

Integration with primary care can save psychotherapy

By Paula Hartman-Stein, Ph.D.

Akron, Ohio

Nicholas Cummings, Ph.D., a former president of the American Psychological Association, predicts that psychotherapy will die within ten years if there is not greater integration of psychological practice in primary care settings.

Cumming spoke at an April 23-24 conference hosted by the Archives of the History of American Psychology at the University of Akron.

He said he comes from the clinical perspective of someone who has worked in clinical settings for many years, beginning his practice in 1948 in San Francisco when he was one of only five private psychological practitioners in the city. “At that time there was no license, malpractice insurance, societal recognition, or insurance reimbursement,” he said.

“At the present time psychotherapy is languishing,” he said. He cites factors such as psychology making the choice many years earlier to separate itself from health care rather than integrating. “Because we said we are not a health profession, we have created two silos, effectively separating the mind from the body. Rene Descartes is still alive and kicking,” he said.

Borrowing a metaphor first described by a health economist, Cummings said that at the current time mental health care is analogous to the chicken who feeds off the few oats found within the droppings of the horse (the healthcare system).

For example, Cummings said that in the 1980s mental health care costs comprised 9 percent of the national health care budget. Today, despite parity legislation designed to

pay for mental health on par with health care, behavioral health care takes up only 4.2 percent of the budget. If the cost of psychotropic medication is removed, the amount spent on behavioral health interventions drops to 1.5 percent with an ever lower percentage expected in 2009.

Advocating for additional legislation to improve parity between health and mental health care is not the answer, Cummings said. “Economics will trump legislation. Managed care companies will always find a way around parity, such as dropping their mental health care benefits.”

Integration of behavioral care has become a popular buzzword, but according to Cummings, “Ninety-nine percent of what passes as integrated care is actually collaborative care.”

He points out that when patients have stress-related symptoms they typically seek care from their primary care physicians who dispense 80 percent of all counseling and psychotropic medications, making primary care the de facto mental health system of America. “Because of the biochemical revolution, psychotherapy is declining rapidly,” said Cummings.

Cummings’ solution to save psychotherapy is to train psychotherapists to work as primary care behavioral physicians who work side-by-side with primary care physicians in a seamless health care system where patients receive both health and mental health care.

He points out that when the physician who works in the traditional system is confronted with the 60 percent to 70 percent of patients with stress-related physical symptoms, it is easier to write a medication prescription in a 15- minute visit rather than

to convince the patient to go to a psychologist whose office is across town while fighting the ever-present stigma of mental health care.

Cummings' co-location staff model is currently being implemented in settings such as the U.S. Air Force, the Veterans Administration, Kaiser-Permanente, Group Health Cooperative of Puget Sound, Cherokee Health Systems, and the U. S. Navy. Each of these settings has implemented the seamless care model with existing funds.

Cummings said all that was needed was retraining and relocation of staff.

He said that integration in private settings is also possible using what he calls the laboratory model. The psychologist's office must be across the hall or up the stairs from the primary care physicians' offices. At least two behavioral practitioners must work together in the setting so that one is readily available to take "the hallway hand-off" from the primary care physician when needed.

Cummings said that when full integration takes place, 80 percent to 85 percent of all patients needing psychotherapy will obtain the services and only a small amount of patients will need specialty mental health services. In this innovative system of care, Cummings said the stigma of receiving psychotherapy evaporates, the problem of access is solved and the need for psychotropic medications drops.

He said that special training is needed for this system to work well. "Most psychotherapists have no appreciation of how medical systems work, and when they are parachuted in without an understanding, they can make such a mess." Cummings has worked with the medical school of Arizona State University in creating a new degree, the Doctor of Behavioral Health, to fulfill these training requirements. (See article on Page 12).

“Innovation is what is going to save psychotherapy. The biomedical revolution is rapidly making us obsolete,” Cummings added.

When asked how the newly trained behavioral practitioner will be paid, Cummings said that many payers will allow payment under their health care codes, as in the example of a patient with diabetes or any chronic medical condition. Payers will allow billing under the healthcare codes because their overall costs will be reduced.

Cummings said he had no specific proposal for making the plan work within the Medicare system. “All we can do is plant this. When you begin an innovation you do it where there are people where this can take root. The Air Force began using this system first. You plant the tree where you think it will grow.”

Paula Hartman-Stein, Ph.D. is a psychologist who does clinical and consulting work through her practice, The Center for Healthy Aging, in Kent, Ohio. She is also Director of Geriatric Psychology at Summa Health System in Akron, Ohio. Her website is:
www.centerforhealthyaging.com.

The National Psychologist Vol. 18, No. 3, p. 4