



APA Assembly Notes

Fall 2011

Speaker of the Assembly — Ann M. Sullivan, MD

Ann noted that at this meeting we had all of the Board members present. They were invited to participate in the discussion as the guests of the Speaker. At this meeting there will be special workgroups of Assembly devoted to important and timely topics like communications, DSM-V, legislative advocacy, access to care, and mentorship.

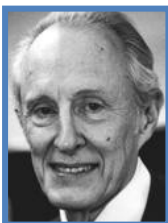
Remarks from APA President — John M. Oldham, MD



APA is a membership organization and the representatives of the membership are in this room. We are doing a lot of work to be proactive in identifying the role of psychiatry in Accountable Care Organizations and Medical Homes. DSM-V is on track for presenting it to the Assembly at the spring meeting in 2013. Joel Yager is revising the format for the practice guidelines and aligning those with the recommendations of the IOM. Just concluded Psychiatric Services meeting in San Francisco was the second best attended Psychiatric Services meeting ever.

For more information Dr. Oldham's email is joldham@menninger.edu.

Warren Williams Award — Presented to Roger Peele, MD



Roger Peele received the award from Area One. He has always emphasized the importance of communication within the organization. He has challenged the APA to have a more open process for many of its activities; he has had a major impact on how we develop each DSM. Roger has been tireless as a representative, he has averaged 4 or more action papers at each Assembly. He is a true defender of the Assembly as the "Voice of the Members."

APA Political Action (PAC) — John Wernert, III, MD, Chair & Scott Barnes APA Staff



Dr. Wernert said that our PAC is not an expense it is an investment. He argued that it is more expensive not to support the PAC. By having a strong PAC we are able to support the Party of Psychiatry. Bipartisanship is crucial. We have to build and maintain strong relationships on both side of the aisle. There has been a 100,000 dollar drop in donations in the last full year.

Medical Director Update

American Psychiatric Press



Rebecca D. Rinehart was recently appointed as the Publisher of American Psychiatric Publishing. She is focusing on enhancements to the online presence of books, journals, and e-products. She wants to use Psychiatric News as the voice of the APA. Her plan is to make that more of an online, multimedia publication. One change that has already been implemented is that as of October 2011 the circulation of Psychiatric News was increased by sending it to 10,000 non-member psychiatrists. As part of this there was a survey sent to these non-member psychiatrists. The response rate was 5%, which is not bad. 87% of non-members responding to the survey were previous members. 68% stopped being members because of the cost of dues. 43% said it was because they didn't see the value of membership. There is a new look for Psychiatric News which will be rolled out in early 2012 – it will be a smaller, cleaner look. Editorial comment – those who have not already done so I encourage you to go to www.alert.psychiatricnews.org and sign up to subscribe to the Psychiatric News reader. Also there is a weekly eNewsletter which is sent to every member that the APA has an email address for. Finally, the revised website for APPI, Psychiatry Online allows search across all sources of content – subscriptions, books, journals and is designed to be much more useful as a resource for clinical information.

Government Affairs

Overall one of the top priorities at the APA is trying to get the Sustainable Growth Rate (SGR) legislation modified – APA and AMA have identified this as a priority for the joint House and Senate super-committee. MedPac recommends “fixing” the SGR by reducing reimbursement by 18% spread over 3 years and then freezing rates of reimbursement for specialty care. There was an extended discussion about proposed cuts in GME funding. The sense is that the best that can be accomplished is to minimize cuts, even though there is widespread recognition of a future shortage of physicians due to too few residency training positions.

Association Issues

With regard to the previously noted decrease in membership at the APA, Jay said that he felt that a professional assessment needed to be done. And plans are underway to do such a study.

Jay felt that at this point the APA needs more staff to get essential work done. There has been a 20% reduction in staff at the APA in the last couple of years and at this point there is evidence of staff burnout due to increased workload.

A question was raised about the budget implication of increasing number of lifers along with a request to get a report of the number of members transitioning by DB by year. Terri Swetnam said she would do that.

