Area 3 Council Meeting
March 4-5, 2017
Lansdale, Pennsylvania

Call to Order: Dr. Joseph Napoli, Area 3 Representative, called the meeting of the APA Area 3 Council to order on Saturday, September 10 at 10:37 am, at the Courtyard Marriott Hotel in Lansdale, Pennsylvania. A quorum was present for the entire meeting.

Present (voting members): Drs. Jessica Abellard, Mary Anne Albaugh, Lily Arora, Charles Blackinton, Ken Certa, Charles Ciolino, Gail Edelsohn (for Gerard Galluci (Saturday only), Baiju Gandhi, Rama Rao Gogineni (for Dr. Reich), Bill Greenberg, Annette Hanson, Sheila Judge, Mark Komrad (Saturday only), Rahul Malhotra, Melvin Melnick, Elizabeth Morrison, Joe Napoli, Ranga Ram, Nazanin Silver (Saturday only), and Andy Tompkins

Non-voting members
Executive Director members: Patricia DeCotiis, Deborah Shoemaker

District Branch Presidents: Drs. Randy Gurak (for Consuelo Cagande), Gail Edelsohn (for Dr. Mazza)

Privileged Guests: Dr. Bob Batterson, Recorder

APA Staff: Beatrice Eld, Angela Gochenaur

Candidates for RFM Dep Rep: Drs. Anum Bhatia, Asfand ("Andy") Khan, Marissa Goldberg, and Cristina Secarea

Other Guests: Dr. David Scasta (Saturday only)

Absent voting members: Drs. Steve Daviss, Constance Dunlap, Barry Herman, Richard Ratner, Robert Roca, Eliot Sorel

Area 3 Trustee: Dr. Roger Peele (absent)

1. Welcome New Members and Guests, and Introductions and Disclosures of Potential Conflicts of Interest: Dr. Napoli welcomed new members and guests, including our DB presidents. He requested that we announce potential conflicts of interest at the appropriate times when there was a topic of discussion for which there was a potential conflict for a Council member.

2. Announcements: Dr. Napoli also announced the candidates for the APA Assembly offices of Recorder (Drs. Daviss and Polo) and Speaker (Drs. Batterson

and O'Leary), who will not be making presentations regarding their candidacies at this meeting.

3. Minutes: The minutes of the November 4-5, 2016 were approved as written and posted.

4. Reports

- **Trustee Report:** As Dr. Peele was not present, a Trustee's report was not given.
- **AEC Report:** Dr. Napoli gave a report of the last AEC meeting in Tucson, (minutes not made available as they are currently in draft form), noting that:
    - Flight arrangements for the November meeting and subsequent Area meetings are now expected to be made using the APA's booking agent (ATC), more than 21 days in advance, which should be more economical for the APA; failure to do this may incur an incomplete reimbursement for the your airline tickets (there will be a formal communication about this new policy).
    - Dr. Daviss' action paper on the Ronald A. Shellow award, broadening the pool of potential awardees beyond Assembly DB representatives and the Recorder, to now include ACROSS and other Assembly representatives as well, was approved and is now in effect.
    - The position statement on climate change was sent back from the BOT to the authors, who revised the language and it has been sent back to the BOT, and the revised version should come up for a vote in our May Assembly meeting.
    - The change in administration at the Federal level was discussed at the AEC, with the CEO emphasizing the need to engage effectively with the new Administration in order to effectively advocate for what is important to us; we are a nonpartisan organization and our members encompass differing points of views. He noted that Dr. Tom Price is known to our APA AMA delegation, as Dr. Price was an AMA delegate.
    - There was discussion about better promoting available RFM and ECP positions in the organization, particularly in the Area Councils, and Drs. Napoli opined that it seemed to work best when we could vote on new RFM and ECP Councilors at our winter meeting.
    - There was discussion about trying to make our practice guideline writing and review process more efficient; the current draft guideline is on Alcohol Use Disorder, which is available online for review until March 17.
    - Our Area did not request additional funding at this time, though Dr. Napoli did indicate that we were spending more than our current yearly allotment (currently somewhat over $9,000/yr).

- Our speaker expressed a particular interest in receiving action papers related to education, and advancing psychiatry in the evolving healthcare system.
- Dr. Greenberg added that our Past Speaker, Dr. Glenn Martin, requested a change in terminology regarding authorship for action papers: those additional individuals signing on to an action paper should list themselves as "sponsors" instead of "authors," unless they had played a significant role in actually writing the paper, in keeping with common terminology employed in legislatures and scientific literature.

5. Area 3 Representative Report

- **Orientation:** Dr. Napoli reminded us of the *Assembly Fast Facts* on our Area 3 website, a good brief introduction to the workings of the Assembly. There are also orientation sessions available at the May and November Assembly meetings.
- **Communication and Documentation:** Dr. Napoli thanked Council Members for using the Area 3 Report Template to produce reports, which has been very helpful in transmitting pertinent information in a very clear format. The use of the website has been very good, and allows for easy uploading and subsequent accessibility for our information. Upcoming events are also listed, as well as news about our Council members.
- **Financial status:** Area 3 Council still has approximately $89,000 in its account, but this should be decreasing in view of our smaller allotments, use of 2-day winter meetings, and new process for vetting projects for financial support, as we had approved in our November meeting pursuant to the report of the financial workgroup tasked with this charge. The new Area 3 Committee on Project Review, that will review proposals for funding, will be chaired by Deb Shoemaker; Dr. Napoli invited interested parties representing each DB, ACROSS, and RFM and ECP who might wish to serve on this committee.
- **Assembly Committee Assignments:** Dr. Napoli indicated that the committee assignments for the May meeting will be the same as those for last November's meeting, except that Dr. Certa will not be able to attend the meeting and therefore will not be able to chair his reference committee.

