West Hudson Psychiatric Society
of the American Psychiatric Association
serving Rockland, Orange, Sullivan & Delaware Counties

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The address above has been changed to:
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eSynapse

June 2015

Editor's Comments

James Flax, MD, MPH, DFAPA

Please join APA's New **FREE** 'Find a Psychiatrist' Database: Expect to be contacted by Liz Burnich, our Executive Director who will be encouraging our members to participate in the database offered by APA. This is a **FANTASTIC** new service that will replace the Information manual and database that your district branch has offered for years without the cost & hours of labor required to keep ours up to date. You will be invited to join this new database being added to APA's website that will enable individuals seeking psychiatric care to locate psychiatrists practicing in their area. The goal is to populate the database in the coming weeks before it goes live on APA's website. To join the database, click **here**. To view the functionality of the database, click **here**. This is a service that will be of value to psychiatrists with private practices and to anyone looking to find a psychiatrist. **If you have a practice, please join this Psychiatrist Database. The APA needs a critical mass to make this a success. There is no cost to you and it's a wonderful service to the public and all psychiatrists.**

You will find below a synopsis of our meeting so all readers will have an idea of district branch business. But, it's only a synopsis. Please **come** to a meeting to appreciate the rich discussions.

Welcome to Dr. Mona Begum, our new President who has written her first President's column. Thank you Dr. Begum. There is an article on the services in Orange County. If you are wondering about the available services in Rockland you can check out this website: http://rocklandgov.com/departments/mental-health/provider-agency-links/. We are hoping to have information that reviews more of the services in Orange, Sullivan and Delaware in future editions of eSynapse. Dr. Bark has sent a detailed description of the Spring 2015 Assembly meeting that

addressed many issues that should be of interest to all psychiatrists. Dr. Abdullah has again sent us a new article in his long line of erudite essays. There is another poem. There are ads that may interest you. Please scroll all the way to the end to see it all. And, if you are not receiving the MSSNY eNews, here's a link where you can read about issues of interest to all of medicine in New York State: http://www.mssny.org.

PRIVATE PRACTICE: FEES Here is a link to a legal public site where you can look up fees for a given zipcode. http://www.fairhealthconsumer.org/

PRIOR AUTHORIZATIONS If you are frequently bothered with cumbersome and seemingly unnecessary requests for prior authorizations, the APA is eager to hear from you: Ellen Jaffe, Director, Practice Management HelpLine/Medicare Specialist, Office of Healthcare Systems and Financing, American Psychiatric Association, (703) 907-8591 ejaffe@psych.org Practice Management HelpLine (800-343-4671) **-** email at hsf@psych.org. Also, one of our members posted to an international list-serv with regard to any denial of benefit, so I quote Dr. John Fogelman:

> The URL below will direct you to a database for the regional CMS (Centers for Medicare and Medicaid Services) headquarters. The names of the regional Medical Directors are listed. When you call, hang in through all the options, and at the end type in the name of the medical director. You will get either the real live doc, an assistant, leave a message, or the name of someone to call for an emergency. It usually works.
>
> http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Regional_Contacts.html
>
> My experience has been that the higher you go in any organization (hospital, government, insurance companies), the closer you are to the decision maker, and the decision makers do not have to stay on the unvarying mindless script. They do not instruct you to have a good day, apologize for your inconvenience, thank you profusely and hear how they know how valuable your time is. They usually listen, and if you do not scream at them, a favorable result often follows.

PARITY ENFORCEMENT FROM NYSPA: If you missed the NYSPA Webinar on parity I strongly suggest you listen to it; accessible on the NYSPA website. Seth Stein and Rachel Fernbach have presented a packet of wonderful new tools that potentially wlll allow us to be better manage and respond aggressively to insurance company efforts to restrict care.

PLEASE MAKE EVERY EFFORT TO RETURN PHONE CALLS. EVEN IF YOU HAVE NO ROOM IN YOUR SCHEDULE FOR NEW PATIENTS: I have

frequently heard complaints about patients leaving voice mails with psychiatrist's offices and never getting a return phone call. If true, this reflects very poorly on our profession. Yes, I know many people leave voice mail messages that I can't understand, even after playing it back 6 times with the volume turned up full. Even so, the number of complaints seems to exceed the number of complaints that could be excused due to poor communication.

IT'S A FREE LUNCH!
Next Executive Council Meeting
Il Fresco Restaurant, Orangeburg, NY
Friday, July 24th, 2015
Journal Club (15 minutes) PROMPTLY at 12:30
Followed immediately by Business Agenda
Please contact Mona Begum, MD (monabegum81@gmail.com**) if you are planning to attend.**

PRESIDENT'S COLUMN

Mona Begum, MD [drmonabegum@gmail.com]

I feel honored to be elected as President of the West Hudson Psychiatric society [WHPS] for next two years. I would like to thank Russ Tobe, our past president, for leading our district branch with such efficiency, great skill, collegiality, humor and always with a big hearty laughter. I still remember the day when someone told him that he is in for two years, his response was "really…., oh well" followed by a big smile, that's Russ. He made it seem so easy, it would be really hard for me to follow his footstep but knowing Russ I know that he would always be there guiding me and holding my hand.

WHPS and I am grateful to Russ for his excellent service. He would stay on as the chair of the legislative committee, taking on another very important role. I am looking forward to work with very experienced and knowledgeable executive board members, a majority of whom are past Presidents of our district branch, including Nigel Bark who graciously accepted the President elect role. Thanks Nigel!

Liz Burnich is our Executive director who is a constant force behind all the work getting done in our branch. She is talented, organized, informative and brought our branch to the next level. I know for fact that my job will be so much easier just because Liz is there.

At a national level this seems to be the year of women breaking the so-called "Glass ceiling". Our new APA president is Rene Binder, new APA president elect is Maria Oquendo and here I am another woman president of a small but excellent district branch of APA. Is it not wonderful!

I have always felt passionate about the issue of **Stigma**, which keeps the mentally ill from seeking professional treatment, insurers to discriminate against them and politicians to stand by and watch victimization of this vulnerable population. Criminalization and the shift of the mentally ill from our State hospitals to our penal institutions is a shame for our profession and society in general.

We as Psychiatrists need to advocate for our patients and ensure that they receive humane care and effective treatment.

I invite all our members to send me your suggestions, comments and tell us your stories about your patients. What's your passion about the profession of Psychiatry. Come and let's talk in our next meeting on July 24 at 12:30pm.

Summary from Executive Council Meeting
Friday, June 5, 2015

Attendees Present: Mona Begum, Russ Tobe, Jim Flax, Raj Mehta, Nigel Bark, Nnamdi Maduekwe and Liz Burnich.

Journal Club: For Journal Club this month, we took a break from a psychiatry related topic and opted for a cultural one instead with Dr. Jim Flax showing us a movie of his breathtaking trip this winter to Japan.

Fall 2015 Educational Meeting Update:

- Rene Binder, MD, the new APA President, is overbooked and not available for Fall 2015 but is very much interested in presenting to our DB at a future time after her presidency term ends.
- Thanks to Russ, Don Goff, M.D. has agreed to be our presenter for our fall dinner meeting.
- It will take place on Friday, October 2, 2015 at 6pm
- We booked the back room at La Terrazza that can hold 40-50 people
- Russ to introduce Dr. Goff.
- Raj will distribute flyers at RPC to try and get a greater number of public psychiatrists to attend.

Spring 2016 Educational Meeting – Raj suggested a bereavement and depression speaker from Columbia that he knows. We will discuss this further at a future meeting.

