FALL 2015

SENIOR PSYCHIATRIST

WHY AMA FOR SENIOR PSYCHIATRISTS?

SENIOR PSYCHIATRIST QUESTIONNAIRES
WITH DILIP V. JESTE, MD and PAUL WICK, MD

OPPORTUNITIES & CHALLENGES
FOR PSYCHIATRISTS PRACTICING IN THEIR EIGHTIES

PRACTICE TIL YOU DROP?

FALL 2015

SENIOR PSYCHIATRIST

Officers and Committees

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SENIOR PSYCHIATRISTS

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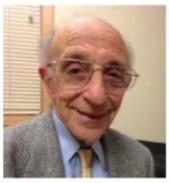
Cover Photo by Nada Stotland, MD- Our photo is of a shrine in Tokyo, where the meeting of the International Association for Women's Mental Health took place. The white strips on the branches may look like snow, but it was actually cherry blossom season. At the shrine, people make donations and receive fortunes/predictions about their futures. They tie undesirable fortunes on to these branches.

FROM THE EDITOR

SENIOR PSYCHIATRIST



By Philip M. Margolis, MD
Editor

By Garry Vickar, MD
Associate Editor

In this issue, we want to tell you a bit about what we are doing and what aspirations we have for the future; what some of our needs are, how the APA can help and how we can be of help to the APA. In the next magazine, we plan to give a history of our origin as Lifers and our subsequent transformation to become Senior Psychiatrists, Inc.

We do believe that we can be helpful and useful to the APA, as well as to ourselves personally. For example, our current president, Nada Stotland, is already envisioning and about to start a dynamic mentoring program.

We are becoming attentive to the District Branches and their Senior Psychiatrists, to relate to and work with. In essence, we believe we can be helpful "locally." In concert with the APA, we reach out to the DB executive directors to highlight the needs of the Senior Psychiatrists in their area. Many "retired" Seniors feel disengaged, both DB-wise and nationally. Each District Branch needs to re-arouse their Senior Psychiatrists. The collective wisdom of the DB and the APA can make this happen. We need more communication between the APA and the District Branches on the issues impacting senior members.

The Education Committee, working with Paul Wick and others, fashioned excellent workshops for senior psychiatrists, presented at the APA meetings in Toronto.

We want to focus on ways we can use our individual and group resources to be helpful to the APA, to direct our energies on behalf of the APA. Here are some examples of issues we can work on together:

1. The Veterans Administration has dire needs. For example, there is "moral injury" whereby veterans feel guilt and shame because they are doing things or seeing things that are against his/her values.
2. Not enough research is being done and directed by psychiatrists; more need to be involved and active.
3. We need a better integration of physical and mental health care; we need systems developed to make this integration real and productive (the Murphy -Cassidy legislation is a step in the right direction.) Saul Levin, our Medical Director, is pleased with the Mental Health Reform Act of 2015. We are referring to a collaborative care effort between psychiatry and the rest of medicine. Psychiatry and medicine need to stand together and be useful to one another.
4. We need to encourage the diversion of non-violent offenders from jail and prison to the mental health courts and back into society as useful persons.
5. Stigma must continue to be attacked.
6. Marijuana is the rage nowadays, but we need to be careful. Some dangers of major use need to be further studied.
7. Should a civil judge be able to enforce carrying out an out- patient treatment plan? Can he/she enforce a mental health parity plan? In fact, APA is deeply involved in examining and rooting out parity problems, whereby enforcement is often not accomplished or ends up completely ineffectual. There is neglect in the parity law. There are many violations. A few days ago the U.S. Court of Appeals for the second circuit finally ruled that a lawsuit against the United Health Group can now move forward. The APA (e.g.) now has the right to sue for mental health parity violations, on behalf of its members and their patients.

The above seven areas, and there are many more, are issues that many of us as senior psychiatrists are aware of and concerned about. We know that APA is as well. I may sound naïve, but these are issues that we ought to be able to deal with together. The APA and the Senior Psychiatrists are really deeply involved in many of the same problems and issues They can help one another, and, indeed, ought to be working and thinking together.

Personally, I would like to see the Senior Psychiatrists become politically active within APA, knowing who is running for office and voting for whom they choose, individually and as a group. Potentially we could be a serious and strong force within APA.

We close with a sense of disappointment that the Assembly Action Paper advocating a work group concerning the Senior Psychiatrists has not yet gotten on to the Board of Trustees Agenda. Read the full Action Paper in this magazine. We are optimistic that it will get to the BOT this fall.

In a sense we need to "rejoin" the APA and work together productively. I think what we are looking for is mutual respect. Let us work to that end!

