

Psychology's Paradigm Shift

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

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Traditional US Health Care

- ◎ Based on Mind-Body Dualism
- ◎ Mental and Physical Health Treated Separately
- ◎ Priority Given to Physical Health
 - Greater value
 - Greater resources
 - Greater access
- ◎ Mental Health Considered Secondary
 - Lower value
 - Fewer resources
 - Poorer access
 - Higher co-pays



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



Impact on Patients

- ⊙ Mental health needs go untreated
- ⊙ Access to services for those in need is poor
 - Insufficient providers
 - Services are provided in separate clinics or facilities
 - Lower or no coverage
 - Higher co-pays
- ⊙ Patient is stigmatized



Impact on the Health Care System

- ⊙ Poor quality care
- ⊙ Multiple tests and procedures
- ⊙ Multiple visits to specialists
- ⊙ Increased cost



Patient-Centered Care: US Health Care of the Future?

- ⊙ 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



Benefit of Integrated 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
- ◎ Demands 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
- ◎ Need for increased collaboration with a wide range of health providers and organizations
- ◎ Need for new training models



This 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: Leading the Way

- ◎ What APA can do
- ◎ What the APA President can do
- ◎ What VA Psychology Leaders can do



Psychology's Paradigm Shift: APA Leading the Way

- ◎ Policy
- ◎ Strategic Plan
- ◎ Strategic Initiatives
- ◎ Reimbursement





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
- ◎ Treatment Guidelines
- ◎ Public Education
- ◎ Inter-professional Training
- ◎ Reduction of Health Disparities
- ◎ Forge Strategic Alliances for Integrated Health Care



APA Strategic Initiatives

- ◎ **Psychology Workforce Analysis:** Reorganization of Center for Workforce Studies with an initial focus psychology workforce needs in health and human services
- ◎ **Treatment Guidelines:** Advisory Steering Committee developed processes based on emerging best practices of treatment guideline development; selected initial topics (depression and obesity); selected the writing panel for depression; issued call for obesity panel





APA Strategic Initiatives

- ◎ **Public Education Campaign:** Focus of Stress in America campaign expanded to address the link between stress and health

<http://www.apa.org/news/press/releases/stress/2011/town-hall.aspx>

- ◎ **Inter-professional Training:** Task Force on Primary Care Training; Health Service Provider competencies identified (currently out for public comment); Continuing Education



APA Strategic Initiatives

- ◎ **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

- ◎ Health and Behavior CPT Codes (2000): currently recognized by Medicare, many private carriers, some Medicaid plans
- ◎ Working with STPAs to reduce legal and regulator barriers to psychologists participation in multi-disciplinary practices
- ◎ **Participating in CMS's review of psychotherapy CPT codes, including use in integrated care service delivery settings**
- ◎ Exploring new CPT codes to better address integrated care service delivery



Psychology's Paradigm Shift: APA Presidential Initiatives

- ◎ Interdisciplinary Practice
- ◎ Obesity






Interdisciplinary Practice

- ◎ Inter-organizational Work Group to identify competencies for psychology practice in primary care: Representatives from APA Health, Pediatric and Aging Divisions, APAHC, CFHA, CDCHPTP, SBM, STFM, VA Training Council (Chair: Susan McDaniel)
 - ◎ Inter-organizational effort is likely to have greater impact
 - ◎ Provide guidance to training, CE programs and those who wish to re-train
- ◎ APA Divisions/Boards/Committees partnered with me to bring 20 hours of CE–eligible presidential convention programming on inter-professional practice (Chair: Helen Coons)





