

**THE FORUM**  
**DECEMBER 2010 ISSUE**

Dear Friends,

The national mid-term elections may be over, but the excitement of the APA elections have just started building up. We are very proud that one of our own members, Dr. Dilip Jeste, is running for the position of President-elect. It is our civic duty to vote, but at the last election, only one-third of APA members cast a ballot. APA will mail e-ballots on December 22; please vote and return your ballots as soon as possible. This issue of Forum is the election issue. Please read each candidate's answers to questions posed by Forum Editors. Make your decision and VOTE! Also, please read and vote on the APA Member Referendum.

The IAPA Executive Committee (EC) met in Philadelphia over the first weekend in October. APA President-elect, Dr. John Oldham, made a presentation to tri-state area IAPA members on DSM-V and Personality Disorders. He also made time to meet with residents at local hospitals.

Anwar Feroz made a presentation to EC about future potential growth scenarios for IAPA. EC held extensive discussion on this topic; a plan for growth will be finalized by EC during the April 2011 meetings.

Dr. Iqbal Ahmad has been busy planning our annual meeting, to take place May 15<sup>th</sup> in Honolulu, Hawaii. This year's banquet will feature a unique hula-dancing performance by Dr Ahmad's daughter . At the meeting, a new slate of officers will be elected. Please send in nominations to Dr. Surinder Nand, Chair, Nominating Committee.

Dr. Rudra Prakash and Dr. Vani Rao have planned a great scientific program, also for May 15<sup>th</sup>. This year we will be inviting seven residents to make poster presentations, in addition to hosting two speakers and a presentation by the winner of the Academician of the Year award.

Dr. Vani Rao and Narsima Rao have updated our web site. Please visit [www.myiapa.org](http://www.myiapa.org) to see the changes, including the recently-started blog. Please join in discussions or pose a question of your own to your fellow members.

IAPA's strength lies in its chapter-based activities. The Georgia chapter has been particularly active; a report of their annual meeting and pictures can be found in the following pages of Forum. The pictures of the annual meeting can also be found on the web under 'Photos; Georgia Chapter Annual Meeting'.

Please feel free to contact me with any suggestions, comments, or questions.

Sincerely,

Shivkumar Hatti MD, MBA

President, IAPA

## CANDIDATES FOR APA PRESIDENT ELECT

This edition of the Forum focuses on the candidates for various leading offices within the American Psychiatric Association. The members of IAPA will soon receive election ballots and are strongly encouraged to participate and vote to choose the office bearers for the APA. The Forum profiles the candidates for the President-Elect and Secretary below (in alphabetical order for each position).

**Jeffrey Geller, MD, MPH** (Webpage: [jeffreygellermd.info](http://jeffreygellermd.info))



### ***Election Statement:***

*To reduce the gap in medical service, I shall propose vigorous steps to combat the misery and national loss involved in mental illness." President Eisenhower, 1955*

APA members not only face old quagmires that have lingered since Eisenhower's State of the Union message, but also new ones with potentially harmful outcomes for our members and our patients. A sense of never-ending problems and challenges can be gleaned from former APA Presidents' annual speeches:

The greatest therapeutic error is administering too much medication (Everts, 1886). The populations of our hospitals could be reduced and better served in non-institutional care (Barrett, 1922). The complexities of modern hospitals contribute to a loss in dealing with patients as individuals (White, 1925).

There are a myriad of new problems: reimbursement at less than the cost of providing treatment; shifts to less expensive practitioners (APRN, PA, MSW, Psychologist); devalued CPT codes; inadequate numbers of minority psychiatrists, e.g., Hispanics, African Americans; and a loss of trust in psychiatrists. Our patients fare worse: health care disparities, rising Medicare drug costs, meds contributing to obesity and diabetes, homelessness, substance abuse, and a greater likelihood of ending up in county jail than in a state hospital.

