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The Pennsylvania Psychologist

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APRIL 2015 • UPDATE

PPA Conducts Third Insurance Survey

Samuel Knapp, EdD, ABPP, Director of Professional Affairs



Dr. Samuel Knapp

PPA finished its third survey on insurance carriers in Pennsylvania in late 2014. Although this survey used a different methodology for rating insurer performance, the

results were consistent with previous years in that Highmark continued to be rated as the best insurance company both in terms of services to patients and in terms of perceived fairness to psychologists. About 88% of the responding psychologists in solo practice were satisfied or very satisfied with how Highmark treated patients and the same amount

were satisfied or very satisfied with how Highmark treated them. In addition, 93% of psychologists who owned group practices reported satisfaction with both how Highmark treated its patients and how it treated its providers. Highmark had been the top rated insurer in Pennsylvania in both the 2010 and 2012 insurance surveys.

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PPA Advocacy Day Offers Familiar Themes With Fresh Elements

This year's Pennsylvania Psychological Association Advocacy Day will look familiar to most who have attended over the years. However, there will be some new twists which set the 24th annual PPA Advocacy Day apart. The most notable changes center on new staff and an early-afternoon press conference in which PPA will highlight the role of psychologists in improving child mental health and wellness. In addition, Rachael Baturin has been promoted to Director of Legal & Regulatory Affairs and Justin Fleming has joined PPA as its Director of Government Affairs. Rachael and Justin will deliver the state legislative update this year.

Once again, the state legislative update will focus on modernization of the psychological practice act. There are several elements that will be reformed in the act, including:

- ♦ clarify that diagnosis is in the scope of practice for licensed psychologists;
- ♦ eliminate exceptions to licensing that allows hospitals and state, county, or

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The Pennsylvania Psychologist

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Reflecting on Psychology in Primary Care Settings

Christopher Grant, PsyD



Dr. Christopher Grant

As an early career psychologist, I desire to establish myself as effective in my practice within the field. This involves drawing on previous experience and being open to new techniques, theories, and interventions, and practicing in different settings. I have had the opportunity to work in distinct settings as a clinician, most recently in a federally qualified health-care center and currently in a free clinic. Both locations are in urbanized areas, with behavioral health services for underserved individuals co-located within the facilities. The populations served by the clinics are similar, yet distinct enough to make each setting unique. However, the common thread between the settings is the focus on integrating physical and mental health care.

In 2013, the American Psychological Association produced workable guidelines for training and education in health service psychology. Their focus: develop a standardized assessments and measures for preparing psychologists to work within primary care settings (APA, 2013). This is based on an understanding that doctoral and internship psychology training programs have been inconsistent in providing opportunities for growth in this area. Certainly there are advantages to embracing this movement toward integrated care. Most notably, integration favors advancement and strengthening of the psychology field, as medical science and psychological practice become linked. Practitioners who gain greater understanding of how physical conditions affect psychological functioning are better able to address client needs. These practitioners provide interventions and coping skills tailored

There are advantages to embracing this movement toward integrated care...

Integration favors advancement and strengthening of the psychology field, as medical science and psychological practice become linked.

to address specific physical symptoms and medical conditions.

Over time, I have encountered three main challenges while working in an integrated care setting. The first challenge for me was to become familiar with common physical conditions. While primarily trained with a psychosocial focus, at times with an emphasis on spirituality, transitioning

Continued on page 4

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PSYCHOLOGY IN PRIMARY CARE SETTING

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to a biopsychosocial knowledge base has come with its challenges. Historically psychologists are behind the curve in domains such as biology, anatomy and physiology, and pharmacology. As patients present with a variety of physical conditions and medications, they also come with the assumption that practitioners have an understanding of their physical ailments. Common medical conditions may have been addressed in graduate programs; however, less common conditions, such as superior mesenteric artery (SMA) syndrome and hemochromatosis, to name a couple I have encountered, may require additional research. I have found that patients are willing to explain their rare conditions and the psychological impact of being medically unique.