6. Committee on Member Services. Dr. Greenberg reported that the Committee on Member Services had a telephone conference call several weeks ago, in which he, Ms. DeCotiis, Mr. Hummel, Drs. Albaugh, Malhotra and Scasta participated. The principal issues addressed were:

- Keri Hummel's presentation of the Maryland DB's approach to residents and to those members on the drop list. Residents are tracked in their movements when they are about to graduate or change programs, including where they might be moving to, by close DB involvement with the residency training

offices; all of the Residency Training Directors are also on the DB Council. There is a focus on trying to get residents involved in DB activities early, particularly with the Legislative Committee. Regarding the drop list, those appearing on this list are divided up and assigned to the 15 DB Council members to call, and those Council members diligently continue to call until they can have a conversation with that person, not just accepting a brief voice mail message as a response. There is some concern that the Maryland DB's changing over to centralized billing might make their process less timely or personal. Regarding the drop list, Ms. DeCotiis reported that NJ was using a 3-step process: first an email from the chapter president, then breaking down the list by chapters and giving 2-4 names to members of that chapter to call, then sending a postcard addressing value the organization supplies to members. This approach emphasizes grass roots efforts and persistence, like the Maryland approach. Dr. Albaugh reported that she will contact Deb Shoemaker to familiarize herself more about the Pennsylvania process.

- Dr. Scasta, representing ACROSS organizations in this committee, interestingly observed that there was no DB-level liaison with ACROSS organizations, for example in giving a heads-up about potential pending legislation: if a state DB were aware of a legislative initiative regarding LGBTQ issues, there is no formal liaison with psychiatrists in that state who might be interested in this issue, who might or might not be members of the DB. This was brought up in the context of the general observation that our field has been somewhat fragmented regarding psychiatric organizations having subspecialty interests: the APA does not currently have joint memberships with such subspecialties organizations offering reduced combined membership fees.
- Dr. Albaugh reported that on monitoring the Child psychopharmacology listserv that there was an impression that the APA had abandoned the moral high ground against Pharma, and that we have not effectively addressed excessively high drug prices in this country. Dr. Greenberg noted that his recent work with patients who have Medicaid Managed Care had become quite frustrating, as he was being constantly badgered with prior authorization procedures for common generic medications.
- There was also some discussion about confusion as to how the APA counts membership, which has now been better clarified: the APA counts some nonpaying inactive members as members.
- Dr. Malhotra reported that he has just started to conduct an informal study using Facebook, polling 5000 psychiatrists, many of whom are non-APA members, who responded to his query. For those who were not members, he asked why they are not members. Thus far, the early response replies routinely cite the membership fees as being too high, the APA's failure to

effectively mitigate the new MOC requirements, and the APA's failure to "show spine against Pharma," and that the annual meeting was not "high quality." He felt that these members failed to have a sense that the APA was their professional guild organization. Dr. Malhotra is continuing to conduct this informal survey, and Dr. Napoli encouraged him to bring back further information and thoughts, when he had collected same.

- Ms. DeCotiis reported that the APA Member Services had been getting more involved in analyzing membership information and the APA staff, including Jon Fanning, were accessible and helpful. Membership information will soon be available in a much more timely manner, and available online to staff.
- Dr. Blackinton reported that much of what the APA was involved with was not very applicable to private practice, and that some psychiatrists who have not joined, or who had been members in the past but left, may include many private practice psychiatrists.
- Dr. Greenberg appreciated Dr. Malhotra's use of social media, which appeared to make available affect and emotions in a very useful manner.
- Dr. Napoli discussed with Ms. Gochenaur the feasibility of sharing more regional legislative information across DBs. Addressing the reports of dissatisfaction with the APA's addressing problems with MOC, Dr. Napoli reviewed the APA's activities in recent years trying to address problems with MOC, and that Dr. Batterson, who will be here later, is the Chair of the Assembly MOC Committee and that we can bring up this issue with him.

7. Ronald A. Shellow Award Nomination: Dr. Napoli reported that he and Dr. Greenberg had nominated Dr. Scasta for the 2016 Ronald A. Shellow Award, for which Dr. Scasta became eligible for per the approved Action Paper addressing this; this was done on short notice given the deadline for this nomination (now already passed). Dr. Blackinton moved that the Area 3 Council endorse Dr. Scasta for this award, Dr. Ranga seconded, and the motion was approved unanimously.

8. APA Update: Beatrice Eld provided a very informative report of the APA's recent activities, although this was only a summarized version of a more detailed written report that she had provided for the Council.

- She noted that the APA was very active in planning and addressing changes in executive orders and proposed legislation, related to the change in our Federal Administration. Many changes are already happening, including a rollback in giving transgender individuals their choice to use a bathroom consistent with their gender identity, the promised repeal and replacement of the ACA insurance coverage act, including specific concerns about addiction treatment, parity provisions, and health insurance availability and affordability. The APA Division of Government Relations has been engaged with key members of Congress and their staffs, briefing them on our

concerns regarding these issues. The APA has also been collaborating with other key advocacy organizations.

