



the freudian slip

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WWW.ALABAMAPSYCH.ORG

APPA executive director says farewell



After eight years of serving as executive director of the Alabama Psychiatric Physicians Association, I must bid a sad farewell as I move on to a new endeavor.

Working with APPA's executive council and members has been a wonderful experience and I believe the association is poised for continued success.

Continuing to serve APPA in the interim is Jill Smith, CME and exhibit coordinator, and Charlotte Morris, who handles our membership lists, newsletters and meeting promotion. I want to personally thank them for their support. I know I'm leaving you in good hands.

My last day with the association was Jan. 9. I wish each of you and the association continued success.

Sincerely,

Jennifer Hayes 

Congress passes temporary CHIP extension

APA urges reauthorization for five years

On Dec. 21, 2017, Congress authorized a temporary extension of funding for the Children's Health Insurance Program (CHIP), which expired on Sept. 30. This stopgap measure only funds the program through the end of March. The American Psychiatric Association (APA) has called for Congress to reauthorize the program for five years.

"We are relieved that states will have temporary funding for children's health insurance, but Congress must pass a long-term reauthorization of CHIP," said APA CEO and Medical Director Saul Levin, MD, MPA. "Nearly nine million children receive health care thanks to this program, including approximately 850,000 with serious behavioral or emotional disorders. CHIP is vital to keeping our nation's children healthy and strong. We urge Congress to act with all possible speed to pass a five-year reauthorization of CHIP."

The APA is ready to work with members of both parties to ensure the continuation of this critical program for many of the country's low-income children and youth. 

APPA 2018 Spring Conference
Effective Leadership in Psychiatric Health Care
Plus sessions focusing on Child and Adolescent Psychiatry

Join us April 20-21, 2018

Birmingham Marriott
 3590 Grandview Parkway, Birmingham

WHAT'S UP AROUND THE STATE...

Birmingham



BIRMINGHAM PSYCHIATRIC SOCIETY



For More information about the Birmingham Psychiatric Society, contact BPS President Paul O'Leary,

MD, at dr.paul@me.com.

Central Alabama

For More information about the Central Alabama Society, contact Linda Teel at (334) 288-9009 ext. 207 or linda.teel@mpa1040.com.



Mobile Bay



The Mobile Bay Psychiatric Society will meet Feb. 15, from 6 - 8 p.m. at the Original Oyster House. For more information e-mail wbrooks@altapointe.org.

Tuscaloosa

If you live in the Tuscaloosa area and would like to get connected with your fellow colleagues, check out the Tuscaloosa Chapter of APPA. Contact Thaddeus Ulzen, MD, at tulzen@cchs.ua.edu for more information. 🌐



Voting opens for APA 2018 election

The slate of psychiatrists chosen to compete for officer and trustee positions on APA's Board in the 2018 election is made up of experienced psychiatrists from a broad range of specialties, practice settings, and geographic areas who have made their mark in the field. See the list of candidates at www.psychiatry.org. All of the winning candidates will take office at the close of the **2018 APA Annual Meeting** in May in New York.

All members for whom APA has a valid email address on file should have received an electronic ballot. Other members should have received a paper ballot along with instructions on how to vote online. **Voting will end on Jan. 31, 2018, at 10:59 p.m.**

The following profiles were submitted for publication in the *Freudian Slip* by the candidates for Early Career Psychiatrist Trustee-at-Large:

Hector Colon-Rivera, MD



I am committed to you and the APA. I was a member of the Joint Reference Committee in 2014, was selected for the Minority Fellowship Programs from 2014-17, as well as served on the BOT in 2016-17. Today, I continue to support their work with our primary care partners in promoting collaborative care, research, and advocacy efforts.

The ECP BOT position represents an unparalleled window of opportunities for us. I want to continue addressing the fast-changing landscape of research, partnership, communication, networking, and technology in mental health services.

I ask for your support and to hearing from you. Should you have any questions, comments, or would like to know more about my goals, please connect with me via email at hectorcolonriveraMD@gmail.com or tweet me at [@colonriveramd](https://twitter.com/colonriveramd). I would love to hear from you.

