

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

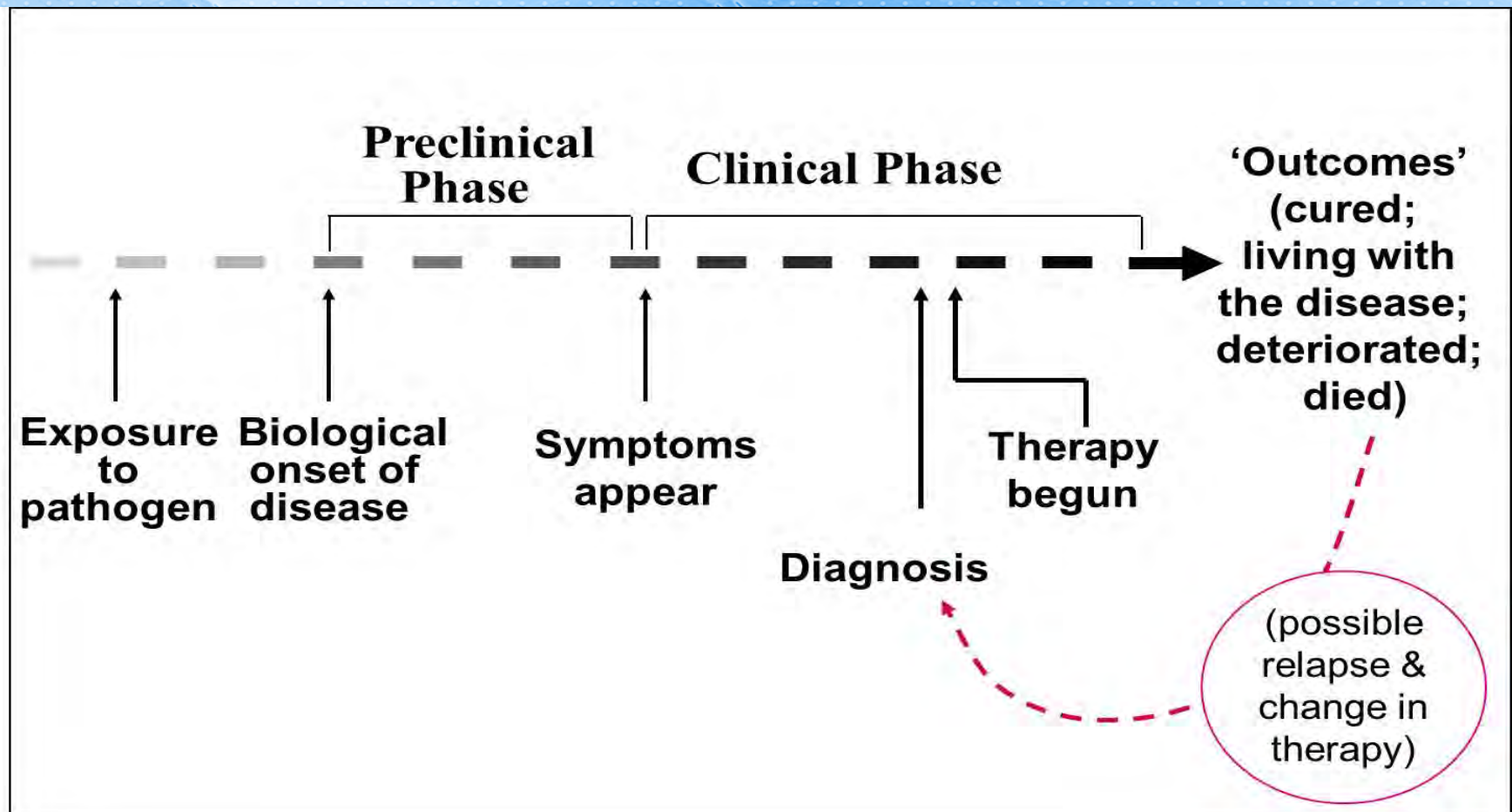


Medicine's Paradigm Shift

- ◎ 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



