

The Case for Prescription Privileges for Ohio Clinical Psychologists-SB 300

Good morning. My name is Dr. Tom Swales. I am an assistant professor of psychiatry at the Case Western Reserve University School of Medicine, and a licensed psychologist in Ohio. I currently a clinical and forensic psychologist and neuropsychologist in a large multidisciplinary group practice, Psychological and Behavioral Consultants, where I am also coordinator for electronic health records and outcomes. I am also a consultant with the Cuyahoga County Sheriff's Department and the Ohio Police and Fire Pension Fund, and serve on the Medical Advisory Board for NAMI Greater Cleveland. For over twenty years I was employed as a psychologist in the Department of Psychiatry at MetroHealth, a large public health system in Cleveland, where I served as Director of the Psychological Assessment Center; Chairman of the Institutional Review Board; Senior Researcher in the Center for Health Care Research and Policy; and Associate Director of Medical Informatics. I am here in support of SB 300, which would increase access for patients with mental illness by allowing specially certified licensed clinical psychologists to prescribe psychotropic medications to their patients.

The vast majority of medications utilized for the treatment of mental health disorders are prescribed by primary care physicians and not psychiatrists. National estimates indicate that this occurs at a rate of approximately 80%. This readily makes the case that psychiatrists, those physicians specifically trained to evaluate, treat, and prescribe psychotropic medications, are frequently not the first line of defense in the treatment of patients with mental health disorders. For psychologists engaged in providing clinical services, this statistic is not surprising. We know from experience that our patients regularly wait four weeks or more (many more than 9 weeks) for an initial appointment with a psychiatrist. More and more we found ourselves asking "Why?"

Today, I am presenting the findings of a study conducted by Dr. Angela Miller on behalf of the Ohio Psychological Association. This study examines Ohio's mental health landscape and clearly demonstrates the need for this legislation. Dr. Miller is an Ohio licensed clinical psychologist in private practice in Summit County and an adjunct clinical supervisor at Kent State University. She also holds a master's degree in public health from Wichita State.

At the onset of this study, it was clear that we were undertaking something that had never been attempted in the state of Ohio. Our goal was to examine Ohio's provider and population distribution and do it through the lens of accepted estimates regarding the prevalence of mental illness. To accomplish this, we obtained data from the US Census Bureau, the Mental Health in America report entitled "*Parity or Disparity: The State of Mental Health in America 2015*" and the July 14, 2015, NPI database of Ohio's psychiatrists, psychologists, and psychiatric nurse practitioners maintained by the Centers for Medicare & Medicaid Services. We then cross-checked the NPI figures with numbers from the US Bureau of Labor Statistics and the Ohio State Board of Psychology to ensure an accurate and robust representation of total provider numbers. The information was then combined, stratified by county, and analyzed. Our findings confirmed the experiences of our members and their patients. With nearly 20% of adults and over 11% of our children (more than two million Ohioans in total) suffering from mental illness or emotional/behavioral/or developmental issues, there are simply not enough psychiatrists to meet the burgeoning demand and primary care providers are unable to close the gap.

According to a 2013 workforce data report by the Association of American Medical Colleges (AAMC), between 2008 and 2012, there was no appreciable increase in the median number of active primary care physicians, with the state medians for the percent of physicians age 60 or older increasing significantly over the same period. As a result, by March, 2015, the AAMC concluded that the U.S. will face a deficit of between 46,000 and 90,400 physicians by 2025. Their report emphasized that while primary care doctors will be in short supply, the steepest deficits may be among specialist physicians, including psychiatrists. It is projected that from 2014-2017, 6,032 psychiatrists total will complete graduate general psychiatry programs. However, with 59% of the active psychiatrist population at 55 years of age or older- approximately 12,486 psychiatrists nationwide- there is a very real potential that in the near future we will have more psychiatrists leaving the specialty per year than entering it.

