September is here! We look forward to the new academic year with vigor and excitement. The residents have settled into their new academic level and our faculty prepare to teach residents, post-docs, and students of all stripes. Our clinical faculty are hard at work, teaching and seeing patients. Clinical operations are buzzing as we deploy innovative models of care and work towards increasing access, while garnering recognition for clinical innovation in Pennsylvania and beyond.

In this issue, we report on the achievements and activities of our colleagues at the Department of Psychiatry and at the Veterans Administration Medical Center in terms of symposia and lectures, promotions, awards, honors, grants, publications and much more.

**Vision**
Promoting health for the brain and mind to transform lives and the world.

**Mission**
Penn Psychiatry develops and implements new ideas to understand, prevent, and treat disorders of the brain and mind, through innovative research and discoveries, outstanding educational programs, world renowned clinical services, and transformational public health policies.

**Discussions**

Lawrence Blum organized and moderated a campus-wide interdisciplinary panel discussion, sponsored by the Penn – Psychoanalytic Center of Philadelphia (PCOP) collaboration on April 11, called Suicide on Campus: A Closer Look. The lead speaker was Dr. Maria Oquendo. Also participating were Dr. Corinne Masur of PCOP, Dr. Meeta Kumar of Counseling and Psychological Services, and Rebecca Pels, ’19, of SAS.

**Promotions**

Christine Huddleston was promoted to Training and Supervising Analyst by the Psychoanalytic Center of Philadelphia.
Awards and Honors

Congratulations to Cesar de la Fuente who is the recipient of a SHPE Star Award. The award recognizes the exemplary contributions made by a young scientist or engineer who has contributed in outstanding and innovative ways to the progress of research in any field of science and engineering. The award recognizes the most innovative and top Hispanic scientists and engineers in the United States. The award will be presented on October 31st during the SHPE National Convention. In addition to receiving the award, Cesar has been invited to give a keynote talk at the event.

Christine Huddleston received the Teacher of the Year Award by the psychoanalytic candidates of the Psychoanalytic Center of Philadelphia.

Dr. Cecilia Livesey and Julie Dees were selected as winners of the 2019 Philadelphia Inquirer “Influencer of Healthcare for Excellence in Innovation Award”.

Grants

Michael Thase, Axsome Therapeutics, A Randomized, Double-Blind, Placebo-Controlled Trial of AS-05 in Subjects with Major Depressive Disorder, $133,689.


Henry Kranzler received notice of a P30 grant from the National Institute on Drug Abuse (NIDA) to support the Penn PET Addiction Center of Excellence, which is a collaboration between researchers in the Department of Radiology and the Center for Studies of Addiction at Penn and investigators at Yale University. The Penn PACE will support positron emission tomography studies of opioid use disorder (OUD). Its aim is to use this neuroimaging method to understand risk factors for OUD and co-occurring conditions (such as HIV infection) and their treatment. The researchers intend to extend the
effort to include Veterans from the CMCVAMC as well as patients and healthy subjects from the Philadelphia community. You can read more about the new center in the press release here.

Congratulations on the Renewal of the VISN 4 MIRECC Center!

Following a presentation in late May, the VISN 4 MIRECC was renewed with full support for an additional five-year period. The reviewers recently provided written feedback, awarding the Center a final average rating in the “excellent” range. The report acknowledged the Center’s unique conceptual focus on Precision Mental Health Care, noting its potential impact for VA in ways not addressed by other programs. It also made note of the Center’s research efforts, which have been bolstered by strong faculty, dedication to high-risk and high-impact projects, successful pursuit of peer-reviewed funding, a high rate of scientific publication, and investment in fostering junior investigators.

Publications

Dave Oslin et. al. Social Ties and Suicidal Ideation Among Veterans Referred to a Primary Care-Mental Health Integration Program. Psychiatric Services. May 2019.


Henry Kranzler coauthored a paper with researchers at the VA Connecticut and Boston health care systems that was also featured in a News Brief on the homepage of the VA Office of Research & Development. Using MVP data, the team identified five new genetic variants linked to habitual alcohol use. (June) Dr. Kranzler also spoke to UConn Today about the recent renewal of the Alcohol Research Center at UConn Health, where he continues to serve on the scientific advisory board. (June)

Philip Gehrman was quoted in a story on Thrive Global about how comfort objects can help with sleep. (June)
TelePsychiatry

TelePsychiatry, in the form of interactive videoconferencing, has become a critical tool in the delivery of mental health care. It has demonstrated its ability to increase access and quality of care, and in some settings to do so more effectively than treatment delivered in-person.

Recent research has established the applicability and effectiveness of the use of TelePsychiatry in collaborative care. In this model, TelePsychiatry has been used successfully to deliver evidence-based brief interventions, mental health screening, chronic diseases management, and patient education. TelePsychiatry can be used to improve mental health access for patients with medical, geographic, or transportation challenges, as well as increase the convenience and flexibility of treatment delivery.

Penn Psychiatry has deployed or is in the process of deploying TelePsychiatry at:

- PERC (Psychosis Evaluation Recovery Center) - LIVE
- PBHCS EAP (Penn Behavioral Health Corporate Services Employee Assistance Program) - LIVE
- CWED (Center for Weight and Eating Disorders) – LIVE
- The Cohen Clinic – LIVE
- The Charles O’Brien Center for Addiction Treatment – Going LIVE soon
- PIC (Penn Integrated Care) - Going LIVE soon
- FEP (First Episode Psychosis) - Going LIVE soon

If you want to explore if TelePsychiatry is right for your team, contact Ron Andujar.

Does genetic big data hold answers for safer, more effective opioid prescribing?

