

Letter from the Editors

Major Depressive Disorder and Suicide

Depression continues to be highly prevalent, accounts for more disability worldwide than any other disorder, and is the most significant risk factor for suicide. In this issue of *FOCUS* we review the interface between large-scale effectiveness trials, advances in neuroscience, and the development of new imaging techniques that have allowed practitioners in the field to begin to understand this diverse syndrome we call major depressive disorder.

We emphasize two ideas: one—we are beginning to make evidence-based decisions about etiology and approach to treatment of depressive disorders; and two—there is an understanding of where the field is with regard to the causes and an approach to the prevention of suicide. Because these topics have a historic relationship highlighted by recent U.S. F.D.A. reports, we felt it was important to combine thoughtful work about neurobiology and treatment of depressive disorder with state-of-the-art pieces addressing suicide.

This issue also features *Performance in Practice* tools for Major Depressive Disorder. Laura Fochtmann and coauthors provide two distinct PIP tools, one designed as a traditional retrospective chart-review and the other designed as a “Real Time” survey instrument. We hope you will review these Real Time PIP tools and return the survey on Real Time PIP to us for additional CME credit. Your comments about the utility and effectiveness of the Real Time MDD tool will provide valuable feedback. This is an opportunity for you to join with APA in the development of useful PIP tools. APA and *FOCUS* are committed to enhancing Lifelong Learning and providing resources for psychiatrists to maintain their board certification and the highest quality practice.

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Performance in Practice in Maintenance of Certification

The American Board of Medical Specialties (ABMS) has designed the Maintenance of Certification (MOC) Program for its 24 Member Boards that consists of four components: Professionalism, Self-assessment (SA) and Life-Long learning (CME), Performance in Practice (PIP), and Cognitive Expertise. Specific ABPN requirements to fulfill each of these MOC components as well as the timeliness for their completion are available on the APBN website (www.abpn.com).

Each PIP Unit consists of two parts: a PIP Clinical Module and a PIP Feedback Module. Over the ten-year ABPN MOC cycle, diplomates will be required to complete three PIP Units, and this requirement will be phased in beginning in 2013. PIP Clinical Modules require diplomates to collect data from at least five of their own clinical cases in a similar category (e.g., diagnosis, type of treatment, location of service) over the previous three-year period; compare that data with published best practices, practice guidelines, or peer-based standards of care; identify opportunities for improvement in the effectiveness or efficiency of their clinical activities; take steps to implement the suggested improvements; and, within two years, collect the same data on another five cases in the same category to see if improvements in clinical activities have occurred. This issue of *FOCUS* includes a chart review checklist that diplomates might use to document how their clinical practice compares to the practice guidelines for Major Depression. Using this checklist and other similar instruments will be one way for diplomates to demonstrate their commitment to continuous quality improvement in the care they provide to their patients.

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