

# Psychology's Paradigm Shift

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

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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





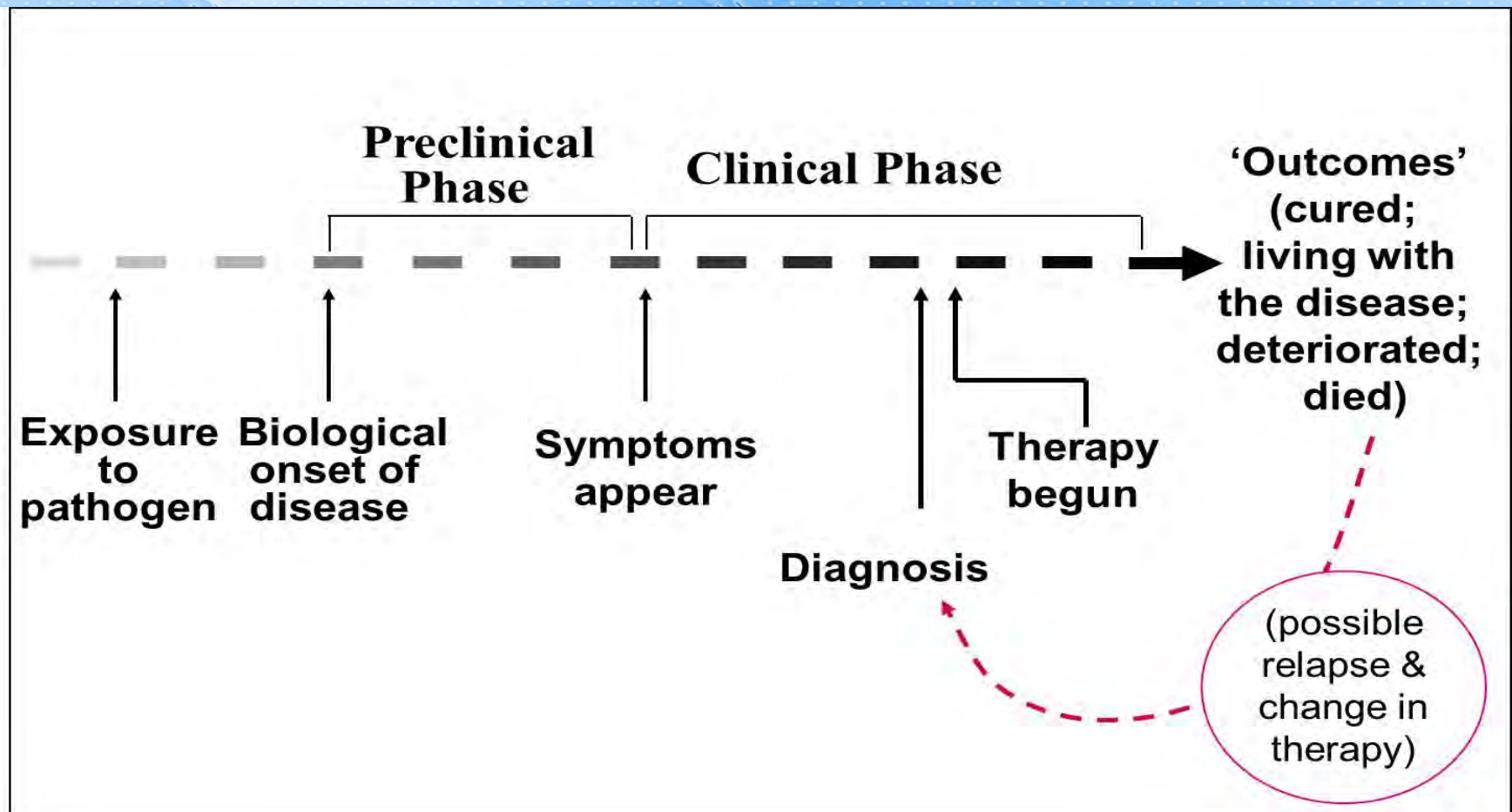
# Medicine's Paradigm Shift

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





# Biomedical Model: The Basis of Western Medicine





# 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







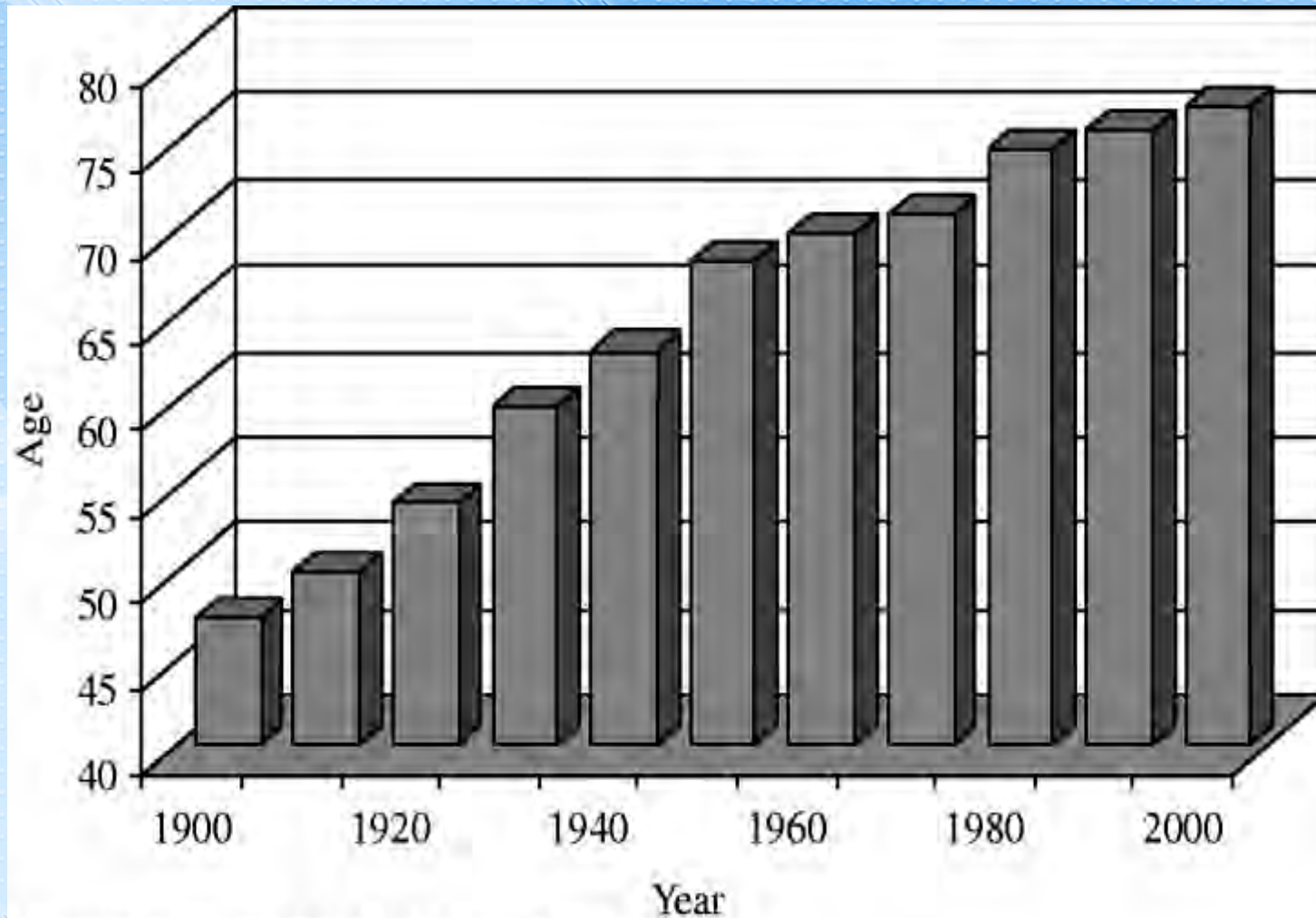
# Success of the Biomedical Model: Elimination of Infectious Disease as the Leading Cause of Death in the United States

cause of death	1900	2000
1	Tuberculosis	Heart Disease
2	Pneumonia/influenza	Cancer
3	Diarrheal diseases	Stroke
4	Heart disease	COPD
5	Liver disease	Injuries
6	Injuries	Diabetes
7	Stroke	Pneumonia/influenza
8	Cancer	Alzheimer's
9	Bronchitis	Nephritis
10	Diphtheria	Septicemia





# Increasing Life Expectancy



**Source:** Kurian (2004, Tables 4-5, p. 71)



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# 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





