

Prescribing Psychologists in a Family Practice Setting

John Andazola, MD FAAFP

Marlin Hoover, PhD, MS ABPP

Southern New Mexico Family Medicine Residency

Are Prescribing Psychologists Allies or Enemies

John Andazola, MD FAAFP

Marlin Hoover, PhD, MS ABPP

Southern New Mexico Family Medicine Residency

Objectives

- Discuss the need of behavioral and mental health services in New Mexico
- Explain the benefits of integrated behavioral care
- Describe the barriers that exist that prevent integrated inter-professional practice development
- List the training and licensure requirements of a Psychologist with prescriptive authority in New Mexico

Family Medicine and Mental Health

- 11-40% (25%) of patients in a primary care setting have a psychiatric d/o
- As much as 70% have psychosocial issues
- 87% ECHO care patients last year had a mental health or substance abuse issue
- In general 20% of patients with a mental health disorder sought care in the last 12 months
 - Of those 52% sought care from their PCP

Family Medicine and Mental Health

- Elderly patients with depression had a 40% increased risk of CAD and a 60% increased risk of death
- Depression is common with medical conditions such as DM and CAD (20%)
 - Depression increases the cost of these two conditions by 50-70%

Family Medicine and Mental Health

- Of those with depression 52% receive some form of treatment
 - 38% received treatment that was considered adequate
- Similarly with anxiety 37% receive treatment
 - 34% received treatment that was considered adequate
- The Surgeon General estimates that less than 1/3 of adults with a diagnosable mental disorder receive treatment

Family Medicine and Mental Health

- 50% of mental health disorders are not identified in the primary care setting
- 80% of patients with depression present initially with physical symptoms
- Psychiatry:
 - 30 min visit and one problem
- Family medicine:
 - 13 min visit and 6 problems

Family Medicine and Mental Health

- 62% of antidepressants are prescribed by PCPs
- 35% of family physicians feel “Very Confident” and 48% feel “Mostly Confident” in their overall ability to treat depression
- Interpersonal Psychotherapy is part of the optimal treatment of depression
 - But few of us have the ability to provide this care
- We provide significantly fewer follow-up visits as are recommended by AHRQ
 - 1.7 vs 7.4 per year

Family Medicine and Mental Health

- 87.5% of family physicians indicate that it is their responsibility to treat depression
- Compared to:
 - 73% of general internists
 - 41% of OB/GYNs

