

APA Council Reports

At the fall component meetings of the American Psychiatric Association in Arlington, Va., September 13–16, 2017, the APA councils heard reports from their components. Following are summaries of the activities of the councils and their components.

THE COUNCIL ON ADDICTION PSYCHIATRY

Andrew J. Saxon, M.D., Chairperson

The Council on Addiction Psychiatry (CAP) is committed to providing psychiatric leadership in the study, prevention, and treatment of substance use disorders. The component provides recommendations to APA on training, treatment, and public policy.

To facilitate effective collaboration and communication, the Council invites representatives of the White House Office of National Drug Control Policy (ONDCP), the National Institute on Drug Abuse (NIDA), the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the Center for Substance Abuse Treatment (CSAT), and the Veterans Health Administration (VHA) to participate in its meetings. Physician training on treatment of substance use disorders, prescription drug monitoring programs, accessibility and availability of services, budgetary challenges, research priorities, and opportunities for APA to contribute meaningfully to important government initiatives are among the issues addressed by the group.

The national epidemic of prescription drug and heroin abuse remains a major area of focus. Through its active collaboration with APA's Division of Government Relations, the Council informs and contributes to the association's legislative and regulatory advocacy efforts. Of significant concern in 2017 are legislative proposals that would roll back insurance coverage for individuals with substance use disorders. To improve access to treatment, the Council offered clinical expertise and policy recommendations to the White House's Commission on Combating Drug Addiction and the Opioid Crisis in meetings with officials of the Department of Health and Human Services. In addition, the Council collaborated with APA Administration in the development and submission of formal comments to the Commission and for the 2017 National Drug Control Strategy.

The Council offers a variety of training opportunities for psychiatrists and other interested clinicians. Waiver-eligible courses on office-based treatment of opioid use disorder with buprenorphine are offered at APA's Annual Meeting and the Institute on Psychiatric Services (IPS). The waiver-eligible courses were augmented by a monthly webinar series

conducted by the association as a partner organization in the Substance Abuse and Mental Health Services Administration (SAMHSA)-funded Providers' Clinical Support System for Medication-Assisted Treatment (PCSS-MAT). The highly rated webinars provide free continuing medical education credit. In the past 18 months, more than 4,000 individuals participated in the live sessions, and many others have accessed the archived recordings through the APA Learning Center, as well as through the program's dedicated website (www.pcsmat.org).

A clinical mentoring system further enhances the training by providing opportunities for psychiatrists and other physicians to consult with members who have recognized expertise in evidence-based medication-assisted treatment of opioid use disorder. As part of APA's ongoing collaboration with PCSS-MAT, the APA will produce a series of podcast episodes on medication assisted treatment. Each episode features a guest expert discussing topics related to pain management and substance use disorders, with the goal of helping physicians improve their knowledge and understand their role in the treatment of these conditions.

APA is also a partner in the SAMHSA-funded Providers' Clinical Support System for Opioid Therapies (PCSS-O), a project developed to address the appropriate use of opioids in the treatment of chronic pain, as well as the recognition and treatment of opioid use disorder. More than a dozen medical specialty and stakeholder organizations provide free continuing medical education in support of the program. APA contributes webinars and online case vignettes that can be accessed through the association's Learning Center and the program's dedicated website (www.pcoss-o.org).

In addition, APA is a clinical site for the PCSS-MAT Implementation Program (PCSS-MIP), a pilot program funded by SAMHSA to provide technical support to health care organizations and providers for the implementation and integration of substance use disorder services, especially the use (or expansion) of medication-assisted treatment for patients with substance use disorders and in particular opioid use disorder.

With funding from NIDA, a workgroup was established to identify, evaluate, and make widely available curricula on substance use disorders that can be used to guide and

augment the didactics curriculum of general psychiatry residency training programs. The workgroup is comprised of representatives of APA's Councils on Addiction Psychiatry and Medical Education and Lifelong Learning, the American Association of Directors of Psychiatry Residency Training, as well as early-career psychiatrists and residents. The group is currently identifying and assessing the scope and quality of existing open-source substance use disorders curricula. It plans to design and implement mechanisms to make the curricula available to all residency training programs, execute a communications plan aimed toward chairs of departments of psychiatry and residency training directors, identify gaps in the existing curricula with the goal of developing curricula to address them in a future initiative, and evaluate the project. Toolkits will be freely available on the APA's website.

The Council vice chair represents the APA and actively participates in an American Medical Association (AMA)-convened Task Force to Reduce Opioid Abuse, which is comprised of representatives of state medical associations and medical specialty societies. The member organizations recognize that to address the epidemic of prescription drug abuse effectively, physicians should develop and implement strategies to reduce the harm caused by overprescribing of opioids and utilize evidence-based practice in treating pain and substance use disorders. Led by Dr. Patrice Harris, Chair of AMA's Board and a former member of APA's Board of Trustees, the Task Force has undertaken initiatives to 1) address substance use disorders as a medical condition; 2) enhance physician training on evidence-based treatment of pain and addiction; 3) increase physicians' use of prescription drug monitoring programs and provide guidance to policymakers about program features that will ensure provision of clinically significant information; 4) reduce the stigma of substance use disorders; and 5) address overdose prevention through advocacy for increased access to naloxone.

A workgroup of the Council continues to focus on tobacco use disorder. Members include clinical experts and representatives of integrated care, public and community psychiatry, child and adolescent psychiatry, and residency education. It presented several symposia and workshops at both the APA Annual Meeting and IPS, and it facilitates increased attention on tobacco use disorder by contributing to blog posts, web posts, and online and print articles. To further its goals and reach, the group maintains a productive collaborative relationship with the Robert Wood Johnson Foundation's Smoking Cessation Leadership Center, which funded APA's initial efforts in this area.

Members of the Council are also working to develop or revise several APA position statements, including "Involuntary Psychiatry Commitment for Individuals with Substance Use Disorders," "Prescription Drug Monitoring Programs (PDMPs)," and "Physician Health Services in the Treatment of Substance Use Disorders/Addictions in Physicians."

THE COUNCIL ON ADVOCACY AND GOVERNMENT RELATIONS

Patrick Runnels, M.D., Chairperson

The Council on Advocacy and Government Relations was established in May 2009 as part of the reorganization of APA councils and components. The Council was consolidated to include the charges of the Council on Advocacy and Public Policy, the Committee on Government Relations, and the Committee on Mental Health Care for Veterans and Military Personnel and their Families. The Committee on Advocacy and Litigation Funding was retained as a corresponding committee. The Council continues to serve as the APA's member-led coordinating body for advocacy activities involving the federal government and state governments. Its responsibilities include analyzing problems and opportunities; anticipating needs for advocacy policies; planning government relations strategies; collaborating with district branches/state associations on state matters affecting both individuals with mental illness and the profession; and providing expert input to APA Administration staff. High-profile events and the continued challenges of access to psychiatric care have fostered intense interest in these issues on the Hill, within the Trump Administration, and in state governments. The Council has remained active helping to advance a number of APA advocacy priorities and guiding APA lobbying activities.

Health Care Reform

In May, the House narrowly passed H.R.1628, the American Health Care Act (AHCA) of 2017, a Republican-crafted bill to repeal and replace the Affordable Care Act (ACA). The legislation offered would have a substantial, negative impact on individuals with mental illness and substance use disorders. Republican senators released an alternate version to repeal and replace—a discussion draft of its proposal called the Better Care Reconciliation Act of 2017 (BCRA). The proposal also fell short of providing needed mental health care benefits by rolling back many key provisions of ACA, including a phase out of Medicaid expansion funding, cuts to core Medicaid funding, and state waivers of essential health benefits. On July 25th, the Senate moved to open debate on a plan to repeal and/or replace the ACA without knowing which plan it would ultimately adopt. The Senate later rejected the existing version of the BCRA. On July 26th, the Senate rejected an amendment that would repeal most of the ACA's provisions without an immediate plan to replace it. The following day, the Senate voted against an amendment that would only repeal the individual mandate, the mandate for certain employers to offer insurance, and one of the ACA-created taxes, thereby ending this most recent drive for repeal. The Council will continue to work closely with the APA Administration in developing bipartisan strategies to prepare for future Congressional action on improving the ACA.

21st-Century Cures

The momentum continued to build throughout 2016 for Congressional action to enact meaningful reform to the federal government's management and financial support of mental

health and substance use services. On November 30th, the House passed H.R. 34, the 21st Century Cures Act, a bipartisan package combining medical innovation and mental health reform measures. APA led a diverse coalition of allied stakeholders in strongly urging the Senate to act, with the intent to have the legislation signed into law before the end of the 114th session of Congress. In December, President Obama signed into law the 21st Century Cures Act. This bipartisan achievement aims to increase funding for medical research, speed the development and approval of experimental treatments, and overhaul federal policy on mental health care. The package sailed through both chambers of Congress, due in no small part to the grassroots activities of the Council, our APA membership, and hundreds of patient advocacy groups that worked in overdrive during the past 2 years pushing the mental health reform to the finish line. The Council worked with the APA Administration in encouraging advocacy and in participating, when asked, in grassroots efforts. The Council continues to work closely with the APA Administration for political and policy recommendations to drive APA's agenda forward through enactment of the bipartisan comprehensive health measure.

