

American Psychiatric Institute for Research and Education

Endowment Campaign: A Case for Support



RESEARCH—THE ENGINE OF PSYCHIATRIC PROGRESS

Over the past half century, psychiatric research has revolutionized the profession and practice of psychiatry. Consider where we have been, where we are, and where we are going:

In the 1950s:

- Limited treatment options contributed greatly to the isolation of persons with mental illness.
- Psychiatric diagnoses were based on untested theories of etiology with unspecified and unreliable criteria.
- The role of genes, neurotransmitters, and brain structures in mental illness remained a mystery.
- Few psychiatrists entered careers in psychiatric research.
- Stigma was attached to the disorders, the patients who experienced them, and the policies that guided society's response to mental illness.

In 2007:

- Research-based psychosocial and pharmacological treatments are accessible to most Americans in a diversified system of public and private, outpatient and inpatient, specialty and general medical settings.
- An array of innovative training opportunities exist to prepare psychiatrists for research careers in basic science, clinical research, and in leadership positions at the highest levels of academia and science.
- Psychiatry draws on science to advocate effectively for non-discriminatory, enlightened mental health policies in areas ranging from reimbursement to forensics.

Over the next 50 years, research will further refine a vision for psychiatry that encompasses:

- Diagnoses grounded in an understanding of the etiology and pathophysiology of disorders;
- Personalized treatment based on pharmacogenetic information and an understanding of gene environment interactions
- Seamless integration of psychiatric and general medical care, with equitable economic structures that make mental health care available to all persons requiring care.
- Capability for mounting targeted and universal prevention programs;
- A strong, demographically diverse psychiatric research community that reflects “real-time” appreciation of psychiatry’s specialty training needs and shortage areas, and continuing medical education and recertification programs that assure optimal decision support for patient treatment.

INFORMING PUBLIC POLICY

Case Study: Improving Access to Psychiatric Medication under Medicare Part D and Medicaid

In 2006, APIRE conducted a major study on the impact of the implementation of Medicare Part D (pharmaceutical benefit for Medicare beneficiaries) on dual eligible (Medicare/ Medicaid) psychiatric patients. APIRE was the only organization capable of producing the data needed to document, in real time, the barriers and adverse clinical consequences caused by disruption in access to psychiatric medications for dual eligible psychiatric patients.

The study found that approximately half of the dual eligible patients studied had at least one problem with medication access or continuity after the implementation of Medicare Part D. Patients with such problems were significantly more likely to have an emergency room visit, to have an interaction with the criminal justice system, and were more likely to have become homeless for more than 48 hours, compared to patients who did not have such medication access problems.

APIRE’s study has had significant policy implications for the Medicare Part D program. The findings were used by the APA and patient groups to advocate for improved medication access for psychiatric patients. The study holds major policy implications for future pharmacy benefit management (PBM) for dual-eligible beneficiaries with a mental illness.

ADVANCING EVIDENCE BASED DIAGNOSIS

Case Study: Building the Scientific Foundation for DSM-V

Advances in research knowledge have contributed to a more sophisticated understanding of mental disorders and helped to refine mental conditions and diagnostic categories. While the development of the Diagnostic and Statistical Manual of Mental Disorders is a broader function of the American Psychiatric Association, APIRE plays a pivotal role in ensuring that diagnostic formulations for the forthcoming DSM-V are based on a solid scientific foundation.

APIRE, in collaboration with the World Health Organization (WHO) and the National Institutes of Health (NIH), has developed a multiphase research review process for the fifth revision of DSM. Overall, the project entails ten work groups, each focused on a specific diagnostic topic with two additional workshops dedicated to methodologic considerations in nosology and classification. APIRE holds lead responsibility for organizing and administering DSM-V related research to ensure that DSM-V will emerge as a scientifically sound and evidence-based diagnostic nomenclature.

PROMOTING PSYCHIATRIC RESEARCH EDUCATION

Case Study: Building the next generation of psychiatric researchers

Given the difficulties in attracting psychiatrists to research careers, APIRE’s efforts to recruit and support young psychiatric investigators are impressive. Through several programs, starting at the medical school level, and extending through post-residency and junior faculty, APIRE has engaged young psychiatrists and supported their development as psychiatric researchers.

From summer research experiences for medical students, to travel awards to young researchers to attend important psychiatric meetings, through post-residency fellowship programs which include intensive educational workshops, colloquia, and research mentoring, APIRE has sought not only to engage young psychiatric investigators, but to support the development and maintenance of their research careers. Notably, the performance of APIRE’s research fellows compares very favorably to that of other highly regarded research training programs.

