On the Road to Damascus

I would first like to thank Dr. Sherifa Iqbal for her leadership over the past year (more on her a little later), she will be a hard act to follow and Sandra Boeckman our Executive Director for her guidance during my President Elect year. I will start my first address to you with a confession. I have been largely a bystander when it comes to the APA. Some of that is due to the fact that I was self-absorbed with my own career and later the demands of running a psychiatric department. It was only when Dr. Henry Nasrallah, our past president, pushed me to run for the office that I reluctantly agreed. So this past year I have been more involved with the APA and the MPPA then in all of my previous 30 years of practice.

So one might ask have I experienced a Pauline Conversion. As you may recall, Paul was traveling from Jerusalem to Damascus and he was struck blind for three days. His recovery led him to take a new path in life. I wouldn’t exactly say that happened to me. What I can say is I have a new respect for the dedicated psychiatrists who give of their own time to serve on the Executive Council and various other important committees. I want to give a special acknowledgement to the resident psychiatrists who attending the Legislature’s Advocacy Day. We had very strong showing which impressed our elected officials and also bode well for the future of our organization.

In this past year the MPPA has been active on the state and national front to advocate for those who often cannot advocate for themselves. We have been in the vanguard of continuing to push for mental illness parity with “physical-medical” illnesses. We have also worked hard to protect psychotropic access and to keep persons from losing their Medicaid benefits if incarcerated.

As I was writing this article, events that I did not expect occurred. As we all now know, the Jefferson City area was hit by an EF-3 tornado just before midnight on May 22. Many of us who live in Mid-Missouri were at some time that night in our basements watching the tracking of severe weather. The next day, Dr. Iqbal in her role as Red Cross Regional disaster mental health lead for Missouri and Arkansas was busy organizing emergency care. Many of our other members were fielding calls from new stations and making sure our patients were okay. I expect in the next few months, we will be addressing some of the psychiatric needs of those who were newly affected by the tornado or experienced a worsening of their condition due to its aftermath.

(Continued on page 2)
**Executive Council**

**Executive Council Officers**
- **President**
  John Lauriello, MD
- **President-Elect**
  Azfar Malik, MD
- **Secretary-Treasurer**
  Subbu Sarma, MD
- **Immediate Past President**
  Sherifa “Missy” Iqbal, MD
- **APA Assembly Representatives**
  James L. Fleming, MD
  Jackie Landess, MD

**Committee Chairs**
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- **Bylaws** - Anjan Bhattacharyya, MD
- **Child Psychiatry** - Sultana Jahan, MD; Pravesh Deotale, MD
- **Disaster Psychiatry** - Sherifa “Missy” Iqbal, MD
- **Early Career Psychiatry** - Erum Khan, MD; Rasha M. El Kady, MD
- **Ethics** - TBD
- **Foundation** - Sherifa “Missy” Iqbal, MD
- **Forensic and Correctional Psychiatry** - Nicole Graham, MD; Jackie Landess, MD
- **Geriatric** - David Beck, MD; William Redden, MD
- **Legislative** - James L. Fleming, MD
- **Medical Students** - Raza Sagarwala, MD; Rajat Duggirala, MD
- **Membership/Fellowship** - Jackie Landess, MD; Subbu Sarma, MD
- **Newsletter Editor ‘Show-Me Psychiatry’** - Balkozar S. Adam, MD
- **Nominating** - Sherifa “Missy” Iqbal, MD
- **Political Action** - Jo-Ellyn M. Ryall, MD
- **Private Practice** - Azfar Malik, MD
- **Program** - TBD
- **Resident and Fellow Representative** - Nathalie Boulos, MD; Geetha Chandrashekar, MD; Jacob Lee, MD; Sailaja Bysano, MD
- **Website** - Vikas Mandadi, MD

**Executive Director**
- Sandra Boeckman

**President’s Message**

Which brings me back to my conversion. Part of conversion is often converting others. So I am asking our MPPA members to consider being less of a bystander (like I was) and become more active in our state chapter. We send this newsletter to every psychiatrist that we can locate in Missouri. To those who are not members, please consider joining. There are so many things we as the MPPA can do to advance our practice and serve our patients and state. We need every one of you. It’s easy to get more involved. Please consider coming to our Fall Conference on September 28th in Columbia, there you can learn more about the MPPA, get to know other psychiatrist in the state and attend a number of excellent lectures. You can find us at our website (Missouri.psychiatry.org) or on Facebook ([https://www.facebook.com/missouripsych/](https://www.facebook.com/missouripsych/)) and twitter (@MOpsychiatry). I look forward to a wonderful and productive year.

John Lauriello, MD

Medical Director of the Missouri Psychiatric Center
Robert J. Douglas, MD, and Betty Douglas Distinguished Professor in Psychiatry

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**Mark your Calendar**

**Fall Conference**

**General Membership Meeting**

**AND CME Training**

Holiday Inn Executive Center
Columbia, Missouri

**Saturday, September 28, 2019**
The MPPF Board of Directors continues to work to achieve the foundation’s mission and functions.  

1. Mission: The foundation is formed to engage exclusively in scientific, educational, and charitable activities, fully consistent with section 501© (3) of the Internal Revenue Code.  

2. The MPPF was organized exclusively to perform the following functions:  
   A. PROFESSIONAL EDUCATION. The Foundation will develop and fund educational offerings and projects, including in collaboration with others, designed to improve and enrich professional knowledge and skills of psychiatrists and other medical and mental health professionals in the prevention, diagnosis and treatment of psychiatric brain disorders. This may include programs to encourage healthier personal and professional lifestyles.  
   B. PUBLIC EDUCATION. The Foundation will encourage and sponsor educational programs, including in collaboration with others, to increase awareness and advance knowledge of psychiatric brain disorders and effective treatments available today. The Foundation may support educational efforts aimed at employers, the media, persons living with a mental disorder and their families, to encourage a better understanding of the causes, treatment and prevention of psychiatric disorders and their treatment. The Foundation may also support efforts to remove barriers to access to psychiatric care.  
   C. RESEARCH AND DISCOVERY. Support of research projects by members of the MPPA which aim to advance the biopsychosocial understanding and management of psychiatric disorders. This will include identification and remediation of the social determinants of mental health.  
   D. RECOGNITION OF ACHIEVEMENT. The Foundation may provide some recognition of achievement to individuals or groups who have excelled in advancing the purposes of the Foundation.  
   E. SUPPORT OF MPPA. The Foundation will provide support to the Missouri Psychiatric Physicians Association in its efforts to achieve the Foundation’s objectives such as education and research.  

