American Psychiatric Association

Pursuing Wellness Across the Lifespan

2012 Annual Report
Dear Colleagues,

I am pleased to present to you our 2012 Annual Report. I hope you will enjoy reading about all the successful programs and events conducted by our staff to support our members in providing the highest quality of care for our patients.

The last year has been an exciting one for the APA. As APA President this past year, I have focused on furthering positive psychiatry and pursuing wellness across the lifespan. This will be the theme for the upcoming APA Annual Meeting in San Francisco on May 18-22. We can treat our patients more effectively when we address their physical, emotional, and social wellbeing through all stages of their lives. For example, resilience has been reported as a key predictor of longevity, particularly in older adults. Fostering positive psychosocial traits, like optimism, resilience, self-efficacy, and spirituality, has been shown to be successful in promoting mental health and preventing psychopathology. During 2012-13, the APA worked to advocate for and advance preventative and positive psychiatry. Below are just a few highlights of our staff’s dedicated efforts on behalf of our members and their patients.

In response to the mental health needs of those affected by Superstorm Sandy, OCPA and OMNA provided resources online and onsite focused on responding to emotional and spiritual needs and fostering resilience in the face of disaster for both children and adults. OMNA organized an emergency OMNA on Tour, its traveling mental health disparities program, and united with more than 20 local and national organizations to convene an orientation on disaster mental health for volunteers on December 15, 2012 at a church in Brooklyn, NY.

Research suggests that posttraumatic stress disorder (PTSD) presents an opportunity for preventive measures. Counseling victims of wars, natural disasters, and other tragic events can prove beneficial in substantially lowering the risk of developing PTSD throughout the lifespan. The APIRE Study, Improving Treatment for Combat and Operational Mental Health Problems, generated systematic data to characterize routine practices in Army behavioral health treatment settings, including patient, clinician, setting, and clinical characteristics, and factors associated with evidence-based best practices. Based in part on initial findings from this research, the Army implemented a new policy in April 2012 for the assessment and treatment of PTSD.
APA journals continue to feature numerous articles advancing psychiatric wellness, particularly among our aging population. *The American Journal of Psychiatry* published a surprising finding that increasing resilience and reducing depression in older adults might have effects as strong as reducing physical disability, prompting stories by Fox News, CBS News, and NBC News.

One of the most notable accomplishments of the last year was the approval of the diagnostic criteria and text for the Fifth Edition of *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*. This work has involved hundreds of psychiatrists and other mental health experts from around the world who devoted countless hours pro-bono. The DSM-5 will be available at our Annual Meeting this May. Among the many important changes to the manual is a greater emphasis on accurate diagnosis of mental illnesses across the lifespan, including more explicit text to describe variations of symptom presentation in children, adolescents, adults, and older individuals.

The APA has been active in efforts to ensure better healthcare for people with mental illnesses, as a part of the evolving healthcare reform. Similarly, we have focused on improving understanding of mental illnesses and treatment in response to the recent incidents of mass violence.

The APA has long been a vital part of my professional life. I became an APA member while I was a resident, and I rarely miss the opportunity to network and mentor at our Annual Meetings. Only a large organization can achieve effective advocacy at local, regional, and national levels; collaborate with other large medical societies; and accomplish lasting projects involving psychiatrists, other physicians, and mental health specialists from across the globe. I believe in a bright future for the APA and the field of psychiatry.

Sincerely,

DILIP JESTE, M.D.

APA President
The APA continues to advocate across the spectrum on issues surrounding patient access to treatment, reimbursement of physicians, veterans’ medical and mental health care, and more. The launch of Accountable Care Organizations (ACOs) as part of the Medicare Shared Savings Program began on January 1, 2012. An area of focus for us was on educating our members on the benefits of being part of an ACO.

Implementation of health care reform, together with implementation of the mental health parity law, is a major source of activity by both the Department of Government Relations and Healthcare Systems and Financing, increasingly in tandem. The rules proposed to operationalize various aspects of the laws have become critically important to our patients and members.

Staff conducted extensive outreach to members, key stakeholders, payers, coders, and relevant organizations to educate them about the major changes to psychiatry procedure coding that went into effect on January 1, 2013 and to ensure the transition to the new codes went as smoothly as possible. For a variety of resources, including helpful webinars, visit our website at www.psychiatry.org/cptcodingchanges.

Thirty states report expected scope of practice expansion efforts in 2013. Alabama, Iowa, Kansas, Massachusetts, Maryland, Michigan, North Carolina, New York, Pennsylvania, South Carolina, and Washington may face psychologist prescribing bills for the first time, while Alaska, California, Connecticut, Florida, Georgia, Hawaii, Illinois, Missouri, New Hampshire, Ohio, Oklahoma, Oregon, Tennessee, Utah, Wisconsin, and Wyoming have defeated past bills. New Jersey and Ohio are still currently engaged in advocacy to defeat legislation allowing psychologists to prescribe medications.

The 165th Annual Meeting was held May 5-9 in Philadelphia, PA. Recorded presentations are available at www.cmeoncall.com/apa and on a USB flash drive, in partnership with Learner’s Digest. The 2012 Annual Meeting on Demand features more than 300 hours of lectures, symposia, and workshops from the meeting, with accompanying quizzes and over 90 hours of available CME credit.

The latest offering in the Learning Management System (LMS) is Evaluation and Management Coding (CPT) and Documentation for Psychiatrists. This course is free for our members and educates participants on how to use CPT codes for general medical evaluation and management of patients.

The APA launched its new website in April 2012, which was rebranded as psychiatry.org. Our site features a fresh look and feel, integrated discussion boards, improved search and navigation capabilities, and enhanced multimedia content support.
The ability of APA journals to deliver leading information continued to receive external validation in 2012. *Psychiatric Services* became the highest-ranked mental health journal in health policy and services. And, four of *Journal Watch Psychiatry's* top 10 articles of 2012 were from *American Journal of Psychiatry*. No other journal had more than one.

