GOOD PRACTICE

Tools and Information for Professional Psychologists

Moving Psychology Forward
Psychology's Clinical Data Registry: A Powerful Tool to Sharpen Your Practice
Be Smart about HIPAA Compliance
One Day, 50 States, 300 Congressional Visits
Sen. John Stinner Sr. of Nebraska Is State Legislator of the Year
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Policymakers and Psychology Leaders Honored for Their Advocacy for Psychologists and Mental Health Services
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In this issue of Good Practice: 

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Advancing Practice Together was the theme of the APA Practice Organization and American Psychological Association’s annual Practice Leadership Conference held March 10–13 in Washington, D.C. For close to 35 years, several hundred psychology leaders from across the U.S. and Canada have come together in Washington, D.C., for four days of advocacy, leadership training and to examine major issues affecting professional practice.

To advance practice together means to imagine an exciting, interdisciplinary and interconnected future — one that’s already here. Fading are the days of psychologists practicing in isolation, unconnected to colleagues in different practice settings, or to professional and governance groups, or to policymakers, or to stakeholders in other health professions. Instead, seismic and ongoing shifts in health care have commanded that psychologists reorient themselves around one another and recognize mutually sustaining bonds.

Advancing practice together can also mean forging new paths for practicing psychologists. For example, Arthur C. Evans Jr., PhD, CEO of the American Psychological Association, encourages psychologists to use the full breadth of their skills to solve real-world and systemic problems. That could mean taking on new roles as administrators, evaluating programs and systems, or developing behavioral health interventions for whole communities. There are huge and exciting opportunities ahead for psychologists. Practitioners working collaboratively can make those opportunities a reality.

In this latest issue of Good Practice, readers have an opportunity to benefit from the array of content presented at the Practice Leadership Conference and learn the latest about trends and opportunities relevant to psychology practice. We explore how psychologists can use their full breadth of training and science and new technologies to expand and diversify their scope of practice; the role of clinical data registries in tracking mental and behavioral health treatments; and the value of psychologists advocating policymakers in person on Capitol Hill and through political giving.

Enjoy Good Practice!
Following a resounding vote by APA’s Council of Representatives in support of a new membership model, our Association will soon be able to increase member benefits and expand our capacity to advocate on a wide range of issues of importance to psychology and psychologists across the broad spectrum of practice, research, education and public interest.

These opportunities emanate from a new membership dues model, which consists of membership in integrated 501(c)(3) and 501(c)(6) organizations. The new organizational structure will allow APA to continue its historic 501(c)(3) mission and increase capacity to advocate for the full range of policy issues of concern to psychologists. This structure will incorporate the core activities of the current APA Practice Organization and also provide for expanded advocacy at the state and federal levels, which is particularly important to the practice community.

Starting in 2019, all members will pay one annual dues fee to become members in this new integrated model. Current Practice Organization membership dues will be eliminated. And for at least three years, there will be no increase in APA dues. This new model marks a major milestone for APA and Practice Organization members, and it would not have happened without the dedicated work of our governance and staff.

Since its creation in 2001, the Practice Organization has been able to advocate effectively for practicing psychologists on “pocketbook” matters related to billing codes, reimbursement, and legal regulations impacting professional practice. The Practice Organization has also helped practitioners navigate the complexities of working with health insurers and complying with privacy and security laws. It has been able to perform these tasks due to its federal tax status as a 501(c)(6) professional association. Yet this model has proven to be unsustainable over time as reflected by a decline in revenue from member dues.

The new membership model will address the issue of stable funding, while eliminating some of the tax code-related advocacy limitations faced historically by APA. For example, as a 501(c)(3) charitable organization, APA is currently limited by a $1 million cap on all direct lobbying activities. APA also cannot take part in political activities (such as fundraising events) nor be directly involved with a political action committee to support candidates running for public office. In our current model, only the Practice Organization can engage in these activities. An integrated organizational structure offers the benefit of extending these key advocacy tools and opportunities to all APA areas of interest and constituency groups.

A work group being appointed by APA President Dr. Jessica Henderson Daniel will develop a plan to address the governance issues related to the new membership model. This plan will be presented to Council at its August meeting in San Francisco. The plan will include recommendations of ways to ensure that there are mechanisms for member and governance input into advocacy priorities across the association. Complementary efforts are currently underway at APA Central Office to modify existing organizational structures and priorities to capitalize on the benefits afforded by the new membership model. These efforts will intersect with the Presidential work group, leading to a new holistic approach to advocacy for the Association.

The newly-approved joint membership model will provide us with the financial stability and increased capacity needed to advocate most effectively on practice, research, education, and public interest issues, ultimately helping us to better achieve our mission to benefit society and improve people’s lives.
The health care landscape — and society itself — is changing. Fortunately, psychologists “bring a unique set of skills to the table that enable us to view these changes not as threats, but as opportunities,” APA Chief Executive Officer Arthur C. Evans Jr., PhD, says.

Evans encourages psychologists to utilize the full range of skills they possess and think creatively about how to apply their skills in new ways. For example, some psychologists are helping to tackle the opioid epidemic by offering nonpharmacological treatment for pain and the depression and anxiety that often accompany it. Others are focusing on changing the behaviors that lead to chronic health problems, such as diabetes and cardiovascular disease. And still others are helping prevent substance use problems by screening children for trauma in pediatric primary care settings.

Exploring new self-definitions

Psychologists are already defining themselves in broad ways. Evans, for example, started viewing himself not only as a clinician but as a health care expert specializing in mental health. By doing so, he says, it opened up new opportunities for him to apply his expertise in a wide variety of areas and settings.

Other examples abound. Delaware’s Mid-Atlantic Behavioral Health, LLC, for instance, focuses on treating patients with mental health diagnoses while also promoting wellness for all. “We've decided that what we're about... is empowering growth in others,” says Chief Executive Officer Traci Bolander, PsyD.

Kent Corso, PsyD, President of Virginia’s NCR Behavioral Health, LLC, describes himself as a problem-solver. One such problem? The Air National Guard’s high suicide rate. “You hear ‘suicide’ and ‘psychologist’ and naturally assume there’s going to be treatment delivery,” says Corso. Instead, he evaluated the Guard’s suicide prevention program and suggested improvements.

