



APA Administration Update to Area Councils

Prepared by the Office of the CEO and Medical Director (as of March 13, 2019)

Federal Parity Legislation: Ten years after passage of the Mental Health Parity and Addiction Equity Act (MHPAEA), the APA is pursuing an aggressive federal legislative agenda to ensure robust enforcement of the original law. The cornerstone of this effort is the advancement of federal legislation designed to improve compliance with MHPAEA based on model state legislation advanced by the APA. This legislation was enacted in Colorado, Delaware, the District of Columbia, Illinois, and twice in Tennessee (first for Medicaid and then for private insurance). If enacted, insurers would be required to submit information to the Department of Labor regarding how they design and apply managed care practices such as prior authorization, step therapy, network admission standards, and reimbursement rates, among others. The Department of Government Relations (DGR) team vetted the proposal with several lawmakers during the first part of the year, ultimately identifying Sen. Chris Murphy (D-CT) to serve as the lead sponsor of the bill who has agreed to introduce it.

Moving forward, APA will continue to lead efforts to identify bipartisan cosponsors of the bill, as well as companion legislation in the House of Representatives. Please contact Tim Clement (tclement@psych.org) if you have any questions.

Trauma Informed Care: The ongoing conflict and discussion about immigration at the southern border and the Administration's policy regarding the separation of children and families has resulted in a heightened Congressional interest on the topic of trauma and its lasting impact. To date, several Congressional Committees (Judiciary, Oversight, Energy and Commerce) have convened hearings to discuss the impact of the separation policies and we anticipate additional activity moving forward. APA's work with congressional appropriators led to an invitation for Altha Stewart, MD, APA's president, testified before the Labor-HHS-Education subcommittee on February 27, 2019. The hearing was convened to probe the involvement of HHS in the family separation crisis at the border. Dr Stewart was asked to help the subcommittee understand the long-term impact and costs of the resulting trauma on the affected children, families, and society. The Labor-HHS subcommittee is the most important committee of the congress for funding all federal "discretionary" programs, so such an early invitation from subcommittee chair Rosa DeLauro (D—CT) marked an excellent beginning to the new congress for psychiatry.

In addition, the concept of trauma informed care overall is gaining momentum. Provisions from a broad trauma informed care bill, led by Sen. Richard Durbin (D-IL) and Rep. Danny Davis (D-IL), were added to the comprehensive opioid bill (H.R. 6) last year, and the APA is already working with bill sponsors to identify potential additions for this Congress' version related to workforce. As part of this process, Dr. Stewart met with Rep. Danny Davis in February

to discuss the bill, as well as broader opportunities to raise awareness about the importance of trauma informed care. Email Craig Obey at cobey@psych.org for more information.

APA Federal Advocacy Conference: On March 12, almost 100 APA members representing 32 states met with their congressional representatives to advocate on behalf of psychiatrists and their patients on strategic issues including: appropriations, 42 CFR Part 2, parity, and healthcare reform. APA staff briefed members on the issues and discussed effective strategies for communicating with Members of Congress and their staff, and review best practices in using social media for advocacy. Dr. Levin emphasized the importance of APA members wearing their white coats to help Congressional members and their staff to identify them as physicians. Thank you to those who participated! Please contact Craig Obey (cobey@psych.org) if you have any questions.

Group of Six Fly-in: Leadership from the “Group of 6” (American Psychiatric Association, American Academy of Family Physicians, American College of Physicians, American College of Obstetricians and Gynecologists, American Osteopathic Association, and American Academy of Pediatrics) participated in a targeted Capitol Hill fly-in on February 6. To highlight the issues impacting the nation’s frontline physicians and the patients they serve, G6 leaders met with Sens. Lamar Alexander (R-TN) and Patricia Murray (D-WA), the Chair and Ranking Member of the Senate HELP Committee, as well as staff representing the leaders of the Senate Finance Committee, Sens. Chuck Grassley (R-IA) and Ron Wyden (D-OR). The Group also met with Rep. Ben Ray Lujan (DNM), the House Assistant Democratic Leader. Discussion topics for the various meetings included: drug pricing, ACA market stabilization, reducing administrative burdens for physicians, and increasing access and reducing healthcare costs. The APA was represented at the meetings by Dr. Stewart. G6 staff is already working to identify a date for the next leadership fly-in, which is being targeted for the spring of this year. Please contact Craig Obey (cobey@psych.org) if you have any questions.

