

American Psychiatric Association



Changing THE PRACTICE AND PERCEPTION OF **Psychiatry**

2013 Annual Report



LETTER FROM THE President

Dear Friends and Colleagues,

It has been my pleasure and privilege to serve as the 140th President of the APA for what has been an eventful year, one that I hope, in retrospect, will be seen as pivotal to the future success of our organization and profession.

I learned early on that no matter how effective one is as president, it is imperative that one focuses on the highest priorities that can be accomplished in a one-year term. In addition, it is important that the baton of leadership be carried by the most capable members of our profession. I am confident that Paul Summergrad and Renée Binder will sustain this trend in effective leadership during their presidencies.

My year as president coincided with the launch of the *DSM-5*, which has proven to be a great success, as reflected by generally favorable reviews, impressive sales and gratifying clinical feedback.

At the same time, health care reform legislation has impacted psychiatry along with every other health care discipline. To advise and guide the APA through this process, we convened a Health Care Reform Strategic Action Advisory Committee and recruited the leading experts on health policy and economics to outline a plan for our profession in new delivery models.

This committee has worked hand-in-glove with APA staff to influence public policies that protect the interests of our profession and patients. These include the Affordable Care Act, the Final Rule of the Mental Health Parity and Addiction Equity Act, and reversing the unfavorable action by CMS to restrict psychiatric medications in Medicare Part D. We have vigorously supported the Excellence in Mental Health Act, which was introduced by Senators Debbie Stabenow and Roy Blunt, and we applauded Representative Tim Murphy for introducing comprehensive mental health legislation.

Mindful of the continuing stigma associated with mental illness and psychiatric treatment, we retained an outside consulting group to review the APA's communi-

cations capabilities, needs and opportunities. Based on their report, we are moving forward with an initiative to enact a sophisticated and proactive communications plan that will be directed to APA members, the media, mental health stakeholder groups, and the general public.

APA membership has also been an all-important priority in the past year, with an emphasis on the needs of our resident-fellow and early-career members, as well as ensuring gender, racial and ethnic diversity in the APA's leadership and governance structure. A Board of Trustees workgroup, co-chaired by Carolyn Rodriguez and Jonathan Amiel, provided an outstanding report and set of recommendations, including the proposal for a staff appointment for a Chief Membership and RFM-ECP Officer.

We have also appointed a committee to carry out a comprehensive review of the APA's Departments of Research and Quality Improvement and to advise the APA Board and CEO on selecting the most critical functions that will serve the organization and its members in this period of great change and thereafter.

Finally, knowing that Jay Scully would be stepping down after the completion of more than a decade of service as APA CEO and Medical Director, Saul Levin was appointed as our new CEO/MD. Saul has hit the ground running, and we look forward to his capable leadership and the staff's continued outstanding performance going forward.

Let us continue to move forward with great energy and commitment to our patients. Personally, I look forward to continuing my participation in the APA as Past President and returning to my day job at Columbia University and the New York State Psychiatric Institute.

Respectfully yours,

A handwritten signature in blue ink that reads "Jeffrey Lieberman M.D." with a stylized flourish at the end.

JEFFREY A. LIEBERMAN, M.D.

President



CEO and Medical Director's *REPORT*



Dear Colleagues,

As I look back on 2013 I am amazed and excited about the progress we have made in mental health and substance abuse services and in the practice of psychiatry. 2013 also represented a year of continued success as well as transition for the APA.

In May of 2013, the APA published the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*. The manual's publication marked an important milestone—revising the classifications and criteria of mental disorders for the first time in nearly 20 years. The changes to the manual will help clinicians more precisely identify mental disorders and improve diagnosis to better serve patients, and will help deepen our understanding of mental disorders through new research. *DSM-5* is available in print and electronic versions along with numerous supplementary publications. The launch of this premiere publication could not have been achieved without the hard work of our members, staff, and community of partners who are so important to the APA's success.

The APA continued in its efforts advocating for parity and elimination of discriminatory practices in access to mental health care and for full implementation of the 2008 Mental Health Parity and Addiction Equity Act (MHPAEA), including filing suit against insurers for discriminatory practices. In late 2013, the Obama Administration issued a final rule for the law, and while this marks an important step forward, the APA will remain vigilant and continue working to help ensure full implementation of mental health parity both at the federal and state levels.

And finally, after nearly a decade at the helm of the APA, James Scully, M.D. stepped down from his position as CEO and Medical Director. All of us at the APA are deeply appreciative of Dr. Scully's years of leadership and many accomplishments. He, indeed, left big shoes for me to fill as I assumed the role of CEO and Medical Director in October of 2013. For me, this role is the job of a lifetime, having joined in 1987 and sitting on councils and committees; I am truly honored to serve and committed to ensuring that the years that follow are as plentiful and successful as those that have passed.

You will notice this annual report has a new format, which reflects my key priority areas: Membership, Strategy, and Partnership. These are the areas through which I view our critical work and make sure that we continue to make decisions that are of value to our members, fit within a strategic approach, and engage our partners in a meaningful way in these changing times.

I look forward to 2014 and beyond as we continue to serve as a valuable resource and partner to our members as they meet the challenges of the changing field of psychiatry.

Sincerely,

SAUL LEVIN, M.D., M.P.A.

CEO and Medical Director
American Psychiatric Association

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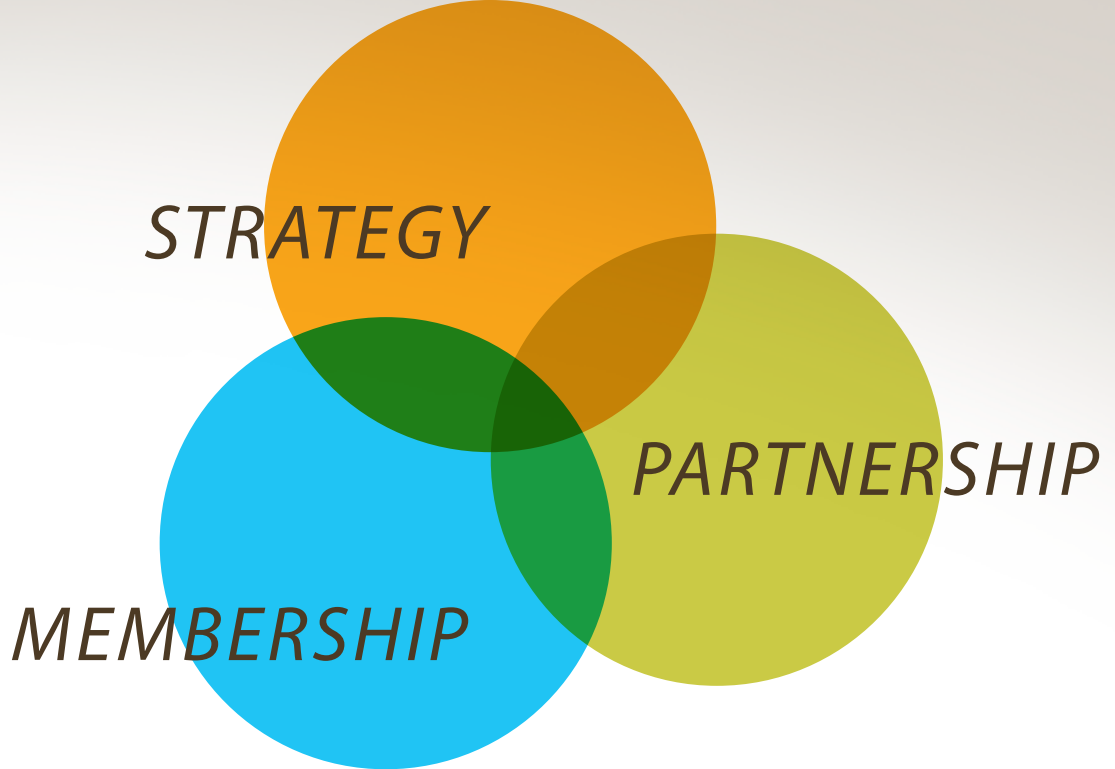
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MEMBERSHIP

