

Ellen and Fellow MO Psychology Practitioners,

You may wish to tip some of the leadership off to a DMH move to take most of the SMI patients in Medicaid and sequester them as chattel to several contracted Psychiatrists out of MU and the CMHCs under a statewide DMH Healthcare Home Proposal to DOSS (see attached).

Under this plan, all MO hospital ER rooms and programs would have mandatory case finding responsibilities and transfer of these patients to the CPRCs/CMHCs of the state who will control these patients and be paid on several levels (by tax revenue support, again by medicaid Per Monty Priemums, and then a third time by case management and research and monitoring pay).

This system would virtually gut private practice in MO, dramatically lower the quality of care in MO by perpetuating a regional rather than local approach and using subdoctorate and often unlicensed personnel to treat the most severely ill and debilitated, and by relegating these patients to an archaic biomechanistic psychiatry dominated and largely medication only approach to the treatment of SMI patients that is no longer supported by the literature (see Failure to Serve: www.nappp.org).

The MoNAPPP and NAPPP branches of the psychology practitioner associations have filed opposition to this approach and have recommended a true Integrated Care Approach that centers on establishing ACOs and attached Healthcare Homes in coalitions of expanded Primary Care and Hospital facilities that have expanded staffing to include psychologist led teams. Since Psychiatrists have insufficient workforce in Mo to head these teams, don't have the broad training and expertise in behavioral approaches to lifestyle and psychological pattern health problems, and are dominated by medication approaches, the development of a plan centering around psychiatrists is impracticable, ignores the most highly trained doctorate level practitioner licensed for independent diagnoses, treatment order and authorization, and in some cases collaboration with primary care physicians to select and monitor psychoactive medications (psychologists).

If action is not taken immediately by all-DOSS will have no alternative but to hand all the usual psychotherapy Medicaid patients to DMH. I recommend that all psychological associations and specialty psychologists write DOSS management and the Governor and recommend that DOSS favor the approach of establishing team standards that are consistent with the new healthcare reform act and which include team leadership from either a psychologist or psychiatrist (since there is not sufficient psychiatrist workforce to implement integrated care at a local and realistic level in MO), and required team members located within consortiums of local hospitals and primary care centers that are provided the technical assistance (from both the state and federal level) to implement Integrated Care staffing and models in MO Primary Care Centers and Med/Surg Hospitals.

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