The work involved in the development of the DSM-5 was completed in 2012, and the manuscript was sent to the publishers. The diagnostic manual will be available for purchase at the 2013 Annual Meeting in San Francisco, CA. The DSM-5 Track at the meeting will include a master course, 18 symposia and workshops.

Sincerely,

JAMES H. SCULLY, Jr., M.D.
CEO and Medical Director
The American Psychiatric Foundation (APF) is the research, educational, and philanthropic subsidiary of the American Psychiatric Association. It works to advance the understanding, prevention, and treatment of mental disorders through an array of public and professional education, research, and research training. Research and research training activities are carried out by the American Psychiatric Institute for Research and Education (APIRE), a division of APF.

**Updated organizational brand identity.** A new logo, mission statement, and brand identity were created in 2012. The implementation of the brand to all materials such as brochures, pamphlets, and the Foundation’s website continues into 2013.

Public Education

**Educated high school teachers and staff.** The *Typical or Troubled?™* School Mental Health Education Program is designed to train school personnel who closely interact with adolescents to identify if teenage behavior is typical, or if mental health warning signs are present and some type of intervention might be needed. In 2012, the program awarded grants totaling
In 2010, the Foundation and JLI created a Psychiatric Leadership Group and Judicial Leadership Group advisory board of 11 members: six judges and five APA members. In 2012, the Psychiatric Leadership Group presented its second training to judges after a successful pilot training the previous year. APF Board of Directors member Judge Steven Leifman and APA member Fred Osher, M.D., conducted the 2012 training to approximately 170 judges in Madison, Wisconsin. The training provides our judges with knowledge on mental illnesses and co-occurring substance use disorders, how these health issues are likely to impact an individual's interactions with the criminal justice system, and what judges can do to achieve just and efficient outcomes both pre- and post-trial.

The training presentation includes in court case studies to show behaviors a judge may see from a defendant with a mental illness. In 2012, these case statements were filmed using real judges and court officers and professional actors as the defendants; these videos will enhance the judicial training program.

Recognized outstanding mental health organizations. For its eighth year, the Foundation awarded $5,000 to organizations, physicians, and programs through its Awards for Advancing Minority Mental Health program. In 2012, six organizations received awards: Mental Health Association of Westchester County, Inc.; Services and Advocacy for GLBT Elders; Arab American Counseling Program; Lawrence H. Yang, Ph.D.; Mental Health America of North Dakota; and South Bay Community Services.
Encouraged the new generation of psychiatry. In 2012, the Helping Hands Grant Program awarded six grants to medical schools for mental health service projects developed and managed by medical students, particularly in underserved minority communities. The program was established to encourage medical students to participate in community service, raise awareness of mental illness and the importance of early recognition, and build an interest amongst medical students for psychiatry and helping underserved communities.

2011 Helping Hands Grant recipients presented posters at the APA Institute on Psychiatric Services (IPS) meeting in October 2012: Wake Forest University, University of Cincinnati College of Medicine, Medical College of Georgia, University of California, San Francisco, University of Miami Miller School of Medicine, and Vanderbilt University School of Medicine (2011 recipients completed grant year in August 2012).
American Psychiatric Institute for Research and Education (APIRE) was established in 1998 to fulfill the leadership role of the APA in contributing to the scientific base of psychiatric practice and policy. This separate 501(c)(3) institute was merged with the APF into a single foundation in 2010. APIRE remains as the research component of the APF. This merger provided much larger reserves and resources to support the mission of both previous entities. Recognizing the need for more practice-relevant research in the field of psychiatry, APIRE provides a research base for APA’s Diagnostic and Statistical Manual, Practice Guidelines, quality assessment measures, workforce monitoring, and health care policy positions to improve clinical practice and the care of patients with mental disorders.

Examining the Real-World Impact of DSM-5

APIRE’s Practice Research Network coordinated the field trials in routine practice settings, which were particularly important for learning how proposed criteria and changes would perform in everyday, busy clinical practices. Of note, participating clinicians included more than 600 psychiatrists, psychologists, advance-practice psychiatric nurses, social workers, counselors, and marriage and family therapists. This marked the first time in the history of DSM development that the draft manual was used in such a diverse group of “real world” clinical environments and by such a wide range of specialty practitioners, representing the people who will actually use DSM-5 in clinical practice.

Positioning Psychiatry in an Uncertain Era of Health Care Reform and Budget Austerity

In collaboration with the Office of Healthcare Systems and Financing and Department of Government Relations, APIRE contributes to the monitoring of implementation of Medicare Part D, mental health parity law, and state Medicaid regulations’ impact on clinical practice. It is launching an important study to help the APA document the impact of the coming health reform changes on psychiatry and quality care for psychiatric patients. Given the complexities and scale of health reform currently being implemented in the U.S. during a period of fiscal austerity, there may be unintended effects for psychiatrists and their patients. This study, to be fielded in the fall of 2013, will provide new data to
help the APA advocate for a strong psychiatric workforce and access to quality mental health care for patients.

**Military Mental Health**

The APIRE Study, *Improving Treatment for Combat and Operational Mental Health Problems*, is an example of how studies by APIRE research staff can lead to improved mental health care for our troops. This study has been successful in generating systematic data to characterize routine practices in Army behavioral health treatment settings, including patient, clinician, setting, and clinical characteristics, and factors associated with evidence-based best practices. Based in part on initial findings from this research, the Army implemented a new policy in April 2012 for the assessment and treatment of PTSD.

**Enhancing the Delivery of Evidence-Based Treatments**

A comprehensive approach in dissemination of evidence-based care for PTSD is a quality improvement initiative, supported by a Department of Defense (DoD) PTSD Research Program Concept Award, to systematically identify and disseminate key evidence-based recommendations to support clinical decision-making in the assessment, diagnosis, and treatment of PTSD and depression in military behavioral health settings. This study pioneered the introduction of electronically-administered behavioral screening measures into the military’s electronic health record system. The new workflow procedure will facilitate assessment, diagnosis, and treatment for service members suffering from PTSD, depression, and alcohol use problems.

