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President's Message

Danesh Alam, MD



As IPS President, it brings me great joy and pride to acknowledge and recognize the achievements of our members. That is why the

IPS Annual Meeting and Awards Dinner, which took place on January 27, 2018, was an event to look forward to. We were very honored to have, as our special guests, Representative Deb Conroy, the Chair of the Mental Health Committee, Illinois House and Representative Kathleen Willis. The keynote speaker was Dr. Anita Everett, the President of the American Psychiatric Association (APA) who highlighted APA's initiatives to face the opioid crisis and to enhance physician wellbeing and fight burnout.

I had the honor of recognizing a number of distinguished colleagues that evening.

Educator of the Year: Philip Janicak, MD

Dr. Janicak has been an educator for 42 years. He has been a researcher, mentor and physician leader at three universities in the Chicago area. Most people who trained or practiced in the Chicago area have had the opportunity to attend his lectures. He has taught a sold-out course at the APA Annual Meeting for the past 25 years.

Outstanding Achievement in Psychiatric Research: Rajiv P. Sharma, MD

Dr. Sharma is a Research Professor at the University of Illinois at Chicago. He has published over 100 original scientific papers and 20 book chapters on psychiatric illness, psychopharmacology and epigenetics. He pioneered the study of molecular/epigenetic

measurements in peripheral blood mononuclear cells of living patients and formulated the concepts of 'blood chromatin levels' and 'heterochromatin' as a disease incubator.

Innovation for Physician Wellness: Dr. Daniel Angres, MD

Dr. Angres has dedicated his life to the care of health professionals and is an international authority in this area. He has developed programmatic approaches and advocated for health care professionals for over 30 years. His innovative approaches and collaboration efforts have led to the development of a nationally-recognized treatment program that serves professionals.

Outstanding Achievement in Illinois Mental Health: Kari Wolf, MD

Dr. Wolf is the Chair at the Department of Psychiatry at Southern Illinois University School of Medicine. Dr. Wolf is an Illinois Physician Leader we should all be proud of. Through her work with the Department of Human Services, she has helped sculpt long range planning requirements for facilities working with troubled adolescents and young adults to provide for necessary community reintegration and skills training, thus avoiding the cycle of chronic re-institutionalization.

Excellence in Patient Care: Lisa Rosenthal, MD

Dr. Rosenthal was recognized for her work as the Chief of the Division of Psychosomatic Medicine and Associate Vice Chair for Clinical Affairs in the Department of Psychiatry and Behavioral Sciences at Northwestern University. Dr. Rosenthal has made significant contributions in improving the psychiatric services for patients with medical illness.

Visit the new and improved IPS website: illinois.psychiatry.org

Be sure to check out the new Career Center.

(Continued on pg 5)

The Changing Landscape of Mental Health Treatment – A Three-Part Series on Telepsychiatry Part II: Common Misconceptions Related to Telepsychiatry

Hossam Mahmoud, MD MPH

Despite the growing interest in telepsychiatry and its increasing utilization in Illinois and across the United States, common misunderstandings persist, making some psychiatrists reluctant to adopt this effective method of healthcare delivery, and leaving many patients with limited access to mental health care. Part II of this series focuses on four common misconceptions about telepsychiatry that hinder widespread adoption:

Telepsychiatry is isolating.

Certain models of telepsychiatry practice can leave psychiatrists with a sense of isolation, with limited opportunities for peer support, academic interactions and supervision. However, with the evolution of the integrated care model, videoconferencing now allows psychiatrists to interact not only with patients but also with the treatment teams working in-person with their patients. This creates opportunities for collaborating with case managers, therapists and primary care physicians. Furthermore, telepsychiatry applications have evolved to include collaborative agreements with advanced practice nurses, peer-to-peer supervision, and resident supervision, all being elements which create an academic, intellectually stimulating and collaborative virtual environment.

Patients do not like telepsychiatry.

The introduction of technology is often accompanied by skepticism about the utility, acceptability and applicability of such technology. Despite decades of availability, telepsychiatry has only gained wider acceptability and utilization over the past few years. Accordingly, videoconferencing is still perceived as a novel approach, and many assumptions remain among some psychiatrists regarding patient acceptability and satisfaction. Overall, however, there is a large body of evidence in the literature documenting patient satisfaction and acceptability when it comes to telepsychiatry.

Typically, there is some anxiety during the first session, so it is important that psychiatrists dedicate a few minutes to introducing themselves, including education, credentials, license and location, normalizing the way a psychiatric evaluation can be conducted remotely and explaining that medications can be prescribed electronically.