The APA believes our members' trust should be earned through hard work and tangible products. ◆ This section of the new annual report format highlights some of the ways the APA has had a direct impact on the professional lives of our members and their practices.

LEFT TO RIGHT:
Yael Wolf, M.D., Nicole Seben, M.D. and
Laura Freedman, M.D. (APA member 2 years)



APA Membership Is Growing!

The total number of members increased in 2013 for the second year in a row. 2013 saw increases in both new and reinstating members across all membership categories, including Medical Students, Resident-Fellow Members, International Members, and General Members. The year ended with 34,547 members, compared with 33,398 in 2012, a 3.4% increase.



Shifting Gears: Preparing Users of *DSM-5* for the Future

After more than 12 years in the making, 2013 welcomed the release of the APA's flagship publication, the Fifth Edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*. Since then, our priority has been making sure that our members and clinicians around the world understand everything they need to know about the new manual and its impact on patient care. To this end, the APA has:

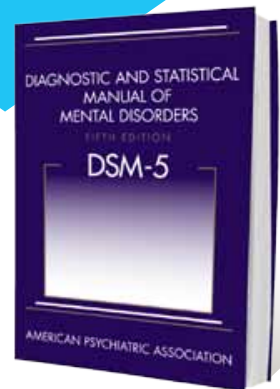
- Organized large-scale clinician training sessions both through APA annual conferences and via gatherings of other mental health specialty organizations.
- Offered a *DSM-5* master course at the 2013 APA Annual Meeting, which provided more than 500 attendees an in-depth review of diagnostic revisions, their rationales, and possible ways these changes will alter their day-to-day care of patients. This session was also offered at the 2013 Institute on Psychiatric Services (IPS) meeting.
- Developed training specifically for APA District Branch representatives and helped facilitate the coordination of workshops and lectures within their local areas.

Bridging the Gap Between *DSM-5* and *ICD-10*

On October 1, 2015, the entire U.S. health care system will transition to the 10th edition of the *International Classification of Diseases* or *ICD-10* codes, and the APA has been working tirelessly to make sure the transition will be as easy on our members as possible.

- The *DSM-5* team anticipated these code changes years in advance and has been working closely with the National Center for Health Statistics (NCHS) to make sure *ICD-10* codes have the best possible fit with *DSM-5*'s terminology.
- The *DSM-5* was written with both *ICD-9* and *ICD-10* codes for all mental disorders. This ensures that the *ICD-9-CM* codes can be used through September 30, 2015, and psychiatrists can make the switch to *ICD-10-CM* on October 1, 2015.
- Information about *DSM-5* revisions, *ICD* coding updates, and frequently asked questions can be found at www.dsm5.org.

The *DSM-5* contains both *ICD-9* and *ICD-10* codes so you can make the switch seamlessly on October 1, 2015.



I really enjoy the flexibility this type of CME offers me, given my busy schedule. 

MEMBER FEEDBACK regarding APA CME activities

Maintenance of Certification (MOC)—Helping You Stay Current

The APA introduced a new ABPN-approved Performance in Practice (PIP) module covering the Care of Patients with Posttraumatic Stress Disorder. This latest clinical chart review module can serve as a foundation in developing a systematic approach to practice improvement. Completion of three stages of a PIP module is worth 20 CME credits and fulfills a requirement of MOC Part 4.

Members can access these modules for free at www.apaeducation.org, or by subscribing to *FOCUS: The Journal of Lifelong Learning in Psychiatry*.



Conny Huthsteiner, M.D. (APA member 20 years) learns more about telemedicine from an exhibitor at the 2013 Annual Meeting.

MEMBERSHIP | PARTNERSHIP | STRATEGY

Annual Meeting/IPS Highlights

88%

Percent of District Branch/ State Associations represented at the DSM-5 Train the Trainers course at the 2013 APA Annual Meeting



The 2013 Annual Meeting boasted over 500 scientific sessions, 200,000 hours of CME credit and a keynote address by President Bill Clinton.

2013 Annual Meeting

The 2013 APA Annual Meeting brought nearly 14,000 psychiatrists and mental health professionals to San Francisco with the shared goals of learning about the newest research, connecting with their colleagues from around the world, and exploring the meeting's theme of "Pursuing Wellness Across the Lifespan."

Special session tracks highlighted timely issues in psychiatry:

- The NIDA track highlighted the intersection of psychiatry and addiction science. NIDA Director Nora Volkow, M.D., lectured on "Substance Use Disorders: New Scientific Findings and Therapeutic Opportunities" and Robert Moyzis, former director of the Center for Human Genome Studies at Los Alamos National Laboratory, discussed "Evolutionary Explorations of the Human Genome."
- The DSM-5 track consisted of 21 symposia, workshops, and a very successful master course intended to help attendees incorporate the new manual into clinical practice.
- The Military track focused on issues surrounding members of the military, veterans, and their families, including traumatic brain injury, PTSD, and steroid use.
- The Integrated Care track featured sessions on effective models of collaborative care, practice innovations, and the implementation of national healthcare reform.
- An Ethics track was developed by the Scattergood Foundation in collaboration with the University of Pennsylvania Department of Medical Ethics.
- Symposia were offered by the DSM-5 Work Groups as was a Master Course on DSM-5. District Branch members were also offered a special course on DSM-5: "Train the Trainers," so that local programs on DSM-5 could be disseminated nationally.

MEMBERSHIP

- Other sessions focused on state-of-the-art clinical practice, health care policy and services, practice management, cross-cultural and minority issues, and special populations such as victims of disasters, persons with HIV/AIDS, and military veterans and their families.

The meeting featured three Nobel Laureate lectures:

- Elizabeth Blackburn, Ph.D.: "Telomeres and Telomerase: Their Relation to Stress and Human Disease."
- Stanley Prusiner, M.D.: "Prion Biology: New Interface Between Psychiatry and Neurology."
- Andrew Schally, Ph.D., M.D.H.C.: "Beneficial Effects of Novel Antagonists of GHRH in Different Models of Alzheimer's Disease."