# Biomedical Model's Legacy: US Health Expenditures Devoted Primarily to Physical Health

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



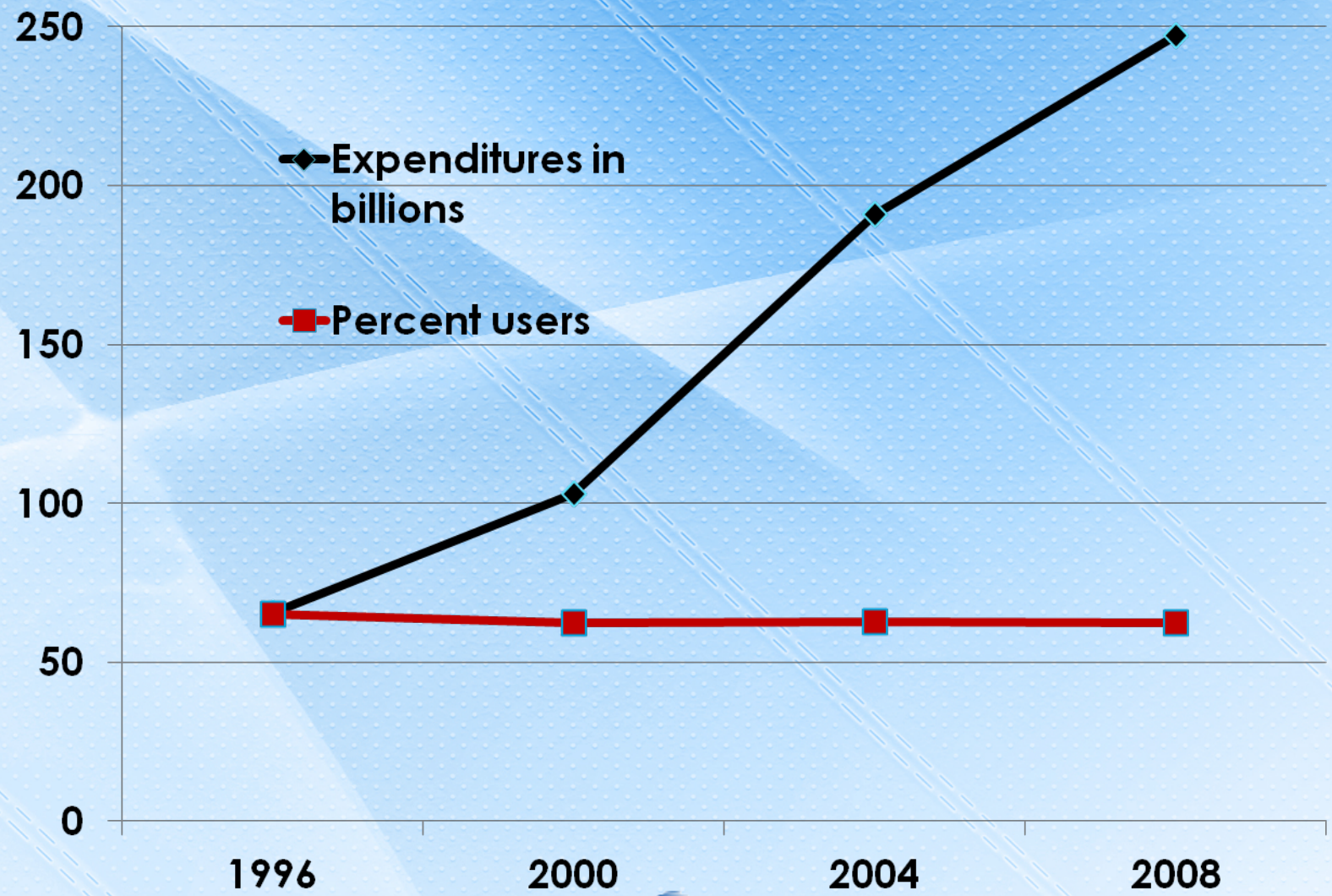
All Health = \$1,614 billion in 2003  
MH = \$100 billion in 2003

