Philadelphia is the birthplace of this great nation that believes in equal rights for everyone. In 1776, founding fathers met in Philadelphia to create the largest democracy in the world. That was also the beginning of the end of slavery and many chains and barriers were broken in the process. However, we all know that it takes a long time for equality to take hold. We continue to struggle for rights for individuals with mental health and substance use needs and implementation of parity. Challenges still remain and we need to continue to work on everything that started in this wonderful city. Over the years, we have been advocating that police should not be transporting the majority of the involuntarily committed patients to Crisis Response Centers.

The biggest challenge is that the only form of restraints that they have in their patrol cars are handcuffs. While we have been fighting for their rights and parity, this step backward is certainly of grave concern. We will continue to advocate for breaking shackles and must keep the bigger purpose in our mind of breaking all the barriers. We have been working with mental health court systems to reform involuntary commitment practices in the city of Philadelphia. I felt proud to be a Philadelphia citizen as the city recognized Dr. John Fryer on October 3rd. Dr. Fryer’s actions paved the way for the American Psychiatric Association to remove the diagnosis on homosexuality in 1973.

I want to thank all the members of the Philadelphia Psychiatric Society who joined us and attended the Benjamin Rush Gala on Friday, November 10, 2017.
We’ve got you covered.

For over 30 years, we have provided psychiatrists with exceptional protection and personalized service. We offer comprehensive insurance coverage and superior risk management support through an "A" rated carrier.

ANNOUNCING NEW ENHANCEMENTS TO THE AMERICAN PSYCHIATRIC ASSOCIATION PSYCHIATRISTS’ PROFESSIONAL LIABILITY PROGRAM:

- Defense Expenses related to Licensing Board Hearings and Other Proceedings: Increased Limit to $50,000 per proceeding with NO annual aggregate (higher limits are available up to $150,000)
- Insured’s Consent to Settle is now required in the settlement of any claim – No arbitration clause!
- First Party Assault and Battery Coverage: Up to $25,000 reimbursement for medical expenses related to injuries and/or personal property damage caused by a patient or client
- Medical Payments Coverage: Increased limit to $100,000 for Medical Payments to a patient or client arising from bodily injury on your business premises
- Insured’s Consent to Settle is now required in the settlement of any claim – No arbitration clause!

IN ADDITION WE CONTINUE TO OFFER THE FOLLOWING MULTIPLE PREMIUM DISCOUNTS:

- 50% Resident-Fellow Member Discount
- 15% Child and Adolescent Psychiatrist Discount for those whose patient base is more than 50% Children and Adolescents
- Up to 50% New Doctor Discount (for those who qualify)
- 10% Claims Free Discount for those practicing 10 years, after completion of training, and remain claims free
- 50% Part Time Discount for up to 20 client hours a week or less
- 10% New Policyholder Discount (must be claims free for the last 6 months)
- 5% Risk Management Discount for 3 hours of CME

(Above Coverage Features and Discounts are subject to individual state approval)

Visit us at apamalpractice.com or call 877.740.1777 to learn more.
Mark Your Calendars for Upcoming Events

November 15th

Pearson Lecture: And Three Made One: Psychoanalytic Work with a Three-Year-Old Girl in the Context of Reproductive Assisted Technology

7:30 pm – 9:30 pm

Event Description: This presentation describes a three times per week psychoanalytic treatment with a young child and her parents. Issues around reproductive assisted technology organized much of the work, however, the presentation intends to illustrate the importance of a clear diagnostic framework guiding the child analyst’s formulation and technique when confronted with impinging external realities.

2 CE/ CME credits available

Register online at www.philanalysis.org

March 3

4th Annual Addictions Symposium

April 14

Colloquium of Scholars

April 21

Women's Brunch
Sydney E. Pulver, MD, DLFAPA will receive the Lifetime Achievement Award, which is given to a PPS member for a lifetime of career activities that have advanced psychiatry, such as patient care, teaching, and research.

After a brief stint as an 18-year-old second lieutenant in the infantry occupying Japan, I did my undergraduate studies at Penn State and my medical studies at The University of Pennsylvania School of Medicine in Philadelphia, where I have been ever since. My internship at the Philadelphia General Hospital (PGH) transformed me rapidly into a confident if rather immature doctor. At PGH, the interns ran the hospital, with general supervision by a resident and the occasional attending. My psychiatric residency was at The Institute of Pennsylvania Hospital, at that time one of the best free-standing psychiatric hospitals in the country, psycho-dynamically oriented, caring deeply about patients, and just plain good.

For personal reasons, and heavily influenced by several outstanding psychoanalytic teachers, I went into my own personal analysis during the residency and began analytic training with The Philadelphia Psychoanalytic Society, now The Psychoanalytic Center of Philadelphia (PCOP). Concomitant with all this education, (and, I must add, contributing more to my happiness than anything else that I did) I married Phyllis and we started a family while I was in medical school which grew to its present size of three children and their spouses, four grandchildren and their spouses, and five great-grandchildren (no spouses yet).

