communication with members has occurred. We developed a tracking mechanism to determine whether this outreach is being realized, and we are pleased with the initial results. The Assembly, district branches, and state associations are closest to our members, and we must continue to reach out as their representatives.

We are now using an Assembly e-mail "listserv." This easy form of communication will likely expand in the future as we utilize this ability to transmit information, make decisions, and debate important issues without traveling hundreds of miles and at a fraction of the cost. In my view, we have just begun to find the proper balance between electronic forms of communication and face-to-face meetings.

In the area of fiscal responsibility we have been able to keep well within our budget. Although your Speaker asked for and had a $25,000 contingency fund added to the budget, we have not required access to those funds this year. We have used small amounts of the Assembly Executive Committee contingency fund to support a Consultation Service proposal and a survey of early-career psychiatrists. By using these funds in a prudent manner we are able to realize creative initiatives within the Assembly on a fast track. It is hoped that we will continue to generate ideas that will translate into useful projects benefiting our members and our patients.

At the November Assembly I reported that I asked the Assembly Executive Committee to approve a small amount out of its contingency fund to approach the APA Consultation Service for a feasibility proposal that would provide the tools and information that psychiatric groups would need. Medical Director Dr. Steven M. Mirin convened a meeting on May 7, 1998, to discuss the proposal prepared for the Assembly Executive Committee by the Consultation Service. This proposal, titled "Programs for: Psychiatric or Behavioral Health Group Practices; Physician Service Networks; and Integrated Delivery Systems," listed a series of products and services intended to assist psychiatrists in regaining control of psychiatric or behavioral health care through physician-owned and -managed entities. The attendees, who included Drs. Rodrigo A. Muñoz, Jeremy A. Lazarus, Robert K. Schreter, Charles Bowden, Rodney Burgoyne, Bert Pepper, Stephen A. Green, and Anthony D'Agostino and Mr. Robert Trachtenberg, reviewed the proposal's contents and established a timetable for further exploration.

Dr. Mirin will make a preliminary report on the proposal to the Board of Trustees at its July 1998 meeting. During the next several months, Dr. Mirin will work with staff and others to weigh all aspects of the products and services under consideration, including 1) their importance to psychiatry and to our membership, 2) selection of which products and services to develop, 3) their role in the APA strategic plan and the APA structure, 4) their funding and cost considerations and potential return on investment, and 5) a timetable for implementation. Dr. Mirin will then present a business plan for the new venture to the Board of Trustees at its October 1998 meeting. We are pleased that Dr. Mirin has taken this proposal and is moving it forward after its initiation in the Assembly.

Let me review what I see as some of the challenges that lie ahead, based on my experience over the last year. The Assembly truly reflects the diversity of our membership. Our area councils have their own special characteristics based on both their members and the formats they use for discussion. As we find more effective means of communication and processing of actions, we could consider the possibility of the area councils' meeting just before the November Assembly or the annual meeting. If we are able to provide information to all area councils in one setting, we can reduce duplication of effort while providing smaller forums in which to discuss and debate issues of policy.

The Assembly, as a powerful force in recommending policy and positions for APA, needs to increase the information available for its members. We should consider increasing the amount of time available at the Assembly for educational activities related to pressing issues for APA, such as government relations, health care policy, public affairs, ethics, and scientific updates. If we are effective in the processing of actions through our new reference committees, we may be able to reduce the time devoted to plenary sessions and increase the time for these other activities.

Over the past several years we have been able to accomplish the goal of establishing many Assembly members as members of or consultants to APA components. While serving an additional role as Assembly liaisons, these members have helped to improve communication and lessen overlap. Some of our Assembly committees and task forces have moved on to become national components (such as our Task Force on Rural Psychiatry). We need to take a look at whether our current representation on APA components may permit us to consider cutting back some Assembly committees that overlap national components. However, we can do this only if our members feel adequately represented nationally.

Our Assembly continues to experiment with pilot projects such as those involving reference committees, early-career psychiatrists, and liaisons with allied psychiatric organizations. The Committee of Area Early Career Psychiatrists in the Assembly, chaired by Dr. Theresa Miskimen, has been one of the most dynamic and creative working groups in the Assembly. We can learn a great deal from the members' ability to organize and from their enthusiasm. Our pilot project involving liaisons to allied psychiatric organizations has yielded improving relationships among the organizations, important contributions to actions in the Assembly, and a forum in which to continue discussions about future forms of affiliations. The recommendation from the Committee on Planning and the Assembly Executive Committee to give one vote for each allied organization is, in my view, the right way to go to increase our cooperative and collegial atmosphere. We will be exploring possible affiliations with other psychiatric organizations in the future.

