



## State Health Information Network Exchange

### Update on OKSHINE Program

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Since 2021, the State of Oklahoma has passed several statutes and subsequent rules requiring all health care providers to report data and utilize the State Designated Entity (SDE) for Health Information Exchange (HIE). This mandate was set to go into effect beginning July 1, 2023, however the Governor recently disapproved the rules put forth by the Oklahoma Health Care Authority (OHCA) leaving Oklahoma medical professionals unsure of next steps.

### Background

**SB 574 (2021):** Created the Oklahoma State Health Information Network Exchange (OKSHINE) More Information: [OKSHINE](#).

**SB 1369 (2022):**

- Created the Office of the State Coordinator for Health Information Exchange - OHCA
- Created concept of a State Designated Entity for HIE Operations overseen by the office – OHCA has contracted with MyHealth Access Network as the SDE.
- Requires that all health care providers participate in the statewide HIE by July 1, 2023.
- Establish a direct secure connection to the HIE and transmit active patient data.
- Actively utilize HIE services to securely access records during and/or in support of patient care.
- Coordinator may grant exemptions (size, financial hardship or technological capability).



### Health Information Exchange (HIE) Fact Sheet (from OHCA)

Health information exchanges are connecting nationwide to seamlessly deliver patient health information across health systems, improving the patient experience by making their health information available whenever and wherever their care occurs.

- With the statewide HIE, the state can vastly improve public health, care coordination, records exchange, and address care fragmentation and care gaps for providers.
- 70% of Oklahomans have records in more than one health care delivery system.
- The HIE currently covers more than 1400 locations serving more than 110,000 patients daily.
- MyHealth is a non-profit organization and is the State Designated Entity for HIE operations.
- There will be a one-time connection fee charged to establish interoperability, and an ongoing subscription fee.
- All 50 states are working towards or have an HIE.

**THANK YOU** to all OSMA and OPPA members who actively participated in our recent **ACTION CALL** supporting the use of state funds for connecting with the HIE. Our voices were clearly heard! The HIE was scheduled to begin reporting requirements on July 1, 2023. However,

*continued on page 2 >>>*

last-minute legislation **SB32X** was passed that will provide \$30M in state funds to pay for the initial connection fees associated with the HIE. The bill was sent to the governor and automatically became law without his signature on June 2, 2023. This was a major victory!! Funding for ongoing operations is still needed in the future but this is a big step in the right direction. The Oklahoma Health Care Authority (OHCA) should be providing details about how these funds will be utilized and how health professionals will be reimbursed if initial connection fees were already paid.

There also continues to be significant concerns over the HIE implementation due to patient record confidentiality especially regarding mental health and psychotherapy records and patient consent to transmit records. According to an [OHCA HIE Fact Sheet](#), “patient data is only accessible in secure, approved ways, compliant with state and federal law, including HIPAA” and is “set up to monitor access of all the health care information it receives to ensure patient privacy.” The Fact Sheet also specifically states that “psychotherapy notes are excluded from transmission to the HIE as well as any behavioral health data covered by 42 CFR part 2.” Many of our members have voiced confusion over the mandate to “exclude any patient data that is legally obligated to be kept confidential and only transmit that data if patient consent is received.” The OPPA has sent emails to OHCA for clarification but has not yet had any response.

OSMA has developed this [FAQ document](#) summarizing the history and status of Oklahoma’s effort to implement a HIE. OHCA rules still *allow physicians to apply for an exemption from this mandate* based on “type of health care provider, financial hardship, size, or technological capability of a health care provider or organization.” To apply for an exemption, visit <https://www.surveymonkey.com/r/MyHealthAccessNetwork>.

There is the possibility that regularly accessing the HIE through Oklahoma’s Stated-Designated Entity for Health Information Exchange, MyHealth Access network, will become a standard of care in the future in that physicians will be expected to review a patient’s HIE chart before making treatment decisions such as ordering labs, imaging, and medications. This would be like the current expectation to check a patient’s Oklahoma PMP AWARE records before prescribing controlled substances. Individual physicians can register for an account through their employer or by going to the [MyHealth Access Network website](#).

