

# 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 Virtual Spring Highlights Meeting, April 25–26, 2020.

## REPORT OF THE SECRETARY

Sandra DeJong, M.D., M.Sc., Secretary

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

### Ad Hoc Work Group on Continuing Care Guidelines Update

At the July 2019 meeting, the Board of Trustees approved the formation of the Ad Hoc Work Group on Continuing Care Guidelines. The work group was formed to develop standards for continuing care of patients in the acute hospitalization setting; the group also agreed to include inpatient rehabilitation/detoxification for addiction and partial hospitalization settings. APA practice guidelines, while frequently referenced by managed care entities, do not address LOC criteria in an operational manner.

The work group developed a draft position statement on acute psychiatric care that builds upon managed care organization standards by taking into consideration key dimensions of the patient's care and circumstances not currently addressed by available guidelines and medical necessity criteria. During the March 2020 Board of Trustees Meeting, the work group requested that the statement go through the usual approval process and provided recommendations for consideration.

### IPS Vision Work Group

At the July 2019 Board of Trustees Meeting, Dr. Bruce Schwartz constituted a new IPS Vision Group led by Dr. Jacqueline Feldman. Working with the APA Administration, the work group was charged with reviewing recommendations from the previous work group, as well as focusing on programmatic development for IPS 2021 and beyond.

During the December 2019 Board of Trustees Meeting, Dr. Feldman presented a summary from the work group that included two concepts for the Board of Trustees to consider based on data gathered from focus groups at the 2019 Annual

Meeting and the 2019 IPS, evaluations from those meetings, and data from a survey completed by past meeting attendees.

Model A, using the working title “APA’s Clinical Leadership Conference,” is designed to develop psychiatrists’ leadership skills to prepare them for leadership positions in a changing health care environment. Model A, a two-and-a-half-day meeting, would be organized around a number of plenary sessions and breakouts that support psychiatrists who are in new leadership positions and seeking a network of psychiatrists facing similar challenges. In this model, the proposed meeting would be hosted in Washington, DC, and potentially align with APA Advocacy Day.

Model B, using the working title “The Mental Health Services Conference,” focuses on the codevelopment of a multidisciplinary conference with a partner organization. Building on the success of the 2019 PEPPNET preconference in New York City, this meeting would be a gathering point for all clinicians working in community settings. The proposed 2-day conference would be held at a university or conference center in a major metropolitan area with a high density of interprofessional clinicians. Model B would also seek to identify a meaningful partner organization who would share in the costs, profits, and planning of this interprofessional meeting.

After careful review and discussion of each model presented at its March 2020 meeting, the Board of Trustees voted that APA will hold a Fall meeting in 2021 entitled “The Mental Health Services Conference.”

### Presidential Task Force on Interprofessional Collaboration

In December 2019, the Presidential Task Force on Interprofessional Collaboration was established for one year. Chaired by Dr. Sandra DeJong, the Presidential Task Force is charged with engaging stakeholders from mental health organizations to produce joint principles of effective collaboration to promote access to high-quality treatment for persons diagnosed with serious mental illness (SMI). APA’s Councils on Healthcare Systems Financing, Quality, and

Advocacy, as well as the Assembly, are represented on the Task Force. Dr. Schwartz invited the following organizations to participate in the initiative: the American Academy of Physician Assistants, the American Mental Health Counselors Association, the Association for Behavioral and Cognitive Therapies, the American Psychological Association, the College of Psychiatric and Neurologic Pharmacists, the International Association of Peer Supporters, the National Alliance on Mental Illness, the National Association of Social Workers, the American Association of Nurse Practitioners, and the American Psychiatric Nurses Association. These organizations were selected due to their membership's involvement in the clinical team for patients diagnosed with SMI. During the first meeting, all of the organizations were grateful for being asked to participate and had many ideas for joint principles and strategies for collaboration.

During the March 2020 meeting of the Board of Trustees, the joint principles specific to interprofessional collaboration in treating persons with SMI were presented to the Board (as well as with each respected organization's leadership) for review and consideration.

### **Ad Hoc Work Group on Strategic Finance**

At its December 2019 meeting, the Ad Hoc Work Group on Strategic Finances was established. The Work Group presented a report to the Board of Trustees at its March 2020 meeting, which was approved and will begin implementing the recommended budget adjustments contained in the report. The budget changes include both expense reductions and revenue enhancements to be implemented between now and 2022.

### **COVID-19**

Following the March 2020 Board of Trustees Meeting, Dr. Schwartz designated specific components to work together in response to the COVID-19 crisis to coordinate efforts during this unprecedented time.

### **2020 APA Annual Meeting**

During its March 2020 meeting, the Board of Trustees voted that the APA is unable to hold the 2020 Annual Meeting in Philadelphia in the wake of numerous travel restrictions and public health guidance associated with the pandemic spread of coronavirus (COVID-19) and will plan an online educational product.

The following Press Release was sent to APA membership on Sunday, March 15, 2020 regarding the 2020 APA Annual Meeting:

APA Will Not Hold Its 2020 Annual Meeting in Philadelphia, Planning an Online Educational Product

WASHINGTON, D.C., March 15, 2020—The American Psychiatric Association (APA) today announced the 2020 Annual Meeting in Philadelphia will not take place in the wake of numerous travel restrictions and public health guidance

associated with the pandemic spread of coronavirus (COVID-19). The meeting was scheduled for April 25–29. In lieu of the Annual Meeting, the APA will work with speakers to develop an online educational product this spring.

“After careful deliberations, we came to the conclusion it is not possible to hold the APA’s 2020 Annual Meeting,” said APA President Bruce Schwartz, M.D. “A large number of our physician members are restricted by their respective institutions from traveling to conferences and meetings to help stop the spread of COVID-19, making it impossible for lecturers and registrants to attend the medical conference. The latest information from the Centers for Disease Control and Prevention and Pennsylvania health authorities supports our judgment that travel restrictions, meeting restrictions and social distancing are the required, safe and responsible actions. Public health must come first.”

APA CEO and Medical Director Saul Levin, M.D., M.P.A. added: “We are in the midst of a public health emergency and must not add to the spread of the disease. Our doctors are needed to treat patients who are affected by the disease and its mental health impacts.

“While we understand that not holding the meeting may interfere with attaining required CME credits, we are working to disseminate scientific knowledge online.”

Further details on registration, refunds, and the online educational product this spring will be released on the APA website ([psychiatry.org/annualmeeting](http://psychiatry.org/annualmeeting)).

### **Membership Update**

The total Membership reached 38,799 at the end of 2019, the highest level in 18 years. The phrase “APA has 38,800 members” will be used in all press releases, on the website, etc. for the remainder of 2020.

### **Position Statements**

The APA Board of Trustees addressed a total of 34 position statements throughout the year. Thirty new and revised position statements were approved, one position statement was retained, and three position statements were retired. A complete list can be found on APA’s website ([www.psychiatry.org](http://www.psychiatry.org), under “Policy Finder”).

### **REPORT OF THE TREASURER**

Gregory W. Dalack, M.D.

For the year ended December 31, 2019, APA had a net income of \$14.3 million, compared with a net loss of \$5.2 million in 2018, an increase of \$19.5 million. The increase in net income is due to a higher return on investments, which in 2019 totaled \$16.3 million in income compared with a loss of \$3.4 million in 2018, a change of \$19.7 million. Net operating income was \$0, compared with a \$239 loss in 2018 and a budgeted deficit of \$1.6 million.

**Revenue generating activities**, which includes publishing, CME and meeting activities, and membership produced

\$334 thousand more in net revenue in 2019 than in 2018 and ended the year \$250 thousand higher than budgeted.

**Publishing (non-DSM):** Net revenue increased by \$610 thousand over 2018 as growth in Psychiatry Online and Job Central exceeded the continued decline in print advertising. In addition, overall publishing expenses were lower than in 2018 due to lower unrelated business income taxes, and lower royalty expense contributed to the higher net income. Publishing net revenue was \$635 thousand lower than the budget because the budget anticipated a modest rebound in advertising revenue based on the pharmaceuticals in the pipeline when the budget was created.