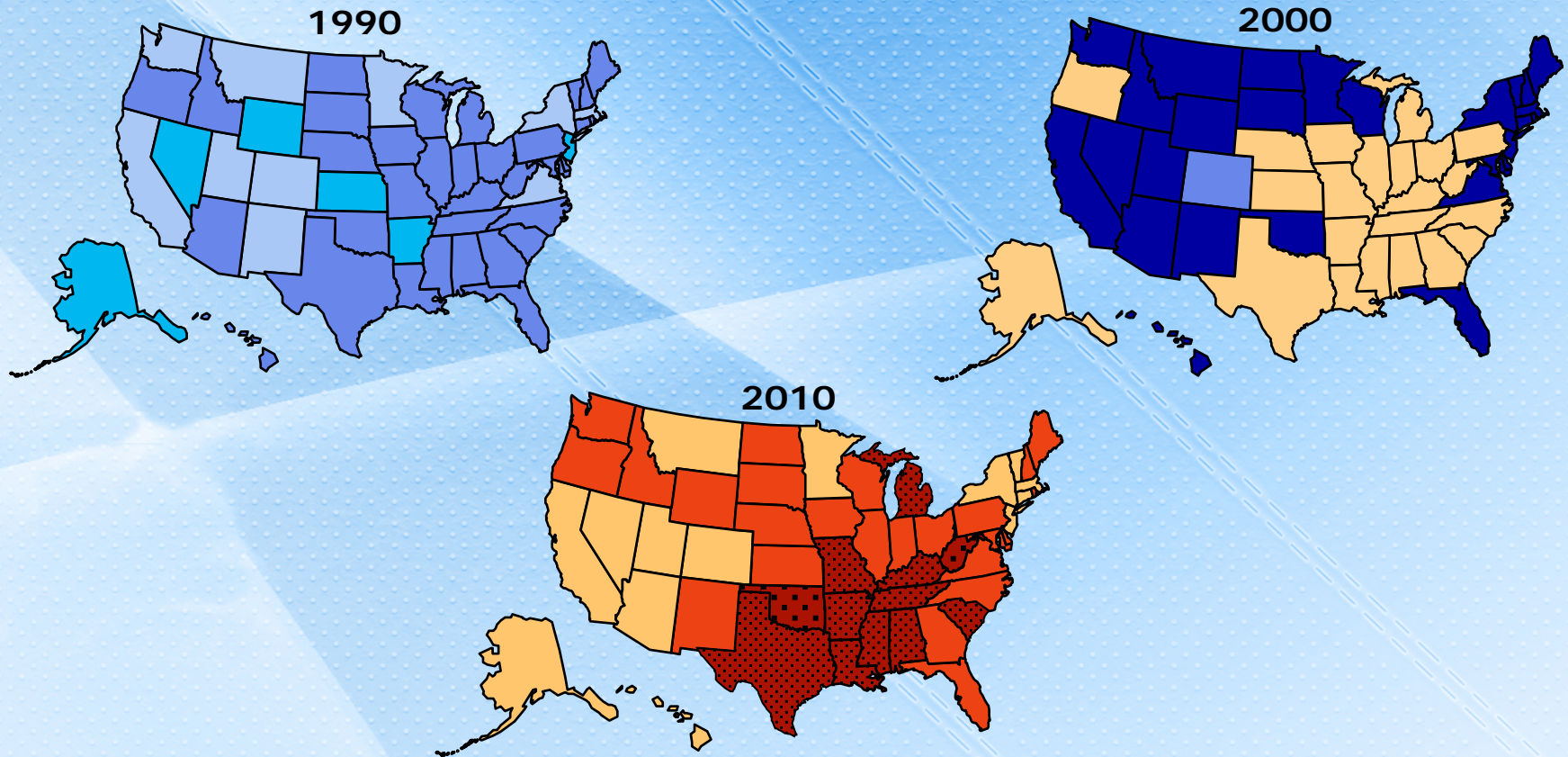
Expand Psychology's Role in Advancing Health: Obesity Why Should Psychologists Care?



Obesity Trends* Among U.S. Adults

BRFSS, 1990, 2000, 2010

(*BMI ≥ 30 , or about 30 lbs. overweight for 5'4" person)