*Data courtesy of SAMHSA*



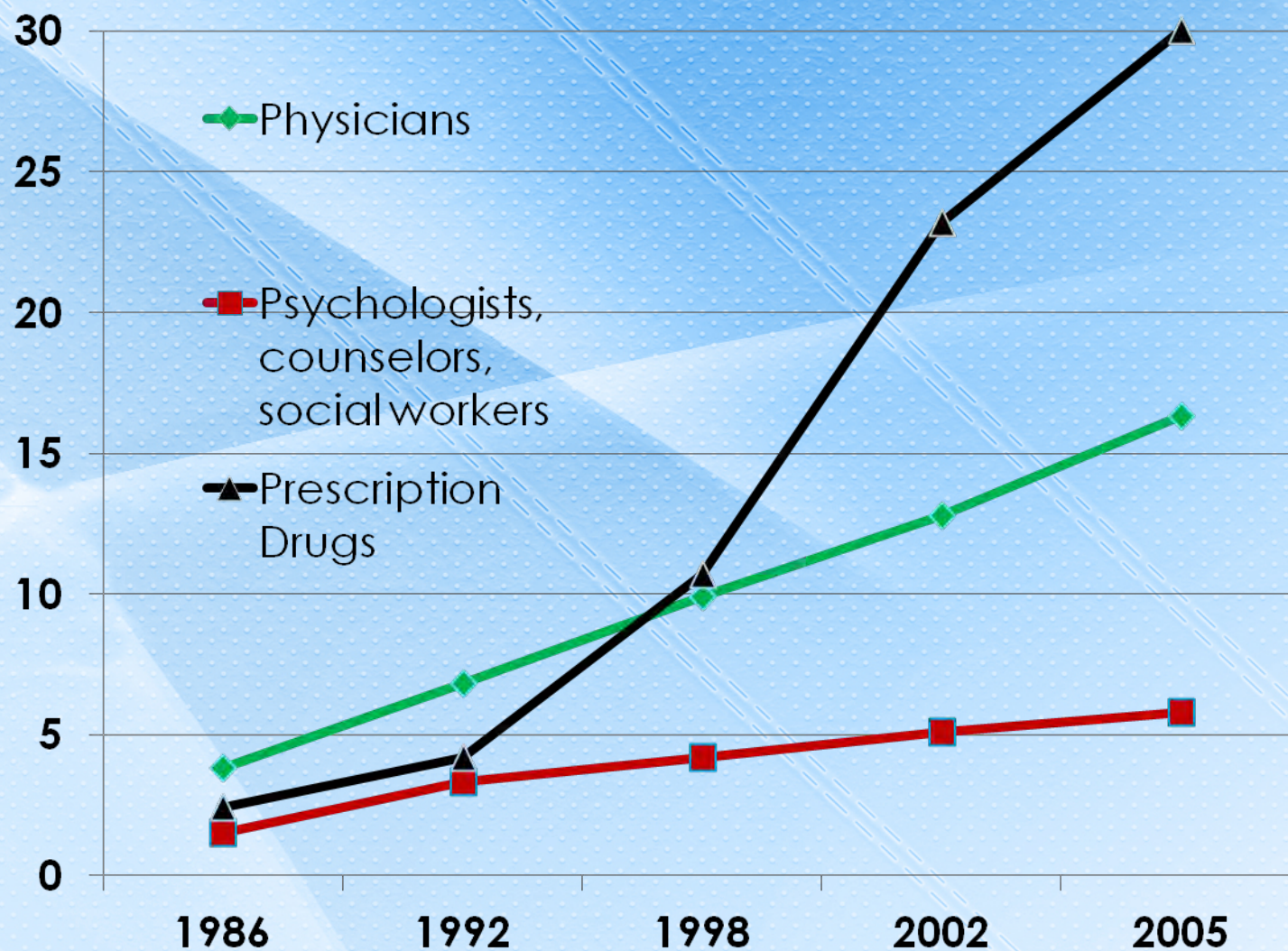


# Percent of US Population Using Prescription Drugs and Expenditures in Billions of US Dollars





# Mental Health Expenditures in Billions of US Dollars







# 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 20<sup>th</sup> 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 lead 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

