President’s Message

By Henry Nasrallah, MD

A CALL FOR A STRONG COMMITMENT BY EVERY MEMBER TO OUR ASSOCIATION

To my fellow MPA members / psychiatrists,

I am honored that you elected me to serve as your president for the 2017-8 year.

I pledge to work diligently to advance our honorable profession and to respond to your needs whenever you communicate them to me. On behalf of all of you, I would like to express my deep appreciation to Laine Young-Walker, MD, for her service as our president this past year.

The MPA is not just a society of which we are members: it is part of our professional identity as psychiatric physicians and an indispensable vehicle to achieve the various goals to which we aspire. The MPA unites us and gives us the power to improve our lives and ultimately the lives of our patients who entrust their mental health to us. Without the MPA, we would be unable to navigate and deal with the many challenges we face every day, from insurance companies to laws that impact our clinical work, to antipsychiatry groups that try to undermine our mission every day. As the saying goes, unless we hang together, we will hang separately, and if we do not have a seat at the table, then we will end up on the menu. Thus, my first message to you is to regard the MPA [and the APA] as very important components of our professional identity. So starting today, I ask you to promise that each of you will join me to do the following:

1. Not just belong, but become meaningfully active in our national (APA) and state (MPA) association. It is enormously important to unify because it is the only way to achieve our goals. Also, dues are vital to support the mission of our association and to ensure its viability and ability to effectively address the complex and evolving tasks of psychiatry in Missouri.

2. Volunteer to serve as a committee chair, a committee member, or as an officer if nominated. An association where 5% of the members are doing all the work will not be as robust, dynamic and productive as when most of the members are meaningfully involved.

3. Vote in the annual elections. It is vital that every single member vote whenever elections or amendment to the bylaws, are called for. Voting is the ultimate indicator of good professional citizenship.

4. Donate to MPA. Having sufficient reserves is vital to help us overcome many professional challenges that can impede our progress and harm our patients. I urge you to donate the revenue of one session per year (~$150) to the MPA for new initiatives to advance our goals.

5. Interact with the MPA officers, including me personally (or submit a letter or article to the MPA Newsletter) and provide suggestions and ideas as well as candid feedback. Your input can have a profound impact on how the MPA can better meet the needs of its members.

(Continued on page 3)
The 2017 legislative session has come to an end – and what an end it was. After weeks of filibusters, extreme personality issues, infighting and a couple of days of not working at all the Senate finely got around to passing a few bills before everything came to a grinding halt four hours before the constitutionally mandated deadline to adjourn. This year saw the fewest number of bills passed in decades.

Bills and Issues of Interest to MPA

PDMP HB90
Missouri will remain the only state in the country that does not have a prescription drug monitoring program. HB 90, sponsored by Representative Holly Rehder and handled in the Senate by Senator Schatz looked like it was going to pass after main opponent Senator Rob Schaaf agreed he would not filibuster the bill after a provision was added to mandate doctors actually use the program. However there were enough other opposition to kill the bill.

Health Care Bill SB 501
Passed
This act modifies several provisions relating to health care, including: health care records, immunization education, sports medicine, assistant physicians, physicians assistants, psychologist internships, vaccine protocols, speech-language pathologists and audiologists, medication assisted treatment and a drug take-back program.

Pharmacy Omnibus SB 139
Passed
A last minute amendment was added that reinserts antipsychotic medication protections that were remover in an earlier version of the bill.

Suicide Awareness SB 52
Passed
This bill contained Rep. Dr. Frederick’s language concerning medical students.

Budget/Circuit Breaker HCB 3
Passed
This bill maintained circuit breaker tax credits for seniors and persons with disabilities who rent their homes.

Other
APRN expansion bills failed; Medicaid expansion failed; several bills further restricting abortions failed and loosening motorcycle helmet laws failed.
President’s Message continued

6. Lobby your Senator or House representative (state or Federal) whenever there is an issue or legislation that is critical for psychiatry. Only when our voices are clearly and loudly heard, can we achieve our goals, which often dovetail with our patients’ goals as well.

7. Advocate for psychiatry with your friends, patients and medical colleagues, and serve as a educators / ambassadors for the profession of psychiatry and how important it is for the wellbeing of the citizens of our great country.

8. Support psychiatric education in medical schools and residency programs. The need is great and we must all help attract and train the best medical school graduates. Offer to serve as a volunteer faculty in your local medical school department of psychiatry and mentor medical students to attract them to our field.