**Research on Practice Guidelines**

A 3-year grant awarded by the National Library of Medicine in 2010 provides support to improve the development of APA clinical practice guidelines. Specifically, by shifting to an electronic-based, modular format, rather than the current narrative format, content can be updated more readily, disseminated more widely, and distributed with greater speed, giving clinicians everywhere timely access to the latest evidence-based recommendations. In the second year of the grant, the Department of Quality Improvement and Psychiatric Services (QIPS) conducted a survey of psychiatrists to determine their current sources of clinical information, their habits in accessing information, and the degree to which they use clinical information in their patient care. Findings are being analyzed and will inform the design for prototype web-based practice guidelines that are both clinically relevant as well as user friendly. More information is online.

**Supporting a Greater Standard of Care**

QIPS continued providing a successful webinar series as part of the Physicians’ Clinical Support System-Buprenorphine (PCSS-B) partnership. Each monthly session featured a nationally known clinical expert, researcher, or government official to better support physicians who treat opioid dependence in an office-based setting and other interested clinicians. The APA presents these free, live broadcasts on the second Tuesday of every month. Each webinar is recorded and made available for on-demand viewing via APA’s website.
Training courses on the treatment of opioid dependence with buprenorphine were offered at both the 2012 Annual Meeting and 2012 Institute on Psychiatric Services (IPS) meeting.

QIPS also joined with six other national organizations in the Prescribers’ Clinical Support System-Opioid Therapies (PCSS-O). Led by the American Academy of Addiction Psychiatry (AAAP), this initiative focuses on the use of opioid therapies for treatment of opioid dependence and on the safe use of opioids in the treatment of chronic pain. In 2012, APA offered six webinars that featured presentations by nationally known clinicians. Each is available for on-demand viewing online.

Research Training
APIRE administers a broad array of research training-related activities, ranging from intensive year-long, mentored fellowships to participation in research grantsmanship colloquia, to brief research exposure experiences. APIRE received funding from the federal government and industry and managed the research training experiences of more than 50 medical students, residents, and post-doctoral investigators.

Office of HIV Psychiatry
In places where there is access to medication, HIV is more frequently being treated as a chronic infection. But medical and psychiatric comorbidities such as neurocognitive impairment, depression, endocrine, and cardiac disorders, together with a lifetime of medication adherence and transmission prevention, can make management a challenge. In 2012, Office of HIV Psychiatry collaborated with hospitals, universities, federal and state agencies, and community-based organizations to provide training, education, and resources to more than 1,500 clinicians working in settings that offer HIV treatment and/or prevention efforts. In addition, a month-long senior elective for 4th year medical students laid a foundation for future physicians to better recognize the psychiatric complications so often present in HIV-positive patients. These initiatives prepare clinicians to assess, treat, and manage complex mental health issues that accompany HIV disease throughout the lifespan. Office of HIV Psychiatry provides curricular and logistical support to the 75 psychiatrists who are the core of APA’s HIV training initiative. This year, a training-of-trainers webinar was hosted to update the network on the latest developments in the assessment and treatment of cognitive impairment.
Ushering In a New Era for DSM

In collaboration with the DSM-5 Task Force and Work Groups, the APA Division of Research completed development of all diagnostic criteria and text for the forthcoming Fifth Edition of *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*. The APA approved all proposed revisions on December 1, 2012, signaling the culmination of a 13-year process that involved the contribution of hundreds of experts in psychiatry and other mental health disciplines, neurology, pediatrics, statistics and research methodology, and more. Among the many important changes to the manual is a greater emphasis on accurate diagnosis of mental disorders across the lifespan, including more explicit text to describe variations of symptom presentation in children, adolescents, adults, and older individuals. DSM-5 will be officially unveiled at the APA Annual Meeting in May 2013.

The DSM-5 Field Trials examined proposed revisions to the manual both in large academic-research centers and in routine clinical practices and played a vital part in the decision-making process for determining which changes would be adopted in the final publication. The Division of Research completed the data collection and analysis portion of the studies, which were implemented in late 2010. Findings from the large, academic field studies were published in the *American Journal of Psychiatry* (January 01, 2013; Volume 170, Number 1); publications of the routine clinical care studies are in development.

Department of Quality Improvement and Psychiatric Services (QIPS)

**Performance in Practice**

**Self-Assessment Tools**

Division of Research staff are collaborating with the Division of Education and the Department of Quality Improvement and Psychiatric Services (QIPS) to develop Performance-in-Practice (PIP) practice self-assessment tools for selected disorders to speed the adoption of evidence-based care into clinical practice. The most recently completed PIP tool on assessment and treatment of schizophrenia was published in the spring 2012 issue of APA’s FOCUS. An abridged revision of the PTSD PIP Tool is scheduled for publication in the summer of 2013. Additional PIP tools are being considered on suicide risk among children and adolescents, patient safety, and opiate prescribing behaviors. All PIP tools are available free of charge to APA members.
Practice Guidelines
Staff worked with the Council on Research and Quality Care’s Steering Committee on Practice Guidelines to pilot a new guideline development process that is intended to conform to standards recommended by the Institute of Medicine. This is being done with support from an APIRE research grant funded by the National Library of Medicine.

Mental Health Service Quality Measures
QIPS monitors and contributes to the fast-evolving national quality measurement enterprise, such as the activities of the National Quality Forum (NQF), develops performance measures in collaboration with external organizations, and creates educational material on performance measures. For example, APA participated in an effort to revise and develop new performance measures on major depressive disorder with the American Medical Association-supported Physician Consortium for Performance Improvement (PCPI), which were completed in late 2012.

Electronic Health Records
Physicians continued to be eligible to receive financial incentives for using Electronic Health Records (EHRs) through the Medicare and Medicaid EHR Incentive Programs. QIPS presented information on these programs in a variety of forums including on APA’s website and monitors and contributes to other Health Information Technology (HIT) efforts that are of interest to psychiatry, such as the HIT activities of the Substance Abuse and Mental Health Services Administration (SAMHSA).