Robin Henderson, PsyD, applies her psychology training to entire service systems. In her role as Chief Executive for Behavioral
Health at Oregon’s Providence Medical Group, she sees herself as a strategist intent on determining how to transform behavioral health services so they are not a drain on the system or how to increase the number of people the system can serve.

**Recognizing the importance of data**

Another possible role for psychologists: data experts.

“People are screaming for metrics on how to measure quality,” says Dennis Morrison, PhD, owner of Morrison Consulting and former Chief Clinical Officer of Netsmart, where he led a team in transforming clinical care in behavioral health care settings. Data, he explains, are increasingly important in a system fast moving toward payment based on quality rather than quantity of services. Says Morrison, “Guess who in the behavioral health industry has the best training in metrics and analytics?”

Take Charmain Jackman, PhD, Director of Health and Wellness at the Boston Arts Academy (BAA). When she discovered a spike in student psychiatric hospitalizations over five years, she used that data to convince BAA’s principal to fund additional staff and a new program to support students returning from hospitalization.

Data can also prove psychology’s value, says Henderson, who was the Chief Behavioral Health Officer at St. Charles Health System before moving to Providence Medical Group. When Henderson added a psychologist to the St. Charles neonatal intensive care unit—where half of the babies were

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**Six tips for finding new opportunities**

To survive and thrive over the long term, we as psychologists will need to continue evolving the way we do business, says APA Chief Executive Officer Arthur C. Evans Jr., PhD. He offers several suggestions:

**Work upstream.** Practicing psychologists, like most mental health professionals, typically wait for people to come to them, says Evans. But this passive model means we are missing out on the opportunity to help many more individuals. “Most people with behavioral health conditions never present for treatment,” Evans points out. Charmain Jackman, PhD, Director of Health and Wellness at the Boston Arts Academy, is one psychologist who is taking a more active approach to ensuring that individuals—especially communities of color—get help when they need it. In addition to public education sessions designed to raise awareness of mental health issues among students, their families, and other community members, she also screens all incoming students for problems.

**Go beyond traditional treatment settings.** “If most people in our communities…aren’t coming to us, how do we go to them?” Evans asks. While integrating behavioral health into primary care is one great example, psychologists can also explore how to work in settings outside the health care arena altogether. Technology, whether text-based crisis lines or telehealth interventions, brings treatment to wherever patients happen to be. “We had lots of folks very resistant to telehealth,” says Traci Bolander, PsyD, Chief Executive Officer of Mid-Atlantic Behavioral Health. All it took was a couple of snow days, when telehealth providers had 100 percent attendance, for other practitioners to request webcams, she says.

**Work with at-risk and still-healthy populations.** People who already have a diagnosis are not the only people psychologists could be helping, says Evans. Community members at risk of developing mental health or substance use problems can also benefit from prevention and early intervention efforts. For example, when Evans was commissioner of Philadelphia’s Department of Behavioral Health and Intellectual DisAbility Services, he realized that underlying many cases of substance use was untreated childhood trauma. As a result, his agency created a program that screened children receiving care in pediatric settings for traumatic stress and then connected the 10 percent who screened positive to evidence-based treatment programs.

**Promote health.** Another possible role for psychologists is health activation—empowering people to take control of their own health, says Evans. APA’s partnerships with the American Heart Association and American Diabetes Association, for instance, are utilizing psychologists’ expertise to help individuals change the behaviors that lead to chronic physical health problems, such as diabetes and cardiovascular disease. Psychologists can play a key role in these efforts in their communities.

**Use a broad set of strategies.** Psychotherapy, psychopharmacology, and, sometimes, case management are the primary ways that mental health professionals intervene with people with mental health conditions. But, Evans says, psychologists have additional skills we can use to address the mental health needs of a community. For example, program evaluation is one important skill that is often under recognized. A psychologist at Bolander’s practice, Mid-Atlantic Behavioral Health, for instance, recently evaluated and revised the application procedures and guidelines for Delaware’s Department of Developmental Disabilities.

**Expand our focus to include the broader community.** “Most of us are trained to work at the level of the individual,” says Evans. By engaging in population-level interventions, like community psychoeducation and stigma reduction efforts, psychologists can help their communities more effectively address critical societal issues like the opioid epidemic. He notes that 80 percent of people addicted to opioids started with prescription medication, and therefore encourages psychologists to get involved in educating their communities about and providing nonpharmacological treatment of chronic pain.

— Rebecca A. Clay
PSYCHOLOGY’S CLINICAL DATA REGISTRY: A POWERFUL TOOL TO SHARPEN YOUR PRACTICE

In January, the Centers for Medicare & Medicaid Services approved the APA Practice Organization’s qualified clinical data registry to track patient progress and outcomes. Here’s how to incorporate the registry to benefit your practice and the field.

By Tori DeAngelis

Since July 2017, an advisory committee to the APA Practice Organization has been working to develop a qualified clinical data registry: an electronic platform that enables providers to track patient data and compare it with others using a variety of relevant measures. While such registries are common throughout medicine, the Practice Organization registry — which will officially launch in August — is the first that is specifically designed for psychologists, and it can be used by others who treat mental health conditions, as well.

“Our goal is to have a registry that provides a way for mental and behavioral health practitioners to report their quality data, and in particular, to report quality data that is relevant to practitioners, to patients and to the patient’s condition,” says former APA President Carol Goodheart, EdD, who chairs the data registry committee.

The team’s work is paying off. In January, the Centers for Medicare & Medicaid Services, or CMS, approved the initial version of the registry for use in its payment system. The Mental and Behavioral Health Registry, or MBHR, as it’s called, contains process and outcome measures for a range of mental health conditions, as well as for transdisciplinary issues such as tobacco use, elder maltreatment and follow-up care, and anti-depressant medication management. Using the platform, clinicians will be able to input data on their patients, see whether patients are improving or getting worse, and compare their data with that of other providers. Over time the registry will also include access to relevant training and continuing education opportunities, links to resources such as best practices, clinical and professional guidelines, and more.

In a related development, soon after the registry was approved, the team added two additional measures of anxiety, making it the only such registry with anxiety measures, says C. Vaile Wright, PhD, director of research and special projects in the APA Practice Directorate and co-manager of the data registry project. To create the measures, the team took existing measures from the public domain and crafted them to allow for comparative performance measurement, Wright explains.

