

Area 3 Council Meeting
M I N U T E S
November 15-16, 2019
Omni Shoreham Hotel
Washington, DC

Attending:

Members: Drs. Albaugh, Arora, Malhotra for Cagande, Ciolino, Dunlap, Colon-Rivera, Fisher, Greenberg, Hammond, Hanson, Johal, Koss, Komrad, Melnick, Neff, Nykiel, Patchan, Payne, Ram, Ratner, Secarea, Sorel, Standeven, Vo, Willing, Yavi, Zimnitsky.

District Branch EDs: Meagan Floyd (Maryland), Patricia DeCotiis (NJ) Megan Hayes (DE).

APA Administration: Jennifer Medicus (Area 3 APA staff liaison), Kathy Orellana (Regional director DGR).

Assembly officers: Drs Joseph Napoli, Paul O'Leary.

CALL TO ORDER AND OPENING REMARKS:

Dr. Greenberg called the Area 3 Council meeting to order on November 15 at 12:30 PM. Attendees introduced themselves and described their sources of income.

PRESENTATION TO DR. NAPOLI

Dr. Napoli was recognized for his 4 years of extraordinary services as Area 3 Rep and 4 years as Dep Rep. He was presented with a small crystal statue for his desk. Dr. Napoli stated his true enjoyment was working with all of us.

MINUTES:

The minutes of the September 2019 Area 3 Council meeting minutes were accepted as written.

RECOGNITION OF OTHER MEMBERS FOR THEIR SERVICE TO AREA 3:

Dr Greenberg presented certificates of appreciation to Drs. Gandhi and Morrison for their dedicated service on the Area 3 Council, and these were taken to be delivered to the recipients.

Roger Peele. Dr. Sorel spoke of Dr. Peele's influence on making the Assembly democratic and setting the ideal of parity of the Assembly with the BOT. Dr. Napoli spoke of Roger's contribution to DSM III. There were many comments about Dr. Peele's personal and professional qualities that have made him respected, admired and effective in his work for the ASM and the APA in general.

CANDIDATES

Dr. Greenberg alerted the group to the plan for candidates for APA office to stop by as part of their campaigning.

COMMITTEE ASSIGNMENTS:

A. REFERENCE COMMITTEES

- 1) Dr. Malhotra
- 2) Dr. Albaugh
- 3) Dr. Neff
- 4) Dr. Arora
- 5) Dr. Secarea

B) PROCEDURES

Dr. Zimnitsky

C) RULES

Dr. Melnick

D) DSM

Dr. Ciolino

E) Nominating Committee

Dr. Sorel, Dr. Ciolino (Dep)

AEC REPORT (DR. GREENBERG):

- The new pathway for APs was reviewed.
- Elimination of requirement for authors to do a cost estimate for APs.
- Change in hotel venue from Omni Shoreham to Capitol Hilton.

-PAC related issues (Concerns about supporting political candidates who have some views we do not support). Dr. Koss spoke of the importance of meeting with legislators, the opportunity for which comes about as a result of APA members giving. We do support legislators who are supportive of psychiatry and our patients even though we do not agree with all of their positions.

-Congressional Advocacy Network

-Reference Committee changes (in response to new pathway for APs).

-New Conflict of Interest (COI) Policy (Dr. Sorel requested that the Area 3 Council be informed about proposals about COI before they are voted on. Dr. Greenberg said that it is not always possible to postpone an Assembly Executive Committee vote or APA BOT vote.

- “Affiliate” membership. The proposal for creating a category of non-physician members of the APA was discussed.

DR. PAUL O’LEARY, SPEAKER OF THE ASSEMBLY JOINED THE GROUP.

Dr. O’Leary agreed that the JRC would seek Council’s approval before changing the COI procedure.

CANDIDATES FOR APA PRESIDENT-ELECT JOINED US TO PRESENT THEMSELVES

- 1) David Henderson
- 2) Henry Nasrallah
- 3) Vivian Pender

The suggestion was made to have written questions submitted to candidates, in order to learn more about their thinking on important issues facing the APA. It was agreed that three-minute talks are inadequate to learn about the leadership qualities of the candidates.

RECESS TO ATTEND THE ASM PLENARY

RESUMED SATURDAY MORNING at 10:30.

Drs. Silver and Shaya joined the group

There was further discussion of the Conflict of Interest Policy and the importance of including the members of the ASM through the Area Councils to have a voice in its determination.

Dr. Greenberg discussed Assembly Committee appointments:

Workforce: Bill Greenberg, chair

MOC: Lily Arora

Access to Care: Eliot Sorel, chair

Planning of the next Area 3 Council meeting was undertaken. It will be in New Jersey at a site to be determined either 1/25/2020 or 2/1/2020 (2/1/2020 was selected later in the meeting). Potential weather concerns were raised.

