



## **APA Administration Update to Area Councils**

**Prepared by the Office of the CEO and Medical Director (as of September 26, 2018)**

**Centers for Medicaid and Medicare Services (CMS) for Quality Measure Development:** APA is one of seven organizations awarded funding by the Centers for Medicaid and Medicare Services (CMS) for quality measure development as part of the quality payment program (QPP) established under the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). The funding supports specialty societies with Qualified Clinical Data Registries (QCDR) to develop and test new or update existing quality measures for use in the QPP. The input of specialty societies in the measure development process is critical for the development of meaningful quality measures for the field and patients. Further, this important initiative enables psychiatrists and other behavioral health providers to be actively involved in the development of quality measures that are relevant to them and their patients.

APA proposed to CMS the development of quality measures that focus on measurement-based care; suicide risk and assessment and safety planning, first episode psychosis, opioid misuse, and patient experience. We will be working with our sub-recipient and measure development experts, National Committee on Quality Assurance (NCQA), in this important initiative.

Since 2015, APA has helped members navigate MACRA and the associated QPP through the following APA channels: Payment Reform Toolkit; Payment Reform Webinar Series, member communications, like Psych News; presentations at professional meetings, and the member—Practice Management Helpline and [QPP@psychiatry.org](mailto:QPP@psychiatry.org) email inbox. Under APA's PsychPRO: The Mental Health Registry, members and others may participate in quality improvement and measurement initiatives, such as helping mental health professionals meet yearly CMS QPP reporting requirements, among others. Our goal is to work with the filed to develop clinician and patient reported meaningful quality measures for our membership, and other healthcare providers, and their patients. We will be reaching out to our membership at large and District Branches for members who wish to participate in the testing of these measures. Please contact Samantha Shugarman at [sshugarman@psych.org](mailto:sshugarman@psych.org) or Dr. Philip Wang at [pwang@psych.org](mailto:pwang@psych.org) if you have questions.

**Substance Abuse and Mental Health Services Administration (SAMHSA) Minority Fellowship Program (MFP):** APA has been awarded a five-year, \$7.1 million grant for the SAMHSA MFP, one of the oldest federally-funded grants at APA. This MFP grant cycle was highly competitive, and this year's award almost doubles APA's annual funding from the previous fellowship grant cycle. The charge is the following: 1) to reduce [health disparities](#) and improve behavioral health care outcomes for underserved populations and 2) encourage more racial and ethnic minorities to join the behavioral health [workforce](#). While racial and ethnic minorities make up more than 28% of the nation's population, less than 20% of America's mental health workforce consists of racial or ethnic minorities. MFP Fellows will be provided individualized support for their projects on mental health disparities as well as

mentorship from fellow MFP recipients, MFP alumni and APA leaders. Please contact Dr. Ranna Parekh at [rparekh@psych.org](mailto:rparekh@psych.org) if you have questions.

**Clinical Support System for Serious Mental Illness (CSS-SMI):** The APA has been awarded a five-year, \$14.2 million grant to create a CSS-SMI. The project is funded by the SAMHSA. The CSS-SMI project will offer consultation services and learning opportunities nationwide for clinicians who provide care to people with serious mental illness, including physicians, nurses, recovery specialists, peer-to-peer specialists and others. The project will use sophisticated web and app-based technologies to promote best-practices in caring for individuals with SMI, including the use of APA's PsychPRO mental health registry. In addition to the APA, 29 partnering organizations and individuals -- representing stakeholders from the entire mental health community -- will provide expertise on clinical content, educational resources, and strategic guidance on the project Advisory Board. Please contact Dr. Tristan Gorrindo at [tgorrindo@psych.org](mailto:tgorrindo@psych.org) and Kristin Kroeger at [kkroeger@psych.org](mailto:kkroeger@psych.org).

**Lawsuit on ACA Short-Term Plan Rule:** APA joined the Association for Community Affiliated Plans (ACAP), National Alliance on Mental Illness (NAMI), Mental Health America, AIDS United, National Partnership for Women & Families, and Little Lobbyists in filing a lawsuit in the U.S. District Court for the District of Columbia to invalidate the short-term, limited-duration insurance (STLDI) plan rule issued last month by the Departments of Health and Human Services and Labor and the Internal Revenue Service. This rule will harm psychiatrists, patients and their families by undermining access to quality, affordable health care coverage and roll back the progress we have made in enforcing the Mental Health Parity and Addiction Equity Act (MHPAEA). The Rule permits these plans to operate without providing essential health benefits (including mental health and substance use disorders) and permits discrimination based on preexisting conditions, significantly disrupting insurance markets in states across the country. APA believes these issues are so important that it decided to be a named Plaintiff in this lawsuit which seeks to enjoin the Rule's implementation.

