

Introductory Remarks of Assembly Chair

David Fassler, M.D.

Dr. Fassler updated the group about the AACAP meeting day with advocacy groups such as NAMI, Child and Adolescent Bipolar Disorder in March. He introduced the agenda as well. AACAP has also achieved the goal of a full year's operating expenses in reserve.

Presidential Remarks

Thomas Anders, M.D.

- First joint leadership meeting held with the American Academy of Pediatrics to discuss common issues.
- He also spoke about the a recent change in the RRC so that a new "portal" is possible to become trained (and Boarded) in Child and Adolescent Psychiatry (CAP). This is a program for Family Practice and Pediatric physicians to enter a 36 month program (18 months General and 18 months Child) in Psychiatry. Upon completion, they would be psychiatrists in both disciplines.
- Now two child fellows sit on the AACAP council
- Pharma support is drying up. Nevertheless, the Academy will support up to \$75000 for residents to attend the annual meeting. Also, \$50,000 is now put aside to have 2 residents sit on every component with a nod to mentoring, education and recruitment

Assembly Vice-chair's report

Marty Drell, M.D.

Updates on Awards, newsletters, Orientation manual in the Members Only section of the website.

Dr. Drell was told to give an update on Hurricane Katrina→ Still evacuated. Attempts to close the hospital system. Adults win out over children. ERs filled with psychiatric patients. All resident stipends went to charity hospital. Facts:

1. General facts—costliest disaster in history \$200 billion dollars. 1.5 million people displaced. Entire St. Bernard parish under water. 2000 people not accounted for. Went from majority black to majority white.
2. New Orleans went from biggest to 3rd biggest city. Some see it as "Punishment to sinners."
3. If there is a choice between food, shelter, water and mental health, what do you pick?
4. Adult psychiatry trumps child psychiatry.

Lessons learned: Do early disaster planning.

1. Pick leaders carefully
2. Train leaders—General Skills and Disaster Specific Skills
3. Do disaster plans—leave as little as possible to chance, disseminate plans, have drills, update them after every disaster
4. Build Mental Health into all plans especially for Children/Adolescents
5. Support healthy systems of care
6. Communication issues must be dealt with
7. Work towards coordinated data system
8. Work toward coordinated system of survey/assessment tools
9. Work on more efficient ways to quickly integrate volunteers
10. Define models of conceptualizing the disaster and how this impacts interventions
11. Carefully differentiate populations: normal, "at risk", those with pre-existing conditions
12. Designate convening bodies and who is in charge of them beforehand
13. Carefully define levels and types of interventions
14. Create ways to identify agencies involved and what they will and won't do, to who, with whom, where, for how long?
15. De-politicize the process as much as possible

Secretary-Treasurer's Report

Michael Houston, M.D.

What to do about no support from pharmaceutical companies? See special section below about new restrictions on pharmaceutical companies to visit child psychiatrists. Also, each ROCAP such as WSCCAP will have a webpage (with instructions on how to put together the webpage) on the redesigned AACAP website.

Subcommittee on Workforce Issues

Michael Houston, M.D.

Review of AACAP awards/grants. Guy Palmes has been working on membership. There are 7480 members and possibly 500 or fewer additional CAPs who are not members of the Academy. There was a lot of lively discussion on how to increase the number of members. Question: why doesn't supply and demand work in CAP? Perhaps increased pressure on insurance companies to increase reimbursement. John Rose of Washington State mentioned not all CAPs see kids. Someone mentioned that the percentage of hours devoted to CAP patients might be on average across the nation 30 percent. John Rose then suggested polling members to find this out and that perhaps some of our efforts to solve the Workforce issue could be improved by increasing the percentage devoted to child. Marty Drell will become the Membership Czar to coordinate all of the membership committees in the AACAP.

Collaboration with the American Medical Association

David Fassler, M.D., Louis Krauss, M.D.

AMA is an organization with more political clout. Large return for energy invested. AMA budget \$300 K/year.