And remember, a vote for me is a vote for you, and for Alabama. Thank you.

Mark A. Haygood, DO, MS



Greetings Alabama! I have been very active in the APA Assembly as this has afforded me the opportunity to learn what drives medical students and RFMs to be involved in the profession including advocacy for patients, colleagues, and psychiatry. Being in the APA has also stimulated my participation in the local district branch and the AMA. I believe it is more important than ever that the APA continue to take the lead for our profession and patients and help us avoid stagnation in the changing world of medicine, particularly in technology. RFMs and ECPs are the lifeblood of the APA and I will work to improve retention. Please call me anytime with questions at 256-490-7318 or visit www.facebook.com/Mark4ECPTrustee for more detailed information about my platform.

Ayana Jordan, MD, PhD



Dr. Jordan has been involved in the APA since residency, initially as an APA Leadership Fellow, then as a APA/SAMHSA Substance Abuse Fellow, serving on the communications council for two years, where she helped with rebranding efforts and web design. Currently, Dr. Jordan is Secretary for the Black caucus and Mentor for the APA Mentorship program. She finished her MD/PhD training at Albert Einstein College of Medicine in NYC and went on to complete an adult psychiatry residency at Yale University, where she served as Program-Wide Chief Resident and completed an Addiction Psychiatry Fellowship. Dr. Jordan is currently an assistant professor at Yale, an attending physician at Connecticut Mental Health Center, and director of the Yale Global Mental Health program. She believes increasing involvement by ECPs with varied interests is crucial in understanding Psychiatry and will help APA become a more vibrant organization, representing a diverse group of constituents.

<http://votejordan.squarespace.com/>

Twitter: [@DrAyanaJordan](https://twitter.com/DrAyanaJordan) 🌐

BCBS implements new opioid management strategy effective Feb. 1

AlabamaMedicine.org

Blue Cross and Blue Shield of Alabama (BCBS) is launching an opioid management strategy in an effort to battle the growing opioid epidemic in Alabama, as well as a response to concerns for customers' care and safety and the rising costs of health care. The new requirements will be effective Feb. 1, 2018.

BCBS Alabama's opioid management strategy implements the following requirements:

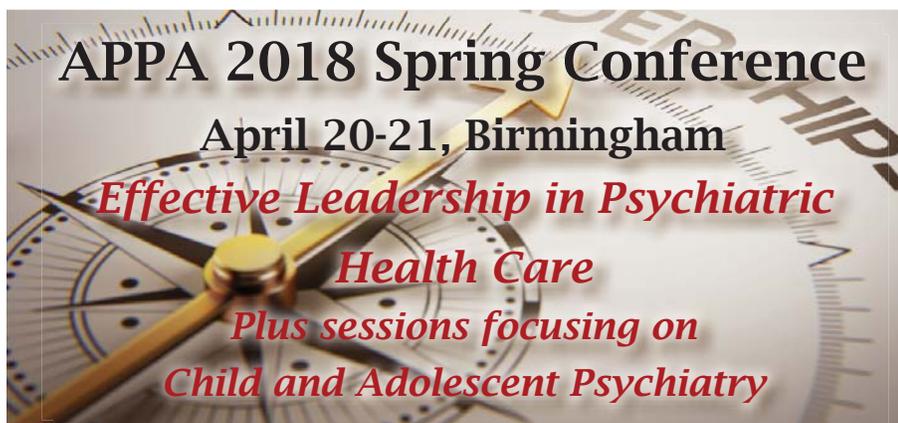
- Extended-release opioids will require a prior authorization for all initial fills of long-acting opioid medications. Members currently receiving these drugs will not be impacted.

- Immediate-release opioids will not require prior authorization but will have quantity limits. The first prescription fill will be limited to a seven-day initial supply. After an initial seven-day supply is filled, additional prescriptions may be obtained without pre-authorization. Members currently receiving these drugs will not be impacted.
- Naloxone, the antidote for an opioid overdose, will be available to Blue Cross members for a generic copay. These include the forms of prefilled syringes and nasal spray. Evzio, the branded auto-injector, will no longer be covered because of egregious pricing.