During my residency, I ran a part-time general medical practice in West Philadelphia. When I finished the residency, I went into the private practice of psychiatry and psychoanalysis, became part of the voluntary faculty of the Department of Psychiatry of the University of Pennsylvania, and gradually worked my way up to clinical professor of psychiatry. After the family, psychoanalysis has been the love of my life. I’m on the faculty at PCOP, have written many papers on various analytic topics, taught innumerable medical students, residents, and analytic candidates, treated many analytic and psychotherapy patients, and am still doing so. I’m happy to be able to say that I can’t think of anything that I would have done differently!

Lawrence A. Real, MD, DLFAPA will receive the Paul J. Fink Leadership Award, which recognizes a PPS member demonstrating psychiatric leadership through education, research, community engagement, or advocacy for all mental health consumers.

Dr. Real is the chief medical officer for the Department of Behavioral Health and Intellectual disAbility Services for the City of Philadelphia, and the former chair of the PPS Community Psychiatry Committee.

Dr. Real received his BA degree from Yale University and his medical degree from the Medical College of Pennsylvania. He completed residency
training in adult psychiatry at Hahnemann, where he served as co-chief resident. His professional certifications include adult psychiatry and community and public psychiatry. He is a past president of both the Pennsylvania and Philadelphia Psychiatric Societies, and has served on the Scientific Program committees for both the APA Annual Meeting and the Institute on Psychiatric Services. He is a co-founder of TIKVAH/AJMI (Advocates for the Jewish Mentally Ill).

Throughout his career, Dr. Real has received many honors reflecting his passion for public service psychiatry, family advocacy and the recovery movement, including the Bell of Hope Award of the Mental Health Association of Southeastern Pennsylvania, the Exemplary Psychiatrist award from both the National and the Pennsylvania Alliance for Mental Illness, and the Philadelphia Psychiatric Society’s Edward Lawlor and Robert Jones Awards.

Joseph Foderaro, LCSW will receive the Benjamin Rush Award, which is awarded to a non-psychiatrist who has brought recognition to mental illness/mental health over the past year.

Sharing his birthday and life with a twin sister, Mr. Foderaro quickly discovered the importance of collaboration and communication when faced with complex problems. Shortly after completing his master’s degree in social work from Bryn Mawr, he joined forces with Dr. Sandra Bloom and Ruth Ann Ryan, with whom he co-founded the Sanctuary Program, and where he served as director of admissions, director of emergency services, director of ideas and strategy. Taking the important lessons learned from this experience, he co-authored the S.E.L.F. Community Conversation Curriculum, a series of exercises and resources designed to promote user-friendly discussions in therapeutic and community settings about the repercussions of trauma-related injuries and exposure to “toxic” environments.

After several years helping to develop programs at the Center for Nonviolence and Social Justice at Drexel University, Mr. Foderaro is consulting and collaborating with city government in Baltimore, and working closely with programs, agencies and systems in Philadelphia and nationwide. Mr. Foderaro also finds time to conduct a private psychotherapy practice and for several decades has provided trauma-responsive clinical supervision for a new generations of mental health practitioners. When not instructing a graduate level course in social work at University of Pennsylvania, Mr. Foderaro is most at home when seeking out just the right combination of family, friends, and dogs to share his passion for sailing and exploring.

Jane Mathisen, MD will receive the Practitioner of the Year Award, which is awarded to a

continued on page 6
Dr. Jane Mathisen is a board-certified psychiatrist practicing in Bala Cynwyd, Pennsylvania. She received her BA from U.C. Berkeley and her M.D. from Yale. Dr. Mathisen completed two years of ob/gyn residency at Pennsylvania Hospital before training in psychiatry at The Institute of Pennsylvania Hospital. She has worked at the intersection of mental health and ob/gyn, specializing in treating postpartum and menopausal mental health problems. Dr. Mathisen has also run groups and cared for individual cancer patients at the Joan Carnell Women’s Cancer Center of Pennsylvania Hospital.

Dr. Mathisen was president of the Philadelphia Psychiatric Society in 2003-04, having earlier served as an officer, and currently serving on their Women’s Interest Committee. She has also volunteered with and served on the board of the Maternity Care Coalition.

For over 25 years, she has had a full-time private practice that utilizes both medications and psychotherapy. Dr. Mathisen is the mother of two children and enjoys travel, hiking, and gardening.

Laszlo Gyulai, MD will receive the Psychiatric Educator of Physicians Award, which is given to a PPS member who displays outstanding teaching or research abilities.

Dr. Laszlo Gyulai graduated summa cum laude from the Semmelweis Medical University in Budapest, Hungary in 1973 and then joined its Department of Physiology. In 1980, he was invited to continue his research at the University of Pennsylvania Department of Biochemistry and Biophysics Johnson Research Foundation.

Between 1985 and 1989, he completed his residency in psychiatry at the University of Pennsylvania Medical Center and became board certified in psychiatry and neurology in 1991. Dr. Gyulai became a faculty member of the Department of Psychiatry at Penn in 1989. Between 1991 and 2008 he was the director of the Bipolar Disorders Program at the University of Penn Medical Center. He is an attending psychiatrist at Corporal Michael J. Crescenz VA Medical Center (CMCVAMC) in Philadelphia. He joined the VA National Bipolar Disorder Telehealth Program team this year as a consulting psychiatrist. He is an emeritus associate professor at the University of Pennsylvania Health System, Department of Psychiatry.