The current APA Vision Statement informs us: The APA is an organization of psychiatrists working together to ensure humane care and effective treatment for all persons with mental illness, including substance use disorders. It is the voice and conscience of modern psychiatry. Its vision is a society that has available, accessible quality psychiatric diagnosis, treatment and prevention.

APA leadership needs the resolve to turn this vision into reality.  
What APA members need now is **APA ACTION**.

**Attack stigma and discrimination directed at psychiatric patients and psychiatrists.**  
**Provide tools and supports for treatment of co-occurring psychiatric and substance abuse disorders.**  
**Attend to specific needs of each minority, underrepresented and IMG group of psychiatrists.**

**Advocacy shall be zealous and directed by our members.**  
**Child/Adolescent psychiatry shall move up APA's list of priorities.**

Treatment provided by APA members shall be appropriately valued and reimbursed.

Integrated systems of care shall be an APA focus.

Outpatient/inpatient psychiatrists shall have reasonable caseloads, safe working environments, and realistically be able to provide psychotherapy.

Nurturing Residents, Fellows, and Early Career Psychiatrists shall be paramount.

Like any good treatment plan, each of these goals needs interventions. If elected, I would work to create these with the President, Board of Trustees and membership within 60 days of taking office as President-Elect and I would report to you, the members, on a regular and ongoing basis. I would begin, at the same time, working on the *release* of DSM V, scheduled to occur during the term of the President you choose in this election.

**There should be no doubt that if we responsibly improve the practice of psychiatry, we will dramatically improve the care and treatment of psychiatric patients.**

I welcome your feedback and support.

Je me félicite de vos commentaires et de la prise en charge. Acojo con tus comentarios y apoyo.

***Dr. Geller was asked his opinion about the collaboration between APA and IAPA and provided the following answers:***

**a) Where do you envision collaborations between our two organizations? For example, potential areas we can assist each other, especially in professional and legislative matters?**

**Dr. Geller's reply:** There are 2758 members of the APA who report their race/ethnicity as Indian and Indian subcontinent. This group is disproportionately represented in the public sector (state hospitals, veterans administration, CMHC's).

Eighty percent of the states have budget shortfalls in their State Mental Health Authority (SMHA). In most of these states, the percentage reduction in the SMHA budget has increased each year since FY 2008. Simultaneously, states are making cutbacks in Medicaid, including cutting provider rates, making eligibility cuts, and reducing carve-out contracts with vendors. These funding cuts have had a direct impact on the most basic services for those with serious and persistent mental illness--those who rely on state-funded services--and upon those who provide these services.

Outcomes of this financial situation that directly impact upon many members of the IAPA include: fewer jobs, lower starting salaries, frozen salaries, mandatory furlough days, less qualified, non-psychiatrist co-workers and fewer of them, diminished scope of services, lower quality of services, a less safe working environment, greater liability for bad outcomes, and on and on.

The APA and the IAPA need to fight together against disproportionate cuts to SMHA's, for improved salaries and benefits, for safe working conditions, against the de-professionalization of the workforce, for the role of medical director filled by a psychiatrist, against cuts in time and funds for continuing education, against giving the psychiatrist more and more responsibility and less and less authority.

**b) As the largest minority organization within the APA, what role can the IAPA play for you and the election campaign?**

**Dr. Geller's reply:** The IAPA can be a loud voice for quality of care and treatment for the most seriously mentally ill patients we treat. When quality of care deteriorates, the quality of the job deteriorates with it.

The IAPA can get the word out to its members that Jeffrey Geller is the first public sector candidate for APA President in a long time. That Jeffrey knows what's happening at the front line because he is at the front line and has been there for 30 years. That when Jeffrey talks about his experiences and what he does and has done, he uses the first person singular pronoun, "I" because it has been he who has been doing the work himself.

IAPA could inform its members that in his role as Director of Public Sector Psychiatry at the University of Massachusetts, Jeffrey has hired scores and scores of Indian psychiatrists. More importantly, when he assumed his position, and it appeared there was inequity of salaries between Indian psychiatrists and woman psychiatrists as opposed to Caucasian males psychiatrists, Jeffrey fixed the immediate problem and set up a grid so that discrimination could not occur. And it has not for about three decades.