In 2015, Alabama ranked first in the

nation in the number of opioid scripts per capita. The recent Blue Cross and Blue Shield Association's Health of America report on the opioid epidemic showed more than 26 percent of its commercial members in Alabama filled at least one opioid prescription in 2015, and 16 per 1,000 members were diagnosed with opioid use disorder. The Centers for Disease Control and Prevention reports between 2000 and 2015 more than half a million people across the U.S. died from drug overdoses, and 91 Americans die each day from an opioid overdose.

See the January 2018 issue of BCBS's *Pharmacy News* for all drug list updates effective Jan. 1, 2018. 🌐



REGISTRATION IS OPEN!

Go to www.tinyurl.com/APPA2018SpringConference to register online or use the form included with this newsletter. You may also print a registration form at www.alabamapsych.org.

Thanks to an APA grant, registration is free for Early Career Psychiatrists, Resident Fellow Members and medical students!

ACCOMMODATIONS

For room reservations, call the Birmingham Marriott at (888) 426-5171 or (251) 338-2000 and ask for the Alabama Psychiatric Physicians Association room block. Reserve a room online at www.tinyurl.com/APPAmarriott2018. Room Rate is \$129 per night.

Note: **The APPA room block closes on March 29, 2018.**

**We welcome members of the
Alabama Academy
of Child and Adolescent Psychiatry.**

APA sees tax bill an unnecessary attack on nation's health care

The American Psychiatric Association (APA) is disappointed by the passage of a tax bill that causes unnecessary damage to the nation's health care system. In response, the APA issued this statement from its CEO and Medical Director Saul Levin, MD, MPA:

"This legislation, which calls for the removal of the individual mandate in the Affordable Care Act, sacrifices the health care of 13 million Americans who will lose their insurance by 2027," Levin said. "By significantly raising the federal deficit, this bill sets the stage for future cuts to Medicare and other critical safety net programs. What is being sold as a tax cut bill is also an attack on our health care system. There is no reason for these two issues to be decided by the same vote.

"We need Congress to pass legislation that will stabilize the ACA markets and shore up our health care system. We stand ready to work with Congress on a thoughtful, bipartisan approach to health care reform."

Read a summary of the tax reform bill on page 5. 🌐

APA releases new practice guideline on treatment of alcohol use disorder

psychiatry.org

On Jan. 5 the APA released a new practice guideline on the treatment of alcohol use disorder designed to increase knowledge of the disorder and ensure the appropriate use of medications. An executive summary of the guideline is published in the *American Journal of Psychiatry*. The full guideline, executive summary and related materials are available at psychiatry.org/psychiatrists/practice/clinical-practice-guidelines.

“This new guideline is an important step in bringing effective, evidence-based treatments for alcohol use disorder to many more people and in helping address the public health burden of alcohol use,” said APA President Anita Everett, MD.

The estimated lifetime prevalence rate for alcohol use disorder in the U.S. is 29 percent, and it places a significant strain on individuals, their families and on

public health. Effective, evidence-based interventions are available, yet alcohol use disorder remains undertreated. Fewer than one in 10 individuals in the U.S. with a 12-month diagnosis of alcohol use disorder receive any treatment.

The Practice Guideline for the Pharmacological Treatment of Patients with Alcohol Use Disorder focuses specifically on evidence-based pharmacological treatments for alcohol use disorder.

Guideline recommendations

- Naltrexone and acamprostate are recommended to treat patients with moderate to severe alcohol use disorder in specific circumstances (e.g., when nonpharmacological approaches have not produced an effect or when patients prefer to use one of these medications).
- Disulfiram produces physical reactions (e.g., flushing) if alcohol is taken within 12-24 hours of the medication use

and is not generally used as a first-line treatment.

- Topiramate and gabapentin are also suggested as medications for patients with moderate to severe alcohol use disorder, but typically after trying naltrexone and acamprostate first.