Future Guests to invite to our Executive Council Meetings:

- Mona Begum invited Michael Leitzes, the Rockland County Mental Health Commissioner to update our group on the new Mobile Crisis Team for our June meeting but he was unable to attend due to a conflicting commitment. He expressed interest in attending our July meeting – Mona will be in touch with him after the date is scheduled.
- Raj Mehta suggested that we invite Dr. John Kenny to attend an upcoming meeting. He is the Chief of Psychiatry at Rockland Psychiatric Center.
- Other future guests include Dr. K from Nyack Hospital, Jawanio representative and Orange Regional Medical Center representative.

APA Annual Meeting – Assembly Report:

- Nigel Bark attended the APA Assembly and Annual Meeting in Toronto in May.
- He reports that total membership has increased by 4.4% since Dr. Levin took over.
- The assembly approved a restructuring at this meeting, which means that we no longer have to share assembly representation with Mid-Hudson – Dr. Bark will be able to represent WHPS at all future assembly meetings.
- Nigel wrote up a summary of the May Assembly meeting for eSynapse.

NAMI Awards Dinner:

- To take place on Wed, June 17.
- WHPS put an ad in the Journal.
- Dom Ferro will write up a summary of this event for our eSynapse newsletter.

Member Request – a member of WHPS has requested that we publish an ad in our newsletter about polling members for interest in a group health insurance plan that she is willing to research and administer. It was agreed that Jim would include this ad in this issue of eSynapse.

Other Business Items:

- Russ Tobe advised that Ed Day, Rockland County Executive, was putting together a report on Rockland County mental health services and he was contacted as a representative of WHPS. Russ will contact him to get a summary of this report that we can publish in a future issue of eSynapse.
- APA Find A Psychiatrist – Liz requested and received permission to contact members about opting-in for the ***Find a Psychiatrist*** database on the APA website under the *Patient and Family* section.
- Membership Drop Date is June 30 for those who have not paid their 2015 dues. Liz will contact the members on the drop list provided by the APA.
- Liz will submit an application to the APA for the 2015 Expedited Grant.
- Website – Russ will ask John to give a report on the status of the WHPS website redesign at the July EC meeting.

Next Executive Council Meeting - Friday, July 24, 2015 at 12:30pm at Il Fresco, Orangeburg, NY.

Our last Dinner Meeting featured Paul Summergrad, MD, APA President

NAMI AWARDS DINNER

On Wednesday June 17th, NAMI Rockland held their annual awards celebration at The View on the Hudson in Piermont. The evening is an opportunity for networking for providers of mental health services, their patients and their patients' families, while recognizing the efforts of those who have worked to destigmatize mental illness and promote mental health.

Gene Steinberg was recognized as the 2015 Leader of Tomorrow. Mr. Steinberg was moved to activism after the death of a friend by suicide. The focus of his work has been organizing support groups for people who have been estranged from the support of their communities and families. Individuals who have left Ultra-Orthodox and Hasidic lifestyles meet to support one another. His efforts have prompted him to embark on higher education with the goal of obtaining a Masters Degree in Social Work.

The Florence Gould Gross Award was named after the founding president of NAMI-FAMILYA. Since Ms. Gross stepped down in 1986, the award has been awarded in her honor to individuals who have contributed to NAMI's cause in diverse ways: including treatment, research, advocacy and organizational support. This years winners were a similarly diverse group. Liz Szabo wrote a series of articles: Mental Illness in America: The Cost of Not Caring. Writing for USA Today and managing a Twitter account, Ms. Szabo has been recognized as an authority on the subject.

Christopher Tavella, Ph.D. has served as Executive Director at Rockland Psychiatric Center since 2010, where he has worked in various administrative capacities since 2000. He has supported NAMI Rockland throughout his tenure, including as a landlord by availing the organization of office space within the facility. He will be moving on to Albany to serve in the Central Office of OMH.

Dermot and Emily Harvey have served on the Board of NAMI Rockland. Both have worked to make art accessible to all members of the community. Christian Janes assumed care for his cousin, when he was diagnosed with a mental illness. He initially sought support from NAMI, and eventually he began advocacy work himself. He has organized a number of events including a number of NAMIWalks. In a touching moment, he offered his award to his cousin in recognition of his courage in the recovery process.

Sybil Schwartzman is the mother of two sons with mental illness. She sought support at NAMI, and she became an advocate in many capacities since she joined in the 1980's. For many years, she facilitated the family support group, originally dubbed the RAP group. Her motto there was "sharing is caring," as she helped numerous family members support each other and share the wisdom of their experiences.

The evening offered food, drink, a musical interlude, but most of all the opportunity for people concerned with providing competent and humane mental health care in our community to meet and support one another. It is an event well worth making time to attend.

Report on the APA Assembly and Annual Meeting
Toronto, May 2015

Your APA Assembly Representative, Nigel Bark, MD

I attended the APA Annual Meeting in Toronto starting with the "Assembly of District Branches" (to give it its full title) which runs from 12.30pm on the Friday and ends at lunchtime on the Sunday before the official opening of the Annual Meeting. The main part of the Assembly meeting is concerned with discussing and voting on Action Papers and Position Papers initiated by members wanting the APA to do something or say something about or for psychiatry, psychiatrists, our patients and their services. These are submitted a few weeks before, and at the Assembly they are assigned to "Reference Committees" of a Chair and 10 members who hear the authors present the Papers, discuss them, decide to support or not and if supported they usually make changes to improve them. Position Papers are also sent for review to the Area Councils, of which there are seven, most covering many States but New York alone is Area 2. The author can accept the Reference Committee's changes or not and the Papers are discussed in the full Assembly, where further amendments can be made, discussed, voted on, all according to strict parliamentary rules which enable a lot of work to be done quickly and fairly. The process results in Papers that precisely and accurately represent the opinions and wishes of the Assembly representatives who in turn, hopefully, represent the views of the members of their District Branches. These Papers then go to the Joint (Assembly and Board of Trustees) Reference Committee and to the appropriate APA councils and have to be approved by the Board of Trustees before they become official policy. So if you think the APA should be doing something or saying something that it is not: develop an Action Paper or Position Paper. I'll help you.

The Assembly also hears reports from its officers, from the APA President, CEO/Medical Director, Treasurer, President-Elect and others so we should have a pretty good idea of everything going on in the APA. And there are work groups on various issues, for example I attend the one on Public Psychiatry.
So what is going on and what did we do? First we had a moment of silence for Herb Peyser, who died age 90 after attending the NYSPA spring meeting, a tireless, erudite, advocate for psychiatry, 50 years at Mt Sinai Hospital, an addiction specialist who enlivened Assembly meetings for decades with his unflinching directness, his humor and quotes from great literature. And then a brief tear-jerking video about the daughters and son-in-law of APA member Mohammed Abu-Salha who were killed by their neighbor in Virginia over a parking dispute (?).

In connection with Maintenance of Certification (MOC) we learned from the Speaker's report that the Board of Trustees, agreeing with the Assembly, had written a letter to the Chair of the American Board of Psychiatry and Neurology (ABPN) requesting the ABPN to advocate with the controlling body, the American Board of Medical Specialties (ABMS) that Part IV be eliminated. ABMS did announce that the feedback part of Part IV would become optional. The President of ABMS, Lois Margaret Nora, addressed the Assembly later and reiterated that the performance-in-practice (Part 4) component of MOC should be maintained but did need to be improved and refined. A joint Board-Assembly work group was set up to evaluate all aspects of MOC and maintenance of State Licensure issues.
We heard from Saul Levin, APA's CEO and Medical Director, and from Paul Summergrad the outgoing President about APA's rebranding, formally introduced at the opening ceremony (see below): a new logo, a Rod of Asclepius superimposed on an outline of a brain; a new motto, "Medical leadership for mind, brain and body"; and a new way of writing the APA's name:

"American **Psychiatric** Association" all to emphasize that we are physicians and to distinguish us from the other APA. The Benjamin Rush logo has not been retired but will be used on ceremonials and awards. There was a certain amount of satisfaction in distinguishing us from the "other APA" in the light of the revelation that the American Psychological Association had supported "enhanced interrogation" – torture- perhaps in exchange for the Defense Department's support of psychologist prescribing; our APA in 2005 had come out with very strong opposition to enhanced interrogation and to psychiatrists taking any role in it. (The psychologists themselves may back away from pushing for prescribing; they have just lost a law suit (and have to pay back $2.5 million) brought by some of their own members concerning a levy for this purpose which was supposed to be voluntary but all had to pay. However this remains a major issue in many State Legislatures.)