3. In addition to the Board of Directors, represented by the executive committee, the board is looking at establishing three additional committees.  
   a. Public Relations Committee: members include Dr. Henry Nasrallah, Dr. Sherifa Iqbal, and Dr. Jim Fleming. This committee is preparing guidelines and recommendations for the MPPF Media Award.  
   b. Advisory Council: this will be comprised of 8-10 community leaders, excluding psychiatrists. Nominations will be made by board members. This council will support the MPPF in achieving its goals.  
   c. Fundraising/Finance Committee: Dr. Henry Nasrallah (president) and Dr. Azfar Malik (treasurer). This committee will oversee the financial status of the MPPF and explore opportunities for potential donations.  

4. The MPPF is in the process of finalizing a logo to represent the foundation’s goals.  

Donations are payable to Missouri Psychiatric Physicians Foundation (MPPF)  
722 E. Capitol Avenue, Jefferson City, MO 65101  
Donations can also be made online at:  
https://missouri.psychiatry.org/advocacy/mppa-foundation
As the new legislative liaison (Lobbyist) for the Missouri Psychiatric Physicians Association, I have to say it was a learning experience for me and my associates at R. J. Scherr & Associates to represent the psychiatric physicians of the state. I’m hoping it will be a long and healthy relationship. I bring to you below a wrap-up of the activities from the 100th General Assembly.

The First Regular Session of the 100th General Assembly came to a close on Friday, May 17th at 6:00pm. This session was the first for Governor Parson’s new administration since taking over in June of 2018. The final week saw three days of filibuster in the Senate on the General Motors Incentive package and the abortion bill, followed by two very productive final days that saw as many bills pass as the number of bills passed in the previous 120 days.

Governor Parson was reasonably successful in accomplishing the priorities he set out in early January. He was able to get passed a Fast Track program for adults needing more education and job training, bonding for bridge repair, as well as an incentive package for General Motors plant to re-tool. This session gave rise to the “conservative caucus” within the Missouri Senate. Those senators stalled many pieces of legislation that ultimately did pass but the time lost in those efforts hurt the prospects of getting other legislation passed. Their activities also impacted their own legislation. The General Assembly passed 92 pieces of legislation this session. This is down about 40-50 bills from the average.

### Bills of Specific Interest that Passed

**HB 399**
- Rep. (Dr.) Patterson’s HB 904 relating to MAT services was included in this bill
- Suspension rather than termination of Medicaid eligibility for those incarcerated in correctional institutions and jails (217.930 and 221.125)
- Certain Qualifications for the Director of the Department of Health
- Removes the option for a health care provider to use the unanticipated Out of Network Process
- Autism therapy insurance coverage
- Prohibits payment to providers with a system that charges a fee

**SB 147**
- Limited repeal of the motorcycle helmet law

**SB 514**
- Rep. (Dr.) Patterson’s HB 904 relating to MAT services was included in this bill
- Suspension rather than termination of Medicaid eligibility for those incarcerated in correctional institutions and jails (217.930 and 221.125)
- Creation of a Substance Abuse Task Force
- Reports regarding children exposed to controlled substances
- E-prescribing of controlled substances by 2021 (with some exceptions)
- Removes the option for a health care provider to use the unanticipated Out of Network Process
- Substantive Prior authorization changes
- Expands training for certified nurse assistants
- Prohibits payment to providers with a system that charges a fee

The provisions relating to access to antipsychotic drugs by MO HealthNet users did not pass. HB 867 by Rep. Gregory was passed out of committee in the House and was placed on the calendar for debate but time ran out. Those provisions were also added to SB 45 in the House committee but the bill died in the House Rules Committee after getting caught up in the House/Senate Conservative Caucus conflict.

Those bills that passed will be sent to the Governor within the next 2 weeks for his signature. The Governor has until July 14 to sign bills and, if signed, they will take effect August 28.
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  (must be claims free for the last 6 months)
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- **10% Claims Free Discount** (for those practicing 10 years, after completion of training, and remain claims free)
- **50% Resident-Fellow Member Discount**
- **15% Child and Adolescent Psychiatrist Discount** (for those whose patient base is more than 50% children and adolescents)
- **50% Part-time Discount** (for up to 20 client hours a week or less)
- **5% Risk Management Discount** (for 3 hours of CME)

*Where allowable by law and currently not available in AK or NY.
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Advocacy Day at the Missouri State Capitol
Jacqueline Landess, MD
Balkozar Adam, MD

On March 12th, 2019, a group of nearly thirty psychiatrists, residents, and medical students attended the Missouri Psychiatric Physicians Association’s (MPPA) Advocacy Day in Jefferson City, Missouri. The purpose of the MPPA’s Advocacy Day was to meet with legislators about pending bills with the potential to impact psychiatric patients and practice. A secondary goal of the event was to familiarize attendees with the legislative process and the workings of the Missouri legislature. Individuals from Kansas City, St. Louis, and Columbia were in attendance, with residents and students from St. Louis University, University of Missouri and University of Missouri-Kansas City, joined hands to advocate for Missourians who struggle with mental health issues.

The legislative committee, especially executive director Sandy Boeckman, lobbyist Randy Scherr, Jacqueline Landess, Jim Fleming, Missy Iqbal and APA Regional Field Director Amanda Blecha devoted extra time in planning and recruiting for the event. The preparation for the visit started a few months prior with Dr.’s Jim Fleming and Jacqueline Landess taking the lead on the directive of the executive committee of the Missouri Psychiatric Physicians Association (MPPA). The Greater St. Louis ROCAP (the local chapter of the American Academy of Child and Adolescent Psychiatry) was invited to join the initiative and indeed participated. Dr.’s Sherifa Iqbal and Jacqueline Landess prepared factsheets including highlights to be discussed with the legislators and their staff during the visit to the capital.

The day kicked off with a luncheon and information session at the capital. Randy Scherr provided an overview of pending bills of interest and provided tips on how to speak with legislators. Attendees were also given fact sheets and talking points about four main bills of interest. Specific legislators were identified who had either sponsored the bills of interest, or were on key committees who could help move the bill along. Attendees also had the option to meet with legislators from their specific district. We divided into several small groups comprising a mix of psychiatrists, residents and medical students and headed off for the capitol.