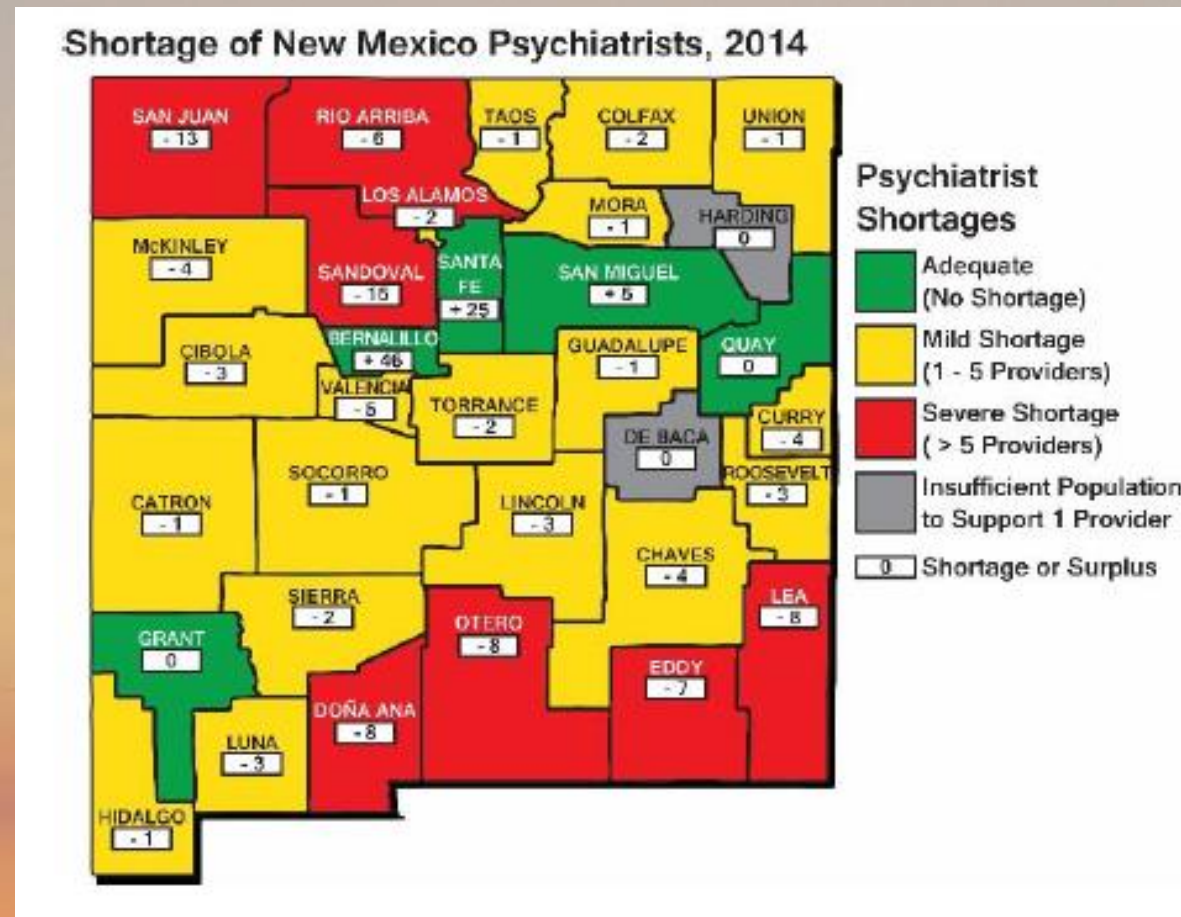
Family Medicine and Mental Health

- 66% of primary care physicians reported in 2004–05 that they could not get outpatient mental health services for patients
 - a rate that was at least twice as high as that for other services

New Mexico's Mental Health Need

- New Mexico has an estimated 289 licensed psychiatrists
- Lower than the 2013 estimate
- Bernalillo County had an estimated 150 psychiatrists (51.9 percent of the total)
- It is estimated that the state needs 45 more psychiatrists to meet remove HPSA status
 - That would be a ratio of 1:30,000

New Mexico's Mental Health Need



Integrated Behavioral Health

- The World Health Organization states that integrating mental health service and primary care is the most viable way of closing the treatment gap for untreated mental illness
- Part of the ACA and PCMH
- Over 35 RCTs have shown the effectiveness of collaborative care models in treating mental illness

Integrated Behavioral Health

- A recent BMJ article showed when a psychologist or a social worker were used in a primary care practice to help treat older adults with depression there was a 24% reduction in death compared to usual care!
- Maybe associated with less physician burnout and increased job satisfaction!

Barriers to Integrated Behavioral Health

- Health care providers are trained in silos
- We are just learning how to do this
- Disciplines have different cultures

Separate Professional Cultures

Psychologists

- Thorough

Family Physicians

-

Separate Professional Cultures

Psychologists

- Thorough

Family Physicians

- To the point

Separate Professional Cultures

Psychologists

- Thorough
- Covers all bases

Family Physicians

- To the point

Separate Professional Cultures

Psychologists

- Thorough
- Covers all bases

Family Physicians

- To the point
- Covers essential topics

Separate Professional Cultures

Psychologists

- Thorough
- Covers all bases
- No diagnosis until data are definitive

Family Physicians

- To the point
- Covers essential topics

Separate Professional Cultures

Psychologists

- Thorough
- Covers all bases
- No diagnosis until data are definitive

Family Physicians

- To the point
- Covers essential topics
- Makes definitive decisions on ambiguous, data

Separate Professional Cultures

Psychologists

- Thorough
- Covers all bases
- No diagnosis until data are definitive
- Education based more on reading than apprenticeship

Family Physicians

- To the point
- Covers essential topics
- Makes definitive decisions on ambiguous, data