Scope of Practice

The Council, APA Administration, and APA membership continue to work in tandem to defeat unsafe prescribing legislative proposals across several states. Psychologists are aggressively seeking the ability to prescribe independently with minimal education and training, endangering patient safety. APA is effectively employing innovative strategies in opposition, while proactively promoting evidence-based alternatives to mental health access challenges, such as expansion of collaborative care models, telepsychiatry implementation, and parity enforcement. Through well-executed opposition campaigns, APA has deterred the introduction of psychologist prescribing legislation this session in 10 states, including Florida, Kentucky, Minnesota, North Dakota, and Texas. In addition, APA's successful grassroots efforts have defeated bills in Hawaii, New Jersey, New York, Texas, and Vermont. State legislatures in Florida, North Carolina, Oklahoma, Tennessee, Texas, and Virginia considered legislation that would give nurse practitioners more autonomy, independently practicing without physician supervision. Next year is expected to be just as eventful, with proposed workforce legislation expected to be introduced in several states. The Council has been able to weigh in on CALF funding, as well as policy impact of various approaches across states. The Council will continue to work in conjunction with the APA Administration and district branches in preparing for the 2018 legislature to enhance strategic advocacy efforts aimed at addressing workforce issues.

Advocacy Training Tools for APA Membership

An overarching priority for the Council on Advocacy and Government Relations this year has been to strengthen APA's member advocacy efforts when addressing federal and state

issues affecting psychiatry and our patients. The Council has established two work groups to develop advocacy resource tools for APA membership to understand what advocacy means and the significance of advocating as health care professionals. One work group has developed a draft online training providing APA members with a comprehensive approach to advocating and effectively communicating with policymakers about issues of concern to mental health and the field of psychiatry. The second work group drafted a white paper on the Current State of Advocacy Teaching in Psychiatry Residency Training Programs, highlighting various successful programs and urging APA to lead the effort to ensure that all psychiatry residents receive excellent teaching and training in advocacy during their residency years. The Council deems advocacy as an important means of raising awareness on mental health issues, assuring that mental health is on the national agenda and that APA's advocacy priorities on behalf of psychiatric medicine are advanced. The efforts of mental health advocates have directly influenced policy and legislation and guided the development of service programs or initiatives. Above all, the concept of mental health advocacy consists of various actions aimed at changing the major structural and attitudinal barriers to achieving positive mental health outcomes in populations nationwide. The training tools being developed are designed to encourage membership to engage in advocacy efforts as a significant area for action in mental health policy, whether at the federal, state, or local level.

The Committee on Advocacy and Litigation Funding

Originally created in 2002 and re-established in 2009, the Committee on Advocacy and Litigation Funding (Bhasker J. Dave, M.D., Chairperson) is charged with reviewing requests that involve legislation, litigation, and advocacy. The committee serves as a mechanism to evaluate requests for financial assistance to district branches and state associations and to make recommendations regarding funding through the Council on Advocacy and Government Relations and the Joint Reference Committee to the Board of Trustees. With increased legislative activity and greater focus on state government responsibilities in the changing environment of health care reform, the Council has worked with APA in ensuring support to eligible and approved district branches and state associations as they seek to bolster their advocacy apparatus.

The APA Political Action Committee (APAPAC)

APAPAC (Charles Price, M.D., Chairperson) is governed by a board of directors that is comprised of 13 APA members. APAPAC is the bipartisan political voice of the APA and enables APA to invigorate its patient and professional advocacy activities by supporting candidates for federal office. The PAC works to ensure the election of members of Congress who share mutual principles and goals with APA and who stand up for psychiatry's position during the legislative process. Another extremely important role of the PAC is to educate other members of Congress as to why they should support positions that are vital to our patients and our profession. The PAC raised

almost \$525,000 from APA members during the 2016 election cycle. APAPAC has currently raised over \$235,000 so far in the 2017 election cycle, which puts APAPAC on track to exceed 2016's election cycle fundraising numbers. Increasing this number is the top priority of APAPAC. Strengthening our political voice is vital to the APA's advocacy efforts and crucial to the future of our specialty and our patients. APA is near the bottom of physician specialties in money raised, but we are gaining strength. The APAPAC Congressional Advocacy Network (CAN) is also another tool we use to bring an even greater voice to psychiatry's advocacy efforts. APA's CAN program is designed to match a least one APA member to every member of Congress to increase the profession of psychiatry's impact on the U.S. Congress and advance the cause of mental health in America. APA CAN is designed to help develop, train, and energize a national network of psychiatrists who will commit to communicate and build personal relationships with members of Congress and speak on behalf of the APA on issues facing mental health.

THE COUNCIL ON CHILDREN, ADOLESCENTS, AND THEIR FAMILIES

Joseph Penn, M.D., Chairperson

The Council on Children, Adolescents, and Their Families works to advance the diagnosis and treatment of children and adolescents with mental health problems. The Council keeps psychiatric issues involving children and adolescents at the forefront of APA policy and works to assist general psychiatrists in learning more about treating or referring pediatric patients. To facilitate collaboration and communication, the Council is a convening body for allied psychiatry organizations and APA components, including the American Academy of Child and Adolescent Psychiatry, Caucus of Psychiatrists Treating Persons with Intellectual Disabilities, and the College Mental Health Caucus.

Component Update

Policy. The Council continues to address issues on solitary confinement and risks of adolescents' online behavior through proposed position papers and collaborative efforts across the councils. In February 2017, the Joint Reference Committee (JRC) referred an action paper titled "Ending Childhood Poverty" to the Council on Children, Adolescents, and Their Families. The Council reviewed and supported the action paper as written. The Council has made it a priority to partner on an ad hoc basis with the APA Foundation, district branches/state associations, and allied organizations, such as the American Academy of Child and Adolescent Psychiatry, to advance the relevant issues and legislation designed to reduce and eliminate childhood poverty in America. Synergies were identified in the work of the Council and APA Foundation, specifically regarding the "Typical or Troubled?" School Mental Health Education Program. The Council is aware that advocating must

come in a timely manner and relied on the Council on Advocacy and Government Relations for their expertise.

Education and training. The Council continues to identify and support opportunities for the development of quality abstracts on child and adolescent psychiatry topics for presentation at the APA Annual Meeting and other psychiatric meetings. The Council is interested in developing presentations on first-break psychosis.

The APA/APAF Child and Adolescent Psychiatry Fellowship is designed to promote interest and a career in child and adolescent psychiatry and falls under the purview of the Council. Selected fellows receive mentorship from child and adolescent psychiatrists and leaders in the field. Certain Council members have been matched as mentors for the 2016–2018 fellows: Drs. Jennifer Dwyer (Yale University), Julia Tan (University of North Carolina), Lila Aboueid (SUNY Downstate Medical Center), Qortni Lang (Columbia University/New York State Psychiatric Institute), and Roberto Montenegro (University of Washington). This year, five additional fellows were selected for the 2017–2019 fellowship cohort. These fellows are Drs. Taiwo Babatope (University of Texas Health Science Center at Houston), Vasiliki Karagiorga (SUNY Downstate Medical Center), Alicia Londono (Yale University), Thien Chuong Richard Ly (Oregon Health and Science University), and Robyn Thom (Harvard Longwood).

Awards. The Blanche F. Ittleson Research Award and Agnes Purcell McGavin Award for Distinguished Career Achievement in Child and Adolescent Psychiatry fall under the purview of the Council. The Ittleson Award, established in 1976 in memory of the noted philanthropic friend of psychiatry, Blanche F. Ittleson, recognizes outstanding and published research in child and adolescent psychiatry that has resulted in, or promises to, lead to a significant advance in promoting the mental health of children. This year, the Ittleson Award recipient was Dr. Jeremy Veenstra-VanderWeele. The Agnes Purcell McGavin Award for Distinguished Career Achievement, established in 2000, is presented to a child and adolescent psychiatrist who has been noted for outstanding contributions to the advancement of child and adolescent psychiatry in activities such as teaching, research, writing, clinical care, advocacy, and policy. This year, the McGavin Award recipient was Dr. David Shaffer.

New initiatives. There has been tremendous media coverage of *13 Reasons Why*, a Netflix series about the aftermath of the suicide of a 15-year-old girl. The Council has expressed concerns of how this new series has affected its patient population and work in the field. The Council is actively brainstorming and cross-collaborating with various councils and organizations on the process and methods of addressing this issue and issues related to media, children, and mental health. The Council decided to explore creating a framework and identify stakeholders in responding to issues related to children and mental health.

THE COUNCIL ON COMMUNICATIONS

Drew Ramsey, M.D., Chairperson

The Council created a training video designed to help psychiatrists use social media responsibly within the bounds of medical ethics. This video is available in the Practice section on psychiatry.org.

Council members have completed several short videos that answer commonly asked questions from colleagues regarding communications challenges that they may face. These videos are intended as a member benefit to help psychiatrists better interact with the media in interviews and use communications tools to advocate for mental health. Council members are creating additional videos to add to the archive, which is hosted on Psychiatry.org.

Resident-fellow members of the Council are collaborating with *Psychiatric News* on a regular column called “Fresh Start.” The first two columns were published in July and August, focusing on social media groups for psychiatrists and ways to advocate through APA.

The Council on Communications intends to revise its charge to fit with today’s changing communications landscape. Council leadership is currently drafting an updated charge for the Council with the help of APA staff. It is the goal of the Council to submit the charge for Joint Reference Committee (JRC) review by October.