“We developed these two measures because we know that anxiety is incredibly prevalent and debilitating, and that there weren’t any [performance-related] anxiety measures out there,” she says. As a result, those tools are likely to be used widely by psychologists and others, she says.

The bigger picture

Because the concept of a registry might be unfamiliar to some, it helps to see registries in their wider context. In general, they are used by health care systems, insurers, providers and researchers to track quality and cost data on medical conditions, devices, medications, procedures and other treatment-related topics. The overall rationale is to more broadly inform the health care system with relevant data on what works and what doesn’t, based on input from the fields most connected to the areas in question.
This process has been used in medicine for decades in ways that have resulted in better quality care, and more recently, lower costs. A classic example is a long-term in vitro fertilization (IVF) registry, which has been able to improve IVF’s success rate thanks to this kind of data tracking and analysis, Wright notes.

Psychology has not been involved in this process until recently simply because its entry into integrated health care is relatively new — the same reason it has only recently begun to create its own clinical practice guidelines and train larger numbers of psychologists in team-based practice, Goodheart adds.

“For those who want to be involved, our goal is to be a fully functioning part of the health care system,” she says. “Having a registry that is relevant for the field and recognized by Medicare is one way to help achieve that goal.”

**The link to Medicare**

While the registry has broader applications than Medicare reimbursement alone, it was specifically designed to meet Medicare reporting standards—a logical starting point because CMS is actively encouraging medical and health care societies to create their own qualified clinical data registries, says Wright. The impetus is CMS’ belief that health care registries will help improve quality and lower costs.

In fact, many practitioners will already be familiar with such Medicare reporting through earlier systems—PQRS PRO and MIPS PRO—developed by the Practice Organization and overseen by the health care informatics company Healthmonix. The new MBHR presents a significant improvement over those platforms because it is designed by psychologists, for psychologists, while MIPS PRO and PQRS PRO could only include measures that were developed by other stakeholders and which already existed within Medicare. As such these measures were often irrelevant to psychologists’ practices, says Goodheart, and the result was high rates of rejection, both for initial claims and for appeals.

For Medicare reporting purposes, the MBHR will differ from past programs like the PQRS, explains Diane M. Pedulla, JD, director of regulatory affairs for the Practice Organization.

Because of changes in federal law in 2015, Medicare providers can use the MBHR to meet reporting requirements under Medicare’s new Quality Payment Program. A key feature of the program is the Merit-based Incentive Payment System (MIPS), which allows providers to potentially earn bonus payments for superior performance in reporting quality measures.

Currently, the law only requires physicians and designated physician extenders such as nurse practitioners to report under MIPS. At the discretion of CMS, it is expected that psychologists and other non-physician providers will be added to MIPS in 2019. Psychologists would then become eligible to earn a bonus or risk a penalty of 7 percent, which would be applied to their Medicare payments in 2021.

To reduce the burden on solo providers and small group practices MIPS contains a low volume threshold that exempts providers who fall below it. That threshold currently requires only those who treat more than 200 Medicare beneficiaries or bill Medicare for more than $90,000 annually to report this year.

For providers exempt from MIPS reporting, the downside is they cannot try and earn bonus payments from Medicare for successful performance, Pedulla adds. To that end, the Practice Organization, along with many other health care societies, has been advocating to CMS that all providers be given the option to voluntarily report under MIPS, even if they would otherwise be exempt. So even if you’re not required to report now, it’s important to keep up with latest information on the registry and Medicare because it is always subject to change that can impact your practice, Pedulla explains.

**Other reasons to join**

Medicare reimbursement is not the only reason to join the new registry. Another significant reason is simply to track your patients’ progress in an objective manner, regardless of your insurer or the treatment approach you use, says Bruce Bobbitt, PhD, LP, a member of the registry advisory committee and president of the Minnesota Psychological Association.

Bobbitt says the registry allows people in group practices and solo practices to engage in quality measurement and quality improvement in a way that is different than in the past. “It begins to give providers a sense of what people are doing in bigger systems where there are more resources and they can do it automatically,” he says.

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Legal & Regulatory Affairs (LRA) attorneys from the APA Practice Organization presented an “Ask the Attorneys” workshop for state psychology leaders at the 2018 Practice Leadership Conference held in Washington, D.C. Attendees submitted questions in advance but were also able to ask questions during the workshop. Many of the questions, including the following, focused on the Health Insurance Portability and Accountability Act (HIPAA). During the conference, LRA attorneys provided simplified answers on complex HIPAA issues. Members can find more information on the APA Practice website under “Legal Issues -- HIPAA Compliance.”

**Q:** I use a cloud-based electronic health records (EHR) system and Hushmail for emailing with patients. My laptop is password protected, and no Protected Health Information (PHI) is stored on it, but am I still required to encrypt it?

**A:** If there is no PHI on the laptop, you don’t have to encrypt. In fact, encryption is not required by HIPAA. If you were to later store or transmit PHI on or from your laptop, however, encryption would be the best thing that would prevent you from having to notify patients and the government of a “breach” should your electronic PHI be stolen, hacked or improperly accessed.

If you are using third-party services that handle PHI (cloud-based EHRs, Hushmail, etc.), it is important that you take the following steps to prevent someone from accessing PHI through your laptop even if you don’t store any PHI on it:

- Log off of your accounts every time; staying logged in could allow others to access the accounts.
- Do NOT save your log-in information on your computer, and do not allow your web browser to save and automatically fill in your user names and passwords for the accounts.
- Periodically delete cookies, temporary files and internet search history.

Finally, if your family members or office staff also use your laptop, it might be wise to create different user accounts on it with separate passwords. That would allow your adolescent, for example, to play video games on your laptop by logging in as his/her own user, rather than going in through your user account and inadvertently accessing patient information.

**Q:** A 20-year-old patient died of an accidental drug overdose. Her father would like to talk to me and has requested a copy of her records. He was aware of our relationship and was paying for the therapy. Do I have to provide the records? Is it OK for me to talk to him about any of my conversations with his daughter?