Establishing Rapport with Patients is challenging.

Developing and maintaining a good rapport with patients

is extremely important in psychiatry. A strong rapport can be established with some effort on behalf of the psychiatrist by making sure to address the following during the first encounter:

- Acknowledge and normalize the patient's possible apprehension about telepsychiatry to increase their level of comfort.
- Incorporate a significant component of psychoeducation, about videoconferencing, electronic medical records (EMRs), e-prescribing, HIPAA and other privacy issues.
- Explain that gaze shifting during videoconferencing can interfere with the degree of eye contact, giving the false impression that the psychiatrist is not attentive or is disinterested.

With a strong rapport, many patients state that they had forgotten that the psychiatrist was not physically in the room with them.

Learning telepsychiatry is difficult.

While it is true that some psychiatrists are more “tech savvy” than others, computers, smart phones, and tablets have become a dominant aspect of modern life, and technology largely shapes daily social and professional communications.

Fundamentally, telepsychiatry is psychiatry practiced from a remote location. The same expectations of medical and psychiatric knowledge, professionalism, and code of conduct apply. For example, the quality of the video during videoconferencing has made it possible to evaluate for extrapyramidal side effects of some medications, and the availability of EMRs and e-prescribing programs have made it possible to remotely maintain secure patient records, prescribe medications and order laboratory tests.

While more residency training programs need to incorporate telepsychiatry into their curricula and rotations, the American Psychiatric Association (APA) and American Telemedicine Association (ATA) provide valuable resources for learning about telepsychiatry and for incorporating telehealth into psychiatric practice. ■

For information on the APA Telepsychiatry Toolkit, visit:
<https://www.psychiatry.org/psychiatrists/practice/telepsychiatry>

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Amendment to The Illinois Controlled Substances Act

Hossam Mahmoud, MD MPH

On November 9, 2017, the Illinois General Assembly passed legislation SB 772, to amend the Controlled Substances Act. Governor Bruce Rauner signed the legislation on December 13, 2017, with the law going into effect January 1, 2018. The legislation, Public Act 100-0564, includes provisions to enhance the Heroin Crisis Act (Public Act 99-0480) passed in 2015, to address substance use, including the opioid crisis.

The amendment requires the following:

- All prescribers who hold an Illinois Controlled Substance license must register with the Illinois Prescription Monitoring Program (PMP) by January 1, 2018. Accordingly, IPS urges all members who have not yet registered with PMP to sign up as soon as possible, using the website below.
- All prescribers must check the PMP before writing an initial prescription for a Schedule II narcotic, such as an opioid. There are exceptions to this rule, such as prescriptions for oncology treatment and palliative care, as well as prescriptions for seven days or less prescribed

in the emergency department for acute medical trauma.

- Prescribers (or their designees) must also document in the patient's medical record the attempt to check the PMP prior to prescribing an initial Schedule II narcotic.
- Within one year of the legislation, the Illinois Department of Human Services (DHS) must adopt regulations that require all Electronic Health Record Systems to interface with PMP by January 2021. This is meant to ensure that prescribers have access to patient records as they relate to provisions in this law.
- DHS shall adopt rules to allow prescribers and pharmacists who have registered with PMP to authorize a designee to consult with PMP on their behalf

While it is considered good practice to check PMP whenever controlled substances are prescribed, it should be noted that the provisions of this law apply to initial prescriptions of Schedule II narcotics. These provisions do not require checking PMP when prescribing Schedule IIN stimulants or Schedule IV benzodiazepines.



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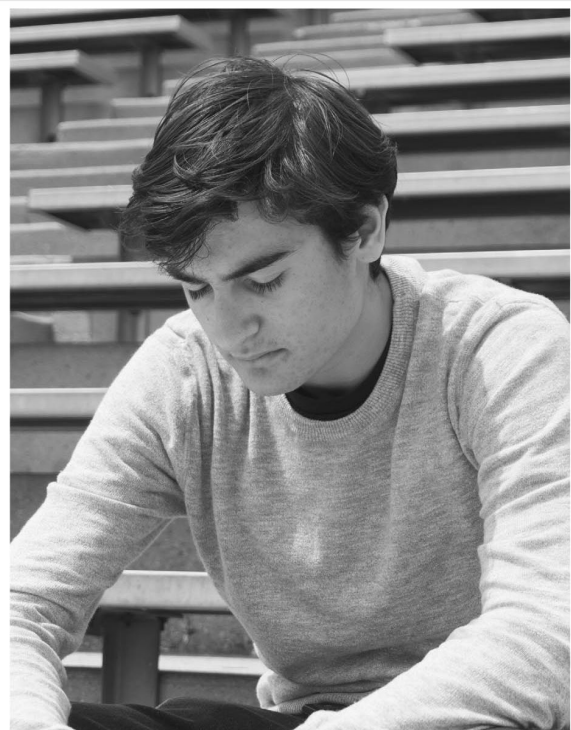
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For further information, IPS members can refer to the following resources:

- Full text of the legislation can be found at Illinois General Assembly website: <http://ilga.gov/legislation/publicacts/100/PDF/100-0564.pdf>
- PMP registration website: https://www.ilpmp.org/pr_registration.php
- Any problems with registration can be reported directly to PMP by email dhs.pmp@illinois.gov or phone 217-524-1311
- A comprehensive definition of Controlled Substance Schedules can be found on the Drug Enforcement Administration, Diversion Control Division at <https://www.deadiversion.usdoj.gov/schedules/>

President's Message

(continued from page 1)

Presidential Award: Ryan Finkenbine, MD

Dr. Finkenbine is our immediate Past President and Chair of Psychiatry at the University of Illinois in Peoria. He received this award for his leadership and service to IPS. We are grateful for his contributions to IPS.

Volunteer of the Year: Uzma Yunus, MD

Dr. Yunus was recognized for her service to individuals with cancer. Despite dealing with metastatic cancer herself, she finds time to provide support and service to others. We pray for her health and recognize her service. We wish her husband Dr. Dheeraj Raina (fellow member) and her two children the very best.

Member of the Year: Hossam Mahmoud, MD

Dr. Mahmoud represents everything IPS seeks in a member. He is engaged in the society with energy and passion. As the editor of Mind Matters he has helped us in achieving our mission and goals. With his help we are glad to report that we will provide four issues a year of Mind Matters.

Resident of the Year: Bianca Pullen, MD

Dr. Pullen was recognized for her efforts in supporting the mission of IPS and providing leadership and advocacy. We are appreciative of her efforts in advocating for our patients and psychiatry in general.

The Annual Meeting is also an opportunity to energize our membership and to reaffirm our dedication to enhance mental health and to support psychiatrists and patients in Illinois. As many of you are aware, our advocacy efforts

continue. While we are working on several bills, I would like to highlight one bill aimed at increasing reimbursement rates in Illinois. A recent analysis from Milliman Inc. reported dramatic differences in reimbursement rates and out-of-network services for primary care, medical/surgical specialists and psychiatrists. Out of network use of psychiatrists in Illinois was found to be much higher and the reimbursement rates significantly lower, compared to other physicians. To help address this issue, IPS will be working with a sponsor to put forth a bill that addresses the Illinois Medicaid rates which are some of the lowest in the nation.

I would like to thank Kristin Malloy and Meryl Sosa for the efforts that led to a wonderful evening of networking and celebrating with the awardees, and for their ongoing hard work for IPS.

Finally, I would like to invite you to join us for Advocacy Day, which is scheduled for April 18, 2018. Advocacy Day is an annual event that gives our members the opportunities to meet with their legislators in Springfield and bring forth discussion about mental health, our patients and our profession. I hope you will be able to join us this year.

We would love to hear from you. Please contact me at danesh.alam@nm.org or the IPS Executive Director, Meryl Camin Sosa, at msosa@ilpsych.org with feedback or questions.

Bruno Law Office

233 East Wacker Drive
Suite 4311

Chicago, Illinois 60601
Office: (312) 819-1583

E-mail: Law@BrunoLawOffice.Net
Website: BrunoLawOffice.Com

EDWARD F. BRUNO, J.D., LL.M., formerly counsel to
Department of Professional Regulation
Illinois Medical Disciplinary Board

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IPS Career Fair

Elizabeth Ryznar, MD

The second annual IPS Psychiatry Career Fair was a big hit again this year. The event drew residents from multiple programs throughout the state, including Loyola, Lutheran General, Northwestern, Rosalind Franklin, Rush, University of Chicago, UIC Chicago, and UIC Peoria. The event exposed residents to a broad range of practice settings and philosophies, which they might not otherwise see during their residency training. It also gave residents an opportunity to mingle with colleagues from other programs over a delicious array of hors d'oeuvres and drinks at Rock Bottom Restaurant and Brewery, a downtown Chicago staple.

Twenty-one vendors were present to discuss career opportunities for residents. Participants saw several options in the public sector, including the Cook County Health & Hospitals System for positions at Cermak; Wexford Health, which provides mental health services to prisons; and the Lake County Health Department, which provides comprehensive services as a federally qualified health center and offers an integrated mental health experience.