The JRC charged the Council on Communications with creating two brief guides for APA members on whether to accept a request for a media interview and tips for conducting a successful media interview. The Council has drafted two guides and expects to complete this project by October.

THE COUNCIL ON GERIATRIC PSYCHIATRY

Robert Paul Roca, M.D., M.P.H., Chairperson

The Council on Geriatric Psychiatry supports APA in its works on behalf of older adults and the psychiatrists who care for them. To this end, the Council develops Position Statements and Resource Documents on important issues in geriatric psychiatry in order to provide APA leadership with background information needed for advocacy efforts and interactions with the media. The Council also works collaboratively with other professional groups to identify best practices in geriatric psychiatry, to promote research, and to provide education and training to psychiatrists, other physicians, residents, medical students, and allied mental health professionals. During the past year, the Council worked on the major activities and initiatives described below.

Position Statement on the Role of Psychiatrists in Long-Term Care Settings

The Joint Reference Committee (JRC) asked the Council to review an existing position statement entitled “Consensus Statement on Improving the Quality of Mental Health Care

in U.S. Nursing Homes: Management of Depression and Behavioral Symptoms associated with Dementia.” The Council suggested retiring this position statement but endorsed the need for a statement emphasizing the importance of high-quality mental health care services in the long-term care setting. A new statement was drafted and revised by the Council over the course of several months. It was approved by both the JRC and the Assembly. The statement has been submitted to the Board for consideration.

Position Statement on the Role of Psychiatrists in Palliative Care

The Council and the Council on Psychosomatic Medicine are collaborating on a statement describing the role of psychiatrists in the field of palliative care. The draft statement was reviewed by the Council on Child and Adolescent Psychiatry, as well as by psychiatrists experienced in palliative care from around the country. The final draft has been submitted to the JRC for approval. A symposium on this topic was presented jointly by the two Councils at the Annual Meeting in San Diego.

Consensus Statement on Diagnosing Schizophrenia in Skilled Nursing Centers

At the request of APA leadership, the Council reviewed a consensus statement prepared by other organizations on diagnosing schizophrenia in skilled nursing centers. The Council proposed extensive revisions, which were accepted by the other organizations. The statement has been officially endorsed by APA.

Collaboration With the American Association for Geriatric Psychiatry

The Council continues to work closely with the American Association of Geriatric Psychiatrists (AAGP) on matters of importance to members of both the APA and the AAGP. Such collaboration has been especially helpful in legislative and regulatory advocacy at the federal level and in the development of educational programs. To enhance alignment between the organizations, it has been very valuable to have the AAGP President-Elect serve as an ex-officio member of the Council.

Development of Cultural Competency Guide for Older Adults

In 2004, the Council on Aging—the predecessor of this Council—developed a curriculum on the culturally competent care of older adults. Over the past year, the Council has worked with the APA’s Division of Diversity and Health Equity to update and expand the document. This effort has involved senior Council members, several APA/APAF fellows, and a number of other geriatric psychiatrists with expertise in this area. The document is in the final phase of review.

Geriatric Awards Nominations

The Council recommended honorees for 2017 APA Geriatric Awards: the Jack Weinberg Award in Geriatric Psychiatry and the Hartford-Jeste Award for Future Leaders in

Geriatric Psychiatry. The Jack Weinberg Award recognizes psychiatrists who have made noteworthy contributions to geriatric psychiatry as researchers, mentors, leaders and clinicians over the course of their careers. The 2017 award recipient was Dr. Barry Reisberg. The Hartford-Jeste Award recognizes an early-career geriatric psychiatrist who has made significant contributions to the field of geriatric psychiatry through excellence in research, teaching, clinical practice, and community service, and has demonstrated the potential to develop into a future leader in the field. The 2017 awardee was Dr. Donovan Maust.

Recruitment Into Subspecialty Fellowships

A meeting was held during the APA Annual Meeting to discuss recruitment of psychiatry residents into subspecialty fellowship programs. Representatives of five APA subspecialty councils, the Council on Medical Education and Lifelong Learning, and the Office of Education were in attendance. Drs. Robert Roca and Ebony Dix representing the Council on Geriatric Psychiatry were in attendance. The group considered the following questions: 1) Are subspecialties important to the overall success of the field of psychiatry? 2) Does the APA agree that increased recruitment of psychiatry residents into subspecialties is a desired outcome? 3) What are the barriers to recruitment and how might they be overcome? Next steps may include the drafting of a position statement on the issue.

THE COUNCIL ON HEALTHCARE SYSTEMS AND FINANCING

Harsh K. Trivedi, M.D., M.B.A., Chairperson

The Council on Healthcare Systems and Financing (CHSF) continued its efforts to monitor and provide analysis for a number of significant issues that have an impact on the financing and delivery of, and access to, psychiatric care, including outreach to decision makers in the public and private sectors.

Following extensive analysis of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) and the impact on psychiatry, the Council has worked with APA staff on educational materials, including a webinar series and dedicated website. This work will be ongoing as the MACRA regulations continue to evolve. CHSF members have responded to requests for suggestions about ways to reduce administrative burdens, have reviewed and provided input on APA comments on a number of federal regulations that relate to reimbursement, and have worked collaboratively with the APA Administration to provide input into APA's approach on health reform, while continuing to review and revise, as appropriate, existing APA policies and address concerns raised through the APA Assembly action paper process.

Parity for mental health and substance use disorders remains a first-order priority for the Council and the APA. APA advocacy had a direct and positive influence on the eventual report and recommendations of the White House's Mental

Health and Substance Use Disorder Parity Task Force. APA was also successful in facilitating construction of the parity provisions of the Cures Act, which includes directions to the responsible federal agencies to develop new parity guidance and enforcement tools. Given that the regulatory authority for parity enforcement in the commercial and Medicaid spheres lies with the states, a primary focus has been on working with APA district branches and state insurance staff to promote meaningful and efficient regulatory tools for pre- and post-market parity compliance activities. This includes working with states that received CMS grant money to further develop their parity compliance and enforcement approaches. It should be noted that while the parity issues range from health plan medical management protocols to limitations on intermediate levels of care, such as residential, the APA focus has been on advancing the field's interest in redress of the network adequacy problem and reimbursement rates. Numerous new studies have been initiated in this regard, and new data on network problems and payment rates will be forthcoming Fall 2017.

Committee on Integrated Care

Lori Raney, M.D., Chair. The APA Board of Trustees approved the funding for a Committee on Integrated Care, which was created from a work group housed in the Council on Healthcare Systems and Financing. The new committee is charged with advising and supporting APA on policy development and educational efforts—such as developing resource documents, tool kits, and advocacy materials—to improve access to psychiatric care through improved care coordination and effective integrated care models. This includes identifying financing mechanisms and other ways to advance the use of promising, innovative models of care used to effectively integrate behavioral health care, including mental illness and substance use disorders, with general medical care and other services needed to meet the whole health needs of patients. The Committee will also work with the Telepsychiatry Committee and Committee on Mental Health Information Technology to explore the role of technology in delivering these models and coordinate with the APA Administration on regulatory comments and legislative proposals related to integrated care. It will also advise the APA on best practices and training necessary to support integrated care, including bidirectional integration. Members are in the process of finalizing a white paper focused on general medical care for people with serious mental illness.

Committee on RBRVS, Codes and Reimbursement

Gregory Harris, M.D., M.P.H., Chair. Members of the Committee on RBRVS, Codes and Reimbursements have been heavily involved in the development and valuation of CPT codes to describe the work involved in providing collaborative care services for patients with psychiatric disorders. CMS has begun to pay for these services beginning January 1, 2017, a full year earlier than waiting for the standard CPT/RUC process. CMS has proposed adoption of RUC

recommended values for the new billing codes, which are based on recommendations developed by the APA, in collaboration with the American Academy of Family Physicians, American College of Physicians, and the American Geriatric Society. These values, if finalized, will result in a slightly higher payment than that originally given to the temporary codes CMS put in place in January. Members of the Committee have been developing new content and updating existing educational materials on CPT coding and documentation, including materials on the new collaborative care code-set. These items will be available on the APA website and, if accepted, included in the content of a workshop during the 2018 APA Annual Meeting. The Committee continued their advocacy efforts with the AMA CPT Editorial Panel and AMA RUC to ensure that CPT codes are appropriately defined and properly valued. The Committee members continued to provide one-on-one assistance to APA members on coding and documentation through the APA's CPT Coding Network, which is maintained through the Practice Management HelpLine.

Committee on Reimbursement

Laurence Miller, M.D., Chair. Under the leadership of a newly appointed Chair, Laurence Miller, M.D., the Committee on Reimbursement revised their charge. Members will lend their expertise on issues involving public and private sector reimbursement for psychiatrists, particularly new models of care; inform APA policy development and advocacy with policymakers and payers about how policies should optimally be structured to ensure access to high-quality psychiatric care, as well as adequate payment for psychiatrists; and help inform, educate, and equip APA members with the information needed to manage these changes. This is particularly important as the U.S. health care system increasingly adopts value-based payment methodologies and other innovative approaches. The Committee, along with members of the Council, have reviewed and commented on several regulatory proposals and requests for comment, including a recent request from Scattergood, a CMS contractor, regarding the development of alternative payment models for behavioral health.

