// Genesee Valley Psychiatric Association
A District Branch of the American Psychiatric Association

Newsletter

March 2003

Newsletter Editor……Thomas E. Gift, M.D.

For whatever reasons, this has been a slow season for local news as to psychiatry and psychiatrists, and this observation is reflected by the amount of text appearing in this issue. This affords an opportunity, however, to devote the last several pages to providing information and a form to facilitate readers having professional information be available on the internet via the New York State Psychiatric Assocition web site. This is a reprise of material which appeared some months ago in the NYSPA Bulletin, but I have heard from a number of members that they missed it, or lost the forms, or would like to reconsider an earlier decision to not participate.

Without wishing to be too much of a nag, I must again note that there is more going on of interest to local psychiatrists than I hear about, so please consider sending me news that your colleagues would find to be interesting or important.

GVPA Supports Medication Coverage by Insurers

At its February meeting, the GVPA Council heard that Chris Coyne of Ely Lily contacted Dr. Singh regarding Straterra. Neither Preferred Care nor the Blues are covering this drug. Lexapro and Abilify are not being covered either. Their position is that a drug needs to be out for six months. Furthermore, a depressed patient must have tried all other antidepressants and have experienced their ineffectiveness before Lexapro may be prescribed.
GVPA members are encouraged to call and/or write Preferred Care and the Blues and voice their opinions, and the GVPA will be in contact with the Medical Society of Monroe County regarding this issue.

Letters should be addressed to the Medical Director of Preferred care and the Blues. These drugs are FDA approved and should be able to be prescribed at the discretion of the patient's psychiatrist. They have been determined to be safe and effective by the FDA, and a second review by local insurers is not warranted.

Save the Date

There will be a dinner meeting of the GVPA September 30, 2003. Fred Berlin M.D. will speak at this event on treating sexual offenders.

Local Health Care Competition

In an extensive interview with the Rochester Business Journal in mid February, Samuel Huston, CEO of ViaHealth, decried a resurgence of health care competition in this area, and called for a summit of business and political leaders, as well as health care system board of directors chairman to deal with it. That call to some extent echoes sentiments expressed by Strong Memorial Hospital CEO Steven Goldstein, who said Strong believes competitive issues need to be hashed out among the area's three systems. Strong quietly started wooing several Greece private practices last fall shortly after it floated a merger proposal to Unity, which voted down the merger idea in November. Strong hopes to shift market share from Unity's Park Ridge Hospital in Greece and from Rochester General. A hard economic truth underlies in the drive, Goldstein said: There is not enough health care business in the Rochester area to support three health systems. Unity's CEO Tim McCormick does not agree. The area needs independently operated community hospitals such as Park Ridge, and it can afford to maintain them, he said.
Some remarks from the interview with Mr. Huston:
Question: As you know, Strong Health is convinced that the financial pressures you were just talking about ultimately will militate for the consolidation of the three health systems here into one.
Huston: That is their assumption.
Question: It's not your assumption?
Huston: I think that is a scenario that obviously could occur, but it could only occur under certain conditions. First of all, it's illegal to do that. There are antitrust laws. The only way it can occur is if either all the insurance payers and all the business leaders agree-and even then it's not a slam dunk-or if we become a distressed organization and then there is a loosening of the antitrust rules.
Question: By we do you mean you and Unity?
Huston: It's not clear to me that Unity would become distressed. It looks to me like they're doing pretty well now. They're negotiating with the same group of doctors as Strong is. I think they believe, and I think they're probably right, that they can hang in there pretty well.
Question: So you actually see ViaHealth at greater risk than Unity in this latest competitive outburst?
Huston: I do. Unity is at less risk.
Question: So to be clear, were you also just saying that if ViaHealth is unable to stabilize its finances, that alone could result in a single system? If ViaHealth becomes financially destabilized, or is not able to stabilize itself, them what happens?
Huston: If that occurs, then obviously RGH is not going to close. So there has to be a flurry of activity around what is the smartest thing for RGH to do for the long term. Obviously one of these considerations would be should it fold into Strong Health, or should it go into Unity.
Question: Have you and Tim McCormick talked about merging now?
Huston: We talk a lot.