Institute on Psychiatric Services (IPS)

In October, the 65th annual IPS convened in Philadelphia with the theme of "Transforming Psychiatric Practice, Reforming Healthcare Delivery." The goal of the event was to promote better understanding of the needs of the most vulnerable, disenfranchised, and difficult-to-serve patients. With over 1,200 registered guests and 120 scientific sessions, highlights included:

- "Conversations," an interactive speaker series organized by the American Psychiatric Foundation, presented former Congressman Patrick Kennedy, who spoke about stigma, recovery, and mental health parity with APA President Jeffrey Lieberman, M.D.

- A collaboration with Drexel University to provide CEU credit to nonphysician healthcare professionals.
- The all new IPS mobile app allowed participants to view program outlines, organize their schedules, rate individual sessions, and communicate with colleagues.
- The "OMNA on Tour" track featured sessions designed to inform participants about significant disparities in mental healthcare among diverse and underserved populations.
- The Office of HIV Psychiatry and the Steering Committee on HIV Psychiatry organized a full-day, interactive, and multidisciplinary program on the mental health aspects of HIV and AIDS.
- The American Psychiatric Foundation organized sessions on the subject of Mental health and the criminal justice system.

Highlights and CME opportunities from both meetings are now available online and on DVD thanks to the Division of Education's partnership with Learners Digest, Inc. Users can purchase access to a comprehensive digital library featuring hundreds of hours of lectures, symposia, and workshops from the Annual Meeting and IPS, with CME credit available for many of these sessions. More information about these products can be found at

www.cmeoncall.com/apa and www.cmeoncall.com/ips.

LEFT TO RIGHT:
Garima Arora, M.D. (APA member 6 years), Marsal Sanches, M.D. (APA member 3 years), and Ashley Toutouchi, M.D. (APA member 2 years)



MindGames

Each year at its Annual Meeting, the APA sponsors a game show designed to test the knowledge of psychiatry residents. Residency teams throughout the U.S. and Canada participated in the online qualifying test for teams of contestants and the top three scoring teams from Cornell University, UCLA and the University of Texas at Houston advanced to the final event. In 2013, the University of Texas at Houston team emerged as the champions.

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The Sunshine Act—Promoting Greater Transparency in Medicine

The Physician Payment Sunshine Act was enacted as part of the Affordable Care Act and went into effect in 2013. As of August 1, 2013, all pharmaceutical and medical device manufacturers are required to record and report any payments they make either directly or indirectly to physicians with the intent of benefiting physicians.

- Each year the Centers for Medicare and Medicaid Services (CMS) will notify physicians who have participated in any Sunshine Act-reportable transactions through a physician portal at the CMS website, OpenPayments.gov.
- The reported physicians will be given a period of 45 days to review their listings in pharmaceutical or medical device manufacturers' reports and 15 additional days to notify manufacturers to correct any alleged errors in the report.
- The content of manufacturers' reports will eventually become accessible to the public on OpenPayments.gov.

To serve our members during these changes, the APA has:

- Hosted webinars for APA members on the Sunshine Act, highlighting the transactions likely to result in reporting to CMS (e.g., non-accredited CME, manufacturer-sponsored awards to physicians, and meals purchased by manufacturers for physicians).
- Continued to request that CMS revise the Open Payments dispute resolution process so physicians are given more time to identify and correct errors in manufacturers' reports.
- Asked CMS to expand the "educational benefit" reporting exclusion so it includes medical textbooks and reprints of medical journals.
- Made plans for future APA conferences to include prominent language in the program bulletins that alerts APA members to any "transfers of value" (e.g., meals in small settings only open to physicians or gifts available only to physicians) that may occur during conferences for which manufacturers have stated they will report to CMS.

For more information on reportable PPSA transactions, visit APA's Sunshine Act webpage at www.psychiatry.org/sunshineact.

CPT Code Changes—Easing the Transition

Current Procedural Terminology (CPT) was first published by the American Medical Association (AMA) in 1966 to provide a uniform language for describing medical, surgical and diagnostic services for communication between clinicians, third-party payers, and patients.

In 2013, the AMA revised the codes in the Psychiatry Section of the *CPT* and the way psychiatrists report their patient sessions to better reflect the care provided by psychiatrists

and other mental health clinicians. This success was the culmination of a lengthy process under the leadership of the APA. Our work behind the scenes has enabled psychiatrists to be appropriately reimbursed for the medical evaluation and management work they perform. **Reimbursement for psychotherapy also received a bump when the Centers for Medicare and Medicaid Services accepted the higher values for psychiatric care based on our surveys of these codes. The AMA projects that this will result in the**



MEMBERSHIP

Recovery to Practice (RTP) Project—Promoting Best Practices

The RTP Project is a joint project of the APA and American Association of Community Psychiatrists (AACP) designed to increase awareness, acceptance, and adoption of **recovery principles and practices** among psychiatrists. Training materials include nine educational modules on topics such as person-centered care and peer support in recovery.


This project is part of the **Recovery to Practice Initiative**, a five-year effort of the Substance Abuse and Mental Health Services Administration (SAMHSA). Other organizations involved in the initiative include the American Psychiatric Nurses Association, American

Psychological Association, Council on Social Work Education, International Association of Peer Supporters and the National Association of Drug and Alcohol Counselors.

A diverse advisory group consisting of psychiatrists, other mental health professionals and people living with mental illness has provided input and consultation throughout the project.

In 2013, APA completed pilot testing of the curriculum in preparation for implementation in 2014. Psychiatrists will be able to access the training online and it will be presented during in-person training sessions across the country.



So many people have contributed their time and energy to this project. It's been an honor to be part of the development process, with an end product that we can truly be proud of and which will serve psychiatry for years to come. 

WES SOWERS, M.D., *Co-Director APA/AACP RTP Project*

investment of an additional \$150 million for mental health services each year.

This correction in the valuation of psychiatric services is important even for psychiatrists who do not see Medicare patients, since most insurers base their reimbursement rates on the Medicare fee schedule.

To help our members adjust to these changes, the APA offered webinars, online and live courses, and one-on-one support through our Practice Management line, which handled over 1,500 calls in 2013 concerning the new CPT coding.

ONLINE COURSES:

www.apaeducation.org

WEBINARS:

www.psychiatry.org/practice/managing-a-practice/cpt-changes-2013/cpt-coding-changes-webinar-archive

MEMBERSHIP | STRATEGY | PARTNERSHIP

Advocacy Day 2013— Making Our Voices Heard

Advocating for our Profession and Patients Is Essential

In November, 96 APA members representing 44 states participated in over 230 meetings in congressional offices to advocate for a better future for psychiatry and the patients we serve. Our members advocated on behalf of important issues such as mental health care for military service members and veterans, public health and research funding, and the implementation of mental health parity within healthcare reform.

The Advocacy Day program has since evolved into the APA Advocacy Leadership Conference. APA's Department of Government Relations aims to increase grassroots advocacy involvement by strengthening the connections APA members make on Capitol Hill and back at home. Participants are encouraged to get involved at the local and state levels,

and also to motivate their peers to become more involved in APA grassroots advocacy. Please visit the [Advocacy Leadership Conference webpage](#) to find out more information on how you can participate in 2014 and beyond!



