

Reports to the Membership

The following are edited/abbreviated versions of the annual reports of the APA Secretary, Treasurer, CEO and Medical Director, Speaker, and Speaker-Elect and the chairpersons of the APA Committee on Bylaws, Membership Committee, Committee of Tellers, and Elections Committee. The full reports were presented at the APA Annual Business Meeting in San Diego, May 21, 2017.

REPORT OF THE SECRETARY

Altha J. Stewart, M.D.

It is my constitutional duty and personal privilege as Secretary of the American Psychiatric Association to report to the membership on the actions taken by your Board of Trustees over the past year. The following are some of the highlights.

Chester M. Pierce Human Rights Award

At the March 2017 Board of Trustees meeting, the Board of Trustees voted to approve renaming the APA Human Rights Award after Dr. Chester M. Pierce. Dr. Pierce (1927–2016) was an innovative researcher on humans in deprived environments and a lifelong advocate against disparities, stigma, and discrimination, coining the term “microaggression” in 1970. He was the Professor Emeritus of Psychiatry at Harvard Medical School, Professor Emeritus of Education at Harvard University, and served on the faculty of the Harvard School of Public Health. He was a Senior Psychiatrist at Massachusetts General Hospital (MGH), where he spent much of his career, and a psychiatrist at the Massachusetts Institute of Technology for almost 25 years. His legacy continues through the Chester M. Pierce Research Society for Minority Investigators at MGH, as well as the Chester M. Pierce Division of Global Psychiatry, which is part of the Department of Psychiatry at MGH and is inspired by the lifework of the founder, Dr. Pierce, and committed to improving mental health training, research, and clinical care in the international community.

APA Council on Consultation-Liaison Psychiatry

During the December 2016 Board of Trustees meeting, the Board of Trustees voted to approve that APA support the name change from Psychosomatic Medicine to Consultation-Liaison Psychiatry, per the request of the Academy of Psychosomatic Medicine. The Academy of Psychosomatic Medicine has held a series of surveys of its membership on this topic, and the results have demonstrated an overwhelming preference to change the name to Consultation Liaison Psychiatry, which is the name most commonly utilized by practitioners in the field.

Position Statements

Position statements can be found on the American Psychiatric Association’s website: www.psychiatry.org under “Policy Finder.” The APA Board of Trustees addressed several position statements throughout the year. Fourteen new position statements were approved, eight position statements were revised, two position statements were reaffirmed, and five position statements were retired.

New Position Statements:

- The Board of Trustees voted to approve the Proposed Position Statement: Integrating Opioid Use Disorders Treatment with Buprenorphine and Naltrexone with that of Co-Occurring Mental Illnesses at its July 2016 meeting.
- The Board of Trustees voted to approve the Proposed Position Statement: Patient Access to Electronic Mental Health Records at its July 2016 meeting.
- The Board of Trustees voted to approve the Proposed Position Statement: Trial and Sentencing of Juveniles in the Criminal Justice System at its July 2016 meeting.
- The Board of Trustees voted to approve the Proposed Position Statement: Equitable Access to Quality Medical Care for Substance Related Disorders at its July 2016 meeting.
- The Board of Trustees voted to approve the Proposed Position Statement: Integrated Care at its July 2016 meeting.
- The Board of Trustees voted to approve the Proposed Position Statement: Off-Label Treatments at its July 2016 meeting.
- The Board of Trustees voted to approve the Proposed Position Statement: The Call to Action: Accountability for Persons with Serious Mental Illness at its July 2016 meeting.
- The Board of Trustees voted to approve the Proposed Position Statement: College and University Mental Health at its July 2016 meeting.
- The Board of Trustees voted to approve the position statement only of the Proposed Position Statement: Emergency Department Boarding of Patients with Acute Mental Illness at its July 2016 meeting.

- The Board of Trustees voted to approve the Proposed Position Statement: Treatment of Substance Use Disorders in the Criminal Justice System at its December 2016 meeting.
- The Board of Trustees voted to approve the Proposed Position Statement: Out of Network Restriction of Psychiatrists at its December 2016 meeting.
- The Board of Trustees voted to approve the Proposed Position Statement: Location of Civil Commitment Hearings at its December 2016 meeting.
- The Board of Trustees voted to approve the Proposed Position Statement: Medical Euthanasia at its December 2016 meeting.
- The Board of Trustees voted to approve the proposed Position Statement: Mental Health and Climate Change at its March 2017 meeting.

Revised Position Statements:

- The Board of Trustees voted to approve the Revised Position Statement: *The Role of Psychiatrists in Assessing Driving Ability* at its July 2016 meeting.
- The Board of Trustees voted to approve the Revised Position Statement: *Sexual Harassment* at its July 2016 meeting.
- The Board of Trustees voted to approve the Revised Position Statement: *Psychiatric Hospitalization of Children and Adolescents* at its July 2016 meeting.
- The Board of Trustees voted to approve the Revised Position Statement: *Adolescent Substance Use* at its December 2016 meeting.
- The Board of Trustees voted to approve the Revised Position Statement: *Assuring the Appropriate Care of Pregnant and Postpartum Women with Substance Use Disorders* at its December 2016 meeting.
- The Board of Trustees voted to approve the Revised Position Statement: *Use of Psychiatric Institutions for the Commitment of Political Dissenters* at its December 2016 meeting.
- The Board of Trustees voted to approve the Revised Position Statement: *Recognition and Management of HIV-Associated Neurocognitive Impairment and Disorders (HAND)* at its December 2016 meeting.
- The Board of Trustees voted to approve the Revised Position Statement: *Screening and Testing for HIV Infection* at its December 2016 meeting.

Reaffirmed Position Statements:

- The Board of Trustees voted to approve the retention of the Position Statement: *Any Willing Physician* at its July 2016 meeting.
- The Board of Trustees voted to approve the retention of the Position Statement: *Policy on Conflicts of Interest Principles and Guidelines: With Special Interest for Clinical Practice and Research* at its July 2016 meeting.

Retired Position Statements:

- The Board of Trustees voted to approve the retirement of the 2005 Position Statement: *Adjudication of Youths as Adults in the Criminal Justice System* at its July 2016 meeting.
- The Board of Trustees voted to approve the retirement of the Position Statement: *Infectious Disease Epidemics Including H1N1* at its July 2016 meeting.
- The Board of Trustees voted to approve the retirement of the Position Statement: *Patient Access to Treatments Prescribed by Their Physicians* at its July 2016 meeting.
- The Board of Trustees voted to approve the retirement of the Position Statement: *A Call to Action for the Chronic Mental Patient* at its July 2016 meeting.
- The Board of Trustees voted to approve the retirement of the Position Statement: *College and University Mental Health* at its July 2016 meeting.

