

WASHINGTON PSYCHIATRIC SOCIETY NEWS

SEPT/OCT 2009



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THE TRANSITION FROM RESIDENCY INTO PRIVATE PRACTICE: ONE PSYCHIATRIST'S EXPERIENCE



By Daniel Podell, MD

From the beginning of my psychiatric residency, I knew that I wanted to start a private practice following my training. I also knew that I wanted to practice both psychotherapy and psychopharmacology. Through a combination of many important professional and academic experiences and extensive personal soul-searching over many years, I came to believe that this type of practice would best allow me to match my personal talents, intellectual interests, and sense of mission to a life-long endeavor that I found to be deeply meaningful.

Beginning the second year of my residency at George Washington University Medical Center, I made it a priority to gain as much experience as possible in treating patients in my out-patient residency practice. I also made sure that I obtained ongoing, intensive supervision from several experienced psychiatrists and psychoanalysts each year of my residency. The more experience I gained in treating patients in psychotherapy, as well as in the management of their psychotropic medications, the more comfortable and engaged I felt in the process, and the more deeply I enjoyed the work. At the same time, however, I was

concerned about both how I would actually carry out this plan and how I would deal with some of the specific facets of private practice life that I had heard about. Certain questions arose repeatedly in my mind, ranging from the mundane to the existential: How would I learn to run a business with absolutely no prior business experience? Would private practice grow to be too isolating? Would I continue to grow professionally? How would I obtain the type of ongoing supervision I would need in order to sharpen my psychotherapeutic and psychopharmacologic skills? How would I develop the referral network needed to sustain a full-time private practice? How would I be able to pay my business expenses immediately after residency at the same time that I would need to begin repaying my substantial medical school loans?

Several of these questions were answered when I learned about the Modern Perspectives on Psychoanalysis (MPP) program at the Washington Center for Psychoanalysis (WCP). I first heard about the program through one of my psychotherapy supervisors, and it appealed to my strong desire to obtain a deeper knowledge and training in both psychodynamic theories and therapeutic approaches and techniques. It resolved my ambivalence about enrolling in the full psychoanalytic training program, which I feared would be too time-intensive and too financially draining to take on at this moment in my life. The MPP program required only one night per week of classes and one hour per week of supervision, which meant that I would be able to begin the program comfortably during my last year of residency. Also, attending classes with other interested mental health professionals greatly appealed to my wish to find a replacement for the community I so strongly valued

during my residency and which I knew I would soon be losing.

This turned out to be even better than I had anticipated. Over the course of my first year in the Modern Perspectives program, the Center became a true home-away-from-home, where I developed close friendships with my colleagues and where I came to expect and rely upon both the expertise and the warmth of my instructors and supervisors. It addressed my need to obtain ongoing supervision from experienced supervisors and laid the ground-work for receiving and providing valuable ongoing peer supervision. I had found a way to fill the post-residency void and now had the means for continued study, professional development, and community.

Mid-way through my last year of residency I had to face the many concerns I had about the practical considerations of opening and maintaining a viable private practice. It seemed like there was too much to do in too short a time, since I needed to carry on my daily residency responsibilities, prepare for the psychiatry boards, and keep up with my MPP assignments. I decided to prolong the time-frame for "learning the business" by working part-time in several of the mental health clinics and core service agencies that I had been serving during my residency. I developed a plan to work four days per week in the clinics and one day per week in my nascent private practice. Gradually, over the course of a year or two, I would decrease my clinic days and increase my private practice days. This decision relieved me of many of my financial concerns and had the added benefit of keeping

Continued on page 7.

INSIDE THIS ISSUE:

page 2

President's Message

page 3

Notes from the Bureaucracy

page 5

ADAA Seeks Applications
for Awards

page 6

Red Flag Rule Compliance

page 7

Classifieds



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THE PRESIDENT'S COLUMN

WILLIAM B. LAWSON, MD, PhD, DFAPA



Fall has arrived and I am pleased to see an organization on the move despite the fiscal uncertainty, the downsizing of the APA, the strong and mixed feelings many have about the President's health plan, and the cutting back of services

for the mentally ill in DC, Virginia and Maryland. The economy IS recovering. Every permutation of the health plans I have seen clearly specify coverage for mental illness and substance abuse treatment. While the APA has downsized, this will not go on quietly as Dr. Harold Eist has developed grassroots support to reverse these changes. The DC chapter is rejuvenated and addressing, head on, the DC "privatization plan." We are not only physicians for the mentally ill, but often their only advocates with the clout and resources to insure quality services.

