Looking into a Crystal Ball: The Future of Professional Psychology

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OUTLINE

- Questions to the group
- Trends relevant to professional psychology
- Implications of these trends for our practice
UNITING PSYCHOLOGY FOR THE FUTURE
QUESTION

Are you a (can raise your hand more than once)?

- Practitioner
- Scientist
- Educator
- Social activist
- Student
- Consumer
UNITING PSYCHOLOGY: TRENDS

- Reduction of silos and splits between practitioners, scientists, educators, and social activists

- Emphasis on inter-professionalism, with a parallel awareness of valuing intraprofessionalism, bridging the science-practice gap, making education real-world oriented, and ensuring that professional activities focus on the public good
UNITING PSYCHOLOGY: PRACTICE IMPLICATIONS

Collaborate across “the aisles” with colleagues from other “camps” for psychology to be strong as a discipline and for psychologists to make the biggest difference.

Strive to integrate inside ourselves the various aspects of our profession so we are as balanced and enriched as possible.
HEALTH CARE REFORM

Change Blvd
Hope

Healthcare Reform and You

System health insurance care

Healthcare universal coverage

Americans need

Public plan

Like much

Many single-payer

Insurance, drugs

Medical marijuana

Healthcare companies

Every work, job

Afford, current

Private, public

MA, MI, Congress

Right now, existing

Current works

work, job
QUESTION

To what extent do you feel knowledgeable about health care reform?

- Not at all
- Somewhat
- A moderate amount
- A great deal
HEALTH CARE REFORM:
TRENDS

Health Care Environment

- Declining reimbursements and emerging new reimbursement mechanisms
- Increasing demands for cost containment, costs of doing business, regulation of price and volume of services, consolidation of health insurance market, competition in psychotherapy market from non-doctoral providers
- Growing regulatory demands
- Escalating health care costs
HEALTH CARE REFORM: TRENDS

Health care reform emphasizes care, primarily primary care, that is:

- Patient-centered
- Family-centered
- Team-based
- Evidence-based
- Culturally competent
- Prevention-oriented
- Population and public-health focused
HEALTH CARE REFORM: TRENDS

Health care reform is a system that:
- Elevates behavioral health care
- Expands eligibility and coverage, including to individuals who previously did not have access
- Seeks to improve quality and reduce costs
- Maintains specialty care
- Creates Accountable Care Organizations (ACOs) and Patient-Centered Medical Homes (PCMHs)
HEALTH CARE REFORM: TRENDS

- ACOs are comprised of integrated provider networks (PCMHs) with:
  - Integration and coordination of outpatient, inpatient, primary care, and specialty services
  - Shared electronic health records
  - Evidence-based practice protocols
  - Outcome measurements
  - Performance incentives

- ACOs emphasize home and community based service options
Health care reform expects the incorporation of evidence-based practices, which integrate clinical expertise, best available research, and cultural considerations.

APA has begun to develop Clinical Practice Guidelines.
Within ACOs, hospital staff credentialing will be based on board certification of providers as being part of a general practice specialty (e.g., clinical) or within a more specific specialty.

Specialization is being viewed as a way to assure quality of care.
HEALTH CARE REFORM: PRACTICE IMPLICATIONS

- Participate in continuing education and professional development programs to ensure and enhance competence to practice in the evolving health care system
HEALTH CARE REFORM: PRACTICE IMPLICATIONS

Learn about (examples)
- Team-based services
- Outcomes and quality assessment
- Health care reform legislation
- Parity legislation
- Health care financing and reimbursement
HEALTH CARE REFORM: PRACTICE IMPLICATIONS

Learn about (examples)

- Health Insurance Exchanges (HIXs) in your state - resource for choosing coverage and is available for small business and individuals as well as larger institutions - these plans carry stronger consumer protections including mental health parity
- Health information technology (HIT)
- Electronic health records
- ICD-10-CM, ICD-11, DSM-5
HEALTH CARE REFORM: PRACTICE IMPLICATIONS

- Be familiar with APA practice guidelines and have these guide intervention decision-making
- Learn and flexibly integrate evidence-based practices in a fashion that is culturally competent
HEALTH CARE REFORM: PRACTICE IMPLICATIONS

