

My name is Kati Duncan, and I am a clinical psychologist who has worked with bariatric patients in private practice since 2005. I am the owner and director of a private practice that has grown in the past several years to a practice of 14 clinicians, all specializing in bariatrics. While this rapid expansion has allowed us to provide essential services for our bariatric patients, it necessitated a deep dive into the business aspect of behavioral health to include meeting with insurance company executives, negotiating rates, and advocating for authorization for behavioral care services for our patients. I now feel compelled to share this experience and knowledge with others and assist in developing support to my fellow ASMBS members through education and advocacy at the national level.

For many years, I knew ASMBS only as it relates to the annual conference. As an occasional presenter but primarily an observer, I have remained quietly in the background until colleagues encouraged me to become more involved a few years ago. I have been incredibly grateful for this opportunity as it has reminded me of the immense potential of what can be accomplished at the national level to help improve the patient experience, an area I feel incredibly passionate about.

Having attended the ASMBS conferences for many years has come with some observations that I feel may contribute to some of my goals and visions for ASMBS. There has been a subtle divide in behavioral health between those in academia or large hospital systems and those in private practice. Traditionally, most of those who volunteered to be in leadership positions and stepped up to present at the conferences were often in academia or large hospital settings. Sadly, after the conference, these individuals would then get feedback that "it's always the same people." This feedback always left me confused and frustrated on their behalf. These clinicians pour their heart and soul into their committee positions and presentations at the conference. They are always encouraging others to get involved, yet it seems their invitations are seldom accepted. I would love to work to advocate for bridging a gap and adding new faces to our membership, leadership, and conference speakers to help support these colleagues who have shouldered the responsibility for many years. I know there are so many of you who are sitting quietly in the background, like I did, but with so much to offer and I would be eager for the opportunity to bring new faces, new voices, and new connections to our community.

With the landscape in behavioral health shifting with more individuals working independently, this need for connection to ASMBS, training opportunities, and credentialing is critical. My vision is to assist ASMBS so that it can offer support and advocacy for behavioral health clinicians functioning in these independent roles with regard to competency, reimbursement, and networking. I am excited about the future of

behavioral health providers in ASMBBS, and I look forward to many more years of advocacy with this society!