LEFT TO RIGHT:

Saul Levin, M.D., M.P.A., CEO and Medical Director of the APA (*APA member 28 years*) with Rhonda Mattox, M.D., Jeanne Spurlock, Congressional Fellow (*APA member 16 years*) and Annelle Primm, M.D., M.P.H., Deputy Medical Director of the APA (*APA member 31 years*)

Membership Promotion— Helping the APA Thrive

There were several initiatives to increase membership throughout the year, including special campaigns with other organizations and direct-mail campaigns to medical students, residents, and newly certified Diplomates of the American Board of Psychiatry and Neurology (ABPN).

Promotion in U.S. and Canada

- The Annual Meeting Rebate Program continues to be a popular mechanism for generating new membership in the APA, and the popularity of the San Francisco location for APA's 2013 Annual Meeting brought in a record number of membership applications submitted on site. As part of the rebate program, licensed psychiatrists practicing in the U.S. or Canada who have registered at the non-member Annual Meeting full-conference rate may be eligible to receive a rebate and reduced registration fee (up to a \$645 value!), which can be applied to membership dues.
- APA Membership staff also reached out to former members to remind them of the APA Dues Amnesty Program, where former members may be eligible for a one-time waiver of past dues. Dues amnesty provides a win-win situation for lapsed members, the APA, and the District Branches/State Associations, with many former members reinstating under amnesty.
- Membership staff had several opportunities to meet potential members in person in 2013 while hosting an APA Membership Exhibit booth at meetings of the American Academy of Child and Adolescent Psychiatry, Nevada Psychopharmacology Update, and the U.S. Psychiatric and Mental Health Congress.

MEMBERSHIP



FROM LEFT: Residents from University of South Alabama; Jamaica Hospital Medical Center; Hofstra North Shore-LIJ School of Medicine at The Zucker Hillside Hospital; West Virginia University (Charleston Area Medical Center); Wake Forest Baptist Health; San Mateo County Mental Health Service

APA Celebrates Members of the 100% Club

A record 67 psychiatry residency training programs joined the ranks of the APA's exclusive 100% Club for the 2013-2014 training year. The APA 100% Club was established in 2006 to encourage residents throughout the U.S. and Canada to join the APA and to do so with other trainees in their programs. Beginning with the 2013-2014 training year, the 100% Club was expanded to recognize additional training programs that come close to reaching 100%. A full listing of APA 100% Club Members can be found at www.psychiatry.org under Join & Participate.

International Membership Promotion

- APA Membership staff launched the International Membership Ambassador Program in 2013 to partner with international members in recruiting their colleagues into the APA. The goal of the International Membership Ambassador Program is to strengthen the field of psychiatry in the United States and abroad by increasing international membership. International Membership Ambassadors were invited for the position based on their

tenure as a member of the APA and their involvement in the psychiatric community. Their role is to engage and partner with other members from their country to assist in the outreach, marketing, and membership communication needed to reach psychiatrists in their region. Countries participating in the initial pilot include Australia, Brazil, India, Japan, and The Netherlands, with 5-10 members in each country serving as member ambassadors.

- Membership staff exhibited at the Royal College of Psychiatrists' (RCP) annual International Congress in Edinburgh, Scotland, in July 2013. Approximately 1,500 psychiatrists who are Royal College members attended the meeting. The APA and RCP continued in 2013 their joint membership promotion to offer each other's members a one-time 25% discount on membership dues.
- In April 2013, the APA exhibited at the World Psychiatric Association's International Congress in Bucharest, Romania.



New Membership Category— Bringing Greater Precision

In an effort to bring more clarity to the membership category for residents and fellows, the name was changed from “Member-in-Training” (MIT) to “Resident-Fellow Member” (RFM). Common terms such as “resident” and “fellow” more clearly define this stage of training and shared interests. Furthermore, “resident” and “fellow” are designations in line with other organizations, including the Accreditation Council for Graduate Medical Education (ACGME), the National Board of Medical Examiners (NBME), and the AMA.

Laura Wakil, M.D. (APA member 4 years), Arshya Vahabzadeh, M.D. (APA member 5 years)

Online Continuing Medical Education (CME)

The APA delivers online Continuing Medical Education (CME) courses, CME tests and certificates, and maintains member transcript data. In 2013, the APA introduced a variety of new courses—several of which are free for APA members—on www.apaeducation.org:

- *DSM-5: What You Need to Know*;
- Buprenorphine and Office-Based Treatment of Opioid Dependence (2013 updates);
- Disaster Psychiatry;
- Evaluation and Management Coding for Psychiatrists;
- Patient Safety;
- Primary Care Updates for Psychiatrists;
- Professionalism and the Internet;
- Cognitive Therapy and Psychodynamic Therapy: More Alike Than Different? A Conversation Between Aaron Beck and Glen Gabbard;
- Principles of Psychodynamic Psychotherapy; and,
- eFocus Clinical Modules: “An Unhappy Man” and “Imaginary Friends.”

American Psychiatric Publishing— A Year of Accomplishment

American Psychiatric Publishing (APP) has continued its strong commitment to providing APA members and others in the mental health field with the latest clinical and research information and news—information that will have an impact on the way they provide treatment to people with mental illness. To achieve this goal, APP released *DSM-5* and several related volumes in 2013 and added new electronic products to its extensive lineup, harnessing the latest communications technologies so readers can customize the ways in which they receive information. Metrics gathered throughout the year show that our audience is excited about the changes, and our readership continues to grow. APP takes pride in knowing that we continue to be the world’s premier publisher in the field of psychiatry.

FOCUS: *The Journal of Lifelong Learning in Psychiatry* challenges subscribers to continue their professional growth and provides them with the tools to prepare for recertification. Each quarterly issue addresses a different topic from the ABPN recertification outline, featuring original articles and columns and reprinted influential publications on the most important

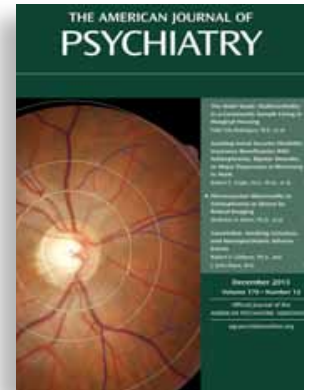
MEMBERSHIP

developments in psychiatry and clinical practice. In 2013, *FOCUS* examined:

- **Geriatric Psychiatry:** Guest editors Drs. Dilip Jeste and Helen Lavretsky assembled a comprehensive issue featuring articles on successful aging, depression in late life, and treatment options for dementia and cognitive disorders.
- **Personality Disorders:** Drs. John Oldham and Christopher Fowler edited the spring issue, which reviewed advances in the diagnosis and treatment of personality disorders and their co-occurring conditions. The issue also introduced readers to the treatment of personality disorders in *DSM-5*.
- **PTSD and Traumatic Brain Injury:** Drs. Kerry Ressler and Barbara Rothbaum served as guest editors for the summer issue of *FOCUS*, which featured papers on pharmacotherapeutic approaches to PTSD, emerging psychotherapeutic treatments and the evidence supporting them, and the management of patients with traumatic brain injury.
- **Psychosomatic Medicine and Integrated Care:** The fall issue of *FOCUS*, edited by Deane Wolcott, examined models of collaborative care in the context of profound challenges and changes in the delivery of health care. Psychiatric consultation in the medical setting, models of supportive oncology, and the integration of behavioral health and primary care were among the topics covered.

