President-Elect Message
Greetings to West Virginia District Branch Members!

I am writing this greeting and update today because, due to health issues, Dr. Rolly Sullivan is unable to currently serve as our president. I know I speak for everyone in our membership wishing him a speedy and full recovery! I know his exceptional work for psychiatry and in particular, addictions, has had a profound and lasting impact on all of West Virginia.

I am certainly looking forward to our meeting in February, in part because of the resident case presentations that are so interesting and informative. The idea of the three residency programs working together and sharing ideas and resources is one that I think will strengthen psychiatry throughout the state. I would like to have another West Virginia Psychiatry resident mixer this coming year, to follow-up last year’s inaugural event. It is great way for our future psychiatrists to meet and make connections. I look forward to exploring other outlets and opportunities for collaboration between the state’s organizations and institutions. For example, we have such a wonderful resource of knowledge and expertise throughout the state that having a list of those who would be willing to give lectures on their topics of interest may be useful.

An area of psychiatry that I want to bring to attention during my tenure as President, is a focus on geriatrics. West Virginia has the second highest mean age of any state in the US, with one in six residents being over age 65. By 2030, one in every four residents in WV will be over age 65, and the number who are 85 and over will double over the next two decades. And unfortunately, health outcomes for elderly residents in WV are near or at the bottom for the nation. For example, in the United Health Foundations’ “America’s Health Rankings Senior Report 2016”, West Virginia was 46th overall compared to other states. Of the 42 individual parameters assessed, WV was 49th or 50th in nine of them with the lowest rankings in Clinical Care and Outcomes.

How does this relate to psychiatry? In my three years practicing as a geriatric psychiatrist in the state, I have been unpleasantly surprised by the number of elderly misdiagnosed as “dementia” when in fact they are simply prescribed too many medications, especially opiates, benzodiazepines and other psychoactive drugs. Once the medications are tapered, we find they no longer have “dementia”.

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Over prescribing to elderly is really a crisis for our state. Over medication causes not only cognitive issues, but physical problems such as falling, causing fractures and head injuries. This creates huge burdens to family, both emotional and financial, as well as huge financial burdens to the state. Not to mention the effects on the individuals themselves! By more appropriate prescribing to our elderly, not only would dollars be saved on the unnecessary medication prescribed, but the health of our seniors, and the burden imposed by this preventable problem, would be diminished. For whatever reason, only in the elderly populations is it somehow “OK” to medicate them to sleep in order to control their behavior. People would be rightly outraged if adults or children were medicated to the point of confusion or difficulty walking.

Some notable facts about prescribing to elderly include that although opioid prescribing peaks by age 64, benzodiazepine prescribing increase after age 65. There are no diagnoses in that age group justifying this increase in benzodiazepine prescribing. And, according to the WV Board of Pharmacy report for 2014-15, 1067.29 prescriptions for benzodiazepines to those age 65 and over in WV in 2015 were written for every 1000 residents!

At our meeting this summer at the Greenbrier, I plan to offer 3 hours of CME focusing on issues of geriatric psychiatry within our state. I also would like to form a Geriatric Psychiatry section within the WVAPA, not just for geriatric psychiatrists in our state, for also any psychiatrist with an interest.

I look forward to seeing everyone at our meeting February 18th in Charleston!

Sincerely,

Suzanne Holroyd MD

American Psychiatric Publishing Book of the Week...

_DSMS-5® Pocket Guide for Elder Mental Health_

Sophia Wang, M.D., and Abraham M. Nussbaum, M.D.

>>DESCRIPTION, CONTENTS, AND REVIEWS

>>ORDER THE BOOK
Winter Meeting, February 18, 2017

WVU Education Building Charleston, Room 2024
WVU HSC Morgantown, Room 1950

Our Winter Meeting will begin with lunch followed by case presentations from all three WV residency training programs. Each resident will present a case presentation followed by Q & A. The business meeting will follow.

Attendees will received 2.25 hours of CME credit. Please plan to join us for this CME event and the opportunity to network with your colleagues. We look forward to seeing you there!

