

## Healthcare Reform Task Force

Recommendations for discussion at Council

April 20, 2013

### Recommendation #1

Put out a call for psychology leaders to take assume key positions within public and private health care groups and advocacy coalitions, and B) Identify key public and private sector committees that are creating healthcare regulations in New York State and place those psychologists onto these committees. There are a number of important groups within each state that influence the practice of healthcare, however, psychologists in NY are not represented at all in these groups. Not all interested will fit the criteria for these important positions (which represent NYSPA as well as all psychologists within the state), therefore it is essential to recruit, properly screen and interview interested candidates, and place those selected in key positions in critical agencies (public and private within NYS) with the support of NYPSA executives and their lobbyist.

#### Background

Historically psychologists were considered the leaders in the provision of mental health services, and mental health services were primarily given in private practices which suited the profession of psychology well. However, with the advent of other mental health professionals who perform many of the same tasks as psychologists, and with the new reform mandates that shift treatments from a private endeavor into a collaborative endeavor, the practice of psychology is becoming marginalized as a too costly and inefficient practice. The new health care system does not recognize psychologists, nor does it give them a 'seat at the table.' Advocacy is essential now, not just to the public but more so from within coalitions and other private/public entities that are responsible for shaping mental health policy and creating mental health regulations. As of January 2013, no psychologists were represented on any committees that shape *mental health* regulations within New York State.

#### Impact Statement

Without placing key psychologists in these committees which influence mental health policy in NYS, psychologists will be marginalized to a substantial degree when the ACA mandate become fully applied in 2014. Most of the well-known mental health professional organizations are already involved and are influencing policy in their direction.

#### Consider

Consider partnering key psychologists with policy groups such as:

- MHANYS – Mental Health Association of NYS – [www.mhanys.org](http://www.mhanys.org)
- Primary Care Development Corporation – [www.pcdc.org](http://www.pcdc.org)
- Collaborative Family Healthcare Association - [www.cfha.net](http://www.cfha.net)
- Mental Health Association of NYC - [www.mhaofnyc.org](http://www.mhaofnyc.org)
- NYC's Medicaid Redesign Team
- NYS Dept of Health workgroups
- Department of Health

## Recommendation #2

We recommend a coordinated effort to diversify a number of sectors of NYSPA to make the organization more varied, as well as to have more representation of those who understand the new health care reforms, through inclusion of qualified students, ECP's, and seasoned members. These diverse members can be recruited into the HCR Task Force, Legislative Committee, other Committees, and newly developed NYSPA structures in order to advance the cause of psychology in the future health care system. Consider forming a 'Student Body' council, or 'Advisory Council' made of new faces who will advise or consult NYSPA about the varied realities of psychologists within NYS, and offer a diversity of wide-ranging opinions on matters affecting psychologists at various levels of society and in their careers. These diverse members will grow into the future leaders of the Association.

### Background

Despite the wealth of knowledge and history within the organization, the current makeup of NYSPA decision makers does not *fully* reflect the diversity of society and/or currently practicing psychologists in NYS. There is a perception by some that NYSPA represents only a small slice of psychologists (in phase of career, and also in focus of work), relative to the wide range of activities that psychologists are involved in. Given the expected changes in health care reforms, some forms of practice will be overly represented while others will be under represented within NYSPA, if change is not instituted. Success in the future system will depend on having a growing and diverse vision for psychology, which should include a more balanced mix of voices, ethnicities, areas of focus, and stage of career.

### Impact Statement

It is important for the organization to acknowledge that the practice of psychology, as well as the practice of all health care providers, will be changing to confront the realities of these times. It is vitally important to become aware of the changing landscape, and acknowledge it, and prepare for it. Other mental health professions are already poised and prepared to take the lead as the primary mental health provider in the nation within the new reforms. If we do not diversify to understand and adapt as needed to the new mandates of the broader health care system, or continue to not embrace the change, the profession of psychology will be powerless and increasingly marginalized within behavioral health care. We suggest implementing these structural changes in order to maintain and grow the livelihood of the profession going forward.

### Consider

Forming a student body council or an advisory council made up of members diverse in practice area and stage of career; amending bylaws to allow one ECP or HCR representative to join each existing committee; actively recruiting early career psychologists, people of color, and psychologists who work primarily outside of private practice (for balance) and place them in positions within Committees, Task Forces, and so forth; create new Task Force's or Committees within NYSPA to give an increased voice to others such as ECP's and others that understand health care reform.

### **Recommendation #3**

NYSPA should lobby for Medicaid expansion which focuses on using an Integrated Primary Care Model. This is a setting where a behavioral health consultant (psychologists or otherwise) represents a fully integrated part of the health care team. This is recommended given the goals of a patient centered medical home and for cost savings.

#### **Background**

There is an understanding of the need for mental health within primary care. Per the Medicaid Redesign Team recommendations, in New York (as of August 2012), 'There is a lack of understanding on how to integrate behavioral health into primary care.' Currently, the Accountable Care Act mandates that Medicaid include mental health services that focus on the 'whole' person. There appears to be no clear cut Medicaid template, as far as we can tell, to guide successful integration of mental health. Accordingly, it would behoove NYSPA to be proactive and to advocate for and/or develop an Integrated Behavioral Health and Primary Care Model (IPCM). This is a fully collaborative health care model offering coordinated services focusing on medical and mental health by integrating behavioral health practitioners into primary care medical settings. This allows for seamless provision of mental health services for mental health issues, as well as the behavioral and lifestyle factors that contribute to chronic disease.

#### **Impact Statement**

Without having psychologists fully integrated within primary care, it will not allow psychologists to work to their fullest ability of their licensure providing mental health services and behavioral/lifestyle services for those with chronic medical illnesses. Without full integration, psychologists would not be salaried. In addition, they would be largely excluded from providing mental health services from the main settings that treat patient's in the future health care system, in favor of other 'cost effective' providers.

#### **Consider**

Outlining what the IPCM model is, and how it differs from what the majority of physicians understand it to be. Illustrate the efficacy of this model in terms of patient engagement and cost savings. May have some precedence regarding biopsychosocial model, given NYS has already adopted the American College of Occupational and Environmental Medicine into the workers compensation regulations.

## **Recommendation #4**

Consider taking the lead on creating a Mental Health/Substance Use Disorder Advisory Board within the New York State Legislature, with NYSPA being represented (or leading) this Board.

### **Background**

There are many decisions being made regarding healthcare within the state. Advocating on behalf of bills we favor is pivotal to our professional advocacy efforts. Often, healthcare legislation is created in NYS without substantial knowledge particular to mental health issues. An mental health advisory board would be a more stable entity which would help inform mental health policy on an ongoing basis, and help guide legislation which is beneficial to those with mental health needs, as well as increase favorable outcomes for psychologists. It would also allow us to help create further in roads with various legislators and advocate on behalf of consumers.

### **Impact Statement**

The majority of health care reform focuses on medical needs of patients. The legislative body will be better informed of mental health issues and form mental health policy under the guidance of a Mental Health Advisory Board. Without formal establishment of such a Board, mental health will continue to be marginalized and consumer needs will not be met.

### **Consider**

Consider advocating for such an Advisory Board that would include a NYSPA representative. This will allow for mental health to be at the table, further aiding in the 'Triple Aim' of health care reform. Psychologists, as part of such a task force would be able to illustrate the unique services we provide and weigh in on issues such as: delivery of services, behavioral health payments, integration of services, private practice issues