The APA will continue to fight against any efforts to erode essential health benefits and coverage for preexisting conditions. APA has advocated for protecting patients for decades.

Please use the following link to view the press release: <https://www.psychiatry.org/newsroom/news-releases/seven-health-organizations-file-lawsuit-against-the-short-term-limited-duration-plan-final-rule>. If you have questions, please contact Colleen Coyle at [ccoyle@psych.org](mailto:ccoyle@psych.org) or Craig Obey at [cobey@psych.org](mailto:cobey@psych.org).

**Ligature Risk and Other Self-Harm Risk Assessment Update: APA Meets with Decision Makers About Ligature Risk Assessment:** APA is addressing concerns over the increased enforcement of Ligature-Point and Other Self-Harms Risk Assessment citations. To better understand the scope of the problem, APA released an experience survey that collected information from our members and other healthcare administrators involved with the Joint Commission (TJC) and Centers for Medicare and Medicaid Services (CMS) onsite surveys. Most troublesome were the findings that In-Patient Facilities (IPF) were experiencing individual—or full unit—bed closures due to ligature-point or other self-harm risks citations. To mitigate these issues, APA leadership and administration is maintaining an ongoing dialogue with TJC and CMS. Our recommendations include:

- Reinstigate the degree of citation enforcement that existed prior to March 2017;
- Work with APA and other stakeholders to improve their educational content for surveyors who are not experienced with the IPF care-setting; and
- Mandate IPFs report specific details regarding ligature-point and other self-harm events.

APA believes that the collection of information relating to these events will provide a pathway for TJC and CMS to establish an objective and evidence-based standardized survey. Our continued pressure on CMS and TJC regarding this issue will be a high priority of APA. If you have questions, please reach out to Kristin Kroeger at [kkroeger@psych.org](mailto:kkroeger@psych.org).

**2019 Medicare Physician Fee Schedule and Quality Payment Program:** CMS recently released their proposed rule on the 2019 Medicare Physician Fee Schedule and Quality Payment Program. Each year this rule makes recommended changes or additions to Medicare billing. This year, the proposal includes two provisions that are getting a lot of attention in the media and some concern from parts of the medical community. Both provisions apply only to services provided in the outpatient office setting (billed by 99202-99205 and 99212-99215) for now. They are:

1) Over the years the physician community has been asking to reduce the documentation requirements for E/M services. CMS is responding to this request by allowing them to choose to document (for billing purposes) using one of three options:

- using the current E/M documentation guidelines for a low level E/M service (regardless of the level of service provided)
- using time
- documenting only the medical decision-making portion of the visit

2) CMS is proposing to pay one fee (\$135) for new patient visits (99202-99205) and one fee (\$93) for visits with established patients (99212-99215) regardless of the level of complexity of the work. The impact on reimbursement will depend on a physician's coding patterns. The proposed fee for both the new and established visit codes falls just above a level 3 service.

We are currently working with our CPT coding and documentation member experts on the Committee on RBRVS, Codes and Reimbursements as well as other APA components, psychiatry subspecialty groups, and other physician organizations including the AMA to analyze the impact of the proposed changes. We have also been involved in meetings with HHS and CMS leadership and policy staff.

For the District Branches who wish to also respond, we will send our draft comments to you as soon as we can. We will also be responding to other aspects of the rule, including quality measurement changes. If you have any additional questions or feedback please contact our Practice Management Help Line: 800-343-4671 or [practicemanagement@psych.org](mailto:practicemanagement@psych.org).