Just as we are trying to provide an umbrella function for all psychiatric organizations, we need to continue to share in the benefits and strengths of our medical colleagues. In this past year, the AMA has been at our side in the battle against psychologist prescribing, for mental illness parity, and for the protection of confidentiality. In my view, we have underutilized the strengths and abilities of the AMA to help us with our work. Clearly, there are aspects of our practice and the needs of our members and patients that can be adequately represented only by APA. However, there are many areas where we can share and cooperate, lessening the structural costs and member time in both organizations.

Finally, it is up to the Assembly, in cooperation with the Board, to lead the charge in bringing back psychiatry to psychiatrists and bringing back psychiatric care to those most capable and best trained to care for the mentally ill. It is time for us to put to rest the term "managed care" and reinvent a new phrase that stands for patient-centered psychiatric care as we move into the next millennium. We are not what we used to be, and we have not yet fully realized our potential. We need to retire the euphemism "behavioral health care." It is a phrase that distracts the public from the needs of the mentally ill. We have gone far beyond the stigma that might have necessitated that phrase 30 or 40 years ago. If the rest of medicine used similar terms, they might speak of "nutritional health care" for endocrinologists who care for diabetics or "cleansing health care" for nephrologists who care for those with kidney failure. We need to understand the economic forces that will affect future versions of health care reform, and we have to be ready to make the choices and promote the programs that will benefit our patients and ultimately our members. It will be through that knowledge and debate that we will be able to continue to move our profession and our association into a future that will support our mission and our values.

Report of the Speaker-Elect

Donna M. Norris, M.D.

INTRODUCTION

I am honored to be the first woman and first African American Speaker-Elect of the Assembly of the American Psychiatric Association. This has been a wonderful year filled with many opportunities, which have enhanced my knowledge about the complexities of our Association. My experience has included a close examination of the intricacies of political processes and the state and national legislative and regulatory mandates, which are now so intimately intertwined

with the practice of medicine. Here, in the Assembly, our work has focused on the impact of these factors on the delivery of mental health services to our patients.

In preparing for this year, it has been very helpful to review the history of the Assembly and the initiatives of past Speakers. Psychiatry has benefited from the foresight of these early founders, who challenged existing wisdom and understood the need for a new structure, the Assembly, to work in partnership with the Board of Trustees. In these last 45 years, issues of change in education, practice, and the delivery of services to our patients have been important foci of the Assembly's work.

Our goals are to improve our patients' access to nondiscriminatory care, to promote the delivery of appropriate mental health services, and to assure the highest standards of practice. We must innovate, be critically discerning, plan creatively, and venture to take risks. Our organization must be fiscally efficient and capable of responding clearly and in a timely way to the nascent issues and the competitive demands of an evolving health care system. These will remain among our most important challenges and will become of greater significance when, as anticipated, the nation returns to the debate on comprehensive health care for all of its citizens.

FUTURE CHALLENGES

To remain leaders in planning for the future mental health needs of patients and families in this country, I believe that psychiatry and our Association must address important challenges: 1) maintaining advocacy for our patients, 2) assuring a strong American Psychiatric Association, 3) preparing for changing populations in the new century, and 4) providing leadership in the development and promulgation of quality outcome measures and assessments.

Maintaining Advocacy for Our Patients

We are united in our dedication to our patients, to our profession, and to the practice of medicine. Therefore, our commitment is to attain full access to nondiscriminatory mental health services for all. Advocacy for our patients reflects a vision of the future, which is representative of the best of our professional values. We know that stigma and ridicule may be obstacles to care for our patients, as well as for others who seek psychiatric services. There are, now, 10 professional subspecialty organizations sitting with us in this Assembly who provide advocacy for the mentally ill. Our coalitions with patient advocacy groups, strategic alliances with professional groups, and increased utilization of public media have begun to reap success in our work toward the goal of parity, which has been enacted now in 17 states. Evolving patient-protection legislation is another area of focus within the framework of our legislative initiatives.

Assuring a Strong American Psychiatric Association

Over this last year, the Assembly has been a partner with the Board of Trustees in a study of strategic planning for the Association. Now we are coming to the most difficult part of the process, making decisions. Our interests are in the plan that will promote efficiency of effort without duplication, responsiveness to the needs of the membership, timeliness of action on emerging issues, and fiscal accountability. The prioritization of the Association's resources must be a continuous process. This is currently being addressed with the implementation of a new functional budget process. The Assembly has strong representation on the Budget Committee with a past Speaker and myself, as your Speaker-Elect. Attaining these objectives will not be easy, but they are critical to the maintenance of the American Psychiatric Association's leadership role in mental health.