The second challenge I faced was to become familiar with the organizational culture in the primary care setting and to develop effective professional interdisciplinary relationships. In busy primary care settings, mental health practitioners may feel they are getting a “crash course” in the structure and personnel composition of the host organization, often entailing brief introductions to administrators, policies, and various staff members. In co-located relationships, there is a risk of being affected by differing expectations from the two organizations. However, this risk can be minimized when there is good communication between vested parties prior to starting services and when contractual agreements are clear. In

my experience in a co-located setting it was imperative to become familiar with expectations for my role on both sides and to clearly communicate the range of services I was/am capable of providing.

For the most part, mental health professionals, psychologists in particular, are accustomed to working independently. In primary care settings, good collaboration with other health-care professionals, especially with primary care providers, helps maintain lines of communication and results in more effective client care. As part of an interdisciplinary team, case management duties are divided based on the patients’ need. Independent work practices are replaced by inter-professional collaboration in these settings.

The third challenge for me was to shift to a different care delivery model mostly evident in the reduced number of sessions. For example, in traditional psychological practice, it is not uncommon for clients to engage in psychotherapy for 20–22 sessions or more. In some settings the range may be lower, between 12–15 sessions, focusing on a brief therapy model. In contrast, a reasonable expectation in primary care settings is for therapy to last on average for 5 or 6 sessions.

Psychologists in these settings also work as behavioral consultants and develop protocols to track patient progress through use of psychological screening measures. While working with homeless men and women, I have found that psychological screens and self-ratings encourage compliance with recommendations, while also providing an objective measure of their progress.

Overall, practice in an integrated setting can provide greater access to psychological services. This is especially important for underserved individuals who may utilize primary care settings for management of behavioral health concerns.

This population also benefits from skill-based approaches and focus on the relational aspect of care.

Overall, practice in an integrated setting can provide greater access to psychological services. This is especially important for underserved individuals who may utilize primary care settings for management of behavioral health concerns. Psychologists in these settings can help reduce the stigma of receiving behavioral health, while also normalizing the psychological impact of physical conditions.

At each level, my perspective on the relationship between behavioral health care and primary care has shifted. This is mostly reflected in how I have acquired increased flexibility and desire to seek understanding of my patient’s distress. As clients present with dual complaints of psychological distress and physical conditions, I have found that their motivation for change may fluctuate. I have learned to be increasingly supportive. By doing so, my hope is that they will experience psychotherapy as a holistic process, as opposed to being separate from other health-care domains. ▮

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Representative Timothy Murphy Intends to Reintroduce Helping Families in Mental Health Crisis Act

Seeking Bipartisan Consensus



This wide ranging bill intends to address important issues in the mental health system. If passed, it would represent the most significant piece of federal legislation dealing with mental illness since the Kennedy Administration launched the community mental health movement.

Representative Timothy Murphy intends to reintroduce the Helping Families in Mental Health Crisis Act into Congress this year. It is also expected that a companion Senate bill may be introduced as well. This wide ranging bill intends to address important issues in the mental health system. If passed, it would represent the most significant piece of federal legislation dealing with mental illness since the Kennedy Administration launched the community mental health movement. Among its provisions, the Helping Families in Mental Health Crisis Act would increase funding for mental health research, promote telepsychology services, give incentives for behavioral health providers to adopt electronic medical records, and provide training on handling psychiatric emergencies for first responders.


In addition, it addresses the lack of a sufficient number of mental health beds and arbitrary rules within Medicaid that prevent persons with serious mental illness from receiving adequate treatment. For example, Medicaid does not pay for psychiatric hospitalizations for persons aged 21 to 64. Also, Medicaid currently does not permit billing for same day services

for persons with behavioral health and physical health concerns, and permits states to substitute formulary drugs even when such substitutions appear clinically contraindicated. Rep. Murphy's bill would change that.

Rep. Murphy has held numerous meetings and town hall events throughout the country explaining this comprehensive bill and gaining input from various groups throughout the country. The bill has drawn widespread attention and will be seriously considered by Congress this year.

