



the freudian slip

TREATMENT WORKS | RECOVERY IS POSSIBLE

WWW.ALABAMAPSYCH.ORG

Newly elected APA president to focus on innovative solutions to expanding care, increasing support to members

In her speech at the opening session of APA's 2017 Annual Meeting APA President Anita Everett, MD, urged attendees to "Keep the engagement going, and don't drop the connections you make at the Annual Meeting." She also asked attendees to step up their involvement with an APA that is growing in numbers and influence.

"I encourage each of you to take just one more step to deepen your involvement with APA," Everett said. "It could be as simple as following APA's accounts on social media or taking one of the free member courses available each month. You could get more involved with your district branch or sign up to join the next phase of the PsychPRO registry."

Everett told her colleagues APA exists to help them meet their aspirations. She outlined her own aspirations and goals for her upcoming presidential year, emphasizing three items in particular – **the development of innovative systems for improving access to care, team-based care for first-episode psychosis, and initiatives regarding physician wellness and burnout.**

Referencing the serious shortage of general psychiatrists and child and adolescent psychiatrists, Everett said it will require innovative systems and technologies – such as integrated care models and telepsychiatry – to extend psychiatric expertise to patients who won't otherwise receive care. She has appointed the Work Group on Access to Treatment Through Innovation to organize and advise APA's Board of Trustees on innovations and aspirations

Everett also promised to make physician wellness and physician burnout a priority. "More than half of physicians in the United States report feeling at least



Dr. Everett is the chief medical officer at the Substance Abuse and Mental Health Services Administration (SAMHSA) and director of the Office of Chief Medical Officers (OCMO).



**APPA
Fall Conference
October 27-28, 2017
Renaissance Birmingham Ross
Bridge Golf Resort & Spa**

Book you room now!

The discounted room rate at the Renaissance Birmingham Ross Bridge Golf Resort & Spa is \$209 per night for a deluxe room. The discounted rate is available for one day before and one day after the conference to make it an extended weekend.

Make your hotel reservations by calling (800) 468-3571. Note: The APPA Room block closes Sept. 29.

WHAT'S UP AROUND THE STATE...

Birmingham



BIRMINGHAM PSYCHIATRIC SOCIETY



BPS will meet June 27 at 6:30 p.m., at Flemings Steakhouse & Wine Bar for a presentation by Sunovion

Pharmaceuticals. RSVP to Ashley Leepart (904) 514-7348.

Central Alabama

For More information about the Central Alabama Society, contact Linda Teel at (334) 288-9009 ext. 207 or linda.teel@mpa1040.com.



Mobile Bay



The Mobile Bay Psychiatric Society has re-organized. Serving as co-presidents *protem* are W. Bogan Brooks, MD, and Hal Veits, MD.

Their first meeting is June 22 at 6:30 p.m. For more information e-mail wbrooks@altapointe.org, or hveits@gmail.com.

Tuscaloosa

If you live in the Tuscaloosa area and would like to get connected with your fellow colleagues, check out the Tuscaloosa Chapter of APPA. Contact Thaddeus Ulzen, MD, at tulzen@cchs.ua.edu for more information.



Mobile Bay Psychiatric Society to meet on June 22

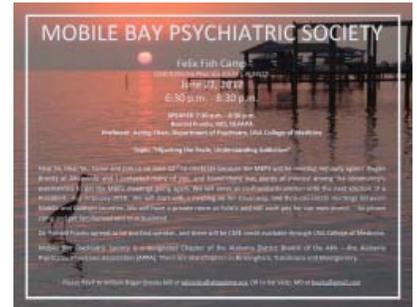
The Mobile Bay Psychiatric Society invites you to join them on June 22 to celebrate the reorganization and first regular meeting of MBPS!

W. Bogan Brooks, MD, and Hal Veits, MD, have been working to revive MBPS and have found that many of the community's psychiatrists are interested in having regular meetings. Drs. Brooks and Veits will serve as co-presidents *protem* until the next election of a president in February 2018.

Their first meeting will be the Causeway, and then will rotate between Mobile and Baldwin counties.

