Health Care Reform: Policy and Training Implications for Pediatric Psychology

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Objectives

• Provide a brief overview of the Affordable Care Act (ACA) most notably as it pertains to health service providers

• Discuss implications and challenges for pediatric psychology given the upcoming demands of the ACA and the evolving health care system.

• Provide and discuss specific opportunities and recommendations to enhance the future of pediatric psychology in the new healthcare environment.
Criticisms of the ACA

- Will cost more than the original $940 billion price tag
- Will increase costs of health care to families
- Will move people from private insurance to Medicaid
- ACA will leave 27 million Americans uninsured
- Mandate
Patient Protection & Affordable Care Act of 2010

• Primary Aims
  ✓ Decrease number of uninsured Americans
  ✓ Improve quality and efficiency of health care
  ✓ Reduce overall costs of delivering health care
Key Aspects of the ACA for Pediatric Psychologist

- Integrated & Interprofessional Care
- Payment Mechanisms
- Measurement of Quality & Cost Savings
- Greater Emphasis on Prevention and Wellness
- Support for Research
Patient Centered Medical Homes (PCMH)

• Model designed to provide comprehensive care across the full range of physical & mental health care needs

• **Key Characteristics**
  ✓ Patient-Centered
  ✓ Comprehensive
  ✓ Team-Based
  ✓ Continuous
  ✓ Responsible for Coordinating Care across the system
Accountable Care Organizations (ACO)

Primary Care Physicians
Specialty Care Physicians
Outpatient Hospital Care and ASCs
Inpatient Hospital Acute Care
Long Term Acute Hospital Care
Inpatient Rehab Hospital Care
Skilled Nursing Facility Care
Home Health Care

Medical Home
Integrated Care & Interprofessional Care
Certified by Superintendent of Documents <pkisupport@gpo.gov>, United States Government Printing Office, certificate issued by GeoTrust CA for Adobe.

“(B) programs that integrate academic administrative units in fields defined in subsection (a)(1)(A) to enhance interdisciplinary recruitment, training, and faculty development.

“(2) PRIORITY IN MAKING AWARDS UNDER THIS SUBSECTION.—In making awards of grants and contracts under paragraph (1), the Secretary shall give preference to any qualified applicant or such an award that agrees to expend the award for the purpose of—

(A) establishing academic units or programs in fields defined in subsection (a)(1)(A); or

(B) substantially expanding such units or programs.

“(3) PRIORITIES IN MAKING AWARDS.—In awarding grants or contracts under paragraph (1), the Secretary shall give priority to qualified applicants that—

(A) propose innovative approaches to clinical teaching using models of primary care, such as the patient centered medical home, team management of chronic disease, and interprofessional integrated models of health care that incorporate transitions in health care settings and integration physical and mental health provision;

(B) have a record of training the greatest percentage of the workforce or that have demonstrated significant improvements in training or practitioners trained, who enter and remain in primary care practice;
## Six Levels of Integration

<table>
<thead>
<tr>
<th>COORDINATED CARE</th>
<th>CO-LOCATED CARE</th>
<th>INTEGRATED CARE</th>
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</thead>
<tbody>
<tr>
<td>Minimal Collaboration</td>
<td>Basic Collaboration at a Distance</td>
<td>Basic Collaboration Onsite</td>
</tr>
<tr>
<td>• Separate systems</td>
<td>• Separate systems</td>
<td>• Same facilities</td>
</tr>
<tr>
<td>• Separate facilities</td>
<td>• Separate facilities</td>
<td>• Beginnings of integrated care via shared systems</td>
</tr>
<tr>
<td>• Communication is rare</td>
<td>• Periodic focused communication</td>
<td>• Regular communication; occasionally face-to-face</td>
</tr>
<tr>
<td>• Communication usually based on providers need for specific information about a patient</td>
<td>• Movement of patients between practices based on referral process</td>
<td>• Providers have basic understanding of each other’s roles</td>
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<tr>
<td>• Behavioral health is most often viewed as specialty care.</td>
<td>• Most decisions about care done separately by individual providers</td>
<td>• Example: Primary care front desk schedules all appointments; behavior health provider has access and enters notes in the medical record.</td>
</tr>
</tbody>
</table>

Elements of Integrated System

• Shared location and systems
• Regular personal communication
• Shared assessment and treatment planning
• In-depth appreciation of roles & cultures
• Sharing training and continuing education
• Care viewed as a single system treating the whole person
Integrated Care

• Horizontal & Vertical Integration

• Integration of Biomedical, Mental Health and Health Behavior models $\Rightarrow$ Biopsychosocial Model
the entity; and

“(C) where practicable, better patient health outcomes and lower cost resulting from the assistance provided by
such entity.