REALIZING THE VISION: APIRE ENDOWMENT

The American Psychiatric Institute for Research and Education (APIRE) is dedicated to ensuring that sound science informs psychiatric practice, education, and policy. An IRS-approved 501(c) 3 not-for-profit affiliated corporation of the American Psychiatric Association, APIRE competes for federal grants and contracts and may receive tax-deductible charitable contributions in furtherance of its mission: *To advance psychiatry through research and education.*

APIRE stands at the hub of the nation's mental health enterprise. Working on behalf of more than 37,000 APA members, APIRE links the federal and state agencies that are responsible for mental health science and public-sector services; corporate and philanthropic entities seeking to invest wisely in America's mental health; legislators charged with setting and implementing policies that impact on the millions of Americans who have mental illness; and, of course, patients and family members of those with mental disorders.

APIRE is poised to extend and strengthen the many existing APA programs for which research is increasingly integral. Through the expertise of resident staff, and a convening power that affords access to scientific leaders across the nation and globally, APIRE can bring the compelling voice of research to constantly emerging policy and practice controversies that run the gamut from the appropriate uses of psychiatric interventions to needed improvements in health financing and reimbursement policies.

In 2006, the APIRE Board of Directors, with the concurrence of the APA Board of Trustees, authorized the launch of a campaign designed to build an endowment that will enhance the financial autonomy of APIRE. A select group of leaders in American psychiatry have joined hands to lead the APIRE Endowment Campaign. Each member of the Campaign Leadership Committee has made a personal pledge to help launch the campaign, and collectively they will work over the next several years to expand the circle of giving.

This endowment will enable APIRE to further develop the APA's in-house research capacity. Envisioned activities include:

- Sponsoring named research and education program chairs at APIRE to assure stable funding of developing programs
- Hosting at APA headquarters visiting scholars who will use brief sabbaticals to research and publish on emerging research policy issues, to consult with Congress on matters of import to the profession; or to lecture at psychiatric Centers of Excellence in the US and abroad;
- Endowing innovative education and training programs to build and further careers in psychiatric education and research, at all levels of development.

Your pledged gift will have a direct impact on the vitality and relevance of psychiatric knowledge and expertise.

MONITORING INNOVATIVE FINANCING OF CARE

Case Study: Ensuring Meaningful Mental Health Care Parity

Despite being closer than ever to achieving parity in coverage between physical and mental illnesses in health insurance plans, constant attention must be paid to ensure that parity is implemented in real-world practice. To that end, APIRE assessed the Federal Employees Health Benefits Program (FEHBP) to determine how the management, financing, and pricing of parity mental health benefit affected access to and provision of mental health care in the Washington, D.C metropolitan area, the area with the greatest concentration of covered federal employees and retirees.

Findings from this study indicate that only about one-third of FEHBP patients being treated by psychiatrists received care from psychiatrists classified as "in-network." Since parity-level benefits are only available from in-network clinicians, the majority of patients receiving psychiatric care were not receiving parity level benefits. In addition, only about 30% of practitioners reported participating in FEHBP networks, further reducing access. To the extent that parity in coverage is limited to "in-network" providers, the study found that true parity does not exist, diminishing access to care. As the APA advocates at the federal level, these findings are a major contribution to the policy debate on how to implement real mental health care parity.

ENHANCING THE QUALITY OF PSYCHIATRIC CARE

Case Study: Improving Treatment of Depression in Psychiatric Practice

To promote evidence-based care in routine psychiatric practice and to understand what actually takes place in clinical practice, APIRE joined with the American Association of Family Physicians and the American College of Physicians to develop the National Depression Management Leadership Initiative (NDMLI). Recently completed, the NDMLI is a longitudinal study of clinical decision-making based on the Patient Health Questionnaire (PHQ-9). The NDMLI represents a significant leap forward as it's the first study to assess the utility and feasibility of measurement-based care for depression in routine psychiatric and primary care practices.

The study found that the adoption of the PHQ-9 as a routine part of psychiatric care influenced clinical decisions in 93% of patient contacts. For 60% of these patients, the PHQ-9 affirmed the benefits of continuing an established course of treatment; in the remaining 40%, the PHQ-9 contributed to a change in treatment, most often a change in dosage, the addition of another medication, or a switch to a different medication. Further, use of the PHQ-9 was associated with significant systematic changes in office systems and depression management strategies.

By demonstrating the practicality of measurement-based care for monitoring depressed patients in routine psychiatric practice, this study has the potential to introduce significant change in the monitoring of patients with depression and ultimately depression treatment and outcomes.

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