Why It Is Exciting to Study Psychology at UCM: The First Divide

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UCM Graduate in Psychology

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57% of US Citizens Suffer Mental Disorder

(lifetime prevalance, Reiger et al., 1984)

Serious Mental Illness (SMI) affects 6.3% of the Public (24 month window, Kessler RC, Delmer O, Frank R, et al., 2005)

20% of All Americans Require Treatment

Poor Twice as Likely to Have MI and Less likely to Get Treatment (Kunen, Niederhauser, Smith, Morris, & Marx, 2005)

UCM & Early Years

- BS Psychology 1973, MS Psychology 1977
- 1970s worked as statistician, grant writer, program evaluation, industrial management
- Psychology in MO was a certification and no licensure.
- 1978 Psychologists were licensed, last State.
- 1989 Doctorate only licensure

The First Divide: Important National Trends

1. Licensure as opposed to Certification
2. Insurance reimbursement (symbolic recognition as a health care provider)
3. Recognition in Federal Payer Systems (Medicare and Medicaid).
4. Hospital Privileges
5. Community Mental Health Center admitting and attending.
6. RxP

The History of Rural Hospital Psychology

In Practicing Psychology in Rural Settings: Dr. Jerry Morris Editor

Rural practitioner-of necessity a generalist, professionally isolated, and socially marginalized.

The Special Symbolic Nature of the Rural Hospital

- Rural Hospital-Part of local history rather than just a choice of hospital(where dad, mom, aunt Tilly died; where son or daughter were born, where grandfather laid the brick, etc.)
- Rural practitioner-generally a long-term and multigenerational presence and influence.
- The History of Rural Psychology-Practicing Psychology In Rural Settings-J. A. Morris, APA Books 1997

Early Demand for Psychologists' Services

- 1978 California enacted the first psychologist hospital privileges act.
- 1978 5% of the medical schools in the U.S. gave full privileges to psychology faculty.
- By 1983 13% of med schools granted psychologists full hospital privileges.
- By 1982 10% of all psychologists were working primarily in hospitals.

APA Recognizes Hospital Practice

- 1980s Hospitals are privatized and corporations want best doctors and hire psychologists
- Fall of 1984, APA BPA authorized a task force to write "A Hospital Primer for Psychologists".
- Late 1980s, APA task forces on Hospital Practice Advocacy, & Privileging & Credentialing

Legal and Regulatory Changes

- By 1984 44% of psychologists in California worked in hospitals.
- In the 1980s psychological literature began to grow regarding hospital practice.
- Between 1974 & 1985 psychologist in health care increased from 20,126-45,536.
- 1986 the Pres. Of aPa “identified a dangerous trend toward psychologists achieving privileges in hospitals”.

Legal and Regulatory Changes

- Psychologists and Psychiatrist fight- Psychologists Win!
  - 1977 Virginia Blues Case decided in early 80s indicating that psychologists were competent to diagnose and treat mental illness. Dr. Robert Resnick, APA Past President was a lead complainant in this case.
  - Court held that psychiatrists claim that psychologists represent a public health hazard and danger to patients was unfounded.
  - Insurance had to cover psychologists in hospitals.

Legal and Regulatory Changes

- 1985 JCAHO decided to allow hospitals to include psychologists on hospital professional staffs.
- 1991 JCAHO accreditation manual required a single organized medical staff and specifically recognized licensed non-physician professionals permitted to practice by state statute.
- By 1989 15.7% of psychologists were employed full time in hospitals or medical schools.

Legal & Regulatory Changes

- Omnibus Budget Reconciliation Act of 1988 regulating Medicare and Medicaid recognized psychologists for reimbursement.
- HMOs could not be federally qualified unless including crisis mental health services (HMO Act of 1973; 1981; and HMO Amendment of 1976)- Psychologists needed.
- 1990 CAPP v. Rank, supreme court ruled psychologists are qualified to act as admitting and attending doctors in hospitals.

Legal & Regulatory Changes

- 1991 aPa Capitulates & publishes an association Task Force on Medical Staff Bylaws & indicates that psychiatrists can not define the training of another discipline and cannot address the training of a non-psychiatrist practitioner.