US Court of Appeals REVERSED in Part Dismissal of a Key Mental Health Parity Case Brought by NYSPA

The U.S. Court of Appeals for the Second Circuit REVERSED in part the district court's dismissal of a key mental health parity case brought by the New York State Psychiatric Association (NYSPA) and others. The decision is attached. Congratulations to NYSPA on this decision, which improves Mental Health Parity Act enforcement. Accomplishments of this decision include:

* Recognition that NYSPA could represent its members and their patients in pressing a claim under the Mental Health Parity Act through Associational Standing. This issue may sound familiar to you, because APA, and separately the AMA, filed Amicus Briefs in this case addressing this point.

* Recognition that United could be sued even when it acted not as the insurer, but as the administrator of a self-insured plan. United argued that because it was not the insurer, the plaintiffs had to sue their employers who provided the health plan. NYSPA and the US Department of Labor argued otherwise. The Court concluded that carriers who violate MHPAEA and exercise significant discretion in the administration of the plan's benefits were appropriate defendants. This is a victory for psychiatry. We congratulate our New York colleagues for pressing the case.

http://law.justia.com/cases/federal/appellate-courts/ca2/14-20/14-20-2015-08-20.html

Please note that our Anthem case will be argued on Sept. 21 in the same court. This case takes on the issue of whether disparities in rates paid to psychiatrists which results in reduced access to care violate the parity act and whether APA can bring this case on behalf of its members and patients. We are analyzing the NYSPA decision to understand its impact on that case.

More to come as we all work together to strengthen enforcement of mental health parity.

Message From the President

By Nada L. Stotland, MD, MP

I hope you've all had a good summer. Our youngest daughter got married (beautiful wedding), and we had a full week of Chicago summer with all the grandchildren, who came in for the occasion: Beach, Great America, Museum of Science and Industry, White Sox.

Meanwhile, Senior Psychiatrists' business carried on. Always bearing in mind our goal of enriching the American Psychiatric Association's resources and activities especially relevant to senior members, we note that the APA Board has referred our Action Paper to the Joint Reference Committee, chaired by President-Elect Maria Oquendo and Speaker-Elect Dan Anzia. Both have warmly assured us that the paper, our proposal for a Work Group on senior issues, will receive the attention it deserves. That's good news. The more I think about it, the more I realize how important we are! Nothing can compete with wisdom, experience, and loyalty.

As always, I would love to hear from you: **nadast@aol.com**.

Item 2015A1 12.CC
Assembly
May 15-17, 2015

ACTION PAPER

The Action Paper below was passed unanimously by the APA Assembly. The APA Board referred it to the Joint Reference Committee, which will consider it at their fall meeting

TITLE:
Senior Psychiatrists

WHEREAS:
The over 65 population of the United States is expanding.

Life Members/Fellows of the APA constitute a significant portion (about 20%) of APA membership.

Senior psychiatrists face a variety of experiences common to this life/career stage. Retirement, practice closure, ability to continue to practice in the face of age-related impairment, sharing of lifetime experiences and giving back to the profession are among the challenges and opportunities facing this group of members.

The APA has recognized the interests/needs common to certain membership groups by life/career stage including ECPs and RFMs.

BE IT RESOLVED:
The Board of Trustees appoints a work group comprised of members from the Board and Assembly to include senior psychiatrists. The Task Force will be charged to explore mechanisms to best meet the needs of this group of members and bring its recommendations to the Assembly and to the Board within 1 year for implementation.

AUTHOR:
Jack W. Bonner, III, M.D., Liaison, Senior Psychiatrists (jwb2@att.net)

ESTIMATED COST:
Author: $1,318.97
APA: $5,035.90

ESTIMATED SAVINGS:

ESTIMATED REVENUE GENERATED:

ENDORSED BY:

KEY WORDS:
Senior, Life Members, Life Fellows

APA STRATEGIC GOAL:
Advocating for the Profession, Supporting Education, Training and Career Development, Defining and Supporting Professional Values, Enhancing the Scientific Basis of Psychiatric Care

REVIEWED BY RELEVANT APA COMPONENT:

WHY AMA FOR SENIOR PSYCHIATRISTS?

By Jeremy A. Lazarus, M.D.
Past President
American Medical Association

I'm a big opera fan. Two of my favorite operas are Rigoletto and La Boheme, but it's the quartets in Rigoletto and La Boheme that really are my favorites.

Why? Different singers with different ranges and voices as well as words all singing together in glorious harmony. That's what a vibrant medical organization brings to its members. Just as the Senior Psychiatrists bring a special perspective to the APA, so does the Senior Physician Section of the AMA bring unique ideas to the AMA.

But how is the AMA relevant and important for Senior Psychiatrists? Well, it's the largest and most influential physician organization in the world bringing proven advocacy, physician practice tools, public health initiatives as well as transformation of medical education.

A few examples. It was with the AMA's support that the Affordable Care Act was finally passed. It was after a decade of AMA led advocacy that we finally saw the end of the Medicare Sustainable Growth Rate. It was with the AMA's support that we were able to achieve parity and AMA's Scope of Practice Partnership has been a key ally in defeating psychologist prescribing legislation.