**DSM-5:** Net revenue is \$1.1 million higher than in 2018, based on an increase in book sales during the fall of 2019. The budget anticipated a decline in print sales, based on the lifecycle of DSM-IV, and thus the net income ended the year \$2.4 million ahead of budget.

**CME and meetings:** Net revenue was \$895 thousand lower than in 2018 due to lower registration revenue and higher expenses at the annual meeting. The 2019 meeting was held in San Francisco, while the 2018 meeting was held in New York City, and thus lower revenue was anticipated in 2019. It was not anticipated that A/V and labor costs would be higher in San Francisco than in New York. The budget anticipated lower annual meeting expenses, and thus the net income was \$1.5 million lower than the amount budgeted.

**Membership:** Net revenue was \$466 thousand lower than 2018, mainly due to the Rule of 95 impact, which was larger than anticipated. A revenue decline was anticipated in the budget, but that was offset by lower than anticipated membership expenses resulting in a net income that was \$42 thousand higher than the amount budgeted.

**Programs and services,** which includes policy, education, research, diversity, advocacy, and communication activities, was \$649 thousand less expensive than in 2018 and \$1.1 million lower than the expense amounts budgeted.

**Policy, programs and partnerships, education, and reimbursement policy** expenses are all lower than in 2018 due to staff allocated to one of the federal grants awarded to APA.

**Federal grant** revenue and expenses are \$3.8 million higher than in 2018 based on two significant grants from CMS: one focused on the development of networks to treat serious mental illness and one to develop and test new quality measures.

**Research and diversity and health equity expenses** are lower than in 2018 due to vacancies within the departments. The Director of Research position was recently filled by Dr. Nitin Gogtay.

**Advocacy net** expense was \$60 thousand lower than in 2018 due to vacant positions throughout the year within the Government Relations department. Expenses were \$295 thousand lower than budgeted due to the vacant positions, a smaller Advocacy conference than anticipated in the budget.

**Communications expense** was \$111 thousand lower than in 2018 and \$154 thousand lower than budgeted due to vacant positions within the department.

**Governance and operations** expense is \$744 thousand higher than in 2018 but \$200 thousand lower than the amount budgeted.

**Discretionary initiatives** net expense was \$395 thousand more than in 2018. Net expense in 2019 was \$787 thousand lower than budgeted, which was the result of three factors: 1) only a small portion of the Practice Guideline funding was used because the vendor doing the literature searches ended their business in July; 2) CALF grant requests were lower than anticipated in the budget; and 3) there were several grants awarded to APA that leveraged the registry for data collection that helped offset costs.

The balance sheet remains strong, with net assets of \$108.6 million, cash of \$6.5 million, and investments of \$105.4 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 May 2019 to April 2020, which outlines the Administration's actions, activities, and accomplishments in that period according to the APA's strategic initiatives below. In addition, APA continues to work on COVID-19. Our media relations response resulted in hundreds of APA citations across print, radio, and television with more than 25 interviews with leadership and members. APA President Dr. Bruce Schwartz was interviewed by a major news outlet and was cited in an associated press clip that circulated around the world (400 media outlets and counting). With COVID-19 evolving rapidly across the world, APA's Committee on the Psychiatric Dimensions of Disasters, Council on Research, and Council on International Psychiatry compiled a list of resources and continue to work on developing resources for psychiatrists and the public. The resources cover not only the physical impact of the coronavirus, but on its potential mental health and psychosocial issues and responses. The resources also include free webinars and a section on telepsychiatry to prepare isolation and/or quarantine. These are available online at APA's COVID-19 information hub.

### Advancing the Integration of Psychiatry

**Medicare updates.** APA's advocacy resulted in Medicare increasing payments by seven percent to psychiatrists for evaluation and management (E/M) outpatient services in 2021. We also successfully advocated against a proposal to weaken Medicare's six protected classes, which would have undermined patient access to the full range of medications.

**Mental health parity.** APA achieved introduction and major progress moving the bipartisan Mental Health Parity Compliance Act in Congress. APA's federal legislation requires insurers to "show their work" and demonstrate how their practices comply with federal parity law requirements. The Senate and House versions of the bill have been negotiated

between the chambers and are positioned for possible enactment this year. At the state level, Arizona recently became the eighth state to enact APA's model parity compliance legislation. This legislation has already been signed into law in seven jurisdictions, and California, Florida, Indiana, Kansas, Maryland, Massachusetts, Missouri, Nevada, New Hampshire, Ohio, Oklahoma, Pennsylvania, Virginia, and West Virginia all have parity legislation in play, with the strong possibility of several of these states passing parity compliance into law.

*Collaborative care.* Illinois became the first state to sign into law APA-drafted legislation requiring private insurance coverage of codes for the collaborative care model. New Hampshire introduced APA's collaborative care model legislation, and other states are considering joint legislative and regulatory approaches to establishing payment for the Collaborative Care Model in their states. In addition, our advocacy efforts also resulted in several state Medicaid agencies agreeing to accept collaborative care codes.

*Comments on the Office of National Drug Control Policy's (ONDCP) drug court efforts.* ONDCP requested public comments regarding adult drug courts' efforts to serve patients with opioid use disorder (OUD). In its comments, APA commended ONDCP's expansion of evidence-based treatments for vulnerable patients in the criminal justice system, but also urged the agency to ensure that drug courts provide high-quality, culturally and gender-relevant evaluation, treatment, and monitoring to all individuals seen through the drug court system. Furthermore, APA's comments urged ONDCP to consider the stigma and misinformation that has been attached to medication treatment for substance use disorders and, furthermore, ensure that individuals in drug courts have access to all evidence-based medications for OUD and that decision making be appropriately provided by trained medical professionals.

*Resources for electronic prescribing.* In light of rapidly changing state laws, as well as changes to national pharmacy chain policies, APA has updated its electronic prescribing website. The updated website offers new resources on selecting an electronic prescribing solution, determining whether your state is affected by these changes, and selecting an electronic prescribing tool. This page can be used in conjunction with APA's Electronic Health Record (EHR) FAQs for those providers who wish to adopt a full EHR suite solution into their practice.

*Coverage and appropriate payment for esketamine.* In response to a request from the Centers for Medicare and Medicaid Services (CMS), APA offered feedback on an interim proposal on coverage and payment for esketamine. APA supports coverage for the medication, which was recently approved by the Food and Drug Administration. APA's comments encouraged CMS to revise their proposed payment structure to better reflect how the medication will be

administered and patients monitored in an outpatient setting. The feedback advocates for unbundling of the services and for an increase in reimbursement in an effort to ensure that the work and time involved are appropriately valued.

*Pediatric access to mental health care.* In early February 2020, at the invitation of Rep. Katie Porter (D-CA), APA Member Dr. Anish Dube represented APA at a congressional briefing on the Pediatric Mental Health Crisis, which was held in the U.S. Capitol. Dr. Dube was joined on the panel by other mental health providers. Dr. Dube discussed his work with the pediatric population in the criminal justice system in California and discussed his observations of barriers and solutions to pediatric access to mental health treatment. He stressed the importance of integrated and collaborative care, especially for children with mental health issues and during adolescence when early-onset psychosis often emerges. He also encouraged attendees to support Rep. Porter's Mental Health Compliance Act (H.R. 3165) and thanked the Congresswoman and her staff for their leadership on mental health parity.

*Telepsychiatry.* APA has taken an active role in advocating for increased access to telepsychiatry services for our patients and also developed a toolkit available online. In mid-February, APA President Dr. Bruce Schwartz hosted a briefing on Capitol Hill on barriers to telepsychiatry. The briefing included two members from APA's Telepsychiatry Committee as speakers: Dr. Robert Caudill and Dr. Shabana Khan. Panelists discussed current barriers to telepsychiatry and focused on how eliminating site and geographic location restrictions will help benefit patients by improving access to care, reducing stigma, and saving resources. Dr. Schwartz urged attendees to support three bipartisan House bills that eliminate barriers to telepsychiatry, including the CONNECT For Health Act (H.R. 4932), EASE Behavioral Health Services Act (H.R. 5473), and Telemental Health Expansion Act (H.R. 5201).