- Offer universal, selective, and indicated prevention efforts for behavioral health problems, societal challenges, and environmental issues

An ounce of prevention is worth a pound of cure.
-- Benjamin Franklin
HEALTH CARE REFORM: PRACTICE IMPLICATIONS

Seek specialty board certification through ABPP and convey its value
HEALTH CARE REFORM:
PRACTICE IMPLICATIONS

- Educate consumers about
  - Patient-centered, whole-person care
  - Collaborative family health care
  - Patient and family-driven system transformation
HEALTH CARE REFORM: PRACTICE IMPLICATIONS

Be knowledgeable about APA resources

- APA Center for Health and Psychology
- APA Practice Central – Health Care Reform legislative and legal advocacy
- Health Service Provider Competencies (AP, 2013)
- Primary Care Competencies
INTEGRATED CARE
QUESTION

Have you had an ongoing psychotherapy patient who suddenly and unexpectedly faced a major medical diagnosis?
INTEGRATED CARE: TRENDS

- High co-occurrence of physical and behavioral health problems, which are associated with higher costs
- Behavioral health factors are leading causes of chronic illness and mortality
- At least half of mental health treatment is provided in primary care environments
- Aspects of overall health are missed by sole focus on physical or behavioral health
INTEGRATED CARE: TRENDS

Benefits of integration

- One-stop shopping
- Trusting relationships among team members and with patient/family and the team
- Less stigma
- Reduces parity discrepancies
- Enhances outcomes and satisfaction
- Reduces unnecessary utilization and costs
INTEGRATED CARE:
PRACTICE IMPLICATIONS

Familiarize self with SAMHSA-HRSA Center of Integrative Health Solutions (CIHS), which provides tools and resources to primary and behavioral health care organizations to help them successfully implement and make financially viable bidirectional health care
INTEGRATED CARE: PRACTICE IMPLICATIONS

- Seek interdisciplinary education/training in interprofessional practice and the integration of behavioral and physical health care services in a team-based context.
- Expand scope of practice, including receiving training in primary care.
INTEGRATED CARE: PRACTICE IMPLICATIONS

- Conduct comprehensive assessments that inform the psychosocial aspects of medical care
- Provide psychological services that directly or indirectly serve the function of integrating behavioral and physical health care services
- Offer consultations to support primary care, hospital care, medical wrap around care in the home/community
INTEGRATED CARE: PRACTICE IMPLICATIONS

- Increase use of evidence based practices and clinical outcome measures with individuals with comorbid health and behavioral health problems
- Implement advances in telehealth, health information technology, and electronic health records
INTEGRATED CARE:
PRACTICE IMPLICATIONS

Use Health and Behavior Codes to capture assessment, reassessment, and intervention (including family intervention) for individuals with an underlying medical diagnosis for which biopsychosocial factors are impacting treatment or management (may rotate between these codes and psychotherapy codes)
INTEGRATED CARE: PRACTICE IMPLICATIONS

Engage in prevention and health promotion activities related to screening (e.g., depression, obesity), intervening with regard to substance use, promoting employee health, and reducing workplace stress.
PATIENT CENTERED MEDICAL HOMES (PCMH)
PCMHs: TRENDS

- ACA improves quality of care by addressing the needs of the whole person through expanded preventative services and integrated primary care.
- PCMHs, proposed in 2007, have features similar to ACOs, and offer an enhanced primary care model aimed at improving quality and safety while containing costs.
PCMHs: TRENDS

Goals
- Improve health care team – patient/family relationship
- Enhance access
- Coordinate care
- Include prevention services
PCMHs: PRACTICE IMPLICATIONS

- Secure a role in a PCMH, including one as a leader
- Conduct thorough assessments that take into account behavioral health factors and environmental determinants of behavior
- Use interventions that modify health risk factors and that promote patient responsibility and resilience
- Attend to interpersonal barriers to change
PCMHs: PRACTICE IMPLICATIONS

- Design, monitor, and evaluate behavior health interventions with individuals in medical settings
- Develop programs designed to offer population-based services
**PCMHs: PRACTICE IMPLICATIONS**

- Facilitate effective interactions among the health care team and between the team, the patient, and the family

- Support positive organizational development designed to enhance quality care
GROUP PRACTICES
QUESTION

Are you in an interdisciplinary group practice?