- The APA has been very active in getting the APA mental health registry (PsychPRO) up and running; it is now in testing for its pending deployment.
- The United States District Court for the District of Columbia has blocked the proposed merger of Anthem and Cigna, which had promised efficiencies accomplished in fair part by reduction in provider payments.
- APA membership numbers are up, which is good news.
- Work on parity continues, with the APA conducting "secret shopper" studies continuing to uncover phantom networks and related problems.
- There are new member resources available on the APA website, including toolkits and webinars on electronic health records, evaluating mental health apps, and reporting requirements, new online learning formats, new CME opportunities and lifelong learning offerings.
- The APA has protested to the World Health Organization their proposed transfer of dementia diagnoses from the Mental or Behavioral Disorder chapter to the chapter on Diseases of the Nervous System in ICD-11.
- The 2017 APA Annual Meeting, which has a theme of "Prevention Through Partnerships" has had 2000 submitted abstracts, and 440 sessions have been selected for the meeting. There will be an EduTour to the Naval Medical Center San Diego Base Balboa.
- The APA is continuing to work with SAMHSA, in providing buprenorphine training for the DATA 2000 Waiver program, and the ongoing educational offerings. However, this coming year the APA will expand its activities by selecting a primary care site in each of 5 states to serve as a local learning collaborative for addiction training, which will include training by APA psychiatrists, addressing barriers experienced by primary care physicians in treating substance use disorders. One of the 5 states will be Pennsylvania.
- In response to a question by Dr. Komrad, Ms. Eld responded that she would try to find out how many American psychiatrists are APA members.
- Further discussion addressed the apparently common complaint by non-members that the APA is not doing much, contrasted with the very varied and robust actions that are listed, for example, in Ms. Eld's submitted report; recommendations included tweeting and other uses of social media. Ms. DeCotiis noted that much of this information has been shared, and that the bigger problem is actually getting people to read what is made available, eg, in DB e-newsletters. Through diligent personal effort, she reported that she has been slowly seen modest increases in the open rate for the online NJ newsletters.

9. Area 3 Nominating Committee: Dr. Melnick, chair of the Area 3 Nominating Committee.

- Dr. Melnick reported that Drs. Napoli and Greenberg had indicated that they would run again for the positions of Area 3 Representative and Area 3 Deputy Representative, and no other nominations had been received for those offices.
- Dr. Melnick reported that Drs. Malhotra and Gandhi had indicated that they would run again for ECP Representative and ECP Deputy Representative, respectively, and no other nominations had been received.
- For the position of RFM Representative, Dr. Silver is completing her term as RFM Deputy Representative and will be moving up to the position of RFM Representative. There were 4 candidates who applied for the position of RFM Deputy Representative: Drs. Anum Bhatia, Asfand ("Andy") Khan, Marissa Goldberg, and Cristina Secarea.
- Dr. Judge moved that we accept the slate of the above-mentioned candidates, and Dr. Morrison seconded this motion, this motion was then accepted unanimously. There were no further nominations from the floor, so the above selections were accepted, with the only contested election being that for RFM Deputy Representative.
- Drs. Anum Bhatia, Asfand ("Andy") Khan, Marissa Goldberg, and Cristina Secarea each gave 3-minute presentations in support of their candidacies.

The meeting briefly adjourned at 12:30 pm, and reconvened at 1:19 pm.

10. **Dr. Komrad's report on his Action Paper "Psychiatric-assisted Suicide for the Non-terminally Ill."** Dr. Komrad reported that pursuant to concerns expressed in the BOT and JRC, the position statement has been amended to add the words "in concert with the AMA's position on medical euthanasia," emphasizing that our position and the AMA's are the same in this matter; this was approved by the Assembly and became official APA policy on December 12, 2016. He reminded us of the actions in other countries, and even some US states, that contravene these ethical safeguards, and constituted a need for this position statement. This action, however, has resulted in significant international negative feedback, as summarized in Dr. Komrad's recent article in *Psychiatric News.* He warned us of a trend moving in the direction of physician-assisted suicide in this country, and that the practice of this in Belgium and the Netherlands frequently involves a psychiatrist lethally infusing a psychiatric patient (often whom they have been treating). Dr. Hanson noted that there were growing pressures to expand the eligible individuals requesting suicide to include mature minors. In response to a question by Dr. Blackinton, Dr. Komrad reviewed the APA process that might be instituted against an APA member who participated in physician-assisted suicide (even if it was legal in their jurisdiction), which would start at the DB level by their Ethics Committee. Dr. Komrad expressed his concern that in no country where physician-assisted suicide had been legalized, was there any ability to "hold the bar" at some point;

rather there have been "slippery slopes" expanding the practice further. He also noted that our position statement has inspired the World Psychiatric Association to craft a similar position, which they will introduce at their next meeting in Berlin. In response to a question by Dr. Ram, Dr. Komrad noted that British Royal College of Psychiatrists and Royal College of Physicians have similar positions to ours.

11. **Election for RFM Deputy Representative:** Anonymous paper ballots were collected from the voting members. Dr. Batterson and Ms. Eld served as tellers, with Dr. Greenberg serving as a technical consultant for the mathematical procedure for calculating the winner (candidates were ranked from 1-4 in preference by voting members, and the procedure used was the same as the APA uses for elections with more than 2 candidates). Dr. Napoli announced that the winner was Dr. Cristina Secarea, who will serve as our new RFM Deputy Representative; he asked that the other candidates stay involved with our Area 3 Council, much as Dr. Silver had kept last year's candidates who did not win, involved during this year as a consulting panel. Dr. Napoli welcomed the candidates to attend our meetings. In response to a question regarding whether one of the other candidates might step in as an alternate if Dr. Secarea could not make a meeting, Dr. Napoli referred this to the Assembly RFM Representative, to respectfully follow their procedure; this is not addressed in the Area 3 Procedure Code.