9. Support ongoing psychiatric research. There is no better way to help your patients get better treatments and no better way to fight the stigma of mental illness than discovering a cure. Never forget that every FDA-approved treatment your now use was at one time a research project. Since many of our current treatments are imperfect, we must support research to improve the development of new treatments (which includes understanding the causes). Here are some simple ways every clinical psychiatrist can be part of discovering a cure:

   a. Refer patients to clinical trials or to neurobiological studies
   b. Serve as a collaborator in a research project, if the opportunity arises
   c. Take the time to write up unusual or interesting case reports (or letters to the editor). Clinicians often generate excellent observations that can lead to major discoveries when investigated in a controlled design.
   d. Donate to psychiatric research in general or specifically to the disorder of your choice. Researchers are often starved for funding and for every researcher who receives an NIH grant, there are 20 others who have no funding at all. You can endow a laboratory or a specific researcher, even an entire department if you are blessed with wealth. You can establish an endowed professorship in your name or to honor the memory of a loved one. That would permanently support a top- notch researcher for decades at your favorite university or medical school. Such endowed professors can produce remarkable new discoveries over the years because they do not have to spend extensive amounts of time writing grants instead of conducting experiments.
   e. Regularly attend scientific meetings and share your views and questions with researchers.
   f. Preach the gospel of psychiatry as a medical specialty and a neuroscience discipline with a very strong foundation of empirical scientific body of evidence. Many members of the general public still think of psychiatry as a fuzzy discipline and an inexact science and do not even believe that mental illnesses are real brain disorders.

10. Attend the Spring and Fall CME Conferences of the MPA! That is the time when we can receive an update about the advances in psychiatric science and therapies, meet each other face to face, share our ideas about tackling the challenges of psychiatric practice, and support each other during this time of dramatic changes in the healthcare arena.

I extend warm thanks to you, my peers in Missouri, for your support of the MPA. Special thanks to the dedicated and highly competent staff of our MPA Executive Office, who do so much for all of us every day. I also salute my colleagues who comprise the MPA Executive Council for tirelessly toiling on behalf of all the members, and who volunteer their time and energy to advocate for psychiatry and psychiatric patients in Missouri. I look forward to working and interacting with all of you this coming year.

Henry A. Nasrallah, MD
MPA President
Area 4 Report

Jim Fleming, MD and Sherifa Iqbal, MD

GENERAL
The MPA has enjoyed a resurgence in its executive committee efforts. Committee members are more engaged and the majority of spots are filled. There are a number of new faces in our leadership and we are enjoying the creativity and diversity that this brings to our committee meetings. We continue to look for ways to increase our general membership numbers as well as invigorate psychiatry in Missouri.

SUMMARY OF LEGISLATIVE ISSUES
Submitted by Dr. Jim Fleming
MPA Legislative Chair

The 2017 Missouri General Assembly which just ended May12 was described variously by lobbyists, journalists and legislators as “interesting”, “highly dysfunctional” and “chaotic”. One would have thought it would be very efficient with quick passage of numerous bills due to a Republican supermajority in both chambers and a new Republican governor. But early conflict between Governor Greitens, who was new to political office and legislative leaders, then infighting in the majority party between and sometimes within each chamber slowed things down such that only 81 bills passed including 13 constitutionally required bills. This was an “all-time low” according to our partners at the state medical society.

In general, there wasn’t very many of the usual challenges to our patients or profession: i.e. there were no psychology prescribing bills, no discriminatory “religious freedom” bills like the one we opposed last year, no expansion of “gun rights” over physician autonomy to evaluate safety in our patients or “guns rights” vs public safety (vs our neighbors in Kansas). We were able to block—with plenty of help from NAMI and Mental Health America—a bill which would have required some of most seriously ill patients who take antipsychotic medication to fail one or more generic antipsychotic drugs before the drug chosen by the prescriber would be paid for. Amanda Blecha-Chesley our State Government Affairs Regional Director, kept us up to date on this legislation and was in regular contact with the patient advocacy groups who probably deserve most of the credit for preventing the formation of more restrictive formulary procedures.

There was one measure which is likely to have an impact on some of our elderly patients: starting in July about 60,000 older Missourians will lose state aid to help them purchase prescription medication. There was also legislation passed that lowered the statewide minimum wage (apparently affecting low income residents in Kansas City and St Louis whose city councils had passed increases in the minimum wage). There were other measures, including from the Governor’s office which—in the words of my own state representative Rory Rowland and the MPA lobbyist Richard (“MO”) McCullough—attempted to “balance the state budget on the backs of seniors and those with disabilities”. Fortunately, some members of the Republican leadership “went to the mat” to fight against these measures in the final days of the session and most of them failed (the cuts in aid to seniors for medications being one notable exception).