Four bills were discussed and attendees were encouraged to advocate for these bills. These included: Mental Health Parity, Prescription Drug Monitoring Programs (PDMPs), Medicaid Eligibility for Incarcerated Individuals, and the Primary Care Loan Program. First, was the Mental Health Parity bill; this bill would extend insurance benefits to mental health and substance use disorders, similar to existing benefits for other health conditions. We emphasized how the lack of strong parity in Missouri leads to undue suffering, loss of life, and lack of health and productivity for Missouri citizens. The next bill discussed and advocated for was the PDMP bill. Missouri is the last state in the U.S. without a statewide PDMP. We discussed not only the opioid crisis and its effects, but also the robust response other states have had in implementing and using PDMPs to track and decrease duplicate prescribing of controlled substances.

The third bill we discussed was the Medicaid Eligibility for the Incarcerated. In about half of the states, an individual’s Medicaid is suspended rather than terminated upon incarceration. Missouri terminates Medicaid upon incarceration. Suspension allows an individual to be reinstated and access needed benefits much sooner upon release. Without adequate access to medication treatment and social services upon release, recently incarcerated individuals are at high risk for decompensation, relapse, recidivism, and negative health outcomes. At the time of Advocacy Day, Missouri terminated Medicaid for incarcerated individuals. As an exciting update, this bill did pass as a part of a larger bill, Senate Bill 514, in early May! Last but not least, attendees were given information about the Primary Care Loan Program bill, which would extend primary care status and thus, presumed eligibility for loan forgiveness, to psychiatrists practicing in rural areas.

(Continued on page 7)
Advocacy Day at the Missouri State Capitol
Jacqueline Landess, MD
Balkozar Adam, MD

At the end of the day, we reconvened for a tour of the capitol and then proceeded to a light reception to debrief and discuss our experiences and recommendations. Overall, the attendees considered their work to be successful and felt their voices were heard. However, they recognized the ongoing need to consistently and persistently advocate for our patients and their families. We discussed ways to increase advocacy year-round and how to demystify this process, especially for younger MPPA members. We also discussed how to collaborate with other organizations that have similar goals of supporting our patients. We hope to have a great turnout again next year and thank everyone who attended and helped plan this important event!

R. Raymond Knowles, MD

R. Raymond Knowles, MD, a psychiatrist specializing in chemical dependency, died January 23, 2019, at the age of 95.

Born in Sydney, Australia, Dr. Knowles received his medical degree from the Medical School University in Sydney, Australia. He completed an internship at the Royal South Sydney Hospital and his residency at Barrow Hospital in Bristol, England. In St. Louis, he was in private practice and was superintendent of the former St. Louis State Hospital, now the St. Louis Psychiatric Rehabilitation Center. He was on staff at SSM Health St. Mary's Hospital and the former Deaconess and St. Anthony's hospitals, and was a clinical professor of psychiatry at Saint Louis University School of Medicine. Dr. Knowles joined the St. Louis Metropolitan Medical Society in 1965.

SLMMS extends its condolences to his wife, Judith Lambert Knowles; his children: Alison Frazier, Elizabeth Knowles, Sally Knowles, Jim Lambert and John Lambert; his nine grandchildren and nine great-grandchildren.
New Grant Seeks to Expand and Improve Access to Behavioral Health Care for Children in Missouri
Laine Young Walker, MD
Wendy Ill, OTR/L

The Missouri Child Psychiatry Access Project (MO-CPAP) is an exciting new collaborative project aimed at addressing behavioral health needs of children and adolescents, as well as the severe shortage of child and adolescent psychiatrists in Missouri. This project is modeled after the Massachusetts Child Psychiatry Access Program (MCPAP), a successful curbside consultation model for Primary Care Providers (PCPs) which has been implemented by more than 30 other states over the past 15 years. Pilot funding was awarded to the University of Missouri in 2018 by the Missouri Foundation for Health, and the project received additional funding through the Department of Mental Health from the U.S. Department of Health and Human Services – Health Resources Services Administration’s (HRSA) Pediatric Mental Health Care Access initiative.

As many as 25 percent of youth across the U.S. suffer from clinically significant behavioral health problems, with 75 percent or more receiving behavioral health care from a PCP. According to the American Academy of Child and Adolescent Psychiatry, Missouri also faces a severe shortage of Child and Adolescent Psychiatrists (CAPs) with only 11 CAPs per 100,000 children. By contrast, a sufficient supply of CAPs is 47 providers per 100,000 children. 89 of Missouri’s 114 counties do not have a CAP within the county, and while telehealth options exist, families and children continue to experience long wait times for appointments due to this severe shortage of psychiatrists. Furthermore, many children living in rural parts of the state have no access to any behavioral health professionals, significantly decreasing the likelihood that they will receive treatment.

MO-CPAP addresses these challenges by building capacity within primary care settings to treat and manage mild to moderate behavioral health needs. Evidence shows that, with support, PCPs can effectively address and manage most of these cases. Project services to enrolled PCPs include: timely telephonic consultations with a CAP regarding screening, diagnosis, and management of behavioral health conditions; linkage and follow up care coordination to connect patients with community-based referral services; and ongoing behavioral healthcare educational opportunities.

Through initial funding provided by Missouri Foundation for Health, MO-CPAP began implementation in two pilot areas: the Eastern Region (St. Louis City and County, St. Charles, Jefferson, Franklin, Lincoln, and Warren counties); and the Central Region (Audrain, Boone, Callaway, Cole, Cooper, Howard, Randolph, and Moniteau counties). These regions launched services in July 2018 and April 2019, respectively. The additional funding through HRSA will allow the project to expand its reach statewide in October 2020.

MO-CPAP services are offered at no cost for enrolled providers, and PCPs across the Eastern and Central Regions are eligible to enroll. Over 150 primary care physicians, family physicians, pediatricians, physician assistants and advanced practice nurses are currently enrolled, and close to 40 percent have participated in a telephonic consultation with a MO-CPAP CAP, referred a family for linkage and care coordination, or used the web-based educational materials to improve their care of youth in their practices. The most common potential diagnoses that PCPs discuss include anxiety, depression, and ADHD, and most PCPs call for guidance regarding medication management and treatment planning.

Project services are critical to build longer term behavioral health care capacity within primary care. In addition, in situations where the needs of children require a referral to specialty care under a CAP, MO-CPAP offers assistance to PCPs who are bridging care (Continued on page 9)
New Grant Seeks to Expand and Improve Access to Behavioral Health Care for Children in Missouri

Laine Young Walker, MD
Wendy Ill, OTR/L

for children waiting for appointments with a local psychiatrist. Supporting PCPs to bridge behavioral health care for young people can help prevent further worsening of symptoms until families can establish more appropriate long-term treatment. Within the patient-centered medical home model of care, children and families benefit greatly by remaining (or returning) to their primary care setting when engaging in treatment of chronic diseases. Children who are treated by psychiatrists, once stabilized on psychotropic medications, could be referred back to their primary care provider. If those PCPs are enrolled in MO-CPAP, they have access to additional supports which can allow for better care of ongoing behavioral health issues.