12. **Recorder's Report.** Dr. Batterson**,** Assembly Recorder reported that the AEC and JRC recently met in Tucson, and did move along action papers, including approving the change to the Ronald A. Shellow award, which still does exclude an Assembly Past Speaker from receiving the award). He noted the changes in travel policy that we had discussed earlier. Also, speaking as the chairperson of the Assembly MOC Committee, Dr. Batterson the ABPN and APA had a summit meeting in Phoenix shortly after the Tucson meeting, in which the passed action paper about the ABPN providing interest for the $175 fee it was charging was discussed: this would clearly amount to very little money, but was symbolic of discontent about the fees charged. There were no significant changes that the ABPN was planning regarding MOC requirements, but it was planning on decreasing the initial certification fee by 5%. This fee had dropped in recent years, principally because the oral examination was dropped, and that element was always an expensive process. The ABPN initial certification fees are currently just below the mean, median and modal fees for all the ABMS boards, and the recertification fee is about at the mean of all the other boards. The ABPN has expressed interest in exploring alternatives to the 10-year high-stakes recertification exam, including the possibility of using a set of seminal articles that would be distributed and on which there would be a quarterly open book

examination, which, if consistently passed would then excuse the candidate from also having to take the 10-year exam. Such an idea, and other novel ideas, are currently being tried by other ABMS boards. Another possibility is for the 10-year exam to be 2/3 or ¾ on General Psychiatry, and the remainder in a therapeutic area of the candidate's choosing. He reported that 85% of those who should be doing ABPN MOC were doing it; only 15% were not. Addressing concerns about paying a yearly certification fee, he indicated that if one failed to pay the yearly fee, one would not immediately become non-certified, but that it would take up to 6 years for such to happen. Dr. Galluci reviewed the results of the recent Delaware survey of DB members, indicating high displeasure with the MOC and citing this as a reason for dropping out of the APA. Dr. Ram added that the previous Delaware DB rep left the APA and DB after insurance companies in Delaware began requiring continuing board certification, not just licensure, to be able to have their professional services reimbursed. There is now a pending bill in the Delaware House of Representatives that would require that the criteria for hospital privileges and for remaining on an insurance provider list could not include the criterion of board certification. The AMA was also not very supportive of the Delaware Medical Society's similar efforts, which resulted in that society dropping out of the AMA. Dr. Ram felt that many members were very unhappy with the ABPN, viewing that organization as one that had accumulated vast wealth in its coffers and gave its CEO (Dr. Faulkner) an extremely high salary, and was more of a money-making machine than anything else. [**Editorial note:** as per the Federal Form 990 available on GuideStar, for 2015 the ABPN had an annual revenue of over $22 million but annual expenses of only somewhat over $12 million, net assets minus liabilities of over $90 million, and had compensated Dr. Faulkner $936,000]. Dr. Greenberg echoed these concerns, noting that as a use of a physician's time the PIP had not been demonstrated to result in meaningful improvement, and that many members had started to see the ABPN as now more contributing to physician burnout rather than being helpful. Regarding Delaware's disconnecting from the AMA, Dr. Certa noted that the great majority of state medical organizations had left the AMA, for financial reasons. He also stated that Pennsylvania psychiatrists also held negative opinions about the ABPN's current MOC policies although there was not clear consensus on how physicians felt that they should be tested; he himself felt that the non-secure exam more relevantly reflected how physicians practice now. Dr. Batterson confirmed that Dr. Faulkner's compensation was just short of $1 million annually, but that the ABPN did not make money from the MOC process, due to an extensive process in formulating questions, and on the subsequent psychometrics of each question taken by examinees; their income really comes from the initial certification fees. The APA has been meeting yearly with the ABPN in recent years to present our expressed concerns (ie, concerns that there was no evidence that this new MOC process is useful, the added costs, the

contribution to physician burnout), the last 3 meetings of which Dr. Batterson was present for, and that each year he has seen some movement by the ABPN in response to APA's expressed concerns (eg, patient feedback is now an option rather than a requirement, but that Dr. Faulkner experiences the ABPN as only a small part of the ABMS, and that the new MOC requirements came from the ABMS). Drs. Judge, Blackinton and Ram added their considerable concerns, including interest in other potential certifying bodies (eg, National Board of Physicians and Surgeons). Despite his reporting of some movement by the ABPN, Dr. Batterson said that he would continue to take back such feedback that he is getting here; one issue is that Dr. Faulkner sees the public as his constituency, rather than the board-certified and board-applicant psychiatrists, as opposed to the view of the ABPN staff. Dr. Greenberg briefly reviewed his experiences in writing questions for the ABPN for 6 years, and felt that the process could have been made less expensive. Dr. Edelsohn added her experience in the Pennsylvania DB regarding member's negative feedback on MOC. Dr. Batterson responded that similar objections were expressed by other physicians. He added that Dr. Robert Ronis is the new ABPN Psychiatry Director, and that he is a former APA Assembly member very well aware of MOC concerns, and understands our members' objections. Dr. Ram added that he continues to frequently hear from younger members that they feel older members are all grandfathered in their Board Certification, and do not understand or adequately fight for the burdens that they are experiencing. Dr. Napoli noted that despite Dr. Faulkner's position that the ABPN's constituents were the public, rather than psychiatrists and neurologists, that he had never experienced any patient expressing any interest in whether he was board certified, nor any other potential referral to another psychiatrist, and that if the ABPN was really interested in serving the public, that it might pay attention to board-certified physicians who hawk expensive options to the public, or who have engaged in fraudulent research. Dr. Batterson did agree that there also was no research supporting that board-certified physicians were better physicians than those who were not board-certified.

