Good afternoon.

We are really glad to have a lot of you leaders returning here. We’ve got really hard work ahead with health care reform and we’re going to need all of your wisdom and experience to help bring some of our other folks up to speed.

And I was really thrilled to see all of the younger folks the early career and our diversity delegates and our APAGs folks — because we need your enthusiasm. We’re going to need that as we work together to get the hard work done to implement health care reform at home.

**Theme: Bringing Psychology to the Table: State Leadership in Health Care Reform**

Our theme this year is bringing psychology to the table. The theme recognizes the very critical role of the Accountable Care Act in implementing health care reform and shaping that at the state level. I think Peter Sheras, chair of the Committee for the Advancement of Professional Psychology maybe mentioned the sea change — I can tell you we are in for a change like probably none we have ever seen in terms of shaping what our practices are going to be like in the next decade or two.

We’re facing unchartered territory with proposed new models of care delivery. Again, different kinds of care delivery models than we’ve been used to working in before. We’re facing new financing mechanisms that we’re going to have to understand and appreciate, and the ways that they are going to impact practice, whether it’s private practice or institutional practice. And we need to fully understand the implications of this for our profession, for our practice, for education and training and the areas in which our research needs to go.

**Why The Focus on Health Care Reform?**

So why the focus on health care reform this year? Well last year we started talking about health care reform and we warned you about what was coming and the need to get prepared for that. But there are three main reasons that we chose health care reform as our theme this year.

One is we know that our members are concerned about health care reform.
Two, we know that the states are in the drivers’ seat, and most of what happens about health care reform is going to happen back home, it’s not going to happen up here in Washington, D.C. And I might say parenthetically, thank goodness, because the Congress seems to be having a hard time getting their act together lately.

And third, we know that we can’t do it alone. Our advocacy depends on effective collaborations and effective partnerships, and those are the relationships that we have to develop back home if we’re going to get the job done.

**The First Reason: Our Members Are Concerned About Health Care Reform**

We surveyed our members last summer, and what we found when we gave them a range of things that we asked them if they were concerned about, health care reform was the top concern that our practitioners mentioned. Right above reimbursement, which is certainly part of health care reform as well.

And I know many of you have questions. I know if I were still in practice, I would.

How is this going to make me change my practice?

Are the changes going to be affordable?

What about those expensive electronic records I’ve been hearing about? Can I afford to buy those and implement those? What about understanding the technology?

Am I going to lose some of my professional autonomy?

Are my referrals going to dry up? If everybody’s going to be in primary care, maybe they’re not going to need psychologists to refer to anymore.

And how on earth am I going to make sense out of all these new payment mechanisms? Shared savings and bundled payments and paying for episodes of care and pay for performance. How am I ever going to navigate all of that? And if I am going to navigate that, what kind of practice structure am I going to need to develop or be in to be able to achieve that?

**The Uncertain Future of ACA**

Well, as uncertain as we are, the rest of the world is uncertain about this stuff too.

Judicial Uncertainty

There is certainly uncertainty in the judicial arena.

We know that the Supreme Court is going to hear oral arguments later this month about a couple of aspects of the Affordable Care Act. One, can the government really make people buy health insurance? And two, the states are
asking, can the government really force us to take on all this additional expense for this huge expansion with Medicaid and the health insurance exchanges.

We expect to hear something from the high court by June so it’ll be interesting to see how that plays out and how that gets picked up in the elections as we move into the fall.

**Political Uncertainty**

We all know that partisan politics is in high gear on Capitol Hill. And I think that the Democrats and the Republicans have drawn a line in the sand, and the Affordable Care Act is … the ditch they’re going to die in. They’ve made it a very partisan issue, and it’s become so partisan that I think they’re having a lot of difficulty dealing with it.

**Marketplace Uncertainty**

There is also marketplace uncertainty for us as psychologists. The government is putting a lot of money into testing these new models of care. They are putting in hundreds of millions of dollars in demonstration grants for Accountable Care Organizations and patient-centered medical homes. And they expect these models to enhance integrated service delivery — that’s why they’re doing it. They expect more efficient and effective care, they expect better access to care, and they expect all of us to provide that for less cost than we are already providing care, even though we’re going to dump 32 million more people into the health care system.