Increasing Access to Care: The APA and DB/SAs are proactively promoting alternatives to increase access to care, including mental health parity, network adequacy, telemedicine, and the Collaborative Care Model. APA has developed 50-state model parity enforcement legislation that is adapted to each state law. APA State Government Relations is leading a state parity legislation campaign, working with other mental health advocacy groups and physician specialty organizations. The goal of the campaign is to have APA’s model parity legislation introduced and passed in as many states as possible during the 2019-2020 legislative session. California, Connecticut, Florida, Mississippi, and New Jersey have introduced this legislation so far this session, and we believe there are at least 13 other states that may introduce the model legislation this year.

The APA and DB/SAs are also pursuing legislation to implement the Collaborative Care Model (CoCM). APA has model legislation that will require private insurance to cover CoCM codes is likely to be introduced in Delaware and Illinois soon. The APA is working closely with DB/SAs to end prior authorization, and with states like Rhode Island that wish to delink Maintenance of Certification from licensure, credentialing, and reimbursement. For more information, email Erin Philp at ephilp@psych.org.

APA Makes Recommendation About the Administration's Roadmap on Research and Development to Stem the Opioid Crisis: APA provided feedback to the Trump Administration's proposed federal roadmap on health research and development to stem the opioid crisis. APA largely applauded the Administration's focused approach on prevention, treatment, and recovery. We also encouraged the Administration to study barriers for opioid use disorder providers to dispense treatment, ways to improve interoperability among state prescription drug

monitoring programs, best practices for warm handoffs during vulnerable transitions of care, and recovery methods that include treatment for co-occurring mental and/or physical conditions. [Read the full letter here](#). Contact Michelle Dirst (mdirst@psych.org) with questions.

Medicaid Network Adequacy Proposed Rule: APA recently submitted comments on Centers for Medicare and Medicaid Services' (CMS) proposed regulations to revise the Medicaid and Children's Health Insurance Program (CHIP) managed care regulations. The comments focused on:

- CMS' proposal to modify the Network Adequacy Standards for these programs.
- The relationship of these network adequacy standard requirements to the MHPAEA parity requirements which also apply to managed care programs.

APA had several recommendations:

- CMS should provide additional guidance on quantitative standards regarding network adequacy and create two categories which distinguish between standards that may be important but are static as to network performance in real time and those which permit assessment of actual performance.
- States be required to utilize a combination of standards and include a standard(s) which measures actual network performance.

APA also recommended, given that network adequacy is a non-quantitative treatment limitation, that these regulations specifically cross-reference the applicable parity requirements and stipulate that both sets of rules must be satisfied for a plan's network to be deemed in compliance. [Read the full letter here](#). If you have any questions, email Kristin Kroeger at kkroeger@psych.org.

Proposal to Weaken Medicare Part D Protected Classes: APA submitted comments opposing the Administration's proposal to weaken the Medicare Part D six protected classes (anticonvulsants, antidepressants, antineoplastics, antipsychotics, antiretrovirals, and immunosuppressants) by allowing additional utilization management tools to be applied (i.e., [indication-based formulary design and indication-based utilization management](#)). It also codifies an earlier proposal by CMS to allow for Medicare Advantage plans to apply step therapy to Part B drugs. A draft template of the letter was shared with the DBs to also submit their own comments. [Read the full letter here](#). Contact Kristin Kroeger (kkroeger@psych.org) for more information.