Residents also discovered options for telepsychiatry work. Regroup therapy highlighted the ability to work from home with patients in multiple states, while Oak Street Health, a value-based primary care organization for Medicare patients, sought psychiatrists to work from its downtown office to evaluate geriatric patients remotely.

Several private psychiatry practices were present, offering the chance to work in a close-knit environment and provide quality care to patients in a wide range of geographic locations. These included Summit Clinical Services in Wheaton, InStep Behavioral Health in St. Charles, Clarity Clinic in Chicago, and Meridian Psychiatric Partners also in Chicago. Behavioral health organizations like Compass Health Center and Streamwood Behavioral Health were also recruiting residents.



Larger healthcare organizations were also seeking psychiatrists. These included Amita Health/Alexian Brothers (Western and Northwestern suburbs of Chicago), Carle Physician Group (central/southeastern IL), Franciscan Health (Northwest Indiana primarily with some Chicagoland locations), Northwestern Medicine (recruiting for Dupage and DeKalb counties), OSF Healthcare (central IL), and Riverside Healthcare (Kankakee). Most of these were for outpatient positions though some also offered inpatient options. Adkisson Search Consultants, a private recruiting company, was also present to discuss openings for two of their clients, hospitals in Dixon and Metropolis. Howard Brown Health, which provides comprehensive medical services for lesbian, gay, bisexual, and transgender people, was also present.



The event was sponsored by Janssen Pharmaceuticals, Memorial Physician Services, Professional Risk Management Services, and American Professional Agency, Inc. The latter two provide professional liability coverage and were also present as vendors to speak with residents.

The career fair started last year to expose residents to career options outside of what they saw at their home institutions. Dr. Abhisek (Chandan) Khandai, current PGY-4 at Northwestern and last year's IPS Residents Committee Chair, noticed that residents from multiple programs wanted guidance on identifying diverse job opportunities. Hence, the career fair was born. Per Dr. Khandai, the Residents Committee decided to focus on vendors from Illinois in order to "promote Illinois as a state and highlight the incredible psychiatric need in our own backyard." This year's fair was spearheaded by the current IPS Resident's Committee Chair, Dr. Jay Rawal, a resident at University of Illinois College of Medicine at Peoria.

The event was a resounding success, providing a venue for professional and peer networking. Residents left Rock Bottom knowing their career options were in fact sky high.

Mental Health in Illinois Schools

Hossam Mahmoud, MD MPH

The need and demand for mental health services in Illinois, like in many other states across the country, is increasing; however, many Illinoisans who struggle with mental illness are unable to access such services. While this gap in care is affecting many communities across the State, there have been increasing concerns about access to mental health services in Illinois schools.

On October 2, 2017, the Illinois House and Senate held a joint hearing on the issue of mental health services in schools. Over a period of four hours, social workers, educators, counselors and a psychiatrist had the opportunity to speak to lawmakers about the state of mental health education, evaluation and treatment in Illinois public schools, a situation which has been described as a “crisis.” Multiple issues that contribute to the situation were discussed, including:

- Shortage of psychiatrists and psychologists across the State.
- Scarcity of funding for mental health services in schools.
- High caseloads for school counselors and social workers, leading to a situation where only severe cases are attended to. For example, schools are supposed to have one social worker/psychologist for 250 students. None of the persons who testified from schools had that caseload. Rather, most schools had one counselor for 650 or more students.
- Inability of school counselors and social workers to meet the high demand for mental health services.
- Increase in students reporting suicidal ideations.
- Challenges balancing the educational requirements and mental health needs of students.

Dr. Adrienne Adams and Dr. Susan Scherer from IPS were present at the hearing. Dr. Scherer testified during the hearing and highlighted the following strategies to help enhance mental health in schools:

- Mental health literacy should start in pre-school and continue through 12th grade.
- Both students and teachers should receive education on recognizing mental illness and on seeking help.
- The curriculum should include components such as preventing bullying, suicide prevention, and averting alcohol and drug use.
- Schools need to increase the number of nurses, social workers and psychologists to address the increasing mental health needs of students.

- School staff need to be able to access a child and adolescent psychiatrist for consultation. While this can be done in person or via telepsychiatry, it is essential that insurance, including Medicaid, reimburse such consultations to ensure sustainability of such services.
- Telepsychiatry services delivered to students in school should be implemented and supported, as such services enhance access and decrease delays in diagnosis and treatment.

While the Illinois budget passed in 2017 did not include provisions to enhance access to mental health services in schools, there was an agreement among the stakeholders present during the hearing about the need to ensure funding for such services.