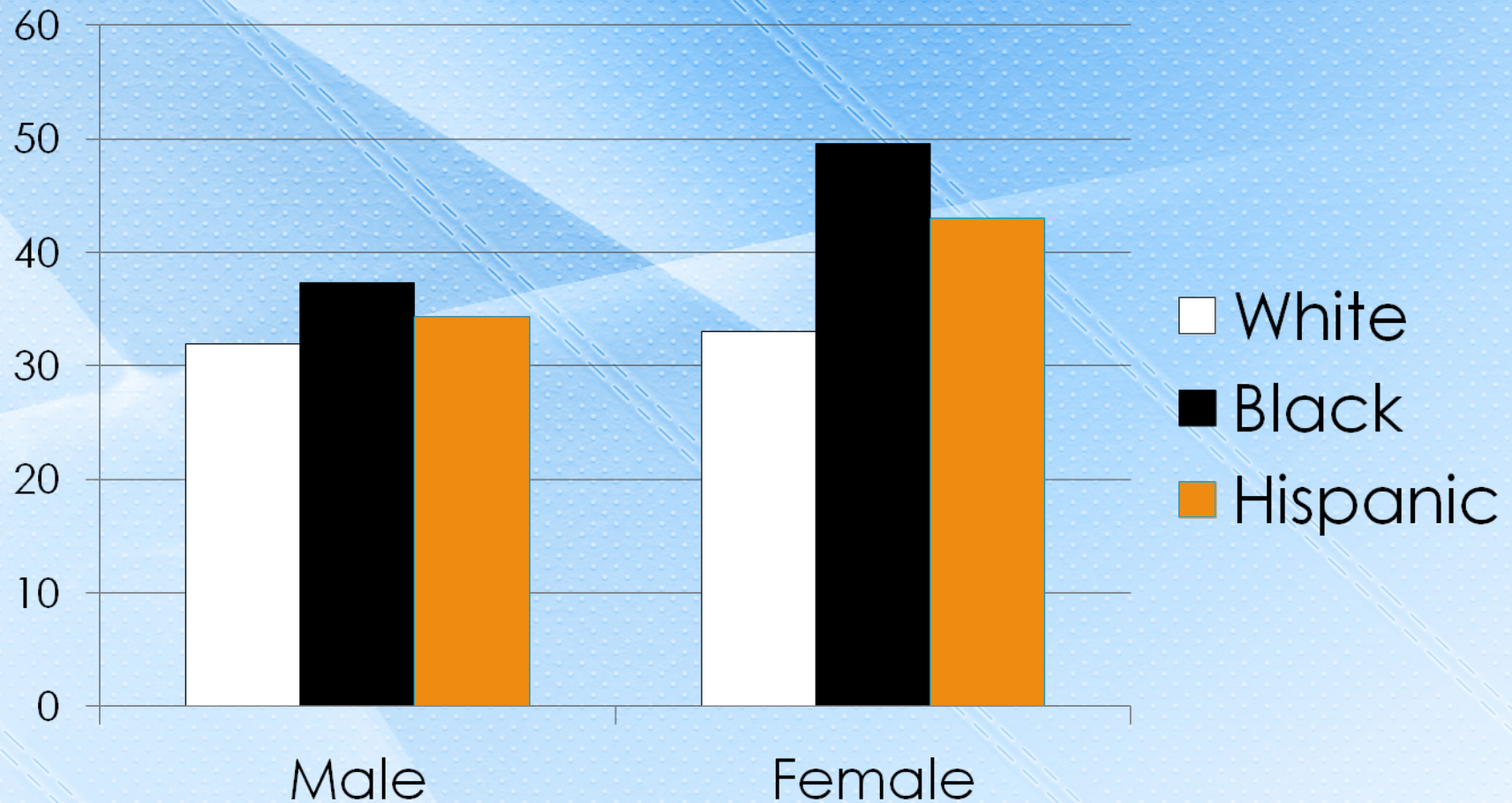
Source: CDC:

<http://www.cdc.gov/obesity/data/trends.html>



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Adult Obesity: Gender and Ethnicity

