

**Opportunities in Clinical Health Psychology:
Thinking out of the Practice Box for 2016–2020
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Psychologists across the country have worked in academic health centers, community medical practices and hospitals, and health systems for decades. Health, pediatric, family, rehabilitation, and neuropsychologists, for example, routinely provide clinical services; interprofessional education; program development, evaluation, and research; and communication skills training in a broad range of in- and outpatient medical settings. With the passage of the 2010 Patient Protection and Affordable Care Act, or the ACA, colleagues working independently and in groups are now asking pressing questions about new practice and reimbursement models in and outside of traditional health centers. Fortunately, health -care reform brings an impressive range of opportunities in clinical health psychology for the practice community —especially if you think outside of the box!

The ACA prioritizes the triple aims to increase access to comprehensive, coordinated health care for children and adults across the life span; improve patient outcomes; and reduce costs to the nation’s health-care budget. The legislation highlights the importance of integrated services, including behavioral health in primary care. Consequently, health systems in public (e.g., VAs and federally qualified health centers) and private sectors are hiring psychologists and other behavioral health providers as part of integrated care teams. The ACA also emphasizes health promotion and prevention initiatives to reduce the incidence, burden, and costs of chronic physical conditions. This article highlights practice opportunities in primary care, specialty, and community medical settings; health promotion and prevention; as well as innovative ideas for health psychology services in community and corporate locations.

As you contemplate new practice and business options in clinical health psychology, consider the following questions: Do you have the clinical and professional competencies to provide care and collaboration to patients in medical settings (Belar et al., 2001; McDaniel et al., 2014)? Are health-care practices the right place for you (Kelly & Coons, 2012)? Do you currently have the collaborative relationships with health -care providers to locate your health psychology practice in (or integrate into) medical, community, or business settings? If you are planning to transition to a health-care setting as an independent contractor under a rental agreement or as a practice partner, have you consulted a health law attorney with expertise in regulatory, legal, and contractual issues in health settings (Coons & Gabis, 2010)?

If you already provide clinical health psychology services, consider getting out of your traditional practice office. Establish whether you are interested in transitioning to primary care or specialty medical settings or prevention and wellness programs. Another option is to bring clinical health psychology services to community organizations, settings, and businesses. Primary care sites typically include family practice, internal medicine, obstetrics/gynecology, and pediatrics and are considered the *de facto* mental health

system because most patients receive their mental health care from physicians and advanced practice or midlevel providers (i.e., nurse practitioners and physician assistants) in these settings.

Over the past decade, several psychologists in independent practice have been providing health psychology services within primary care and specialty medical settings. For example, Diana L. Prescott, PhD, is located in a pediatric obesity clinic in Maine, and Steven Walfish, PhD, routinely sees patients in surgeons' offices in Atlanta for prebariatric surgery evaluations. Kate F. Hays, PhD, goes on-site to a sports medicine practice in Toronto, while former American Psychological Association president Carol D. Goodheart, EdD, works with patients in retirement communities in Princeton, New Jersey, and Dawn Jewell, PsyD, rotates to an occupational medicine practice in Greeley, Colorado. And the author spent more than ten years in obstetrics/gynecology, oncology, and in women's health multispecialty practices collaborating with providers from internal medicine, obstetrics/gynecology, reproductive endocrinology, urogynecology, breast surgery, and nutrition.

Large group practices are also collaborating within and outside of primary care and specialty practices in the private and public sectors to provide health psychology services. Pennsylvania's Delaware County Professional Services and SRI Psychological Services, the Center for Integrated Care in Rhode Island, Psychological Health Care in New York, and Assessment and Therapy Associates in North Dakota each staff one or more primary care or specialty sites in their communities. In addition, Behavioral Health Consultants provides inpatient consultation services at acute, rehabilitation, and long-term care facilities in Texas. In the years ahead, group practices may contract with patient-centered medical homes and Accountable Care Organizations to see patients at the medical office or receive coordinated referrals to provide mental health and health psychology services.

Hospital- and community-based primary care and specialty medical practices, as well as local chapters of disease-focused organizations (e.g., Resolve, American Cancer Society, Lupus Foundation, Gilda's Club, MS Society, etc.) also frequently request speakers for patient- and staff-focused workshops on health psychology issues. Consider collaborating with groups to present on any number of health-related topics such as: pre- and postbariatric surgery challenges, sexual health and body image, chronic pain, weight loss, insomnia, pregnancy loss, infertility, advanced cancers, talking with children when a parent is ill, caregivers of patients with dementias, and other chronic and life-threatening conditions—just to name a few. Furthermore, staff members typically appreciate and remember “lunch and learn” presentations on these and other topics.

Health-care reform has certainly increased the focus on integrated primary care. But don't forget about the broad range of other settings to provide health psychology services in the public and private sector. For example, consider collaborative care within a physical therapy office, at school-based health centers, in pediatric dental offices, or with advanced-practice nurses at urgent care sites. How about at your local Y, where individuals and families come to exercise and children are there for daycare and/or after school programs? In addition, corporations across the country have wellness programs—

some of which are run internally while others are outsourced to health-focused companies. Consider offering prevention programs at wellness, fitness, and community centers; spas; hair salons or barbershops; and places of worship! We can deliver evidence-based, clinical health psychology services in any number of nontraditional locations by considering what the marketplace is interested in and willing to pay for in a fast-paced, global world.

Additional paid opportunities in health psychology include: actively serving on pharmaceutical and psychological testing corporation advisory boards (Van Dorsten, 2014); giving presentations to consumer and professional groups on the broad range of health psychology services (Coons, 2014); communication skills training for health-care providers; and program development, grant writing, and outcomes evaluation in health settings (McDaniel & Coons, 2014).

Over the next several years, we will no doubt continue to see marked changes in the health-care delivery system, financing, and models of reimbursement for all services. Consider your business plan, seek consultation, and enjoy thinking out of the box! Clinical health psychology will continue to be a rich area of practice in and outside of medical settings.

For general information about health psychology practice, education, and training and research, please visit www.health-psych.org.

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