An active and effective WPS can address these challenges and there is evidence that the WPS is moving in a direction opposite from the

APA. Our funding has improved, we are retaining our members, and we are increasing the involvement of residents and early career psychiatrists. We have an active ambassador program that reaches out to potential new members. Dr. Beth Morrison has planned an outstanding anniversary reception. Dr. Eliot Sorel has developed an initiative that integrates psychiatry with primary care services.

Several of our early career psychiatrists are tackling an area that is often swept under the rug: violence. They have called attention to the fact that we are at risk of violent attack by patients and that we have lost a colleague to such an attack. Often the mentally ill are unnecessarily stigmatized as

violent, and, typically, those who are under treatment are no more violent than the general population. Nevertheless, we psychiatrists are at risk of attack and the problem of violence cannot be addressed unless it is acknowledged. Our newest members are planning a campaign of research and education that, hopefully, will be beneficial to both psychiatrists and their patients.

The recognition of violence as a public health problem puts psychiatry in the forefront of those seeking to address these problems with better treatment and research.

WPS MEMBERS NOMINATED FOR APA OFFICE

Roger Peele has been nominated to run for Secretary of the APA in the 2010 election and **Dr. Brian Crowley** will run for Area 3 Trustee. We will hear more about this in future newsletters but prepare to support our WPS colleagues. The APA Nominating Committee submitted the following list of candidates for the 2010 election:



Roger Peele, MD



Brian Crowley, MD

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John Oldham, MD

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Roger Peele, MD

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Brian Crowley, MD
John Urbaitis, MD

Area 6 Trustee

Barton Blinder, MD
Marc David Graff, MD

Member-in-Training Trustee-Elect (MITTE)

Sarah Johnson, MD
Samir Sabbag, MD

NOTES FROM THE BUREAUCRACY

By HAROLD I. EIST, MD, DLFAPA



“Antidepressants have been blamed for the collapse of our economy,”

...says an article in the August 30th *New York Times*. Evidently, according to a Professor of Psychiatry, high rolling money managers on Wall Street could or would be numbed by antidepressants and make bad decisions. This latter day Nos-tradamus predicted that numbed money managers would cause a financial bubble to grow and then burst. When in the process did they get numbed? How large is the population of money managers and what percentage took antidepressants? What number were in psychotherapy without medications? Did psychotherapy alone contribute to bad judgments and the bursting of the bubble? Why did they get depressed when they were making a Kings' ransom of money? How come? Is success depression ubiquitous or just due to a specific cluster of genes linking depression and money management? Or is the linkage money plus greed?

Antidepressants are prescribed for many sets of problems: depression, anxiety, OCD, ADHD, chronic pain, migraine, irritable bowel syndrome, PTSD, bad PMS, and insomnia. As the indications for their use increase, so will the number of written prescriptions increase, just as the number of antibiotic prescriptions written worldwide has gone up. The growing awareness of Depression has led WHO to predict that by the year 2020, depression will become the number one cause of the global burden of disease. Maybe better depression recognition has something to do with the 4% increase in the prescription of antidepressants since 2007.

If the 164,000,000 prescriptions for antidepressants were written strictly for those suffering from depression, about 15,000,000 Americans would be depressed, slightly under 4-5%. It is actually surprising that the number is so small.

“THE LATEST FIGHT OVER THE FORESKIN”

A REVIEW BY HAROLD I. EIST, MD, DFAPA

The above named article by Roni Caryn Rabin appeared in the August 30th edition of the *New York Times*.

