SUMMERTIME, AND THE LIVIN’ IS EASY

**Exciting Times Ahead:** In her inspirational keynote address at this year’s Practice Directorate State Leadership conference (SLC), The Power of Advocacy, Executive Director Katherine Nordal provided those in attendance with an exciting vision for how each of us can help shape the future of our profession. “An abiding commitment to advocacy must be part of our identity as psychology’s leaders. Each of us has a responsibility to help others understand what psychologists do and the many contributions we make to health and well being. Advocacy is an ongoing process of educating and assisting decision makers, whether they are legislators, other policy makers, or individuals making choices about health care professionals for family members. When we psychologists serve as advocates we represent not only the interests of the profession, but, more importantly, the interests of our patients and other consumers of psychological services…. (T)he system ultimately will have to be changed. We need an integrated health care delivery system, and psychologists must be part of the health care teams in that system. We cannot afford to watch from a distance as a new health care delivery system is crafted… one that is unlikely to value what psychologists can bring to the table if we sit on the sidelines…. But if we do not change the advocacy behaviors of many psychologists that is exactly what will happen!”

As an outgrowth of discussions at SLC by those pursuing prescriptive authority (RxP) legislation, Deborah Baker developed an overview of the APA Designation System for training: “In 2006, a joint task force was established by CAPP (Committee for the Advancement of Professional Practice) and the Board of Educational Affairs (BEA) to review and revise the APA model psychopharmacology curricula and related policies. Among the revisions proposed by the joint task force included the recommendation that APA develop a designation system for education and training programs in psychopharmacology as a means for assuring minimal standards of program quality. Because those task force members agreed that development of such a designation program was beyond its charge and expertise, a second joint task force was established to develop the designation system for education and training programs in psychopharmacology. In August 2009, the APA Council of Representatives approved as APA policy the proposed APA designation system, as well as the revised [Recommended Postdoctoral Education and Training Program in Psychopharmacology for Prescriptive Authority (‘Model Curriculum’)] and the related [Model Legislation for Prescriptive Authority].

“The APA designation system outlines the minimal standards of program quality for psychopharmacology education and training programs. The system does not designate individuals; it designates programs preparing psychologists for prescriptive authority through a voluntary application process. The APA Model Curriculum is the published criteria for the designation system. The review is a threshold assessment through documentation that assures that the education and training experience is sufficient to prepare students to be eligible for credentialing in that domain. Those programs identified as meeting these criteria would be referred to as an APA designated program in psychopharmacology for prescriptive authority. The designation system will be implemented by a 6-person committee, which will be overseen jointly by CAPP and BEA. Since the APA Board of Directors recently approved the committee nominations, it is anticipated that the committee will be prepared to begin receiving designation applications by the end of this year.”

**Unlimited Opportunities For Those With Vision:** Stephen Lally’s report on the Spring CAPP meeting for his colleagues in the National Council of Schools and Programs in Professional Psychology (NCSPP): “One area of focus at the meeting that may be of interest to NCSPP schools is CAPP and BPA (Board of Professional Affairs) holding a joint retreat to address telepractice issues. This has been an area of increased focus and the practice directorate has been meeting with ASPPB (Association of
State and Provincial Psychology Boards) about this issue. It was noted that the new Model Licensing Act (MLA) does not clearly define this area of practice.” From a health policy perspective, it is increasingly clear that advances in the communications and technology fields will ultimately have an unprecedented impact upon our nation’s health care environment and thus psychological practice.

The 7th Generation Promise: Indian Youth Suicide Prevention Act of 2009. The U.S. Senate Committee on Indian Affairs, chaired by Senator Dorgan, recently recommended the enactment of S.1635, Establishing An Indian Youth Telemental Health Demonstration Project. This legislation would enhance the provision of mental health services to Indian youth and encourage Indian tribes, tribal organizations, and other mental health care providers serving residents of Indian country to obtain the services of predoctoral psychology and psychiatry interns. The underlying objective of this bill is to provide Indian youth suicide prevention programs with greater authorization and flexibility to meet the federal government’s trust responsibility to provide health care to Native Americans. It would streamline the Substance Abuse and Mental Health Services Administration (SAMHSA) grant process for Indian youth suicide prevention and authorize tribal use of predoctoral psychology and psychiatry interns for health care services to increase the availability of mental health services and to recruit mental health providers to Indian Country. It would also authorize an Indian youth telemental health demonstration project for Native American communities in order to capitalize upon the use of technology to enhance mental health care and prevent youth suicides. The underlying goal is to increase the early identification of, and provide intervention services for, at-risk Indian youth, as well as serve as a recruitment tool for psychologists and psychiatrists throughout Indian county.

Testimony presented before the Committee indicated that the incidence of suicide among Native Americans is 1.9 times higher than the national average and even higher among Native American youth. Native American youth experience the highest rate of suicide of any population group in the U.S. Between the ages of 15 and 24, Native American youth have a suicide rate 3.5 times higher than their peers of other races. The incidence of suicide for Native American male youth is especially extreme, with a rate four times higher than males in other racial groups. Suicide is the second leading cause of death among Native American youth. Clearly this is an area in which psychology, and especially Native American psychologists, can make a real difference.

Experts testified that there are many risk behaviors and contributing factors for youth suicide. The Centers for Disease Control and Prevention (CDC) lists the following risk factors for youth suicide: history of previous suicide attempts, family history of suicide, symptoms of depression or other mental illness, alcohol or drug abuse, stressful life event or loss, easy access to lethal methods, exposure to the suicidal behavior of others, and incarceration. Several of these factors are overrepresented among Native American communities and thus may contribute to the high rate of suicide experienced.