Legal & Regulatory Changes

- August 1991APA published the Guidelines on Hospital Privileges: Credentialing Bylaws for psychologists.
- Psychologists employed in U.S. medical schools grew to 3,000 by 1991.
- By 1991 20% of the doctoral level nursing school faculty were psychologists
- Psychologists were on hospital staffs and were some of the trainers of MDs, DO s, & R.Ns.
- HCFA 1990 EPSDT-Psychologists Covered Under Medicaid for Children

Legal & Regulatory Changes

- By 1993 California, Florida, Georgia, Iowa, Louisiana Maryland, North Carolina, Ohio, Wisconsin, and the D.C. established specific legislative or regulatory hospital privileges for psychologists.

Legal & Regulatory Changes

- By 1996 Connecticut, Hawaii, Missouri, New Jersey, New Mexico, Oklahoma, and Utah joined the states with established specific legislative or regulatory hospital privileges for psychologists (the number up to 17).

Legal & Regulatory Changes

- 1995 Congress modified section 1861f of the Social Security Act to allow psychologists to act as autonomous attending doctors without physician supervision for direction and treatment of patient care in hospitals & health facilities.
- 1993 The VA established policies allowing each facility to allow psychologists full medical staff privileges.

The First Divide Completed By 1999

- Psychologists were recognized in Insurance, Medicare, Medicaid, and for independent non-supervised practice
- Psychologists had permeated the rural centers where psychiatrists weren't available and did the job-demonstrated effect
- Psychologists were recognized as doctors in hospitals (the symbol of where doctors work)

Psychopharmacology: The Last Divide

Jerry Morris, PsyD, MBA, MSPharm, ABPP

Past President MoPA

APA LI and LII Psychopharm Task Force

Founding Board Div. 55 APA

NAPPP Board

American Board of Medical Psychology Board

Psychologists Prescriptive Authority Initiative:

Today's Situation

- One U.S. Territory (Guam) and Two States (New Mexico and Louisiana) have approved prescriptive authority for Psychologists. Indiana allows RxP in certain prisons.
- Military currently allows RxP, Public Health Service Allows RxP, and VA has developed and is evaluating rules.

LA. Limits of Practice

- Medical Psychologists shall pharmacologically treat only those disorders listed in DSM or ICD.

  A Medical Psychologists may order and interpret routine laboratory procedures.

  May not prescribe narcotics.

  Have to fax the patient's physician a notice of what they are prescribing.

APA Model Curriculum Practicum Guidelines

- The clinical practicum **is designed to be** an intensive, closely supervised experience involving exposure to a range of patients and diagnoses. **Ideally**, it will take place in both inpatient and outpatient settings, and allow the practitioner to gain exposure to acute, short-term, and maintenance medication strategies. Age, gender, disability, and ethnicity **should** be important factors in determining an appropriate patient mix. The trainee **should** treat a sufficient range and number of patients to gain experience across these dimensions. To achieve competency in treating a sufficiently diverse patient population, a minimum of 100 patients, for whom the trainee assumes direct clinical responsibility or participates in case conferences, **should** be the goal of training. The patient mix **should** be relevant to the psychologist's current and future practice. Additional didactics, such as the sequence in Pharmacotherapeutics outlined above, may be included as seminars or colloquia during clinical training, as should additional training in physical and laboratory assessment. Supervision **should** be provided by qualified practitioners with demonstrated skills and experience in clinical psychopharmacology.
- Requirements:
  - Minimum of 100 patients seen for medication (one year in a health facility & MD/DO Supervision
  - Inpatient and outpatient placements
  - Inclusion of appropriate didactic instruction
  - Minimum of 2 hours weekly of individual supervision

One Way It is Done

- New Mexico
  - The program provides on-line access to a library to support the advanced study of the psychopharmacological treatment of mental disorders from wherever the student resides
  - 80-hour practicum of physical and health assessment
  - 400-hour practicum
    - » 100 patients with mental disorders, ≥ 4 hours per patient
    - » Only time with patient and collaboration with other providers counts
    - » Patients must be diverse in gender, age, diagnoses, chronicity, ethnicity, culture, and SES
    - » At least 80 hours on SMI or acutely ill in a restrictive environment
    - » The primary supervising physician must be on site
    - » All charts must be reviewed
    - » ≥ 2 hours of supervision per week
    - » Must be completed within 6 months-3 years

How Did We Get Here?