The guideline also includes statements related to assessment and treatment planning. Evidence-based psychotherapeutic treatments for alcohol use disorder, including cognitive-behavioral therapy, 12-step facilitation, and motivational enhancement therapy, also play a major role in treatment. In addition, community-based peer support groups such as Alcoholics Anonymous (AA) and other programs are helpful for many patients. However, specific recommendations related to these treatments are outside the scope of this guideline. 

Insurance company practices limit access to mental health care, finds new report

Psychnews.org

Behavioral health providers are paid significantly less than general medical and surgical clinicians providing the same services, according to a [groundbreaking report](#) published Nov. 30, 2017, by Milliman Inc. The analysis, commissioned by the Bowman Family Foundation, also found that use of out-of-network services by patients is extremely high for behavioral health compared with use of general medical and surgical services.

Together, the findings paint a stark picture of restricted access to affordable and much-needed treatment for mental illness and substance use, which is particularly troublesome in an era of escalating suicide rates and opioid overdose deaths. “The result,” said APA CEO and Medical Director Saul Levin, MD, MPA, “is an unequal health care system for patients with mental illness or substance use disorders.”

Milliman analyzed insurance claims data for 42 million Americans from 2013 to 2015, comparing provider reimbursement for services and use of out-of-network services in all 50 states and the District of Columbia. The analysis found that general medical and surgical providers were paid rates an average of 20% higher than those of behavioral health providers for the same office visits billed under identical or similar codes. In 2015 alone, there were 24 states with reimbursement disparities ranging from 30% to 69%.

Milliman also found extraordinary discrepancies in the use of out-of-network providers. On average, 18.7% of behavioral health office visits were accessed out of network in 2015, while

just 3.7% of primary medical/surgical office visits were accessed out of network. Moreover, 16.7% of inpatient facility behavioral health care was accessed out of network compared with just 4% of inpatient facility medical/surgical care.

In 2015, out-of-network use of behavioral health inpatient care compared with that of general medical and surgical care was approximately 800% higher in California, New York, and Rhode Island and over 1000% higher in Connecticut, Florida, New Hampshire, New Jersey, and Pennsylvania.

APA leaders said that the findings are evidence of a pattern of behavior by insurance companies that is forcing patients into costly out-of-network care. The result is that many patients have limited access to care and may abandon treatment altogether because they cannot afford it. In addition, the findings point to potential violations of federal and state parity laws, which require insurance companies to cover treatment for mental illness and substance use at the same levels as for other medical illnesses.

“This report echoes what APA has been saying for the past several years—that insurers are not maintaining adequate networks of mental health providers for patients and that psychiatrists are reimbursed less than primary care doctors for the same services,” Levin said. “We call upon state and federal regulators to ensure that insurance companies are abiding by parity laws already on the books.”

For related information, see the *Psychiatric News* article [“Enforcement of Parity Law Broadens to Include New Areas of Insurer Violations.”](#) 

Landmark tax reform bill passes

Jackson Thornton

The new tax reform law – commonly referred to as the “Tax Cuts and Jobs Act” (TCJA) – is the most significant tax legislation in decades. Now businesses and individuals are trying to digest the details and evaluate how the changes will impact their tax situation.

Fortunately, your tax advisors can help you figure things out. Let’s start with a basic overview of what’s covered in the new law. (Except where noted, these changes are effective for tax years beginning after Dec. 31, 2017.)

For Businesses

In general, the law significantly reduces the income tax rate for corporations and eliminates the corporate alternative minimum tax (AMT). It also provides a large new tax deduction for owners of pass-through entities and makes major changes related to the taxation of foreign income. But it also reduces or eliminates many business tax breaks.