VISITORS

Candidates for APA Treasurer spoke to the group

Rick Summers

Ann Sullivan

Dr. Scott Benson spoke on behalf of the PAC along with staff member Sage Bower.

Dr. Mary Jo Fitzgerald, Assembly Recorder, joined the group.

There was further discussion of the composition of the Committee on Women's Mental Health, recently established as a committee of the Council on Children, Adolescents and their Families. This was continued when Dr. Levin joined the group (see below).

REFERENCE COMMITTEE REPORTS:

REFCOM 4, Dr Arora

4.B.7 Support as Written (SAW)

4.B.10. SAW

4.B.1. SAW

4.B.12 Did not Support (DNS)

4.B.13 DNS

12.J DNS. Awaiting ethics committee support

There was a discussion of the ethical issues related to the difficulty for a psychiatrist to respond to inaccurate and false material posted on social media relevant to 12J Google's Role in Misinformation and Defamation of Physicians.

12.K Supported with Changes (SWC).

12.L SAW

VISITORS

Dr. Saul Levin, APA CEO and Medical Director and Dr. Gregory Dalack, APA Treasurer and Chair of the Workgroup on Affiliate Membership, seeking feedback from Area Councils about the affiliate membership proposal.

Questions:

Non-psychiatrist members of the APA?

Would some other terminology be preferable for "affiliate" "members"?

How would this help the APA?

(suggested strengthening our voice representing MH Professionals)

Concerns:

Physicians need their own group

NJPA voted unanimously against affiliate membership.

AACAP did not support this for themselves.

The "camel's nose under the tent."

We can collaborate without being joined by affiliate members.

Any equivalent term to "member" would have the same effect.

Dr. Levin also spoke about the importance of the PAC and the need to support legislators in spite of disagreeing with some of their policies if they are supportive of psychiatry and our patients. Dr. Levin said if you don't want to give money to the PAC, at least consider joining the CAN-The Congressional Advocacy Network.

Dr. Levin also discussed the Committee on Women's Mental Health and the rationale for it not being a Council. He congratulated Dr. Sliver who was the sole author of the AP which argued the need for this Committee (or Council). Members will have "expertise" which will enable them to produce research and papers about the issues.

REFERENCE COMMITTEE REPORTS:

REFCOM 3, Dr. Neff:

4.B.4 SAW

12.G SWC (the word “intimidation” added).

12.H DNS. Pulled by author (thought to be over-reaching).

12.I SWC (the only change was to the title.)

REFCOM 2, Dr. Albaugh:

4.B.2 SAW

12.F SAW

12.D SWC

12.E SWC

REFCOM 5, Dr. Secarea:

4.B.8 SAW

12.N SAW

12.M SWC

12.O SWC

RECESS TO ATTEND ASM PLENARY

RESUMED SATURDAY AFTERNOON

Dr. Napoli joined the group for a discussion of the experience of the new AP pathway. Comments were positive. It was noted that there were far fewer APs presented in this meeting compared to the last. REFCOM 4 (the pilot for the new pathway) did not divide into an A and B group for this roll-out, but this will take place if there are more papers assigned.

Dr. Koss and Ms. DeCotiis spoke about the need to learn more about the positions of the candidates for office than can be learned from their giving a three-minute talk. They developed a plan to come up with three questions for each of the candidates to respond to. The APA election committee has agreed to this plan. NJPA has planned this and is opening it up to other DBs. Responses will be written. Jennifer Medicus offered her administrative support and there was general interest among the group. This kind of process is often referred to as QFR—questions for the record. A meeting was planned to take place immediately

upon adjournment of Area 3 Council to develop the QFRs to submit to the candidates.

Dr. Laura Fochtmann came to answer questions about the Practice Guideline for the Treatment of Patients with Schizophrenia. Area 3 Council was the secondary reviewer for this. The only controversy in the release of this guideline had to do with the research about long-acting injectable antipsychotics. Observational trials showed effectiveness, but randomized controlled trials did not. The thought is that inclusion criteria for clinical trials preselected adherent patients. All additional input and literature review supported the usefulness of long-acting injectables.

There were no objections to support for the Clinical Guideline. Dr. Fochtmann suggested that when looking at a Clinical Guideline that the focus be on summary statements and the implementation section which contains “more nuanced commentary about each recommendation.”

Currently the clinical guideline group is working on eating disorders, bipolar disorders, borderline personality disorder, delirium, treatment resistant depression, suicide risk.

CANDIDATES FOR TRUSTEE AT LARGE JOINED THE GROUP.