**State Advocacy Conference:** The main theme of APA's 2018 State Advocacy Conference was "relationships matter." This theme echoed throughout the Conference, with speakers explaining how their relationships with legislators, medical societies, their communities, and coalitions can help shape policy and positively impact patients' lives. Thirty-eight states were represented, and 91 members attended sessions on parity enforcement, positive approaches to scope of practice legislation, and community and coalition-building. They also heard an entertaining political update from the Director of State Services at the National Council of State Legislatures, and attendees took an optional media training course on Saturday afternoon. There was also a series of important regional breakout sessions where states were able to meet with their APA Regional Director along with other states in their region. The breakout sessions provided an opportunity for states to raise issues of significance for

future advocacy. On the final day of the event, there were sessions on how to develop your message and “tell your story,” and training on how to connect locally with your lawmakers. Participants strongly encouraged DBs to assess their current relationships with legislators and develop a plan for enhancing those where necessary. Government Relations prepared new advocacy materials that were disseminated at the event, including model parity legislation, scope of practice materials, and new talking points. These are also available if you contact Erin Philp at [ephilp@psych.org](mailto:ephilp@psych.org). As a result of the Conference, Government Relations is conducting multiple follow-up activities, including region-specific outreach by State Government Relations staff and individualized follow-up with each attendee to encourage ongoing involvement with APA and advocacy.

**President's Blueprint for Drug Pricing:** In May, the Trump administration released [American Patients First](#), the President's blueprint to lower drug prices and reduce out-of-pocket costs.

The Blueprint includes proposals that would cause fundamental structural change across the healthcare industry including changes in Medicare Parts B and D, Medicaid, and 340B, as well as changes in price concessions to pharmacy benefit managers. The Blueprint also addresses generic drug approval, direct-to-consumer drug advertising, and international trade.

APA submitted comments in response to the Blueprint to stress the importance of evidence-based reforms to the healthcare system and warned that any change limiting access to a range of medications could have a negative impact on patients suffering from mental health or substance use disorders. APA also strongly recommended that the Trump administration retain the existing policies which safeguard Medicare beneficiaries' access to a wide range of treatment options via certain classes of medications. If you have questions, please reach out to Kristin Kroeger at [kkroeger@psych.org](mailto:kkroeger@psych.org).

**Comments on Federal Parity Guidance:** The federal agencies responsible for mental health parity—Labor, Treasury, and HHS—released [new guidance](#) for the Mental Health Parity and Addiction Equity Act (MHPAEA) in April. APA is pleased that the *new guidance clarifies that failure to ensure network adequacy and low reimbursement rates for psychiatrists could be parity violations*. Addressing these types of violations may lead insurers to increase reimbursement rates for psychiatrists and create more favorable conditions for participation in their networks. The new guidance also included a new parity Self Compliance Tool which incorporates key content that APA has supported during our ongoing discussions with these agencies. If you have questions, please contact Irvin “Sam” Muszynski [imuszynski@psych.org](mailto:imuszynski@psych.org).

**Medicaid Work Requirements Toolkit for States:** Earlier this year, the Trump administration released [new guidance](#) for states seeking to tie work requirements to Medicaid eligibility. APA is concerned that this policy will have a disproportionate impact on people seeking treatment for a mental illness or a SUD.

As a result, APA developed an advocacy toolkit for DB/SAs concerning Work Requirements and Section 1115 Medicaid Waivers. The member-only toolkit includes an overview of the waiver process, talking points for engaging Medicaid Directors, a sample comment letter, and additional resources for states that choose to act on this issue. If you have questions, please reach out to Kristin Kroeger at [kkroeger@psych.org](mailto:kkroeger@psych.org).

**Safe Prescribing:** The Board of Trustees voted to approve the following Draft *Position Statement on Safe Prescribing* and referred it to the Assembly for a vote in November 2018: 1) The treatment with medication of patients with mental illness requires a foundation of medical education, training, supervision, and care of patients with a broad range and severity of medical problems. 2) The safety of patients and the public must be the primary

consideration of each state licensing agencies and legislatures. Please contact Craig Obey at [cobey@psych.org](mailto:cobey@psych.org) if you have questions.

**Immigration:** Over the last several months, APA repeatedly urged the Trump administration to cease enforcement of policies that resulted in the separation of families at the United States border. In a series of letters, APA articulated that any forced separation is highly stressful for children and can cause lifelong trauma, as well as an increased risk of other mental illnesses, such as depression, anxiety, and post-traumatic stress disorder (PTSD). APA was among the first organizations to denounce this practice and led a coalition letter that 18 organizations from the healthcare community signed. Individual APA members also supported this effort by sending over 300 letters denouncing the administration's immigration policy through APA's online advocacy tool. APA also reached out to Catholic Charities and Lutheran Services to offer assistance to the families. APA administration provided members with the local service agencies who are asking for assistance and providing updates as needed. If you have any questions, please contact Ricardo Juarez at [rjuarez@psych.org](mailto:rjuarez@psych.org).