She points out that in the 19th century the foreskin was considered a “source of serious mischief.” Because of its rich supply of nerve endings, it was considered the cause of masturbation and, eventually, mental illness including “masturbatory insanity.” Now there is strong evidence that “cells in the foreskin act as a magnet for HIV” and that uncircumcised males are 50% more likely to contract HIV from infected female partners than circumcised males. Circumcision may also reduce other sexually transmitted diseases “including the human papilloma virus that causes cervical cancer.” Debates continue to rage about this procedure for all sorts of reasons.

I have developed a tentative hypothesis regarding its impact on the low rate

of Jewish alcoholism. After attending a number of Brisses (ritual circumcisions), I have noted that great shock and horror is expressed by all but the most hardened souls as the foreskin is removed. Since the baby is given a rolled piece of gauze soaked in sweet wine to suck on as a sort of anesthetic, it is logical to conclude that the association between profound environmental distress, alcohol and trauma is indelibly imprinted at an early age and leads to life long caution in the use of alcoholic beverages.

I wonder if this holds true for other ethnic groups. If it does, it might be another public health reason why parents would opt for the procedure for their sons and why insurance might pay for it.

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Patients with Previous MDD Episodes	97%
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Patients Unemployed due to MDD	48%
Patients with Co-morbid Anxiety Disorder	35%
Symptom Severity	Baseline MADRS=33, HAM-D24=30 (moderate to severe)

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ADAA SEEKS APPLICATIONS FOR AWARDS

The Anxiety Disorders Association of America is pleased to announce details for the 2010 Career Development Travel Awards. All awards will be presented at the 30th Annual Conference, March 4 - 7, 2010, at the Baltimore Marriott Waterfront.

Up to 15 awards will be given to help early career professionals with a research interest in anxiety and anxiety-related disorders, such as basic and clinical neurobiology and psychopharmacology, clinical psychology, genetics, neuroimaging, epidemiology, and public health, as well as other areas.

Winners will present their research at the ADAA Annual Conference and will receive complimentary registration to the conference and pre-conference institute, \$500 travel stipend, and will be paired with a research mentor for the conference. The deadline for submission is November 3rd. Get more information and download an application at the ADAA website: www.adaa.org

A critical part of ADAA's mission is to support research in the anxiety and anxiety-related disorders field, and the Awards Program furthers that goal by involving graduate and medical students and early career professionals in ADAA and the research community.

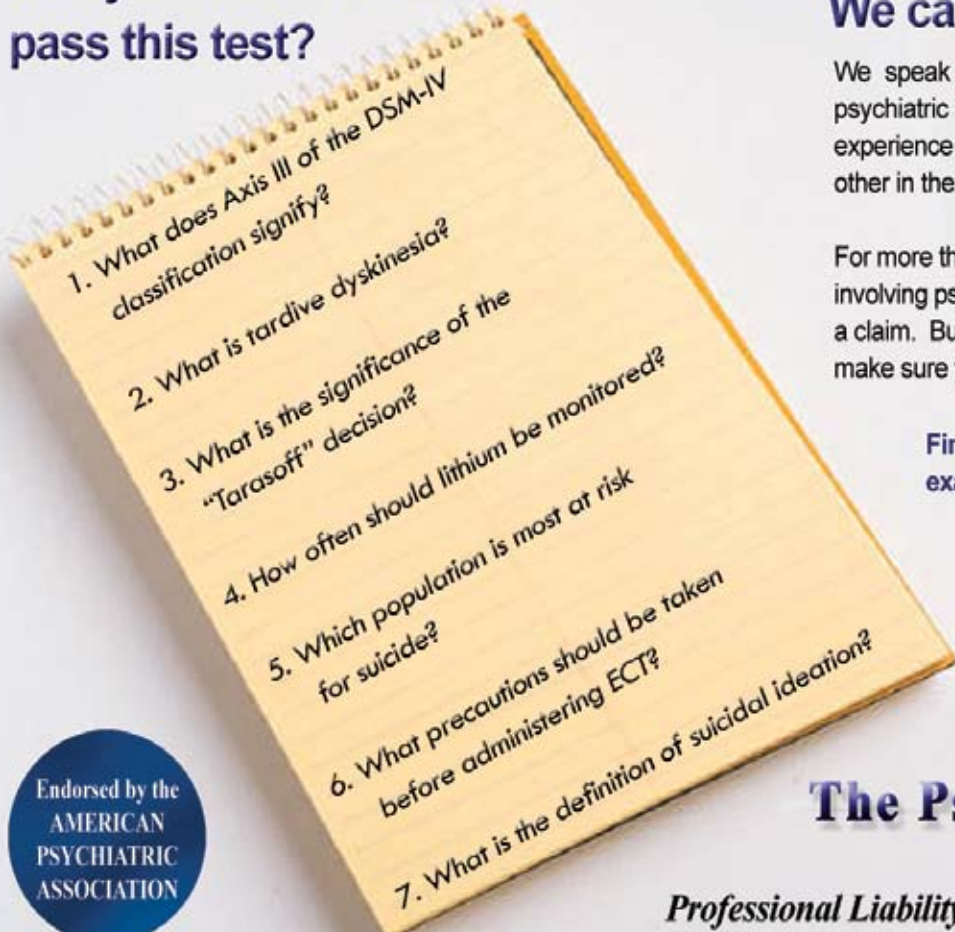
Please contact Sara Menase at **240-485-1031** or smenase@adaa.org with questions.

