

Program International meeting APM

Thursday November 18 2004

11.30-12.30

Opening statement	Frits Huyse
Position of APM	Ted Stern
Position of EACLPP	Frits Huyse on behalf of Francis Creed
Board review course	David Gitlin
New books	James Levenson
	James Strain
	Albert Dieffenbacher
Other business	

Opening International meeting  
51th Annual Meeting APM Ford Mijers Florida  
November 2004-10-10

Dear international friends and colleagues, dear president and vice-president of the APM, dear chair of the Board Review course etc

Graeme Smith, who cannot be here due to the celebrations around his retirement – he has a farewell dinner from his university next Saturday- asked me to chair this meeting of the international attendees. He is sending his best regards. Graeme assured me that he will be among us during future meetings. Graeme and I prepared the agenda supported by Evelyn Hallberg, as usual. That's to say. Evelyn the Executive Director of the APM is going to leave. Evelyn, who closely followed the international developments was an ambassador for the APM towards those who attended from abroad. This is for instance reflected in the arrangements she made for credit card payment for registration for overseas registrants. Through contacts with other APM members it became clear that she has always been an ambassador for the APM and a perfect host for the attendees.

Dear Evelyn, we recognize that the Academy and the international attendees will miss your personal touch as a binding factor for the members of the Academy and the attendees of the meeting. We want to express our gratitude for this personal touch through this gravure.

In the ten years since this international breakfast initiated by James Strain and later integrated in the program of the Academy by an ad-hoc Committee on International Membership constituting of Jimmy Holland, Roger Kathol and Graeme Smith, important developments in the Academy and the international field have taken place. In the course of time the format of this meeting developed from an informal discussion group to a more organized program. The goal of this meeting remained the same; to quickly update each other on important developments. Graeme and I thought that the current developments of the Academy might have such an impact on

the international developments that we decided for this meeting to focus on the international meaning of these developments. As there is a lot to communicate I would like to follow the agenda closely.

In the past ten years the Academy has successfully guided the field in the USA towards sub specialisation. This was justified by epidemiology, knowledge base, volume of professionals and training facilities. Sub specialization in the USA requires Board Registration and related courses to be prepared. The Academy has developed such a course as most of you have noticed. This achievement has not been unnoticed by the international field. For instance, it has been closely followed in Europe due to several visits of members of the Academy such as Roger Kathol and Kostas Lyketsos, Tom Wise and James Levenson. From an international perspective it is seen as an achievement supporting the identity of us all. We all struggle for recognition of our work in our own countries. The recognition as sub specialisation in the USA, the condensation of scientific material in courses and the development of textbooks is of utmost importance for our identity. It will serve as paradigms for other national groups and the EACLPP. For instance this year a group of about 15 Dutch C-L psychiatrists attended the Board Review course to gain individual knowledge but also to set up an own national course. It is important to know what the position of the APM towards a wider distribution of the course material. Are members of the Academy willing to present the outline and content of this course on meetings of national groups?

Basically this course should condense the efforts and knowledge developed by all of us who are dedicated to the fascinating and complex problems of the patients we deal with in consultation. Though we all know that the consult model is a doctors and nurse needs driven model and not a model geared to the needs of patients. The next step is to formulate models for integrated care for complex patients. A perfect example this is the stepped care model for the treatment of depression in co-morbid patients in primary care presented by Wayne Katon on behalf of the Seattle group during the last years Hackett lecture. You will see several examples throughout the program of this meeting. Integrated models supported by empirical evidence will further boost our identity; in the eyes of patients, other medical specialists and health plans. Time is on our side: the Chasm report of the committee on Quality of Care the

IOM focuses on the major quality problems related to fragmented care and provides directions for change. Roger Kathol's white paper for health plans became available. It describes the health economic impact of fragmented health plans and why health plans should reorganize their services. The Royal College of Physicians and the Royal College of Psychiatrists in the UK developed a guideline for the Psychological Care for the medically ill, which can serve as a paradigm for all of us, including the Americans. These are all elements which we all can use in our struggle for a more stable integrated position in the health care field moving from consults to integrated care for complex patients. I hope the APM can also play a facilitatory and leading role in this next phase of development, as it will surely boost the international development of the field.

Frits Huyse

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