Preparing for Changing Populations

Demographics: The controversies regarding oversupply/undersupply of physicians and specialists are ongoing in medicine (1). The ultimate resolution of this issue will have a major impact on the future of psychiatry. In this country with 265 million people, there are over 43,000 practicing psychiatrists (unpublished AMA data, 1998). However, by 2050 a population of over 393 million is projected, including significant increases in the numbers of minorities (2). Today, many in these groups are at the lowest socioeconomic levels and are among those who experience the greatest difficulties in gaining access to health care. It is projected that this crisis will sharply increase in the next century. The necessary care will need to be provided by a cadre of psychiatrists from culturally diverse groups. Recognizing this, the Assembly was an early leader in calling for the inclusion of culturally competent curricula in training programs for psychiatric residents.

As a field, we must understand better the roles of alternative medicine, spirituality, and their impact on healing. These areas are becoming increasingly important for all population groups. It is anticipated that the Assembly will continue to review, debate, and assess the impact of these issues on the provision of mental health services for patients.

Children, significant among the underserved, have been particularly vulnerable in our society, in part because they do not vote and have no major lobby in Congress. In August 1996 the Congress passed legislation mandating welfare reform. As a response, the Assembly quickly passed an action item in November 1996 to study the mental health effects of this reform process on the lives of women, children, and their families. The Council on Children, Adolescents, and Their Families took the lead with additional support from the Council on Economic Affairs and Division of Government Relations. In 1997 the Congress passed a law aimed at providing health insurance for children who heretofore were among the millions of the uninsured. The Association's response, with Board and Assembly leadership, was to designate a Task Force on Medicaid and the States to develop a tool kit that would help psychiatrists at the state level to better use the new block grants for children's mental health.

Challenges in the delivery of services to patients: Today we are seeing a new crisis in the care of mentally ill individuals, whose behaviors may bring them first to the attention of the criminal justice system, rather than psychiatric facilities. As noted in a recent front-page newspaper article (3), "On any day, almost 200,000 people behind bars . . . more than 1 in 10 of the total . . . are known to suffer from schizophrenia, manic depression, or major depression . . . and there is evidence, particularly with juveniles, that the numbers in jail are growing." As the numbers of the mentally ill have increased within the prisons, the psychiatric hospitals have been under increasing pressure to admit individuals who have completed prison sentences and are not mentally ill but who are believed to be sexually dangerous. These trends characterize an abuse of mentally ill patients and the system of care designed for their treatment and safety.

Quality Outcome Measures and Assessments

At a conference some years ago, the speaker, a principal in a managed care organization, challenged the audience to dispute that his "quality" of service at a much reduced rate per patient was any less than their "quality." With increased competition in the health care delivery system, the field has instituted objective and patient-focused measures, which emphasize the continuous assessment of quality (4). One emerging issue in health care is that of defining quality of care. It is very important that organized psychiatry be a participant in establishing these new standards of measurement. APA has already completed a series of practice guidelines and has developed a practice research network, which will provide needed data for assessing specific outcomes and treatments. We already have recognized the growing importance of these measures to business purchasers of health insurance products and to patients.

OUR LEGACY: PREPARING LEADERSHIP FOR THE FUTURE OF PSYCHIATRY

This report has summarized areas that I believe are among the most critical challenges for the Assembly and the Association for the next century. For the profession, the challenge is to provide leadership to address these anticipated changes in the practice of psychiatry and to work to assure that the numbers of psychiatric physicians will be appropriate for providing care for the mental health needs of

all patients. Poor and underserved individuals are among the most endangered because of their lack of access to care. With the next century, there are unique opportunities for us to provide guidance to future young psychiatrists. In accord with our mandate as physicians, we must keep the needs of the patient foremost while always reflecting our best professional values. Our legacy for the future is to continue to build a strong psychiatric organization in preparation for continued leadership into the 21st century.

CONCLUSION

It has been a special pleasure to work with my colleagues, Speaker Dr. Jeremy Lazarus, Recorder Dr. Al Herzog, and past Speakers Drs. Walker, Harding, and Clemens. They have been thoughtful and giving of their time on behalf of the Assembly and the Association and very helpful to me. I wish to thank the Assembly Executive Committee and others on whom I have called with special tasks. A special note of gratitude goes to Mr. Michael Murphy, Ms. Christine Dale-Eldridge, and the other APA staff who assist this body. And to the Assembly: I thank you for the honor and privilege of serving as Speaker-Elect. Your trust and faith humble me. I look forward to the opportunities of this next year as your Speaker and our work together—committed to our patients and to our profession.

