

### President's Message

Dear Colleagues:

The Friday program for the Spring Meeting of AACDP was organized by the Program Chair, Karl Goodkin, MD, PhD. Karl did an outstanding job bringing together leaders from SAMHSA, APA, NIMH, and a special presentation on physician wellness by Rick Summers.



**Anita Everett, MD**, the Medical Director of SAMHSA, discussed the transitions that have occurred at SAMHSA because of the 21<sup>st</sup> Century Cures Act. These included the fact that SAMHSA leadership was elevated to an Assistant Secretary role and the leadership of SAMHSA must be either a psychiatrist or a psychologist. The 21<sup>st</sup> Century Cures Act also created the position of Medical Director for SAMHSA and a psychiatrist must fill that position. Another important change in SAMHSA Dr. Everett described was the ISMICC 5-year arc. There were 45 major recommendations in 5 major focus areas generated by the community partners in ISMICC. The intent for these recommendations to help guide interagency activities for the seriously mentally ill (the 45 recommendations have been sent out to AACDP chairs under another listserv email). AACDP and SAMHSA have agreed to try to work together on these ISMICC recommendations. Dr. Everett also discussed SAMHSA's initiative to stem the opiate crisis. A significant amount of the block grants being distributed to the states are focused on addiction intervention and treatment. In particular, there is new focus on the opioid crisis. SAMHSA is very interested in facilitating Departments of Psychiatry working with the states on these efforts. Dr. Everett also discussed the extensive technical assistance material that SAMHSA has available. SAMHSA has designed thoughtful material on a host of topics (please see their website) these include state-of-the-art treatment for addiction and opioid disorders as well as techniques for decreasing suicide behavior and risk.



**Saul Levin, MD** who is the Medical Director of the American Psychiatric Association focused on parity issues as well as concerns about the new and overly onerous ligature initiative launched by CMS and TJC. With regard to parity, Dr. Levin highlighted findings from the Milliman Report 2017: 31.6% of outpatient care in behavioral health facilities was out of the network. In contrast, only 5.5% of medical and surgical care was out of network. He also pointed out that physical health care reimbursement rates on average were more than 20% higher than behavioral health care reimbursement rates. He noted that there was disparity in how funds were being distributed in collaborative care bundles. Part of the challenge is that the bundled payment tends to go to the primary care and then is dispersed to psychiatry by primary care.



The APA has a "Secret Shopper" program and this program demonstrated that there are significant problems with psychiatric

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panels that most managed care companies have developed. For example, the directory of empaneled physicians are not being kept up to date. Many times the directories included physicians who were no longer in practice or had the wrong telephone number. The directories frequently indicated that practices that were closed to new patients were accepting new patients. On average, only 15-20% can see a new patient within 2 months. Another point of concern raised by the APA research with regard to interactions with managed care companies was the presence of what was called an “evergreen” clause that made it very difficult for practitioners to opt out of a network. This is an ongoing issue being addressed by the APA.

Another source of concern that the APA, as well as AACDP, has was with regard to the TJC and CMS standards about ligatures. Although CMS guidance in this area has existed for a number of years, the Joint Commission has taken an extraordinarily rigorous approach to interpreting ligature risk. This is leading to significant problems in both emergency departments and behavioral health units. These problems include joint commission reviewers who arbitrarily define what is a ligature risk. This has led many AMCs to spend millions of dollars on costly, yet unproven, renovations. There was a consensus within the meeting that there needs to be a significant push back with regard to this TJC initiative. It was pointed out that the majority of successful suicides in hospitals are not in psychiatric facilities but rather in general medical and surgical facilities. Further, if one were to integrate SAMHSA zero-suicide recommendations into a more logical policy, one would emphasize follow-up for previously suicidal people discharged from hospitals and from emergency rooms with a telephone call within 24 hours of discharge.

In closing, Dr. Levin discussed the APA’s interest in working with the States’ Attorney Generals and the Federal Government about network adequacy and parity issues.

