Please take what you like from this and send it out in a modified form to your members. I would like to express my appreciation to Dr. Adam Nelson and Dr. Barbara Yates for their help with these notes. I also want to thank Drs. Bart Blinder and Scott Benson for their support for this effort. Any mistakes, intentional or otherwise, are my own, not theirs. Peter Forster, MD

In Memoriam

The Assembly heard a presentation by Roger Peele in honor of Larry Kline, who passed away this past year. Larry was an active member of the Assembly for nearly twenty years. The organization has lost a great speaker, debater, and a true friend.

Report of the Recorder — Melinda Young, MD

Mindy presented the minutes from the last meeting for approval. She distributed a report on the status of previously approved action papers. She has worked closely with Assembly staff to find all of the Action Papers that have been considered by the Assembly in the last six meetings. She was pleased to announce that No Action Papers are lost.

Treasurer’s Report – David Fassler, MD

The Treasurer’s report was distributed. The Association had a deficit this past year of $350,000. There were greater than expected staff savings which did not quite offset the losses of revenue. Publishing sales were $1M less than last year, mostly due to DSM-IV sales (because of the release soon of DSM-V). The Hawaii meeting earned $2M less than the previous meeting due to lower attendance. This is part of a trend over the past five years of lower attendance and lower revenue. It was noted in the discussion that attendance for the CME, Inc. meeting has not declined as much. Advertising revenue and revenue from membership has been fairly steady (despite losses in the number of members). Reserves for the APA are growing slowly but are somewhat less than the recommended amount for a non-profit (reserves equal to a year’s operating expenses).

For more information: The complete treasurer’s report can be accessed here.
DSM-5 Update – David Kupfer, MD, Darrell Regier, MD, Glenn Martin MD

Glenn Martin reminded members that the Assembly’s DSM Committee has been very active and will be meeting in person and conference call as we move toward the November vote for approval. The near final draft of DSM-5 has been posted for final public comment through June 15, 2012. Two items were moved into the section for further study: Attenuated Psychosis and Mixed Anxiety and Depression. The Major Depressive Disorder criteria were modified to clarify the distinction between normal bereavement and a diagnosable disorder. Also added was a more extensive Personality Disorders discussion about the rationale for changes with the evidence for the reliability of dimensional measures and for the categorical diagnosis of Borderline Personality Disorder. There was a discussion about the Autism Spectrum diagnosis. This new diagnosis was the reflects the difficulty separating the four diagnoses that were used in DSM-IV. There has been a lot of attention to the concern raised by families who fear the loss of services if there are changes in the diagnostic criteria. By July a summary of the changes and talking points should be available. This will be distributed to district branches, and members of the organization so that they can provide accurate information to the public.

For more information: Go to the DSM-V web page for the latest information.

Warren Williams Award — Presented to Laura Fochtmann, MD

Glenn Martin presented the Warren Williams Award to Dr. Fochtmann. She has done a great deal of work for the APA but Dr. Martin particularly focused on her courageous and public defense of the value of electroconvulsive therapy. She has been a remarkable resource to the association and to the profession.

Medical Director’s Report — Jay Scully, MD

Jay noted that the revised website is up and running. There is a new internet address for the APA: www.psychiatry.org. Jeff Borenstein is the new editor of Psychiatric News. It is smaller, easier to read and it is being distributed to member and non-member psychiatrists on a trial basis to see if it gets non-members to join the APA. The Annual Meeting attendance is better than Honolulu, but not as good as New Orleans. There has been a significant drop off in international attendance, perhaps due to less drug company support for travel expenses of international psychiatrists. The APA is an aging organization. Membership continues to drop off. 21% of membership is 71 and over. 14.5 % is 35 and under. Jay Scully noted that the APA has been actively working with attorneys and others to address parity issues. APA has been advised by the administration that the final regulations implementing parity won’t be released until after the 2012 election. The House and Senate are billions of dollars apart in terms of the budgets for all aspects of government including funding for NIH, health care, etcetera. Veterans training act will create 50 residency slots that would involve paying off medical student loans in exchange for a six year commitment to work in the VA.
There will almost certainly be cuts in Medicare funding for physicians in January. APA and the other medical society organizations are trying to look at an alternative to the SGR for cost containment of Medicare.