FDA's Reclassification of Electroconvulsive Therapy (ECT): The Federal Drug Administration (FDA) has proposed to reclassify ECT from a Class III (high risk) medical device to Class II (low risk) for use in treating severe major depressive episode (MDE) associated with major depressive disorder or bipolar disorder in patients who are treatment resistant or who require a rapid response due to the severity of their psychiatric or medical condition. This is a change that is largely supported by APA, though there are some concerns for the FDA to address to ensure there are not unintended consequences of adopting this proposal. Specifically, APA recommended a class II designation also be given for catatonia, manic episodes (in bipolar disorder), schizophrenia, and schizoaffective disorder and that the patient population in each of these illnesses be limited to individuals with treatment-resistant psychiatric disorders and/or patients with life-threatening conditions related to their underlying psychiatric condition. We also recommended

that the class II designation include ECT treatment for children and adolescents meeting the criteria for treatment resistance and in need of a potentially life-saving intervention for the conditions previously indicated and for MDE associated with major depressive disorder or bipolar disorder. A work group chaired by Laura Fochtman, MD, MBI and William McDonald, MD drafted a resource document. For more information, contact Kristin Kroeger at kkroeger@psych.org.

New CMS Guidance on Lifting the Institutions for Mental Disease (IMD) Exclusion to Treat Mental Health Disorders:

In a [recent letter to state Medicaid directors](#), CMS issued new guidance on how states can design innovative service delivery systems for adults with a serious mental illness (SMI) or children with a serious emotional disturbance (SED) who are Medicaid beneficiaries. Notably, the guidance outlines how states can submit 1115 waivers to fund treatment for patients aged 21 to 64 with an SMI in facilities with more than 16 beds; facilities were previously barred from Medicaid funding through the “IMD exclusion.” The guidance notes that while residing in an IMD, patients must have a primary mental health diagnosis. However, beneficiaries should also be screened for co-occurring SUDs, as well as physical health conditions. States have been encouraged to achieve an average length of stay of 30 days in an IMD setting. CMS also encourages states to use existing Medicaid authority to expand evidence-based treatments, such as telepsychiatry, the Collaborative Care Model, and early intervention for psychosis. This guidance complements last year’s guidance on leveraging Medicaid waivers to expand treatment for substance use disorders, and provides strategies to improve crisis stabilization services, care coordination, and services to address social risk factors, such as housing, education, and employment. Contact Kristin Kroeger (kkroeger@psych.org) if you have questions.

FDA Changes for Prescribers Dispensing Clozapine: The FDA announced a change in the way providers will dispense clozapine. Effective February 28, 2019, prescribers will need to be certified by the [Clozapine REMS program](#) and all patients will need to be enrolled by that prescriber. [The Center for Drug Evaluation Research’s announcement](#) lays out the specifics of the changes for providers, pharmacists, and patients. The highlights for prescribers are:

Prescribing clozapine for **outpatient** use must:

- Certify in the Clozapine REMS Program. The [certification](#) requires the completion of an enrollment form, a review of educational resources, and an assessment on prescriber knowledge.
- Enroll patients in the Clozapine REMS Program. If the patient is not enrolled in the program, a dispense will not be authorized.
- Obtain an absolute neutrophil count (ANC) for patients in accordance with the clozapine prescribing information and aligned with the patient’s monitoring frequency.

Prescribing clozapine for **inpatient** use is not required to be certified, however, they must enroll the patient in the Clozapine REMS Program prior to receiving their first dose if the patient is initiated on clozapine while in an inpatient setting. If you have questions, please email Kristin Kroeger. Her email address is kkroeger@psych.org.

American Foundation for Firearm Injury Reduction in Medicine (AFFIRM) and American College of Surgeons (ACS) Committee on Trauma Medical Summit on Firearm Injury Prevention: In early February, Dr. Cheryl Wills, APA Board of Trustees Member, represented the APA at two back-to-back meetings in Chicago that convened leaders of the medical community working together to reduce and prevent firearm injury: The American College of Surgeons (ACS) Committee on Trauma Medical Summit on Firearm Injury Prevention, and the American Foundation for Firearm Injury Reduction in Medicine (AFFIRM) Retreat. AFFIRM is a physician led foundation that aggregates private sector financial resources to fund high-quality, high-impact research to prevent firearm injury. The AFFIRM health consortium currently includes groups such as the American Medical Association, American College of Emergency Physicians, American College of Surgeons, American College of Physicians, and the Annals of Internal Medicine. If you have any questions, email Kristin Kroeger at kkroeger@psych.org.

