



# WPS e-NEWS

January 2014 Issue

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Welcome to the January 2014 edition of WPS e-News, a publication of the Washington Psychiatric Society. Our intent is to provide members with important news and notices in an easy to read format. **We welcome your submissions. Please send all notices to [enews@dcpsych.org](mailto:enews@dcpsych.org).** This publication may also be found online in PDF format for printing at <http://www.dcpsych.org>.

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## APA NEWS

### **E-Mental Health Use Expanding, Showing Promise**

**ARLINGTON, Va. (Jan. 2, 2014)** — Two recent studies looked at the expanding use of e-mental health interventions and their promise for expanding access to care and reducing costs. E-health broadly refers to innovations in information and communication technology. It is a broader concept that telemedicine/ telepsychiatry which involves providing typical care via connecting a provider with a patient across geographical distances. The research is presented

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in the January issue of [Psychiatric Services](#), a journal of the American Psychiatric Association.

One [literature review](#) looked at recent developments in how the Internet is being used in four areas of mental health care: information provision; screening, assessment, and monitoring; intervention; and social support. The authors found an encouraging amount of rigorous research supporting the effectiveness of e-mental health applications, including therapist-assisted cognitive-behavioral therapy for anxiety and depression.

E-mental health applications are most frequently aimed at adults with depression or anxiety disorders. In addition to cost and accessibility, other benefits of e-mental health interventions identified in the research included flexibility in terms of standardization and personalization, interactivity, and consumer engagement.

Many believe that e-mental health has enormous potential to address the gap between unmet need and limited capacity.

The e-mental health interventions were provided as the primary therapy or as an adjunct to conventional in-person therapy and were delivered to individuals or groups. One example is an Internet based screening tool for adolescents and young adults in primary care which addresses a range of psychiatric symptoms, risk behaviors, and patient strengths. It is scored automatically and can be incorporated into a patients' electronic medical record. Social support can be accessed through such means as online discussion groups, bulletin boards, and social media.

Among the concerns identified in the research are a potential lack of quality control, ethical and liability issues, and the potential to lead some people to postpone needed conventional care. In addition, the authors caution that health leaders must be sure to incorporate e-mental health applications into the existing service system so they complement—and not detract from—the provision of direct care.

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A [separate study](#) by researchers in the Netherlands focused specifically on e-health care for individuals with schizophrenia and other psychotic disorders. Their literature review found that that people with psychotic disorders are able and willing to use e-health service and that e-health interventions for this population are at least as effective as standard, non-technology-based care. Their greatest benefit, the authors said, may be to reduce health care costs for service providers as well as service users.

While the both studies identified some areas of concern and the need for additional research, the researchers generally concluded that e-health initiatives hold much promise for increasing access to care.

The American Psychiatric Association is a national medical specialty society whose physician members specialize in the diagnosis, treatment, prevention and research of mental illnesses, including substance use disorders. Visit the APA at [www.psychiatry.org](http://www.psychiatry.org).

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**APA Commends the Administration's Clarification of Reporting Rules  
Regarding Gun Background Checks**

**ARLINGTON, Va. (Jan. 8, 2014)** – The American Psychiatric Association (APA) applauds the U.S. Department of Health and Human Services and Department of Justice for taking steps to strengthen the federal background check system, while reinforcing important existing privacy protections.

Together, the Proposed Rules clarify the intent of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule on the Federal mental health prohibitor status. Only individuals who have been formally adjudicated by a designated authority would be considered for this status and listed in the National Instant Criminal Background Check System (NICS).

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The Proposed Rules also limits the scope of HIPAA-covered entities, particularly health care providers, that must report individuals to the NICS. The APA supports the Departments' focus in defining what entities report to NICS. This will help to safeguard the doctor-patient relationship and minimize the number of providers tasked with reporting.

People seeking treatment on a voluntary inpatient or outpatient basis are not covered by this reporting requirement, which allows for them to seek treatment without fear of being listed in the NICS system.

“These rules strike a clear balance between protecting the public, respecting the rights of law-abiding citizens, and encouraging people to seek mental health treatment without fear of breach of confidentiality” said APA President Jeffrey Lieberman, MD.

Only three to five percent of violent crimes are committed by people with mental illness. About one quarter of Americans have a mental illness at any given time, and the vast majority pose no risk to anyone. “People with mental illness are our family members, friends, co-workers and countless others. These rules make clear that they should not be discriminated against,” said APA CEO and Medical Director Saul Levin, MD, MPA.

See the proposed rules from the [Department of Health and Human Services](#) and the [Department of Justice](#).

The American Psychiatric Association is a national medical specialty society whose physician members specialize in the diagnosis, treatment, prevention, and research of mental illnesses, including substance use disorders. Visit the APA at [www.psychiatry.org](http://www.psychiatry.org).

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## Mental Health Parity and Addiction Equity Act Final Rule – An Overview

On November 8, 2013, the Department of Health and Human Services (HHS) issued the long-awaited Final Rule (FR) implementing the Mental Health Parity Act.