Dr. Michele Reid

Dr. Mark Komrad

(Dr. Frank Clark, the third candidate, was not available)

REFERENCE COMMITTEE REPORTS:

REFCOM 1, Dr. Malhotra:

4.B.9 SAW

4.B.15 SAW (Retired)

12.A SAW

12.B SAW

12.C (WITHDRAWN)

TREASURER’S REPORT (DR. MELNICK):

ANNUAL GRANT: \$2700 was spent, leaving \$6800 that we can carry over for one year. Washington Psychiatric Society also has a modest sum of money remaining to support the RFM awards.

LEGISLATIVE INSTITUTE: \$25,000 was set aside. We spent \$12,115. This balance does not carry over. (This was in line with expectations.)

DR. GREENBERG:

Noted that we should check the website. Reports, agendas, minutes are posted.

Advised that we used to have, and should probably formally appoint, a Public and Community Psychiatry Rep and a Rep to CAGR according to what had been in our Area3 Procedure Code. Dr. Greenberg suggested Dr. Koss for CAGR, as she is already functioning in this capacity.

There was a discussion about the RFM Merit Award and how to fund it (should it include a monetary award?)

There was a discussion about doing another Legislative Summit and/or PAC meeting at future meetings. Our budget this coming year is better than anticipated so we can consider expenses for meetings and the RFM Merit Award.

Recommended joining the MOC caucus. It needs to have adequate attention and interest.

Suggested Dr. Melnick form a small committee to review the procedure code.

Question of succession of ECPs and RFMs who might relocate during their tenure.

MOC CAUCUS REPORT. DR. RAM (NOT THE MOC COMMITTEE)

Follow information about advocacy for physicians on the blog: drwes.blogspot.com and the NBPAS. Dr. Greenberg asked Dr Ram to circulate this information on the Area 3 listserv. Dr Pet chairs the Assembly MOC Committee and has been reporting on the progress of multiple lawsuits involving the ABMS and its proposed restraint of trade.

Dr. Ram: ABMS wants the MOC requirement to be similar across medical specialties. This would lead to an unfair process for psychiatrists because standards are uneven.

MOC COMMITTEE REPORT. DR. ARORA

The 3 major concerns about MOC are 1) the lack of evidence that it creates a better physician, 2) the time taken away from patient care to complete its requirements, and 3) its cost.

Consider an action paper about MOC to recruit and retain members who have voiced a sense that the APA has not taken a stance against MOC.

There was a robust discussion about the shortcomings of the MOC process as it stands today.

DR. MALHOTRA

Is a member of the Council on Communication. How does everybody talk to each other? Listservs seem to be dying. Asking for ideas about how we talk to each other in a meaningful way. Dr. Komrad noted that he is involved in a Facebook group of 10,000 psychiatrists.

WORK GROUP ON THE PSYCHIATRIC WORKFORCE (DR. GREENBERG)

A consciousness raising event now. Concern about inattention to the future for psychiatrists practicing, an obvious issue particularly for younger colleagues. An associated issue about younger colleagues is the vote by strength and its effect on ECPs' and RFMs' voices.

DR. KOMRAD

Concern that APA advocacy has drifted to patient advocacy away from "guild" issues that "somebody's got to take care of." Included are critical guild issues such as scope of practice and MOC. (Patient advocacy remains important.)

Other comments: "Guild" should not be "a dirty word." We should be advocating on behalf of our members. CAGR and DGR should see advocacy on behalf of the membership as a priority. Seven out of the 15 Action papers in this meeting are about guild issues. Eight are for patient issues.

PSYCHIATRIC DIAGNOSIS AND DSM COMMITTEE

Dr. Ciolino attended. The discussion was postponed waiting for Dr. Michael Furst to join the group

ACCESS TO CARE COMMITTEE:

Dr. Melnick and Dr. Vo attended the meeting chaired by Dr. Sorel. He had a document that was the result of a judge's ruling in a case against an insurance company for denial of care. The document lists 8 principles of care. Dr. Sorel wanted to fast-track the document for new business, but the Rules Committee did not support that move. The document talked about the need for comprehensive evaluation and treatment of our patients and will be incorporated into an AP.

COLLEEN COYLE

Was asked about the new conflict of interest policy. She reported that the Ethics Committee and Conflict Committee are working to reconcile differences.

DSM COMMITTEE

Drs. Ciolino and Michael Furst addressed the proposed DSM changes, and the process of changing the DSM

PUBLIC PSYCHIATRY

Dr Nykiel indicated that the report was posted on the Area 3 Website.

ADJOURNMENT on November 16 at 6:00 pm.

NEXT MEETING 2/1/2020 LIKELY IN NJ

RESPECTFULLY SUBMITTED

MELVIN P. MELNICK, MD, DLFAPA