Reconceptualizing Professional Psychology

Psychologists have much more to offer than direct clinical service, including research, management and design and program evaluation.

If you’ve visited a pharmacy at CVS, Walmart or another big chain lately, you may have noticed that pharmacists don’t practice the way they used to, says psychologist Nancy Breen Ruddy, PhD, vice president for patient engagement at the advertising firm McCann Health.

“They’re training their pharmacists to come out from behind the counter to talk to patients, teaching them healthy behaviors and how to take their medicines,” says Ruddy. “They want to change who pharmacists are in their world.”

Psychologists could learn a lot from pharmacists about how to thrive in a rapidly changing health care environment, says Ruddy. “It wasn’t that long ago that they felt the same way we did,” noting that psychology’s private practitioners often tend to have a “the sky is falling” feeling about their long-term prospects as clinicians. “But pharmacists have been pretty smart about transitioning who they are in the health care field.”

Psychologists – especially those in the early to middle stages of their careers – need to do the same, say Ruddy and other experts.

Going beyond clinical services

Back in January 2016, when the Practice Organization asked leaders from state psychological associations about their professional needs, the top concerns members identified were reimbursement and competition from non-doctoral providers. That emphasis is misguided, says Ruddy.

“There’s really a disconnect in our focus on direct clinical service – and getting paid for it – and the way the rest of the world is seeing us,” she says. An analysis of online ads for psychologists conducted by APA’s Center for Workforce Studies, for example, found that research, communication and management – not direct service provision – dominate the list of skills requested.

“The bottom line: The definition of who we are is changing,” says Ruddy, explaining that employers are seeking psychologists to supervise other providers, create new programs and evaluate systems.

It’s not just what psychologists work on that’s changing, she adds. It’s also how they work. “There’s a huge push
right now for health care professionals to be working in interdisciplinary teams and working together, not siloed out there in individual private practices,” says Ruddy. In addition, the settings where psychologists have something to offer are far more diverse than health care, she says.

These changes don’t mean that psychologists should stop trying to improve reimbursement, Ruddy emphasizes. However, expanding the dialogue of what psychologists can bring to the table has to be just as big a priority.

“The emphasis has to be on who we serve, not what we need,” says Ruddy.

Moving past one-on-one care

While Ruddy encourages psychologists to learn from pharmacists, Arthur C. Evans, PhD, commissioner of Philadelphia’s Department of Behavioral Health and Intellectual DisAbility Services, urges psychology to borrow from public health.

Doing so has allowed Evans to view all of Philadelphia’s 1.5 million residents as his responsibility even if they don’t currently have psychological or substance use problems. Noting that 90 percent of people with addictions and 40 to 50 percent of those with mental health diagnoses never come for treatment, Evans has decided not to wait.

“We have to move away from just thinking about psychotherapy and medications to a whole range of ways to intervene in communities to promote health,” he says. “We have to start thinking beyond the individual level.”

That means new opportunities for psychologists, says Evans. In Philadelphia, psychologists helped implement an online tool at www.healthymindsphilly.org so the city could screen people for behavioral health issues in the same way that communities screen for diabetes or cardiovascular disease. (Eventually, the site will give users the option of online interventions.) Evans’ agency is also battling stigma through community participatory art projects, creating murals on a variety of behavioral health topics. One such project utilized a psychologist who conducted workshops and other activities to educate community members about suicide.

Embracing entrepreneurialism

Geoffrey Kanter, PhD, chief executive officer of Comprehensive MedPsych Services in Sarasota, Florida, is another example of a psychologist finding creative ways to thrive in a fast-changing health care environment.

With a practice that has grown from just four psychologists in 1998 to more than 100 multispecialty clinicians today, Kanter realized that he had learned important lessons that could benefit other psychologists. To share what he has learned, he’s developing a management services organization that will give members access to the same kinds of sophisticated “back office” structures and services a big business like his has access to, all while maintaining their own practices’ autonomy.

The management services organization will offer psychologists a menu of services, including encrypted email, a sophisticated electronic health record system, clinical outcome measures, a Health Insurance Portability and Accountability Act compliance plan, even discounts on office equipment, testing supplies and credit card plans.

Coming together like this doesn’t just produce economies of scale and thus discounts, says Kanter. It also brings a new relationship with payers.

“If you are a member, rather than an employee, of a larger entity that has a track record of negotiating with insurance companies and is conversant with their processes and systems, what is often a ‘war dance’ with the insurance companies then becomes a mutually beneficial tango instead,” Kanter says. Furthermore, if psychologists from around the country had a method for pooling data on their effectiveness, for example, insurers would pay attention. “They want to see metrics and quantifiable results,” he added.

Building the infrastructure for his business has been difficult, even painful sometimes, says Kanter. Now his goal is to save other psychologists the trouble. My dream, says Kanter, “is to help all psychologists in the country get on board with a business model that will help everybody be able to access different types of systems and processes that, as an individual or small group, they just don’t have the capacity or the financial resources to be able to do.”

Visit apapracticecentral.org to view Drs. Ruddy, Evans and Kanter discussing reconceptualizing psychology practice during the APA and Practice Organization State Leadership Conference.