Dr. Gyulai has received several research grants. He was the site PI at the University of Pennsylvania for the NIMH funded Systematic Treatment Enhancement Program for Bipolar Disorders (STEP-BD, PI: Dr. Gary Sachs) and the Acute Pharmacotherapy of Late-Life Mania (GERI-BD, PI: Dr. Robert Young). Dr. Gyulai has more than 60 publications in peer reviewed journals.

Dr. Gyulai had a well-known consulting practice for difficult to treat patients with bipolar disorder in the Philadelphia region as well as nationally and internationally. He continues consulting at the CMCVAMC for bipolar disorders.

Dr. Gyulai has been selected yearly as a “Best Doctors in America” by his peers and as one of the “Best Doctors in Philadelphia” by the Philadelphia...
2017 Benjamin Rush Award Winners

Ira Brenner, MD, DLFAPA will receive the Pennsylvania Psychiatric Society Presidential Award.

Dr. Ira Brenner, MD, DLFAPA is a clinical professor of psychiatry at Jefferson Medical College in Philadelphia and training and supervising analyst at the Psychoanalytic Center of Philadelphia, where he is also director emeritus of the adult psychotherapy training program. He has a special interest in the area of psychological trauma and is the author of over 90 publications. Dr. Brenner has also co-edited two special issues of The International Journal of Applied Psychoanalytic Studies. A member of Phi Beta Kappa and the Alpha Omega Alpha medical honor society, Dr. Brenner has received a number of awards for his work including the Gratz Research Prize, the Gradiva Award, and the Bruno Lima Award just to name a few. He has lectured nationally and internationally and has a private practice of adult and child analysis, in the greater Philadelphia area.

George Wohlreich, MD, MA will receive the Edward Lawlor Award, which is presented to a PPS member for public service and political action.

George Wohlreich, MD graduated with a bachelor’s degree in English literature from Swarthmore College, a master’s degree in American Civilization from the University of Pennsylvania, and a medical degree from the University of Pennsylvania. He completed his psychiatry residency at Pennsylvania Hospital and the Institute of Pennsylvania Hospital, and completed his psychoanalytic training at the Philadelphia Association for Psychoanalysis. He has Additional Certification/subspecialty “boards” in addiction psychiatry and geriatric psychiatry. He has been on the faculties of the Medical University of South Carolina and Columbia University and is currently a clinical professor of psychiatry (adjunct) at both the Temple University and the University of Pennsylvania Schools of Medicine, as well as a dean’s professor at the Mayes College of Healthcare Business & Policy (The University of the Sciences).

Dr. Wohlreich has served as the medical director of three different psychiatric hospitals, and has been the executive medical director and/or regional medical director for two managed behavioral health organizations and one academic independent practice association/physician–hospital organization. He has been a psychiatric consultant to the New York City Transportation Authority, the pharmaceutical industry, and several agencies of the federal government.

His public service work includes having been on the Board of Trustees of the Charleston, (S.C.) Symphony and the Board of Managers of Swarthmore College. He serves on the board and on the executive committee of the Delaware Valley Physicians Aid Society, the Life Sciences Division.

continued on page 8
2017 Benjamin Rush Award Winners

of the Philadelphia Convention & Visitors Bureau, the Knowles Science & Mathematics Teaching Foundation, the Board of Visitors to the Mayes College of Healthcare Business & Policy (The University of the Sciences), the Eastern Pennsylvania Geriatric Society, and the Thomas Skeleton Harrison Foundation.

He is married to Judy Wohlreich, who retired after thirty-four years as Chair, Department of Music, at the Dalton School in New York City.

Matthew O. Hurford, MD will receive the Robert Jones Award, which honors a PPS member for commitment and service to public service psychiatry.

Matthew O. Hurford, MD has worked in public-sector psychiatry since completing residency in 2006. Dr. Hurford is currently the chief medical officer (CMO) of Community Care Behavioral Health Organization, part of the UPMC Insurance Services Division, and one of the country’s largest not-for-profit behavioral health managed care organization.

Prior to joining Community Care, Dr. Hurford served as the chief medical officer for the City of Philadelphia’s Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) and Community Behavioral Health (CBH), a not-for-profit behavioral health managed care organization.

Dr. Hurford graduated from Swarthmore College and received his medical degree from Temple University School of Medicine where he was elected into the Alpha Omega Alpha National Honor Medical Society. Following graduation, Dr. Hurford completed his internship and residency in psychiatry at The Hospital of the University of Pennsylvania where he was named chief resident. After finishing residency, Dr. Hurford worked as a medical officer psychiatrist for the Indian Health Service, living and working on the White Mountain Apache Reservation in Whiteriver, Arizona. He then returned to Philadelphia to join the standing faculty at the University of Pennsylvania as an assistant professor in the Center for Mental Health Policy and Services Research and medical director of the Hall-Mercer Community Mental Health Center.