AMA's advocacy was key in having CMS delay the full implementation of ICD-10. AMA is now engaged in tackling Pre-diabetes and Hypertension and has made a big commitment to transforming medical education. So for a senior psychiatrist, it brings practice improvement, practice tools, a big voice in legislation as well as private insurance programs, a new world for medical students whether they are our sons and daughters, grandchildren or others. Of course there are also non practice benefits around insurance and travel as well as practice benefits such as office supplies.

I have my Medicare Part B coverage through the AMA which is about the lowest cost with my wife's coverage factored in. But as I think back at my career both within APA and AMA, I'm glad that I had the benefit of both the more focused advocacy and education through APA but can also see the broader world benefits not only for my patients but all patients and physicians across this country.

Just think about the La Boheme quartet without Marcello or Rigoletto without Gilda. We senior psychiatrists can bring a great deal to the AMA but AMA is also of tremendous benefit to us. So, if you're not already a member, bring your voice to the AMA and see what it can do for you.

SENIOR PSYCHIATRISTS

If you are a Life Member of APA, become a Senior Psychiatrist for only $50 a year. Join your colleagues in growing, learning and giving back to the profession.

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Senior Psychiatrist Questionnaire
with Dilip V. Jeste, MD

By Pierre Loebel, MD

Dilip V. Jeste, MD
Interviewee

What was the most influential experience/ teacher/book(s) that directed you towards psychiatry?

I read Freud's Interpretation of Dreams and Everyday Errors of Life when I was an undergraduate. These books for lay public seemed to me like Agatha Christie's murder mysteries. Freud would start out with a dream or a slip of tongue (instead of a murder in Christie's novel) and then use all the available clues plus logical interpretations to find out the underlying thoughts and feelings (instead of the murderer in the novel). I was so fascinated by this way of solving the mystery of the mind that I decided to become a psychiatrist. I joined the medical school in order to be a psychiatrist.

What was your most influential training experience?

My residency training at Cornell included two apparent opposites – psychodynamically oriented psychotherapy under the leadership of Bob Michels and Otto Kernberg, and studies of neurotransmitter systems in rat brains in the Bourne Lab under Jerry Smith. Jerry Smith, an internist and neuroscientist, was one of the most compassionate and understanding mentors and leaders. This type of dual learning milieu made me appreciate the close connectedness of biology and psychodynamics.

How if at all would you change present training in psychiatry?

The training has become too mechanical and procedural rather than exciting and challenging. There needs to be a focus not just on making the DSM diagnosis and prescribing psychotropics but rather on understanding the underlying dynamics from a broad bio-psycho-social perspective. The training in the past used to be psychoanalytically oriented, and that in future is likely to be based on Precision Medicine. Currently it is neither. We are losing some of the best trainees to other fields which they see as intellectually stimulating (e.g., neuroscience). Similarly, there is too much emphasis on illnesses and disabilities instead of positive traits and outcomes such as resilience, wisdom, and well-being. While the trainees usually see the sickest patients, they rarely get to see the recovered ones nor do they get to visit the labs where exciting brain science is emerging.

What were/are the most satisfying aspects of your work?

Learning new things through research – especially when the findings challenge traditional notions (e.g., onset of schizophrenia in later life, and the course being one of improvement in symptoms) or counterintuitive (e.g., improved mental health in later life). Likewise, it is exciting to find how biology interacts so closely with psychosocial aspects of life.

The least?

The bureaucracy and the administrative inflexibility of the healthcare system, especially with the primary focus being on satisfying the health insurers' requirements instead of patients' and their families' needs.

How has the profession influenced you personally?

I have learned so much about myself by studying others. Hopefully, I have become more compassionate toward others and toward myself by observing human limitations.

At the same time, I have become more optimistic by watching some people succeed despite major hurdles such as having chronic schizophrenia (e.g., John Nash, Elyn Saks).

What are the chief differences in psychiatric theory that you perceive between now and when you entered practice?

There is far less interest in psychoanalysis and more in psychopharmacology today. Unfortunately, this has meant giving up the pursuit of underlying dynamic formulation about the development of psychopathology and focusing instead on making a quick cross-sectional symptom-based diagnosis. There could be dynamic formulations based on biology too, but no such attempt is made. As a resident in Neurology many years ago (before there was CT or MRI), I was struck by the emphasis in that training on "what is the lesion?" and "where is the lesion?" This required taking a thorough medical history and doing a complete neurological and other physical examination, and then developing a logical formulation of neurological diagnoses. In Psychiatry, we don't have such a model today.

In clinical work?

As mentioned above, the obsessive focus on symptom-based diagnosis and use of medications to control symptoms has made it unnecessary to understand the patient as a human being. We diagnose and treat illnesses rather than understand and take care of individuals in a complex psycho-social environment. The result is that the long-term clinical outcomes have remained unchanged over the past century while intellectual curiosity in the clinical work has diminished.

Do you regard the current theory and practice of psychiatry as mindless or brainless?

Both. There is little incentive for most clinicians and trainees to understand the mind or the brain at more than a superficial level.