*Veterans and armed services.* APA actively engaged on several specific military and veterans' issues. We worked on advocacy regarding the potential reduction and/or closure of the Uniformed Services University of the Health Sciences (USUHS). In addition, APA is leading Group of Six efforts to support USUHS and military medicine, developing and circulating a set of draft principles the group can use for advocacy purposes. We also offered technical assistance to the Senate Veteran's Affairs Committee on the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019, S.785*. The Senate Veteran's Affairs Committee unanimously passed this through committee in late January. APA continues to engage with Congress in ongoing negotiations related to the bill. In addition, APA Advocates for VA Specialty Education Loan Repayment Programs. APA commented on the Department of Veterans Affairs' proposed rule to create a Specialty Education Loan Repayment Program (SELRP) and advocated to have psychiatry specifically included.

*APA and the National Alliance on Mental Illness (NAMI) request meeting with the Department of Homeland Security (DHS) and Health and Human Services (HHS) to discuss unethical practices.* APA, alongside NAMI, sent a letter to the DHS and HHS on recent reports about unaccompanied minors' mental health records being illegally and unethically shared during immigration proceedings. The letter detailed legal arguments protecting immigrant children from this record sharing, as well as the ethical concerns of mental health providers wanting to provide care to children in the Office of Refugee Resettlement government facilities. APA and NAMI requested a meeting with DHS and HHS to further discuss ways to correct this harmful practice and ensure immigrant children's access to necessary mental health services.

### Supporting Research

*APA Mental Health Registry (PsychPRO).* In preparation for the 2020 Merit-based Incentive Payment System (MIPS) reporting period, PsychPRO staff are working to update website content and other informational material to communicate the benefits of the program as we continue to recruit participation for PsychPRO. MIPS and other regulatory reporting will continue to be an avenue for PsychPRO recruitment strategies, along with additional avenues, including Quality Improvement (QI) for large systems. Other current recruitment strategies include grant initiatives, which are expected to comprise close to 400 participants during 2020. For more information about the Registry, please visit [www.psychiatry.org/psychiatrists/registry](http://www.psychiatry.org/psychiatrists/registry).

*National Institute of Mental Health (NIMH) Strategic Plan for Research.* APA submitted comments on the NIMH Draft Strategic Plan for Research, expressing support for its continued emphasis on the need to close the gap between research and clinical practice, with a strong focus on understanding development and disease trajectories to identify forms of early intervention. APA recommended they elaborate on 1) their plan on the role of NIMH to promote information sharing, such as between registries and EHRs, 2) their workforce development and young investigators efforts, and 3) training to develop a workforce able to work with big and complex data sets using novel computational approaches.

*National Institute on Minority Health and Health Disparities' (NIMHD) Proposed Trans-NIH Research Initiative to Decrease Maternal Mortality.* APA submitted comments on the NIMHD's Proposed Trans-NIH Research Initiative to Decrease Maternal Mortality (NOT-OD-20-063), applauding the institute's efforts to focus on this important, underserved, and underfunded issue. APA further emphasized that the following four areas should also be of focus in this initiative: 1) maternal mental health in the peripartum period in addition to the postpartum period; 2) mood disorders, psychosis, substance use and suicide, and recognition of serious mental illness are factors in disparities in perinatal care and maternal-fetal outcomes; 3) the need for more population-

level public health data on barriers to accessing health care, including insurance coverage and network adequacy (for mental health as well as prenatal and obstetric care) in order to improve access; and 4) more research on how to implement evidence-based models, such as telepsychiatry, that make it easy for women to access care.

*CMS Quality Measures Development Grant.* The Divisions of Research, Policy, Programs, and Partnerships, and Registry, as well as our subrecipient, the National Committee on Quality Assurance (NCQA), continue to meet the milestones associated with the CMS Quality Measures Development Grant. We have completed the initial phase of the measure development that involves developing and fine-tuning our measure concepts and developing measure specifications for testing. Beta testing of the first set of the proposed measures started December 9, 2019, and will run until the middle of the summer. The team continues to recruit current and new PsychPRO members for participation in this important quality measure development initiative.

*Agency for Healthcare Research and Quality (AHRQ) Outcome Measure Harmonization and Data Infrastructure—CAPSTONE Grant.* The Research and Registry teams continue to work with OMI, Inc. on the depression outcome measure harmonization and data infrastructure project. The teams successfully completed phase I and are now in phase II, the final phase. This phase includes configuration of PsychPRO, data collection and validation, data analyses, and contribution to report content. We will also contribute to final project deliverables, including abstracts, publications, and conference presentations.

*National Institute on Drug Abuse (NIDA) Funded Initiative Addiction Medicine Research Network (AMNet).* The Research team working with Friends Research Institute (FRI) and the American Society for Addiction Medicine (ASAM) secured 3 years of funding from NIDA to use the PsychPRO platform to develop an addiction medicine research network, which will yield an addiction medicine subregistry. The overarching goal of the project is to establish AMNet to help combat the opioid epidemic by providing near or real-time data to clinicians, researchers, and other stakeholders on OUD patients' mental health, pain, other substance use disorders (SUDs), and "real world" office-based routine treatment delivery patterns. APA's Research and Registry teams, along with our ASAM and FRI partners, are in the process of selecting and curating an array of standardized assessment tools and quality measures for opioid and other substance use disorders and adapting PsychPRO to facilitate collection of these data across participating sites.

### Diversity and Health Equity

*Bisexual Fact Sheet.* In January, the Division of Diversity and Health Equity (DDHE) published *Mental Health Facts on Bisexual Populations* as part of the Mental Health Disparities Fact Sheet Series on LGBTQ populations. The fact sheet

states that bisexual individuals are at increased risk of adverse health outcomes (e.g., mental health, substance use, and sexual health problems) compared with monosexual (heterosexual and gay/lesbian) individuals. Though there are several reasons for these disparities, a significant contributor is stress related to stigma and discrimination. A comprehensive overview can be accessed online.

*Mental Health Facts for Refugees, Asylum-seekers, and Survivors of Forced Displacement.* DDHE has released a fact sheet to help APA members distinguish differences between refugees, asylum-seekers, and survivors of forced displacements and the rates of mental disorders among these populations. Worldwide, over 65 million persons are currently displaced by war, armed conflict, or persecution. Half of these populations—including those in the United States—currently reside in unstable and insecure situations that can lead to or exacerbate emotional distress. The fact sheet was developed with contributions from Dr. Suzan Song, an APA member and a consultant in humanitarian protection for the United Nations. The fact sheet can be accessed online.

*Addressing mental health stigma in African American and other communities of color.* DDHE along with members of APA's Caucus of Black Psychiatrists, Drs. Christine Crawford and Michelle Durham, have developed an *APA Blog* post on addressing stigma in the African American community and other communities of color. The post speaks to factors that increase stigma in these communities, including distrust of the U.S. health care system and lack of diversity among the psychiatric work force. Methods to address these factors, the post mentioned, included challenging negative stereotypes of people who seek mental health treatment and actively informing young people of color about the field of psychiatry.

*Stress and Trauma Toolkit.* APA published its *Stress and Trauma Toolkit for Treating Historically Marginalized Populations in a Changing Political and Social Environment*. The toolkit was a joint effort between the Council on Minority Mental Health and Health Disparities, M/UR Caucus Leadership, and DDHE. The toolkit functions to provide psychiatrists with best practices for assessment and treatment of minority and vulnerable groups who are affected by the current state of the socio-political climate. Toolkit sections include recommendations for assessment and treatment of the following groups: African American, Asian American, Hispanics, Indigenous People, Jewish Americans, LGBTQ, Muslim Americans, Undocumented Immigrants, and Women. The toolkit is available online.