REPORT OF THE TREASURER

Bruce Schwartz, M.D.

For the year ended December 31, 2016, preliminary net income is \$6.4 million, compared to \$1.7 million in 2015, a difference of \$4.7 million (see Figure 1). The variance is mainly attributable to three things: 1) investment income was \$6.4 million higher than in 2015; 2) lower programs and services expenses mainly attributable to vacancy savings; and 3) \$2.5 million in lower net revenue offset the increased investment income and the reduced program expenses.

The \$6.4 million in net income is significantly better than the (\$4.5M) deficit that was budgeted. The \$10.9 million variance is primarily attributable to three things: 1) investment income is \$6.8 million and was not budgeted; 2) net income from DSM was \$2.1 million higher than budgeted; and 3) \$1.4 million in lower programs and services expenses generated \$1.2 million in budget savings.

The following provides explanations for the significant financial statement variances:

DSM net income is \$2.1M higher than budgeted based on lower than budgeted expenses. Expenses are lower than anticipated in the budget due to a reduction in the amortization expense for DSM development and purchase costs from \$1.9M to \$650K, as well as lower DSM publishing costs. The lower publishing costs is the result of lower book sales.

CME and Meetings net income is \$192K lower than budgeted and is due to lower than anticipated attendance at IPS in Washington, DC, as well as lower than anticipated education revenue due to expected grant funding that was not awarded.

Policy, Programs and Partnerships net expense was \$898K lower than budgeted due to vacancy savings, as well as staff allocations to the Registry development. There were vacant positions in Research, Diversity and

Health Equity, and Practice Management during 2016. Some of the positions were filled, and others were eliminated based on a position-by-position evaluation. In addition, the administration leveraged internal resources to develop the mental health registry, and thus the involved staff from Research, Membership and Legal charged a portion of their time to the registry instead of their normal cost centers.

Advocacy net expense is \$344K lower than budgeted due to vacancy savings. There was a change in leadership of the department, along with an evaluation of staffing requirements. The evaluation resulted in restructuring of some of the vacant positions.

Operations expense is \$265K higher than budgeted based on the following: 1) staff were given merit bonuses in 2016 instead of merit increases to slow expense growth in future budgets; and 2) the actual fringe benefits allocation was closer to the actual benefits costs; whereas, the budgeted projected allocated costs were significantly higher than the actual costs.

Governance expense is \$664K lower than budgeted, as the costs for the Assembly and the Board of Trustees were \$195K and \$371K lower than budgeted, respectively. In the Assembly budget, the savings came in the following three areas: member travel of \$110K, meeting costs of \$55K and officer travel of \$30K. The budget projected that the additional representatives added to the Assembly meetings would attend both meetings; however, most of the new attendees only came to the Fall meeting. In the Board of Trustees budget, the savings came from the following three areas: member travel of \$240K, meeting costs of \$80K, and officer travel of \$50K. The budget anticipated all Board of Trustee meetings would be a day and half and would include guests and speakers. Several of the meetings were shorter than projected and contained fewer guests, resulting in lower expenses.

The balance sheet remains strong, with net assets of \$87.3 million (see Figure 2), cash of \$7.3 million, and investments of \$88.0 million.

REPORT OF THE CEO AND MEDICAL DIRECTOR

Saul Levin, M.D., M.P.A.

I am pleased to present the CEO and Medical Director's report for the APA President's year May 2016–May 2017, which outlines the Administration's actions, activities, and accomplishments in the past year according to the APA's strategic initiatives.

The APA Administration continues to implement the APA's strategic initiative objectives voted by the Board of Trustees within the organization's core areas as follows:

Advancing Psychiatry

American Health Care Act (AHCA): Republicans in the House of Representatives released the AHCA, draft legislation

FIGURE 1. Financial Performance

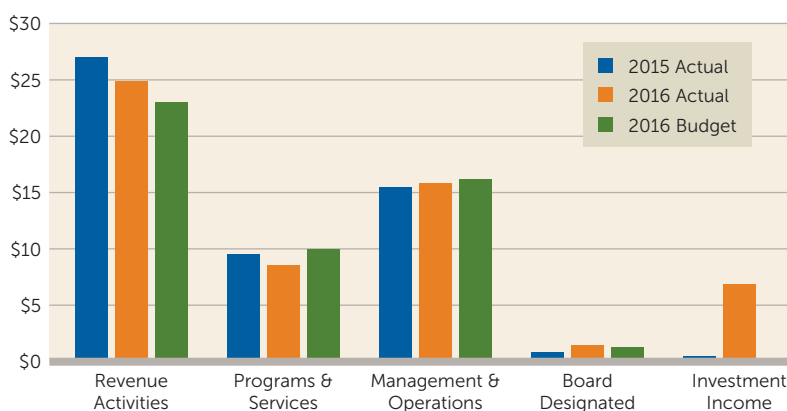
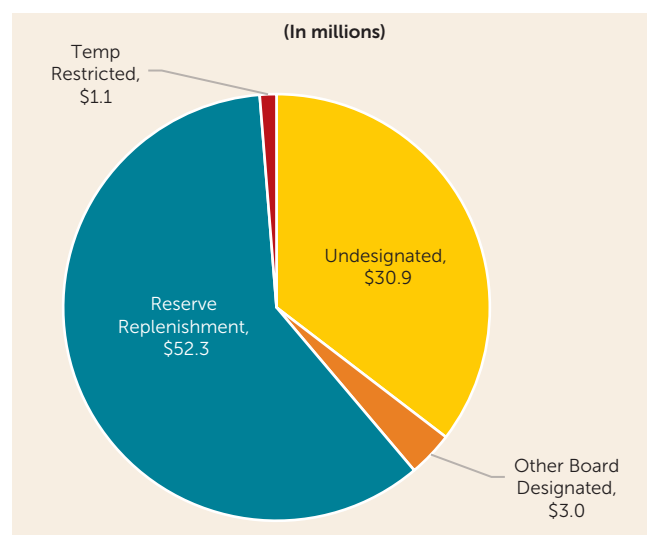


FIGURE 2. Net Assets



that was intended to repeal and replace the Affordable Care Act (ACA). APA responded with a press release within 24 hours on March 7th and encouraged members to contact his or her Representative through the APA Action Center to ensure the gains that have been achieved for individuals with mental illness and substance use disorders are preserved and expanded. On March 22nd, we sent a letter to Congressional leaders outlining APA's objections to the bill, which the Congressional Budget Office has estimated would eliminate coverage for some 24 million Americans, and encouraged members to express opposition to the AHCA with their Representatives.

