

**Area 3 Council Meeting
May 19-20, 2017
San Diego, California**

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 12:31 pm, at the San Diego Convention Center, in San Diego, California. A quorum was present for the entire meeting.

Present (voting members): Drs Jessica Abellard, Mary Anne Albaugh, Lily Arora (Saturday am and pm sessions only), Charles Blackinton, Baiju Gandhi, Bill Greenberg, Annette Hanson, Barry Herman, Sheila Judge, Mark Komrad (Saturday am and pm only), Rahul Malhotra, Melvin Melnick, Elizabeth Morrison, Joe Napoli, Daniel Neff (for Ken Certa), Ranga Ram, Richard Ratner, Robert Roca (Saturday am and pm only), Nazanin Silver, Eliot Sorel, and Andy Tompkins (Saturday am and pm only).

Non-voting members

Executive Director members: Patricia DeCotiis, Joanne Dunn, Deborah Shoemaker

District Branch Presidents: Dr Randy Gurak

Privileged Guests: Dr. Saul Levin, Hector Colon-Rivera, Chandan Khandai

APA Staff: Tanya Bradscher, Colleen Coyle, Beatrice Eld, Angela Gochenaur, KJ Hertz, Jennifer Medians, Judson Wood

Other Guests: Dr Cristina Secarea (RFM Deputy Rep-Elect)

Absent voting members: Drs Charles Ciolino, Steve Daviss (appeared only briefly for his presentation on Saturday), Constance Dunlap, Gerald Gallucci, Manuel Reich

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. Attendees introduced themselves and reported their affiliations to identify potential conflicts of interest that might arise in the proceedings.

2. Minutes – The minutes of the Area 3 Council meeting of March 4-5, 2017 were approved as written. Dr Greenberg noted that an editorial note in the minutes corroborated Dr Ram's informal report of the 2015 Federal Tax Form 990 for the ABPN, freely available on GuideStar.

3. Announcements – Dr Napoli announced that 100% of the members of the NJPA BOT contributed to the APA PAC this year, and that in recognition of this, the APA would be taking a photo of those NJPA BOT members present at this APA meeting.

4. Area 3 Representative – Dr Napoli

- Briefly reviewed the agenda for the three Area 3 Council sessions
- Arranged assignments for attending the reference committees and other Assembly committees
- Proposed that our next Council meeting might best be October 7 or October 14, and that this might take place at Jefferson, as Sheppard Pratt would not be available those dates
- Noted that the Area 3 Website (*Welcome to Area 3*) has been updated and serves as a repository of useful documents and a new feature—*Laughter is the Best Medicine*, and encouraged its use. Appropriate submissions will be welcomed.
- Noted that the substantive Area 3 Report to the AEC and the Assembly was submitted to same, and uses our Area 3 template for presenting our Area’s activity (constructed from our minutes and the reports that our Area 3 DBs, ECPs, RFMs, MURs and other ACROSS organizations submitted to us).
- Thanked those who were members of the Workgroup on Programs and Finance, which produced its report and recommendations that the Council adopted, including setting up a committee to receive proposals from members of this Council, that would be reviewed for potential funding. The Council will soon be formally named, and have a Chair and Co-Chair appointed.
- Announced the names of those who would soon be leaving the Council: Beatrice Eld, Kery Hummel, and Drs Abellard, Roca, Judge, Daviss (if he wins the Recorder election) and Tompkins (Dr Tompkins will be moving out of our geographic area, and therefore will be attending a different Area Council).
- Introduced Tanya Bradscher, the new APA Chief of Communications.

5. Report on AEC Morning Meeting – Drs Napoli and Greenberg

- Reported on the procedures for the upcoming Assembly Election for Recorder, as Dr Daviss is being considered for a SAMHSA position that has been perceived by APA leadership to represent a conflict of interest were he to also be the Assembly Recorder (there would be a special election if he is elected to the Recorder position and must later withdraw). The Committee on Procedures will introduce procedural language regarding this, for Assembly vote. Dr Napoli informed the Council that he submitted and presented “Matter Regarding the Election for Recorder and Conflict of Interest” for discussion at the AEC but not at the plenary. He will email it to the Council members for their information. Drs Napoli and Greenberg further discussed this issue as it was presented and reviewed in the AEC meeting, and other Council members presented additional information and their points of view regarding the elections of Dr Everett and Daviss. Dr Sorel noted that he had served on the APA committee exploring conflicts of interest, and that the AMA had just published its guidelines regarding conflicts of interest.
- Noted that there would be an up or down vote on the practice guideline for Alcohol Use Disorders. Dr Hanson, who is the Area 3 liaison to the Practice Guidelines Committee, recommended approval of the guideline.