OPPA will continue to work with OHCA and OSMA to push for ongoing funding of the mandate and clarification of concerns over the transmission and sharing of confidential mental health care records. Patients can prevent access to their medical records through the HIE by signing and submitting an “opt out” form to made available from a participating health professional. It appears that these patients’ health information will still be transmitted to the HIE but will only be viewable in an “emergency situation.” These forms are available in English and Spanish [here](#).

**UPDATE:** On June 24, the Tulsa World<sup>1</sup> reported that the HIE is governed by several statutes and the “rules” which are put forth by the OHCA. On June 23, the Governor disapproved these proposed rules. This means the mandate to participate in the HIE will not be put into place on July 1. At this point, OHCA will be responsible for creating new rules and the timing is not immediately clear. If you have already filled out an exemption form, it is unclear what will happen since the rules under which those were received are no longer relevant. Several sources report that the Governor has concerns that the proposed rules are unconstitutional based on a state question passed in 2010 that states an individual, employer, or health care provider cannot be forced to participate in a health care system. ♦

<sup>1</sup>Forman, C. (24 June, 2023). Gov. Kevin Stitt Approves Controversial Education Rules Backed by Ryan Walter. *The Tulsa World*.

## Petros Levounis Takes Office as APA President

Petros Levounis, M.D., M.A., an internationally renowned addiction expert and advocate of LGBTQ+ mental health, began his term as president of the American Psychiatric Association (APA) at the 2023 APA Annual Meeting in San Francisco.



Levounis, who is married to actor and filmmaker Lukas Hassel, is currently professor and chair of the Department of Psychiatry and associate dean at Rutgers New Jersey Medical School. He is also the chief of service at University Hospital in Newark, New Jersey and director of the Northern New Jersey Medication Assisted Treatment Center of Excellence. Levounis has held numerous leadership roles within the APA, including serving on the Psychiatric News Editorial Advisory Board, as deputy editor-in-chief of APA Publishing, member and vice chair of the Council on Addiction, and president of the APA New York County District Branch. More information can be found [here](#). ♦

# Artificial Intelligence (AI) in Psychiatry

Harold M. Ginzburg, MD, JD, MPH

*Generative Pre-trained Transformers, commonly known as GPT, are a family of neural network models that uses the transformer architecture and is a key advancement in artificial intelligence (AI) powering generative AI applications such as ChatGPT.*

Artificial intelligence (AI) is a computer-generated integration of available data into logical sentences and paragraphs. It is a predictive model based on its source material, which is not provided as references in its output. This can be problematic.

On June 23, 2023, the Associated Press wire service published the results of legal proceedings that occurred in the court of United States District (Federal) Judge P. Kevin Castel. The Judge fined two lawyers and a law firm \$5,000 in “an unprecedented instance in which ChatGPT was blamed for their submission of fictitious legal research in an aviation injury claim.” The Judge stated the lawyers “acted in bad faith” and concluded “technological advances are commonplace and there is nothing inherently improper about using a reliable artificial intelligence tool for assistance . . . But existing rules impose a gatekeeping role on attorneys to ensure the accuracy of their filings.” If this were a medical malpractice case and the actions of the doctor were reported to be based on fictitious medical information provided by GPT, would the doctor only have been fined \$5,000 and retained a medical license?



"Machine Learning & Artificial Intelligence" by mikemacmarketing is licensed under CC BY 2.0.

What has this legal case in common with using GPT in medicine? As a forensic psychiatrist, I was preparing a lecture to for psychiatric residents and I could not recall the dates of a Louisiana legal case in which limited immunity for medical, including psychiatric, experts was established by case law. GPT provided a response, which I immediately recognized as being grossly inaccurate. It was a case I was involved in and thus I knew the fact pattern. I have used this search product to demonstrate to the psychiatric residents the hazards/limitations of GPT programs.

There are other more subtle hazards to using GPT systems. The limitation of GPT programs is that a reference from the New England Journal of Medicine could be given the same ‘weight’ as a ‘Bot’ entry. That is, the relative merit of ‘facts’ provided by GPT programs cannot be independently verified by the reader. Also, GPT, at least the public access versions, are designed to appear to a wide and even international audience. This audience-directed response limits the specificity of the AI-generated responses.

