## Presentation to the Behavioral Health Subcommittee State of New Mexico Legislature

- Senator Mary Kay Papen
- Presiding Chair

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# Need for Prescribing Psychologists



# The Lack of Access to Mental Health Care is Particularly Critical in Rural New Mexico

#### **Density Data:**

United States	Psychologists Psychiatrists	34.3/100,000 14.3/100,000
Metropolitan New Mexico	Psychologists Psychiatrists	41.0/100,000 21.0/100,000
Non Metro New Mexico	Psychologists Psychiatrists	13.0/100,000 5.8/100,000

American Psychological Association Practice Organization,
Psychologist and Psychiatrist Density Ratio Project, October 5, 2007,
prepared by The Center for Health Policy, Planning and Research.



In a 2001 survey, we located **95** psychiatrists in New Mexico. Most are located in Albuquerque and Santa Fe, and many work at the Medical School of the University of New Mexico.

There are now 33 psychologists licensed to prescribe psychotropic medications under the New Mexico Law. 25 are prescribing in New Mexico. These prescribing psychologists have increased those available to provide psychopharmacological/psychotherapeutic care by 25%!



In Addition to Easing the Overall Burden of Availability of Psychopharmacological Care in New Mexico, New Mexico's 31 Prescribing Psychologists Are Helping to Meet the Needs of the Underserved



## Location of New Mexico Psychologists Licensed to Prescribe

#### Practicing in New Mexico

Albuquerque	7 1/5*
Alamogordo	1/5*
Chaparral	1/5*
Farmington	1
Grants	1
Hobbs	1 1/5*
Las Cruces6	
Las Vegas	1
Mescalero (1/5)*	
Roswell	1
Santa Fe	2 1/5*
Taos & North	1

#### Licensed in New Mexico/

#### Prescribing Out of State

North Dakota IHS	1
Montana IHS	1
Washington Military Contractor	1
Texas Military Contractors	2

#### Licensed in New Mexico/

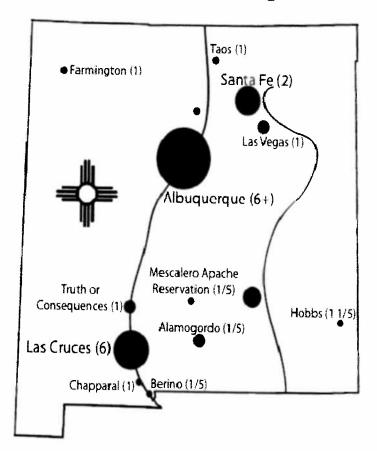
#### Consulting Out of State

Washington, D.C./California	1
Minnesota	1
(she was IHS New	Mexico)
Pennsylvania (New Mexico)	1
Illinois	1

\*1/5 = consulting weekly



# Prescribing Psychologists are Servicing Rural Communities



#### Other States with Practicing Prescribing Psychologists Licensed Through NM:

Montana (1) North Dakota (1) Texas (2) Washington (1)

#### Legend

(x) Number of FTE prescribers

 Size of dot proportional to population density

1/5 = weekly to monthly consultation



#### Examples of Sites Where Prescribing Psychologists Complete Their Internships (offering free service) and are Employed

- Presbyterian Clinic in Gallup
- School-Based Health Clinic in Gadsden
- School-Based Health Clinic in Las Cruces
- General Hospital in Roswell
- Federally Qualified Health Clinics in Taos
- Federally Qualified Health Clinic in Espanola
- Federally Qualified Health Clinic in Truth or Consequences
- Mental Health Clinic in Taos
- General Hospital in Farmington
- Family Practice Residency Center in Las Cruces
- Memorial Medical Hospital in Las Cruces
- Taos-Picarus Indian Health Service
- Lovelace Outpatient Clinic in Albuquerque

- Private Clinics throughout the State including Albuquerque, Roswell
- Mental Health Clinic in Berino
- Federally Qualified Health Center in Chaparral
- Drug Treatment Centers in Albuquerque and Santa Fe
- Las Vegas State Hospital
- Director of Substance Abuse Clinic in Albuquerque