“(2) EFFECT OF EVALUATION.—Based on the outcome of
the evaluation of the entity under paragraph (1), the Direct-
shall determine whether to renew a grant or contract with
such entity under this section.

“(f) COORDINATION.—The entity that receives a grant or contract
under this section shall, coordinate with Title I information
technology regional extension centers under section 3012(c)
and the primary care extension program established under section 399W
regarding the dissemination of quality improvement, system
delivery, team, and best practices information.

XV. 350. ESTABLISHING COMMUNITY HEALTH TEAMS TO SUPPORT
THE PATIENT-CENTERED MEDICAL HOME.

(a) IN GENERAL.—The Secretary of Health and Human Services
(referred to in this section as the “Secretary”) shall establish a
program to provide grants to or enter into contracts with eligible
entities to establish community-based interdisciplinarily, interprofes-
tional teams (referred to in this section as “health teams”) to
support primary care practices, including obstetrics and pediatrics,
practices, within the hospital service areas served by the eligible
entities. Grants or contracts shall be used to—

(1) establish health teams to provide support services to
primary care providers; and

(2) provide capitated payments to primary care providers
as determined by the Secretary.

(b) ELIGIBLE ENTITIES.—To be eligible to receive a grant or
contract under subsection (a), an entity shall—

| (A) be a State or State-designated entity; or
| (B) be an Indian tribe or tribal organization, as defined
| in section 4 of the Indian Health Care Improvement Act;
| (2) submit a plan for achieving long-term financial sustain-
| ability within 3 years;
| (3) submit a plan for incorporating prevention initiatives
| and patient education and care management resources into
| the delivery of health care that is integrated with community-
| based prevention and treatment resources, where available;
| (4) ensure that the health team established by the entity

INTERPROFESSIONAL
IS IN HERE REPEATEDLY !!!
Interprofessionalism

Not … multidisciplinary
Not … interdisciplinary
But … interprofessional
Payment Mechanisms & Quality Care

• Shift from fee-for-service to payment models that reward good outcomes

• Bundled Payments

• Measurement of Quality and Cost-Savings

• Transparency so all can see!

• How do we avoid being seen only as a downstream expense
  • Establish our “Return on Investment” or “Value Added”
Prevention and Wellness

• An ounce of prevention is worth a pound of cure
• PCMH model has large focus on preventive services
• Increasing access to clinical preventive services
  ✓ Incentives for medical programs to cover preventive services
  ✓ Incentives to beneficiaries to develop healthy lifestyles
  ✓ Health plans must cover recommended preventive services without co-pay
Support for Research

• Patient-Centered Outcomes Research Institute (PCORI)
  ✓ Targets patient-centered comparative clinical effectiveness

• Five broad areas comprise PCORI’s national priorities
  ✓ Assessment, prevention, diagnosis and treatment options
  ✓ Improving health care systems
  ✓ Communication and dissemination research
  ✓ Addressing disparities
  ✓ Accelerating patient-centered outcomes & methodology research
PCORI

• Round One – 25 awards; $40 million over 3 years to fund patient-centered clinical effectiveness research

✓ Tim Wysocki: *Shared Medical Decision Making in Pediatric Diabetes*

• [www.pcori.org](http://www.pcori.org)
Positioning for Reform
Four Key Themes

• Developing Skills for Interprofessional Practice

• Demonstrating Value Added

• Expanding our Reach or “Spreading our Wings”

• Distinguishing Ourselves from our “Competition”
Developing Skills for Interprofessional Practice
Broad & General Knowledge

• Broad-Based, Cross Discipline Knowledge
  ✓ Biology
  ✓ Pathophysiology
  ✓ Genetics
  ✓ Pharmacology

• Health Policy
Interprofessional Education

• **What is it?** When students from two or more professions learn about, from & with each other to enable effective collaboration

• “As interprofessional education becomes more prevalent in the preparation of other health professions, psychologist cannot expect to be added to the health care team when team members did not train with our students” (Belar, 2012).

• Disseminate information on model programs
Interprofessional Training

• Model Programs
  ✓ Medical University of South Carolina
  ✓ Jefferson InterProfessional Education Center

• Current Funding Mechanisms
  ✓ Graduate Psychology Education Programs (GPEP)
  ✓ HRSA Internship Grants

• Disseminate information on model programs
Developing Competencies for Pediatric Psychologists

• Need core competencies to define and measure learning outcomes for psychologists and psychology students

• Aspirational guidelines for training at all levels

• SPP Training & Education Task Force
  ✓ Includes clinical, professional, and scientific competencies
  ✓ Framework
    • Clusters: Science, Professional, Interpersonal, Application, Education, Systems
    • Behavioral Anchors (readiness for practicum, internship, practice)
Interprofessional Practice

• Core Competencies for Interprofessional Collaborative Practice

• Integrated Work Group on Competencies for Primary Care Psychology Practice

• A Blueprint for Health Service Psychology Education & Training
Interprofessional Competencies

• Share Accountability for prevention and health care outcomes

• Communicate one’s roles and responsibilities

• Use Available Evidence to inform effective teamwork and team-based practices.

