Psychology’s Paradigm Shift

Can Psychology Successfully Transition from a Mental Health to a Health Profession?

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2012 APA President
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Presentation Overview

- Medicine’s paradigm shift from the biomedical to the biopsychosocial model
- Causes of medicine’s paradigm shift
- Implications for patient care
- Implications for psychological practice
- APA’s response
- What CPA can do
Medicine’s Paradigm Shift

- From a biomedical to a biopsychosocial model
- From biomedical to integrative, “patient-centered” care
- From medical to interprofessional practice
Biomedical Model

- Focus: Disease
- Reductionistic: Disease is defined by a biologic defect
- Exclusionary: Problems not explained by a biologic defect are excluded
- Mind-body dualism
- Biologic assays and interventions
Success of the Biomedical Model

- Germ theory of disease lead to
  - Sanitation
  - Antibiotics
  - Rise of the pharmaceutical industry
  - Decline in infectious disease
  - Increased life expectancy
### Success of the Biomedical Model: Elimination of Infectious Disease as the Leading Cause of Death in the United States

<table>
<thead>
<tr>
<th>cause of death</th>
<th>1900</th>
<th>2000</th>
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<tbody>
<tr>
<td>1</td>
<td>Tuberculosis</td>
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CDC, National Center for Health Statistics (1900) and National Center for Injury Prevention and Control (1999)
Increasing Life Expectancy

Source: Kurian (2004, Tables 4-5, p. 71)
Traditional US Health Care

- Based on Biomedical Model
- Disease is defined as a derangement in an underlying physical mechanism
- Anything not caused by a physical derangement, is excluded
- Mental and physical health are treated separately; unless a behavioral disorder is the consequence of an underlying physical derangement, it is not a disease
Dualistic Nature of US Health Care

- Priority given to diagnosis and treatment of disease
  - Physical complaints are given greater value
  - Resources are devoted to biologic assays and biologic interventions
  - Greater access provided to those with diseases
  - Multiple tests and visits to specialists may occur in search of a disease
  - Prevention a lower priority than treatment
Dualistic Nature of US Health Care

- Mental or behavioral problems are excluded or devalued
  - Mental or behavioral problems are not considered “real”
    - Patients feel devalued or “not believed”
  - Mental health services are “carved out”
    - Patients may feel stigmatized
- Fewer resources devoted to these services
  - Poorer access with higher co-pays
  - Many with mental or behavioral problems go untreated

American Psychological Association
Biomedical Model’s Legacy: US Health Expenditures Devoted Primarily to Physical Health

Mental Health Expenditures as a Percent of All Health Care Expenditures (2003)

Mental Health (MH) 6.2%

All Health = $1,614 billion in 2003
MH = $100 billion in 2003

Data courtesy of SAMHSA

Percent of US Population Using Prescription Drugs and Expenditures in Billions of US Dollars

http://meps.ahrq.gov/mepsweb/data_stats

American Psychological Association
Mental Health Expenditures in Billions of US Dollars

Mark et al, Health Affairs, 2011
Dualistic Training Programs

- Mental health and physical health providers are trained separately.
- Neither is trained in inter-professional practice.
- Greater resources and prestige is assigned to one type of professional training over the other.
- Results in an imbalance in the numbers of well trained (and well paid) providers, strongly favoring physical health.
- Within this system, psychologists - experts on behavior, cognition and emotion - are "mental health" and physicians are the "physical health" providers.
Despite the success of the biomedical model, by the end of the 20th century, medicine was on the verge of a paradigm shift as a result of:

- Changing nature of disease
- Rising health care costs
- Increasing recognition of role of patient and provider behavior

This in turn led to the introduction of the biopsychosocial model.
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Changing Nature of Disease in the US

- 7 of 10 US deaths are the result of chronic disease
- In 2005, 133 million Americans – almost 1 in 2 adults – had at least one chronic illness
- One quarter of those with a chronic illness have a major activity limitation
- Chronic diseases account for 75% - $1.9 trillion of the nation’s healthcare costs

US Leads the World in Health Care Costs with Lower Life Expectancy

http://ucatlas.ucsc.edu/health/accessprint.html
### Increasing Recognition of the Role of Behavior

