

AAGP'S THIRD DECADE

Seeking greater visibility and a more influential voice in the world of health care policy, the association began to spread its wings as the new century dawned. Through its leadership, including Executive Director Christine deVries, new to the AAGP in 2000, the association developed close ties with members of the U.S. Congress, officials of federal agencies impacting the access to quality mental health care, and like-minded organizations working to improve the quality of life for older adults and the mentally ill. As Past-President William Reichman, M.D., said during his presidential plenary address, the focus was “to give our profession a louder collective voice in the national debate on such public health issues as Medicare reform, while actively establishing greater visibility of geriatric psychiatry as a dynamic medical subspecialty for the care of elderly patients and their families.”



William Reichman
AAGP President, 2000–2001

Advocacy

The AAGP's strong advocacy role—making the collective voice of geriatric psychiatry heard by federal legislators, the White House, and federal agencies—began taking shape early in its existence. Association members began to navigate the political waters in the early 1980s, speaking before Congress on significant health policy issues such as health care benefits for Alzheimer's disease patients and research funding. Knowing with whom to talk in these early years allowed AAGP representatives to successfully push for fellowship training legislation to include funds for the training of geriatric psychiatrists.

Beginning in 2000, the AAGP tackled health policy with renewed vigor, presenting the case to the nation's leaders for greater funding for geriatric mental health research and training, and better access for older Americans to quality mental health care. The association's efforts included testifying before Congress, assisting with legislative language, and briefing members of Congress and congressional staff on the issues of aging and mental health.

1997

GPA launched Initiative on Alzheimer's Disease and Related Disorders

- Consensus Conference on the Treatment of Alzheimer's Disease and Related Dementias held. Co-sponsored by the Alzheimer's Association and The American Geriatrics Society
- “Diagnosis and Treatment of Alzheimer Disease and Related Disorder,” Consensus Statement of the American Association for Geriatric Psychiatry, the Alzheimer's Association, and the American Geriatrics Society (Gary W. Small, MD, et al), published in the *Journal of the American Medical Association*, October 22/29, 1997, Vol. 278, No. 16.

- Fall regional symposia held

Long-Term Care Initiative launched. AAGP, the American Medical Directors Association and the American Society of Consultant Pharmacists surveyed members.

Regional Practice Management Workshops launched

Stepping Stones Program for residents and fellows held for the first time at the AAGP Annual Meeting

AAGP Annual Meeting in Orlando, Florida: 750 attendees

ABPN re-named examination the “Certification in the Subspecialty of Geriatric Psychiatry”

1998

Successful Management of Geriatric Psychiatric Practice published by AAGP. Editors: Gary Moak, MD, Alan Siegal, MD, Jeanne Jackson, MD

Management of Geriatric Depression Complicated by Comorbid Illness educational material published by AAGP/GPA

Diagnosis and Treatment of Late-Life Depression: Making a Difference educational material published by AAGP/GPA

Behavioral Disorders in Dementia: Agitation, Aggression, and Psychosis educational material published by AAGP/GPA

Regional symposia on behavioral disorders in dementia and late-life depression held

Hospital Grand Rounds on Late-Life Depression organized, ran through 1999

In an effort to reverse the apparent decline in federal funding for geriatric mental health research, AAGP members met with National Institute of Mental Health (NIMH) officials and congressional staff, recommending changes in funding and procedures. In

congressional testimony, then President Stephen Bartels, M.D., M.S., highlighted the decreasing percentage of dollars for late-life mental health research within the NIMH and the Center for Mental Health Services (CMHS), a component of the Substance Abuse and Mental Health Services Administration (SAMHSA). AAGP testimony recommended that funding for aging grants be increased, that grant review committees include experts on mental health and aging, and that NIMH and CMHS provide the infrastructure to support the development of aging research initiatives.