The biggest disappointment for MPA, the state medical association (MSMA) and many Missourians (as well as neighboring citizens and physicians) was that—for at least another year— Missouri will remain the only state in the country without a Prescription Drug Monitoring Program (PDMP). For the third year in a row, Republican Representative Holly Rehder submitted a PDMP bill which was favored by both MPA and MSMA until the last two days of the session when some “toxic” amendments were added to the Senate version by opponents of the entire concept of PDMP which would have been both unnecessarily burdensome for physicians and inadequate for proper patient care. Perhaps even worse, the Senate version would have superseded the growing number of more robust county PDMPs. Fortunately, this version did not pass despite the efforts of those legislators who oppose PDMP on ideological grounds (loss of patient privacy or as some put it “liberty”) who were able to recruit almost enough votes from other legislators who just wanted to “pass something” just to say they helped pass a PDMP bill. Representative Rehder whom I had the pleasure of meeting when I visited the Capitol in April ended up opposing the Senate version of her own bill which died in the afternoon of the last day of the legislative session. The good news: PDMP progressed farther that it had in the past and the spread of county based programs in Missouri (which cover about 3 million people) will probably reduce opioid overdoses, save lives and prevent progression to (or of) an addictive disorder in many of our patients.

Also in relation to the opioid epidemic, Missouri passed a bill this session (SB 501, Statewide Narcan Protocol)

(Continued on page 7)
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The 2017 American Psychiatric Association Annual Meeting and Serving on the Assembly

Jim Fleming, MD

After an inspiring time in San Diego I reflected on how different is to attend Annual Meeting as Representative of our professional organization. An email was sent to the Assembly representatives, asking for their experiences. Here is what we received after only a few days which were left before the newsletter deadline. I hope it inspires more Missouri psychiatrists to get involved in the Assembly at some point in their career.

—Jim Fleming, MD, Representative, Missouri Psychiatric Association
(Note: MPA is in Area 4, covering mid-western states in the U.S.)

"It is hard to think of how attending the Annual Meeting has changes being a member of the Assembly as I became a member of the Assembly as an MIT (now RPM) and attended my first Annual meeting in that position. What I can say is that being in the Assembly now for about 20 years has made the Annual Meeting a very rich experience. I do not feel like an aimless attendee. I have been enriched by the mentorship of more senior members in negotiating the complexities of the meeting and have felt a pride in being a part of the leadership (by being in the Assembly) that hosts such an awesome Annual Meeting. So my perspective, by being in the Assembly is that of an "How can I help make this meeting the best it can be" rather than a perspective of “What's in it for me”. This change in orientation makes a world of difference.

—Charles Price, MD, Deputy Representative for Area 7 (includes APA district branches in the Western U.S. and Canada and Hawaii)

"Becoming a representative to the APA Assembly has reinforced my identity as part of the profession of psychiatry. While previously active and curious as a member of the APA and my district branch, I largely approached my APA membership as a consumer, taking in CME and the green journal as benefits of my membership. As I progressed in my career, I recognized the importance of contributing to the direction of our organization and profession. Over the last three years in the Assembly, I have come to learn the challenges our colleagues face across the country, and seen the difference that the advocacy of the APA can have in their states. Whether it is scope of practice, maintenance of certification, or fair coverage of psychiatric illness, most of us face similar challenges. The Assembly is a forum in which those common challenges can become focused and common solutions proposed. While it may move more slowly than some would like, it is a fair and representative space for our entire organization, and I am proud to be a part of it. This is what I see as the greatest benefit of serving in the Assembly, moving from a passive member of the organization to a contributing member of the profession."

—Curt West, MD, Representative, Society of Uniformed Services Psychiatry (U.S. Military)

"I joined APA when I was a resident in the 1960s, so I became a life member a long time ago, but I never had anything to do with APA until we moved from NYC to Hawaii 22 years ago. I was doing half time academia (CL) and half time private practice and I was involved with subspecialty organizations. From time to time I would be asked to present in someone's symposium at APA or I'd do poster but I never attended an APA meeting. I did a lot with OB/Gyn and women's mental health and I belonged to the NY DB Committee on Women in the 1970s-1990s and I'm still connected to those people today. After we moved to Maui I became an Assembly Rep and got more connected to the field of psychiatry as a whole and to all of Area 7! I also got connected to psychiatry as a field and to my local tiny, rural, isolated, island psychiatric community on Maui as well as my colleagues on Oahu (Honolulu). I am especially proud to have been in the Assembly in the early 2000's when Steve Sharfstein was President and the Assembly passed psychiatrists not participating in detainee interrogations. Does APA do everything I would like it to do? No. But I do my other advocacy through other organizations. APA is what we've got, and in my view, if you are not part of the solution, you are part of the problem. At 75, travelling to the mainland 4 times a year is hard but with the stimulation, networking, contact with colleagues, etc the benefits outweigh the hardship and definitely has enriched my experience as a psychiatrist and as an APA member."