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<td>Stroke</td>
<td>Alcohol</td>
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<td>4</td>
<td>Pulmonary Disease</td>
<td>Microbial Agents</td>
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<td>5</td>
<td>Accidents</td>
<td>Toxic Agents</td>
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<td>6</td>
<td>Diabetes</td>
<td>Motor Vehicles</td>
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<td>7</td>
<td>Pneumonia/Influenza</td>
<td>Firearms</td>
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<td>8</td>
<td>Alzheimer’s</td>
<td>Sexual Behavior</td>
</tr>
<tr>
<td>9</td>
<td>Kidney disease</td>
<td>Illicit Drug Use</td>
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*JAMA. 2004;291:1238-1245*
Increasing Recognition of the Role of Behavior: Determinants of Health

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<tr>
<td>Access to Care</td>
<td>(10%)</td>
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<tr>
<td>Genetics</td>
<td>(20%)</td>
</tr>
<tr>
<td>Environment</td>
<td>(20%)</td>
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<tr>
<td>Health Behaviors</td>
<td>(50%)</td>
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CDC, 2010
Increasing Recognition of Role of Behavior: Reports of the US Surgeon General

www.surgeongeneral.gov/sgoffice.htm

- 1964 - 2012 there have been 37 reports on Smoking and Health
- 1972 Impact of Television Violence
- 1979 Healthy People
- 1988 Report on Nutrition and Health
- 1992 HIV Infection and AIDS
- 1996 Physical Activity and Health
- 1999 and 2001 Mental Health
- 2001 Youth Violence
- 2001 Call to Action to Prevent and Decrease Overweight and Obesity
Increasing Recognition of the Role of Behavior: Healthy People Reports

- Healthy People 1990: Promoting Health/Preventing Disease: Objectives for the Nation
- Healthy People 2000: National Health Promotion and Disease Prevention Objectives
- Healthy People 2010: Objectives for Improving Health
- Healthy People 2020 focus: Four overarching objectives - health status; quality of life, social determinants of health, and disparities
Increasing Recognition of Role of Behavior

- Disease etiology
- Disease prevention
- Disease management
  - ~30% of patients fail to adhere to short-term regimens
  - ~50% of patients fail to adhere to long-term regimens
  - ~70% of patients fail to comply when asymptomatic
  - ~75% of patients have difficulty making lifestyle changes
  - Chronic disease requires long-term often complex medical regimens; many require lifestyle changes
  - Poor medical regimen adherence associated with increased health care costs

Clinical Therapeutics, 2000, 22:858-871; Johnson, Psychosocial clinical guidelines for the care of patients with diabetes, 2012
Increasing Recognition of the Role of Behavior: Provider Behavior is Important Too!

- Providers often fail to communicate successfully with their patients
- Doctors make mistakes!
- Institute of Medicine report: To Err is Human: Building a Safer Health Care System (1999): medical errors are the 8th leading cause of death in the US
- >50% of medical recommendations are inappropriate

Increasing Recognition of the Role of Provider Behavior

- Evidence Based Medicine
  - Medical practice is based on science

- Practice Guidelines
  - Professional, national, governmental agencies

- Medical Informatics
  - A science addressing how best to use information to improve health care; National Library of Medicine is the government leader (www.nlm.nih.gov)

- Patient Safety Initiatives
  - Electronic medical record
  - Decision support systems
Medicine’s Paradigm Shift to the Biopsychosocial Model


Biomedical model indicated in red
World Health Organization (WHO) Definition of Health: Consistent with the Biopsychosocial Model

*Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.* Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946

Biomedical
- **Focus: Disease**
- **Reductionism** – disease is defined by a single biologic defect
- **Dualism** – mind and body are separate
- **Biologic assays and treatments emphasized**

Biopsychosocial
- **Focus: Well-being**
- **Multi-factorial** – well-being is a product of multiple factors
- **Integrative** – mind and body are not separate
- **Treatments may be behavioral, biologic, or environmental**
- **Prevention is a focus**
Patient-Centered Care: US Health Care of the Future?

