

PSYCHIATRY NEWS

OHSU
DEPARTMENT OF
PSYCHIATRY

Spring 2014

Families Make Good Psychiatry

by **Liz Stevenson, J.D., M.P.H., Department Administrator**

There is a flow chart floating around the internet purporting to represent the choice medical students make to enter a residency. If you start at the top, the first question you ask is if the medical student is sane or crazy? Crazy? Good, now what's your attention span like? Significant? Good, you go into psychiatry!

But seriously, what makes someone want to become a psychiatrist? In the OHSU Department of Psychiatry there are at least four families where multiple generations have become psychiatrists, either training in our residency programs or joining our faculty. From my experience, these are some of sanest people around who bring compassion and care into their practices, and do so because they have watched their parents do so, and do it well.

Robert and Anne Gross



Bob Gross and his daughter Anne, at her wedding 2013

Dr. Robert Gross began his medical career as an OB/GYN before transitioning into psychiatry. He attended Emory University for medical training and completed his OB/GYN residency at King's State Hospital in Brooklyn, NY. He was more interested in the psychosomatic part of medicine; he was interested in patient's pain and the effect of pain on their emotional well-being, and he wanted to study that connection further. However, back in that time, there were no fellowships in OB/GYN to study such a thing. He

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Message from the Chair

I am pleased to welcome you to the first ever Foundation Newsletter for the Department of Psychiatry. Our intent is to do a better job sharing important developments in the Department with our friends and colleagues. We want to make sure that you know how we are fulfilling our missions of research, education and clinical care. We also want to inform you how national and state changes in the health care system are affecting us.



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found himself living in Seattle and so settled into a two-year fellowship with Psychiatry (that he said he made up entirely). At the end of two years he realized that if he stayed a third year he would complete his residency and qualify for board certification in Psychiatry. Having completed his psychiatry residency at the University of Washington, he relocated to Portland. Bob's wife, Corinne, was from Portland and he was interested in pursuing his hobby of winemaking with the purchase of a farm in the Beaverton area. Bob has lived in Portland ever since. When asked whether he knew that his daughter Anne would follow in his footsteps, he replied emphatically "never." He was completely shocked when he realized that she was headed toward medical school and a career in Psychiatry.

Corrine, Bob's wife, was a dedicated social worker, and much like Bob, was committed to helping people through mental health. Corrine Gross passed away from breast cancer when their daughter Anne was 15 years old, and this proved to be a transformative life experience for Anne Gross, shaping her medical education and career path after high school. As Anne processed and managed the grief associated with her mother's passing, she began to consider a career in medicine having been

inspired to help people through compassionate and sensitive care. Specifically, Anne desired to become a psychiatrist specializing in psychosomatic medicine and psychooncology.

Anne deeply admires her father's intellect and passion for learning, having used his medical career as an instrument to further his own educational growth and development. Dr. Robert Gross has also imparted onto Anne the importance of maintaining a healthy work/life balance in order to remain fulfilled and to prevent career burnout. Anne is inspired by her father's holistic, integrative approach to medicine, and his desire to provide innovative treatment approaches for his patients, integrating his knowledge and experience with biodynamic farming and acupuncture with traditional medicine. Dr. Gross is the proprietor of Cooper Mountain Vineyards having planted their first grapes in 1978, while still practicing psychiatry at a private practice in NW Portland. For his part, Dr. Robert Gross is his daughter's biggest fan. "She is a fantastic doctor," he said recently in an interview "she reminds me of myself, but really of my wife. My wife was a committed social worker and Anne has a deeply compassionate streak in her and she is so hard-working. She cares deeply for and about her patients. She's a great doctor."

Today Dr. Anne Gross is one of our newest faculty members and works on our inpatient ward and provides consult liaison service to the hospital. She is passionate about and inspired by the field of psychiatry, in which there remains so much that is unknown, promoting lifelong learning while simultaneously encouraging self-reflection and personal understanding. She holds deep respect and admiration for the compassionate team she works with providing patient care at OHSU. Anne also enjoys her role as an educator and involvement with residency training, hoping to provide mentorship to the medical students and residents that she has the opportunity to work with.

