APA’s Science Directorate held its fifth annual Scientific Leadership Conference (SCL-V) in Washington, DC, on November 14-16, 2009. Steve Breckler, PhD, director of APA’s Science Directorate, convened a gathering of 100 research-funded psychologists from across the nation to meet with leaders from NIH, CDC, DoD, VA, and other health care agencies.

SCL-V was unique, this year adding an event in which psychologists attending also visited the offices of legislators on Capitol Hill. Visiting the US Congress gave psychologists a chance to advocate for increasing research as a unique way by which psychologists can reform health care, in keeping with SCL-V’s theme—“Enhancing the Nation’s Health Through Psychological Science.” Accordingly, SCL-V was designed as a vehicle to teach legislators how APA improves the health of US citizens through comparative effectiveness research.

Improving health care through research turned out to be an extremely important topic to address, this being The Year of Health Care Reform. The last time a presidential administration undertook to reform health care was in 1993 and those efforts failed. So, now, sixteen years later, in 2009, once again, legislators are fighting to enact a comprehensive reform of health care. Goals include cutting health care costs and expanding health care coverage. And health care services delivered by psychologists already have been impacted by changes in federal legislation, as debates and legislation in
health care parity signaled in 2008. And now new legislation about health care will bring forth many changes in other dimensions of health care delivery, from legislative changes in quality, standards, training, coverage, and costs for health care practices. And research is so essential as so many aspects of health care legislation now are dramatically changed.

The last time major changes in health care legislation took place was in 1964 and 1965, when Lyndon Baines Johnson introduced Medicare and Medicaid. As a consequence, federal policies and monies influence health care services delivered by psychologists for older Americans, as well as many who are younger.

But not enough is done to test effectiveness of health care delivery based upon randomized clinical trials testing outcomes and cost-efficiencies. Effectiveness in treatment as demonstrated by research is not prioritized in the private sector by private practitioners (when compared with studies funded by NIH and in the VA and DoD).

Since legislators are writing laws that will influence health care for clients as well as practice by clinicians, so SCL-V centered its discussions on adding research in health care reform. Toward such ends, SCL-V brought together administrative leaders from NIH, DoD, VA, CDC to meet with APA central office legislative staff and a sampling of research-funded psychologists from across the nation. The SCL-V conference began with sessions in which research-funded psychologists learned how federal agencies operated and how psychologists can communicate with legislators to improve federal operations in health care reform based upon research —research in randomized clinical trials, research to determine Best Practices, research to prevent medical and mental disorders, research to care for those struggling with disease management, research in cost-efficiencies.
Four delegates from Texas were included in SCL-V from among the group of 100 psychologists selected from across the nation:

Suzy Gulliver, PhD (Director, VISN 17 VA Center of Excellence for Stress Disorders Research and Central Texas VA Health Care Servcies from the VA in Waco);

Mary Meagher, PhD (Psychology Department, Texas A&M University, College Station);

Alice Young, PhD (Psychology Department, Texas Tech University, Lubbock), and

Walter Penk, PhD (Psychiatry and Behavioral Sciences, Texas A&M College of Medicine, and Central Texas VA, New Braunfels).

These psychologists learned about objectives and operations of federal agencies and then, later, on the third and final day of the SCL-V conference, these psychologists visited offices of US Senators and US House of Representatives from Texas to advocate three basic themes:

One, to include Psychology in comparative effectiveness research;

Two, to continue expanding NIH’s funding in which Psychology is involved; and

Three, to protect the Peer Review process that is central in applying for grants.

To prepare for advocacy of psychology in research, SCL-V attendees heard a series of speakers address new directions in federally-sponsored prevention research:
Robert Croyle, PhD (Director, Division of Cancer Control, National Cancer Institute) speaking about “Tobacco, obesity, and disparities: our role in interdisciplinary team science for population health”;

Rodney Hammond (Director, Division of Violence Prevention, CDC), on “Preventing injuries and deaths from violence: the CDC research agenda.”

Robert Heinman, PhD (Acting Director, NIMH Division of Services and Intervention Research), on “Army study to assess risk and resilience in service members (Army-STARRS)”.

With regard to new directions in federally-sponsored treatment research, SCL-V attendees heard:

Philip Wang (NIMH Deputy Director) speak on “Comparative effectiveness research to enhance behavioral interventions.”

Joel Kupersmith, MD (Chief, VA Research and Development) speak on “Psychological research at the VA advancing veterans’ health.”

Mark Willenbring, PhD (Special Advisor to NIAAA Director) “Beyond persuasion: New routes to behavior change.”

APA central office leaders also gave keynote addresses:

James Bray, PhD (APA president, Baylor College of Medicine, Houston, Texas) on initiatives achieved during his year as president of APA to add Psychology in health care delivery.