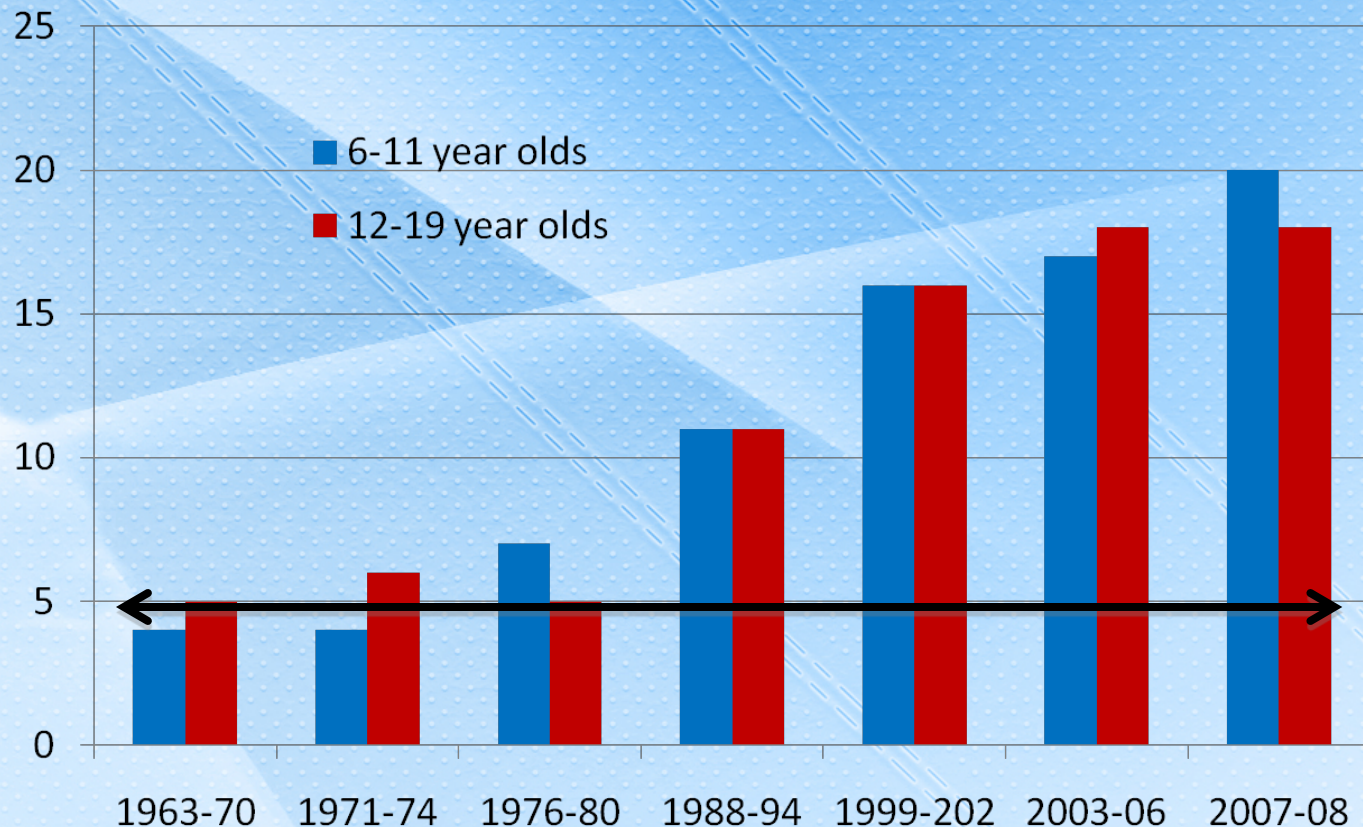


NHANES 2007-2008



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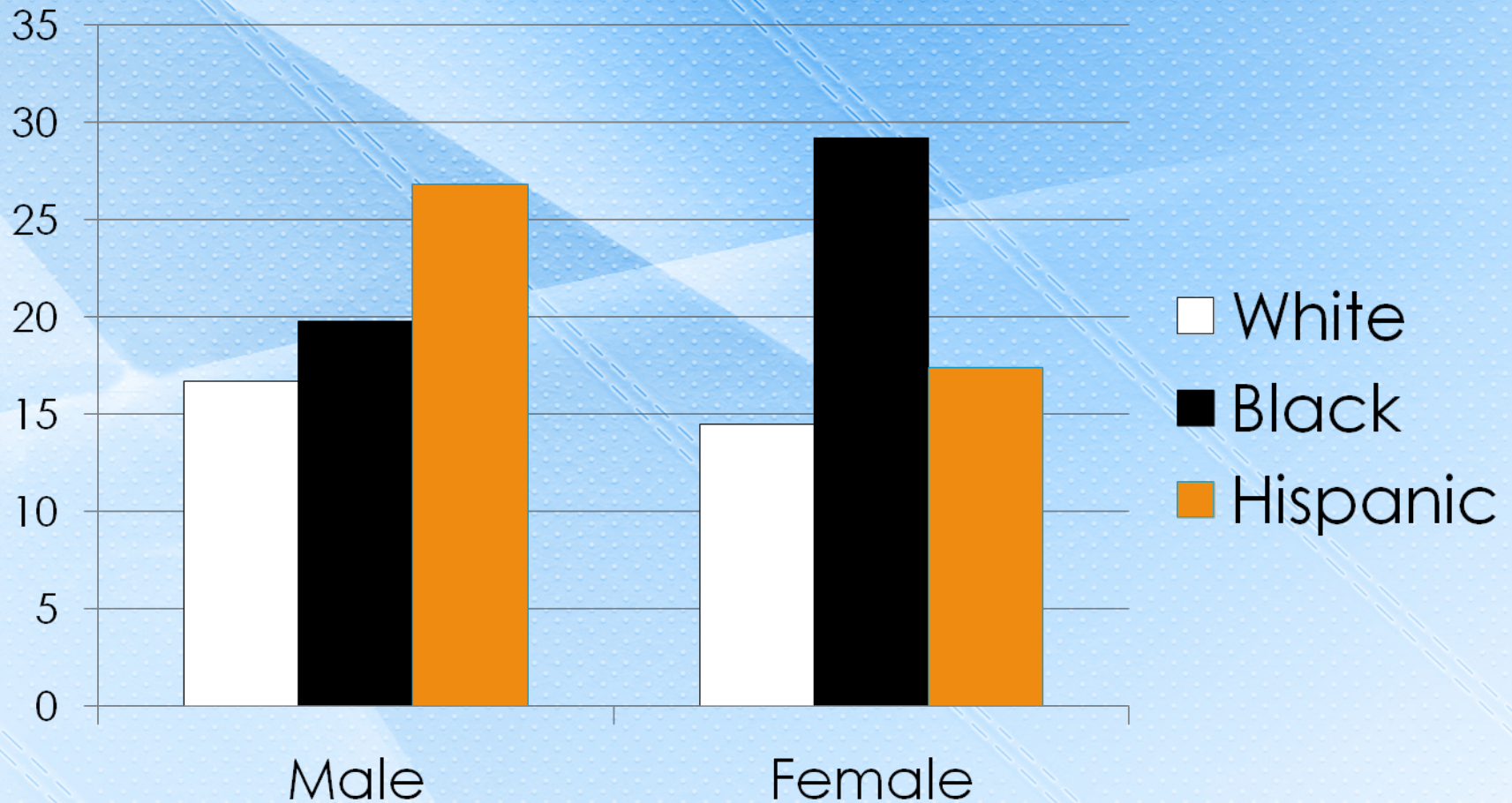
Obesity Trends in U.S. Children



Source: C. Ogden & M. Carroll. (2010). *Prevalence of Obesity Among Children and Adolescents: United States, Trends 1963-1965 Through 2007-2008* [Division of Health and Nutrition Examination Surveys]. CDC:
http://www.cdc.gov/nchs/data/hestat/obesity_child_07_08/obesity_child_07_08.htm



