

Robert Paul Roca, MD, MPH, MBA, DFAPA

Candidate for Secretary

Having served in the Assembly and as APA Council Chair, I would now love to offer my experience and energy to the service of the APA as Secretary. Please read on for a sketch of my background and a brief statement of my vision. I invite you to email (rroca@sheppardpratt.org) or call me (410-938-4323) if you'd like to ask questions or share your views. Best, Bob

Current Leadership Positions

- Vice President and Medical Director, Sheppard Pratt Health System, Baltimore
- APA Assembly, Maryland District Branch Representative and past Reference Committee Chair
- Chair, APA Council on Geriatric Psychiatry
- APA Representative, Professional and Technical Advisory Committee, The Joint Commission
- Board of Directors, Group for the Advancement of Psychiatry (GAP)
- Member, Maryland State Board of Physicians

Past Leadership Positions

- President and Council Chair, Maryland Psychiatric Society
- President and Board Chair, Baltimore County Medical Association
- Director of Consultation-Liaison and Geriatric Psychiatry, Johns Hopkins Bayview Medical Center

Educational Background

- M.D. UCLA School of Medicine, 1978
- M.P.H. UCLA School of Public Health, 1978
- M.B.A. Carey School of Business, Johns Hopkins University, 2008

Specialty Training and Certifications

- Internal Medicine, Johns Hopkins University School of Medicine
- Psychiatry, Johns Hopkins University School of Medicine
- Geriatric Psychiatry

Academic Appointments

- Clinical Professor of Psychiatry, University of Maryland School of Medicine
- Associate Professor of Psychiatry, Johns Hopkins University School of Medicine

What I bring to the APA as Secretary

- Broad training and decades of experience in the science and art of clinical psychiatry as practiced in outpatient, inpatient, community, and residential settings
- Broad formal training and experience in administration, leadership and the business of medicine
- Years of experience as Vice President/Medical Director of Sheppard Pratt, dealing with the problems facing psychiatry and each of us as practitioners (e.g., reimbursement, recruitment, regulation, maintenance of certification, access to care, stigma, professional liability, violence against clinicians)
- Years of experience in the APA Components as member and Chair
- Years of experience in the APA Assembly and as Reference Committee Chair
- Years of experience representing the APA on quality measurement and standards setting bodies (e.g., NCQA, NQF, The Joint Commission)

- Knowledge of how to work with and within other psychiatric organizations (e.g., AAGP, GAP, ACP)

Statement:

Diversity is a unique strength of American psychiatry that enables to better care for and advocate for our patients. **The IAPA is one of the pivotal players in organized psychiatry that keeps this commitment to diversity strong. It is important that the APA draw upon the leadership and expertise of the IAPA to provide mentorship for the diverse set of trainees in the U.S. The IAPA also can play a critical role in addressing cultural, economic and political barriers that prevent Indo-Americans from accessing mental healthcare by tapping into the advocacy infrastructure of the APA. I firmly believe that it should be a key aim of the APA should be to empower disenfranchised populations.** This means foster diversity within our profession and promoting cultural competency to ensure that all patients receive a high quality of care. The APA should ensure equal career opportunities for psychiatrists regardless of gender, ethnicity, national origin and sexual orientation. Practically, this means that we need carefully gather and analyze data on salary differences and hiring practices that may vary among these groups and address any differences. For more information on my vision for the APA, please see my website at benjaminsolomonmd.com.

Great Opportunities Ahead for the APA

This is a very important and exciting moment in American psychiatry. The opportunities to have impact on the evolution of medicine and medical care are greater than ever. The APA needs to ensure that we make the most of these opportunities.

- We are the experts in the conditions that contribute most to disability and population health. The APA must have a major role in designing the future of health care in America and must drive the implementation of collaborative care to ensure that psychiatrists have the proper roles.
- As “value” enters the marketplace as a factor in reimbursement, we need to be leaders in determining how to measure quality and value.
- As registries and other “big data” formats emerge, we need to figure out how to use these tools to advance knowledge while keeping clearly in focus the importance of the unique stories and circumstances of the individuals who come to us for care.
- As health information exchanges and prescription drug monitoring programs spread, we need to determine how to share information essential for coordination of care while preserving our patients’ privacy.
- All Americans should have access to high quality mental health services. We know that they don’t. Universal access to high quality mental health care should be a major plank in the APA’s advocacy platform.
- Our advocacy efforts have greater impact if psychiatry speaks with one voice. The APA must work with our subspecialties to ensure that we are aligned and mutually supportive. We are in fact stronger together.

- At the same time, the APA is a diverse organization, and we must both embrace and leverage this. Our vitality is proportional to our openness to different experiences and perspectives in the leadership. We are the big tent.
- Our future is in the hands of our younger members. Our vitality is proportional to the active engagement of our Resident-Fellow and Early Career colleagues. We need to create new vehicles of engagement.

I am very enthusiastic about this opportunity to bring my experience and energy to the APA Board as Secretary, and I ask for your support!