What do you regard as the greatest challenges and opportunities facing psychiatry today?

The greatest challenge is the field's inertia and a feeling of helplessness in effecting changes in the system even though most psychiatrists agree that the current system is broken. That state of affairs also provides a unique opportunity. As the knowledge of neurobiology increases, including cognitive and social neuroscience, we will learn more about the psycho-biology of mental illnesses and mental health. We need to change the definition of Psychiatry from "a medical specialty concerned with mental illnesses" to one that is "characterized by knowledge and practice of implementing positive behavior change". This type of reconceptualization of Positive Psychiatry will allow it to be the center of the future healthcare rather than being a marginalized and stigmatized medical specialty.

Are there any professional (or related) activities that you have engaged in after retirement (if applicable)?

Not applicable - I am working full-time at UC San Diego.

What are your interests outside your professional work?

I am a generic lover of sports - not good at playing any but I enjoy watching it. I also love Indian classical music, and Indian and American theater and movies.

If you were not a psychiatrist what would you do?

I would have become a professor of language/s or of philosophy.

What is the most important advice you would give a physician or medical student contemplating entry into psychiatry?

Enjoy and be excited by the opportunity to understand the brain and the mind while helping people struggling with maladaptive behaviors. Psychiatry will change radically within the next two decades, with the anticipated advances in neuroscience as well as social science. You will be watching making of the history of psychiatry – and of medicine as a whole.

Other comments:

Compliments, Pierre, on doing this important work to help us and others understand the role and value of senior psychiatrists. It is necessary to collect data to change the commonly held negative views about senior psychiatrists – and senior physicians as a whole.

Senior Psychiatrist Questionnaire
With Paul Wick, MD

Paul Wick, MD

Interviewee

Dr. Wick is shown above receiving the 2014 Berson Award from Dr. Stephen Scheiber.

What was the most influential experience/ teacher/book that directed you toward psychiatry?

The psychiatry rotation in medical school at University of Texas Medical Branch Galveston was enriching and 12% of my classmates went into psychiatry. Although I always wanted to be a physician, it was only when I was an Air Force physician that I decided on psychiatry as my specialty. My experiences doing general medicine while in the Air Force led me to take more interest in dealing with the whole person. I subsequently returned to UTMB in Galveston for my psychiatry residency.

What was your most influential training experience?

I developed an interest in psychopharmacology research and was involved in the initial clinical study of Haloperidol in schizophrenia in the United States.

How if at all would you change present training in psychiatry?

I agree with the movement to integrated care where psychiatry is aligned collaboratively with primary care. I would also emphasize some understanding of the socioeconomic aspects of psychiatry.

What were/are the most and the least satisfying aspects of your work?

Most satisfying was patient care with treating and stabilizing the lives of many patients with mood disorders. It was also rewarding to practice within a larger multispecialty group where coordination of care and consultations were encouraged. I enjoyed the challenges of being medical director of a private psychiatric hospital and developing clinical programs. Least satisfying was dealing with the sometimes unfair and arbitrary limitations of managed care. Since my practice consisted mostly of insured patients, we adapted to this by learning guidelines and efficient practices. But this led me to draw attention to the unfair aspects of managed care by authoring action papers in the APA Assembly, then as Chair of the Committee on Managed Care and later on work groups advocating for the implementation of parity in mental health and substance use disorders.

How has the profession influenced you personally?

Accepting that our patients needed advocates and the public and policy makers needed education, I have been involved with state medical association, district branch and state policy committees in advocating for adequate funding and access for mental illness treatment.

What are the chief differences that you perceive in theory and practices between now and when you entered practice?

There is much more regulation of medical practice now. Some of it appears excessive and an unnecessary hassle. But in my medical community, there are 7 times as many physicians now compared to when I entered practice. Ensuring our competence to practice and safety of patents does require a regulatory system. Electronic medical records benefits and problems are major differences. Psychopharmacology continues to advance.

What do you regard as the greatest challenges and opportunities facing psychiatry today?

Access to psychiatric care is limited by economic and reimbursement issues, inadequate public funding and a manpower shortage. Attracting bright young physicians to psychiatry is a priority. We have good treatments and there is more acceptance of psychiatric treatment.

Are there any professional activities that you have engaged in after retirement?

Although retired from a busy practice with a multispecialty group, I practice part-time as medical director of senior behavioral health outpatient services at the University of Texas Health Northeast and consult to a community mental health center. Otherwise, I have been a Delegate from APA to AMA and am Chair of the Senior Physicians Section of AMA. A current area of study of the latter group is evaluating competency as physicians age.

What are your interests outside your professional work?

I am involved in various church programs and have a special interest in developing healthcare and wellness projects for the uninsured and underinsured in the community. We try to keep up with 5 growing grandsons. We travel mostly to Northern New Mexico to enjoy the mountain outdoors, recreation and arts and culture.

