COMMENTARY

Statement of the American Psychological Association in Response to the “Joint Principles: Integrating Behavioral Health Care Into the Patient-Centered Medical Home”

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The American Psychological Association (APA) endorsed the “Joint Principles: Integrating Behavioral Health Care Into the Patient-Centered Medical Home” (PCMH) because it recognizes the “centrality of behavioral health care as part of the PCMH” and regards the incorporation of behavioral health care as essential to “the success of the entire PCMH concept” (The Working Party Group on Integrated Behavioral Healthcare et al., 2014). We share concerns about the lack of reference to behavioral health care in the original 2007 Joint Principles of the Patient-Centered Medical Home for which this new document is intended to supplement but not replace. The centrality of behavioral health care in the PCMH is vital given the interwoven nature of behavioral and physical health; the reduction in stigma, discrimination, and health disparities that occurs when behavioral health is central to PCMHs; and the evidence supporting improved clinical outcomes for individuals with behavioral health disorders treated in integrated primary care.

Historically, APA has been committed to the integrated, interprofessional team model for the delivery of health care services. In support of these efforts, APA is represented on the Executive Committee of the Patient-Centered Primary Care Collaborative, the largest advocacy group for this model. Over the past 10 years, APA has adopted a number of policies that endorse this concept as a means to address the needs of the whole person. These policies include the following: “Health Service Psychologists as Primary Health Care Providers” (APA, 2003); “Health Care for the Whole Person” (APA, 2005); and Blueprint for Change: Achieving Integrated Health Care for an Aging Population (APA, 2008), among others. Psychologists as members of integrated health care teams can contribute their competence and expertise in such areas as the following: clinical services, consultation, and supervision; program development and evaluation; quality improvement; leadership and team coaching; and outcome evaluation. A significant and growing number of psychologists (e.g., in such areas as health, counseling, clinical, family, rehabilitation, and geropsychology) provide interprofessional, team-based care in pediatric, adult, older adult, and family-oriented PCMHs in the private and public sector.

APA strongly supports the inclusion of mental health services as part of PCMHs, including the document’s call for a team-based approach with shared responsibility “to integrate the physical, mental, emotional and social aspects of the patient’s health care needs” (The Working Party Group on Integrated Behavioral
Healthcare et al., 2014). This document further notes that this can be accomplished “onsite by the practice-based team or by making use of connected behavioral health specialists in the medical home’s neighborhood” (The Working Party Group on Integrated Behavioral Healthcare et al., 2014). APA also supports the practice of coordinated referrals for behavioral health and substance use services in the PCMH’s neighborhood where psychologists in independent and group practices are well positioned to provide seamless care in collaboration with the PCMH team. These revised Joint Principles serve to affirm the role and value of psychologists in team-based collaborative care both within and outside the PCMH.

However, the decision to support the supplemental Joint Principles was not an easy one for APA, as there is one area of significant concern. That concern is related to the use of the term “physician-directed medical practice” (The Working Party Group on Integrated Behavioral Healthcare et al., 2014). APA is cognizant of the drafters’ decision to follow “the order and language of the original joint principles while emphasizing what needs to be addressed to ensure incorporation of the essential behavioral elements” (The Working Party Group on Integrated Behavioral Healthcare et al., 2014). However, APA strongly prefers alternate terms—such as patient-centered collaborative care, patient-centered health care, or clinician-directed team-based care; terms that are more in keeping with patient/family needs and national trends. APA hopes that any future modifications of the Joint Principles employ such terms.

APA also notes the Institute of Medicine paper articulating principles for team functioning that concludes there is “widespread agreement that effective teams . . . recognize that leadership of a team in any particular task should be determined by the needs of the team and not by traditional hierarchy” (Mitchell et al., 2012, p. 12). As stated succinctly in an editorial in the Annals of Internal Medicine, “The Institute of Medicine and National Committee for Quality Assurance correctly state that administrative leaders of clinical care teams need not be physicians any more than leaders of group practices, hospitals or other health care organizations need be physicians” (Huddle, 2013, p. 644). Clearly physicians are responsible for and direct medical practice, just as psychologists are responsible for and direct psychological practice. But team-based health care requires the coordination and integration of care from multiple professions—and it includes patient and family perspectives as well. Team leadership should be determined by patient needs and who is most qualified to meet them.

APA remains hopeful that efforts will be undertaken to further revise the original 2007 Joint Principles to include recognition for the central importance of behavioral health care in the PCMH and what has been well-established regarding team functioning and leadership. APA stands ready to collaborate on this and related efforts.

References


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