Among the many important changes to the manual is a greater emphasis on accurate diagnosis of mental disorders across the lifespan.
Buprenorphine Training as well as the Part 4 Performance in Practice Modules in the Learning Management System (LMS) at www.apaeducation.org. In early 2012, Annual Meeting registrants were offered free access to the APA Annual Meeting Self-Assessment, a 100-question examination designed to help registrants identify areas of strength and weakness, choose meeting activities accordingly, and earn self-assessment credits for MOC Part 2.

Maintenance of Certification (MOC)
The Division of Education is committed to helping APA members keep current with evolving MOC requirements. In 2012, Education collaborated with APIRE to introduce two new ABPN-approved Performance in Practice (PIP) modules, covering the Care of Patients with a Diagnosis of Schizophrenia and the Care of Patients with Major Depressive Disorder. These clinical chart review modules can serve as a foundation in developing a systematic approach to practice improvement. Completion of three stages of a PIP module is worth 20 CME credits and fulfills a requirement of MOC Part 4. Members can access these modules at no charge at www.apaeducation.org or by subscribing to FOCUS: The Journal of Lifelong Learning in Psychiatry.

Member Education
Education delivers online Continuing Medical Education (CME) courses, CME tests and certificates, and maintains member transcript data. Members can access courses covering Practice Guidelines, Research Literacy, Evaluation and Management Coding, and
Sharpening Our Skills
FOCUS: The Journal of Lifelong Learning in Psychiatry challenges subscribers to continue their professional growth and provides them with the tools to prepare for recertification. Each quarterly issue addresses a different topic from the ABPN recertification outline, featuring articles on the most important developments in psychiatry and clinical practice. In 2012, FOCUS examined Women’s Mental Health, Schizophrenia, Child and Adolescent Psychiatry, and Depression and Dysthymia.

Each issue includes a quiz worth five hours of CME credit, and subscribers receive the annual Self-Assessment Examination (approved by ABPN and the Royal College of Canada for MOC), offering an additional 24 hours of CME credit. APA members and FOCUS subscribers also have access to the Clinical eFOCUS Program, a survey developed on a quarterly basis. A case vignette is emailed with a survey of treatment options, and clinicians compare and contrast their responses with the expert opinion and their colleagues’ answers. This activity provides up to two hours of self-assessment CME credit and assists physicians by presenting resources on evidence-based care.

Learning from the Best
During 2012, more than 11,000 professionals participated in CME scientific programs at APA meetings. In May, the 165th Annual Meeting convened in Philadelphia to explore the theme of “Integrated Care” and partnered with the National Institute on Alcohol Abuse and Alcoholism (NIAAA) to highlight advances in treating co-occurring disorders, the use of technology and medication, and integrating treatment in primary and psychiatric care. This program track featured a plenary lecture by Dr. Bankole Johnson, Chair of the Department of Psychiatry and Neurobehavioral Sciences at the University of Virginia, as well as a Frontiers of Science lecture by Dr. John Krystal, Chair of the Department of Psychiatry at Yale-New Haven Hospital and Director of the NIAAA Center for the Translational Neuroscience of Alcoholism. Other sessions focused on state-of-the-art clinical practice, health care policy and services, practice management, cross-cultural and minority issues, and special populations such as victims of disasters, persons with HIV/AIDS, and military veterans and their families.

In October, the 64th Annual Institute on Psychiatric Services (IPS) met in New York to examine the needs of the most vulnerable, disenfranchised, and difficult-to-serve patients. The meeting focused on “Pursuing Wellness Through Recovery and Integration” and featured a Health Services Research Track to highlight the contributions of health services research to the delivery of effective psychiatric services and sound policy.

CME opportunities from both meetings are available online and on DVD thanks to the Division of Education’s partnership with Learners Digest, Inc. Users may purchase access to a comprehensive digital library featuring hundreds of hours of lectures, symposia, and workshops from the Annual Meeting or IPS, with CME credit available for many sessions. Find more information at www.cmeoncall.com/apa and www.cmeoncall.com/apa/ips.
Membership Numbers
The total number of APA members increased slightly in 2012 reversing a downward trend over the past few years. There were increases in new and reinstating members across all membership categories including Medical Students, Members-in-Training, International Members, and General Members. The year ended with 33,398 members, compared to 33,146 in 2011. The new dues payment deadline of June 30th allowed for more time during the remainder of the year to reinstate members dropped for non-payment of dues.

New Membership Categories
The category of International Fellow was renamed International Distinguished Fellow to be equivalent to the Distinguished Fellow category for U.S. and Canadian members. A new category for International Fellows was approved and established at the end of 2012 and is equivalent to the Fellow category for U.S. and Canadian members. There was also a change to the eligibility requirements for Fellowship; applicants must be board certified but are no longer required to have five years of General Membership.

Membership Promotion
There were several initiatives to increase membership throughout the year including special campaigns with other organizations, direct mail campaigns, and in-person efforts at various psychiatry meetings around the world.

U.S. and Canada
The Annual Meeting Rebate Program continues to be a successful way to recruit non-members who attend the Annual Meeting. Applicants who apply for membership on-site may be eligible for a “rebate” of their meeting registration fee. The rebate is applied to their membership dues.
The joint membership campaign with AAPDP continued for the second year, and both organizations saw modest increases as a result. Promoting the Dues Amnesty Program via direct mail campaigns to former members achieved a win-win situation for lapsed members, APA, and District Branches. Many former members have reinstated and paid current dues in advance with APA and most District Branches forgiving past dues owed.

Membership staff had several opportunities to meet potential members in-person while hosting an APA Membership exhibit booth at meetings of American Association for Geriatric Psychiatry, American Academy of Child and Adolescent Psychiatry, Nevada Psychopharmacology Update, and the U.S. Psychiatric and Mental Health Congress.

**APA Celebrates Members of the 100% Club**
In 2012-2013, the number of residency training programs to join the ranks of the exclusive 100% Club increased significantly over the previous year for a total of 45 programs. The 100% Club was established to encourage residents throughout the U.S. and Canada to join APA and to do so with other trainees in their programs.