IAPA could inform its members that Jeffrey has been to India, Pakistan, Afghanistan and most of the surrounding countries. That he is actively involved in the education of psychiatrists in countries outside the USA. In 2010, he has been to Albania (twice), Pakistan (including Afghani psychiatrists), Nigeria specifically on missions to educate the psychiatrists of these countries.

IAPA could tell its members that Jeffrey Geller has been on the APA Board of Trustees for 5 years working for them.

### **c) What can you do to further enhance the IAPA's role and its relationship with the APA?**

**Dr. Geller's reply:** I repeat: there are 2758 members of the APA who report their race/ethnicity as Indian and Indian subcontinent. The IAPA represents a large group of psychiatrists with distribution throughout all Areas of the APA, all sectors of practice, and all age groups.

The IAPA should be a voice that brings to the APA the ideas this group has about 1) the role of American psychiatry and psychiatrists; 2) how to train psychiatrists to be culturally sensitive doctors; 3) how to encourage college students and medical students of Indian origin to go into psychiatry; 4) how to address stigma and discrimination directed towards psychiatrists and psychiatric patients; 5) and anything else the IAPA thinks it important the APA knows.

If elected President, I would give the IAPA and others direct access to the Board of Trustees through phone in time during the BOT meeting. That's means live, real-time input. When I say I would want to hear from you, the IAPA, I mean for real.

**Dilip Jeste, MD** (Website: <http://jeste.ucsd.edu>)



### **Election Statement:**

I want to thank the IAPA for this opportunity to make my election statement available to its entire membership through the Forum. I am proud to have been an IAPA member for over a quarter century. During this time, the IAPA has grown from < 50 members to its current membership of thousands of Indian American psychiatrists. I feel honored to have been the second recipient of the IAPA Research Award - back in 1988. (The first winner of this Award was the late Dr. Jambur Ananth, a true pioneer in our field and a close friend.) I am also a Life Member of the Indian Psychiatric Society, and have attended and presented at many annual meetings of IPS.

**Work in India:** I was born in Pimpalgaon, a village in Maharashtra, and was the first physician in my family, graduating from BJ Medical College, Pune. I did my psychiatry residency at Seth GS Medical College, Mumbai. Dr. Vahia was my most important research mentor and we published several papers, in international journals, on psychophysiological effects of a therapy based on ancient concepts of Patanjali. My other mentors included Drs. Doongaji, Shah, Bagadia, Patkar, Lulla, Marfatia, and Bharucha. In the US, I completed psychiatry residency at Cornell and neurology residency at George Washington University. I was a research fellow and then a faculty member at the National Institute of Mental Health (NIMH) before moving to San Diego, where I am a Distinguished Professor of Psychiatry and Neurosciences. While at NIMH, I conducted research on tardive dyskinesia comparing patients in Mumbai with those in Washington, DC, which showed both similarities and important differences between the two groups. In a recent study, using mixed qualitative-quantitative methodology, I compared the concept of wisdom in the Bhagavad Gita with that in the modern western literature, and showed that there were numerous similarities in the conceptualization of wisdom, suggesting that wisdom may have neurobiological roots. I am in the process of setting up a comparative study of successful aging and wisdom in San Diego and Mumbai, using appropriate instruments.

My wife Sonali was also born in a village (Amaraoiti) and was the first physician in her family, graduating from Grant Medical College, Mumbai. She is now a child psychiatrist at Kaiser. We have two daughters: Shafali, a child neurologist and Neelum, a 4<sup>th</sup>-year medical student.