Policy Statements directly resulting from AACAP member influence:

1. All college students should have health insurance (given the prevalence of depression and suicide), were presented on Depression and Suicide on college campus all college students should have health insurance.
2. Role of physicians in interrogation of detainees. Answer: there is no role.
3. Eating Disorders → there are over 500 websites on pro-eating disorders. Policy against these.
4. Treatment of depression during pregnancy.
5. Asked AMA to update the 1997 review of diagnosis and treatment of ADHD.

Access Initiative

Alan Axelrod, M.D.

Updated a number of initiatives with Campaign for America's Kids funding. For now, these are seed grants of just a few thousand dollars. Part of the criteria of acceptance include how reproducible is the project in other parts of the country and does the project improve access to child mental health services? Delegates suggested that we might wish to have the contact information for the projects listed and any additional outside agency foundation support to help start similar projects locally.

1. Blending drama and trauma therapies with school kids who set the agenda and then act it out with guidance.
2. Consultation/collaboration to improve education about treatment for ADHD in the Primary Care setting.
3. Oregon telemedicine network. Consultation to a residential treatment program between visits to improve continuity of care and involvement.
4. Louisiana—funding the use of an RV as a mobile mental health clinic for rural areas.

CAPTN

Steve Cuffe, M.D.

SSRI protocol short and long term safety and effectiveness is being launched with aid of about 260 CAPs. Er, the only one signed up from Washington State is John Rose and he already participated in the previous study.

Maintenance of Certification

Sandra Sexon, M.D.

The ABPN is moving toward adding an evaluation of performance in practice, such as a chart review and second-party external review (beginning 2010). The CME requirements for the Lifelong Learning will be a total of 300 CME hours every 10 years.

Pharmaceutical Sales Reps visiting Child Psychiatrists

A.J. Allen, M.D.

A.J. Allen is a CAP who now is on staff at Eli Lilly. He was invited to talk about the change in the office visit patterns of pharmaceutical companies. He said that the main concern is the medical-legal liability for marketing off-label use of medication. Furthermore, each company has a different policy, which avoids the anti-trust implications of a unified policy. What some of the companies have done include: no visit to children's hospitals, no visits to CAPs if not in a group practice with a general psychiatrist, and signing a statement that 20% of the CAPs' practice is seeing adult patients. Here's why:

1. Industry economics and trends
 - a. Many drugs going off patent—no longer promoted by companies, therefore less sales force.
 - b. Not as many new meds in neuroscience.
 - c. Focus shifting away from NS to some extent
2. Office of Inspector General (OIG) report and recent opinions (indigent patient population—accounting nightmares)
3. Recent activity by Federal and state attorneys general—off label use of meds. Billion dollar fines if drugs routinely used off label. Fines and reimbursement for the sales cost.
4. Political Environment—Charles Grassley Senator → any attempt to look for impact on influencing guidelines. Subpoena records etc.
5. Media environment
6. Criticism from within medicine → NEJM and JAMA critical as well.

Unless a labeled indication for a med for a kid, highly unlikely sales reps will come in. Reps won't leave samples for kids (can for adults in some cases). Bill Arroyo from California asked if it is possible to opt out of prescribing practice information for individual physicians? David Fassler mentioned that there is a way for AMA to do this but it's buried deeply on their website.

For Indigent Patients: Partnership for Prescription Assistance (PPA)—www.pparx.org (1-888-4PPA-NOW)

1. National program to help patients in need get prescription medications
2. Single point of access to over 275 public and private patient assistance programs

Open Forum

1. Alan Axelrod—Asked that at the Annual meeting that CME be broken down by type. Pennsylvania is a stickler that some CME is on on patient safety and risk management.
2. Bob Shriver—northern California. Member sued for sex abuse 25 after the fact (physical exam). No record. Spent \$1000000 in his defense and molestation. Now with the priest molestation cases the statute of limitations has been dropped. How can AACAP help members? How to keep track of our malpractice for so long ago?