*Questioning/Queer Populations Factsheet.* As a part of APA's Mental Health Disparities Factsheet Series, DDHE published the "Mental Health Facts on Questioning/Queer Populations" in July 2019. The factsheet functions to provide psychiatrists and other mental health providers with contemporary definitions and identities associated

with "questioning/queer," which denotes the "Q" in "LGBTQ." The educational resource also gives an overview of the trends in mental health and mental health service utilization of this population. The factsheet can be accessed online.

*Internet gaming disorder CME module.* Internet Gaming Disorder: A Condition for Further Study: DDHE released in August 2019 a CME module on Internet gaming disorder (IGD). IGD is an emerging epidemiologic problem that affects 3% to 8% of the world's population and 8.4% of youths—regardless of race/ethnicity—under the age of 18 in the United States. The new disorder has been associated with significant impairment of professional performance, academic achievement, and relationships. To date, diagnostic criteria are still being debated, and few mental health providers are trained to accurately diagnose and treat IGD (which is not recognized by the DSM). APA's CME course outlines the history and prevalence of IGD, its multiple common comorbidities, and pharmacologic treatments. Further details on "Internet Gaming Disorder: A Condition for Further Study" can be accessed online.

*Gay Men's Mental Health CME Module.* APA now has a CME module to educate providers on the various aspects of the mental health of gay men. The CME module was developed by the members of the LGBTQ Caucus of Psychiatrists and DDHE. The course combines historical, social, cultural, and subpopulation facets of gay mental health followed by presentation and treatment considerations. The course also draws on the topic discussion and case review format employed in texts such as the *LGBT Handbook*. To register for the CME module "Gay Men's Mental Health," visit <https://education.psychiatry.org/Users/ProductDetails.aspx?ActivityID=6703>.

*Providing culturally competent care to indigenous peoples American Indian/Alaska Native/Native Hawaiian CME Module Revised.* DDHE revised the CME module on Providing Culturally Competent Care to Indigenous Peoples: American Indian/Alaska Native/Native Hawaiian. This module reviews historical perspectives of Indigenous peoples, identify common diagnoses, and walks the learner through the cultural formulation, indigenous and non-indigenous interventions, and potential sources of strength resilience. Finally, the learner can apply the concepts through a case study using cultural formulation as a framework. The module is available online.

### Education and Annual Meeting

*APA Annual Meeting.* The 2020 Annual Meeting in Philadelphia did not take place in the wake of numerous travel restrictions and public health guidance associated with the pandemic spread of coronavirus (COVID-19). The meeting was scheduled for April 25–29. In lieu of the Annual Meeting, the APA worked with speakers to develop the 2020 APA On

Demand product this spring. APA also had a virtual Spring Highlights Meeting on April 25–26, with featured speakers with over 12,000 participants.

*Clinical Support System for Severe Mental Illness (CSS-SMI).* The Clinical Support System for Serious Mental Illness, also known as SMI Adviser ([www.SMIAdviser.org](http://www.SMIAdviser.org)), is a free program funded by a \$14.2M grant to APA by SAMHSA. This 5-year initiative began in July 2018 and is halfway through its second year. SMI Adviser offers a knowledge base of over 1,000 evidence-based resources, a catalog of over 100 education activities that provide CME/NCPD/CE credit, and a consultation system where mental health professionals can submit questions and receive guidance from a member of the SMI Adviser clinical expert team. For patients and families, SMI Adviser offers a knowledge base of questions and answers and evidence-based resources. In the first year and a half, SMI Adviser received more than 122,000 website visitors, trained over 15,000 clinicians, engaged over 8,500 newsletter subscribers, and provided more than 200 clinical consultations. The SMI Adviser iOS/android app has been downloaded over 2,000 times and includes interactive rating scales. SMI Adviser released a mobile app to facilitate the use of psychiatric advance. More information can be found about SMI Adviser's impact at [www.SMIAdviser.org/impact](http://www.SMIAdviser.org/impact).

*CME program.* APA has significantly increased the number of educational activities available to members, in large part through SAMHSA grant funding. In 2019, the APA CME department issued 330,860 CME credits of accredited education to 26,000 unique individuals (9,901 were APA members). The APA's Learning Management System hosted 568 activities, which included live webinars, course of the month, interactive online modules, MOC activities, jointly accredited activities (such as district branch meetings), and APA's live meetings. The most frequently sought topics were substance use disorders, schizophrenia spectrum disorders, depressive disorders, and child and adolescent psychiatry (see Figure 1).

Thank you to the Board of Trustees, Assembly, District Branches, Members, and the APA Administration for your hard work and dedication, especially during an extremely challenging time.

## REPORT OF THE SPEAKER

Paul J. O'Leary, M.D.

As the year closed and the new year begins, we continue to see progress toward the goals and visions that have been set forth. Following the November 2019 Assembly meeting, I attended the MASA Medical Ethics Conference. Conversations during this conference included topics such as "Professionalism in Medicine," "How to Jeopardize Your License," "Ethical Issues," and "Evaluation and CME Claim Forms." The topic of evaluating and treating physicians

involved in sexual misconduct and sexual harassment was presented. Highlights of the presentation included characteristics of professional sexual misconduct, statistics of professional sexual misconduct by licensed professionals, and different levels of misconduct.

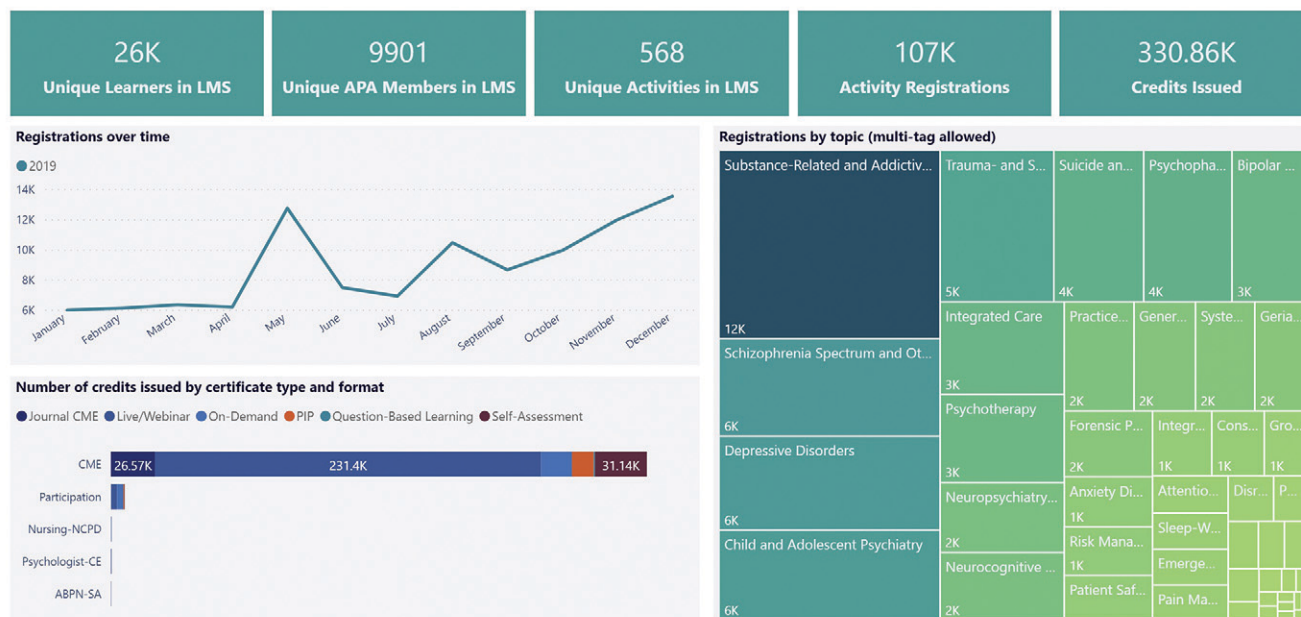
December included an Executive Committee Meeting and the Board of Trustees meeting in Washington DC. Action Paper 12.V was presented on the subject of the rejection of the use of the terms "provider" and "client" in psychiatry. The American Academy of Family Physicians disclosed their position that the use of "provider" and "client" felt like a commercial, as opposed to a personal interaction. The APA reaffirmed their position and going forward will encourage the use of words such as "physician" or "psychiatrist" and "patient." Additionally, Action Paper 12.C was presented discussing the supervision of psychiatric nurse practitioners and physician assistants by psychiatrists. The number of supervision hours, as well as the overall lack of time and depth of training and demonstration of skills by the supervisees, leaves patients vulnerable. The APA will move to establish a position supporting appropriate supervision of psychiatric nurse practitioners and physician assistants. Additionally, the APA will include information on their website for consumers comparing the education of psychiatrists and nonprescribing physicians. The goal is to help create awareness for consumers who are making the decision of a health care provider.

