The Revolution in Behavioral Healthcare: Sometimes David Wins

Beth N. Rom-Rymer, Ph.D.
President and CEO,
Illinois Association of Prescribing Psychologists (2018-2023)
Immediate Past Chair, APA Council (2020)
Past Member, APA Board of Directors (2018-2019)
Tom Dart, Cook County Sheriff
Dr. Nneka Jones Tapia
Executive Director
Cook County Jail
Health Professional Service Areas
Mental Health Shortage

Mental Health Shortage Areas
- >15
- <15
- 0

3-16-11
The Distribution of Psychologists and Psychiatrists in Illinois

[Map of Illinois showing distribution of psychologists and psychiatrists]
Funding struggles and cuts, doctor shortages, and inadequate care options have created a real and dangerous mental health care crisis in Illinois.

- The psychiatric community as well as the psychological community agree that prescribing mental health professionals are in critically short supply. In particular, child and adolescent psychiatrists are scarce.
- All of us understand that mental health hospitals and community centers are in dire straits as state funding has dropped dramatically. Budget cuts have hit social service organizations the hardest.
- More than 50 Illinois counties have no inpatient psychiatric services in their hospitals. Another 24 counties have no hospitals at all.
- 46 Counties have no psychiatrists. Of those 46 Counties, more than half or 24 Counties have psychologists.
- While there are 1800 psychiatrists in Illinois, there are 5000 licensed clinical psychologists. We can increase access to care by 100% if 2,000 psychologists and psychology students become prescribing psychologists. Currently, we have over 130 psychologists and psychology students who are training to become prescribers.

www.rxpillinois.com
Prior to the passage of the ACA, 614,000 Illinoisans were in treatment for serious mental illness. The unmet need is greatest with people who need help the most: low-income, rural, and ethnic minority populations, whose needs are often underserved.

Over 500,000 additional Illinois citizens have been placed on Medicaid as a result of federal health care reform. Approximately 250,000 of these citizens have been diagnosed with a mental illness. As states continue to struggle to cover the cost of Medicaid, the problem only worsens.

Because of our 2014 Prescriptive Authority Law, Illinois approved the reimbursement of psychologists by Medicaid in 2017. Late to the party, Illinois became the 42nd state in the Union to get that done.
June 25, 2014, 3:28 p.m. Governor Pat Quinn signed SB 2187, into law.
The Governor and me
Happy Days!
Just a quick note, Beth, to congratulate you for your work on this historic legislation! You should be commended for your tenacity and willingness to work with the other trade associations to find common ground to make this happen. Most importantly, we will now have the ability to improve access to thousands more in our state who need care……I know your work here in Illinois will create a pathway for other states likely to follow. Kudos!

- Best always,
- Lorrie
- Lorrie Rickman Jones, Ph.D.
- Sr. Policy Advisor for Behavioral Health
- Office of the Governor
- Who can prescribe?
- With what kind of training?
- For whom?
- With what kind of collaborative agreement?
Educational Requirements
the three-legged stool:

1. Undergraduate courses in the hard sciences (to be taken as part of an undergraduate curriculum for a B.S. or B.A. degree):
   a. 2 semesters of a chemistry sequence with lab or a biochemistry sequence with lab
   b. 1 semester of microbiology with lab
   c. 1 semester of general biology for science majors or cell and molecular biology
   d. 1 semester of physiology
   e. 1 semester of human anatomy
   f. 1 semester of physiology and anatomy
   g. medical terminology (class or proficiency)
Educational Requirements: the three-legged stool

2. Core graduate coursework (30 credits or 460 contact hours) in clinical psychopharmacology:
   a. Clinical Biochemistry (1.6 credits)
   b. Neurochemistry (1.6 credits)
   c. Neurophysiology (1.6 credits)
   d. Neuroanatomy/Neuropathology (2.4 credits)
   e. Clinical Medicine/Pathophysiology (4 credits)
   f. Pharmacology (2 credits)
   g. Clinical Pharmacology (2 credits)
   h. Psychopharmacology of: Depression, Psychosis, Bipolar Disorder, Drug/drug interactions (3.2 credits)
Educational Requirements: the three-legged stool

2. Core graduate coursework (30 credits or 460 contact hours) in clinical psychopharmacology:
   i. Special Populations: Child Psychopharmacology, Gender and Ethnic Issues, Geriatric Psychopharmacology, Chronic Pain, Chronic Illness, PTSD, and Borderline Personality Disorder (4 credits)
   j. Chemical Dependence (.8 credits)
   k. Physical Assessment (2.4 credits)
   l. Introduction to Molecular Nutrition and its Place in Psychopharmacology (.8 credits)
   m. Pharmacotherapeutics: Research Issues, Ethical and Legal Issues, Psychotherapy/Pharmacotherapy Interactions (2.4 credits)
   n. Case Seminar (.8 credits)
Educational Requirements: the three-legged stool