Adolescent Obesity: Gender and Ethnicity

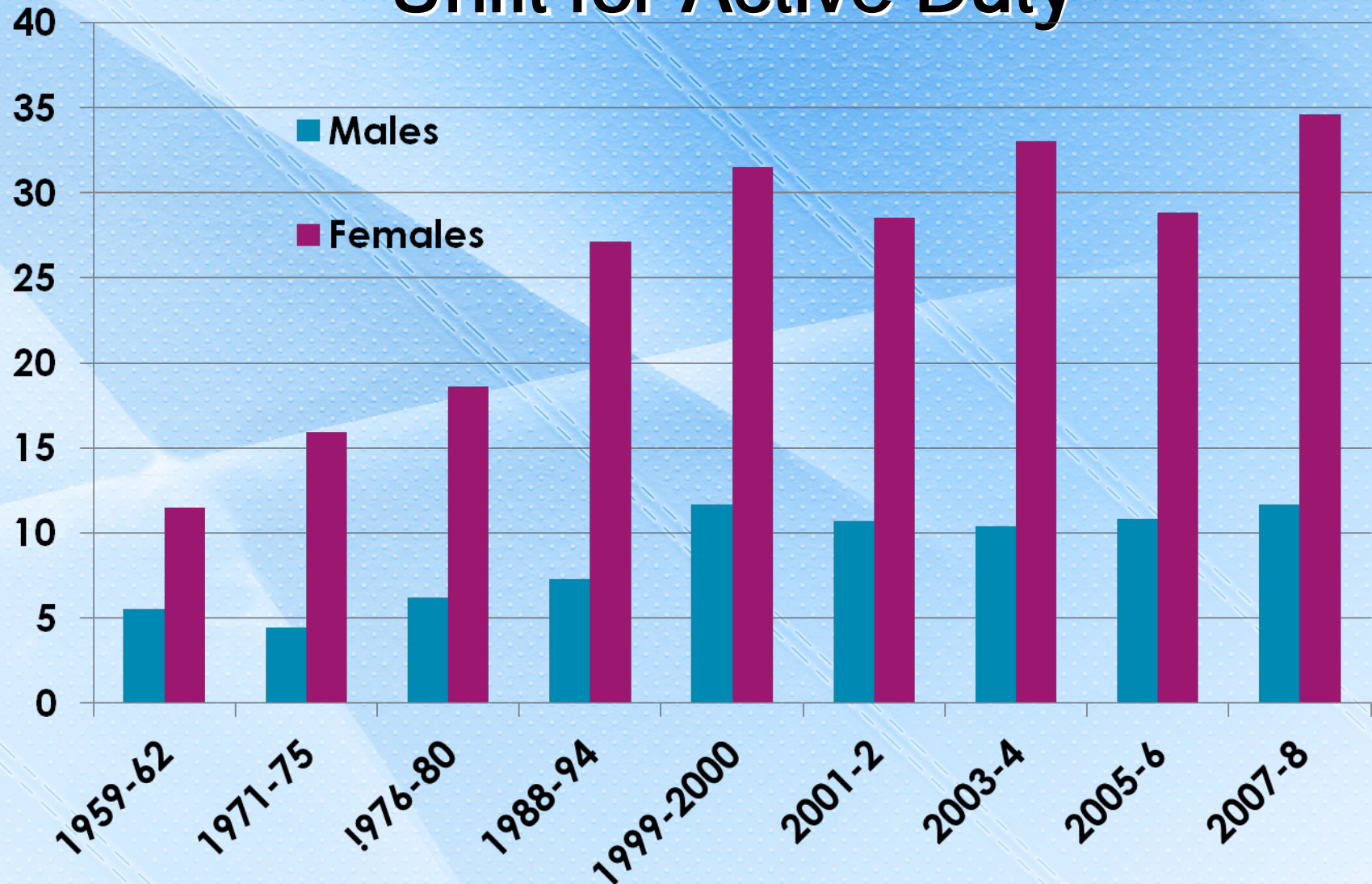


NHANES 2007-2008

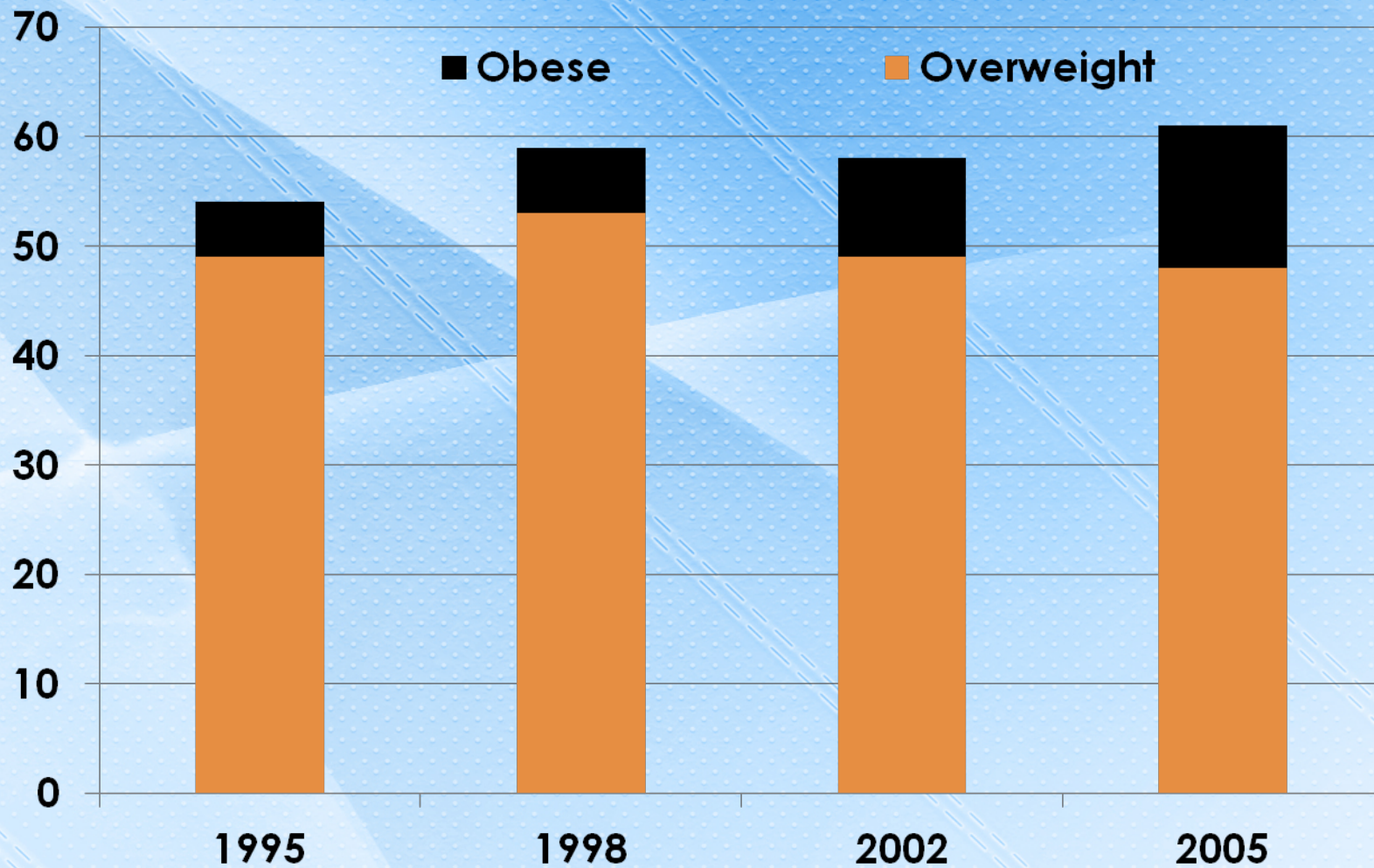