At the June 2019 Summary of Actions Meeting, the APA Ethics Committee was instructed to comment on the ability of psychiatrists to respond to negative online reviews. The comments were presented to the Assembly Executive Committee (AEC), and the report has been published. This report can be found at [www.psychiatry.org](http://www.psychiatry.org). The AEC is aware that most reviews posted are based solely on the opinions of patients. Many of us have received at least one negative review throughout our career. If multiple negative reviews, focusing on the same content, are received, we must self-evaluate and consider an altered approach. In our position, and if appropriate, we may choose to speak directly to our patients in an effort to resolve the situation that resulted in their complaint; however, at no time should we attempt to influence a patient in any way other than what is relevant to their treatment goals. Statistically, 33% of negative reviews are changed following an effort made by the psychiatrist to hear the patient's complaint and work toward a resolution. Psychiatrists may desire to obtain input from their patients to determine their effectiveness or to obtain an overall opinion from their patients. The Ethics Committee determined that surveys provided in an office waiting room that can be submitted confidentially, or directions on how to submit online reviews, is indeed ethical. It is an ethical practice if the option is provided to all patients equally and that no patients are coerced into providing their opinion.

I am a member of the Board of Trustees Strategic Finance Workgroup, which has been assembled with a focus on creating a proposal suggesting budget cuts in order to



FIGURE 1. CME program topics



maintain a positive financial outlook for the APA for the foreseeable future. The work group proposal was presented to the Board of Trustees at its March 2020 meeting.

It was previously requested that an Action Paper resource guide be created to assist in the preparation of Action Papers. As a result, Dr. Napoli has been working to develop an Action Paper resource guide. The Action Paper Author-Checklist (APA-C) can be found at [www.psychiatry.org](http://www.psychiatry.org). The APA-C promotes communication, coordination, and collaboration. The APA-C is being made available now to assist you in developing action papers for the April Assembly meeting.

## REPORT OF THE SPEAKER-ELECT

Joseph C. Napoli, M.D., D.L.F.A.P.A.

### Activity

Since November Assembly through March 26, 2020:

- AEC, Washington, DC, November 15, 2019
- Assembly, Washington, DC, November 15–17, 2019
- AEC, Washington, DC, November 17, 2019
- New Jersey Psychiatric Association (NJPA) Practice Management Conference, November 23, 2019
- Board of Trustees, Washington, DC, December 13–14, 2019
- AEC, San Antonio, February 7–9, 2020
- JRC, San Antonio, February 9–10, 2020
- Area 5, Atlanta, February 21, 2020
- Board of Trustees, Washington, DC, March 13–15, 2020
- Committee on Psychiatric Dimensions of Disaster - Conference Calls on March 12 and March 26, 2020 [On March 26, 2020, the CPDD began holding weekly conference calls during the coronavirus pandemic.]

- NJPA Board of Trustees Meetings - January 15 and March 4, 2020 (attended as an *ex officio* nonvoting Board member as Speaker-Elect)

### Coronavirus Pandemic

Status as of March 26, 2020

- Worldwide: 465,924 infected in 191 countries, areas or territories and 21,031 deaths, USA: 86,043 infected and 1,304 deaths
- State Executive Orders: California, Connecticut, Illinois, Kansas, Michigan, New York, New Jersey, Pennsylvania, Vermont, Washington (partial list), covering restriction of gatherings, shelter-in-place (stay home), closing of or restrictions on nonessential businesses, and/or other orders
- Senate and House passed \$2.2 Trillion Coronavirus Aid, Relief, and Economic Security Act (CARES Act). President signing then act is pending.
- Insufficient number of test kits
- Insufficient number of personal protective equipment (PPE) for physicians, nurses and other healthcare workers
- Insufficient number of ventilators
- Hospitals nationwide: Some hospitals are already overwhelmed with COVID-19 patients. Other hospitals are preparing for surges of COVID-19 patients.
- President Trump moving ahead on wanting people to go back to work by Easter.

### APA News Releases

Since November Assembly

- “APA Statement on Passage of House Prescription Drug Lowering Legislation,” December 12, 2019



- “APA Applauds Mental Health Funding in Federal Spending Bill,” December 19, 2019
  - “New Research Highlights the Expanding and Valuable Role Telepsychiatry is Playing in Improving Mental Health Care,” February 5, 2020
  - “Dr. Vivian Pender Is Named APA President-Elect,” February 12, 2020
  - “APA Condemns Unethical Sharing of Therapist Records in Immigration Cases,” February 18, 2020
  - “APA Praises Passage of Emergency COVID-19 Funding Authority to Government to Lift Restrictions on Telehealth Services,” March 5, 2020
  - “APA Finalizes Purchase of Washington, D.C., Headquarters,” March 12, 2020
  - “APA Will Not Hold Its 2020 Annual Meeting in Philadelphia, Planning an Online Educational Product,” March 15, 2020
  - “APA Offers Resources to Cope with COVID-19,” March 16, 2020
  - “APA Pledges Continued Support for Affordable Care Act on its 10<sup>th</sup> Anniversary,” March 23, 2020
  - “New Poll: COVID-19 Impacting Mental Well-Being: Americans Feeling Anxious, Especially for Loved Ones; Older Adults are Less Anxious,” March 25, 2020
  - “Medicine and the Mind–The Consequences of Psychiatry’s Identity Crisis”
  - “Need Telemedicine to cope with COVID-19”
  - “November Assembly: Draft Summary of Actions”
  - “Philly Restaurants”
  - “Reference Committee 1 AP 4.B.1”
  - “Spring Assembly”
  - “Telehealth COVID-19”
  - “Telemedicine to cope with COVID-19”
  - “Toolkit for families” \*
  - “The AMA calls on Trump to use ‘all levers’ to get medical supplies” \*
  - “Virtual Assembly Meeting”
  - “Virtual Assembly Meeting (Suggestion to Add COVID-19 discussion/action as New Business)”
  - “What Are Your Thoughts?”–Mayo Psychiatry Board Review Course for NPs, PAs, CNSs and RNs”
- (\*) These subjects are about COVID-19 in addition to the subject titles that include COVID-19.

### Assembly Listserve

Preparation for November Assembly in alphabetical order

- “Affiliate Membership Working Group, Visiting Schedule”
- “APA Affiliate Membership Taskforce Discussion at Assembly Meeting”
- “APA Meetings App”
- “Area Council and Assembly Group Action Assignments”
- “Assembly Meeting: Revised Assembly Reports Packet”
- “November Assembly Meeting Materials- Online Packets Now Available”
- “on a different ‘note’ ”

During the November Assembly in alphabetical order

- “Assembly Meeting: Reference Committee Reports”
- “Assembly Schedule: Assembly Reception”
- “Reference Committee 1 AP 4.B.1”
- “Treatment Advocacy Center for emergency holds”

Since the November Assembly to March 26, 2020 in alphabetical order

- “Action Paper Author–Checklist”
- “Assembly Notes”
- “ASM Reimbursement Form- Due by December 2nd”
- “Cell Phone Found in Plenary Room in Area 2”
- “COVID-19 and Telepsychiatry: What you Need to Know”
- “Hope the APA PAC is not contributing (ever) to any of these four”
- “JGLMH Resident Paper Award 2020”

### Member-to-Member

Since the November Assembly to March 26, 2020 in alphabetical order

- “12-Step Resources”
- “APA Annual Meeting Refunds and other FAQ” \*
- “COVID-19 (3/22/20)”
- “Does Italy Have More COVID19 Deaths Than South Korea Because They’re Not Prescribing Chloroquine?”
- “Imperial College COVID-19 projections”
- “Make America Great ?–not this way” \*
- “Mass Psychogenic COVID-19”
- “Part of the announcement @ 7:30 p.m. 03/23 by CT’s Gov. Lamont” \*
- “Pts still going on spring break?” \*
- “Racism is a Virus also”\*
- “Sexual Orientation, Gender and Pronouns”
- “Something for these trying times”\*
- “Trump’s Dangerous Messaging About a Possible Coronavirus Treatment | The New Yorker”
- “What can a psychiatrist do?” \*

(\*) These subjects are about COVID-19, in addition to the subject titles that include COVID-19.