**A:** In the event of the death of an adult patient, you can only release records to the personal representative, defined under a HIPAA provision regarding family members involved with the patient’s care. As a clinician, you should verify a personal representative’s legal status and authority by asking for official documentation prior to releasing any information or even acknowledging the deceased was a patient. It should also be noted that the personal
Q: Someone broke into my car and stole my briefcase, which contained a file with patient information including the patients’ names, addresses, ages, preferred contact numbers and upcoming appointment dates. I haven’t seen any of these patients yet, but I did have several business cards in the briefcase that clearly identify me as a psychologist. Do I have to notify these patients that this happened?

A: Yes, you should notify the patients. The stolen patient information would be considered PHI under HIPAA. Whenever PHI is lost or stolen, you have a potential “breach” under HIPAA.

The HIPAA Breach Notification Rule requires you to do a risk assessment whenever you suspect that PHI may have been breached, in order to determine the probability that the privacy of the PHI has been compromised. Unless your assessment indicates a low probability of such compromise, you must notify affected patients and the government. Your assessment focuses on what type and how much PHI was disclosed, who it was disclosed to, whether it was actually viewed, and whether you can do anything to correct improper the disclosure of PHI (i.e., asking an accidental recipient to shred the documents).

In the scenario above, the stolen PHI included patient names and contact information. The identity of the thief is unknown. It is likely that he or she looked at the PHI, and there is nothing you can do to mitigate the disclosure. Therefore, it would appear likely that a breach of PHI has occurred, and you should give notification.

Legal issues are complex and highly fact specific and require legal expertise that cannot be provided by any single article. In addition, laws change over time and vary by jurisdiction. The information in this article does not constitute legal advice and should not be used as a substitute for obtaining personal legal advice and consultation prior to making decisions regarding individual circumstances.
ONE DAY, 50 STATES, 300 CONGRESSIONAL VISITS

Practice leaders from across the country advocate for the profession of psychology.

On March 13, 2018, psychologists and psychology graduate students representing 50 state psychological associations made more than 300 lobbying visits to their members of Congress to advocate for psychologists and for Americans’ access to mental health services. These psychologists, graduate students and executive directors for state psychological associations were in Washington, D.C., for the 2018 Practice Leadership Conference, hosted by the APA Practice Organization and APA. This annual conference brings together psychology leaders from across the U.S. for four days of advocacy leadership training, culminating with visits to members of Congress.

This year, the psychologist advocates had three priorities.

• They asked their members of Congress to cosponsor the “Medicare Mental Health Access Act” (H.R. 1173, S. 448), bipartisan legislation that would allow psychologists to practice independently without physician supervision in all treatment settings under Medicare. As a result of our members’ advocacy this year, the bill has five new cosponsors: Rep. Madeleine Bordallo, D-Guam; Rep. Steve King, R-Iowa; Rep. Eleanor Holmes Norton, D-D.C.; Rep. Jim McGovern, D-Mass.; and Rep. Adrian Smith, R-Neb.

• They advocated for the protection of Medicaid, particularly its mental health provisions.

• Delegations from states with large military populations raised their concerns about widespread problems with reimbursements for mental health services covered under TRICARE, the health care plan for military personnel and their families.

Get Involved!

The APA Practice Organization has the longest-running and largest grassroots network of psychologists working on behalf of licensed practitioners to protect and promote your ability to serve your patients and the public. Known as the Federal Advocacy Coordinators (FAC), this network includes several thousand psychologists across the U.S., building relationships with Members of Congress and their staff and educating them about practitioners and the value of psychological services. The FAC network is ready to mobilize at a moment’s notice to support or oppose federal legislation and policies affecting practitioners. To get involved, email us at pracgovt@apa.org.

This annual conference brings together psychology leaders from across the U.S. for four days of advocacy leadership training, culminating with visits to members of Congress.
Delegates from the Arkansas Psychological Association pose for a photo with Sen. John Boozman (R) after their meeting.

Delegates from the Nebraska Psychological Association discuss the Medicare Mental Health Access Act with Rep. Adrian Smith (R). Rep. Smith agreed to cosponsor the legislation.

Sen. Cory Booker (D) catches delegates from the New Jersey Psychological Association outside his office.

Delegates from the Rhode Island Psychological Association talk with Sen. Sheldon Whitehouse (D) and a staffer.

Delegates from the Maryland Psychological Association outside the Capitol building after a productive day of advocacy.
National politics may get the most attention, but the policies, relationships and politicians at the state level have an important and immediate impact on our lives.

Recognizing this, the APA Practice Organization honors an outstanding state legislator every year who has sponsored or championed legislation that directly benefits psychologists or consumers of psychological practice.

This year, the Practice Organization honored John Stinner Sr., a Republican representing Nebraska’s 48th District at the state’s western edge.

Stinner is “an exemplary bipartisan champion” for the psychologists fighting to increase behavioral health services in an underserved region, said Anne Talbot, PsyD, president of the Nebraska Psychological Association (NPA).

Stinner’s attentiveness to psychologists and other behavioral health providers in his district is rooted in his concern about the significant provider shortage in the region, which is largely rural and distant from the state’s major population centers.

“It’s clear to me that if we’re going to make improvements in mental and behavioral health, psychologists can lead the way. But we must make sure that their workforce is strong, and that adequate behavioral health programming is in place.”

– John Stinner Sr.

A longtime banker, Stinner arrived at this conclusion with the help of Nebraska psychologists like Talbot and her colleague Katherine Carrizales, PhD, EdS, NCSP, who both practice in Stinner’s district. Stinner has met regularly with them for years—in fact, they began cultivating a relationship with him when he was still a candidate.

“He’s always willing to come to our meetings, listen to our concerns, and help us think through viable and realistic solutions,” said Carrizales, who serves as NPA’s member-at-large.

Those solutions are beginning to materialize, despite the state’s challenging fiscal and budgetary politics.

As chair of the Appropriations Committee, Stinner initiated hearings and a legislative review to address funding for doctoral-level internships in rural Nebraska. The review led directly to the expansion of the High Plains Internship Consortium, which facilitates internship placements in western Nebraska and eastern Colorado.

“Not only will this establish a much-needed training program, it will serve as a pipeline for interested individuals to begin their careers, and hopefully to stay, in the Nebraska panhandle,” said Carrizales.