Some of the key business-related changes include:

- Replacement of graduated corporate tax rates ranging from 15% to 35% with a flat corporate rate of 21%
- Repeal of the 20% corporate AMT
- New 20% qualified business income deduction for owners of flow-through entities (such as partnerships, limited liability companies and S corporations) and sole proprietorships – only through 2025
- Doubling of bonus depreciation to 100% and expansion of qualified assets to include used assets – effective for assets acquired and placed in service after Sept. 27, 2017, and before Jan. 1, 2023
- Doubling of the Section 179 expensing limit to \$1 million and an increase of the expensing phaseout threshold to \$2.5 million
- Other enhancements to depreciation-related deductions
- New disallowance of deductions for net interest expense in excess of 30% of the business’s adjusted taxable income (exceptions apply)
- New limits on net operating loss deductions
- Elimination of the Section 199 deduction, also commonly referred to as the domestic production activities deduction or manufacturers’ deduction – effective for tax years beginning after Dec. 31, 2017, for noncorporate taxpayers and for tax years beginning after Dec. 31, 2018, for C corporation taxpayers
- New rule limiting like-kind exchanges to real property that is not held primarily for sale
- New tax credit for employer-paid family and medical leave – only through 2019
- New limitations on excessive employee compensation
- New limitations on deductions for employee fringe benefits, such as entertainment and, in certain circumstances, meals and transportation

For Individuals and Estates

The new law makes small reductions to income tax rates for most individual tax brackets, and it significantly increases individual AMT and estate tax exemptions. But there’s also some bad news for individuals: The TCJA eliminates or limits many tax breaks. In addition, much of the tax relief for individual taxpayers will be available only temporarily.

Here are some of the key changes; except where noted, these changes will sunset after 2025:

- Reductions in individual income tax rates ranging from 0 to 4 percentage points (depending on the bracket) to 10%, 12%, 22%, 24%, 32%, 35% and 37%
- Near doubling of the standard deduction to \$24,000 (married couples filing jointly), \$18,000 (heads of households), and \$12,000 (singles and married couples filing separately)
- Elimination of personal exemptions
- Doubling of the child tax credit to \$2,000 and other modifications intended to help more taxpayers benefit from the credit
- Reduction of the adjusted gross income (AGI) threshold for the medical expense deduction to 7.5% for regular and AMT purposes – for only 2017 and 2018
- New \$10,000 limit on the deduction for state and local taxes (on a combined basis for property and income taxes; \$5,000 for separate filers)
- Reduction of the mortgage debt limit for the home mortgage interest deduction, to \$750,000 (\$375,000 for separate filers), with certain exceptions
- Elimination of the deduction for interest on home equity debt
- Elimination of the personal casualty and theft loss deduction (with an exception for federally declared disasters)
- Elimination of miscellaneous itemized deductions subject to the 2% floor (such as certain investment expenses, professional fees and unreimbursed employee business expenses)
- Elimination of the AGI-based reduction of certain itemized deductions
- Elimination of the moving expense deduction (with an exception for members of the military in certain circumstances)
- AMT exemption increase, to \$109,400 for joint filers, \$70,300 for singles and heads of households, and \$54,700 for separate filers
- Doubling of the gift and estate tax exemptions, to \$10 million (expected to be \$11.2 million for 2018 with inflation indexing)

In addition, the new law **permanently eliminates the individual mandate under the Affordable Care Act** requiring taxpayers not covered by a qualifying health plan to pay a penalty. The elimination of the individual mandate is effective for months beginning after Dec. 31, 2018. Also permanent is the expansion of tax-free Section 529 plan distributions to include those used to pay qualifying elementary and secondary school expenses, up to \$10,000 per student per tax year.

Need Help?

The new tax law is broad-reaching and complicated. And more tax reform may be coming. Other proposals that Republican congressional leaders have discussed would address retirement and education savings, reorganize the IRS, delay some taxes funding the Affordable Care Act (such as the medical device tax and the health insurance provider fee), prevent abuses of the earned income tax credit and extend the benefits of some tax credits for renewable energy property, nuclear energy production and biodiesel.

In this time of change, your tax advisor can be a valuable resource, helping you stay atop the latest developments. 

SAVE *the* DATE

Coming Attractions

2018 APPA Spring Conference

April 20-21 | Birmingham Marriott, Grandview Parkway

2018 APPA Fall Conference

October 26-27 | Battle House, Mobile

2019 APPA Spring Conference

April 5-7 | Sandestin Golf and Beach Resort, Florida

2019 APPA Fall Conference

September 27-28 | Bohemian Hotel, Mountain Brook

2020 APPA Spring Conference

April 3-5 | Sandestin Golf and Beach Resort, Florida

FDA approves first device to treat opioid withdrawal

www.medpagetoday.com

A first-in-class neurostimulation device to relieve symptoms of opioid withdrawal is approved for marketing.