Separate Professional Cultures

Psychologists

- Thorough
- Covers all bases
- No diagnosis until data are definitive
- Education based more on reading than apprenticeship

Family Physicians

- To the point
- Covers essential topics
- Makes definitive decisions on ambiguous, data
- Education based more on apprenticeship than reading

Separate Professional Cultures

Psychologists

- Thorough
- Covers all bases
- No diagnosis until data are definitive
- Education based more on reading than apprenticeship
- Responsible to *NOT DO* something for the patient unless sure (p. < .05)

Family Physicians

- To the point
- Covers essential topics
- Makes definitive decisions on ambiguous, data
- Education based more on apprenticeship than reading

Separate Professional Cultures

Psychologists

- Thorough
- Covers all bases
- No diagnosis until data are definitive
- Education based more on reading than apprenticeship
- Responsible to NOT DO something for the patient unless sure ($p. < .05$)

Family Physicians

- To the point
- Covers essential topics
- Makes definitive decisions on ambiguous, data
- Education based more on apprenticeship than reading
- Responsible TO DO something for the patient even when not sure

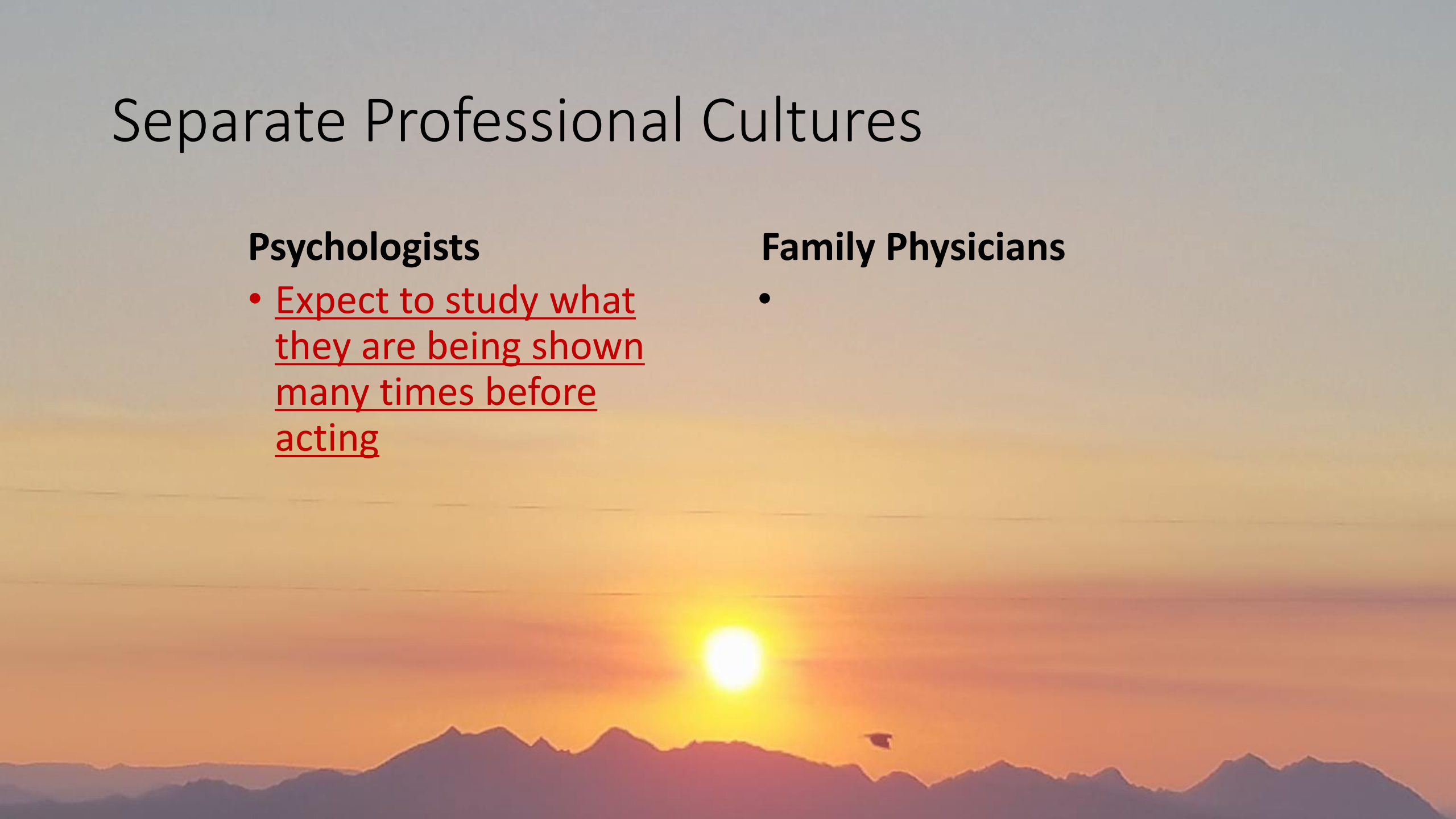