Insurance Industry Mergers: On February 8th, the United States District Court for the District of Columbia, at the urging of the United States Department of Justice (DOJ), blocked the proposed merger of Anthem and Cigna. The opinion suggested that Anthem argued that the pressure the merger would place on providers would be beneficial to consumers in general and that Anthem's expert argued that providers are operating at comfortable margins well above their costs. DOJ argued that Anthem's use of market power to strong-arm providers would reduce the quality and availability

of health care. This is the argument that APA made when it was invited by DOJ to discuss the impact the merger would have on mental health care. After the court prohibited their merger, the parties announced that they would not continue to pursue merger talks or appeal the decision.

42 CFR Part 2 Final Regulation: On January 18th, a final rule was published in the Federal Register Notice to update 42 CFR Part 2, Confidentiality of Substance Use Disorder Patient Records. The rule was initially scheduled to go into effect 30 days after its publication but was pushed to March 21st to give the Trump Administration time to review the rule. While the regulations make minor changes to align with the Health Insurance Portability and Accountability Act (HIPAA) in an effort to allow more Part 2 providers to take advantage of new models of care that promote value- and team-based care, the technological solutions needed to implement the final regulations are lacking. APA is working with a coalition to promote legislation that will harmonize the updated rule with HIPAA regulations.

Medicare Access and CHIP Reauthorization Act (MACRA): APA is developing resources, giving presentations, and providing frequent, ongoing assistance to APA members (and their practices) regarding Medicare's "Quality Payment Program." These resources and other activities are designed to help psychiatrists, especially those in solo and small practices, to understand and be successful in the new Merit-Based Incentive Payment System (MIPS) and to earn incentives for their participation in alternative payment models (APMs).

- **APA Payment Reform Toolkit:** A new "Payment Reform Toolkit" is now available, with detailed fact sheets explaining the MIPS and APM incentives (under the Medicare Access and CHIP Reauthorization Act of 2015, or MACRA) and what these new programs mean for psychiatrists, at www.psychiatry.org/PaymentReform.
- **APA Payment Reform Webinar Series:** The APA presented a series of webinars that are now available for viewing by APA members, free of charge, on the APA Learning Center at <https://psychiatry.org/psychiatrists/education/apa-learning-center>.

Mental Health Parity: Parity compliance and enforcement efforts continue to focus on several priority areas of federal and state parity regulatory efforts:

- Implementation of the White House Parity Task force recommendations;
- Working with APA affiliates and insurance commissioners in those states that received Centers for Medicare and Medicaid Services (CMS) grant money to develop robust pre- and post-market parity compliance initiatives;
- Working with HHS and DOL to develop the parity guidance and action plan requirements codified in Section 13001 of the Cures Act; and
- Educating APA affiliates about Medicaid parity compliance requirements currently ongoing given the federal October 2017 deadline for compliance.

Health Plan Network adequacy and provider reimbursement rates are a primary and consistent focus of APA's efforts respecting each of the key areas identified above.

Mental Health Reform and 21st Century Cures Act: In December 2016, the U.S. Congress overwhelmingly passed the 21st Century Cures Act (H.R. 34), an end-of-year health care package of bills with many mental health, substance use, and criminal justice provisions.

Comprehensive Addiction and Recovery Act: On July 22, 2016, the Comprehensive Addiction and Recovery Act (CARA) was signed into law. APA supported CARA and continues to work on ensuring proper funding.

Capitol Hill Briefings: APA sponsored two Capitol Hill briefings this past year with APA President Maria Oquendo, M.D., Ph.D. The first, held on December 14th, was entitled "Suicide in America: Trends, Prevention and New Approaches." The American Foundation for Suicide Prevention cosponsored this event. The second, held on April 6th, was entitled "The Opioid Crisis in America: Addiction, Access and Treatment." It was cosponsored by the American Society of Addiction Medicine.

Collaborative Care Model Training: As a part of the Centers for Medicare and Medicaid Services' (CMS) Transforming Clinical Practice Initiative grant awarded to APA, the APA continues to train psychiatrists on the collaborative care model, as an additional practice model and a new income opportunity. Over 1,200 psychiatrists have been trained in the last 15 months.

Payment for Collaborative Care Model: Medicare began coverage and reimbursement on January 1, 2017, for a category of codes they have termed Behavioral Health Integration (BHI). This model is the only evidence-based model of its kind and was proven effective in more than 80 randomized control trials.

Medication-Assisted Treatment for Opioid Use Disorders: Together with the American Academy of Addiction Psychiatry and the American Osteopathic Academy of Addiction Medicine, the APA submitted comments to the SAMHSA's proposed rule regarding an increase in the patient limits for qualified physicians to treat opioid use disorders with buprenorphine. Overall, we supported the proposal to increase the limit to 200 patients if the physician meets certain infrastructure, capacity, and reporting requirements. In addition, we recommended appropriate training, alternative pathways for rural providers to meet the 200-patient limit, reporting requirements for quality data collection, increased reimbursement, and training in residency programs.

Medication Access: The APA is participating in the AMA prior authorization coalition and supporting the Prior Authorization and Utilization Management Reform Principles. Led by state medical societies, the APA and district branches are advocating for prior authorization reform state legislation. As a result of collaborative efforts, Illinois, Indiana, and other states have recently enacted laws requiring clinical review and a step-therapy override process.

FAQ: Choosing an Electronic Health Records (EHR)

System: the APA has recently released a series of FAQs to provide guidance to psychiatrists who are looking to adopt an EHR into their practice.

Mobile App Evaluation Tool is Available on APA

Website: APA's "Mobile App Evaluation Tool" is now live on psychiatry.org. The Tool is intended to address the expanding use of mobile health (mHealth) technology by providing structured guidance to psychiatrists on how to evaluate an app with respect to several functional domains, including privacy and security, clinical evidence base, ease of use, and interoperability.

New Content Added to the APA Telepsychiatry Toolkit:

APA's "Telepsychiatry Toolkit" recently released its second major update since its launch in May 2016. The update features 12 new pages of content, bringing the total up to 33, including informational videos, topic summaries, and other resources. The video-based "Telepsychiatry Toolkit" is designed to help psychiatrists learn more about various aspects of telepsychiatry, including clinical training and policy considerations. At the state level, APA is working with district branches in several states in advocating for telepsychiatry legislation. The APA has promoted the AMA model telemedicine legislation.