Dr. Hurford has been active in the Philadelphia and Pennsylvania Psychiatric Societies holding a variety of positions. He is a fellow and trustee of the College of Physicians of Philadelphia and continues to teach psychiatry residents as a clinical associate at the University of Pennsylvania’s Department of Psychiatry.

Dr. Hurford lives in the Mt. Airy section of Philadelphia with his wife, Dr. Irene Hurford and three children.

Marina Goldman, MD will receive the Daniel Blain Award, which recognizes a PPS member for dedication and service to the profession of psychiatry.

I attended my first Benjamin Rush Gala in 2001, when I was a neurology resident. I recall Dr. Berman’s moving speech during that event, when she described the work of psychiatrists as helping to heal patients and families. My interest in psychiatry grew during my training in neurology at

continued on page 9
Hahnemann. The Penn psychiatry residency and addiction psychiatry fellowship programs allowed me to continue to integrate my interest in both neurology and psychiatry by supporting my training in neuroimaging research of addictive disorders.

As I transitioned into private practice near my home in Abington, PA, my contact with the PPS, through the Women’s Interest Committee, gave me access to a group of colleagues and mentors who were leaders and role models within our profession.

Through the PPS, I learned a great deal about our traditions, and our history. I was given incredible opportunities to take on leadership roles and received tremendous support and had the most rewarding experience of working collaboratively with my colleagues and friends in achieving a shared vision of a stronger and happier Society. I look forward to continuing my involvement with the Philadelphia Psychiatric Society for years to come.

Stephen Fried will receive the Publication Award, which is awarded to a non-PPS member for written articles directed to non-psychiatrists in Pennsylvania.

Stephen Fried is an award-winning magazine journalist and a New York Times best-selling author who teaches at the Columbia Journalism School and the University of Pennsylvania.

He is the co-author, with Patrick Kennedy, of A Common Struggle: A Personal Journey through the Past and Future of Mental Illness and Addiction. He is also the author of five other nonfiction books, including two specifically on healthcare, mental illness, and addiction: Bitter Pills: Inside the Hazardous World of Legal Drugs and Thing of Beauty: The Tragedy of Supermodel Gia; as well as Appetite for America: Fred Harvey and the Business of Civilizing the Wild West—One Meal at a Time, The New Rabbi and Husbandry.

His next book, Dr. Rush, a modern biography of Dr. Benjamin Rush, the founding father of American mental health care, will be published by Crown next fall.

Fried has been a staff writer at Vanity Fair, GQ, Glamour and Philadelphia magazine, where he started his career, won two National Magazine Awards and served as editor-in-chief.

Besides writing and teaching, he lectures widely and does consulting for publications, companies, and medical groups (including the American Psychiatric Association.)

Francis Patrick Smith, DO is the recipient of the Resident Achievement Award, which is given to a resident in one of the area training programs who has been nominated for outstanding activity as a resident.

Dr. Francis Smith was born and raised near the bustling metropolis
2017 Benjamin Rush Award Winners

of Smock, PA. He received his undergraduate degree in chemistry from Washington and Jefferson College in Washington PA. From there, Dr. Smith worked as a patent examiner at The United States Patent and Trademark Office where he determined the patentability of inventions pertaining to chemical deposition. He then obtained his medical degree from the Edward Via Virginia College of Osteopathic Medicine.

Dr. Smith completed a general adult psychiatry residency at Drexel University College of Medicine. During his time at Drexel, he served as a chief resident and received recognitions for his journal club presentation and promoting mental health awareness within the LGBTIQ community. Dr. Smith was the organizer and moderator for the Philadelphia LGBTIQ Healthcare Symposium, which featured guest speakers presenting on the standards of trans care.

Currently, Dr. Smith is completing a forensic psychiatry fellowship at the University of Miami, Jackson Memorial Health System in Miami, FL. After fellowship, he intends to focus on LGBTIQ mental health within the legal system and to work with individuals seeking asylum.

When not at work, Dr. Smith enjoys bike riding, exercising, cooking, getting lost in Home Goods, and exploring the neighborhoods and beaches of South Florida.

Dr. Messih has focused his research primarily in qualitative work, learning from the lived experiences of others and distilling recommendations from those experiences to inform policy. His professional goal is to look at the role psychiatry can play in the advocacy and empowerment of marginalized groups including refugees, LGBTIQ communities, and homeless/under-housed patients. More specifically, Dr. Messih wishes to focus on the intersections of identity and mental health and how patient context impacts likelihood of mental illness and access to care. He explored this in a review of LGBTIQ mental health last year and through ongoing needs assessment research with a community refugee clinic.

Outside of medicine, he enjoys playing music including violin and guitar.
Sheila Judge, MD, DLFAPA was installed as president of the American Association for Social Psychiatry on May 20, 2017, during the Annual Meeting of the American Psychiatric Association in San Diego. Earlier that day, she received the 2017 Assembly Resident-Fellow Member (RFM) Mentor Award for outstanding work as a mentor and advocate for RFMs. Dr. Judge is a past president of the Pennsylvania Psychiatric Society.

Congratulations to 2017-2018 PPS Officers!