The meeting briefly adjourned at 3:15 pm, and reconvened at 3:35 pm.

Dr. Scasta Award: Drs. Greenberg and Napoli presented Dr. David Scasta with our Area 3 Award for Dedication and Service, recognizing all of the efforts he had spearheaded over the years, from addressing MOC issues early on, to leadership on LGBTQ issues, to advocacy for voting equality among Assembly members for Assembly officer positions. Dr. Napoli added that Drs. Greenberg and he had both sent letters to the APA Assembly Awards Committee, nominating Dr. Scasta for the APA Ronald A. Shellow award for his many years of dedicated Assembly service. At his suggestion, a vote was taken to represent Area 3 endorsement of Dr. Scasta's nomination for this award, and this vote was unanimous in favor.

13. **APA Government Affairs:** Angela Gochenaur reported that every state in the Northeast was trying to increase efforts to combat drug addiction, except for Maine, which last year vetoed a Narcan bill. However, finding money in the state budgets has been challenging. The efforts include trying to limit opioid prescriptions for pain to short time periods, 3 to 15 days, depending on the bill. There are proposed legislative efforts to include provisions for involuntary commitment for those with substance abuse disorders, such as is the case currently in 33 states though it is rarely employed, and a New Jersey legislative proposal to require insurance to cover 28 days of inpatient substance abuse treatment, without prior authorization. Dr. Kennedy of Yale has been assigning her psychiatry students the task of drafting further additions to the parity law. Several states have recent grant funding related to parity efforts, but uncertainty related to changes in the ACA act have been slowing those initiatives. There are efforts underway to have "provider in place" information on insurance websites, to honestly indicate who is accepting new patients with that insurance. Psychologist prescribing bills are now being introduced in Oregon, Montana, Vermont and Texas, and will we soon see Florida, Kentucky, New York, New Jersey, California and Ohio. In Hawaii legislative efforts are more in the areas of collaborative care and telemedicine, putting off psychologist prescribing for this year. There is APA focus on Oregon, where the governor is less supportive of our APA's position this time. New Mexico has had psychologists prescribing for the last 2 years, and now, contrary to their original assurances, there is a bill asking that after a period of time (perhaps 60 months) being supervised by physicians, that such psychologists would then be able to supervise the practices of psychologists who are newly eligible to prescribe [currently Illinois has the most stringent standards for prescribing psychologists]. She also reported that Scientologists are having something of a resurgence, conducting protests, and coming to legislative hearings trying to funnel addiction treatment monies towards their own coffers. Ms. DeCotiis added that the APA has some very illustrative updated graphics on its website, demonstrating some of the statistical questions raised about state training requirements for psychologist prescribers, compared with medical school and residency training for psychiatrists. She also discussed the new Reform Principles document, with 21 principles, produced by a collaborative workgroup including the AMA, and which the APA has recently signed on to (one of 15 to 18 signatory organizations), that addresses prior authorization and other matters. Dr. Napoli added that these online resources could be reached via links on our Area 3 website.

14. **APA PAC.** Dr. Certa discussed our need to contribute to the PAC, to enable our ability to effectively advocate and lobby for our issues, and that our contributions go to members of both political parties. We are trying to get 100% of Assembly members to make some contribution, and we are now up to approximately 70%; he asked that we reach 100% contributing for our Area 3 Council.

15. **Action Papers.**

- Dr. Certa moved his action paper, **"Expanding Access to Psychiatry Subspecialty Fellowships,"** with Dr. Albaugh seconding. He explained that the AOA (American Osteopathic Association) would be rolling their accreditation of their AOA graduate programs into the ACGME. Currently, most ACGME fellowships do not fill their available slots, including only 70% of Child and Adolescent Fellowships slots, less than ½ of Psychosomatic Medicine slots, and Geriatric slots even fewer. Currently graduates of AOA programs are not eligible for these slots, however the ABPN seems to be on board with the expansion of eligibility to AOA graduates. However, at this time the ACGME Psychiatry RRC committee is not endorsing this. Dr. Certa's action paper asks that the APA go on record in support of AOA residents becoming eligible for these fellowships. The vote was unanimously in favor, but for one abstention.
- Dr. Certa moved his second action paper, with Dr. Albaugh seconding, asking the APA to establish a position statement addressing **involuntary psychiatric commitment criteria including the presence of substance use disorders**, as two bills proposing same are now in the Pennsylvania legislature. Dr. Certa had not been able to find any evidence that this modality was effective when it is used, and it appears its use was quite uncommon as well. Committing such individuals to regular inpatient psychiatric units appeared particularly inappropriate, as such units were not well designed for same, and were generally struggling with overcrowding. Dr. Hanson reported that in Maryland this modality was being used with some effectiveness, as judges were using this as part of their sentencing for misdemeanor non-violent offenders, to get them into promptly into some treatment. Dr. Ram noted that a statute existed in Delaware committing such individuals to an inpatient substance use disorder facility, but that the director of that facility has always refused to provide the document needed to accomplish this, so it has never been used. Dr. Tompkins noted that he would be potentially in favor of such a statute, as he has experienced repeated problems getting seriously addicted individuals into such treatment, as most programs require voluntary status. Ms. Shoemaker indicated that the Pennsylvania DB was going to oppose this proposed legislation. Ms. Eld indicated that mandating treatment for brief periods might simply detox a patient and put them at risk of an overdose with their next use; she added that this paper would likely be referred to the Councils on Addiction Psychiatry and Psychiatry and the Law. She also noted that Drug Courts do employ this procedure, and that federal monies support programs that employ medication assisted treatment and not rely solely on abstinence. Dr. Greenberg indicated that he thought a crucial issue was whether someone was being committed to a general inpatient psychiatric unit, not well designed or staffed to handle such individuals, or to an