APP Books

While *DSM-5* was undoubtedly the highlight of APA's 2013 publications, it's important to note that APP also released **19** other titles focusing on issues like psychopharmacology, traumatic brain injury, psycho-oncology, geriatric psychiatry, depression and bipolar disorder, and infant and child mental health. Additionally, APP released several *DSM*-related titles such as the *Desk Reference to the Diagnostic Criteria in DSM-5* (for the first time in both Spanish and English), *DSM-5 Clinical Cases*, *Handbook of Differential Diagnosis*, and *Pocket Guide to the DSM-5 Diagnostic Exam*.



Web-based Tools

This year APP also launched two new web-based applications to meet our members' demands for new ways to access and use APP products, including:

- **DSM-5 Diagnostic Criteria Mobile App:** Launch of this popular app for smartphones and tablets was a major achievement in 2013. The app is designed to help mental health care clinicians, researchers, and students integrate the new *DSM* criteria and codes into their work.
- **Video Platform for Books:** Clearly written text together with video is providing a powerful educational experience for APP customers. In 2013 APP launched a new video platform dedicated to books, and two books with streaming video were launched: *Learning Solution-Focused Therapy and Normal Child and Adolescent Development*.



LEFT TO RIGHT:

Marsha Rosenberg, M.D. (APA member 24 years)
and Violeta Tan, M.D. (APA member 11 years)

APA Information Technology— the District Branch Portal

The American Psychiatric Association’s District Branch portal is the organization’s primary resource for web-based communication and data sharing between APA and District Branch offices. The portal provides District Branch staff with access to their member data, including member history, contact information, dues payments, education, communication preferences and other key demographic attributes. With this kind of information at their fingertips,



District Branches will be able to better understand their memberships and better target resources, support and services to meet member needs.


The portal was launched in 2013 to all District Branch staff and provides a stable,



Glenn Martin, M.D., (APA member 32 years) on behalf of the Assembly, awards the New York State Psychiatric Association and its Executive Director Seth Stein, J.D. an award for Best Practices at a District Branch

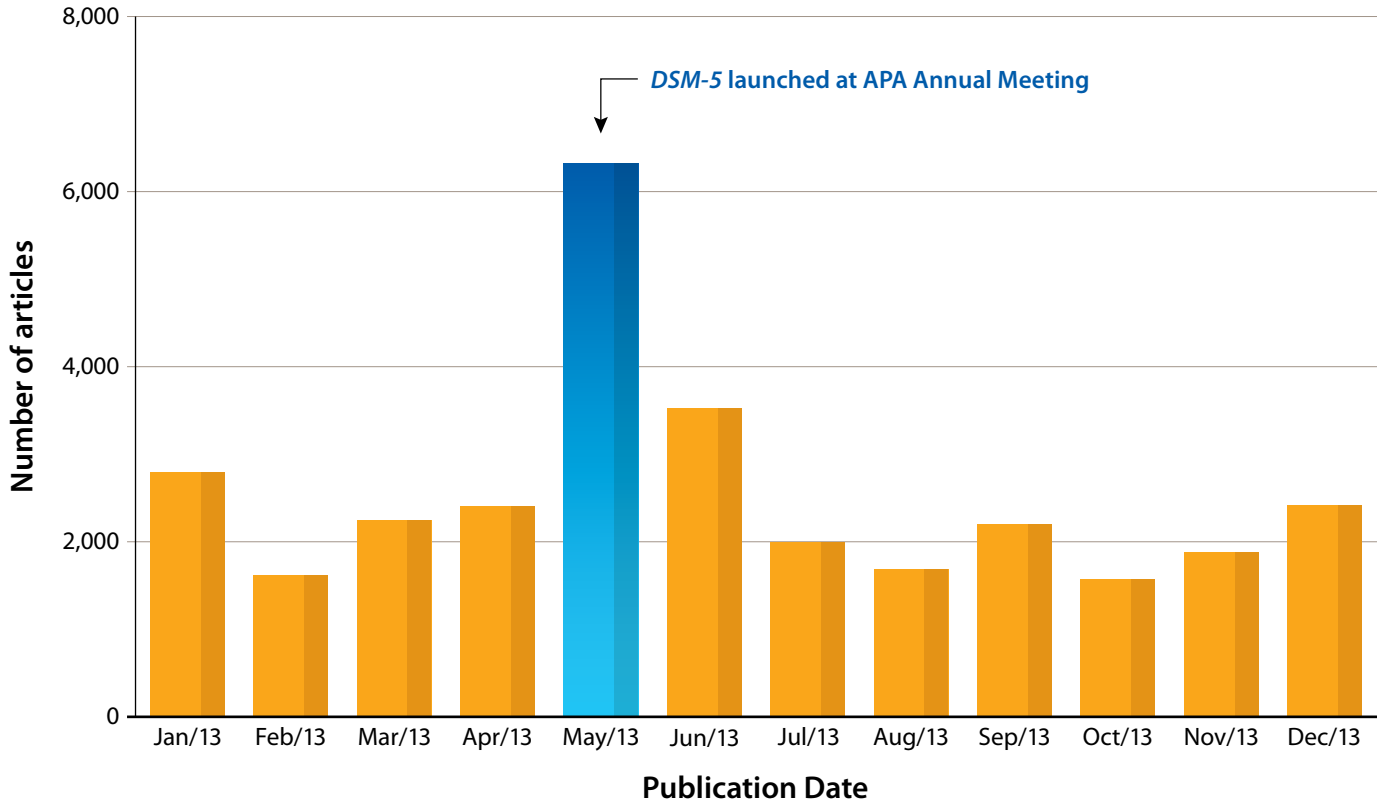
flexible and scalable foundation upon which APA can build additional information sharing, communication and collaboration services with our District Branch organizations.



The APA continues to serve as America’s preeminent thought leader for mental health. The members of the Council on Communications and home office staff work hard to ensure that we are proactive in reaching out to patients, families, and the general public, and that when a mental health issue arises, we are the press’s first call. 

DR. JEFFREY BORENSTEIN, Chair, APA Council on Communications, APA member 30 Years

MEMBERSHIP



The American Psychiatric Association: America's Thought Leader in Mental Health

There was tremendous media interest in the APA in 2013. With the release of the *DSM-5*, the issuance of the Parity Final Rule, and the implementation of the Affordable Care Act, the media needed the expertise, thoughtful analysis, and reputation of APA's members and staff to understand and synthesize these complex issues. In 2013, the APA or its products were mentioned over 30,000 times in national media, television, online news sources, magazines, and blogs.

To meet the demands of both our members and constantly evolving technology of the day, the APA has continued to grow its social media presence and evolve our communications strategies to ensure our message gets out and makes an impact on the national stage. In addition to the hundreds of videos shot with APA members and national leaders in healthcare and government, APA has also built one of the largest Twitter and Facebook followings of any mental health organization, currently boasting over 30,000 "Likes" for the APA's Facebook Page and almost 26,000 followers for the APA's @APAPsychiatric Twitter account.