Currently, Carrizales is working closely with Stinner on legislation that would establish a day treatment center for students in western Nebraska.

“While the bill may not move forward this year, Sen. Stinner—understanding the intense mental health needs in our region—has indicated that he will make this bill, and access for higher-level mental health services within our schools and communities, a priority next year,” Carrizales said.

His genuine concern and dedication to expanding access to services extends beyond his district, Carrizales noted. After discussing what would be needed to establish the day treatment center in the region, Carrizales said that he became interested in creating a pilot program that would ultimately benefit students all over Nebraska.

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Almost half of the nearly 30 million people living with diabetes in the United States experience mental health challenges.

You can make a difference. Enroll in the Mental Health Provider Diabetes Education Program.

The ADA and APA have partnered in developing a two-part continuing education program about diabetes for licensed mental health professionals. This course will help you identify mental health issues associated with diabetes and how to treat them.

Benefits of completing this program include:

- ADA professional membership
- Up to 12 CE credits offered by the APA*
- Eligibility for listing in the Mental Health Provider Directory

Program dates:

June 21, 2018, Orlando, FL
August 12, 2018, San Francisco, CA

Register online: professional.diabetes.org/mentalhealth.

This program sponsored by a grant from The Helmsley Charitable Trust

* Continuing Education credits are sponsored by the APA Office of Continuing Education in Psychology (CEP). The APA CEP Office has reviewed and approved the programs to offer CE credits for psychologists. The APA CEP Office maintains responsibility for the content of the programs.
Maysa Akbar, PhD, ABPP

In her new book, Maysa Akbar, PhD, ABPP, links slavery and other forms of institutionalized oppression to the systemic poverty, violence, poor health and other disparities that minority communities in urban centers face today. *Urban Trauma: A Legacy of Racism* is “filled with science and data,” she says, but it’s also rooted in her own experience as a young immigrant who struggled against these conditions.

Sharing life experiences is often considered “… taboo among psychologists, but I disclosed things about my personal life and upbringing in my book as a way to understand the psychology of trauma in these communities,” she said.

As a psychologist, entrepreneur, professor and advocate in New Haven, Connecticut, Akbar is happy to break taboos like these for the benefit of her clients and the advancement of her field. This is especially true when it comes to cultural humility and entrepreneurship (two things that she would tell you are deeply interlinked).

“Many psychologists have this notion that there’s a moral incongruity between psychological practice and entrepreneurship, but that’s not the case,” she said. “I’m not just a psychologist in practice; I have to run a business.”

Akbar is the founder and owner of Integrated Wellness Group, a multidisciplinary behavioral health practice that offers culturally-driven, holistic services and programs. Its diverse approach has proved to be both profitable and progressive, with over 30 employees and a fast-growing clientele base.

Akbar, who was recently appointed Diversity Delegate for the Connecticut Psychological Association, says that racial trauma can’t be ignored anymore. We have to engage in courageous conversations around globally incorporating race in the discussion of evidence-based treatment and psychological practice, she says.

“One reason people of color stay away from therapy is because they feel judged,” she said. “But when they know that I’ve had these experiences and can relate to them, the walls go down so quickly.”

Melissa Butler, PhD

Melissa Butler, PhD, wasn’t always sold on the idea of integrated health care, particularly in the pediatric care settings where she practiced for most of her career. “Integrated care was kind of new to me. I was intrigued, but I didn’t know how this model would play out,” she says. Now, after a decade of providing psychological services in hospital settings, Butler is part of a team of providers at the Indiana University School of Medicine tasked with designing and implementing integrated behavioral health into primary care practices across Indianapolis.

“It’s such a neat model of care, and the collaboration I have with the pediatricians I’m working with is just amazing. I’ve become a true believer in integrated care,” Butler says.

The pilot program at IU is called the
CHOICE Program — Changing Health Outcomes through Integrated Care Excellence. It’s funded through a grant provided by IU Health and the medical school and aims to meet the “quadruple aim” of health care: improving patient and provider experience, improving outcomes for patients, and thus reducing overall costs.

Patients seeking community mental health services in Indiana sometimes wait three to six months before seeing a provider. Butler says the CHOICE program is about improving access to care in Indiana and eliminating the stigma associated with mental health treatment.

“I know that we’re seeing folks that we never would have otherwise been able to treat. Without really experiencing integrated care, it’s hard to appreciate it when you’re practicing under the more traditional psychology model,” Butler says. “I’ve been telling my psychology interns that this is something they should get exposure to because this model will be here to stay. They’re going to see it expand because there are not enough mental health providers, and this is one solution that helps bridge the gap.”

Jameca Falconer, PhD

From an early age, Jameca Falconer, PhD, was preparing for her future career achievements in advancing the practice of psychology. The historically black college in Mississippi that she attended offered a strong civil rights element, demonstrating what it takes to change things in the world and planting seeds of inspiration. At home, surrounded by grandparents, great-grandparents, and other older relatives she developed the interpersonal skills to comfortably relate to and enjoy the company of elderly individuals.

Today, 50 percent of Falconer’s clients are geriatric patients—40 percent of which are homebound. She has been focusing on this age group for over 10 years prompted by the request of multiple doctor friends. She is working hard to ensure that older individuals are receiving the appropriate continuity of care and mental health advocacy as they are a group that is often overlooked.

Falconer says providing these sorts of home visits requires a certain comfort level for going into the homes of others—homes that are not always well-appointed and that are often in poor neighborhoods. With the current efforts to better integrate health care, she sees herself as ahead of the trend—already experienced in working with families, doctors, nurses and other mental health professionals to fully care for a patient.

Technological advances have had a major impact on Falconer’s practice, allowing her to easily and efficiently have a mobile office. She can enter her case notes, fax, email, and access electronic records from her phone while using appropriate security measures to be compliant with the Health Insurance Portability and Accountability Act (HIPAA).

To graduate students and future psychologists, she gives the following advice: “Don’t be afraid to create your own niche, follow your heart and passion. You aren’t required to take only the traditional paths, as there are so many other options.”