inpatient substance use unit with locked doors, which might provide an appropriate milieu, modalities and staff to accomplish the intended purpose. The vote was unanimous in favor, other than for 3 abstentions.

- Dr. Napoli presented his action paper, **"Providing Guidance for the Use of Pharmacogenomics in Clinical Practice,"** with Dr. Napoli moving this paper and Dr. Certa seconding it. Dr. Ram recused himself, as he noted that he was a consultant for a pharmacogenomics company. Dr Napoli has noticed that there has been a significant increase in pharmaocogenomics marketing efforts, which included his receiving a letter addressed to him which began, [paraphrasing] "one of the worst nightmares for a psychiatrist was that of a patient suiciding" implying that pharmacogenomic testing could be able to prevent this event; and then which listed a number of points including the statement that there was now a physician in California serving 30 years in prison because 3 of her patients died; but on his Googling this individual he found that the cause was not failure to use pharmacogenomics, but that she was recklessly prescribing opiates and that these three patients died of overdoses. On Dr. Napoli's calling the individual who sent him the letter, he found that she knew nothing of the case that was cited, and just tried to keep selling him on their product. He added that the cost for this company's psychotropic panel was $5,500, which Medicaid and Medicare would pay most of, but that we psychiatrists are generally shielded from appreciating the costs for these services. Dr. Gurak noted that he objected to false advertising, but it had been helpful for him to use pharmacogenomic testing, and that in particular, it helped him avoid using a trial of l-methylfolate in patients who would likely not benefit from such a trial. Drs. Gogeneni and Tomkins also spoke in favor of the availability of pharmacogenomic testing and were concerned about limiting such testing. Dr. Greenberg added some of his own experience with a pharmacogenetic company representative, who argued for ordering this for all patients, and urged his staff to order panels by endorsing the required statement that they had an anxiety disorder or depressive disorder by considering this to mean whether they have ever experienced anxiety or depression; when pointed out that this amounted to encouraging Medicare or Medicaid fraud, that representative simply shifted focus, but revisited his same proposals at another time. The representative was also encouraging use of their pharmacology consultant, who didn't know my patient, didn't know what other medications that they might be on (which might inhibit or induce various metabolic enzymes), and didn't know the patient's history of response/nonresponse and tolerability/intolerability of previous treatments, let alone what medications their insurance might cover. Dr. Malhotra added that he felt that the APA, as a professional organization should have something to say on this matter. Dr. Napoli

indicated his support for appropriate testing, e.g., for folate metabolism. The Council voted unanimously in favor of this action paper, with one recusal.

17. Action Paper Process – Collaborating with the APA Councils. Dr. Greenberg directed us to Dr. Batterson's updated accounting for the status of all Action Papers, which as Recorder he has made available to us in his 15-page document, posted on our Area 3 website. Dr. Greenberg wanted, however, to briefly focus discussion on one other aspect of the action paper writing process, which was that of identifying appropriate APA Councils and other components, to which an action paper might not only be addressed in a resolve, but which should be identified and contacted before an action paper is submitted: very often something similar might have already been done, or be in process. Dr. Greenberg distributed copies of these APA Components, kindly obtained from Allison Moraske, including their remits, their membership and their Assembly representative, who would be most accessible to us. These components generally would appreciate our reaching out, and be able to give useful feedback. He recognized recent Assembly Recorders, including Drs. Boyer, Miskimen and Batterson, for significantly improving the action paper tracking process, which in the past had not been so effective. Regarding the APA's AMA Delegation, Dr. Certa noted that the APA had 8 delegates and 7 alternates in the AMA House of Delegates. He added that since approximately 2000, the AMA changed its representation to give more weight to medical specialty organizations, as opposed to mainly state representation, and this had been a significant factor in helping Psychiatry have better representation within the AMA. In response to a question by Dr. Komrad, Dr. Certa also addressed the value of our belonging to the AMA, including its support for many of our positions, including our having a say in approving leadership positions in the JCAHO, ACGME, LCME; fighting with us on public health issues, including children's mental health, gun violence issues; receiving financial support in our fight with several insurance companies that would not list psychiatrists on their panels as provider, preferring psychologists and others, providing financial support to fight psychologist prescribing, commissioning and creating the geographic maps indicating that psychologists were not practicing in the underserved rural areas any more than physicians were, etc. Dr. Napoli added that when we consider writing action papers, that we are a work-generating body, ie, that our action papers result in work for others, including APA staff and Councils, and that respectful communication with them is very appropriate and helpful. He also elaborated on the improvement in handling action papers, which included his action paper preventing an action paper from getting dismissed in the JRC because of refusal of someone to move the paper there.

The meeting adjourned at 4:55 pm, and reconvened at 8:31 am on Sunday, March 5, at the home of Dr. Sheila Judge.