MO-CPAP benefits from collaborative partners from the Missouri Department of Mental Health, University of Missouri Department of Psychiatry, Behavioral Health Network of Greater St. Louis, Behavioral Health Response (St. Louis), Assessment Resource Center, Missouri Telehealth Network, NAMI St. Louis, and the Washington University Pediatric and Adolescent Ambulatory Research Consortium (WU PAARC). The Principal Investigator for MO-CPAP is Laine Young-Walker, MD, Chief Medical Director for the Missouri Department of Mental Health and Division Chief of the Department of Child and Adolescent Psychiatry at University of Missouri Health Care.

Source Citation:
Dr. Henry Nasrallah, Immediate Past President of the Missouri Psychiatric Physicians Association (MPPA) has decided to retire from Saint Louis University, where he has served as Professor and Chairman of the Department of Psychiatry and Behavioral Neuroscience since 2013. He and his wife Amelia, a research psychologist, want to live close to their grandchildren in Cincinnati, where they lived for 12 years prior to coming to St. Louis. Dr. Nasrallah will rejoin the University of Cincinnati where he worked for 12 years prior to coming to St. Louis.

To celebrate this retirement, Dr. Nasrallah and his wife made a substantial contribution to Saint Louis University. The School of Medicine expressed its gratitude to the Nasrallahs by establishing the Henry and Amelia Nasrallah Center for Neuroscience. Daniela Salvemini, PhD, a renowned basic neuroscientist, was appointed as Center Director. Dr. Nasrallah, who was honored with a life-time appointment as Professor Emeritus at Saint Louis University, and will serve on The External Advisory Board of the Center.

Dr. Nasrallah was elected President of the MPPA in 2016. During his presidential year (2017-18), he succeeded in getting the members to approve the addition of the term “physicians” to the previous name of Missouri Psychiatric Association, in order to emphasize the medical identity of psychiatrists. He also established several new committees to the governance structure of the MPPA, especially for medical students and residents and the website.

One of Dr. Nasrallah’s important initiatives for Missouri Psychiatry was to establish a charitable foundation to support the MPPA’s mission. He signed the application to the IRS in early 2018, and the Missouri Psychiatric Physicians Foundation (MPPF) was approved by the IRS as a 501c3 nonprofit entity and was formally established in December 2018. Dr. Nasrallah was elected in the first President, and he assembled a Board of Trustees comprised of key psychiatrists who have been actively involved in The MPPA for many years. The MPPF's main goal is to raise tax-deductible donations so it can support the MPPA’s mission of education, research and advocacy to erase stigma and increase access of psychiatric care to all Missourians. The MPPF also established an annual Media Award to recognize a media organization (radio, TV, newspaper or online website) that vigorously promotes mental health and psychiatric treatment. Dr. Nasrallah’s dream is to see all 450 MPPA members make the MPPF one of their favorite charities and to donate at least $100 annually to the MPPF so it can have a budget adequate enough to effectively carry out its important mission.

Dr. Nasrallah will rejoin The University of Cincinnati, both in The Departments of Psychiatry and Neurology. He will establish a Neuropsychiatry Program with clinical, teaching and research activities under the auspices of the UC Neuroscience Center. He will also re-establish The Schizophrenia Program and continue to serve as Editor-In-Chief of 2 very successful journals: Schizophrenia Research and Current Psychiatry. He also plans to rejoin The Ohio Psychiatric Physicians Association (OPPA). (He proposed adding the term “physicians” to the OPA back in 2006 and it was accepted unanimously by the members). Dr. Nasrallah also served as president of The Ohio Psychiatric Physicians Foundation (OPPF) and for several years served as Editor of Insight Matters, the quarterly Newsletter of the OPPA.

Dr. Nasrallah sends his warm regards to all the MPPA members he had the honor of serving as President. He will always have a special spot in his heart for Missouri and its dedicated psychiatrists. He hopes that both the MPPA and the MPPF will continue to grow and thrive with the ongoing support and involvement of all Missouri Psychiatrists.
PRMS VIRTUAL POSTER CONTEST

PRMS is excited to host its first-ever virtual poster contest for residents! Residents will submit videos of their posters to be played at our national seminars throughout 2019, allowing an opportunity to share original research and case findings with the practicing psychiatrists and colleagues in attendance.

HOW IT WORKS

Residents are invited to submit a five-minute video presentation of their poster, along with a poster handout.

PRMS Risk Managers will select the top ten poster videos, which will be played at each of four national seminars throughout 2019.

PRIZE: Each top-ten poster video will be awarded a $100 gift certificate to the APPI bookstore.

Seminar attendees (practicing psychiatrists) at each of the four PRMS national seminars in 2019 will view the ten videos and vote on the best poster.

PRIZE: The resident(s) receiving the most votes at each seminar will share a $500 award.

GRAND PRIZE

The resident(s) receiving the most votes in all four seminars overall will share a $1,000 award!

TO SUBMIT

Email your poster video to Vanderpool@prms.com

SUBMISSION DEADLINE

December 31, 2018

QUESTIONS?

Donna Vanderpool
Vice President, Risk Management
Vanderpool@prms.com

Professional Risk Management Services, Inc. (PRMS, Inc.) is accredited (with commendation) by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.
Show-Me Psychiatry

APA Assembly Notes
May 2019

This digest of events during the May Assembly meetings held in San Francisco, CA summarizes oral presentations and action items of the Assembly. Many other reports presented in written form can be found in the Assembly Packet. It is best to download or read these notes online, but may also be printed and distributed in hardcopy (without access to the web links). You may use it as is, or edit and modify the content to suit your particular needs. Any errors or omissions are to be considered unconscious.

Speaker’s Welcome—James R. Batterson, MD
Dr. Batterson welcomed everyone to San Francisco where, he noted, both he and Seeth Vivek, MD met their eventual spouses when they both attended the APA Annual Meeting in 1993. Several candidates who ran this past year or currently hold national offices in the APA have served in the Assembly. We have an extremely full agenda with 46 Action Papers and 16 Position Statements, but he assures us that he has a plan to get us through the entire agenda.