One program that IPS has been supporting is a telebehavioral health program for schools. While these programs are currently grant funded, the program is working on creating a sustainable model. Furthermore, in line with its long history advocating for enhancing patient access to mental health services, IPS will be working closely with key stakeholders to ensure that mental health in schools continues to be part of the larger conversation on promoting mental health in Illinois. One key upcoming mental health advocacy event is the annual IPS Advocacy Day in Springfield, which is planned to take place on April 18, 2018. This is an opportunity for IPS members to meet with our legislators and to advocate for policies and funding to promote mental health across Illinois. We invite IPS members to join us on Advocacy Day. <#>

For more on getting involved in mental health advocacy, please contact Ms Meryl Sosa at: msosa@ilpsych.org

IN MEMORIAM

C. Knight Aldrich, MD

Pouran A. Imani, MD

Ervin Varga, MD

IPS – Women’s Brunch

Kara Driscoll, MD

The annual IPS Women’s Brunch was held on Sunday, October 22, 2017 at the East Bank Club in Chicago, IL. IPS members, including residents as well as psychiatrists practicing in the community, academia, and private practice, were able to see old friends and make new ones over a delicious meal.

The guest speaker, Dr. Katherine Wisner, a 2017 recipient of the APA Award for Research in Psychiatry and Director of the Asher Center for the Study and Treatment of Depressive Disorders at Northwestern University, gave a presentation titled “Antidepressant Treatment for Pregnant Women: Three Decades of Conceptual Evolution.”

Dr. Wisner warmed up the audience by asking three multiple-choice questions concerning depression and the use of SSRIs during pregnancy. She urged the members to consider the fact that “pregnant women get sick and sick women get pregnant” highlighting the urgency to understand and properly treat this vulnerable population that is all-too-often underserved, especially with respect to mental health. Dr. Wisner posed a question asked by many psychiatrists when treating a pregnant woman: “What if I prescribe and something bad happens?” However, she challenged the audience to consider another important, but less commonly-asked question: “What if I don’t prescribe and something bad happens?”

Dr. Wisner’s passion for advocacy was evident while speaking about this critical topic. She presented data from her nearly three decades of research as well as from other perinatal mental health experts, making a case for the

identification and treatment of mood and anxiety disorders during pregnancy. She reviewed the evidence for treating these symptoms, including medication and psychotherapy. Using evidence from scientific studies, she debunked common myths such as “women don’t get depressed when they’re pregnant” or “women don’t take medication during pregnancy.” Additionally, Dr. Wisner explained the risks of treatment but also focused on the risks of untreated depression and anxiety during pregnancy, which often get overlooked. She shared cutting edge information about dosing SSRIs during pregnancy. In fact, Dr. Wisner and her team at Northwestern are currently recruiting pregnant patients on an SSRI for a research study, called OPTI-MOM, to optimize SSRI dosing during pregnancy for maximum efficacy.



From left: IPS Executive Director, Meryl Sosa, Katherine Wisner, MD; Aida Mihajlovic, MD



Dr. Kathrine Wisner delivering the keynote presentation at the 2017 IPS Womens's Brunch.

The presentation sparked important questions from those in attendance. Dr. Wisner fielded questions about the “ethics” of treating a pregnant patient, current research practices regarding pregnant patients, clinical pearls to guide treatment, as well as how to advocate for patients when collaborating with non-mental health providers.

The event was supported by Ingrezza, PRMS, and Janssen. A big thanks to Meryl Sosa, Kristen Malloy, Dr. Aida Mihajlovic, and the Women’s Committee for planning another great IPS event! 



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IPS Annual Meeting – Moving Forward: Wellbeing, Innovation & Our APA

Hossam Mahmoud, MD MPH

On January 27, 2018 the Illinois Psychiatric Society held its Annual Meeting and Awards Dinner at a gorgeous room in the University Club Chicago. The annual event was organized this year under the theme “Moving Forward: Wellbeing, Innovation and Our APA” and was attended by 98 IPS members and supporters.

Dr. Danesh Alam, IPS President, led a business meeting for members and provided welcoming remarks. He then introduced Representative Deb Conroy of the 46th Illinois District. Representative Conroy discussed her support for the work of IPS and for enhancing mental health in Illinois by addressing three main challenges: improving access to care, decreasing the stigma of mental illness and addiction and addressing the opioid epidemic.