The June 22 meeting will be in a private room at Felix Fish Camp (1530 Battleship Pkwy., Spanish Fort, AL 36527) from 6:30 - 8:30 p.m. Each attendee will pay for his own dinner. Speaking at 7:30 p.m. is Ronald Franks, MD, DLFAPA, on "Hijacking the Brain, Understanding Addiction." RSVP to Bogan Brooks, MD, wbrooks@altapointe.org, or Hal Veits, MD, hveits@gmail.com.

Mobile Bay Psychiatric Society is a designated Chapter of the Alabama District Branch of the APA – the Alabama Psychiatric Physicians Association (APPA).



APPA treasurer to represent young physicians on Medical Association board



Mark Haygood, DO, has been elected to the Medical Association of the State of Alabama's Board of Censors as the Young Physicians Section representative for 2017-2018. In this capacity, Dr. Haygood will represent all physicians in the YPS membership category in the Medical Association as a voting delegate at the American Medical Association's annual and interim meetings. Dr. Haygood will have the honor of voting on behalf of his peers and we are excited to have him represent all young physicians, from all over the state for the next year.

Dr. Haygood currently serves as treasurer of APPA.

APA president, cont.

one symptom of burnout, with emotional exhaustion topping the list," she said. "Most of us right here in this room have felt, at the very least, some degree of compassion fatigue and, at most, have experienced deep and pervasive episodes of burnout in our careers as psychiatrists. ... We need to assure that employed physicians, and especially those in community mental health centers, have jobs that are generative, meaningful, and valued."

Everett closed by urging psychiatrists to dream big. "Become what you aspired to be. You can make a difference, and I hope that in my term as president I can initiate a few things that enhance your professional lives, too. This is an exciting time for psychiatry, and I can't wait to see what we can accomplish together."

Membership Advancement



APPA congratulates Nabajyoti Kakati, MD, of Tuscaloosa, on his promotion to Distinguished Fellow of the American Psychiatric Association. He was honored during the Convocation of Distinguished Fellows at the APA Annual Meeting in San Diego, Calif., in May.

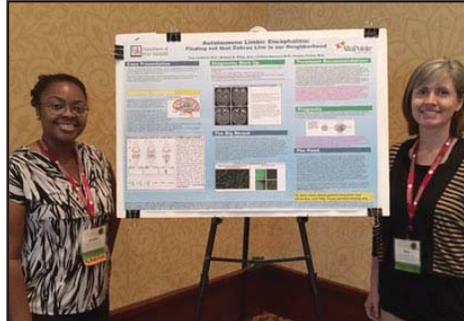
APPA 2017 Spring CONFERENCE WRAP UP

Congratulations to the winners of our Poster Contest!

Read all abstracts submitted at the fall APPA conference at <http://alabamapsych.org/abstracts>.



First Place – Abstract 17-1-07
University of South Alabama – Authors: David Rizk, BS; Allison Sullivan, BS; Dustin Marmalich, MD; W. Bogan Brooks, MD
The Ethical Use of Placebos



Second Place – Abstract 17-1-06
University of South Alabama – Authors: Tina Jackson, MD; William A. Kilgo, MD; Lindsey Stewart, MD; Sandra Parker, MD
Autoimmune Limbic Encephalitis: Finding out that zebras live in our neighborhood.



Third Place – Abstract 17-1-02
Alabama College of Osteopathic Medicine – Authors: Joni Kay, BS; Heather Theobald, BS, MPH; Nelson Handal, MD; Barbara Baldwin, MS; Michael Nellamattathil, MS
Comparative Analysis of QbTest, NEBA System, and Clinicom in the Diagnosis of ADHD

Conference time = Connection with Colleagues!

Make plans to join us for our Fall Conference, Oct. 27-28 in Birmingham. Details coming soon to www.alabamapsych.org.



Proposed White House budget would severely harm nation's mental health care system and patients

Six of the nation's largest medical organizations, including the **American Psychiatric Association**, have sent a letter to Senate leaders expressing serious concerns about proposed health care legislation and the secretive process under which it is being drafted. The letter states: "Regrettably, both the House and Senate seem to be determined to bring to a vote legislation that... [rolls] back coverage and patient protections for millions of patients."

The six organizations emphasized the detrimental effect of repealing essential coverage and patient protections that are part of the Affordable Care Act (ACA). The letter opposes changes to Medicaid alone that would result in an estimated 14 million Americans losing coverage, as well as proposals that would allow states to waive the requirement that insurers cover essential health benefits. Mental health and substance use disorder treatments are among the essential health benefits required by the ACA. In all, roughly 23 million Americans would lose health coverage under a House bill under consideration in the Senate.