<http://www.cdc.gov/chronicdisease/pdf/2009-Power-of-Prevention.pdf>

<http://www.cms.hhs.gov/NationalHealthExpendData/downloads/tables.pdf>

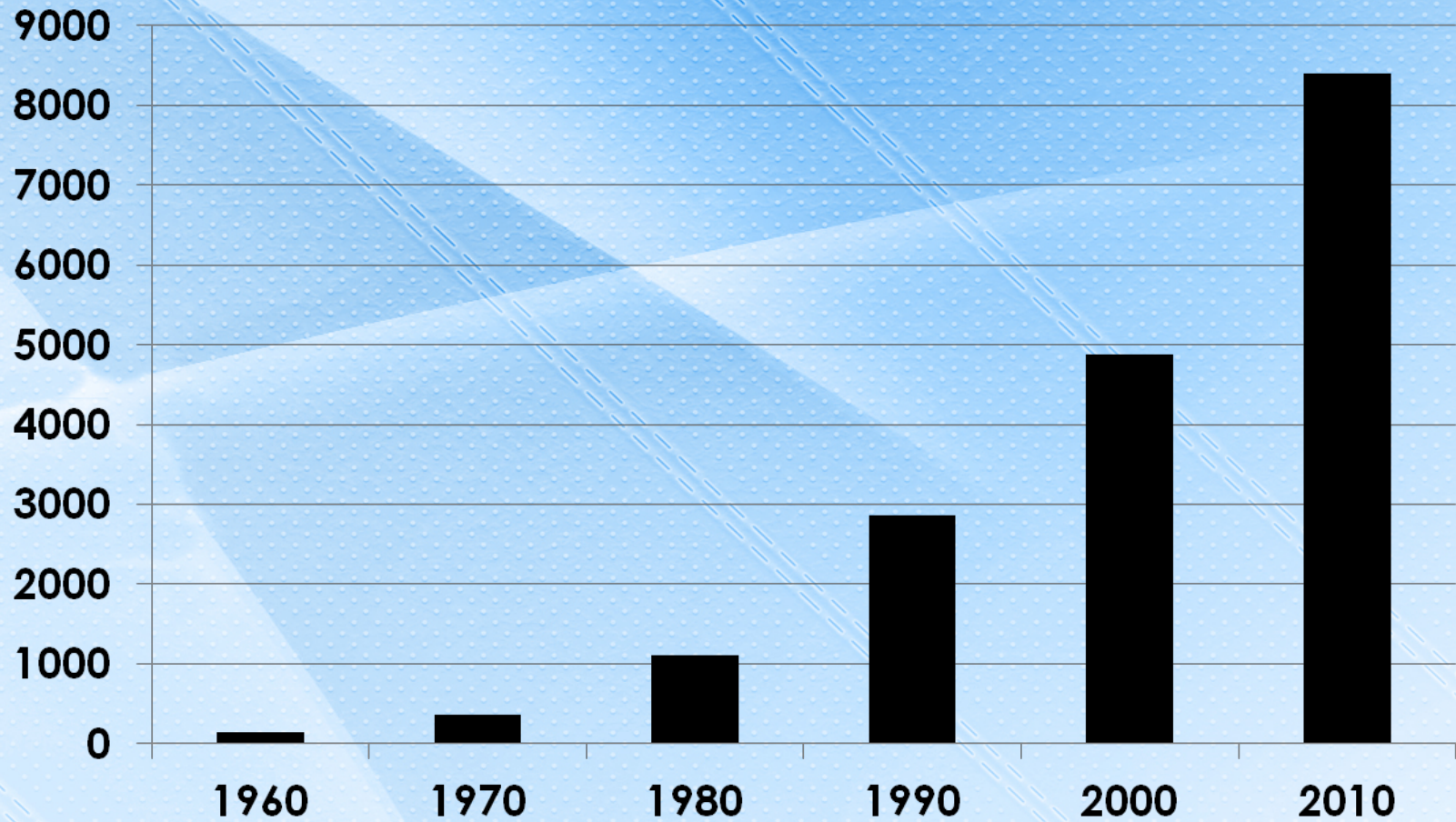


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# Rising Health Costs

US Dollars Spent Per Person on Health Care by Year

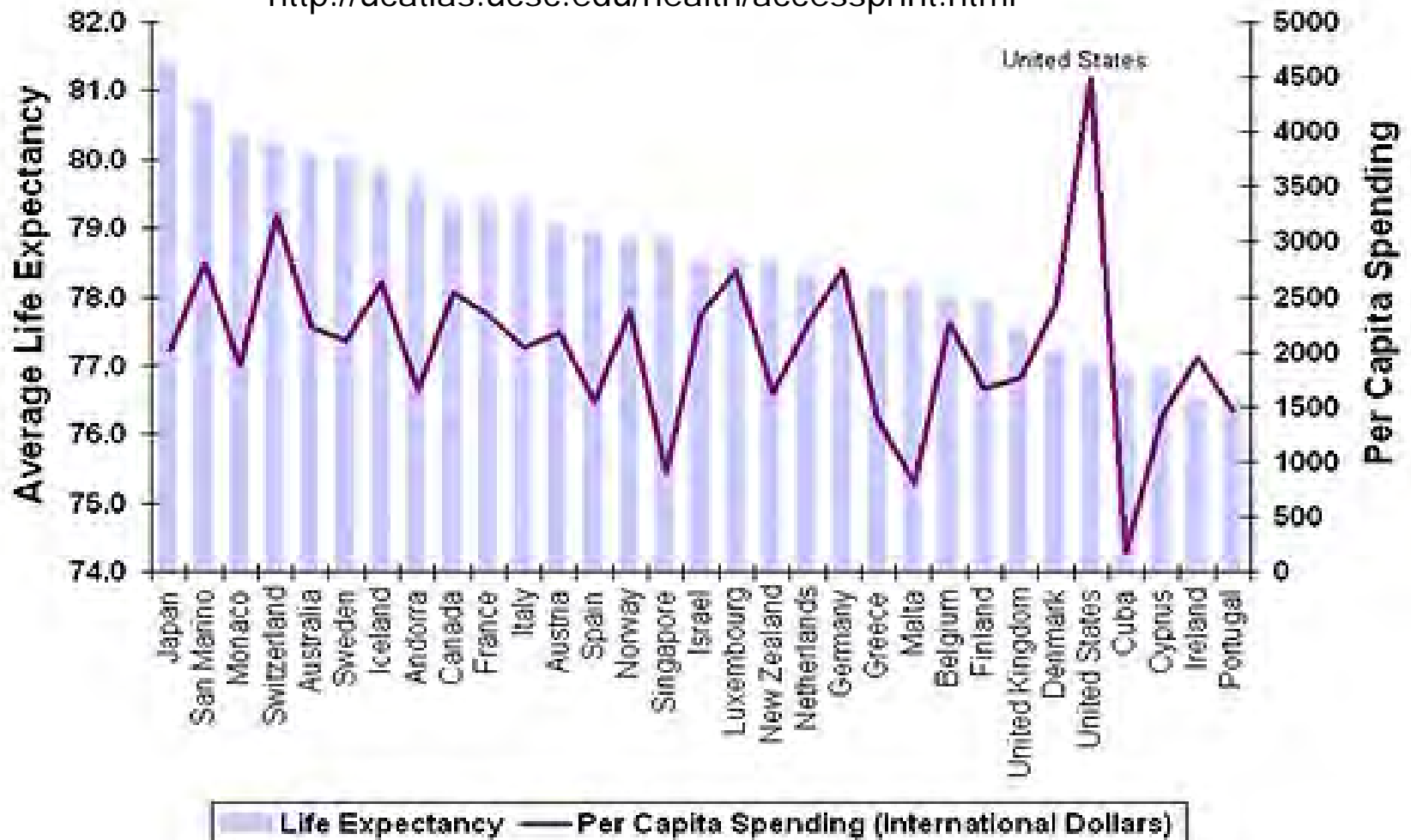




# US Leads the World in Health Care Costs with Lower Life Expectancy

The Cost of a Long Life

<http://ucatlas.ucsc.edu/health/accessprint.html>





# Increasing Recognition of the Role of Behavior

Rank	Cause of Death by Disease (2000)	Actual Cause of Death (2000)
<b>1</b>	Heart Disease	Tobacco