—Leslie Gise, MD, Representative, Hawaii Psychiatric Medical Association

"The APA annual meeting used to be something I attended because I needed CME’s. I was aware, each time, that (Continued on page 7)
The 2017 American Psychiatric Association Annual Meeting and Serving on the Assembly continued

the meeting had a theme. As a member of the Assembly, I now see how the theme is developed and why the issue de jour is so important. I never understood the workings of the governing body, or even, really, who that was, other than the APA president. The APA was really all about the annual meeting. That has now flip-flopped for me. The Assembly feels more real and more important than the annual meeting. Understanding the issues of the day, and even possibly developing, promoting, and doing work on the issues of the day, greatly enriches the meaning, for me, of being an APA member. It feels far more like a true, meaningful purpose than simply sitting in a lecture to get CME credits. I also really enjoy getting to know people who otherwise would have been just names—when I then go to a lecture, at the annual meeting, given by an Assembly member. It enhances the experiences because I have a better sense of the background and the passion of the lecture.”
—Lisa K. Catapano-Friedman, M.D., DLFAPA, Representative, Vermont Psychiatric Association

“"I am one of the 2 reps from Quebec & Eastern Canada. I’ve been a rep for 2 years, but never felt as much a part of the assembly as I did this time. I just wrote my first and hopefully not last action paper. In the course of writing it I collaborated with people I had never met before, whom I finally met in person in San Diego. I also met others in San Diego who were helpful in making it all come together. In the process I felt part of a meaningful organization. The process provided an avenue for learning about a subject that is not at all within my area of expertise as well as to learn about the maneuvering required to make change happen in a large organization. It was extremely gratifying when my action paper (proposing a position statement against juvenile solitary confinement) passed. Then I felt like I had a small part in making a huge potential difference for many people. As an aside, I also finally got around to apply for fellow status, and so became a FAPA."
—Judy Glass, MD, Representative, Quebec and Eastern Canada

""There is a greater sense of purpose, that one’s actions have a potential impact outside of one’s district branch area. Being an Assembly Representative results in seeing issues from a broader perspective, looking for commonalities and differences in one state versus another. Like an aerial view from 30,000 feet, patterns and connections are made visible where a ground level perspective remains quite limited. This expanded picture enhances the feeling of connectedness and the sense of responsibility for making things better for your fellow psychiatrists and patients.”
—Steve Daviss, MD, Representative, Maryland Psychiatric Society

(Join Daviss was also elected Recorder of the Assembly at the May 2016 meeting in San Diego)

Area 4 Report continued

which allows the director of the Department of Health, if they are a physician, to establish a statewide protocol for Narcan (injectable naloxone), making it easier to access this OD antagonist. Finally, members of the legislative committee who followed the PDMP issue learned a lot about the thinking (sometimes contradictory and irrational) of opponents of PDMP in the statehouse (ironically, some of them physicians) as well as nature of the legislative process, especially in final days before a vote when advocate organizations like APA and its District Branches must be extremely vigilant.

CME

One of the MPA’s goals for the coming year is to enhance our CME offerings. While the MPA CME programs have traditionally been well reviewed, the attendance is often low. To that end, our incoming president, Dr. Henry Nasrallah and immediate past president, Dr. Laine Young-Walker have spearheaded an effort to revamp our fall conference. It will be held in Columbia, MO on October 7, 2017. The topic will be “Controversies and Advances in Psychiatric Subspecialties” and will include speakers, break out discussions and a poster session. The committee planning this conference is exploring ways to increase attendance and excite our membership.
Mental Health Care & Health Reform Recommendations

Over the past 15 years, bipartisan policy efforts have helped decrease stigma surrounding mental health and substance use disorders (MH/SUDs) and reduced barriers to access care. Those barriers include patients’ lack of coverage, gaps in treatment in primary care, and the fragmented mental health system.

These accomplishments include:
- the establishment of the President’s New Freedom Commission on Mental Health in 2002,
- passage of the Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008,
- expansion of MHPAEA and coverage for MH/SUDs as part of the ACA in 2010, and
- passage of the 21st Century Cures Act in 2016, which includes mental health reforms.

These milestones have led to millions of Americans receiving access to coverage while reducing the financial burden that illnesses such as schizophrenia, bipolar disorder, and major depression, and substance use disorders place on hospitals, employers, and other social systems.

Prior to the passage of the Affordable Care Act, nearly one in five Americans receiving health insurance in the individual market had no coverage for mental health services, and an estimated 12 million individuals with mental and/or substance use disorders lacked insurance. Among those with employer sponsored health insurance, 2% had coverage that entirely excluded mental health benefits and 7% had coverage that entirely excluded substance use benefits. For those who had insurance, annual and lifetime caps limited benefits and raised the risk of bankruptcy and other financial hardships due to the costs of uncompensated care for mental health issues.

As efforts are made to reform the health system, Americans with MH/SUDs – and their families – need these improvements to be preserved and built upon to improve access to quality treatment. Without fully addressing these issues, we cannot drive down the cost of health care. To that end, the American Psychiatric Association offers the following recommendations:

Recommendations
1. Maintain Private Insurance Safeguards by specifically prohibiting the following:
   - Denying coverage based upon a pre-existing condition;
   - Establishing lifetime and annual dollar limits on essential health benefits;
   - Inequitable health plan medical management protocols that impede access to services and medications; or
   - Other forms of discrimination based upon health status, particularly including a history of mental illness or substance abuse.