As 72 out of the 88 Ohio counties have areas deemed Mental Health Provider Shortage Areas by the federal government, we have truly reached a crisis. Statewide there is 1 psychiatrist for every 6736

people. Comparatively, this is nearly two times the population served per psychologist and almost 7 times the population served per primary care physician in the state of Ohio. However, many Ohio counties fair much worse. 56 counties have 5 or fewer psychiatrists. 25 counties have no psychiatrists at all and only 4 of those 25 have a psychiatric nurse practitioner. Unfortunately, as bad as these figures may seem, they fail to do justice to the full scope of the access issue.

Barriers to access far exceed locating a psychiatrist. Many patients contact the psychiatrists in their area only to find out that their practices are closed to new patients or that the psychiatrist is not actively engaged in outpatient care. Additionally, as only 26% of psychiatrists take insurance, countless patients especially minorities, low income families, and the elderly are unable to afford an initial intake appointment even if one could be scheduled. As a result, 1 of every 5 adults and 3 out of every 10 children needing mental health treatment in Ohio this year will not receive it. We must find a solution. I have personally seen this process not only create the obvious delay in care, but too often increase feelings of desperation and hopelessness, and lead to further functional decline.

SB 300 has the potential to make an unparalleled impact on Ohio's mental health access, especially in those areas which are chronically underserved. There are nearly twice as many psychologists than psychiatrists working in Ohio and psychologists serve in all but 13 of Ohio's counties. Conservative estimates based on statistics from states where specially trained psychologists are allowed to prescribe medications for the treatment of mental illness indicate that 25% of those psychologists licensed at the time of a bill's implementation will pursue prescriptive privileges. 25% would mean the addition of 780 new, specialized mental health prescribers (an increase of nearly 50%) within 3-4 years of bill approval. In this way, SB 300 is positioned to increase mental health care access in Ohio. With it, we have the opportunity to create healthier communities and a stronger and more productive Ohio workforce, at no cost to the state. Specially trained psychologists have been prescribing safely for over a decade. Now is the time for Ohio to tap this unused resource.

Thank you and I would be glad to answer any questions.

Project Data Sources

All population numbers for Ohio and its counties, as well as the percentage of children <18, come from the US Census Bureau 2014 estimates.

<http://quickfacts.census.gov/qfd/index.html>

The next percentages come from Mental Health in America report "*Parity or Disparity: The State of Mental Health in America 2015*", specifically for Ohio.

<http://www.mentalhealthamerica.net/sites/default/files/Parity%20or%20Disparity%202015%20Report.pdf>

The number of psychiatrists and psychologists comes from the July 14, 2015 NPI data. Clinicians who list their Primary Business State in your state, which were sorted by zip code into counties.

http://download.cms.gov/nppes/NPI_Files.html

The # of psychiatrists includes all clinicians who list their primary clinical activity as:

- General Psychiatry
- Child & Adolescent Psychiatry
- Geriatric Psychiatry
- Neurodevelopmental Disabilities
- Behavioral Neurology & Neuropsychiatry
- Addiction Psychiatry

The # of psychologists includes all clinicians who list their primary clinical activity as:

- Clinical Psychologist
- General Psychologist
- Adult Development & Aging
- Clinical Child & Adolescent
- Mental Retardation & Developmental Disabilities
- Clinical Neuropsychologist
- Cognitive & Behavioral
- Addiction Psychologist
- Rehabilitation

The # of psychiatric nurse practitioners includes all clinicians who list their primary clinical activity as:

- Psychiatric Nurse Practitioner

Sources for supplemental physician statistics

The Complexities of Physician Supply and Demand: Projections from 2013 to 2025. Association of American Medical Colleges. March 2015.

https://www.aamc.org/download/426242/data/ihsreportdownload.pdf?cm_mmc=AAMC--ScientificAffairs--PDF--ihsreport

State Physician Workforce Data Book published by Association of American Medical Colleges (November 2013)

<https://www.aamc.org/download/362168/data/2013statephysicianworkforcedatabook.pdf>