

Changing Structures of Education to Fit Needs for the Future

Morgan T. Sammons, PhD, ABPP, Dean,
California School of Professional Psychology

Presented by

Steven R. Tulkin, PhD, MS

California School of Professional Psychology

Psychologists and Primary Care

**DOES MENTAL HEALTH IN
PRIMARY CARE WORK?**

Psychology and Accountable Care Organizations: Data points from McClellan, et al (2010)

- ACOs defined in Health Care Act
- ACOs: provider led organizations with joint accountability for achieving quality improvement and spending growth reductions
- “All ACOs should have a strong base in primary care”
- Some difference in philosophy between ACOs and “medical homes” – Medical Homes are assigned based on most recent physician visit, ACOs “foster shared accountability for overall quality and costs encompassing a larger range of providers...” (p. 985).
 - McClellan, M., McKethan, A. N., Lewis, J. L., Roski, J., & Fisher, E. S. (2010). A national strategy to put accountable care into practice *Health Affairs*, 29, 982-990.

The PCARE (primary care access, referral and evaluation) study (Druss, et al., 2010)

- 407 individuals with SMI in a CMHC assigned to medical care mgt or TAU
- Care mgrs provided advocacy, education, communication with providers, support
- At 12 month followup, pts in enhanced care showed significantly improved mental, not physical, health-related quality of life (mental health, social functioning, emotional role functioning)
- Some non-significant improvement on physical measures, including cardiovascular health, suggests longer term followup might yield greater difference in scores.
 - (Druss, Esenwein, et al. (2010). A randomized trial of medical care management for community mental health settings: The Primary care access referral and evaluation (PCARE) study. *Am. J. Psychiat.*, 167, 151-159

Positive evidence for primary care interventions:

- >Meta analysis: randomized controlled trials of brief psychological therapies with anxiety, depression, or mixed mental health problems treated in primary care compared to TAU (34 studies, 3962 patients)
 - Evidence supported brief CBT, problem solving therapy, and counseling for common disorders in primary care, but effect sizes lower than for longer treatments save for brief CBT for anxiety disorders.
 - Brief CBT for anxiety had largest effect size, but meta-regression found no difference for any treatment when diagnosis controlled for.
 - Cape, Whittington, Buszewicz, Wallace & Underwood,(2010). Brief therapies for anxiety and depression in primary care: meta-analysis and meta-regression. *Biomed Central Medicine* **8:38** <http://www.biomedcentral.com/1741-7015/8/38>

Psychological Interventions for Medical Problems in Primary Care

- Randomized controlled trial comparing medication plus CBT (“delivered by trained primary care nurses”) for Irritable Bowel Syndrome produced a significant decrease in IBS symptoms over medication alone (Kennedy, et. al, 2005, British Medicine Journal, pp 1-6)
- Randomized controlled trial comparing CBT vs. “educational classes” for COPD showed CBT group had decreases in depression and anxiety but no difference in physical functioning (Kunik, et. al, 2001, Psychological Medicine, pp 717-723)

Other Areas for Psychological Intervention in Primary Care

- Diabetes
- Cardiovascular Disease
- Pain Management
- Alcohol and drug abuse, including prescription medications
- Eating Disorders
- Grief Reactions
- Chronic and Terminal Illness, including caretaker support

Psychologists in Primary Care

**WHAT NEW SKILLS ARE
NEEDED – AND HOW DO
WE TEACH THEM**

Teaching new skills: Bohmer (2010)

- Bohmer (2010) suggests physicians will need:
 - Operations design (work flow, staffing, data requirements)
 - Data Management (performance tracking, financial control, P4P)
 - Human Resources
 - Team Management
 - Financial Control
 - Negotiation and Conflict Resolution
 - Capital Allocation
 - Innovation and Performance Improvement
 - Source: Bohmer, R. M. J. (2010). Managing the new primary care: The new skills that will be needed. *Health Affairs*, 29, 1010-1014

Primary care curriculum as a specialty track in doctoral level education: Pharmacology (15 contact hours)

Pharmacology for primary care psychologists (presumes a non-prescribing psychologist)	Basic pharmacokinetics and pharmacodynamics	2
	Prescribing practices and regulations	1
	Survey of toxicology and drug overdose	2
	Major classes of common drugs	
	Antibiotics	2
	Antihyperlipidemics	2
	Antihypertensives	2
	Antihyperglycemic agents	2
	Analgesics	2
		TOT=15

Primary care curriculum as a specialty track in doctoral level education: Psychopharmacology (15 contact hours)

Psychopharmacology survey for primary care practitioners	Antidepressants	3
	Anxiolytics	3
	Hypnotics	2
	Mood stabilizers	3
	Antipsychotics	2
	Adjuvant agents	2
		TOT= 15

Primary care curriculum as a specialty track in doctoral level education: Assessment (Contact Hours = 14)

Psychological Assessment in Primary Care	Psychodiagnostics	4
	Outcomes assessment	2
	Patient and provider scales	2
	Electronic assessment and recording	2
IT integration	Data management	2
	The EHR	2
	HIPAA and privacy concerns	2

Primary care curriculum as a specialty track in doctoral level education: Health Care Economics (Contact hours: 8)

Health Care Economics	Federally Funded Healthcare HRSA and FQHCs CMS: Medicare State Funded Health Care Medicaid Primary Care Associations Billing and reimbursement	TOT= 8
------------------------------	---	---------------

Leading Inexorably to.....

- DISEASE MANAGEMENT for Mental Health Conditions
- Condition based protocols that, in my view of the world
 - Are NOT Algorithmic
 - Address all facets of a patient's condition
 - Are outcome based and accountable
 - Integrate physical and psychological concerns and (controversially)
 - Are SYNDROMIC

Not algorithmic

- May utilize EBTs, but are not protocol driven
 - Nonspecificity of diagnosis, treatment and response make this unavoidable.
 - *A bas* manualized protocols
 - *Vive* dismantling studies that teach us the common effective elements of any intervention

Address all facets of a patient's condition

- Manualized protocols tend to address one symptom complex (e.g., panic disorder, depression). Likely, these account for a minor portion of the variance in terms of overall outcome.
- Disease management protocols presume a multifactorial genesis to any condition
- Interventions may be *therapist directed* (a specific treatment – possibly a manualized one), *patient driven* (a lifestyle, relational, or behavioral change) or *collaborative* (adherence to a medical or medication regimen)

A quadripartite approach to treatment planning

- Is there a *specific diagnosis* (e.g., panic disorder) for which a validated therapy exists?
- Have *non-specific but contributory facets* of the patient's presentation been addressed (psychosocial stressors, relationship dysfunction; lifestyle issues (e.g., caffeine/EtoH/tobacco intake)?
- Have *potentially contributory medical and medication issues* been addressed? Does the patient have appropriate access to care for physical problems and is there adequate communication, trust and support between the psychologist, patient, and other members of the treatment team?
- Do the patient, psychologist, and other members of the treatment team *understand and agree on desired outcomes*?

Focus on syndromic problems

- Not all psychological issues are amenable to primary care intervention.
- The distinction is not the severity of the disorder (outpatient treatment of substance abuse, psychosis or severe depression *is ideally performed* in the primary care environment)
- Other legitimate applications of psychological expertise are best suited for specialty mental health care: personal growth therapy, vocational and relationship issues.

Suggestions for Primary Care Training in Mental Health Practicum Settings

- Add intake questions about current medical history, current medications, and family medical history
- Include readings and discussions of psychological effects of medical conditions, and of medications given for medical conditions
- Include readings and discussion related to working in Primary Care

**Thank you for your
*Attention***