**Medical Society of the State of New York**
**Committee on Addiction & Psychiatric Medicine**
**May 1, 2020**
**Draft Minutes**

**Present**
Joshua Cohen, MD Commissioner
Stephen Hermele, MD, Chair
Marvin Rabinowitz, MD Vice-Chair
Scott Briedbart, MD
Gregory Bunt, MD
Frank Dowling, MD
Laurence Epstein, MD
Manassa Hany, MD
Lynda Hohman, MD
Brian Johnson, MD
Glenn Martin, MD
Parag Mehta, MD
Charles Rothberg, MD
Jeffrey Selzer, MD
Barbara Ellman, Alliance

**Absent**
Nina Huberman, MD
Hemant Kalia, MD
Russell Kamer, MD
Jared Walsh, MD
Anar Yukhayev, MD
David Kerling, Student

**Invited Guest**
Richard Gallo, Gallo & Associates
Marc Manseau, Medical Director, NYS Office of Addiction Services and Support (OASAS)
Art Fougner, MD, MSSNY President
Parag Mehta

**Excused**
Janine Fogarty, MD, Commissioner
Darvin Varon, MD

**Staff**
Phil Schuh, Executive Vice- President
Patricia Clancy, Sr. Vice-President, Managing Director Public Health and Education
Maureen Ramirez, Administrative Asst.

1) **Welcome**

2) **Approval of January 24, 2020 minutes –** accepted

3) **Marc Manseau, Medical Director, New York State Office of Addiction Services and Support (OASAS)**

Dr. Manseau thanked the committee for inviting him to speak. He is a psychiatrist by trade. Dr. Manseau touched on his educational background and how he arrived at OASAS. He has extensive experience working with substance use disorders. He recognized early on when he took the position at OASAS, that it was in the midst of a public health crisis. He quickly ascertained that the most important thing he could do was to expand access to medication assisted treatment for opioid use disorder and alcohol use disorder as well. He also looked at the medical protocols regarding withdrawal management and was able to adjust those to allow more people to exhibit some type of leadership role. What he felt was an important change was that he required that everyone had to be offered medication assisted treatment stabilization for opioid use disorder and alcohol use disorder too. This policy is reviewed during the recertification process. The goal is to educate and continue to educate the

provider community with this information. OASAS is still in the process of revising its program review tools

OASAS has a medical advisory panel that is mandated by statute. That is a group of experts that meets three times a year and advise OASAS from a medical perspective. They've created a document that is basically a clinical guide for clinicians to use to figure out how to treat a person with a cocaine or other stimulant use disorder. It allowed OASAS to make some headway in treating substance use disorders that don't have any FDA approved medications to use.

Dr. Manseau opened the floor up for questions and discussions.
Does OASAS have the means of helping to provide clarifications to physicians to provide guidance regarding the regulatory issues of treating patients during the COVID pandemic? There is a Corona virus page on the OASAS website. There you can find all the guidance from OASAS as well as, guidance from the Department of Health, Information is there regarding some federal guidelines that have been relaxed during the pandemic. The telehealth requirements have been made easier. Some of the "in person" requirements for administering treatment have been eased. Certification to become certified as a telehealth provider has become easier. Also, the ability to bill for telephonic services has become easier.

A local OASAS is using medical marijuana along with buprenorphine. How did that come about? Dr. Manseau said that people often question OASAS about Medical Marijuana assuming they have something to do with it. OASAS did not. Medical Marijuana is entirely administered by the New York State Department of Health, not by OASAS.

**4) Discussion of MSSNY Peer to Peer Program – Dr. Charles Rothberg**

Dr. Charles Rothberg discussed the Peer to Peer Program that was developed by the Committee on Physician Wellness and Resilience. The key elements have been well defined and become imperative in light of the COVID Pandemic. The Peer to Peer program parallels other programs that other associations have – the program for the police, the LAP for attorneys and some military programs. It is a voluntary program and it is designed to support physicians that are experiencing stressors. The goals of the Peer to Peer program seems to overlap the notion of psychological first aid - which is to provide a sense of safety, calming, a sense of self and collective efficacy, connectedness and hope. The program will likely involve sessions with a peer and a peer counselor. There would be one session and then either resolution or a referral to a resource or possibly a second session.