Committee on Telepsychiatry

Jay Shore, M.D., Chair. The Committee on Telepsychiatry has focused their efforts on ongoing education and outreach to AMA members and collaboration with the American Telemedicine Association. Committee members, along with external experts, served as panelists for a 2017 APA Annual Meeting workshop titled, "Integrating Successful Telepsychiatry Models Into Psychiatric Practice." The Committee has also recently grown its Telepsychiatry Toolkit, which now has 33 pages of content, including educational videos and other resources. Additionally, the Committee has begun a Telepsychiatry Blog, which is featured on psychiatry.org. The blog includes topical news articles, research insights, and an "Ask the Experts" spot, featuring members of the Committee. Finally, the Committee is in the initial stages of collaborating with the American Telemedicine Association (ATA) to

develop a joint APA-ATA "best practice" guidance document on practicing telepsychiatry.

THE COUNCIL ON INTERNATIONAL PSYCHIATRY

Bernardo Ng, M.D., Chairperson

The Council on International Psychiatry is focused on supporting bilateral education and development between psychiatrists around the world through engagement activities and programs aimed at increasing international exchange and APA membership, utilizing the network of the reporting component, the Caucus on Global Mental Health and Psychiatry (Caucus). The Council works in coordination with the Membership Committee on international membership development initiatives and other APA components on education and policy initiatives.

Education and Professional Development

Scientific program. Council and Caucus members contributed to the submission and presentation of 25 sessions at the 2017 APA Annual Meeting featuring topics on improving mental health in low-income and low-resource countries; migrant, immigrant, and refugee mental health; human trafficking; and social, cultural, and ethical issues in global mental health. While not part of the scientific program, this includes the annual in-person meeting of the Caucus on Global Mental Health and the Africa Discussion Group, which reports to the Caucus. It also includes several small group discussions held reviewing case studies from the *American Journal of Psychiatry* series "Perspectives in Global Mental Health" discussing psychiatric treatment and care in Ethiopia, Greece, Iran, Iraq, Japan, Kurdistan, Pakistan, Spain, Syria, and the United States. Several Council and Caucus members are also scheduled to present at the 2017 World Psychiatric Association World Congress of Psychiatry in Berlin, Germany, on global perspectives in psychiatric services and mental health program management, quality care, and ethics.

Presenter development. In coordination with the APA Scientific Programs Committee and the APA Division of Education, the Council developed a pilot program designed to connect Council members with international poster presenters at the APA Annual Meeting. The goal of the pilot program was to establish relationships for bidirectional learning, collaboration, and APA membership. Of the 90 international poster presenters accepted by the Scientific Programs Committee, 11 individuals from Argentina, Brazil, Canada, Egypt, Hong Kong, India, Italy, Spain, and Taiwan opted to participate in the pilot. Five Council members were identified and assigned as reviewers, connecting individually with presenters via e-mail and in-person during the Annual Meeting with feedback on the presentation of their research findings.

Research colloquium. In coordination with the APA Division of Research, Council members reached out to international psychiatric organizations to participate in the APA Research

Colloquium for Junior Investigators held during the APA Annual Meeting. In 2017, junior psychiatric researchers from 13 countries, including Argentina, Brazil, China, Egypt, France, Jamaica, Mexico, Netherlands, Nigeria, Peru, Spain, Uganda, and the United Kingdom participated in the Colloquium. This was an increase from the four participating countries the previous year in a program previously limited to domestic participants. International participants are nominated by their respective organization or institute and responsible for identifying funding. All participants were enrolled as APA members.

Membership Development and Engagement

Global Mental Health Caucus. The APA Caucus on Global Mental Health and Psychiatry, which reports to the Council, has experienced an increase in participation and membership, growing from less than 50 members in 2014 to now over 500 members. The Caucus meets in-person during each APA Annual Meeting, maintaining an active listserv in between meetings, and coordinates the submission and presentation of scientific sessions at the APA Annual Meeting. While Caucus membership is limited to APA members, attendance at the Caucus in-person meeting is open to all Annual Meeting attendees. The Caucus Chair transitioned from Vincenzo Di Nicola, M.D., to Khurshid Khurshid, M.D., at the 2017 APA Annual Meeting. Past Caucus Chairs include Eliot Sorel, M.D., and Milton Wainberg, M.D.

International Distinguished Fellows. In 2017, APA welcomed three new International Distinguished Fellows, Dr. Fernando Lolas of Chile, Dr. Victor Buwalda of the Netherlands, and Dr. Michael Wise of the United Kingdom, who were recognized both at the Convocation of Distinguished Fellows and at the new International Member Welcome reception. At the welcome reception, Drs. Lolas, Buwalda, and Wise had the opportunity to share their perspectives on the future of psychiatry with new international members and presidents and representatives of the APA's international allied psychiatric organizations and were invited to participate at the Council's in-person meeting. The Council plans to maintain contact with them and collaborate on projects. Council members are currently involved in identifying and nominating International Distinguished Fellows for the 2018 APA Annual Meeting.

International relationships. The Council and the Caucus are focused on building relationships with psychiatric organizations and groups worldwide by liaising with organized groups of international medical graduate psychiatrists in the United States and national allied organizations across the globe. Council members are affiliated with U.S.-based psychiatric organizations, such as the American Society of Hispanic Psychiatry and the Indo-American Psychiatric Association, and national psychiatric organizations, such as the Mexican Psychiatric Association and the World Psychiatric Association. Council members are also connected with global mental health

programs through various universities and institutes. The Council and Caucus continue to expand and enhance their relationships with other organizations and welcomes outreach from representatives of such organizations.

Policy Development and Recognition

Chester M. Pierce Human Rights Award. The APA Board of Trustees approved a joint proposal from the Council on International Psychiatry, the Council on Minority Mental Health and Health Disparities, the Assembly Caucus of Black Psychiatrists, and the organization Black Psychiatrists of America, Inc., to rename the Human Rights Award the Chester M. Pierce Human Rights Award. The Board also approved the development of a joint nominating committee that includes representation from the groups identified in the joint proposal, including the Assembly Committee of Representatives of Minority/Under-Represented Groups. The Human Rights Award recognizes the extraordinary efforts of individuals and organizations to support the rights of populations with mental health needs. Dr. Pierce was an innovative researcher on humans in extreme environments, an advocate against disparities, stigma, and discrimination, and a pioneer and visionary in global mental health, and he was recognized during the 2017 APA Annual Meeting at the symposium "From Extreme Environments to Therapeutic Landscapes: Race, Psychiatry and the Legacy of Chester Pierce."

National Consortium of Torture Treatment Programs. The APA Board of Trustees accepted the Council's nomination for the National Consortium of Torture Treatment Programs (NCTTP) to receive the 2017 APA Human Rights Award. NCTTP is a U.S.-based network of programs in 19 states and 28 cities in the United States that exists to advance the knowledge, technical capacities, and resources devoted to the care of torture survivors living in the United States and acts collectively to prevent torture worldwide. NCTTP provides a front line of care for refugees, political torture survivors, and children and families in ICE detention centers. It serves as a lifesaving measure for many refugees lacking asylum status and currently excluded by statute from access to health services or legal employment. Many APA members provide volunteer service to NCTTP programs as clinicians or through organizational leadership roles and provide pro bono psychiatric evaluations in support of refugees seeking political asylum. The award was presented to the NCTTP Executive Committee, including the President and APA member Dr. Lin Piwowarczyk, at the workshop "Refugee Psychiatry: Practical Tools for Building Resilience of Displaced Persons and Refugee Communities to Migration-Related Stressors" during the 2017 APA Annual Meeting.

Refugee Mental Health

The APA Board of Trustees approved the position statement the "Role of Psychiatrists in Addressing Care for People Affected by Forced Displacement" (see excerpt below), which

was developed by members of the Council on International Psychiatry, the Council on Minority Mental Health and Health Disparities, the Council on Psychiatry and Law, and the Council on Children, Adolescents, and Their Families:

“American psychiatrists have broad skill sets for relieving suffering inflicted upon immigrants and refugees by displacement from and within their home countries and can provide direct psychotherapeutic and psychosocial interventions, as well as programmatic leadership, for the care of persons suffering posttraumatic symptoms and other migration-related syndromes of distress.”

This position statement stems from an Assembly action paper and complements the APA position statements “Xenophobia, Immigration, and Mental Health” and “Detained Immigrants with Mental Illness.”

THE COUNCIL ON MEDICAL EDUCATION AND LIFELONG LEARNING

Mark Hyman Rapaport, M.D., Chairperson

The Council on Medical Education and Lifelong Learning monitors emerging issues and facilitates the development of resources and programs for every level of psychiatric education. The purview of the Council includes medical education and graduate medical education for residents and fellows in psychiatry (both basic education and subspecialty areas), psychiatric aspects of graduate medical education for other medical specialists, and postgraduate continuing medical education and lifelong learning. The Council advises and assists the APA Division of Education in the development of its education programs and initiatives. To facilitate collaboration and communication, the Council serves as a convening body for the allied psychiatry educational organizations, including the American Association of Directors of Residency Training, Association of Directors of Medical Student Education in Psychiatry, Association of Academic Psychiatrists, and American Board of Psychiatry and Neurology, as well as the American Association of Chairs of Departments of Psychiatry.