6. Dr Levin – Dr Levin joined the meeting, and he

- expressed his appreciation for the work of Area 3
- thanked Beatrice Eld for her many years of effective work regarding substance use disorders for the APA
- stated that he had been increasing his advocacy for addressing perceived problems with

the MOC, thanking the efforts of Dr Ram and Sorel in this regard, as well as input he had received from members of other areas. In particular, he noted that there were now ten bills in state legislatures proposing that state licensing boards, hospitals and insurance companies should not be allowed to condition their inclusion or exclusion of physicians (licensing, admitting privileges, or inclusion on an insurance panel) based on the physician's MOC certification status (Kentucky's bill has been already passed). He asked for our help in passing simple position statements so that the process of same winding their way through Councils, the JRC and BOT could be navigated efficiently (citing the dilatory example of the climate change position statement's lengthy journey). Dr Ram added that his unpleasant personal experiences with the logistics of the MOC exam process.

- Reported that the APA will be moving into its new building in Washington DC on January 1st, in which we will own the top three floors. Responding to a question by Dr Sorel, he added that some sort of celebratory reception was in the early process of planning. Dr Sorel added that he was looking for a locale for some sort of celebration for the tenth anniversary of his Career Leadership and Mentorship program.
- Dr Morrison added her appreciation of Dr Levin's presentation of the dilemmas regarding the APA's "Goldwater Rule" and the need for effective advocacy. Dr Greenberg appreciated Dr Levin's inspiring degree of personnel involvement at all levels and in all areas of our organization.

7. Committee on Member Services –

- Dr Greenberg reported that the COMS had not had a meeting since our last Area 3 Council meeting. He noted that Kery Hummel's leaving us meant that he regrettably would also not be serving on this committee.
- Dr Malhotra reported that his continuing conversations with non-APA psychiatrists on FaceBook had not resulted in new information, the same themes that he reported before were still predominant.
- Ms DeCotiis noted that our DB drop lists were larger than usual this year, and suggested that we could address this collectively as an Area. She noted that many of our members moved from one DB to another within our area, and recommended that we consider pooling our resources and organize a "snail mail" initiative: we could target a recruitment package to those on all our drop lists, which might be more economically feasible if addressed as an Area. Dr Napoli asked that she put together a proposal with the other DB executive directors, which could then be reviewed by the new Committee reviewing our area program proposals, which we will try to establish quickly to be able to address this effort in a timely manner.

The meeting adjourned at 9:56 am, and reconvened at 8:35 am on May 20

8. Introductions of Council Members and Disclosures of Affiliations and Potential Conflicts of Interest (only if not present in first session) / Introduction of Guests –

Those newly attending this Area 3 Council meeting identified themselves and potential conflicts of interest. Dr Scasta, first non-DB representative to receive the Ron Shallow Award, was also recognized.

9. Reports on Reference Committee deliberations

Dr Napoli oriented new members regarding the function of reference committees in reviewing action papers and position statements, with Dr Melnick adding further clarification about the expectation of a specific recommendation for a submitted action paper being reviewed by the committee. Dr Napoli observed that assembly members and/or reference committees could actually author a position statement, which Dr Martin had confirmed to him, although in general review by a Council is usually very helpful.

RC1 – RC4: Council members assigned to attend the five reference committees reported on their deliberations and rationales for their decisions of support, not support, or support with changes. **(S, NS, SWC)**

RC1 Advancing Psychiatric Care – Dr. Hanson

cc	2017A1 4.B.13	Retain 1998 Position Statement: Misuse of Psychiatric Examinations and Disclosure of Psychiatric Records in Sexual Harassment Litigation
cc	2017A1 4.B.14	Retire 2001 Position Statement: Doctors Against Handgun Violence
	2017A1 4.B.18	Proposed Position Statement: Role of Psychiatrists in Addressing Care for People Affected by Forced Displacement - S
	2017A1 12.A	Involuntary Psychiatric Commitment for Individuals with Substance Use Disorders - S
	2017A1 12.B	Limiting Scope of Practice for Nurse Practitioners and the Opposition of Psychologists Prescribing - DNS
	2017A1 12.C	Simplification of Electronic Medical Records and Billing Codes - DNS