Supporting Research

APA Mental Health Registry (PsychPRO): In March 2016, the Board of Trustees approved development of the APA Mental Health Registry (PsychPRO). By automatically collecting and submitting quality reports, PsychPRO will help psychiatrists more easily meet their growing quality reporting requirements. During the past year, development of the registry has proceeded ahead of schedule. Currently, approximately 200 psychiatrists have already signed up, enough for PsychPRO to have applied for and successfully received certification from CMS to be a qualified registry in March 2017.

ICD-11 Proposed Transfer of Dementia Diagnoses:

In late 2016, the APA learned that the World Health Organization (WHO) was proposing in its beta version of ICD-11, to transfer all of the diagnoses for dementia from the Mental or Behavioral Disorders chapter into the chapter on Diseases of the Nervous System. The potential absence of these diagnoses in the Mental or Behavioral Disorder chapter section would have resulted in insurance companies refusing to reimburse patients and mental health professionals for appropriate diagnosis, psychological testing, psychosocial treatment, and psychopharmacological treatment of the cognitive and behavioral manifestations of these conditions in the United States and other countries. In response, Dr. Oquendo and I submitted a letter to WHO to formally protest the proposed changes and shared the letter with approximately 20 national and international organizations, many of whom then also submitted letters to WHO to protest the proposed changes for dementia diagnoses in ICD-11.

2017 Research Colloquium for Junior Psychiatrist In-

vestigators: For the 2017 Research Colloquium for Junior Investigators, we will have 49 junior psychiatrists (mentees). The Foundation's R-13 grant application for partial support of the Colloquium that was submitted to NIDA in September 2016 was approved. We also continue to partner with the American College of Neuropsychopharmacology and Society of Biological Psychiatry on this important mentoring initiative.

APA Foundation Psychiatric Research Fellowship: The APA Foundation Psychiatric Research Fellowship received applications from three well-deserving early-career psychiatrists. A recipient was chosen that will design and conduct a health services/policy-related research study using national data housed at the APA.

Proposals for Changes to DSM-5: The DSM Steering Committee has created a mechanism for the field to submit proposals for making changes to DSM-5. This mechanism has been made public for online submissions and is accessible at www.psychiatry.org/dsm5. The committee has formed five DSM review committees, made up of experts in various disorder areas. Once a proposal is received via the site, the Steering Committee will review it and, if deemed appropriate, will send it to the applicable review committee for its appraisal. If approved, it will again be sent to the Steering Committee for review and recommendations.

Education

2017 Annual Meeting: The Scientific Program Committee selected over 450 sessions for the Annual Meeting in May 2017. The program included 104 invited sessions connected with Dr. Oquendo's charge to diversify the program and to support her theme, "Prevention Through Partnerships." Additionally, APA offered 30 in-depth courses and four master courses. Working with the U.S. Navy, the APA also offered an EduTour of the Naval Medical Center San Diego Base, Balboa. New this year, the APA also featured an "Innovation Zone" in the exhibit hall where we sought to address the question of, "What comes next in mental health treatment technology?" Additionally, award-winning correspondent and ABC's 20/20 co-anchor Elizabeth Vargas was our Convocation speaker.

New Resource for Helping Members Navigate Main-

tenance of Certification (MOC): APA released a new resource to help members understand the changes occurring within the American Board of Psychiatry and Neurology's (ABPN's) maintenance of certification (MOC) program. Additionally, the APA and ABPN CEOs convened in February 2017 for their annual leadership meeting to discuss areas of concern where the APA leadership of the BOT, Assembly, and Administration outlined the changes we would like to see implemented to make the certification clinically relevant and less onerous.

Joint Sponsorship Program for Continuing Medical

Education (CME): In 2016, the APA's Board of Trustees approved an expansion of the Joint Sponsorship CME program.

We are currently using the expanded program to support our affiliated groups.

Focus: The Journal of Lifelong Learning Expanded Features in 2017: The Division of Education is working with APA Publishing to launch several new features as part of *Focus: The Journal of Lifelong Learning*. While the journal will continue to provide a program of lifelong learning and offer MOC and CME credit for subscribers, new features are being added to the journal to broaden its perspective beyond a focus on a single topic per issue.

Diversity

Transgender Youth: On February 22nd, the Departments of Justice and Education issued guidance that eliminates protections for transgender youth in public schools, no longer allowing them to use restrooms corresponding with their gender identity. APA supports laws that protect the civil rights of transgender and gender variant individuals and also opposes all public and private discrimination against transgender and gender variant individuals in such areas as health care, employment, housing, public accommodation, education, and licensing. In addition, APA signed a brief to be filed with the U.S. Supreme Court in *Gloucester Cty. Sch. Bd. v. G.G.* at the request of the American Academy of Pediatrics. The *Amici* submitted this brief to inform the Court of the medical consensus regarding what it means to be transgender, the protocols for the treatment of gender dysphoria, which include living in accordance with one's gender identity in all aspects of life, and the predictable harms to the health and well-being of transgender adolescents when they are excluded from restrooms that match their gender identity.

Pilot Program for Black Men Interested in Psychiatry: The Division of Diversity and Health Equity (DDHE) has a current partnership with Howard University Hospital Department of Psychiatry and Howard University Center for Pre-Professional Education to mentor more African American men who are interested in becoming psychiatrists. As a follow-up to the announcement of this new pilot program, three students from the program attended the IPS Mental Health Services conference in Washington, DC, and met with APA leadership.

Competent Care for Indigenous Patients: In August 2016, the Division of Diversity and Health Equity (DDHE) launched a CME course aimed at helping psychiatrists provide culturally competent care to indigenous patients. This module serves to review historical perspectives of indigenous peoples, identify common diagnoses, and walk the learner through the cultural formulation, indigenous and non-indigenous interventions, and potential sources of strength resilience. Finally, the learner will apply the concepts through a case study using cultural formulation as a framework.

APA/APA Foundation (APAF) Fellowships: The 2017–2019 application cycle for all eight APA/APAF Fellowships closed on January 30, 2017. The number of applications for

funded fellowships received this year increased by 2% from last year, reflecting an upward trend since 2015 when new marketing strategies led to an initial 10% increase in applicants. Since the previous application cycle, there was a 100% increase in the number of HBCU applicants to any of the eight fellowship programs, including the Minority Fellowship Program (MFP). This is the highest number of HBCU applicants to our MFP since 2012.

