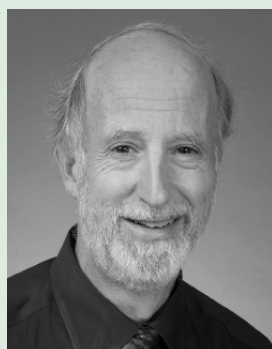


NEWSLETTER

Winter 2013

APM — The Organization for Consultation and Liaison Psychiatry

President's MESSAGE — Wayne J. Katon, MD, FAPM



Each fall for the last three decades I have attended the annual meeting of the Academy of Psychosomatic Medicine. The meeting has always provided stimulating new research ideas, the ability to network with colleagues with similar clinical and research interests, and a wonderful sense of friendliness and collegiality to new members and older members alike. Our November 2012 Atlanta meeting was again very successful with a record number of over 650 attendees. The 2012 APM president, **Dr. Donald Rosenstein**, and program chair **Dr. Linda Ganzini** are to be congratulated for their superb leadership and the success of this meeting.

Thanks to the leadership of the Academy Council and executive committees over the last five years, the Academy is in an excellent position to continue to be a leader in psychosomatic medicine and integrated outpatient care models in this era of health reform. The Academy has grown to over 900 members, the annual meeting attendance has doubled over the last five to seven years, we have a record net of financial reserves, **Dr. Ted Stern** has markedly improved the quality and financial stability of our journal, *Psychosomatics*, in partnership with our new publisher Elsevier, and the Academy Foundation is thriving under the leadership of **Dr. Phil Muskin**.

Our 2013 Annual Meeting will be held in Tucson, Arizona, at the Westin La Paloma Hotel November 13-16. This is a beautiful western site in the mountains above Tucson. We are fortunate to have the leadership skills of **Dr. James Rundell** as program chair and the theme of this meeting will be "Psychosomatic Medicine Models in the Era of Health Reform." Health reform movements are moving rapidly ahead in the United States and it is essential that the Academy provide leadership to ensure that integration of psychiatry into primary care and medical specialty care be included as an important component in improving quality of care, mental health, and medical outcomes with a reduction in costs. Dr. Rundell and I have developed a Presidential Symposium to start this meeting that will have four of our national leaders (Jürgen Unützer, Ben Druss, David Katelnick and myself) presenting evidence for integrated mental health care models and statewide and national efforts to integrate these models into systems of care. **Dr. Kurt Kroenke** has also been confirmed as a plenary speaker and will present his two decades of research on medical symptoms as a key bridge between brain and body.

Over the last five years, two strategic retreats of our Council have stimulated initiatives to improve the value of membership to the Academy. Under the leadership of **Dr. Robert Boland** the Academy has partnered with the company MultiView to provide a new online Learning Center that has educational content and programs for our members. This Learning Center will have presentations from our recent APM meeting as well as past meetings, including plenary lectures as well as presentations from our pre-meeting courses.

(continued on page 2)

Annual Meeting NEWS

APM 60th Annual Meeting in Tucson

"Psychosomatic Medicine Models in the Era of Health Reform"

—James R. Rundell, MD, FAPM
2013 Scientific Program Chair

Thanks to all for making our 2012 Annual Meeting at the Intercontinental Buckhead Hotel in Atlanta such a success. We broke several meeting attendance and submission records with 641 regular meeting attendees, 169 pre-conference course attendees, and 163 posters presented. Feedback has been extremely favorable and we congratulate last year's Annual Meeting Committee chair, Dr. Linda Ganzini, for her superb planning, vision, and management of the meeting, and to Academy coordinator, Ms. Kristen Flemming, for her extraordinary execution of every detail. Over two dozen Academy members serve on several annual meeting planning subcommittees and without their dedication and efforts the meeting would not be possible.

(continued on page 3)

Issue HIGHLIGHTS:

- ⊙ 2012 Meeting Highlights & Awards
- ⊙ 2013 Meeting in Tucson and Call for Abstracts: April 1 Deadline
- ⊙ New Committee Appointment Process
- ⊙ 2013 CPT Changes

In this ISSUE:

◎ President's Message	1,2
◎ 2013 Annual Meeting	
From the Meeting Chair	1,3
Annual Meeting Committee	3
Award Application Deadlines ...	7
Hotel Accommodations	10
Abstract/Disclosure Submission	11
◎ 2012 Annual Meeting	
Award Recipients	6-9
Presentations in the new Learning Center.....	11
◎ Strategic Planning Updates	2
◎ New Committee Appointment Process	4
APM Committees.....	4
APM Council	5
◎ APA Candidate Responses	5
◎ Life Membership Changes	11
◎ Committee, SIG, & Affiliate News	
Cardiovascular Psychiatry	12
Medicine & Psychiatry	12
Early Career Psychiatry	12
Pediatric PM.....	13
Liaison Relationship with APA .	13
APA Healthcare Workgroup	13
Join a SIG.....	14
◎ New APM Members	14
◎ APM Dues Due March 31.....	15
◎ 2013 CPT Changes	15
◎ fAPM News	16

President's Message (cont. from page 1)

In the United States, health reform efforts are moving ahead rapidly and the Academy leaders have developed resources to ensure that our members can utilize the latest research findings to provide evidence about the importance of integrating psychiatry and mental health services into changes such as the Primary Care Medical Home (PCMH) and Accountable Care Organization movements. The Clinical Practice Committee, Research Committee, and Strategic Health Reform Task Force have coordinated efforts and produced for our APM website an annotated bibliography of articles demonstrating the evidence that integrated mental health care models improve quality of care and mental health outcomes, and often reduce costs. Members can find this bibliography on our APM website under the "Education" menu, then "Clinical Monographs." This collaborative care report also has URL links to mental health dissemination centers such as the AIMS center at the University of Washington that has valuable information our members can download at no cost.

Four of our current leaders, Drs. Jürgen Unützer, James Rundell, **Roger Kathol**, and **Lawson Wulsin**, are also developing executive summaries and PowerPoint presentations that will help our members demonstrate the evidence of the cost-effectiveness of integrated mental health models for key stakeholders such as health insurers, primary care systems, employers, and hospital systems. We will include this important information on our APM website in the first half of 2013.

Interest in the Academy's special interest groups (SIGs) and committees has continued to grow and I invite our members to visit our APM website to view these committees (About > Organization) and to become more involved in our organization. Our committee and APM council members are the lifeblood of our organization and I appreciate the many hours of work that these members provide.

In summary, the APM is thriving across all key metrics including leadership in health reform, excellence of our journal, financial stability, the growth of our membership, the health of our APM Foundation, and providing increased value to our membership through our annual meeting and the new improvements on our website including the new Learning Center.

STRATEGIC PLANNING UPDATES

—Catherine C. Crone, MD, FAPM

In 2007, the APM leadership initiated efforts to develop a strategic plan to help guide our efforts to foster growth and development of the organization as well as to ensure optimum value to our membership. The original strategic plan has since been periodically re-examined and updated as goals were reached or directional changes occurred. The strategic plan currently consists of seven specific areas of focus and the following is an update to members about efforts being made in each area:

1. External Branding: Lacking a powerfully concise description of what "Psychosomatic Medicine" is or what APM offers, a task force was formed and is working with a public relations firm with expertise in developing and testing messaging. This messaging will enable us to more effectively reach out to other healthcare organizations, provider groups, and governmental agencies, and, in turn, help us to develop a greater foothold in healthcare.