ON DEACTIVATING NATIONAL PROVIDER IDENTIFIER

Deactivating your NPI number in case of retirement, or if you are no longer seeing patients, is a defense against identity theft. We physicians must all know about the NPI Number mandated by provisions of the Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). The National Plan and Provider Enumeration System (NPPES) collects identifying information on health care providers and assigns each a unique National Provider Identifier (NPI).

If you are in a position to deactivate your NPI Number, you should log on to the federal website: <https://nppes.cms.hhs.gov/NPPES/Welcome.do>. Once there, you can use your NPI to log in and find information on deactivation. There is also an address to which you can mail correspondence.

Can your claims examiner pass this test?



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AN EASY WAY TO RED FLAG RULE COMPLIANCE

By Judith Nowak, MD, FAPA

Compliance with the “Red Flags Rule” was delayed again until November 1st. It requires that all creditors, which as of now includes physicians, institute policies to identify, detect and respond to potential risks of the theft of their customers or patients identity.

As the compliance date approaches, it is wise to have policies in place that comply. There are resources that will assist your practice to comply at the AMA's Practice Management Center web site through a link on the website of the Medical Society of the District of Columbia: www.msdc.org.

However, the most useful resource I found was on the website of the American Psychoanalytic Association. It provides a template prepared by both the FTC and the New York State Psychiatric Association. The original document was prepared by the FTC for use by low risk entities, which would include almost all psychiatrists. The NYSPA provided sample answers to many of the required questions. What is really nice is that you can download the document and add or subtract from it as you wish.

The NYSPA sample template may be downloaded from the provided link in the Members Section on the APSA website (www.apsa.org/redflags). You don't have to be a member. The document will open for download when you click this web address. The APSA has provided detailed instructions as follows:

1. **Part A:** Type or print your name or practice name (on page 2)
2. **Part B/Step 4:** Type or print your name or practice name in the blanks following the first two bullets (on page 4)
3. **Part B/Step 4:** Under the fourth bullet, list the names of any outside service providers or contractors you use, if any, who might detect identity theft red flags in connection with their work for you (on page 5).

Once completed, please maintain the Low Risk Identity Theft Prevention Program in your permanent office files.

This task should be completed on or before November 1, 2009.

Please be aware that the Red Flags Rule applies both to psychiatrists who are subject to HIPAA and psychiatrists who are not subject to HIPAA. In addition, the Rule applies to psychiatrists who bill insurance companies electronically, psychiatrists who bill insurance companies on paper and psychiatrists who bill their patients directly.