3. Medical Rotation Practicum:
   a. Emergency Medicine
   b. Family Medicine
   c. Internal Medicine
   d. Geriatrics
   e. Pediatrics
   f. Psychiatry
   g. Obstetrics and Gynecology
   h. Surgery
   i. One elective of program participant’s choice
### Clinical Psychologist Psychopharmacology Training Program

#### Rotation Schedule and Evaluation Procedures

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Duration</th>
<th>Level of Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatry</td>
<td>12 weeks (8 credit hours)</td>
<td>1, 2</td>
</tr>
<tr>
<td>Neurology</td>
<td>8 weeks (6 credit hours)</td>
<td>1, 2</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>8 weeks (6 credit hours)</td>
<td>1, 2</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>8 weeks (6 credit hours)</td>
<td>1, 2</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>4 weeks (2 credit hours)</td>
<td>2</td>
</tr>
<tr>
<td>Ob/Gyn</td>
<td>4 weeks (2 credit hours)</td>
<td>2</td>
</tr>
<tr>
<td>Geriatrics</td>
<td>4 weeks (2 credit hours)</td>
<td>2</td>
</tr>
<tr>
<td>Surgery</td>
<td>4 weeks (2 credit hours)</td>
<td>2</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>4 weeks (2 credit hours)</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>56 weeks total (36 credit hours)</td>
<td></td>
</tr>
</tbody>
</table>

1: participation, observation: trainee may perform evaluation techniques, as rotation dictates, and may include neurological exam, limited physical exam, and history taking.

2: observation: trainee will observe attending/resident and team in the provision of medical services.
ROTATION PLACEMENTS

1. AMITA Health Alexian Brothers Behavioral Health System
   Hoffman Estates, IL  60169
   Rotations: Psychiatry, Addictions Medicine
2. AMITA Health Resurrection Medical Center
   Chicago, IL  60631
   Rotations: All
3. AMITA Health Adventist Medical Center Hinsdale
   Hinsdale, IL  60521
   Rotations: ALL but Psychiatry
4. Loyola University Medical Center, Stritch School of Medicine
   Maywood, IL  60153
   Rotations: All but Psychiatry (for now)
5. Chicago Lakeshore Hospital
   Chicago, IL  60640
   Rotations: Psychiatry, Internal Medicine, Family Medicine

6. Louis A. Weiss Memorial Hospital
   Chicago, IL  60640
   Rotations: All but Psychiatry

7. Linden Oaks Behavioral Hospital
   Naperville, IL  60540
   Rotations: Psychiatry

8. Hartgrove Behavioral Health System
   Chicago, IL  60644
   Rotations: Psychiatry
9. Northwestern University Family Medicine  
   Erie Family Health Center  
   Chicago, IL  60647  
   Rotations:  Family Medicine, Internal Medicine, Ob/Gyne, Pediatrics

10. University of Chicago Trauma Center  
    Chicago, IL  60637 (in discussion)  
    Rotations:  Surgery

11. Will County Public Health Department  
    Joliet, IL  60433  
    Rotations:  Psychiatry, Family Medicine, Internal Medicine, Pediatrics, Geriatrics, Ob/Gyne

12. Sarah Bush Lincoln Medical Center  
    Mattoon, IL  61938  
    Rotations:  All
13. Southern Illinois Healthcare Memorial Hospital
Carbondale, IL 62902 (In discussion)
Rotations: All
Written Collaborative (or Consultative) agreements with a physician

This does not mean “supervision.”
This means “consultation.”
The Constraints:

1. **Constraint:** The prescribing psychologist cannot prescribe for patients who are less than 17 years of age or patients who are over 65 years of age.

2. **Constraint:** The prescribing psychologist cannot prescribe for patients during pregnancy.

3. **Constraint:** The prescribing psychologist cannot prescribe for patients with serious, life-threatening medical conditions, such as advanced heart disease, advanced cancer, life-threatening stroke, or acute, life-threatening seizures, and patients with developmental and intellectual disabilities (about 2% of the population).
The [Temporary] Constraints on Prescribing

The Constraints:

4. Constraint: The prescribing psychologist will not have prescriptive authority for the one benzodiazepine (Flunitrazepam) on Schedule III.
5. Constraint: The prescribing psychologist will not have prescriptive authority for any controlled substance to be delivered by injection.
6. Constraint: The prescribing psychologist will not have prescriptive authority for any Schedule II substance (psychostimulants, opiates).
7. Constraint: The prescribing psychologist will not have prescriptive authority for any Schedule I narcotic drug as defined by Section 102 of the Illinois Controlled Substances Act.
8. **Endorsement: The Constraint:** “Individuals who are already licensed as medical or prescribing psychologists in another state may apply for an Illinois prescribing psychologist license by endorsement from that state, or acceptance of that state’s examination if they meet the requirements set forth in this Act and its rules, including proof of successful completion of the educational, testing, and experience standards.”

