



FEDERATION OF TEXAS PSYCHIATRY

A United Voice for Texas Psychiatry

The Best Solutions for Patients' Medical Needs

Psychologists seeking prescription privileges often point to a shortage of psychiatrists, particularly in rural areas. However, clinical psychologists are not geographically distributed. Primary care is widely available — and new innovative models of care and technology has made specialty care like psychiatry more accessible.

There are more appropriate, medically safe solutions to mental health needs in our state, including:

Collaborative Care

Many patients with mental health and substance use disorders are being treated in the primary care office. Yet, only 25 percent of patients receive effective mental health care, including in primary care settings, where most patients with MH/SUD receive their usual care.¹ This creates an opportunity for improved access to care through more effective integrated care.

More than 80 randomized controlled studies have identified the Collaborative Care Model (CoCM) as the most-effective integrated care model for achieving the triple aim of improving patient outcomes and satisfaction while reducing costs. The model focuses on a team-based approach that delivers mental health and substance use treatment between a primary care provider (PCP), behavioral health care coordinator and a consulting psychiatrist.

The Centers for Medicare and Medicaid (CMS) support education and training for psychiatrists and primary care physicians. They have also adopted billing codes for the model for Medicare and an effort is underway for some State Medicaid programs to reimburse for the model.

Currently, the Texas Legislature is considering S.B.10 by Sen. Jane Nelson & H.B. 10 by Rep. Senfronia Thompson, which will expand access to psychiatric care for pediatricians through collaborative models through the state's medical schools and Departments of Psychiatry.

There are more viable solutions than giving poorly-trained psychologists the right to prescribe.

¹ Unützer J et al. "The Collaborative Care Model: An Approach for Integrating Physical and Mental Health Care in Medicaid Health Homes." Health Home Information Resource Center Brief. Centers for Medicare and Medicaid Services. May 2013.

Telepsychiatry

Telepsychiatry allows psychiatrists to become a part of a patient's care team at a distance by collaborating with primary care physicians and other providers. Telepsychiatry has been around since the 1950s, but over the past decade it has become more widespread as more people have gained access to broadband internet from virtually anywhere using their electronic devices. Telepsychiatry includes live video conferencing as well as "store-and-forward" technology (i.e., video clips) to connect people to valuable mental health services.

Telepsychiatry increases access to care for people in rural communities; those who avoid in-person treatment due to stigma; and for patients in long-term care facilities and emergency departments that do not have a psychiatrist onsite. Patients who use telepsychiatry services report high levels of satisfaction with their care, and emerging evidence over the past several years indicates that patient outcomes are generally just as good as in-person care, and with some diagnoses and patient populations, better.

Network Adequacy

Health plan participants' lack of access to in-network psychiatric physician services for mental health and substance use disorder conditions, as compared to access for other medical and surgical conditions, is a significant problem. Jurisdiction to enforce the parity law respecting health insurance products is vested with state insurance commissioners.

Numerous studies have documented that participation of psychiatrists in insurance networks and/or the availability of psychiatrists who are participating in-network is poor. This is especially evidenced by high out-of-network and emergency room utilization rates as compared to those for other medical-surgical conditions, lack of timely appointment availability and sometimes grossly inaccurate health plan provider directories which present an undue burden and access barrier for patients. The promise of access to psychiatric services for insured individuals is seriously compromised.

Despite the fact that these issues are well-documented and the implications as to whether health plan networks are in compliance with parity law, there is a lack of parity compliance oversight by state regulators on the matter of network adequacy. Action to ensure appropriate state regulator examination of this issue is essential.

Protect Patient Safety – Reject S.B. 268 / H.B. 1092