President/Delegate to the PaPS Council:
Tahir Maqsood, MD, MS, FAPA

President-Elect/Delegate to the PaPS Council:
Camille Paglia, MD, JD, FAPA

Vice President:
Pietro Miazzo, MD

Treasurer:
Ilia Nikhinson, MD

Secretary:
Chand Nair, MD

Chapter Councilors:
Ramesh Koneru, MD
Holly Valerio, MD

The late psychiatrist John Fryer, MD was honored with a monumental marker unveiled across the street from the Historical Society of Pennsylvania, which lies Fryer’s archives said by Psychiatric News. The marker is part of the Pennsylvania Historical Marker Program, administered by the Pennsylvania Historical and Museum Commission. It represents and is the result of advocacy by, among other groups, Equality Forum, which is a Philadelphia based LGBT advocacy organization. The tremendous courage by one man led to the abolishing of homosexuality from DSM. Click here to read more about the tremendous efforts that John Fryer, MD did to take these issues by storm.
NO MATTER THE SIZE OF YOUR PRACTICE
WE HAVE YOU COVERED

WE PROTECT YOU

All providers in your practice - psychiatrists, psychologists, social workers and other behavioral healthcare providers - can be covered under one medical professional liability insurance policy, along with the entity itself.

- Access to a comprehensive professional liability insurance policy
- Simplified administration - single bill and one point of contact
- Custom rating leverages the best premium for your practice
- Coverage for multiple locations even if in different states
- Entity coverage available
- Separate and shared limits available
- Discounted background check packages

When selecting a partner to protect your group practice, consider the program that puts psychiatrists first. Contact us today.

More than an insurance policy
(800) 245-3333 | PsychProgram.com/Dedicated | TheProgram@prms.com
Insurance Prior Authorization Delays Harm Patients – Doctors Must Be Part of the Solution!

By Jeff Wirick, Pennsylvania Medical Society

Insurance companies say they use prior authorization to prevent physicians from prescribing too much medication or ordering too many tests. But physicians say the use of prior authorization has grown out of control – and few stories illustrate it better than that of Joe Stanziano.

Stanziano, who currently resides in Montgomery County (Pa.), owned a bakery in New Jersey. Ten years of carrying heavy bags of flour and working 18-hour days took a toll on his back.

Stanziano had just undergone his fourth back surgery in five years and was taking pain medication to help with his recovery. Things were progressing well enough for Stanziano to begin taking a smaller dose of the pain medication – a process known as tapering that could eventually allow him to wean off the medication altogether.

The problem is, Stanziano’s insurance company denied payment of the lower dosage that his neurologist prescribed. Hours turned into days and Stanziano continued to wait for his insurance company’s approval.

When his current allotment of pain medicine ran out, the withdrawal symptoms began.

“Cold sweats. Shaking. You don’t have control,” Stanziano described.

This wasn’t a one-time mistake by his insurance company. Stanziano’s neurologist prescribed a lower dose of pain medication five times. It was denied five times for up to a week before it was approved.

As the delays grew longer and withdrawals continued, Stanziano opted to buy the medication out of own pocket. Each pill cost $60.

“One could imagine a reason for (denying it) if we’re increasing the medication, but in Joe’s case we were gradually decreasing the medication,” said Daniel Skubick, MD, Stanziano’s neurologist.

“In spite of the fact that we were doing the right thing (by lowering his dosage) – getting him off opioids – pre-certs would still be coming.”

continued on page 14
Insurance Prior Authorization
continued from page 13

Stanziano said he was never given a clear
answer as to why his medication decrease
required a prior authorization.

“You could talk to two different people
(at the insurance company) in the same
day and get two different answers,” he
said. “Explain to me the logic – why are
you denying it when we were trying to
reduce (the medication)? Does it make
sense to you?”

“Are you trying to cut costs, or are you
trying to cut lives?” Stanziano continued.
“I can understand trying to cut costs, but
put them in my situation. Let them be
on the medication for a certain period of
time, and not be able to refill it, and have
to go through what I went through.”

Prior Authorizations
On the Rise

Physicians have seen a dramatic rise in
prior authorizations over the past few
years for a variety of treatments and
medications:

- 86 percent of respondents to a
Medical Group Management
Association survey said that they
experienced an increase in the
number of prior authorizations over
the past year.

- Medical practices average 37
prior authorizations per week, per
physician (taking up an average of 16
hours per physician), according to a
survey from the American Medical
Association.

A few years ago, “if a narcotic that
we’re prescribing was thought to be at a
very high dose, you might have a pre-
cert,” Dr. Skubick said. “But the prior
authorization would last 6-12 months
and it might occur occasionally. Now,
over the last few years or so, fueled by
the opioid crisis, we’re running into pre-
certs whenever a change is made to the
medication.”

The delays are proving costly to patients.
Here are just two more examples:

Pittsburgh’s Jeff Duncan waited eight
months for approval on an in-lab sleep
study that he needed in order to receive
treatment for his severe sleep disorder.

“What if I would have died with this?”
he said. “Personally, I’m just irritated that
the insurance companies have so much
power over doctors trying to get their
patients what they need.”

Pittsburgh’s Kristen O’Toole experienced
delays in getting an MRI for her back
pain. The weeks’ long wait allowed
her undiagnosed multiple sclerosis to
progress, and she is now in a wheelchair.