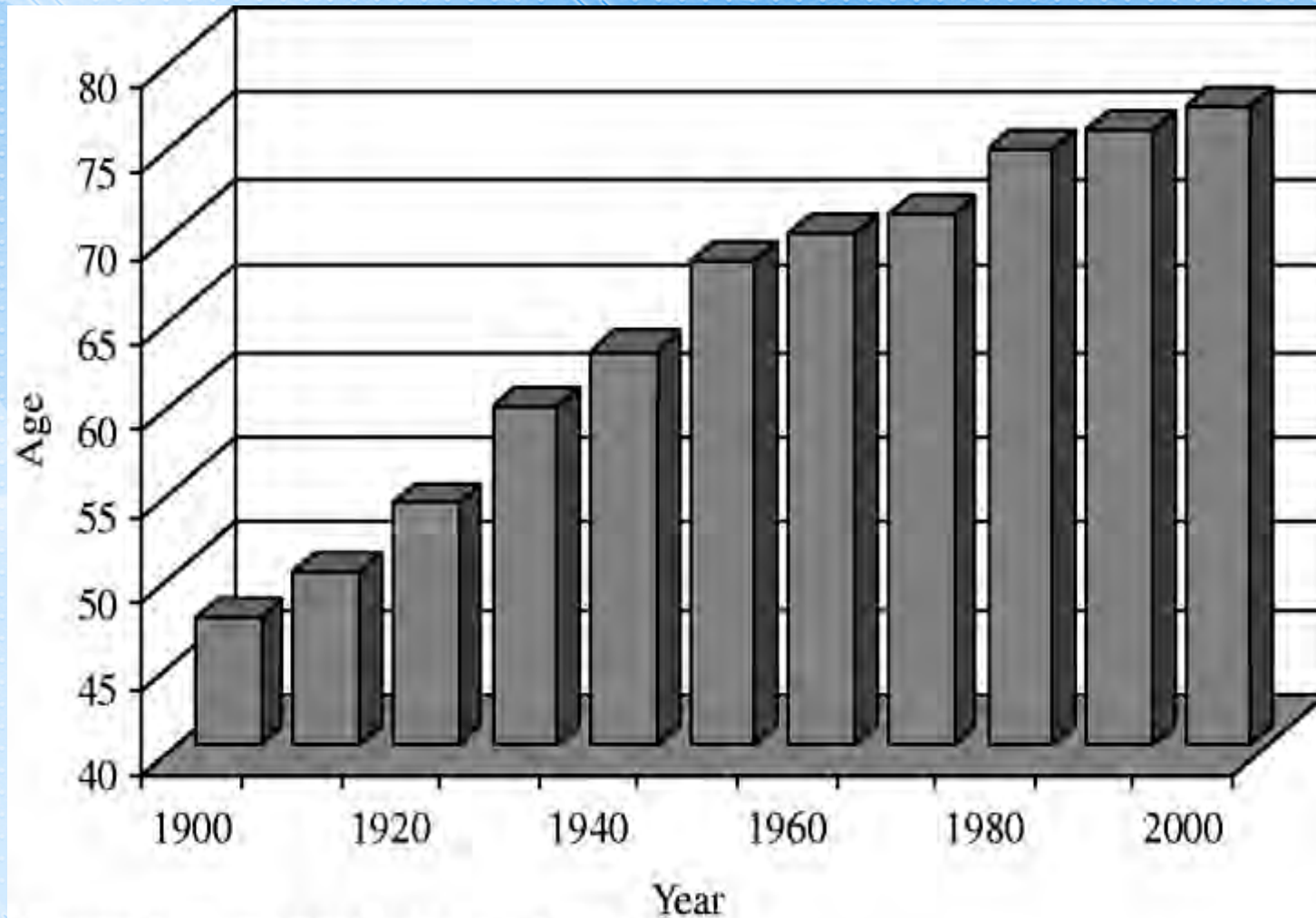


Success of the Biomedical Model: Elimination of Infectious Disease as the Leading Cause of Death in the United States

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)