2. Value of Membership: A survey was sent out earlier this year in order to better clarify what facets of APM membership were perceived to be of greatest value. Respondents stressed the importance of the annual meeting, our journal (*Psychosomatics*),

website, and CME opportunities. In turn, this feedback has contributed to efforts to offer a Maintenance of Certification exam as an integrated benefit of attending the annual meeting, develop a web-based educational platform that would offer CME opportunities, and expansion of trainee travel awards

3. Healthcare Reform: The task force is currently collaborating with the APA in efforts to establish a role for psychiatry/PM in the delivery of care in integrated outpatient models of healthcare, whose presence is expanding on a national level. A bibliography of essential references on integrated care is now available to APM members interested in learning more. We encourage members to go to the APM website under Education, click on Clinical Monograph and then click on Evidence Based Collaborative Care and Health Reform to view these new materials.

4. Research: The committee developed a research track at this year's annual meeting that including a broad range of presentations that included integrated care and research developments that had a

(continued on page 5)

There were several new components of the program which, based on their success, are likely to be continued. For example, there were several forums for trainees and early career psychiatrists, all of which were well-attended and received. There were many highlights of the meeting, including several memorable plenary talks. Ezekiel J Emanuel, MD, PhD, gave an enlightened and engaging talk on health care reform and how it may affect elements of health care delivery models for all physicians.



Outgoing President Donald Rosenstein enjoyed his special presidential-signature "Peachy Rosentini" cocktail during the Opening Reception of the 2012 Annual Meeting.

This year we are going west, to Tucson. We are excited to be at the Westin La Paloma Resort and Spa, a spectacular and spacious venue with wonderful facilities and more than ample meeting rooms. We will have the entire resort to ourselves! Please take some time to read about the resort at www.westinlapalomaresort.com. Our Local Arrangements Subcommittee will be putting together opportunities for entertainment, including a chance for stargazing under Tucson's clear, dark sky.

The theme for the 2013 annual meeting is "Outpatient Psychosomatic Medicine Models in the Era of Health Reform." We encourage submissions on the topics of collaborative care, integrated behavioral health care delivery models, and other innovations in outpatient psychosomatic medicine. There will be several predetermined topic tracks for our meeting, including integrated care, education and training,

and early career psychiatry.

An important component of our meeting will be maintenance of certification (MOC) activities. This is especially important since many members are facing Psychosomatic Medicine recertification in 2015 and 2016. For the first time the annual meeting will feature a Presidential Symposium focusing on models of collaborative care in different settings, including two statewide dissemination projects in Washington state and Minnesota.

We will continue and deepen the tradition of the "greening" of our meeting to decrease our carbon footprint by reducing the amount of paper in our registration process, mailings, and final program booklet. We eliminated our conference bags and paper cups and used recyclable plastic badge holders and lanyards. For our meeting in Tucson, we will continue this process and will be introducing "green incentives."

This large meeting could not be organized without our Annual Meeting Committee team who work throughout the year. The program subcommittees are led by **Drs. Maryland Pao** and **Phil Bialer** (pre-conference courses), **Drs. Michael Bostwick** and **Chris Sola** (symposia and workshops), **Drs. Jon Levenson** and **Christina Wichman** (papers and posters). Their teams review and rate all program submissions. Papers and posters are accepted based on the mean scores across four or five evaluators. The symposia and workshops have a similar evaluation process with some latitude given to assure diversity of topics across submissions. Last year, 95% of posters were accepted for presentation, so please submit. I also want to mention the subcommittee chairs for the early career track (**Drs. Kristin Somers** and **Divy Ravindranath**) and local arrangements (**Drs. Nehama Dresner** and **Ann Schwartz**). Feel free to contact me with ideas and questions at james.rundell@tamberhealth.com.

**Don't miss
"2013 CPT Changes"
on page 15.**

ANNUAL MEETING COMMITTEE 2013

Chair: James R. Rundell, MD, FAPM
Vice Chair: J. M. Bostwick, MD, FAPM
CME Liaison: Thomas W. Heinrich, MD, FAPM
(Medical College of Wisconsin)

Pre-conference Courses:

Co-chairs: Philip A. Bialer, MD, FAPM
Maryland Pao, MD, FAPM

James L. Levenson, MD, FAPM
Leeza Park, MD
Lisa J. Rosenthal, MD, FAPM
Theodore A. Stern, MD, FAPM
Linda L.M. Worley, MD, FAPM

Early Career Track:

Co-chairs: Patrick Aquino, MD
Divy Ravindranath, MD, MS

Rashi Aggarwal, MD
Rebecca W. Brendel, MD, JD, FAPM
Anne Gross, MD
Laura K. Kent, MD
Kristen Somers, MD

Workshops & Symposia:

Co-chairs: J. M. Bostwick, MD, FAPM
Christopher L. Sola, DO, FAPM

Khyati Brahmbhatt, MD
Marc D. Feldman, MD
Thomas W. Heinrich, MD, FAPM
Jeff C. Huffman, MD, FAPM
Manuel N. Pacheco, MD, FAPM
Sanjeev Sockalingam, MD

Oral & Poster Papers:

Co-chairs: Jon Levenson, MD, FAPM
Christina Wichman, DO, FAPM

Jason P. Caplan, MD, FAPM
M. Beatriz Currier, MD, FAPM
Thomas Cummings, MD
Lucy Epstein Hutner, MD
Mary Jo Fitz-Gerald, MD, FAPM
Oliver Freudenreich, MD, FAPM
Rita R. Hargrave, MD
Laura K. Kent, MD
Karen M. Lommel, DO
Shehzad Niazi, MD
Roberto Jorge Ortiz-Aguayo, MD
Terry Rabinowitz, MD, FAPM
Muhamad Aly Rifai, MD, FAPM
Lisa Seyfried, MD

Local Arrangements:

Co-chairs: Nehama Dresner, MD, FAPM
Ann C. Schwartz, MD, FAPM

Jack Shier, MD
Karen L. Weihs, MD

APM IMPLEMENTS NEW COMMITTEE APPOINTMENT PROCESS

—Donald L. Rosenstein, MD, FAPM

APM members who attended the 2012 Annual Meeting may have noticed that we did not have a sign-up sheet for APM Committees. This was not an oversight but a modified process implemented by Council to appoint new members to APM committees. This change reflects Council's intention to improve our selection process for committee membership so that it is more fair, efficient, and effective.

The past decade has brought substantial growth in the size and complexity of our Academy. A few years ago, we engaged in a strategic planning process that led to a substantial reorganization of our council and committee structure. As a result, our committees and subcommittees (along with our special interest groups) took on increasing importance for the APM. Our previous system for committee membership turnover and new assignments had become increasingly complex and quite challenging for the incoming president and committee chairs. By having committee membership turn over each year at the time of the Annual Meeting, we had both incoming and outgoing committee members who would attend the committee meetings. This created confusion about committee membership (and in some cases, leadership) as well as inefficiency for these working groups that only meet face-to-face once a year. Our longstanding practice of soliciting interest in serving on committees through sign-up sheets at the Annual Meeting only added to the problem. In most cases, there was no follow-up, and disappointment for many members who had expressed interest in serving on a committee. Furthermore, sorting through the dozens of requests required countless emails between the president and each committee and subcommittee chair. Under the best of circumstances, this process would take several months and thus delay the work of each committee and subcommittee well into the new year.