Agenda

11:30 –12:30 pm    Welcome/Lunch
12:30 –2:45 pm      Case Presentations by Residents
2:45—3:00 pm        Break
3:00—4:30 pm        Business Meeting

Please RSVP by February 13, 2017 to Barbara Samples,
304-388-1020 or basamples@hsc.wvu.edu

Accreditation

This activity has been planned and implemented in accordance with the essentials and standards of the Accreditation council for Continuing Medical Education through the joint sponsorship of CAMC Health Education and Research Institute and the West Virginia APA. The CAMC Health Education and Research Institute is accredited by the ACCME to provide continuing medical education for physicians.

Physicians- CAMC Health Education and Research Institute designates this live activity for a maximum of 2.25 AMA PRA Category 1 Credit(s) ™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Disclosure:

It is the policy of the CAMC Health Education and Research Institute that any faculty (speaker) who makes a presentation at a program designated for AMA Physician’s Recognition Award (PRA) Category I or II credit must disclose any financial interest or other relationship (i.e. grants, research support, consultant, honoraria) that faculty member has with the manufacturer(s) of any commercial product(s) that may be discussed in the educational presentation.

Program Planning Committee Members must also disclose any conflict of interest, financial interest or relationship with commercial industry that may influence their participation in this conference. Except where noted, all faculty and planning committee members have disclosed that no relationships exist. Disclosures will be made in all conference materials on site and from the podium.
Attendees:  T. O. Dickey, MD; Jeffrey Priddy, MD; Rolly Sullivan, MD; Lauren Swagger, MD; Ralph Smith, Jr., MD; Suzanne Holroyd, MD; Kenneth Fink, MD; Tiffany Sparks, MD; Hussein El-Khatib, MD; Veena Bhanot, MD; Jorge Cortina, MD; Sid Lerfald, MD; Walter Byrd, MD; Daniel Elswick, MD; James Berry, DO; Ahmed Faheem, MD; Alina Vrinceanu-Hamm, MD; Calvin Sumner, MD; Frank Angotti, MD; Jerome Massenburg, MD; Nathan Harrington, MD; Kalpana Miriyala, MD; Barbara Samples.

Resident members:
Charleston:  Maggie Driscoll, MD; Sarah Rahman, MD; Yahia Homsi, MD; Daniel Cho, MD
Huntington:  Adam Schindzielorz, MD; Claire Bajamundi, MD; Janice Hostetter, MD
Morgantown:  Caitlin Wenzke, MD; Bryan Lockmer, MD; Jawad Zafar, DO

Guest: Laura Lander, MSW, speaker

Introductions and welcome to the attendees was conducted by Dr. Rolly Sullivan, and the summer meeting of the WVDB commenced at 10:45 AM.

Dr. Sullivan commended Dr. Ahmed Faheem for receiving the Robert Ghiz, MD award for outstanding service to the physician community by WV Physicians Mutual Insurance.

The CME portion of the meeting began, as James Berry, DO, Medical Director of Chestnut Ridge Center, WVU School of Medicine, Morgantown, presented a 1.5 hour lecture on the topic of "Medication Assisted Treatment of Opiate Addiction."

Dr. Berry's presentation was followed by a lunch break from 12:30 to 1:30.

Laura Lander, MSW, Program Director for the Comprehensive Opiate Addiction Treatment (COAT) program at WVU School of Medicine gave a 1.5 hour presentation on "The Role of Therapy in Medication Assisted Treatment," from 1:30 to 3:00pm.

Upon the completion of the CME/education portion of the meeting, the business meeting of the WVDB was called to order by Dr. Rolly Sullivan at 3:00pm.

PRESIDENT’S REPORT: The Presidents report was given by Dr. Sullivan.  He reviewed the status of Senate Bill 454, which passed in March 2016, and the rules of implementation are being written currently, and Dr. Sullivan has been participating in the process with the WV Inspector General.  The rules have been pared down from the original 110 pages to the current working document of 55 page length.  In November/December a Legislative Rules Committee will review the final draft of the rules for implementation in spring of 2017.