The APA's membership is up 4.4%, its finances are good and it is working on moving its headquarters back into Washington DC. Dr Levin and others emphasized that with all the changes going on in Health Care and its delivery the APA must be very active in Congress, the White House and the Administration to ensure that the importance of mental health and mental illness is recognized. The APA has a very good and active Government Relations Department. It is important that all members support the APA PAC (Political Action Committee). Like it or not the numbers (not necessarily the amount) of contributors to the PAC makes a big difference when APA representatives talk to legislators.

The immediate past Chair of the AMA Board of Trustees addressed the assembly and told of how the APA and AMA are working together and need each other. (The APA has a disproportionate number of members who are officers in the AMA.) He mentioned some of their joint successes including Parity, repeal of SGR (the Medicare payment system that reduced the fee every year), Medicare reform, revising the CPT and RUC – the codes and how they are valued and so paid – (recent changes result in an extra $150 million going to psychiatrists) and reforming MOC. Making sure health care reform is good for us and our patients is going to be a major challenge for both bodies. Major changes in Medical Education are anticipated emphasizing teams, chronic illness, population health and electronic health records (EHR). EHR is "the greatest thorn in our side" he said and must be improved.

The incoming President, Renee Binder, a forensic psychiatrist, mentioned three issues she will be dealing with: tele-psychiatry which at present is illegal across State lines, the enormous numbers of mentally ill and minorities in prisons and jails, and leadership in advocacy and ethics.

I will just mention a few of the Action Papers and Position Papers that were discussed. The Position Paper on Firearms which has been revised many times: for example most recently to acknowledge that most hunters use "automatic" weapons this term was removed; to ensure that psychiatric treatment alone is not a reason to restrict gun access and to include that there should be a way to appeal restriction. It was not supported this time because it has some vague language about security guards on College campuses but it has so many important things in it, including assuring that physicians are free to make clinically appropriate inquires about possession of firearms, and encouraging and funding of research, that I hope it will be approved next time.

A simple statement that all States and Provinces should have an effective Assisted Outpatient Treatment (AOT) statute was passed with my strong support. An action paper asking for APA education about environmental toxins, development and behavior was passed with an amendment by me asking for a work group to assess the literature on the evidence, because there is a lot of very poor research out there and strong lobbying based on that. I spoke against two action papers

to remove “arbitrary” time limits and clinician’s judgments to define diagnosis (eg schizophrenia) in future DSMs. They were rejected.

From the point of view of WHPS and me especially there was a big change in representation approved. In the financial crunch five years ago the number of District Branch representatives allowed to attend the Assembly was reduced resulting in the WHPS and Mid-Hudson having one representative so our representatives went alternate years. With the new structure District Branches with less than 450 members will have two representatives, except in New York and California they will have one because these States have far more District Branches than others. District Branches will have an extra representative for every additional 450 members. (When there is a very close vote in the Assembly a “vote by strength” can be called for in which the actual number of members the representative represents is taken into account.)

This year an Assembly member, Adam Nelson, produced a very professional summary of the Assembly Meeting so good that I have pasted it in at the end of my report. (Scroll to the end of eSynapse to see this.)

I will say a bit about the Annual Meeting itself, which as always has so much going on it’s hard to choose. I always go to the opening ceremony, where the retiring President and the incoming president speak: to hear what has been happening and what the new President’s plans are; and they are nearly always inspiring: you hear how the Presidents got there and their speeches fire you up about being a psychiatrist and what we can and should do. This year was no exception. Paul Summergrad was introduced by his wife who told of his growing up in the Bronx, being into Zen Bhuddism, doing residencies in internal medicine then psychiatry and psychoanalysis, going on to be CEO of Partners Health in Boston and an expert on Public Policy in Health and Psychiatry. Among the things he said was that the present expansion in mental health care is the greatest ever anywhere in the world. He described the situation in 1843 when Dorothea Dix spoke before the Massachusetts Legislature to persuade it to open hospitals for the severely mentally ill who were so visible and filling up the jails and prisons. The APA was founded in 1844 – the first Medical Association in America. But there was a separate Asylum for “Colored” people. He drew parallels (and the only applause) with the current state of an overwhelming number of mentally ill and Black men in jails and prisons today.

Renee Binder also was inspiring: a call to arms, to “claim our future”, “no health care without mental health care”, quoting Churchill and Gandhi who both said “ a society is measured by how it treats its weakest members” she stressed the importance of serving the severely mentally ill & marginalized and talked of the scandal of so many mentally ill incarcerated. She talked of emphasizing ethics, including before legislatures and the Supreme Court; she mentioned that in 1844 one of the foundational goals of the APA was to set standards for treatment and this continues to be a vital goal, with the Affordable Care Act, with insurance companies, and building on the strengths of the APA’s Treatment Guidelines and DSM.

At the Convocation there was a remarkable and very moving talk by Nora Volkow, Director of National Institute on Drug Abuse in which she elegantly described the biology and neurochemistry of substance abuse around the very moving story of her grandfather’s alcoholism and suicide that she only learned long after she was an expert in this field.

Unusually this year I attended sessions on services, their value and health care reform including a wonderful talk by Ellen Zane who had been President and CEO of Tufts Medical Center and turned that institution around after a disastrous take over and debt – and told of how Paul

Summergrad had taken on Blue Cross and won. Emphasizing psychiatrists as leaders here are a few quotes form her talk: “no one was ever cured at Blue Cross”, “hospitals are bricks and mortar – it’s about the patients and those who care for them”, “advocacy is our job”, “we must have a seat at the table”, “managers are supposed to manage… leaders must lead”, “consensus is good but if not possible, leaders lead”, “data is good but enough is enough: stop and decide”, “never, ever compromise the high road, must be squeaky clean” , “we need to innovate, change, ensure standards, because if we do not they will be imposed on us”.

The rest of the meeting was a wealth of interesting sessions for example: Charlie Nemeroff on resistant depression: there’s now good evidence that smoking increases suicide risk and interferes with the treatment of depression; four new studies from Europe show Lithium reduces suicide; Xanax is useless for PTSD, Prazocin slowly up to 30mg in men, 18mg in women helps, prolonged exposure therapy was very effective in eight studies. From a session on the prevention of violence: try a big burly “milieu officer” (not a safety officer) sitting in the day room (!). On the ethics and pitfalls of psychiatric assessment of public or historical figures and psychiatric profiling the APA’s “Goldwater rule” says no psychiatrist should comment without having interviewed the person and having their permission to speak. But Paul Applebaum suggested that this might limit public education and one can speak in general terms while underscoring one’s lack of knowledge of the particular person. An interesting twist was an interview with former Governor Dukakis who was believed to have had treatment for depression and as Presidential candidate was called “an invalid” by President Reagan. And a fascinating talk on CLARIY and optogenetics, ways of seeing fine brain structure and molecular patterns without slicing or sectioning the brain (see the New Yorker in May).

