Psychology’s Paradigm Shift

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

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AMERICAN PSYCHOLOGICAL ASSOCIATION
Traditional US Health Care

- Based on Mind-Body Dualism
- Mental and Physical Health Treated Separately
- Priority Given to Physical Health
  - Greater value
  - Greater resources
  - Greater access
- Mental Health Considered Secondary
  - Lower value
  - Fewer resources
  - Poorer access
  - Higher co-pays
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
Impact on Patients

- Mental health needs go untreated
- Access to services for those in need is poor
  - Insufficient providers
  - Services are provided in separate clinics or facilities
  - Lower or no coverage
  - Higher co-pays
- Patient is stigmatized
Impact on the Health Care System

- Poor quality care
- Multiple tests and procedures
- Multiple visits to specialists
- Increased cost
Patient-Centered Care: US Health Care of the Future?

- 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
Benefit of Integrated 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
- Demands 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
- Need for increased collaboration with a wide range of health providers and organizations
- Need for new training models
This 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: Leading the Way

- What APA can do
- What the APA President can do
- What VA Psychology Leaders can do
Psychology’s Paradigm Shift: APA Leading the Way

- Policy
- Strategic Plan
- Strategic Initiatives
- Reimbursement
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
- Treatment Guidelines
- Public Education
- Inter-professional Training
- Reduction of Health Disparities
- Forge Strategic Alliances for Integrated Health Care
APA Strategic Initiatives

- **Psychology Workforce Analysis:** Re-organization of Center for Workforce Studies with an initial focus on psychology workforce needs in health and human services.

- **Treatment Guidelines:** Advisory Steering Committee developed processes based on emerging best practices of treatment guideline development; selected initial topics (depression and obesity); selected the writing panel for depression; issued call for obesity panel.
APA Strategic Initiatives

Public Education Campaign: Focus of Stress in America campaign expanded to address the link between stress and health

Inter-professional Training: Task Force on Primary Care Training; Health Service Provider competencies identified (currently out for public comment); Continuing Education
APA Strategic Initiatives

- **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

- Health and Behavior CPT Codes (2000): currently recognized by Medicare, many private carriers, some Medicaid plans
- Working with STPAs to reduce legal and regulator barriers to psychologists participation in multi-disciplinary practices
- Participating in CMS's review of psychotherapy CPT codes, including use in integrated care service delivery settings
- Exploring new CPT codes to better address integrated care service delivery
Psychology’s Paradigm Shift: APA Presidential Initiatives

- Interdisciplinary Practice
- Obesity
Interdisciplinary Practice

- Inter-organizational Work Group to identify competencies for psychology practice in primary care: Representatives from APA Health, Pediatric and Aging Divisions, APAHC, CFHA, CDCHPTP, SBM, STFM, VA Training Council (Chair: Susan McDaniel)
  - Inter-organizational effort is likely to have greater impact
  - Provide guidance to training, CE programs and those who wish to re-train
- APA Divisions/Boards/Committees partnered with me to bring 20 hours of CE-eligible presidential convention programming on inter-professional practice (Chair: Helen Coons)
Expand Psychology’s Role in Advancing Health: Obesity
Why Should Psychologists Care?
Obesity Trends* Among U.S. Adults
BRFSS, 1990, 2000, 2010
(*BMI ≥30, or about 30 lbs. overweight for 5’4” person)

Source: CDC:
http://www.cdc.gov/obesity/data/trends.html
Adult Obesity: Gender and Ethnicity

NHANES 2007-2008
Obesity Trends in U.S. Children

Adolescent Obesity: Gender and Ethnicity

NHANES 2007-2008
Percent of Age-Eligible Americans Unfit for Active Duty

Cawley & Maclean, Health Economics, 2011
Percent of Active Duty Military Overweight and Obese

- Obese
- Overweight


Smith et al, Epidemiology, 2011
Obesity Among Military Retirees and their Dependents: Gender and Ethnicity

Kress et al, Preventive Medicine, 2005
### Percent of Military Retirees and their Dependents with Co-Morbidities by Weight Status

<table>
<thead>
<tr>
<th>Condition</th>
<th>Normal</th>
<th>Overweight</th>
<th>Obese BMI 30-35</th>
<th>Obese BMI 35-40</th>
<th>Obese BMI &gt;40</th>
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<td><strong>Men</strong></td>
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<td></td>
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<tr>
<td>Arthritis</td>
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<td>26.2</td>
<td>29.2</td>
<td>35.1</td>
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<td>58.3</td>
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<td><strong>Women</strong></td>
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</table>
Obesity

- Is the second leading cause of death in U.S. and expected to become the leading cause.
- Will result in decreased U.S. life expectancy for first time in a century.
- Impacts military recruitment, fitness for duty, and health costs.
- Is causing a diabetes epidemic.
  - 33% of boys & 39% of girls born in 2000 will develop diabetes in their lifetime.
  - 50% of African-American girls born in 2000 will develop diabetes in their lifetime.
- Is expected to bankrupt the health care system.
**Obesity: Why Should Psychologists Care?**

- The obesity epidemic is not the result of changing biology or genetics.
- It is the result of changing human behavior and our socio-cultural environment.
- Some of the best evidence-based work done on obesity treatment and prevention has been done by psychologists working in a variety of settings (public health, schools, military, etc).
- Integrated care models will require psychologists to address obesity and other health issues.
Psychology’s Paradigm Shift: VA Psychologists Leading the Way

- Develop and disseminate models of integrated care
- Evaluate and inform others about the impact of integrated care
- Provide training models and opportunities for
  - Integrated care
  - Inter-professional practice
  - Health psychology
- Address health disparities
- Provide employment opportunities in integrated care
- Partner with APA and others to help psychologists embrace this paradigm shift
Recent APA Activities Related to Veterans

- Co-hosted a Military/Veterans Suicide Prevention Best Practices Conference with the University of Utah
- Coordinated a Veterans Mental Health Training for Faith-Based Providers
- Testified before House Veterans Affairs Committee
- Collaborated with the White House Joining Forces Initiative
- Advocated for VA Research
- Coordinated AVAPL Executive Committee Capitol Hill Day