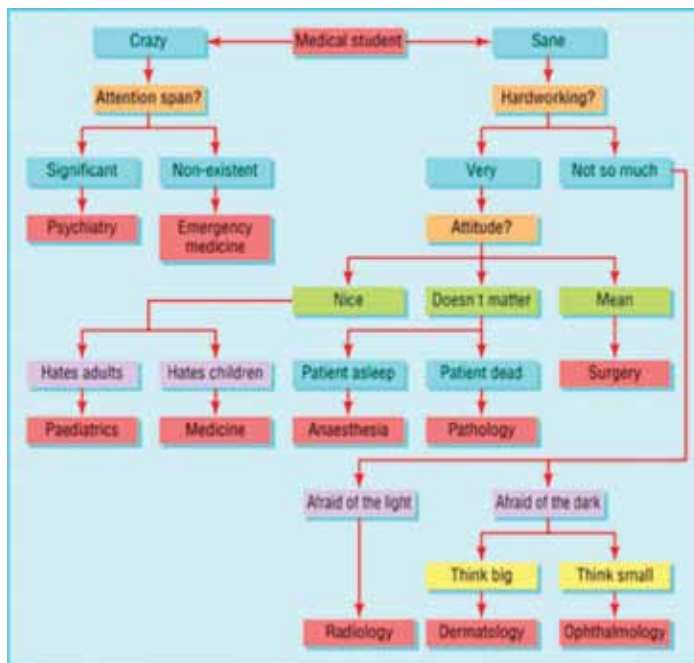


Figure 1 – Flow Chart for Medical Students

Narain, Ajit and Asha Jetmalani

On the other side of the world, a young man known as Narain Jetmalani was born in 1916 in India. He grew up fighting for the civil rights of Indians by protesting British rule and joining Mahatma Gandhi in civil demonstrations, which included burning the British flag. To his friends he became known as 'Jet', and his father, fearing for young Jet's life, urged him to leave India for his safety after some heated protests against the British. Jet did what many Indians before him had done and headed to Britain in 1937, where he eventually



Narain Jetmalani, circa late 1970s



Ajit and Asha Jetmalani, May 17, 2014

trained to be a doctor. During WWII, while serving at University College Hospital Medical School in London during the Blitz, he helped deliver babies while Nazi bombs exploded around the city. One night a woman who just given birth contracted puerperal fever – without penicillin women died horrible deaths once this infection raged in their systems. Jet knew that all the country's supply of penicillin had been commandeered by the military, so he fearlessly scaled fences in the middle of the night to retrieve a vat of the life-saving penicillin to bring back and treat his patient.

Jet and his family emigrated to the US and Oregon in 1961. He was the director of education and research at the Oregon State Hospital in Salem and brought along his British training in medical education which was (for Oregon) a rich mixture of psychiatry and psychoanalytic techniques. Thanks to Jet, Freud found a foothold in our training programs, enriching their educational content beyond medicine. He had his own training program in community psychiatry at the Oregon State Hospital. In 1982 Jet wrote to Bob Sack (then the Department of Psychiatry's Chairman of the Clinical Faculty Committee) that he "ha[d] been in charge of the Psychiatry Residency Training Program at Oregon State Hospital for nearly 21 years. Some ninety physicians have been trained in my program. Most of them have stayed in Oregon; some in private practice, along with consultations in community agencies. Some have gone into administration, becoming clinical directors, directors of state mental health departments, etc."

Jet's son Ajit would grow up on the campus of Salem's Oregon State Hospital in the buildings known as the cottages. Ajit became a Child and Adolescent Psychiatrist, winning the OCCAP award for most outstanding child psychiatrist in 2010. Today he is the Division Director of Child and Adolescent Psychiatry at OHSU. Ajit learned from his father a deep and abiding respect for his patients. Ajit attended medical school at OHSU, his residency at UCSF and fellowship in child psychiatry at the Yale Child Study Center. In 2007 he returned to OHSU and has worked tirelessly to improve the lives of children in the State of Oregon. He champions children's mental health programs around Oregon and serves as the head of the Fellowship in Child and Adolescent Psychiatry at OHSU.