“If I had gotten the MRI earlier and
started on the infusions, I really believe it
could have kept some of these symptoms
at bay,” O’Toole said. “Maybe I would
have never ended up in a wheelchair.”

“The doctor knows there’s a problem
here,” O’Toole added. “There’s
something going on. And how is he going
to know before he gets the data from the
MRI?”

Dr. Skubick said his biggest frustration
with the rise of prior authorizations is that
it takes the clinical decision-making out
of the hands of physicians.

“I think it is incredible that the insurance
company would think that a person who
has practiced neurology for 35, 40 years
doesn’t know more than somebody on
the other end without seeing the patient,”
he said. “I’ve never had a pre-cert denied
for any diagnostic study when I’m able to
talk to a colleague that is a neurologist.

“But I’m talking to people (at the
insurance companies) who are not even
doctors some of the time. And sometimes
when you do get a doctor, you’re getting
an internist or a gynecologist – what do
they know about neurology? What do
they know about the subtleties about
whether an MRI is necessary?

Physicians Must Be
Part of the Solution

Oncologist Rick Boulay, MD, wrote a
recent blog for KevinMD: “Most patients
are unaware of this, but your physician
is likely your biggest advocate when it
comes to getting your care covered” from
prior auth.

Similarly, physicians need to step up to
support new legislation in Pennsylvania
that aims to decrease patient wait times
from prior auth.

House Bill 1293, introduced by Rep.
Marguerite Quinn (R-Bucks), would:

- Increasing transparency and
consistency in prior authorization
criteria

- Establishing standards for and
reducing the overuse of prior
authorization

- Lessen manual processes and
enhance the electronic exchange of
information

- Developing a standard prior
authorization form

The Pennsylvania Medical Society
and its coalition of 50+ physician and
patient advocacy organizations support
(including psychiatry) HB 1293. But this
legislation will only move with a strong
grassroots effort from physicians, medical
office personnel, and patients.

See how you can get involved by going
to the PAMED website, www.pamedsoc.
org/PriorAuth.
I encourage my colleagues to review the provided reference materials below to better understand the scientific evidence regarding this important topic.

1. Cannabis vs. Marijuana

Marijuana (pot, grass, weed, Mary Jane, reefer) typically refers to the dried flowering tops and leaves of the cannabis plant. Under Act 16 in Pennsylvania, the method of consumption of “medical marijuana” specifically excludes dry leaf or plant form, thus cannabis can be consumed only in an extracted form placed into pill, oil, liquid, topical forms (gels, creams or ointments), and by vaporization or nebulization (but not dried leaf or plant form). Thus the use of the term medical marijuana can lead to confusion in conversations with patients and the following terms may provide more clarity when discussing this topic with patients in the clinical setting:

- **Act 16 Cannabis** to designate the type of cannabis products that patients can obtain through dispensaries (these products have not undergone placebo controlled trials and have not been approved by the FDA for any indication) and
- **Pharmaceutical Cannabinoids** (e.g. dronabinol, and nabilone) to designate the products that a patient can obtain through the pharmacy with a valid prescription from a physician because these products are FDA approved for specific indications. Of note, two other pharmaceutical cannabinoids (Epidiolex, Sativex) are currently in the ‘fast track’ for FDA approval.

By early 2018, Pennsylvania Department of Health (DOH) anticipates that residents of Pennsylvania will be able to access “medical marijuana” through dispensaries in Pennsylvania under Act 16. The current focus is on increasing the number of Pennsylvania physicians registered with the DOH as “recommending practitioners” (able to recommend and certify patients to receive medical marijuana”), higher number of registered physicians will improve access for patients who are looking to use “medical marijuana.” My understanding is that success of the program is measured by the number of registered providers and certified patients, click here for additional information.
Four Thoughts on Cannabis

continued from page 15

Using clear terminology will help to highlight another important, patient-safety aspect: “many of the cannabis products that are sold in state-regulated markets bear little resemblance to the products that are available for research at the federal level in the United States” and most of the studies looking at effectiveness of cannabinoids on various clinical syndromes used pharmaceutical cannabinoids (e.g. nabiximols, dronabinol, nabilone). “Very little is known about the efficacy, dose, routes of administration, or side effects of commonly used and commercially available cannabis products in the United States.” Click here for more information.

2. Practice Guidelines

Physicians across the state have expressed concerns about the lack of clear practice guidelines that would help physicians identify when it is appropriate to recommend the medical use of Act 16 cannabis or to prescribe pharmaceutical cannabinoids in the treatment course of given medical conditions. Though most medical associations have taken the libertarian position of not wanting to intrude into the physician-patient relationship, this has left a void of information. The American Psychiatric Association has issued a clear position statement on marijuana as medicine that, i.e. “There is no current scientific evidence that marijuana is in anyway beneficial for the treatment of any psychiatric disorder.” But the primary care practitioners will have to look to Canada to see clear guidelines regarding “dried cannabis” in the primary care setting. For all physicians, in January 2017 the National Academies Press published the most updated and an invaluable, free resource, summarizing all the research regarding cannabinoids and the science of what we known about their impact on various medical conditions.