In order to address these problems, Council voted to decouple the committee assignment process from the annual meeting cycle. The new process for committee assignments is as follows:

- The APM president continues to be responsible for formally appointing all APM committee members. However, these appointments will be made based on the recommendations of each APM committee chair. The president retains final discretion about specific assignments, but in general, this activity is delegated to committee chairs.
 - On August 1st of each year, committee chairs will be charged by the president with making new and continuing committee assignments for terms that will begin and end on October 15th of each year.
 - Nominations will be submitted to the president by September 15th.
 - New and continuing committee members will be notified of their assignments by October 15th.
 - Current committee chairs will preside over committee meetings at the annual meeting and, if they are due to rotate off as chair, will rotate off after the annual meeting.
- How should members express interest in serving on a committee?
- Review the APM committee structure and leadership (see APM website).
 - Contact the chair or vice-chair of the committee or subcommittee that is of greatest interest any time after the annual meeting but prior to September of each year.
 - Committee and subcommittee Chairs will then consider new members and consultants and make recommendations to the President prior to the September 15th deadline.

APM COMMITTEES AND SUBCOMMITTEES

For a description of committee activity and responsibilities, see "Organization" under the "About" menu at www.apm.org.

- ⊙ Annual Meeting Committee
 - Pre-Conference Courses
 - Early Career Track
 - Oral Papers & Posters
 - Workshops & Symposia
 - Local Arrangements
- ⊙ Clinical Practice Committee
 - Business of Psychosomatic Medicine
 - Guidelines & Evidence-Based Med.
 - Public Policy
- ⊙ Communications & Website Committee
- ⊙ Education Committee
 - Fellowship Education
 - Residency Education
 - Medical Student Education
 - Interdisciplinary Education
 - Maintenance of Certification (MOC)
- ⊙ Finance Committee
- ⊙ Governance Committee
 - Constitution and Bylaws
 - Standards and Ethics
- ⊙ Membership Committee
 - Fellowship and Awards
 - Member Services
 - Recruitment & Retention
- ⊙ Nomination & Leadership Committee
- ⊙ Research Committee
- ⊙ Strategic Planning Committee

The online abstract submission system will open in early February.

Submit your abstracts and pre-conference course proposals by **Monday, April 1, 2013.**

More information on page 11.

2012-2013 COUNCIL

President Wayne J. Katon, MD, FAPM
President-Elect: Linda L.M. Worley, MD, FAPM
Vice President: . Catherine C. Crone, MD, FAPM
Secretary:..... Steven A. Epstein, MD, FAPM
Treasurer: Robert Boland, MD, FAPM

Immediate Past Presidents & Governors:

Donald Rosenstein, MD, FAPM
John Shuster, Jr., MD, FAPM

Councilors: Philip A. Bialer, MD, FAPM
J. Michael Bostwick, MD, FAPM
Rebecca W. Brendel, MD, JD, FAPM
Linda K. Ganzini, MD, FAPM
Donna B. Greenberg, MD, FAPM
Jeff C. Huffman, MD, FAPM
James R. Rundell, MD, FAPM
Michael C. Sharpe, MD, FAPM
Maria Tiamson-Kassab, MD, FAPM

Editor, *Psychosomatics*:

Theodore A. Stern, MD, FAPM

Chair, Foundation of the APM

Philip R. Muskin, MD, FAPM

Executive Director:

Norman Wallis, PhD

Academy Coordinator:

Kristen Flemming

Strategic Planning (cont. from page 2)

direct impact on the provision of care for particular patient populations (e.g., pulmonary, GI, cardiac). Active collaborations with the European Academy of Psychosomatic Medicine (EAPM) have resulted in plans for joint research meetings in the UK in July 2013.

5. Annual Meeting: Efforts are continually being made to enhance the number, depth, breadth, and quality of presentations offered to attendees. Continued efforts are also being made to foster the use of technology to enhance learning opportunities both at the annual meeting and the web-based platform that makes annual meeting materials/presentations available year-round. A Learning Center on the APM website has recently been developed that will have presentations from the 2012 meeting as well as past annual meetings available to APM members.

6. Fellowship Recruitment: A task force was established earlier this year with the goal of identifying the challenges and concerns that trainees face in deciding whether to pursue psychosomatic medicine fellowship training and how to best address these. The task force is also collaborating with the Fellowship Education Subcommittee in examining training efforts to optimize the quality of fellowship training being offered.

7. Revenue: Efforts are underway to generate greater income for the organization by optimizing the use of the web-based platform to provide CME opportunities for both APM members and non-members.

APA PRESIDENT-ELECT CANDIDATES RESPOND TO PM ISSUES

APM President Dr. Wayne Katon asked the two candidates for 2013 APA President-Elect to comment on issues important to PM and APM. The responses of the two candidates—Paul Summergrad, MD, FAPM and Robert J. Ursano MD—are on the APM website (News > APA 2013 Candidate Responses). The candidates were asked four questions:

1. What plans do you have to improve the collaborative relationships between ABPN approved psychiatric subspecialty affiliate organizations such as the APM and the APA? How would you work for sure that their voices and expertise be heard at the highest levels of the APA?
2. What ideas do you have to encourage the APA to work with the APM to provide leadership to integrate psychiatrist and other mental health professionals into key components of health reform such as the primary care medical home and ACO movements?
3. Several psychiatric subspecialty fellowship programs are struggling to fill their available positions. Potential trainees find a requirement to repay their student loans difficult. What ideas do you have to make subspecialty training more appealing and affordable?
4. The high cost of APA dues in addition to state psychiatric association dues likely drives the attrition in membership from the APA. Do you have ideas to streamline cost for improving inclusiveness to improve the value of a APA membership to the individual subspecialist member?

APA members must cast their vote by 5:00pm EST on Thursday, January 31, 2013.

57th Annual Meeting

The American Academy of Psychoanalysis and Dynamic Psychiatry

Psychodynamics: Essential to the Issue of Suicide and Other Challenges to Modern Day Psychiatry

Suicide and other self-destructive behaviors are among the greatest challenges we face. In this meeting we will describe the nature of psychodynamic psychiatry using suicide as a paradigm.

This is a program relevant to psychoanalysts, psychodynamic psychiatrists, child and adolescent psychiatrists, psychosomatic medicine psychiatrists as well as general psychiatrists, and trainees.

May 16-18, 2013

The Westin St. Francis
San Francisco, California

More information: www.aapdp.org
Program Chair: Mary Ann Cohen, MD, FAPM

2012 Annual Meeting

AWARDS

HACKETT AWARD

The Eleanor and Thomas P. Hackett Memorial Award is the Academy's highest honor, given in recognition of outstanding achievement across an entire career in psychosomatic medicine in training, research, clinical practice, and leadership. **James R. Rundell, MD, FAPM** received the 2012 award, speaking on "Possible Outcomes for Psychosomatic Medicine in Future Evolutions of Integrated and Collaborative Care Delivery Models."

Dr. Rundell has a distinguished history in medicine and psychiatry, in the US armed forces, clinical practice, and academia. He graduated *magna cum laude* from Louisiana College, and from Louisiana State University School of Medicine as a member of the Health Professions Scholarship Program in 1982. He completed two fellowships at the end of his residency program, a research fellowship at the Uniformed Services University of the Health Sciences, followed by a fellowship in Psychosomatic Medicine at Harvard Medical School and Massachusetts General Hospital.