APA also plans to comment on the proposed rule regarding changes to *Flores*, as well as the Public Charge proposed rule which could influence immigrants to not feeling secure when seeking needed health care services. Please contact Kristin Kroeger at [kkroeger@psych.org](mailto:kkroeger@psych.org) for additional information.

**ABPN Maintenance of Certification (MOC):** The APA was notified in September 2017 that the ABPN plans to pilot an alternative pathway for the MOC-3 10-year exam. This pilot is currently under development and will launch in January 2019. Diplomates who are eligible to participate in the pilot have received invitations to opt-into the pilot. Based on reports from ABPN, approximately 60% of eligible diplomates have opted-in. The pilot program will use journal-based self-assessment as an alternative to the ten-year exam. Over the course of 3 years, diplomates will be required to read 30 articles chosen from a broad library of approved articles. After each article, a diplomate would complete a short online quiz. If they answer four of five questions correctly, they will have successfully completed one article. The article selection committee includes ten individuals, four of which have been nominated by APA. The final list of selected articles is expected to be available in Q4 of 2018.

Additionally, the American Board of Medical Specialties (ABMS) conducting a strategic review of the MOC process across medicine including input from multiple stakeholder groups. The APA has provided testimony to the Vision Commission (<https://visioninitiative.org/>) sharing concerns that the APA BOT has previously expressed to ABPN, specifically:

- Ensure MOC status is not used for licensure, hospital privileges, or insurance paneling;
- Ensure psychiatrists receive credit for quality and practice improvement activities they are already completing within the scope of their own practice;
- Address concerns about the fees associated with maintaining certification;
- Reduce the burden of MOC as a contributor to physician burnout; and
- Ensure that APA's investment in MOC products is not orphaned with changes to MOC requirements by the boards.

Please contact Dr. Tristan Gorrindo at [tgorrindo@psych.org](mailto:tgorrindo@psych.org) if you have questions.

**Substance Abuse Education:** APA continues to engage hundreds of learners each month through its SAMHSA-funded Provider's Clinical Support System for Medication-Assisted Treatment (PCSS-MAT) and the SAMHSA-

funded State Targeted Response (STR) initiatives. APA's role has expanded within the PCSS-MAT and STR programs to include providing technical assistance to a number of primary care practices through both direct technical assistance and through learning collaboratives.

APA recently launched updated versions of the APA's online and book-based Buprenorphine waiver training programs. The online course is available for free to Resident Fellow Members (RFMs).

In July, APA conducted a MAT train-the-trainer program at APA Headquarters. Twelve individuals, covering all seven areas were trained to provide MAT waiver training. Trainers were connected with DBs in their areas and provided with materials that they can use to provide SAMHSA approved and waiver-eligible trainings. Please contact Dr. Tristan Gorrindo at [tgorrindo@psych.org](mailto:tgorrindo@psych.org) if you have questions.

**APA Annual Meeting:** The 2018 APA Annual Meeting was held in New York City. The theme of the conference was "Building Well-Being through Innovation" and attendees enjoyed a robust educational program that offered 550+ general sessions, 37 in-depth courses, and 12 experiential learning lab sessions. Residents, Fellows, and Medical Students also had the opportunity to select sessions in their curated educational track that featured content on grassroots advocacy, networking, teaching through the use of innovative media, and burn out. Attendees gathered to cheer on East Carolina University, Duke University and the University of Alabama-Birmingham (UAB) during APA's national residency team competition Mindgames. UAB emerged victorious during the competition that features questions about medical knowledge, patient care, and psychiatric history.

In its second year, the Mental Health Innovation Zone featured a number of engaging presentations about the role of technology and innovation in psychiatry. Topics included improving mental health and patient outcomes through digital technology, AI, telepsychiatry, and wearable technology. Residents participated in the highly interactive Psychiatry Innovation Lab where finalists pitched their novel ideas for prizes.

