IHC

Interdivisional Healthcare Committee

IHC Concerns Regarding Medical Psychology: Follow-up Summary and Analysis

April 21, 2010

Summary

On 1/1/2010, a law called Act 251 went into effect in Louisiana. This law gives prescriptive authority to trained "medical psychologists" (MPs) in that state. While we are not taking a position against prescribing psychology (RxP), there are aspects of Act 251 that are very troubling. If Louisiana's Act 251 becomes a model for other states (and currently there are only two RxP states, Louisiana and New Mexico), this will likely have wide ranging implications for practice patterns, education and training, with consequences that are difficult to anticipate. Our concerns are as follows:

1. The term "medical psychologist" (MP) as used in Louisiana law Act 251 refers to a psychologist who has been trained to treat psychiatric disorders with medications. For 80 years, the term "medical psychologist" described a psychologist who has been trained to provide behavioral treatments to patients with physical problems. This will confuse the public and other professionals.
2. Act 251 legally restricts the use of the term "medical psychologist" to those who prescribe, and risks disenfranchising all other psychologists who work with medical patients (such as Neuropsychologists, Rehabilitation Psychologists, Pediatric

Psychologists, Geriatric Psychologists, Primary Care Psychologists, Health Psychologists and others), who are now unlicensed as medical psychologists, and thus may appear less qualified to treat medical patients. Act 251 appears to give MPs distinct economic advantages over other psychologists, even when the MPs activities do not involve prescribing.

3. Act 251 transfers control of credentialing, training requirements, scope of practice and oversight of the medical psychology profession to the medical board, and this is a radical paradigm shift involving some loss of control over our own profession.
4. Similarly, Act 251 creates two classes of paraprofessionals (psychometricians and psychological assistants) whose credentialing, training requirements, scope of practice and oversight fall under the auspices of the medical board.
5. It has been reported that APA contributed $527,700 to lobbying efforts for RxP in Louisiana (Nelson, 2009a), which is a very large investment.
6. A psychologist associated with the Louisiana Association of Medical Psychologists (LAMP) who was involved in passing Acting 251 reportedly said that "LAMP discusses only that information with others when it is felt to be in the best interest of medical psychology to do so" (Brockhoeft, 2009). If APA is going to fund RxP this heavily, it seems only reasonable to expect those receiving the funding to act in a collaborative manner.
7. Some have said that having MPs supervised by the state medical boards constitutes a positive political realignment between psychology and medicine. We strongly disagree, and worry about losing control over our profession.
8. APA hopes to gain RxP privileges in all 50 states, but the way RxP has evolved in Louisiana is very concerning. If APA is going to continue sponsoring RxP legislation, we ask APA to study these matters carefully, and exert its leadership so that the profession can grow, without disenfranchising large groups of practitioners.

Action Request:

IHC requests that the APA bodies, CAPP, BPA and BEA, conduct a formal analysis of the range of issues related to a) the medical psychology title and b) licensure under the medical board. IHC also requests that APA consider and adopt a preferred label for psychologists trained to prescribe psychotropic medications and include that in their model licensing law. We would oppose the adoption of the label "Medical Psychologist" or "Prescribing Medical Psychologist" for this purpose.

Analysis

There has been an ongoing debate about the label that describes psychologists who prescribe psychotropic medications. Two different labels have emerged: "Prescribing Psychologist", and "Medical Psychologist." The differential use of one term vs. the other seems to imply two different visions about the scope of practice of psychologists who prescribe. The use of the term "medical psychology" appears to reflect a professional role that is much more expansive than that of a psychologist who also prescribes psychotropic medications. The use of these terms is currently being considered by both the APA Practice Directorate and the Committee for the Advancement of Professional Psychology (CAPP). To that end, we would like to specify our objections to the use of the term "medical psychologist" to refer to those who prescribe psychotropic medications. Further, we also wish to express our concerns about the direction prescribing psychology has taken in Louisiana. The reasons for this are discussed below.

The term "medical psychologist" has traditionally been an inclusive term used to refer to a variety of clinical psychologists who assess and treat the medically ill. They do not necessarily work with those who have psychiatric diagnoses, although they may. Examples of these professionals include Neuropsychologists, Rehabilitation Psychologists, Pediatric Psychologists, Geriatric Psychologists, Primary Care Psychologists, Health Psychologists and others, hereafter referred to as "traditional medical psychologists."