### Joint Reference Committee (JRC)

October 27–28, 2020.

Total Items: 56

Three year Assessments: Council on Minority Mental Health and Health Disparity and Council on Research

Action Items: Council on Advocacy and Government Relations (0), Council on Addiction (3), Council on Adolescents and Families (1), Council on Communications (6), Council on Geriatric Psychiatry (1), Council on Healthcare Systems and Financing (7), Council on International Psychiatry (0), Council on Medical Education and Life-Long Learning (1),

Council on Minority Mental Health and Health Disparity (4), Council on Psychiatry and the Law (9), Council on Quality Care (1), Council on Research (2), Ethics Committee (4), Membership Committee (1).

Action papers from the assembly: 21

Position Papers: total: 17, Referred back to referring Council: 2, Referred to the November Assembly: 15 (10 proposed, 5 retired)

Manuscript for Publication (1), Program (1) and Resource Documents (3)

February 9–10, 2020.

Total Items: 37

Action Items: Council on Addiction (1), Council on Consult-Liaison Psychiatry (14), Council on Healthcare Systems and Financing (1), Council Medical Education and Life-Long Learning (1), Council on Minority Mental Health and Health Disparity (6), Council on Psychiatry and the Law (2), Council on Research (1)

Action Papers from the Assembly: 11

Position Statements: 26

Action Papers that the JRC referred to the Board

- The JRC referred the Action Paper: *Accountability for Climate Change* (ASMNOV–1912.A) immediately to the Board of Trustees (BOT) with a request to refer the paper to the BOT Ad Hoc Work Group on Strategic Finance. In addition, the JRC closed this action item and requested that staff to the JRC ensure AITS include an update of the JRC's efforts.
- The JRC referred the Action Paper: *Against Affiliate Membership* (ASMNOV1912.N) to the BOT at the March 2020 meeting with the inclusion of a 5-year moratorium in regard to considering this issue again. This proposal has been rejected three times over the past four years and a 5-year moratorium is requested so that APA does not continue to spend staff resources on this issue every 2 years. The JRC requested that staff to the JRC and BOT ensure AITS include an update on efforts made to address the action paper.

### Board Actions on Action Papers Passed by the Assembly and Referred by the JRC

December 14–15, 2019.

- The Board of Trustees accepted the Joint Reference Committee's recommendation to consider the alternatives included in the Council on Communications' report instead of the proposed public information campaign from the Action Paper: *Improving Public Understanding of Psychiatry* (ASMMAY1912.J) Author: James West, MD
- The Board of Trustees accepted the Joint Reference Committee's recommendation regarding Action Paper: *Medicaid Reform and Access to Quality Mental Health Care* (ASMNOV18–12.D) Author: Shastri Swaminathan, MD

March 14–15, 2020.

- The Board of Trustees voted to approve referral of the Action Paper: *Accountability for Climate Change* (ASMNOV1912.A) Author: Andres Abreu, MD to the appropriate central office department that the Board believes can provide updated information on potential financial impact of this action paper by the May 2020 Board of Trustees meeting.
- The Board of Trustees, at this time, voted to approve that it is not considering affiliate membership. Action Paper: *Against Affiliate Membership* (ASMNOV 1912.N) Author: Eileen McGee, MD

### Assembly Finances and Budget

The BOT Ad Hoc Work Group on Strategic Finances presented its report at the Board meeting in March 2020. The Workgroup has recommended reductions in expenditures for all segments of the APA. The BOT approved these recommended amounts.

What does this mean for the Assembly?

The Assembly budgeted expenses have progressively increased over the last several years to the current amount of \$1.36 million. We will have to reduce our Assembly budget by \$385,000, a 28.3% reduction.

Even before the coronavirus pandemic moved us to more use of virtual interactions and with my anticipating that the Workgroup would advise cutting expenses in its report to the Board, one idea that I thought of in January was to hold the July and Winter AEC meetings virtually. The cost of the July 2019 AEC was \$55,312. The cost of the February 2019 was \$55,813. The total gross savings of not holding these two in-person AEC meetings is \$111,125, which is 28.9% of \$385,000. However, the cost of the two virtual meetings would have to be subtracted in order to determine the net savings.

This is only one idea. We, the members of the AEC, have a lot of work ahead of us – brainstorming ideas, analyzing the advantages and disadvantages of various options and deliberating to arrive at the best solutions. This matter will be on the agenda for our April AEC meeting, which will be a virtual meeting.

The good news is that, by not holding the April Assembly in person, our Assembly has saved about \$300,000. There is no cost, including no monetary penalty, to the APA for the Assembly's not holding the April meeting in person. However, this is a one time savings in the 2019–2020 budget year. We need to devise a budget in which we can sustain even a larger amount of reduced spending annually.

### Assembly Procedure

*Virtual Spring Assembly Meeting.* On March 24, 2020, Speaker O'Leary issued preliminary information on conducting the meeting to the AEC via e-mail. The AEC, Area Councils and Groups will each hold separate meetings via Zoom.

*Procedure piloted and approved by the Assembly in Nov. 2019.*

1. “Reference Committee Consent Calendar - More time will be allotted for the Reference Committees (RefComs) hearings and report writing. As per parliamentary procedure, the RefComs will continue to be responsible to recommend actions to the Assembly regarding action papers, i.e., to either 1. approve, 2. not approve 3. approve with changes. With the new procedure the RefCom reports of these recommended actions would be Reference Committee Consent Calendars. At the plenary, the Assembly would either vote to approve these reports in their entirety by consent or vote to approve the remaining recommendations in any report by consent if any action paper or papers were removed from any report. Any member of the Assembly may ask that an action paper be removed from any Reference Committee Consent Calendar. Action Papers that are removed will be debated, may be amended and will be voted upon in the plenary. This new RefCom procedure was piloted at the November Assembly by having one RefCom do the new procedure and the other four RefComs do the existing procedure.
2. Reaffirmation is the process of the Assembly voting to support existing APA policy or actions that respectively the APA has established or are being conducted. The Rules Committee will review all submitted Action Papers in collaboration with the Administrative Staff to determine if the resolve of any Action Paper is asking for something that is already being done by the APA or is already APA policy. If the Rules Committee determine that the resolve is asking for something that already exists, the Rules Committee will place the action paper on the Action Paper Reaffirmation Calendar, which will be presented at the first plenary of the Assembly. Any member of the Assembly may ask for an action paper to be removed. Removal would be based on either disagreeing with the Rules Committee’s determination that our APA is already doing the resolve of the action or arguing that the resolve of the action paper adds to, revises or enhances what our APA is already doing.”

Speaker O’Leary’s leadership in introducing and implementing the new procedure is fortunate for our Assembly. It is fortuitous that our Assembly had this procedure in place shortly before having to face the challenge of the coronavirus pandemic. By placing more emphasis on the roles of the reference committees and their reports, we are in a better position to conduct business virtually during this public health emergency even though it will be in a limited capacity.

*Action Paper Author Checklist (APA-C).* I thank Dr Jacqueline Calderone, ECP Chair, and Allison Moraske, Associate Director, Assembly, Department of Association Governance, for collaborating with me in my developing the *Action Paper Author Checklist (APA-C)*.