James R. Rundell, MD, FAPM (left) received the prestigious Hackett award in 2012. **J. Michael Bostwick, MD, FAPM** (right) introduced Dr. Rundell.

Dr. Rundell has served in numerous leadership roles in the United States Armed Forces where he operated large-scale integrated health care systems and directed various

DLIN/FISCHER AWARD

The Dlin/Fischer Clinical Research Award is presented for significant achievement in clinical research and the best paper submitted for presentation at the annual meeting. The award is named for Barney "Ben" Dlin, MD, FAPM, president of APM 1983-84, and H. Keith Fischer, MD, FAPM, president 1975-76.

Dimitry S. Davydow, MD, MPH received the 2012 Dlin/Fischer award and spoke on "PTSD and Depressive Symptoms, Alcohol Use, and Cognitive Impairment Three Months after Medical-Surgical Intensive Care Unit Admission."

Dr. Davydow is an assistant professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington in Seattle. He is chair of the APM Critical Care SIG. In 2011, Dr. Davydow received the Dorfman award for the Best Research Article.



Dimitry S. Davydow, MD, MPH received the 2012 Dlin/Fischer award from **Michael Sharpe, MD, FAPM**, chair of the APM Research Committee.



Recommended Reading:

Country Doctor
A Memoir
by Ben Dlin

resident and fellowship education programs. For the last four months of his military career, Dr. Rundell returned to full-time clinical work taking care of psychiatric casualties from Operation Iraqi Freedom and Operation Enduring Freedom at Landstuhl Regional Medical Center, Germany, where he had formerly served as Deputy Commander for Clinical Services (DCCS).

Dr. Rundell is a fellow of the American College of Psychiatrists, the American Psychiatric Association, and the Academy of Psychosomatic Medicine.

In August 2012 Dr. Rundell became chief medical officer of Tamber Health, a multi-specialty behavioral health group that provides integrated and collaborative mental health care in primary care settings. His areas of expertise are models of integrated care

delivery in specialty and primary care medical settings, and delirium and dementia. He is the chair of the Academy's 2013 Annual Meeting Committee and a member of the APM Council.

Dr. Rundell has authored more than 50 peer-reviewed medical journal articles, 8 textbooks, more than 50 book chapters or published abstracts, and has given more than 300 scientific presentations and lectures. He has been principal investigator or co-investigator on over ten research protocols and managed more than \$10 million in research funds during his academic career. He is currently professor of psychiatry at the F. Edward Hebert School of Medicine, Uniformed Services University of the Health Sciences, Bethesda Maryland, and at Mayo Clinic College of Medicine.

RESEARCH AWARD

The APM Research Award is given to honor the accomplishments and stature of a currently active researcher in the field of psychosomatic medicine. This year's award was presented to **Scott Kim, MD, PhD**. Dr. Kim is associate professor at the University of Michigan Health System in Ann Arbor.



Scott Kim, MD, PhD received the Research Award from 2012 Annual Meeting chair **Linda Ganzini, MD, FAPM**. Dr. Kim's award lecture was titled "Assessment of Decision-Making Capacity: Theory and Reality."

Application Deadlines for APM 2013 Awards

March 1
Research Award

April 1
Hackett Award
Award of Special Recognition
Stoudemire Award
Visiting Professorship

July 1
Dorfman Journal Paper Award

August 1
Webb Fellowship Award
Trainee Travel Award
Academy Fellowship (FAPM)

For more information, go to
www.apm.org/awards

APM FELLOWSHIPS

Academy fellowship (FAPM) is bestowed on Academy members who have shown active participation as educators, researchers, or administrators in the field of C-L psychiatry/psychosomatic medicine.



New 2012 Fellows of the APM: Christina Wichman DO; Edwin S. Meresh, MD, MPH; Ann C. Schwartz, MD; Mary Jo Fitz-Gerald, MD; Lisa J. Rosenthal, MD; Madeleine A. Becker, MD; Paul H. Desan, MD, PhD; Joseph A. Locala, MD; Joseph J. Rasimas, MD, PhD

DORFMAN JOURNAL PAPER AWARDS

For the best papers published the past year in *Psychosomatics*

Wilfred "Bill" Dorfman, MD, FAPM was a founding member of APM in 1953, served as Academy president 1959-60, and was the first editor-in chief of *Psychosomatics*, from 1960 through 1986. The Dorfman award is named in his honor, for the best papers published each year in the journal. The 2012 awards were presented by **Elisabeth Kunkel, MD, FAPM**, chair of the Fellowship & Awards Subcommittee of the APM Membership Committee.

- **BEST REVIEW ARTICLE:** "A Review of Pharmacologic Management and Prevention Strategies for Delirium in the Intensive Care Unit"
Jozef Bledowski, MD
Alex Trutia, MD
- **BEST CASE REPORT:** "Cefoxitin and Ciprofloxacin Neurotoxicity and Catatonia in a Patient on Hemodialysis"
Lex Denysenko, MD
Stephen E. Nicolson, MD, FAPM
- **HONORABLE MENTION REVIEW ARTICLE:** "The Neuropsychiatric Complications of Glucocorticoid Use: Steroid Psychosis Revisited"
Amelia Dubovsky, MD
Sheila Aryikar, MD
Theodore A. Stern, MD, FAPM
Lloyd Axelrod, MD
- **BEST RESEARCH ARTICLE:** "Proactive Psychiatric Consultation Services Reduce Length of Stay for Admissions to an Inpatient Medical Team"
Paul H. Desan, MD, PhD
Paula C. Zimbrea, MD
Andrea J. Weinstein, MA
Janis E. Bozzo, MSN, RN
William H. Sledge, MD

VISITING PROFESSORSHIPS

Supported by a generous grant from Eli Lilly & Co., Visiting Professorship awards are used to support the travel expenses, lodging, meals, and honorarium for an APM member to serve as a visiting professor to a host university, hospital, or medical facility. This year's Visiting Professorship awards were presented to:

Jeffrey Staab, MD, visiting Northwestern University, Feinberg School of Medicine

Catherine Crone, MD, FAPM, visiting the University of Chicago

Laura Roberts, MD, FAPM, visiting Oregon Health and Science University

Mary Ann Cohen, MD, FAPM, visiting Olive View-UCLA Medical Center



Catherine Crone, MD, FAPM (left) accepted the Visiting Professorship award from Elisabeth Kunkel, MD, FAPM (center). Dr. Crone will visit The University of Chicago and host Marie B. Tobin, MD, FAPM (right).



Saba Syed, MD (left), host at Olive View-UCLA to visiting professor Mary Ann Cohen, MD, FAPM (right), and presenter Kunkel (center)

STOudemire AWARD

The Alan Stoudemire Award for Innovation and Excellence in Psychosomatic Medicine Education is given for innovation and impact in creatively educating medical students and residents in C-L/PM. The honoree of this award for 2012 was **Gary J. Gala, MD, FACS** of the University of North Carolina. His poster was titled "Crossing the Blood Brain Barrier: An Experiment in Interdisciplinary Research."

A special aspect of this year's award was that Ms. Sue Stoudemire, the widow of Dr. Alan Stoudemire, was able to attend the awards luncheon to personally present the Stoudemire Award to Dr. Gala.