For psychiatrists who are subject to HIPAA, the Red Flags Rule requires psychiatrists to ensure that all business associates of the psychiatrist also implement policies and procedures to identify, prevent and mitigate identity theft. As a result, members may need to amend their Business Associate Agreements to include the new red flag language. A model Addendum to Business Associate Agreement is available for download from the NYSPA web site, in the Red Flags Rule section. Simply enter in your name, the name of the business associate and the date of the original Business Associate Agreement and have it signed by both parties. Attach the Addendum to the original Business Associate Agreement and save it in your permanent files.

For more information on the Red Flags Rule, visit www.ftc.gov/redflagsrule.

WPS MEMBERS' SPECIAL EVENT - October 27



Join WPS and its Ambassadors in welcoming prospective members at a special reception, 7:30 p.m. to 8:30 p.m.. It will be held at the Columbia Country Club, 7900 Connecticut Avenue, Chevy Chase, MD, 20815, and followed by a 1 hour CME presentation on “Established and Emerging Risks” presented by PRMS.

There is no charge to attend this event, but advance registration is required. Please contact us at www.dcpsych.org or 202.595.9498 by October 23rd. There will be a cash bar.

Continued from page 1.

my knowledge of psychopharmacology fresh and of improving the medication management skills I had developed in residency. I was also able to continue treating many of my regular clinic patients and to remain with the many clinic colleagues whom I so much enjoyed.

Now I "only" needed to focus on the basics: rent temporary furnished office space (rather than having to look for a permanent office and furnish it on my own), obtain malpractice and office liability insurance, purchase business cards and prescription pads, get a tax-ID number, and open a business checking account. Do this and, voila!, I'm in business. I would not have to develop a large referral network in the beginning since I only had to attract enough patients to fill up one day per week. At my own pace, I spread the word about starting my practice through a few selected pathways—the WCP listserv, the GWU psychiatry department, and a couple of student health centers. Since I was able to keep four weekly psychotherapy patients whom I had been treating in residency, the referrals provided by these sources were more than sufficient to sustain my limited practice. Discussions with my supervisors and with psychiatrists who had recently completed their residency provided a wealth of ideas about how to expand my referral base, such as creating a professional website, contacting primary care physicians in the area, advertising through online search engines, and holding a reception once I move into my permanent office at 2440 M Street, NW, in the District in October. I look forward to implementing all these ideas and feel relieved that I have worked out a plan to proceed at my own pace.

As I look to the future, I feel very excited and enthusiastic about my career as a private practice psychiatrist. I am truly thankful that, with the help of my mentors and colleagues, I have been able to lay the ground-work for ongoing professional growth and an expanding sense of community and support. I am confident this will sustain me as I continue to pursue what I believe is my true calling.

Note from the Editors: We welcome the writings of all our colleagues. Tell us about your research, clinical work, or send us a poem or, well, anything you think is interesting. Just email us at admin@wdcpsych.org.

Classified Ads

Office Space Available

Office space for rent in quiet DC medical building. New Hampshire at 24th St. NW. 1 block to Foggy Bottom-GWU metro. Lovely office in suite of mental health professionals, 2 rest rooms, kitchen utilities included. \$550 month. Available full time mid-September. Call 202-457-9122.

FOGGY BOTTOM OFFICE CONDO for SALE or LEASE

Excellent location near GW Metro, GW campus, World Bank, State Department, K Street offices. Ideal for psychiatrist or psychotherapist. 656 square feet including large consulting room with natural light, entry to waiting room with patient's bathroom, hallway to separate exit, separate occupant's bathroom with shower, storage closet. For more information or showing, contact Genevieve Woche at 301-795-1455 or gwoche@vanguardrealty.com or David Levi at 202-431-9922.

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Positions Available

Staff Psychiatrist-Full and Part-time, Patuxent Institution, Baltimore-DC area. Do long-term group and individual psychotherapy, psychiatric evaluations, medication management, and psycho-education in a treatment oriented correctional facility. Maryland state employee, insurance, paid leave and retirement benefits. Contact Spencer Ward, M.D. at 410-799-3313 or saward@dpscs.state.md.us

Medical Director /Psychiatrist (AA-09-171) 1001 Lawrence Street, NE Anchor Mental Health. The Medical Director will be responsible for the quality of medical and psychiatric care of the outpatient mental health clinic; provide medication management, psychiatric care, and administrative services; review complicated cases where physical and mental health issues intersect, lead weekly clinical rounds, provide ongoing training and act as a resource to clinical managers regarding new practices, best practices and ongoing changes in mental health.