The legal term "medical psychologist," as used by Louisiana Law, is an exclusionary term reserved for those psychologists trained and authorized to prescribe psychotropic medications for individuals who have psychiatric diagnoses. Using the term Medical Psychologist to refer to the small number of professionals licensed in Louisiana has created confusion. It excludes almost all traditional medical psychologists, and may misrepresent what prescribing psychologists actually do (i.e. work with psychiatrically ill, prescribing psychotropic medications).

APA Division 55 passed a definition of Medical Psychology, which is as follows:

> Medical psychology is that branch of psychology that integrates somatic and psychotherapeutic modalities into the management of mental illness and emotional, cognitive, behavioral and substance use disorders. Medical psychologists may, where legally authorized, prescribe, order or consult regarding prescriptions of somatic treatment modalities, and monitor medications and/or other somatic treatment interventions, as well as order and interpret laboratory studies or other medical diagnostic studies such as might be consistent with enabling state statutes.

In contrast, the traditional definition of Medical Psychology refers to psychologists who use psychological methods to treat those with <u>medical illnesses</u> (with or without mental illness). The following is the definition of "medical psychology" from the online medical dictionary:

> The branch of psychology concerned with the application of psychological principles to the practice of medicine; the application of clinical psychology or clinical health psychology, usually in a hospital setting.

Within the psychology community, Medical Psychology has been defined as:

> "The study of psychological factors related to any and all aspects of physical health, illness, and its treatment at the individual, groups, and systems level." (Asken, 1979).

The practice of medical psychology is exemplified by the health and behavior procedure codes. H&B assessment and interventions focus on biopsychosocial factors that affect physical health problems.

IHC has not taken a position for or against prescribing psychology. Further, when psychologists who are trained to prescribe, call themselves "prescribing psychologists", this seems to be appropriate. However, we have objections to them calling themselves "medical psychologists", for a variety of reasons. Although there are a number of variations with regard to how this term is used, we will focus on the Louisiana model, as it is the most prominent example of how this term is being used in the field.

First of all, we feel that the term "medical psychology" as used in Louisiana will cause confusion. For over 80 years, the term "medical psychology" has been defined in a different manner. Until recently, the term "medical psychologist" had been used to describe a psychologist who used behavioral methods to treat patients with a physical illness or injury. In contrast, Louisiana now legally reserves the term "medical psychologist" for psychologists who have additional training in the use of psychotropic medications for treating patients with mental health conditions. Legally reserving the term "medical psychologist" with a definition that differs markedly from its historical use will cause confusion with regard to the expertise of prescribing psychologists, as it will lead many to assume that they have training that they do not.

Within Louisiana, several factors reinforce the idea that prescriptive authority training provides the psychologist with the expertise for treating non-psychiatric medical disorders (e.g. brain injury, diabetes, orthopedic conditions), which is not the case. These factors include that 1) MPs are thought to be licensed "medical professionals", who are qualified to do "medical procedures"; 2) MPs are viewed as being medical professionals, and are overseen by the medical board; 3) MPs can order a variety of medical tests (e.g. blood tests or MRIs) ; 4) MPs can hire psychometricians, which seems to conflate medical psychology with neuropsychology; and 5) since "medical psychologist" is now a legally reserved term in Louisiana, traditional medical psychologists are now NOT licensed in medical psychology, and cannot use that term to describe themselves.

Dr. James Childerston, President of the Academy of Medical Psychology (AMP), President of the American Board of Medical Psychology (ABMP), and board member in The National Alliance of Professional Psychology Providers (NAPPP), wrote a letter to the Lousiana Attorney General in July of 2009, raising objections to the restriction of the title, "Medical Psychologist" in Act 251. He wrote, "By focusing on the prescribing aspects of a medical psychologist's practice, the statute denies and diminishes the rights of non-prescribing medical psychologists who have met our rigorous criteria to practice as a medical psychologist." Dr. Childerston went on to express his belief that Act 251 infringes on AMP's right to continue to certify psychologists in Louisiana with the title "MP" or "Board Certified in Medical Psychology." (Nelson, 2009b, p 1).