The Council firmly believes that the APA, as a professional association, values the highest standards of clinical practice and lifelong professional development. As psychiatric educators, the Council on Medical Education and Lifelong Learning believes that the APA has an obligation to support the lifelong learning of its members. The Council's major initiatives and activities are as listed below.

Supporting Education and Training

On September 15, 2016, in conjunction with APA's fall component meeting, the Council on Medical Education and Lifelong Learning held an Education Summit on Assessment and Self-Assessment. Key papers in assessment and learning were identified for reading prior to the Summit. The invited facilitator of the summit was Craig Campbell M.D., FRCPC, Director of Continuing Professional Development for the

Royal College of Physicians and Surgeons of Canada, who leads the Canadian National Maintenance of Certification (MOC) Program.

Personal Learning Project Tool. The Council is working to develop an educational tool, the *Personal Learning Project Tool*, based on the Canadian model introduced at the 2016 Education Summit of the Council. The tool would provide members with a mechanism to earn CME credit and meet MOC requirements for self-directed learning projects directly related to self-defined practice improvement. Members of the Council had consensus regarding features of the tool: Record my clinical questions as part of practice-based learning activity; Record my learning activities based on clinical practice; Document my practice-based learning for MOC requirements.

Teaching and receiving feedback project. The Council is involved in surveying the resident and training director community regarding feedback (as a type of assessment) on rotations, didactic presentations, and feedback during CSVs.

Development of substance use disorder teaching toolkits. With support from the National Institute on Drug Abuse and working with the Council on Addiction Psychiatry and members of ADMSEP and AADPRT, the APA has developed 10 online model curricula toolkits for educators to use in teaching residents and medical students core information related to substance use disorders.

Graduate Medical Education (GME)

The Council monitored and provided comments on the following GME issues:

- The Council provided input on the APA response to the Accreditation Council for Graduate Medical Education (ACGME) regarding common program requirements. In November 2016, APA responded to the ACGME request for comment on common program requirements. The APA used this opportunity to underscore the importance of resident wellness. The APA asked that the ACGME consider requiring that programs inform residents of how to seek confidential mental health and substance use treatment services within their institutions and/or off-campus clinicians, and that the ACGME consider a formal wellness-focused curricular requirement.
- A new ACGME requirement, beginning July 2017, mandates that all programs provide access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, 7 days a week.
- The Council weighed in on the APA response to ACGME resident duty hours (clinical work and education). The ACGME announced that the cap on residents' duty hours would be set to 80 hours per week, with shifts not lasting more than 28 hours, beginning July 1, 2017.

Lifelong Learning

The Council serves as a consultant to the CME activities of APA and to the overall CME program. The Council is involved in shaping APA education and defining the CME mission of the organization, assisting with needs assessment for CME activities, and in identifying psychiatrist knowledge gaps.

The APA was awarded accreditation with commendation in November 2016 by the Accreditation Council for Continuing Medical Education (ACCME). APA's commendation status recognizes the efforts APA is making around quality improvement, innovation, standardization, and partnership within our education program.

In Fall 2016, ACCME introduced new criteria for commendation that encourage organizations to implement best practices in pedagogy, engagement, evaluation, and change management and for focusing on generating meaningful outcomes in CME education. The new commendation criteria will recognize the achievements of organizations that advance interprofessional collaborative practice, address public health priorities, create behavioral change, show leadership, leverage educational technology, and demonstrate the impact of education on health care professionals and patients.

Actions and Position Statement Referrals

The Council was asked to weigh in on the 1981 position statement "Confidentiality of Medical Records: Does the Physician Have a Right to Privacy Concerning His or Her Own Health Records." The Council compared the intent of the 1981 statement to the 2015 "Position Statement on Inquiries about Diagnosis and Treatment of Mental Disorders in Connection with Professional Credentialing and Licensing." The Council on Medical Education and Lifelong Learning would be supportive of a new position statement on the confidentiality of physician medical records, or an amendment to the 2015 position statement.

The Council on Medical Education and Lifelong Learning reviews actions of the Assembly that relate to education. The following actions brought by the Assembly received preliminary review and response:

- Expanding Access to Psychiatry Subspecialty Fellowships: Urge the ACGME to consider mechanisms to enable residents of AOA-accredited programs to be eligible to enter ACGME-accredited psychiatry subspecialty fellowships.
- Educational Strategies to Improve Mental Illness Perceptions of Medical Students: Assess interest and collaborate with ADMSEP and AACDP.
- Educational Strategies to Improve Mental Illness Perceptions of Non-Mental Health Medical Professionals: Ascertain interest and work with other specialties in implementing educational strategies to improve negative perceptions of mental illness across primary care fields.
- Fostering Medical Student Interest and Training in Psychiatry: The Importance of Medical Student Clerkships:

Partner with other organizations to draft a position statement on recommended guidelines for the Psychiatry Clerkship.

- Addressing Physician Burnout, Depression, and Suicide—Within Psychiatry and Beyond: Develop resources for increasing awareness about physician burnout, depression, and suicide, as well as interventions for promoting physician wellness, and revise the 2011 "Position Statement on Physician Wellness."
- Providing Education and Guidance for the Use and Limitations of Pharmacogenomics in Clinical Practice.

APA Subcommittee on Joint Sponsorship of Continuing Medical Education

With input from the Council on Medical Education and Lifelong Learning, APA expanded the Joint Sponsorship of Continuing Medical Education credit program to 29 district branch affiliates of the APA, as well as the Allied Associates: New Jersey District Branch of AACAP, ADMSEP, Cohens Veterans Network, and UC Davis Train New Trainers Primary Care Psychiatry Fellowship Program.

Caucus on Maintenance of Certification Issues

The APA's Caucus on Maintenance of Certification exists under the purview of the Council on Medical Education and Lifelong Learning. The Caucus convened during the 2017 Annual Meeting. Approximately 15 people were in attendance, including APA leadership, members of the APA Administration, representatives of ABPN, and several general members of the APA. A respectful discussion took place regarding the current MOC system.

Forum on Subspecialty Recruitment

The Council participated in the Forum on Subspecialty Recruitment organized by the Council on Psychosomatic Medicine on May 23, 2017.

Education Awards

The Council approved the selection of APA's education awards. The Vestermark Psychiatry Educator Award recognizes excellence, leadership, and creativity in the field of psychiatric education. The 2017 award recipient is Sandra Sexson, M.D. The Council approved nominations for the Irma Bland Award for Excellence in Teaching Residents and the Nancy C.A. Roeske, M.D., Certificate of Excellence in Medical Student Education.

THE COUNCIL ON MINORITY MENTAL HEALTH AND HEALTH DISPARITIES

Christina Mangurian, M.D., M.A.S., Chairperson

The Council on Minority Mental Health and Health Disparities (CMMH/HD) advocates for minority and underserved populations and psychiatrists who are underrepresented within the profession and in APA. CMMH/HD seeks to

reduce mental health disparities in clinical services and research, which disproportionately affect women and minority populations. CMMH/HD aims to promote the recruitment and development of psychiatrists from minority and underrepresented (M/UR) groups both within the profession and APA.

2017 APA Annual Meeting

Council members presented 15 scientific sessions at the 2017 APA Annual Meeting in San Diego, including “From Extreme Environments to Therapeutic Landscapes: Race, Psychiatry and the Legacy of Chester Pierce” (featuring Helena Hansen, M.D., Ph.D.); “A Vietnamese-American’s First-Person Account of Bipolar Disorder and the Path Toward Recovery: Applying the DSM-5 Outline for Cultural Formulation” (presented by Francis Lu, M.D.); and “With What Tools? Dismantling Institutional Discrimination in Mental Health” (presented by Samra Sahlu, M.D., Helena Hansen, M.D., Ph.D., and Tatiana Falcone, M.D.).

Additionally, six of the seven award lectures under the Council’s purview included:

- The Simon Bolivar Award Lecture, presented by Eduardo Vieta, M.D., Ph.D., on “Bipolar Disorder: The Heartland of Hispanic Psychiatry”;
- The George Tarjan Award Lecture, presented by Ramaswamy Viswanathan, M.D., D.Sc., on “Culture, Ethics, Communication, and the International Medical Graduate”;
- The Kun-Po Soo Award Lecture, presented by Albert Yeung, M.D., on “Culturally Sensitive Collaborative Treatment for Chinese Americans in Primary Care”;
- The Alexandra Symonds Award Lecture, presented by Maria Oquendo, M.D., on “Can I Get There From Here? Attaining Leadership Roles While Doing What You Love”;
- The Solomon Carter Fuller Award presented to Damon Tweedy, M.D., in Durham, North Carolina; and
- The Oskar Pfister Award Lecture, which will be presented by James Griffith, M.D., during IPS in October 2017.

Requested by the Board of Trustees, the APA Division of Diversity and Health Equity (DDHE) sponsored *Conversations on Diversity* at the APA 2017 Annual Meeting, which involved CMMH/HD members, M/UR Caucus members, and APA leadership. *Conversations on Diversity* allows members to strategize ways to increase diversity and inclusion within the APA. A total of 55 people attended. *Conversations on Diversity* will continue at the 2017 APA IPS.