Other Member Updates

The Wharf (APA's New Headquarters): Construction remains ahead of schedule on APA's new headquarters site in Southwest Washington, DC, at the major new development known as The Wharf. The Board of Trustees voted in 2015 to lease new office space at the site with an option to purchase the space in 2020 at a fixed price set in 2015. The APA will occupy the top three floors of the office building located at 800 Maine Avenue, SW. Construction remains on schedule, with the APA expected to move in at the end of 2017.

District Branches (DBs)/State Associations (SAs): I continue to have open, monthly calls with the DBs executives to discuss emerging issues and best practices and to share information. This has been ongoing to increase collaboration and ensure an ongoing dialogue between the DBs/SAs, state regional directors, and the rest of the APA Administration. Additionally, I and my senior team attend the DBs meetings, on a rotational schedule, to carry the message of both the National and DBs work we are doing together and what issues may be coming up for the DBs at a state level.

International Update: In response to increased interest in global mental health by physicians, APA developed a "Global Mental Health" webpage to serve as a clearing house of information and resources. It highlights the *American Journal of Psychiatry* series "Perspectives in Global Mental Health," which features patient case studies from different countries. The series, along with the APA Caucus on Global Mental Health and Psychiatry and anecdotal evidence of APA members connecting with relief organizations through APA's "International Humanitarian Opportunities" webpage, including opportunities to provide care to Syrian refugees, serves as a foundation and forum for discussion on global mental health and an opportunity to enhance relationships with international psychiatrists and organizations.

An accomplishment at the Annual Meeting was that the first group discounted APA membership agreement with the South African Society of Psychiatrists (SASOP), which includes participation by over 50 South African psychiatrists, was recognized. This follows extensive coordination with SASOP leadership over the past year with an agreement finalized during the November 2016 World Psychiatric Association (WPA) International Congress in Cape Town, South Africa, which featured attendance and participation in the scientific program by APA members, including resident-fellow members from the Council on International Psychiatry. We are planning exhibits at the upcoming triennial

WPA World Congress of Psychiatry in Berlin in the areas of membership recruitment and publishing exhibits of our books and journals. APA continues to coordinate communications with WPA representatives, including the recently established ECP Section, on APA updates and opportunities, including the benefits of distance learning through the APA Learning Center and professional development through APA meetings.

I look forward to our continued discussions and another year of the APA growing and enhancing our position in the health care field.

REPORT OF THE SPEAKER

Daniel J. Anzia, M.D.

It has been a great honor and pleasure to have served this year as Speaker of the Assembly. The members of the APA owe a debt of gratitude to the members of the Assembly for their volunteer time and work effort. In recent years in the Assembly, I've witnessed the expansion of this time and effort not only in scheduled Assembly and Area meetings, but in year-round work on Assembly committees and work groups, on Association Councils and Committees, and in both the generation of ideas and initiatives and bringing them to fruition. For all of the Assembly members, this means time away from home, partners, and families, and time away from clinical practice. It also means finding extra time on weekends and, at the end of long days, for writing and communication with colleagues. Assembly members do this out of commitment to the APA, to its members, to our patients, and to our society. I extend my heartfelt thanks to all the Assembly members.

In this final report of mine as Speaker, I want to highlight a few of the Assembly's evolved "constitutional" roles within the American Psychiatric Association, with special emphasis on one.

- When changes to the Association's by-laws are considered, these changes approved by the Board of Trustees are now usually ratified by the Assembly (representing the membership).
- In the May 2017 meeting, the Assembly will have considered proposed changes by-laws related to the nomination and election of the Minority/Underrepresented (MUR) Trustee.
- Approval of practice guidelines for publication occurs first in the Assembly, then the Board.
- In the May 2017 meeting, the Assembly expected to have considered approval of a new Practice Guideline on the Pharmacological Treatment of Alcohol Use Disorder and considered procedural modifications to enable electronic voting between scheduled meetings, to shorten the timetable and facilitate the process of our important guideline development efforts.

- Through the shared governance functions of the Joint Reference Committee, and Assembly participation on all the councils of the Association, the Assembly plays an important role in the oversight and facilitation of all the work expert APA members do within the Association.
- My special emphasis:

All formal positions of the Association (position statements) are jointly approved by the Assembly and the Board of Trustees. Among notable recently approved position statements are these:

- Medical Euthanasia (Addressed serious concerns about professional roles and ethics. The Assembly provided the impetus for this position statement.)
- Treatment of Substance Use Disorders in the Criminal Justice System
- Out-of-Network Restrictions of Psychiatrists (Addressed payers refusing to pay for medications prescribed by out-of-network psychiatrists.)
- Location of Civil Commitment Hearings (Advocates for court hearings in hospitals.)

Among position statements that were considered by the May 2017 Assembly:

- Pharmacists Substituting Medications with Similar Mechanisms of Action (Opposing this practice.)
- Role of Psychiatrists in Addressing Care for People Affected by Forced Displacement
- Use of the Concept of Recovery

Not only does the Assembly review and approve all position statements, it frequently provides the initiative for development of the statements. As examples, the Assembly has initiated these position statements currently in development:

- Screening and Treatment for Mental Health Disorders During Pregnancy and Postpartum
- Mental Health Parity for Individuals with Intellectual and Developmental Disability
- Treatment of Patients with Mental Disorders (Addressing the need for medical training and expertise.)

The Assembly also initiates ideas for the development of work activities of the APA administration, and joint work groups with the Board of Trustees.

During the past two years, ad hoc Assembly work groups have now been transformed into Assembly standing Committees on these issues of great concern to the APA membership:

- Maintenance of certification
- Access to care
- Nomenclature and the DSM

The Assembly takes seriously its role in facilitating communication between APA members and the district branches and the national Association. We encourage all APA members to bring concerns and ideas to their district branch assembly representatives and/or the representatives of the other assembly

constituencies: resident-fellow members, early-career psychiatrists, minority and underrepresented groups, and the representatives of subspecialties and sections. We're working to make all these Assembly members readily identifiable through the APA website. We know this is not yet as easy as it could be. If you try to identify your representatives and do not succeed, please let the Assembly officers and the APA administration know.

I cannot say thank you enough to all who have helped me do my best for the Association this year: Allison Moraske, Jessica Hopey, and Margaret Dewar, and the rest of the APA Governance department, my fellow officers Dr. Theresa Miskimen, Assembly Speaker-Elect, and Dr. Bob Batterson, Assembly Recorder, my predecessors and mentors Drs. Glenn Martin, Jenny Boyer, Jim Nininger, and the rest of the Assembly Executive Committee, APA President Dr. Maria Oquendo, and all my colleagues on the Board of Trustees, and CEO and Medical Director Dr. Saul Levin and his responsive and committed Administration. It's been a real treat being a part of this team.