PPA will be working closely with Rep. Murphy to help support the process for passing comprehensive mental health legislation. PPA applauds Rep. Murphy for his bi-partisan efforts in bringing the importance of mental health to the forefront in Washington.

As a member of the Pennsylvania State Senate, Rep. Murphy worked hard to put basic controls over managed care organizations. He was also a major proponent of Mental Health parity legislation.

Rep. Timothy Murphy received his doctorate in psychology from the University of Pittsburgh and had an independent practice in psychology in Pittsburgh for many years. 



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Patricia M. Bricklin and the Bricklin Student Award

Linda K. Knauss, PhD, ABPP, Widener University; Chair, PPA Ethics Committee



For the last 16 years the Pennsylvania Psychological Foundation (PPF) has given an award to the graduate student in Pennsylvania who has created the best

work product related to ethics in the last year. PPF's ethics award is aptly named for Patricia M. Bricklin. I was fortunate to know Dr. Bricklin quite well. As an internationally renowned ethicist, Dr. Bricklin was a leading force in the development of ethical principles and risk management strategies for the practice and discipline of psychology (APA, 2011). In many of her writings, Dr. Bricklin emphasized that, "Being ethical is more than following the rules." No one brought this concept to life better than Pat Bricklin. She developed the philosophy that psychologists should have an ethical frame of mind, which includes the internalization of an ethical decision making process to assist with the resolution of ethical dilemmas. She

also argued against black-and-white ethical thinking while emphasizing the importance of context in deciding on any particular course of action. When someone asked Dr. Bricklin a question, rather than just answering it, she helped the person to find the answer through her gentle questions that guided them through the decision making process to the best resolution of the situation. She was the coauthor of the most widely distributed risk management book in the country, *Assessing and Managing Risk in Psychological Practice: An Individualized Approach* (APA Insurance Trust, 2006). In addition she authored over 40 publications and was a frequent presenter at national as well as state psychological conventions. She also served on the editorial boards of the *Journal of Learning Disabilities* and *Professional Psychology: Research and Practice* (APA, 2011).

However, Dr. Bricklin's most valuable accomplishments were less visible. She spent countless hours providing pro bono ethical and risk management consultations to psychologists all over

the state of Pennsylvania and even the country. She always listened fully to complex ethical situations before offering her wisdom. When she was with someone, they received her undivided attention in spite of the many emails, calls, and scholarly projects competing for her attention.

When someone asked Dr. Bricklin a question, rather than just answering it, she helped the person to find the answer through her gentle questions that guided them through the decision making process to the best resolution of the situation.

The PsyD program at Widener University was lucky to have Dr. Bricklin as a faculty member. She was unique in

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Comments on the Bricklin Award From a Psychology Faculty Member

Randy Fingerhut, PhD, LaSalle University

Over the past several years, I have been proud to advise several students from La Salle University's PsyD Program who have won The Patricia Bricklin Student Ethics award. The award has been an excellent opportunity to build a culture of ethical practice within our program. Our students appreciate the recognition that comes with the award as well as having their work presented in the *Pennsylvania Psychologist*. In addition, our award winners have enjoyed attending the Ethics Educators conference. Attending the

Ethics Educators conference is a unique experience for students, not only because they can learn about current issues affecting our field, but also because they can see experienced Pennsylvania psychologists who are invested in advancing their knowledge of ethics. Seeing the camaraderie among attendees of the Ethics Educators conference gives students a model of how to foster a professional community of peers. La Salle is very appreciative to PPA for offering this award.

PATRICIA M. BRICKLIN AND THE BRICKLIN STUDENT AWARD

Continued from page 6

making learning ethics both fun and memorable. Although students had the option to write a paper as their final project, she encouraged them to do a creative project focused on an area of ethics to clarify and illustrate ethical issues in an educational and entertaining way. Thus students developed Ethical Jeopardy, So You Want To Be An Ethical Psychologist, The Game of Ethics (formerly the Game of Life), ethical crossword puzzles, and DVDs with provocative ethical dilemmas.