2016–2017 Council Initiatives and Accomplishments

CMMH/HD reviewed and voted to retain the following position statements:

- “Affirmative Action” (McMillan M. et al., 1977);
- “Discrimination Against International Medical Graduates” (APA, 2001);
- “Diversity” (APA, 1999);

- “Psychiatrists from Underrepresented Groups in Leadership Roles” (Robinson G. et al., 1994);
- “Resolution against Racism and Racial Discrimination and Their Adverse Impacts on Mental Health” (Walker S. et al., 2006); and
- “Resolution Opposing Restriction on Number of International Medical Graduates (IMGs) Entering Graduate Medical Training” (APA, 1994).

CMMH/HD reviewed and revised the following position statements:

- “Abortion” (Futterman E. et al., 1978);
- “Prevention of Violence” (APA, 2007); and
- Religious Persecution and Genocide” (APA, 1977).

CMMH/HD reviewed and retired the following position statement:

- “U.S. Military Policy of Don’t Ask Don’t Tell” (2009).

A workgroup consisting of members of the Board of Trustees, CMMH/HD, the Council on Children, Adolescents, and Their Families, and the Council on International Psychiatry was formed to develop a Position Statement on Human Trafficking.

Workgroup members included:

- Vivian Pender, M.D. (Board of Trustees);
- Amy Gajaria, M.D., Carine Nzodom, M.D., Mary Roessel, M.D., and Ludmilla de Faria, M.D. (past member) (CMMH/HD);
- Michelle Riba, M.D. (Council on International Psychiatry); and
- Carlos Fernandez, M.D. (Council on Children, Adolescents, and Their Families).

In June 2016, CMMH/HD reviewed and provided feedback to the action paper, “U.S. Joint Statement on Conversion Therapy.” CMMH/HD supported the paper and suggested that the statement be applied across the lifespan—from childhood to adulthood. Authors of the action paper included David L. Scasta, M.D., James R. Batterson, M.D., and Eric Yarborough, M.D.

CMMH/HD, DDHE, and the APA Communications Division, in collaboration with the Office of the CEO and Medical Director, is developing a toolkit and educational resource for patients, consumers, and providers regarding stress and trauma related to the current political and social environment in the United States. The toolkit aligns with CMMH/HD’s mission of creating resources that focus on diversity and inclusion. Several workgroups, consisting of members from M/UR caucuses and CMMH/HD, were formed and are working diligently to develop this resource.

In January 2017, the idea of renaming the APA Human Rights Award to the Chester M. Pierce Human Rights Award was brought forward by the members of CMMH/HD, the Council on International Psychiatry, and the Caucus of Black Psychiatrists. The objective of the award is to recognize

Dr. Pierce's contributions to the field of psychiatry. The call for 2018 nominations concluded on June 1st, 2017.

CMMH/HD has appointed a liaison to each M/UR caucus to enhance communications between CMMH/HD and M/UR caucuses. Liaisons assigned to M/UR caucuses are tasked with:

- Informing and soliciting feedback from M/UR caucuses about CMMH/HD initiatives;
- Working with caucuses in the nominating process of the M/UR awards; and
- Working with caucuses in drafting and reviewing action papers, position statements, and abstracts for upcoming workshops, symposia, etc.

CMMH/HD also appointed a liaison to other APA councils to improve communication between CMMH/HD and other councils.

New Arrivals and Farewells

In May, the Council welcomed Ijeoma Chukwu, M.D. (corresponding member), Eric Yarborough, M.D., and Francis Sanchez, M.D. (M/UR Assembly Committee Chair), and expressed appreciation to departing member Don Williams, M.D., and consultants Tatiana Falcone, M.D. and Evaristo Akerele, M.D. The Council also paid tribute to the recently deceased Brian Theodore Benton, M.D., a great advocate for the Caucus of American Indian, Alaskan Native, and Native Hawaiian Psychiatrists. The Council also formally welcomed DDHE Deputy Director, Vabren Watts, Ph.D., and Omar Davis, C.A.P.M., also of DDHE.

At its May meeting, Council members bid farewell to outgoing resident fellows assigned to the Council from the various APA/APAF fellowship programs. These residents were acknowledged for their active support and participation in Council deliberations and projects.

THE COUNCIL ON PSYCHIATRY AND THE LAW

Debra A. Pinals, M.D., Chairperson

The Council on Psychiatry and the Law is responsible for evaluating legal developments of national significance that affect the practice of psychiatry and the availability and quality of mental health care, including case law, legislation, regulation, and all other forms of government intervention. It includes a focus on the subspecialties of forensic psychiatry and correctional psychiatry. In the past year, the Council has worked on a wide variety of matters.

Physician Health Programs

During the 2016 September Components meeting, the Council and Committee on Judicial Action held a joint session on the topic of physician health programs. The discussion included presentations by Dr. Doris Gunderson (Medical Director of the Colorado Physician Health Program and Past President of the Federation of State Physician Health Programs) about the interaction between such programs and state medical boards and by Dr. Marti Bornstein about the problems facing these programs. After the meeting, the Council formed a workgroup

that will soon finalize a resource document containing recommended best practices for physician health programs. The workgroup has coordinated closely with the Council on Addiction Psychiatry, which is developing a position statement for the APA supporting the use of physician health programs to enhance substance use disorder treatments for physicians.

Physician-Assisted Death

The Council took up the topic of physician-assisted death after the 2015 September Components Meeting. Since that time, a workgroup within the Council has worked diligently to prepare a resource document. The document pulls together legal and clinical information for individual state district branches and individual psychiatrists throughout the country that may be facing this issue. The governance review process is underway, and the resource document is expected to be approved and available soon.

Law Enforcement Responses to Persons With Mental Illness

In the wake of repeated shootings of individuals by police, the Council also formed a workgroup to consider the issue of law enforcement responses to persons with mental illness, with the desire to provide some guidance on the difficult topic. This activity led to the creation of a position statement that supports efforts to enhance the ability of law enforcement personnel to manage crises involving emotionally disturbed persons and persons with serious mental illness, developmental or intellectual disabilities, neurocognitive disorders, or substance use disorders. Some steps recommended by the statement are to implement curricula for law enforcement officers that include information about mental disorders and to create partnerships between behavioral health and law enforcement systems at the local level. The statement has been submitted to the APA Joint Reference Committee and will be made available after approval of the relevant APA governing bodies.

Committee on Judicial Action (Marvin Swartz, M.D., Chairperson)

The Committee on Judicial Action, chaired by Dr. Marvin Swartz, is a component of the Council that considers and recommends APA involvement as a friend of the court in cases at every level of the judicial system and covering a range of issues. This year, APA, with other related organizations, authored an amicus brief in the death penalty case *McWilliams v. Dunn*, which argued that in criminal cases where mental illness is at issue in either the guilt or penalty phase of a trial, a defendant's access to an independent psychiatric expert is essential; the brief was cited by the U.S. Supreme Court in its opinion. APA also joined an amicus brief in the Washington State case *Volk v. DeMeerleer*, concerning the standard that would trigger a duty to warn of a patient's potential dangerousness applicable to a psychiatrist treating in an outpatient setting. Similarly, APA joined a number of medical and mental health organizations in an amicus brief to the U.S. Court of Appeals for the Fourth Circuit in *G.G. v. Gloucester County School Board*. The brief provided that Court with information about the nature of gender dysphoria; the accepted

medical protocols for treatment, including social transition; and the impact on transgender youths when they are barred from using the appropriate single-sex facilities at school and thus prevented from fully living in accordance with their gender identity and subjected to painful humiliation. Most recently, APA joined an amicus brief in the U.S. Supreme Court case *Trump v. International Refugee Assistance Project*, regarding the Trump Administration's Executive Order on immigration.

Other Topics

A correctional psychiatry workgroup led by Dr. Robert Trestman created a resource document encouraging psychiatrists to participate in the treatment of justice-involved patients. The Council document was approved by the APA Joint Reference Committee. The Council continues to work on an array of topics, including laws that restrict access to firearms during a mental health crisis, the use of weapons in hospital settings and patient safety, clinical research using involuntary psychiatric patients, sentencing of juveniles, and the provision of psychiatric services in jails and prisons. The Isaac Ray Award Committee and Manfred S. Guttmacher Award Committee each report to the Council. The Isaac Ray Award recognizes a person who has made outstanding contributions to forensic psychiatry or the psychiatric aspects of jurisprudence; it was awarded to Dr. Joseph Bloom in 2017. The Manfred S. Guttmacher Award recognizes an outstanding contribution to the literature of forensic psychiatry; it was awarded to Dr. Robert Sadoff (posthumously) in 2017. Each committee is in the process of selecting a recipient for the 2018 award.

THE COUNCIL ON PSYCHOSOMATIC MEDICINE

David Gitlin, M.D., Chairperson

The Council on Psychosomatic Medicine (CPM) focuses on the psychiatric care of persons who are medically ill and/or pregnant and works at the interface of psychiatry with all other medical, obstetrical, and surgical specialties. It recognizes that integration of biopsychosocial care is vital to the well-being and healing of patients and that full membership in the house of medicine is essential for our profession.

For decades, psychosomatic medicine (also known as consultation-liaison psychiatry) has been at the forefront of treating patients with comorbid psychiatric and physical conditions. As more psychiatrists become involved with the integration of physical and mental health care, those in the psychosomatic medicine may provide valuable insight and expertise. The Council serves as an important resource to the APA administration on best practices for integrating behavioral health with medical care. In 2016, the Council released the report "Dissemination of Integrated Care within Adult Primary Care Settings: the Collaborative Care Model". The report has been used to educate policymakers, providers, and advocates about collaborative care and

advance the use of the model. As follow-up, the Council developed a Frequently Asked Questions document to help primary care physicians understand the model and how to get started with implementation.