**International**
The joint membership campaign with the Royal College of Psychiatrists (U.K.) was successful for both organizations and will be continued in 2013. The International Member-Get-A-Member Campaign brings in new members and rewards current members for helping APA membership to grow.

In July 2012, the Board of Trustees approved offering a one-time dues discount of 25% for new International Members. This discount was promoted at two international meetings where Membership staff hosted an APA Membership exhibit booth: the Royal College of Psychiatrists (UK) in July and the World Psychiatric Association’s Regional Congress (Prague) in October.

Focus groups were conducted at the Annual Meeting with International Member and Non-Member attendees, and feedback collected will assist in promoting international membership for future campaigns. Additionally, the International Membership brochures were translated into several languages including Chinese, French, Hindi, Japanese, Portuguese, and Spanish.

**New Member Benefit**
At the end of 2012, the APA Board of Trustees approved a new member benefit program through Healthcare Resources Online (HRO). Similar to how Travelocity aggregates air, hotel, and car rental options, HRO has aggregated all of the resources currently available in the public domain (patient education, patient assistance, product information, etc.) of the U.S. pharmaceutical market. HRO will help connect the right resources to the right prescriber in real time. HRO will also be offering at no cost to members a free e-prescribing service that is certified by Surescripts and easy to use. This new member benefit should be available to members via APA’s website in spring 2013.
The Department of Government Relations (DGR) works to advance member- and patient-centered federal and state legislative and regulatory agendas before Congress, federal agencies, and in support of APA’s District Branches and State Associations. DGR produces and distributes the weekly e-newsletter, RushNotes, to highlight important developments happening on the federal and state government levels.

Federal Legislation
Advocating for Sustainable Growth Rate Reform
Throughout 2012, DGR advocated for full repeal and replacement of the flawed Medicare Sustainable Growth Rate (SGR). The APA joined with Congressional leaders and the medical community to reject cutting specialist reimbursement to fund a SGR repeal and put forward proposals for replacement of the SGR.

Psychiatric Workforce Proposals
DGR collaborated with Congressional offices to develop two legislative proposals to enhance the psychiatric workforce in two critical communities: Native Americans and Veterans.

Supporting Returning Veterans and their Families
As the number of veterans seeking care increased, DGR provided suggestions to House and Senate Veterans Committees on how to reduce wait times while still giving acceptable care. The APA is committed to providing care to veterans by the reduction of wait times, alleviating the VA’s psychiatric workforce, and encouraging training on psychopharmacology for addiction treatment.

Federal Funding for Services and Research
During 2012, DGR advocated for Congress to address sequestration while preserving public health funding. The APA joined a non-defense coalition to urge Congress for a balanced approach to deficit reduction that does not include further cuts to NDD programs. The NIH received an increase in its budget by 1.5 percent, and SAMHSA saw an increase of about two percent.

State Legislation
Scope of Practice Legislation
With a strong boost from APA and in partnership with our American Medical Association (AMA) Scope of Practice Partnership, District Branches (DBs) and State Associations (SAs) in Arizona, Illinois, and Ohio defeated psychologist prescribing legislation, with legislation in New Jersey contained. Throughout 2012, DBs and SAs worked with state medical societies and conducted outreach to potential allies including state bar associations and law enforcement authorities.
DGR also assisted DBs and SAs in advocacy to improve rural access to psychiatric care including telepsychiatry or telemedicine, on-site advocacy training of legislative issues, fundraising, and coalition building.

**Regulatory**
Throughout 2012, DGR worked to advocate for sufficient rules and regulations relating to health information exchanges and essential health benefits.

**Health Information Exchanges**
The APA established a *State Health Exchanges* webpage to support members and state district branch executives in understanding how each state’s essential health benefits and mental health and substance use disorder coverage mandates will be affected by the federal mental health *parity* law’s application to all essential health benefits. DGR frequently met with HHS officials to develop a greater knowledge of implications for psychiatrists participating in insurance networks that will provide mental health and substance use disorder services to beneficiaries of states’ essential health benefits benchmark plans.

**Essential Health Benefits**
During 2012, DGR staff continued to serve as a resource to members and district branch personnel seeking guidance on the essential health benefits benchmark plan selection process. The APA created a helpful webpage for State Health Exchanges, conducted webinars for members, and offered comments to HHS as exchanges were developed.

**APA Political Action Committee**
**Shaping Congress — APAPAC**
APAPAC saw increased activity in 2012, when APA members visited 252 congressional offices for the annual Advocacy Day held in Washington, D.C. The critical 2012 elections presented APA with an opportunity to shape the 113th Congress with true friends of psychiatry and patients. The APA community strengthened the political voice for our specialty with its increased donations. In order to ensure it is heard above competing messages on Capitol Hill, APAPAC must continue to grow.

**Strengthening our numbers means strengthening our specialty**
Currently, only four percent of eligible APA members contribute to the PAC. If APA could double that number, APAPAC would be catapulted into the top tier of medical PAC’s. It is vital that APA continues building on its momentum in order to have an impact on the future of mental health.

**Meeting New Leaders**
APAPAC continues to see growth in political activity among younger members who recognize “strength in numbers”. The efforts of these APA members signal a powerful future for psychiatry and for patients.
Payment for Psychiatry

OHSF and members of the APA Committee on RBRVS, Codes, and Reimbursement worked closely with the AMA RUC and CPT Editorial Panel on the establishment of a new format for coding psychiatric treatment that permits more accurate reporting of the evaluation and management services provided by psychiatrists. Outreach was done in 2012 to major insurers to ease their transition to the new coding, and a wealth of educational resources were developed and opportunities offered to assist APA members in their transition to the new coding.

Mental Health Parity

The APA continued its leadership role in the Parity Implementation Coalition providing legal and educational resources vital to ensuring that the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act (Parity Act) is appropriately put into practice. Legal actions are being formulated against payers who are failing to comply with the terms of the Act.