**Action Papers**

The Assembly approved –

- Requesting the VA to allow its physicians to access state physician monitoring programs.
- Lobbying for changes in health plans to waive or minimize deductibles for adults, children and adolescents with serious mental illnesses.
- Lobbying for continued availability of medication which in the opinion of the treating physician has been effective.
- Stating that medical marijuana is not an appropriate treatment for PTSD.
- Advocating for insurance reimbursement for collection of urine for drug screening in the treatment of patients with substance use disorders.
- Coming up with a mechanism to provide revenue sharing from the national organization with the district branches.
- Giving annual awards to the 2 district branches that increase membership the most.
- Providing continued support to the APA Diversity Leadership Fellowship.
- Supporting recording and distributing APA Annual Meeting Course material to members after the meeting.
- Supporting expanded opportunities for MITs to participate within the APA.
- Recommending that illness severity scales, WHO-DAS II, and PROMIS be located in the part of the DSM listing proposals in need of further study.
- Recommending the development of a “Find a Psychiatrist” Function for Patients on the APA Website.
- An APA position statement advocating for non-discriminatory access to care for transgendered individuals.
- A request to reconsider the APA position statement on computerized medical records in the light of recent security breaches of medical records.
- Formation of a Council on Global Psychiatry and support for the work of that council through the Office of Minority and National Affairs.
- Requesting that the FOCUS journal and associated CME which supports members in their maintenance of certification with the ABPN be made a member benefit.
- Asking the APA Board to revise the requirements for votes on national APA initiatives so that only 15% of eligible voters would need to vote but, if there was such a low turnout, the initiative would also have to be approved by a 2/3rds vote of the Assembly.
- Requesting that APA meet with District Branch leadership to ensure the health of DB’s and their compliance with laws related to non-profit corporations.
- Directing the Speaker to move action papers at the next Board of Trustees meeting.

There was a vigorous debate about whether we should change the policy of the APA to invite pharmaceutical industry support for CME at the annual meeting. It was suggested that the loss of the
industry sponsored symposia were a factor in the declining attendance at the APA Annual Meeting. On the other hand many speakers applauded the APA position on our relationship to industry and stressed the importance of continuing the policy. The action paper that requested that the policy be changed failed.

For more information: The original (unamended and therefore not the approved versions) of the action papers can be found here.

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

Dr. Oldham commented that he has been very pleased to see all the hard work that is being done around the country in all the district branches. Both Dr. Oldham and Dr. Sullivan commented that this year there has been a much stronger collaboration between the Board and the Assembly. Dr. Sullivan recognized that Dr. Oldham has been very involved in the activities of the Assembly and expressed her strong appreciation for his efforts.

Ad Hoc Workgroup on Healthcare Reform – Paul Summergrad, MD

The context for this is that there is limited funding to provide broader healthcare coverage. The group is presenting information to suggest that additional funding for psychiatry adds value in terms of improving health outcomes. The group supports the clinical and potentially economic value of psychiatric integration into medical care settings. The value is greatest for older and chronic populations where there is substantial medical co-morbidity. Many models use psychiatrists in a consulting role. The committee strongly supports integrated financing of mental health and general health (no carve outs) in the private healthcare environment. In the public setting there need to be protections that maintain funding for the care of the seriously mentally ill.

For more information: Contact Dr. Summergrad at psummergrad@tuftsmedicalcenter.org.

Election Results for Assembly Office

Mindy Young was elected as Speaker-elect and Jenny Boyer was elected Recorder for 2012-2013. Scott Benson was elevated to Speaker of the Assembly. Joseph Rubin, past Speaker of the Assembly has been appointed Parliamentarian.

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

Dr. Jeste’s theme for his presidency is going to be “Wellness across the Lifespan”. The issue of Maintenance of Certification will be addressed by the Board and the Board and the Assembly will work together to address member concerns about MOC. Dr. Benson talked about the importance of communication with other members. Our members don’t know about all of the work that the APA does, but effective communication needs to
come from people who are known to the member, hence the role for the Assembly members in communicating with their constituents.