The abstract submission site for the 2019 meeting opened in June 2018. The program committee is currently reviewing over 1500 session and poster abstracts. The program committee is using new scoring system designed by a combined sub-committee from the Annual Meeting and IPS program committees, a system for authorizing formal endorsement of submissions by components and allied groups, mechanisms for ensuring that individuals agree to be included in submissions, and caps which prohibit individuals from be included on more than five submissions. At the recommendation of the scientific program committee leadership, the 2019 Annual Meeting will feature an expansion in the number of 90-minute general sessions and fewer 180-minute sessions in order to align with learner preferences, increase the diversity of those who can participate in the meeting, and create more slots which would allow for a track devoted to the 175th Anniversary. Please contact Dr. Tristan Gorrindo at [tgorrindo@psych.org](mailto:tgorrindo@psych.org) if you have questions.

**IPS: Mental Health Services Conference:** The 2018 IPS Conference is planned for October 4-7, 2018, in Chicago. The Scientific Program Committee, led by Altha Stewart, MD and Glenda Wrenn, MD, has selected over 80 sessions which are focused on Dr. Stewart's theme: "Reimagining Psychiatry's Impact on Health Equity." Registration for the meeting opened in June of 2018. IPS will highlight innovations in clinical services aimed at meeting the needs of all populations and vulnerable communities. Attendees can anticipate 80+ general sessions that focus on interactivity, connectivity, and health equity. The program features Chicago's Cook County state's Attorney Kim Foxx, Director for the Council of State Governments Justice Center Fred Osher, MD, and local community program Storycatchers. Attendees will have an opportunity to engage in learning simulations,

discussions on microaggressions, and combating physician burnout through the use of Improv. Please contact Dr. Tristan Gorrindo at [tgorrindo@psych.org](mailto:tgorrindo@psych.org) if you have questions.

**APA PsychPRO Registry:** PsychPRO registration for the CMS Merit-based Incentive Payment System (MIPS) reporting year 2018 closes Oct 1, 2018. Our electronic sign-up portal located on the registry website (<https://registry.psychiatry.org/signup/registration.aspx>) allows for automatic registration, which makes joining PsychPRO simple and straightforward. The registry website also contains a link to CMS' Quality Payment Plan website (<https://qpp.cms.gov/participation-lookup>) where a clinician can learn if they are required to report to the MIPS program.

Looking back over the last two years of data, the rate of new participation and onboarding of PsychPRO participants has been found to be approximately 50 clinicians per quarter. This means that by the end of 2018, PsychPRO estimates that over 500 individual providers will be onboarded with the majority reporting their quality measures data to CMS directly through the registry. PsychPRO also serves as a robust quality improvement tool, as evidenced by the participation of providers who are not required to report to MIPS. These providers have an interest in PsychPRO's dynamic dashboards with various benchmarks, which they use for tracking, assessing, and reporting on important quality initiatives within their practices.

PsychPRO is able to report participant data to CMS for the MIPS program if we are successful with an annual self-nomination process to receive a Qualified Registry/Qualified Clinical Data Registry (QR/QCDR) certification. The period for the 2019 self-nomination is September 1 to November 1, 2018. PsychPRO, with two consecutive years (2017, 2018) of successful nomination and reporting, is well-positioned to receive certification once again. For more information about the Registry, please go to [www.psychiatry.org/psychiatrists/registry](http://www.psychiatry.org/psychiatrists/registry).

**Membership:** Total Membership at the beginning of 2018 reached 37,896, the highest level in 15 years. There has been an 11.9% increase in total membership from 2013 through 2017.

The following efforts will begin in October for the 2019 renewal year:

- E-mail: Beginning in October 2018, members will receive monthly emails encouraging renewal.
- Mail: Members will receive the first of two print invoices in October. In addition, reminder postcards will be distributed in mid-December of 2018.
- AJP: In December 2018 and March 2019, members at risk of being dropped receive a special version of AJP with a cover tip encouraging renewal.
- Direct Payment Links: Members will be able to renew through one-click payment links that do not require a login, significantly streamlining the check-out process.
- Social Media Advertising: We will initiate paid Facebook advertising in early 2019 based on the positive results for the 2018 renewal year.

For membership questions, please contact Jon Fanning at [jfanning@psych.org](mailto:jfanning@psych.org).