2. Allow Young Adults to Stay Covered Until Age 26 through their parents’ insurance.

3. Support Sufficient Resources for Medicaid – Any efforts to restructure Medicaid must ensure sufficient funding for the diagnosis and treatment of MH/SUDs and not shift the cost to states in a way that forces them to tighten eligibility requirements, provider reimbursement, or benefits.

4. Protect Coverage for MH/SUDs – Maintain the current level of coverage for mental health and substance use disorders in health insurance plans.

5. Fully Implement the Mental Health Parity and Addiction Equity Act – Ensure full implementation and enforcement of the bipartisan MHPAEA.

6. Ensure Transparency for the Complaints and Grievances Process – Individuals must continue to have the right to receive information about how to submit complaints or grievances about their care to the treating professional’s regulatory board and professional association.

7. Support Innovation and Effective Integrated Care Models – Incentives and funding should be maintained to support effective models of integrated care – such as for the Collaborative Care Model – and the movement towards value-based payments that improve access and quality of care.

8. Support a Robust Psychiatric Workforce – A sufficient amount of resources must be devoted to training an adequate supply of psychiatrists to meet the needs of individuals with MH/SUDs. Specifically, programs authorized as part of 21st Century Cures should be fully funded. These include: Mental and Behavioral Training Grants, a demonstration project

(Continued on page 9)
Mental Health Care & Health Reform Recommendations continued

recruiting psychiatrists and other healthcare professionals into underserved areas, and the Minority Fellowship Program.

9. Reinforce Quality Care for MH/SUD Patients – Care for MH/SUDs should be patient and family centered, community based, culturally sensitive, and readily available.

MENTAL HEALTH SERVICES IMPROVE OUTCOMES & LOWER COSTS

- Over 68 million Americans experienced a psychiatric or substance use disorder in the past year.6
- Opioids were involved in 33,091 deaths in 2015, and opioid overdoses have quadrupled since 1999.7
- Depression alone has an annual negative economic impact of $210.5 billion.8
- Mental illness causes more lost workdays and impairment than arthritis, asthma, back pain, or diabetes.9
- An estimated $25 to $48 billion could be saved annually through effective integration of mental health and other medical care.10

REFERENCES
THE APA IS NOT DOING ENOUGH...

To the Editor:

I should be happy today. After only 49 days of waiting, my scores are back from the A.B.P.N. ten year Maintenance of Certification Examination and I passed. Unfortunately, that is not the emotion I am experiencing. I’m angry. At 53 years of age, I shouldn’t have take away time from my practice and family to take a test like a college sophomore cramming for an Organic Chemistry final. But to be a physician is to be a lifelong learner they say. That’s nonsense. Nothing about that test made me better qualified to take care of my patients. At least half the questions were so esoteric that they had no clinical application whatsoever. This was a waste of my time and at $6.36 a question, it was certainly a waste of my money. Let’s go over some of the lies the A.B.P.N. has told us about this exam over the last several decades. Those who completed residency a year before I did were supposedly “lifetime certified”. This status has now been revoked and if those senior members of our ranks don’t submit to Maintenance of Certification, their status is now reported as “Certified-not meeting M.O.C. requirements” My first letter after I passed the board explained that any future recertification exams would be “open book”. That policy only lasted three years into my certification term when a new letter arrived explaining that an expensive proctored examination would be required every ten years. Of course we have all seen the circus of bizarre requirements in addition to the exam that have come along since, that are so complicated that even the board itself admits they cannot fully explain them.

I have nothing against continuing medical education. It is a requirement for our license. I think we are in the best position to identify our needs and should be free to seek extra training in areas that we believe are most beneficial, but we need to stand firm and demand an end to the exams. Other specialties have been more militant in their cause and it appears that The American Board of Radiology will do away with their ten year exam. I urge everyone to only support candidates for office in our local and national organization who are committed to making this happen. The A.P.A. claims that the organization is committed to ending the exam, but our leaders need to be much more vocal about it, and work to expose the truth about the exam. Enough is enough. There has been no study that demonstrates that the exam leads to better patient care, nor will there ever be. It is nothing but an expensive frivolity that we have been shamed into complying with for too long.

—David Robert Hunter, M.D., D.F.A.P.A.
To the Editor:

Many physicians in our profession has pointed out that the 10-year “high stakes” examination is not clinically relevant and does not present a direct opportunity for education. Other medical specialties offering alternatives such as periodic self-assessment examinations, but not the ABPN. Several psychiatrists has expressed to me their frustrations with the APA over not being able to push the ABPN to dismantle MOC.