Melissa Butler, PhD
Maysa Akbar, PhD, ABPP
Jameca Falconer, PhD
Gridlock. A president with low approval ratings and a Congress with ratings at a historic low. A lack of bipartisanship. “I remember reading a survey in 2015 that said Congress was as partisan as it had been during Reconstruction after the Civil War, and this was before President Trump took office,” says Doug Walter, JD, associate executive director for government relations in the APA Practice Organization.

That’s not how it should be, says Tessa Gould, chief of staff to Sen. Heidi Heitkamp, D-ND. “Where I come from — the square states in the middle of the country — people expect you to sit down and negotiate and come up with a decision, then move forward,” says Gould.

“It’s really incumbent on people in our states to demand that kind of ethic from their public officials.”

As the midterm elections approach, how can psychologists break through the gridlock and get psychology’s message to legislators? Gould and Susan Wheeler, chief of staff to Sen. Michael Crapo, R-Idaho, offer several suggestions:

• **Pay attention.** “People need to stay engaged in the process and pay attention to what those running for office in their particular area are saying and doing,” says Wheeler. “Make sure you advocate for the policies and people you think are going to be most representative of what you want to see.”

• **Don’t be intimidated.** Legislators want to hear from you. “[My boss] is willing to talk with anybody; we have an open-door policy,” says Wheeler, adding that conversations can bring people together to find solutions. “If you’re from Idaho and we can fit you in, he does his best to meet with every Idahoan regardless of position.”

• **Come armed with facts.** Congress, says Gould, is “surprisingly devoid of facts.” While elected officials care about your opinion, she says, they care more about facts — who an issue affects, why it affects them and your take as someone with expertise in the area. Numbers are key, she adds.

• **Use stories.** Personal stories are also crucial, says Gould. Telling the story of someone affected by the issue is much more effective than “just handing us a one-page fact sheet you probably give us year after year, but with updated numbers once in a while,” says Gould, adding that it’s still important to leave behind a fresh fact sheet every visit.

• **Be concise.** A visit to Capitol Hill is no time for idle chit-chat about the weather. Sen. Crapo’s office, for instance, has instituted a 15-minute limit on face-to-face meetings. “It has helped people get to the point more quickly,” says Wheeler, noting that there’s usually a long line of people waiting to meet with the senator. “It’s amazing how many issues you can get through in 15 minutes.”

• **Don’t feel bad if you don’t get to meet with your member.** “Some folks think if they don’t meet with the senator, their meeting wasn’t worthwhile,” says Wheeler. “That’s not the case.” Legislative staff are the ones who sift through the mind-boggling amount of information that passes through the office each day and present what’s important to the member, she points out.

• **Don’t forget the local office.** Build relationships with staff in the state office, not just in Washington. “They’re on the ground and are sometimes much easier to meet with,”
says Wheeler. “You don’t have to travel all the way to D.C.”

- **Use social media.** Twitter and other social media are a way to keep in touch with your member’s office without having to make a trip. “We pay attention when the senator gets tweeted at or when someone tweets a photo from a meeting,” says Gould.

- **Don’t forget the importance of political giving:** “Sometimes ‘lobbying’ and ‘PACs’ are seen as dirty words,” Gould says. “I don’t see it that way.” Giving is just another way to get the attention of policymakers, she says. For one thing, giving may result in face time with the member or key staff people. “It helps us think about your issues first when we’re talking about health care or other policy decisions.”

- **Be persistent.** One advocacy priority for psychologists is to have psychologists defined as physicians within Medicare, says James H. Bray, PhD, of the University of Texas at San Antonio, a past president of APA. “We’ve been working on this bill for probably 20 years.”

  Keep going, Wheeler urges. “Just because you’ve been lobbying for something for 20 years doesn’t mean you should give up,” she says. “Things take a long time sometimes.”

“A three-legged stool” is how executive director Katherine C. Nordal, PhD, describes the APA Practice Organization’s advocacy efforts. The Practice Organization’s grassroots network represents one leg. Its lobbyists are another. And its political action committee (PAC) is another.

But one of the legs is a little wobbly: Psychology PAC. While many psychologists make political contributions directly to legislators and candidates, says Nordal, only one of every 100 APA members contributes to Psychology PAC—the only federal PAC that speaks for psychologists. Psychology ranks 35th among 99 health profession PACs, she points out. “There are some other PACs who give much more money than we do who don’t exactly have psychology’s best interest in mind,” she says.

In a Practice Organization survey in December, “not a financial priority” was the most frequently cited reason for not contributing to the PAC. Yet Psychology PAC is the group that pushes for better reimbursement of psychological services, removal of barriers to psychologists’ scope of practice and the like. The PAC, Nordal explains, gives “to people who are psychology champions and support things important to us and to people we want to cultivate as psychology champions.”

For more information, visit supportpsychologypac.org.
POLICYMAKERS AND PSYCHOLOGY LEADERS HONORED FOR THEIR ADVOCACY FOR PSYCHOLOGISTS AND MENTAL HEALTH SERVICES

Every year during the Practice Leadership Conference (PLC) held in Washington, D.C., the APA Practice Organization recognizes a member of Congress. This year, Sen. Chris Murphy, D-Conn., and Rep. Judy Chu, D-Calif., who is a psychologist, were honored for their leadership and support promoting mental health. The Practice Organization awarded Murphy and Chu with the 2018 Outstanding Leadership Award, given annually to members of Congress in recognition for exceptional work on behalf of professional psychology. Chu attended the ceremony, and Joe Dunn, Murphy’s policy advisor, accepted the award on the senator’s behalf. Photos: Katherine Nordal, PhD, APA Practice Organization, with Rep. Chu and Joe Dunn.

► Psychology PAC: Honoring Mental Health Advocate Sen. Claire McCaskill
The Psychology Political Action Committee (PAC) honored U.S. Sen. Claire McCaskill, D-Mo., for her commitment and dedication as a supporter for maintaining the Affordable Care Act, including Medicaid expansion and consumer protections, at a reception and dinner held in Washington, D.C. McCaskill also is committed to combating veteran homelessness, improving mental health care for veterans and National Guard members, and expanding access to community-based mental health services. Photo: Sen. McCaskill with Missouri psychologists (L-R) Paul Korte, PhD, Chuck Hollister, PhD and Jameca Falconer, PhD.

