

Vision and Vigilance
State Leadership Conference Welcoming Address
TRANSCRIPT

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What do we need to do to, and what do we need to shake off . . . as psychologists and as a profession?

The theme for this year's State Leadership Conference as you've heard is practice innovation. And innovation involves new ideas, new processes, change, upheaval and transformation.

To be innovators we need to shake off some old ways of thinking about traditional practice models. And we need to shake off the negative attitudes of some of our colleagues about what's happening in health care.

That world is changing. Everyone in this room knows that. And health care is moving ahead – with or without psychology. Whether we move forward will be up to us and the leaders in this room.

We need to think differently about our professional roles and the way we provide services. Too many psychologists are stuck in that traditional 50-minute therapy box. And that box is way too confining.

We need to think creatively about where psychology can best influence our evolving health care system . . . how we practice . . . where we practice . . . and what we practice.

So, consider three questions:

- How can psychologists participate in the evolving health care system in ways that are good for us, good for our profession and probably most importantly, good for our patients?
- What effects will health care reform, the system changes, the financing changes and technology have on us and how we practice?
- And how do we, as leaders in our profession, support our members as these changes unfold?

We'll be exploring these questions and many more during this conference. And to help us, we have some really entrepreneurial psychologists who have been shaking it off and shaking it up

out there in the field. They're collaborating with health care practices and payers to create new models that work for us. In short, they are great role models for innovation.

Dr. Vince Bellwoar from the Philadelphia area is working with Aetna Behavioral Health to use payment systems in new ways that will improve patient care. Dr. Geoffrey Kanter from Sarasota, Florida is using innovative models for delivering and marketing psychological services to collaborate with primary care practices. You'll hear from Doctors Bellwoar and Kanter during our featured presentation tomorrow.

The novelty and breakthroughs that are part of innovation can be energizing for those who are entrepreneurial. And along with the excitement some practitioners experience, innovation can be scary. It makes many of us anxious and it makes us uncomfortable.

So innovation is a matter of both opportunity and challenge -- just like our advocacy agenda.

When I think about our recent advocacy work and our plans for the future, two words come to mind: vision and vigilance.

As advocates for professional psychology, what kind of leaders do we want to be? A key aspect of vision is focus. Clearly, innovation requires focused leaders.

In a 2013 *Harvard Business Review* article entitled "The Focused Leader," psychologist and well-known author Daniel Goleman talks about the need to focus in three areas:

- First on yourself – and I would add, your state association
- Then on others
- And on the wider world in which we live.

Quoting Dr. Goleman, "A failure to focus inward leaves you rudderless, a failure to focus on others leaves you clueless, and a failure to focus outward may leave you blindsided."

We cannot afford to be a rudderless, clueless, blindsided profession, or we will not thrive as a health care profession into the future.

Dr. Goleman's three focal points provide a helpful framework for strategic leaders:

- First, we need to be aware of what our members want and need from us. We must be true to our professional values and to our organizational missions. That's the focus on "yourself" and your organization.
- Then, we need to be attentive to the needs of stakeholders and cultivate opportunities to collaborate with those who have similar visions, interests and goals. Collaboration and partnerships are crucial for successful advocacy. And that relates to Dr. Goleman's second point . . . focusing on "others."

- Finally, we need to understand the bigger picture – the health care environment in which psychology lives. That’s what Dr. Goleman refers to as focusing on “the wider world.” We don’t operate in a vacuum. Successful advocacy for psychology requires that we understand how that bigger world impacts us and how and where we can impact it.

Dr. Goleman’s concept of “focused leadership” connects to the first part of our Practice Organization mission -- advancing the economic and professional interests of practicing psychologists.

The other part of our mission is defending practitioners’ interests. And that’s where the vigilance comes in.

So I want to share some examples that illustrate how both vision and vigilance guide our advocacy agenda – and how vigilance by state leaders like you has clearly made a difference to all of us.

Let’s focus first on something we’re all concerned about: Medicare reimbursement. No one needs to tell you that payment rates have plummeted – by some twenty percent between 2007 and 2015.

So what are we doing about it? We’re combining short-term actions and long-term strategies to confront this problem.

In 2014, we gained an eight percent increase in the Medicare payment pool for psychological services and helped to postpone the SGR payment cut for yet another year.

With regard to the long-term, we need to fix the Medicare payment formula, and that is an exceptionally complex animal. Your Practice Organization has teamed up with Avalere, a well-respected health policy consulting firm, to explore potential solutions for correcting the way that the formula penalizes psychologists.

We have presented concrete proposals for a remedy to top officials at CMS. And we are ready to pursue a legislative fix if needed.