Some examples of GPT responses to psychiatric medication questions are provided below.

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**The medical question posed was:** What is the dose of sertraline for a 135-pound woman?

**The response was:** “I’m not a doctor, but I can provide some general information about sertraline dosing. Please note that it’s important to consult with a qualified healthcare profession or a psychiatrist for personalized medical advice.” The response continues, “The appropriate dose of sertraline can vary depending on several factors, such as specific condition being treated, individual response to the medication, and other medical considerations.” The response concludes: “If you have specific concerns about sertraline dosing for 135-pound woman, I strongly recommend consulting with a doctor or psychiatrist who can evaluate her individual needs and provide appropriate guidance.”

Thus, GPT suggests you consult with “a doctor or psychiatrist,” suggesting that psychiatrists may not be doctors, a subtlety that may not be lost on the readers of this response. Also, GPT provides no medical conclusions—only vague information that would be known to a senior medical student. A package insert might be of more value, as the response fails to mention the possibility of adverse or side effects or the potential lethality of giving a large prescription of this medication to a seriously depressed and potentially suicidal patient.

**The medical question posed was:** “What happens when a pregnant woman takes topiramate?” GPT identifies topiramate as a teratogenic medication by indicating that it “has been associated with an increased risk of certain birth defects” and the “risk appears to be dose-dependent.”

*AI-generated responses are informative and advisory, but the final clinical decision and the effects of potential patient outcomes still remain with the clinician.*

**The response concludes,** “It’s important to have open and honest discussions with healthcare professionals regarding the use of topiramate or other medications during pregnancy to ensure the best possible outcome by both mother and baby.” The response is sage and it does not state that healthcare professionals should have open and honest discussions with the patients. The audience thus seems to be the patient, not the health care provider.

A most honest response was generated in response to the following more specific question:

**The question posed:** “A patient reports difficulties in concentrating and recalling information that was read. He is easily distracted. He is 74 and was exposed to Agent Orange in Vietnam. His gait is abnormal.” GPT provided the following answer: “Based on the information provided, there are several possible factors that could contribute to the patient's symptoms. It's important to note that as an AI language model, I cannot diagnose medical conditions, but I can provide some general information and possibilities for further evaluation.” This remains a significant caveat in the future use of AI.

These examples provide reasonable, but limited, information. AI-generated responses are informative and advisory, but the final clinical decision and the effects of potential patient outcomes still remain with the clinician. Does GPT offer more than a perusal of a standard textbook or review article? New technologies do not necessarily provide better answers, but they may provide more information in a different format. The limitation of GPT is that the source(s) of the information are not available for an independent review and assessment. Educated, referenced, medical algorithms still provide the best basis for addressing the patient’s problems. ♦



## Exemplary Medical Student Awards 2023-2023

*The Exemplary Medical Student Awards (formerly the Benjamin Rush Awards) were established by the OPPIA in 1967. These awards are presented annually in recognition of fourth year Psychiatry-bound medical students in Oklahoma who have been nominated by their respective medical schools. These students have excelled in their Psychiatry clerkship, professionalism, leadership in medical organizations and the community, research, awards, and academic excellence. These outstanding students received their awards at the May 13 OPPIA Membership Meeting. Congratulations!*



**Deidra Kelly (OU-Tulsa).** Deidra grew up in Tulsa and earned her BA in Professional Writing and MD from the University of Oklahoma. Deidra will be attending UC Davis for residency and hopes to return to Tulsa to increase access to psychiatric treatment in under-insured and uninsured Oklahoman populations.



**Zachary Simpson (OU-OKC).** Zachary was born and raised in Edmond, Oklahoma. He attended the University of Oklahoma in Norman where he graduated with a Bachelor of Science in Psychology, summa cum laude in 2018. A lifelong Oklahoman, he is excited to be moving to Charleston, South Carolina this summer for his psychiatry residency at the Medical University of South Carolina.