The Keynote Speech was delivered by the President of the American Psychiatric Association, Dr. Anita Everett. Dr. Everett highlighted the magnitude of the opioid epidemic, its effects on mortality rates and life expectancy in the United States, and the importance of fighting this epidemic. Next, Dr. Everett discussed initiatives that APA has taken the lead on. These initiatives have included creating an APA Task Force for addressing physician burnout and wellbeing and setting up an APA working group to examine innovation and the use of technology in the provision of psychiatric care, including telepsychiatry. In addition, Dr. Everett provided attendees with updates on the steady increase in APA membership and the relocation of the APA headquarters to Washington, DC, urging members to visit the new APA offices. Finally, Dr. Everett performed a “rap poem” titled “Ode to the APA at the Wharf,” which was very well received.

Next was the Award Ceremony, during which Dr. Alam presented the 2018 IPS Awards to honor the work and achievements of the nine well-deserving recipients.



IPS President, Danesh Alam, MD, giving the evening welcome speech



From left: Max Mitchell; IPS lobbyist, Betsy Mitchell; Representative Deb Conroy; Representative Kathy Willis

The Annual Meeting was an excellent occasion for IPS members and supporters to connect with other members, network, and reaffirm their support for IPS. In addition, it was an opportunity to meet the APA President and get updates on the initiatives of APA, all over dinner in a friendly and collegial atmosphere.

A special message of appreciation is due to our sponsors (in alphabetical order): American Professional Agency, Ingrezza, Janssen Neuroscience, Professional Risk Management Services, Regroup Therapy and Wexford Health.

The success of this event is due to the hard work and ongoing dedication of our IPS Council, IPS Executive Director Ms. Meryl Sosa, and IPS Administrative Coordinator Ms. Kristen Malloy. 🇺🇸

2018 AWARD RECIPIENTS

Member of the Year Award — Hossam Mahmoud, MD

Resident/Fellow of the Year Award — Bianca Pullen, MD

Excellence in Patient Care Award — Lisa Rosenthal, MD

Volunteer of the Year — Uzma Yunus, MD

Educator of the Year — Philip Janicak, MD

Outstanding Achievement in Psychiatric Research — Rajiv P. Sharma, MD

Outstanding Achievement in Illinois Mental Health Advocacy — Kari Wolf, MD

Innovation in Physician Wellness — Daniel H. Angres, MD

Administrative Excellence — Brian Lemon, CEO and President of Northwestern Medicine, Western Region, Central DuPage Hospital

Fair Insurance Coverage: IT'S THE LAW

Federal law prohibits your private health insurance plan from discriminating against you because you have a mental illness, including a substance use disorder. Coverage for a mental health concern now must be equivalent to coverage for physical health problems, like heart disease, diabetes and cancer.

Under the federal “Mental Health Parity” law:

- 1** You are entitled to the treatment your physician says is necessary for your mental health or substance use disorder. Your health plan cannot require you to fail first at less-expensive treatments if it does not have the same “fail first” requirement on all other illnesses covered by your plan.
- 2** With few exceptions your co-payment or co-insurance for your mental health benefit should not be higher than it is for other medical care, and you should have only one deductible and out-of-pocket maximum that covers all of your health care.
- 3** When you visit a psychiatrist for medication management and for psychotherapy on the same day, you should pay only one co-payment.
- 4** You should have access to an “in network” mental health provider who:
 - is qualified to treat your condition
 - can see you in a reasonable amount of time at a location accessible from your home.
- 5** Mental health-related visits or treatment should not require pre-authorization, unless your plan requires pre-authorization for most other medical care.
- 6** The number of visits or hospital days should not be limited, unless similar limitations apply to most other medical illnesses under your plan.
- 7** Your health plan should pay even if you don't complete the treatment or a prior recommended course of treatment.
- 8** Your health plan is required to provide you with a written explanation of:
 - how it evaluated your need for treatment
 - why it denied the claim
 - the basis for its conclusion that the plan complies with federal law.
- 9** You have the right to appeal your plan's decision about your care or coverage. You have the right to appeal the claim with your plan and with an independent review organization. (Check with your state insurance commissioner's office: www.naic.org/documents/members_membershiplist.pdf)
- 10** If you have an out-of-network benefit in your plan and see an out-of-network psychiatrist, the health plan should reimburse you for a portion of the amount you paid for the visit. If the amount you are reimbursed is significantly less than the amount the health plan pays to other doctors who are out-of-network, this may be illegal. You can see what doctors are paid by checking the explanation of benefits you receive from your plan.