Another example related to our Medicare advocacy is The Physician Quality Reporting System, or PQRS. Strikes fear in the hearts of some of you.

We’ve heard countless complaints from members who are confused by PQRS and who are frustrated by the hassle of participating in the program. Success rates for providers who participate using claims-based reporting is only slightly better than about 50 percent.

So we've developed a new registry to help fix the problem of low success rates with claims-based reporting, and to protect psychologists' Medicare payments. We're collaborating on this venture with Healthmonix, a leading health care technology company.

Our Practice Organization was the first and the only mental health organization to develop a registry. Unlike other registries, our APAPO PQRS**PRO** focuses on mental and behavioral health measures. To help us succeed, we picked an organization that understands how psychologists practice and can work well with our members.

We rolled out the registry in December and already have almost 1,200 registrants. We know it's not a necessary or an appropriate tool for all psychologists. But it has been successful for those who have used it. Many avoided future Medicare payment penalties, and some of our registrants actually earned the final bonus payments that were available in 2014.

And that's not the end of the story though. We have longer-term plans for the registry. We're laying the groundwork for a qualified clinical data registry. Probably something that you all don't know a whole bunch about at this point. Such a registry would give psychologists more choices of the quality measures they could use to better reflect the work that they do. Because we know you're not happy with the ones that are currently available in the Medicare system.

Psychology should be the discipline that defines and expands the mental health quality measures available for Medicare and all other public and private payers as these measures are becoming more widely required by the payor community.

Clinical practice guidelines provide another example of our asserting a leadership role.

For many years other disciplines – especially medicine – have developed clinical practice guidelines. And historically, psychology chose not to be at that table. That has enabled other disciplines to control the process, and payers have used their guidelines to determine what they will and will not pay for, including in the mental health arena.

That will change as APA finalizes three initial guidelines – for PTSD, depression and obesity.

Guidelines developed by other disciplines often ignore the rich psychological science that informs good practice. APA guidelines will identify the most effective psychological treatments for these disorders, regardless of the discipline providing the care.

Our guidelines development process is innovative. APA panels are multidisciplinary – we have participants from psychology, medicine, nursing, social work and dietetics for example. And one of our cutting-edge, best practices is including community members on each panel to represent the patient perspective.

Now let's shift our attention to Medicaid – the single largest payer for mental health services in this country.

Thanks to the Arkansas Psychological Association's persistence, the Medicaid program in that state changed its rules in 2014 to reimburse the services of interns. And now we're building on that win. APA Practice is teaming with the Education Directorate and with APAGS to expand Medicaid reimbursement for services provided by interns.

We believe this initiative:

- Will help meet the growing demand for mental health services at a time when the Medicaid rolls have swelled by the millions.
- And importantly, it will help maintain and expand internship slots for our future practitioners.

That's one example of our work in the Medicaid arena that advances the profession. At the same time, we're working on defending psychology's scope of practice in the Missouri Medicaid program.

Kudos to Missouri Psychological Association Executive Director Chuck Hollister – wherever you are - for being vigilant – for detecting and responding rapidly to a really onerous regulation.

New Missouri Medicaid rules mandate that psychologists who bill health and behavior, or we call them H & B, codes in Missouri's Medicaid Health Homes acquire additional certification to work in these primary care settings.

We are working with Missouri leaders to challenge these unprecedented training requirements – for which psychologists and social workers were singled out. No medical professionals face these additional training requirements.

We're attacking this problem on several fronts. APA provided Missouri with a Psychology Defense Fund grant to help fight back. And meanwhile, we've assembled a legal team from both inside and outside APA and our Practice Organization to take quick action.

We are challenging the new Medicaid requirements on two main grounds:

- First, as a violation of state law that prohibits discrimination against psychologists in Missouri, and
- Second, as contrary to Missouri's scope of practice for psychologists, which clearly includes statutorily in the language provision of health and behavior services.

So stay tuned!

Here's another example from Connecticut of a state association spotting a troublesome development and teaming up with your Practice Organization for a solution.

Dr. Traci Cipriano, Connecticut's director of professional affairs, flagged a big problem with the Healthy CT plan's fee schedule for 2014. As part of a coalition of neuropsychology organizations, your Practice Organization, along with CPA, jointly approached representatives of this health insurance exchange and demanded a remedy.

We succeeded in fixing two major problems with the fee schedule:

- First, psychologists are no longer lumped together in a payment schedule with lesser trained mental health providers. We now have a separate fee schedule with payment rates on par with psychiatrists.
- In addition, the new fee schedule includes neuropsychological assessment, which was omitted from the original fee schedule for psychologists, but was, strangely enough, included in the fee schedule for nurse practitioners.