9. There is no “Grandfather Clause.”
The Joint Committee for Administrative Rules (JCAR), a bi-partisan and bi-cameral 12-member group of state legislators, reviewed the Draft language of the Rules after an initial public comment period. There was a First Public Notice and a Second Public Notice. The chief sponsor for our legislation, State Senator Don Harmon, then president pro-tem and, now, newly-elected President of the state senate, was Co-Chair of this Committee.

October 15, 2017, the Rules were codified and published.

March 15, 2018, the Prescribing Psychologist application from the IDFPR was published on line.
1. Figuring out the relationship between prescribing psychologists and the state psychological associations.
2. Creating the Rotation opportunities for Prescribing Psychology trainees.
3. Creating collaborative relationships with Psychiatry and Administrative Hospital Chiefs throughout the State.
4. Expanding and reinforcing collaborative relationships with other stakeholders in the community (social service agencies, governmental departments, state and county corrections systems, community law enforcement agencies, large religious institutions, etc.)
5. Training the prescribing psychologists, at the different stages of their professional training and practice, including undergraduate students, graduate students, and older practicing psychologists.

6. Growing the number of psychology students and psychologists who commit to take the training.

7. Tweaking the statute to correct minor issues.

8. Expanding the scope of practice of prescribing psychologists; removing the constraints on prescribing practice.
9. Continuing to lobby for the expanded scope of practice, including maintaining, renewing, and creating relationships, anew, with our Governor and state legislators.

10. Working closely with our state Licensing Board, our Department of Professional Regulation, our Governor, and state legislator champions, to resolve obstacles and ensure timely review and licensing of our prescribing psychologist applicants.

11. Working with state Medicaid, Federally funded Medicare, APA, and state-wide managed care organizations, to create appropriate reimbursement levels for prescribing psychologists.

12. Conducting research on the efficacy of the prescribing psychologist.
The implementation of the law has only just begun and will continue for many years going forward.
The Impact of the Law

1. Healthcare is forever changed in Illinois. Prescribing psychologists are coming to be seen as providing healthcare in every private and public health setting. Prescribing psychologists will become strong leaders in healthcare throughout the state.

2. From the date of the implementation of our law, prescribing psychologists will be a significant force in treating the underserved and the most at-risk vulnerable members of our community.

3. Prescribing psychologists have the potential to increase access to care by 100% within the next twenty years. There are currently 1800 psychiatrists and 5,000 licensed clinical psychologists in Illinois. There can be 2,000 prescribing psychologists by 2035.
The Impact of the Law

4. Forever more, students, passionate about psychology and strong in the hard sciences, will understand that by taking a strong undergraduate curriculum in the sciences, they will be prepared for a career as a prescribing psychologist.

5. Graduate programs in clinical psychology will begin, and have already begun, to offer a track in clinical psychopharmacology for their students.

6. The medical rotations offer prescribing psychologist trainees the opportunity to become an integral part of the medical community while retaining their identity as superbly trained psychologists.
The Impact of the Law

7. In the Department of Corrections, prescribing psychologists will be given an opportunity to train and to provide much needed care.

8. Nationally, at least 20 other states are following suit. They are already preparing to pass RxP legislation very similar to our Illinois law. Hawaii passed its prescriptive authority bill through its Senate (20-2) last week (April 14, 2016) and the bill will be going through the House this week. The Governor is expected to sign.
Keys to Passing RxP Legislation

1. Support a strong leader and leadership group in your psychological association to lead this initiative.
2. Raise significant funds.
3. Hire a high caliber lobbying firm.
4. Identify passionate and powerful legislative sponsors.
5. Organize your psychological community throughout your state.
6. Ally with important third party groups in your state, including NAMI, law enforcement, powerful religious institutions, large and established social service organizations, medical professionals.
Keys to the Implementation of a Prescribing Authority Law

1. Build a strong infrastructure in your state association to sustain the growth of statewide prescriptive authority.
2. Continue to raise significant funds for ongoing legislative support for prescriptive authority.
3. Sustain the support of the lobbying group that was critical to the successful passage of the prescriptive authority law.
4. Sustain relationships with your powerful legislative allies.
5. Create a strong statewide communications network among all psychologists in the state.
6. Sustain and build your relationships with the important third party groups in your state, including NAMI, law enforcement, powerful religious institutions, large and established social service organizations, medical professionals, especially including psychiatrists and hospital CEO’s.
Research on the Effectiveness of the Prescribing Psychologist

- We have begun to explore the development of a research program to assess the effectiveness of the prescribing psychologist.