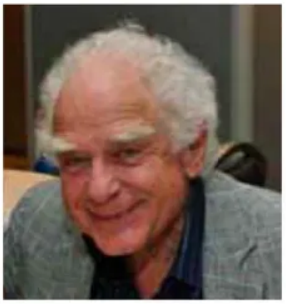
If you were not a psychiatrist what would you do?

Since I never thought seriously about anything other than being a physician, I would have to be in another medical specialty or in healthcare administration.

What is the most importance advice you would give a physician or medical student contemplating entry into psychiatry?

Talk with a senior psychiatrist and request some type of mentoring role from him/her. Ask questions; get an idea of the various roles in psychiatry; review opportunities; understand lifestyle issues.

THE HISTORY PROJECT



Pierre Loebel, MD
The History Project Coordinator

I have for some years conducted interviews with older psychiatrists who are members of the AAGP and the Lifers (now Senior Psychiatrists, Inc). I have adapted the format from similar interviews that have regularly appeared in The Psychiatrist, published in conjunction with the British Journal of Psychiatry. The interviews are not intended or designed to provide a detailed record or analysis, but to capture some of these persons' professional experiences, especially as they have changed during their careers.

This is a great opportunity to assimilate the experiences of senior psychiatrists and there will be value for teaching and research.

If you would like to be considered for an interview, please contact admin@seniorpsych.org.

See the History Project Interviews with Dr. Dilip Jeste and Dr. Paul Wick in this issue.

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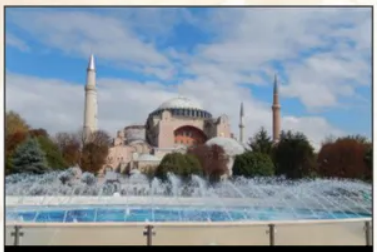
PSYCHIATRIST'S CAMERA

Dr. Wick Travels to Turkey & Greece

Ancient Cave Apartments, Cappadochia, Turkey

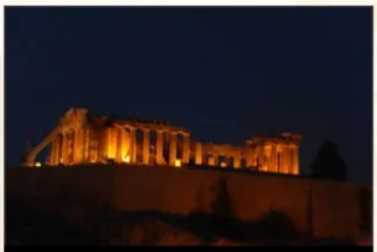


Hagia Sophia, Old City, Istanbul

Ancient Roman Avenue, Ephesus, Turkey

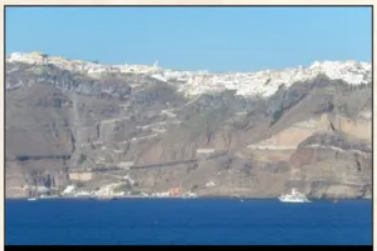
Library at Ephesus, Turkey, Ancient Roman Ruins

Fairy Castles, Cappadochia, Turkey



Parthenon, Athens

Grand Bazaar, Istanbul



Santorini, Greek Isle

These photos were taken during Dr. Wick's church trip to Turkey and Greece in 2014. This trip followed in the footsteps of early church fathers and the Apostle Paul.

Dr. Wick started in Istanbul at Nicea, visited Hagia Sophia, cruised on the Bosphorus River. He traveled to many ancient ruins in Turkey. He points out that the Cappadochia landscape was stunning with many unusual ancient cave dwellings. He then cruised to the Greek isles of Patmos, Crete and Santorini. He viewed ruins in Greece seeing the spectacular elevated Parthenon and modern Athens.

In each issue we will feature photos by a member. Please send your submissions to **admin@seniorpsych.org**.

Practice til you Drop?

Implications for Patients, the Public and the Profession

By Paul Wick, MD,
Delegate to AMA from APA,
AMA Senior Physicians Section Governing Council

One in four physicians in the United States is at least 65 years old today, quadruple the number that we saw in the 1970s. These senior physicians remain essential to help care for the increasing numbers of people needing medical care.

But Physicians are like everyone else. They can become forgetful, develop illnesses, tremors, behavioral problems or lose their sight or hearing. Their cognitive abilities may decline. How one ages is highly variable. Advances in healthy living allow some physicians to practice capably well into their 80's and beyond.

The increasing number of older physicians, as well as the call for increased accountability by the public, have led regulators and policymakers to consider some form of age-based competency screening of physicians. Unlike commercial airline pilots who must undergo regular health screenings starting at age 40 and must retire at 65, or FBI agents whose mandatory retirement age is 57, physicians have no national mandate or guideline on how they can do their job safely. Physicians are regulated by state medical boards and depending on their practice can be regulated by hospitals, organizational systems and specialty boards. Some hospitals now require physicians over a certain age to undergo periodic physical and cognitive exams.

The literature shows that assessment of practicing physicians is challenging because there are limited valid tools to measure competence and practice performance. Other challenges are the variable nature of physician practices and the need to avoid implementation of discriminatory regulatory policies.