**Work in the US:** Starting with one Fellow, I developed a geriatric psychiatry program at UCSD and San Diego VA; today it is one of the largest geriatric psychiatry divisions in the US, with clinical, research, and training components. My research has spanned from neuroscience to community psychiatry and from schizophrenia to successful cognitive aging. It includes a partnership with a public mental health system that serves 40,000 adults with mental illness. I have published ten books and many papers in various journals. I am proud to be in the Institute of Scientific Information list of the “world's most cited authors among publishing researchers of the last two decades.” I have mentored over 200 young trainees, many of them women and those from minority groups including IMGs. I also have been their cheer leader and advocate, helping with career development as well as practical issues such as visa applications.

I have visited the Capitol Hill to lobby for mental health parity and greater support. As the President of several psychiatric organizations including the American Association for Geriatric Psychiatry, I have worked hard to shape them in ways that enhanced their missions. I have been listed in the “Best Doctors in America”, and am honored to be one of only about 60 psychiatrists from across the world, who have been elected to the Institute of Medicine.

I have no financial relationship with the pharmaceutical industry.

**Work with the APA:** I became an APA member while I was a resident, and am now its Distinguished Life Fellow, elected Trustee-at-Large, and member of the DSM-5 Task Force. I was a founding member of the Board of Directors of the American Psychiatric Institute for Research and Education, Vice Chair of the Council on Aging, and Co-Chair of the Task Force on Tardive Dyskinesia. I have served on the Editorial Board of the American Journal of Psychiatry. I have been a recipient of several awards from the APA, including its Research Award (2005), Jack Weinberg Award in Geriatric Psychiatry (2003), George Tarjan Award for IMGs (2006), and Distinguished Lecturer Awards (2000, 2009).

**Election Message (Plans if elected as APA President):**

- Advocating to ensure that quality mental healthcare by qualified physicians is made available to all

those who need it

- Protecting the integrity of psychiatry as a medical specialty, and advocating for payment parity
- Feeling the pulse of membership via surveys, focus groups, interactive electronic communication and networking
- Promoting diversity at all levels, including APA leadership
- Expanding mentorship and early leadership opportunities for Members-in-Training and Early Career Psychiatrists.
- Improving collaboration with psychiatric subspecialties

***Dr. Jeste was asked his opinion about the collaboration between APA and IAPA and provided the following answers:***

**a) Where do you envision collaborations between our two organizations? For example, potential areas we can assist each other, especially in professional and legislative matters?**

**Dr. Jeste's reply:** (1) Many Immigrant families are experiencing problems in caring for older people with dementia, who need healthcare providers that can understand their native language and cultural preferences. There will be a growing demand for specialized retirement communities and nursing homes of this type. Given the scarcity of such resources at present, the APA and IAPA can help set up an information bank about available facilities across the country, and also promote further development of such resources.

(2) Our understating of mental illnesses and their treatments can be improved by facilitating cross-national studies of pharmacogenetics or those that seek answers to questions such as: Is Alzheimer's disease less common in India than in the US, and if so why?

(3) Discounted dual membership, as well as providing links to each other's websites.

(4) Joint advocacy on the Capitol Hill and state legislatures about issues such as visas and licenses for immigrant physicians.

(5) Highlighting IAPA scientific sessions in the APA annual meeting program announcement.

**b) As the largest minority organization within the APA, what role can the IAPA play for you and the election campaign?**

**Dr. Jeste's reply:** (1) I laud this opportunity to publicize the candidates' perspectives.

(2) I would suggest that the candidates be invited to present at an IAPA leaders' meeting held in the fall, similar to APA Area Councils.

**c) What can you do to further enhance the IAPA's role and its relationship with the APA?**

**Dr. Jeste's reply:** (1) I have advocated for a voting MUR member on the APA Board of Trustees. This person should rotate among different MUR groups, including IAPA.

(2) I would develop a separate listserv (similar to M2M) for residents from minority ethnic groups so that they can communicate with and help one another.

(4) I will enhance the role of the APA as a resource for IMGs – e.g., in terms of visa availability, residency slots available for IMGs, choosing underserved areas for meeting visa requirements.