- Dr. Rom-Rymer is a co-chair of the group.

- Other members of the research team include a core group of the psychology faculty at Southern Illinois University, Carbondale; a professor at the University of Missouri; and faculty at Midwestern University and the University of Illinois, Champaign-Urbana.
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Chair, APA Council (2019)
Member, APA Board of Directors (2018-2019)
Why RxP in Illinois?

- When people do not receive the mental health care they need, they often end up in hospitals or jails.

- Cook County Sheriff Tom Dart has famously said, “My jail has become the state’s largest mental health facility.”
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Chair, APA Council Leadership Team (2019)
Our Growing List of Community Supporters

Associations:

- The Illinois Psychological Association
- The Illinois Chapter of the NAACP
- The Association of Community Mental Health Authorities in Illinois
- Illinois Public Health Association
- Illinois Public Health Administrators Association
- Citizens Action Illinois
- Latino/a Mental Health Providers Network at the Center for Latino/a Mental Health
- American Psychological Association
- Hispanic Neuropsychological Society
- American Academy of Pediatric Neuropsychology

Law Enforcement:

- Illinois Sheriffs' Association
- Illinois Association of Chiefs of Police
- Illinois Fraternal Order of Police
- Cook County Sheriff Tom Dart
Our Growing List of Community Supporters

Organized Labor:
Laborers International Union of North America – Midwest Region
Chicago Laborers District Council

Community Agencies:
Arden Shore Child and Family Services
Assistant Director, Department of Health and Human Services for the Village of Hoffman Estates
Chaplain & Director of the New Promise Center, South Side Mission, Linda Butler
Children’s Advocacy Center, north and northwest Cook County
Cornerstone Counseling Center of Chicago
Erie Family Health Center
Hope Montessori Children’s House of Tinley Park
Howard Brown Health Center
Kreider Services in Dixon
Lawndale Christian Health Center
Mental Health Centers of Central IL Executive Director Jan Gambach
President, Illinois Chapter, NAACP, George P. Mitchell
Will County Public Health Department
Professional Endorsements:
The Chicago School of Professional Psychology
Department of Psychology, Adler School of Professional Psychology
Counseling Psychology Program at Loyola University
Helen Neville, Ph.D., Professor, Educational Psychology and African American Studies, Chair of the Counseling Psychology Program at the University of Illinois, Champaign-Urbana
Gerald Koocher, Ph.D., ABPP, Dean of the College of Science and Health at DePaul University
Neil Pliskin, Ph.D., ABPP, Director of Neuropsychology Service, Co-Director, Center for Cognitive Medicine, UIC
Stevan Hobfoll, Ph.D., Professor and Chair, Department of Behavioral Services, Rush Medical College
James Choca, Ph.D., Chair, Department of Psychology, Roosevelt University
Leo Koenig, MD Medical Director at LaGrange Family Medicine at Adventist Hinsdale Hospital
Vernell Johnson III, MD, Emergency Medicine Director at St. James Hospital
Marie Sinioris, Retired CEO of National Center for Healthcare Leadership
Gail Warden, Chairman, Griffith Leadership Center in Health Management and Policy
Dolores Gomez, MD, Board Chair, NM Chapter of the American Academy of Family Physicians
Clara Carls, D.O. Family Medical Program Director, Adventist Hinsdale Hospital

Other:
More than 500 individual medical professionals (physicians and nurses), concerned citizens and psychologists.
I am in discussions with undergraduate institutions around the state about offering a prescribing psychology “track” for undergraduates.

The University of Illinois, Champaign-Urbana, has introduced a “pre-prescribing psychologist” track for its 33,000 undergraduates. SIU introduced this track in the summer of 2015 for its 15,000 undergraduates. Roosevelt University, Dominican University, Concordia University have also expressed interest in making this track available for its undergraduate students.

This is one of the salient, unique components of our law. Undergraduates from all over the country can begin to think about becoming a prescribing psychologist as a high school student and as a college undergraduate.

On-line training in the required undergraduate courses can be taken at the following Universities: University of New England (UNE); Massachusetts General Hospital (MGH), Institute of Health Professions; the University of California, Berkeley; and Brigham Young University.