Separate Professional Cultures

Psychologists

- Expect to study what they are being shown many times before acting

Family Physicians

-



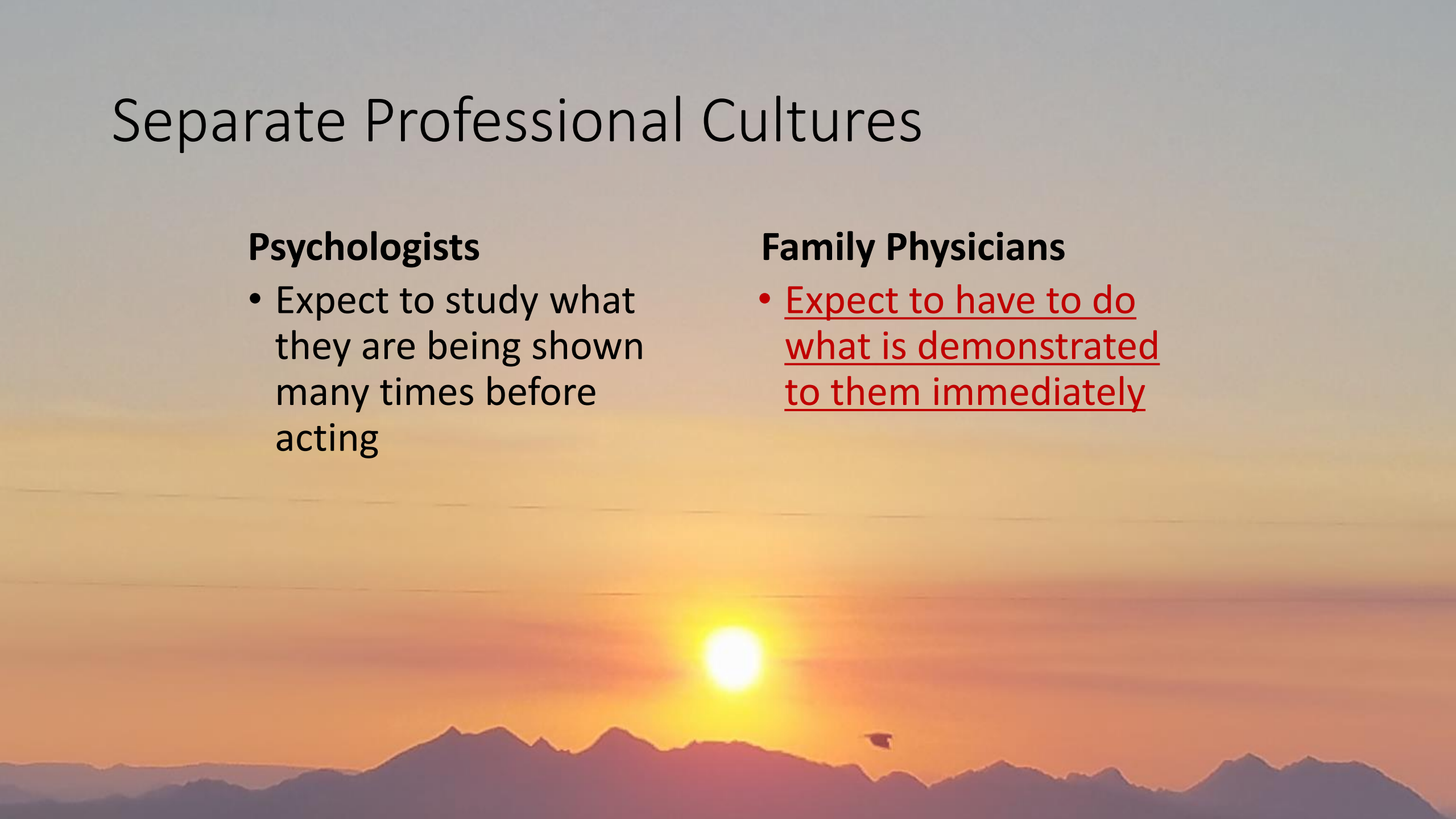
Separate Professional Cultures

Psychologists

- Expect to study what they are being shown many times before acting

Family Physicians

- Expect to have to do what is demonstrated to them immediately



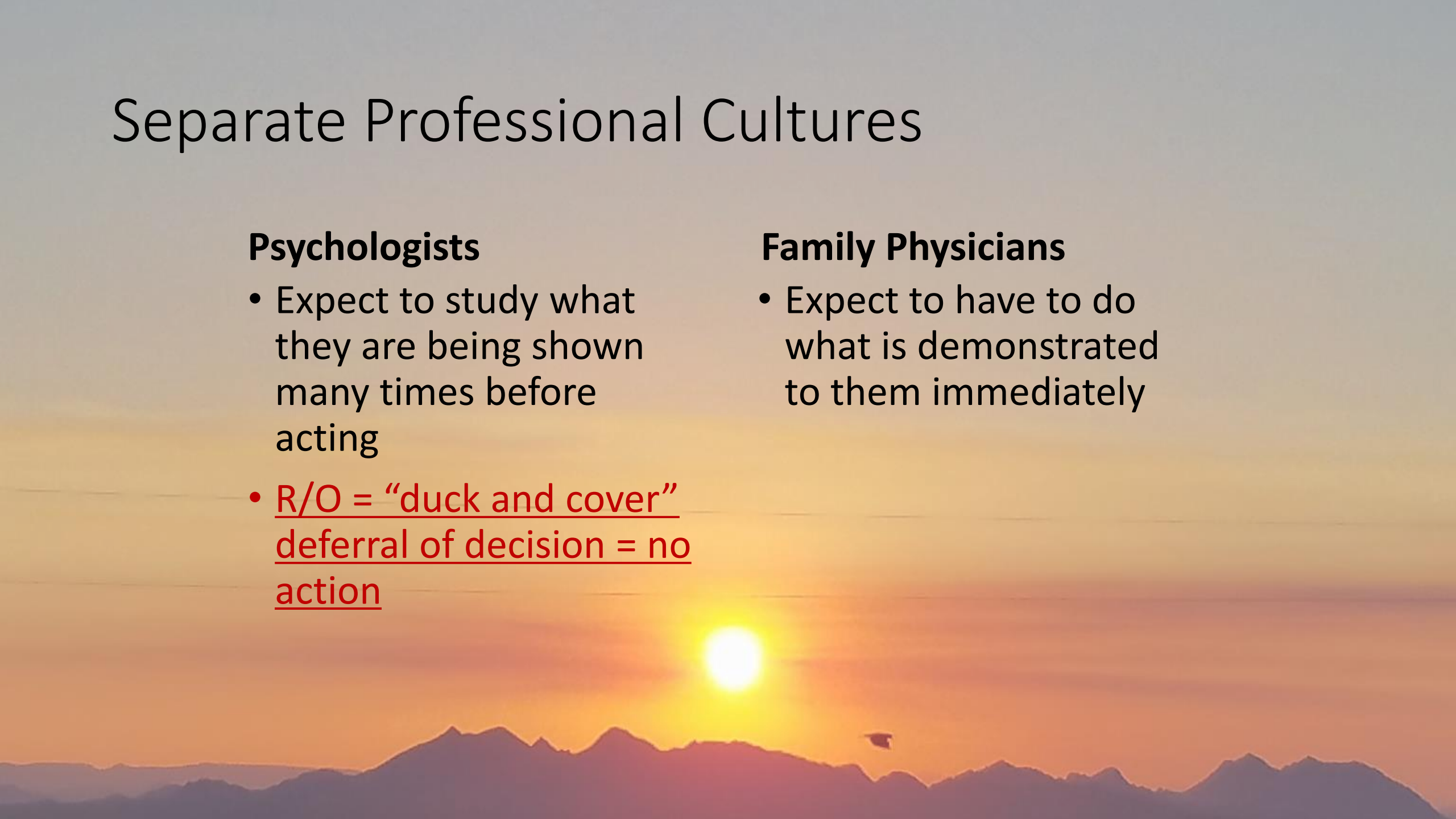
Separate Professional Cultures

Psychologists

- Expect to study what they are being shown many times before acting
- R/O = “duck and cover”
deferral of decision = no
action

Family Physicians

- Expect to have to do what is demonstrated to them immediately



Separate Professional Cultures

Psychologists

- Expect to study what they are being shown many times before acting
- R/O = “duck and cover”
deferral of decision = no action

Family Physicians

- Expect to have to do what is demonstrated to them immediately
- R/O = differential diagnosis action plan = action to determine diagnosis



We still don't trust each other...

Do you know? your doctor ■

Patients deserve to know the education and training their health care professionals receive.

	Medical doctor	Doctor of osteopathic medicine	Audiologist	Optometrist	Nurse anesthetist	Nurse practitioner	Naturopath	Direct-entry midwife	Podiatrist	Psychologist