Ajit's daughter, Asha Jetmalani, played doctor as a kid with all her friends. As a young child, there is a family video of Asha sitting on her grandfather's knee and talking about her future. As early

as elementary school she studied science in preparation of that goal. While still in high school, she became a rotary exchange student to Peru for a year, and became fluent in the Spanish language. After graduating from college she decided she wanted to study medicine in the tradition of Osteopathic Medicine because she admired the preventive medicine philosophy and the holistic mind-body-spirit connection. She also wanted to serve the underserved and was drawn to her institution in Yakima, Washington in order to be closer to a Spanish-speaking community. Her community-mindedness comes naturally to her. Some could say that she was born to serve the underserved. Her friends all knew she would become a psychiatrist before she did but she wasn't convinced until she did her psychiatry rotation that she was home. "I knew the minute I walked into the clinic that this was what I wanted to do," Asha told me over the phone recently. "But in spite of my friends all telling me that was who I was, I wasn't convinced until I ended up in that rotation." We are so pleased that she has matched as an incoming PGY1 in our psychiatry residency program starting in July 2014.

Dave, Mark and Erik Kinzie

Dave Kinzie was a math major and dreamed of being a general practitioner like his Dad. Not only was his father a doctor, but so was his uncle, his aunt was married to a doctor and another aunt had a PhD in Psychology. So it was clear that the family business was playing doctor. But it was the 1960s, the United States was embroiled in a bitter war against the communist North Vietnamese, and Dave's heart and mind centered in those years around helping the people in southeast Asia. After a fellowship in transcultural psychiatry in Hawaii, Dave taught in a Malaysian medical school, dragging his young family with him. He had two sons, Mark & Erik – Erik was actually born in Malaysia.

Eventually he was asked to return to Hawaii to be the program director. When Jim Shore became the Chair of OHSU Department of Psychiatry (they had done their residency together at the University of Washington) Jim called Dave to come to OHSU and be the training director. Dave came to OHSU in 1976. After two years of being training director, he became clinical director. In 1975 after Saigon fell to the North Vietnamese and the United States pulled out of Vietnam, refugees were resettled in the Portland area. Dave felt guilty about what America had done in Vietnam and, together with a Vietnamese surgeon he knew, they started a behavioral health clinic for the Vietnamese refugees. Soon they had Cambodians and Laotian refugees coming to the clinic. After a few years, Paul Leung and

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Families Make Good Psychiatry (continued)

Jim Boehnlein joined him in taking care of patients in this clinic. Today, this is the Intercultural Psychiatric Program (IPP) and currently over 17 language groups are represented in this clinic.

Mark Kinzie, the oldest son, was always an A student, and early on it was clear that he would also go into medicine. He wanted a combined degree (MD/PhD) but could never quite make the decision to be a full-time researcher. Finally, a mentor in the neurosciences suggested that he make a decision. Mark decided that he wasn't that interested in research and that he really enjoyed patient interactions. His first day in his rotation into the Psychiatric ward at OHSU Mark was a little nervous so he asked his preceptor about what to expect on the ward from the attending. The preceptor grinned a little at him and said, "I think you'll do just fine." Mark arrived the next day at work and found his Dad standing there.

Erik, on the other hand, fought going into the family business for as long as he could. He was a Japanese studies major, living and teaching in Japan, when he felt called to return to the U.S. and medical school. It wasn't easy because he had to go back to undergraduate school and pick up the required courses that he had skipped the first time through. Like Mark, he was on the medical service on the ward while his Dad Dave was the attending. Erik says he didn't really grasp what his Dad did for a living, because he didn't bring his work home with him. Erik thought he wanted at first to become a surgeon, but quickly discovered that it was not for him. His decision came down to two things: either the Emergency Department or Psychiatry. (See figure 1 – the chart works!).