# Overview of Training to become a Prescribing Psychologist



## Training of Prescribing Psychologists

- Must have a doctoral degree and license as a psychologist in good standing to be accepted into the SIAP/NMSU program
- Must complete a post-doctoral Interdisciplinary Masters in Psychopharmacology which includes
  - 36 academic hours
  - 80 hour practicum with primary care physician
  - 400 hour/ 100 patient practicum in diagnosis and treatment of mental disorder
- Must pass a nationally standardized test, Psychopharmacology for Psychologists (the PEP).
- Then can obtain a conditional license to prescribe
- With conditional license, must see 50 patients over two years under supervision
- After review of records by New Mexico Board of Psychologist Examiners, conditional psychologists can obtain an unrestricted license to prescribe psychotropic medications



## Rights and Responsibilities of Prescribing Psychologists

- Remain in a consultative relationship with a Primary Care Physician
- Formulary is limited to psychotropic medications
- Must order appropriate lab tests to be a safe prescriber
- Must practice within area of specialization of the psychology license and with appropriate post-doctoral supervision
  - Those with hospital practices and privileges can prescribe at hospitals for their patients
  - Child psychologists with prescriptive authority and appropriate post-doctoral supervision can prescribe for children
  - Must also have appropriate background and specialized supervision to work with geriatric populations
- Prescribing psychologists can bill for Medicaid and most private insurances at a rate approximately \$10 higher per hour than other psychologists
  - Medicare does not yet recognize prescribing psychologists
- Prescribing psychologists offer the state great cost savings as they provide psychotherapy, psychological testing and assessment, and psychopharmacological intervention in each session by one provider



# From the New Mexico Board of Psychologist Examiners' Perspective

"In the five years that psychologists have been prescribing in New Mexico, there have been no complaints at all to the State Board of Psychologist Examiners of patients having been harmed by prescribing psychologists. None. Also, there have been no allegations of improper or inappropriate prescribing which have been verified after review by the State Board of Pharmacy."

Robert Sherrill, Ph.D.
Chair
New Mexico Board of Psychologist Examiners



Prescriptive Authority for
Psychologists Can Be a Vital
Link
in the Medical
Home/Integrated Health Care
Movement



#### Vector 1: Pressures on Primary Care Physicians

- Increasingly, primary care physicians are faced with helping patients with emotional problems.
- They have neither the time nor extensive training to deal with these issues in depth.
- They often respond to these pressures by prescribing psychotropic medications.
- In fact, over 80% of psychotropic medications are prescribed by primary care doctors.
- Yet, meta-analyses reveal that often these emotional needs could be addressed as effectively, or more effectively, by psychotherapy.
- Moreover, psychotherapy plus medication is often more effective than medication alone.

(In LeVine & Foster, 2010, Integration of Psychotherapy and Pharmacotherapy by Prescribing Psychologists: A psychobiosocial model of care. In R. McGrath & B. Moore, Therapy for Psychologists: Prescribing Collaborative Roles. Washington, DC: American Psychological Association)



### Vector 2: Pressures on Psychologists

- It is increasingly difficult to maintain a private practice
  - Limited insurance reimbursement
  - Endless paperwork
  - It can take young graduates years to be accepted on insurance panels
  - New graduates need jobs in which they can quickly pay back huge college loans
- Many psychologists report more barriers to triage in our fragmented care system
- New positions are available in primary care centers, spurred by federal funding streams that require behavioral specialists in the centers
- The behavior specialists are being asked to adopt a biopsychosocial model of care (George Engel, 1981) as they triage with medical colleagues in these settings
- Their expertise must include: health psychology, knowledge of psychopharmacology, and knowledge about the dynamics of primary health care settings