IHC's initial concerns were that RxP would use the term Medical Psychology in a manner inconsistent with its historical usage. Upon closer examination of the issue, IHC developed deeper concerns:. A person trained in RxP and called a Medical Psychologist would appear to have expertise in rehab psychology, neuropsychology, health psychology, primary care psychology, etc. Further by virtue of being licensed by the medical board, MPs would appear to be more qualified than traditional medical psychologists, without having training in these other disciplines.

Medical psychologists under the Louisiana model would appear to have distinct advantages over traditional psychologists from both a regulatory and economic perspective. For example:

1. As Medical Psychologists serve as advisors to the medical board in Louisiana, they would appear to have a clear regulatory advantage over traditional Medical Psychologists and others who do not have this connection.

2. By virtue of their licensure through the medical board, Medical Psychologists are authorized to perform certain medical procedures (such as a medical psychologist who is

practicing neuropsychology ordering an MRI for a brain injured patient), which a traditional Medical Psychologist is prohibited from doing. Thus, in areas of practice where prescribing is not involved, this could lead to an unfair competitive advantage to the traditional fields of psychology.

3. By virtue of being medical providers, Medical Psychologists are guaranteed access to medical insurance panels, as opposed to mental health insurance panels. Many clinical/counseling psychologists in the private sector are barred from entrance into medical panels, and this prevents them from billing for H&B services. Here again, in Louisiana, Medical Psychologists would have an economic advantage for nonprescriptive services.

4. By virtue of being medical providers, Medical Psychologists are authorized to use the higher paying E&M (physician) CPT billing codes for medication management. Having gained permission to use these codes, they could be used for any office visit, and not just for prescribing. A traditional Medical Psychologist, performing the same type of nonprescribing service, would have to bill at a lower rate.

5. Finally, having licensed Medical Psychologists complicates the accreditation status of hospitals.. In the future, JCAHO and other accrediting agencies could require that psychologists practicing in hospitals or other medical facilities be licensed Medical Psychologists, even if they are board certified health psychologists, rehab psychologists, or neuropsychologists. This possibility will need to be explored.

The above concerns also make it evident that under the Louisiana model, MPs will have economic advantages. Consider the following scenario. Suppose a hospital is hoping to hire a psychologist for a salaried position in a rehabilitation program. An MP would have the following advantages:

1. An MP is licensed to practice medical psychology, while the rehab psychologist is not, which gives the false impression that the MP more qualified as a rehab psychologist, even if the MP has not been trained as a rehab psychologist.
2. An MP could bill for services using the higher paying physician codes, which generates more income for the hospital.
3. An MP is allowed to order medical tests such as MRIs or sleep studies, which also generates more income for the hospital.
4. MPs may come to have advantages over traditional medical psychologists from an accreditation standpoint.
5. By virtue of "partnering" with physicians on the medical board, MPs may also have some additional intangible political advantages in medical settings.
6. Note that all of these advantages accrue to the MP without using prescription privileges, and without training in rehabilitation psychology.
7. As one MP in Louisiana aptly stated, "There are advantages to being an MP, even if you don't prescribe."

Overall, we feel that the term "prescribing psychology" accurately portrays what the RxP psychologist does. A prescribing psychologist might also be a health psychologist, rehab psychologist or neuropsychologist, and having both titles would seem to more fairly represent what a psychologist does. However, the term "medical psychology" seems to have far broader connotations in the marketplace, which are not consistent with the actual training for prescriptive authority.

Thus, we feel that the term "medical psychologist" as was created in Louisiana misrepresents RxP training, separates itself from traditional psychology training and regulatory organizations, and unfairly encroaches on the practice of the many traditional medical psychologists currently working in the field. The term "medical psychologist" used to describe a prescribing psychologist misrepresents this training in a way that confuses the public, and disadvantages other psychologists. We also strongly object to any profession other than psychology licensing

psychologists regardless of their area of practice. We are very concerned about the long-term implications of transferring the control of medical psychology to medical boards. Medical boards licensing psychologists with psychopharmacology training is like psychology boards licensing physicians with behavioral training. We would ask that APA carefully investigate the long-term implications of transferring the control of medical psychology to medical boards, and until there is evidence that this will not damage the profession, this practice should be strongly discouraged.

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