Dr. Faheem commended Dr. Sullivan on his active involvement with the legislative process, and Dr. Faheem encouraged the general membership of the WVDB to be as active as possible in the state legislative process.

TREASURER REPORT: Dr. Jeff Priddy reviewed the receipts and expenditures of the WVDB budget with the membership, and notes that the general balance in the WVDB account was $27,127.92 as of 7-29-16, and the longstanding CD account balance was $31,942.92 as of 11-12-15.  A motion was made and seconded, and the Treasurer’s report was approved as read.

SECRETARY REPORT: Dr. Walter Byrd read the highlights of the minutes from the winter CME and business meeting of the WVDB as held on 2-6-16.  The minutes were discussed, and then a motion was made and seconded to approve the minutes as read.

ASSEMBLY REPORT: The assembly report was given by Dr. T.O.Dickey who highlighted several items being addressed at the Assembly level, including a reformulation of the Referendum Process and the APA’s position on direct to consumer advertising. The next Assembly meeting is scheduled in Washington, DC in November with Dr. Dickey and Dr. Dan Elswick attending as representatives of the WVDB.

LEGISLATIVE REPORT: The legislative report was given by Dr. Dickey, and he noted that Susan Beck is the attorney for the WV State Medical Association, and that there is a possibility that alprazolam may be rescheduled as a Schedule II medication, and possibly all of the benzodiazepines will be rescheduled to Level II status in the future. It was noted that unfortunately WV leads the nation in BZD prescriptions per capita.  Dr. Faheem and Dr. Lerfald, added that it is possible that non-psychiatrists may be prescribing the BZD medications in the higher dose ranges within the state. Dr. Lauren Swagger, Child Psychiatrist from WVU Morgantown, noted that discussions are being held at the state legislative level for better strategies for prescribing and clinical monitoring of stimulant medications in the treatment of ADHD via Telepsychiatry. WVU has recently received a pilot grant to address this topic.

District Branch Meeting Minutes, August 26, 2016
Meeting Minutes Continued…

ETHICS REPORT: No reports of violations or ethical complaints noted by Dr. El-Khatib.

FELLOWSHIP REPORT: Dr. Ralph Smith updated the attendees on the status of the APA Fellowship applicants and also of the number of WVDB members now applying for Distinguished Fellow status.

MEMBERSHIP REPORT: Dr. Sparks gave the Membership Report for Dr. Bhanot. Currently the District Branch consists of 199 members, with 16 new residents as RFM members. Ten general members and 5 resident members resigned from the APA and district branch membership.

RESIDENTS REPORT:

WVU/Charleston Residency: Dr. Daniel Cho shared several developments from the Charleston residency, including the recent incorporation of a Neurology Case Conference in the didactic schedule, a “boot camp” for incoming psychiatry PGY-1 Interns and the strategies in place to protect residents’ educational time. Dr. Sparks, Residency Training Director in Charleston shared insights as well on the status of the residency in Charleston.

Marshall/Huntington Residency: Dr. Schindzielorz, resident at Marshall, and Dr. Holroyd, Program Director at Marshall, shared that the residency was underway and growing solidly, and that 5 of the 6 residents had presented at the most recent APA national meeting in May of this year. At Marshall, the residents have recently implemented a QI project regarding suicide risk assessment. Additionally, it was shared that there is an interest in the possibility of developing a Child & Adolescent Fellowship and a Geriatric Fellowship at Marshall in the future.

WVU/Morgantown Residency: Dr. Wenzke shared that the residency has been able to add two new faculty in the areas of Geriatric Psychiatry, Dr. Darr; and in Child/Adolescent Psychiatry, Dr. Errington. Third Year resident, Dr. Ebony Di, has received national recognition becoming a Leadership Fellow of the APA, and will be attending a national forum in Washington, DC later this year with other fellows who have also been honored nationally. The Morgantown psychiatry program will be submitting an application for development of an Addictions Fellowship in the near future, and the fellowship is anticipating taking two fellows annually. Dr. Wenzke shared that the Morgantown residency program will be having its annual Research and Scholarship Retreat in Canaan Valley in September 2016.