Integrated Care

OHSF was actively involved in many initiatives established to implement integrated care as mandated in the health reform legislation passed in 2010. It is vital that psychiatry be at the table as new entities such as Accountable Care Organizations and Medical Homes are created that represent the future of health care delivery in the United States.

Supporting District Branches and State Associations

A special in-person training opportunity was offered to representatives from each District Branch (DB) and State Association (SA) during 2012 to provide them with experts to educate their membership on the new coding. OHSF assisted DBs and SAs on a number of health reform issues, including when private insurers within the states proposed limiting access to psychiatric treatment in ways that were clearly counter to the regulations issued to implement the Parity Act, and when Medicaid programs proposed limiting access to psychiatric treatment in response to state budget shortfalls.
Responding to Disadvantaged Communities Affected by Superstorm Sandy

Superstorm Sandy, which wreaked devastation in New York and neighboring states in late October 2012, had a disproportionate impact on diverse and underserved communities in densely populated areas of coastal New York City. In the storm’s immediate aftermath, OMNA sprang into action by joining forces with the All Healers Mental Health Alliance (AHMHA), a group OMNA co-founded in 2005 after Hurricane Katrina. Over the past seven years, the OMNA-AHMHA partnership has been a sustained collaboration focused on facilitating culturally competent responses to the mental health needs of disadvantaged populations.

Working with AHMHA, OMNA organized an emergency OMNA on Tour, its traveling mental health disparities program, and united with more than 20 local and national organizations to convene an orientation on disaster mental health for volunteers on December 15, 2012 at a church in Brooklyn, NY.

Several APA members participated in this event: National Medical Association President Rahn Bailey, M.D., President of the Black Psychiatrists of America Saundra Maas-Robinson, M.D., members of the Black Psychiatrists of Greater New York (BPGNY) Sidney Hankerson, M.D. (President), Karinn Glover, M.D. (Vice President), Vanessa Bobb, M.D. (Secretary), Phyllis Harrison-Ross, M.D. (Founder and President Emeritus), APA SAMHSA Fellow Samantha Miller, M.D., and former APA Diversity Leadership Fellow Byron Young, M.D. The program provided an overview of disaster psychiatry, discussion of resources and volunteer opportunities, and networking with organizations, mental health professionals of various disciplines, and faith community leaders.

As a result, OMNA achieved several collaborations focused on responding to emotional and spiritual needs and fostering resilience in the face of disaster in three areas of coastal New York City hit particularly hard by the storm: Canarsie, Coney Island, and Far Rockaway.

These leaders and organizations have worked together since December 15 to plan and implement programs promoting emotional and spiritual health (wellness events at schools, churches, and community centers). During these events, mental health volunteers educate families and faith community leaders about coping after disasters and how to help children, managing stress, relaxation techniques, and resilience. OMNA donated APA resources including Let’s Talk Facts brochures and DVDs and guidebooks on mental health geared toward the African American and Latino communities.
Information Services and Strategies delivers technology solutions that improve APA member experience and enhance APA staff efforts in supporting member needs.

APA launched the redesigned APA website, www.psychiatry.org, in April 2012. The new site features significant upgrades to overall look and feel, better search capabilities, and easier access to key information.

This past year also saw important improvements to websites supporting APA meeting events. Information Services and Strategies partnered with the Education Division to rollout a significantly enhanced Abstract Management System to support the 2013 Annual Meeting and future meetings.

At the end of 2012, APA unveiled the Annual Meeting microsite, annualmeeting.psychiatry.org, providing a dedicated centralized location organized by Annual Meeting attendee groups to present a more personalized experience. The site, updated often with program, exhibitor, and registration news, will be used for future Annual Meetings.

Information Services and Strategies completed a major upgrade to the APA telephone network and replaced existing system with new cost effective VOIP (Voice Over IP) technology. The VOIP system features numerous capabilities that are being leveraged to better communicate with and support our members.
A key component of wellness is social inclusion, and the May 2012 issue of *Psychiatric Services* featured a special section examining whether efforts to integrate people with serious mental illness into their communities have been successful. The findings garnered an invitation for the guest editor, Robert A. Rosenheck, M.D., to deliver the Editors’ Choice Award Lecture at the 2012 Institute on Psychiatric Services (IPS) in New York.

The ability of APA’s journals to deliver leading information continued to receive external validation in 2012. *Psychiatric Services* became the highest-ranked mental health journal in health policy and services. And, four of *Journal Watch Psychiatry*’s top 10 articles of 2012 were from *American Journal of Psychiatry*. No other journal had more than one. The honored articles were:

- Metformin for Antipsychotic-Induced Adverse Effects in Women with Schizophrenia
- Creatine Augmentation of SSRIs for Depression
- Antipsychotics Vary in Mortality Risk in Dementia Patients
- Tools for Preventing Postpartum Psychosis and Mania

**Collaboration. Integration. Synergy.**

These words are the foundation on which American Psychiatric Publishing (APP) operates, making its educational and informational products far more than the sum of their parts. APP is dedicated to delivering cutting-edge news through the many electronic and print channels that APP developed to be the most modern, premier publisher within the field of psychiatry. To support that work, APP uses the latest tools to create a workflow throughout the division that allows content to be processed faster and shared easily and more cost-effectively across platforms. Readers can get the information they want when they want it and in the formats they prefer—a goal that is vital in a world that demands instant access to trusted, authoritative news.

**Journals**

APA’s journals featured numerous articles advancing psychiatric wellness, particularly among the aging. The *American Journal of Psychiatry* published a surprising finding that increasing resilience and reducing depression in older adults might have effects as strong as reducing physical disability, prompting stories by Fox News, CBS News, and NBC News.
Ensuring that APA members receive clinical and research news that revolves around the theme of wellness across the lifespan is an editorial goal of Psychiatric News, particularly as psychiatry has become more focused on prevention, resilience, and recovery. To deliver this and other essential information, Psychiatric News has continued to undergo major changes—and more are planned—to respond to members’ needs in the age of lightning-speed communication while respecting the continuing desire of many members for a strong print publication.

