The Florida Psychiatric Society to Provide the Mandated Course on Prescribing Controlled Substances Required by Florida HB 21
“ A Closer Look At Physician Wellness And The Opioid Crisis”
September 7-9, 2018 - At The - JW Marriott Orlando, Grande Lakes

The Florida Psychiatric Society has been approved by the Board of Medicine to provide the mandated course on prescribing controlled substances required by Florida HB 21.

Every day Psychiatrists are facing new obstacles that have significant impact on the ability to practice medicine. Policies and environments in the medical landscape are constantly shifting. Join the Florida Psychiatric Society for three days of live CME, for “A Closer Look At Physician Wellness And The Opioid Crisis”. Get up to speed on HB 21. Our course will cover the latest legislative, legal and clinical information about prescribing opioids in Florida. Make sure you understand the requirements and penalties for noncompliance.

The FPS Fall CME Meeting is also devoted to providing information on physician burnout and wellness. Join us for an expert slate of speakers on topics related to these themes. As always, our meetings are informative and fun, and they offer an opportunity to connect or re-connect with colleagues.

We hope to see you in Orlando! Click for Fall CME Meeting Information.

A Message From Our FPS President
Hello, FPS Members!

As I mentioned last month, I hope to provide you with some helpful and practical tips on how to improve your practice and help your patients. The more I thought about this, the more I realized it would be great to have a partner in this endeavor. Many of you know Donna Vanderpool, Vice President of Risk Management from the Professional Risk Management Services, Inc. (PRMS). I thought she could provide valuable input and resources to complement my tips. That's the great thing about FPS, you get to know some wonderful experts who can help support your endeavors.

Over the last month, I was struck, as I’m sure you were, by the recent celebrity suicides in the media. Our hearts go out to the families of these individuals and to those who were otherwise touched by the events. As we know, we can count…one thousand one…and someone in the world dies by suicide. A very sobering thought, and it does not matter whether celebrity or not. Suicide does not discriminate.

My practice tip this month is to provide patients with resources. For safe practice, always provide information to your patients on what to do should they feel suicidal such as your office, including after-hours, contact information. In addition, providing the national suicide prevention lifeline can be helpful. Sometimes, even when we have the best relationships with our patients, they may want to talk to someone else. Let's make sure they have that someone else.

Check out the resources (https://suicidepreventionlifeline.org/media-resources/) on the website that you can provide to your patients.

Again, I hope to see you (and a colleague/friend) at the Fall CME Meeting in Orlando. Please be aware that your FPS will be providing the new required opioid prescribing CMEs you need at the Fall meeting.
Great tip Dr. Hobbs!
Here are my three tips for treating patients with suicidal behaviors:

Donna Vanderpool, MBA, JD
VP, Risk Management at PRMS, Specialists in Professional Liability Insurance Programs

1. An impression shared by many psychiatrists is that to avoid liability related to patients with suicidal behaviors, they must be able to predict whether a particular patient will attempt suicide and prevent all suicide attempts however unforeseeable. Fortunately, courts do not expect impossible powers of prediction. What is expected is that you will perform adequate assessments, implement a reasonable treatment plan based on the assessments, and document the assessments and your decision-making process.

2. If a patient reports a history of suicide attempts or ideation, consider trying to obtain past treatment records if possible. If you are unable to obtain records, document your efforts to do so. Reviewing past records may give you a more complete history. And, plaintiff attorneys often cite a psychiatrist’s failure to obtain past treatment records in post-suicide lawsuits.

3. Consider using a formal suicide risk assessment tool for consistency and thoroughness. SAMSHA and the Joint Commission both suggest two such tools – the Columbia Suicide Severity Rating Scale and SAFE-T (Suicide Assessment Five Step Evaluation and Triage). There is also now a SAFE-T app, free from SAMHSA, that includes didactic material for providers.

APA Reacts to Increase in Suicide Rates
APA seeks to work with Congress and other stakeholders to ensure that Americans have access to mental health care when needed and prevent the tragedy of suicide.

READ MORE

Autistic Traits Associated With Elevated Depression in Youth Aged 10 to 18
At age 10, children with autism spectrum disorder and those with high levels of autistic traits have more depressive symptoms than children in the general population. These elevated depressive symptoms persist in the children until they are 18 and are significantly influenced by bullying.

READ MORE

Viewpoint: To Reduce Gun Violence, We Must Stop Focusing on Mental Illness
Mental illness receives prominent attention in the U.S. dialogue on gun violence, despite evidence showing that most people with mental illness are never violent and most gun violence is not caused by mental illness.

READ MORE

NEWS IMPACTING YOUR PRACTICE

Reminder: Visit the QPP Website to View Your MIPS Preliminary Performance Feedback Data
If you submitted 2017 Merit-based Incentive Payment System (MIPS) data through the Quality Payment Program website, the Centers for Medicare and Medicaid Services invites you to review your preliminary performance feedback.

APA Releases Guidance for Video Conferencing With Patients
The new guide consolidates material from APA and the American Telemedicine Association and creates a consistent and clinically relevant resource for all mental health practitioners who use videoconferencing tools.