It’s expensive to set these projects up. We don’t know even if they’re going to work at this point in time — the jury is really out about that. And the research to date is very mixed in terms of just how effective these organizations are going to be in terms of delivering for the value — really getting a lower cost and delivering better care.

**Economic Uncertainty**

And then there’s the federal debt that we all hear about very frequently. Medicare and Medicaid are a big part of our federal debt. Our state budgets are just busting at the seams — they’re in the worse shape they’ve been since World War II. All of which beg the question, how on earth are we going to pay for health care reform?

So there’s big pressure to cut the growth, and one way of cutting growth in health care spending is by limiting reimbursement. We know you are already concerned, and we are very upset, by the additional reduction in our Medicare rates because of the lack of an additional extension of the 5 percent psychotherapy restoration.

**Medicare’s Impact Throughout the System**

But if you think you won’t be affected by Medicare and Medicaid because you’ve opted out of those systems or you don’t want to participate in those systems, you really need to think again.
Medicare and Medicaid contribute over 50 percent of all of the funding for hospitals in this country. I’m not talking about just mental health care; I’m talking about health care in this country. Medicare and Medicaid and other public funds pay for about 58 percent of all mental health and substance abuse care in this country.

And we know that commercial carriers often times peg their rates to the Medicare rates. So Medicare rates not only affect the income of private practitioners; they affect the income of agencies, they affect the income of hospitals, they affect incomes in federally qualified health centers, community mental health centers and community health centers.

And when those reimbursement rates go down, we lose staff, we lose internship slots, we lose post-doc slots and everybody’s wages go down. So everybody needs to care about what happens with Medicare on the Hill.

We Must Plan for Inevitable Change

But despite all of this uncertainty, change is here. And change is fairly inevitable.

To quote the late Steve Jobs: “And, no we don’t know where it will lead. We just know there’s something much bigger than any of us here.”

Psychology Must Claim its Place at the Table

So we have to be ready to claim our place at the table. We need to be involved at the ground level when you get back home. You’ve got to get involved in coalitions. You’ve got to get involved in commissions and on task forces for your state government and you need to be present at other state and local forums where conversations are going on around health care reform and how it’s going to be implemented.

If we don’t participate, then we abdicate our responsibility there and we let other people — physicians, nurses, social workers, MFTs, whoever — define what our future is going to be as a profession. And that’s just not an option for us.

As I said to you last year, if we’re not at the table, it’s because we’re on the menu. And I quite frankly don’t want to be on anybody’s plate to be eaten.

States Are in the Driver’s Seat, and State Psychology Leaders Have Crucial Advocacy Roles to Play

The second reason that health care reform is our emphasis this year: We know that the states are in the driver’s seat. The Accountable Care Act puts responsibility for implementation of health care reform squarely in the laps of state governments. Fortunately, several of our state associations and their members have begun to claim psychology’s place at the table in their state.
**Medicaid Redesign and Expansion**

I’m going to highlight a few of those efforts. But before I do that, I want to remind you that the Accountable Care Act puts tremendous pressure on Medicaid programs and on the states through the exchanges to prepare to enroll millions more Americans in their programs. Unfortunately for us, there are 16 states that do not recognize psychologists as providers for any kind of Medicaid services.

Other states have variable coverage, so there’s probably not any state where psychologists are fully included — and I mean on the mental health side, substance use disorder side, and on the medical side of the house with health and behavior codes.

So clearly psychology is not a player in the Medicaid game at this time. And given the importance of Medicaid and other public funding for mental health and substance use disorders, we’ve got to players in that game, whether we like their rates or not. We can’t not be in that pool of providers for health care.

Washington state has been active. They successfully advocated for a bill that ensures access to mental health services for all Medicaid beneficiaries and to include behavioral health providers in the multidisciplinary teams that will be set up to deal with Medicaid patients or provide their health care.

The Arkansas state association was involved in a work group that their governor set up that involved designing a bundled payment program, starting with ADHD for children, and the state association secured a pretty good place for psychology in that program in their state.

**Another Barrier to Practice**

In addition to the Medicaid barriers, we also have another phenomena called the corporate practice of medicine statute. These are statutes that prohibit psychologists from being incorporated with other health professions in any sort of a business entity.

Nineteen (19) states and the District of Columbia prohibit this sort of business partnership. The New York Psychological Association is pursuing legislation to allow psychologists to incorporate in PLLCs with other physicians and health care providers, and Washington state had success with similar legislation several years ago.