Are you interested in starting/joining an interdisciplinary group practice?
GROUP PRACTICES: TRENDS

- Care viewed as a single system treating the whole person
- Group practices can market a valuable/competitive product that can not be produced by independent providers
- Larger integrated groups may be favored by payers due to geographic coverage, mix of services, etc.
GROUP PRACTICES:
PRACTICE IMPLICATIONS

- Develop a large network of providers (≥ 10)
- Share in assessment and treatment planning
- Collect outcome data and patient and referring physician satisfaction data
- Share in training and continuing education
- Align business practice with cost centers
NICHE PRACTICES
QUESTION

- Do you have a niche practice?
- What is your niche?
NICHE PRACTICES: TRENDS

- Changing landscape underscores value of having, at least in part, a niche practice if one is in private practice.
- Specialization increasingly emphasized.
- Niche practice may allow freedom from third party payments.
NICHE PRACTICES: PRACTICE IMPLICATIONS

Engage in initial and continuing professional development focused on one or more specialties (e.g., child and adolescent clinical, clinical geropsychology, forensics, business and consulting)
NICHE PRACTICES: PRACTICE IMPLICATIONS

- Have and market expertise with specific
  - Types of services (e.g., neuropsychology, group psychology)
  - Patient populations (e.g., diagnostic groups, ages, linguistic groups)
  - Specialty services (e.g., executive coaching, sports psychology, performance psychology, prescribing psychology)
NICHE PRACTICES: PRACTICE IMPLICATIONS

CNN.COM May 2013

PSYCHOLOGY PLUS BALLET: MEET ‘DR. DANCER’
DIVERSITY
QUESTION

Do you routinely reflect upon the various aspects of your own diversity status and how these interact with those of the people you treat, educate, study?
DIVERSITY: TRENDS

- Racial and ethnic minorities now comprise roughly 1/3 of the U.S. population and are expected to become the majority in 2042.
- People ≥65 are the fastest growing segment of the U.S. population, expected to increase from 40.3 to 72.1 million from 2010 to 2020.
DIVERSITY: TRENDS

>20% of LGBT youth have concerns about acceptance, bullying, and stigma, with 92% saying they hear negative messages about being LGBT.

Both multicultural and international factors influence diversity throughout the world and thus multiculturalism needs to be internationalized.
DIVERSITY:
PRACTICE IMPLICATIONS

- Focus on one’s self as a cultural being, people from diverse other cultures with attention to the full range of diversity, and the interaction between the two
- Focus on growing populations of older adults, diverse racial and ethnic groups, immigrants and refugees and displaced persons, service members and veterans, etc.
- Provide linguistically competent services
DIVERSITY:
PRACTICE IMPLICATIONS

- Address and take actions to reduce health disparities
- Volunteer to provide psychological services in other nations and/or to offer consultations to others doing so
QUESTION

Do you do the following with your clients/patients?

- Phone sessions
- Email
- Skype
- Text
- Facebook
Telepsychology is on the rise (phone, email, internet based communications, videoconferencing, etc.)

Growing evidence for effectiveness of internet-mediated therapies

APA, ASPPB, and APAIT developed Guidelines for the Practice of Telepsychology

ASPPB has proposed an E.Passport to monitor and regulate interjurisdictional telepsychology practice
TELEPSYCHOLOGY: PRACTICE IMPLICATIONS

- Learn new competencies through innovative technologies
- Use and integrate technologies to provide quality services
- Incorporate internet-mediated practices
- Familiarize self with the new and emerging ethical issues related to telepsychology and social media, internet, email, etc.
- Be informed about latest guidelines and monitoring systems
COMMUNITY ENGAGEMENT
QUESTION

Do you engage actively in your community offering pro bono services as a psychologist (e.g., volunteer, media, consultation)?
COMMUNITY ENGAGEMENT: TRENDS

Strong relationships with local, regional, national and international communities aid our ability to enhance psychological health on a larger, more global scale.