I value your input and feedback. Please visit my website <http://www.dilipjeste.com/> We can work together to make the APA-IAPA partnership a role model for such collaborations.



## CANDIDATES FOR APA SECRETARY

**Roger Peele, MD, DLFAPA (Website: RogerPeele.com):**



**Bio-sketch:** I have spent most of my career in public settings, some clinical, some research [NIMH], and some training. All three presented me with opportunities to realize the many contributions that Indo-American psychiatrists provide. As Chair of Washington's [DC] largest residency for 16 years I became especially aware of the contributions that India-born physicians bring to our shores as they hurdle visas, language barriers, prejudices, and discriminations. In my 35 years as part of the governance of my District Branch and the APA, I have emphasized diversity and inclusiveness. I was part of the initiatives to include minorities and IMGs in the Assembly.

**Election Statement:** My candidacy focuses 1] on the need for inclusiveness in the APA governance, 2] transparency to avoid address conflict of interests issues, 3] a conservative approach to DSM-5 [a major topic over the next few years], 4] the APA not allowing any other agent to become the authority as to how to care and treat the mentally ill.

***Dr. Peele was asked his opinion about the collaboration between APA and IAPA and provided the following answer***

**a) Where do you envision collaborations between our two organizations? For example, potential areas we can assist each other, especially in professional and legislative matters?**

**Dr. Peele's reply:** For several decades all the APA had on its Board of Trustees was a minority guest without a vote. In March, 2009, I made the successfully motion that the person have a vote. Some have suggested that the minority seat should be decided by the majority of all APA voters. That is wrong. The election must only be of minority voters. This issue is still unresolved at the time of this submission to *the Forum*. I hope IAPA will advocate for the election being by minorities only.

**b) As the largest minority organization within the APA, what role can the IAPA play for you and the election campaign?**

**Dr. Peele's reply:** First, encourage each IAPA member to vote. This is an historic moment in APA elections for the Indo-American community, and we all want to see every IAPA member vote. Second, when you get to the Secretary part of the ballot, keep in mind that no one has championed inclusiveness of minorities and allied organizations into the APA governance more than I have.

**c) What can you do to further enhance the IAPA's role and its relationship with the APA?**

**Dr. Peele's reply:** No one has fought longer for the enclosure of allied organizations in the APA's governance than I have. The call is IAPA's. I realize that not all IAPA leaders favor IAPA having a seat in the Assembly, but if IAPA should ever want that seat, I will vigorously fight for IAPA to have a seat, a fight to gain an Assembly seat that I have helped others win. For more information, see [RogerPeele.com](http://RogerPeele.com).

**SIDNEY WEISSMAN, MD** (Website: [sid4secretary.com](http://sid4secretary.com))



**Biosketch:** Sid was born in Chicago and attended public grade school and high school in Chicago. He obtained his college education at the University of Chicago and attended medical school at the University of Illinois. His internship was in Los Angeles at the UCLA affiliated hospitals and his residency in psychiatry at Michael Reese Hospital in Chicago. In his senior year of residency he completed what today we would call a fellowship in addiction psychiatry half time at the University of Chicago,

After completion of residency he joined the Air Force and obtained the rank of Major. Upon leaving the air force he entered half time private practice which he has continued to the present and obtained training in psychoanalysis. The remainder of his professional work has been predominantly spent in educational programs for medical students and residents. He served as residency training director at two institutions for 16 years. He has risen to the rank of Professor of Psychiatry at two medical schools and is currently Professor of Clinical Psychiatry at the Feinberg School of Medicine at Northwestern University.

He has co-edited three books and has numerous publications. Most recently a chapter on Medical Professionalism in the United States. Other recent works include a papers entitled “Integrity in CME, Understand The Problem of Bias,” “Are We Training Physicians To Be Shift Workers” and “Does Maintenance of Certification Enhance Maintenance of Competency”

Sid has served psychiatry as President of the American Association of Directors of Psychiatric Residency Training, the American Society for Adolescent Psychiatry and the Illinois Psychiatric Society. He has served the APA in a number of positions. These include as a member of the APA Assembly, Chair of the Scientific Program Committee, a member of the APA Board of Trustees and most recently the Chair of a Board Committee which developed the Policies and Procedures that govern APA relationships with other organizations.