**Bruce Cuthbert, PhD** represented NIMH and discussed overall priorities for NIMH which continued to be precision medicine, prevention and pre-emption of mental illness, as well as work in a population health. Three of the areas that Dr. Josh Gordon, the Director of NIMH, has been particularly interested in have been “circuit psychiatry”, the RDoC as a conceptual framework for studying specific components of brain related illnesses and computational psychiatry. Dr. Cuthbert indicated that one of the NIMH priorities would be funding “circuit psychiatry” which he defines as trying to understand the basic circuit elements that are involved in either an RDoC construct or a syndrome, for example anhedonia, dysphoria or psychosis. The second agenda item discussed by Dr. Cuthbert was RDoC and he wanted to emphasize to the Chairs is that RDoC is not nosology but rather a research framework intended to allow people to study components of illness with the goal to look at specific functions either at the cellular, molecular, circuit, psychophysiology, or symptom level. The third area of discussion was work in computational psychiatry. Dr. Kupfer was discussing data mining in large existing datasets, bio of physical modeling, computational modeling and computational phenotyping. Examples of work in this area included the BSNIP papers written by Clementz and Tamminga in the *American Journal of Psychiatry* in 2016 as well as the paper by McCoy and Perliss in *Biological Psychiatry* in 2018. Dr. Cuthbert also indicated that NIMH was particularly interested in continuing work in suicide prevention.



The last presentation was by **Dr. Rick Summers** and he discussed the APA Wellness Initiative. This included both the development of a survey regarding physician wellness that the APA has on its website as well as the specific materials regarding wellness. This initiative will be sustained and is becoming a subcommittee on the Council on Medical Education and Lifelong Learning of the American Psychiatric Association.



In the Saturday Business Meeting, we reviewed the AACDP Advocacy Initiatives that had been launched over the past year. This included our participation in the NIMH Professional Coalition for Research Progress and Brain Initiative, the APA grant proposal to SAMHSA for a clinical support system for serious mental illness, a letter to the ACGME and Psychiatry RRC about our concern about the mission creep training directors were facing. In particular, concerns that residency training directors were being required to participate in hiring, faculty wellness, and diversity issues. It was felt that these were more appropriately concerns of the chair and institutional leadership. There was discussion of AACDP’s decision to sign on as a sponsoring organization for the National Academy and AACME physician burnout and wellness initiatives. AACDP has also begun to work with the leadership of SAMHSA in order to forge closer ties between

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AACDP, academic psychiatry and SAMHSA. We also discussed the letter that will be submitted by AACDP to the Joint Commission and CMS regarding the way the ligature issue around suicide prevention is being promulgated as well as the AACDP response to the ABPN inquiry about subspecialty certification.

There was a report by the President-Elect about the strategic plan and investment policies and strategy that the AACDP as newly embarked on. There was also a report by the Treasurer made by Tim Soundy as well as a report by Laura Roberts and Greg Dalack about “Academic Psychiatry”. There was a vote on a motion to modify the bylaws of AACDP so that the representative to “Academic Psychiatry” would have a term on the Executive Committee of AACDP that coincided in length with her/his “Academic Psychiatry” term.

Other issues brought up at the annual meeting included an initiative led by Michael Vergare to try and survey academic departments of psychiatry in order to come up with our own benchmarks regarding salaries and also the funding of salaries.

We also reviewed reports from AADPRT, ADMSAT, and AAP.

Another component of the Saturday meeting was a wonderful presentation by the recipient of the AACDP Lifetime Achievement Research Award, Dilip Jeste, MD. Dr. Jeste made an outstanding presentation describing his work in aging in geriatric psychiatry.

Future directions and Initiatives – There has been discussion both in the Strategic Planning Committee and the Executive Committee as well as in the Business Meeting about modifying the structure of AACDP and developing a series of working groups. This would include a working group devoted to public advocacy issues, a working group leading our partnership with SAMHSA, as well as a working group that would be responsible for our liaison work with NIMH, NIDA, NIAAA, and other related NIH institutes. There will be a process to formalize this at our Fall meeting.

The Fall meeting will be occurring September 7-8, 2018 at the Pfister Hotel in Milwaukee, Wisconsin. Dr. Karl Goodkin has graciously agreed to be in charge of our program committee again and is actively seeking suggestions so please contact Dr. Goodkin.

Sincerely yours,



Mark Hyman Rapaport, MD  
Reunette W. Harris Professor and Chair  
Department of Psychiatry and Behavioral Sciences  
Chief of Psychiatry Services, Emory Healthcare  
Emory University School of Medicine

### **Brief Report Regarding ABPN/AACDP Leadership Meeting**

Friday, May 4, 2018, Noon – 2 pm

Attendees from AACDP: Mark Rapaport, MD, Jed Magen, MD, Tim Soundy, MD, Gregory Dalack, MD, Britta Ostermeyer, MD, Erika Saunders, MD, Gerald Maguire, MD

Attendees from ABPN: George Keepers, MD, Paramjit Joshi, MD, Larry Faulkner, MD, Avni Kapadia, MD, and Patti Vondrak.