**APA Political Action Committee, John Wernert, MD**

Dr. Wernert informed the Assembly that this year promises to be a very politically active year with several seats up for grabs in the Congress and a Presidential election year as well. Several factors promise to influence the outcomes of these elections, including world events, economics, President Obama's ratings, and GOP likely candidate Romney's campaign platform. This past year, APAPAC lobby budget was around $401K. In contrast, AMAPAC spent $2.35M, BCBS $2.41M, and AHA $3.94M. Psychologists lobby spent $377K. Over the past year APAPAC contributed to several candidates on both sides of the aisle to the tune of about $209K. Our theme is that "We are the party of Psychiatry". However, our contributions have dwindled significantly over the past year. We have lost numbers of contributors. Most appalling is the reduced percentage of Trustees and Assembly members who have contributed to APAPAC in the past year. Impressively, the percentage of MIT and ECP psychiatrists remains quite high, near 100%. Dr. Wernert encourages all Assembly members to step up as leaders in contributing to APAPAC; to lead by example. He asks us to remember that APAPAC contributions are an investment, not an expense. However, it is more expensive to not contribute.

*For more information:* Contact Dr. Wernert at dr.john.wernert@gmail.com.

**Next Steps from Assembly Committees**

**Access to Care – Joseph Mawhinney, MD, Chair**

There was a vigorous discussion about the challenges facing psychiatrists who want to advocate for better access to care. There was discussion about the role that telepsychiatry may plan in improving access. There is a clear need to work more closely with primary care providers. One hopeful aspect of the discussion was the recognition that members in training and early career psychiatrists may be able to advocate effectively for change.

*For more information:* People who are interested in being kept abreast of these initiatives are urged to email Dr. Mawhinney at drmawhinney@sbcglobal.net.

**Communications – R. Scott Benson, MD, Chair**

There was an animated discussion about the new APA website and an opportunity to provide feedback. There was also a discussion about ways that the APA can help district branches (by providing assistance with their website). Those who participated agreed that this was a very important topic and deserving more attention throughout the year. As a result a list serve (a subgroup of the APA LinkedIn group) will be setup to host discussions on the theme of communications and technology in psychiatry.

*For more information:* Contact Dr. Benson at rsbenson@bellsouth.net.
Legislative / Public Affairs – Melinda Young, MD, Chair

The APA Assembly Work Group on Legislative Issues was charged with working to assure that each District Branch and/or State Association is prepared to meet its state legislative challenges. The goal for this year was to develop a compendium of resource materials or information to aid DBs and SAs in addressing state legislative challenges. To date, the Work Group has developed a document addressing "Aspects of Legislative Work", directories of resources available within the APA and at the AMA, a study addressing what MITs want and need to increase their involvement in the legislative process, a model Area Legislative Institute, a model of coordinating legislative work among professional organizations, and a proposal, accepted by the Board of Trustees and forwarded to the Division of Government Relations for further study and consideration of implementation, for re-instituting the APA State Legislative Institute. Next steps include developing a directory of useful legislative products and tools within each state, delivering this material to the District Branches and State Associations, and developing a mentorship process among DB/SA members and staff.

For more information: Contact Dr. Young at m.l.youngmd@gmail.com.

Maintenance of Certification – James R. Batterson, M.D., Chair

At the workgroup, there was vigorous discussion about strategies for dealing with PIP additions to the certification process. There was support for the idea that we need to oppose this until and unless it can be shown to be effective rather than a purely bureaucratic process. It was noted that APA members voted that it felt that the PIP process was not ethical, however the Ethics Committee of the APA voted that it felt that the PIP was ethical. Dr. Batterson said that the workgroup plans to work to keep these issues front and center in the eyes of the Board of Trustees of the APA. Dr. Batterson noted that the Board website will in the next year change how it lists board certification. Psychiatrists will be listed as “Board Certified, Participating in MOC” or “Board Certified, Not Participating in MOC” (the latter for individuals who are grandfathered in).

For more information: Contact Dr. Batterson at bbatterson@cmh.edu. A copy of his report is available here.

Membership Engagement / Mentorship – Harry Brandt, MD, Chair

At this meeting of the Assembly, the workgroup met twice. During the first meeting, the workgroup refined ideas about how to foster mentorship including avoiding overlap at the APA Annual Meeting of medical students (PsychSign), ACOM, Chief Residents, and Assembly MITs and ECPs to allow for greater cross fertilization and mentoring. Additionally, planning will begin now for new mentoring sessions at the annual meeting in San Francisco.

During the second meeting, the Workgroup conducted an “in-vivo” Assembly mentoring session with concurrent discussion groups on women’s issues, how to maximize APA involvement, and methods to
foster meaningful mentoring within the Assembly and APA. Many useful action items emerged and will be pursued as the group moves forward.

