

APA Assembly Area 7 Council (AC7) meeting Report to HPMA March 4-5, 2017 – Leslie Hartley Gise MD and Ike Ahmed MD, Reps

Politics - There was extensive discussion about the current political climate and APA strategy to advocate for our profession and our patients. Members may express criticisms of the President and his policies, but refrain from diagnosing him as per the Goldwater Rule. APA is trying to work with the current administration and Congress.

Opioids - There was also extensive discussion about the opioid epidemic and psychiatrists prescribing opioids.

Procedures Committee (Jason Hunziker UT Jason_hunziker@hsc.utah.edu jasonhunziker@MSN.COM) – **HI and WA are up this year for bylaws review.**

Management - APA has infrastructure grants to support paying an Executive Director. HPMA should review our job description for our Executive Director. APA, AK & WA model job descriptions were forwarded to HPMA..

HI report on management- Membership 167. We need a local ED for administrative support that's more effective and cost efficient.

HPMA answered the following questions which were asked by the Assembly:

- 1 - Administrative costs - \$450/month, 10% of budget.
- 2 - 0% of budget for office space.
- 3 - Administrative costs are not unsustainable.
- 4 - Administrative costs dont preclude other activities.
- 5 – HPMA has 11 meetings/year.
- 6 – HPMA can effectively do legislative advocacy.
- 7 – HPMA does not have a lobbyist.

BOT (Board of Trustees) Report –

APA membership is 37,000, a 14-year high.

Website use is up partly because of monthly CME courses.

If you belong to a group and you recruit new members, your group members can get a progressive discount on membership dues.

APA has trained 3500 psychiatrists on collaborative care.

New practice guidelines are coming out.

Recorders Report – A Climate Change effects on mental health Position Statement from May 2015 is going to the Board of Trustees for approval. .

MOC – Bob Batterson, bbatterson@CMH.EDU, is MOC Chair and can update you on MOC if you have questions.

AC7 – Membership 3176

AK – Membership 64. Participation low. Finances stable. No lobbyist.

Annual CME meeting is the primary DB activity akpsychassoc@gmail.com.

24th Annual CME meeting, Hotel Alyeska, Girdwood AK, 3/30/17-4/1/17 Meds, Madness & Motherhood. Information at <http://www.psychiatryalaska.org>.

AZ – Membership 409. DB engaged positively with psychologists on interprofessional committee with all behavioral health counseling/therapy providers working in common on health care and mental health legislation.

They have a full time lobbyist.

The Womens Group had a very very successful tea attended by 47 and they are having so much fun at 5* resorts that the men are thinking of starting a Mens Group with golf.

CO – Membership 446 and finances stable.

Survey found most complaints were about insurers. Psychiatrists are burdened and not taking patients.

Their “televideo” “zoom” for Executive Council meetings has been successful in increasing participation including from remote geographical areas.

Their 5-year mental health patient “stories” project is now in a booklet available at <http://www.coloradopsychiatric.org/>.

There is a bill for medical marijuana for stress/PTSD. Veterans support this and testify against psychiatry and for MJ because MJ costs less if its medical and not recreational. No one wants to oppose veterans. CPS is partnering with pediatricians to defeat this because there is little evidence for MJ for PTSD.

The new website is responsive and has a Legislative Advocacy Center which can facilitate members contact with legislators.

They had a winter party with networking with 42 attendees extending far into the evening.

They have an Annual Spring Dinner Meeting.

ID – Membership 54. Finances stable with CALF grants which helped with strong crash course prescribing advocacy by psychologists in a very red state which looks like it will pass. Formulary is limited and must collaborate with psychiatrists. There is an advisory council whose actions are binding. Physician in the legislature got opposition. ID DB is meeting with psychologists. The bill has not passed yet.

Annual conference in March is on Autism Spectrum Disorders.

MT – Membership 51 stable. Finances stable.

CME and business meeting with AACAP, annual suicide conference with CME with national expert speakers, outreach and advocacy. Non-MDs can come.

MT has the highest suicide rate in the US.

Administration is 90% of their budget, and is unsustainable.

NM – Finances stable, \$50,00 reserve. Membership stable.

Meetings on MJ, collaborative care and substance use disorder with Lori Raney.

They have a rural psychiatry network.

They have a part-time lobbyist which they share with the medical society. 75% of residents belong to APA.

Legislative - They have crash course prescribing and now the psychologists are pushing down the slippery slope of increasing the formulary to prescribe off-label drugs and psychologists regulating each other (less regulation, psychologists supervising each other, regulation by a psychology and not by a medical board). It will probably pass.

No office space.

Administrative costs are sustainable and don't interfere with activities.