Question: I know Unity and ViaHealth have spoken about merging in the past and rejected the idea. Are those kind of talks now in any way resuscitated?
Huston: I don't know that they are resuscitated.
Question: Do you see Unity and ViaHealth as allied against Strong?
Huston: I would say that on the issue of Strong's physician recruitment in Greece we're certainly allied against Strong. I think we 're allied in believing that this community should have, and is entitled to, choice, and that a single system, we believe, would drive prices right off the chart.
Question: How could the community back off from this?
Huston: the only position that we've taken is that none of own these assets and of us is the owner of any of this. We believe it's important that the community be made aware of these issues. The way it is now, what we're really doing is competing to the death.

Rochester Business Journal .2/2/03

Neurontin Shilled

Federal prosecutors and Pfizer are continuing talks to settle allegations that the company illegally promoted its epilepsy drug, Neurontin, for uses that were not approved by the government, people familiar with the discussions say. The talks are continuing, but the framework for a deal hasn't been agreed to, according to these people. The federal investigation and the parallel action by 47 states and the District of Columbia, were promoted by a lawsuit filed by a former employee of the Parke Davis unit of Warner Lambert, which was acquired by Pfizer in 2000. The government agencies have been seeking to recoup money is paid by Medicaid for prescriptions written as a result of illegal marketing. The former employee, David P. Franklin, could collect a portion of whatever money is recouped from Pfizer. In an interview yesterday, Mr. Franklin says he was trained to " cold call" doctors and push them to use Neurontin for unapproved uses. Doctors are allowed to write prescriptions for uses not approved by the FDA. Drug makers, however, aren't allowed to market their products for off-label use and can only provide educational information under strict guidelines. Mr. Franklin says he was instructed to feed doctors bogus statistics that purported to scientifically demonstrated the effectiveness of Neurontin for off-label uses. In reality, he said, there was often conflicting and negative information regarding the off-label use of the drug that was never shared with doctors.
Mr. Franklin said the company also used a variety of inducements to get doctors to speak favorably to colleagues about off-label uses of Neurontin and prescribe the drug to their patients. These included tickets to the 1996 Olympics, trips to Disney World and retreats to golf resorts with their families. Mr. Franklin said he was " embarrassed" by his conduct when calling on doctors and decided to quit the company once superiors told him they planned to be more aggressive with all off-label marketing. In a talk given by official at company headquarters, Mr. Franklin said employees were told, "We need to be holding their hand and whispering in their ear: Neurontin for pain. . . . Neurontin for everything"

Wall Street Iournal March 12 2003

Didn't Lose Nuthin'

"As a Distinguished Fellow, you maintain all the benefits, rights and privileges you had as a Fellow of APA."
Bernard A. Katz, M.D. Membership Committee Chair

Employing Drug Abusers

A federal appeals court in California has held that an employee who was terminated after he tested positive on a drug test may proceed to trial on his claim that he was denied rehire in violation of the Americans With Disabilities Act. Hernandez v. Hughes Missile Systems Co., No, 01-15512 (9th Cir. June 11, 2002).

The individual tested positive for cocaine in the workplace in 1991, after which he was permitted to resign in lieu of termination. A note in his personnel file stated that he was "discharge[d] for personal conduct." The employer was aware at the time of the resignation that the individual had struggled with an alcohol problem.

More than two years later, the individual re-applied for a job at Hughes. Along with the application, he submitted a letter from his substance abuse counselor stating that the individual attends Alcoholics Anonymous meetings regularly, maintains his sobriety and has a strong commitment to his recovery. The application was rejected after the employer concluded that, as a result of his resignation in lieu of discharge, the individual was ineligible for rehire. The employer had an unwritten policy that individuals who had previously resigned in lieu of discharge or were terminated were not eligible for rehire at any time.

The individual filed a charge of discrimination with the EEOC, alleging that he had been denied employment in violation of the ADA due to his record of a disability, and/or because he was regarded as being disabled. In its response to the EEOC, the employer stated, among other things, that Hernandez' application had been rejected "based on demonstrated drug use while previously employed and the complete lack of evidence indicating successful drug rehabilitation." In addition, the employer's response said "[t]he Company maintains its right to deny re-employment to employees terminated for violation of Company rules and regulations," a position somewhat inconsistent with a statement about the termination in the individual's personnel file.