**ACA Mandates Health Insurance Exchanges**

Another issue that we’re going to have to address is health insurance exchanges. These are exchanges that provide health plans for individuals and small businesses that will be set up at the state level. Some states have chosen to do that. Some red states have said ‘we’re not doing health care reform, I’m not setting up a health insurance exchange.’ I guess the bad news for them is if they don’t do it, the federal government is going to come in and do it anyway. So we’ve got to get ready for that.
The Maryland Psychological Association has been involved — Maryland has been at the forefront of implementing policies and requirements to begin a health insurance exchange. And if you want to know how complicated and difficult this stuff is to understand, just ask Dr. Paul Berman, the Director of Professional Affairs for MD, because he’s been involved in that work and he can tell you it is tough stuff to understand.

**ACA Mandates Health Information Exchanges**

The ACA also mandates health information exchanges. These are exchanges that will help to share critical health information electronically, across providers and across provider settings.

The North Carolina Psychological Association (NCPA) has been involved in these efforts and have reviewed and revised confidentiality laws. We are all concerned about confidentiality of our patients’ information, and NCPA has worked to ensure that that protection is there in their health information exchange.

**Leading Coalitions of Providers and Consumers to Shape Health Care Reform**

The other thing that’s very, very important, and Elena Eisman from Massachusetts will tell you, is that we’ve got to be involved with coalitions of providers and consumers to help shape health care reform.

Elena has been leading the Massachusetts Psychological Association, which is long-time leader of the Massachusetts Mental Health Coalition. And they’ve been very instrumental in guiding work of a state task force to address the role of behavioral health in Accountable Care Organizations and in funding structures global payment structures that will be used to pay for this.

Sheila Schuster, the Federal Advocacy Coordinator from Kentucky has been a long-time advocate and coalition leader. She chairs Kentucky Voices for Health, which is a consumer coalition of 250 organizations that speaks for those who cannot speak for themselves.

**Coalitions at the National Level**

We’re also involved in coalitions at the national level. And part of the reason for this is the strategic plan that APA developed under the wisdom and leadership of Dr. Norman Anderson.

APA’s second strategic goal is to advance psychology in health. And to that end, APA has garnered a seat on the Executive Committee of the Patient Center Primary Care Collaborative. This is a huge and powerful organization, made up of employer groups, payer groups, provider groups, and many folks who are interested in doing something about bending the cost of urban health care.

This is the group that is the primary mover of the model of the patient-centered medical home. They didn’t even think so much about behavioral health care until APA got at the table. And thanks to Dr. Anderson and Dr. Belar and other members of APA who have been involved with this, at the last meeting of PCPCC, we had two programs that were
related to behavioral health care one, integrating behavioral health care into primary care, and the other on the importance of interdisciplinary education and training.

**Advocacy Depends on Effective Partnerships and Close Collaborations**

We really can’t go it alone when it comes to health care reform. Advocacy is going to depend on very effective partnerships and collaborations.

And a very important partnership and collaboration is one that you’re participating in today, and will for the next couple of days. That’s our 29 year relationship between the APA (and the APAPO more recently), and our state, provincial and territorial psychological associations.

**Tools to Support SPTAs: State Leadership Conference**

We planned this conference to provide you with information, tools and networking opportunities that will assist you in your health care reform efforts when you go back home. Because that’s where the rubber hits the road and that’s where the hard work will have to be done.

**Educational Sessions**

During the course of the next couple of days you will hear from state leaders about their reform advocacy activities. Several of the ones I’ve mentioned will be doing programs during the course of the conference. You’ll hear informational sessions on Medicaid, innovative practice models, parity implementation and electronic health records, just to name a few of the topics.

We’ll have a featured presentation Sunday afternoon, chaired by our president Suzanne Bennett-Johnson on integrated care including Ben Miller and Bob McGrath, and a special guest whom I met in New Mexico, Dr. John Andazola, a primary care physician who works beautifully in an integrated care setting training medical residents and training prescribing psychologists. In fact, they don’t even have a psychiatrist in their program; they have a prescribing psychologist who is the head of the mental health services in that particular medical system.

We also will have a plenary on Monday afternoon with Dr. Anderson and Suzanne Bennett-Johnson. You’ll be able to hear more about their initiatives and efforts around integrated health care and health care reform.