<b>2</b>	Cancer	Diet/Activity
<b>3</b>	Stroke	Alcohol
<b>4</b>	Pulmonary Disease	Microbial Agents
<b>5</b>	Accidents	Toxic Agents
<b>6</b>	Diabetes	Motor Vehicles
<b>7</b>	Pneumonia/Influenza	Firearms
<b>8</b>	Alzheimer's	Sexual Behavior
<b>9</b>	Kidney disease	Illicit Drug Use






# Increasing Recognition of the Role of Behavior: Determinants of Health

Access to Care (10%)
Genetics (20%)
Environment (20%)
Health Behaviors (50%)





# Increasing Recognition of Role of Behavior: Reports of the US Surgeon General

[www.surgeongeneral.gov/sgooffice.htm](http://www.surgeongeneral.gov/sgooffice.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

- ◎ 1979 Surgeon General's Report, Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention
- ◎ 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



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# 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 8<sup>th</sup> leading cause of death in the US
  - >50% of medical recommendations are inappropriate

<http://www.iom.edu/Reports/1999/To-Err-is-Human-Building-A-Safer-Health-System.aspx>; [Myers & Midence \(1998\). Adherence to Treatment in Medical Conditions](#)



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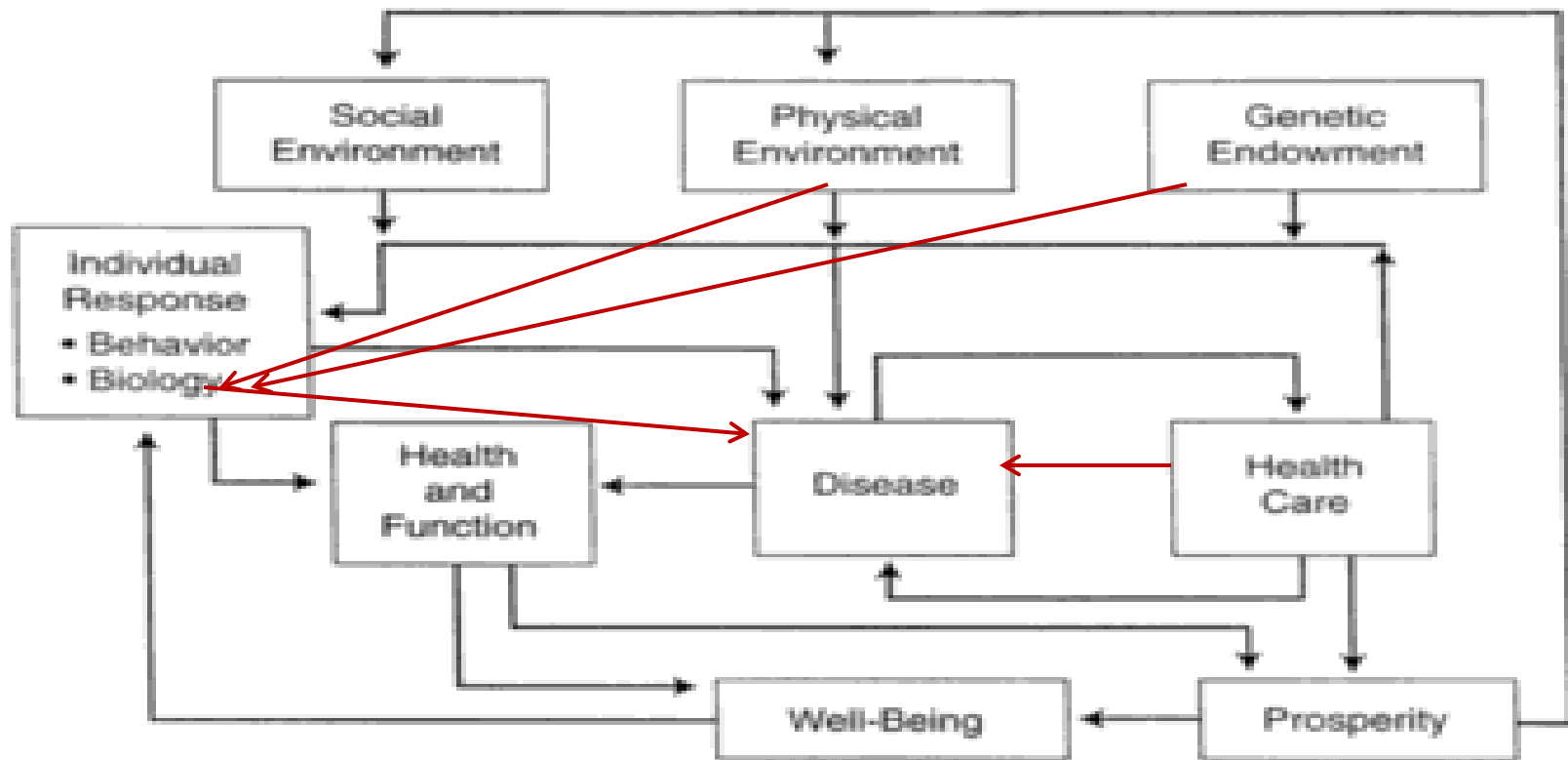
# Increasing Recognition of the Role of Provider Behavior