If you have concerns about your health plan's compliance with federal law:

- Go to the U.S. Department of Health and Human Service's Mental Health and Substance Use Disorder Insurance Help site and report your problem: hhs.gov/mental-health-and-addiction-insurance-help/index.html
- Call your State Insurance Commissioner's Office. Their contact information can be found here: Illinois Department of Insurance <http://insurance.illinois.gov/Complaints/UnderstandComplaintProcess.html> 866-445-5364



What Illinois Psychiatrists Need to Know about the Psychologist Prescribing Law

Meryl Sosa, Esq.


In 2014, the Illinois legislature passed Public Act 98-0668, a bill allowing psychologists who complete certain education and training requirements to prescribe medications. The rules have now been finalized, and it is important that psychiatrists in Illinois familiarize themselves with the requirements of the law:

1. The psychologist must have a current license to practice clinical psychology in Illinois.
2. The psychologist must complete specific minimum undergraduate biomedical prerequisite coursework, specified in Section 1400.200 (a)(2)(A).
3. The psychologist must complete 60 credit hours of specified didactic coursework in 10 subject areas, specified in Section 1400.200 (a)(2)(B).
4. The law requires that the candidate complete a full time clinical rotation for a minimum of 14 months of supervised clinical training, with a maximum of 28 months, of at least 36 credit hours which must include a research project. Full time is defined as 20 clock hours of rotations per week. To earn 36 hours of clinical rotation, the candidate must complete a minimum of 1620 clock hours of rotation. The rotations must be completed in specified areas of practice. Section 1400.220 (a). All program faculty must hold an active physician and surgeon, advanced practice nurse, or prescribing psychologist license. Program participants must be clearly identified as such to distinguish them from physicians, medical residents, APNs, prescribing psychologists, and other healthcare professionals and residents. The Illinois Department of Financial and Professional Regulations (IDFPR) will consider the standards set forth in the Accreditation Review Commission on Education for the Physician Assistant in determining whether a program meets the requirements of the rules. Section 1400.230 sets forth the requirements for Clinical Rotation Program Approval if the program wishes to see IDFPR's approval.
5. For the psychologist to be able to prescribe they must have completed a National Certifying Exam.
6. Prescribing requirements:
 - a. The psychologist must have a collaborative agreement with a physician. A template for the collaborative agreement is included in Section 1400 Exhibit A.
 - b. The psychologist can only prescribe medications for the treatment of mental health disease or illness that the collaborating physician generally provides to his/her patients in the normal course of his or her practice.
 - c. The collaborating physician must file with the IDFPR a notice of delegation of authority to prescribe any non-narcotic Schedule III through V controlled substances.
 - d. The collaborating physician and the prescribing psychologist must meet either in person or by video-conferencing at least once a month.
 - e. The collaborating physician must be available through telecommunications for consultation regarding medical problems, complications, emergencies or patient referrals as needed.
 - f. The collaborating physician must review medication orders of the prescribing psychologist no less than monthly including the review of laboratory tests and other tests as available.
 - g. The copy of the collaboration agreement must be available to the IDFPR upon request.
 - h. A prescribing psychologist must inform the collaborating physician of any other collaboration agreements she or he has signed and provide copies of all collaborating agreements to each of their collaborating physicians.
 - i. No collaborating physician shall enter into more than three collaborating agreements with prescribing psychologists.
7. Limitations on prescribing psychologists' authority to prescribe;
 - a. The psychologist is not permitted to prescribe: narcotics as defined by Section 102 of the Illinois Controlled Substances Act, benzodiazepines, and Schedule II medications.
 - b. The psychologist is not permitted to prescribe any controlled substances to be delivered by injection.
 - c. The psychologist is not allowed to treat the following patients:
 - i. Patients who are less than 17 years old
 - ii. Patients who are over 65 years old. If a patient is 65 years of age, the prescribing psychologist shall begin transferring care to a physician at least 3 months prior to the patient's 66th birthday.
 - iii. Patients who have disclosed they are pregnant or

whom the prescribing psychologist knows are pregnant.

- iv. Patients who have disclosed serious medical conditions such as heart disease, cancer, stroke or seizures. The prescribing psychologist must consult with the collaborating physician to determine whether the patient’s condition should be considered a serious medical condition.
- v. Patients with developmental disabilities or intellectual disabilities.


8. Endorsement for prescribing psychologists:

- a. Individuals from other states who are licensed as medical or prescribing psychologists must meet the requirements of the Illinois Act to apply for licensure in Illinois.
- b. Individuals who graduated from the Department of Defense Psychopharmacology Demonstration Project may apply for an Illinois prescribing psychologist license by endorsement. 

If you have any questions regarding the psychologist prescribing law, please do not hesitate to contact the IPS Executive Director, Meryl Sosa at msosa@ilpsych.org.

