

ASK THE APA CANDIDATES ...

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What is your number one priority, and how would you work towards achieving that?

My # 1 goal is : Improving the Lives of Psychiatrists and Their Patients. This involves a multifaceted strategy that includes:

- a. Emphasizing the medical identity of psychiatry which is sometimes diluted within the large space of mental health. I will propose that the term “physicians” be inserted within the APA name, so it becomes “American Psychiatric Physicians Association” or APPA.
- b. The discriminatory stigma that tarnishes mental illness and causes hesitation to receive psychiatric help must be eradicated.
- c. Pre-authorization must be eliminated! It harms patient care and frustrates psychiatrists every day. Insurance companies are practicing medicine without a license by deciding in absentia what meds should or should not be used for a patient,
- d. The lack of effective laws of parity is a travesty that must be corrected ASAP.
- e. Electronic medical records have become a huge impediment in patient care, causing much stress to psychiatrists and reducing the time they can spend with their patients
- f. Mental health professionals without formal medical training are not qualified to prescribe.
- g. Board certification and MOC must be cheaper and less onerous

What is your position on affiliate membership for non-physicians? How will you advocate for your position within this organization?

I strongly oppose affiliate status for non-MD/DOs . It will dilute the medical identity of psychiatry. I will strongly advocate for this position. I welcome family physicians, internists, pediatricians and obstetricians as affiliate members, but non-physician groups like social workers, psychologists, RNs and counselors can be given the status of “special partners” or something similar, because they do share many of our goals but not our medical background, perspectives or language. For example, those who suffer from psychiatric illness are PATIENTS, not clients, as many non-physicians refer to them...

From a member services perspective, what would you do to meet the professional needs of psychiatrists throughout their career from training to retirement?

There are several ways to meet the professional needs of psychiatrists from residency to retirement, which I would strive to implement

- a. All psychiatrists must belong to the APA from the PGY1 year till retirement. We must all be unified as a profession. However, dues must be titrated up over 5 years for ECPs. Many drop out at the end of residency, primarily because of the high dues
- b. Meeting the needs of all psychiatrists can be greatly enhanced by fighting the demoralizing stigma, the lack of full parity, the pre-authorization hassles, the MOC challenges, managed care irrational constraints on psychiatrists and getting reimbursed for patient phone calls
- c. I would conduct annual surveys of APA members to gauge what their evolving needs are and try to address them.
- d. Psychiatrists would feel much better if their patients are admitted to a hospital setting, instead of incarcerated in jails and prisons like criminals.

- e. The local APA structures [District Branches] should develop a rapid communication system among their members, and tap the collective wisdom of psychiatrists to address local and national challenges. The APA can be nimbler with rapid communications