bjbjt+t+

THE FUTURE OF PROFESSIONAL PSYCHOLOGY:
PSYCHOLOGICAL HEALTH CARE

Ronald F. Levant, Ed.D., MBA, ABPP
Nova Southeastern University
APA Recording Secretary

We are truly living in interesting times. The 21st century promises monumental changes in health care, education, communication, and science in general. The technology currently available has already provided the tools whereby educated consumers can make critical decisions regarding their own health care and health care providers can call up databases (such as Epocrates ®) to provide up to date information on pharmaceutical agents. Yet despite these promising developments, the status of health care in the U.S. is very worrisome.

Health care costs have once again begun to escalate faster than other segments of the economy, and the number of uninsured has surpassed 41 million Americans. In June, 2002, the Secretary of the Department of Health and Human Services (HHS) met with leaders from the National Academies and challenged them to propose bold ideas that might change conventional thinking about the most serious problems facing the health care system today. The Institute of Medicine (IOM) reported: "The American health care system is confronting a crisis…Tens of thousands die from medical errors each year, and many more are injured. Quality problems, including underuse of beneficial services and overuse of medically unnecessary procedures, are widespread. And disturbing racial and ethnic disparities in access to and use of services call into question our fundamental values of equality and justice for all. The health care delivery system is incapable of meeting the present, let alone the future needs of the American public." (emphasis added).

These problems beg for the active involvement of our nation's health care professionals, who are the most educated group in society, and who therefore (in my view) have an affirmative duty to use their knowledge for the betterment of society. Psychology is clearly one of these groups, and one that has broad applicability to health care.

One of the most issues in psychology today is the redefinition of some parts of the profession from specialty mental health care to primary health care. As a specialty profession of mental health care, we deal primarily with the people who self-identify as having psychological problems and who have access to a mental health specialist. This is just a fraction of those who need psychological services. As a primary health care profession we would be able to serve the much larger group of people who do not have access to mental health care or who do not identify their problem as psychological. To grasp this potential, please consider a few facts about health care:

Seven of the top health risk factors are behavioral (tobacco use, alcohol abuse, poor diet, injuries, suicide, violence and unsafe sex).

Seven of the nine leading causes of death have significant behavioral components.

At least 50% (and maybe as much as 75%) of all visits to primary care medical personnel are for problems with a psychological origin (including those who present with frank mental health problems and those who somaticize), or for problems with a psychological component (including those with unhealthy lifestyle habits such as smoking, those with chronic illnesses, and those with medical compliance issues).

Stated another way, one study found that less than 16% of somatic complaints had an identifiable organic cause.

Several studies have demonstrated that providing behavioral health care reduces the utilization of medical and surgical care.

The vast majority of people receiving mental health treatment are cared for by medical professionals with minimal specific training in mental health.

Moreover, there is a growing body of empirical evidence supporting the effectiveness of psychological interventions in ameliorating a wide range of physical health problems, including both acute and chronic disease affecting literally every organ system and encompassing pediatric, adult and geriatric populations. In addition to being clinically effective, these interventions are dramatically less expensive than alternative somatic interventions across a wide variety of illnesses and disorders, including cardiovascular disease, hypertension, diabetes, neoplasms, and traumatic brain injury.

Descarte’s 17th century philosophy, which separates mental health from physical health, is finally loosening its hold, and as a result psychology has a tremendous opportunity to evolve into a premier primary health care profession. At the very least this should put psychologists on the front lines of health care, working collaboratively with physicians and nurses. The more visionary perspective is that health care should be reorganized so that psychologists serve as primary caregivers at the gateway to the health care system, functioning to diagnose and treat the more prevalent psychological problems, and referring to medical physicians when indicated.

What do psychologists who function in the physical health care arena actually do? I asked that question of one of my colleagues, Professor Jan Faust of Nova Southeastern University, who is a pediatric psychologist, and here is her response:

Psychological intervention for adjustment to the diagnosis, treatment, and prognosis of serious illness (pediatric cancer, HIV-AIDS, hemophilia etc.).

Preparation for anxiety provoking and painful medical procedures including surgery.