Mark is now the Training Director for Psychiatry since 2012. Erik has been the Training Director in Psychiatry at Tulane University, but is leaving this year to head a Psychiatric Emergency Department at LSU – Baton Rouge. Mark sees patients at the OHSU Intercultural Psychiatric clinic (alongside his Dad) where the patients call him the laughing doctor. Dave said "I see patients in the next room over in the afternoons next to Mark. All he does is laugh all the time with his patients, I just hear him laughing and laughing." Then Dave turns serious with me and

says "I am so lucky. I get to grow old, reduce my FTE yet stay at a job that I really love. I get to work side-by-side with my son Mark who is so great and I get to see patients that I love to see. I am so lucky."

Hal and Joshua Boverman

Hal Boverman passed away in 2008. His son, Joshua, is still a faculty member although he currently works for the State Department and lives overseas. Hal was a child and adolescent Psychiatrist at OHSU. When I asked Joshua about joining the family "guild," it jogged his memory about times gone by. He remembers that his first job as a psychiatrist was as an attending at OHSU, and when he joined the department his dad Hal was still faculty, emeritus, in child psychiatry. Josh says: "We would meet every Saturday morning to go for a walk. We would often start out ridiculously early – we are both morning people – sometimes we'd leave the house before dawn, my mom still asleep. We'd walk for miles, and talk about work and life. Starting a career in Psychiatry isn't easy, and I would ask for his advice about most every aspect of my work at OHSU. A big part of my work was liaison to the department of family medicine. I needed to teach them the basics of modern psychiatry – antidepressant therapy, recognizing delirium, and the like. But family physicians are unusually holistic and psychologically minded, and they were eager to know about the full breadth of their patients' experience, so I often found myself posing questions to my dad, who would answer them in full analyst form, and I would translate that back to the family docs. We did this so often that we had a name for it – "Freud for the Family Physician."

Josh Boverman flies all over the world providing care for the mental health of overseas Americans. He is married and recently became a father himself to August Boverman (Auggie) born in October 2013. Who knows? In the next 25 years, perhaps Auggie will grow up and want to be a psychiatrist just like his Dad and Grandfather....



Josh and Hal Boverman, over the years; Right: August Boverman, 2014

World-class Research from the Department of Psychiatry

Joel Nigg, Ph.D., Director of Clinical Psychology



Psychiatry research is growing dramatically and with great promise for breakthrough findings. The Department this past year finalized a new research strategic plan, that dovetail with the University Roadmap in the Neurosciences—a roadmap that is under development but for which the outlines are taking shape. This strategic plan highlights two areas in which the Department is among the leaders in the nation, and two other areas that

are promising areas for growth. Our goals are to make all of these areas grow in strength.

Our first area of excellence is addiction research. Here, we have a strong program in methamphetamine addiction, led by Dr. Aaron Janowsky's Methamphetamine Research Center. This center obtained renewal funding in 2013 from NIDA. The investigators have patented a potential treatment and are currently testing its effects. Related to this area of excellence is Dr. Bonnie Nagel's outstanding program on adolescent risk for alcohol use disorders. Dr. Nagel's work was honored in several ways nationally this year. Dr. Nagel was awarded the Young Investigator of the Year Award by the Research Society on Alcoholism. This is fairly seen as the scientific field's highest honor for alcoholism researchers in the first half of their career. This award was predicated on Dr. Nagel's novel findings regarding brain alterations that occur in teens prior to their onset of alcohol use that can predict their onset. This type of work has influenced the NIAAA to prioritize early risk identification further. In the middle of 2014, Dr. Nagel was asked by NIAAA to join a multi-site consortium that is rapidly building up a large adolescent sample to study adolescent brain development and risk using novel neuroimaging tools. OHSU is proud to be among the leaders in this important national effort.