Treasurer Report—Gregory W. Dalack, MD
APA had a net loss in 2018 compared to a net gain in 2017. Most of the losses were attributed to investments. Several income centers still managed to have net gains, but net expenses were also higher in 2018. Similarly, APA Foundation had net losses in 2018 compared to net gains in 2017. Current financials in 2019 are ahead of pace for 2018, led by increases in APA Annual Meeting registrations. Based on the Action Paper approved by the Assembly requesting report out on APA and APAF investment in fossil fuels, this information is available in our Assembly packet. The Investment Oversight Committee is studying the Assembly’s proposal to divest of fossil fuel investments and will be making its recommendations to the BOT later this year. There is a complete report in the Assembly packet.

APA President-Elect—Bruce Schwartz, MD
Dr. Schwartz reported that the Council on Healthcare Systems and Financing, in response to an Action Paper passed by the Assembly last year, has begun to develop a tool to assess the level of treatment intensity required for adequacy of care. Also, given the outcome of the recent landmark case in California of Wit v. UnitedHealthcare, the Council on Quality of Care is also developing standards of acuity of patient care. The psychiatrist workforce deficit is getting worse as older “baby-boomer” psychiatrists move toward retirement. In the next decade, the shortage of psychiatrists is expected to exceed 15,000. This will adversely impact efforts to achieve and maintain parity of psychiatric care. Innovations will improve access to care, but will fall short of resolving it. As the problem grows, expect non-MD providers to seek greater autonomy and increased scope of practice toward prescriptive authority.

APA President—Altha Stewart, MD
Dr. Stewart has worked closely this year in collaboration with Dr. Batterson. The actions taken recently by the APA Assembly challenge APA leadership to be better as leaders. Her legacy as APA President has been to encourage and mentor young psychiatrists to become more active in the organization in the past year. MOC remains a problematic issue for many members. APA is working hard to resolve issues with the ABPN. Being president of the APA for the past year has been one of the top five highlights of her life. Dr. Stewart offers her thanks for the support of the Assembly and for the work we do.

APA Foundation—Saul Levin, MD, MPA, Chairperson/Chief Executive Officer and Medical Director & Daniel Gillison, Jr., Executive Director
The APAF remains committed to funding APA fellowships. This year (Continued on page 13)
drew 69 fellows, including 48 women and 21 men, from 43 institutions for a total of 108 fellows currently. Foundation activities at this year’s APA Annual meeting include a historical training track, several video recording booths offering attendees a chance to share their views on psychiatry, hosting the APA Mind Games, including a special 175th Anniversary edition, and of course, the APA’s 175th Anniversary Gala at San Francisco’s City Hall. APAF now offers several ways to donate, including texting ‘APAF2019’ to 44321, a silent auction to be held during the Annual Meeting, or you can always Adopt-A-Book at the APA Library in Washington, DC. APAF remains a platform for activism.

**APA Political Action Committee— R. Scott Benson, MD, Chair**

APAPAC spent $315.5K in 2018, still well behind other specialty group PACs. In 2019, the PAC has raised $172K from 900 members’ contributions so far. As of the start of the May Assembly, 44% of Assembly members have contributed so far this year (compared to 93% last year). BOT and AEC members are near 90% participation. Area 4 leads the way with $13.8K, while Area 1 lags behind with $288. PAC funds are used to support parity, suicide prevention, and opioid use-related issues.

**Royal College of Psychiatrists—Adrian James, MB BS FRCPsych MSc, Registrar**

Dr. James is a guest of the Assembly and attending the APA Annual Meeting. He observes that issues affecting psychiatry in the US are similar to those in the UK. However, with tongue in cheek, he notes that the UK has had difficulty in giving direction to the US historically. The Royal College of Psychiatrists has a touching video that invites viewers to “Choose Psychiatry”.

**Assembly Committee on Procedures—A David Axelrad, MD, Chair**

The Assembly approved amendments to the election procedures for nominating of officer candidates to replace those nominees who withdraw from the election. The Association of Medicine and Psychiatry’s application to be part of ACROSS was also approved.

**CEO/Medical Director of the APA— Saul Levin, MD, MPA**

With nearly 39,000 members, APA membership is the highest in the past 20 years. The APA website has had a 700% increase in traffic. It includes over 200 diversity activities, Find-a-Psychiatrist, and several areas focusing on innovation and toolkits for member use. In 2018, APA has been awarded several research grants, including CMS Transforming Clinical Practices initiative (TCPi) Support Alignment Network (SAN) – $2.9M/4 years, CMS Quality Measure initiative – $5.4M/3 years, SAMHSA Clinical Support System for SMI (CSS-SMI) – $14.2M/5 years, and SAMHSA STATES Technical Assistance Team Education and Support through AAAP – $442K/2 years. A draft of updated Practice Guidelines on Treatment of Patients with Schizophrenia are online. Please review and give your feedback. APA Publishing is planning to release 30 new book titles in 2019, 85 titles for 2019-2021. An Alexa app is in development for abstracts of Psychiatric News articles. And new “Psychiatry Unbound” podcasts with Dr. Laura Roberts are being released. APA’s Annual Meeting is expecting 12,000 attendees, 252 exhibitors, and 288 allied group meetings scheduled. Media requests to APA have increased 115% since 2015. An APA Leadership Cascade will provide timely and targeted messages to all levels of APA leadership. Efforts at strategic communication have increased quality of connection to members as evident by increased number of emails opened, and fewer email opt-outs. APA can also be found on social media, including Twitter, Facebook, Linkedin, Youtube, the APA App, and Instagram. Dr. Levin can also be found on social media at Twitter, Instagram, and Linkedin.

(Continued on page 14)
APA Assembly Notes
May 2019

APA Position Statements
The following Position Statements were approved by the Assembly:

**Proposed** Position Statement for a Neuroscience-based Nomenclature (NbN) Project

**Proposed** Position Statement: Supporting Implementation of the Mental Health Parity and Addiction Equity Act

**Proposed** Position Statement: Civil Commitment for Adults with SUDs

**Revised** Position Statement Against use of cannabis for PTSD

*Retained** Position Statement: Cultural Psychiatry as a Specific Field of Study Relevant to the Assessment and Care of All Patients

*Revised** Position Statement: Carve Outs and Discrimination

*Revised** Position Statement: In Opposition to Cannabis as Medicine

*Revised** Position Statement: Substance Use Disorders

**Proposed** Position Statement: Use of Opioid Medications with Terminally Ill Patients

*Revised** Position Statement: Sexually Transmitted Infections Including HIV Infection Among Older Adults

*Revised** Position Statement: The Role of the Psychiatrist in Nursing Facilities