RC2 Psychiatric Knowledge & Research – Dr Greenberg

cc	2017A1 4.B.2	Revised Position Statement: The Role of the Psychiatrist in the Long-Term Care Setting
	2017A1 4.B.9	Revised 1978 Position Statement: Abortion - S
	2017A1 4.B.17	Proposed Position Statement: Risk of Adolescents' Online Behavior - S
cc	2017A1 4.B.19	Proposed Position Statement: Legislative Attempts Permitting Pharmacists to Alter Prescriptions
	2017A1 12.D	Adopting Neuroscience-based Nomenclature (NbN) for Medications - SWC
	2017A1 12.E	Revising the Nomenclature, Definition, and Clinical Criteria for Partial Hospitalization Program - SWC
	2017A1 12.F	APA Member Survey on Medical Aid in Dying as Option for End-of-Life Care - DNS
	2017A1 12.G	Providing Education and Guidance for the Use and Limitations of Pharmacogenomics in Clinical Practice - SWC

RC3 Education & Life-Long Learning – Dr Judge

cc	2017A1 4.B.11	Retire 1976 Position Statement: 1976 Joint Statement on Antisubstitution Laws and Regulations
cc	2017A1 12.H	Expanding Access to Psychiatry Subspecialty Fellowships
	2017A1 12.I	Educational Strategies to Improve Mental Illness Perceptions of Medical Students - SWC
	2017A1 12.J	Educational Strategies to Improve Mental Illness Perceptions of Non-psychiatric Physicians - SWC

2017A1 12.K	Fostering Medical Student Interest and Training in Psychiatry: The Importance of Medical Student Clerkships - S
2017A1 12.L	Requesting the APA Draft a Position Statement on Prescription Drug Monitoring Programs (PDMPs) - SWC

RC4 Diversity & Health Disparities – Dr Arora

cc	2017A1 4.B.3	Retire 2009 Position Statement: U.S. Military Policy of “Don’t Ask, Don’t Tell”
cc	2017A1 4.B.4	Retain 2006 Position Statement: Resolution Against Racism and Racial Discrimination and Their Adverse Impacts on Mental Health
cc	2017A1 4.B.5	Retain 2001 Position Statement: Discrimination Against International Medical Graduates
cc	2017A1 4.B.6	Retain 1999 Position Statement: Diversity
cc	2017A1 4.B.7	Retain 1994 Position Statement: Psychiatrists from Underrepresented Groups in Leadership Roles
cc	2017A1 4.B.8	Retain 1994 Position Statement: Resolution Opposing Any Restriction on the Number of IMGs Entering Graduate Medical Training
cc	2017A1 4.B.10	Retain 1977 Position Statement: Affirmative Action
	2017A1 12.M	Juvenile Solitary Confinement - SWC
	2017A1 12.N	Addressing Physician Burnout, Depression, and Suicide—Within Psychiatry and Beyond - SWC
	2017A1 12.O	Health Care Is a Human Right – SWC

10. Candidates for Recorder and Speaker-Elect – Drs Jim Polo and Bob Batterson delivered brief presentations supporting their candidacies for Assembly Speaker-Elect, and Drs Paul O’Leary and Steve Daviss did the same regarding their candidacies for Assembly Recorder. In particular, Drs Polo and Batterson addressed Dr Napoli’s expressed concerns about ongoing challenges in budgeting Area Councils.

11. Action Paper for Review

- Dr Sorel moved his action paper, as amended by the reference committee, “Health Care as a Human Right” for consideration for Area 3 endorsement; It was seconded. The paper was endorsed by a vote of 17 yea, 1 nay, and 2 abstentions.