- Based on the biopsychosocial model
- The patient is viewed as a whole person
- All of the patient’s needs are addressed
- By inter-professional health care teams
- That include health and mental health expertise
- In a non-stigmatizing environment that considers the patient’s preferences and culture
Benefits of Integrated, Patient-Centered Care Models

- Higher quality of care
- Greater access
- Reduced stigma
- Greater patient satisfaction
- Lower cost
Implications for Psychology

- Reduction in mental health delivery by independent practitioners providing services in isolation
- Increased practice on health care teams in larger group practices and institutional settings
- Increased demand for expertise in a wide array of behavior issues in addition to “mental health” (e.g., compliance, pain management, coping with disability, lifestyle behavior change)
Implications for Psychology

- Need for new payment models for integrated care
- Need to adjust to the larger health care culture
  - Evidence-based practice
  - Treatment guidelines
  - Electronic health records
- Need for increased collaboration with a wide range of health providers and organizations
- Need for new training models
Changing from a Mental Health to a Health Profession is a Huge Paradigm Shift for Psychology

- Many practicing psychologists feel threatened
- They have not worked on health care teams
- They lack expertise in health psychology
- They are unfamiliar with the larger health care culture
- It is unclear how they will be paid
- This paradigm is foreign to their experience and their training
Practicing Psychology Must Embrace this Paradigm Shift

For Psychology’s Survival
- Medicine has accepted patient centered care and inter-professional practice and is training the next generation of physicians in that model
- If psychology does not embrace this paradigm shift, other mental health professionals will serve in this role on the health care teams of the future

For Quality Patient Care
- Attends to all of the patient’s concerns
- Increases access to quality treatment
- Reduces stigma
- Increases patient satisfaction
- Reduces cost
Psychology’s Paradigm Shift: APA Leading the Way

- Policy
- Strategic Plan
- Strategic Initiatives
- Reimbursement
- Education and Training
APA Policy

- 1996: Recognition as Health Service Providers
- 1999: Changing U.S. Health Care System
- 2000: Criteria for Evaluating Treatment Guidelines
- 2003: Health Service Psychologists as Primary Health Care Providers
- 2005: Evidence Based Practice in Psychology Health Care for the Whole Person
- 2007: Principles on Health Care Reform
- 201?: First treatment guidelines ever done by APA (on depression)
- 201?: Second treatment guidelines ever done by APA (on obesity)
APA’s Strategic Plan

- Maximize Organizational Effectiveness
- Expand Psychology’s Role in Health
- Increase Recognition of Psychology as a Science
APA Strategic Initiatives

- Psychology Workforce Analysis
  - Workforce needs very different if psychology is seen as a health vs mental health profession

- Treatment Guidelines
  - To assure all providers and patients have access to all evidence-based interventions, not just biologic interventions

- Public Education
  - To assure the public views psychology as critical to health not just mental health
  - Stress in America campaign: emphasizes the link between stress and health

APA Strategic Initiatives

- Inter-professional Training
  - Task Force on Primary Care Training
  - Health Service Provider competencies identified (currently out for public comment)
  - Competencies for Psychological Practice in Primary care Inter-organizational Workgroup

- Reduction of Health Disparities
  - Summit planned on obesity as well as stress and substance abuse

- Forge Strategic Alliances for Integrated Health Care
  - APA membership on the Executive Committee of the Patient-Centered Primary Care Collaborative (PCPCC)
APA Leading the Way: Health Care Service Reimbursement

- Supporting legislation to include psychologists as “meaningful users” of electronic health records so they are eligible for financial incentives for EHR adoption
- Supporting legislation to include psychologists in the definition of Medicare
- Working with SPTAs to reduce legal and regulator barriers to psychologists participation in multi-disciplinary practices
- Development of the Health and Behavior CPT Codes (2000): currently recognized by Medicare, many private carriers, some Medicaid plans
  - Underutilized by psychologists
H&B Code Use in Medicare 2002-2011
APA Leading the Way: Much More Needs to be Done

- Partner with other health care provider organizations to develop CPT reimbursement codes to cover psychological services delivered as part of integrated health care.
- Change our training models to assure competency in psychological service delivery as part of interdisciplinary health care teams.
- Develop continuing education strategies to assist interested practicing psychologists.
Psychology’s Paradigm Shift: How Can CPA Lead the Way

- State regulatory activities to assure psychologists inclusion in integrated care
- Develop training partnerships with the VA (a leader in integrated care), Colorado accredited doctoral, internship and post-doctoral programs, and APA to provide training opportunities for interested students and practitioners in integrated care
- Encourage more accredited doctoral, internship, and post-doctoral programs focusing on integrated care
Some final thoughts.....

- The biopsychosocial model and integrated care is consistent with psychology’s world view
- From personal experience, integrated care is engaging and rewarding
- Not everyone needs to do this – and it will take time for the shift to occur
  - Students need to prepare for this new model
  - Mid-career practitioners should consider expanding their skills
  - Senior people with successful mental health practices will not have to make a change although most clients will be self-pay
This presentation is available at www.apa.org/president