REPORT OF THE SPEAKER-ELECT

Theresa Miskimen, M.D., DFAPA

I am pleased to report that the Assembly continued its robust contribution to the advancement of the tenets of the American Psychiatric Association during a most challenging year, not only pertaining to the practice of medicine but to social and political changes affecting our constituents and those we serve. Specifically, since our last meeting, the Assembly moved numerous action papers on topical issues such as:

- Mental Health Parity for Individuals with Intellectual and Developmental Disability
- Ending Childhood Poverty
- Confidentiality of Prescription Drugs Monitoring Programs
- Smart Guns as a Gun Safety Response to Gun Violence, a Public Health Hazard
- Standards for the Practice of Medicine Pertaining to the Treatment of Patients with Mental Disorder
- Towards the Universal Health Insurance in the USA

Furthermore, the Assembly worked on developing, reviewing, and/or revising various APA position statements. Among those subsequently approved by the Board of Trustees are the following:

- Medical Euthanasia
- Mental Health and Climate Change
- Adolescent Substance Abuse
- Assuring the Appropriate Care of Pregnant and Postpartum Women with Substance Use Disorders
- Treatment of Substance Use Disorders in the Criminal Justice System
- Out-of-Network Restriction of Psychiatrists
- Use of Psychiatric Institutions for the Commitment of Political Dissenters

- Location of Civil Commitment Hearings
- Recognition and Management of HIV-Associated Neurocognitive Impairment and Disorders
- Screening and Testing for HIV Infection

Regarding my activities as Speaker-Elect:

In collaboration with Dr. Everett, President-Elect, and Chair of the JRC, we secured the role of Assembly members appointed to councils as agents of bidirectional communication between the Assembly and the councils. I focused my efforts on rapid communication with authors of action papers when necessary to clarify content and work flow revisions in order to expedite the review and referral process. This year-long exchange, while more labor intensive, is responsive to previous requests for a more streamlined and efficient process. Dr. Batterson, Recorder, tracked all action papers for inclusion in his "What's Happened to my Action Paper" report to be distributed prior to the May 2017 meeting.

A group of APA and Assembly members, including Dr. Batterson, ASM Recorder, Dr. Pet, Assembly Representative, Rhode Island Psychiatric Society, and I, met with Dr. Faulkner, CEO of the ABPN, and other members of the ABPN to review maintenance of certification-related member concerns, including the yearly payment requirement of \$175. This particular endeavor will continue to be addressed during my upcoming year as Speaker, especially in view of the direct impact on the new generation of psychiatrists, the resident-fellow members and early-career psychiatrists. What better way to signal to them that the Assembly, as the deliberative body and voice of the APA, will bring forth to the ABPN the recommendations of our constituents as a value added of APA membership.

The Speaker, Dr. Anzia, and I sustained discussions with David Keen, APA's CFO, regarding the FY 2018 and 2019 budgets; a topic relevant to the Assembly as the collective APA looks to secure financial viability in going forward. With that in mind, the Assembly Executive Committee formed a budget subcommittee aimed at identifying cost containment measures while at the same time assuring the effective functioning of our group. One of the first work products of the subcommittee is the proposed travel policy to be discussed during the May 2017 Assembly.

In yet another example of the Assembly being recognized as a major governance contributor of our organization, the Board of Trustees voted to create a joint Board and Assembly Work Group to consider the merits of APA vendors undertaking specific funding of APA activities, including the funding of benefits provided to members, with a report and recommendations to the Board and the Assembly at their respective May 2017 meetings.

This past year, I was appointed to serve on the Ad hoc Work Group on Psychiatrist Wellbeing and Burnout chaired by Dr. Richard F. Summers. We are working on preliminary strategic planning, resource document, and education efforts beyond resident-fellow members and early-career psychiatrists.

In addition, I served on the Ad Hoc Work Group on Minority/Underrepresented Trustee Nominations and Elections Process chaired by Dr. Binder, Past APA President, which resulted in recommendation to refer the issue to the Bylaws Committee with a request to draft appropriate language for consideration by the Assembly during the May 2017 meeting.

I want to thank the Assembly, the APA Officers, the Board of Trustees, and the APA Administration for their support this past year. Lastly, I owe a debt of gratitude to Dr. Anzia, Speaker, Dr. Batterson, Recorder, and Past Speakers, Dr. Martin and Dr. Boyer, for making this year as Speaker-Elect a most memorable one.

REPORT OF THE COMMITTEE ON BYLAWS

Edythe P. Harvey, M.D., Chairperson

Members: Esperanza Diaz, M.D., Elizabeth Ford, M.D., Roger Peele, M.D., Christopher Pelic, M.D., and Rudra Prakash, M.D., J.D.; Administration: Margaret C. Dewar, Chiharu Tobita.

At the December 2016 meeting, the Board of Trustees voted to approve the recommendation of the Ad Hoc Work Group (WG) on Minority/Underrepresented (M/UR) Trustee nominations and election process, chaired by Dr. Renee Binder:

“The WG was asked to make recommendations to improve the nomination and election process for the M/UR Trustee to ensure that the election process is fair and inclusive and in accordance with APA policies and procedures. The work group was asked to come up with processes that will accomplish the original goal of having an M/UR Trustee as a voting member of the Board of Trustees, i.e. increase the diversity on the Board of Trustees.”

The Board of Trustees voted to approve the recommendations of the WG on M/UR Trustee nominations and election process, and referred the issue to the Bylaws Committee with a request to draft appropriate bylaws language for consideration by the Board and the Assembly.

The Board of Trustees voted to approve the amendments to the APA bylaws and Operations manual to reflect the new nomination and election process for the M/UR Trustee. The Assembly voted to ratify the amendments during its 2017 May meeting in San Diego.

REPORT OF THE MEMBERSHIP COMMITTEE

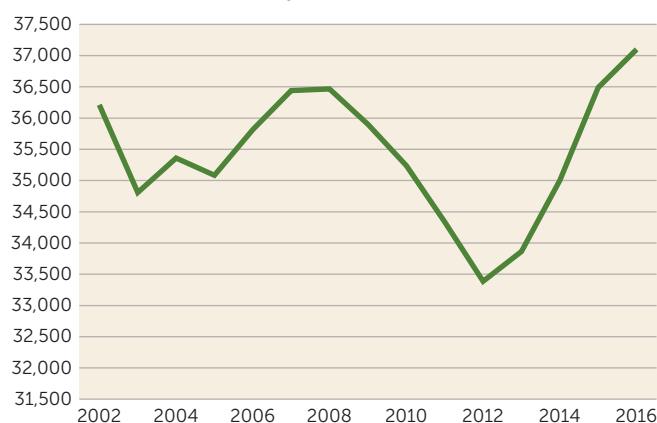
Rahn Kennedy Bailey, M.D., DFAPA, Chairperson

There has been a 9.6% increase (3,238 new members) in total membership from 2013 through 2016 and a 4.0% increase (1,065) in dues paying members from 2013 through 2016 (see Figure 3). This is a notable accomplishment since 1,316 APA members became dues exempt during this period due to achieving 10-year life membership status.