• Use Unique and Complementary Abilities of all members of the team to optimize patient care.

• Engage in Continuous Professional & Interprofessional Development to enhance team performance.
New Division 54 Task Force

• NEW SPP Task Force in Integrated Practice!

• Chair – Terry Stancin
Life Long Learning

• There will be a need for sustained learning that underlies the maintenance of clinical competencies

• **Problem:** Many continuing education programs are geared toward general topics

• **Why a Problem?** The rapid generation of new knowledge within current specialties and proficiencies poses significant challenges
Positioning Ourselves to Demonstrate Value Added
Practice Based Research Skills

- Critical to assess patient outcomes & quality improvement
- Can’t just be a consumer of research
- To distinguish ourselves, we need to be producers of research in practice settings
- Make CLEAR the unique contributions we can make
Promote & Disseminate Evidenced-Based Interventions (EBIs) in our Repertoire

• Build compendium of EBIs in our Repertoire
  ✓ Upcoming special issue of JPP on EBI in Pediatric Psychology
  ✓ On-line library of EBI similar to Division 53
  ✓ Division 54 Presidential Initiative

• Translation and Dissemination into Real World Practice
  ✓ Pay more attention to external validity
  ✓ Training, training fidelity & treatment fidelity
  ✓ Re-Aim Framework
Demonstrating “Value Added”

• Health Care Offset
  ✓ Reductions in Costs and Visits

• Key ACO Benchmarks
  ✓ Health markers: blood glucose, viral load, lung functioning

• Patient Center Outcomes
  ✓ Acceptability & satisfaction
  ✓ Satisfaction relative to hopes and expectations

• Don’t forget outcomes for “Team-Based Services”
Facilitating Value Added Outputs

- Training in cost-offset & patient centered outcomes research
- Start collecting this type of data in intervention trials
- Special issue in JPP and CPPP
- Providing Funding to Support this Research
New SPP Funding Opportunity

• New SPP Small Grant Funding Mechanism

• Support research in targeted areas, possibly including:
  ✓ E-health interventions or communication technologies
  ✓ Patient-centered outcomes
  ✓ Primary care based interventions
  ✓ Health care offset

• Two awards per year for $20,000 apiece

• Targeting early career investigators

• Look for Request for Funding Proposals announcement
Expand Role in Primary Care

• 1 in 5 child requiring behavior health care actually receive it

• More than 80% of children access care through primary care

• Pediatricians often have limited training in this area

• Advantages of Pediatric Psychology presence in PC setting
  ✓ Screening & diagnosis; Immediate consultation and referral source
  ✓ Opportunity to teach colleagues; Joint research
  ✓ More convenient for families

• Need published examples of how these models work in practice, including barriers, successes, failures, etc.
Primary Care Based Competencies

• Key Competencies
  ✓ Uses appointment time efficiently (e.g., in 30-minutes identifies problem, degree of impairment, and symptoms early in the visit)
  ✓ Summarizes to family an understanding of problem (e.g., in 2-3 minutes) at the appropriate level, depth, and specificity
  ✓ Providing timely feedback in a useful format
  ✓ Describes the relationship between commonly treated medical conditions in PC and psychological or behavioral concerns
Health Promotion and Prevention

• “Up our Game” in this area
  ✓ Clear recognition in ACA of the importance of Health Behaviors

• Linkages with Colleagues in Public Health
  ✓ Expertise in examining health care data and cost-effectiveness
  ✓ Developing and dissemination of community-wide, multi-level programs
Credentialing

• ACOs will expect practitioners to be Board Certified

• ABPP Board Certification
  ✓ Clinical Child and Adolescent Psychology
  ✓ Health Psychology

• No Board Certification in Pediatric Psychology

• To learn More:
  ✓ www.abpp.org
  ✓ Lynne Covitz (lmcovitz@cmh.edu)
  ✓ Doug Tynan (Doug.Tynan@nemours.org)
“If you don’t like change, you’re going to like irrelevance even less.”

- General Eric Shinseki, Chief of Staff, U.S. Army
Advocacy

• Focus on Children and Families
  ✓ Increasing access to services & improving outcomes

• Build Coalitions

• Replicate Success

• Talk with Policy Makers and others about “What we do”

• Don’t wait until you are an “Expert”
References


Clay, R.A. (2011). APA and psychologists across the country are working to ensure psychology’s place in the nation’s new health-care system. *APA Monitor, 42*, 46.


References