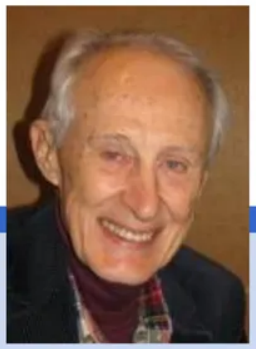
The American Medical Association House of Delegates approved a report on "Competency and the Aging Physician" in 2015 which called for the AMA to convene a workgroup to study development of guidelines and methods of screening and assessment to assure that late career physicians remain able to provide safe and effective care for patients. Both APA and the AMA Senior Physicians Section have asked to be a part of this work group.

Many senior physicians are capable of continuing to practice safely. Deciding when to reduce or give up practice is an important decision for any physician, and for some this issue may be emotionally charged. Some may resist suggestions that it is time to retire. If successfully developed by the above mentioned group, guidelines rather than mandates may assist the senior physician in this choice.

For some physicians, retirement may be delayed by altering the practice environment. Shifting away from procedural work, allocating more time per individual patient, using memory aids and seeking input from professional colleagues may help one adjust to the changes that accompany aging.

As physicians struggle with this difficult process, it is well to remember that the profession of medicine holds itself to the high ideals of caring and competency or *premum non nocere* (first do no harm).

Opportunities & Challenges
for Psychiatrists Practicing in Their Eighties



By Roger Peele, MD

A well attended workshop at the American Psychiatric Association Annual Scientific Meeting last May described the opportunities and challenges for psychiatrists still practicing in their eighties.

As this nation's need for psychiatrists grows in the face of the fact that the number of psychiatrists being trained each year is not growing, has shrunk some from past years, it helps this country reach its psychiatric needs for those in their 80s to be in practice.

Those in the Workshop still seeing patients pointed out that their many years of practice provided them with a broad range of options of which they had actually experienced as to medications and as to psychotherapy approaches. Some had developed their own supportive psychotherapy model over the years that drew on their concepts of mind. As to medications, it was striking that some had not discarded proven medications first used in the 1940s, 50s, 60s, or 70s. Their use of medications FDA approved in the last few years leaned on side effect issues, but they also pointed out that the list of side-effect problems with the newer meds would grow with time.

While some patients undoubtedly are prejudiced against the old, that was not the experience of these practitioners, who find that patients seem to appreciate hearing the "wisdom" that these very senior psychiatrists had.

Not all Workshop members were still seeing patients. Some had administrative roles in which experience seemed to have helped in their support and supervision of subordinates. One panel member headed up this nation's major psychiatric training center. Being able rely on experiences when discussing issues with subordinates rather than basing their recommendations on a theory had been winning for them.

While not all were still seeing patients and not all had an administrative position, one role all had: teaching. Some taught other psychiatrists, some taught psychiatric fellows, some taught medical students, some taught other mental health practitioners, some taught physicians of other specialties, and some taught non-professionals. Thus, the thinking of these Workshop members will remain with future generations.

The Workshop ended with the announcement that the Workshop members promised to have another Workshop in 2025 on psychiatrists practicing in their tenth decade.

APA Board of Trustees July 11-12, 2015 Meeting Notes on Key Decisions

(N.B.: This information is unofficial as the Board approved minutes serve as the official record of the Board meeting and actions.)

CEO UPDATE:

The APA Administration has begun to implement the Board's strategic initiative objectives into their core areas of responsibility and functionality, and is also developing member-focused work products that incorporate one or more of these priorities. These strategic initiative objectives include:

- Advancing the integration of psychiatry in the evolving health care delivery system through advocacy and education.
- Supporting research to advance treatment and the best possible clinical care, as well as to inform credible quality standards; advocating for increased research funding.
- Educating members, patients, families, the public, and other practitioners about mental disorders and evidence-based treatment options.
- Supporting and increasing diversity within the APA; serving the needs of evolving, diverse, underrepresented and underserved patient populations; and working to end disparities in mental health care.

NEW EMPLOYEES:

- To further carry out the strategic initiatives, APA has hired ***Ashley Mild*** (amild@psych.org) as Deputy Director, Political Affairs and Grassroots and Director of APAPAC. Ashley started in June and comes to APA with a strong background in fundraising as well as strong grassroots and lobbying experience. Ashley was previously the PAC and Congressional Affairs Manager with the American Academy of Ophthalmology, where she managed the organization's grassroots program and lobbied members of Congress on behalf of the Academy's agenda. Ashley's previous experiences include fundraising for various members of Congress with fundraising firm Erickson and Company and the Democratic Congressional Campaign Committee, and serving as finance director for a number of Congressional, gubernatorial, state and local political candidates.
- ***Shari Graham, JD***, (sgraham@psych.org) started at the APA on June 19 as the Assistant General Counsel. Before joining APA, Shari was an employment attorney and advisor in Bloomfield Hills, Michigan, responsible for counseling clients on labor and employment issues. Prior to her move to Michigan, Shari worked for Skadden, Arps, Slate, Meagher & Flom, LLP in New York as a litigation associate where she practiced in all areas of commercial litigation with a focus on contracts, real estate, and securities law. Shari has a history of public service including having interned or worked for the Equal Employment Opportunity Commission, Partnership for Public Service, the White House, and B'nai B'rith Youth Organization.
- ***Ryan Vanderbilt*** (rvanderbilt@psych.org) has recently been hired as the new Director of Integrated Marketing, where he will lead our branding and design work going forward and promote our meetings, membership in the APA, our full range of products and services, and social engagement. Prior to his appointment at the APA, Ryan held a similar role for General Dynamics, the Fortune 500 company known for its work in the aerospace and IT industries. At GD he developed marketing campaigns for the company and its product lines. His position also allowed him to work on a personal passion: military mental health. Previously Ryan worked for an elite national PR firm, serving many health clients. Before that, he was Communications Director for Congresswoman Debbie Halvorson (D-Ill.) during the time of the health reform debate.