**Invited Presenters**

In addition to those programs, we have some exciting invited guests. Tomorrow morning you’ll hear from Eugene Robinson, he is a MSNBC political analyst and Pulitzer Prize-winning columnist with the Washington Post. And you will hear all you probably want to hear, and maybe even learn some things you didn’t want to hear, about the Congress and their role in all of this.
Kevin Lewis, the CEO of the Maine Primary Care Association will be presenting. Diana Prescott and members of the Maine Psychological Association have forged an important partnership with this primary care organization.

Brian Hepburn, the Executive Director of the Maryland Mental Hygiene Administration will be one of the presenters. And you won’t want to miss Mary Byers, author of Race for Relevance, and that will be the CESPPA plenary session on Monday.

Networking Opportunities

Throughout this conference you will have multiple opportunities to network and share ideas and experiences with your colleagues from other states, from other work settings and other kinds of practice settings.

Enhanced Capwiz System

We also have other tools, hopefully that will help you in your work when you go back home. We are unveiling an enhanced Capwiz system at this conference. Federal Advocacy Coordinators will be trained in this new and enhanced system, which will allow us to reach more psychologists more quickly when we need legislative action, alerts and other contacts for the Hill.

The states will be able also to adapt this system to make it state-specific, to develop their own state legislative action alert network. And the nice thing is, there is no additional cost to the state associations for this. This is something that CAPP and the Practice Organization and the Practice Organization Board decided that we wanted to offer to the states.

If there was ever a time that we needed enhanced advocacy capacity, it is now.

**Tools to Support SPTAs: Health Care Reform Implementation Work Group**

Another tool we have developed — after our State Leadership Conference last year and discussion among staff about health care reform, I put together a team in Practice from across all our departments — is the Health Care Implementation Work Group.

As an integral part of this particular work group, we are developing, with assistance from our State Advocacy office, an APACommunities site on our website that will be a central hub for sharing resources and information among divisions and state leaders to help them so you don’t have to reinvent the wheel. You can come get information, find out who’s doing what in other states, and have the means to contact them to get help with your efforts.

**Additonal Support for SPTAs**

Additionally, support for states — all of you I know were very happy to hear that the CAPP grants program is alive and well. It’s funded at the same level for this year as it was last year. We hope it will continue to stay that way. We realize that health care reform efforts are absolutely crucial. We know that you all are already burdened and
overburdened at the state level with all of the things that you have to do and we certainly want to enhance your ability to work the agenda in any way that we can.

And of course in addition to the funding support, a number of our offices — as you all are well aware — provide a lot of strategic support, from State Advocacy to our Legal and Regulatory Department, to Public Relations...all of them provide additional assistance to the states.

**Member Engagement in Health Care Reform Begins With Education**

Member engagement is going to be very important if we’re going to have an impact at home about health care reform. And that engagement begins at both the national and state levels. We are providing a lot of information here for you at this conference to help you do that.

We’ve had some state associations that have stepped out and have done a great job at engaging their members so far. I think the first state association that had a summit was New York. It was done under the brave leadership of their President Donna Raisin-Waters. They had a couple of think-tank meetings and since that time they’ve had a number of workshops, webinars and other things to educate their members.

The Massachusetts Psychological Association had a summit that I was also able to participate in, and the thing that was kind of different about that one, that was organized by Elena Eisman, was that it wasn’t just the psychology community that was invited to the summit. There were people there from pediatrics, from other mental health professions, other health care professions, and representatives of consumer groups. So it was a really nice opportunity to engage in conversation and discussion and sharing of ideas with those other groups that we need to be partnering with at the state level.

Maryland had a summit recently, and they had Richard Frank, a noted Harvard economist, who came and gave a lot of good information to their members. I talked with him about what we were doing at APA, and then they had some very innovative practice model workshops in the afternoon which was a nice way to round that out.

And if we’re all still standing... at the end of this next week, I’ll be on a plane on Thursday headed to North Carolina, and they have a health care summit scheduled there on Friday, which I’m really looking forward to.

In addition to those summits, the states are getting a lot of information out through webinars, peer consultations, conferences, newsletters. And of course we have our Practice communications, our Practice e-letter that goes out twice a month, our Good Practice magazine — we’ve been featuring things like electronic records, different kinds of practice models, telehealth, Medicare and other reimbursement issues.