The lower court granted summary judgment to the employer; however, on appeal, the Ninth Circuit Court of Appeals reversed. The appellate court held that the individual had presented sufficient evidence to raise issues of fact requiring a trial. Specifically, the court held that he had raised a genuine issue of fact as to whether he was denied employment based on his record of past drug addiction, because there was evidence that the employer's decisionmaker may have reviewed: (1) the letter from the counselor, which was attached to his application, stating that he was a recovering alcoholic; and (2) the 1991 positive drug test result, which was contained in his personnel file. The court noted that the ADA protects qualified individuals with a drug addiction who have been successfully rehabilitated, although it does not protect employees currently engaging in illegal drug use. In this case, the individual's prior employment record indicated he had been a satisfactory employee.

The employer argued that it had a legitimate, nondiscriminatory reason for denying the individual's application, i.e., that the company had an unwritten policy not to rehire employees who were terminated or resigned in lieu of discharge due to their violation of the company's code of conduct. The court rejected this argument, stating that: "Hughes' unwritten policy against rehiring former employees who were terminated for any violation of its misconduct rules, although not unlawful on its face, violates the ADA as applied to former drug addicts whose only work-related offense was testing positive because of their addiction. If Hernandez is in fact no longer using drugs and has been successfully rehabilitated, he may not be denied re-employment simply because of his past record of drug addiction."

The court also dismissed the employer's claim that the person who made the decision not to rehire him was unaware of his prior drug test result. The court stated that even if she lacked such knowledge, her lack of knowledge would have been due solely to Hughes' unlawful policy which shields its employees from the knowledge that an employment decision may be illegal. Maintaining a blanket policy against rehire of all former employees who violated company policy not only discriminates on account of past disability against persons with a record of addiction who have been successfully rehabilitated, but may well result, as Hughes contends it did here, in the staff member who makes the employment decision remaining unaware of the "disability" and thus of the fact that she is committing an unlawful act. Having willfully induced the ignorance on the part of its employees who make hiring decisions, an employer may not avoid responsibility for its violation of the ADA by seeking to rely on that lack of knowledge.

In sum, the court held that "a policy that serves to bar the re-employment of a drug addict despite his successful rehabilitation violates the ADA."

Employers within the jurisdiction of the Ninth Circuit (Alaska, Arizona, California, Hawaii, Idaho, Montana, Nevada, Oregon and Washington) should take note of this case to ensure that enforcement of facially-neutral employment policies do not serve to discriminate against successfully rehabilitated drug abusers or alcoholics. In particular, employers who terminate employees for positive drug and/or alcohol tests may not permanently bar those individuals from re-applying for employment. If such individuals have successfully completed rehabilitation programs, and are not currently using illegal drugs or alcohol in the workplace, they are protected under the ADA. The employer may not take into consideration the individual's past record of drug addiction or alcohol abuse when deciding whether to rehire a former employee.

Employers also should be cautious when responding to EEOC charges filed by former drug abusers. In this case, the statements made by the employer in the position statement it submitted to the EEOC helped the court to conclude that there were issues of fact warranting a trial. In some cases, depending on the factual circumstances, an employer may be able to argue that a one-time positive drug test result does show an employee is an "addict," but merely shows that the individual was a one-time "current user" who is not protected under the ADA.

Medical Courts

America needs a special medical court or tribunal, just as we have separate courts for patents and other specialized problems. Sensible judgments will be possible only when doctors, hospitals and other providers feel that justice will reliably distinguish between right and wrong, make predictable judgments about fair compensation, and provide the right incentives of overall quality of health care.

Wall Street Journal 1/27/03

March 2003

Diet Drug Update

In this post Fen-Phen world, prescription diet drugs are often thought of as a thing of the past. But a number of weight-loss experts are still quietly prescribing a wide range of drugs to help people lose weight. The diet drug arsenal includes the heavily marketed Meridia and Xenical, as well as older-line appetite suppressants such as phenteramine, that many doctors think work just as well. In addition, a handful of doctors are beginning to use other drugs that are not approved for weight-loss but may help some patients shed pounds. Among them: the anti-depressant Wellbutrin, the seizure drug Topomax, and diabetes drugs Glyset, Precose and Glucophage. "In my opinion, it's worth treating obesity, the medical problem, with medicine," says Louis Arrone, director of a comprehensive weight control program at New York Presbyterian Hospital. He says roughly one-third of his patients use a prescription drug to help with weight-loss.