The goals of the meeting were:

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- to increase interaction between the American Board of Psychiatry and Neurology and AACDP,
  - to update AACDP on ABPN activities,
  - to discuss concerns that both ABPN might have as well as concerns that AACDP might have around issues related to certification and lifelong learning and
  - to consider ways that each organization could assist one another in its missions of education and research.

The initial section of the meeting was spent reviewing ABPN certification processes and fees as well as recertification endeavors. Drs. Faulkner and Keepers pointed out that the ABPN had been consistently lowering its certification and recertification fees as the Board has transitioned away from having in-person oral board examinations. In fact, the ABPN fees are below the mean and median fees for both certification and recertification for American Board of Medical Specialty Organizations. Drs. Keepers and Faulkner also described the changes that have occurred with ABPN regarding maintenance of certification requirements and in particular, the new flexibility in Part IV of Maintenance of Certification requirements. They also discussed an innovative ongoing recertification pilot program that over 13,000 individuals have signed up for where certification would be maintained by reading 30 out of 40 articles that have been selected by an ABPN task force and answering correctly open book test questions about the articles at a level of approximately 80%.

Drs. Keepers and Joshi described the ABPN Faculty Education Innovation Awards and the ABPN Research Awards. These awards are available to both psychiatrists and neurologists and they encouraged AACDP to disseminate information about these scholarly activities to its faculty members. Dr. Faulkner also reviewed the senior resident administrative fellowship program that the ABPN has in both psychiatry and neurology. This is a program that allows a senior resident to spend 3 months working at the American Board of Psychiatry and Neurology shadowing Dr. Faulkner and his team. Dr. Keepers and Dr. Faulkner described the ABPN crucial issue forum series that has gone on a number of years where the ABPN will take important issues facing the field and convene a group of experts to give input into these areas. This has been an exciting and productive series of forums.

There were lively discussions of two important issues that the field are facing:

1. Whether subspecialty areas aside from child psychiatry should be allowed to use the 4<sup>th</sup> year of general training as the fellowship training year. AACDP has been polling the membership about this; however, the discussion during the leadership meeting tended toward an agreement that despite the difficulty certain fellowships are having filling, psychiatry is becoming so complex that it would be of value to actually add more educational activities into the 4<sup>th</sup> year rather than truncating training by allowing individuals to pursue their fellowship in lieu of a rigorous 4<sup>th</sup> year.
2. A second issue discussed in detail was the idea that one might be able to forego continuing certification in general psychiatry and only be recertified in a subspecialty such as sleep medicine or forensic psychiatry or consultation-liaison psychiatry. Although, the Board has allowed this to occur in child psychiatry, concern was expressed about extending this to other sub-specialties. The Chairs of Departments of Psychiatry consistently felt that such a move to not require recertification in general psychiatry was a mistake.

Another major outcome of the meeting was a consensus that these annual forums between the leadership of ABPN and AACDP were valuable and useful.

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## ANNOUNCEMENTS:

Paul Summergrad, MD will receive the 2018 Leadership Award at the Fall Meeting on Friday, September 7 in Milwaukee, Wisconsin at the Pfister Hotel.

### Fall 2018 Meeting:

[2018 AAP Annual Meeting Attendee Registration](#)

[2018 AAP Annual Meeting Guest Registration](#)

[2018 AAP Master Educator](#)

### AAP Headquarters Hotel

#### The Pfister Hotel

424 E. Wisconsin Ave  
Milwaukee, WI 53202  
414-273-8222

The Pfister Hotel is celebrating 125 years in 2018. Built in 1893, the Pfister Hotel has been a downtown Milwaukee hotel icon for well over a century. As one of the Midwest's premier luxury hotels in Milwaukee, it continues to celebrate a grand tradition of gracious service and impeccable style. From the moment guests arrive they'll notice the extraordinary architecture inside and out punctuated by a welcoming ambiance from staff and fellow guests alike.

Discounted Hotel Room Rate (based on availability):

\$189 single/double occupancy (plus applicable taxes, currently 15.1%)

### Online Hotel Reservations:

<https://tinyurl.com/AAP18HotelRes>

**Hotel Reservations by Phone:** 800-558-8222

The hotel reservation cutoff is August 5, 2018; rates and space are subject to availability and going-rate at the hotel.