Northwestern University, School of Professional Studies, also offers many of our required undergraduate science courses on its Chicago campus, and does offer some of these courses on-line.
### Educational Requirements

#### the three-legged stool:

<table>
<thead>
<tr>
<th>University of Illinois, Champaign-Urbana Curriculum Courses:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-semester course sequence in chemistry or biochemistry with lab</td>
</tr>
<tr>
<td>CHEM 102 General Chemistry I</td>
</tr>
<tr>
<td>CHEM 103 General Chemistry Lab I</td>
</tr>
<tr>
<td>CHEM 104 General Chemistry II</td>
</tr>
<tr>
<td>CHEM 105 General Chemistry Lab II</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
</tr>
<tr>
<td>1 semester microbiology with lab</td>
</tr>
<tr>
<td>MCB 100 Introductory Microbiology</td>
</tr>
<tr>
<td>MCB 101 Intro Microbiology Lab</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
</tr>
<tr>
<td>1 semester general biology for science majors</td>
</tr>
<tr>
<td>IB 150 Integrative Biology: Molecular and Cellular Biology</td>
</tr>
<tr>
<td>IB 150 Laboratory</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
</tr>
<tr>
<td>1 semester physiology</td>
</tr>
<tr>
<td>MCB 150 Molecular &amp; Cellular Basis of Life</td>
</tr>
<tr>
<td>MCB 151 Molecular &amp; Cellular Laboratory</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
</tr>
<tr>
<td>1 semester human anatomy</td>
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<tr>
<td>MCB 244 Human Anatomy &amp; Physiology I</td>
</tr>
<tr>
<td>MCB 245 Human Anatomy &amp; Physiology Lab I</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
</tr>
<tr>
<td>1 semester physiology and anatomy</td>
</tr>
<tr>
<td>MCB 246 Human Anatomy &amp; Physiology II</td>
</tr>
<tr>
<td>MCB 247 Human Anatomy &amp; Physiology Lab II</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
</tr>
<tr>
<td>Demonstrate proficiency in medical terminology</td>
</tr>
<tr>
<td>CLCV 102 Medical Terms-GRK &amp; LAT Roots (online)</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
</tr>
</tbody>
</table>
Southern Illinois University, Carbondale Curriculum Courses:

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Hours</th>
<th>Total Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHEM 200</td>
<td>Introduction to Chemical Principles</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>CHEM 201</td>
<td>General Chemistry Lab I</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>CHEM202</td>
<td>Introductory Chemistry Workshop</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>CHEM 210</td>
<td>General and Inorganic Chemistry</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CHEM 211</td>
<td>General Chemistry Lab II</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>CHEM212</td>
<td>General Chemistry Workshop</td>
<td>1</td>
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<tr>
<td>MCB 201</td>
<td>Elementary Microbiology with Lab</td>
<td>4</td>
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<tr>
<td>BIOL200A</td>
<td>Introductory Cell Biology, Genetics, and Evolution</td>
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<td>PHSL310</td>
<td>Principles of Physiology with Lab</td>
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<td>PHSL301</td>
<td>Basic Human Anatomy with Lab</td>
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<td>AH241</td>
<td>Physiology and Anatomy</td>
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<td>5</td>
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<tr>
<td>AH105-2</td>
<td>Medical Terminology</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>TOTAL HOURS</strong></td>
<td><strong>34</strong></td>
<td></td>
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</tbody>
</table>
Educational Requirements: the three-legged stool

Core Graduate Coursework: Where to get the training?

- Alliant International University (on-line)
- Fairleigh Dickinson University (on-line)
- New Mexico State University (blended)
- The Chicago School of Professional Psychology became the first School in Illinois to offer the MS training program in Clinical Psychopharmacology. It is on-line.
- Southern Illinois University, Carbondale (SIU) is also in the process of creating a complementary BS/MSCP Program.
Educational Requirements: the three-legged stool

2. Graduate coursework: 30 didactic credit hours which includes the credits received as a doctoral student in clinical/counseling psychology.

Capstone Exam: Psychopharmacology Exam for Psychologists (PEP) administered by the APA College of Professional Psychology
COMPETENCY-BASED OBJECTIVES
Rotation: Neurology  Trainee:  
Duration: 8 weeks  
Level of Involvement: Participation, Observation  
Rater(s):

Rating (circle one)
Unable to Rate ( )

1. Clinical Evaluation Skills: Patient Care
Trainee to be observed at the end of each 4 week timeframe conducting a neurological exam, commensurate with level of training

<table>
<thead>
<tr>
<th>Unsatisfactory -- Borderline -- Satisfactory -- Superior</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1 2 3</td>
</tr>
</tbody>
</table>

Unsatisfactory = Unfamiliarity with the basics of performing a neurological examination; unfamiliarity with the diagnostic testing utilized in the differential diagnosis of various neurological disorders; Unable to perform a basic HPI and psychologically oriented diagnostic interview in a medical setting.

Superior = Able to perform a basic neurological exam with awareness of the significance of various findings; Demonstrates knowledge regarding appropriateness for further consultation in a neurological setting.