And there is always plenty of social activity including a reception at the top of the Toronto tower by the American Psychiatric Foundation (the APA’s charity, see www.AmericanPsychiatricFoundation.org for the wonderful educational, prevention and other work it does), receptions by Medical Schools, Hospitals, the Professional Insurance carriers and the APA PAC giving me lots of opportunities to catch up with psychiatrists I have got to know over the past four decades. It all made for a great meeting.

If you are interested in reading in greater detail the oral presentations made at the Assembly meeting, please scroll to the end of this issue of Synapse for 10 pages of detail.

New Assembly Structure

The following message is posted at the request of Allison Moraske, Senior Governance Specialist to the Assembly. If you are interested in seeing the actual numbers for each DB, please contact Dr. Flax at DrFlax@aol.com

DB/SA Executive Staff: At its meeting in January, 2015, the Assembly Executive Committee (AEC) voted to approve a new Assembly organizational structure, which is outlined below. The new organizational structure was approved by the Assembly at the May 2015 Assembly meeting in Toronto, Canada. The Assembly Executive Committee requests that you consider diversity as one of the factors in making the selection of Representatives for your District Branch/State Association.

New Assembly Structure
No Deputy Representatives for District Branches

District Branch Representatives are eligible to be apportioned according to the following formula:

Numbers of Voting Members	Reps
450 or less*	2
451-900	3
901-1350	4
1351-1800	5
1801 or more	6

*California and New York District Branches have 1 Representative for District Branches with 450 or less, with the larger District Branches using the above formula.

Please do not hesitate to contact me should you have any questions.

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CORRESPONDENCE

(Editors note: I vowed when I started this publication to publish anything sent to me. Please send me announcements, news, notices, rumor, recipes, innuendo, ads etc).

What are West Hudson Psychiatric Society Members in Orange County doing?

Nicholas Batson M.D., Lisa Batson M.D., and Kimberly Robinson M.D.
Crystal Run Healthcare
Middletown, NY

The Hudson Valley Region, New York, and throughout the nation is seeing monumental changes in healthcare delivery. All medical specialties are being held to a higher standard of quality and accountability for the care received by patients and the same is true for Psychiatry. One increasingly discussed model for Mental Health to address these needs is Integrated Care. We wanted to share our experience in developing an integrated care model within Crystal Run Healthcare, a multispecialty Accountable Care Organization with over 350 providers and greater than 20 locations in the Hudson Valley, NYC, and New Jersey.

Crystal Run Healthcare has a truly integrated behavioral health program. Our range of mental health providers consists of Psychiatrists (Child /Adolescent and Adult Psychiatry), licensed clinical social workers, a Ph.D psychologist, and a Care Manager. We are embedded with primary care providers and subspecialists within the same location. The use of various technologies, such as the Electronic Healthcare Record, has assisted in improving access to mental health providers, development of shared treatment plans, and co-management of patients from mild to severe complexity. An open electronic health record has allowed the mental health providers to communicate bi-directionally with primary care providers regarding mutual patients. We have developed and follow Best Practice guidelines for the most commonly seen diagnoses of

Depression and Attention Deficient Hyperactivity Disorder. We also track quality outcome measures for which we have real time access through our intranet.

Our mental health providers see patients 3 years old and up with a variety of medical and psychiatric histories in an outpatient setting. We currently do not provide inpatient or substance treatment services. One target population for our practice is patients seen by our primary care providers who are in need of psychiatric consultation who may or may not need to be seen for mental health services. These patients are referred to the Mental Health Assessment Team (MHAT), which consists of a Care Manger, Primary Care Provider, and consulting Psychiatrist. This team has direct communication with the Primary Care Provider and the patient regarding treatment recommendations, managing side effects, and diagnostic clarity. We provide Psychoeducation and consultation to our Pediatric Primary Care Providers through a case/consultation model with diagnosis focused educational topics twice per month.

Co -management is defined as the shared responsibility and accountability for the care of a patient. This type of intervention has been well received by patients and non-psychiatric providers. Patients have favorably responded stating that having all of their providers on the "same page" with regards to their health care has added value to their experience. Patients are provided satisfaction surveys to complete after their visit for the practice to gain an understanding of the patient's experience with our mental health providers and the coordination of care with their other providers. In our Patient Satisfaction surveys, 98% of patients have stated that they have had a good to excellent experience with regards to our Psychiatrists' knowledge of their overall medical history.

As healthcare delivery continues to evolve away from fee for service and focus more on quality and cost reduction, mental health services will become a bigger part of integrated care within our organization as well as nationwide. We plan to continue to work closely with our primary care providers to address the global health needs of our medically complex patients. Our overall goal is to improve quality care and access to Psychiatric services by providing direct patient care through Consultation and Co-management, be a resource for patients inside and outside of the practice, educate primary care providers & specialists about mental health, and be a leader in healthcare reform.

Contact Information: Phone- (845) 703-6999 Email - nbatson@crystalrunhealthcare.com

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Silas Weir Mitchell, MD. and *The Yellow Wallpaper*

Syed Abdullah, M.D.

The year 1884 marked the 50th anniversary of the formation of the American Medico-Psychological Association. The program committee of the Association searched for a prominent figure as a guest speaker at its golden jubilee celebration. Silas Weir Mitchell, M.D. was the most renowned neurologist, known for his treatment of peripheral nerve injuries during the civil war. He had an international reputation not only for his medical expertise, but also for the novels and poems he wrote. Although known for his critical views of psychiatry, the program committee in a bold gesture of collegiality, invited him as an honored speaker on this historic occasion. To the surprise of all, this proved to be a chastening experience for the organization, which was to be later called the American Psychiatric Association.

This was a time when the neurologists were already making incursions in the field of mental disorders. The psychiatrists had become confined and sequestered in the Asylums and had come

to be known as alienists by their medical colleagues and the general public. The membership to their Association consisted solely of the superintendents of the asylums. There was no treatment known for the illnesses that the alienists specialized in. There was no research or teaching activities going on in the asylums. The superintendents of these institutions acted as custodians and administrative heads. Inside the walled centers of their domain they wielded nearly absolute power for as long as they held their politically assigned position, which was mostly until the end of their lives.

In his speech, Mitchell was merciless in pointing to the drawbacks and shortcomings that existed in the workings of the asylums. He, at this time, was flush with his own eminence as a neurologist and a best-selling author, had started treating the non-psychotic psychiatric patients, who were mostly middle & upper class women of the affluent Philadelphian society. Most of his patients were diagnosed as hysterical, neurasthenic and depressed. His treatment method soon came to be known as Mitchell's 'Rest-Cure.' These expensive treatments were carried out at home or in well-appointed resorts and 'rest homes' with a generous provision of nurses, masseurs and attendants. It was indeed a status symbol to have a female relative under the care of Dr. Mitchell. Many other neurologists, prominent among whom were William Hammond and George M. Beard, emulating Mitchell, had become famous in the medical profession in New York City and elsewhere. Dr. Hammond even went so far as to propose a resolution to exclude asylum superintendents from membership in the newly formed American Neurological Association.

When Mitchell stood up to speak at the fateful golden jubilee meeting he eschewed the conventional pleasantries and went on hitting below the belts of the gathered hosts. He criticized the lack of progress in the speciality, the isolation of psychiatry from the rest of the medical profession, the absence of resident physicians, labs, and nurse training facilities in the asylums. He lashed out at the customs, bureaucracy and politics that hampered progress. He said it was wrong to attempt both medical care and business management of the asylum. "Insist you are physicians and no more" he said, "the cloistered life you lead give rise, we think, to certain mental peculiarities ...asylum life is deadly to the insane…it should be the last resort not first." The initial reaction to his diatribes was a defensive embarrassment, which later gave way to self searching and widespread reforms and improvements that continue to this day. Many years later, when Clifford Beers, a former asylum patient, launched his mental hygiene movement, Mitchell gave his enthusiastic blessings and support to his efforts (see Synapse May-June '03).