- ⊙ 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](http://www.nlm.nih.gov))
- ⊙ Patient Safety Initiatives
  - Electronic medical record
  - Decision support systems






# Medicine's Paradigm Shift to the Biopsychosocial Model



**FIGURE 1-1** A model of the determinants of health. Source: Reprinted from R.G. Evans and G.L. Stoddart, 1990, *Producing Health, Consuming Health Care*, *Social Science and Medicine* 31:1347-1363, with permission from Elsevier Science Ltd, Kidlington, UK.





# 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

*Closing the gap in a generation: health equity through action on the social determinants of health.* Final Report of the Commission on Social Determinants of Health. Geneva, World Health Organization, 2008.





## 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, life style 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)





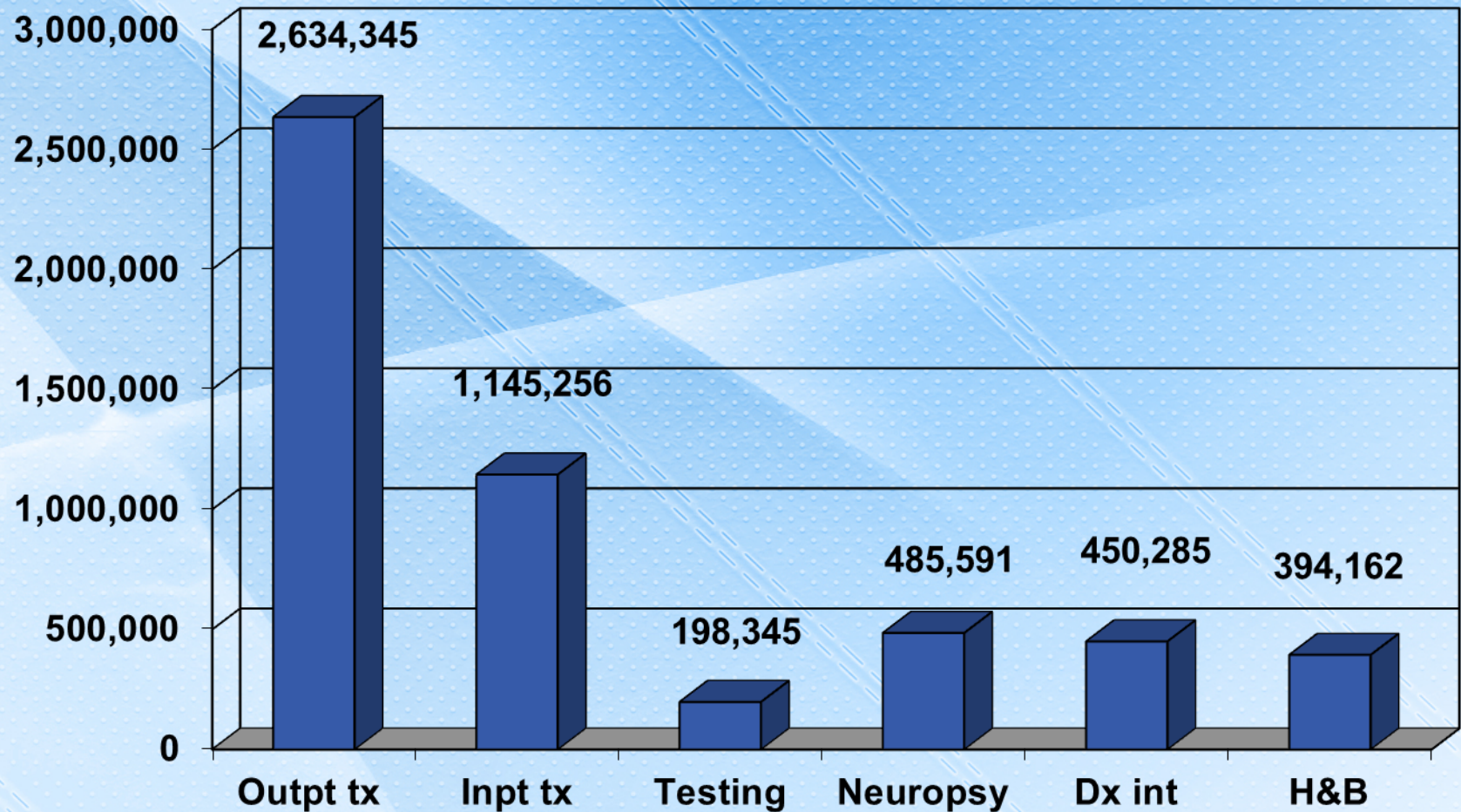
# APA Leading the Way: Health Care Service Reimbursement