3. Autism and PTSD

Pediatricians are concerned that listing Autism as a covered serious medical condition under Act 16 will prompt families to seek marijuana (which has no proven clinical benefit in Autism), over other treatments, which have better evidence of benefit. This will create more confusion for families and a greater hurdle for pediatricians who are working hard to encourage families to access appropriate, evidenced based care for their children. Psychiatrists have similar concerns regarding PTSD. Families and patients may hear and read in the press about scientific breakthroughs regarding benefits of cannabis for treatment of PTSD and Autism, but often, the cited scientific articles are from animal model-based research that does not have translation to human subjects. Of further note is that synthetic cannabinoids (similar to dronabinol and nabilone) were used in many of these animal model-base research studies, not plant extracted cannabis. A single small crossover trial suggested a possible benefit from nabilone for male veterans diagnosed with PTSD, another study demonstrated an association between the use of plant derived cannabis and increased severity of PTSD among veterans. The following references provide the most up to date information regarding what we know about the effect of cannabinoids on PTSD and Autism in humans. Click here for more information.

continued on page 17
Four Thoughts on Cannabis
continued from page 16

Position Statement on the Use of Medical Marijuana for Posttraumatic Stress Disorder. Approved by the Board of Trustees, July 2013 Approved by the Assembly, May 2013.

4. Addiction and Adolescents


Risk of addiction to cannabis appears to correlate with frequency and duration of use with chronic, daily cannabis users having the highest rates of addiction (cannabis use disorder). Once a patient develops cannabis use disorder, they may also exhibit signs of cannabis withdrawal. The treatment of cannabis use disorder is complicated by high relapse rates, with up to 80 percent of patients relapsing within a year of completing treatment (we see similar relapse rates in cocaine and opiate addiction). Treatment of Cannabis Use Disorder.pdf.
Chapter Collaborates with city Behavioral Health Officials on Emergency Plan for Children

By Deborah Shoemaker, Executive Director and Lobbyist, Pennsylvania Psychiatric Society

In early August, we were informed that Einstein’s Crisis Response Center (CRC), the only crisis center in Philadelphia designated to serve youth under the age of 14 providing emergency behavioral health evaluations for both children and adolescents would cease to provide such services after September 5, 2017. Children’s Hospital of Philadelphia (CHOP) /Belmont and Fairmount Behavioral Health would take over providing this service in November of 2017. During the gap in service providers, the city’s Department of Behavioral Health and Intellectual disability Services (DBHIDS) and Community Behavioral Health (CBH), the city’s contracted behavioral health managed care organization, drafted an interim plan for providers, consumers, law enforcement, school officials and other related stakeholders. A copy of the interim plan is attached here.

The interim plan raised several additional questions and concerns, triggering our Philadelphia chapter and the state society to develop a course of action. Under the leadership of Kenneth Certa, MD (APA Area 3 representative and residency education director for the department of psychiatry at Sidney Kimmel Medical College at Jefferson), Gail Edelsohn, MD, MSPH (PA Psychiatric Society President) and our own president, Tahir Maqsood, MD, we reached out to our colleagues at the PA College of Emergency Physicians, Einstein, and the regional chapter for the American Academy of Child and Adolescent Psychiatry (RCCAP) to discuss the interim plan and to draft a letter to send to DBHIDS and CBH to further the discussion and elaborate on areas of concerns/solutions. Concurrently, Drs. Maqsood and Edelsohn contacted Lawrence Real, MD, DBHIDS Chief Medical Officer, to initiate a dialogue and to discuss ways we could collaborate and alleviate potential barriers to care for youth in need of emergency treatment and services. The interim plan was thoughtfully and thoroughly reviewed by both state and chapter society leaders, spending considerable time during August on conference calls, on emails and drafting formal communications to CBH/DBHIDS to ensure all anticipated issues were addressed. Following multiple communications between all parties, it was time to talk.

A call was held on September 7th between stakeholders to address all issues noted within our joint August 31st letter. To their credit, DBHIDS provided information on every item we highlighted and expressed their willingness to continue the dialogue with us on this and other behavioral health issues that affect all CBH enrollees. We would like to thank Drs. Lawrence Real and Geoffrey Neimark (Chief Medical Officer, CBH) for taking the time to speak with us and to formally reopen the line of communication. I would be remiss if I did not also express my sincere appreciation to Drs. Certa, Edelsohn, Ahmad Hameed (PaPS president-elect), Maqsood and Camille Paglia (PPS president-elect) for their clinical expertise and superb leadership on this crucial issue.

As the interim plan is to be in place until November, we would like to hear from those members working in the CRCs and area Emergency Departments, inpatient and outpatient mental health facilities across the city who may experience problems with having youth seen for emergency crisis services. The door is open wider now with the city leadership, so we need to take advantage of it.
Residents’ Night

The Philadelphia Psychiatric Society hosted a residents’ social on Wednesday, September 13th at Bourbon Blue. Residents from Drexel, Temple, and Jefferson attended the evening of networking with each other and members of leadership.