At a time when more than half the country is considered overweight, prescription diet pills are a surprisingly well kept secret. Among many doctors, diet pills have fallen out of favor ever since the popular diet drug combination Fen-Phen and a similar drug Redox were linked with serious heart problems and then pulled from the market. And patients, assuming effective prescription diet drugs aren't available anymore, often flock to controversial over the counter remedies such as ephedra, the supplement that has been linked with the death of Baltimore pitcher Steve Bechler.
When Ed Harmon sought advice for losing weight, he was skeptical when his doctor, Baltimore weight-loss specialist Paul Rivis, suggested diet pills. " I looked at him and said "Yeah, right," says Mr. Harmon, 48 years old, a retired corrections officer from Pasadena of Maryland. " I'm 427 lbs., and you tell me these little pills will make me lose weight. " But five months later the more than a hundred pounds lighter Mr. Harmon is a believer. " I had a lot of cravings; I was a binge eater, and now it's completely stopped, " says Mr. Harmon, whose diet drug combination includes the appetite suppressants phenteramine and phendimetrazine as well as the antidepressant Effexor. Dr. Rivis says he often uses a combination of drugs, depending on the nature of patients' eating habits. "It's not one-size-fits-all," he says.

Doctors who prescribe drugs to help dieters say the pills have their limits, and will only work if the patient is willing also to make diet and lifestyle changes. For some patients, appetite suppressants such as Meridia and phenteramine may lose their effectiveness over time. And studies show that after patients stop taking diet pills they often gain the weight back. "They are effective in the short term for almost everyone, but they wear off with time," says Henry Anhalt, director of the division of pediatric endocrinology at Maimonides Medical Center in Brooklyn. "We have to be working toward changing their behavior."

While some of the drugs may produce dramatic results in a few patients, overall, the diet drugs have produced only modest results, helping people shed about 10 percent of their body weight. One of the biggest limitations of weight-loss drugs, however, is cost. Insurance companies will not cover drugs or weight-loss programs for the vast majority of patients, and the drugs aren't cheap. For instance, a month's supply of Meridia costs about $86. Phenteramine costs about $30 a month. "Our patients are already paying a lot of money for treatment," says Samuel Klein, president of the North American Association for the study of Obesity, who instead advocates an aggressive life style management program at Washington University in St. Louis. Some of the pills have significant side effects. Xenical, which limits the amount of fat the

body absorbs, can cause stomach upset and uncontrollable diarrhea, particularly in users to continue eating high-fat foods, and last year, Topomax maker Johnson and Johnson halted weight-loss studies because of side effects, including tingling sensations in fingers and toes, memory problems and fatigue.
Wellbutrin hasn't been very effective for weight-loss in studies, but it may be an option for those who need an antidepressant anyway. Some diabetes drugs may also help trigger weight loss in certain patients - even those who don't have diabetes. In one study of the drug Glucophage, patients lost about 10 percent of their body weight after year. Other doctors are prescribing Glyset and Precose, which slow down carbohydrate metabolism. These drugs haven't performed well in diet studies, but some doctors think the study group was eating too many carbohydrates, blunting the drugs' effectiveness.
One concern is that many of the diet drugs, sold under the brand names Aipex, Bontril, and Tenuate, among others, are touted by websites offering to prescribe the drugs via an on-line doctor. The worry is that many of the drugs can interact with other medicines, including antidepressants, and in some patients they can cause serious side effects, such as raising blood pressure, says Thomas Watson, director of the weight and eating disorders program at University of Pennsylvania School of Medicine.
Advocates of diet drug use say patients need to know drugs are available to help them lose weight, but they need to find a nonjudgmental doctor to prescribe them.
Too many doctors tell patients to " just push themselves away from the table and run around the block, " says Madelyn Fernstrom, director of the University of Pittsburgh's weight management center. " We must get primary care doctors to acknowledge the biological issues these patients face."

Wall Street Journal Tuesday March 4th 2003

Walton Seeks to be Ohio Psychiatric Association Treasurer.

Currently the Department of Psychiatry chairman at Northeastern Ohio Universities College of Medicine, Ralph G. Walton is running for the office of OPA treasurer. Many GVPA members remember him as the director of substance abuse services at Strong in the early 70's. A graduate of medical school in Rochester and of the psychiatry residency at Strong, he served as commissioner of mental health in Chautauqua County from 1985 to 1988. He was also president of the Jamestown medical society in the mid '80s. He was elected a Fellow of the APA in 1991.