The APA will continue to focus on strategic issues, pursue more partnership opportunities, and continue to serve the needs and enhance the experience of APA members.

GENERAL COUNSEL – BOARD BRIEFING:

The General Counsel provided a review of the legal and ethical responsibilities of members of the Board of Trustees.

MEDICAL REGISTRIES:

Greg Dalack, M.D. and Representatives from the Consortium for Medical Specialty Societies (CMSS), American Academy of Ophthalmology (AAO), and the American Academy of Neurology (AAN) joined the Board of Trustees to discuss medical registries. Dr. Dalak, chair of an ad-hoc component of the Council on Quality was charged with: 1) establishing a working definition of a registry; 2) laying out the potential nature, scope and purposes of psychiatric registries and key questions that such registries might answer; 3) advising on which types of psychiatric registries might be most suitable and appropriate for APA involvement; 4) identifying key stakeholders for such APA registries; 5) assessing the current environment of medical specialty society's involvements with registries; 6) determining the different mechanisms through which the APA might become involved in patient registries, 7) determining an initial process and timeline for developing a new registry, 8) addressing long-term sustainability, including budgetary considerations for various registry development scenarios and potential funding sources. Representatives from CMSS, AAO, and AAN all presented to the BOT on the development and use of their organization's medial registries.

The Board of Trustees requested that the Administration move forward with the development of a business plan for a psychiatry registry.

DSM-5 STEERING COMMITTEE:

In March 2014, the Board of Trustees approved a report from a Board Work Group on updating of individual diagnostic categories as new data become available to support such changes. The report established a DSM Steering Committee which made recommendations to the BOT on:
1) establishing criteria and format for submission of proposals; 2) the creation for six DSM review committees and 3) changes to the DSM-5 criteria with the understanding that such changes will be reflected in an errata section of the DSM website and incorporated into print versions of the DSM-5 when feasible.

The BOT approved the recommendations for the review criteria, establishing review committees, and specific changes to the DSM criteria presented.

Moving forward, the Steering Committee will consider the relevant aspects of the process of reviewing proposals for changes, including the standards to be applied for SC review; the procedures for obtaining input from the field and other intes and how to handle non-empirically based requests for changes; and consider how best to roll-out the availability of the process to the field.

REBRANDING TO SHOW A UNIFIED APA: UPDATE:

On May 17, 2015, the new brand of the American Psychiatric Association was launched at the opening session of the Annual Meeting in Toronto. The brand was developed between December 2014 and March 2015, relying on extensive research among our leadership, membership, the Administration, District Branches and the public. The Board's goal in adopting the new brand was demonstrate a consistent look and clear value to members about all that APA does, and to curb the competing marks, fonts, and colors evident in APA's then-current approach to branding. As of this writing, APA is in the middle of a three-month transition period: the brand is 60% implemented, now appearing on our journals, letterhead, business cards, some facilities, and in use by most of our business units, like Publishing and the PAC. The brand has yet to be applied to the Foundation, although that process is well underway after an affirmative Foundation BOT vote and ratification by the APA. Rebranding will be complete by Aug. 17.

GROUNDWORK LAID FOR APEX AWARDS IN APRIL 2016:

Over the past several months, APA and the Foundation have worked together to lay the groundwork for APA President Renee Binder's vision of an annual premier mental health event in DC. The event, entitled the American Psychiatric EXcellence (APEX) Awards, will take place on Monday, April 18, 2016, in conjunction with a summit on the criminalization of people with mental illness. Steven Sharfstein, M.D., has been selected as a co-chair of the APEX Awards Host Committee, and the Mayflower Hotel has been secured as the site for the approximately 350-person event. The Foundation reports that sufficient funds have been raised to assure the base costs of this event are covered.

FEDERAL AND STATE LEGISLATIVE UPDATES:

Comprehensive Mental Health Reform (CMHR): The Board reviewed APA's successful efforts to persuade Reps. Tim Murphy, PhD (R-PA) and Eddie Bernice Johnson (D-TX) to include several new provisions in their reintroduced "Helping Families in Mental Health Crisis Act," HR 2646, that would substantially improve enforcement of the Mental Health Parity Act, that would address the psychiatric workforce shortage, and that discourage states from potentially shifting costs to the federal government as a result of new Medicaid financing for psychiatric hospitals.