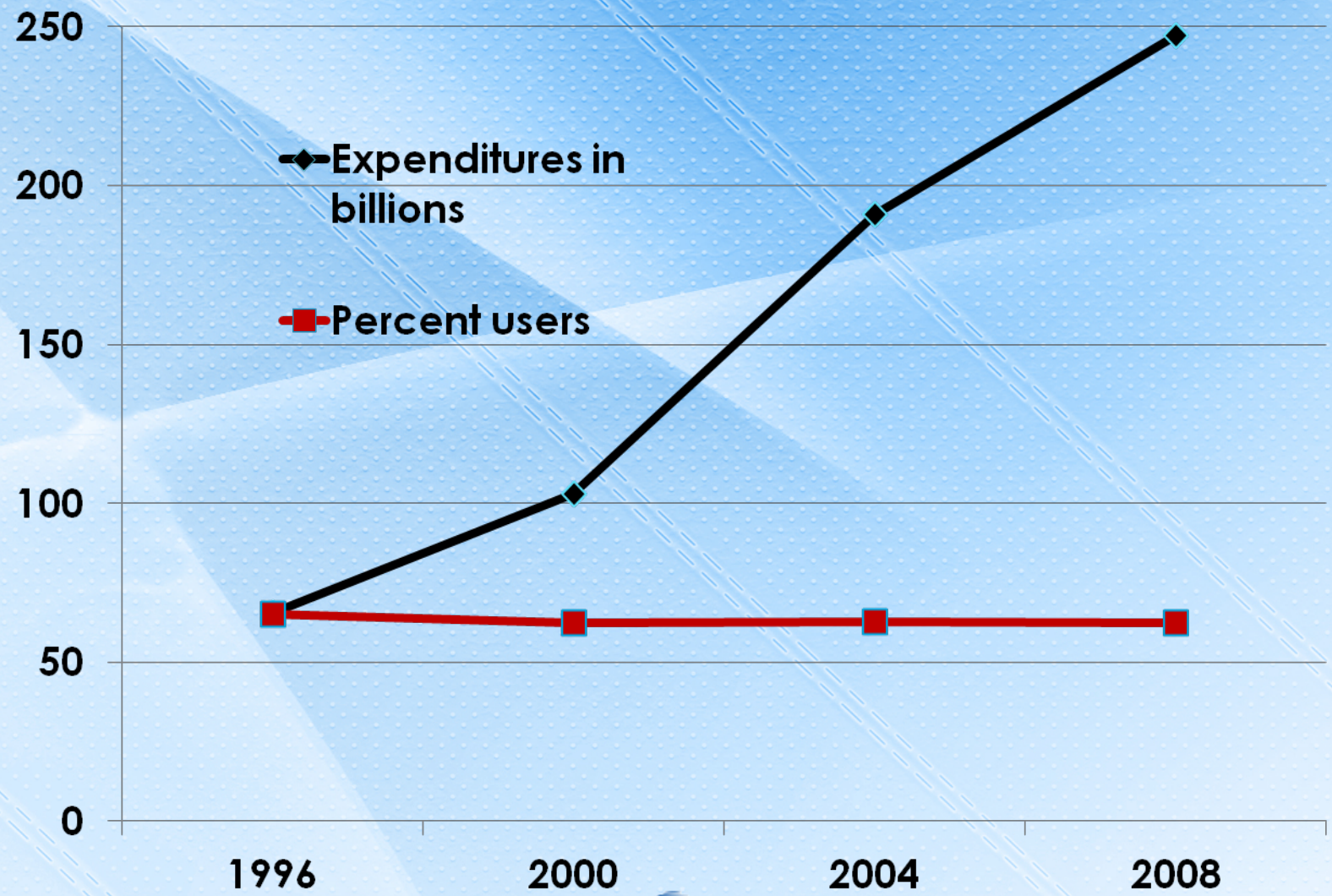


All Health = \$1,614 billion in 2003
MH = \$100 billion in 2003

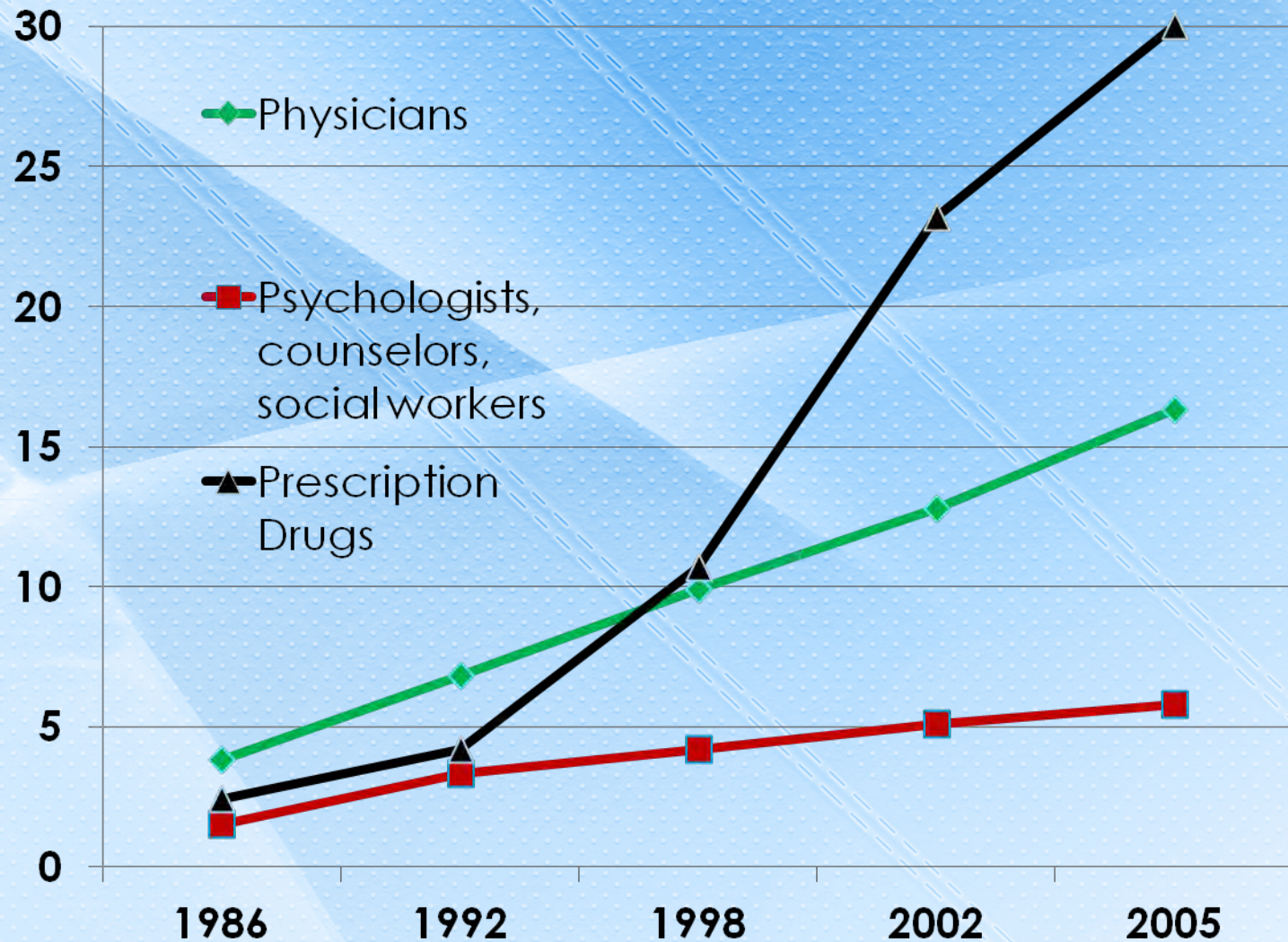
Data courtesy of SAMHSA