Also on the insurance front, I want to pass along some really great news that we just received earlier this week. Your Practice Organization had complained to Anthem that its audit company, Sante Analytics, was misapplying our guidance on recording start and stop times for psychotherapy to their audits on psychological and neuropsychological testing. Anthem agreed with our objection . . . fired Sante Analytics . . . and stopped the audits!

And now I want to share an example of a state that just happens to be sitting down here near the front, that did a great job with collaborating and building partnerships. That state is Illinois, the third state to gain prescriptive authority for qualified psychologists. And yes folks, it happened in the state that is home to the American Medical Association!

Hats off to Dr. Beth Rom-Rymer, who led the charge with her colleagues in Illinois. It was a big win – the culmination of several years of tireless advocacy and hard-fought legislative battles.

Our Illinois leaders demonstrated amazing skill in laying the groundwork for bringing medicine to the negotiating table and gaining support from a variety of organizations and groups - - stakeholders like federally qualified health centers, prisons and jails in the state, and the sheriff's association.

And IPA got right to work pressing for implementation after the law passed last May. A 2014 legislative grant from your Practice Organization supported that activity.

This win has reinvigorated psychology's quest for prescriptive authority. Idaho, Hawaii, New Jersey, North Dakota and Nebraska now are engaged in legislative activity, and they're getting results.

A shout-out to Idaho, where their prescriptive authority bill passed the Senate at the end of February and is pending in the House. And let's also recognize Hawaii, where their bill passed the House just this week and is headed to the Senate! Shout out for Idaho and Hawaii!

Before I wrap up these examples of activities that involve national and state partnerships, I do want to mention one more.

We all know that our members are looking to their state associations for guidance in dealing with marketplace reforms that have resulted from the Affordable Care Act. Your Practice Organization is delighted to be working with four state psychological associations – New York, Pennsylvania, Connecticut and New Jersey – and neuropsychological associations to present a regional conference in May on integrated care and alternative practice models. This meeting will showcase our collaboration with entrepreneurial practitioners and our consultation with legal experts about viable practice models for psychologists in independent practice. If it's successful, this conference may serve as a template for future regional meetings.

All of these examples show what can happen when psychology's leaders cultivate opportunities and craft innovative solutions for the challenges facing our profession. So when you see these colleagues in the halls at this meeting, thank them for what they've accomplished and ask them for some clues about how you can do some similar kinds of things.

Those of you who have been with us before at SLC know that you'll get plenty of preparation in the next three days for your visits to Capitol Hill on Tuesday.

Here's the essence of our four advocacy messages about Medicare that we're asking you to deliver:

- 1 -- Repeal the sustainable growth rate formula.
- 2 -- Halt declining Medicare reimbursement rates for psychologists.
- 3 -- Allow psychologists to practice without unnecessary physician supervision, and
- 4 -- Make psychologists eligible for Medicare electronic health record incentive payments.

This year we're elevating our focus on the power of storytelling as a valuable advocacy tool. Thanks to you and your colleagues, we have a number of stories about the need for psychologists to have independent practice authority in Medicare to be used during Hill visits.

Here's just one example that shows why your stories matter: When our Government Relations team shared one of the stories during a recent visit with a congressional staffer, the staffer recognized the psychologist's name and said that the psychologist was his grandfather's best friend! Now talk about a great way to make a connection!

What's really important is for you to tell your story during your Hill visits. It's the most powerful way for you to make and build relationships with your members of Congress. On Sunday morning, our FAC workshop and the Monday morning plenary with Andy Goodman are great places to pick up pointers on effective story telling.

As I mentioned at the outset, the focus of this conference is on leadership and innovation. So how are we going to be successful as focused, innovative leaders?

With vision and vigilance.

We need to:

- Be attuned to what our members need
- Be true to our organizational mission and professional values
- Be open to partnering with allies, and
- Be mindful of the very big changes happening in our health care system.

And you'll need a dose of courage to face the resistance you're going to encounter back home. There will be times when your colleagues push back at your efforts at innovation. Sometimes you'll hear your colleagues complain, "Why should we change the way we've always done it?" Or, "that's not how I was trained". . .

And when you get that pushback, what 3-word message are you going to give back to them?

Are you ready?

"Shake It Off."

You are the leaders with the focused vision and vigilance needed to influence a challenging and changing health care system. You are our leaders who will shape a vibrant future for professional psychology.

You help others. We help you.

Thank you, and enjoy the conference.