Action Papers



The Assembly approved –

- Guidelines for helping children in disasters
- An action paper urging greater efforts to oppose requirements to prescribe 90 day supplies for controlled substances from insurance companies

- A paper that argues that patients who are unable to obtain an appointment with an appropriate general psychiatrist or subspecialist through their MCO provider panel within recognized standards for access (urgent care- within 48 hours of requesting an appointment; non urgent care- within 15 days of requesting an appointment) should be able to contract with any willing provider for treatment at that psychiatrist's usual and customary fee for the duration of the treatment episode
- An APA position statement that defines health care as a right
- A position statement supporting remuneration for psychiatrists' time performing utilization review
- A position statement that encourages psychiatrists to take steps to ensure their health and the health of colleagues in other specialties
- A process for reviewing plans that are being developed to monitor life-long learning as part of maintenance of certification
- A paper that asks the APA to publish templates for documenting appropriately services provided for each CPT code
- A request that the APA continue to support the Public Psychiatry Fellowship even though pharmaceutical company support for this activity is disappearing
- Creating an annual mentorship award
- Creating an online resource to assist members in selecting an Electronic Health Record system.
- That the bylaws of the APA be changed so that those who pass their psychiatry boards would be automatically made fellows in the association
- A position statement on review of sentences for juveniles serving mandatory lengthy terms of imprisonment that defines elements of an appropriate review of those sentences
- A measure calling on the Council on Medical Education and/or the Council on Minority Mental Health and Health Disparities to monitor the NRMP match process to prevent unintended disparities in residency placement for IMG's due to the new requirement that all positions go through the match
- Creation of a minority and multicultural interest month, to be coordinated by the Office of Minority and National Affairs
- A recommendation to the APA to consider reinstatement of the State Legislative Institutes or to have the Council of Advocacy and Government Relations make other suitable recommendations and to report to the Assembly at the May 2012 meeting
- Development of a formalized mentorship program for MIT Assembly Representatives
- Creating an annual award from the Women of the Assembly to recognize a woman who has made significant contributions to psychiatry

Council on Healthcare Systems and Finance – Anita Everett, MD



Dr. Everett presented information about models for integrated care – integrating psychiatric care into primary care settings. The most studied model is the IMPACT model. Patients like it. The psychiatrist is a

consultant leader to primary care physicians, and sees some patients. One reason for the importance of these models is the expansion of funding for Federally Qualified Community Health Centers (currently provide care for 20 million and in the next five years slated to provide care for 30 million). Federal policy now requires that clinics provide mental health care. Patient Centered Medical Home is a model that is defined by the NCQA. The focus is on case management – following patients to ensure appropriate care

happens. It requires access to mental health care, but doesn't require onsite mental health services. APA Workgroup on integrated care is developing educational and other resource information to support psychiatrists providing care in this way.

For more information: There are several sources of more information about the integrated care model. www.impact-uw.org is a site that provides more information about the Impact model. Karen Sanders at the APA maintains a very useful mailing list. Email her at ksanders@psych.org to get put on the list. <http://uwaims.org> is also an excellent source of information on integrated care.

AMA Section Council on Psychiatry – Carolyn Rabinowitz, MD



Dr. Rabinowitz noted that, "This is not your father's AMA". Now the AMA has much greater diversity of membership. It is younger and has more women and people of color. Specialties now represent 50% of the members in the house. Focus at the AMA is not just pocket book concerns. There has been a dramatic increase in respect for psychiatric leadership at the AMA. Resolutions introduced by the psychiatric section have been well received. Dr. Jeremy Lazarus (a psychiatrist) was elected President-Elect of the AMA in June of 2011. Dr. Patrice Harris (another psychiatrist) was elected to the Board of Trustees in June as well.