**Alexis Wirtz (OSU-Tulsa).** Alexis was born and raised in Michigan where she attended Michigan State University and studied Cognitive and Computational Neuroscience. She went on to attend Oklahoma State University for medical school. She is entering psychiatry residency training at Rutgers University and intends to continue on and complete a fellowship in interventional psychiatry, consult-liaison, or child and adolescent psychiatry.

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## Meet Your New OPPIA President and Officers for 2023-2024



**Tessa Manning, MD**, is Assistant Professor in the Department of Psychiatry at the OU-TU School of Community Medicine and serves as the Associate Residency Program Director and Medical Director for Consultation-Liaison Psychiatry. She completed her medical degree and psychiatry residency at UT Southwestern Medical School in Dallas.

Dr. Manning is board-certified by the American Board of Psychiatry and Neurology and the American Board of Preventative Medicine in Addiction Medicine. She has been inducted into the Alpha Omega Alpha Honor Medical Society and is a member of the Oklahoma Psychiatric Physicians Association and the American Psychiatric Association. Her areas of interest include the treatment of psychiatric disorders in the medically ill, assisting patients gain recovery from addiction, and improving resident and medical student education.

Dr. Manning is very active in OPPIA, serving as Chair of the Diversity, Equity, and Inclusion (DEI) Task Force and as Co-Chair of the Legislative Committee. In addition, she is a member of the Executive Council and the CME Committee. ♦

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## In the News



### Children's Screen Use May Be Altering Their Developing Brains As They Enter Adolescence And Increasing Their Risk For Mood Disorders, Scan Study Indicates

[HealthDay](#) (3/29, Thompson) reports, "Children's screen use could be altering their developing brains as they enter adolescence and increasing their risk for mood disorders," researchers concluded in the [findings](#) of a 5,166-child study involving brain imaging and published online March 20 in the Journal of Behavioral Disorders.

The study revealed that "children ages nine and 10 who spend more time on smartphones, tablets, video games and TV exhibited higher levels of depression and anxiety by the time they were 11 and 12." Additionally, the study team tied "some of these mood disorders to actual structural changes occurring in the kids' developing brains." Cheryl Wills, MD, "chief of child psychiatry with MetroHealth System in Cleveland" and "a board member of the American Psychiatric Association," stated, "While the findings are modest, this is the first structural association with these changes." Dr. Wills had no involvement with the study.

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## Jeffrey Owen, DO

*Dr. Owen received his dual bachelor's degree from the University of Oklahoma and graduated from the Oklahoma State University College of Osteopathic Medicine. He completed residency training at the Ozark Center Psychiatric Residency Program under the Kansas City University-Graduate Medical Education (KCU-GME) Consortium. Following residency, he served as Clinical Associate Professor at Ozark Center and as Clinical Assistant Professor at the OU Department of Psychiatry in Tulsa.*

Dr. Owen is a general psychiatrist with more than four years of academic experience who practices at LifeStance Health in Tulsa, Oklahoma. He sees patients aged 18 to 64 through in-office and tele-visits for a variety of issues including alcohol and drug use issues, anxiety, bipolar disorder, depression, eating disorders, gender identity, grief, hoarding, medical conditions/health psychology, men's issues, midlife transitions, obsessive compulsive disorder, (OCD), postpartum depression/anxiety, psychosis/schizophrenia, PTSD/trauma, sleep disorders/insomnia, somatoform disorders, and women's issues. Dr. Owen believes in empowering people in his community with evidence-based medicine to optimize their mental well-being, including helping treat comorbid substance use disorders and personality disorders. ♦



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HEADLINES

### HRC Declares State Of Emergency For LGBTQ+ Individuals

The [AP](#) (6/6, Schoenbaum) reports the Human Rights Campaign (HRC) “declared a state of emergency for LGBTQ+ people in the U.S. and released a guidebook pointing to laws it deems discriminatory in each state, along with ‘know your rights’ information and resources to help people relocate to states with stronger LGBTQ+ protections.” The “nation’s largest organization devoted to the rights of lesbian, gay, bisexual, transgender and queer Americans said travel advisories aren’t enough to help people already living in states where lawmakers have targeted LGBTQ+ people.”