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 20th 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>

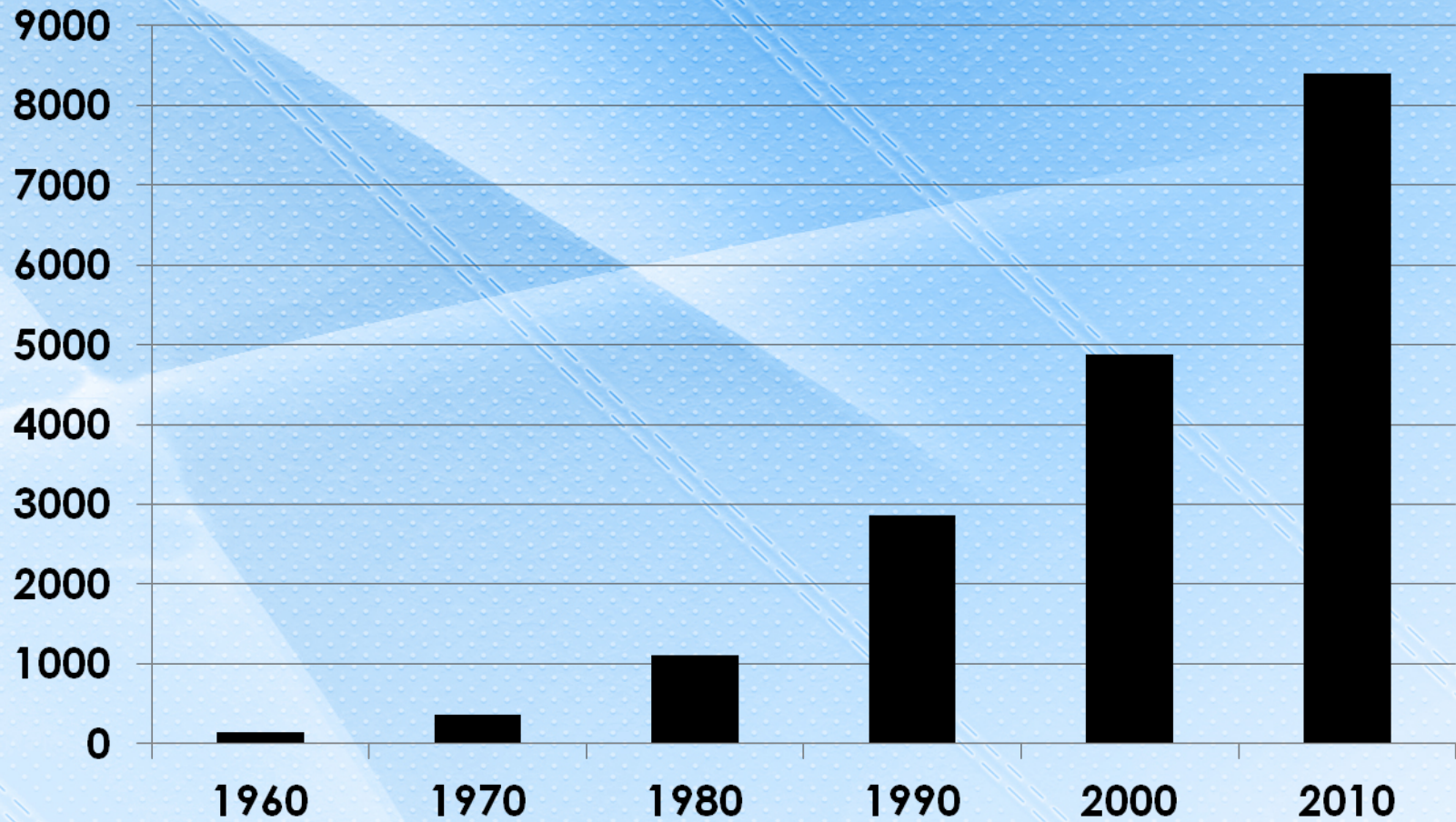
<http://www.cms.hhs.gov/NationalHealthExpendData/downloads/tables.pdf>