► South Dakota Psychologist Honored for Advocacy Work
Psychologist Hilary Kindsfater, PhD, was recognized as the 2018 Federal Advocacy Coordinator of the Year. Kindsfater has a passion for mental health consumer and professional advocacy and has served as the Federal Advocacy Coordinator for the South Dakota Psychological Association since 2014. Kindsfater was honored for her many advocacy accomplishments including helping to secure Sen. Mike Rounds, R-S.D., as a co-sponsor of the Medicare Mental Health Access Act. Photo: Doug Walter, JD, head of Practice Government Relations with Hilary Kindsfater, PhD.

► Florida Psychologist Receives State Leadership Award
Psychologist Stephen I. Bloomfield, EdD, Florida Psychological Association was the recipient of the Committee of State Leaders 2018 State Leadership Award. This award is given out annually during PLC to a psychologist who has shown outstanding service to states, provinces, or territories as an officer, committee or task force chair, staff person or member in the state, provincial, or territorial psychological association (SPTA). Additionally, this individual has demonstrated significant participation in local or national advocacy and legislative efforts advancing the profession of psychology, has made significant contributions to national and state-level psychological organizations and promote the fair representation of SPTAs within APA and to support the election of individuals who have advocated for state, provincial or territorial agendas for election to boards, committees, and officers of APA. Photo: Stephen I. Bloomfield, EdD, with Eleanor Gil-Kashiwabara, PsyD, Chair, Committee of State Leaders.
The Trust Helps Your Practice Move in the Right Direction

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GETTING REIMBURSED: WHY PSYCHOLOGISTS NEED TO KNOW HOW BILLING CODES AND RATES ARE SET

By Luana Bossolo, Meghann Dugan-Hass and Diane Pedulla

If you accept insurance or Medicare, you probably spend a lot of time navigating the complicated process of billing for services, learning the ins and outs of each insurance carrier and staying current on billing codes. Knowing the right code to use for billing and keeping up with changes to those codes can feel overwhelming. Why is it so complicated? Who comes up with these codes? Is there anything psychologists can do to influence how these codes are determined and valued?

Good Practice breaks down the system for setting billing codes and rates and looks at how psychologists can help when it comes to determining codes.

Who creates billing codes for psychological services?
The simple answer is the American Medical Association (AMA). The process of defining health care services, assigning each service with a five-digit billing code, and annual updates to the physician work relative values are based on recommendations from two committees involving the AMA and national medical specialty societies.

The Current Procedural Terminology® (CPT) Editorial Panel is the committee responsible for ensuring that CPT codes remain up to date and reflect the latest medical care provided to patients. Authorized by the AMA Board of Trustees, the Panel is tasked with creating, revising or modifying CPT codes, descriptors, rules and guidelines.

Once a code is created or revised through the Panel, the next step in the process is for the code to be valued. The AMA/Specialty Society Relative Value System Update Committee (RUC), a unique multi-specialty committee, acts as an expert panel in making relative value recommendations as well as updating relative value units (RVUs) to reflect changes in medical practice. Through careful review of survey data presented by specialty societies, the RUC develops recommendations for new, revised, and potentially mis-valued codes and submits them to the Centers for Medicare and Medicaid Services (CMS) for consideration.

The CPT Panel and the RUC have also formed Health Care Professional Advisory Committees, also known as the HCPAC, to allow for participation of non-MD/DO professionals in the code development and valuation process. APA has retained a seat on the CPT HCPAC and the RUC HCPAC for over 25 years and are active participants in advocating for psychology.

How did AMA become the designated entity to determine billing codes for health services including psychological services?
Concerned about rising health care costs, in 1986 Congress created a commission to develop a new reimbursement model in Medicare for physicians and other clinicians. In an effort to move away from paying fees on a customary and prevailing basis, a new model in which services were ranked according to their relative costs incurred was developed. This is known as the Resource Based Relative Value System (RBRVS). In 1989, Congress required Medicare to develop a fee schedule based upon the RBRVS. In 1991, CMS designated the AMA as the entity to determine billing codes and recommended values for health services including psychological services. It was at that point that the RUC was formed to recommend relative values for new CPT codes.
How are billing code values determined?

- The AMA uses a RUC survey as a tool to collect objective data on health care services provided by psychologists, physicians and other health care professionals.
- Data from RUC surveys are used by AMA to assign a specific relative value unit for the CPT code assigned to each service including psychological services.
- The RUC recommends that CMS adopt their RVUs for new procedures and their assigned codes.
- This RVU is multiplied by a set dollar figure (called the conversion factor) to determine the price at which Medicare reimburses practitioners for the procedure.
- In determining values, the RUC looks at costs for professional work, practice expense, and malpractice insurance.

What happens after an RUC survey?

- Once the surveys are completed, the APA Practice Organization reviews the data and develops recommendations related to the work and practice (business) expenses (e.g. testing software fees or computer purchases) involved with performing the new procedures.
- APA Practice Organization representatives present recommendations at an AMA/RUC Meeting.
- The AMA/RUC determines a value for the new CPT codes and submits confidential work and practice expense recommendations to the Centers for Medicare and Medicaid Services (CMS).
- CMS makes the final decisions and publishes their approved values for the codes in the Medicare Physician Fee Schedule proposed rule, through the Federal Register.
- Final CMS-approved values go into effect yearly in Medicare and other federal programs.
- Commercial insurance companies use the annually updated Medicare rates to rationalize their own fees and policies. So, whether or not a psychologist’s patient population includes Medicare beneficiaries, the cooperation and participation of practicing psychologists in the RUC survey process helps ensure all psychologists are appropriately reimbursed for their services.

Assigning value to codes

There are more than 10,000 procedure codes published annually in the CPT Manual, and each service is assigned a relative value unit, or RVU. RVUs are based on three components:

- The time and intensity of the provider or physician’s work;
- Practice expenses; and
- Professional liability.

The RUC is primarily concerned with the first two components. The RVUs are then multiplied by Medicare’s annual conversion factor to arrive at the Medicare payment for each health care service to the provider. Moreover, while this is how Medicare rates are determined, commercial insurance companies benchmark their annual reimbursement rates against the fees established for the federal healthcare system.

How is psychologists’ participation in the RUC survey process integral to reimbursement?