[The Hill](#) (6/6, Migdon) reports, “At least 525 anti-LGBTQ bills were introduced this year in 41 states, [HRC] said in its warning, including more than 220 pieces of legislation that explicitly target transgender people.” Over “76 anti-LGBTQ bills have become law this year by HRC’s count, more than doubling last year’s number, which was previously the worst year on record.”





# LET US BE YOUR VOICE OF PSYCHIATRY IN OKLAHOMA

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## WHO WE ARE

The Oklahoma Psychiatric Physicians Association (OPPA), a district branch of the American Psychiatric Association, is dedicated to meeting the professional needs of its members and promoting quality treatment and prevention of mental illness and substance use disorders. In performing these functions, members of the OPPA are mindful of the unique history and cultural diversity of Oklahoma, and the influence of social determinants on health and outcomes.

## THROUGH YOUR MEMBERSHIP

Members enjoy discounts on APA and local OPPA branch and chapter CME programs, legislative advocacy on behalf of all psychiatrists in Oklahoma, print and electronic newsletters, and alerts about information you need on all laws, regulations, federal and state healthcare reforms, and more!



## LEGISLATIVE ADVOCACY

OPPA, in conjunction with the Oklahoma State Medical Association, is very engaged in legislative monitoring and advocacy in all matters of interest to the practice of psychiatry in Oklahoma.



## CONTINUING MEDICAL EDUCATION

APA and OPPA serve as the integrated home for all your CME education needs. Attend CME events to network with colleagues, complete educational activities to earn CME credit, meet MOC requirements, learn new skills, and more!



## DIVERSITY, EQUITY AND INCLUSION

OPPA is committed to developing programs and resources to bring awareness to and support the needs of evolving, diverse, and underserved patient populations in Oklahoma, implement strategies to enrich a diverse representation of psychiatrists in Oklahoma and within the OPPA, to reflect the unique, cultural richness of our state, provide an open forum to address issues related to diversity, equity, or inclusion, and foster connections across multiple medical sectors to end mental health inequities.

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HEADLINES

## Ketamine May Be Promising Alternative To ECT For Patients With Difficult-To-Treat Depression Without Psychosis, Study Indicates

According to the [New York Times](#) (5/26, Caron), research “suggests that, for some patients, the anesthetic ketamine is a promising alternative to electroconvulsive therapy, or ECT, currently one of the quickest and most effective therapies for patients with difficult-to-treat depression.” In the “largest head-to-head comparison of the two treatments,” investigators “found that ketamine, when administered intravenously, was at least as effective as ECT in patients with treatment-resistant depression who do not have psychosis.” The [findings](#) were published online May 24 in the New England Journal of Medicine. [Psychiatric News](#) (5/26) reported, “The participants receiving ECT reported greater problems with memory at the end of treatment compared with those who received ketamine, though by the one-month follow-up, there was little difference between the two groups,” the study revealed. Additionally, “ECT participants reported more musculoskeletal adverse effects, whereas ketamine participants reported more dissociation symptoms.”

## FDA Approves Naloxone Nasal Spray for Over-the-Counter Sale

The U.S. Food and Drug Administration (FDA) has [approved](#) Narcan (naloxone) 4 mg hydrochloride nasal spray for purchase without a prescription. Narcan rapidly reverses the effects of an opioid overdose. “Naloxone is a critical tool in addressing opioid overdoses, and today’s approval underscores the extensive efforts the agency has undertaken to combat the overdose crisis,” Patrizia Cavazzoni, M.D., director of the FDA’s Center for Drug Evaluation and Research, said in an FDA news release.

The FDA’s action “paves the way” for Narcan to be sold in drugstores, supermarkets, convenience stores, gas stations, and online, according to the release. The medication will be available in retailers and online by the late summer, and it will still be available as a prescription in the meantime.

The over-the-counter (OTC) approval was granted to Emergent BioSolutions, Narcan’s manufacturer. In February, two FDA advisory committees [recommended](#) Narcan be made available without a prescription. According to a [news release](#) from the company, the OTC product will have the same formulation, device design, and prescription strength as the original product.

