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APA President-Elect Candidate Statement for the
Academy of Psychosomatic Medicine

1. We are interested in stronger collaboration between the APA and the APM; what plans do you have to improve the collaborative relationships between ABPN approved psychiatric sub-specialty affiliate organizations and the APA? How would you plan to assure that their voices and expertise be heard at the highest levels of the APA?

Today we stand on the brink of reform to the health care delivery system, and the profession must be prepared to identify opportunities to expand access to needed mental health services by collaborating closely with our colleagues in psychiatric sub-specialties as well as the medical specialties. As the medical society representing over 35,000 psychiatrists, the APA has advocated for increased access to health care for all, including children, the elderly, individuals with persistent mental illness and substance use disorders as well as individuals with co-morbid medical conditions. As APA President-Elect, I will ask that the APA President call for a meeting of members of the allied psychiatric and psychiatric sub-specialty organizations to discuss plans to address the anticipated increased utilization of psychiatric services under health system reform. It is clear that in order to achieve these goals we must maintain close alliances with our subspecialty colleagues and our primary care colleagues and together use our creative ideas to move forward to address these challenges. The APA has embarked on work to build strong collaborative alliances with allied psychiatric groups. This is a process we can build upon to maximize our profession's ability to deliver psychiatric services in non-traditional settings. The recent meeting of the Academy of Psychosomatic Medicine held in November 2009 was notable in its discussion of successful models that expand the delivery of psychiatric services to greater numbers of patients in coordination with primary care physicians. There is also an APA Task Force actively working on these concerns. As APA President, I will continue this initiative and plan that our advocacy and legislative efforts are supportive of building on collaborative and integrative models of care between psychiatry and primary care. As APA President, I will continue this work and plan that our continued advocacy and legislative efforts are supportive of important initiatives such as these.

2. Currently Psychiatric Subspecialty Fellowship programs are struggling to fill their available positions. Potential trainees find the requirement to repay their student loans (or accrue significant interest while in training) difficult. What ideas do you have to make subspecialty training more appealing /affordable?

With the rapid advances in scientific knowledge and our understanding of this importance to psychiatric medicine, this is a very exciting time to be a psychiatrist. For new medical students and those finishing their training, this is also a time of significant debt. The fact that loan repayment is a prominent consideration in physicians' plans for advanced training is shared by all subspecialty training programs. In response to this,

APA and other subspecialty organizations have lobbied Congress for debt relief for physicians seeking additional subspecialty medical training. In the most recent health system reform draft bill (Senate HSR Bill H.R. 3590 (Patient Protection and Affordable Care Act), workforce provisions authorize up to \$1.15 billion in FY2015 for scholarship and loan repayment, the establishment of a loan repayment program for pediatric subspecialties and mental and behavioral health service providers working in underserved areas. Additional provisions in the bill address the “establishment of a primary care extension program to educate and provide technical assistance to primary care providers about evidence-based therapies, preventive medicine, health promotion, chronic disease management and mental health”. With this language, it appears that advocacy to promote the psychosomatic liaison relationship with primary care physicians in terms of education, health promotion, and mental health is in line with the goals of this legislative initiative and should be advocated by APA and AMA in support of the bill.

3. The high cost of APA dues in addition to state psychiatric association dues likely drives the attrition in membership from the APA. What ideas do you have to streamline costs while improving inclusiveness to improve the value of APA membership to the individual member?

In these difficult economic times, concern regarding the cost of association dues is a frequently asked question. With the recent reduction in the number of components within the APA, direct member involvement in the work of the profession has also been significantly reduced. Members all across the country have made their concerns known to the leadership, with many offering ideas on how to improve inclusiveness and add value to continued membership in the association. Some of the ideas I would consider as President-Elect include requesting that the President: 1) appoint a committee of members to survey the general membership regarding membership dues and benefit structure and make recommendations for changes consistent with member preferences; 2) consider a structure for establishing joint membership discounts with allied psychiatric organizations (such as APM); and, 3) develop work groups with allied psychiatric organizations to work on projects of mutual interest and importance to improving quality of psychiatric care utilizing online or video technologies to facilitate the work at minimal cost.

As noted earlier, it will be important to meet regularly with allied psychiatric subspecialty groups who have experience with providing coordinated psychiatric care based on the best evidenced based models currently available. As we stand on the brink of reform to our nation’s health care system it is more important than perhaps ever before that we work closely with our psychiatry sub-specialty colleagues to assure the best possible care is being provided.

4. How will you advocate for the integration of psychiatry into the medical home in the current health care debate?

There is some research evidence to support that integrated health care, using models with primary care physicians, case managers and psychiatrists is successful with optimal use of psychiatric expertise and significantly improved patient outcomes. One of the major challenges with this research is that the support for it has been primarily through time limited grant or foundation awards. As President-Elect I will call for creation of a work group to develop guidelines that the APA will promote as an acceptable standard of care for this new model of health care delivery. Working with groups such as APM, the APA must ensure that as discussion of this model moves through the health reform debate, promising practices promoted by APA, APM and other psychiatric organizations are incorporated into the program design.

5. How do you plan to develop coordinated efforts with other medical specialties- especially primary care disciplines (Family Medicine and General Internal Medicine)?

In order to develop coordinated efforts with primary care and other medical and mental health specialists, it is necessary to hear their ideas of how to best meet the health care needs of our patients. As President-Elect I will convene discussion forums to hear what these groups see as the major impediments to care, their ideas for how we might address these concerns, ideas for how we can address issues of financing and reimbursement for coordinated care, and strategies for training future psychiatrists to work across the traditional boundaries that have separated psychiatry from the rest of medicine. We need to have **all** physicians interested in delivering the best quality care to individuals with mental illness working together to assure that changes with any health reform include our best ideas to meet the complex needs of the patients we serve