Benjamin Rush Gala

Benjamin Rush Gala was held on Friday, November 10, 2017 at The Racquet Club of Philadelphia. This annual gala honors psychiatrists and other outstanding individuals for their significant contributions to the behavioral health of the citizens of Philadelphia and surrounding counties that encompass the Philadelphia chapter.

Patient Safety and Risk Management

The Pennsylvania Psychiatric Society’s annual Patient Safety and Risk Management educational meeting was held on Saturday, November 11, 2017, at the Chubb Conference Center (formerly ACE Conference Center), in Lafayette Hill, PA.

The meeting was simultaneously live-streamed to Pittsburgh, where it was hosted at the DoubleTree by Hilton Hotel & Suites, downtown Pittsburgh.

Sheldon Preskorn, MD, professor of psychiatry president at University of Kansas School of Medicine-Wichita, widely recognized as a leading expert in psychopharmacology did two presentations. In the first, he provided guidance to clinicians on how to anticipate and deal with drug-drug interactions, widespread problem in using psychiatric medications. In the second presentation, he discussed lessons learned from psychiatric malpractice cases related to prescribing psychiatric medications.

A presentation on facts, myths, and practical strategies in suicide risk assessment was done by Ahmad Hameed, MD, vice chair for education and associate professor of Psychiatry at Penn State College of Medicine and PaPS President-Elect.

A few years ago, John S. O’Brien, MD, JD had done such a fantastic workshop on psychiatric malpractice at this meeting that we have invited him back to do another workshop.
The Philadelphia Psychiatric Society welcomes the following new members and congratulates those who have elevated to:

**In Training**
- Alaa H. Ahmed, MBCCH
- Phillip Noe Arellano, MD
- Nadege Barbe, MD
- Jeffrey Matthew Barroso, MD
- Joanna Leigh Beyer, DO
- Taylor Brana, DO
- Derrick Maurice Brooks, MD
- Philip David Campbell, MD
- Shelley Antolin Co, DO
- Katherine Marie Cohen, DO
- Danielle Couture, MD
- Travis Jon Dichoso, DO
- Robert Anthony Gadamski, DO
- Amanda Jane Gavin, MD
- Nathaniel Thomas Graham, MD
- David Jonathan Halpern, MD
- Rebecca Iza Katz, MD
- Yin Stern Li, MD
- Hephisbah M. Loeb, MD
- Jenny L. Lugo, MD
- Sarita O. Metzger, MD
- Sarah Heather Miller, MD
- Andrew David Mumma, MD
- Carey Jeanne Myers, MD
- Hamid Reza Naficy, MD
- Shashwat Abhay Pandhi, MD
- Aditya Kumar Singh Pawar, MD
- Brandyn Michael Powers, DO
- Aarya Krishnan Rajalakshmi, MD
- Lisa Anne Roth, MD
- Ewurama Elaine Sackey, MD
- Dimal D. Shah, MD
- Glenna Crosswell Smith, MD
- Stephanie Maiko Taormina, MD
- Jaime B. Thomas, DO
- Rebekah Joy Villarreal, MD
- Marissa L. Waldemore, DO
- Kyle Jarrett Ward, DO
- Becky Shuang Wu, MD
- Nina Tove Wylonis, MD
- Zev Joel Zingher, MD

**General Member**
- David Harrison Clements, IV, MD
- Justin M. Lazaroff, DO
- Jasmine Sawhne, MD
- Danielle Marie Simpson, MD

**The Philadelphia Annual Symposium on Addictions and Their Treatment**

*By Marina Goldman, MD, Fred Baurer, MD, and Abigail Kay, MD*

In March 2017, the Philadelphia Psychiatric Society (PPS) sponsored our 3rd annual symposium on addictions at Thomas Jefferson University. For the first time, the event was co-sponsored in collaboration with the PA Society of Addiction Medicine (PSAM). The collaboration between PPS, PSAM and Thomas Jefferson allowed our members to benefit from a spacious center city venue, and to choose from multiple talks in a two-track educational event, (accessible to both seasoned practitioners and novices in the field of addiction psychiatry and addiction medicine.)

We are thrilled to announce our 4th annual symposium on addictions and their treatment on March 3, 2018, in collaboration with Thomas Jefferson and PSAM. For the first time this year, we plan to invite residents, fellows and medical students to present addiction related research posters at the conference. As always residents, fellows and medical students from all area training programs receive free admission to the conference. Look for information in the coming months.

---

**Advertising policy**
Display ads are available, ranging in size from one-quarter to a full page. May be submitted in or electronic format. Classified ads are also accepted. Contact the Philadelphia Psychiatric Society at (888) 723-2501 or philapsych@papsych.org for rates and deadlines.

**Advertising disclaimer**
Advertisements placed with the Philadelphia Psychiatric Society for newsletter purposes may not contain preferences, whether stated or implied, for applicants based on age, race, sex, color, national origin, religious beliefs, gender, or disability. The Philadelphia Psychiatric Society reserves the right to decline to print any ad we believe to be improper or unlawful. The advertisements appearing in this section were placed with the Philadelphia Psychiatric Society directly from the listed prospective employers. Philadelphia Psychiatric Society is not responsible for the content of the advertisements. Philadelphia Psychiatric Society is an equal opportunity employer.