Provides patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health

1.1 Collects and records information about patients and their conditions through history taking, familiarity with physical examination/diagnostic testing results and interpretation therein

1.2. Performs an abbreviated neurological examination with familiarity of clinical interpretation and associated neurological testing

1.3 Demonstrates competence in core interviewing skills to provide basic patient care

1.3 Counsels and educates patients and their families to empower them to participate in their own care and enable shared decision-making

1.5 Applies the principles of health promotion to the care of patients, families and communities

1.6 Utilizes electronic health records to provide effective care of patients and populations
Rating (circle one)

Unable to Rate

2. Clinical Evaluation Skills: Medical-Psychopharmacological Knowledge

Trainee to provide a concise (< 1 page) written overview, called the “Med-Psychopharm Summary” (MPS), for each assigned disorder (listed in appendix A). This will be related to specific readings, for demonstrating familiarity/working knowledge of presenting clinical symptoms, differential diagnosis/rule outs, appropriate testing, treatment options, and psychopharmacological considerations (if applicable). Reviewed by attending and/or resident

Unsatisfactory -- Borderline -- Satisfactory -- Superior

0 1 2 3

2.1 Demonstrates a working knowledge/familiarity of the presenting symptoms of each designated disease.

Unsatisfactory -- Borderline -- Satisfactory -- Superior

0 1 2 3

2.2 Describes the underlying causes, mechanisms and processes involved in the etiology of selected disorders/disease (see above); demonstrate a working knowledge regarding the prevention, diagnosis, management and prognosis of each disease

Unsatisfactory -- Borderline -- Satisfactory -- Superior

0 1 2 3

2.3 Demonstrates knowledge of the principles of pharmacology and psychopharmacology and the clinical use of both pharmacological and non-pharmacological treatment approaches; demonstrate a working knowledge of the curative and/or palliative therapeutic strategies for the management of each clinical condition and disease

Unsatisfactory -- Borderline -- Satisfactory -- Superior

0 1 2 3

2.4 Demonstrates knowledge of the basic principles of human behavior throughout the life cycle

Unsatisfactory -- Borderline -- Satisfactory -- Superior

0 1 2 3

2.5. Applies the principles of the social and behavioral sciences to explain the impact of economic, psychosocial, spiritual and cultural influences, on health, disease, care plan adherence, and healthcare disparities, as applicable
Unsatisfactory – Borderline – Satisfactory – Superior

0 1 2 3

3.4 Demonstrate an ability to identify and objectively evaluate emerging basic biomedical, psychopharmacological clinical and translational research; and apply this knowledge to address clinical problems relevant to patient care using scientific reasoning and evidence-based principles

Unsatisfactory – Borderline – Satisfactory – Superior

0 1 2 3

3.3 Demonstrate curiosity, objectivity, and an analytic approach to clinical situations, identifying reliable strategies for sustaining these processes throughout one’s professional life

Unsatisfactory – Borderline – Satisfactory – Superior

0 1 2 3

3.2 Actively seek out formative help and advice, where appropriate, from supervisors, advisors, mentors, peers, and relevant support services, and use feedback to positively modify personal performance and behavior

Unsatisfactory – Borderline – Satisfactory – Superior

0 1 2 3

3.1 Critically, and systematically, evaluate one’s own performance to identify strengths and personal limitations in knowledge, skills, behaviors and/or attitudes; set individual learning and improvement goals to address deficiencies; and actively seek and engage in appropriate activities to meet those goals

Unsatisfactory – Borderline – Satisfactory – Superior

0 1 2 3

3. Practice-Based Learning and Improvement

Demonstrates the ability to investigate and evaluate one’s care of patients, to appraise and assimilate scientific evidence, and to improve patient care based on continuous reflection, self-evaluation and life-long learning

Unsatisfactory – Borderline – Satisfactory – Superior

0 1 2 3

Rating (circle one)

Unable to Rate (✓)
Rating (circle one)

Unable to Rate (V)

4. Interpersonal and Communication Skills

Demonstrates interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals

Unsatisfactory -- Borderline -- Satisfactory -- Superior

0                        1                        2                        3

4.1 Provide accurate, concise and well-organized oral presentations of clinical encounters

Unsatisfactory -- Borderline -- Satisfactory -- Superior

0                        1                        2                        3

4.2 Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds

Unsatisfactory -- Borderline -- Satisfactory -- Superior

0                        1                        2                        3

4.3 Communicate effectively with peers and other health care professionals

Unsatisfactory -- Borderline -- Satisfactory -- Superior

0                        1                        2                        3

4.4 Create and maintain comprehensive and accurate medical records, avoiding reliance on the unreflective use or reproduction of prior entries

Unsatisfactory – Borderline – Satisfactory -- Superior

0                        1                        2                        3
Interpersonal and Communication Skills

4.5 Demonstrates sensitivity, transparency, and compassion in difficult conversations

Unsatisfactory -- Borderline -- Satisfactory -- Superior

0 1 2 3

4.6 Demonstrate understanding of emotions and response patterns in interpersonal interactions

Unsatisfactory -- Borderline -- Satisfactory -- Superior

0 1 2 3
NEUROLOGY ROTATION

Rating (circle one)
Unable to Rate (√)

5. Professionalism

Demonstrates a conscientious commitment to carrying out professional responsibilities and an adherence to ethical principles.