Over the past year, the Council has focused on demonstrating the importance of the subspecialty through educational material development and expansion of recruitment efforts. The Council is expanding the position statement on "Emergency Department Boarding of Individuals with Psychiatric Disorders" by developing a resource document focused on timely access to psychiatric emergency services. The Council is also working in partnership with the Council on Geriatric Psychiatry to finalize a position statement on "Palliative Care and Psychiatry." Workgroups are also in the process of developing resource documents on "QTc Prolongation and Psychiatric Disorders" and "The Assessment of Capacity for Medical Decision Making." In January, the *American Journal of Psychiatry* published a resource document on "Bariatric Surgery and Psychiatric Care" that was developed by the Council.

Efforts have also been directed at educating medical students about the subspecialty. Working with the Academy of Psychosomatic Medicine (APM), the Council released a video about psychosomatic medicine to recruit medical students into the field and help them understand what psychosomatic medicine means. The Council is also working closely with APM to seek a name change for the subspecialty from Psychosomatic Medicine to Consultation-Liaison Psychiatry. The change received overwhelming support by the Council, APM members, the Accreditation Council for Graduate Medical Education, and APA's Board of Trustees. A vote will take place in September by the American Board of Medical Specialties and then a final vote by APM in the fall. If the name change is approved, the Council and APM will begin rebranding efforts.

The Council also provides timely feedback on key priorities for APA by providing input on relevant legislative and regulatory issues, such as relevant quality measures and delivery system reform efforts. Council members also submitted comments on draft guidelines and policy documents for other medical societies and the APA.

THE COUNCIL ON QUALITY CARE

Grayson Norquist, M.D., Chairperson

The Council on Quality Care monitors developments and carries out activities to ensure that the highest standards of care remain integral parts of the APA mission. This includes, but is not limited to, participating in initiatives and disseminating information in the following areas: clinical practice guidelines; quality and performance indicators; development and implementation of patient registries; standards and survey procedures; mental health information technology; and patient safety. The Council collaborates with other groups within the APA governance structure to respond to topics of mutual

concern, such as patient outcome measures and the effects of quality improvement efforts on patient populations and clinical practice.

Strategic Technical Advisors

The Council on Quality Care, with support from its component groups, participated in several internal and external expert panels this year. For example, the Council, with the APA Committee on Performance Measurement, participated in strategic discussions on the development of the APA mental health registry: PsychPRO. These member-experts advised the APA member-led Registry Oversight Work Group, convened by the APA Board of Trustees, on appropriate screening tools and quality measures to integrate into PsychPRO's computer-based platform. Recommendations were made based on their degree of impact for a wide variety of APA member-users. The Council on Quality Care has been successful in achieving multiple appointments on external quality measurement panels. These multi-stakeholder panels are responsible for defining national quality measurement strategies, developing meaningful quality measurement tools, and recommending appropriate use for extant quality measures. These appointments afford the APA an authoritative voice in the *national quality enterprise*.

Committee on Practice Guidelines

The Committee continues to focus on developing evidence-based practice guidelines to assist psychiatrists in clinical decision making. The newest guideline, *Practice Guideline for the Pharmacological Treatment of Patients with Alcohol Use Disorder*, was approved by the APA Board of Trustees in July 2017 and will be published in January 2018. This and other guidelines are available for free on psychiatryonline.org at <http://psychiatryonline.org/guidelines>. Other related products that will be available include: an Executive Summary in an upcoming issue of the *American Journal of Psychiatry*; a CME vignette; family/care provider information; and provider summary/teaching slides.

The Guideline Writing Group, chaired by Dr. Victor Reus, that worked on the now APA-approved *Practice Guideline for the Pharmacological Treatment of Patients with Alcohol Use Disorder* will begin work on a new guideline for the treatment of bipolar disorder based on an Agency for Healthcare Research and Quality (AHRQ) systematic review that is still under development.

A second writing group, chaired by Dr. Catherine Crone, will begin work on a new guideline for the treatment of eating disorders (anorexia nervosa, bulimia nervosa, binge eating disorder, night eating syndrome) based on AHRQ and APA-internal systematic reviews.

A third writing group, chaired by Dr. George Keepers, recently formed, will begin working on a new guideline for treatment of people with schizophrenia, including psychopharmacological and psychotherapeutic treatments. This guideline will be based on an AHRQ systematic review that is still under development.

Committee on Mental Health Information Technology

The Committee on Mental Health Information Technology (CMHIT) continues working on a number of topics, such as technical data standards, health information exchanges, and telemedicine. The group convenes monthly by conference call to oversee its various activities. The group is currently working on a response to the Centers for Medicaid and Medicare Services' call for public comment on the Proposed Rule for the Medicare Access and CHIP Reauthorization Act (MACRA) for the 2018 performance year. The Committee will specifically provide feedback on the Advancing Care Information (ACI) Performance Category of the Merit-Based Incentive Payment System (MIPS).

Within the CMHIT, the Software Applications Work Group finalized the process for reviewing behavioral and mental health applications ("apps") and recently released an interactive "App Evaluation Form" on psychiatry.org. This form allows APA members to electronically access the Work Group's "Apps Evaluation Model." Following member-users' data entry into the form, and form submission, the APA will reformat this information into an aggregated spreadsheet, which the APA can use to review data on the apps members who show interest in or are actively using. When implementing the "App Evaluation Form," members can examine an app's history and background; risk/privacy and security; empirical evidence base; ease of use; and interoperability. The Apps Evaluation Model and Form can be found at <https://www.psychiatry.org/psychiatrists/practice/mental-health-apps/app-evaluation-model>.

The CMHIT also welcomed its new Chair, Brent Nelson, MD. Dr. Nelson has vast experience in software development and informatics. He, in coordination with the CMHIT and APA's Health IT Specialist, are currently drafting new objectives and goals for the CMHIT to explore for the 2017–2018 term and beyond.

Committee on Performance Measurement

The Committee discussed issues and priorities facing the Association regarding quality measure development and implementation, as well as providing education to members about these increasingly important topics. Included in these topics are MACRA [Medicare Access and CHIP Reauthorization Act] and its associated Merit-Based Incentive Payment System (MIPS) proposed rule. They acknowledged APA collaborations with other entities through national initiatives, such as the PCPI (formerly the AMA-Physician's Consortium on Performance Improvement), and considered measure concepts internally through the practice guideline development process. APA is proactively working toward defining quality measures for the diagnosis and treatment of mental health and substance use disorders, as the entire health care system is moving toward a pay-for-quality approach. It is critical for the APA to be involved in defining these quality measures; otherwise, crucial measures pertaining to psychiatry will be defined by payers, other groups of clinicians (particularly psychologists), as well as patient advocates.

In March 2017, the Board of Trustees approved the Association's Platform and Strategy on Performance Measurement. This document solidified the organization's position within the *national quality enterprise*. The other quality measurement project planned for finalization in 2017 is the Quality Measurement Gap Analysis. Both of these projects will position the APA as the authority on how psychiatrists are reimbursed by the public and (eventually) private payers in a system dependent on quality measurement.

Reporting Workgroups

Several other workgroups developed under the Council are active or have received approval to continue to convene. The Patient Safety Work Group focuses on a variety of patient safety issues, such as transitions of care that occur when patients are discharged from inpatient care. The Standards and Survey Procedures Workgroup continues to address policies related to institutional surveys, as well as development of standards in collaboration with national organizations (e.g., the Joint Commission). The Gender Dysphoria Workgroup continues developing resource documents focusing on treatment of those with gender dysphoria. Most recently their efforts focused on designing educational material for presentation at future APA Annual Meetings. The fourth meeting of the Caucus on Psychotherapy occurred at the APA Annual Meeting in May 2017, with a rapidly growing membership of over 300 APA members who have interest in this area. This group convenes psychiatrists interested in advancing psychotherapy and psychosocial treatment.

THE COUNCIL ON RESEARCH

Dwight L. Evans, M.D., Chairperson
Carolyn Rodriguez, M.D., Ph.D., Vice Chair

The Council on Research helps to ensure that research on mental health remains integral to the APA mission and in the forefront of the national health agenda. The Council embodies APA's commitment to advance psychiatric knowledge through the conduct of research by physician scientists across a broad range of research fields and issues: basic science, clinical diagnosis and assessment, treatment research, epidemiology, health services, computational psychiatry, prevention research, and research training. These areas are represented by the committees and task forces under the Council's jurisdiction. The following is a brief report of the May 2017 meeting of the Council on Research and its future plans.

APA Registry Discussion

Since the Council endorsed the proposed components of the registry (PsychPRO) at APA's 2016 Annual Meeting, development has progressed considerably ahead of schedule.