*Revised** Position Statement: Need to Maintain Intermediate and Long-Term Inpatient Care Access for Persons with Serious Mental Illness

*Revised** Position Statement: Abuse and Misuse of Psychiatry

*Revised** Position Statement: Hospital Privileging of Psychologists and Other Non-Psychiatrist Mental Health Professionals

To Approve a Position Statement on Universal Health Care Coverage in the United States

To Adopt a New Position Statement on Scope of Practice for Prescription of Medications to Psychiatric Patients

To Explore Increasing APA Support for DB Central Billing and PAC Fundraising

To Improve Psychiatric Training in Family Medicine Residencies

To Develop a Position Statement Requiring Medical Supervision of Psychiatry Residents and Fellows

To Develop a Public Relations Campaign for Improving Public Understanding of Psychiatry

To Conduct a Feasibility Study to Find an Alternative Process for Specialty Certification

To Advocate for a National Opioid Use Disorder Screening and Awareness Day

To Advocate for CME Credit for Psychiatrists Participating in Maintenance of Certification (MOC)

*To Provide Article Based Assessment for Maintenance of Certification (MOC) for Free to APA Members

To Create a Workgroup to Update and Amend Federal Standard 42 CFR §8.12 for Opioid Treatment Programs

To Create a Workgroup to establish a media response and talking points on climate mental health impacts

To Conduct a Research Assessment of Climate-Related Psychiatric Service Needs

To Develop Recommendations for Lowering Prescription Drug Prices

To Request from APA an Annual Strategic Report on Access to Quality Mental Health Care

To Create a Position Statement Promoting the Terms “Physician”, “Psychiatrist”, and “Patient” over the Terms “Provider” and “Client” in Psychiatric Practice

To Develop and Disseminate Model Curricula on Climate Change and Mental Health

To Explore an Environmental Sustainability Partnership as a Benefit for APA Members

Action Papers/Items
Among the Actions taken during this session, the Assembly voted:

To Oppose Requirements to Prescribe Dangerous Quantities of Psychotropic Medications

To Promote Prominent and Appropriate Documenting of Substance Use History in Medical Records

*To Improve Payment Models for Telepsychiatry and C/L Services, Increasing Access to Quality MH Care

(Continued on page 15)
APA Assembly Notes
May 2019

To Reduce Stigma of Substance Use in Athletic Organization Policies by eliminating the Term “Abuse”
*To Promote Expansion of Psychiatry Residency Positions
To Develop a Leadership Training Course for Psychiatrists
To Develop Programs to Eliminate Workplace Bullying at the VA
*To Advance Gender Equality of Compensation in Medicine
*To Develop Sustainable Funding for Early Recognition and Treatment of Psychotic Disorders in Youth
To Improve Safe Prescribing of Controlled Substances Nationwide Through State PDMPs
To Oppose Rescheduling and Monitoring of Medical Marijuana Prescriptions
For APA to Become a Partner with TIME’S UP Healthcare
For APA to Urge Health Plans to Comply with BH Network Adequacy to Improve Access to Care
*To Protect Government-Employed Psychiatrists from Political Pressure
For APA Recognition of International Women’s Day
To Consider a Reduction of Dues for Members with Joint APA and ACROSS Organization Memberships
**To Oppose One Member-One Vote for APA Assembly Elections**
To Enhance Members’ Ability to Ethically and Legally Respond to Online Reviews
To Improve Transparency of Cost Estimate Analysis on Action Paper Submissions
**To Oppose Creation of a Council on Advocacy and Patient Safety (CAPS)**
To Develop a Position Statement on the Use of Emotional Support Animals (ESAs)
To Develop and Promote Criteria for Support of Psychiatrists as Department Leaders
To Develop a Nationwide APA RFM Merit Award Modeled on the Area III RFM Membership & Leadership Development Innovations
To Include Territorial Acknowledgments in APA Meeting Programming

(Items with a * were approved by consent. Items in bold invited greater debate and may be worthy of further discussion with DB and Area Council members.)

Presentation of Assembly Awards Committee—Daniel Anzia, MD, Chair
The DB Best Practices Award for large DB went to the Colorado Psychiatric Society. Honorable mention went to Northern California Psychiatric Society. For small DB, the award was given to Mississippi Psychiatric Association. Honorable mention went to Georgia Psychiatric Physicians Association.

Award for Area Voting in Elections went to Area 3 with 21% voter turnout. For DB voting, the award went to North Dakota Psychiatric Association with 33%.

The Warren Williams Awards for Outstanding Contributions in Mental Health were presented to Bhasker Dave, MD (Area 4) who was recognized for his lifelong work in public sector psychiatry, outstanding contributions, service, teaching and lifelong commitment to MH Services. and Charles Herndon, MD – Alaska (Area 7), who was recognized for his focus on treating people with SUDs, especially physicians, for which he was described as a "doctor's doctor", for his service to others, colleagues, with compassion, humility, and a great sense of humor.

The Excellence in Service Award was given to Monica Taylor-Desir, MD, MPH - North Dakota (Area 4) who developed and expanded services in a clinic serving indigenous communities, developed programs to serve rural communities, reduce suicide by creating "zero suicide" policies, and for her tremendous compassion for the people with whom she works.

The Profiles in Courage Award was given to Jeffrey Geller, MD, who, against the advice of his training program chair, left a teaching position at Beth Israel Hospital and Harvard Medical School for Worcester State

(Continued on page 16)
Hospital in Western Massachusetts in 1978, where he quickly became medical director and fought local political influences to prevent releasing persons with SMI into inadequate community-based residential care. Dr. Geller has argued for extending involuntary care for a subset of SMI individuals as well as for outpatient treatment commitment. He takes on important issues and controversy even if it is politically ill-advised. Dr. Geller invites all of us to retort to all of those nay-sayers of 40 years ago to "stuff it".

Assembly Elections
The Assembly held its annual election of Officers for the coming year. For Speaker-Elect, the Assembly elected Joseph Napoli, MD (Area 3), and for Recorder, the Assembly elected Mary Jo Fitz-Gerald, MD (Area 5). Congratulations to all the candidates on a well-fought campaign.

Reports and Next Steps from the Assembly Committees/Work Groups
Committee on MOC - Russell Pet, MD
◊ ABPN has been named in a class-action lawsuit. A motion for dismissal will be heard later in May
◊ There are two other lawsuits pending against ABIM and ABMS
◊ See full report for details

Committee on Psychiatric Diagnosis and the DSM
◊ Procedures for changes to DSM 5 include submissions to the website.
◊ There are several changes pending for the next edition, which will be DSM-5-TR
◊ Persistent grief disorder, personality disorders, and suicide behavior disorder will be moving from Section 3 to Section 2.