To understand Doctor Mitchell let us take a look at his 'rest cure' treatment in his own words:

> In carrying out my general plan of treatment it is my habit to ask the patient to remain in bed from six weeks to two months. At first, and in some cases for four or five weeks, I do not permit the patient to sit up or to sew or write or read. The only action allowed is that needed to clean the teeth. In some instances I have not permitted the patient to turn over without aid, and this I have done because sometimes I think no motion desirable, and because sometimes the moral influence of absolute repose is of use. In such cases I arrange to have the bowels and water passed while lying down, and the patient is lifted on to a lounge at bedtime and sponged, and then lifted back again into the newly- made bed. In all cases of weakness, treated by rest, I insist on the patient being fed by the nurse, and, when well enough to sit up in bed, I insist that the meats be cut up, so as to make it easier for the patient to feed herself. In many cases I allow the patient to sit up in order to obey the calls of nature, but I am always careful to have the bowels kept reasonably free from costiveness, knowing well how such a state and the effort it gives rise to enfeeble a sick person. Usually, after a fortnight I permit the

> patient to be read to, one to three hours a day, but I am daily amazed to see how kindly nervous and anaemic women take to this absolute rest, and how little they complain of its monotony. In fact, the use of massage and the battery, with the frequent comings of the nurse with food and the doctor's visits, seem so to fill up the day as to make the treatment less tiresome than might be supposed. And, besides this, the sense of comfort which is apt to come about the fifth or sixth day - the feeling of ease, and the ready capacity to digest food, and the growing hope of final cure, fed as it is by present relief, all conspire to make most patients contented and tractable.
>
> The moral uses of enforced rest are readily estimated. From a restless life of irregular hours, and probably endless drugging, from hurtful sympathy and over-zealous care, the patient passes to the atmosphere of quiet, to order and control, to the system of care of a thorough nurse, to an absence of drugs, and to simple diet. The result is always at first, whatever it may be afterwards, a sense of relief, and a remarkable and often a quite abrupt disappearance of many of the nervous symptoms with which we are all of us only too sadly familiar. All the moral uses of rest and isolation and change of habits are not obtained by merely insisting on the physical conditions needed to effect these ends. If the physician has the force of character required to secure the confidence and respect of his patients he has also much more in his power, and should have the tact to seize the proper occasions to direct the thoughts of his patients to the lapse from duties to others, and to the selfishness which a life of invalidism is apt to bring about. Such moral medication belongs to the higher sphere of the doctors' duties, and if he means to cure his patient permanently he cannot afford to neglect them. Above all, let him be careful that the masseuse and the nurse do not talk of the patients ills, and let him by degrees teach the sick person how very essential it is to speak of her aches and pains to no one but himself.

In summary, the treatment had the following characteristics: seclusion and rest; massage; electric stimulation and a high calorie, high fat, diet. His patients were not allowed to see relatives, read, write or otherwise strain themselves. The average therapy lasted six weeks. In the case series he described, there was only one male patient, who perhaps suffered from tuberculosis. This rest cure became the rage for upper class women who did not seem to be thriving in the last quarter of the nineteenth century. Apparently it was also adopted in England and in a limited way by Freud. The civil war, during which he was a contract surgeon to the army, brought Mitchell to fame. His writings on nerve injuries became classics, as did his description of causalgia with William Keen and G.R. Moorehouse. They also wrote about "reflex paralysis', post paralytic chorea, erythromelalgia (Weir Mitchell's disease) and cerebellar function. The state psychiatric hospitals, and most of the proprietary ones, tried to emulate some of Mitchell's rest cure methods. But with their limited resources and burgeoning patient population, the closest they came to do that, was to restrict the reading of books, curtail letter writing and control the use of telephones. In some cases visitors were disallowed for fear of agitating the patient. In extreme instances padded cells and physical restraints were used to 'calm' an agitated patient. In most cases the rest of the features of Dr. Mitchell's practices, involving one-on-one staffing, were beyond the scope of the crowded psychiatric facilities. These are well illustrated in the book *A Mind That Found Itself* by Clifford Beers.

One of Dr. Mitchell's patients was a talented and intellectually gifted woman, Charlotte Perkins Gilman, who went into depression following the birth of her baby. At the termination of her treatment with Dr. Mitchell she wrote a short story titled *The Yellow Wallpaper*. During the treatment she was separated from her baby girl and confined to a room with no provision of paper

or pen in order to prevent any ‘mental exertion’ or emotional strain. Later she wrote “the mental agony grew so unbearable that I would sit blankly moving my head from side to side – to get out from under the pain. Not physical pain, not the least ‘headache’ even, just mental torment, so heavy in its nightmare gloom that it seemed real enough to dodge... I would crawl into remote closets and under beds - to hide from the grinding pressures of that distress.”

Charlotte Gilman later explained “The real purpose of the story was to reach Dr. S. Weir Mitchell, and convince him of the error of his ways. I sent him a copy as soon as it came out, but got no response. However many years later, I met someone who knew close friends of Dr. Mitchell’s who said he told them that he had changed his treatment of nervous prostration since reading *‘The Yellow Wallpaper*. ’ If that is a fact, I have not lived in vain.”

“The Yellow Wallpaper ” was written in 1890 and eventually published in 1892 in the New England Magazine. The story is written in the form of a loosely connected journal. It follows the narrator’s private thoughts, which become increasingly confusing. One can follow the author becoming more and more disjointed, as she gradually descends into madness as her only escape from an oppressive husband and an authoritarian physician. Her protests and remonstrations are dismissed as a mere prattle of an unreasoning female who does not know what is good for her. She was confined to a room as part of treatment for the nervous breakdown. Isolated and forbidden to express herself creatively, she becomes obsessed with the garish yellow wallpaper. She starts imagining that there are women trapped behind the hideous patterns in the paper. Eventually she becomes delusional in her efforts to free the unfortunate women thus trapped. By frantically tearing up the wallpaper, she symbolically frees herself from the bondage of her circumstances.

Charlotte Gilman eventually terminates her treatment, leaves her husband, moves away to California and plunges herself into writing and publishing. She joins the fledgling feminist movement, speaking, and organizing the first wave of the suffrage campaign. The story, considered as a tale of horror initially, had fallen into oblivion until the resurgence of feminism in the sixties when it was established as an important piece of feminist literature. Some critics have used the story to highlight how women function in a patriarchal society as well as in a masculine psychological model.

POETRY

Cat

I am a creature. Made of spit, shit, fire and fusion.
What you get out of me is confusion and illusion
Not even I know which direction I will feel the pull
Towards hell I imagine, always did always will

I am a phantom. Floating among human things
Trying to pass as a three dimensional being
I walk slow and try for steady always and ever
But a gust of negativity knocks me on my ass altogether

I am a slave to pain. Each movement brings on sensations of punishment
Like I’m still paying dues to the upper and straighter establishment
Did you know there is no time limit for paying on your sins?
There is only respite for years and then the process does begin

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Health Insurance Question from Carol Paras, MD

As private practitioners with few or no employees, some psychiatrists are really having a hard time finding adequate health insurance coverage. Others have plans they are not happy with. None of our professional organizations are willing to offer a group health plan. The Obamacare offerings are grossly inadequate.

Would you be interested in a group health plan? I would take the responsibility to find one and administrate it. This would be effective January 1, 2016.

If you are interested please respond to me privately at cparaspc2@yahoo.com.