A proof-of-concept phase was completed, which tested the ability to successfully connect to electronic health records (EHRs). In addition, a pilot cohort phase was completed, which, per the APA Board of Trustees' Business Plan, required enrollment of 200 participants. PsychPRO received certification

by CMS as a qualified registry that can help psychiatrists meet their 2017 Merit-Based Incentive Payment System (MIPS) reporting requirements. Moreover, PsychPRO received certification from CMS as a Qualified Clinical Data Registry in May 2017; this allows the registry to develop, test, and implement new quality measures that capture the value of psychiatric care. PsychPRO has implemented 25 MIPS Quality Measures and nominated four non-MIPS Measures that participants can choose to report. PsychPRO is being equipped with Patient and Clinician Portals to capture patient-reported outcome measures (PROMs) due to increasing insurer requirements. Clinicians can schedule PROMs and visualize patients' current and historical responses on prescribed measures.

The scaling phase of PsychPRO was launched at the 2017 Annual Meeting. Over 300 individuals signed up to participate, including practitioners, group practices, and 6 systems/institutions. Additionally, the registry has successfully integrated with 8 EHRs. APA has done extensive work with Valant, a large behavioral health-focused EHR, to create a streamlined onboarding process whereby independent and small group practices representing 40 participants have joined the registry with minimal impact on practice resources.

For more information on how to join PsychPRO and to view our promotional video, please visit: www.psychiatry.org/PsychPRO.

Component Updates

Committee on Research Training: The Council's Committee on Research Training, chaired by Charles B. Nemeroff, M.D., Ph.D., met separately to discuss the outcome of the Research Colloquium and plans for the 2018 Colloquium. The 2017 Colloquium took place Sunday, May 21st. The Colloquium is jointly funded by a National Institute on Drug Abuse (NIDA) R-13 grant, the APA Foundation (APAF), and through our partnership with the American College of Neuropsychopharmacology (ACNP) and the Society of Biological Psychiatry (SOBP). Representatives from APAF, NIDA, ACNP, and SOBP presented on mentorship and research training opportunities for early-research career psychiatrists. Several mentors participated, including Drs. Linda Carpenter, Carolyn Rodriguez, Anand Kumar, and James "Jimmy" Potash from the Council on Research. Thirteen biostatisticians/methodologists participated and provided valuable perspectives often unavailable to young researchers. The 2017 panel of biostatisticians/methodologists originated from APA (1), Stanford (2), UCLA (2), UCSD (4), UC Irvine (2), Cal Poly Pomona (1), and Wayne State University (1). The work group hopes to continue efforts to retain a panel of research statisticians/methodologists to assist senior psychiatric researchers in the mentorship of the young psychiatrist researchers selected for the Research Colloquium.

Continued efforts to expand the Research Colloquium to include international early-research career psychiatrists, led by Maria Oquendo, M.D., Ph.D.—APA's Past President, 2016–2017—was successful, with 13 international mentees, one from

each of the following countries: Argentina, Brazil, China, Egypt, England, France, Jamaica, Mexico, the Netherlands, Nigeria, Peru, Spain, and Uganda. The mentees were selected and sponsored by their country's psychiatric association or branch of the SOBP. If nomination and sponsorship can be obtained, 15 international young investigators will be invited next year.

Plans are underway to establish a yearlong research mentoring experience for the colloquium awardees by including them at the annual meetings of both the ACNP and SOBP, and providing them quarterly post-colloquium webinars.

Research Awards and Fellowships

The Award for Research, the highest award for research given by APA, was presented to Katherine L. Wisner, M.D., M.S., on May 23, 2017, during her award lecture, "Antidepressant Treatment for Pregnant Women: Three Decades of Conceptual Evolution." In addition, the Judd Marmar Award, established in 1999 to honor an individual who has made a substantial contribution to advancing the biopsychosocial model of psychiatry, was presented to Judy Rapoport, M.D., during her award lecture on childhood onset schizophrenia.

Several other prominent researchers were acknowledged for their outstanding contributions during the 2017 Early Research Career (ERC) Breakfast. Robert C. Malenka, M.D., Ph.D., of Stanford University was awarded the 2017 APAF/American Association of Chairs of Departments of Psychiatry Research Mentorship Award and Jeremy Veenstra-VanderWeele, M.D., of Columbia University was the recipient of the Blanche F. Ittleson Award for Research in Child and Adolescent Psychiatry. The Kempf Fund Award for Research Development in Psychobiological Psychiatry was awarded to the mentor-mentee team of Adrienne C. Lahti, M.D., and her trainee Nina V. Kraguljac, M.D., M.Sc., both of the University of Alabama. During the ERC Breakfast, Adrienne Grzenda, M.D., Ph.D., a PGY-2 psychiatrist physician resident at the UCLA, was acknowledged as the recipient of the inaugural APAF Psychiatric Research Fellowship.

Michael T. Compton, M.D., M.P.H., of Hofstra and Lenox Hill Hospital received the 2017 APA Health Services Research Senior Scholar Award. Dr. Compton will present his award lecture at the IPS: Mental Health Services Conference meeting in New Orleans in October.

Committee on Psychiatric Dimensions of Disasters

The Position Statement on Mental Health and Climate Change, stemming from an Assembly action paper and drafted by the Committee on Psychiatric Dimensions of Disaster (CPDD), was approved by the Board of Trustees on March 2017.

"The American Psychiatric Association (APA) recognizes that climate change poses a threat to public health, including mental health. Those with mental health disorders are disproportionately impacted by the consequences of climate change. APA recognizes and commits to support and collaborate with patients, communities, and other healthcare organizations engaged in efforts to mitigate the adverse health and mental health effects of climate change."

A supporting resource document (2017) was approved and is available at <https://www.psychiatry.org/psychiatrists/search-directories-databases/library-and-archive/resource-documents>. The Board of Trustees approved the CPDD recommendation for the 2017 recipients of the Bruno Lima Award in Disaster Psychiatry. Recipients included Allen Dyer, M.D., of the Washington Psychiatric Society and Maria Poor, M.D., of the Indiana Psychiatric Society for their work as disaster mental health educators, trainers, and responders. The awards were presented by the presidents of their respective district branches.

The CPDD continues to work with the APA on communications with district branches following disasters and mass trauma events and provides resources through the "Disaster and Trauma" and "Coping After Disaster, Trauma" webpages on the APA website.

Diagnostic Biomarkers and Novel

Treatment Workgroup

This workgroup, chaired by Charles B. Nemeroff, M.D., Ph.D., generated several recent publications, including "A Consensus Statement on the Use of Ketamine in the Treatment of Mood Disorders," published in *JAMA Psychiatry* (April 2017); "Consensus Recommendations for the Clinical Application of Repetitive Transcranial Magnetic Stimulation (rTMS) in the Treatment of Depression," published in the *Journal of Clinical Psychiatry* (May 2017); an article on "Biomarkers of Bipolar Disorder," published in *Personalized Medicine in Psychiatry*; and an article on S-adenosylmethionine, a product of the Caucus on Complementary and Alternative Medicine and members of this work group, to be published in the *Journal of Clinical Psychiatry* (in press). Finally, Council members approved the draft of the manuscript on "EEG Prediction of Treatment Response in Depressive Episodes" for review and approval by the Joint Reference Committee (JRC) and the Board of Trustees (BOT). Following approvals, this manuscript will be submitted for publication.

The Workgroup provided an overview of recent initiatives, including a qualitative review of pharmacogenetic testing to predict antidepressant response; a meta-analytic review of use of hormones as adjunctive agents for treatment of mood disorders; and a review of the use of medical marijuana for the treatment of various psychiatric disorders. Draft manuscripts of these reviews will be submitted for critique and approval by the Council on Research, JRC, and the BOT.

Regarding new business, the Council on Research members supported convening a Presidential Symposium during the 2018 Annual Meeting that focuses on the state of biomarkers in psychiatry. Lastly, the Council on Research members expressed interest in studying the role of social media in research through clinical trials.

DSM Steering Committee

Chair: Paul S. Appelbaum, M.D.; *Vice-Chairs:* Kenneth Kendler, M.D. and Ellen Liebenluft, M.D. The DSM Steering Committee

has created a mechanism for the field to submit proposals for making changes to *DSM-5*. This mechanism has been made public for online submissions and is accessible at www.psychiatry.org/dsm5.

To facilitate the process of reviewing proposals submitted through the online system, the DSM Steering Committee formed five DSM review committees, each comprising six experts in various disorder areas, including neurodevelopmental disorders, serious mental disorders, internalizing disorders, externalizing disorders and personality disorders, and body systems disorders. The review committees are chaired by Drs. Daniel Pine (neurodevelopmental disorders), Robert Freedman (serious mental disorders), Roberto Lewis Fernandez (internalizing disorders), Carlos Blanco-Jerez (externalizing disorders and personality disorders), and Charles Reynolds (body systems disorders). In addition, the DSM Steering Committee created a Subcommittee on Minor Corrections, chaired by Dr. Michael First.

Once a proposal is electronically received, the Steering Committee will review it and, if deemed appropriate, will send it to the applicable review committee for appraisal and any necessary revision. If approved, the Steering Committee will re-review it, and it will be posted on the DSM website for a 30-day period of public comment. After re-review, necessary revisions, and final approval by the Steering Committee, the proposed change will be sent to APA's Governance for final approval. Changes will be incorporated into the online version and future editions of *DSM-5*. APA Communications will alert the field to changes, and all revisions will be flagged for readers in the online version of *DSM-5*.

The DSM Steering Committee continues to develop ways to inform psychiatry about the new DSM revision process, encourage the submission of potential revisions, and widely publicize any approved changes when they are posted for public comments and when they are finally approved for inclusion in *DSM-5*.