- a. Answer from the floor: Generically, the Agency keeps record (AACAP). Throw policies out after 7 years. Need to keep your own records. Your agent always has those records. APA no keep records, the agent does.
3. Please donate artwork for the fall AACAP meeting in San Diego. Art show will raise money to donate to the Campaign for America's kids. Silent auction on the website? Donate artwork? Vacations?
4. Delaware→Mard Ford made observations from his 20 years as Assembly Delegate
 - a. 12 child psychiatrists in Delaware. Child Psychiatry frequently the "Rate limiting step" in access.
 - b. Social workers and psychologists don't get paid enough nowadays in public mental health, so they aren't there as much. Now it takes a long time for someone to even get screened to see the CAP.
 - c. CAPs often in a Consultation/Liaison role with other specialties.
 - d. CAPs establish guidelines for use of medications in children.
 - e. Working with NPs→ not enough. The collaboration has helped more than it hurt.
 - f. Training adult colleagues about medications→ can't directly talk about off-label use of meds unless asked
5. Melvin Otis New York Council. Career night for medical students and General Psychiatry Residents. He asked if we could have AACAP train the ROCAPs regarding how to approach Senators/Representatives for initiatives.
6. Delaney (New Jersey)→ would the Academy find a method for CME certification to lower cost and facilitate access?
7. Delegate from Hawaii. AACAP should examine what happens to kids as they age into the adult system? David Fassler mentioned that Vermont is funding a study to look at the transition to adult services.
8. Caroline Seyon greater Washington society discussed the "Suboptimal inpatient psychiatric care" at some hospitals characterized by "Poor communication between inpatient and the referents child psychiatrists", they are sometimes staffed by adult psychiatrists as well who aren't trained in child development and family involvement.

APA Position Statement on Adjudication of Youth as Adults in the Criminal Justice System

Bill Arroyo, M.D., Louis Krauss, M.D.

After much debate the Assembly voted to pass it on for review by the Executive Council. Their main points:

1. Approved by APA which emanated from APA subcommittee.
2. Effort to discourage states from trying youth in the criminal justice system.
 - a. States provide harsher sentences thought decrease recidivism, increase public safety. Never been shown.
3. States limit transfers of youth to Criminal Justice System. Mandatory transfers—try to begin to address this issue. Presented to APA Assembly with Bill Arroyo as primary author.
4. Dual duties: *Parens Patriae* vs. Police Protect the society. Main idea is not to group together children with adults.
5. The position statement was reviewed extensively over 2 years in the APA: Council of children and family, Forensics and the Assembly.

Collaboration with AAP District Branches (information kit)

Michael Houston, M.D.

The Academy has put together a kit to better link up locally with Pediatricians. The kit includes:

- AAP District Branch Contact Info.
- How to create a Joint Local MH Task Force
- Peds/CAPs Negotiating with Insurers
- Starting Collaborative Office Rounds
- Ideas for AAP DB Newsletter Articles
- Creating Local Liaisons
- Linking Local Web Sties
- Best Practice Models for Clinical Collaboration
- Want you to come back to build an ongoing relationship relationship
- Certificate in Child Mental Health issues→ SW, psychologists, nurses
- Bring in P.O.s, Judges, Attorneys
- Child therapists and Child psychoanalysts
- Mental health advocacy groups→ McNeil grants

President-Elect's Report

Tom Hendren, M.D.

1. Initiative—who will fill the gap if CAPs don't fill the need? For his Presidential Initiative he would like to use the website to be a "progressive informational tool". This might include steps 1 through 3 to be information for families leading from the very general to the very specific. Further steps 4 through 7 might be for PCPs to get CME. For instance, a portion might include streaming video to demonstrate what a kid who has mild ADHD might look, or how one who is severe with aggression might appear.
2. Tom Hendren is also the head of the Taskforce on Intellectual Property. Attempts by the Academy to partner with Medscape failed because Medscape limited AACAP's control over content. The Academy has found a better vendor.