His clinical work and professional activities prepare him for the APA office of Secretary.

**Election message:** Members of IAPA,

In my comments below I review the Forces and Choices that will confront psychiatry in the upcoming decade. I hope that they will be helpful in understanding the issues tht we as psychiatrists will confront.

## **THE FORCES AND CHOICES THAT CONFRONT PSYCHIATRY**

The second decade of the 21<sup>st</sup> Century will confront medicine in general and psychiatry in specific with new forces and choices. We can anticipate increased concern by our society on the quality of the services that we provide. Society will insist that psychiatric practitioners throughout their practice life provide high quality care. Society will also insist on limiting the cost of the expansion of psychiatric care. Psychiatry must be prepared that new research findings will both enhance and alter our understandings of varied psychiatric disorders. Society’s concerns and the advances of our



science will require psychiatry to make varied choices as it responds to these forces. The American Psychiatric Association (APA) must lead the field.

Society's concerns will be mediated and directed by increased governmental interventions. We can anticipate that healthcare reform of 2010 is but the first step. Psychiatry through the APA must join forces with other healthcare organizations to both protect practitioners and our patients from inappropriate intrusions. It must also make clear what makes psychiatry a part of medicine but that it is also a unique medical discipline. The uniqueness and special demands of our field must be protected. An assertive strong focused APA is the only psychiatric organization that can do this.

Just as psychiatry confronts increased governmental pressure it will face increased pressure from superordinate medical organizations. These organizations such as the American Board of Medical Specialties (ABMS) and the Accreditation Council for Graduate Medical Education (ACGME) see their roles as expanding to represent organized medicine in addressing society's required focus on ensuring the quality of healthcare in both residency training and in ongoing clinical practice. We share their concerns of the necessity to ensure quality residency training and the maintenance of quality clinical practice. We are however concerned that they have frequently developed programs to enforce actions which do not address the unique elements of the practice of psychiatry. Frequently they act as if all of medicine is "internal medicine". Again the APA is the only psychiatric organizations that can effectively ally itself with psychiatric and other training organizations and certifying bodies to ensure that the actions developed serve our profession and our patients.

Additionally we will need to deal with insurance companies which seem poised to attempt to circumvent mental health parity legislation. Only the APA has the status to effectively fight these actions. The APA, where necessary, must enlist the support of other healthcare and professional organizations in this fight.

To accomplish these serious objectives the APA will need strong focused leadership. If elected APA Secretary I shall devote my energies to effectively responding to the forces that will confront psychiatry in the years ahead. I ask for your support.

*Dr. Weissman was asked his opinion about the collaboration between APA and IAPA and provided the following answers:*

**a) Where do you envision collaborations between our two organizations? For example, potential areas we can assist each other, especially in professional and legislative matters?**

**Dr. Weissman's reply:** In the next decade the demographics of each organization will change significantly. The APA will see significant increases in the number of woman members and sometime thereafter women will be the majority of its members. This will occur first in child psychiatry and later in general psychiatry and other subspecialties. For the IAPA the coming decade will see increasing numbers of members trained in United States medical schools. Each association will need to assess the needs of its new members and be clear of the reasons for membership. As each association addresses this change in membership they can share strategies that ensure relevance for all members. The reasons for belonging must address the nature of professionalism and the responsibility that each of us has to our patients and our profession. The IAPA also addresses an historical and contemporary connection to the history of the healer in Indian tradition. A review I believe will find that they are parallel to Western traditions and both groups must address that the role

of our professional societies is to ensure that physicians direct the standards and the ethics of our field.

The role of the professional society is not just to obtain positions for its members and lobby for legislative issues. A separate element of our associations which deals with the guild aspect of being a physician does this. Whatever our heritage we all face the same incursions on our practice lives and share common values.