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5.1 Demonstrates compassion, integrity and respect for others

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5.2 Demonstrates responsiveness to patient needs, and respect for patient privacy and autonomy

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5.3 Demonstrates sensitivity and responsiveness to patients from diverse backgrounds, including diversity in gender, age, culture, race, religion, disability and sexual orientation

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5.4 Demonstrates understanding of ethical principles pertaining to the provision of care

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5.6 Demonstrates personal accountability in fulfilling, in a complete and timely manner, all obligations and expectations related to one's designated role

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</table>
OVERALL RATING OF TRAINEE:

Unsatisfactory -- Borderline -- Satisfactory -- Superior

0                          1                          2                         3

Suggestions for Remediation (if necessary):

Appendix A: Conditions/Diseases to be included in

Month 1
  Dementia-Typical/Atypical
  Parkinson’s/Parkinsonism
  Seizure Disorder/Epilepsy
  Confusion/Delirium
  Stroke/CVA

Month 2
  ADHD/ADD
  TBI
  Multiple Sclerosis
  Sleep Disorders
  Vitamin Deficiency
Rating (circle one)

Unable to Rate  (√)

6. Systems-Based Practice

Demonstrates discriminating awareness of and responsiveness to the larger context and evolving state of health care delivery, as well as an ability to effectively engage resources within the system to optimize delivery of care to patients and populations.

Unsatisfactory -- Borderline -- Satisfactory -- Superior

0  1  2  3

6.1 Recognizes the relative merits of care provided in varied health care delivery settings, including consideration of cost-effectiveness and risk-benefit analysis

Unsatisfactory -- Borderline -- Satisfactory -- Superior

0  1  2  3

6.2 Recognizes when and how to utilize partners within healthcare systems to improve the delivery of patient care

Unsatisfactory -- Borderline -- Satisfactory -- Superior

0  1  2  3

6.3 Applies the principles of patient safety and quality improvement in all aspects of health care delivery

Unsatisfactory -- Borderline -- Satisfactory -- Superior

0  1  2  3
NEUROLOGY ROTATION

Rating (circle one)

Unable to Rate  (√)

7. Interprofessional Collaboration

Demonstrates the ability to effectively collaborate in the delivery of interprofessional team-based patient care.

Unsatisfactory -- Borderline -- Satisfactory -- Superior

0  1  2  3

7.1 Collaborates with other health professionals to help establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust

Unsatisfactory -- Borderline -- Satisfactory -- Superior

0  1  2  3

7.2 Applies the knowledge and understanding of different health professional roles and the value of their contributions to timely, efficient, effective and equitable team-based health care

Unsatisfactory -- Borderline -- Satisfactory -- Superior

0  1  2  3

7.3 Communicates with other health professionals in a responsive and responsible manner that enhances team-delivered care to patients
Rating (circle one)

Unable to Rate (\(\checkmark\))

8. Personal and Professional Development

Demonstrates the qualities required to assure lifelong personal and professional growth

Unsatisfactory -- Borderline -- Satisfactory -- Superior

0                        1                        2                        3

8.1 Demonstrates the capacity to reflect on one’s own limitations, and engage in appropriate help-seeking behaviors when necessary

Unsatisfactory -- Borderline -- Satisfactory -- Superior

0                        1                        2                        3

8.2 Demonstrates personal responsibility for maintaining one’s own physical and mental well-being, including work-life balance, by employing healthy coping strategies and seeking assistance when needed

Unsatisfactory -- Borderline -- Satisfactory -- Superior

0                        1                        2                        3

8.3 Demonstrates a commitment to the provision of socially just healthcare

Unsatisfactory -- Borderline -- Satisfactory -- Superior

0                        1                        2                        3

8.4 Demonstrates maturity in receiving and incorporating feedback into future behavioral and performance changes

Unsatisfactory -- Borderline -- Satisfactory -- Superior

0                        1                        2                        3

8.5 Demonstrates adaptability in approaching changing situations and circumstances

Unsatisfactory -- Borderline -- Satisfactory -- Superior

0                        1                        2                        3
8. Personal and Professional Development

Demonstrates the qualities required to assure lifelong personal and professional growth

8.6 Demonstrates an ongoing commitment to pursuing appropriate learning opportunities for the purpose of personal and professional growth and development

Unsatisfactory -- Borderline -- Satisfactory -- Superior

0   1   2   3

8.7 Demonstrates progressive acquisition of leadership and resource-stewardship skills and incorporate these, where appropriate, into daily practice

Unsatisfactory -- Borderline -- Satisfactory -- Superior

0   1   2   3
3. Medical Rotations

**Venue:** The medical rotations can occur in hospitals, prisons, community mental health centers, medical centers, community health clinics, federally qualified healthcare centers (FQHC’s). The rotations will be supervised and evaluated by specialist physicians and, perhaps, other providers (prescribing psychologists and nurse practitioners).