Length of graduate-level education	4 years (90 credit hours) and residency/fellowship	4 years (90 credit hours) and residency/fellowship	75 credit hours	4 years	2–3 years	2–4 years	4 years	3–5 year apprenticeship (not a graduate degree requirement)	4 years	4–6 years
Years of residency/fellowship training	3–7 years	3–7 years	1 year	Not required	n/a	n/a	Not required	n/a	2–3 years	1 year
Total patient care hours required through training	12,000–16,000 hours	12,000–16,000 hours	1,820 hours	1 year clinical rotations	550 cases	500–720 hours	720–1,200 hours	300 cases	40 weeks	1 year

This communications tool is intended for informational purposes only, may not be used in credentialing decisions of individual practitioners and does not constitute a limitation or expansion of the lawful scope of practice applicable to practitioners. This information was derived from the respective standards for education and training set by national educational and accreditation organizations for each category of health care professional included in this resource. Please visit ama-assn.org/go/sop for sources and citations related to this document.

Special thanks to the Medical Society of Virginia and California Medical Association for their assistance in creating this informational tool.

Summary: Education and Training of a Psychologist

A. Doctoral Degree in Psychology

1. Many kinds of doctoral psychologists
2. Only those with specific graduate course experience qualify

B. Meeting Standards as a “Health Services Psychologist”

1. National Register of Health Services Psychologists
2. Licensed to Practice Psychology – Pass licensing exam (EPPP)
3. Degrees: PhD, PsyD, EdD
4. Programs named variously: clinical psychology, professional psychology, educational psychology

Summary: Education and Training of a Psychologist

A. Years of Education:

1. Minimum of 3 years full time graduate work (post-bachelors degree)
2. Completion of a doctoral research project 1+ years

B. Years of Training:

1. 1 Year of pre-doctoral practica in several settings (patient care during the 3 years of course work)
2. 1 Year full-time pre-doctoral internship
 - Standards set by the American Psychological Association for Health Care Provider Practice (Clinical Practice)
3. 1 Year full-time post-doctoral “residency” after the receipt of the doctoral degree prior to taking the licensing examination

Additional Education & Training Required to Prescribe

In addition to the above.....