Action Paper 2019A1 12.QQ *Change of Policy on Cost Estimate Analysis* (see resolves below), which the Assembly passed in May 2019, accomplished:

1. Authors are no longer required to do cost estimates. The Assembly approved this *Assembly Procedural Code* change in November 2019. Note: The Administrative Staff will continue to do cost estimates.
2. The creation of a step by step guide for producing an action paper—the *Action Paper Author–Checklist (APA-C)* Since authors will no longer do cost estimates, there was no need to implement resolve number 2. However, the AEC’s discussion of the action paper generated the idea that there was a need for a guide for developing action papers. The APA-C was the fruition of this idea. As a step-by-step checklist, the APA-C complements the templates and other resources that are located at *Action Paper Central* on the APA Website.
3. Further development and use of a team approach. The APA-C promotes the 3 C’s – Communication, Coordination, Collaboration – among the action paper authors, the Administration Staff and the APA Components.

#### “Be it Resolved”

1. That the APA staff provide to the Assembly members approximate hours needed for common AP requests (webpage, toolkit creation, developing resources).
2. That the Author(s) be provided with a template that can be applied to formulate the cost of an Action Paper. The template will be provided with examples of prior Action Papers cost estimate.
3. That a team member approach with Assembly members, Board of Trustee members, and APA staff (for support only) contribute to creating a more transparent estimated cost for Action Papers’ [Underlining for emphasis.] “

APA-C was rolled out to the Assembly via the Assembly listserv on March 1, 2020.

The APA-C is available online (<https://www.psychiatry.org/File%20Library/About-APA/Meet-Our-Organization/Assembly/Action-Paper/APA-Action-Paper-Author-Checklist.pdf>).

## REPORT OF THE COMMITTEE ON BYLAWS

Esperanza Diaz, M.D., Chairperson

*Members:* Brian Crowley, M.D., Robert E. Kelly, Jr., M.D., Roger Peele, M.D., Rudra Prakash, M.D., J.D., Robert P. Roca, M.D., M.P.H.; *Administration:* Monique E.M. Morman, CMP, Chiharu Tobita.

At its 2020 March meeting in Washington DC, the APA’s Board of Trustees voted to accept the proposals for improving the process for nominating candidates to the Board of Trustees. The approved changes, ensuring a clear, uniform, and transparent nomination process and deadlines for all Board positions, will be effective for the 2021 APA nomination and election cycle, starting in May 2020.

Among the changes include implementing a uniform submission deadline of nominations for all Board positions

(September 1st) and a uniform submission deadline of recommendations by the nominating subcommittees and vetting committees to the APA Nominating Committee (October 1st). Another component of the new process includes announcing the final slate of candidates to the APA membership after the Board's approval of the slate and recommendations by the Nominating Committee.

To reflect the approved changes in the APA organization documents and policies, the Board voted to approve and authorize the Administration to make amendments to the *APA Operations Manual* and assigned the Committee on Bylaws to draft appropriate amendments to the *APA By-laws* for consideration by the Assembly in April 2020. The by-laws amendments will be considered final when it is ratified by the Assembly in April 2020 and certified by the APA Secretary.

## REPORT OF THE MEMBERSHIP COMMITTEE

Eric R. Williams, M.D., D.F.A.P.A., Chairperson

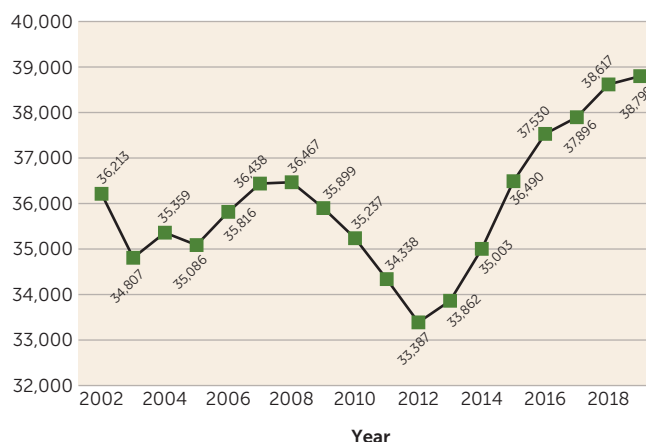
Total membership reached 38,800 members (for the historical trend, see Figure 2).

### 2020 Retention Efforts

Retention efforts began in September 2019 with an e-mail encouraging members to renew by the December 31, 2019 deadline. Due to the COVID-19 pandemic, members who had not yet renewed as of April 1 were granted an additional 8 weeks of uninterrupted member benefits until the revised drop date of June 1. The number of retention efforts increased over last year and have included the following tactics:

- **E-mail:** Beginning in late September through early February, members received several e-mails encouraging renewal. We segmented the messages, tested different subject lines, and increased overall rates and click-through rates. Additionally, we launched a campaign in December to reinstate longer-lapsed members.
- **Mail:** Since October, members in the United States and Canada received three mailed invoices, with a fourth mailed in April. In addition, reminder postcards were mailed in December, February, and March.
- **American Journal of Psychiatry (AJP):** Members at risk of being dropped receive a cover tip encouraging renewal on their December and March issues of AJP, with another one on a "bonus issue" in April. Additionally, three to four letters will be inserted reminding members of their benefits throughout the year. The January issue featured resources such as PsychPro, SMI Adviser, Clinical Practice Guidelines, and more. The April letter was focused on education and CME.
- **APA Calling Campaign:** In mid-February, APA conducted its annual calling campaign to all members at risk of not renewing. A follow-up call was made in April, after members were dropped, to those who indicated that they would be renewing but did not do so.

FIGURE 2. Total membership count



- **Social Media Advertising:** We began testing organic Facebook advertising, short-form video clips, and static ads in January 2020. We received 397 (2%) clicks and 239 (1%) comments and shares, which is in line with industry averages. We also continued paid social media starting November 1 and are continuing to optimize this program to increase conversions.
- **Digital Advertising:** For the first time for renewal, we tested paid Google search terms focusing on APA branded terms. We also ran contextual Google ads and remarketing ads from visitors on certain pages on the APA website.
- **Exhibiting:** APA will have promoted membership when exhibiting at IPS, AACAP, Nevada Psychiatric Association, and AADPRT meetings before the renewal cycle is complete.

### 2019–2020 Membership Recruitment, Engagement, and Retention Activities

Membership worked with internal and external partners to develop resources to engage members throughout 2019. Highlights from some of the programs include the following:

*Promoting new member products and benefits.* In 2019, members received regular communications that promoted the value of membership by reminding them of existing and new benefits and services, including:

1. The Course of the Month program, with the most downloaded topics being TMS Therapy for the Treatment of Depression and Autism Spectrum Disorder: Comprehensive Assessment and New Treatment Developments. These courses were also promoted by e-mail and Facebook to generate additional awareness
2. Five courses that were created in conjunction with the Department of Psychiatry at the Uniformed Services University from their 2019 Amygdala Conference
3. The *2018 Resident-Fellow Census*, in partnership with AADPRT
4. PsychPRO: APA's Mental Health Registry

5. Early-career psychiatrists (ECPs) free online *Focus* subscription, including easier ability to access subscriptions
6. Promotion of Affinity program partnerships in quarterly e-mails
7. With a continued focus on engaging members, particularly the future of our profession, additional strategies and tactics are being explored and introduced in 2020 with a focus on ECPs. Resident-fellow member (RFM) and ECP Listservs relaunched in late 2018 and have been promoted over the last year. The RFM listserv now boasts 522 participants (248% year-over-year increase) and the ECP listserv has grown to 1,536 participants (18% year-over-year increase).

If you are not receiving your Course of the Month or other communications, please login to [my.psychiatry.org](http://my.psychiatry.org) and select Communications Preferences or contact [membership@psych.org](mailto:membership@psych.org) for assistance.

### RFMs and 100% Club

APA ended 2019 with a 10% year-over-year increase in the number of residency programs participating in the 100% club and a 15% increase in the number of residents training in 100% Club programs. Additionally, we exceeded expectations to increase the number of programs opting for institutional billing. This group increased 38% from 50 to 69 (Table 1).