One of the stumbling blocks that MSSNY has long faced is trying to implement the program is related to regulatory and legal issues including: the physicians duty to report and the prospect of the content of these sessions being discoverable in terms of liability action. Yesterday, the leadership of MSSNY, Pat Clancy and Dr. Rothberg, met with Paula Breen, Executive Director of the OPMC, who encouraged MSSNY to go forward with this program. She does not see the need for the waiver MSSNY was seeking in a letter dated April 15, 2020 and defined the physician's obligation to report in slightly different terms then MSSNY interpreted the statute.

The leadership has authorized the Peer to Peer Program to proceed with the implementation of this program and the goal is to begin training of peer counselors in the near future. MSSNY will be soliciting physicians to act as peers. One of the concerns that

was raised is that there needs to be a mix of physicians from different disciplines and not just mental health physicians.

There was comment that although psychiatrists are well suited to volunteer to serve as peer counselors, they are best suited to work accepting the referrals for treatment that will come. Most that participate in peer to peer programs won't need treatment, but as some point the need for treatment will come up. Often psychiatrists will have difficulty keeping it to the level of peer to peer support akin to the first aid and the peer support becomes clinical, which it is not. There will need to be a list of good psychiatrists around the state that will be available to take referrals if need be.

Dr. Dowling commented that most psychiatrists could probably be more helpful by making themselves known that they are available to take referrals that will end up happening. There was another comment that the psychiatrists might be more effective taking any referrals that may come because they can be effective treating more than one patient.
There was a question posed to the committee by Dr. Rothberg – have there been any observations that people have been making that may guide this program during this crisis in terms of the operationalization of this program? Perhaps geography or something that may have surprised them?

Mr. Gallo recommended that MSSNY look at the Office of Mental Health counseling line. They have volunteers that are involved in the mental health field. They will be having a two hour training. He is attending one of the meetings this afternoon and he will bring anything he feels might be of use back to Pat Clancy so that it can be looked at by the individuals involved in the MSSNY program.

Mr. Gallo also asked if the Peer to Peer program had considered reaching out to the New York State Psychiatric Association to perhaps reach out to their members as to who might be interested in taking referrals, especially since it seems the consensus is that the psychiatrist should not be involved in the 1st step of this program. Mr. Gallo spoke with Dr. Martin who guides the committee that oversees Mr. Gallo's work at the Psychiatric Association and who will reach out to the executive committee at the Psychiatric Association, once it is determined what MSSNY would like the association to do.

Mr. Gallo indicated that the association had a tremendous response when the governor asked for assistance from the psychiatric community. The thought that they would volunteer for the peer to peer in the first instance and then be doing therapy if that is required.
Dr. Rothberg pointed out that there will be a need for a list of psychiatrists to assist with the oversight of the peer to peer program and also a need for the list of psychiatrists to accept referrals should the need arise from the peer encounters.

Dr. Dowling mentioned the possible need for physicians that are skilled in crisis counseling to possibly be available to fill the void during the time it will take to get the peer to peer program up and running. Dr Martin asked that the program consider that individuals may need assistance with things that are not psychiatric in nature – drug abuse for instance and perhaps an entire group that falls outside the area of psychiatry. The importance was stressed that the peer to peer program is an area where the physician can go and trust the individuals they are speaking to.

There was a comment that in the residency program, residents are often isolated from the community, have no roots in the community and very often have a mindset that it is "us

against them. It's important to recognize that house staff are in a very different position than other that are practicing in the community. Physicians refer themselves – directly or indirectly – if they don't reach out on their own, they reach out through a colleague that they trust.

Dr. Rothberg added that the initial list of volunteers would fill a gap until the Peer to Peer training is completed. That the number of volunteers and the locations they cover would most probably be determined by geographic location and density of the community they're serving. The other item that needs to be addressed is the individual that practices within a specialty community where all physicians are known to one another. That might be another area where psychiatrist might be needed because Peer to Peer and the anonymity – or lack thereof, might not serve well in that instance. The goal of this program is for the individual to encounter a peer and not necessarily to receive treatment, but to speak to someone who will listen. If there is a need for referral, then that can happen.

**5) Legalization of Marijuana –** due to the pandemic the budget process was adjusted to accommodate voting on the budget during the pandemic. The state budget was approved, but legalization of marijuana was not included in the budget. At this point in time there is no way of knowing whether the legislature will return this year or when. Governmental Affairs will keep abreast and will inform members should there be movement towards legalization.

**Adjourned**

**Next meeting: October 16, 2020**