"Proposed legislation revamping our nation's health care system needs to be worked on in the open, not behind closed doors," said APA President-elect Altha Stewart, MD "We are determined that the voices of patients with mental illness or substance use disorders be heard."

The APA and other medical specialty societies, collectively representing more than 560,000 physicians and medical students, called on the Senate to include physician and patient voices in any health reform effort through a transparent process that would allow stakeholders "to provide direct input on the impact this legislation would have on patients and their physicians." The letter also calls for open hearings and time for non-partisan analyses of

any legislation before a vote is held.

"We are willing to work with lawmakers on both sides of the aisle in crafting health care legislation that provides adequate coverage to Americans," said APA CEO and Medical Director Saul Levin, MD, MPA. "Allow us to lend our expertise to this important issue. It is crucial that any legislation include mental health and substance use disorder treatment."

In addition to the APA, the letter was signed by the American Academy of Family Physicians, American College of Physicians, American Osteopathic Association, American Academy of Pediatrics and the American Congress of Obstetricians and Gynecologists. The same group previously shared concerns about the American Health Care Act that passed the House of Representatives in May, calling it "an inherently flawed bill that would do great harm to our patients."

The proposed budget includes:

- A nearly \$6 billion cut to the National Institutes of Health Budget, which jeopardizes medical research.
- More than \$252 million in cuts to The Substance Abuse and Mental Health Services Administration. Programs potentially affected include the Community Mental Health Services Blog Grant, the Primary and Behavioral Healthcare Integration program, and the Behavioral Health Workforce Education and Training program.
- Roughly \$627 billion in cuts to Medicaid over 10 years.
- A cut of nearly a billion to The Food and Drug Administration.
- A cut of \$1.2 billion from the Centers for Disease Control and Prevention, cuts that target programs on HIV/AIDS and chronic disease prevention, among others. 

MACRA 101: Part 2

The American Psychiatric Association has developed a MACRA 101 Primer, which is available on its website, www.psychiatry.org. You may see the full Primer on the APA website.

What Goes Into My MIPS Composite Score?

Each eligible clinician or group – not excluded from MIPS reporting – will receive a MIPS composite score that will determine their MIPS adjustment for that year. They will be compared to a "performance threshold" based on the average performance of all eligible clinicians from a prior period. Scoring above the performance threshold results in a bonus/positive adjustment; scoring below it yields a penalty/negative adjustment. There is no adjustment if you score at the threshold.

The composite score is made up of individual scores for four different performance categories. There is some flexibility in how these are weighted, but they generally count as described below. More detailed information is provided

in the *APA Payment Reform Toolkit Fact Sheets* for each category.

MIPS Quality Performance Category:

Quality counts 60% for the 2017 reporting year (and 2019 adjustments); 50% for 2018 reporting (and 2020 adjustments); and 30% starting with 2019 reporting (and 2021 adjustments). This category builds on the Physician Quality Reporting System (PQRS), but has more reasonable reporting standards. PQRS required the reporting of nine quality measures across three National Quality Strategy "domains." The MIPS requirement is to report six quality measures, including one outcome measure if one is available – or one measure of appropriate use, patient safety, efficiency, patient experience, or care coordination. The MIPS continues most valid PQRS quality measures and adds measures used by private payors and for different settings. There is a "Mental/Behavioral Health" measure set with 12 measures relevant to psychiatrists. The MACRA also includes \$75 million to

fund development of new quality measures.

MIPS Cost Performance Category:

Cost counts 30% starting with reporting in 2019. But for the 2017 reporting period, it will not be counted in your MIPS score. It will count 10% for 2018 reporting. There is no specific reporting for this category, it will be calculated by CMS. The Cost category replaces the Value-Based Payment Modifier (VM). Starting in 2018, all Medicare claims will include special codes indicating the correct care episode, patient condition, and physician's relationship to the patient. These codes, which are still being developed, will help link patients to the right clinicians for measuring the MIPS Cost score. Psychiatrists should also be aware that in 2017 and 2018, Medicare Part B payments to all psychiatrists (regardless of practice size) will be subject to VM bonuses or penalties. These currently range up to 2% for small practices (up to 10 physicians)

continued on page 2

MACRA 101 continued

and up to 4% (for larger practices). Many physicians were considered “average” and did not receive any adjustment.