Excellent written and verbal communication skills; excellent interpersonal skills; ability to use good problem solving techniques; skilled in co-occurring disorder treatments; able to demonstrate cultural competence and cultural responsiveness; bilingual and child certified, preferred. Board-eligible psychiatrist, required. Send resume: Terrance.pollard@catholiccharitiesdc.org.

Psychiatrist ACT Team-Part time 12hrs per week (AA-009-178)

1001 Lawrence Street, NE. Anchor Mental Health. Provide mental health and psychiatric care to all consumers enrolled in the AMH ACT team, establish a clinical relationship with each client; access client's mental illness symptoms and provide verbal and written information about mental illness, make accurate diagnosis based on the assessment, provide education about medication, benefits and risks and obtain informed consent; provide psychotherapy as needed. Currently licensed to provide psychiatric services in the District of Columbia; experience in working with marginalized people who are living with mental illness co-occurring substance abuse and trauma histories. Three plus years or active interest in learning community-based psychiatry. Excellent written and verbal communication skills; excellent interpersonal skills; ability to use good problem solving techniques; able to demonstrate cultural competence and cultural responsiveness; Bilingual/Spanish and/or American Sign Language a plus.

WPS 60th ANNIVERSARY PARTY

FROM: BETH MORRISON M.D., CO-CHAIR, PLANNING COMMITTEE

2009 marks the sixtieth anniversary of the founding of the Washington Psychiatric Society. I am told that, because the District of Columbia prohibited racially integrated gatherings, the founding members had their first meeting at National Airport, Virginia.

On Friday, November 20, 2009, we will meet at the J. W. Marriott Hotel at 1331 Pennsylvania Avenue, NW, in Washington, DC.

We will honor the past, present and future of WPS and its members. We will recognize newly inducted Fellows, Distinguished Fellows and Life Fellows. Members who have authored books or made other contributions to the professional or wider community will have an opportunity to display their creations. Live music, circa 1949, will be provided by one of our own. We will socialize and reminisce and remember the history and achievements of our Society. We are planning a crisp and entertaining celebration and we hope you will all save the date. More detailed information will be sent to you as the time approaches. The event is free with a cash bar. Advance registration is required.





Washington Psychiatric Society

4401A Connecticut Avenue, NW, #358
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PATRICIA TROY RECEIVES AWARD



Our WPS Executive Director, Pat Troy, was honored with an award on September 10, 2009, by the Annapolis and Anne Arundel County Chamber of Commerce at its fifth annual **Comcast Business Hall of Fame and Annual Business Awards** ceremony. She was acknowledged for her contributions to her industry and for her exemplary corporate citizenship. Pat founded a publishing company in 1989 called Bay Media and started Next Wave Group which, as we know, provides associations such as ours with services ranging from accounting to event management, member services, and publications. In addition, she is president of Facets Woman, a 110 member networking organization for professional women.

SEEKING NOMINATIONS FOR WELLSTONE MENTAL HEALTH VISIONARY AWARD

We invite nominations for the Senator Paul and Mrs. Sheila Wellstone Mental Health Visionary Award given annually by WPS since 2002. This year's award will be presented at the WPS 60th anniversary celebrations at the JW Marriott hotel in DC on Friday, November 20th.

Among past nominees we have had Senator Paul and Mrs Sheila Wellstone, posthumously, Dr. Wayne Fenton, posthumously, Congressman Patrick Kennedy, Senators Ted Kennedy, Pete Domenici and others. Please include a one page bio of your nominee accompanied by a brief two hundred words statement regarding your nominee's merits for this award.

Please send your nominations to Eliot Sorel, MD, Chair Wellstone Memorial Award Committee at esorel@gmail.com with a copy to Pat Troy, WPS Executive Director, at Pat@nextwavegroup.com. Nominations should be received by November 2nd.