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Depression Support Group

Depression support group meets 2 times a month in Pomona, NY. We are inviting new members at this time. We are moderated by a clinical social worker. This is not a therapy group but social support for people fighting depression. Call Kathy for more information (914) 714- 2837.

Rockland County Depression and Bipolar Support Alliance

Peer-to-peer run support group for people with depression, bipolar disorder, anxiety disorder or any related mood disorder & their friends & family. The support group meets every Thursday night from 6:30 - 8:30 at Jawonio, inc. 775 N Main St. New Hempstead. Reservations are not required. There is no fee for attending the support group meetings. This is a very warm and welcoming group run by people who have been there and can help. Any questions please call Leslie or Leonard at 845-837-1182.

APA Assembly Notes

Spring 2015

This is a digest of events that took place during the May Assembly meetings held in Toronto, ON, Canada. Only oral presentations are summarized here. Many reports presented in written form can be found in the Assembly Packet. Please use this as a tool to communicate with your District Branch Council and constituent members. It is intended to be read online or as a download, but may also be used in printed form without access to the web links. You may use it as is, or edit and modify the content to suit your particular needs. Please send any omissions or corrections to adam@adamnelsonmd.com.
Adam Nelson, M.D.

Speaker's Welcome and Report — Jenny L. Boyer, M.D., JD, PhD

Dr. Boyer bade everyone welcome to the Assembly. She summarized her efforts as Speaker for the past year, attending Area Council meetings, noting the unique character of each one. The results of the Assembly survey affirmed a mandate for the Assembly to be the voice of APA membership. She noted efforts to improve the authorship process for Action Papers as a means for members to have a voice. As Speaker of the Assembly, she has served as an extension of that voice with the Board of Trustees, in its efforts to develop a strategic plan for the APA, and in the APA's first successful sponsorship of legislation. To assist her in these efforts, Dr. Boyer expressed her thanks to Dr. Saul Levin, CEO and Medical Director of APA, to the chairs of the various workgroups and committees of the Assembly, to the past speakers, and her parliamentarian, and to her new husband, Dr. Arthur Ginsburg from Area 4.

Welcome to Canada — Padraic Carr, MD, President, Canadian Psychiatric Association

Flanked by several representatives to the Assembly from the Canadian Psychiatric Association, Dr. Carr welcomed everyone to Canada for this year's APA Annual Meeting. He invited everyone to stop by their booth in the Exhibit Hall.

In Memoriam: Yusor Mohammad Abu-Salha, Razan Mohammad Abu-Salha, and Deah Shaddy Barakat (daughters and son-in-law of APA member Mohammed Abu-Salha, M.D.)

One must be given to pause when senseless tragedy strikes so close to home. Dr. Bolick presented a moving and emotional story of Mohammed Abu-Salha, M.D., who , on the occasion of the marriage of his daughter in January 2015, proclaimed that, after immigrating to the United States, he was living the American Dream. One month later, that dream would be shattered when a man came to his daughter's home, shot and killed her, along with her husband and Dr. Abu-Salha's other daughter, her sister, allegedly over a parking space dispute. However, suspicion was high that the killing was motivated by religious hate.

In Memoriam: Prakash Desai, MD, Past Speaker, APA Assembly

Dr. Desai lost his battle to cancer at the beginning of the year. Dr. Swaminathan recalled his many accomplishments and awards, including the Oskar Pfister award and the George Tarjan award by the APA, as well as his service as Past Speaker to the Assembly.

In Memoriam: Herbert Peyser

Many colleagues came forward to celebrate the life of Herb Peyser, long-time member and Past Speaker of the Assembly. Dr. Peyser recently passed away peacefully sitting in a chair in his home. He was described as an erudite and intellectual giant, able to disagree, but never disagreeable, passionate about history, music, and the classics, which he often cited in his missives on the Assembly listserve. He was an iconic presence on the faculty of Mt. Sinai Hospital in New York for longer than many of those in the Assembly were even alive. His advice and mentorship seemed without end. He is being awarded the Ron Shallow Award from the Assembly posthumously.

Report of the Rules Committee — Melinda Young, M.D.

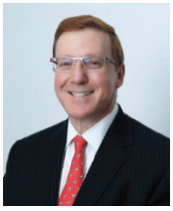
Dr. Young presented a brief summary of the role of the Rules Committee, which is to prepare Action Items for presentation, rule on their appropriateness, and then present those items to the Assembly for further consideration. In evaluating these items, the Rules Committee looks at several questions, including: Does the proposal match the premises? Does the Action Paper match the values and mission of the APA? Does the intent of the Action Paper already exist? Has the content been discussed with the appropriate components of the APA? What are the costs?
Items 4B4 and 4B17 were removed from the Consent Calendar for further deliberation. Special Rules of the Assembly were approved.

Nominating Committee — Melinda Young, M.D., Chair

Elections were held for the office of Recorder and Speaker-Elect of the Assembly. In two very close contests, Dan Anzia, M.D. was elected Speaker-Elect over Robert Roca, M.D. and Theresa Miskimen, M.D. was elected Recorder over Ludmilla De Faria, M.D. Congratulations to all who

ran a very close race. And congratulations to Dr. Anzia and Dr. Miskimen in their election to office for the coming year.

Report of the CEO/Medical Director of the APA — Saul Levin, MD, MPA



Dr. Levin announced the APA's new branding reveal to take place at the Opening Session of this year's APA Annual Meeting. The rebranding effort has been spearheaded by Jason Young, CCO for the APA. A free mug with the new APA logo (see newsletter banner above) will be given to those who attend. Dr. Leven assures us that the Benjamin Rush logo is not going away. However, he also notes that, over the years, there have apparently been a number of facelifts, leaving Dr. Rush looking perhaps somewhat better as he continues to age.

Dr. Levin announced several new hires, noting that any time an organization undergoes a change of CEO, there is traditionally about 30% staff turnover. Dr. Ranna Parekh will be the new Director of Diversity and Health Equity. Dr. Tristan Gorrindo will be the new Director of Education.

Among this year's accomplishments, APA continues to lead the campaign for Mental Health Parity, making great use of the educational poster on fair insurance coverage, suitable for hanging in a physician's office or waiting room, which has also gathered great interest among primary care colleagues. The MHPAEA Ru;es are under review, and APA will be submitting comments. A new consumer guide to DSM 5 debuted this month. Our membership continues to grow for the second year in a row. Efforts continue to attract interest among medical students through organizations such as PsychSign. Per the request of several Assembly members, the APA Staff Directory (login required) is now available on the website. Also on the website, the APPI.org site has been upgraded. Find a Psychiatrist will soon be operational on the APA website. All members who wish to participate are urged to complete their profiles online. APA has renewed its endorsement of APA, Inc. malpractice insurance carrier, which will offer several improvements in coverage, including removing the consent to settle clause, and increasing loss of income limits to insured during trial defense.

In the news, APA responded to a NY Times report recently on psychologists' participation in CIA torture, or "enhanced interrogation", by emphasizing that no psychiatrists participated. This was based on the APA Position Statement endorsed by the BOT several years ago. In addition, the American Psychological Association is under investigation and possible class-action litigation for allegedly imposing a mandatory assessment on members' dues to pay for lobbyists. Our Council on Government Affairs was involved in passage of the Clay-Hunt Veterans' Suicide Prevention bill to fund an additional 20 psychiatry slots to the VA. And finally, the BOT supported writing a formal letter of objection to the ABPN regarding Part 4 of MOC and demanding evidence to support its use. Dr. Boyer took privilege in noting that the matters concerning APA policy on torture, MOC, creating a staff directory, and increasing psychiatry slots in the VA all originated in the Assembly.

Report from the APA President — Paul Summergrad, M.D.

