

**Donna M. Norris, MD**  
**APA President-Elect Candidate Statement for the Northern  
California Psychiatric Society**

Questions:

**1) If you should become APA President, name three people (staff or APA members) from whom you would seek counsel.**

If I am elected to become President-Elect of the APA, there is one year prior to becoming President in which I have to continue to dialog with members to ensure that the transition into the presidential year is seamless for the members and the organization. I have been on the APA Board of Trustees as APA Secretary-Treasurer and as Area 1 Trustee. I have served as Speaker of the Assembly. This experience will stand me in good stead to take on this new APA leadership role which requires the knowledge and skills to work with both APA members and the governance structure. During my long term involvement in the work of the APA, I have had the opportunity to meet with many members of the district branches and state associations and know firsthand many of the concerns which they face locally. There are key roles within the organization with which I will need to maintain close communication especially in this time of economic downturn in the country and fiscal constraint for the APA. They are: 1) APA Medical Director, who is the Chief Executive Officer and manages the staff and operations of the Association including the Office of the Chief Financial Officer; 2) Speaker of the Assembly who has close contact with the membership at the state and district branch levels and in my view is the closest officer to the grassroots of the organization; and 3) Director of the Office of Advocacy, which coordinates the national and state legislative activities as well as public affairs. There are, of course, particular states and district branches that I will need to have regular communication because of their legislative and often bell weather state initiatives which have implications for the rest of the country. California is an important state in this regard.

**2) Is it critical for APA members to maintain their membership at all three levels -- national, state and DB? What would be the advantage of disengaging one organization from another?**

As we face the future of reforming our health care system, I believe that the implementation of any changes even incremental will be at the state levels. It is critical that the APA remain a strong and effective force for advocacy to assist the states and our members with this process. There will be changes, as yet not clearly defined, that will impact the delivery of care for our patients and define the process and conditions under which our members and all physicians will be reimbursed as well as measurement of the quality of the medical care provided. The APA has the advocacy experience and technical knowledge at the national level to help translate this information into useful and practical language for the district branches and state associations. It is my view that more resources will need to be directed to the states so that they will be better able to prepare for this future of change. Greater emphasis will need to be placed on members' needs for continuing education, practice management and new health care initiatives which are likely to be implemented such as the Medical Home and our role as psychiatrists within this system. The APA can be a pivotal aid in this educational process.

I recognize the economic challenges which face all of us at this time. While a possible advantage to an individual member for decoupling APA from its district branches and state associations is an economic one, the separation of APA from its district branches weakens us as we meet these anticipated challenges to our profession. We have as an example of serious weakening the AMA organization's effectiveness which followed its decoupling the national from the state associations. It now represents a fraction of the total number of physicians now practicing in this country. The work of advocacy and lobbying for our patients and our profession is important work and demands financial stability. There are likely few among us who could have predicted while in medical training that regulatory and governmental oversight would be as important a factor in the practice of medicine as it is today. As a profession, we must be prepared to meet these challenges. More than ever before, APA must remain united with strong district branches and state associations.

**3) Hypothetically, upon completion of your term as APA President, what would you prefer to be most accountable for? What responsibility are you most likely to take on?**

Upon completion of my term as APA President, I hope to be remembered as one who kept in close contact with the membership and their concerns and who established and maintained fiscal stability for the future of the organization. This dialog with APA members is one that encourages their active participation in the work of the association including the committee structure and educational offerings. With the enhancement of new communication technologies, it is now possible to have greater involvement by members in work products without encumbering expensive travel and accommodations. In psychiatry, we have championed the need for access to psychiatric services. Now on the brink of health care reform, we need unity of all psychiatric colleagues to assure that we will be able to meet the needs of the increased numbers of patients who will need our services. We will need to have close alliances with our primary care colleagues as well as mental health professionals from other disciplines. I anticipate that the implementation of health care reform is a long term commitment which will be transitioned over the next 5-10 years.

**4) Presently the APA Assembly is reduced in importance (and budget). What are the pros and cons of one Assembly meeting a year? What are the pros and cons of two meetings annually? Which do you prefer and why?**

Under APA's current fiscal constraints, we are limited in our ability to maintain the past financial support for the full complement of Assembly members to meet twice a year as a group and with additional Area Council meetings. The compromise of a reduced Assembly membership meeting in the fall and a full Assembly meeting before the spring Annual meeting will permit continued participation in representation for the membership grassroots, active advocacy for patients and the profession, and a voice in APA governance including policy initiatives. The continuation of twice yearly meetings permits opportunities to respond with rapidity to urgent actions of relevance for our patients and the profession originating from

national scene regulatory agencies. This also permits the mentoring of newer Assembly members and/or younger colleagues who are entering the Assembly for the first time. There is a steep learning curve for a member who has not participated in governance. The Assembly is a nurturing environment for developing leadership for the profession.

Those who argue against two Assembly meetings a year point to the significant expense needed to maintain the Assembly in a time of fiscal uncertainty and restraint. Further, they note the lack of measurement that the Assembly has made significant differences in the direction of the association, reiterating that the Assembly's functions are not well understood by the membership as having value.

As a member of the Assembly for many years, I observed the Assembly's important initiatives such as: establishing a million dollar litigation fund, advocacy for nondiscriminatory access to health care parity, opposition to managed care gag clauses, and protection of confidentiality of medical information. Other actions include the reaffirmation of the ethical tenets governing the relationship between patient and doctor; development of practice guidelines; the development of the APA Practice Research Network; and supporting the development of certifications with special qualifications in geriatric, forensic, and addiction psychiatry. The endorsement of a pilot project to build alliances with other specialties in psychiatry and with allied organizations now includes sixteen subspecialty organizations represented in the Assembly.

My preference is to have an active vigorous Assembly which includes membership from all categories of members including subspecialty groups who can provide expertise and information to improve the level of the Assembly's deliberations and actions.