As chair of the Assembly Work Group on MOC for the past 4 years, I have had a chance to meet with APA members, learn about their concerns and I have been able to attend meetings with ABPN as part of the APA delegation. My general observation is that while the ABPN is conservative in their approach to making changes, they have listened to us and over time have moved forward in some important ways outlined below.

The 10-year examination was standard among the boards until recently when several innovative approaches have been tried. For instance, anesthesiology has piloted “The MOCA Minute,” which is a periodic email containing a question on a clinically relevant topic. If a threshold number of questions are answered correctly, the diplomat can forego the 10-year exam. Internal Medicine recently announced a self-examination based on reviewing specific articles. There are downsides to some of these approaches but they offer intriguing opportunities to both educate and examine diplomats as well as encouraging physicians to keep on new developments. The CEO of the ABPN, Larry Faulkner, reported at our joint meeting in February 2017 that they are exploring a self-examination article review format as an alternative to the 10-year exam. This is a result of APA advocacy around the need for more clinically relevant processes to be put in place. There are details to be addressed, so the initiation of this will likely be a few years from now.

The APA advocated for members who are “Grandfathered” and therefore not required to do MOC to have a non-pejorative designation on the website. We pushed for the new designation which now reads: “Not participating in MOC and not required to do so.”

We also advocated for increased alternatives to meet the MOC requirements so that diplomats can use things they are already doing to meet various criteria. The ABPN now offers this and more details are available at: www.abpn.com. Diplomats should call the ABPN if needed for clarity on what they need to do to satisfy criteria.

For psychiatrists who are already certified by ABPN and have a time limited certificate but do not wish to participate in MOC, there is a new option to remain certified, The National Board of Physicians and Surgeons (NBPAS). This new board will verify CME and give a certificate of ongoing board certification for a fee that is lower than what ABPN charges. This board is only recognized so far by a few hospitals and health systems but their reputation is growing. They do not offer initial certification and do not offer an examination for recertification. Psychiatrists who are on faculty will still need ABPN certification in most cases.

The APA is doing its best to support the members. Since the APA and ABPN are completely separate organizations, it is not possible for us to direct their activities, but I do see our advocacy as having impact.

—James ‘Bob’ Batterson, MD
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MISSOURI PSYCHIATRIC ASSOCIATION

“Controversies & Advances in Psychiatric Subspecialties”
Holiday Inn Executive Center
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Saturday, October 7, 2017

Preliminary Agenda

FRIDAY, OCTOBER 6, 2017
7:00 - 9:00 pm   Executive Committee Dinner Meeting

SATURDAY, OCTOBER 7, 2017
7:00 - 8:00 am   Registration, Continental Breakfast, Poster and Exhibits Set-Up

8:00 - 8:45 am   “Advances in Schizophrenia”
Speaker: Henry Nasrallah, MD, Sydney W. Souers Professor, Chair, Department of Psychiatry & Behavioral Neuroscience, Saint Louis University

8:45 - 9:30 am   “Personality Disorders Update”
Speaker: Donald Black, MD, Professor and Vice Chairman, University of Iowa Department of Psychiatry

9:30 - 9:45 am   Break to View Exhibits and Posters
(See pages 16-17 for more information on the Posters)

9:45 - 10:30 am  “Advances in Bipolar and MDD”
Speaker: Henry Nasrallah, MD, Sydney W. Souers Professor, Chair, Department of Psychiatry & Behavioral Neuroscience, Saint Louis University

10:30 - 11:15 am “Anxiety Disorders Update”
Speaker: Donald Black, MD, Professor and Vice Chairman, University of Iowa Department of Psychiatry

11:15 - 12 noon  Poster Session & Awards for Best Posters
Moderator: Anjan Bhattacharyya, MD

12:00 - 1:00 pm  Lunch with Exhibitors
Psychologists Prescribing Open Discussion
Moderator: Dr. Alan Whitters, President-Elect, Iowa Psychiatric Society
Preliminary Agenda

1:00 - 3:00 pm

INTERACTIVE BREAKOUT SESSIONS

“Child and Adolescent Psychiatry”
Speakers: Laine Young-Walker, MD, Associate Dean for Student Programs, Associate Professor of Psychiatry, Division Chief, Child and Adolescent Psychiatry, University of Missouri-Columbia; Pravesh Deotale, MD, Assistant Professor of Psychiatry (Child Psychiatry), Saint Louis University

“Geriatric Psychiatry”
Speaker: George Grossberg, MD, Professor, Department of Psychiatry and Behavioral Neuroscience, Department of Anatomy and Neurobiology, Department of Internal Medicine, Division of Geriatric Medicine, Dementia, Health Aging, Saint Louis University; David Beck, MD, Associate Professor of Psychiatry/Geriatric Psychiatry, Saint Louis University

“Addictions Psychiatry”
Speakers: Sherifa Iqbal, MD, Saint Louis University; Art Taca, MD, Medical Director, INSynergy