MIPS Advancing Care Information (ACI) Performance Category:

This category counts 25% and replaces the EHR Meaningful Use (MU) program. In order to pass this category, a psychiatrist must either use certified electronic health record technology (CEHRT) or qualify for a hardship exemption. Hardships include:

- a) insufficient internet connectivity;
- b) extreme and uncontrollable circumstances (such as natural disasters);
- c) lack of control over availability of CEHRT (including practicing in multiple sites or where there was no input in the selection of technology); and
- d) lack of face-to-face interaction (tele-psychiatry is considered face-to-face).

The ACI category retains some measures from the MU program, eliminates others, and replaces the MU “all or nothing” approach with incremental credit for various activities. Psychiatrists must report five measures to achieve a Base Score. Then they can earn points for reporting up to eight measures for their Performance Score. Bonus points are also given for certain activities.

MIPS Improvement Activities (IA) Performance Category:

This is a new category, which counts 15%. There are 93 activities for 2017 reporting, including eight “Integrated Behavioral and Mental Health” activities such as collaborative care and participation in the Transforming Clinical Practice Initiative (in which the APA is a participant). The maximum IA score is 100. Forty points are usually required to achieve full credit, with high-weighted activities counting 20 points each, and medium-weighted activities counting 10 points. The requirements are lower for small and rural practices and those in health professional shortage areas. Participation in certain alternative models of care, such as medical homes and accountable care organizations, can earn half or even full credit in this category.

What are the MIPS Reporting Methods and Options?

The MIPS program preserves the current reporting methods of the previous Medicare quality programs. These include qualified clinical data registries (QCDRs), qualified data registries, electronic health records, claims (for Quality) and administrative claims/no submission

required (for Quality and Cost). Attestation is another method, for the IA and ACI categories. Groups of 25 or more may also use the CMS Web Interface. Vendors approved by CMS must report the “CAHPS for MIPS” patient surveys.

The MACRA encourages reporting via QCDRs by individuals and group practices. In addition to being less burdensome, registry reporting can earn credit under the MIPS ACI and IA categories, potentially leading to higher MIPS scores and bonuses. QCDR measures can also be directly approved by CMS, which avoids the lengthy, complex review process for approval by the National Quality Forum. The APA is now developing a mental health clinical quality data registry for use by psychiatrists in quality reporting.

“Virtual Group” Reporting:

The MACRA allows small practices (of up to 10 MIPS eligible clinicians) to form a voluntary “virtual group” for the purposes of MIPS reporting and assessment. Members who join a virtual group submit their MIPS data together, and receive one MIPS composite score for the entire group. This can allow small practices to pool resources and invest in whatever support they need. This option will be available starting with 2018 reporting. CMS plans to develop a web-based registration process to register each virtual group, and to discuss its plans in the MACRA proposed rule for 2018 reporting.

Incentives for “Advanced” Alternative Payment Models

Psychiatrists, other physicians, and non-physician practitioners may qualify for Medicare payment incentives for participating in new models of care and delivery that improve quality, lower health care spending, or both.

Some may be eligible for 5% incentive payments, from 2019 through 2024, if they have sufficient revenue or patients tied to these new models of care so they are considered a “Qualifying Participant” in an “advanced” alternative payment model (“Advanced APM”). If so, they are also exempt from the MIPS program and will receive slightly higher annual payment increases starting in 2026. Those with slightly lower levels of revenue or patients tied to Advanced APMs may be considered “Partially Qualifying Participants.” They can elect not to do MIPS reporting, without incurring a MIPS penalty.

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APMs may be considered “Partially Qualifying Participants.” They can elect not to do MIPS reporting, and not incur a penalty.

To be considered an Advanced APM, a model must be approved by CMS and meet four criteria:

1. It must be approved by the CMS Innovation Center, part of the Medicare Shared Savings Program, or a certain type of federal demonstration program.
2. It must require at least 50% of its participants to use certified electronic health record technology (CEHRT).
3. It must tie at least some payments to performance on one or more quality measures comparable to those under the MIPS program, including one outcome measure.
4. It must accept financial risk, i.e., suffer financial consequences for failing to meet cost and/or quality metrics. These could be lower payments, deductions, or repayments.