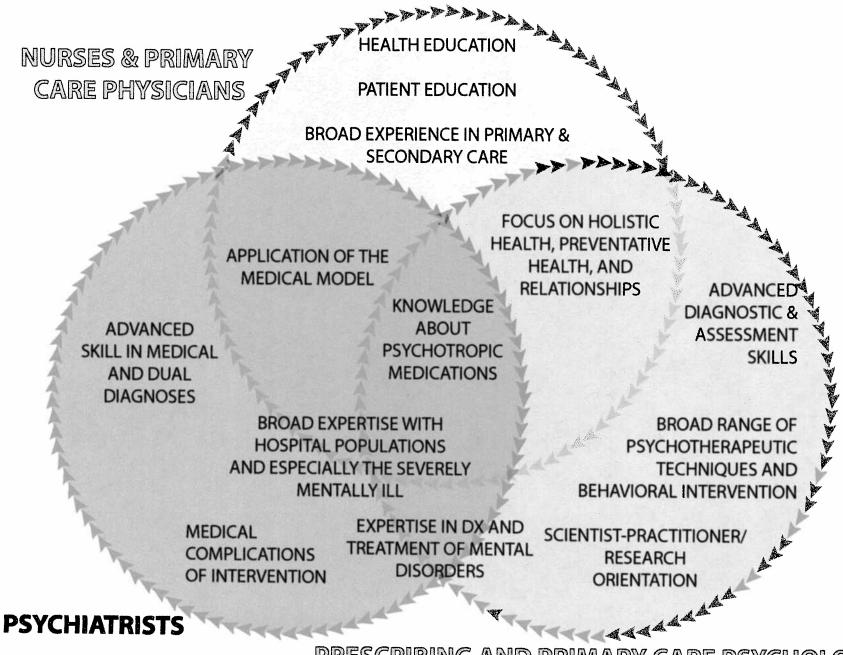


## Vector 3: Enter Prescribing Psychologists

- Prescribing psychologists, by law, must maintain a collaborative relationship with primary care physicians
- Many are working in medical settings
- Many report increasing referrals from physicians
- They also note increasing referrals for
  - Dual diagnoses patients
  - Severely mentally ill
    - LeVine, Wiggins, & Masse, 2011
- They are adopting a different model which includes the following:
  - Less use of multiple medications
  - A trend to take some patients off medications in favor of psychotherapy
  - Extensive informed consent



#### Psychiatrists, Nurse Practitioners, Primary Care Physicians and Psychologists Trained in Psychopharmacology and Primary Care Bring Overlapping Skills and Differing Strengths to Patient Care



PRESCRIBING AND PRIMARY CARE PSYCHOLOGIST

# An Example of the Integrated Practice of Behavioral Psychologists Trained in Prescriptive Authority and Physicians at the Family Practice Residency Program Center in Las Cruces

- The Family Practice Center employs three prescribing psychologists
  - Full-time RxP psychologists work side by side with physicians to assess and treat patients
  - Full-time RxP psychologists train the medical residents in psychopharmacology
  - The RxP psychologists supervise doctoral students from the American Psychological Association accredited Counseling Psychology program of New Mexico State University in principles of health psychology and primary health care psychology
  - The doctoral level psychology interns provide therapy and lifestyle intervention (weight loss, stop smoking clinics, etc.) under RxP psychologists as supervisors
  - A third part-time RxP psychologist provides a Balint group, a support group for the residents in which they can confidentially express their concerns about patients, their personal stresses as physicians and hone their communication skills
- In turn, the Family Practice Medical Staff and Residents
  - Provide medical consultation on all patients seen by the RxP psychologists and doctoral psychology interns
  - Teach courses in pathophysiology for the NMSU post-doctoral psychopharmacology program
  - Provide supervision of RxP psychologists completing their preceptorships



## Summary

The prescribing psychologists of New Mexico express their deep gratitude to the New Mexico Legislature for its far-sighted support of our efforts.

We will continue to do our best to:

- Provide quality care to the mentally ill
- Increase access to care for all New Mexican citizens
- Become a formative part of Integrated Health Care Models with particular emphasis on underserved populations in rural settings

