyconference)

## Emerging Topics Webinar

We invite you to join us **Wednesday, September 21 at 2:00 PM ET** for our next Emerging Topics webinar, "The Covid-19 Pandemic and the Child Mental Health Crisis: What We Can Do Now." This webinar will be presented by Lisa R. Fortuna, M.D., M.P.H., Adjunct Assistant Professor of Psychiatry, Boston University School of Medicine. Participation is free for members and \$100 for nonmembers. [Link: https://www.psychiatry.org/emergingtopics](https://www.psychiatry.org/emergingtopics)