The second area of excellence is in Neurodevelopmental disorders, in particular Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorders (ASD). The Department of Psychiatry has a national leader in each area. Dr. Joel Nigg leads the ADHD Program. The work of Dr. Nigg and his team continues to be highly cited in the field (an impact factor of over 12, which is equal to the top journal in the field). This program was given additional honors nationally this year

as well. The NIMH awarded two R01 grants with a total five-year value of over \$5 million to continue to grow this program. Two aspects of this work most excite the scientists and officials who review this work. One is that OHSU's program is unique in combining genetic and neuroimaging approaches through the scientific teams that Dr. Nigg has assembled across the campus. The fact that OHSU is doing this in the context of a large, longitudinal cohort of several hundred families being followed over time, with the latest and novel genetic and brain measures, is fairly unique in the nation and thus highly valued by NIMH. The other aspect of this work is the unique progress that the team is making in individual clinical prediction. They have developed new and more effective ways of subclassifying patients with ADHD and this has improved long term clinical prediction over existing methods. This should eventually help us move toward individualized medicine approaches, which currently have not been imagined for neurodevelopmental disorders.

A related activity is the ASD program, where the Department joined last year in hiring Dr. Eric Fombonne, a world leader in ASD research. Dr. Fombonne has assembled a strong team at OHSU and begun to generate new data. A key project involves applying novel brain imaging signatures to ASD youth in collaboration with Dr. Fair and Dr. Nigg. Dr. Fombonne envisions creating a center of excellence in ASD at OHSU in the coming years.

Two emerging areas of strength are noted in our strategic plan. One is in the area of psychological trauma, which is of central importance both to child mental health and to adults particularly combat veterans returning from recent conflicts. Our investigators at the Portland VA medical center have been leaders in designing measures and interventions in this area. A related area of strength is in pain management, where several of our VA investigators are developing novel interventions with improved effectiveness.

The Department has key needs and goals around these areas. One is to continue to nurture young investigators with post-doctoral fellowships, bridge funding, and career awards, which need University and Foundation support. The other is to be able to build up resources to attract top investigators from around the world to join these teams. In particular, our Neurodevelopmental teams are extremely strong but also small, and need to have additional infrastructure built to maximize their impact on the world scene and fully capitalize on their cutting edge insights. As well, we will seek to recruit leaders to grow the trauma and pain areas.

Message from the Chair (continued)

Due to recent unfortunate events around the country people are waking up to the fact that caring for a person's mental health is as important, perhaps more important, than any of their physical ailments. Public opinion on the importance of funding psychiatric care has clearly shifted and our legislatures have, somewhat belatedly, enacted important legislation which mandates improved health insurance coverage for mental illness. Historically, mental health benefits have not been on par with physical health benefits. That's now changing initially due to the the Mental Health Parity Act of 2008 which requires insurance plans that cover mental health or substance use disorders to offer coverage for those services that is no more restrictive than the coverage for medical/surgical conditions. This requirement applies to:

- Copays, coinsurance, and out-of-pocket maximums
- Limitations on services utilization, such as limits on the number of inpatient days or outpatient visits that are covered
- The use of care management tools
- Coverage for out-of-network providers
- Criteria for medical necessity determinations

For patients, this is a boost because it meant that if you were covered by mental health coverage and physical health coverage, your insurance policy provider could not treat your mental health coverage differently than your physical health coverage. However, it does not address a major problem with mental health for patients: access to coverage in the first place.

The Affordable Care Act (ACA) and the Parity Act support an historic expansion of insurance coverage for the care of mental and substance use disorders. Through the Affordable Care Act, 32.1 million Americans will gain access to coverage that includes mental health and/or substance use disorder benefits. An additional 30.4 million Americans who currently have some insurance coverage for mental health and substance use disorder benefits will gain federal parity protections. In total, the two Acts will newly extend federal parity protections to more than 62 million Americans.

Further, in the President's Plan to Reduce Gun Violence in January 2013 (which was a response to many violent public shootings, especially of schoolchildren at Sandy Hook) there was a final goal articulated in the plan to ensure coverage of mental health treatment for Americans: Finalize requirements for private health insurance plans to cover mental health services

and issue the final rule defining these essential health benefits and implementing requirements for these plans to cover mental health benefits at parity with medical and surgical benefits. The final rule has been issued and implemented so payors know what benefits must be covered to be acceptable in all 50 states.