STRATEGY

The APA understands that great achievements require thoughtful and strategic action. ♦ The APA leadership, members, and staff are experts at analyzing the real-world issues facing mental health and the profession of psychiatry and developing the strategies to ensure that our shared vision becomes a reality. ♦ This section is dedicated to areas where the APA's planning has paid off or is currently being implemented to secure the future of our profession and the effective treatment of our patients.

HHS Releases Final Parity Regulations

In November 2013, almost five years after the Mental Health Parity and Addiction Equity Act (MHPAEA) was enacted, the Department of Health and Human Services issued the Parity Final Rule, which operationalized MHPAEA. The Parity Rule requires insurance plans to cover mental health and substance use disorders at the same financial and benefit level as they cover other medical and surgical treatments.



LEFT TO RIGHT: Former Congressman Patrick Kennedy, APA President Jeffrey Lieberman, M.D. (APA member 39 years), President Elect Paul Summergrad, M.D. (APA member 31 years)

The APA has taken a lead role in analyzing all aspects of the Final Rule and communicating to the public and greater mental health advocacy community the importance of parity implementation.

The APA also played a key role in influencing aspects of the Final Rule, including a successful campaign to strike the provisions that permitted healthcare plans to apply limits on mental health/substance use disorder (MH/SUD) treatment. The Final Rule:

- Provides several consumer protections, including requirements that health plans make their criteria for medical necessity determinations available upon request to any current or potential health plan enrollee or contracting provider, and share via written documentation their reasons for denial of coverage or reimbursement.
- Asserts states' primary enforcement authority over health insurance issuers.

- Expands parity requirements for non-quantitative treatment limitations to include restrictions on geographic location, facility type, provider specialty and other criteria that limit the scope or duration of benefits for services (including access to intermediate levels of care).

In December, APA convened a **summit meeting**, chaired by former Congressman Patrick Kennedy and **attended by over 30 allied mental health and medical organizations** to discuss next steps in ensuring implementation and enforcement of the law. All of the organizations committed to working together to ensure that the law applies to Medicaid and SCHIP patients and to monitor compliance issues across the U.S.

The APA will continue to monitor states' enforcement



ABOVE: Former Congressman Patrick Kennedy addresses the APA Assembly in November. Also pictured: Immediate Past Speaker of the Assembly Scott Benson (*APA member 42 years*) and Assembly Parliamentarian Bruce Hershfield M.D. (*APA member 42 years*). **INSET:** Ron Honberg, J.D., national director of policy and legal affairs at the National Alliance on Mental Illness (NAMI) discusses parity issues at the APA summit meeting on parity.

of the MHPAEA. The Final Rule's release came at a crucial time. As of January 1, 2014, the Affordable Care Act (ACA) mandates that many more types of health plans, including plans sold on states' health exchanges, comply with the MHPAEA as operationalized by HHS's Final Rule.

The Final Rule will be effective for plan years beginning on or after July 1, 2014. In practice, the majority of insurance plan years end December 31st, making the Final Rule's effective date January 1, 2015 for most of the insured population enrolled in plans governed by the MHPAEA.

STRATEGY | MEMBERSHIP

Healthcare Reform and Integrated Care

With the implementation of healthcare reform under the Affordable Care Act (ACA) and its thrust toward more integrated care, the APA has been very involved in preparing psychiatrists to understand the new practice and payment models being proposed and how they will affect psychiatry.

The Board of Trustees Work Group on the Role of Psychiatry in Healthcare Reform, led by Paul Summergrad, M.D., issued a report in March 2013 with key findings and recommendations on the role of psychiatry under health reform.

The Work Group commissioned a report by Milliman, "Economic Impact of Integrated Medical-Behavioral Healthcare: Implications for Psychiatry," that provided the rationale for many of the recommendations. The recommendations set forth by the Work Group serve as a starting point for discussion and action within the field of psychiatry, and include findings in six key areas:

- Contemporary Health Reform Efforts
- Integrated Care: A Healthcare Reform Imperative

- The Financing of Psychiatric Care: Structure, Payment, and Administration
- Quality and Performance Measurement
- Health Information Technology
- Workforce, Work Environment, and Medical Education and Training

The Board of Trustees' Health Care Reform Strategic Action Work Group, led by Howard Goldman, M.D., is creating toolkits to provide psychiatrists with practical information on how to ensure an active role for psychiatry in state reform efforts.

The APA continues to support educational efforts designed to assist members in adapting to the new healthcare paradigm. Courses on psychiatric practice as part of integrated care were presented at both the 2013 APA Annual Meeting and Institute on Psychiatric Services. An online CME course on integrated care is available free to APA members at www.apaeducation.org/ihtml/application/student/interface.apa/.

Interest in the subject matter continues to grow. The online newsletter, *Integrated Care News Notes*, increased its subscribership by 20% in 2013, and is now sent to over 700 readers each week. More information and videos on integrated care can be found at www.psychiatry.org/practice/professional-interests/integrated-care.

Increase in subscriptions to APA's online newsletter *Integrated Care News Notes* in 2013.

20%

STRATEGY



APA CEO and Medical Director Saul Levin, M.D., M.P.A., (APA member 28 years), meets with Rep. Earl Blumenauer (D-OR) at the APA congressional briefing on schizophrenia.

Schizophrenia Research Briefing on Capitol Hill

In collaboration with the Congressional Neuroscience Caucus, the APA hosted a research briefing for congressional staff on the science and associated stigma of schizophrenia in December 2013.

Representative Earl Blumenauer (D-OR) opened the briefing by calling for more medical research and early detection programs, and presentations were given by APA President Jeffrey Lieberman, M.D.; Lisa Dixon, M.D., M.P.H., Director, Center for Practice Innovations at Columbia University; and Laurie Flynn, former CEO of NAMI and parent of an adult child with schizophrenia.

The event was a great success for both APA members and psychiatry as a whole, and represents just how the APA works to ensure our elected officials have the most current data and quality analysis from our experts.

STRATEGY | MEMBERSHIP

VA Workforce Shortage

In order to encourage young psychiatric physicians to pursue a career in support of veterans' health, the APA worked with members of Congress to help introduce the Ensuring Veterans Resiliency Act. When enacted, a new pilot program will offer medical school loan forgiveness to psychiatrists who join the Veterans Health Administration (VHA). Similar to programs offered by the Department of Defense, by recruiting physicians on a level playing field with other entities, the VHA could ensure a more robust and stable psychiatric workforce. The legislation includes the following components:

- Requires all VHA facilities to automatically qualify physicians for graduate medical education loan forgiveness programs upon gaining full-time employment;
- Requires a minimum service obligation of two years and a maximum of five years for participants of the loan repayment program; and
- Sunsets after three years if a VHA internal review identifies both a notable reduction in psychiatric vacancies and a stable psychiatric workforce.