“Forensic Psychiatry”
Speakers: Jackie Landess, MD, JD, Assistant Professor of Psychiatry, Saint Louis University; Nicole Graham, MD, Assistant Professor of Psychiatry, University of Missouri Kansas City

“Consultation/Liaison Psychiatry”
Speakers: Anjan Bhattacharyya, MD, Associate Professor of Psychiatry, Saint Louis University; Subbu Sarma (tentative)

“General Adult Psychiatry”
Speakers: John Lauriello, MD, Chancellor's Chair of Excellence in Psychiatry, Medical Director of the Missouri Psychiatric Center, University of Missouri-Columbia; Henry Nasrallah, MD, Sydney W. Souers Professor, Chair, Department of Psychiatry & Behavioral Neuroscience, Saint Louis University

3:00 - 4:30 pm

Group Reports and General Discussion about Missouri Psychiatry
Panel Discussion with Presenters
Moderators: Laine Young-Walker, MD, Associate Dean for Student Programs, Associate Professor of Psychiatry, Division Chief, Child and Adolescent Psychiatry, University of Missouri-Columbia; Henry Nasrallah, MD, Sydney W. Souers Professor, Chair, Department of Psychiatry & Behavioral Neuroscience, Saint Louis University
Windsor IV Ballroom

4:30 pm

Final Remarks and Adjournment
Windsor IV Ballroom
Poster Session Submission Form
Missouri Psychiatric Association
Fall Conference
OCTOBER 2017
STONEY CREEK INN
COLUMBIA, MO

Please select which category best describes your current professional status.

☐ Medical Student

☐ Psychiatry Resident

☐ Practicing Psychiatrist

☐ Other Health Professional (Nurse practitioner, Physician Assistant, Social Worker, Nurse etc)

Poster Title: ____________________________________________

First Author Contact Information:
Name: ___________________________ Title: ___________________________
Organization: ___________________________ Fax: ___________________________
Street address: ___________________________ City: ___________ State: _____
Zip code: _________ E-mail: ___________________________ Phone: ___________

All additional authors (names, degrees, etc):
1. ___________________________________________
2. ___________________________________________
3. ___________________________________________
4. ___________________________________________
5. ___________________________________________

I have submitted all information as if it were to be printed in the Conference materials. If accepted for presentation, I give permission for this abstract to be printed in the conference proceedings.

☐ Yes, include my information (Check here)

Submission Form and Abstracts must be submitted by September 1, 2017 to:
Sandra Boeckman, Executive Director
Missouri Psychiatric Association
722 E. Capitol Avenue, Jefferson City, MO 65101
Phone: (573) 635-5070 ~ Fax: (573) 635-7823
E-mail: missouripsych@gmail.com
Poster Session Submission Form
Missouri Psychiatric Association
ABSTRACT

Poster Title: ________________________________

Abstract (250 words or less):

Submission Deadline is September 1, 2017
Proposed White House Budget Would Severely Harm Nation’s Mental Health Care System and Patients

The proposed White House budget released earlier this week calls for draconian cuts to the nation’s health care system, decreases access to mental health and substance use care and puts patients at risk. The APA calls on Congress to reject the proposed budget in favor of a bipartisan solution that ensures Americans get the health care they deserve.

The proposed budget includes:

- A nearly $6 billion cut to the National Institutes of Health Budget, which jeopardizes medical research.
- More than $252 million in cuts to The Substance Abuse and Mental Health Services Administration. Programs potentially affected include the Community Mental Health Services Blog Grant, the Primary and Behavioral Healthcare Integration program and the Behavioral Health Workforce Education and Training program.
- Roughly $627 billion in cuts to Medicaid over 10 years.
- A cut of $1.2 billion from the Centers for Disease Control and Prevention, cuts that target programs on HIV/AIDS and chronic disease prevention, among others.
- A cut of nearly a billion to The Food and Drug Administration.

“The proposed budget cuts will roll back much of the recent advances the nation has made in terms of health care,” said APA CEO and Medical Director Saul Levin, M.D., M.P.A. “We need more funding for medical research and prevention programs, not less. We call upon members of both parties to work together to fund these vital programs and initiatives.”

What’s New at the APA

- On May 25, Anita Everett, M.D., began her term as President of the APA, with Altha Stewart, M.D., taking the role of President-Elect. Theresa M. Miskimen, M.D., is now the Speaker of the Assembly.
- APA’s new Telepsychiatry Blog highlights news and tips for providing telepsychiatry services. The blog is part of the Telepsychiatry Toolkit, which includes resources on clinical, training and policy considerations.
- The APA conducted a national poll in April, looking at Americans’ attitudes about mental health, insurance coverage for mental health, the opioid crisis and more.