Every segment of membership has increased, including the minority and underrepresented segments.

The following self-reported numbers, listed by fastest growth, provide us with guidance about how these segments

FIGURE 3. Total Membership^a



^a Note that performance prior to 2010 could be inflated, since psychiatrists and medical students were carried 12 to 18 months before being dropped for non-payment.

are trending. In some cases, they are outpacing general membership growth.

- 17% increase in Women Psychiatrists (2,135 new members) from 2013 through 2016.
- 13% increase in African American Psychiatrists (161 new members) from 2013 through 2016.
- 5% increase in Asian Psychiatrists (210 new members) from 2013 through 2016.
- 2% increase in the Latino/Hispanic Psychiatrists members (35 new members) from 2013 through 2016.
- 2% increase in International Medical Graduate Psychiatrists (145 new members) from 2013 through 2016.

Membership Retention: 2016 Dues Drops and Administrative Reinstatements

In 2016, the deadline to pay membership dues was moved from June 30 to March 31. Despite the earlier deadline, we experienced only a slighter higher number of drops at the end of March and eventually gained more members back during the administrative reinstatement period than in 2015. As a result, 1.1% fewer members remained in dropped status at the end of 2016 versus the end of 2015.

Developing Membership Trends

We anticipate the following factors have and will continue to affect membership and revenue growth:

- **International and Canadian Membership:** Fluctuations in the value of the dollar will continue to decrease/increase the cost of APA dues for international and Canadian members.
- **Dues Exemption:** Membership revenue will continue to be substantially affected by the Rule of 95. We anticipate that APA will not be able to recruit enough dues-paying members to compensate for those becoming dues-exempt given that membership has reached a 14-year high.

TABLE 1. 100% Club Programs and Participating Residents

Year	Number of Qualifying 100% Club Programs	Number of 100% Club Residents
2014–2015	71	1,759
2015–2016	87	1,921
2016–2017	104	2,356

TABLE 2. Members Who Advanced/Achieved New Status in 2017

Category	Number of Members Advanced on January 1, 2017
50-year life members/fellows	253
Distinguished life fellows	150
Life fellows	133
Life members	324
Distinguished fellows	112
Fellows	404
International distinguished fellows	3
International fellows	111

Membership Recruitment and Retention Strategy

APA has deployed a number of overarching tactics to recruit and retain members, including:

- *Member-to-Member and Group Recruitment:* The Group Discount Pilot Program has been an effective tool for recruiting large groups of members, demonstrating the value of membership to employed psychiatrists, and encouraging members to have conversations about APA and their district branch with their colleagues and institutions. In addition, the Membership Outreach Toolkit and Membership Resources webpage have been launched to equip APA leaders to talk more fluently about the value of membership.
- *Creating more Member Value:* We plan to continue developing value for each membership segment, including revamping the 100% Club benefits and deploying more practice and business of medicine tools and education for general members. We are also working across the organization to ensure the expertise of the APA is converted into practical day-to-day value for members. Finally, membership will collaborate with the Registry team to ensure members are aware and take advantage of this substantial new membership benefit.
- *Improving Communication:* Membership communications have been improved over the past year to ensure members are receiving targeted, timely, and relevant communications throughout the year, not just when renewals are due. In 2017, we will focus on improving the new-member experience, providing more value-add communications to current members throughout the year and better segmenting communications so that members have a more personalized experience. In addition, we hope to better connect and engage with resident-fellow members as they transition to

early-career psychiatrists so that we stay in contact and can encourage their advancement to general membership.

- *Launching a new Membership Database:* The APA has converted its membership database to MemberNation, a Salesforce-based platform. In addition to giving the APA more insights into membership trends, we anticipate MemberNation will improve the user experience for both current and new members.

2016–2017 Membership Recruitment and Retention Activities

Medical Students. We are identifying new channels to connect with medical students and encourage them to pursue a career in psychiatry, including working with program administrators. Medical student membership grew 17% in 2016. In 2016, the Board of Trustees approved a new membership category for international medical students. This category has appealed to students planning to pursue a U.S. psychiatric training program.

Resident-Fellow Members and 100% Club. We ended 2016 with a 20% increase in residency programs participating in the 100% Club and a 23% increase in the number of residents training at 100% Club programs. This is especially significant given that this growth builds on the success of last year, when the 100% Club also experienced substantial gains (see Table 1).

In 2017, we plan to: 1) improve our engagement with resident-fellow members in training to increase the visibility of all the work APA is doing for psychiatry and patient care and 2) improve our connection with resident-fellow members transitioning to practice to ensure we stay in contact and encourage their advancement to general membership.

Early-Career Members. In 2016, we conducted focus groups with early-career psychiatrists that led to the popular inaugural Medical Director 101 Bootcamp at IPS. We plan to leverage that success into online training offerings in 2017. In addition, we are collaborating across the APA to create membership pieces aimed at communicating the benefits of membership while also providing tangible value. These include an Maintenance of Certification Guide for Psychiatrists and an E + M Coding and Documentation guide. We also created a Transition Webpage for early-career psychiatrists, which pulls together resources throughout the APA targeted at helping new psychiatrists successfully transition into their careers.

General Members. In 2016, we fully launched the Members' *Course of the Month (COM)* program, giving members access to a free CME course each month on a popular topic. From January to December, 4,977 COM registrations were recorded, averaging approximately 400/month. As with early-career psychiatrists, we will focus on providing tangible, value-add benefits pulling from the existing expertise within the Association and promote the PsychPRO Registry as a new benefit of membership.