As many of our practitioners know, the glaring hole in parity on coverage is Medicare, which allowed a higher copayment for outpatient mental health treatment, known as the mental health treatment limitation. Medicare beneficiaries have been required to pay up to 50 percent of the approved amount for our services under the physician fee schedule, as opposed to Medicare's 20 percent copayment for most other outpatient services. Beginning on January 1, 2014 the limitation was eliminated. Medicare now must pay 80 percent of the approved physician fee and the beneficiary will pay 20 percent, just like in physical health care coverage.

Further, again to true up the disparity in payments made to mental health providers, in 2013, the AMA RUC (RVS Update Committee) made recommendations to CMS after years of study to revise the psychotherapy family of CPT codes. CMS (after rulemaking and public notice) implemented these changes in January of 2013, which has helped raise rates to physicians for behavioral health services to the same level as physicians receive for other services. These changes were made:

- Allowed separate reporting of E/M codes;
- Eliminated the site-of-service differential;
- Established CPT codes for crisis;
- Created a series of add-on CPT codes to describe interactive complexity and medication management.

These substantial changes in how behavioral health services are being funded have enabled us to create new programs for people with behavioral health needs. We are starting unique programs in both child and adult psychiatry.

In child psychiatry we are the center in Oregon for Collaborative Program Solving, a treatment methodology first developed at Massachusetts General Hospital based on the view that "children do well if they can." Through this program we train parents, teachers and treatment personnel in methods that enable them to understand impediments to a child's success so that they can help. In Oregon we've aligned our Medicaid models to CCO collaborations and putting the primary care giver, the pediatricians in the driver's seat for initial management of their patients'. Our part in this model is to fill in the gaps of knowledge for the Pediatricians. Following the lead of other states (Massachusetts and Washington first and foremost) we are creating the Oregon Psychiatric Access Line – for Kids (or

OPAL-K), a resource for Pediatricians to use when they need a quick (or sometimes longer) consult in behavioral health.

In adult psychiatry, our community mental health program is taking on the challenge of implementing a like program called ECHO for adult mental health to assist primary care practitioners in dealing with psychiatric patients who now have access. ECHO is a model from other states (originating in New Mexico) where primary care givers are given tutorials through telemedicine on cases in a true Grand Rounds fashion.

On the research front, as you will see in our separate article on research, there are a lot of new changes coming on and we hope you find the report from Dr. Joel Nigg interesting and informative.

Our teaching programs continue to maintain their long standing tradition of excellence. We have 8 brand new general psychiatry residents joining us in July and they continue in a long and rich tradition of training in psychiatry. As you will see from our lead article on the subject, one of the eight is the daughter of our Child Division director, continuing a long tradition of family members becoming psychiatrists. Despite the intense needs by our state to have trained and accessible people available for psychiatry, our slots have remained at the same number over a long period of time, and actually the numbers of psychiatrists trained in the state had decreased since 1980. This must change and we are lobbying at many levels to increase our numbers and our ability to train more doctors and do so effectively.

We continue to serve the underserved in our clinics. Besides our Adult clinic on the 6th floor of Sam Jackson Hall and our child clinic in Doernbecher Hospital, we maintain our Intercultural Psychiatric Program on SE Powell Boulevard and our Avel Gordly Center for Healing in downtown Portland. As our article on the Drs. Kinzie shows, our commitment to IPP continues and the healing work for the refugee community as people who have been the victim of torture and disruption around the globe continue to come to Portland and are in need of services.

We are also very proud of the job we're doing at the Avel Gordly Center for Healing – a clinic that has been operational since 1949. Traditionally, it has been a place for folks to heal who suffer from addictive behavior patterns. This focus has gradually changed (due to differing demands thanks in large part to the Affordable Care Act) to serving mental health needs for all people, but especially for Afro-centric services. We are proud to be leading the way towards better mental health by partnering with the community in serving the community.

Thanks for reading this newsletter and I wish to extend to all of you an invitation to join us for the events we put on, whether it is the Woodcock Lecture series, the Saslow Lectures, our Grand Rounds or other special events. We are especially appreciative of our Affiliate (volunteer) faculty who supervise residents and teach medical students. Come and join us as we continue to serve the community in whatever capacity you feel comfortable. Drop me a line if you want to talk. And I wish all of you very good mental health,

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