Your Brain on Money

A research group which includes one of this year's Nobel laureates in economics has used functional magnetic resonance imaging to show that when people anticipate monetary rewards, the brain circuits that switch on are the same as those involved in anticipation of food, sex, or cocaine. Research of this sort at Duke University has also turned to the question of why investors punish a once-favored stock out of all proportion to bad news. The explanation for this is that the brain seizes on even the slightest evidence of pattern. After only a couple of repetitions of some experience, the anterior cingulate begins to fire in anticipation of another. As a result, we're convinced that a stock that beat profit forecasts two quarters in a row will do it a third time. And if it doesn't, emotion processing regions fire rapidly, generating a sense of anxiety and dread. So it seems that when a nice, reliable stock misses its earnings target even a little, investors abandoned ship in a fury. Often the longer a stock has held up, the worse the beating, because the longer a pattern has persisted the more alarmed the brain gets when it's broken.
Related research is focusing on comparing MRI activity in research subjects who cooperate to maximize financial gain, in contrast those who go for immediate individual profit.
Wall Street Journal 11/15/02

March 2003

NEW NYSPA MEMBERSHIP BENEFIT: THE PSYCHIATRIST LOCATOR ON THE WEB

NYSPA members in New York now have the opportunity of participating in a NYSPA sponsored Psychiatrist Locator that will be part of the NYSPA website. The Psychiatrist Locator is an on-line searchable database that will include name, address, telephone numbers, fax number, specialty listing, medical, internship and residency data, board certifications, medical society affiliations, hospital affiliations and language spoken. The Psychiatrist Locator also will print out a map with directions on how to get to your office from any location. The Psychiatrist Locator will be accessible by the general public. Every psychiatrist will be able to update their listing directly by accessing their listing with a username and password. Initially, NYSPA will assign a username and password which will be provided to every psychiatrist who enrolls. Thereafter, you will be able to change your password as well as the contents of your listing at any time.

The Psychiatrist Locator was developed by NYSPA with the assistance of Invizeon, Inc., a company specializing in providing website support for medical organizations. Participation is entirely voluntary and the only information that will appear is information that is provided by each psychiatrist. Enclosed in this issue is a NYSPA Psychiatrist Locator Registration Form. Please complete the form, answer **only** those sections that you want posted on the website and leave the other sections blank.

Participation in the Psychiatrist Locator is free to all NYSPA members. In addition to the basic listing of information on the registration form, Invizeon offers an expanded listing with additional information that is available at extra charge. Members interested in details regarding the expanded listing should contact NYSPA at its e-mail address: centraloffice@nyspsych.org.

Finally, Invizeon has also included in its membership benefit package a free internet home page - The Physician Desktop. This desktop allows you to personalize the use of the internet as well as have access to important association information. The Physician Desktop features a customizable suite of tools, applications, and technologies designed to enhance communications as well as simplify and organize your professional and personal use of the internet. Please take the time to visit and personalize your Physician-Desktop. You can access it by going to www.physician-desktop.com. Enter your username and password and begin to walk through your desktop tour. If you would like to sign on to the Physician Desktop and have not yet received your username and password you can contact the NYSPA Central Office at the email address above and we will send it to you.

NOTE THE FORMS THAT FOLLOW

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NOTICE: All information submitted on this form will be posted on the NYPA Website and will be available for viewing by the general public.
Complete only those sections that you would like posted on the site.

NYSPA Searchable Database Physician Information Form (Please Type or Print Legibly)

Last Name:		First Name:		M I:
Please circle: MD / DO		Gender: M F		
Business Address:				
City:		State:	Zip Code:	
Email:	Business Phone:		Fax:	
Specialties:				
Specialties:				
Medical School:			Year Graduated	
Internship:			Year Completed	
Residency:			Year Completed	

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Residency:	Year Completed
Fellowship:	Year Completed
Fellowship:	Year Completed
Board Certification:	Year Completed
Board Certification:	Year Completed
Board Certification:	Year Completed
Added Qualification:	Year Completed
Psychoanalytic Training:	Year Completed
Fellow:	
Fellow:	
Society/Affiliation:	Society/Affiliation:

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Society/Affiliation:	Society/Affiliation:
Hospital Affiliation:	
Hospital Affiliation:	
Hospital Affiliation:	
Academic Appointments:	
Academic Appointments:	
Languages Spoken (other than English):	

I hereby authorize the above information for posting on the New York State Psychiatric Association website (www.nyspsych.org) for viewing by the general public.

Member's Signature **Date**

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