CMS has approved the following models as Advanced APMs for the 2017 participation year and incentives in 2019:

- a) Medicare Shared Savings Program Accountable Care Organizations (ACOs) - Tracks 2 and 3;
- b) Next Generation ACO Model;
- c) Comprehensive Primary Care Plus (CPC+);
- d) Comprehensive End-Stage Renal Disease (ESRD) Care Model; and
- e) Oncology Care Model - Two-sided risk arrangement.

In 2018, CMS plans to add the following models as Advanced APMs:

- a) Medicare Shared Savings Program ACOs - Track 1+ (with less risk than Tracks 2 or 3);
- b) New Voluntary Bundled Payment Model;
- c) Comprehensive Care for Joint Replacement Payment Model - CEHRT track; and
- d) Advancing Care Coordination through Episode Payment Models (Cardiac and Joint Care) - Track 1 (CEHRT track).

There is currently no Advanced APM strictly for mental health or substance abuse. The Physician-Focused Payment Model Technical Advisory Panel (PTAC) will assist physicians and other clinicians in developing new APMs. The APA will be advocating for psychiatrists to get credit for their current efforts, as well as exploring new opportunities for models in which psychiatrists may participate.

Resources: [psychiatry.org/PaymentReform](https://www.psychiatry.org/PaymentReform)

SAVE *the* DATE

Coming Attractions

2017 APPA Fall Conference

October 27-28

Renaissance Birmingham Ross Bridge Golf Resort & Spa

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Room reservation deadline is Sept. 29. Call (800) 468-3571.

2018 APPA Spring Conference

April 20-21 | Embassy Suites, Montgomery

2018 APPA Fall Conference

October 6 | Battle House, Mobile

2019 APPA Spring Conference

April 5-7 | Sandestin Golf and Beach Resort, Florida

Physician Finder

MHM is actively recruiting BE/BC psychiatrists in Montgomery and Birmingham for part or full time opportunities. MHM offers comprehensive benefits to psychiatrists who work 30 hours per week to include health, 401k, healthcare, 34 paid days off and much, much more! To learn more about MHM and the outstanding employed practice opportunities, please email: Teffany@mhmcareers.com.

Do you have an opening for a physician in your practice? Let APPA help you find the right candidate to meet your needs. Contact **Charlotte Morris** at cmorris@alamedical.org.

APA News Briefs

Video Explains PsychPRO, APA's Mental Health Registry

Curious about PsychPRO, the new mental health registry from APA? [Click here to watch a short video](#) that explains how PsychPRO can help you treat patients and meet your certification requirements. PsychPRO is open to individual psychiatrists as well as large group practices and hospitals.

Write Your Senators and Ask Them to Start Over with the AHCA

Since the House passed the American Health Care Act (AHCA) to repeal and replace the Affordable Care Act (ACA), the Senate has been working on its version of a health care bill. The AHCA contains several provisions that would seriously jeopardize access to mental health and substance use disorder treatment. [Click here to contact your Senators](#) and urge them to opposed the AHCA and protect the strides made for mental health in the 21st Century Cures Act and the ACA.

June Course of the Month

Each month the APA offers a free course for members. The June course, Violence Toward Mental Health Workers, will be presented by Michael B. Knable, DO, of the Sylvan C. Herman Foundation. [Click here to access the Course of the Month](#) and sign up for email updates about this free member benefit.

Choose Which Emails You Receive on Psychiatry.org

Did you know that you can select which topics the APA emails you about? Visit psychiatry.org to subscribe to our daily Headlines email and choose from topics like Annual Meetings, job postings and the APA Foundation that you want to learn more about. To manage your email subscriptions, sign in to your account at my.psychiatry.org, then click on your account name and select "My Profile." Click on "Communication Preferences" in the menu on the left to see all your email options. Trouble logging in? Call (888) 35-PSYCH for help resetting your password.

Ready to take the next step in your career?

Become a Fellow of the APA and earn the FAPA designation. Fellows are committed to psychiatry and the ongoing work of the APA. Be among the prestigious 25% of APA general membership. There are no additional fees or dues payments, simply [complete the application here.](#)

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