Question: should the Assembly simplify the election of the chair by eliminating the Vice Chair and instead making an “Assembly Chair-elect” who would, after 2 years, simply become the chair? The reason for this discussion was that the Vice Chair has a distinct advantage as a candidate to become Chair of the Assembly and last election the opposing candidate publically cast his vote for David Fassler. A delegate from California said, “Unopposed elections are a sham.” A lot of debate ensued with the group finally deciding to leave the current system in place by a very narrow margin. Some additional off-topic discussion focused on the difficulty of bringing new people in to do the labor while honoring those who diligently volunteer years of their time in public service.

Special Report on FDA—Hearings

Adelaide Robb, M.D.

1. ADHD drugs

- a. Drug Safety and Risk Mgt committee—adult cardiologists and epidemiologists were charged to look into rare side effects. Task—how do we know how common this event is? 25 cases reviewed with 19 cases below 18. Public testimony was commandeered by Scientologists home based nearby. The Scientologists testified without disclosure (save one) of affiliation. Adult Cardiologist Howard Nissim, M.D. was alarmed and concerned that men over 50 with heart disease would be prescribed large quantities of Adderall. They didn’t discuss the risk but instead voted to recommend a black box warning and a medication guide in part because at the last minute two members were replaced on the committee. One of the members who voted in favor did not know what a medication guide was. Final vote was 8 to 7 with one abstention. Dr. Nissim testified that “one in ten ten-year-olds are on Adderall” and said, “I want doctor’s hands to shake before writing a script.” Neither Pediatrician spoke up. Scientists Dupont Circle. Heard testimony. They didn’t discuss risk instead to recommend black box warning.
- b. In between made a big effort to mobilize group. Pediatric Advisory Committee met and was charged to synthesize the evidence and make recommendations. This time the testimony was more even in numbers and included 10 CAPs and 10 families. The story was now two-sided. They decided data obtained through the FDA Adverse Event Reporting System was adequate and that MEDWATCH provided enough evidence to make a decision about whether or not to issue this strong of a warning.
- c. Final recommendations: ADHD: No BBW. Add Medication Guide.

Discussion: So little is known about long term studies. Drug studies NIMH doesn’t fund. FDA is starting to move from short to intermediate length studies but no one is studying long term effects. Other Delegates suggested there is a lot of stigma and scrutiny towards psychiatry. Furthermore, we do know that the disorders damage the child. Finally, the long term studies of medications many adults have to take for years such as statins and high blood pressure medications, are unknown.

Capitol Hill Day Report (May 4, 2006)

Nuula Moore, M.S., Kristen Kroeger, M.D.

138 visits + 100 CAPs +5 family members. Already a few members of Congress switched over to supportive. New advocacy committee has been formed, as well. She strongly urged those who met with Legislators follow up in a week or two. “This is the trial run.” Testimony from Hawaii was that the 5000 mile travel to D.C. was worthwhile. Kristen also said to visit the Legislators when they come back (to Washington State) during the summer recess. Floor comments were aligned with bringing along more families and include Pediatricians, NAMI, and CHADD for local visits. To get regular state-organized legislative alerts contact: ebaker@aacap.org

Open Forum II

- Ginger Anthony: program committee is tightening up the disclosure statements at annual meeting.
- Bill Arroyo: total number of beds in California reduced by 10. State Department of Mental Health is not endorsing use of Medicaid funds for involuntary hospitalization.
- Washington State—Jim Harle. Regional Support Network of Whatcom County is no longer deeming PDD as an appropriate psychiatric disorder and therefore will no longer reimburse for diagnosis of Autism. The RSN rationalizes that this is pass on to agency. No longer treat autistic kids. PDD is not an appropriate psychiatric disorder. The RSN is interpreting Federal guidelines as supporting their decision. Does anyone know about this? From the floor: Health services removed out of mental health and into Developmental Disabilities a while ago.
- Clarence Chou (WI): Try to identify a legislator “trip wire” who will keep us abreast of critical legislation. Kristen then mentioned that legislators have their own legislative alerts to which we have no access. She underscored the importance of forming the local relationships with the politicians friendly to child mental health to keep informed both locally and nationally, and to then pass the information along to the Academy.

Adjourned

--submitted by John Rose