16. **Dr. Herman's Award:** Dr. Napoli noted that the report of the American Association of Psychiatric Administrators was available on our website, and

noted that Dr. Herman (absent at this meeting) is being honored this year with that association's award.

17. DB Reports: New proposed legislation in various states:

- A report from the **Delaware DB** soon led to general discussion regarding continuing efforts by state legislatures to propose bills controlling physicians' practices (e.g., limits on initial opioid prescriptions for the treatment of pain, eg, to 5 days, child abuse reporting laws, etc.), adding more administrative constraints. There was acknowledgment that physicians are not adequately monitoring themselves and so some external controls are needed. Dr. Napoli asked how well we are preparing our medical students and residents for the careers they will face, and reiterated the need to train them in advocacy efforts as well. Dr. Ram noted that we had too much to teach our residents, and that the three areas that often received inadequate attention were advocacy, administration and money management. There was further discussion about the need for more addiction training, although Dr. Certa noted that this should be happening every day, when he rounds with residents for newly admitted patients who have been using heroin: this venue offers appropriate education on many management scenarios (Dr. Malhotra, a recent graduate of Dr. Certa's Jefferson program, endorsed this, and added that the manner in which those rounds were conducted was more educational than didactic presentations). Ms. Eld stated that the APA, helped by some NIDA funds, have reviewed approximately 120 open source curricula on substance use disorders, and are creating toolkits to particularly help programs that do not have robust addiction psychiatrists. Dr. Secarea noted that in this year's PRITE exam questions on administrative psychiatry were introduced, and that residents did poorly on that section as they had little training in this area, which usefully inspired the program director to try to address this area. Lobbying was discussed, including hospitals hiring lobbyists, and Washington Psychiatric Society's addressing Maryland, Virginia and DC (their new Executive Director will be the DC lobbyist). Dr. Napoli suggested that we share the recently completed New Jersey Psychiatric Association's talking points on Substance Use Issues; Dr. Greenberg recommended adding other issues that are arising, eg, new proposed rigid criteria on opiate prescribing in some situations where follow-up cannot be arranged for several days, and that we consider a procedure of ongoing sharing amongst the Area 3 DBs; one proposal was that this might be a Wiki.
- Dr. Hanson reported that for the **Maryland DB** a significant current focus was their switching over to centralized billing, a significant transition for that DB; this process has led to a fairly large drop list for this year, though there should be some long-term benefits for this change. In Maryland there were introduced telepsychiatry/teletherapy bills as well as opioid prescribing limits; and by July 1st every Maryland physician will have to be registered with the state's PDMP.

Maryland DB members have been involved in 2 major task forces, one a forensic services workgroup that addressed delays in getting patients transferred from detention centers to the state psychiatric hospitals for evaluation and treatment; the other workgroup was a maternal mental health workgroup; there is also ongoing work on network advocacy. Dr. Hanson, who also sits on the Governor's Sex Offender Advisory Board, responded to a question by Dr. Napoli regarding legislation requiring reporting of any sex abuse assertions no matter how long ago it took place, noted that this legislation was still in force, and that even if one knew that the alleged offender was dead, the Attorney General Report indicates that this still has to be reported, and even if against the wishes of an adult patient (the rationale being that this could allow tracing of other potential victims). There are repeated bills introduced in Maryland to criminalize non-reporting, which so far have not passed. Dr. Napoli noted that Maryland, Pennsylvania and New Jersey, among others, actively involved RFMs in their advocacy efforts, inviting their participation during Advocacy Days. There was some further discussion about expansion of criteria in some proposed bills that would have children taken away after childbirth, if the mother is on opiates or now possibly alcohol at deliver in some jurisdictions, an expansion of the efforts to stem the effects of our current opioid use epidemic.

- Dr. Ciolino reviewed the **New Jersey DB's** activities, including the annual Program for Excellence, this time supplemented with a "membership workout" in the morning, including the NJPA chapter presidents and NJPA officers, led by a facilitator. This program reviewed perceived values of membership, communication styles, barriers to recruitment and retention. Information from this workout is now being used with the five chapters and six residency programs, to be followed by a survey sent to the entire DB membership. This has improved the integration of our chapters and DB (Dr. Napoli noted that at one time the chapters were independently incorporated entities; and at this time if an organization is independently incorporated and does not file tax returns for 3 years, it can lose its tax-free status). Dr. Deborah Koss has been leading NJ Advocacy efforts: NJPA will be having our yearly Advocacy Day again, and continue to have Advocacy Council phone meetings every two weeks—hot topics include psychologist prescribing, the opioid epidemic, prior authorization and utilization management. NJPA will have its annual spring CME conference in April on "Pressure and Resilience Across the Life Span." In the coming Fall there will be two 3-hour practice management sessions held this year, one in northern NJ and one in southern NJ, as requested by NJ RFMs. NJPA approved a position paper on the legalization of marijuana, and position papers on opioid use disorders, smoking cessation and prior authorizations are in preparation, which will be made available to other Area 3 DBs, if they wish. NJPA has converted to a fiscal year based on the calendar year, has recently revised our bylaws, and has started an Expert Advisory Panel, providing expertise to the Council and

constituting a potential pool for speakers' bureau requests, replacing a more ungainly and less functional surfeit of committees that NJPA historically had—Dr. Napoli elaborated on some of the advantages expected in this approach, including eliminating less productive meetings. In concordance with recommendations by Mr. Bob Harris, a consultant selected for helping with NJPA's reorganization, NJPA changed its governance structure several years ago for better functioning, instituting 5 Councils that reflect its 5 selected strategic goals: Advocacy, Education, Members Services, Professional Standards and Finances and Resources. If an issue that arises requires more intensive work, an ad hoc workgroup can be set up that will report back to the respective Council.