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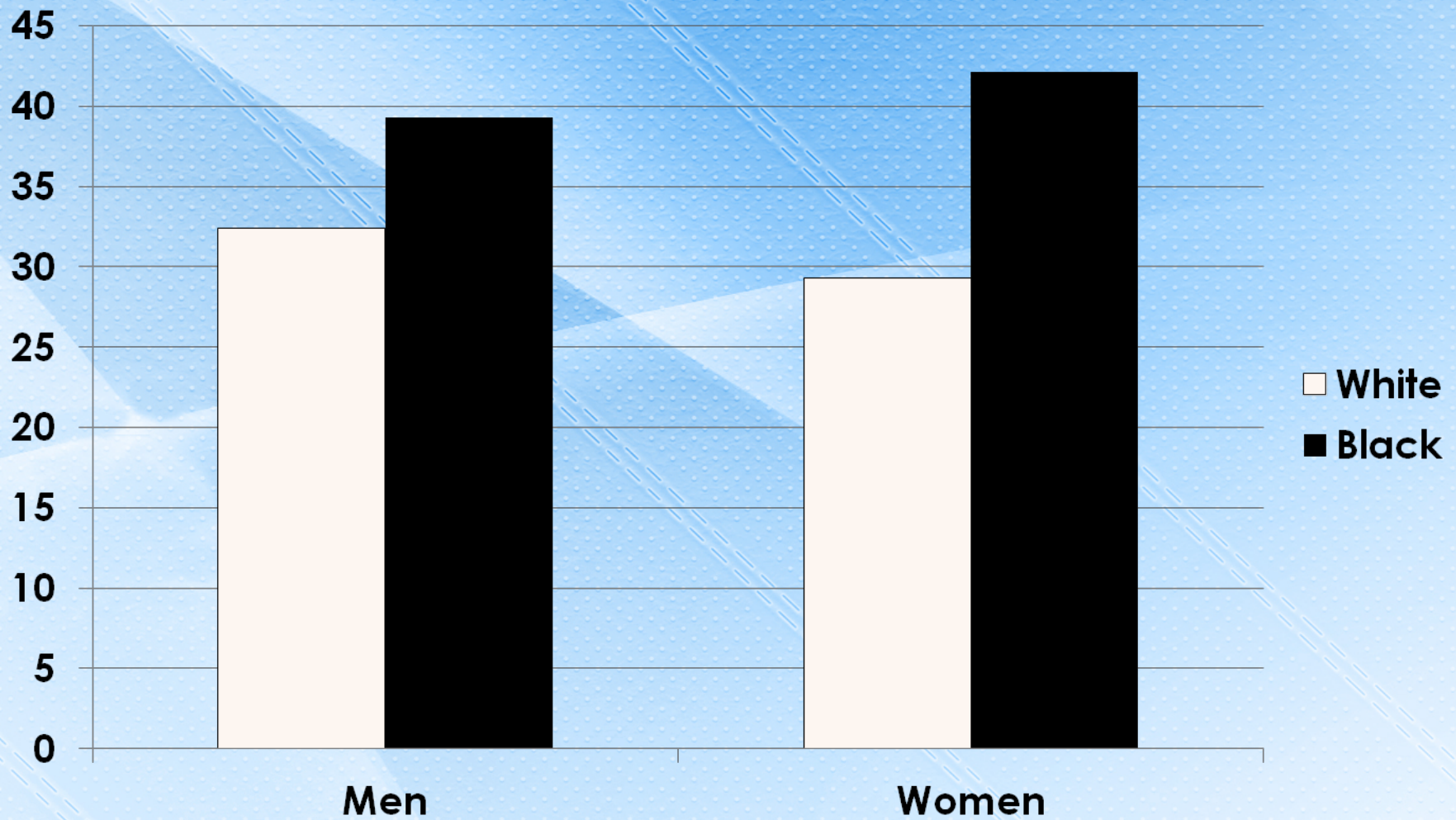
Percent of Age-Eligible Americans Unfit for Active Duty