Both associations will need to jointly use their resources to monitor and where necessary respond to excessive government incursion on the practice of psychiatry. Additionally they will need to monitor the activities of organizations such as the Accreditation Council for Graduate Medical Education (ACGME) which governs residency education and the American Board of Medical Specialties which governs certification practices. We need to jointly work to ensure that they adequately respond to society's needs and the unique needs of psychiatry.

**b) As the largest minority organization within the APA, what role can the IAPA play for you and the election campaign?**

**Dr. Weissman's reply:** Throughout my career in psychiatry, psychiatrists of Indian heritage have been my friends and colleagues. As a residency training director and director of clinical services, I have for over 40 years learned from, recruited and trained a significant number of Indian psychiatrists. I appointed the first Indian psychiatrist to the executive council of the American Association of Directors of Residency Training (AADPRT) and was responsible for the election of the first Indian psychiatrist to the presidency of the Illinois Psychiatric Society (IPS). In my clinical teaching, I have worked to address issues of the awareness of cultural differences to residents in treating patients and to be sensitive to the cultural differences of my residents. These are part of who I am and I shall continue these practices into the future independent of this election.

Of course I would like the IAPA to endorse my candidacy but I suspect that this is not appropriate, I would request that you communicate to your members my activities that have aided the careers of psychiatrists of Indian descent and my commitment to our field with openness and fairness to all.

**c) What can you do to further enhance the IAPA's role and its relationship with the APA?**

**Dr. Weissman's reply:** The critical activity to enhance the role of the IAPA in psychiatry and medicine will depend upon its talented members. I can and have encouraged its members to participate in all APA and its District Branch activities as well as in the activities of other psychiatric or medical societies. To encourage your members and ensure to openness in APA appointments will best enhance the IAPA. The success of your members in organized American psychiatry and medicine will best enhance the role of IAPA. As its members are valued, so too will be IAPA.

## **APA Member Referendum**

*The American Psychiatric Association was petitioned by APA members to hold a referendum on the issue of informing the American Board of Psychiatry and Neurology (ABPN) regarding its proposed maintenance of certification requirements: The issues include:*

- 1) The patient feedback requirements are unacceptable, as it creates ethical conflicts, and has the potential to damage treatment.
- 2) The requirements other than a cognitive knowledge examination once in 10 years, regular participation in continuing medical education, and maintenance of licensure pose undue and unnecessary burden on psychiatrists.

You will be asked to vote in favor of or against this statement on the ballot for APA's 2011 election.

The following are statements provided by APA's Board of Trustees and the petitioners to explain their respective positions. Passage of a measure in a member referendum requires (a) valid ballots from at least 40 percent of the voting members, (b) the affirmative vote of at least one-third of all the voting members of the Association, and (c) the affirmative vote of a majority of those members who return a valid ballot.

### **Board of Trustees Statement**

The proposed requirement of the ABPN for patient feedback is part of the American Board of Medical Specialties (ABMS) Maintenance of Certification Program affecting all medical specialties, not just psychiatry. The ABPN will ask physicians to complete a small number of feedback evaluations over a 10-year period. Only the physician will see the evaluations and attest that evaluations have been completed. The ABPN will not receive or review any patient information.

The Ethics Committee of APA reviewed the ABPN/ABMS requirement and determined it did not violate APA's *Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry*. Requirements for patient satisfaction surveys, independent of certification, are part of the health care reform bill.

APA will continue to work closely with ABPN, ABMS, and other organizations to reduce unnecessary burdens that may be associated with MOC programs and to assure that such programs are consistent with high-quality patient care.