- ⊙ 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



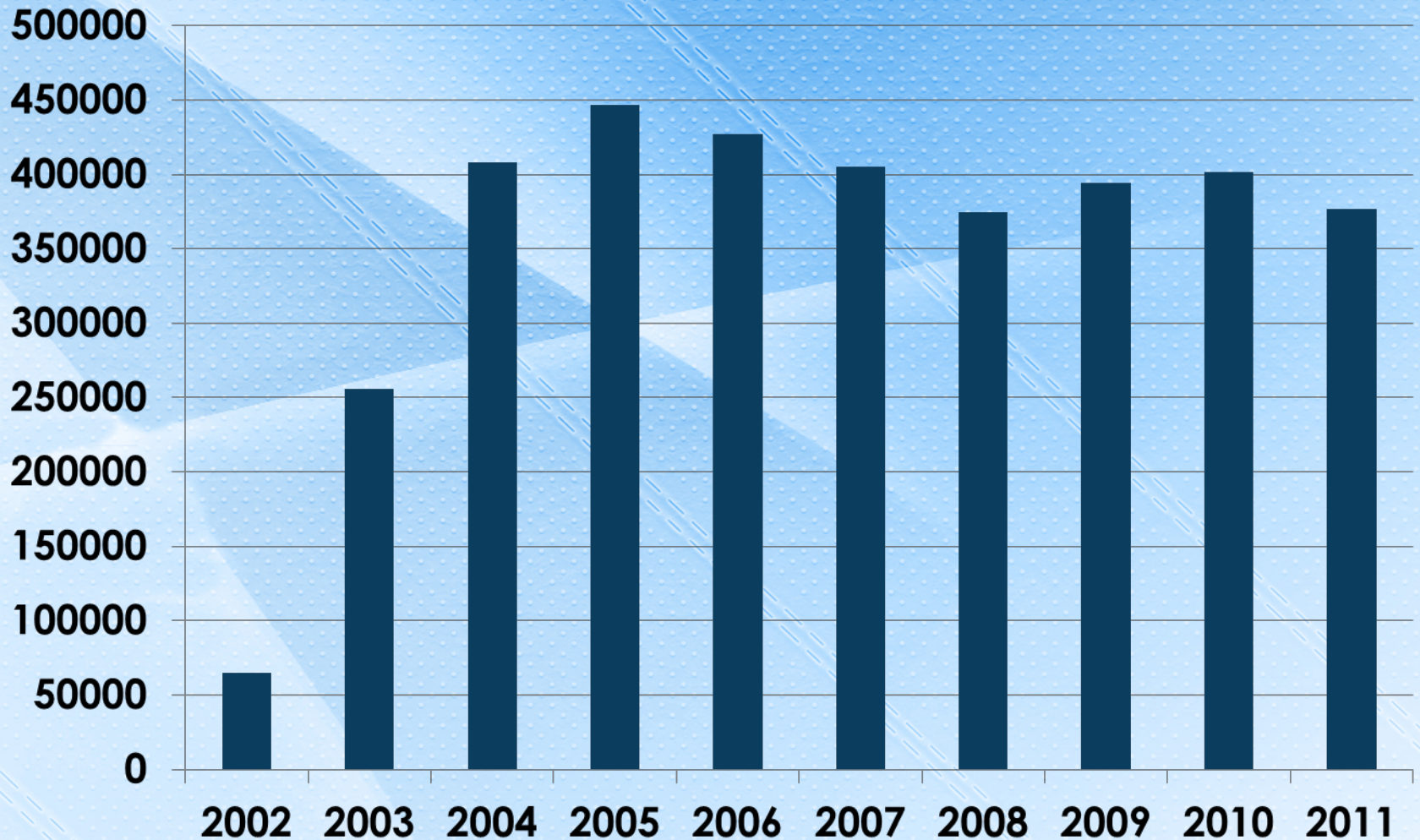


## Total Medicare Units By Service Type: 2011 (Psychology Only)





# 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](http://www.apa.org/president)**



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