Ameliorating needle and blood phobia and difficulties swallowing pills.

Reduction of anticipatory nausea and vomiting.

Pain management for burns, bone marrow aspirations and spinal taps.

Facilitating medical adherence for diabetes, asthma and other diseases with complex medical regimens.

Helping adolescents and their families make medical decisions such as terminating life support, choosing experimental chemotherapy protocols, and amputation. Addressing the aftermath of these decisions.

Preventing pediatric intensive care unit psychosis --- altering patterns in living to prevent psychotic symptoms as a response to disrupted circadian rhythms.

Neuropsychological assessment for accidental injuries (car and bike accidents).

Emergency room intervention with those patients in crisis.

End stage counseling and grief work for terminally ill children and their families.

Developing failure-to-thrive eating protocols.

Treating obesity, anorexia, and bulimia.

Therapy for children who have disfiguring, dysmorphic, and debilitating conditions including neurological impairment.

Treating urinary and fecal incontinence.
Educating medical personnel on psychosocial issues.
Enhancing communication between medical personnel, and between medical personnel, patients, and their families.
Reducing burnout of medical personnel.
Helping medical personnel with their grief when losing patients.

All of this suggests a huge potential market for psychological services in health care systems. In order to access these opportunities, however, psychology must define itself as a health profession rather than as a mental health profession. In fact, an APA Board of Professional Affairs Work Group has called for a “figure-ground reversal” in professional psychology. That is, rather than viewing itself as a mental health profession with health psychology representing a subset of its expertise, the group advocated a view of psychology as a health profession, with mental health as a subset of its expertise. Such a change in perspective would require a rather dramatic change in our training programs.

It would also require a change in practitioners’ behavior. A 1995 study by the American Psychological Association (APA) Practice Directorate of 16,000 practicing psychologists found that psychologists’ patterns of practice appeared to have changed little in response to the negative effects of managed care on their practices. The majority of respondents devoted three-quarters of their time to providing traditional mental health assessment and psychotherapy services in independent practice settings. Only a small number of them were working outside mental health and in the broader delivery system. Only about 13% of respondents reported a medical setting as their primary work site. There were some generational differences, however, with recent graduates more likely than previous generations to work outside traditional mental health settings. For example, about 20% of psychologists licensed in the 1990s were practicing in medical settings. Nevertheless, private practice was still the most likely setting for these young psychologists, with 40% in independent practice. The question that needs to get addressed is: In the face of a changing healthcare environment, will clinging too tenaciously to old patterns of practice place the profession at risk?

In all fairness, a serious limitation on psychologists’ ability to participate in integrated health care has been the absence of payment mechanisms to reimburse psychological services within general health care settings. Psychologists have not been permitted to bill under procedure codes such as evaluation and management of medical disorders, patient education, and preventative services. As a consequence, they were forced to bill under mental health codes, which are often inappropriate, or to make arrangements with care systems to bundle their services. Moreover, psychologists did not have easy access to reimbursement for services provided to patients related to non-psychiatric diagnoses, even when these services are well accepted clinically and are strongly supported by the empirical literature. However, the recent approval the Center for Medicaid and Medicare Services of the Health and Behavior codes for psychologists may well be the vehicle to address these problems. This allows psychologists to see patients for medical diagnoses in their private offices and bill for assessment and intervention.

In conclusion, I believe that, due to economic pressures, behavioral health will be integrated into the healthcare system, and that this development is as inevitable as the industrialization of healthcare was 15 years ago. The only question is what position will psychologists occupy in the coming integrated health care system? Will we be replaced by primary care MD’s and sub-doctoral personal or will we emerge as a premier health profession? It’s up to us!

Biographical Sketch

Ronald F. Levant, Ed.D., A.B.P.P., is a candidate for APA President. He is in his second term as Recording Secretary of the American Psychological Association. He was the Chair of the APA Committee for the Advancement of Professional Practice (CAPP) from 1993-95, a member at large of the APA Board of Directors (1995-97), and APA Recording Secretary (1998-2000). He is dean and professor, Center for Psychological Studies, Nova Southeastern University, Fort Lauderdale, FL.