APA Mental Health Registry (PsychPRO): 2019 marks the third year that PsychPRO has been a CMS approved Qualified Clinical Data Registry (QCDR). This is important for several reasons:

- (i) PsychPRO is able to report quality data to CMS' Merit-based Incentive Payment System (MIPS) for psychiatrists and other behavioral health providers;
- (ii) PsychPRO is able to include non-MIPS quality measures for MIPS reporting purposes, which expands the list of available quality measures to psychiatrists and other behavioral health providers; and
- (iii) PsychPRO is in a position to develop and test new quality measures for the behavioral healthcare field.

PsychPRO staff are currently reporting 2018 quality data to CMS' MIPS program (submission period runs from January 1 to March 31, 2019) for current participants, which includes approximately 70 practices and between 550 to 600 individual providers. It is expected that all participants will avert a 5% payment penalty on their 2020 Medicare billings. This is up from the 4% penalty on 2019 Medicare billings. Many current participants may also be eligible for bonuses. The majority of PsychPRO participants successfully received small bonuses (up to 2%) for the 2017 MIPS reporting period.

FIGmd, APA's registry vendor, has recently released a technical solution for integration with EPIC electronic health records (EHRs). This is a significant milestone since EPIC is an EHR vendor of choice for many of the large systems and academic institutions throughout the country. Other significant strides on the EHR front include an agreement between FIGmd and eClinicalworks for a streamlined onboarding process for all their clients. eClinicalworks has a focus on providing a behavioral health specific EHR.

For more information about the Registry, please go to www.psychiatry.org/psychiatrists/registry. If you have any questions, contact David Keen at dkeen@psych.org or Debbie Gibson at dgibson@psych.org.

CMS Quality Measures Development Grant: Research and Registry staff successfully developed Business Cases for candidate quality measures and submitted these to CMS in late December 2018. In addition, staff from the Division of Policy, Programs, and Partnerships are assembling and orienting experts to serve on a Technical Expert Panel (TEP) as well as a Consumer and Family Panel (CFP) to assist in advising the study and reviewing candidate quality measures. APA staff are also now recruiting clinicians to participate in CMS' Quality Measures Development Grant's Learning Collaborative by joining PsychPRO. Interest in participation in the CMS grant has been high, with staff

receiving over 400 emails from a diverse set of behavioral health professionals. Interest was garnered through several advertising and promotional streams, including email campaigns, PsychNews and social media. Approximately 100 clinicians have newly signed-up for PsychPRO to participate in the grant so far. Recruitment for the grant will run through May 2019. Please contact Dr. Philip Wang (pwang@psych.org) or Samantha Shugarman ([sshugarman@psych.org](mailto:ssugarman@psych.org)) if you have any questions.

Maintenance of Certification (MOC): The American Board of Medical Specialties (ABMS) Vision Initiative Commission has released a draft report from their two-year study of the future of Maintenance of Certification (MOC). With input from the BOT Executive Committee, Assembly Committee on MOC, Council on Medical Education and Lifelong Learning, and the MOC-caucus listserv, the APA provided detailed feedback on the Commission recommendations. While the APA continues to support lifelong learning, the APA does not feel that the Vision Commission met a key component of its mandate, which was to articulate the value of the MOC program to physicians. The APA asked that the Vision Commission recommend suspending MOC part 3 and MOC part 4 until it can be established that participation in MOC improves patient care, does not impose undue burdens on physicians, and provides benefit to participating physicians. APA's comments can be found at: <https://www.psychiatry.org/MOCreform>. If you have any questions you can contact Dr. Tristan Gorrindo at tgorrindo@psych.org.

Substance Abuse Education: In 2018, the APA hosted seven Providers Clinical Support System (PCSS) webinars highlighting motivational interviewing, medication assisted treatment (MAT) in the emergency room setting, recovery support for young people with opioid use disorder, and methods for addressing substance use disorder in pregnancy. This initiative offers education on opioid use disorder and medication for addiction treatment to provide up-to-date, evidence-based information to psychiatrists and other mental health care providers. Through PCSS, APA is also conducting its second Train the Trainer program which seeks to create MAT trainers at the DB level.