Dr. Summergrad spoke about the accomplishments of the past year. He emphasized the importance of collaboration, including the collaboration between the Assembly, the AEC, and the BOT in the vote to urge ABPN to lobby ABMS to revise MOC practice and review the evidence basis. Also, the Assembly and BOT have been collaborating on the APA's Strategic Planning and Budgeting initiative. Following Dr. Boyer's survey to the Assembly, the BOT launched a survey to the

membership. 4 priorities were identified: advancing psychiatry, supporting research, education, and delivery of services. The Strategic Plan will be discussed in greater length at the Opening Session of the APA Annual Meeting.
Dr. Summergrad shared an anecdote emphasizing that APA is THE voice of psychiatry in this country. Also, the APA Position Statement on Torture "got it right" as evident in a recent NY Times article. Dr. Summergrad reminds us that we must subscribe to the highest principles of fidelity and ethics of the profession.

Treasurer's Report — Frank Brown, M.D.

This year's financial report is very positive. Our revenues are $5.3 million in the positive. Investments have had a $4.2 million gain. Sales receipts from DSM 5 continue to do well, along with CME and membership. The APF showed $2.3 million in income, but operated at a net loss, which was to be expected for a 501c(3). Our reserves helped restore its balance sheet to positive territory. Overall, APA netted a $9.8 million gain. Projects for this year include plans to purchase a new headquarters in the Washington, D.C. area. Full report is available in the APA packet.

Report of the President-Elect — Renée Binder, M.D.

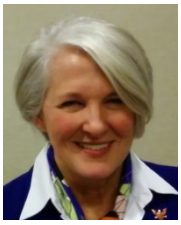
Dr. Binder spoke of her past year as chair of the JRC. She felt that Action Papers need to be tightened up a bit, but that this has much improved under shepherding of Glenn Martin and Melinda Young.
She envisions a new slogan: "There is no Health Care without Mental Health Care". Important issues include how to improve access to MH care, criminalization of persons with mental illness, and a culture of ethics. A BOT Telepsychiatry Workgroup has been formed to examine access to MH care for children, in prisons,, and among the immobile population. APA and APF are planning a marquee event for April 2016 featuring celebrities and VIPs to bring attention to the plight of those with SMI incarcerated in the criminal justice system. Our current code of ethics will be re-evaluated over the next year.

Assembly Reorganization — Jenny L. Boyer, M.D., JD, PhD, Glenn Martin, M.D., and Daniel Anzia, M.D.

In 2010, due to economic and financial constraints of the APA budget, the Assembly adopted a temporary plan of reorganization to significantly reduce costs by drastically reducing representation of the DBs and Area Councils at the Assembly. Previously, all DB's were allowed to send both representatives ("reps") and deputy representatives ("dep reps") to the Assembly twice yearly. For the past 5 years, those numbers were cut by more than half by the elimination of dep reps and other representatives. This solution was always intended to be temporary, with reversion to the previous configuration of the Assembly, unless another solution was found. In 2015, the AEC decided on a Reorganization Plan, which was presented to, and approved by, the Assembly at this session.
The plan calls for a reworking of the formula for DB representation at the Assembly as follows:
DBs up to 450 APA members will have 1 or 2 reps*
DBs with 451 to 900 APA members will have 3 reps
DBs with 901-1350 APA members will have 4 reps
DBs with 1351-1800 APA members will have 5 reps

DBs with 1801 or more APA members will have 6 reps
*All DBs which comprise entire states, and with less than 450 APA members, to now have 2 voting reps at the Assembly. Any DB that exists within a state with multiple DBs (NY and CA) and has less than 450 members will continue to have only one representative.
In addition, a vacated Assembly rep position will now be filled by the DB, not the Area Council. The Plan will go to the BOT for approval.

District Branch Best Practices Award — R. Scott Benson, M.D.



Dr. Benson presented this year's District Branch Best Practices Award to 4 time previous winner, North Carolina Psychiatric Association for their successful efforts to drastically improve retention among DB members who were delinquent in renewing their dues or considering dropping membership altogether. Robin Huffman, Executive Director for NCPA, accepted the award on behalf of the District Branch. In addition, Ms. Huffman also praised the DB's response to the tragic deaths of Dr. Abu-Salha's family members earlier this year.
Dr. Benson also awarded honorable mention to New York County District Branch for their program to promote interest in membership in the APA among training and early career psychiatrists.

Maintenance of Certification — Lois Margaret Nora, M.D., JD, MBA, President and Chief Executive Officer, American Board of Medical Specialties

Dr. Nora was introduced by Saul Levin, M.D., who described her as "very welcoming, always keeping her word, and member-focused". Dr. Nora began by paraphrasing the mission of the ABMS being "of the profession, by the profession, and for the patients that we all serve". In addition to her leadership of the ABMS, her other credentials include being a board member for the Margaret Clark Morgan Foundation and a member of the Council on Graduate Medical Education (COGME). In response to her previous solicitation, she received 87 constructive and critical comments from psychiatrists regarding MOC. She sees the ABMS mission to serve the public as well as the profession. This upholds the responsibilities of the profession, which allows society to grant the profession the privilege of self-governance. Fulfilling the public trust is one of the expectations of board certification. Unfortunately, evidence shows that skills decay over time since initial board certification. This problem addressed by MOC.
MOC has generated both positive and negative comments from participants. The exam helps focusing on areas of continued learning. Others feel it constitutes an intrusion into physician practice, as well as a burden of time, cost, stress, and irrelevance of meaning for many physicians. For 2015, Dr. Nora offers several upcoming changes and proposals to improve the MOC process: accepting CME participation, engaging diplomates in review of previous Board Exams, reducing burden and costs, and increasing relevance and meaningfulness of the exams. Innovations for future MOC exams will include making them modular – not as encompassing as the initial certification exams, and remote proctoring, which allows taking the exam from home.
Dr. Nora made her argument for keeping MOC in place. She believes that MOC needs to be more relevant to practice. MOC is essential for quality improvement. And if MOC does not continue, someone else will step in with a solution that may be more problematic. She sees that MOC must also evolve to address more relevant issues. Citing a recent Rand Corporation study on growing

physician dissatisfaction, Dr. Nora notes an upcoming module for MOC that addresses physician resilience and burnout.
She then opened the discussion for questions prepared and submitted by Assembly members and audited by Dr. Boyer. In addressing the issue of evidence basis, Dr. Nora noted that evidence does exist for MOC, suggesting that it does improve outcomes, but the question has not been well-studied. She dismissed an alternative to the ABMC model for MOC proposed by the National Board of Physicians and Surgeons as falling below the standards of many state medical licensing boards. In response to the question of why ABPN did nothing until there was a formal complaint by the APA Board of Trustees, she emphasized that dissention between specialty board and specialty society does not lead to productive outcomes. However, she believes that the ABPN and the APA should remain separate and distinct in their roles in MOC.

Assembly Committee on Procedures — A. David Axelrad, M.D., Chair

Dr. Axelrad brought several action items forward for consideration by the Assembly.

1. A motion to change the less memorable term AAOSL to the more facile acronym ACROSS (The Assembly Committee of Representatives of Specialties and Sections) was **approved**.
2. A motion to "grandfather" 4 organizations, The American Association of Social Psychiatry, the American Group Psychotherapy Association, the Association of Family Psychiatrists, and the Association of Gay and Lesbian Psychiatrists, into the Assembly that meet all criteria** but for their limited numbers of APA members (less than 100) was **approved**.