And we also have a new Twitter account @APAPractice — you need to see Luana Bossolo and some of our communications staff if you want to figure out how you can be tweeting this weekend.
Broader Advocacy Agenda

But while this conference is focused primarily on health care reform, because that’s really the elephant in the room for everybody, I hope that you all know and appreciate that our advocacy agenda is broader than just health care reform.

I know that we have had many members who have been concerned with all of APA’s and the Practice Organization’s emphasis on health care reform, that we are forgetting the core of our profession. And I’m here to assure you that we are not trying to change the essential nature of psychologists or their profession. But we are trying to position psychology in a much more favorable position so that we can be fully included in the evolving health care system.

While we are doing that, and I know this is true of the Directors of Professional Affairs, the executive directors and other people who are working at the state level, we are doing everything we can to continue to support psychologists’ traditional roles. To continue to ensure that policymakers value you and the work that you do, and they pay you for your services.

We are constantly monitoring reimbursement challenges, managed care abuses, parity implementation abuses, protecting the doctoral standard as the entry level for professional practice, and many other issues that continue to rise up on the landscape.

And this broader focus will be reflected in the capstone event of this conference, which are your Hill visits on Tuesday. This year’s focus is on Medicare reimbursement, psychologists’ inclusion in the physician definition under Medicare and eligibility for incentives for adopting electronic health records systems.

So be sure to attend your Hill briefings tomorrow afternoon so you can be well prepared for your visits on Tuesday.

Call to Action

But when you get home and you turn your focus to health care reform, I want you to remember that other groups don’t automatically think about psychology and invite us to the table when they’re having these discussions. Which is why I think it was really important when Massachusetts opened up their summit and brought in other groups so they could get exposed to psychology.

We have to identify health care reform initiatives that impact psychological practice and practitioners and our patients, and get involved in those in a proactive way. If you wait for other people to invite you to the conversation, you won’t be having any conversations. So you need to get out there and be a nuisance and stick your nose in other people’s business, and go to those places where people are having conversations. Like I said, if you’re not at the table, you know where you’re going to be.

And don’t forget that we make up a very small part of the health care workforce, particularly the behavioral health care workforce. We have less than 108,000 licensed psychologists in this country. We have over 600,000 — you heard me say this last year — 600,000 behavioral health care providers — most of whom are not doctorally trained. We are, and the 30,000 psychiatrists are, but you know who makes up all of the other ranks.
So we are small in number, which means we need to be clear, and loud, and stronger than ever in our message to consumers and policy holders.

Furthermore, we must all be reading from the same script, and the messages need to be very clear.

We need to ensure that models of health care include behavioral health and psychological services and psychologists, and that psychologists get paid for their services, because I’m here to tell you that all of this integration that we talk about — if we’re not in that system, and psychological services and behavioral health services are not in that system — these models will never achieve the desired results.

The reason we have these horrendous health care costs is because so much of our health care is spent on people with chronic illness. And chronic illness is either exacerbated by and/or created by that stuff that we know a lot about: behavior. So if that part of it is not dealt with, it’s going to be problematic.

So as you plan for the future, you need to go back home, you need to reach across the aisle, you need to go into those academic health centers if you’re not there, you need to go into those university departments and into those training programs and you need to grab your colleagues by the elbow and say “Come on, we’ve got some work to do.”

And we need all of us to do this together. We are all in it together. We all have to be in it together. Because what we do or do not do, I’m telling you, will affect the careers of every one of you early career and students in this room. It’s inevitable, it’s going to happen. We sink or swim together.

And another thing that we’ve got to do, is we’ve got to stop circling the wagons and shooting in. We are sometimes… — That laughter is anxiety I’m sure, because we do that sort of thing. ‘Oh I don’t think psychologists ought to do this,’ or ‘They shouldn’t do that,’ or whatever.

We are all in this together. And we have to have a clear — crystal clear — message. We’ve got to be a house united. We cannot continue to be a house divided about a lot of the practice issues that we get divided about, because it will kill us, and it will throw us all under the bus.

**Wrap Up**

So our goal is to send you home with new tools and resources to help you do the work that you need to do. To advocate for psychology and psychological services in this evolving health care system. The future of our profession depends on it, and so does the health and welfare of all of the patients that we serve. Thank you and have a great meeting.