APA has been advocating for parity for more than 20 years. Overall, we are pleased with the rule, which contains the following significant features:

- **Insurer Transparency** – Insurers must provide beneficiaries who ask with the medical necessity standards and the processes used to implement them (e.g. concurrent review, prior authorization) for both mental health/substance use disorder (MH/SUD) and medical surgical claims. This is a significant step forward for mental health patients since before the issuance of the FR many insurers were refusing to provide this information, making it very difficult to determine if there was compliance with the law.
- **Scope of Services** – The rule confirmed what APA has long argued – that parity requires a comparable continuum of care for MH/SUD and medical/surgical conditions, which includes intermediate levels of care.
- **Non-Quantitative Treatment Limitations (NQTLs) and Reimbursement Rates** – The FR reaffirms that provider reimbursement rates are a form of NQTL. This confirms the APA's position that provider reimbursement rates are integral to achieving parity and network adequacy. Methodologies used to determine rates must be comparable for providers of medical/surgical and MH/SUD care. Limiting factors may not be more stringently applied to mental health professionals.
- **Mental Health Carve-Outs** – Carve-outs are not exempt from compliance with the parity laws. The overall plan providing both the mental health and medical surgical benefits must do so in parity regardless of how it divides up the administration of benefits.
- **Financial Requirements and Quantitative Treatment Limitations**– The FR reaffirms that quantitative and financial treatment limitations cannot be more restrictive for mental

health than the predominant feature that applies to substantially all medical surgical benefits.

**Medicaid** – The FR does not apply to Medicaid Managed Care or Medicaid Expansion Programs. It is unfortunate that while the law stipulates that parity applies, the issue of parity under Medicaid has not yet been resolved. That said, we are optimistic that the guidance HHS has promised to address this issue will be beneficial to Medicaid beneficiaries who suffer from mental illness and substance use disorders.

**States will play an increasingly important role in enforcement and implementation, and APA and District Branches must be at the forefront, providing education and assistance and keeping state officials informed about problems and processes that need resolution.**

The road to parity has been lengthy; and the trek is not yet over. As with every rule, “final” is the beginning – there will be disagreements over how to interpret the language and what it all means. Insurers will push the envelope and we have to push it back so that our patients will really see parity now. Over the next few years, APA, MPS, and the other District Branches must continue to work with Federal and State Agencies to ensure complete equity in the health system.



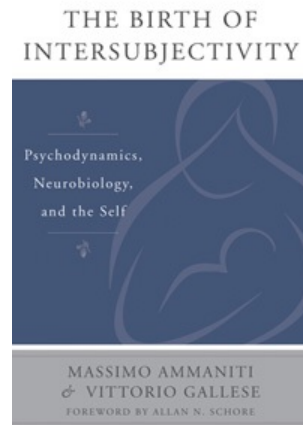
### **Resident and Fellow Members**

We wanted to share some great news with you. By the end of January 2014, the term “Member in Training” (MIT) will be replaced in all APA material to Resident-Fellow Member (RFM). The term MIT was hard to understand both within and outside of the APA; common terms such as “resident” and “fellow” more clearly define our stage of training and shared interests. Furthermore, “resident” and “fellow” are designations in-line with other organizations,

including the Accreditation Council for Graduate Medical Education (ACGME), the National Board of Medical Examiners (NBME), and the AMA.

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## **NEW BOOKS:**



Publication Date: January 13, 2014

[VISIT WEB PAGE](#)

### **The Birth of Intersubjectivity**

**Psychodynamics, Neurobiology, and the Self**

**--Massimo Ammaniti & Vittoria Gallese**

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*@wwnortonMH, and get the latest Norton news at [facebook.com/wAvnorton](https://www.facebook.com/wAvnorton)! Please send copies of any coverage so we may share it with the author and staff. To receive press releases by email,*

please write [npb@wwnorton.com](mailto:npb@wwnorton.com) with your request.

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## CLASSIFIEDS

**Upper CT Ave.,** Bright Office in suite of 4 psychotherapists, Common waiting room, shared private kitchen, modest rent. Friendly independent colleagues. Call Warren Poland (202) 362-4522.

**Group for Eating Issues:** binge; compulsive eating; bulimia. Ages 21+. Ongoing, supportive, interactional, cognitive-behavioral. Monday or Wednesday, 6-7:30pm, good adjunct to individual therapy. Fee \$70 each, 90 minute sessions. Contact Judith Asner, LCSW-C. 301-654-3211 or [Judith.asner@verizon.net](mailto:Judith.asner@verizon.net)

**Office for rent:** Bright lg/med size; suite of mental health professionals; quiet Foggy Bottom medical building. Waiting room, 2 rest rooms and kitchenette. 1 block to Metro. Available immediately. \$825/mo. Also 2nd informal office: \$10/hr or daily. [charlenenemetz@gmail.com](mailto:charlenenemetz@gmail.com)