(**The remaining criteria for membership in the Assembly are: 1) > 5 years existence; 2) at least one meeting annually; 3) mission and code of ethics not varying from those of APA)

3. A motion which had been postponed from the last Assembly meeting to change the Procedures of the Assembly to be consistent with the section of the Operations Manual of the APA that discusses replacing a trustee of the APA who resigns in midterm was **approved**.
4. A motion to extend the term of review of DB bylaws from every 3 years to 5 five years was **approved**.

Remarks from David Barbe, MD, Immediate Past Chair, AMA Board of Trustees

Dr. Barbe began by noting several APA members who have attained and retained prominent positions within the AMA House of Delegates, including Dr. Patrice Harris and Dr. Jeffrey Akaka. The APA voice in the AMA is contingent on APA members also being members of the AMA. The AMA is THE unifying voice for all physicians. No other organization represents all of medicine as completely as the AMA. The policy-setting body of the AMA is the House of Delegates. Currently, the APA has 7 delegates, 6 alternates, and 15 members on Councils and Committees in the AMA.
Dr. Barbe highlighted several issues involving the AMA. The recently passed Medicare Access and CHIP Reauthorization Act finally repealed the SGR and reforms Medicare payment penalties to physicians for non-compliance of Meaningful Use rules. Ongoing issues include payment reform, EHR usability problems, and Mental Health parity and access. Inadequate psychiatry and mental health resources continues to be a problem. Recently proposed new CMS valuations of CPT codes for MH practitioners will result in an additional $150 million, or roughly 6% increase

in psychiatry reimbursements. MOC will be addressed with the CME Report 2 at the House of Delegates meeting next month.
AMA's Strategic Plan includes efforts to improve outcomes for patients by reducing impact of cardiovascular disease (such as diabetes and hypertension, accelerating change in medical education, and improving physician practice and sustainability. Education initiatives include focus on team-based care, population health, new technologies, and chronic disease management. The recent RAND corporation study on physician dissatisfaction has been a wake-up call, and AMA is piloting tools to assist physicians, such as "Steps Forward". Look for more from the AMA in the upcoming year.

Next Steps from the Assembly Work Groups/Committees

Access to Care — Joseph Mawhinney, M.D., Chair: The focus of the group was on implementation of Action Papers approved by the Assembly during this meeting (see below) and to facilitate two-way communication between the members and DBs and between DBs and the APA.
Communications — Jake Behrens, M.D., Chair: The group is exploring ways to improve access to content regarding the work of the Assembly and developing effective use of social media, as approved by Assembly during this meeting (see below).
Mentorship — Ludmila De Faria, M.D., Chair: The discussion in the workgroup was on developing a mentorship listserve and also assisting newer members of the Assembly with writing Action Papers, including pairing with more experienced authors and developing an Assembly webpage for volunteers to assist with AP writing.
Maintenance of Certification — James R. Batterson, M.D., Chair: Much of the focus of the workgroup was on issues raised earlier by Dr. Nora and will continue to be explored.
Metrics — Glenn Martin, M.D., Chair: This new workgroup will focus on determining value of the Assembly, which will translate into future efforts to seek funding for the Assembly.
APF — Jeffrey Borenstein, M.D., Chair: The workgroup seeks representation from each Area. A video on the mission of the APF will be shown to each Area Council and DB.

Farewell to Speaker, Assembly Members, and Officers, and Welcome to Incoming Speaker — Jenny L. Boyer, MD, JD, PhD, Glenn Martin, MD

Dr. Boyer bid everyone farewell and thanks for all our support and help during her term as Speaker. Several members and Officers of the Assembly will be leaving after this session, and they were each individually given farewells and best wishes. Dr. Martin addressed the Assembly as the incoming Speaker and offered his own thanks and support to everyone, including his wife and family who were in attendance> Dr. Martin is looking forward to a productive year in the Assembly and further improving cooperation and communication between the Assembly, the BOT, and the JRC.

Action Papers/Items

Below is a summary of all action items considered by the Assembly, listed by title, showing the outcome for each. A full description of the Action Papers and items for approval of the Assembly may be downloaded here. Also approved papers can be tracked using AITS

ACTION PAPERS:

Reference Committee 1 — Lawrence Gross, MD, Chair
Advocating for the Patient
2015A1 12.A Compensation, Treatment, and Recognition of Survivors of Fort Hood Shooting Incident - **passes with changes and amendment**.
2015A1 12.B New Position Statement on Firearm Access, Acts of Violence, and the Relationship to Mental Disorders and Mental Health Services - **motion approved to refer to Council on Psychiatry and the Law**
2015A1 12.C Developing an Access to Care Toolkit - **passed with changes**
2015A1 12.D Compendium of Access to Care Action Papers and Position Statements - **passed with changes**
2015A1 12.E Access to Care Survey - **passed with changes**
2015A1 12.F Level of Service Instrument - **passed with changes**

Reference Committee 2 — Robert Roca, MD, Chair
Advocating for the Profession
2015A1 12.G Efficient Electronic Payment and Record Access - **passed with changes and amendments**
2015A1 12.H Removing Barriers to Providing Compassionate Care to Victims of Sexual Assault - **passed with changes**
2015A1 12.I Position Statement on Assisted Outpatient Treatment (AOT) - **passed with changes**
2015A1 12.J Fostering the Next Generation of Leaders within the APA - **passed with changes**
2015A1 12.K Parity in Pay, National Guard - **withdrawn by author**
2015A1 12.L The Impact of Global Climate Change on Mental Health - **passed with changes**

Reference Committee 3 — Leslie Gise, MD, Chair
Supporting Education, Training, Career Development
2015A1 12.M Promoting Military Cultural Competency among Psychiatrists - **passed with changes**
2015A1 12.N Changing ECP Status to 8 Years Following Completion of Training - **passed with changes**
2015A1 12.O Improving APA Support of the Mental Health of African American Males - **Ref Comm did not support; the paper was passed with amendments from the author**
2015A1 12.P Removing Unnecessary Arbitrariness from Future DSMs - **defeated**
2015A1 12.Q Removing Clinician's Subjective Impression from the Definition of Mental Disorders - **defeated**
2015A1 12.R Replacing ―Personality Disorder with ―Syndrome - **defeated**

Reference Committee 4 — John de Figueiredo, MD, Chair
Defining and Supporting Professional Values
2015A1 12.S Emergency Department Boarding of Individuals with Psychiatric Disorders - **passed with changes and amendments**
2015A1 12.T Addressing the Impact of Environmental Toxins on Neurodevelopment and Behavior - **passed with changes and amendments**
2015A1 12.U Parity in Payment, Parity in Policy Implementation - **passed with changes**
cc 2015A1 12.V Location of Civil Commitment Hearings - **passed by consent**
2015A1 12.W Reconfiguring the Health Care Percentage of GDP - **passed with changes**
2015A1 12.X Dues Abatement for General Psychiatrists/Members in Puerto Rico - **Ref Committee does not support; passed with amendments**

Reference Committee 5 — Melvin P. Melnick, MD, Chair

Enhancing the Scientific Basis of Psychiatric Care/Governance Issues
2015A1 12.Y Mental Health Leave in Colleges - **initially Ref Committee did not support, but changes to support with significant edits by the author. passed with changes**
2015A1 12.Z Providing APA Fellows the Opportunity to Get Involved with the APA Assembly - **passed with changes**
2015A1 12.AA Social Media at the APA Assembly - **passed with changes**
2015A1 12.BB APA General Elections - **passed with changes**
2015A1 12.CC Senior Psychiatrists - **passed with changes**
2015A1 12.DD Elimination of Votes by Strength - **removed by author**

In addition, several items, reflecting Position Statements of the APA, were approved on the Consent Calendar. These are available for review in 4B of the Assembly Packet.

See you all for Halloween in Washington, D.C. at our next gathering (costumes optional).