OLD BUSINESS:

Dr. Dickey shared the status of the Mental Health Movie Night that was held in May in South Charleston and reported it was a success. Dr. Dickey shared aspects learned from the process that should serve to make the undertaking of the Mental Health Movie Night next year a success as well. The movie shown was “Silver Linings Playbook.”

Dr. Wenzke reported that the Resident mixer at Café Cimino in Sutton, WV in June of 2016 was a resounding success, with a robust turnout from all three of the residency programs. There were approximately 25 residents attending. The plan is to have the mixer again next year as it was seen as a great opportunity for the residents from the three residency programs to get to know each other and share experiences.

NEW BUSINESS:

Dr. Sid Lerfald led the meeting in a moment of silence for Dr. Rossman who recently passed away. Dr. Rossman started Highland Hospital and was the first board certified psychiatrist in West Virginia.

The WVDB Website is being upgraded through the APA new-platform user interface.

Dr. Suzanne Holroyd is the incoming President of the WV District Branch. Through the actions of the nominating committee, Dr. Sparks of Charleston, will become the new President Elect of the WVDB. Dr. Priddy will remain at the Treasurer of WVDB and Dr. Byrd will remain as the Secretary of the WVDB. Dr. Dickey and Dr. Elswick will remain as APA Assembly Representatives from West Virginia.

The WVDB membership voted to have the Winter Meeting on February 18, 2017.

The meeting was adjourned at 4:30pm.

Respectfully submitted,

Walter Byrd, MD
District Branch Secretary
Pictures from the WV District Branch Summer Meeting August 2016
Assembly Report, November 2016

Dr. Elswick and I attended the APA Assembly and Area 5 Council Meetings Nov.3-6, 2016 in Washington, D.C. There were multiple position statements presented for renewal or first approval as well as initially 24 Action Papers on the calendar, however, several were withdrawn by their authors before coming up for vote. Below are some of the presentations and highlights from the Assembly’s actions from Dr. Adam Nelson’s summary that he provides to Assembly members.

Report from the APA President — Maria Oquendo, M.D.

Dr. Oquendo described the recent and upcoming efforts by the APA to streamline the development and updating of Treatment Guidelines, to make them more user friendly to clinicians. Also, the DSM is evolving into a “living document” which will be updated in a more easily and timely manner. Her recent attendance at a “listening session” with the FDA revealed that they are not interested in enforcing medication use exclusively for FDA indicated disorders. Rather, the FDA is relying on professional groups, like the APA, to develop guidelines for off-label use of medications already approved by the FDA. She also spoke of developing a “tree” algorithm to promote the multi-modal treatment of distinct Mental Health disorders.

Report of the CEO/Medical Director of the APA — Saul Levin, MD, MPA

Dr. Levin reported that at the APA Annual Meeting, the White House Task Force on Mental Health Parity heard testimony from several leaders and members of the APA, who voiced concerns and ideas to ensure full implementation of the law. Current initiatives include: health plan network adequacy, funding to audit health plans, public reporting on parity investigations, and producing a consumer guide to disclosure rights. APA is making MACRA implementation for Medicare providers as user-friendly as possible. This includes reporting exemptions for practices treating less than 100 Medicare beneficiaries, decreasing and making reporting requirements more flexible, and developing a registry – called PsychPRO – to facilitate MACRA reporting for members. With the rapidly changing political climate, Dr. Levin encourages members who can advise the president-elect and newly elected members of Congress to reach out to their transitional teams. APA is using their TCPI-SAN Grant to facilitate over 500 psychiatrists to date in Integrated Health Care, and plans to train several hundred more. Also, kudos goes to APA member Peter Yellowlees, M.D, recently elected president of the American Telemedicine Association. APA will be taking occupancy of its recently purchased new office space in 2018, after completion of construction and renovation.

Report from the APA President-elect — Anita Everett, M.D.