The situation is further compounded by the overall scarcity of mental health services available to Native American youth. Reportedly, in the U.S., ninety percent of all teens who die of suicide suffer from a diagnosable mental illness at the time of death and over half are never seen by a mental health provider. This lack of access to mental health professionals is especially problematic for Native American youth, with the Indian Health Service (IHS) consistently experiencing severe mental health professional shortages. Furthermore, when tribes do seek federal assistance for suicide prevention programs, such as grants, they often lack the resources and infrastructure to successfully access federal funding. The remote nature of reservations may hinder the tribe’s ability to develop the telecommunication and epidemiological infrastructure to effectively compete. The bill is named from the belief in Indian Country that you should consider the impact of your decisions on the seventh generation yet to come. The hope for the 7th Generation Promise is to enhance the mental health
services and suicide prevention resources available to Native Americans, particularly youth.

**Unprecedented Change Is Definitely Coming:** The Institute of Medicine (IOM) was established in 1970 by the National Academy of Sciences to secure the services of eminent members of appropriate professions in the examination of policy matters pertaining to the health of the public. Its expertise is expressly noted in President Obama’s Health Care Reform legislation, the Patient Protection and Affordable Care Act (P.L. 111-148). The IOM has requested nominations for experts in the scientific, technical, and medical professions for a study committee titled “A Learning Healthcare System in America.” The charge for this body will be to: Review information related to the nature and sources of ineffective, inefficient, and wasteful factors that reduce the value from health care delivered in the United States. Based on that assessment, characterize qualitatively and quantitatively, to the extent possible, the primary targets of opportunity for improving value from health care. Estimate the value and efficiency – improved health outcomes with lower costs – that ought to be achievable within ten years if the necessary changes were made. Identify the areas, activities, strategies, and system changes with the greatest potential to drive achievement of the ten year target. Author a series of reports that review the key opportunities and priorities for the respective priority areas, and provide technical and policy recommendations on matters important for progress. And, synthesize the finding of each report and develop a policy framework and implementation strategy that takes best advantage of existing health system infrastructure and provides incentives for care of greater value. The membership of the committee will have expertise in the fields of health economics, health policy, healthcare delivery, industry, insurers, employers, consumers, clinicians, information technology, research, education, and system engineering.

It is often informative to reflect upon earlier health policy documents as they frequently provide the template for future evolutions. In November 2008, Senator Baucus, Chairman of the Senate Finance Committee, laid out his vision for healthcare reform. “The link between health care costs and the economy is undeniable. Reforming the health care system is essential to restoring America’s overall economy and the financial security of our working families…. A high-performing health care system would guarantee all Americans affordable, quality coverage no matter their age, health status, or medical history. Today, the costs of care for the uninsured are largely borne by those with insurance…. Requiring all Americans to have health insurance will help end the shifting of costs from the uninsured to the insured…. Improving Health Care Quality and Value. Recognizing that any attempt to cover the uninsured and reduce health care spending must address the perverse incentives fostered by current payment systems, the Baucus plan includes delivery system reforms that would improve quality and, over time, lower costs. The plan strengthens the role of primary care and chronic care management. Primary care is the keystone of a high-performing health care system. Increasing the supply and availability of primary care practitioners by improving the value placed on their work is a necessary step towards meaningful reform. The plan would refocus payment incentives toward quality and value. Today’s payment systems reward providers for delivering more care rather than better care. A redefined health system would realign payment incentives toward improving the quality of care delivered to patients…. To facilitate the proposed delivery system reforms, the Baucus plan would improve the health care infrastructure by investing in new comparative effectiveness research and health information technology (IT). Health IT is needed for quality reporting and improvement and to give providers ready access to better evidence and other clinical decision-support tools. Reinvesting in the training of a twenty-first century health care workforce is necessary for many delivery system goals to be realized…. The U.S. spends $2.3 trillion per year on health care…. According to the Congressional Budget Office, up to one-third of that spending – more than $700 billion – does not improve Americans’ health outcomes.” Without question, Chairman Baucus was a major player in the recent National Healthcare Reform deliberations.
During her testimony before the U.S. Senate Appropriations Committee on the Department of Health and Human Services (HHS) Fiscal Year 2011 budget, Secretary Kathleen Sebelius: “Investing in Prevention. Reducing the burden of chronic disease, collecting and using health data to inform decision-making and research, and building an interdisciplinary public health workforce are critical components to successful prevention efforts…. Improving Quality of and Access to Health Care. At HHS, we continue to find ways to better serve the American public, especially those citizens least able to help themselves. We are working to improve the quality of and access to health care for all Americans by supporting programs intended to enhance the health care workforce and the quality of health care information and treatments through the advancement of health information technology (IT) and the modernization of the health care system…. The Budget includes an increase of $290 million to ensure better access to health centers through further expansions of health center services and integration of behavioral health into health centers’ primary care system…. The Budget advances the President’s health IT initiative by accelerating health IT adoption and electronic health records (EHR) utilization – essential tools for modernizing the health care system… During FY 2011, HHS will also begin providing an estimated $25 billion over 10 years of Recovery Act Medicare and Medicaid incentive payments primarily to physicians and hospitals who demonstrate meaningful use of certified EHRs, which will improve the reporting of clinical quality measures and promote health care quality, efficiency, and patient safety.” Major chance is rapidly approaching. Will psychology actively participate in this (r)evolution, or will we be passive observers? As Katherine passionately noted at SLC: “When we fail to become involved in advocacy, we give others the power over our future as health care providers.” So hush little baby. Don’t you cry. Aloha,

Pat DeLeon, former APA President – Division 29 – May, 2010