Membership meeting is 2x/yr opened to all MH practitioners.

They are not sure if their legislative advocacy is effective. They have a lobbyist.

NV - Membership 180, by percentage, the fastest growing DB in APA (47% increase over the past 5 years).

Attendance at Annual Psychopharmacology Conference most ever (> 1700), 1 person from every state, 36 from Canada, 1 from France.

They have a part-time lobbyist and bookkeeper.

Finances stable and strong and funded by the CME meeting. They have an Investment Fund.

Legislative – Bill to cut MH budget by \$20 million. Bill to let NPs do competency evaluation for the courts Bill to mandate 3 hours/year of suicide prevention training for MH workers.

New Facebook page. Executive Council has an annual retreat.

OR – Membership 442. Increased membership seems due to DB hiring an additional staff member for membership recruitment. 100% of residents belong to APA.

Finances are adequate to pay expenses.

Legislative is the biggest item for the DB - they are facing strong psychologist prescribing advocacy and they have lots of other bills in the legislature. There are bills on tobacco tax increase which might fund preventive mental health and suicide prevention services and gun control issues (letting gun dealers accept firearms surrendered when there is risk of harm to self or others, for courts to check if a respondent in a domestic violence restraining order cases has guns).

They had their 44th Annual Winter CME Conference on Behavioral Health Integration but attendance was down.

They have a new psychiatric emergency service to reduce wait time for psychiatric admissions.

UT - Membership 160 out of 270 psychiatrists in UT including retired, residents & practicing.

Administration \$35/hr = most of budget, sustainable.

Spring meeting with Saul Levin speaking.

Legislative - Doctors Day on Capitol Hill and at the symphony where members can meet legislators, 3 bills on prescribing opiates and opiate antagonists, 2 bills on suicide prevention, bill on police transporting patients to hospital after crisis assessments, bill for pharmacists to administer LAIAs (long acting injectable antipsychotics), bill to change blood alcohol level from 0.08 to 0.06, 3 bills on MJ.

Training – expanding residency from 9 to 10, new research track, possible global health track, new addiction fellowship program, new OCD treatment program, successful child/adolescent text crisis support program.

Research – 5HT & creatine for resistant depression/antidepressant augmentation, ketamine, oxytocin & motivation

WA – Membership 553. Finances are excellent because of mandatory 6-hour one time suicide prevention training.

Administration is done by a management company whom they pay \$5400/month (\$65,000/year).

They have 2 CME meetings a year. They meet 6-8 times a year.

They pay their lobbyist \$1000/month.

Legislation is the biggest issue. *Volk v. DeMeerleer* (a Tarasoff-like case) may expose a psychiatrist to losing his whole estate and his practice is being sued.

W Canada – Membership 481. They have an opioid and fentanyl crisis in BC with 620 deaths in 2016 and 9 deaths in Vancouver in 1 day. Narcan availability has been increased with training courses and an addict's friend can have Narcan. Safe injection sites are being increased. MJ is not legal.

Medical Assistance in Dying (MAiD) – they are pushing for more psychiatric screening and they worry about psychiatrists in small communities being pressured to approve MAiD.

They have a newsletter.

Membership/Participation – Resident Research Night was postponed. Manitoba reps resigned. Leaders are going to Saskachewan to promote APA.

Legislative - there is increased funding for mental health, mental health legislation is infrequent but wide ranging when it is proposed or made law, the provincial psychiatric associations make proposals, the Canadian system does not have lobbyists.

Scope – Alberta pharmacists have prescribing privileges but don't use them. BC pharmacists want privileges.

Administrative costs are \$8-10,000/year, sustainable, don't preclude other activities, 60-70% of budget, no office space, they have 1-2 council meetings a year.

WY – Membership 20 and down. Fewer psychiatrists in the state. Challenges with membership and funding but no crash course prescribing. Annual meeting is a problem, used to be with WY Medical Society (WMS) but may be with APA or regional.

WMS does administration, legislative and lobbying. Budget \$8-10,000/year is 80% administration. Council meets every 4- weeks.

The legislature is in conflict with the DOH over funding involuntary commitment in the state hospital more than the CMHCs. They have an OTC Narcan bill.

Abortion bill requires doctors to offer ultrasound and document. It may not be worth the cost of enforcing. There are only 2 providers and few procedures.

Replacing federal Medicaid funding with block grants could be devastating and bring managed care which they have avoided until now.

RFM – They plan to submit 3 action papers,

1 – Bridge Clinic Funding – fund treatment for 3 months after discharge to minimize risk of decompensation,

2 – Physician Well-Being,

3 – Increase forensic training in residency fellowship.

ECP – They are writing action papers and trying to streamline the process for becoming an ECP Rep.