Dr. Everett presented her report as chair of the JRC, including upcoming new business for the Assembly of a position statement on psychiatrist participation in euthanasia, an Autism Spectrum Disorder medication guide for parents, and increasing psychiatrist participation in treatment of persons with mental illness in prisons. She then outlined an agenda of initiatives for her upcoming presidency, including increasing access to psychiatric care, making the APA a “go to” place for psychiatrists everywhere, improving treatment of first-episode psychosis, and addressing physician burnout and improving resilience.

Treasurer’s Report — Bruce Schwartz, M.D.

Dr. Schwartz reported on the APAF and the APA. APA is generally on target with forecasted budget. Key points include better than expected revenue from DSM licensing and royalty fees, along with lower than expected overall book sales, lower than expected Annual Meeting attendance, some cost reductions due to personnel vacancies, and excellent investment portfolio performance.

American Psychiatric Association Foundation — Saul Levin, MD, MPA Chairperson/Chief Executive Officer and Medical Director, and Dan Gilleson, Executive Director

APF, APIRE, and APPI have all now been combined into APAF. Daniel Gilleson is the APAF’s new Executive Director, who promises to bring great enthusiasm and passion to his job. The APAF wants to increase relevance to members and increase efforts at education and fundraising. The APAF has been partnering with other organizations around the country to increase visibility of programs important to these efforts, including Typical or Troubled - called out by Hillary Clinton during her campaign, and partnering with “Sandy Hook Promise”, Partnership for Workplace Mental Health, which produces a Mental Health Works newsletter, and Stepping Up Summit – partnering with SAMHSA and state and county agencies to improve awareness of mental health needs of prison and jail inmates. Member contributions have increased in 2016 relative to 2015. The APAF will be hosting a reception in San Diego at the Wine and Cultural Event Center at the 2017 APA Annual Meeting. Please contribute generously to the APA Foundation for all the good work they do.

Report from APAPAC — Paul O’Leary, M.D.

Dr. O’Leary described the work the APAPAC has done over the past year. The PAC has contributed $410K to various federal candidates and committees, with about 54% going to GOP and 46% to DNC projects. In addition, the APA-CAN (Congressional Advocacy Network) remains strong and active.

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Assembly Report Continued…

Reports and Next Steps from the Assembly Work Groups/Committees

This year’s Assembly agenda placed greater priority on meeting time for Workgroups. Psychiatric Diagnosis and DSM – Efforts to harmonize DSM and ICD-10CM continue, as does efforts to evolve the DSM into a “living document. The long awaited DSM portal website to accept suggestions and recommendations for future changes should be available in a matter of weeks. Access to Care – This task force has evolved into a standing committee of the Assembly. Initiatives include fostering better communication between APA and its constituent DBs/SAs to support state and local efforts at expanding access to care. Also, this committee continues to provide a repository for colleagues and patients to share their anecdotes of problems with access. MOC – Identified concerns include cost to diplomates of MOC, testing reform, and the importance of keeping an open dialogue with the ABPN. Metrics – Current and proposed metrics projects include studying the Assembly’s role as a conduit/incubator for APA leaders, and Assembly reps as a resource for increasing membership engagement. Liaison to the Steering Committee on Practice Guidelines – It will be important to bring published guidelines up to date and making them more user friendly, as well as making the updating process more nimble.

Assembly Committee on Procedures — A. David Axelrad, M.D.

The Committee on Procedures brought several proposed changes to the Procedures Code of the Assembly. Approved changes included: • Allowing Deputy Representatives to vote in matters before the Assembly • Incorporating the Assembly Committee on Access to Care into the Procedures Code • Incorporating liaison language for the Committees on Access to Care and Public and Community Psychiatry • Incorporating the Committee on MOC into the Procedures Code

The proposed change to the Procedures Code to allow election of Assembly officers by a simple majority of individual voters, rather than vote by strength, based on Action Paper 12T (2015), postponed in the last Assembly until this meeting, narrowly failed to achieve the required 2/3 majority of Assembly approval on a vote by strength.