Committee on Public and Community Psychiatry – Isabel Norian
◊ Issues included discussion on the future of IPS
◊ Leslie Gise, MD presented a summary report on healthcare reform

Committee on Access to Care - Eliot Sorel, MD
◊ The committee examined results of surveys of the DBs, Area Councils, NAMI, and National Business Purchasers of Healthcare Coalition
◊ Among the many achievements include 4 Action Papers produced for this session of the Assembly
◊ See full report for complete summary of accomplishments and data sets analyzed

Workgroup on increasing voter turnout – Edward Thomas Lewis, MD
◊ Only 3 people showed up to the Committee
◊ APA voter turnout numbers are similar to those of other membership organizations
◊ It remains a problem the workgroup intends to address.

Hail and Farewells:
The Assembly bids farewell to several members who are finishing up their terms after this session. Of particular note are the departures of Daniel Anzia, MD (Area 4), Seeth Vivek, MD (Area 2), and Jeff Akaka, MD (Area 7). Cumulatively, these 3 Assembly members have amassed nearly 70 years of tenured experience with the Assembly.

Your influences have been profound and your wisdom and guidance will be cherished and missed.

Did you know…?
This Assembly plowed through 49 action papers (though several were eventually withdrawn) and 16 position statements and still had 18 minutes to spare at adjournment on Sunday? Applause to Drs. Batterson and O’Leary for facilitating a productive and efficient Assembly meeting!

A digital copy is available here with embedded links to additional material. https://app.box.com/s/pl1zicnywlpkbz69ooc
Involvement in the APA and MPPA have run fairly deep for me in the past several decades. I thought readers might be interested in a brief view from the podium as we have not had too many (maybe any) Speakers of the Assembly from Missouri.

The journey to the podium began in 1999 when I was elected a Deputy Representative to the Assembly from the Western Missouri Psychiatric Society which merged to form the Missouri Psychiatric Physicians Association almost a decade ago. It was a twice yearly commitment back then and in the pre-email days, large paper packets were sent out weeks before the meeting. It would cost a small bundle to ship those now, and of course packing them in the luggage would be a challenge.

I was about to leave the Assembly when our DBs in Missouri merged. I attended an Area 4 meeting in Chicago one Spring day in March and to my surprise was elected the Area 4 Deputy Representative. JoEllyn Ryall was the outgoing Area 4 Representative and was running for Recorder of the Assembly. With her departure, the Deputy Rep moved to Rep and that is how I ended up elected. In the new position of Deputy Rep I went to all the Assembly Executive Committee (AEC) meetings as well as the Assembly and helped run the Area 4 meetings. It was nice to work out my frustrated travel agent/meeting planner side of my personality and then I got a call from Past Speaker Ann Sullivan. Ann was chair of the Nominating Committee and convinced me to run for Speaker Elect against a very popular Recorder, Glenn Martin. I thankfully lost though had pangs of worry that I would step into that position if Glenn had irritated the Assembly. New Yorkers do that sometimes. He had not, so I could sit out for a few years, THEN make my run for the proper office, Recorder.

As Recorder, I took on the Joint Reference Committee, all the AEC meetings and had to make rounds at areas while running for Speaker Elect. Needless to say, airline points accumulated and so did hotel nights. Fun though that may sound, as Speaker it only gets more intense and home looks better and better.

My year as Speaker has been fascinating as well as a bit of a marathon. The Speaker is on the Board of Trustees, the Executive Committee of the BOT as well as most of the above mentioned committees. I can say after all this that the APA is a tightly run organization that is very cautious and careful with member resources. The organization is doing all it can to respond to the many issues facing psychiatry and psychiatrists. We all likely have our priorities, and I am fairly certain that the same things are on most psychiatrist’s list, albeit in markedly different orders. The challenge remains to meet member demands and concerns, figure out the concerns that we will all have in coming decades and work on them now, and at the same time keep the organization sound and solvent.

There are many ways to make your voice heard by the APA. Your best resource are your Assembly Reps. Missouri has two of them and they are quite involved. Your Missouri Reps have authored several Action Papers at each of the past Assembly Meetings over which I presided. The administration of the APA has also placed a regional government relations representative in the Midwest who monitors political actions in Missouri and provides helpful advice and resources to us. I have not been present for many MPPA activities in the past two years due to the heavy travel schedule. I look forward to seeing more of you in the future.
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## BENEFITS & SERVICES

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<td>Member access to the APA Learning Center with:</td>
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<td>- Journal activities and world-class free and discounted CME</td>
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<td>- Courses on clinical and business of medicine topics, including integrated care and substance use treatment</td>
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<td>- MOC PIP and Self-Assessment credits earned through the APA Learning Center are automatically reported to ABPN and are not subject to audit.</td>
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<td>- Use the Member benefits (free) filter on the Learning Center catalog for a listing of other free activities available to APA members.</td>
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<tr>
<td>- Discounted access to AJP CME, offering AMA PRA Category 1 credits™ for reading your complimentary American Journal of Psychiatry subscription</td>
<td>purchase at appi.org</td>
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<td>- Free CME Risk Management online series to protect your practice. Earn 5% off your professional liability policy with APA, Inc.</td>
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<td>- Free Members’ Course of the Month—Each month, you have free access to an on-demand CME course on a popular topic.</td>
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<td>- Discount subscription to Focus: The Journal of Lifelong Learning in Psychiatry ($222 value)—the most efficient way to meet your ABPN MOC requirements. Includes self-assessment, Performance in Practice, and lifelong learning. Earn up to 44 AMA PRA Category 1 credits™ per year.</td>
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<td>- PsychPRO, the APA’s new mental health registry, is free to members and will help ease MACRA payment reporting requirements, avoid payment penalties and help achieve bonuses, automatically meet MOC Part IV, and ensure psychiatry develops its own quality standards into the future.</td>
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<td>- Discount registration to APA Annual Meeting ($640 value)—earn up to 50 AMA PRA Category 1 credits™</td>
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<td>- Discount registration to IPS: The Mental Health Services Conference ($190 value) - earn up to 27 AMA PRA Category 1 credits™</td>
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<td>- Access to the Practice Management Help Line, Building a Career in Psychiatry guide, and other valuable tools to assist with:</td>
<td>psychiatry.org/registry</td>
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<td>- CPT Coding</td>
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<td>- Starting and closing a practice</td>
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<td>▪ New protections: review APA members-only malpractice insurance program administered by American Professional Agency, Inc.</td>
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What's New at the APA
Bruce J. Schwartz, M.D. began his term as APA President at the conclusion of the APA Annual Meeting on May 22, 2019. Dr. Jeffrey Geller concurrently began his term as APA President-Elect. Dr. Schwartz is Professor, Deputy Chair and Clinical Director of Psychiatry & Behavioral Sciences at Montefiore and the Albert Einstein College of Medicine in New York, and a Distinguished Life Fellow of the APA.