READ MORE
Methadone, Buprenorphine After Opioid Overdose Associated With Lower Risk of Death
Treating patients who survive an opioid overdose with either methadone or buprenorphine appears to significantly reduce their risk of death for at least 12 months, but only a third of opioid overdose survivors may be receiving these medications. READ MORE

Release of ICD-11 Does Not Impact U.S.
APA members may have seen the news earlier this week that the World Health Organization has released ICD-11 and included the new diagnosis of “gaming disorder.” ICD-10-CM is still in effect in the United States and is not scheduled to be replaced by ICD-11 for years to come. “Internet gaming disorder” is not a recognized mental disorder in DSM; it appears in “Conditions for Further Study” in Section III. READ MORE

Alcohol Use Intervention in ED Shows Promise in Reducing Dating Violence, Depression
A single motivational interviewing-based brief intervention used in the emergency department to curb underage drinking may also reduce short-term dating violence and depression. READ MORE

FPS Wants to Hear From You!
Do you have psychiatric news or professional news that you would like to share with your colleagues? FPS E-Connect would like to know! Send the information to Paul Rothenberg. paul@floridapsych.org

• Minority Mental Health Awareness Month (July)
We hope to see you in Orlando for the Fall CME Meeting, September 7-9, 2018, Click HERE to register.

NAMI Florida 2018 Annual Conference "PROMOTING PROGRESS"
Sept. 28-29 at the B Resort in Lake Buena Vista.
Click HERE for more information or HERE for the NAMI website.
Long-time APA Member Patrice Harris, M.D. was elected President-elect of the American Medical Association (AMA). Harris has served on the AMA’s Board of Trustees since 2011 and served as Chair of the board in 2016-2017. She is also chair of the AMA’s Opioid Task Force. You can read more about Dr. Harris’ election win HERE.

The APA joined with 17 other mental health organizations to send a letter to the Trump Administration, urging them to immediately end their policy of separating children from their parents at the U.S. border. The letter stated that forced separation is highly traumatic for children and can cause lifelong trauma. Read more about the APA’s response to family separations at the border HERE.

APA called for increased access to mental health care in the wake of data released by the Centers for Disease Control and Prevention (CDC) showing that suicide rates have increased in almost every state from 1999-2016. The CDC researchers found that more than 50% of those who died by suicide did not have a known diagnosed mental health condition. You can read more about APA’s reaction to the CDC’s suicide data HERE.

APA Annual Meeting Submission Site Now Online
The online portal for abstract submissions for the 2019 APA Annual Meeting in San Francisco is now online. The site is open to new submissions of general sessions, media sessions, courses, and posters. The theme for the 2019 APA Annual Meeting is “Revitalize Psychiatry: Disrupt, Include, Engage, and Innovate.” The Scientific Program Committee encourages all submitters to keep this theme in mind while crafting their submissions. The deadline for submission is Thursday, September 6, 2018 at 11:59 p.m. ET. Visit the Annual Meeting Submission Site HERE, and view submission guidelines HERE.

Registration Now Open for IPS: The Mental Health Services Conference
Under the direction of APA President Altha Stewart, M.D., this year’s IPS is different from past years’. The meeting, whose theme is “Reimaging Psychiatry’s Impact on Health Equity,” will highlight innovations in clinical services to better meet the needs of all populations-and vulnerable communities in particular-through an interactive program with engaging topics and session formats. Psychiatrists will find relevant programming among the 80+ sessions and seven courses offered over four days. Register now and take advantage of the meeting’s lowest registration rates!

LEARN MORE AND REGISTER

July Course of the Month:
PTSD: Pathophysiology, Treatment, and Military Aspects
Depending on the area sampled, between 50% and 90% of the population have been exposed to a traumatic experience during their lifetime, with 6.8% going on to experience PTSD. The impact on those exposed to military combat is dramatically higher, with 17-25% experiencing PTSD. This course discusses the pathophysiology, treatment, and military aspects of PTSD including the unique characteristics of combat operational stress as well as the currently available treatment modalities for PTSD. Presented by David Benedek, MD, COL, MC, USA, Associate Director, Center for the Study of Traumatic Stress, Uniformed Services University of the Health Sciences.
Click HERE to access the Course of the Month and sign-up for updates about this free member benefit.

Psychiatry Online Has a New Home
American Psychiatric Publishing has a new look online. Psychiatry Online includes digital versions of the DSM-5, the American Journal of Psychiatry, Psychiatric News, Psychiatric Services and other APA journals. Users can also access APA’s library of educational programs for CME opportunities. Take advantage of these resources today by visiting www.psychiatryonline.org.
Feelings of Depression, Anxiety Common Among Graduate Students

An international survey of over 2,000 graduate students found that negative perceptions about work-life balance and the advisor-mentee relationship are highly prevalent among students with elevated depressive and/or anxiety symptoms. READ MORE.
If you have any questions concerning your profile page or password contact Mary or Paul at 800.521.7465
e-mail Mary@floridapsych.org or Paul@floridapsych.org