Guest presenter Sue Stoudemire with Gary J. Gala, MD, FACS, recipient of the award named in honor of Sue's late husband.



2012 Webb Fellows (left to right) Yelizaveta Sher, MD; Anna L. Dickerman, MD; Sheryl B. Fleisch, MD; Shane M. Coleman, MD



Each of the several Happy Hours at the annual meeting featured a special mixology creation to the delight of thirsty meeting attendees.

BEST POSTER AWARDS

Jon Levenson, MD, FAPM, chair of the Oral and Poster Papers Subcommittee, tacked blue, red, and white ribbons to the posterboards of the first, second, and third place poster winners of 2012.

First Place: "Suicidal Ideation in the Postpartum Period"

Drs. Kimberly Klipstein, Madeleine Fersh, Susan Bodnar-Deren, Elizabeth Howell

Second Place: "Depression and Fatigue in Chronic Hepatitis C Patients"

Drs. Stephen Ferrando, Mohammad Tavakkoli, Andrew Talal

Third Place: "Novel Treatments of Alcohol Withdrawal Syndromes: A Systematic Literature Review and Case Series"

Drs. José Maldonado, Yelizaveta Sher, Anne Catherine Miller



First place poster winner Dr. Kim Klipstein with Papers Subcommittee chair and award presenter Dr. Jon Levenson



Dr. Jon Levenson with 3rd Place poster winner, Dr. José Maldonado

BEST TRAINEE POSTERS

First Place: "Delusional Infestation Is Typically Comorbid with Other Psychiatric Diagnoses: Review of 54 Patients Receiving Psychiatric Evaluation at Mayo Clinic"

Drs. Sara Hylwa, Ashley Foster, Jessica Bury, Mark Davis, Mark Pittelkow, Michael Bostwick

Second Place: "A Brief Intervention for Anxiety and Comorbid Medical Illness"

Drs. Tanya Vishnevsky, Anne Eshelman, Lisa Miller, Maren Hyde-Nolan

Third Place: "When Less Is Not Nearly Enough: Thiamine Prescribing Practices for Inpatients with Alcoholism"

Drs. Elie Isenberg-Grzeda, Brenda Chabon, Stephen Nicolson



First place trainee poster winner Dr. Sara Hylwa



Second place trainee poster winners Drs. Anne Eshelman, Maren Hyde-Nolan, and Lisa Miller (not pictured: Dr. Tanya Vishnevsky)



Third place trainee poster winner Dr. Elie Isenberg-Grzeda



Break time in the hotel's Windsor Foyer

TRAINEE TRAVEL AWARDS

To encourage residents and C-L/PM fellows to join APM, attend the annual meeting, and eventually become new leaders of the Academy, 13 awards of \$750 each were presented to help offset the cost of attending the meeting. The Foundation of the Academy of Psychosomatic Medicine provided funding for two of the travel awards. The 2012 award winners were:

- Alan T. Bates MD, PhD
University of British Columbia
- Amritha Bhat, MD
University of Washington
- Neevon Esmaili, MD
Harbor-UCLA Medical Center
- Amanda S. Green, MD
Massachusetts General Hospital
- Katy A. LaLone, MD
Brigham and Women's Hospital
- Robert B. Lloyd, MD
Emory University
- Lindsey Y. Mortenson, MD
University of Michigan
- Jessica R. Mosier, MD
Philadelphia, PA
- Nadia Quijije, MD
Boston, MA
- Simha E. Ravven, MD
Cambridge Health Alliance
- Vidushi Savant, MD
Loyola University Medical Center
- John Taylor, MD, MBA
Massachusetts General Hospital
- Adam J. Trenton, DO
Thomas Jefferson University Hospital

2013 Annual Meeting

TUCSON, NOVEMBER 13-16

Nestled in the magnificent Catalina Mountains and the serene Sonoran desert, the Westin La Paloma Resort & Spa in Tucson, Arizona is surrounded by invigorating possibilities for restoring and replenishing the body and soul.

At the Westin La Paloma, you'll discover an experience with a singular focus: making you feel special every moment of every day. In fact, guests often remark on the magical qualities of this wonderful haven. All your senses will be pleasantly engaged, beginning with the Westin Sensory Welcome of soothing sounds, scents, and lighting. The magnificent, light-infused lobby features grand, three-story arched windows framing a stunning, panoramic view of the Catalina Mountains.



Overnight guests receive all the exclusive privileges of the private La Paloma Country Club all day. Challenge yourself on the 27-hole Jack Nicklaus Signature Golf Course with greens and bunkers newly redesigned by the Golden Bear himself.

Refresh in one of the five spectacular pools, featuring Tucson's longest resort water slide, the 177' SlideWinder. Recharge with a game of tennis on one of the ten championship courts, including four clay courts. Energize yourself with hiking, biking, horseback riding or ballooning, all in the backyard of the resort. Shift gears, slow down, and restore your sense of balance at La Paloma's Red Door Spa, where you'll discover a holistic approach to wellness, health, and beauty that rejuvenates and transforms. Younger guests will discover endless hours of amusement thanks to the imaginative ideas of the resort's Fun Department, along with the Westin Kids Club Discovery Room.

APM has negotiated the discounted room rate of \$169, which includes high-speed Internet in sleeping rooms, complimentary access to the hotel's fitness

center, and the daily resort fee. Children under 12 stay free. We encourage you to make your hotel reservations early, while rooms are still available, and before the **\$169 rate expires at 5:00pm on Monday, October 21, 2013**. Be sure to mention you are attending the APM Annual Meeting to receive the discount.

The Westin La Paloma is about 18 miles (30-40 minutes) north of Tucson International Airport (airport code TUC). In the lobby of the resort is an Enterprise Car Rental desk. Other ground and local transportation arrangements can be made through Integrity Transportation, Inc., www.integritytucson.com. As a registered guest of the Westin La Paloma, you will have access to the complimentary shuttle to and from the La Encantada Shopping Center, "an elegant refuge for the region's best shopping and dining."

The Westin La Paloma Resort & Spa | 3800 East Sunrise Drive, Tucson, AZ 85718
Ph: 520.742.6000 or 800.937.8461 | Fax: 520.577.5878
Info@WestinLaPalomaResort.com



More Deadlines for the 2013 Annual Meeting

April 1

Abstracts & Pre-conference
Course Proposals
Disclosure statements
MOC Questions

Mid-September

Pre-conference materials
Early Bird Registration

October 21

Hotel Reservations
Advance Registration

***More information will be posted at
www.apm.org/ann-mtg
as it becomes available.***

SUBMIT ABSTRACTS BY APRIL 1, 2013

As APM continues to grow in membership, and at each annual meeting there are more registrants and excellent presentations, we expect the Tucson meeting to exceed any APM meeting so far.

In addition to the camaraderie, networking, good food and fun, committee and SIG meetings, and the business meeting, it's the scientific sessions that draw professionals to the meeting. We encourage you to share your research and experience by submitting one or more abstracts for presentation—an oral paper, a poster, a workshop or symposium, as well as a pre-conference skills course.

All abstracts must be submitted online. The submission system will be available in early February. We welcome abstracts from non-members as well as members, and from old-timers as well as those just starting out in the profession.