Some professional areas would clearly remain specialty care, e.g., neuropsychology.

PAGE
PAGE
Normal
Normal
Heading 1
Heading 1
Heading 2
Heading 2
Heading 3
Heading 3
Heading 5
Heading 5
Default Paragraph Font
Default Paragraph Font
Body Text
Body Text
Body Text 2
Body Text 2
Footer
Footer
Page Number
Page Number
Body Text Indent
Body Text Indent
Body Text 3
Body Text 3
Plain Text
Plain Text
Header
Header
Body Text Indent 2
Body Text Indent 2
Body Text Indent 3
Body Text Indent 3

Subtitle
Subtitle
Hyperlink
Hyperlink
Body Text In
Body Text In
Footnote Text
Footnote Text
Footnote Reference
Footnote Reference
apa6C:\My Documents\files\opeds\OPED NR - health care.doc
apa6C:\My Documents\files\opeds\OPED NR - health care.doc
apa6C:\My Documents\files\opeds\OPED NR - health care.doc
apa6C:\My Documents\files\opeds\OPED NR - health care.doc
apa?C:\windows\TEMP\AutoRecovery save of OPED NR - health care.asd
apa?C:\windows\TEMP\AutoRecovery save of OPED NR - health care.asd
apa?C:\windows\TEMP\AutoRecovery save of OPED NR - health care.asd
apa?C:\windows\TEMP\AutoRecovery save of OPED NR - health care.asd
apa?C:\windows\TEMP\AutoRecovery save of OPED NR - health care.asd
apa?C:\windows\TEMP\AutoRecovery save of OPED NR - health care.asd
apa?C:\windows\TEMP\AutoRecovery save of OPED NR - health care.asd
apa?C:\windows\TEMP\AutoRecovery save of OPED NR - health care.asd
apa?C:\windows\TEMP\AutoRecovery save of OPED NR - health care.asd
apa?C:\windows\TEMP\AutoRecovery save of OPED NR - health care.asd
apa?C:\windows\TEMP\AutoRecovery save of OPED NR - health care.asd
apa?C:\windows\TEMP\AutoRecovery save of OPED NR - health care.asd
apa6C:\My Documents\files\opeds\OPED NR - health care.doc
apa6C:\My Documents\files\opeds\OPED NR - health care.doc
apa6C:\My Documents\files\opeds\OPED NR - health care.doc
apa6C:\My Documents\files\opeds\OPED NR - health care.doc
Times New Roman
Times New Roman
Symbol
Symbol
Palatino
Palatino
Book Antiqua
Book Antiqua
Courier New
Courier New
Wingdings
Wingdings
~WELCOME TO THE CENTER FOR PSYCHOLOGICAL STUDIES, NSU, CE PROGRAM: APA RECOMMENEDTRAINING I N RXP: GOOD FOR YOUR PROFESISON, GO
~WELCOME TO THE CENTER FOR PSYCHOLOGICAL STUDIES, NSU, CE

```
PROGRAM: APA RECOMMENEDTRAINING I N RXP: GOOD FOR YOUR
PROFESISON, GO
Ronald Levant
Ronald Levant
WELCOME TO THE CENTER FOR PSYCHOLOGICAL STUDIES, NSU, CE
PROGRAM: APA RECOMMENEDTRAINING I N RXP: GOOD FOR YOUR
PROFESISON, GO
Ronald Levant
Normal
Microsoft Word 8.0
WELCOME TO THE CENTER FOR PSYCHOLOGICAL STUDIES, NSU, CE
PROGRAM: APA RECOMMENEDTRAINING I N RXP: GOOD FOR YOUR
PROFESISON, GO
_PID_GUID
{D3D0A320-5BE2-11D5-803E-B8637EB0134B}
{D3D0A320-5BE2-11D5-803E-B8637EB0134B}
Root Entry
1Table
1Table
WordDocument
WordDocument
SummaryInformation
SummaryInformation
DocumentSummaryInformation
DocumentSummaryInformation
CompObj
CompObj
ObjectPool
ObjectPool
Microsoft Word Document
MSWordDoc
Word.Document.8
```