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Legislative Update

Betsy D. Mitchell, MPA, IPS Legislative Consultant

Veto Session Wrap Up: Last November, the Illinois General Assembly concluded its six-day Veto Session. For the past several years, Veto Sessions have become more of an extension of the Spring Session rather than just focused on the Governor's veto messages. Last fall's Veto Session was no different.

Clearly, the main focus during Veto Session was on sexual harassment allegations. In Illinois, most of this began after a female lobbyist presented testimony at a hearing against Senator Ira Silverstein (D, Chicago). She also released nearly 4000 Facebook entries between the two of them. This issue is now before the newly appointed Legislative Inspector General, Julie Porter. In addition, Senate Bill 402 was passed and enacted to require all legislators, legislative staff, lobbyists, and lobbying entities (i.e. IPS) to complete annual training. Currently, IPS is working on drafting and adopting a policy.

Another interesting aspect of the Veto Session focused on the vetoed bills themselves. In 2017, the Governor sent 50 veto messages to the Illinois General Assembly and the legislature overrode 14 of the veto messages. Compared to previous sessions this is a very high number.

Special Notice — Controlled Substance Prescriber's Requirements: One of the final bills considered during the Veto Session and signed into law on December 13, 2017 impacts IPS members who are prescribers of controlled substances. *The new law amends the Illinois Controlled Substances Act and requires all prescribers with a controlled substance license to enroll in the Illinois Prescription Monitoring Program (PMP) by January 1, 2018.*

Created by the long debated House Bill 1 in 2015, The Illinois Prescription Monitoring Program (PMP) is an electronic tool that collects information on controlled substance prescriptions, reported on a daily basis by retail pharmacies dispensing in Illinois. Prescribers are expected to use the PMP to enhance their understanding of each patient's prescription history, combat prescription drug abuse and curb "doctor shopping." There is no cost to enroll or to use the program, which is also integrated into electronic medical record systems. *Again, all prescribers with an Illinois controlled substance license – including physicians, physician assistants, nurses, dentists, and others – must enroll in the PMP.*


Furthermore, all prescribers are required to check the PMP before writing an initial prescription for a Schedule II opioid; which must be documented in the medical record. Exceptions

to this requirement include prescriptions for oncology treatment; palliative care; and acute traumatic medical conditions, when a supply of seven days or less is prescribed in the emergency department. Hospitals are to facilitate the designation of a prescriber's designee for the purpose of accessing the PMP for services provided at the hospital.

Within one year of the effective date, the Illinois Department of Human Services is to adopt rules requiring all Electronic Health Records Systems to interface with the PMP application program on or before January 1, 2021 to ensure that all providers have access to specific patient records during the treatment of their patients. The rules also are expected to address the electronic integration of pharmacy records with the PMP to allow for faster transmission of the information required. Furthermore, DHS is to establish a plan for when a prescriber's Electronic Health Records System does not effectively interface with the PMP within the required timeline.

2018 Legislative Session Expectations: The House returns into regular session on Tuesday, January 23 and the Senate returns on Tuesday, January 30. Both chambers are expected to adjourn on May 31, 2018.

Mental Health issues are expected to be given serious consideration in 2018. Already, IPS members have provided valuable and well-received expert testimony before the House Mental Health Committee and a joint committee hearing between the House Mental Health Committee and the House Education Committee on issues ranging from adolescent mental health needs, adult mental health, and insurance parity. In addition, IPS is drafting legislation to increase reimbursement rates for Psychiatrists. *Please discuss these important issues with your legislators ASAP. For more information contact me at Betsy@cook-witter.com.*

2018 Elections: Much focus of this next year will also be on the 2018 Illinois Primary (March 20) and General Election (November 6). In the Senate, one-third of the Senate Seats will be on the ballot and in the House, all seats are up for re-election. To date, we know we will see at least 29 new faces in the Illinois General Assembly after the 2018 November election due to retirements and decisions to not to run again. In addition, the races for Governor and Attorney General have attracted many candidates. The race is definitely on. IPS will continue to monitor all races. Contact me via email at: betsy@cook-witter.com, if you are interested in election information about legislators in your area. 

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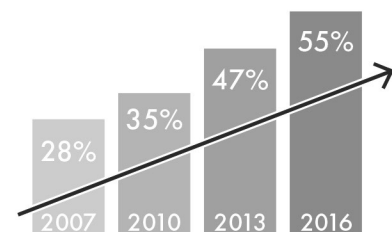
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Career Fair – October 11

Women's Brunch – October 21

For more information,
contact Kristen Malloy at
kmalloy@ilpsych.org