Percent of Active Duty Military Overweight and Obese



Obesity Among Military Retirees and their Dependents : Gender and Ethnicity



Kress et al, Preventive Medicine, 2005



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Percent of Military Retirees and their Dependents with Co-Morbidities by Weight Status

	Normal	Overweight	Obese BMI 30-35	Obese BMI 35-40	Obese BMI >40
Men					
Arthritis	16.4	26.2	29.2	35.1	40.5
High Cholesterol	42.0	48.6	51.5	58.3	48.3
Diabetes	5.6	10.9	19.4	25.7	34.1
Hypertension	31.2	38.9	52.1	60.7	61.8
Women					
Arthritis	23.4	29.8	35.9	37.8	54.3
High Cholesterol	27.9	39.2	46.2	45.7	45.6
Diabetes	5.3	7.8	15.5	20.3	36.8
Hypertension	24.4	36.5	51.9	58.5	62.5



Obesity

- ⊙ Is the second leading cause of death in U.S. and expected to become the leading cause
- ⊙ Will result in decreased U.S. life expectancy for first time in a century
- ⊙ Impacts military recruitment, fitness for duty, and health costs
- ⊙ Is causing a diabetes epidemic
 - ⊙ 33% of boys & 39% of girls born in 2000 will develop diabetes in their lifetime
 - ⊙ 50% of African-American girls born in 2000 will develop diabetes in their lifetime
- ⊙ Is expected to bankrupt the health care system



Obesity: Why Should Psychologists Care?

- ◎ The obesity epidemic is not the result of changing biology or genetics
- ◎ It is the result of changing human behavior and our socio-cultural environment
- ◎ Some of the best evidence-based work done on obesity treatment and prevention has been done by psychologists working in a variety of settings (public health, schools, military, etc)
- ◎ Integrated care models will require psychologists to address obesity and other health issues





Psychology's Paradigm Shift: VA Psychologists Leading the Way

- ⊙ Develop and disseminate models of integrated care
- ⊙ Evaluate and inform others about the impact of integrated care
- ⊙ Provide training models and opportunities for
 - Integrated care
 - Inter-professional practice
 - Health psychology
- ⊙ Address health disparities
- ⊙ Provide employment opportunities in integrated care
- ⊙ Partner with APA and others to help psychologists embrace this paradigm shift





Recent APA Activities Related to Veterans

- ⊙ Co-hosted a Military/Veterans Suicide Prevention Best Practices Conference with the University of Utah
- ⊙ Coordinated a Veterans Mental Health Training for Faith-Based Providers
- ⊙ Testified before House Veterans Affairs Committee
- ⊙ Collaborated with the White House Joining Forces Initiative
- ⊙ Advocated for VA Research
- ⊙ Coordinated AVAPL Executive Committee Capitol Hill Day