In addition to her work in the area of ethics, Dr. Bricklin was instrumental in drafting the first psychology licensing law in Pennsylvania and served on the Pennsylvania State Board of Psychology for many years chairing the board multiple times. She also chaired the APA Insurance Trust and developed it into an independent and financially secure insurance program. Dr. Bricklin was also an advocate for children and adolescents with learning and emotional disorders and their families. A certified school psychologist, she coordinated the school psychology concentration in

the Institute for Graduate Clinical Psychology at Widener University. These are only a few of Dr. Bricklin's accomplishments and she was the recipient of many awards including the American Psychological Foundation's Gold Medal Award for Life Achievement in the Practice of Psychology.

It was an honor and privilege to know and work with Pat Bricklin. In addition to her many professional accomplishments, she was a wonderful teacher, mentor, colleague, and friend. One of her most notable characteristics was her humility. She truly cared about others and was very generous with her time and talents. Pat Bricklin led by example and created a culture of collaboration and collegiality in the many settings in which she worked. She was not only an advocate for the profession of psychology, but for her family, friends, and doing what was right.

Dr. Bricklin was one of the field's most respected ethicists and contributed to the promulgation of ethical principles and standards that protect both the public and the profession

It was an honor and privilege to know and work with Pat Bricklin. In addition to her many professional accomplishments, she was a wonderful teacher, mentor, colleague, and friend.

(APA, 2011). Because of her character, her spirit of generosity, her kindness, and her commitment to the profession, she served as the ultimate role model for generations of psychologists and psychology graduate students. ▮

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- Bennett, B.E., Debiak, D. (2011). Patricia McIntosh Bricklin (1932–2010). *American Psychologist*, 66(7), 635.
- Bennet, B.E., Bricklin, P.M., Harris, E., Knapp, S., VandeCreek, L. & Younggren, J.N. (2006). *Assessing and managing risk in psychological practice: An individualized approach*. Rockville, MD: The Trust.

Comments on the Bricklin Student Award From a Past Award Winner

Joanne Coyle, PsyD

In 2005, I submitted a paper titled "The Pro's, Con's and Ethics of E-Therapy" to the Pennsylvania Psychological Association to be considered for the Patricia Bricklin award. When I was notified that I had won and was asked to go to Harrisburg to accept the award it was enormous honor. It was also extremely exciting. I knew of Dr. Bricklin's many accomplishments in the field of psychology, and her love of ethics. I had the privilege to meet Dr. Bricklin the day I received the award. She spoke to me at length and it was easy to detect that she enjoyed encouraging and mentoring students in the area of ethics education. I remember telling her that I had a very strong interest in ethics and

that being in Harrisburg and meeting her and numerous members from the Ethics Committee only reinforced that interest. I have had the privilege to serve as a member of the PPA Ethics Committee for several years now and have had the pleasure to meet other recipients of the Patricia Bricklin award. Several of the recipients have shared with me that they felt the same honor and privilege that I experienced in 2005.

As ethics in psychology is very important, I continue to be appreciative to have been a past recipient of the Patricia Bricklin award and it is truly an experience I will always be grateful for and cherish.

INSURANCE SURVEY

Continued from page 1

As a comparison of Table 1 and Table 2 shows, solo practitioners and group providers agreed on most of their ratings of these insurance companies. As in previous surveys, Aetna, Medicare, and Capitol Blue Cross were in a middle position, while UPMC, Independence Blue Cross, and United were ranked low average. Blue Cross of Northeastern PA was rated highly, although the number of respondents was too low to make the comparison meaningful. Although

the number of respondents who reported dealing with MHNet was low this year, MHNet continued to be ranked the lowest of all insurers with no psychologists reporting that they were satisfied with the way MHNet treats providers. MHNet had been the lowest ranked insurance company in both 2010 and 2012 as well. Although Medicaid had been rated poorly in the past surveys, it was rated higher than many commercial insurers in the 2014 survey. A summary of these ratings for psychologists in solo practice is shown in Table 1. A summary of these ratings for psychologists who own group practices is

shown in Table 2. Data on several insurance companies is not reported because of the low sample size.