Treasurer's Report – David Fassler, MD

Dr. Fassler said that it appears that the APA will end this year with a 2.85 million dollars surplus. This is due to a 5.6 million surplus for American Psychiatric Press. The American Psychiatric Foundation will run a 2.7 million deficit. Overall, revenue for the organization is down by 1.7 million but expenses are below budget by an even greater amount: 4.5 million. Meeting revenues are down 1.6 million due to reduced income from registration and exhibits. Membership dues are down by 500,000 dollars overall. There is a plan to grow international membership as well as to make other efforts to reverse the drop in membership by American psychiatrists. Advertising revenues are stable at 6 million dollars a year now (down from 10 million dollars about three years ago). During that same period, the net revenue from meetings fell from 9 million dollars to 3 million dollars. During that period pharmaceutical industry support (of all kinds) dropped from 18 million dollars a year to 4 million dollars a year now. Overall there are 76 million dollars in reserves, distributed across the three organizations. The bulk of overall reserves are in the foundation. The plan is to reduce those over time and increase general reserves.

Ad Hoc Workgroup on MOC – Mary Helen Davis, MD



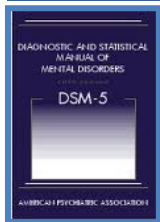
Mary Helen Davis said she understood member concerns about maintenance of certification (MOC) to be particularly related to costs, ethics, and confidentiality concerns. The MOC process is underway and there does not appear to be much that can be done about it, but more significantly there will also be a Maintenance of Licensure process that will be rolled out on a state by state basis over the next ten years (see below). Similarly there is ten year phased in requirements for MOC from ABPN which is pretty confusing. Every year the requirements change. The ultimate goal is continuous

documentation of MOC (via lifelong learning) with an annual fee. There are four parts of MOC – (1) Professional standing (mostly being licensed), (2) CME plus self-assessment, (3) a secure online cognitive exam (test), (4) some kind of quality improvement with peer review. In terms of quality improvement, the focus is on quantifiable performance measures – adherence to guidelines, patient experience of care (satisfaction), patient outcomes, and cost of care.

Maintenance of Licensure guiding principles that have come from Federation of State Boards are as follows: (1) MOL should support lifelong learning, (2) MOL should be administratively feasible and developed in collaboration with other stakeholders, (3) MOL should not compromise patient care or create barriers to physician practice, (4) MOL should balance transparency with privacy protection. Overall there is a recommendation that MOL be implemented as quickly as possible. Implementation should be completed within ten years at the latest. All of this means that DB's need to be actively monitoring and providing feedback to Medical Boards. Dr. Davis plans to send the assembly reps who come from states in which a pilot MOL project is underway a request to contact their state medical board to determine what the pilot project regarding MOL will entail for MDs or DOs in their state.

For more information: Dr. Davis suggests a few websites - www.abpn.com, <http://apaeducation.org>, and www.psych.org/moc. And her email address is mhdavis610@aol.com.

DSM-V Update - Glenn Martin, MD



David Kupfer and Darrel Regier from the DSM-V Task Force gave an update on the DSM-V development. DSM-V will be presented as DSM 5.0 with plans for many more incremental changes. Proposed new diagnoses include – autism spectrum disorder, complex and simple somatic symptom disorders, premenstrual dysphoric disorder, attenuated psychotic disorder, mild neurocognitive disorder, mild traumatic brain injury, disruptive mood dysregulation disorder, mixed anxiety and depression, personality disorder trait specified, and avoidant restrictive intake disorder. Final posting of proposed revisions will be on the website in the summer of 2012. These will be presented to the Assembly in the Fall 2012. The hope is to distribute the DSM V texts at the Spring 2013 Annual Meeting in San Francisco.

President and Assembly Speaker - John Oldham, MD and Ann Marie Sullivan, MD

Herb Peyser made a request for improved tracking of approved Action Papers, and specifically focused on his Action Paper requiring candidates for high APA office to disclose potential conflicts of interest. He pointed out that disclosure has been required for several years for members serving on Components and in the Assembly. Dr. Oldham indicated his interest in pursuing this issue.