In addition, the revised Murphy-Johnson bill includes more flexible requirements for proposed AOT provisions, tightens its proposed standard on permissible HIPAA disclosures to families and caregivers of individuals with SMI, and removes certain SAMHSA cuts. Lastly, the revised bill retains nearly all positive provisions reviewed in detail with the Board in December 2014. A detailed summary can be found at: www.psychiatry.org/CMHR The Board also heard that Senators Chris Murphy (D-CT) and Bill Cassidy, MD (R-LA) are partnering for the CMHR effort in the U.S. Senate, that the APA is at the table, and that the Senate version is expected to differ from the Murphy-Johnson bill, but not to the point of incompatibility.

- **"21st Century Cures" and NIH Funding:** The Board discussed APA's successful efforts to lobby for recent House passage of the 21st Century Cures bill, HR 6 that includes nearly $9 billion in mandatory funding for the NIH as well as nearly $600 million in mandatory funding for the FDA. As these new funds would not be subject to the annual appropriations process and would evade the budget caps and related "sequestration" mechanisms enacted as part of the 2011 Budget Control Act, there is strong opposition from fiscal conservatives so the bill is likely to be significantly modified in the Senate. The Board also examined APA's successful efforts to lobby the House and Senate Appropriations Committees to increase NIH funding in the pending FY2016 spending bill, although floor passage is still pending.
- **Practice of Medicine:** The Board reviewed APA's partnership with District Branches and State Associations to halt efforts by psychologists to obtain prescription privileges in Iowa, Nebraska, North Dakota, Idaho, New Jersey (pending until December), and Hawaii. Significant progress has been made in implementing the state infrastructure and message development plan approved by the BOT in March 2015.
- **Fair Medicare Payment:** The Board examined APA's collaboration with the AMA and other specialty societies to tackle implementation of the recently enacted Medicare Access and CHIP Reauthorization Act of (MACRA) that repealed the Medicare SGR formula and merged the current incentive and penalty programs under Medicare (e.g., HIT meaningful use, PQRS, and the value-based modifier) into one "Merit-Based Incentive Payment System" (MIPS) and also incentives physician participation in Alternative Payment Models (APMs). APA's summary of MACRA is available at: www.psychiatry.org/advocacy--newsroom/newsroom/apa-praises-senate-passage-of-bill-repealing-sgr

AMERICAN PSYCHIATRIC ASSOCIATION FOUNDATION:

APAF Executive Director, Paul T. Burke provided a status update regarding the *Stepping Up Initiative.*

Recognizing the critical role of this initiative, the American Psychiatric Association Foundation (APAF), the National Association of Counties (NACo), and the Council of State Governments (CSG) Justice Center, have come together to lead a national initiative to help advance counties' efforts to reduce the number of adults with mental illnesses and co-occurring substance use disorders currently living in jails. With support from the *U.S. Justice Department's Bureau of Justice Assistance*, the *Stepping Up Initiative* will build on the many innovative and well-proven practices being implemented across the country.

The summit will be held on April 17-19, 2016 in Washington, DC. The American Psychiatric EXcellence (APEX) Awards, will take place on Monday evening, April 18, 2016 before the start of the Summit,as mentioned above. Efforts are already underway to secure expert speakers and create an agenda that provides a mix of technical assistance, working sessions and peer learning opportunities.

APAF FUNDRAISING METRICS AND BENCHMARKS:

In response to a request by APA President-Elect Dr. Maria Oquendo, APAF will create a chart that categorizes and quantifies all APAF fundraising by program and/or purpose. APAF is also committed to create benchmarks for each effort. These materials will also be presented at the APAF Board of Directors during their meeting on July 23, 2015.

See you in Atlanta at the APA Annual Meeting May 14-18, 2016

HIGHLIGHTS FROM MAY'S 168TH ANNUAL MEETING IN TORONTO



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SENIOR PSYCHIATRIST / FALL 2015

HELP THE FUTURE WORK OF OUR ORGANIZATION

Senior Psychiatrists is now a 501(c)3 organization which allows your contributions to be deductible as a charitable contribution. Previously known as the Lifers of APA, Senior Psychiatrists was separately incorporated in Maryland and was notified by the Internal Revenue Service on November 13, 2014, of its status as a 501(c)3 organization.

Senior Psychiatrists is the organization specifically formed to meet the particular needs of psychiatrists at this stage of their professional career whether they are retired, partly retired or fully in practice. It will meet those needs by:

- Educational activities at APA meetings
- Educational articles in its magazines and website
- Other informational resources relevant to members
- Representation and education regarding the needs of senior psychiatrists at the APA Assembly

The organization needs your support to carry out its mission. It is dependent on the support of contributions from members, corporations and other individuals.

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