- A. Prescribing Psychology trainees must complete a post-doctoral masters degree after they are a licensed clinician
- B. Must remain in good standing as a clinical provider
- C. The training programs offer either an MS or an MA degree
- D. The training programs must meet the curricular requirements established by the American Psychological Association – RxDesignation Committee
- E. The American Psychological Association reviews programs submitted for review to insure that they meet the requirements to be listed as qualified by the RxDesignation Committee of the American Psychological Association

Post-doctoral Masters Curriculum

I. Basic Science

- A. Anatomy & Physiology
- B. Biochemistry

II. Neurosciences

- A. Neuroanatomy
- B. Neurophysiology
- C. Neurochemistry

III. Physical Assessment and Laboratory Exams

- A. Physical Assessment
- B. Laboratory and Radiological Assessment
- C. Medical Terminology and Documentation

Post-doctoral Masters Curriculum

IV. Clinical Medicine and Pathophysiology

- A. Pathophysiology with particular emphasis on cardiac, renal, hepatic, neurologic, gastrointestinal, hematologic, dermatologic and endocrine systems.
- B. Clinical Medicine, with particular emphasis on signs, symptoms and treatment of disease states with behavioral, cognitive and emotional manifestations or comorbidities
- C. Differential Diagnosis
- D. Clinical correlations-the illustration of the content of this domain through case study
- E. Substance-Related and Co-Occuring Disorders
- F. Chronic Pain Management

Post-doctoral Masters Curriculum

V. Clinical and Research Pharmacology and Psychopharmacology

- A. Pharmacology
- B. Clinical Pharmacology
- C. Pharmacogenetics
- D. Psychopharmacology
- E. Developmental Psychopharmacology
- F. Issues of diversity in pharmacological practice

Post-doctoral Masters Curriculum

VI. Clinical Pharmacotherapeutics

- A. Combined therapies - Psychotherapy/pharmacotherapy interactions
- B. Computer-based aids to practice
- C. Pharmaco-epidemiology

VII. Research

- A. Methodology and Design of psychopharmacological research
- B. Interpretation and Evaluation of research
- C. FDA drug development and other regulatory processes

Post-doctoral Masters Curriculum

VIII. Professional, Ethical, and Legal Issues

- A. Application of existing law, standards and guidelines to pharmacological practice
- B. Relationships with pharmaceutical industry
 - 1. Conflict of interest
 - 2. Evaluation of pharmaceutical marketing practices
 - 3. Critical consumer

Post-doctoral Masters Training

Clinical Training Hours:

- A. Minimum 80 hours physical assessment (practicum)
- B. Minimum 400 hours and 100 patients treated (prescribing practicum)
(must pass Psychopharmacology Examination for Psychologists to move on to “Conditional” license)
- C. Minimum 2 years practice under weekly supervision (Conditional Prescription Certificate)

Supervisors?

- A. Licensed physicians
- B. Experienced in management of psychotropic medications

Post-doctoral Masters Curriculum

The Prescribing Examination for Psychologists

- A. Developed by a multi-professional committee under the direction of the American Psychological Association
- B. Designed to function like a “board certification” examination for Prescribing Psychologists
- C. Pass rate on first sitting = approximately 50%

New Mexico State University Program

- A. Housed in the Counseling and Educational Psychology Department that trains doctoral level clinicians eligible for licensure as Health Service Providers of Psychology in New Mexico and nationally
- B. Began post-doctoral training licensed psychologists in 1999
- C. Statistics
 - A. Total enrollment: 152
 - B. Total completed: 70
 - C. Number in current iteration: 10
 - D. Number receiving RxP license in New Mexico: 32

There are 48 RxP's in New Mexico: Some graduated other programs

New Mexico State University Program – *what happened to the others?*

- A. 10 are still taking the classes (finishing in September)
- B. 4 died
- C. **47 finished the course work but not the practicum: 8 live in state but couldn't find a practicum**
- D. 52 dropped out for various reasons
 - A. 2 didn't pass practicum
 - B. 2 seriously ill
 - C. 4 live out of state and can't complete the practicum
- E. 19 Finished the total program including the practice but did not get licensed, most likely because they did not pass the Psychopharmacology Exam for Psychologists (PEP)

2012 Data

Location of New Mexico Psychologists Licensed to Prescribe

Practicing in New Mexico

Albuquerque	8
Alamogordo	1
Bernalillo	1
Chaparral	1
Farmington	1
Grants	1
Hobbs	1
Las Cruces	7
Las Vegas	1
Mescalero IHS	1
Roswell	1
Santa Fe	1
Taos and North	1
T or C	1