To that end, in 2012, Psychiatric News launched a new look featuring clean, contemporary design, shorter articles, and a smaller, easier-to-hold size. For those who prefer electronic communication, Psychiatric News launched an Annual Meeting e-newsletter that delivered same-day highlights of scientific sessions and major lectures, along with multimedia reports; it also transitioned to an “online first” workflow to allow articles and multimedia reports to go live on its website as soon as they are completed.

Both the Psychiatric News Alert and Update have had many successes in increasing the visibility of APP’s journal and book content and providing links for instant accessibility. For example, one of the most popular Alerts in 2012 (with an open rate of 40.6% of 23,000 subscribers) announced that the DSM-5 Field Trial studies were available at the American Journal of Psychiatry’s website and included links to them. The Update carried excerpts from the book Women in Psychiatry and articles on clinical topics written by APP’s expert authors. And as the “voice of psychiatry,” Psychiatric News continued to keep members informed about APA’s programs, services, and advocacy activities across all its communications channels.

Pursuit of mental wellness across the lifespan is a driving force in acquisition of new APP books. From 2012 titles like Autism and Other Neurodevelopmental Disorders, Clinical Manual of Child and Adolescent Psychopharmacology, Cognitive-Behavior Therapy for Children and Adolescents, and Care of Children Exposed to the Traumatic Effects of Disaster, to titles like Essentials of Geriatric Psychiatry and Clinical Manual of Alzheimer’s Disease and Other Dementias, APP books present the latest clinical and research information to support wellness throughout a person’s life. APP extended this effort to Psychiatric News through Psychiatric News Alert (daily news service) and Update (weekly e-newsletter) by serializing and excerpting book content and launching new features and articles written by APP book authors.

Support of wellness throughout a person’s life is also provided by APP electronic publishing initiatives and the integrated website of journal, book, and news content on PsychiatryOnline. PsychiatryOnline supports a lifespan approach by offering the most comprehensive online access available to psychiatry books, journals, and professional news. In 2012, APP completed a workflow project to greatly enhance the capacity to integrate book, journal, and news content and present it to clinicians in any format they require, whether it is in print, on their desktop computers, or on their mobile phones, tablets, or laptops.

Glen O. Gabbard, M.D., and Otto F. Kernberg, M.D., signed their books at the APP Bookstore during the 2012 Annual Meeting in Philadelphia.
One of the core activities of any nonprofit medical organization is to communicate news in a rapidly evolving field to members, patients, and the general public. OCPA is the primary APA office for developing and disseminating information to the mass media about APA policies, programs, and activities, as well as producing and publicizing educational materials for patients and the public. As part of its mission, OCPA strives to destigmatize mental illness and to present psychiatry in a positive light. OCPA provides support to the Board of Trustees, Assembly, Council on Communications, District Branches/State Associations, and APA subsidiaries who request help with the media, internal communications, and other crucial communications issues. OCPA coordinates and produces the APA Annual Report every year.

**Rapid Response Media Relations**

OCPA manages a wide variety of daily media requests from print, broadcast, and online news outlets from around the world. When breaking news like the tragic shootings in Colorado and Connecticut occurred in 2012, OCPA immediately identified appropriate member experts to provide interviews for nonstop media calls from reporters on tight deadlines. A wealth of information on helping people cope with the tragedies was posted on the website, and OCPA issued news releases weighing in on mental illness and gun violence. In addition, staff rapidly responded via APA’s social media, public education blog, and other online resources with tips for coping with traumatic events and natural disasters (helping children and adults affected by Superstorm Sandy).

In its daily operations, OCPA screens all media requests and presents talking points to experts to best prepare them for their interviews. OCPA has established relationships with journalists from national and international publications, broadcast networks, trade journals, and other influential news organizations.
News Releases & Statements on Key Issues
OCPA writes and distributes media releases and statements as a way to share news on vital mental health issues, respond to current events, and announce exciting research for our field to the press and the public. In 2012, 44 releases covering various topics were sent to national, regional, online, and trade media. Some of the most active areas of communications activities were focused on the revision of the Diagnostic and Statistical Manual of Mental Disorders (DSM). News releases specific to DSM-5 development were produced and promoted to top news outlets.

President’s Message & Other Video Production
Video is now one of the most popular and powerful communications channels for APA members and the public.

In 2012, OCPA continued to coordinate production for APA President Dr. Dilip Jeste’s video messages on such topics as APA membership benefits, health care reform, and an update on final stages of the DSM-5 revision process.

In May 2012, OCPA directed APA TV, the Annual Meeting highlight video played on screens throughout the Pennsylvania Convention Center and on Philadelphia hotel channels each day of the Annual Meeting. Interviews included AMA President Jeremy Lazarus, M.D., Retired U.S. Army General Peter Chiarelli, award-winning author Kay Redfield Jamison Ph.D., actor Dan Butler from NIDA’s Addiction Performance Project, and DSM-5 Task Force Chair David Kupfer, M.D.

For the first time, OCPA filmed videos at the 2012 Institute on Psychiatric Services (IPS) and provided real-time news updates on APA Facebook and Twitter (with hashtag #IPS2012) from the meeting (as was done at the 2012 Annual Meeting using #APAAM12). These initiatives helped inform our social media-savvy members, media, and the general public about one of APA’s most important meetings.

Other videos produced by OCPA included a Fellows Advocacy Workshop teaser for the September 2012 Components Meeting and a 2013 Annual Meeting preview for the homepage of the new Annual Meeting microsite, which included an interview with the 2013 Scientific Program Committee Chair.

AMA-House of Delegates
OCPA joined the APA AMA Delegation and the Section Council on Psychiatry at the American Medical Association’s House of Delegates Meeting in Chicago in June 2012. For the first time in 73 years, a psychiatrist became president of the AMA, and OCPA was there to publicize the excitement.

Annual Meeting Daily Bulletin & Event App
The Daily Bulletin is the popular Annual Meeting newspaper managed by OCPA. Five issues were produced, including an online preview edition that featured scientific sessions, presenter interviews, and host city attractions.