Action Papers/Items

Among the more notable Actions taken during this session, the Assembly voted to:

• Approve (on consent) proposed APA Position Statements on Out-of-Network Restriction of Psychiatrists, Location of Civil Commitment Hearings, Mental Health and Climate Change – all based on previous Assembly Action Papers;
• Approve the improved communication between outpatient and inpatient (hospitalist) physicians;
• Explore (with AMA) models for single payer and universal healthcare access delivery; Ensure privacy of protected health information in access of PDMP databases by law enforcement; Urge APA develop Position Statements on Screening and Treatment of MH Disorders during Pregnancy and Post-Partum and increase Parity of MH Care for persons with Intellectual and Developmental Disabilities;
• Urge APA to improve liaison between APA fellowship applicants and recipients and their local DBs;
• Urge APA to support smart-gun technology as part of an effort to reduce gun violence as a public health concern;
• Urge APA to advocate for improved quality and access to medical and psychiatric care in correctional and institutional settings;
• Urge the APA to collaborate with other state and national groups to combat the consequences of childhood poverty and to end this public health problem;
• Have the BOT form a Task Force on combatting Discrimination and its MH consequences; Reaffirm the requirement of medical training for anyone who prescribes psychotropic medications;
• Develop a fund with APAF help to pay costs of consumer speakers who present at APA meetings;
• Reaffirm several current APA Position Statements, and Approve the proposed Position Statement opposing Psychiatrist prescribing or administering any euthanizing intervention to a non-terminally ill person.
• Refer a Position Statement on Confidentiality of Medical Records of Physicians who have previously been in treatment back to JRC for revision to address practices of state Medical Boards publically.

Dr. Elswick and I welcome feedback/suggestions for possible Action Papers to be introduced in the Assembly. The Area 5 Council will meet over a weekend in March at the Marriott Airport Atlanta to discuss new action papers that will be debated at the next Assembly meeting, which will be held as part of the annual meeting in San Diego May 19-21.

Respectfully submitted,
T.O. Dickey, M.D., Assembly Representative
Dan Elswick, M.D., Assembly Representative
WVU Morgantown...  

The Telepsychiatry Program at the WVU Chestnut Ridge Center in Morgantown, West Virginia started in 2009 in Roane County for treatments of adults in order to better address the need in the many rural areas of West Virginia. While the initial clinics treated only adult patients, the program has expanded great since that time. COAT (Comprehensive Opioid Addiction Treatment) clinics via telepsychiatry were started in 2011 in Clay County. In 2013, WVU developed a COAT Clinic Recovery Support group via telepsychiatry to facilitate contact between 2 rural areas with limited access to 12-Step meetings. In that same year, Chestnut Ridge Center began incorporating telepsychiatry into the training of psychiatry resident and child fellowship education. Since then, clinics have been opened in Barbour, Brooke, Clay, Hancock, Jackson, Logan, McDowell, Mercer, Mingo, Putnam, Randolph, Roane, Tucker, Upshur and Wood Counties. These provide a wide variety of services, including general adult outpatient, partial hospitalization, Assertive Community Treatment (ACT), child-adolescent services (outpatient, residential and school based) as well as forensics evaluations, COAT clinics, and private psychotherapy. The number of consults has grown from 281 in 2009 to over 7000 in 2015. This expansion has helped to facilitate access to psychiatric care throughout the rural areas of West Virginia. Previously, many of these patients were unserved or traveled long distances in order to see a psychiatrist.

As the telepsychiatry department has grown, so has the exposure for the trainees at West Virginia University in Morgantown. I recall during medical school having to drive down for all of the forensics evaluations at Sharpe during my forensics rotation. When I did this same rotation again earlier in my PGY4 year, we were able to do many of these via telepsychiatry. This treatment modality saved time, but also did not appear to hinder the evaluations. We were also able to leverage therapy during our PGY3 year via telepsychiatry, and, despite the physical distance, could still experience the enthusiasm of Dr. Trumbull over the screen. Dr. Trumbull also assisted with the PGY3 psychodynamic therapy patients, which both the residents and patients enjoy and learn immensely from. Residents are also given the opportunity to join the telepsychiatry faculty in their PGY3 and PGY4 years to learn more about this more modern and secure tool for communicating with psychiatric patients. This is a very unique experience, which I did not realize existed prior to starting residency and has become a more widespread mechanism for dissemination of care worldwide. We are hopeful that the department at Chestnut Ridge Center continues to expand across the state to improve access to care.