Low response rates in the 2014 survey prevented meaningful analyses of more detailed questions concerning adequacy of panel or other specific procedures of these companies. Nonetheless, Medicare patients continue to see an erosion of psychologists willing to treat them. In 2010, 75% of respondents stated that Medicare patients could find a psychologist to treat them within two weeks. This dropped to 61% in 2012 and to 39% in 2014.

Table 1. Ratings by Solo Practitioners

	Highmark	Aetna	IBC	United	Medicare	Medicaid	Capitol BC	UPMC
Number of respondents	54	48	33	29	24	19	18	16
Satisfied or somewhat satisfied with treatment of patients	88%	68%	50%	42%	69%	78%	59%	55%
Satisfied or somewhat satisfied with treatment of psychologists	89%	64%	30%	34%	54%	73%	77%	30%

Table 2. Ratings by Group Providers

	Highmark	Aetna	IBC	United	Medicare	Medicaid	Capitol BC	UPMC
Number of respondents	25	22	21	17	10	5	10	13
Satisfied or somewhat satisfied with treatment of patients	93%	44%	33%	33%	71%	20%	50%	57%
Satisfied or somewhat satisfied with treatment of psychologists	93%	53%	33%	33%	29%	20%	50%	57%

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INSURANCE SURVEY

Continued from page 8

The access to services among all insurers in 2010, 2012, and 2014 is shown in Table 3. Access to service may reflect, among other variables, the overall satisfaction that behavioral health practitioners have with the insurer. For example, Highmark, which has the best availability of any insurer, also received high marks for the ease of getting patient information and the efficiency of its billing procedures. For example, 100% of the group providers stated that they agreed or strongly agreed that it was easy to get subscriber information from Highmark and 100% agreed that Highmark's electronic billing system was easy and efficient.

The top insurers were also rated in terms of the reasonableness of their policies on ensuring the availability of medically necessary testing and assessment. Among insurers, Medicare and Highmark rated the best, but other insurers presented substantial barriers to medically necessary testing (Table 4).

The survey instrument was adapted, with permission, from the American Psychological Association Practice Organization. Surveys of this nature have a limitation in that insurers may offer different products with different benefit structures and sometimes different oversight procedures. For example, it is reported that at least one policy is jointly administered by Blue Cross of Northeastern PA and Highmark. Furthermore, it is often difficult for providers to discern the difference between a policy provided by an insurer and a policy administered by an insurer. For example, a large insurer may administer a program for a self-funded company (a company with more than 100 employees which is governed by ERISA) and everything given to the patient or provider suggests that this does not differ from other policies issued by that insurer. Often the policies and their implementation do not differ. However, often they do differ both in terms of their benefits and procedures. So, for example, a large insurer may not require pre-authorizations for outpatient psychotherapy in the policies it issues, but may administer a policy for a large company which does require authorization.


Despite these limitations the differences between insurers appears large and representative of actual differences in their functioning. Also, Pennsylvania data was comparable to a nationwide survey done by the American Psychological Association Practice Organization which found higher ratings for nonprofit Blue Cross/Blue Shield companies, Medicare, and Aetna, and lower ratings for other commercial insurance companies. Dr. Vincent Bellwoar, chair of PPA's Insurance Committee, congratulated those insurers "who serve their members well by providing easy access to services and sufficient treatment for their members." He further stated that "We hope this survey will also motivate underperforming insurers to improve." 