When you submit an abstract you must also submit a separate disclosure form that is linked from the abstract system. For workshops, symposia, and pre-conference courses, each presenter must submit the form. For oral and poster papers, only the submitting author needs to submit the form, but the submitting author must speak for all of his or her co-authors and identify which author(s) have a financial relationship with which organization(s).

A new requirement this year is that abstracts for workshops and symposia must be accompanied by three multiple-choice questions addressing the learning objectives of the session. These questions will form a pool of items to be used to pre-test the knowledge of those attendees enrolling in the ABPN's maintenance of certification (MOC) program. More details are provided as part of the online abstract submission process.

We expect the competition for presentations to again be tough this year, so please take care when you submit, and do so by Monday, April 1.

CHANGES TO LIFE MEMBERSHIP APPROVED AT ANNUAL BUSINESS MEETING

At its mid-year meeting in May 2012, the APM Council proposed amending the APM Bylaws regarding the requirements for Life Fellow and Life Member status. Academy members present at the 2012 Annual Business Meeting in Atlanta voted to approve the proposed changes, which affect Section 3.1, Life Membership, of the Bylaws (on the website as a PDF file under the About menu).

The amendment reduces the combined age and membership years from 100 to 95, and changes the annual dues for Life Fellows/Members from zero to an amount determined by Council. Life Members or Life Fellows as of 2012 are exempt from paying dues, but those elevated to Life Member or Life Fellow status in 2013 will pay annual dues of \$100.



Taking time for a group photo during the fun at the Opening Reception of the 2012 Annual Meeting was this young group from the Cleveland Clinic Foundation. We hope they are all future Life Members of the Academy!

NEW LIVE LEARNING CENTER FEATURES 2012 RECORDED PRESENTATIONS

One initiative that emerged from the APM Council's strategic planning session held in June 2011 was the goal of creating an online educational presence for APM members, and future members. This presence is being developed as the new Live Learning Center (LLC) with the technology and assistance of the consulting firm MultiView, Inc.

The initial goal for the Learning Center was to have all previous existing recordings of *Updates* courses, the plenary sessions from 2011, and the *Updates* course and plenary sessions from 2012 available on the site. We are partially there—the *Updates* course presentations from 2004 and 2007 are available now, as are 5-minute previews of the *Updates* course and the plenary and award lectures from 2012.

For 2013 the plan is to also add the pre-conference skills courses and possibly some of the workshops and symposia. Then, as more options develop for making available other educational content, these will be added to broaden the site.

APM members and attendees of the 2012 Annual Meeting will have access to complimentary 2012 session recordings—members indefinitely, and attendees until spring. The Academy office will email APM members their personal login information with the notice that the full session recordings are available.

Committee, SIG, and Affiliated Organization

NEWS

CARDIOVASCULAR PSYCHIATRY SIG

—*Hochang Benjamin Lee, MD, FAPM*

The new Cardiovascular Psychiatry SIG consists of APM members interested in advancing clinical care, education, and research on the relationship between cardiovascular disease (CVD) and psychiatric symptoms. The bidirectional relationships between CVD and various psychiatric symptoms are some of the most replicated findings in psychosomatic medicine and are commonly encountered in the daily practice of psychosomatic medicine clinicians. However, few empirically based guidelines are available to assist and enhance the practice of cardiovascular psychiatry.

The purpose of the SIG is to foster clinical, educational and research collaboration among PM specialists who share an interest in this area. Through ongoing communication through electronic media and a workshop/symposium at the APM annual meeting, we aim to improve the clinical practice of the group members and enrich the knowledge base of APM members-at-large by voicing the perspective of PM clinicians who are at the forefront of providing psychiatric care to CVD patients.

The minutes of our SIG meeting at November's annual meeting are on the web at www.apm.org/sigs/cardiovascular. To join the SIG (and/or our mailing list), please send an e-mail indicating your field of interest, your full name and organization, and your telephone number to hochang.lee@yale.edu.

APM Committees,
Subcommittees,
and SIGs
meet every year at the
APM Annual Meeting

MEDICINE & PSYCHIATRY SIG

—*Thomas Heinrich, MD, FAPM*

The APM Medicine & Psychiatry SIG consists of members of the Academy who have either completed combined training (internal medicine/psychiatry, family medicine/psychiatry, pediatric psychiatry/child psychiatry) or who are practicing in the field of integrated medical-psychiatric care. The goal of this SIG is to bring professionals practicing psychosomatic medicine with like interests together to discuss building careers that integrate medicine and psychiatry, clinical cases, research initiatives, and training issues.

The Medicine & Psychiatry SIG once again presented a pre-conference course at this past year's APM meeting, "Update in Internal Medicine for the Consultation-Liaison Psychiatrist," to help update the busy consultation-liaison psychiatrist in four commonly encountered medical conditions that are present in both the general medical hospital and the ambulatory practicing setting. This is the third consecutive year in which we provided this course and we hope to present four new medical topics for discussion at the 2013 Annual Meeting.

The Medicine & Psychiatry SIG will also meet at the Association of Medicine and Psychiatry's Annual CME Conference in downtown Chicago on October 4th and 5th at the very cool Blackstone Hotel. You'll find sessions on unique integrated mental health-primary care settings, including some that serve as post-graduate training sites. There will also be updates on key topics in medicine, psychiatry, and neuropsychiatry as well as the popular clinical vignette competition for residents in combined training programs.

See "APM Implements New Committee Appointment Process" on page 4.

EARLY CAREER PSYCHIATRY SIG

—*Leeza Park, MD; Patrick Aquino, MD; Divy Ravindranath, MD*

Many thanks to all of the early career psychiatrists (ECPs) who filled out our survey on psychosomatic training experiences and practice patterns at the 2012 Annual Meeting in Atlanta! Nearly half of all ECPs who registered for the meeting completed the survey. Your answers will not only help the APM design programs suited to your needs but will also help our fellowship directors better understand how to optimize training for future residents and fellows.

For those of you who were unable to make it to the 2012 meeting or did not get a chance to fill out the survey, we will be sending an online version of the survey this winter. Please be on the lookout for it in your email

inboxes in January/February 2013! The survey is short and takes 5-10 minutes to complete.

As promised, we will be raffling a total of three gift cards worth \$50 each. Our lucky winners from the annual meeting are Zabe Sayeed and Dave Liu. Our third winner will be selected after we have sent out the online survey.

The feedback you provide is important to the development of our current and future early career psychiatrists. We will be sure to present results from the survey to the APM as well as to you at the next annual meeting in 2013 in Tuscon, Arizona.

PEDIATRIC PM SIG

—Maryland Pao, MD, FAPM, FAAP
& Susan B. Turkel, MD, FAAP

In its first iteration, the APM special interest group C-L Child/Adolescent Psychiatry was formed in 2006 “to meet, exchange ideas, share experiences, and define ourselves.” Since then, there has been growing interest by child psychiatrists to pursue additional training in psychosomatic medicine to enhance the one-month required pediatric consultation-liaison training they now receive in their child and adolescent fellowships. One Pediatric PM program has been established and several other PM programs are tailoring experiences to accommodate PM fellows with additional training in child/adolescent psychiatry. See “Pediatric Psychosomatic Medicine: Creating a Template for Training” (Walker A, Pao M, Nguyen N. *Psychosomatics*. 2012 Nov 53[6]:532-40).