APA Publishing has also collaborated to create two new products that have been provided as free benefits for 100% Club residents, including the *Pocket Guide to Medications: Anxiolytics, Mood Stabilizers and ADHD*. The third in a series, it is designed to increase residents' awareness of APA expertise on clinical and practice topics.

The Administration will continue to work closely with the district branches (DBs) to 1) increase awareness of the new benefits of the 100% Club among nonparticipating programs, 2) encourage more programs to take advantage of institutional billing to streamline the onboarding and renewal of resident members, and 3) promote the value of membership so that members maintain their relationship and membership with APA once they complete residency.

### How Members Can Participate

Our psychiatric community grows stronger as our members are more active and engaged. Here are five small ways you can participate in the APA membership strategy:

1. **Complete your APA profile.** Let us know about your interests and practice to help us better serve you with resources and benefits that are relevant to your daily life and practice. Log in to [my.psychiatry.org](http://my.psychiatry.org) to update or complete your profile.
2. **Participate in grassroots advocacy.** Participating in national calls to action and working with your DB to visit and build relationships with your local legislators are essential to ensuring psychiatry has a seat at the policy-making table. Learn more about APA advocacy efforts and issues at [Psychiatry.org/advocacy](http://Psychiatry.org/advocacy).

**TABLE 1. 100% club participation**

Year	Number of Qualifying Programs	Number of Residents
2015–2016	87	1,921
2016–2017	104	2,356
2017–2018	104	2,399
2018–2019	118	2,710
<b>2019–2020</b>	<b>130</b>	<b>3,128</b>

3. **Converse with your colleagues.** The Member Outreach Toolkit equips you with talking points to have meaningful conversations with your colleagues about APA membership. Access the toolkit at <http://apapsy.ch/outreach>.
4. **Stay in touch.** We want and need to hear from members to ensure we're building value that is relevant and important to your daily practice. Contact us any time with your feedback at [membership@psych.org](mailto:membership@psych.org).
5. **Get involved.** There are a variety of ways for members to participate in the APA, including leadership roles in a variety of caucuses and listservs, committee participation, contributing articles to *Psychiatric News*, etc. Need help getting started? Contact us at [membership@psych.org](mailto:membership@psych.org).

### Supporting DBs and State Associations (SAs)

For DBs on centralized billing (70), the APA Membership Department provides the following support:

- Executing the full membership renewal cycle (postal mail, e-mail, digital advertising, and telemarketing)
- Collecting dues
- Remitting dues payments and monthly reports
- Completing transfers between DBs when members move
- Paying all credit card transaction fees for DBs/SAs for member renewal and acquisition transactions
- Conducting ongoing recruitment and engagement campaigns via e-mail, social media, and in AJP throughout the year via a dedicated APA membership marketing team
- Assigning dedicated APA staff to coordinate with DBs to manage membership processing and troubleshoot member inquiries.

Additional support is provided to all DBs across most APA divisions and departments, including:

- Conducting quarterly and ad hoc webinars to train DBs to use APA membership processing technology and reports
- Coordinating a DB/SA Presidents Orientation at the APA Annual Meeting
- Coordinating two calls annually between DB/SA presidents and executives with the APA President and APA Administration.
- Supporting DB government relations activities through regional directors
- Coordinating monthly videoconferences between DB executives and the APA CEO and Medical Director
- Coordinating the CME application process for DB meetings.

**TABLE 2. Final results of 2020 election**

<b>President-Elect</b>	<b>Vivian B. Pender, M.D.</b>	<b>2,965</b>	<b>57.1%</b>		
	David C. Henderson, M.D.	2,232	42.9%		
<b>Treasurer</b>	<b>Richard F. Summers, M.D.</b>	<b>2,604</b>	<b>50.6%</b>		
	Ann Marie T. Sullivan, M.D.	2,541	49.4%		
<b>Trustee-At-Large (TAL)<sup>a</sup></b>	<b>Michele Reid, M.D.</b>	<b>2,186</b>	<b>43.5%</b>	<b>2,879</b>	<b>57.8%</b>
	Mark S. Komrad, M.D.	1,808	36.0%	2,102	42.2%
	Frank A. Clark, M.D.	1,035	20.6%		
<b>Resident-Fellow Member Trustee-Elect (RFMTE)<sup>a</sup></b>	<b>Sanya Virani, M.D., M.P.H.</b>	<b>213</b>	<b>43.3%</b>	<b>268</b>	<b>54.9%</b>
	Aatif Mansoor, M.D.	165	33.5%	220	45.1%
	Mariam Aboukar, D.O.	114	23.2%		
	<b>Glenn A. Martin, M.D.</b>	<b>618</b>	<b>71.8%</b>		
<b>Area 2 Trustee</b>	James P. Kelleher, M.D., M.B.A.	243	28.2%		
	<b>Jenny Boyer, M.D., Ph.D., J.D.</b>	<b>789</b>	<b>72.5%</b>		
<b>Area 5 Trustee</b>	Philip L. Scurria, M.D.	299	27.5%		

<sup>a</sup> 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.

The Membership Committee looks forward to another year working toward continued growth and collaboration across the Association.

## REPORT OF THE COMMITTEE OF TELLERS

Edythe P. Harvey, M.D., Chairperson

*Members: Mark A. Haygood, D.O., M.S., Steven S. Sharfstein, M.D.; Administration: Monique E.M. Morman, CMP, Chiharu Tobita.*

The Committee of Tellers reports the following final results of the 2020 election, approved by the Board of Trustees during its March meeting (Table 2).

Eligible voting members in the 2020 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 2, 2020, while voting members without an e-mail address listed in the membership database received a paper ballot postmarked January 2, 2020. As an alternative to using the electronic or paper ballot, eligible voting members could access their ballot through the APA election website ([www.psychiatry.org/election](http://www.psychiatry.org/election)) using their psychiatry.org username and password.

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

Voter turnout for the 2020 election was 17.48%, with 5,334 of 30,513 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

Joseph A. Cheong, M.D., Chairperson

*Members: Tanya N. Alim, M.D., Justin W. Schoen, M.D.; Administration: Monique E.M. Morman, CMP, Chiharu Tobita.*

Campaigning in the 2020 APA election began with the announcement of candidates on October 11, 2019, and ended with the voting deadline on January 31, 2020. The polls opened on January 2nd at 7:00 a.m. Eastern Standard Time (EST), and closed on January 31st at 11:59 p.m. EST.

The Committee met with the candidates via conference calls to review the *APA 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 membership and provided clarification to the *Election Guidelines* when it was needed.

Candidate-campaign information was provided to the voting members through:

- **APA Election website** ([www.psychiatry.org/election](http://www.psychiatry.org/election)): The website includes information on candidate and individual links to candidates' campaign websites, links to candidate interview recordings, candidates' contact information, and the 2020 APA Bio or Ballot Booklet.
- **Psychiatric News (PsychNews) print issues**: Candidate information was distributed to readers on November 1st (Slate of Candidates Issue) and December 20th (Election Issue).
- **Election Ballot Booklet**: A booklet with candidates' biographical information is made available on the voting webpage. Starting with the 2020 APA election, voters without an e-mail address or who globally opted out of APA e-mail communications will no longer receive a paper booklet via mail. Instead, the booklet is made available online at the APA election website ([www.psychiatry.org/election](http://www.psychiatry.org/election)).

There have only been a couple of major violations of the *Election Guidelines*, which were appropriately addressed and resolved by the Committee during the course of the election campaign:

### 1. Violation of equity of Access principle:

Section A. Overview: "All APA members are expected to abide by the APA election guidelines in APA elections, including in their capacity as officers and members of other organizations. APA requests that other organizations adhere to the intent of the campaign guidelines and provide fair and equitable coverage of opposing candidates."

### 2. Violation of the APA listserv policy:

Section B. 3.b. Listservs: "The APA Member-to-Member listserv may be used for campaigning, but no other APA listservs used for APA, Area Council/State Association, or District Branch functions."