More than half of Veterans are living with some form of chronic pain. Meanwhile, PTSD, depression, alcohol use, and suicide attempts—all disorders that affect Veterans—are associated with high-dose opioid use, and Veterans are twice as likely to die from an accidental overdose than non-Veterans. Therefore, finding ways to precisely target opioid treatment for pain or addiction could improve safety and maximize benefits, thereby advancing care.

VA researchers are looking to the Million Veteran Program (MVP)—now the largest health care system-linked genomic database in the world with more than 750,000 participants—for answers. With his project, Pharmacogenetic Study of Opioid Agonist Treatments in MVP, addiction psychiatrist Kyle Kampman, MD, along with Henry Kranzler, MD, of the VISN 4 Mental Illness Research, Education, and Clinical Center at the Corporal Michael J. Crescenz VA Medical Center are searching for genetic predictors of opioid sensitivity. Genetic variants can affect the way a person processes medication, so, for a person with a specific variant, one drug (or a particular dosage of the medication) may be more effective while another may carry less risk. Any new genetic discoveries from this study could potentially help predict a patient’s response to the drug buprenorphine for opioid addiction as well as help providers avoid over- or under-prescribing opioids for managing acute or chronic pain.
Dr. Kampman’s study—one of three MVP projects being conducted by VISN 4 MIRECC investigators—supports the Center’s thematic focus on Precision Mental Health Care by making use of big data (merging the power of the MVP database with the electronic health record) to predict treatment outcomes.

**Penn Behavioral Health Corporate Services ASO to Quest Behavioral Health**

On July 1st, the ASO Migration from Penn Behavioral Health Corporate Services to Quest Behavioral Health, Inc. went live. Going forward UPenn and UPHS’ PPO behavioral health benefit plans will be managed by Quest Behavioral Health.

The day was smooth thanks to effective planning and communication. Over the course of the project, 60 project members came together over 30 steering committee meetings and reported back on 15 work stream projects. Every concern was heard, argued, debated and somewhere along the way the team found consensus and alignment. PBHCS spent countless hours planning for and executing the effective transition of care for members in treatment and managing the transition of network providers to Quest. Epic Tapestry was migrated into Quest, the team partnered with ADP and Workday to create eligibility files, claim payment procedures and administrative processes were created. Legal agreements were signed. Runoff will technically last through 6/30/2020, however, it is expected most runoff will occur during the next three to four months. All of these efforts allowed continuity of care to our members, the most important goal of the project.

**Penn Integrated Care in the News!**

Providing mental health care in the primary care setting has been demonstrated to reduce health care costs, improve function and symptom outcomes for patients, and improve provider satisfaction. **Cecilia Livesey, MD**, a Clinical Assistant Professor of Psychiatry and chief of integrated services, and **Matthew Press, MD**, Associate Medical Director of Penn Medicine Primary Care, spoke about the Penn Integrated Care program which embeds mental health experts in Penn primary care offices.

Roughly one fifth of the population experiences a mental illness in their lifetime, yet 60 percent of Americans with a mental illness never receive treatment. There continues to be a lack of access, awareness, and knowledge, as well as a great deal of stigma around mental health. This is especially true in the aging population, many of whom are living on fixed incomes, and struggling with issues like loss of spouse or health problems that can lead to anxiety and depression. Unfortunately, much of the aging population facing these challenges
feel like there are no resources available, or that there is shame around addressing mental health.

But what if they could look at treating mental health struggles like other medical conditions, such as diabetes or high blood pressure? At HUP, primary care doctors are teaming up with the Department of Psychiatry in what they are calling “Integrated Care.” When patients visit with their primary care providers at Penn, they are either screened for mental health issues or self-report any negative feelings they are experiencing. Then, their primary care provider can refer them to other services at Penn to address mental health issues, like psychiatrists or clinical social workers. When patients are being connected to valuable resources by a doctor they know and trust, the stigma is removed and they are more likely to follow-up with a mental health professional. The doctors working on Integrated Care have noticed a higher success rate in older patients, because they have the space and opportunity to talk to their primary care doctors about the issues they face.

With Integrated Care, there is an opportunity to create a proactive, personalized, and data driven approach to mental illness without losing the humanity, intimacy, and compassion of patients. Penn Integrated Care is currently embedded in eight Philadelphia primary care practices. In the first year of the program, Penn projected they would serve 500 patients. Instead, they served 5,000 patients in the first eight months, which proves there is a high demand for this type of care. Integrated Care also creates a bridge between physical and mental health, so primary care doctors can work with other providers such as obstetricians, cardiologists, and surgeons who are also treating these patients. Penn is working to expand the program into all of their clinics, and the success with this program over the past few years has made them the leading experts in this area. Penn is also using the data they collect to proactively identify high risk groups, such as patients with uncontrolled diabetes and depression. The next step is to share what they’re learning with other hospitals, who are currently following their lead and trying to implement Integrated Care into their practices. Doctors at Penn have also created software that doctors in other healthcare systems can be trained to use in their own practices.

Click here to watch the video ➔ Seeking Solutions with Suzanne.

The UPHS Phone Directory

All Faculty and Staff: Please update your UPHS Phone Directory record. To do so, you will need a Penn ID. Please visit http://uphsxnet.uphs.upenn.edu/pb/main/Search.aspx and:

- input yourself in the search box,
- click on your name and update your profile.

If you don’t have a profile (and do have a Penn ID), please add a record for yourself. Thank you.

Keep the news coming!!!

Maria
If you have news you’d like to share for consideration in the next newsletter, please contact:

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https://www.med.upenn.edu/psychiatry/