As a result, both the House and Senate appropriations committees strongly urged NIMH to expand aging research and commit the appropriate resources. In response to AAGP actions, the NIMH began steps to review and recommend infrastructure changes at the agency to increase the focus on geriatric mental health. Successful advocacy efforts also resulted in an appropriation of \$5 million to the Department of Health and Human Services in 2002 for a geriatric mental health program to be administered by the CMHS.

In addition to research funding, the association has actively supported passage of mental health parity laws for the Medicare program and private, employer-sponsored insurance programs that would mandate equal benefits for the treatment of both physical and mental disorders. In 2001, Stephen Bartels joined Sen. Paul Wellstone, D-Minn., and Rep. Pete Stark, D-Calif., as they introduced the Medicare Mental Health Modernization Act of 2001 to establish parity in the Medicare program. The association worked with Rep. Marge Roukema, R-N.J., to advance a bill to repeal Medicare's discriminatory 50 percent copayment requirement for outpatient services under Part B. In 2001, the AAGP also worked with legislators to increase the number of physicians specializing in geriatric care, including geriatric psychiatry, through training incentives and greater Medicare reimbursement.



The association's recent advocacy efforts extended to the mental health of older veterans. In 2002, then President Gary Kennedy, M.D., testified before Congress recommending spending levels within the Department of Veterans Affairs and how funds should be allocated. The AAGP also assisted Rep. Patrick Kennedy, D-R.I., with language for his Positive Aging Act of 2002, designed to provide comprehensive mental health services for the elderly in community-based settings. Demonstrating AAGP support, Gary Kennedy participated in Representative Kennedy's press conference unveiling his bill.

In addition to working closely with NIMH and CMHS officials and legislators, the AAGP has and continues to provide guidance to the Centers for Medicare and Medicaid Services (CMS, formerly the Health Care Financing Administration, or HCFA) and the Office of Inspector General at the Department of Health and Human Services on such issues as Medicare reimbursement and health care practices in nursing homes.



1999

Geriatric Psychiatry Self-Assessment Program published by AAGP.

Editors: Gary J. Kennedy, MD, editor-in-chief; Marc Agronin, MD; Stephen M. Schienthal, DO; Michael J. Tueth, MD

First Teaching Day held at AAGP Annual Meeting

AAGP held first open elections for three Board of Director openings

American Journal of Geriatric Psychiatry available online

AAGP membership: 1600

First Surgeon General's Report on Mental Health: includes in-depth chapter on older adults and mental health

First White House Conference on Mental Health: AAGP participated in Service Capacity and Provider Issues/Setting pre-conference session

2000

Long-Term Care Initiative held multi-discipline consensus conference titled "Providing Optimal Mental Health Services in Long Term Care"

AAGP Affiliate Membership Program established

Open elections of AAGP officers implemented

New executive director: Christine deVries

AAGP Annual Meeting in Miami Beach, Florida: attendance exceeded 1,000

Practice Enhancement Program (PEP) workshops launched

AAGP testified before FDA: Davangere Devanand, MD, spoke on the development of specific indications for labeling of psychotropic drugs to treat psychopathology in patients with dementia

AAGP joined the Mental Health Liaison Group

34.8 million Americans age 65 or older, 12.7 percent of the U.S. population (Source: U.S. Census Bureau)

Education

In addition to expanding its annual scientific meeting, the association continued to extend its educational events to the greater health care community. Reaching out to general psychiatrists, geriatricians, primary care physicians, and psychiatric nurses, Practice Enhancement Workshops were held in 2000 and 2001 to help participants recognize mental disorders in the elderly and build confidence in treatment decisions. In 2002, an expert faculty conducted a Clinician's Institute for non-geriatric psychiatrists and by way of case studies reviewed the diagnosis and treatment of late-life mental disorders.

To foster collaboration among the education community, the AAGP launched the highly successful Training Directors Program in 2001. The program brings together more than 60 directors from training programs accredited by the Accreditation Council for Graduate Medical Education.