12. Reports on Reference Committee deliberations – RC5

RC5 Membership & Organization – Dr Melnick

cc	2017A1 4.B.1	Retain 2007 Position Statement on Use of Stigma as a Political Tactic
cc	2017A1 4.B.15	Retain 2008 Adoption of AMA Statements on Capital Punishment
cc	2017A1 4.B.16	Retain 2010 Position Statement: No “Dangerous Patient” Exemption to Federal Psychotherapist-Patient Testimonial Privilege
	2017A1 12.P	Making Access to the Voting Page a Default Action During Elections - SWC
	2017A1 12.Q	Dues Relief for District Branch Members from the Commonwealth of Puerto Rico - SWC
	2017A1 12.R	Streamlining the Application Process for Former APA Members - S
	2017A1 12.S	Connecting Psychiatrists to Volunteer Opportunities Withdrawn

by the author
2017A1 12.T APA Referendum Voting Procedure - SWC
2017A1 12.U November Assembly Dates - S

13. All Area/Group Assignments

cc 2016A1 4.B.9 Retain Position Statement: Any Willing Physician All Areas/Groups: Primary – **Area 3**, Secondary – M/URs -- remained on the consent calendar, so not reviewed today.

2017A1 1.A.1 Ratification of the APA Bylaws: Will the APA Assembly vote to ratify the amendments to the APA bylaws and Operations (Ops) manual to reflect the new nomination and election process for the M/UR Trustee? All Areas/Assembly Groups: Primary – Area 4, Secondary – RFMs. Dr Tompkins reported that M/URs barely agreed with this bylaw change, 6 in favor versus 5 opposed.

cc 2017A1 4.B.20 Revised 2015 Position Statement: Use of the Concept of Recovery All Areas/Assembly Groups: Primary – Area 5, Secondary – ECPs Rationale: The Council was asked to consider a revision to the position statement from members of the Arkansas Psychiatric Association.

2017A1 8.L.1 APA Practice Guideline for the Pharmacological Treatment of Patients with Alcohol Use Disorder (available online only at: <https://www.psychiatry.org/audguide>) All Areas/Assembly Groups: Primary – Area 1, Secondary – ACROSS. Dr. Herman reported that ACROSS endorsed this Guideline.

The meeting adjourned at 10:26 am, and reconvened at 4:45 pm

14. Introductions of Council Members and Disclosures of Affiliations and Potential Conflicts of Interest (only if not present in an earlier session) / Introduction of Guests

15. WPS Proposal for recognizing RFM achievements –

Dr Sorel proposed that Area 3 establish a merit award for significant RFM achievements in 3 categories: scientific presentations at a major scientific national or international meeting, clinical leadership, and community service projects. All Area 3 DB RFMs would be eligible, with awards being \$500 and a certificate, and 2 eligible in each category per year. Dr Napoli reported that Dr Herman will chair the Area 3 committee to review such proposals, and Deborah Shoemaker will co-chair the committee. The committee will have members from each DB, and the RFM, ECP, M/UR and ACROSS organizations (those identified thus far include Drs Komrad, Hanson, Albaugh, Malhotra, Silver).

16. Assembly Ad Hoc Work Groups and Committee Reports –

- Assembly Committee on Access to Care – Relating to the remit of the Access to Care Committee, Dr Sorel noted that the initiative on Collaborative Care started with Area 3. Putative solutions from around the country were reviewed, including from California. Recommendations were made for all areas to address: 1) determining the size of the

problem of access to care, 2) determining the challenges and opportunities and 3) what are some of the solutions being implemented.