Video Explains PsychPRO, APA’s Mental Health Registry
Curious about PsychPRO, the new mental health registry from APA? Click here to watch a short video that explains how PsychPRO can help you treat patients and meet your certification requirements. PsychPRO is open to individual psychiatrists as well as large group practices and hospitals.

Write Your Senators and Ask Them to Start Over with the AHCA
Since the House passed the American Health Care Act (AHCA) to repeal and replace the Affordable Care Act (ACA), the Senate has been working on its version of a health care bill. The AHCA contains several provisions that would seriously jeopardize access to mental health and substance use disorder treatment. Click here to contact your Senators and urge them to opposed the AHCA and protect the strides made for mental health in the 21st Century Cures Act and the ACA.

June Course of the Month
Each month the APA offers a free course for members. The June course, Violence Toward Mental Health Workers, will be presented by Michael B. Knable, D.O., of the Sylvan C. Herman Foundation. Click here to access the Course of the Month and sign up for email updates about this free member benefit.

Choose Which Emails You Receive on Psychiatry.org
Did you know that you can select which topics the APA emails you about? Visit psychiatry.org to subscribe to our daily Headlines email and choose from topics like Annual Meetings, job postings and the APA Foundation that you want to learn more about. To manage your email subscriptions, sign in to your account at my.psychiatry.org, then click on your account name and select “My Profile.” Click on “Communication Preferences” in the menu on the left to see all your email options. Trouble logging in? Call (888) 35-PSYCH for help resetting your password.
Media Benefits for MPA Members

Your membership in the Missouri Psychiatric Association entitles you to several key media benefits:

1. Free ad listings on the MPA website. MPA Members can post their research studies, job listings, events or books for 6 months on the MPA website at http://missouri.psych.org. The listing can repost again after that period.

2. Reduced newsletter ad rates. MPA members may place any size ad in Missouri Psychiatry, MPA’s quarterly newsletter, for 50% off the regular rate. Missouri Psychiatry reaches nearly 500 MPA members and associated healthcare professionals in the state and appears online at the MPA website. It is the only publication dedicated to psychiatrists in the state of Missouri.

3. Free “Upcoming Events” listings. There is no charge for members to post upcoming meetings and special events of interest to the behavioral health community.

All ads must be camera ready in an electronic format and should include a link to the advertiser’s email address or website. Web ads may be submitted in color or black & white. Newsletter ads will print in black and PMS 294 Blue inks regardless of submission format.

Letters to the Editor

We invite readers to submit letters of not more than 500 words. Missouri Psychiatry reserves the right to edit letters and to publish them in all editions, print, electronic, or other media. Letters should be sent by postal mail to Missouri Psychiatry, Missouri Psychiatric Association, 722 E. Capitol Avenue, Jefferson City, MO 65101 or by email to adamb@health.missouri.edu. Clinical opinions are not peer reviewed and thus should be verified independently.

Newsletter Submissions

We strive to offer content in Missouri Psychiatry that represents our membership and encourage members to participate in its creation. For communications regarding the newsletter or to submit articles, letters to the editor or upcoming events, please contact: Editor, Missouri Psychiatry, 722 E. Capitol Avenue, Jefferson City, MO 65101, or missouripsych@gmail.com.

Newsletter Disclaimer: The opinions expressed herein are those of the authors and do not necessarily state or reflect the views of Missouri Psychiatric Association. Publication in this newsletter should not be considered an endorsement.

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Guidelines for Submission to Missouri Psychiatry Newsletter

1. All submissions will be sent via email to Sandy Boeckman at missouripsych@gmail.com who will then forward the submission to the newsletter editor.

2. The length of the article should be between 600-1200 words. In addition to the article, up to five references may be added.

3. At the end of the article, the author should include a statement clarifying the presence or absence of a conflict of interest related to the article.

4. If the article includes clinical information, the author should make a statement that the identifying information of the patient has been changed and he/she has obtained the permission of the patient and/or guardian prior to publication.

5. The article will be edited by the newsletter editor. The author may be asked to clarify some information, and address comments made by the editor. The revised article will be emailed back to the editor for final review and approval.

Submission Deadlines

February 15, 2017; May 30, 2017; August 15, 2017; November 15, 2017

Advertisement Information

For advertisement information, please contact Sandy Boeckman by email at missouripsych@gmail.com.
Calendar of Events

~ ~ ~ ~ ~ Conference Calls Scheduled at 7:00 pm ~ ~ ~ ~ ~

PTSD Awareness Month
Gay and Lesbian Pride Month
Alzheimer’s and Brain Awareness Month
AIDS Awareness Month
June 2017

National Men's Health Week
June 12-18, 2017

Fall Conference, General Membership Meeting and CME Training
Holiday Inn Select
Columbia, MO
October 7, 2017

MPA Executive Council Conference Call
July 6, 2017
August 8, 2017
September 7, 2017
November 14, 2017