Carl Bell, M.D. (APA member 42 years) and Paul Fink, M.D., APA President from 1988–1989 (APA member 54 years)



APAPAC
raised over
\$192,000
from nearly
1,300
members

STRATEGY | MEMBERSHIP | PARTNERSHIP

APAPAC

The American Psychiatric Association Political Action Committee (APAPAC) raised over \$192,000 from APA members in 2013.

- The PAC distributed more than \$137,000 to candidates for federal office.
- Using a new peer-to-peer fundraising program, APAPAC hopes to raise more than \$220,000 in 2014 and to increase participation.

Frank Clark, M.D. (APA member 5 years), attends an APAPAC reception.



PARTNERSHIP

The APA recognizes that to make an impact and promote real change for mental health, we must cultivate partnerships with a wide array of like-minded organizations, institutions, and agencies. ♦ This section highlights those partnerships and demonstrates how, working together, our voices and issues will be elevated on the national agenda.



Judges Leadership Initiative— Improving the Care of Those in the Criminal Justice System

In 2013, the partnership between the American Psychiatric Foundation and the Council of State Governments continued to bring judges and psychiatrists together to further disseminate training for judges on mental health in the criminal justice system. **More than 200 judges in Oregon and 60 judges in Utah participated in judicial trainings.** Two major events were held this year, including:

From Words to Deeds: Changing the Paradigm for Mental Health and Criminal Justice was held in Sacramento, CA, and gave individuals from state and local government, courts, criminal justice, corrections, and mental health facilities training in how the legal system can work more collaboratively with the mental health community.

Partnership for Workplace Mental Health



The American Psychiatric Foundation's **Partnership for Workplace Mental Health** works with businesses to ensure that employees and their families living with mental disorders, including substance use disorders, receive access to effective care. It does so in recognition that employers purchase healthcare for millions of American workers and their families.


In May of 2013, in collaboration with Employers Health, a national employer coalition, the Partnership launched its "Right Direction" initiative. The program is an on-site educational initiative to help reduce the stigma associated with depression and to encourage people to reach out for help when they need it. The initiative provides employers with turnkey resources that can be customized



to build awareness among employees about depression, including posters, slide decks, and more. You can learn more about Right Direction at workplacementalhealth.org/Spotlights/Right-Direction.

Also in 2013, the Partnership released the white paper "Employer Practices for Addressing Stress and Resiliency." This work expanded on research published in the *Journal of Occupational and Environmental Medicine*, and it offers employers strategies that can be implemented to address workplace stress and to build resilience among employees and work teams. The white paper is available at www.workplacementalhealth.org/stress_whitepaper.



With such an impressive group of people working together to tackle the problems, I am more confident than ever that we will be able to make significant progress. 

PARTICIPATING JUDGE

The Judicial-Psychiatric Leadership Forum

was held in October at the APA's Institute on Psychiatric Services. The full-day event brought together a large group of psychiatrists and judges and provided them with the opportunity to begin developing a set of principles for judicial and psychiatric leadership within the arena of mental illness in the judicial system. Education for psychiatrists on the interaction of individuals with mental illness with the criminal justice system was also provided by this group at the 2013 Annual Meeting and IPS meeting.



APA members and Judges working together to develop a set of principles for judicial and psychiatric leadership. **LEFT TO RIGHT:** Richard Harding, M.D., (APA member 43 years), Judge Steven Leifman, Bruce Hershfield, M.D., (APA member 42 years), and Paul Burke, Executive Director of the American Psychiatric Foundation



OMNA on Tour



The OMNA on Tour initiative, launched in 2005, is a series of townhall-style meetings to inform underserved communities about mental health disparities and their impact on overall health, economic productivity, and societal well-being. The meetings produce collaboration among

stakeholder groups in developing local action plans to eliminate mental health disparities. In 2013, OMNA on Tour held two major events:

- **Transcendence and Resilience Following Trauma**, held in November at the University of Alabama, commemorated the 1963 bombing of the 16th Street Baptist Church in Birmingham and reflected on the American civil rights movement. The program focused on the impact of trauma on mental health and the capacity of affected people and communities to rebound and thrive. Featured speakers included David Satcher, M.D., Ph.D., former U.S. Surgeon General, and APA members Ken Thompson, M.D. (APA member 22 years, Pennsylvania), Anita Everett, M.D. (APA member 29 years, Maryland), Jacqueline Feldman, M.D.

(APA member 32 years, Alabama), and Laura Montgomery-Barefield, M.D. (APA member 11 years, Alabama).



I have never been so proud to participate in an event as I was of the OMNA on Tour presentation. What a wonderful evening and [it was] remarkably successful. 🗨️

JACQUELINE FELDMAN, M.D., Alabama, APA member 32 Years | President, Alabama Psychiatric Physicians Association; Director, Public Psychiatry Division, University of Alabama, Birmingham

PARTNERSHIP

- **Uplifting the Human Spirit Through Art: Culturally Appropriate Approaches to Healing and Adaptation**, held in October in Philadelphia, focused on Burmese, Nepalese and Bhutan immigrant and refugee communities in Philadelphia and their efforts to utilize mural art and culture toward the goal of beautifying their physical environments while fostering community mental health. The program included a walking tour of Philadelphia Mural Arts Projects prepared by refugee community artists. Presenters discussed how having a sense of community

and safety can help break down the cultural stigma surrounding mental health issues and reduce anxiety about seeking treatment.

Speakers at the event included Eindra Khin Khin, M.D., assistant professor of psychiatry at George Washington University. Dr. Khin Khin, originally from Myanmar (Burma) spoke about the importance of understanding the mental health needs of immigrants and refugees from that part of the world and acknowledged the importance of the use of culture and art in achieving community wellness.



Getting to work with and learn from other medical and non-medical professionals involved in this project as well as the immigrants in the community was incredibly inspirational. I hope to see many more programs in the future employing culturally appropriate approaches to healing and adaptation as a way to improve refugee community mental health. 🗨️

EINDRA KHIN KHIN, M.D., *Washington, DC; APA member 10 years*

New International Fellow Membership

2013 saw the introduction of a new category of APA membership. The International Fellow membership opened to applicants for the first time in 2013, and nearly 150 new International Fellows from over 40 countries were approved by the Board of Trustees in December 2013. They will be honored at the Convocation during the 2014 Annual Meeting in New York City. The number of applicants for all types of Fellowships increased significantly from 370 in 2012 to almost 670 after changes in the eligibility requirements went into effect.



Yong Chon Park, an International Distinguished Fellow from Korea (*APA member 9 years*)



Teachers and school personnel explain the *Typical or Troubled?*™ program

signs are present that warrant intervention. During the 2013-14 school year, *Typical or Troubled?*™ grants allowed the program:

- To be utilized in 104 schools
- To reach nearly 15,000 students
- To train more than 1,000 teachers and counselors to spot the warning signs of mental illness.

Also in 2013, the Foundation provided an in-depth train-the-trainer workshop and program implementation planning in Willmar, Minnesota, in cooperation with the PACT for Families collaborative. Sixteen rural school districts were represented by 60 participants, including Megan Lahr, Outreach Director for U.S. Senator Amy Klobuchar (D-MN), and Representative Mary Sawatzky, (DFL-MN). The *Typical or Troubled?*™ program supports efforts to advance evidence-informed programming in more schools across Minnesota.