Additionally, APA serves an important role in the national States Targeted Response - Technical Assistance (STR-TA) project which provides ECHO-style learning collaboratives to help physicians implement evidence-based care for opioid use disorders. Learning collaboratives have focused on adolescents and medication for addiction treatment, telepsychiatry, "implementing the basics", and a number of additional topics. Both PCSS and STR-TA are supported by SAMHSA.

In late 2018, four new episodes of the *Medical Mind* were released. These episodes focused on the treatment of substance use disorders, specifically

- "Initiating Medication-Assisted Treatment in the Hospital"
- "Supporting Young People with Substance Use Disorders" and
- "Expanding Access to Naloxone"

<https://www.psychiatry.org/psychiatrists/education/podcasts/the-medical-mind-podcast>. Please email Dr. Tristan Gorrindo (tgorrindo@psych.org) if you have questions.

Clinical Support System for Severe Mental Illness (CSS-SMI): In July 2018, the American Psychiatric Association (APA) was awarded a five-year, \$14.2 million grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to establish a Clinical Support System for Serious Mental Illness. The SMI Adviser website

(<http://www.SMIadviser.org>) was launched in November 2018. Weekly live webinars started in January 2019, as well as virtual email-based consultations to clinicians. Later in 2019, a chatbot-based “answer engine” will be added to the website to guide users to items in the website’s knowledge base of evidence-based resources, guidelines, and toolkits. For more information, email Dr. Tristan Gorrindo at tgorrindo@psych.org.

2019 Annual Meeting: The Office of Scientific Programs confirmed the opening and convocation speaker (Valerie Jarrett and La June Montgomery Tabron) for the 2019 Annual Meeting. Additionally, the Annual Meeting program is finalized. The scientific program for the 2019 Annual Meeting will include over 650 sessions, with a special track commemorating the history of psychiatry for the 175th anniversary of the APA’s founding. Several interactive learning labs are currently being planned. Notable speakers include Patrice Harris, MD, President of the American Medical Association, and Nora Volkow, MD, Director of the National Institute on Drug Abuse.

To commemorate the 175th Anniversary of the APA, we will be hosting a history track. Within the history track, there will be eight workshops dedicated to the seven MUR/s as well as international relationships with APA partners and four symposia dedicated to the following four eras:

- Era 1 - The advent of organized medicine in caring for people with mental illness (Early years of APA)
- Era 2 - The dawn of the modern era: reforms in care and treatment (Deinstitutionalization)
- Era 3- Advancing diagnosis, treatment, and education (DSM)
- Era 4 - Shaping the future of psychiatry: breakthroughs in research and delivery of clinical care (Looking ahead)

As of March 6, the midway point of registration for the annual meeting, 5,555 professional attendees have registered. In the past 10 years, this number was only exceeded by New York in 2018 at 6,077 at this point in time. At this year’s annual meeting, we are highlighting many APA programs and member benefits with an awareness campaign called, “APA at Work.” There will be special limited-edition items for sale at the APA store for the 175th anniversary, including an APA logo scarf, cufflinks, 175th anniversary pins, a charm bracelet, and two different APA logo neckties. During the annual meeting, members will have the opportunity to use the APA / APAF Story Booths to record brief video testimonials about why they became a psychiatrist, what excites them the most about the future of psychiatry, how the APA has been supportive of their career, or has the APA addressed an issue (social or professional) over the years that has had an impact on them personally. The videos will be collected for the Melvin Sabshin, MD, Library and Archives and each member will receive a copy of their footage that can be shared on social media.

Please save the date – Monday, May 20, 7:00 pm-10:00 pm for a special evening at the APA 175th Anniversary Gala at San Francisco City Hall. Tickets (\$225) are available for purchase at www.apafdn.org/gala. For more information, email Amy Porfiri (aporfiri@psych.org) or Dr. Tristan Gorrindo (tgorrindo@psych.org).

2021 Annual Meeting: Every few years, the Board of Trustees reviews the locations of the APA’s annual meetings. During the March Board meeting in Washington D.C. the location of the 2021 Annual Meeting in Hawaii was discussed. After a thoughtful and in-depth discussion, informed by input from members and consideration of all the pros and cons of having a meeting in Hawaii, the Board voted to move the meeting from Hawaii to Los Angeles.