OCPA oversaw the Annual Meeting App for its second year, which in 2012 achieved an average increase of 250% in page views compared to 2011 app use data. The app provided alerts with meeting changes and offered a personalized schedule builder, maps, and searchable lists of poster abstracts, sessions, speakers, and exhibitors. Users also had the ability to rate sessions. The meeting app has proven so successful that it will continue to be a useful tool enhancing all future Annual Meetings.
Enhanced “Headlines” Member Benefit
In 2012, OCPA collaborated with American Psychiatric Publishing to better integrate APA’s daily “Headlines” news service with Psychiatric News. Social media buttons for APA’s Facebook, Twitter, and members-only LinkedIn Group were also added to facilitate participation in APA social media.

Social Media Success
One of the most effective communications tools today is social networking. APA’s award-winning social media informs the public and serves psychiatry professionals by encouraging the exchange of ideas and research to provide the best patient care. During 2012, OCPA

APA’s award-winning social media informs the public and serves psychiatry professionals by encouraging the exchange of ideas to provide the best patient care.

New Research Press Briefing & Annual Meeting Media Coverage
OCPA directs the New Research Press Briefing held at the Annual Meeting. In 2012, media saw presentations on a wide variety of topics like “Stigma Experiences of Combat Veterans with PTSD from Iraq and Afghanistan Wars” and “Exposure to Drug-related ‘People, Places, and Things’ via Online Social Networking Sites among Adolescents in Substance Abuse Treatment.” Press who were unable to attend the 2012 Annual Meeting watched the New Research Briefing via webinar.

Every year, OCPA manages a busy newsroom designed to assist journalists in their coverage of the Annual Meeting. In 2012, it served major news outlets and key trade journals during and after the meeting, resulting in positive coverage from media such as The Wall Street Journal, The New York Times, USA Today, Philadelphia Inquirer, Newsweek, Forbes, PBS Newshour, Military Times, Medpage Today, and Medscape.

Ongoing Communications Support for District Branches & State Associations
Each month, OCPA sends “News from the APA” e-newsletter to District Branches/State Associations (DBs/SAs) providing content that may be used in DBs/SAs newsletters, websites, and other communications. For the second year, OCPA managed the Member Communications Award to recognize DBs/SAs for effective communications tools like blogs, webinars, video, and social media.

When major disasters occurred in 2012 such as Superstorm Sandy and the tragedies in Aurora, Colorado and Newtown, Connecticut, OCPA quickly provided media tool kits specific to each traumatic event to local DBs/SAs to help members communicate with the press and the public. These media kits included talking points on how to minimize the mental and emotional effects of trauma as well as news release templates.

A continued its efforts in growing APA’s main Twitter account @APAPsychiatric (13,000+ followers) and APA’s patient/public education Twitter @APAHealthyMinds (9,330+ followers). OCPA sends out daily tweets from both @APAHealthyMinds and @APAPsychiatric on mental health news and the latest dialogue within the psychiatric community. APA’s Facebook page has more than 18,150 ‘likes” and is updated daily by OCPA staff with posts on breaking medical news, APA member interviews in the media, and the latest on APA meetings and other events.
The social networking tool LinkedIn continues to gain popularity among APA members, who participate in dozens of discussions with their peers. OCPA oversees APA’s members-only LinkedIn Group and its subgroups for APA Residents & Early Career Psychiatrists and eCommunications.

**Advanced Public/Patient Education**

OCPA publicized its latest public opinion survey for May 2012 Mental Health Month and developed new content for the “mental health” patient education section of psychiatry.org. Since the survey found that less than half of respondents said they understood the mental healthcare benefits provided through their health insurance, OCPA created a page on parity/insurance information and collaborated with Carol McDaid, Co-Chair of the Parity Implementation Coalition, on the blog post Fight for Your Right to Behavioral Health Benefits.

“Hoarding Disorder” was added as a “key topic” on www.psychiatry.org/mental-health, and national health and history observances were featured each month to highlight APA’s relevant resources.

OCPA continued to work closely with APA’s Council on Communications to post and promote timely topics to the Healthy Minds blog. Popular blog posts in 2012 were Demystifying Schizophrenia, Grief and Loss Never Take a Holiday, Sleep Hygiene, Safety Tips for Children with Autism Who Wander, Addiction: A Real Disease with Effective Treatments, Binge Drinking: What you should know before your next tailgate party, Suicide Prevention for Seniors and African Americans, and What to do about side effects of antidepressant medications?

After the Aurora, Colorado shooting, OCPA publicized tips for talking to kids about the tragedy on APA’s Healthy Minds blog where it made the top 10 list and was retweeted 100 times. A writer and editor for NPR’s health blog was one who promoted this APA resource after seeing it on Twitter. OCPA will continue to search out and implement new ways to utilize the latest technology in the dynamic field of communications, connecting and engaging with members, patients, and the general public. Exciting days lie ahead for psychiatry, and OCPA will no doubt remain on the leading edge of communicating the latest developments.

…I hope you know how important you all are to us.

@PATTY DUKE @pattyduke_id

I love the smart, socially-minded, progressive psychiatrists at #IPS2012!

@VANESSA LAUZON MD @vlauzon

Healthy Minds educates, enlightens and offers hope. Thank you for your focus on military mental health!

@BARBARA VAN DAHLEN @bvandahlen
**REVENUE**

- Membership: 28% $11.9M
- Publishing: 40% $17.2M
- Continuing Medical Education: 22% $9.1M
- Foundation & Other: 4% $1.8M
- Private Award Revenue: 6% $2.6M
- **Total Revenue**: 100% $42.6M

**EXPENSES**

- External Affairs: 9% $4.2M
- Publishing: 27% $12.6M
- Continuing Medical Education: 13% $6.3M
- Foundation, Research & OMNA: 10% $4.8M
- Private Award Expenses: 4% $1.9M
- Business Operations: 27% $12.8M
- Governance & Components: 5% $2.3M
- Membership: 5% $2.2M
- **Total Central Office Expenses**: 100% $47.1M