- Assembly Committee on Maintenance of Certification – Dr Malhotra distributed a position statement crafted and passed by the committee asking that physician participation in MOC not be a condition for physicians licensure, participation in insurance panels, or holding hospital privileges), with the intention of its going directly to the BOT, it being presented in this Assembly meeting with the hope that it would be passed and forwarded to the BOT for consideration at its July meeting (copies distributed in this Council by Dr Blackinton, who also clarified its content and the plan for it). The interstate licensing compact was discussed, and a future agenda would address board certification by the National Board of Physicians and Surgeons (which requires initial board certification, but whose recertification fee is \$29). Dr Herman strongly encouraged the APA’s moving forward with this initiative, and Drs Judge, Blackinton, Ram and Greenberg strongly concurred. Dr Greenberg cited the ABPN’s Form 990 for 2015 (accessed via GuideStar) that the APA’s net worth is now \$87 million (Treasurer report at this meeting), while the ABPN has a greater net worth of \$90 million, with revenues of \$22 million and expenses of only \$12 million while paying its chief executive over \$900,000 that year. Dr Judge noted that the Pennsylvania DB had distributed a MOC survey to its membership, with initial results supporting the opinions being expressed here. Dr Melnick noted that there was no evidence base for the current MOC process. Dr Arora opined that state licensure requirements, which generally included CME requirements, should be adequate for continuing licensing without continuing board certification. Dr Napoli asked for an informal show of hands for Area 3 to be supportive of the views that had been expressed, and the result concurred with those who had been expressing their views. Another opinion was that there should be at least two certifying boards, so that competition might keep the cost down.
- Assembly Committee on Psychiatric Diagnosis and DSM – Dr Neff reported that the meeting was poorly attended; most of the discussion centered around DSM5 as a “living document” with an on-line web portal accepting comments: contrary to expectations very little has been submitted. Although on-line changes could be made it is unclear how changes would be communicated to those with hardcover versions, and how this information would be disseminated to the broader community. Challenges of ICD10 and ICD11 were discussed as well, and some general discussion about how the NIMH’s RDoC might work with DSM. Dr Sorel added that the APA had temporarily stopped a movement by neurologists to move dementia and related disorders away from the psychiatry session to be exclusively in the neurology section.
- Assembly Committee on Public and Community Psychiatry – Dr Albaugh reported that the committee is trying to arrange conference calls, with an attempt to develop action papers and coordinate work with the Access to Care Committee; topics of interest include medication access, parity, workforce, reimbursement and solitary confinement of juveniles. The revision of the position statement on the concept of Recovery was pulled from the consent calendar so that it could be further worked on.
- Assembly Liaisons to the Steering Committee on Practice Guidelines – not addressed in this meeting as Dr Hanson had to leave this meeting for another meeting.
- Assembly Work Group on ASM/Foundation Initiatives – Dr Komrad that the Foundation had been extraordinarily active with a number of laudable activities:
 - Publication of a very well-done publication titled: *Mental Health Guide for Faith Healers* for the clergy
 - A nationwide seminar program in place since 1999 for school personnel, “Typical or Troubled,” to help understand when an intervention might be needed

- Two programs for the judiciary “Judges and Psychiatrists Leadership Initiative” bringing together judges, psychiatrists and clients with mental disorders, to help judges identify and understand those with such disorders (72 judges were trained in 2016) and “Stepping up Initiative” which conducts training visits to jail and parole personnel, which also addresses jail diversion.
- The “Center for Workplace Mental Health” program, in which other organizations also participate, encouraging employers’ providing mental health coverage, conduct work burnout programs, anti-stigma programs.
- Provides fellowships for attendance at the APA meetings.
- 47% of the Assembly has thus far donated to the Assembly.
- This prompted Dr Napoli to bring up the show, “Thirteen Reasons Why” and asked about whether council members had seen problems with adolescents seeing this movie and then being inspired to engage in self-destructive behaviors, which led to a variety of responses. Dr Sorel suggested that our DBs might well engage in DB initiatives to address issues such as this. A recommendation was made that the Foundation might helpfully go to the DBs themselves to help promote their work.
- Assembly Work Group on Metrics – Dr Roca reviewed previous metrics that had been tracked, but Dr Brown had asked for more things that could be measured, reflecting on the Assembly’s value and productivity. One idea was that we could be looking at the charges to the Assembly and determine how well we are achieving those. Dr Tompkins also reported that another suggestion was that we have our own Twitter accounts and generate communication back and forth with members about Assembly matters.

17. Calendar – Dr Napoli that October 7 was not a viable date, leaving only October 14. Dr Roca indicated that he would check on the availability of Sheppard Pratt for that date. The other ideas would be to meet in Jefferson instead, or to meet on a Sunday. It was decided that Dr Napoli will follow-up on this and reports back to the Council via email.

18. Departing Members – Dr Napoli recognized that Keri Hummel had left the Maryland DB to work for APA, Inc, and therefore would unfortunately no longer be in our Area Council. He also noted that Drs Abellard, Roca, Tompkins and Cagande would be leaving our Council; all were praised and applauded for their work with us. Dr Daviss will no longer be in our Council, but will be with us as our Assembly Recorder.

Dr. Napoli adjourned the meeting at 5:56 pm.

Respectively submitted,

William Greenberg, MD, DLFAPA
Area 3 Deputy Representative