There was a question about the Supercommittee's pending recommendations about the federal deficit and impact on Medicare and graduate level education. Drs. Oldham and Sullivan expressed their concern and described ongoing discussions among the AEC and BOT about how best to address this issue.

Someone asked how the APA could better market itself and its benefits to those psychiatrists who remain unaffiliated. Dr. Oldham responded with increasing discussion about better access to technology

and media to improve communication, including the importance of Assembly representatives disseminating Assembly accomplishments to our constituents via the Assembly digest, for example. There was a suggestion to improve "customer service" culture of the APA by improving our capabilities to make new members to the APA or to its various components and committees feel more welcomed. There was a question to Dr. Oldham about anything he would like to have done that he had not yet accomplished in his tenure as president, he responded with wish that the APA could be more "nimble" and responsive to urgent needs.

President-Elect and Assembly Speaker-Elect - Scott Benson, MD and Dilip Jeste, MD

Dr. Benson amplified Dr. Oldham's comments about the importance of developing new ideas and improving use of technology and media for communication and marketing of the organization, its ideals and importance, to psychiatrists and to psychiatry.

Dr. Jeste emphasized the importance of the APA officers operating as a team.

Dr. Bruce Hirshfeld asked Dr. Jeste about the importance of international membership. Dr. Jeste responded by acknowledging the importance to the world's psychiatrists in belonging to the APA as the international voice of psychiatry, not just in the US.

A question was asked about APA's efforts to expand international membership being perceived as a threat to WPA's membership numbers. Dr. Jeste responded with assurances of improved cooperation and collaboration between the APA and the WPA.

A question was asked about how the APA intends to respond to the upcoming issue of MOC and MOL. Dr. Jeste responded with assurances that the issue would be addressed, among other important issues, including access to care and parity of third party coverage for patients who need mental health treatment.

There was a suggestion that the APA present a dashboard of progress in its various ventures and efforts, Dr. Jeste responded with a solicitation for ideas from Assembly and from APA members.

Dr. Benson presented a summary of the leadership's program for the APA (Drs. Benson, Jeste, Oldham, and Sullivan all participated in developing this) –

The Seven Initiatives

APA Governance, 2011-2012

1. Membership

Attracting MITs

Retaining ECPs

Engaging International psychiatrists

2. DSM-5

DSM-5 Taskforce

BOT Oversight

Assembly Workgroup on DSM-5

3. Government advocacy

Parity implementation coalition

State legislative collaboration

4. Healthcare Reform

5. APA/DBSA collaboration

6. Use of New Media for communication

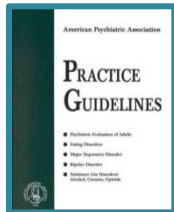
*BOT Taskforce on technology
Assembly Workgroup on Communication
7. Maintenance of Certification/MOL*

Committee on RBRVS, Codes and Reimbursements Report – Ron Burd, MD



It was recommended that psychoanalysis codes be increased in value by 50%; however CMS has elected not to accept that recommendation. There is a strong sense at CMS that 90862 is an overvalued and overused code. We may find we will need to use E&M codes in the future. Ron also reminded members that there is an excellent book published by American Psychiatric Publishing called Procedure Coding for Psychiatrists that has answers to many of the questions about “best practices” in documentation and coding.

Assembly Steering Committee on Practice Guidelines – Daniel Anzia, MD



Practice guidelines are going through a new process designed to make them better aligned to the Institute of Medicine standards. They will be based on the GRADE method of rating quality of studies as well as on a formal process of defining expert consensus. They will also be more focused on key clinical questions and will be updated every year so that they stay more relevant and up to date.

For more information: The practice guidelines web page on psych.org has been updated. If you would like to join a “Practice Guidelines—Assembly Reviewers” email list in order to receive notifications when new clinical questions and guideline drafts are available for review, please send a request to guidelines@psych.org or sreid@psych.org. If you have any questions, don’t hesitate to contact Sara Reid, Practice Guidelines Project Manager, at sreid@psych.org or 703-907-8608.