Cavazzoni said in the FDA release that the agency is working with its federal partners to ensure continued access to naloxone during Narcan’s transition to OTC status. “Further, we will work with any sponsor seeking to market a nonprescription naloxone product, including through an Rx to OTC switch, and encourage manufacturers to contact the agency as early as possible to initiate discussions,” Cavazzoni added.

APA expressed its support of Narcan for OTC use in a [letter to FDA Commissioner Robert M. Califf, M.D.](#), in January, noting that naloxone nasal spray and autoinjector formulations are safe and effective. Further, APA encouraged the FDA to address supply chain issues; education related to opioid overdoses (such as through a package insert that describes the sign of an opioid overdose, outlines how to administer naloxone, and reminds the user to call emergency services); and cost.

“Cost barriers must be mitigated through payers’ coverage of OTC formulations of naloxone,” APA’s letter stated. “For example, Medicare does not pay for some forms of nicotine replacement therapy such as the patch, gum, or lozenges due to [these products] being OTC. APA encourages FDA to work with [the Centers for Medicare and Medicaid Services] and other payers to keep cost down for the most vulnerable populations.” APA noted that prescribers should continue to write naloxone prescriptions to patients at risk, as insurers can continue to cover prescription naloxone. For related information, see the [Psychiatric News Alert “FDA Advisory Panel Recommends Approval for Over-the-Counter Narcan.”](#)



## Legislative Updates

Psychiatry had a great showing at the Oklahoma State Medical Association (OSMA) 2023 Medicine Day. We spoke with legislators about issues including gender affirming care, the collaborative care model, the health information exchange (HIE) and other issues of interest to Oklahoma psychiatrists.



L-R: Drs. Ahmed Mohammed, Eric Reynolds, Jordan Parsons, Tessa Manning, Sara Coffey, Evan Mashigan, Corey Spence, Brandon Carr, Whitney Nall.  
Not pictured: Drs. Jenny Boyer and Peter Stanbro.

The OPPA and House of Medicine had many victories to celebrate from the 2023 legislative session. **Thank you to all OPPA members who responded to ACTION ALERTs.** Your voice and membership make a difference for our profession and our patients!

### 2023 Legislative Victories for Psychiatry and House of Medicine

- APRN and Psychologist prescriptive authority legislation defeated!
- Passed a [requirement](#) that insurers charge no more for out-of-network care mental health care than they would for in-network care in cases where the insured is unable to obtain covered services in a timely manner.
- Expanded protections for assault and battery against health care professionals to all health care facility personnel and directs health providers to share related data with the Department of Health.
- [Mandate](#) for health benefit plans to provide reimbursement for mental health or substance abuse disorder services that are delivered through collaborative care models.
- Passed legislation declaring that drug testing strips for the purpose of detecting fentanyl or related compounds are not considered drug paraphernalia.
- Defeated bill that would require physicians to offer pharmacogenomic testing to any patient prior to the prescription of psychotropic drugs.
- Passed [legislation](#) that requires insurers utilize claims reviewers who have mental health or substance use disorder treatment experience when analyzing these claims.
- Passed [requirement](#) that insurers eliminate “ghost networks”(inaccurate information in insurance provider directories that results in long wait times and large portions of the state without accessible in-network providers) and maintain an accurate, publicly available, and regularly updated listing of in-network mental health care clinicians.
- Passed [law](#) to create a revolving fund designated the Behavioral Health Workforce Development Fund to be to increase the number of psychiatric residencies and master’s level clinician cohorts.
- Passed [law](#) to create the Oklahoma State University Medical Authority Behavioral Health Workforce Development fund to be used for purposes such as adding new inpatient beds, renovating behavioral health facilities, and increasing psychiatric residency positions.