We have also been coordinating through shared listservs and interests with the Physically Ill Child Committee of AACAP and recruiting child psychiatrists who spend most of their time doing psychosomatic medicine to APM. The renamed APM Pediatric PM SIG continues to be an important networking and mentoring group for early career child/adolescent PM psychiatrists.

A PLACE AT THE TABLE: LIAISON RELATIONSHIP WITH THE APA

—Linda L.M. Worley, MD, FAPM, PM Liaison to the APA

The American Psychiatric Association extended an enthusiastic welcome to APM as an Allied Organization Member at this year's fall meeting. This liaison position offers us an official place at the table with a vote on the APA Assembly, the democratic governance body of the APA. Being the frugal soul I am, I entered this adventure with the pre-conceived frustration that my APA dues are too high, with a flickering inner question of “is it really worth it to me to belong?” I've heard this question from many of my colleagues and friends who have ultimately decided not to belong, not seeing the worth in the investment.

After personally observing significant changes over the past several years, I am appreciating the vital importance of belonging to the APA. They need us and we need them.

We are building important bridges between our sister organizations:

- The American Psychiatric Association has an active political action committee that remains abreast of current issues and ad-

vocates for patients and for our field on a national level. The resources required to do this are significant and far beyond the scope of our resources.

- The APA supports the APA Psychosomatic Medicine Committee with staff support and website support and assists with networking to enhance our ability to recruit young talent to the field.
- The 2013 APA Scientific Program Committee has created a Psychosomatic Medicine Track in the annual meeting and many of you will be presenting there! Thank you!!
- Paul Summergrad, MD, FAPM is leading a very visible task force for the APA examining health care reform and the role of psychiatry and which has advocated strongly for our field and the essential role of integrated mental health. See the article by Dr. Summergrad and Dr. Katon below.
- We were invited to submit an overview of who we are. Thank you to multiple lead-

(continued on page 14)

APA WORKGROUP: PSYCHIATRY & HEALTHCARE REFORM

—Paul Summergrad, MD, FAPM; Wayne J. Katon, MD, FAPM

In 2011, APA President John Oldham, MD appointed an *ad hoc* workgroup of the APA Board of Trustees on the role of Psychiatry and Healthcare Reform. The workgroup, chaired by **Paul Summergrad, MD, FAPM**, a longtime member of APM, also includes among its members former APM president **Roger Kathol, MD, FAPM** and current APM president **Wayne Katon, MD, FAPM**.

The workgroup was charged with advising the APA board on the role of psychiatrists in a primary care led/patient-centered medical

home practice, integration strategies for the seriously mentally ill population, and advocacy and communication strategies. The workgroup has been meeting actively over the past year and is scheduled to report this spring. While the specific findings of the workgroup can only be released after approval by the APA board, it is clear from its work that there is a substantial research base in PCMH-related integration and coordination strategies, evidence of increased medical costs associated with psychiatric and substance use illness across all adult

populations, and a wide range of innovation and demonstration projects occurring at many levels of the healthcare system.

Regardless of the specific recommendations, APM members have an important and substantial role to play under healthcare reform. In addition to coordinating care, there are opportunities for training residents and fellows in more ambulatory consultation settings, research in the efficacy of collaborative care models, and creation of expert guidelines for optimal patient care.

GOT A SPECIAL INTEREST? JOIN A SIG!

Many APM members are especially interested in one or more aspects of psychosomatic medicine. We are pleased to sponsor 16 special interest groups (SIGs) which bring together professionals to discuss clinical care, teaching, and research in subspecialty areas. For many years, SIGs have provided vital networking, mentoring, and collaborative support to hundreds of our members. SIGs meet at the annual meeting and also throughout the year via listserv, teleconferencing, and email.

All APM members are welcome to join individual SIGs or to attend their meetings. To join a SIG, contact the chair of the group. Current SIGs and their chairs are listed below. Contact information for the chairs is available in the online member directory under the "Members" menu.

To propose a new SIG, please first read the APM SIG policy (linked from About > SIGs), and then submit the online SIG Request Form linked from the SIG policy page.

Bioethics

Mary Ann Cohen, MD, FAPM
Rebecca W. Brendel, MD, JD, FAPM

Cardiovascular Psychiatry

Hochang B. Lee, MD, FAPM

Community-Based PM Physician Practice Issues

Linda M. Peterson, MD, FAPM

Critical Care

Dimitry S. Davydow, MD

Early Career Psychiatrists

Patrick Aquino, MD

Emergency Psychiatry

Seth M. Powsner, MD, FAPM

HIV/AIDS

Mary Ann Cohen, MD, FAPM
Kelly L. Cozza, MD, FAPM

International Relations

Michael C. Sharpe, MD, FAPM

Medicine & Psychiatry

Thomas W. Heinrich, MD, FAPM

Neuropsychiatry

Yonas E. Geda, MD

Palliative Care

Harold W. Goforth, MD, FAPM

Pediatric Psychosomatic Medicine

Maryland Pao, MD, FAPM
Susan B. Turkel, MD, FAPM

Psychotherapeutic Approaches to the Medically Ill

Harold E. Bronheim, MD, FAPM
Craig Lichtman, MD, MBA

Telepsychiatry

Terry Rabinowitz, MD, FAPM

Transplant Psychiatry

Andrea DiMartini, MD, FAPM

Women's Health

Nehama Dresner, MD, FAPM

A Place at the Table (cont. from page 13)

ers in the Academy who helped to pull together a synopsis to be posted by the APA:

"The Academy of Psychosomatic Medicine is the professional organization for psychiatrists practicing in outpatient and inpatient medical settings. APM members bring specialized competencies and skills that bridge psychiatry and other areas of medicine. The Academy is a sister organization of the European Association of Psychosomatic Medicine; the two groups actively collaborate on essential issues for the field in this era of international health care reform, including fostering and disseminating research that underpins clinical practice and innovative service delivery for persons with comorbid psychiatric and medical conditions. Academy members have particular expertise for developing integrated models of care to improve the quality of mental health care and outcomes of primary care and medical specialty care. APM has subspecialty interest groups such as HIV/AIDS Psychiatry, Bioethics, Cardiovascular Psychiatry, Primary Care and Community Psychiatry, Critical Care Psychiatry, Neuropsychiatry, Palliative Care, Child and Adolescent Psychosomatic Medicine, Women's Health, Psychotherapy with the Medically Ill, Telepsychiatry, and Transplantation Psychiatry."