Paul J. O'Leary, M.D., assumed the role of Speaker of the APA Assembly of District Branches at the conclusion of the APA Annual Meeting on May 22, 2019. Dr. O'Leary is a board-certified psychiatrist working in private practice in the Birmingham, Alabama area and a clinical assistant professor at the University of Alabama at Birmingham. Dr. O'Leary has held numerous APA leadership roles including serving as APA Assembly Executive Committee Vice Chairperson 2018-2019.

APA released the results of a national opinion poll conducted online using ORC International's CARAVAN® Omnibus Survey during the 2019 Annual Meeting. The poll queried Americans across the country on issues such as anxiety, social media, and workplace mental health.

Mark Your Calendar
- Alzheimer’s and Brain Awareness Month (June)
- Men’s Health Month (June)
- National Safety Month (June)
- National Cancer Survivor’s Day (June 2)

June Course of the Month - Culturally Sensitive Clinical Care of Older LGBTQ Adults
The population of the United States is aging and growing increasingly diverse, creating a demographic imperative to address diversity among older adults. Diversity encompasses ethnicity, cultural background, gender, sexual orientation, sexual identity, and immigration status. Currently, 13% of the population is over the age of 65. Presented by Daniel D. Sewell, M.D., DFAPA, UC San Diego.

Action Required: Time to Advance your APA Membership
As you prepare to graduate from your training program, complete your APA membership advancement. This lets us know if you are continuing in a fellowship or advancing to practice to ensure you can access your benefits, including resources to assist you in your early career. Your DB dues are not affected by this change! The form takes less than 5 minutes to complete, and you’ll receive a $5 Amazon gift card by email if you complete it by June 30!

New CME Module on the Impact of Microaggression on Mental Health Outcomes
APA’s Division of Diversity and Health Equity has produced a new CME module focused on how microaggression affects mental health outcomes. This activity focuses on microaggression and their relationship to mental health and physical illness. The course uses a pulsed learning format via email where users are provided with a series of 10 multiple-choice questions to be completed over time. By tackling only a few questions at a time, the pulsed learning format eliminates brain strain and re-focuses attention on the subject matter to improve knowledge retention.
Infant Exposure to Maternal Depression Affects Later Brain Development, Study Shows

Exposure to maternal depression during the first months of life may have a lasting negative impact on brain development, suggests a study published Monday in AJP in Advance.

“These findings suggest that the perinatal period, particularly the postnatal period, may be critical for prevention of maternal depressive symptoms in view of the long-term association with child brain development,” wrote Runyu Zou, B.Med., M.P.H., of Erasmus Medical College, the Netherlands, and colleagues.

The study included a total of 3,469 mother-child pairs who participated in the Generation R Study, a Dutch population-based study. Zou and colleagues measured maternal depression using the Brief Symptom Inventory (BSI), a validated self-report questionnaire, at four periods—during pregnancy (approximately 20 weeks' gestation), postpartum (child age 2 months), early childhood (age 3 years), and preadolescence (age 10 years).

The researchers measured the children's brain development at age 10 using magnetic resonance imaging (MRI); emotional and behavioral problems also were measured at age 10 using the Brief Problem Monitor.

Higher maternal depressive symptom scores at all four time points were associated with smaller total gray matter volume in children at age 10. However, after adjusting for possible confounding factors, only exposure to maternal depressive symptoms when the child was 2 months old remained significant. Specifically, a one-point increase on the BSI depressive symptom scale corresponded to a 7.29-cm³ reduction in total gray matter. Children exposed to the highest BSI score had a nearly 30-cm³ reduction in gray matter.

The researchers suggested that reduced gray matter at age 10 years may explain the previously reported association between perinatal maternal depression and later child attention problems.

“Maternal depressive symptoms in the perinatal period, in particular the postnatal period, are more likely to affect offspring brain development, which suggests a critical period of sensitivity,” the researchers concluded. “Furthermore, our study suggests that gray matter volume may be involved in the neurobiological mechanism underlying the association of maternal depression with child attention problems, which has rarely been reported, highlighting the possibility that interventions reducing maternal depression may have lasting effects on child development.”

For related information, see the Psychiatric News article “Postpartum Anxiety, Depression Raise Risk of Developmental Delays.”

Reprinted from Psychiatric News
NEWSLETTER ADVERTISING ORDER FORM

Form and Payment must be received before the ad is placed in the newsletter.
Submission Deadlines are February 15, May 30, August 15 and November 15.

☐ Full Page (7.5" X 10"): $550.00
☐ Half Page (7.5" X 5"): $275.00
☐ Quarter Page (3.75" X 5"): $140.00
☐ Eighth Page (1.8125" X 2.5"): $75.00

Number of Ads: ________________________________________________________________
Total Price: ____________________________________________________________________

Company: ______________________________________________________________________
Contact Name: __________________________________________________________________
Address: ________________________________________________________________________
City, State Zip: __________________________________________________________________
Phone: _____________________________ Email: ________________________________________

Mail order form and payment to MPPA, 722 E. Capitol Avenue, Jefferson City, MO 65101
Make checks payable to the Missouri Psychiatric Physicians Association
Send ad submission to missouripsych@gmail.com
If you have questions, contact Sandy Boeckman at missouripsych@gmail.com or 573-635-5070
Media Benefits for MPPA Members

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

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

2. Reduced newsletter ad rates. MPPA members may place any size ad in Show-Me Psychiatry, MPPA’s quarterly newsletter, for 50% off the regular rate. Show-Me Psychiatry reaches nearly 500 MPPA members and associated healthcare professionals in the state and appears online at the MPPA 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. Show-Me 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 Show-Me Psychiatry, Missouri Psychiatric Physicians 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 Show-Me 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, Show-Me 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 Physicians Association. Publication in this newsletter should not be considered an endorsement.

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Guidelines for Submission to Show-Me 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
May 30
August 15
November 15

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Holiday Inn Executive Center
Columbia, Missouri
Saturday, September 28, 2019