- Dr. Certa, addressing the **Pennsylvania DB's** activities, noted an Addiction Conference to be held March 25, which will be free for residents and students and has a track intended to be oriented to family practitioners and generalist physicians as well. On April 22, the Colloquium of Scholars will be held on the Drexel campus. The tight state budget is being addressed by the Governor's merging of state departments, eg, the Departments of Drug Abuse, Department of Health, Human Services and Aging will all be merged into one department. Norristown State Hospital will be transformed to be exclusively a forensic institution, although it has already been largely repurposed to that mission already.

19. Dr. Morrison's Action Paper, "APA Member Survey on Medical Aid in Dying as Option for End-of-Life Care." Copies of this action paper were circulated. Dr. Morrison moved her paper for Area 3 Endorsement She noted that the AMA's Council on Ethical and Judicial Affairs has been mandated to re-evaluating the AMA's position on aid-in-dying. There is one psychiatrist who is on this council, with whom Dr. Morrison has been in contact, and she heard expressed that this council would welcome information coming from any well-done survey from professional societies and organizations on this issue; this action paper requests that the APA produce such a survey of its members. Dr. Greenberg expressed that he understood why at this time the paper did not give much in the way of details of how this survey might be done, but that well-done surveys are difficult to do, and that this might simply generate a limited percentage of members responding with their gut feelings, without benefit of thoughtful presentation of the pros and cons, which therefore might have questionable validity and usefulness. Dr. Hanson noted that the APA Council on Psychiatry and the Law was already working on a detailed resource document addressing this issue, most likely to be made available at the May conference, and that considering such a survey at this time would seem premature, and Dr. Certa agreed with this also. Dr. Ciolino, speaking in support, noted that NJPA had done such a survey in the past regarding this issue, which resulted in roughly equal votes for and against, and that he found the comments solicited to be of interest: in response, the NJPA Council decided not to render an opinion on the matter. Dr. Morrison indicated that the survey would provide background information, and that she did not feel the timing was premature. Addressing the

validity criterion of how many members we might expect to respond, Dr. Napoli indicated that response rates for voting in our annual election produced slightly over 20% responses. Dr. Tompkins noted that he does research surveys, and that response rates of over 50% were desired, and that with low response rates one only sampled the minority of members with strong positions on one or the other side of a question. The vote for endorsing this action paper were 3 yea, 12 nay, and 1 abstention, so the Council did not support this endorsement.

20. **RFM Report.** Dr. Abellard reported that the APA continues to improve the Set For Success Learning Modules, and that at the upcoming Annual Meeting there will be an RFM Learning Track. There will be the three action papers submitted by the RFMs addressing: 1) Requiring Forensic Rotations to meet ACGME expectations, as many residents feel that they don't get adequate forensic experience, 2) Physician Well-Being and Wellness: symposia have addressed increasing awareness, providing anonymous assistance for RFMs and having a workgroup address clarifying the issues of wellness and assistance, and 3) creating a bridge for clinic funding to improve access to care. Regarding Diversity, there is a need for a non-voting MUR liaison to the RFMs (an MUR Diversity Leadership Fellow): this had been approved through an action paper several years ago but this liaison has not been liaising with the RFMs. A strategic goal is increased collaboration with the ECPs, and there was some discussion of how the Assembly meeting schedule could possibly be addressed to allow the RFMs more of an opportunity to meet with the ECPs. Regarding finances, there is block grant funding for meeting expenses, but this does not cover all expenses, so additional ideas, including room sharing are being explored. Dr. Silver, unable to attend on Friday, is working on reintroducing a Women's Council. Dr. Napoli noted that the meeting expenses for the 4 RFM candidates who attended this Council meeting are being covered through Area 3 funds.

21. **ECP Report.** Dr. Malhotra reported that the ECPs had a conference call that included Jon Fanning. There is an ECP ad hoc action paper workgroup, that has been working on an action paper addressing streamlining the process of rejoining the APA for those who had left, which will be submitted to the Assembly.

22. **New Administration:** Dr. Napoli addressed again the balancing act of our organization having an effective relationship with the new Federal Administration, while still keeping true to our principles. He reminded us of the APA Goldwater Rule, admonishing us not to speak publicly diagnosing public figures. Dr. Certa noted that the announced restrictions on H-1 visas will have a major negative effect on new residents, and Dr. Hanson addressed the effect of some proposed requirements on reporting any undocumented residents with

mental health problems who were being treated here. Dr. Napoli reminded us that some of our fellow APA members might have political views different than ours, and we should be mindful of this and be able to listen to them as well.

23. **Calendar:** Our next meeting will be in May at the APA Annual Meeting. Dr. Napoli indicated that he would put out some dates in September on our website, so that we can schedule our Fall meeting when we meet in May.

24. Acknowledgement: Drs. Greenberg and Napoli thanked the four RFM candidates and asked them to stay involved, and thanked Dr. Judge for her unparalleled hospitality in helping arrange the accommodations and opening up her home.

Dr. Napoli adjourned the meeting at 10:56 am.

Respectively submitted,

William Greenberg, MD, DLFAPA
Area 3 Deputy Representative