**For more information:** Contact Dr. Brandt at harry@brandtmd.com.

**DSM - V – David Kupfer, MD**

This is a time when a great deal of work is going to happen in a short period of time to try incorporate feedback from the public and psychiatrists into revisions. There will be a section that is an introduction that includes the crosswalk to ICD-10 and highlights changes. The second section will be the diagnoses. Finally the third section will include diagnoses for further study. The Assembly is supposed to vote on the final text by September and it is supposed to be released in May 2013 at the time of the San Francisco meeting.

**For more information:** Go to the [DSM-V web page](#) for the latest information.

**Health Care Reform – Paul Summergrad, MD, Chair**

There was discussion about how can psychiatry be more effective as members of accountable care organizations, and as consultants. There was also a discussion about how to train the new generation of psychiatrists to assume those roles.

**For more information:** Contact Dr. Summergrad at psummergrad@tuftsmedicalcenter.org

**Assembly Committee on Public and Community Psychiatry – Laurence Miller, MD, Chair**

There was a discussion about a shortage of psychiatrists and of adequate funding. As well as a discussion about the lack of long stay beds. There is a plan for the assembly workgroup to establish closer ties with the American Association of Community Psychiatrists.

**For more information:** Contact Dr. Miller at LaurenceMillerMD@aol.com

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

There are going to be a number of changes. 90862 will go away. Final code changes are expected some time in September from CMS. Code changes will become effective January 1, 2013 for Medicare. All of the psychotherapy codes (90804 – 90809) will be deleted and replace with new codes that reflect “interaction complexity.” There will be new codes 908P10, 908P10X, 908P20, 908P20X, 908P30X, 908CP1, and 908CP2. We will need to prepare members to use the basic medical Evaluation and Management codes. Dr. Burd felt strongly that psychiatrists should use E&M codes. The code changes apply only to Medicare, insurance companies usually follow suit but that can take time to implement.
For more information: There is a powerpoint presentation from Dr. Burd available at the APA Lifelong learning website.

Presentation of Assembly Awards – Bruce Hershfeld, MD

Dr. Bertram Warren received the Ronald A. Shellow Award for service to the Assembly. Theresa Miskimen, Rep, N.J., captured the contributions of Dr. Warren in her letter supporting his nomination. She said, “As a mentor, colleague and friend, Dr. Warren, has been an exceptional role model for many of us during his many years of service in the APA”.

North Carolina won the Assembly District Branch Best Practices Award for their innovative “Birthday greeting” message to members and successful transition to an e-Newsletter. The Psychiatric Society of Virginia earned an Honorable Mention for their successful “Day on the Hill” which was held in conjunction with the Medical Society of Virginia’s “White Coat Day.”

APA American Medical Association Delegation – Carolyn Robinowitz, MD and Georgia Tuttle, MD

Dr. Robinowitz is the chair of the APA delegation to the AMA. She noted that a psychiatrist, Jeremy Lazarus, will be inaugurated in mid June as president of the AMA. AMA has undergone a lot of change in the last decade – there is now an increased voice for psychiatry and increased respect for the specialty. There are psychiatrists on the Board of Trustees and most of the councils. Dr. Robinowitz introduced Dr. Tuttle, who is a member of the AMA Board of Trustees. She spoke about how the AMA works with the APA on scope of practice issues, graduate medical training issues, and other issues of concern to psychiatry. Dr Lazarus is terrific he combines strength, kindness, compassion and commitment. Dr. Tuttle asked members to please join AMA for one year! Together we are stronger is the AMA motto and it is true.

For more information: For information about the AMA you can go their website.

American Psychiatric Foundation — James H. Scully, Jr., MD, Chairperson & Medical Director & Paul T. Burke, Executive Director

There is a reorganization of the foundation that is well along. There is a need to diversify fundraising. The Foundation supports “Health Minds” on PBS, which is now in its third season (it will be broadcast in September). Last year the series was nominated for two Emmy awards. There was an inspirational video about the impact and goals for the program in terms of fighting stigma.

For more information: Go to the APF webpage for information about the foundation. You can also go to the WLIW website to see all of the episodes of “Healthy Minds.”
DB Survey Results – Barton Blinder, MD

Dr. Blinder presented the results of a survey of district branches about their operations and financial health. Approximately 40% of district branches have difficulty meeting APA goals in CME, membership services, advocacy and public affairs. The area that was the most difficult for DB’s was public affairs and nearly half of DB’s reported difficulty in that area.

For more information: The complete presentation can be found here.