

Psychologists and Primary Care Providers: How We Can Work Together



AMERICAN PSYCHOLOGICAL
ASSOCIATION PRACTICE
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As a primary care provider, you are likely to see patients presenting with emotional and psychological conditions and issues, such as adjustment to chronic illness, depression, anxiety, addictions, chronic stress or lack of adherence to medical treatment.¹ Such problems may require psychological services that your practice may not have the time or resources to provide.

How Psychologists Can Help Your Patients

A psychologist, either working with you on-site or on referral, can improve patient outcomes through health behavior change. Using evidence-based practices, licensed psychologists can help your patients learn self-management strategies to deal with their chronic health conditions, such as diabetes, cardiovascular disease, and cancer, and adjust to the emotional impact of health problems and situational stress.

By working with patients one-on-one or in a group, a psychologist can provide patients with the techniques they need to follow the primary care provider's treatment plan.

Psychologists can also assist patients in managing stress. In fact, stress, which negatively affects current and future health, plays a key role in an estimated 75 percent of primary care visits.²

A psychologist can work with patients and family members to:

- Provide on-site consultation, assessment and intervention for mental health conditions
- Deliver mental health services to patients referred from a primary care provider
- Help address challenges in patient adherence to treatment plans
- Assess and intervene with patients and families struggling with behavior problems, difficult

relationships and other struggles that interfere with overall health and functioning

- Assist patients in better managing their diet, exercise and medication
- Provide the emotional support patients need to be successful in managing their health
- Assist patients in learning strategies for self-monitoring and goal setting
- Use screening tools and primary prevention programs to detect mental health conditions early
- Present educational sessions for both patients and staff on topics such as weight loss or disease management
- Design and use evaluation methods, such as continuous quality improvement measures and patient satisfaction surveys

By working with psychologists, primary care providers can continue to address both the medical and psychosocial health needs of patients.

PSYCHOLOGISTS' EDUCATION AND TRAINING

Psychologists use evidence-based practices to address emotional and behavioral health problems. Psychologists are doctoral-level health practitioners trained in:

- Assessment and diagnosis
- Treatment of emotional and behavioral problems and disorders

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- Patient management of chronic disease conditions
- Consultation
- Program design and evaluation
- Improving the functioning of systems including families, workplaces and communities

BILLING AND REIMBURSEMENT

Patient billing and provider reimbursement for psychologists working in primary care depends largely on the service delivery model. For example, psychologists may be on staff in a primary care practice where they may receive a salary. Or they may practice independently, seeing patients on referral and managing their own billing system. When working in integrated care settings, psychologists can generally bill using health and behavior codes in 15-minute intervals.

Psychological Interventions: Evidence-Based and Effective

Psychologists provide an array of effective, evidence-based interventions to address mental health concerns and behavioral problems. Psychologists integrate the best available research evidence with clinical expertise to intervene with patients, respecting the patients' values, culture and preferences. In clinical studies of psychological treatments for depression and anxiety, psychological treatments are on par or better than most medications, often

with better and longer lasting patient outcomes.^{3,4} When medication is required, a combination of psychotherapy and medication has been shown to have the best patient outcomes.⁵ Additionally, many problems that frequently present in primary care visits have behavioral components, such as insomnia, and these can also be successfully addressed through behavioral interventions.⁶

- Mental health problems (such as anxiety and mood disorders) led to **156 million visits** to doctors' offices, clinics and hospital outpatient departments in 2005 (*Agency for Healthcare Research and Quality*).
- Major depressive disorder affects approximately **14.8 million American adults** (*NIMH*).
- An estimated **8.9 million adults** have co-occurring mental health and addiction disorders (*SAMHSA*).
- Mental illness is associated with lower use of medical care, reduced adherence to treatment therapies for chronic diseases, and higher risks of adverse health outcomes (*CDC*).

Resources for your patients: apa.org/helpcenter
Find a Psychologist: PsychologistLocator.org
For state and local referrals: **1-800-964-2000**

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¹ Buist-Bouwman, M. A., de Graaf, R., Vollebergh, W. A. M. and Ormel, J. (2005). Comorbidity of physical and mental disorders and the effect on work-loss days. *Acta Psychiatrica Scandinavica*, 111:436-443. doi: 10.1111/j.1600-0447.2005.00513.x

² Upstate Medical University (2010). "Stress Reduction in the Workplace." Stress Reduction/Mindful Eating. 2 Nov. 2010. Accessed 21 June 2012. <http://www.upstate.edu/stress/work.php>

³ DeRubeis, R.J., Hollon, S.D., Amsterdam, J.D., Shelton, R.C. (2009). Prediction of Response to Medication and Cognitive Therapy in the Treatment of Moderate to Severe Depression. *Journal of Consulting and Clinical Psychology*, Vol. 77(4): 775-787, doi: 10.1037/a0015401

⁴ Mitte, K. (2005). Meta-Analysis of Cognitive-Behavioral Treatments for Generalized Anxiety Disorder: A Comparison With Pharmacotherapy. *Psychological Bulletin*, Vol. 131(5): 785-795. doi: 10.1037/0033-2909.131.5.785

⁵ Cuijpers, P., van Straten, A. & Warmerdam, L. (2009). Psychotherapy versus the combination of psychotherapy and pharmacotherapy in the treatment of depression: A meta-analysis. *Depression and Anxiety*, Vol. 26(3): 279-288. doi: 10.1002/da.20519

⁶ Mack L. & Rybarczyk B. (2011). Behavioral treatment of insomnia: a proposal for a stepped-care approach to promote public health. *Nature and Science of Sleep*, Vol. 3: 87-99. doi: <http://dx.doi.org/10.2147/NSS.S12975>