Licensed in New Mexico/ Prescribing Out of State

North Dakota IHS	1
Montana IHS	1
Washington Military Contractor	1
Texas Military Contractors	2
South Dakota	1

Licensed in New Mexico/ Consulting Out of State

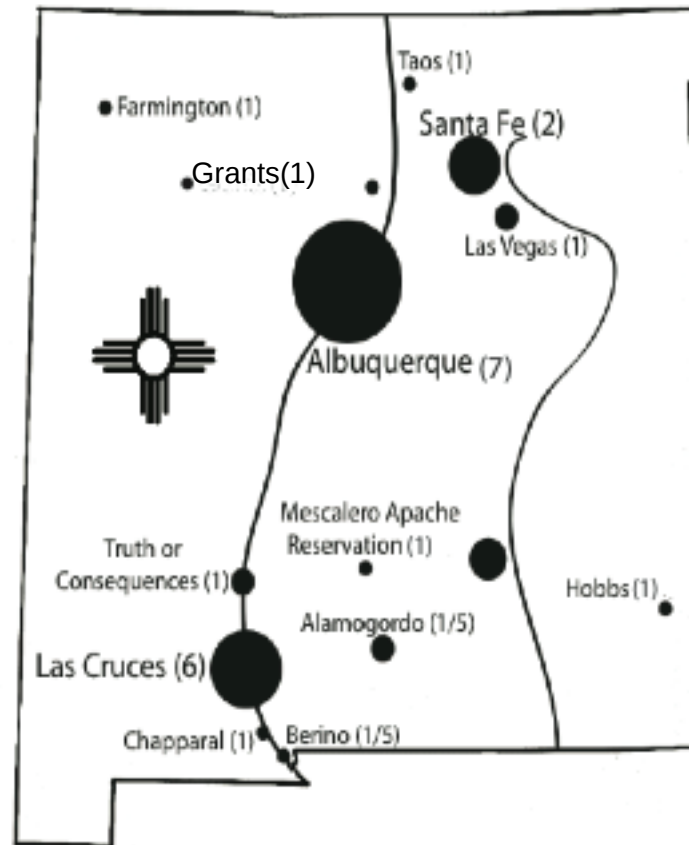
Washington, D.C./California	1
Minnesota	1
(she was IHS New Mexico)	
Illinois	1

Travel to New Mexico to and Prescribe:

Pennsylvania	1
Illinois	1
Colorado	1

2012 Data

Prescribing Psychologists are Servicing Rural Communities



Other States with Practicing Prescribing Psychologists Licensed Through NM:

Montana (1)
North Dakota (1)
Texas (2)
Washington (1)
South Dakota (1)

Legend

(x) Number of FTE prescribers

● Size of dot proportional
to population density

1/5 = weekly to monthly consultation

Examples of Sites Where Prescribing Psychologists Complete Their Internships (offering free service) or are Employed

- Presbyterian Clinic in Gallup
- School-Based Health Clinic in Gadsden
- School-Based Health Clinic in Las Cruces
- General Hospital in Roswell
- Federally Qualified Health Clinics in Taos
- Federally Qualified Health Clinic in Espanola
- Federally Qualified Health Clinic in Truth or Consequences
- Mental Health Clinic in Taos
- General Hospital in Farmington
- Family Practice Residency Center in Las Cruces
- Memorial Medical Hospital in Las Cruces
- Taos-Picaros Indian Health Service
- Lovelace Outpatient Clinic in Albuquerque
- Private Clinics throughout the State including Albuquerque, Roswell
- Mental Health Clinic in Berino
- Federally Qualified Health Center in Chaparral
- Drug Treatment Centers in Albuquerque and Santa Fe
- Las Vegas State Hospital
- Substance Abuse Clinic in Albuquerque
- Substance Abuse Clinics in Santa Fe
- Child Clinic in Albuquerque

2012 Data

Summary

- Integrated Behavioral Health Care provides high quality of care to patients.
- Integration of Behavioral Health also increases the number and type of patients seen by behavioral providers.