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Report of the Committee on Constitution and Bylaws

Robert J. McDevitt, M.D., Chairperson

The Committee on Constitution and Bylaws met on Friday, Feb. 13, 1998, at APA headquarters. I am indebted to the members of the committee for their hard work in completing the committee's business expeditiously. They include Drs. Thomas Pfaehler, Jo-Ellyn Ryall, David Starrett, and Kathryn Bemmann, committee members, and Dr. Barry Perlman, Assembly liaison. The committee is grateful to Ms. JoAnn Macbeth, APA legal counsel, Ms. Janine Gregory, associate with Crowell & Moring L.L.P., and Ms. Carol Lewis, staff liaison, for their assistance.

As indicated in the report of the Committee of Tellers, the amendments on the 1998 ballot passed. The amendments established the new membership categories of International Member and International Fellow, replacing Corresponding Member and Corresponding Fellow, and established provisions for eligibility, membership processing, and dues.

At its meeting in February, the committee undertook three major tasks, which it then reported to the Board of Trustees at its March 20–22 meeting:

1. Two specific referrals from the Board of Trustees to prepare amendments to the Bylaws: (a) restructure Fellowship into two tiers, Fellow and Distinguished Fellow, as recommended by the Committee on Membership and approved by the Board; and (b) move the procedures for transfer of members between district branches and the procedures for advancement of Members-in-Training to General Members from the bylaws to the *Operations Manual of the Board of Trustees and Assembly of the American Psychiatric Association*, as recommended by the Committee on Constitution and Bylaws and approved by the Board.

2. Begin a review of the Constitution and Bylaws (hereinafter referred to as "Bylaws"), as suggested by the Medical Director and approved by the Board in December 1997, and make recommendations for changes, both editorial and policy.

3. Receive information from Ms. Macbeth regarding the statutory framework governing the corporate organization of APA.

Regarding task 3, information was presented by Ms. Macbeth and me in executive session. The Board voted to direct the Medical Director, in conjunction with legal counsel and appropriate staff, to review APA's incorporation status and to report back to the Board regarding this matter in July 1998, for consideration in connection with the Board's receipt of the report of the Task Force on Strategic Planning.

Regarding task 2, the Board approved the recommendations of the Committee on Constitution and Bylaws for amendments on voting procedures that, if passed, will allow APA to explore the possibility of electronic voting while maintaining the confidentiality of the members' votes. As for the other amendments recommended by the committee as part of its revision of the Bylaws, the Board voted to accept in principle the suggested amendments to the Bylaws as a draft, pending approval of the strategic planning and reorganization plans.

Regarding task 1, the Board approved the committee's recommendations for amendments to restructure Fellowship and to move procedures for district branch transfers and procedures for advancements of member class out of the Bylaws and into the Operations Manual, where they more appropriately belong.

In keeping with established policy, the Board approved the proposed changes for reading to the membership at the 1998 annual business meeting and for placement on the 1999 ballot.

PROPOSED AMENDMENTS TO APA CONSTITUTION AND BYLAWS

Procedures for amending the Constitution and Bylaws are defined in article IX of the Constitution and chapter 14 of the Bylaws. The following amendments were prepared by the Committee on Constitution and Bylaws and approved by the Board of Trustees. The Constitution requires that 33⅓% of eligible voters cast votes for there to be a determination of any kind. Abstain votes and invalid votes are considered to be votes cast but do not count toward determining pass/fail requirements. Of the 33⅓% of the eligible voters casting votes, two-thirds must approve amendments to the articles of the Constitution; a majority must approve amendments to the Bylaws. In the following, additions are indicated by bold italic type and deletions appear in brackets.

Proposed Amendment 1

The Board of Trustees approved restructuring Fellowship as follows:

1. Fellows must have 5 consecutive years as an APA General Member; certification by the American Board of Psychiatry and Neurology, Royal College of Physicians and Surgeons, or American Osteopathic Association; three letters of recommendation from APA Fellows; and the concurrence of the district branch and the APA Committee on Membership.

2. Distinguished Fellows must meet the current comprehensive criteria for Fellowship (8 consecutive years as a General Member and a significant contribution to the field of psychiatry, as well as recommendation and concurrence requirements). If the amendments pass, Distinguished Fellowship will be conferred on all current APA Fellows and, when applicable, they will become Life Distinguished Fellows.

3. Honorary Fellowship will be conferred on all current Distinguished Fellows. The amendment to article III establishes the category. The amendments to chapters 1 and 8 of the Bylaws establish provisions for eligibility, privileges, and responsibilities; these amendments will be voted on as a unit. The changes to the Bylaws will be operative only if the amendment to article III passes.