Dr. Rom-Rymer is talking with the Presidents, Administrative Directors, Medical Directors, CEO’s, Chiefs of Psychiatry, Chief Psychologists, of hospitals, clinics, University Medical Centers, FQHC’s, prisons, around the state to enlist them in this training. There are at least 15 hospitals, medical centers, community mental health centers, and prisons, that are working with the IPA to open up medical rotation slots in their facilities for prescribing psychologist trainees.

These medical centers include: Alexian Brothers Hospital, Amita Health; Loyola Medical Center; Central DuPage Hospital/Northwestern Health System; the Will County Department of Health; the Illinois Department of Corrections; and the 15 hospitals within the Presence Health System.
Comparison of Training

Years of Formal Education

Prescribing Psychologists in Illinois: 14 ¾ years
Psychiatrists: 12 years
Podiatrists: 9 years
Optometrists 8 years
Advanced Practice Nurses 6 years
Physician Assistants 4 years to 6 years
Comparison of Training

Hours of Clinical Experience in Diagnosis and Treatment of Mental Health Disorders

Prescribing Psychologists in Illinois: 20,000 hours
Psychiatrists: 10,000 – 16,000 hours
Family Medicine Physicians: 1,200 hours
The [Temporary] Constraints on Prescribing and How and When They will be Removed

Some Constraints may be modified through our language in our Rules and Regulations. Other Constraints may be removed, legislatively, every few years, as prescribing psychologists demonstrate, not only the safety of their prescribing but the highest level of effectiveness of their prescribing.

We shall strive to obtain the support of DCFS, DHS, NAMI, and the Illinois Pediatric Society to remove the constraints of not prescribing for children. And, then, we shall strive to obtain the support of elder care agencies, throughout the state, to remove the constraints of not prescribing for the elderly in our community.

And, the process will continue, until all constraints are removed from our law. A similar process was followed by the physician assistants, the optometrists, the Doctors of Osteopathy (DOs), the advanced nurse practitioners, the nurse anesthetists, licensed clinical counselors, etc., etc.
Drafting the Rules and Regulations for 98-0668

- On September 1, 2014, the Illinois Psychological Association completed the drafting of its desired language for the Rules and Regulations.

- On January 1st, 2015, the Illinois Department of Financial and Professional Regulation reviewed the IPA Draft of the Rules and Regulations.

- On January 15, 2015, two prescribing psychologists were appointed to the Illinois Psychology Licensing Board and now sit on that Board. The purview of the two prescribing psychologists, a primary care physician, and a psychiatrist, will be for credentialing and discipline.

- On July 1, 2015, the Illinois Department of Financial and Professional Regulation introduced its draft of the Rules and Regulations, staying close to the IPA draft.
A primary care physician, Dr. William Werner, was appointed to the Illinois Psychology Licensing Board; his first meeting with the entire Board was July 17, 2015.

The Illinois Licensing Board reviewed and approved the Draft Rules and Regulations on July 17, 2015.

September 18, 2015, a psychiatrist, with an expertise in public health, Dr. Peter Fore, was appointed to the Psychology Licensing Board and came to his first meeting.

October 3, 2015, the Illinois Medical Society gave its initial comments on the Rules to the Illinois Department of Financial and Professional Regulation. The IPA then reviewed these comments and responded with its comments.

April 13, 2016, the Draft Rules were given to the Governor for cursory review.

August 1, 2016, the Draft Rules were approved and released by the Governor.

September 15, 2016, it is expected that the Rules will be released to the public for “First Notice,” for a mandatory minimum 45 days.
Drafting the Rules and Regulations


- The Joint Committee for Administrative Rules (JCAR), a bi-partisan and bi-cameral 12-member group of state legislators, will review the Draft language after the 45-day period of “First Notice” is over. This period is known as “Second Notice.” The chief sponsor for our legislation, State Senator Don Harmon, President Pro-tem of the state senate, is Co-Chair of this Committee.

- October 15, 2017, the Rules were codified and published.
- March 15, 2018, the Prescribing Psychologist application from the IDFPR was published on line.