- In 1991 the Department of Defense initiated the Psychopharmacology Demonstration Project (PDP).
- The PDP trained 10 Psychologists to prescribe psychotropic medications from 1991-1998 when the program ended because of political pressures.
- March 2002 Psychologists in New Mexico were granted prescriptive authority but no RxP until 05.
- April 2004 Psychologists in Louisiana were granted prescriptive authority. First RxP was Dr. Bolter.
- 2006 Military RxP Restored.
- 2006 Public Health Service Initiated.

Psychologists Prescriptive Authority Initiative

- Shortage of psychiatric care (Hartley et al., 1999)
  - 14.6 psychiatrists per 100,000 in urban areas, 3.9 per 100,000 in rural areas
  - 20 psychologists per 100,000 in urban areas, 15 per 100,000 in rural areas
- Reliance on primary care
  - PCPs write 70% of prescriptions for psychotropics (Beardsley et al., 1988).
  - 50% of office visits where psychotropics were prescribed involved PCPs, 25% involved psychiatrists (Pincus et al., 1998)

Psychiatry is Not the Answer

- A total of 462 graduates were matched into psychiatry residency programs through the National Residency Matching Program (NRMP) recently.
- A total of 326 graduates trained in medical schools outside the United States matched into U.S. residency programs in psychiatry this year (2005).

APA Adopts RxP National Policy

- The 1986 Council Resolution that psychologists alter behavior through physiological function in their practice is extended in 1995.
- Second, the Council adopts RxP as a part of the training appropriate for psychologists and as an appropriate clinical psychology practice.

August 1995 APA RxP

Council voted to adopt the following resolution on prescription privileges for psychologists:

- The Council of Representatives reaffirms as policy its 1986 acceptance of the following resolution: The practice of psychology encompasses the observation, assessment, or the alteration of behavior and/or concomitant physiological functioning through behavioral procedures. The techniques available to effect such alterations include both physical as well as purely psychological interventions applied by psychologists operating within the limits of individual training and experience.
- In taking this action, the Council specifically notes that the practice of psychology includes the use of physical as well as psychological interventions when such interventions are (a) in the consumer's interest and (b) within the training, experience, and competence of the attending psychologist. Specifically, this current action contemplates and supports Association activities in seeking prescriptive privileges for psychologists. Such activities may include, but are not limited to, support and assistance for the development of appropriate training curricula and training programs, support and assistance for legislative advocacy, etc.
- Council directs the Committee for the Advancement of Professional Practice, the Board of Scientific Affairs, and the Board of Educational Affairs to develop curriculum (beyond the professional psychology core) and model legislation to implement the process of preparing psychologists to prescribe.

Level II Training

Level 2 (Collaborative Practice-consultation/liaison model) builds on Level 1: Basic Psychopharmacology Education and reflects the knowledge base necessary for actively working with practitioners to prescribe medications for mental disorders and integrating medication into psychosocial treatment. ... Level 2 training includes in-depth, advanced knowledge of the pharmacology of psychoactive medication and the medications used to treat their untoward effects, and the pharmacology of drugs of abuse. It also includes advanced knowledge of psychodiagnosis, physical assessment, physical function tests, and drug interactions important for particular populations or chronic disorders. Training for Level 2 competence includes both didactic and supervised, practical training. (Smyer, Balster, Egli, et al., 1993)[1].

FINAL REPORT OF THE APA BOARD OF EDUCATIONAL AFFAIRS WORKING GROUP ON PSYCHOPHARMACOLOGY EDUCATION AND TRAINING[1]

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Psychologists Prescriptive Authority Initiative

- Vandenbos & Williams (2000)
  - 43% of psychologists' current patients were using psychotropic medication
  - 94% reported they had consulted with physicians about changing the medication of their patients
  - 87% indicated they had been involved in medication decision-making for some portion of their caseload

APA Establishes Training Guidelines in RxP

- A minimum of 300 contact hours of didactic instruction is recommended in the following core content areas:
- I. Neurosciences
- II. Pharmacology and Psychopharmacology
- III. Physiology and Pathophysiology
- IV. Physical and Laboratory Assessment
- V. Clinical Pharmacotherapeutics

APA 1995 Curriculum Guidelines

- The training program outlined here was conceived as a postdoctoral experience in order to accommodate practitioners already in the field who might wish to achieve prescription privileges in full- or part-time postdoctoral training.
- The same curriculum and practicum experiences could be incorporated into an expanded pre-doctoral curriculum in programs that so wish. These programs could then accept students who would enter their graduate education with the goal of a professional practice that includes prescription privileges.