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Rising Health Costs

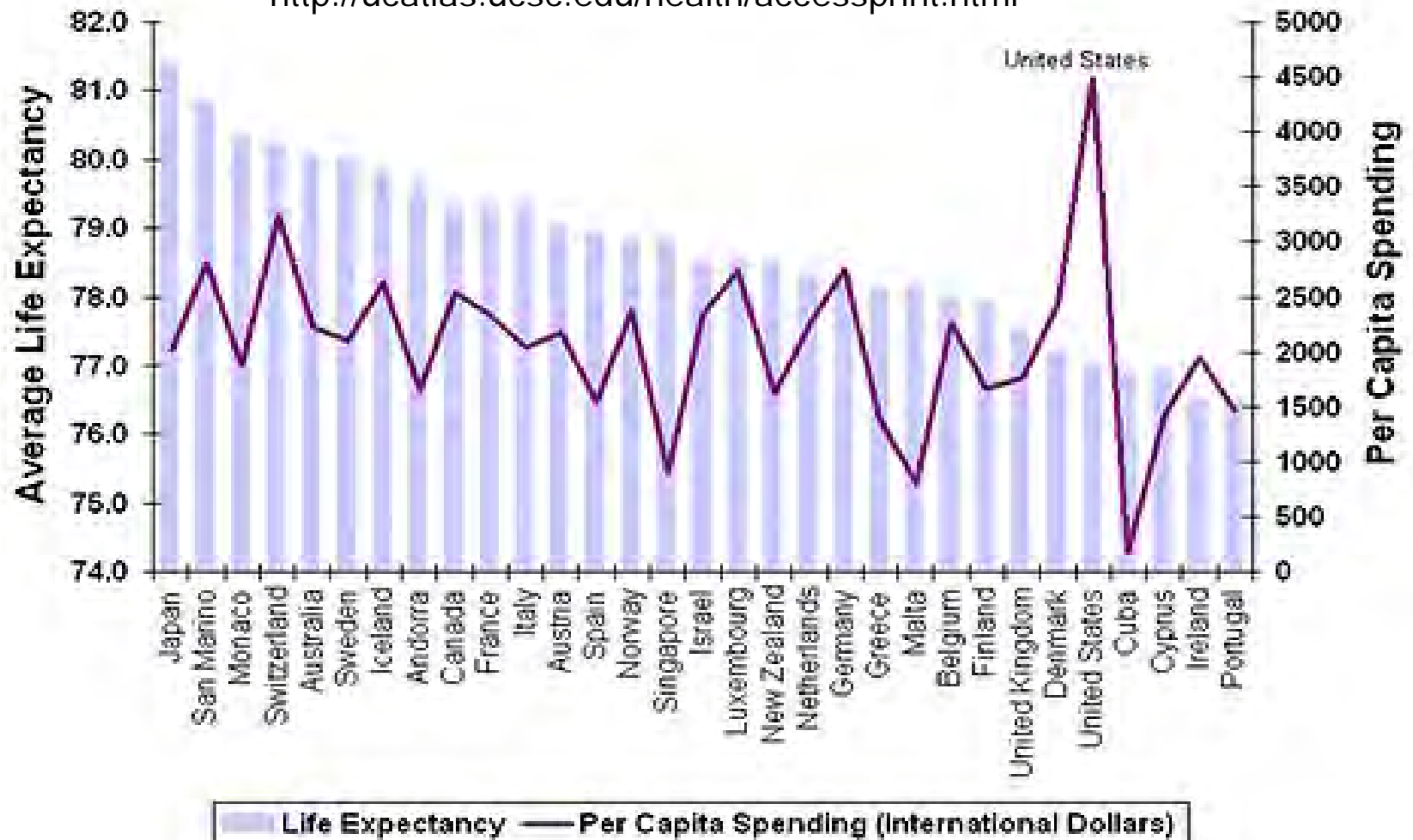
US Dollars Spent Per Person on Health Care by Year