**Legislative Update** (continued)

**Update on Gender Affirming Care Ban.** Despite documented and clear opposition from the OPPA, the governor signed [SB613](#) (authored by Senator Julie Daniels ) into law on 5/1/23 which makes the delivery of “gender transition procedures” illegal in Oklahoma for children 18 years old or younger. Restricted treatments under the law include the prescription of puberty-blocking medications and cross-sex hormones. Violators will be guilty of a felony. It is expected to be challenged in court, like many similar laws passed in other states. The law specifies that medications to treat depression and anxiety and counseling services are still allowable in this patient population. ♦



## YOUR INPUT IS NEEDED!

**The Congress of the United States has issued a request for stakeholders to provide input on the ongoing surge in drug shortages that continues to jeopardize patient access to care across the country.**

Emerging and persistent shortages currently impact medicines for a wide range of conditions, from pediatric cancer to the common flu. Between 2021 and 2022, new medication shortages spiked by close to 30 percent, and according to the American Society of Health-System Pharmacists (ASHP), “Ongoing and active shortages are the highest since 2014.” The *New York Times* recently reported that shortages have begun to approach an “all-time high.”

These trends can pose dire consequences for everyone, from life-threatening delays in treatment to drug rationing and devastating financial strain. A May 2023 study from the Office of the Assistant Secretary for Planning and Evaluation (ASPE) found that the average shortage affects roughly half a million consumers and triggers a host of direct and indirect costs for both patients and frontline health care providers. While some shortages resolve relatively quickly, others can last for well over a decade, denying access to crucial therapies and forcing those living with even the most serious medical conditions to seek out alternatives or suffer from debilitating lapses in care.

The full text of the request with references can be found [HERE](#). We have heard from many of you about how patients are not getting their prescriptions filled, but we want to better understand how far reaching this problem has become.

OPPA is working with the APA to address prescribing issues on the federal level and better understand how far-reaching this problem has become. **To that end, please fill out this brief survey as soon as possible.** The very brief survey consists of three short questions and will prompt you to share patient stories that will help put a face to the data they collect. Your insights will inform APA’s response to Congress and future advocacy efforts on this issue. Thank you!



## Oklahoma Psychiatry

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Harold Ginzburg, MD, JD, MPH, Editor  
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*Oklahoma Psychiatry* is a publication of the Oklahoma Psychiatric Physicians Association (OPPA). OPPA, a district branch of the American Psychiatric Association, is a medical specialty society specializing in the diagnosis and treatment of mental and emotional illnesses and substance abuse disorders.

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For Every Stage of Your Career

## APA LAUNCHES A NEW ONLINE LEARNING CENTER

To improve your experience, APA and SMI Adviser will be launching an enhanced Learning Center to meet your current and future learning needs. FREE CME on a wide variety of topics of importance to your practice will continue to be offered to all APA and OPPA Members!

The new portal will open on June 28, 2023, at 8:00 a.m. EST.  
Important information about the transition:

- Your login credentials will remain the same so you can easily access your learning activities from one central place.
- Your course enrollments and completion history will also be transitioned to the new system.

Questions? Contact [LearningCenter@psych.org](mailto:LearningCenter@psych.org)



# THE MENTAL HEALTH SERVICES CONFERENCE

- 📍 Capital Hilton in Washington, D.C.
- 📅 Thursday, Oct. 12 - Saturday, Oct. 14
- 🕒 8:00 a.m. - 6:00 p.m. ET

The Mental Health Services Conference began in 1949 as the Hospital & Community Psychiatry Institute to provide an intimate, interdisciplinary forum for all mental health service providers to network, collaborate, learn from each other, and take away practical solutions to real-world issues. More details and information on how to submit oral and poster sessions can be found [HERE](#).

The Mental Health Services Conference is designed for anyone delivering mental health services - particularly those serving on a multidisciplinary mental health team: psychiatrists, primary care and other physicians, medical students and residents, nurses, physician assistants, psychologists, addiction counselors, social workers, medical educators, administrators and policymakers, public health researchers, consumers, and family members. The Mental Health Services Conference brings together the whole team caring for those with mental illness, including psychiatrists, nurse practitioners, primary care physicians, social workers, and more, to collaborate on practical advice to influence systems-level change for their patients. This multidisciplinary event will empower all mental health service providers with practical tools and innovations to shape the future of community collaboration. ♦