Caitlin Wenzke, MD, PGY4 Resident
WVU Morgantown
REMINDER: PLEASE PAY YOUR APA/DISTRICT DUES BY MARCH 31, 2017. There are four easy ways to pay your dues:
- online at psychiatry.org/paydues
- by phone at 1-888-357-7924
- by fax at 1-703-907-1085
enroll in the Scheduled Payment Plan to spread your membership dues across monthly, quarterly, biannual, or annual installments. Email membership@psych.org to request the form or search “Schedule Payment Plan” on psychiatry.org

APA ANNUAL MEETING IN SAN DIEGO, MAY 20-24, 2017

APA's Annual Meeting is the premier psychiatry event of the year. With over 450 educational sessions and courses, there is no better event to help you expand your knowledge, network, and meet certification and licensure requirements.

- **Learn** from renowned psychiatry thought-leaders.
- **Complete** your annual licensure CME credit at one meeting.
- **Discover** innovative treatment options and new technologies.
- **Connect** with your colleagues from around the U.S. and 50+ other countries.

Explore more about this year’s theme, “Prevention Through Partnerships.”

**Toolkit Now Available to Navigate MACRA Payment Reforms**

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) changes the way psychiatrists and other physicians working with Medicare patients will be paid. To help you understand the new regulations, APA has prepared a comprehensive MACRA Toolkit, which includes a free webinar series. Available now is the MACRA 101 PRIMER FOR PSYCHIATRISTS and QUALITY REPORTING 101: A HOW-TO GUIDE FOR PSYCHIATRISTS. REGISTER NOW FOR THE SERIES. Each webinar offers 1 AMA PRA Category 1 credit.

The American Psychiatric Association designates this enduring material activity for a maximum of 1 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**New Courses Added to SET for Success**

The SUPPLEMENTAL EDUCATION AND TRAINING (SET) PROGRAM helps residents and fellows build knowledge around the six ACGME core competencies and Psychiatry Milestones and learn about the business of medicine. Check out 60+ courses, FREE to residents and fellows!
Welcome New/Reinstated Members

**New Members:**  RFM- Bryan Lockmer, MD (Morgantown)

**Transfers:**  Shweta Mundra, MD (from Michigan) Jessica and Todd Derreberry, MD (to North Carolina); Noel Braun, MD (to Georgia) Mary Patrick, MD (to Kentucky)

**Reinstated Members:**  Elizabeth Kane, MD (Bridgeport); Nihit Gupta, MD (Washington, PA); James Berry, DO (Morgantown); Shilpa Sammeta, MD (Morgantown)

**Congratulations to the following members who are now Fellow/Life Fellow Members:**  Tracy Coffman, MD; Kelly Melvin, MD; Kalpana Miriyala, MD; Safiullah Syed, MD; Pankaj Lamba, MD; Rachel Sowards, MD; and Calvin Sumner, MD, Life Fellow

**Deceased:**  William B. Rossman, MD, 101, passed away July 30, 2016 at Hubbard Hospice House in Charleston. Dr. Rossman was the first board-certified Psychiatrist in the State of West Virginia and was Chief of State at Charleston Memorial Hospital. He retired in 1985. He was also the first director of the Department of Mental Health, under Governor Cecil Underwood’s first administration and was the Founder of Highland Hospital in Charleston. He served as a medical officer in the US Army during WW II and the oldest living member of the local VFW. A memorial service was held for Dr. Rossman on August 6, 2016 in Charleston.

**Upcoming Events…**

APA Annual Meeting, May 20-24, 2017, San Diego, CA
WV District Branch Winter Meeting, August 25, 2017 at The Greenbrier
IPS meeting, October 19-22, 2017, New Orleans, LA

**Vote Today**

APA Members may now vote in the 2017 APA National Elections. Click the button below to sign into your account and cast your vote today.

**Vote Today**