From time to time, APA members will receive an email from the APA Practice Organization asking for your participation in a “RUC Survey.” Even if you’ve never received this type of request before, every psychologist must understand that completing the RUC surveys help to determine reimbursement rates for the health care services you provide; therefore, your input is crucial.

Commercial insurance companies use the annually updated Medicare rates to rationalize their own fees and policies. So, whether or not a psychologist’s patient population includes Medicare beneficiaries, the cooperation and participation of practicing psychologists in the RUC survey process helps ensure all psychologists are appropriately reimbursed for their services.

For additional information on billing and reimbursement, visit apapracticecentral.org.
eligible for Medicaid coverage at birth, and a single day cost Medicaid $10,000—she found a safe way to knock two days off preemies’ length of stay.

Data can also change a practice, says Bolander. When she noticed that no-shows and last-minute cancellations had given the practice a “fill rate” of just 63 percent, she shared those data with her clinicians and challenged them to increase it to 72 percent over three months. “We made it into a game,” says Bolander, explaining that she rewarded the staff with a lunch cruise when they achieved a 79 percent fill rate.

Finding new opportunities

How can private practitioners begin to broaden their self-conception? Think like an entrepreneur, says Jackman, who has a side job providing business coaching and branding advice to psychologists and others looking to launch private practices.

Other ways to identify new opportunities include:

• **Engage with primary care.** If your patients do not have a primary care “home,” get them in one, says Henderson. And then “close the loop” on referrals, following up to make sure patients get there and sharing information with other providers.

• **Become tech savvy.** Without electronic health record systems to share data, psychologists are going to be left out, says Morrison. “People are not going to be faxing you stuff or calling you,” he says. Virtual therapy represents another opportunity. “We have a generation of kids who don’t see the point of having to come into your office to talk to you,” he says.

• **Become a go-to media source.** Media training can teach you how to give a solid interview and help you build relationships with journalists, says Henderson, who is a frequent guest of a radio disc jockey.

• **Get involved in politics.** For most of Bolander’s life, she was apolitical. But when her state began talking about payment reform, she got involved and now spends time with legislators and insurers. “Even though it’s not a billable hour, I get that back 10-fold because I’ve had the opportunity to help influence legislation and payment reform, not just for my practice or for behavioral health, but for population health and wellness in Delaware,” she says. “Now people are actually calling us and paying us to do that.”

To avoid “keeping ourselves out of the game and on the sidelines,” says Corso, psychologists should “find out where we can add value and then go deliver that value in a proactive way.”

Hannah Calkins is the daughter of Anne Talbot, PsyD, president of the Nebraska Psychological Association.
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The opportunity to objectively see how your patients are doing allows you to tweak or improve treatment accordingly, Wright adds. “It gives you an additional data point to alert you when something is not right, or to inform discussions you have with your patients about how treatment is going,” she says.

Over time, using the registry may also become a way to demonstrate patient progress and outcomes to insurers, which tend to use their own measures in somewhat opaque ways, she adds. Indeed, such data might serve an educational function: “It gives the provider the power to say, ‘I have these state-of-the-art, valid and reliable measures, and I can show you that my patients are getting better over time,’” Wright says. You can use your experience with the registry “to ask insurers what kinds of value-based models they are exploring, and ask if you can be part of that,” she says.

Once you have gathered enough data, you can also use it as a marketing tool, says Pedulla. Showcasing this information on your website or through other communication channels can show that you run a careful practice that is concerned about patient outcomes, and that you are willing to share hard data demonstrating your performance, she says.

Using the registry might also have utility for psychology’s relationship with large health care systems, says Bobbitt. If psychologists working with or in those systems use the registry and talk to administrators about their results, they can potentially influence which metrics those systems choose, he says.

Meanwhile, practitioners who are exempt from MIPS reporting or who treat patients using private insurance can pick and choose measures according to their own needs, interests and caseloads, says Wright. Let’s say you have several clients who have anxiety disorders, are on medication for anxiety, and have a substance use problem. You could choose three measures addressing each of those areas and track that group over time. You could also report your results to insurers, and potentially show that you are doing this kind of reporting more often than your peers, for example.

“It’s really individualized—people can pick whichever measures they think fit with their practice and that can defend the argument that they are doing quality work,” she says.

**Future directions**

As more users take part, the registry team will continue to add measures based on psychologists’ interest. In fact, the team is already working on two more cross-cutting measures that promise to increase the practical value of the registry: one on functioning and quality of life, and another measure on sleep.

“We want to go after things that are likely to be relevant for clinical practitioners who are often dealing with co-morbid disorders,” Goodheart says.

In the coming months, the Practice Organization will also reach out to educate practitioners about the platform, its purpose, and how to use it. For starters, there will be several related events at the APA Annual Convention in San Francisco, where the registry will be rolled out.

Later this year, Wright and Pedulla will also host an educational webinar on the topic, and the registry team will share information at state psychological associations, on relevant listservs and in various APA publications.

In the largest sense, the registry will need many users to fulfill its intended function of compiling enough data to provide useful pictures of national trends. Once people start to get on board in this way, says Wright, the field can only benefit.

“If psychologists are willing to take this on, to take the initiative, I think they’ll see big gains in the end,” in particular in showing others what the field can actually do, on its own terms. “That,” she says, “will put us in a much better position to advocate on our own behalf.”

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**To join or find out more about the Mental and Behavioral Health Registry, visit apapo.mipspro.com/**

**Check out these related symposia scheduled for the 2018 APA Annual Convention in San Francisco:**

**Be Competitive and More: Reporting on Quality in the Changing Health Care Marketplace**

*Presenters:* Carol Goodheart, EdD; Zeeshan Butt, PhD; Dean McKay, PhD; and Caroline Vaile Wright, PhD. *Discussant:* Kate Brown, PhD.

**Keeping Psychologists in the Driver’s Seat: Multiple Perspectives on Quality Improvement**

*Presenters:* Caroline Vaile Wright, PhD; Katherine Nordal, PhD; Diane Pedulla, JD; James F. Boswell, PhD; Michael J. Constantino, PhD; Louis G. Castonguay, PhD; and Tony Rousmaniere, PsyD. *Discussant:* Carol Goodheart, EdD.
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