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I'm professor of psychiatry and chief of Consultation-Liaison Psychiatry at Columbia University Medical Center. I graduated from Cornell University, The New School for Social Research, and New York Medical College where I was AOA. I did fellowships in Therapeutics and Consultation-Liaison Psychiatry after residency at Columbia, and graduated from the Columbia University Psychoanalytic Center. I'm active as an academic and mentor, publishing 100+ articles, books, and book chapters on a variety of topics. For 38 years I've been in solo private practice of psychiatry, integrative psychiatry, psychotherapy, and psychoanalysis. I've edited several books for American Psychiatric Publishing including the Self-Examination Guide to DSM-5, and edited the new Study Guide for the Psychiatry Board Examination. I was the first chair of the APA Council on Psychosomatic Medicine and have been on the Scientific Program Committee of the American Psychiatric Association for decades; chairing the 2001, 2002, 2014, 2015, and 2017 meetings.

**IAPA Vision:**

Psychiatry faces numerous challenges as a profession and it is only the power of the APA that can protect the integrity of our field. Many outside entities have gained control over our ability to use our knowledge/experience to treat patients, to force us to study for examinations rather than engage in lifelong learning, and to use EHRs even if such systems are expensive and time-consuming. APA's strength comes from the diversity of its membership and allied organizations. **We must enhance our collaborations with allied groups such as IAPA. The role of the APA secretary is to 'work with the Board to set Association priorities and with the Board and the chief executive officer to formulate policy and develop initiatives to advance those priorities.'** My vision is to focus APA efforts to ensure equitable reimbursement for psychiatric care across all sites of treatment (outpatient, inpatient, consultation-liaison) and to maximize APA efforts to reduce the control insurance companies have over psychiatric care, including psychotherapy and pharmacotherapy. We must prevent therapeutic substitution and control generic substitution where appropriate. It is APA's responsibility to provide lifelong learning that integrates with REALISTIC maintenance of certification, not burden psychiatrists with repeated examinations and unnecessary fees.