2006 Div 55 RxP Guidelines

PHARMACOTHERAPY PRACTICE GUIDELINES

- Guidelines for Collaborative and Independent Practice in Pharmacotherapy
- Division 55 (American Society for the Advancement of Pharmacotherapy) Task Force on Practice Guidelines
- Robert E. McGrath
- Stanley Berman
- Elaine LeVine
- Elaine Mantell
- Beth Rom-Rymer
- Morgan Sammons
- Wendy Stock
- Liaison for Division 18 (Psychologists in Public Service): Robert Ax

Prerequisites

To participate in postdoctoral training in psychopharmacology, the following are prerequisites:

- 1. A doctoral degree in psychology (i.e., Ph.D., Psy.D., Ed.D.);
- 2. Current state license as a psychologist; and
- 3. Practice as a "health services provider" psychologist as defined by state law
- where applicable, or as defined by APA

APA Defines Health Service Provider

- In 1996, the APA Council of Representatives approved the following definition of "health service provider" psychologists:
- Psychologists are recognized as Health Service Providers if they are duly trained and experienced in the delivery of preventive, assessment, diagnostic and therapeutic intervention services relative to the psychological and physical health of consumers based on: 1) having completed scientific and professional training resulting in a doctoral degree in psychology; 2) having completed an internship and supervised experience in health care settings; and 3) having been licensed as a psychologist at the independent practice level.

Collaborative RxP Practice Guidelines

- 20 Guidelines
- These aspirational Guidelines are there to help the psychologist collaborate and prescribe competently and to avoid pitfalls which may get them into trouble (e.g. practicing outside their competency of training, prescribing for friends and family, and regarding communicating honestly and effectively with patients and colleagues.

Mo Adopts LII Practice

State Committee of Psychologists 8-28-98 Department of Economic Development

Medication Recommendation Statement

The members of the State Committee of Psychologists issued the following statement regarding a psychologist offering a medication recommendation to the prescribing physician.

It is the opinion of the Missouri State Committee of Psychologists that a psychologist may offer a medication recommendation to the prescribing physician about a patient the psychologist has evaluated when such recommendation is an informed opinion based on the psychologist's education, training, supervised experience, or appropriate professional experience. It is then incumbent on the physician, based on all of the evidence before him or her, which may include the recommendations of the psychologist, to decide what, if any, medication or medical treatment to prescribe.

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Psychologists Prescriptive Authority Initiative

- 1988-1992: 1.6 million mental health treatments by American Biodyne with psychologist case managers with 130 hours of training in psychopharm; rate of prescribing dropped from 68% to 13%
- 2005: 30 psychologists in LA wrote 9,345 prescriptions; # adverse events: 0

Why is there a need for psychologists to prescribe

- 75% of the non-metropolitan counties in the U.S. are designated as “medically underserved.” (Healthcare Research and Quality 2003)

- According to the American Journal of Psychiatry, only 17% of all psychotropic drugs are prescribed by a psychiatrist

Need Continued

- The Council for Graduate Medical Education is projecting a need for 55,000 psychiatrists by the year 2010, yet only 33,000 are projected to be licensed. This is with an increasing number of foreign graduates entering the U.S. psychiatric residency programs each year.
- Primary Care Physicians with 6-8 weeks of training in MH, are prescribing 75-85% of all psychotropic medications.

RxP Safety

- Non physician prescribers have turned out to be safe, effective, and in demand providers.
- Physician protestations of unsafe prescribing have not come true.
- Non-physician providers have been accessible and affordable.

The history of Psychologist successful prescribing

GOA Study final results in 1999:

- 160,000 patients (1999)
- Almost 15 million treatment days
- No adverse outcomes
- No deaths
- Still no adverse outcomes or deaths (2008)

The history of successful prescribing by Non-physician Providers

- Nurse Practitioners (narcotics)
- Physician Assistants
- Optometrists (limited medications)
- Dentists (prescribe all meds)
- Pharmacists (in some states)

Still No Deaths Though Predicted by MDs