Community engagement increases psychology’s visibility and functions as a tool for marketing the expertise and services practitioners have to offer.
COMMUNITY ENGAGEMENT: PRACTICE IMPLICATIONS

- Create meaningful change on a larger scale by engaging with relevant communities and community organizations – doing good
- Volunteer in the community as a unique way to build your career while simultaneously addressing health disparities
- Engage with the media to address current topics with a psychological impact and to translate psychological science to the public
ADVOCACY
Do you actively advocate on behalf of psychology?
ADVOCACY: TRENDS

Everything that impacts the definition of our profession, the parameters of how we practice, if research gets funded, if training is funded, the scope of our licenses, etc., is impacted legislatively.

If we are not actively involved in educating the public and legislatures, then others (who may have different interests) will do so.
ADVOCACY: PRACTICE IMPLICATIONS

- Promote inclusion of psychologists in state and federal health care reform implementation activities (e.g., PCMHs)
- Forge strategic alliances with other health care professionals to include psychologists in integrated care models
- Advocate for inclusion of psychologists in key federal regulations and for appropriate reimbursement for psychological services in the public and private sectors
ADVOCACY: PRACTICE IMPLICATIONS

- Get involved in coalition building related to health insurance exchanges in your State
- Advocate for increased support for research, training, public education and services to reduce health disparities and advance our other health care reform priorities
HIGHER EDUCATION
QUESTION

Have you used innovative approaches/technologies to engage in life-long learning and/or educate others?
HIGHER EDUCATION: TRENDS

- Self-directed learning
- Competency-based education/training
- On-line programs and learning (e.g., Massive Open Online Courses (MOOCs))
- Social media as a powerful teaching and learning tool
- Educational partnerships to enhance and implement traditional, online, and hybrid learning models
HIGHER EDUCATION: PRACTICE IMPLICATIONS

- Develop and engage in innovative online programming
- Adopt and use social media in the learning environment
- Provide/receive education/training with regard to integrated care and primary care competencies
- Offer/engage in interprofessional programming
MAINTENANCE OF COMPETENCE
QUESTION

Do you support the movement to require evidence of maintenance of competence?
MAINTENANCE OF COMPETENCE: TRENDS

- Current half life of knowledge in professional psychology is 9 years (soon to be 7)
- Specialty recertification through examination required in medicine
- Maintenance of competence related to psychology licensure (MOCAL) to be required
- Maintenance of specialty-specific competence through ABPP to be demonstrated
MAINTENANCE OF COMPETENCE:

PRACTICE IMPLICATIONS

- Engage actively in self-assessment strategies to determine strengths, areas for growth, and areas of insufficient competence
- Participate in life-long learning that goes beyond continuing education attendance
- Participate in maintenance of competence credentialing activities
"I can promise you that women working together - linked informed and educated - can bring peace and prosperity to this forsaken planet." Isabel Allende
QUESTION

Do you have a colleague(s) who give you honest feedback about your competence and would directly and clearly raise issues with you if your competence were to falter?
COMPETENT COMMUNITIES: TRENDS

Shift from individual responsibility for own competence to a communitarian notion (community of psychologist’s responsible for one another’s competence)

- Collegial engagement, caring, and compassion
- Accountable and responsible for the competence and well-functioning of our colleagues
COMPETENT COMMUNITIES:
PRACTICE IMPLICATIONS

Form competence constellation models characterized by diversity, strength of ties, and initiatory behaviors

- Inner core
- Collegial community
- Collegial acquaintances
- Professional culture
COMPETENT COMMUNITIES:
PRACTICE IMPLICATIONS

- Be a member of a peer consultation group
- Utilize and be a part of Colleague Assistance Programs
CONCLUDING COMMENTS
CONCLUDING COMMENTS

We need to join together to ensure that all of us and future generations of professional psychologists are

- Able to engage in professional activities about which they are passionate
- Able to advance the profession in a fashion that optimally serves the public
- Appropriately compensated
CONCLUDING COMMENTS

The future of psychology is

- Bright
- Shifting
- Uncharted

Full of opportunities, many of which we need to create
CONCLUDING COMMENTS

“The past is history, the future a mystery, but the present is a gift, which is why it’s called the present.”

Eleanor Roosevelt