Although some members may be disappointed in this decision, the Board felt it was its responsibility to make this decision in the best interest of the membership as a whole. The APA Annual Meeting has enjoyed increased member

participation over the last several years and maintaining that momentum is important. In addition, the Annual Meeting helps to support the mission of our APA, including many programs, member benefits, and government relation activities.

Diversity and Health Equity Educational Resources: The following was added to the Division of Diversity and Health Equity's (DDHE) *Best Practice Highlights for Treating Diverse Patient Populations* Video Series:

Working with Appalachian Patients: In December 2018, DDHE published a video on providing mental health services to Appalachian populations. The video, "Working with Appalachian Patients" gives a brief overview of the history, culture, and mental health status of Appalachia; followed by factors that may contribute to mental health disparities within this region and culturally-sensitive recommendations to consider when treating Appalachian people. The video features Richard "Larry" Merkel, MD, PhD, an expert in Appalachian Mental Health. The video can be viewed [here](#).

DDHE also published the following videos in December 2018 to supplement and promote diversity-related Continuing Education Modules:

Impact of Microaggression on Mental Health Outcomes: This video features Constance Dunlap, MD, an expert in microaggression and co-author of the Pulsed-Learning Activity CME module "Impact of Microaggression on Mental Health Outcomes." In the two minute-video, Dr. Dunlap gives viewers a clear definition and example of microaggression, while discussing the origin of the term and mental health sequela of the act. The video can be viewed [here](#).

Transgender Mental Health: Within 120 seconds, this video promoting APA's "Transgender Mental Health" CME module, provides a basic overview of transgender mental health. It introduces core concepts of working with gender variant patients and provides a roadmap to providing gender-affirming care. The video features Eric Yarbrough, MD, a vice-chair to the Council of Minority Mental Health and Health Disparities and member of the LGBTQ Caucus. Click [here](#) to view the video. Contact Dr. Ranna Parekh (rparekh@psych.org) if you have questions.

Update from APA Ethics and Elections Committees: During the December 2018 Board of Trustees meeting, the Board asked the Administration to poll the APA Ethics and Elections Committee on the following: "Should APA pay for sitting Board and Assembly members who are running for election to go to the November Assembly when they will use some time there to campaign and their opponent has to pay their own way?" The Elections Committee and the Ethics Committee both agreed that the issue was one of equity and that one should not be funded if the other is not. After discussion, the Board decided that all candidates running for national office will be reimbursed for attending the November Assembly Meeting. Please email Jon Fanning (jfanning@psych.org) for more information.

Wit v. United Behavioral Health (ND CA): Wit v. United Behavioral Health (ND CA) is a class action challenging whether UBH's medical necessity standards met the standard of care in the field – the court found they did not. This has a significant potential impact on patient care if it is upheld on appeal. The Court recognized several standards of care (full text can be [downloaded here](#)). Dr. Saul Levin thanked Dr. Eric Plakun, APA Board of Trustees Member, for testifying on behalf of the plaintiffs. Please contact Colleen Coyle (ccoyle@psych.org) for more information.

Aetna Settles with Mass. Attorney General on Network Adequacy, Directories: [As reported in APA Psych News](#), Aetna, one of the nation's largest health insurers, agreed to a settlement last month with the Massachusetts Office of the Attorney General (AG) requiring the company to comply with state and federal laws by maintaining accurate, updated provider directories and network adequacy. APA has devoted much time and resources regarding the enforcement of the mental health parity law and conducted studies on health insurers' compliance. [APA produced this poster](#) for placement in high-visibility locations to inform patients of their rights under the law. Please contact Colleen Coyle (ccoyle@psych.org) for more information.

Membership Update: Due to the combined efforts of leadership, the Administration, Area Councils, and DB/SAs, APA now has 38,617 members and is at a 17-year high in membership. Thank you for promoting the great work of APA, Areas, and the DBs in your practices and institutions. Please continue to use the available resources (i.e., PPT and talking points) on our [website](#) when presenting and speaking to colleagues about the benefits of membership. Please email Jon Fanning (jfanning@psych.org) for more information.