

**CAPP and PRACTICE DIRECTORATE'S LIAISON/CONSULTATION "106"
MEETING AT APA CONVENTION IN NEW ORLEANS, LOUISIANA**

Thursday, August 10, 2006
9:00am-11:00am

Hilton New Orleans Riverside Hotel
Jefferson Ballroom

Getting the Word Out: Important Issues in the Practice Community

Meeting called to order by Katherine Nordal, Chair, CAPP, followed by introductions and distribution of proposed agenda. Note: not all agenda items were discussed.

Minutes

Russ Newman, Exec Director for Professional Practice, began his comments by noting the strength of a diverse practice community. Newman notes that a weakness to the strength of a diverse practice community is the difficulty integrating the community. CAPP Integration Working Group (25+members) has a mission to promote cooperation between states and practice communities agenda. Integration group is responsible for helping to bring together fragments. After opening comments, Newman continues as follows:

Overview and Update of Practice Directorate Activities

Legal & Regulatory Affairs & Government Relations Update

- Washington, DC is a difficult place to work with healthcare issues—no comprehensive healthcare reform plan to date
- Healthcare Insurance Marketplace Moderation and Affordability Act. HIMMA is a “fantastic victory” stopping initiative of insurance industry. Practice community must remain attentive because this initiative may return again.
- Healthcare Truth & Transparency Act-This action initiated by physicians requests Federal Trade Commission limit the use of the title “doctor”, non-physician representation as a medical doctor. This is going nowhere with legislators. Newman quote:“ It’s ill conceived and misguided.”
- Mental health parity-no great advances here, needs to continue to be worked on
- Technology is advancement, but privacy continues to be an issue: “preserving state privacy laws for mental health confidentiality.” Any facilitating of a federal uniform privacy standard would need to guarantee *privacy*.
- Consumer Driven Healthcare (CDH)-CAPP to hold a retreat in the near future on this subject. CDH is a concept supported by the “free market crowd”-free enterprise, free market healthcare. The idea is to put responsibility in the hands of the consumer to make choices. Thus far, a number of versions proposed on how to integrate a CDH plan. CDH is likely to continue to be energized. Consequently, employers might be more open to *promotion* and *prevention* programs psychology can offer. Public Education initiatives such as “Mind-Body Health” and “Psychological Healthy Workplace” campaigns

- Florida class action lawsuit-settlement with Humana for 3.5 million set aside for non-physician healthcare providers who filed claims. Russ Newman will report policy concerns also addressed in the settlement as soon as details are complete.
- Communication-technology has been an important asset to better communicate with the practice community. Currently exploring a new “content management system” to better get information out. This will take a little time.
- Clinical attending authority (team leadership) in hospitals-privilege in private sector hospital –there are financial issues and manage-care delivery services, most important, patient care issues. California and Louisiana offer examples for acquiring privilege (state hospital and prescription).
- Medicare-slow implementation due to need for Medicaid central management directives. New CPT codes- Russ Newman working to protect reimbursement levels for independent practitioners—there is ongoing need to support Psychology PAC
- Medicare Health & Behavior Codes –income increases for psychologist 2002 2 million to 2005 9.3million

Q & A -meeting attendees’ raise questions and/or concerns:

1. Evidence-based Practice and SAMHSA grants- proposed SAMHSA requirement for evidence-based interventions creates limited set of services. This especially effects proposals that may serve needs of ethnic minorities.

-In response, Russ Newman notes that CAPP must guard against misuse of evidence-based practice.

2. Missouri: Master’s level clinicians requesting increase “scope of practice”

3. Training Leading to Licensure-State Licensing Boards changing minimum post doctoral hours for licensure. CAPP grants available for states to implement strategy for change.

-Katherine Nordal reports the Work Group’s Model Act Task Force is working on the issues related to training leading to licensure. The Psychopharmacology Task Force is a BEA & CAPP collaboration. Education and Practice community also collaborating on Pay for Performance. This is not a task force, but a working alliance.

Summary- CAPP and Practice Directorate’s Liaison Consultation “106” meeting provided an opportunity for the diverse practice communities to come together. The forum was an opportunity to provide input from constituencies and to hear recent developments. The extensive agenda and the fact that the meeting ran over time allotted, indicates the many concerns and interests in practice activities.

Respectfully submitted by:

Fayth M. Parks, Ph.D.
Division 45 Representative

Contact information:

Georgia Southern University
fparks@georgiasouthern.edu