TABLE 3. District Branch and State Association Grants

District Branch/State Association and Grant Amount	Project Description
Pennsylvania Psychiatric Society \$10,000	<i>DevelopMental Leaders Retreat</i> , a skill-building retreat focused on leadership and mentoring for 24 psychiatrists with underrepresented and intersecting identities related to race, ethnicity, gender, sexual orientation, and gender identity. The goal is to establish a meaningful journey of leadership self-discovery and mentoring practices through a relaxed retreat atmosphere, effective workshops, and support for each psychiatrist's leadership growth and mentoring objectives.
Oregon Psychiatric Physicians Association \$10,000	Create a Stepping Up Initiative Summit for Oregon's 36 counties based on the successful summit in Washington, DC, hosted by APAF, the National Association of Counties, and Council of State Governments in April 2016.
Nebraska Psychiatric Society \$5,560	A "Mind games" style, open competition to be held for medical students across Omaha with the intention to eventually expand it to include all medical students in the Midwest Region. The underlying objective is to create some excitement for psychiatry and interest in being engaged members of NPS/APA.
Society of Uniformed Service Psychiatrists \$4,440	Create online CME education aimed at reaching the disparate mental health providers who treat members of the military, veterans, and their families.

International Members. International members have been avid users of the APA Learning Center, where more than 90 activities are offered free for APA members. We will continue to add to and improve our online offerings to ensure members around the globe have access to world-class psychiatric education.

Members Who Advanced/Achieved New Statuses in 2017. Members who achieved new honorary statuses in 2017 were invited to be recognized at the Convocation of Distinguished Fellows, which occurred on Monday, May 22, 2017, in conjunction with the APA Annual Meeting (see Table 2).

District Branch/State Association Competitive Grant Process

There are two grant processes available to district branches/state associations (DBs/SAs), expedited grants and innovative grants. Expedited grants are intended to be accessible to all DBs/SAs that apply. These grants are funded equally among all applicants that adhere to the application process and are immediately processed and funded upon receipt of the grant agreement. In 2016, 42 DBs/SAs applied for and received grants in the amount of \$3,571 each.

The Innovative grant is a more rigorous process including funding criteria that calls for new, creative, and innovative ideas that may be replicated by other district branches. The total available funding for innovative grants is \$30,000. In 2016, nine DBs/SAs submitted grant applications. At its December 2016 meeting, the APA Board of Trustees approved grants to four DBs/SAs. The amounts and a brief description of their projects are included in Table 3.

REPORT OF THE COMMITTEE OF TELLERS

Jose P. Vito, M.D., Chairperson

Members: Edythe Harvey, M.D.; *Administration:* Margaret C. Dewar, Chiharu Tobita.

The Committee of Tellers reports the following final results of the 2017 Election for approval by the Board of

Trustees (see Table 4). Eligible voting members in the 2017 Election received either an electronic or paper ballot. Voting members with an e-mail address listed in the membership database received an electronic ballot on January 3rd, 2017, while voting members without an e-mail address listed in the membership database received a paper ballot postmarked January 3rd. As an alternative to using the electronic or paper ballot, 76 eligible voting members could access their ballot through the APA homepage (www.psychiatry.com) or the APA Election website (<http://www.psychiatry.org/elections>) using their username and password.

The election management firm, Survey & Ballot (SBS), managed the distribution and tallying of ballots while providing technical support to voting members.

Voter turnout for the 2017 Election was 19.54%, with 6,026 of 30,832 eligible voting members participating.

According to a survey provided at the end of the electronic ballot asking voters to rate their "level of satisfaction with the web voting process," over 95% rated their experience as "satisfied" or "very satisfied."

REPORT OF THE ELECTIONS COMMITTEE

Barry K. Herman, M.D., M.M.M., Chairperson

Members: Tanya N. Alim, M.D., Josepha A. Cheong, M.D., Justin W. Schoen, M.D., Robert E. Kelly Jr., M.D. (Consultant); *Administration:* Margaret C. Dewar, Chiharu Tobita.

Campaigning in the 2017 APA Election began with the announcement of candidates on October 12, 2016, and ended with the voting deadline on January 31, 2017. The voting period started on January 3rd at 5:00 AM (EST) and ended on January 31st at 11:59 PM (EST).

The Committee met with the candidates via conference calls to review the *Election Guidelines* in the beginning of the campaign period starting with the announcement of the final slate. The Elections Committee was available for questions or concerns from candidates, their supporters, and the APA

TABLE 4. Final Results of the 2017 Election

President-Elect	Altha J. Stewart, M.D.	3,336 (58.1%)		
	Rahn Kennedy Bailey, M.D.	2,406 (41.9%)		
Secretary ^a	Philip R. Muskin, M.D., M.A.	1,999 (34.2%)	2,407 (41.7%)	3,342 (59.2%)
	Brian Crowley, M.D.	1,551 (26.5%)	1,801 (31.2%)	2,301 (40.8%)
	Gail Erlick Robinson, M.D.	1,191 (20.4%)	1,562 (27.1%)	
	Robert P. Roca, M.D., M.P.H., M.B.A.	1,111 (19.0%)		
Minority/Underrepresented Representative (M/UR)	Ramaswamy Viswanathan, M.D., D.M.Sc.	721 (63.4%)		
Trustee	David L. Scasta, M.D.	417 (36.6%)		
Resident-Fellow Member	Tanuja Gandhi, M.D.	274 (46.8%)	333 (58.3%)	
Trustee-Elect (RFMTE) ^b	Sarah Kauffman, M.D.	169 (28.9%)	238 (41.7%)	
	Benjamin Solomon, M.D., M.B.A.	142 (24.3%)		
Area 2 Trustee	Vivian B. Pender, M.D.	628 (61.9%)		
	Ravi N. Shah, M.D., M.B.A.	386 (38.1%)		
Area 5 Trustee	Jenny Boyer, M.D., Ph.D., J.D.	691 (52.3%)		
	R. Scott Benson, M.D.	630 (47.7%)		

^a A majority vote (>50%) is necessary in a four-way contest. If a majority does not exist after tallying all first-choice votes, voters' second-choice votes for the candidate with the least amount of first-choice votes are tallied and added to the remaining candidates' tallies. If there is still no majority winner, an additional round is necessary. Voters' third-choice votes for the candidate with the least amount of first- and second-choice votes are tallied and added to the remaining candidate's tallies.

^b A majority vote (>50%) is necessary in a three-way contest. If a majority does not exist after tallying all first-choice votes, voters' second-choice votes for the candidate with the least amount of first-choice votes are tallied and added to the remaining candidates' tallies.

membership and provided clarification to the *APA Election Guidelines* when it was needed.

This year, the Elections Committee proposed implementing a new online APA nomination petition system, which resides on a secure APA governance website. This system will allow authentication or verification of active voting members (by

signing onto the petition website with an APA membership ID number and password), as well as the confidentiality process of petition.

There were several campaign violations encountered during this election cycle. The Committee appropriately addressed and adequately resolved these violations.