And Norman Anderson, CEO of APA described projects ongoing in APA to make sure APA services are included in health care reform and not ignored as APA was, in the 1993 attempts at reform. Dr. Anderson also introduced many specialists within Central Office of APA who are constantly advocating for the interests of psychologists:
Goeff Mumford, PhD (associate executive director for science governmental relations), who talked about “Overview of APA’s Science Governmental Relations Priorities.”

Pat Kobor, PhD (APA’s senior science policy analyst), who spoke on “Federal funding for psychological science.”

Karen Studwell, JD (senior legislative and federal affairs offices) who summarized “Threats to scientific peer review.”

Heather Kelly, JD (senior legislative and federal affairs officer), who advocated for “Psychological sciences and military/veterans populations.”

Rhea Farberman (APA executive director for public and member communications) demonstrated the long-awaited updating of www.apa.org. APA’s web-site has transformed its site architecture, under the leadership of Tony Habash. www.apa.org now is functional and ready to serve APA psychologists in their work in health care delivery.

Christopher Kush, from Soapbox, prepared psychologists for visiting the Hill, reviewing such past legislation as the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Act of 2008, on which APA had worked so hard, as well as status of the new US House’s Affordable Health Care for America Act that will guide health care reform.

Armed with such information, then, Drs. Gulliver, Meagher, Young, and Penk visited the offices of Senators Kay Bailey Hutchinson and John Cornyn and US Representatives Randy Neugebauer, John Culberson, Lamar Smith, and Chet Edwards, bringing the messages to increase comparative effectiveness research in health care delivery.

As SCL-V was proceeding, events outside further highlighted the importance of adding research to health care. That is, on November 15, the Washington Post published an article by
Timothy Baker, PhD, Richard McFall, PhD, and Varda Shoham, PhD, about a new accreditation system by the American Psychological Society (APS) to test effectiveness of therapists. Headline for this article was “Is your therapist behind the times?”

This article starts with the paragraph, “A young woman enters a physician office seeking help for diabetes. She assumes that the physician has been trained to understand, value, and use the latest science related to her disorder. Down the hall, a young man enters a clinical psychologist’s office seeking help for depression. He similarly assumes that the psychologist has been trained to understand, value, and use current research on his disorder. The first patient would be justified in her beliefs; the second, often, would not.”

This article by Baker, McFall, and Shoham facilitated discussions on the importance of integrating science with practice, similar in many respects to what the Boulder Conference—held by APA in 1950s—did so long ago, serving as the blueprint for guiding training of clinical psychologists for decades to come. By questioning the qualifications of psychologists currently in practice—asking whether practitioners nowadays provide Best Practices—Baker, McFall, and Shoham are challenging APA and state associations (like TPA) and state licensing boards (like TSBEP) to insure that clients are receiving empirically-validated treatments in ways that are cost-efficient.

Though coincidental to SCL-V meeting the same weekend, this article helped underscore the objectives that Steve Breckler from the APA’s Science Directorate was striving to achieve in SCL-V: Clinical practices must be grounded in clinical sciences.

We are indeed living in an extraordinary time of change in health care delivery, a time that requires increasing research about what is effective. It is not only a time when elected representatives are, once again, transforming funding of
health care. But, it is also an age in which delivery of care is being changed. It is the dawn of the “Virtual Visit.” It is a time, for example, when, in Texas, for $45, anyone, whether insured or not, can visit a physician on a computer at www.NowClinic.com for a 10-minute appointment and obtain a prescription. It is a time when organizations, such as Optum Health, will soon be featuring on-line care, no matter what the insurance coverage. It is a time when federal agencies, such as the Veterans Health Administration are increasing on-line outreach to veterans, promoting on-line registration of symptoms, with such tele-health programs as MyHealtheVet. It is a time when so much that is new needs to be learned and shared, a time when revolutions in site architecture are producing new websites, like www.apa.org and www.tpa.org, to guide us toward Best Practices as well as to bring us together through the Internet to base our practices upon outcomes research. It is a time when the Texas Psychological Association is transforming its Continuing Education availability so that all TPA members can access training in empirically-validated treatments.

And, as thousands of legislative actions take place to reform health care practices, now psychologists must demonstrate to themselves and to their clients that they are indeed offering Best Practices that have been empirically-validated as effective as well as cost-efficient.

It is a time when psychologists must heal their ways of practicing by participating in research.

For, this is not only a time to improve delivery and costs for health care. It is, also, a time when psychologists must improve their training, their continuing education, and demonstrate that the public is receiving services that are empirically-validated by research. These are times in which psychologists, along with all clinicians, must deliver Best Practices at reasonable costs, in ways that are effective, that are practical, and that are quick, and that are available to all.