Typical or Troubled?™—An Early Intervention Program That Can Save Lives

In 2013, the American Psychiatric Foundation continued the *Typical or Troubled?*™ **School Mental Health Education Program**. The breakthrough program is designed to train school personnel to identify whether teenage behavior is typical or if mental health warning



The APA Minority Fellowship Program allowed me to create a Cultural Psychiatry Elective for psychiatry residents in a primary care clinic that serves many immigrants and refugees. Without this support, there would be no initiatives focused on working with this struggling but very resilient population. ”

NISHA SHAH, M.D., APA member 3 years

PARTNERSHIP

APA/SAMHSA Minority Fellowship Program Celebrated 40th Anniversary

The Minority Fellowship Program (MFP) is designed to increase the quality and quantity of mental health and substance use disorder services to diverse and underserved populations through enhanced training of APA member psychiatry residents. The program has:


- Helped support the training of 588 ethnic minority residents
- Provided opportunities for 500 medical students to explore psychiatry as a career choice

Current and former fellows gathered at SAMHSA offices in 2013 to celebrate the program's 40th anniversary, where SAMHSA Administrator Pamela Hyde, J.D., gave the keynote address.



LEFT TO RIGHT (BACK ROW): Drs. Carissa Caban-Alema (APA member 7 years), Nicole del Castillo (APA member 7 years), Esther Oh (APA member 6 years), Sarah Bougary (APA member 6 years), Michelle Durham (APA member 9 years), Rupinder Legha (APA member 5 years), Keith Hermanstynne (APA member 7 years), Anton Bland (APA member 7 years) and Rania Awaad (APA member 6 years). **LEFT TO RIGHT (FRONT ROW):** Nevine Ali (APA member 7 years), Steven Starks (APA member 9 years), Ye Beverly Du (APA member 5 years), Mardoche Sidor (APA member 7 years), Faith Rowland (APA member 7 years) and Kimberly Gordon (APA member 10 years).



Learning the ideas and thoughts of others who have come before me, who have paved the way, definitely gave me a lot of inspiration in the work that I do and to work with the underserved. 

NAPOLEON HIGGINS, M.D.,
President, APA Caucus of Black Psychiatrists





LEFT TO RIGHT: Jery Inbarasu and Jennifer Wittry (University of Nebraska Medical Center College of Medicine), Emily Pinto-Taylor (Loyola University of Chicago, Stritch School of Medicine), Judy-April Oparaji (University of Pittsburgh School of Medicine), Jacob Kushkuley (University of Massachusetts Medical School), Juan G. Rodriguez-Guzman and Marco Ramos (Yale School of Medicine)

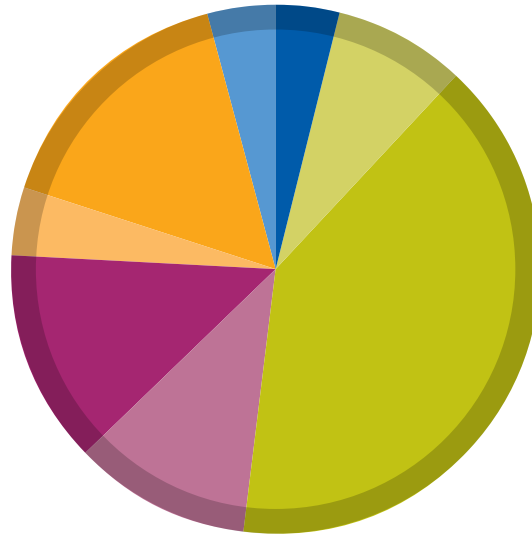
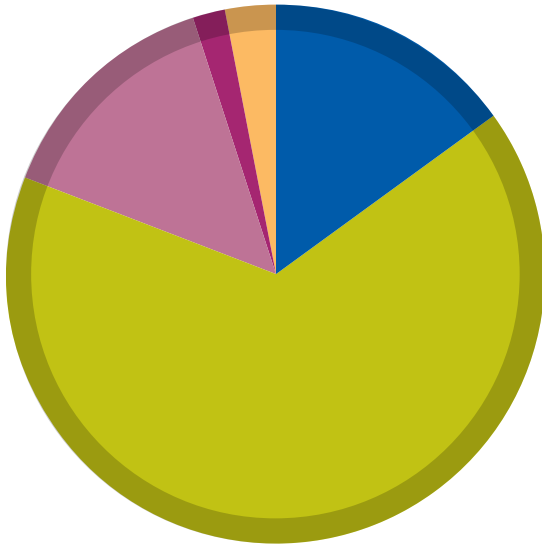
Helping Hands Grant Program— Encouraging a New Generation of Psychiatrists

In 2013, the Helping Hands Grant Program awarded grants to medical schools for mental health service projects that are created and managed by medical students, particularly in underserved and minority communities. The program was established to encourage medical students to participate in community service activities, to raise awareness of mental illness and the importance of early recognition,

and to build an interest among medical students in psychiatry to work with underserved populations.

At the APA Institute on Psychiatric Services meeting in October, five of the 2012 Helping Hands Grantees presented posters: University of Nebraska Medical Center College of Medicine; Loyola University of Chicago, Stritch School of Medicine; University of Massachusetts Medical School; University of Pittsburgh School of Medicine; and Yale University School of Medicine. The 2012 grant recipients completed their grant year in August 2013.

Financials



REVENUE

Membership	15%	\$12.4M
Publishing	66%	\$56.8M
Continuing Medical Education	14%	\$11.9M
Foundation & Other	2%	\$1.4M
Private Award Revenue	3%	\$2.3M
Total Revenue	100%	\$84.8M

EXPENSES

External Affairs	8%	\$4.5M
Publishing	40%	\$23.4M
Continuing Medical Education	11%	\$6.7M
Foundation, Research & OMNA	13%	\$7.4M
Private Award Expenses	4%	\$2.4M
Business Operations	16%	\$10.3M
Governance & Components	4%	\$2.3M
Membership	4%	\$2.2M
Total Expenses	100%	\$59.2M

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PHOTO CAPTIONS FOR FRONT COVER PANEL OF WOMEN: ERIN L. STERENSON, M.D. (APA MEMBER 9 YEARS), DR. KATHERINE M. MOORE, M.D., CHRISTINA CHEN, M.D. (APA MEMBER 11 YEARS) | WOMAN HOLDING DSM: CAITLIN ADAMS, M.D. (APA MEMBER 4 YEARS) | GROUP AT RECEPTION: SHAFALI JESTE, M.D., SONALI JESTE, M.D. (APA MEMBER 4 YEARS), EDMUND PI, M.D. (APA MEMBER 38 YEARS) | MEN READING PROGRAM BOOK: RAJESH MEHTA, M.D. (APA MEMBER 3 YEARS), VLADISLAV AFANASEVICH, M.D. (APA MEMBER 4 YEARS) | MAN AT PODIUM: JOHN O. GASTON, M.D. (APA MEMBER 32 YEARS)



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