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)
1	Heart Disease	Tobacco
2	Cancer	Diet/Activity
3	Stroke	Alcohol
4	Pulmonary Disease	Microbial Agents
5	Accidents	Toxic Agents
6	Diabetes	Motor Vehicles
7	Pneumonia/Influenza	Firearms
8	Alzheimer's	Sexual Behavior
9	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

- ◎ 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 8th 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)
- ⊙ Patient Safety Initiatives
 - Electronic medical record
 - Decision support systems



Medicine's Paradigm Shift to the Biopsychosocial Model

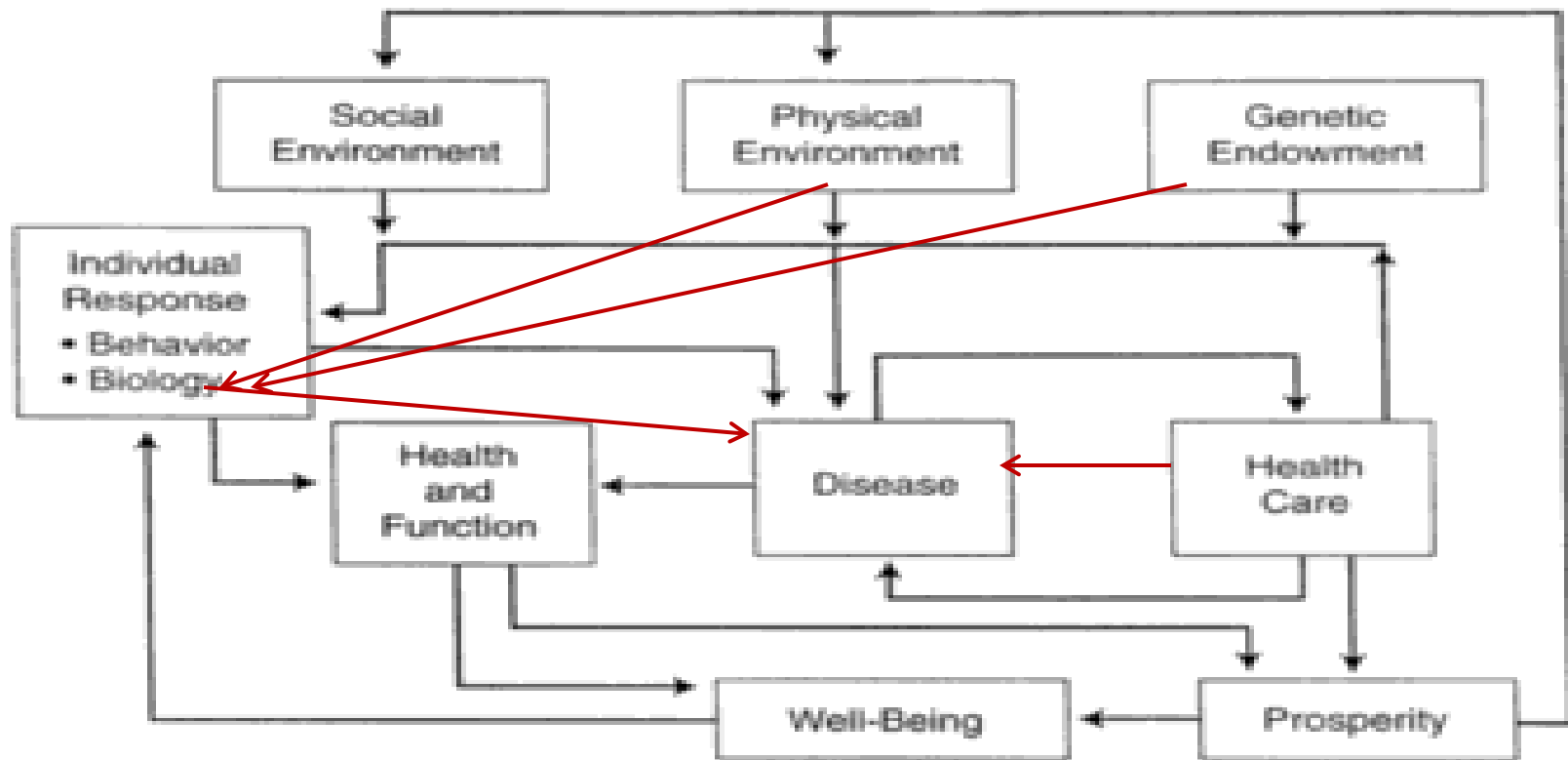



FIGURE 1-1 A model of the determinants of health. Source: Reprinted from R.G. Evans and G.L. Stoddart, 1990, *Producing Health, Consuming Health Care*, *Social Science and Medicine* 31:1347-1363, with permission from Elsevier Science Ltd, Kidlington, UK.



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)