New

MEMBERS

FULL MEMBERS

Jorge Aguilar-Zanatta, MD
Lillian Arroyo-Rivera, MD
Stacey Gramann, MD
Scott Hansen, MD
Elizabeth Harding, MD
Andrew Kim, MD
Ryan Kimmel, MD
Darin Lerner, MD
Sara Lerner, MD
David Liu, MD, MS
Brad Mcconville, MD
Johann Meyer, MD
Derek Mongold, MD

Chloe Nims, MD
Jon O'pry, MD
Lori Raney, MD
Jane Rosenthal, MD
Nathan Schaffer, MD
Jane Walker, MBChB, MSc
John Wells, MD

ASSOCIATE MEMBERS

Jeanne Heroux, MScN, NP
Mary Royce, NP-BC

FELLOWSHIP TRAINEES

Jessica Chaudhary, MD
Deniz Eker, MD
Ahmed El-Amin, MD
Ted Avi Gerstenblith, MD
Venkatesh Handratta, MD
Iram Kassis, MD
Sumerta Manchandani, MD
Vanessa Padilla, MD
Aileen Park, MD
Taniya Pradhan, MD
Sparsha Reddy, MD
Javier Santos-Cubina, MD

RESIDENTS

Carmela Cowdrey, MD
Laura Csere, DO
Alex Deem, MD
Marley Doyle, MD
Sean Heffernan, MD
Bruce Hill, MD
Larry Hook, MD
Alan Hsu, MD
Elie Isenberg-Grzeda, MD
Sneha Jadhav, MD
Walter Kilpatrick, DO
Christine Osterhout, MD
Vidushi Savant, MD
Ramanpreet Toor, MD

Your 2013 Membership Dues

RENEW BY MARCH 31 & RETAIN BENEFITS

Invoices for 2013 annual dues were mailed to Academy members at the beginning of January. Don't let your benefits with the Academy expire—renew by Sunday, March 31 to retain your access to the online Members' Corner, continue to receive *Psychosomatics* in the mail and to have online access to its excellent articles without having to pay, save 25% on annual meeting fees, and continue to be listed in the online membership directory.

Annual dues are \$225 for regular members, \$175 for associates, and only \$55 for trainees. Dues have stayed the same amount since 2009.

You can renew your 2013 membership online with a credit card, by mail with a check or credit card, or by fax with a credit card. To renew online, go to www.apm.org and:

1. Log into the secure APM Members' Corner. Click the link on the right side of the page to "Renew your membership."

2. Review the information in your profile to ensure it is accurate, and edit or verify the information (two screens to do this).
3. Follow the prompts and fill in the blanks to complete payment. Note that you can also make a donation to the Foundation of the Academy of Psychosomatic Medicine at the same time.

If you have any questions, please contact the APM office at 301-718-6520 or apm@apm.org.

If you choose not to renew, we would appreciate it if you would take a few moments to tell us why you have decided not to renew. A brief explanation to apm@apm.org would be very helpful. APM is committed to serving its members and without your input and feedback, we cannot accomplish our goal.

Thank you, and we hope see you at the 60th Annual Meeting in November in Tucson!

2013 CPT CHANGES

—Sarah Parsons, MD

Major changes to the codes in the psychiatry section of the AMA's manual on Current Procedural Terminology (CPT) – the codes used for billing and documentation for all insurers – went into effect on January 1, 2013. The changes involve using E/M codes (99XXX series codes) to accurately describe the work of each visit and creating add-on codes to reflect the work of psychotherapy and interactive complexity. Many consultation-liaison psychiatrists have been using E/M codes already to describe their work, thus these changes will not be brand new. The changes will allow psychosomatic medicine physicians to not only continue to accurately describe their consultation work with E/M codes (which have not changed), but also allow these physicians to add-on, timed psychotherapy codes when this is also part of the service delivered. C-L psychiatrists are poised and ready to embrace these changes, which will separate the medical work we do from nonmedical psychiatric providers and more accurately describe the work of the C-L psychiatrist. There are five essential areas in which the psychiatric codes are being revised, eliminated, or refined:

1. **Changes to the current diagnostic evaluation code (90801) to distinguish whether the evaluation included medical**

work or did not. The new codes (90791 and 90792) provide for a distinction between an initial evaluation with medical services done by a physician or nurse practitioner and an initial evaluation done by a nonmedical practitioner.

2. **Refinement of psychotherapy codes, keyed to three levels of time spent with the patient and/or family, and inclusion of "add-on" codes when psychotherapy is provided in conjunction with E/M work.** Three new timed codes (30, 45, and 60 minutes) can be used for psychotherapy alone in all settings. Additionally, new "add-on" psychotherapy timed codes (30, 45, and 60 minutes) can be used when psychotherapy is done in the same encounter as an E/M service.

3. **Elimination of the pharmacologic management code (90862) and its replacement with existing E/M codes.** The standard psychiatric pharmacologic management code has been eliminated; psychiatrists can use an appropriate E/M code when they do pharmacologic management.

4. **A new add-on code for "interactive complexity."** In lieu of the current separate codes for interactive evaluation and psychotherapy, a new add-on code for "interactive complexity" can be used when the patient encounter is more complex. This can include situations in which there is a need to manage

maladaptive communication among participants in therapy, when caregivers' emotions or behaviors interfere with implementing the treatment plan, or when there is evidence of a sentinel event that mandates a report to third parties. This add-on code can be used in conjunction with an initial evaluation, psychotherapy, and group psychotherapy.

5. **A new code for psychotherapy with a patient "in crisis."** This code can be used when a practitioner performs an urgent assessment and history of a crisis state, a mental status exam, and a disposition. Treatment in such a crisis might include mobilization of resources to defuse the crisis and restore safety and implementation of psychotherapeutic interventions to minimize the potential for psychological trauma. When a crisis encounter goes beyond 60 minutes, an add-on code for each additional 30 minutes can be used. Psychiatrists have the option of billing an E/M code to describe this work as well.

If you have not received any guidance on the CPT coding changes from the insurance companies with which you work, be sure to contact them and ask whether there is any specific information they need you to know for coding claims for services rendered beginning January 1st.

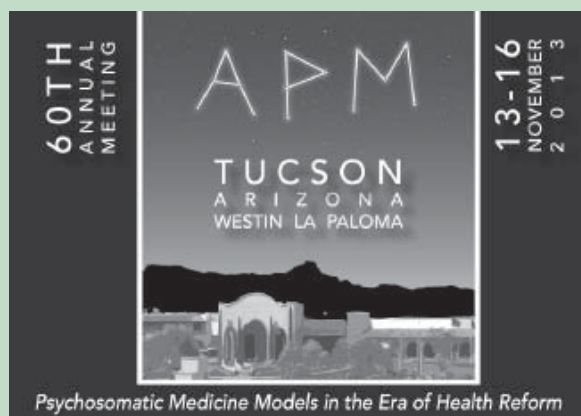
Specific information about the CPT code changes can be found on APA's website at www.psychiatry.org/cptcodingchanges.

Academy of Psychosomatic Medicine

5272 River Road, Suite 630

Bethesda, Maryland 20816

First-Class Mail
U.S. Postage
Paid
Permit No. 195
Frederick, Md



APM 60TH ANNUAL MEETING

November 13-16, 2013

Westin La Paloma Resort & Spa, Tucson, Arizona

"Psychosomatic Medicine Models in the Era of Health Reform"

SUBMIT YOUR ABSTRACT(S) ONLINE BY MONDAY, APRIL 1, 2013!



"100% CAMPAIGN" UNDER WAY

This year the Foundation began the **100% Campaign**, an effort to raise funds from **every member** of the Academy. The goal of the campaign is to endow awards that will support the work of APM members. The generosity of members who attended the Atlanta meeting has launched this campaign wonderfully and fAPM raised \$10,000.

Donations to the Foundation are always welcome! When you renew your membership dues online, note the link to donate to the Foundation at the same time. At other times, or via other means, please see the Foundation's web page at www.apm.org/foundation.

—Philip Muskin, MD, FAPM
Chair, Foundation of APM



Sold! To the man in the leather jacket!

The fAPM live auction during the Opening Reception of the 2012 Annual Meeting in Atlanta helped to raise \$10,000 for the Foundation's work.



Winter 2013

NEWSLETTER

APM — The Organization for Consultation and Liaison Psychiatry