The NSS-2 Bridge device is a small, battery-powered electrical nerve stimulator that is placed behind a patient's ear and emits electrical pulses to stimulate branches of certain cranial nerves. Patients can use the device for up to five days during the acute physical withdrawal phase.

The device, made by Innovative Health Solutions, was previously cleared by the FDA in 2014 for use in acupuncture.

"Given the scope of the epidemic of opioid addiction, we need to find innovative new ways to help those currently addicted live lives of sobriety with the assistance of medically assisted treatment," said FDA Commissioner Scott Gottlieb, MD, in an agency press release. "While we continue to pursue better medicines for the treatment of opioid use disorder, we also need to look to devices that can assist in this therapy."

Device approval was based on a study that evaluated the clinical opiate withdrawal scale (COWS) score in 73 patients undergoing opioid physical withdrawal. Study results showed that all patients had a reduction in COWS of at least 31% within 30 minutes of using the device and that 88% of patients transitioned to medication-assisted therapy after five days.

The device is available only by prescription and is contraindicated for patients with hemophilia, cardiac pacemakers, and psoriasis vulgaris. 🌐

APA Annual Conference

"Building Wellbeing Through Innovation"

Member Registration is open for the May 5-9 APA Annual Meeting in New York City.

The deadline for Early Bird Registration is Tuesday, Feb. 6, 2018.

For more information, including housing and travel, go to

psychiatry.org/annual-meeting. 🌐

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Articles or advertisements should be sent to Charlotte H. Morris, at cmorris@alamedical.org two weeks in advance of printing.

The Freudian Slip is published bimonthly. The articles contained in The Freudian Slip are meant to provoke thought and comment and do not necessarily reflect the views and opinions of the members, Executive Council or staff of the Alabama Psychiatric Physicians Association. Comments and letters to the editor are welcome.

APPA Spring Conference

Effective Leadership in Psychiatric Health Care
Plus sessions focusing on Child and Adolescent Psychiatry

April 20-21, 2018

Birmingham Marriott, Grandview



APPA 2018 Spring Conference Registration

PLEASE PRINT CLEARLY

Name _____

Practice Name _____

Address _____

City, State ZIP _____

Office Phone _____

E-mail _____

Dietary Needs _____

Designation MD DO First Time Attendee

RN Social Worker Psychologist

Other _____

Fax _____

Cell Phone _____

Practice Manager Name _____

Practice Manager E-mail _____

FEES (On or before April 16 | After April 16 add \$100)

APPA Member \$300 APPA Nonmember \$400 AACAP Member \$300 AACAP Nonmember \$400

One Day \$200 (Friday) One Day \$200 (Saturday)

Nonphysician Clinician \$170

Early Career Psychiatrist - FREE

Resident - FREE

Student - FREE

Spouse and guests \$50 to attend meals and reception only (Name tag required)

Guest Name _____

ACCOMMODATIONS

For room reservations, call the Birmingham Marriott, Grandview, at (888) 426-5171 or (251) 338-2000 and ask for the Alabama Psychiatric Physicians Association room block. Reserve a room online at www.tinyurl.com/APPAmariott2018. Room Rate is \$129 per night. **The APPA room block closes on March 29, 2018.**

DETAILS

More conference information is online at www.alabamapsych.org. If you have special needs and/or need assistance, please contact Charlotte Morris, at (334) 954-2531 or Cmorris@alamedical.org.

REGISTRATION

Register online at www.tinyurl.com/APPA2018SpringConference. Mail forms to APPA Spring Conference, Attn. Charlotte Morris, PO Box 1900, Montgomery, AL 36102-1900. Fax (334) 269-5200.

PAYMENT

Check payable to APPA Credit Card: VISA MasterCard American Express

Cardholder Name _____ Email address for receipt: _____

Card Number _____ Exp. Date _____ Security Code _____

Billing Address _____ City, State ZIP _____

Signature _____ Amount: \$ _____