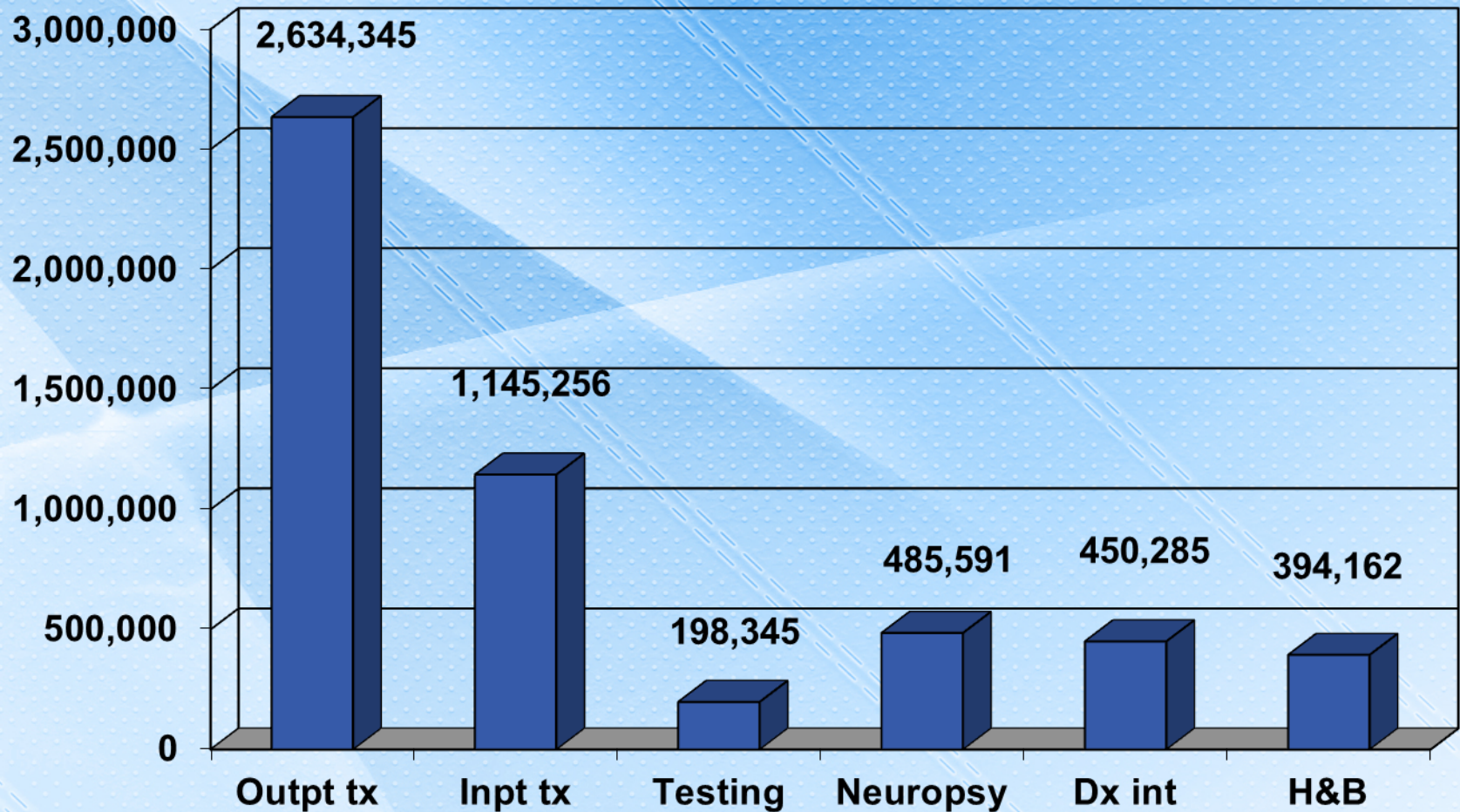


APA Leading the Way: Health Care Service Reimbursement

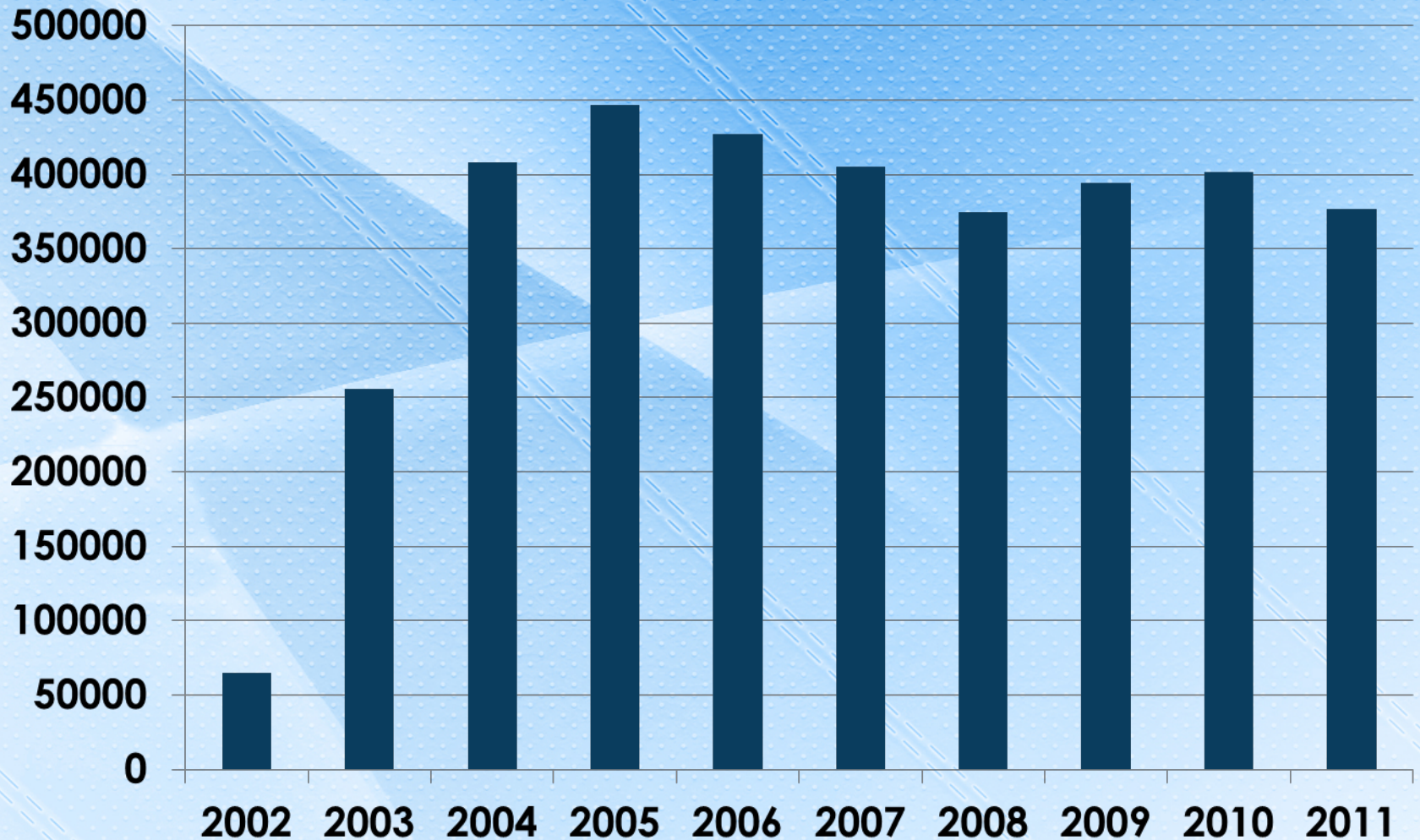
- ⊙ Supporting legislation to include psychologists as “meaningful users” of electronic health records so they are eligible for financial incentives for EHR adoption
- ⊙ Supporting legislation to include psychologists in the definition of Medicare
- ⊙ Working with SPTAs to reduce legal and regulator 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 MPA Lead the Way

- ◎ State regulatory activities to assure psychologists inclusion in integrated care
- ◎ Develop training partnerships with the VA (a leader in integrated care), Massachusetts 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**



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