## **Petitioner Statement**

Our petition is not against soliciting patient feedback, but against the pernicious effect of an external mandate for it as a condition for maintaining certification. This will damage the time-honored doctor-patient relationship. Patients may now think that their doctors are treating them nicely not because of their intrinsic worth or the doctor's helpful nature, but because the doctor has to comply with an external agency requiring it. Distrustful patients might become even more distrustful. There is potential for ethical conflicts and damage to treatment by preferential treatment of a select few patients whose feedback the psychiatrist has decided to seek for his/her own benefit (maintenance of certification), distortion of transference, and adversely influencing prescriptions, limit settings, and discharge plans. Requiring 10 chart reviews, 10 peer reviews, and 10 patient reviews every three years is onerous. Any supposed benefits are questionable. Making too many demands on physicians' time can impair performance.

A Yes vote in favor of the referendum statement means that you are against the ABPN performance in practice requirements.

## **IAPA ELECTION AWARDS AND NOMINATIONS**

### **Election**

On May 15, 2011 during IAPA Annual Banquet Election will take place. Dr Surinder Nand is chair of Nominating Committee. Members of this committee are Dr Rudra Praksh, Dr Nalini Juthani & Dr Mahendra Shah. If you wish to nominate one of IAPA Members to the position of President-elect, Treasurer or Secretary, please send name to Dr Nand at [surindernand@hotmail.com](mailto:surindernand@hotmail.com)

### **Award**

IAPA gives many awards at it's annual meeting. Please send in nominations to the chair of specific award committee.

**Outstanding Service Award- Chair-** Dr Rudra Prakash [rudraprakash1@yahoo.com](mailto:rudraprakash1@yahoo.com). This award is given to IAPA member who has worked to help IAPA achieve it's goals.

**Exemplary Public Sector Psychiatrist's Award-Chair-**Dr Anthony

[Fernandez-antony.fernandez@va.gov](mailto:Fernandez-antony.fernandez@va.gov) This award is given to IAPA member who has excelled while providing services in Public Sector.

Process for selection of Outstanding Academician & Outstanding Resident Awards are already underway.

## **IAPA-Georgia Chapter's Annual Meeting Report**

The 5<sup>th</sup> Annual Meeting of the IAPA Georgia chapter was held on Saturday, November 20, 2010 in Atlanta, GA. As with past tradition, the Annual Meeting was combined with the celebration of Diwali, lending a celebratory atmosphere to the overall meeting.

The business and scientific component of the meeting included a reserved area for vendors to display their exhibits and products. This included approximately ten exhibit tables and an informative presentation on the use of the Exelon patch and the risk benefit analysis.

Dr. Mahendra Shah, current president of the Georgia chapter highlighted the chapter's rapid growth over the past 5 years, current activities and future plans. He successfully invited non members to become life members, with instant eligibility to win an iPad that was given away later to a new life member, Dr. Fakhri. Four new life members enrolled on the spot. Dr. Rudra Prakash, president-elect of IAPA was in attendance and addressed the standing room only audience with lot of praise and recognition for the chapter's activities. Dr. Dilip Patel, founding President of Georgia chapter also briefed members on past and current activities. The Georgia IAPA chapter has been very active, including holding monthly round table dinner meetings at local restaurants for the past 5 years. The attendance has consistently grown to an average of 12-15 on a regular basis.

The festivities allowed an opportunity for attendees to get their portrait pictures done as they arrived. Drs. Harshad Patel and Joglekar performed a skit to entertain the audience. After a brief presentation by Sells Financial, members were treated to a delicious Indian dinner. Famous local artists performed old and new Hindi/Urdu melodies from 9p to midnight, while members danced to the music or elected to sip their tea/coffee. In between, a couple of stand up comedians performed their act to the delight of the group.

The mega success of the event as noted by Dr. Shah was due to the collaboration and participation of attendees, vendors, sponsors, volunteers and Dr. Prakash. Concurring, Dr. Patel, described the past annual meetings and announced the current meeting to be the best ever, making the Georgia IAPA Annual Meeting a model event for other Local, Regional, and State Chapters.





Dr. D.Patel



Dr.M.Shah



Dr.Rudra Prakash



Dr.Shah again



Georgia Chapter 2010.