Table 3. Ratings of Insurers on Access to 2010, 2012, and 2014¹

	Access to Psychologists 2010 ²	Access 2012	Access 2014
Aetna	69%	73%	63%
BCNEPA	50%*	50%	60%*
Capital Blue Cross	74%	73%	59%*
CIGNA	46%	30%	56%*
Highmark	82%	84%	81%
Independence BC ³	65%	61%	39%
Medicaid Total	43%	53%	42%
Medicare	75%	61%	39%
MHNet	41%	38%	50%*
Value Options	50%	N/A	33%*
UPMC	56%	65%	83%*
United	50%	62%	36%*

¹For this table, an asterisk means that there were less than 20 respondents to this question. Data with fewer than 20 respondents needs to be interpreted with caution.

²This refers to the percentage of psychologists who somewhat or strongly agreed with the statement that "patients report that they can get an appointment with an in-network psychologist within two weeks."

³In 2010 and 2012, the question asked about Magellan. However, Magellan manages behavioral health insurance for a few patients who are not covered by Independence Blue Cross (IBC). The ratings for these non-IBC Magellan patients were very low. Thus we believe that the data from 2010 and 2012 over estimates problems with IBC.

Table 4. Ratings of Insurers on Support for Psychological Testing 2010, 2012, and 2014¹

	Procedures for Testing 2010 ²	Testing 2012	Testing 2104
Aetna	19%	24%	36%
BCNEPA	43%*	33%	50%*
Capital Blue Cross	34%	36%	30%
CIGNA	28%*	20%	0%*
Highmark	54%	61%	69%
Independence BC	16%	29%	69%*
Medicaid Total	38%	N/A	26%*
Medicare	70%	89%	82%*
MHNet	15%	0%	0%*
Value Options	29%*	N/A	33%*
UPMC	40%	60%	50%*
United	15%	37%	20%*

¹For this table, an asterisk means that there were less than 20 respondents to this question. Data with fewer than 20 respondents needs to be interpreted with caution.

²The percentage of psychologists who somewhat or strongly agreed with the statement that the insurer pays for assessment and testing services in the number and frequency that is necessary in your professional judgment.


ADVOCACY DAY

Continued from page 1

municipal governments to use the term “psychologist” when hiring unlicensed persons to do work of a psychological nature;

- long-term grandfathering provision which would, over time, eliminate the exemption for the independent practice of psychology for school psychologists;
- gives the State Board of Psychology the option to deny a temporary license to practice psychology for those who have had disciplinary actions taken against them in other states;

- mandate that licensed psychologists disclose other professional licenses to the State Board of Psychology so it can be made aware of any potential disciplinary actions which occur under another professional license;
- give the State Board of Psychology the authority to prevent psychologists who lose their licenses from practicing under the “qualified members of other recognized profession” provision;
- provides doctoral students the option of completing two years of clinical supervision in the pre-doctoral period, rather than one year of pre-doctoral and one year of post-doctoral clinical supervision; and
- eliminates the six-month waiting period for a person to re-take a failed licensure exam.

These eight elements are critical to bringing psychology practice in line with 21st century realities and since the act has not been changed in any substantive way since 1986, they are long overdue. Advocacy Day is your unique opportunity to interface with elected officials and really inform them about psychology practice. You are the subject matter expert! We look forward to seeing you in Harrisburg on **Monday, May 4!** For a complete agenda, more information, or to register, visit www.papsy.org and click the “Advocacy Day” link under the Advocacy tab. 

2015 CE Calendar

The following programs are being offered either through co-sponsorship or solely by PPA.

June 17-20

PPA Annual Convention
Hilton Harrisburg
Harrisburg, PA

October 29-30

Fall Continuing Education and Ethics Conference
Sheraton Great Valley
Frazer, PA

Contact: judy@papsy.org

Podcasts

New podcasts for CE credit by Dr. John Gavazzi are now available on www.papsy.org.

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SAVE THE DATE!

MAY
04

PPA members and Leadership Academy attendees are encouraged to attend

24th Annual PPA Advocacy Day

Monday, May 4, 2015

9:30 a.m.

Room 60 East Wing
Pennsylvania State Capitol
Harrisburg, PA

This is your chance to influence the policies which guide the practice of psychology in Pennsylvania with visits to your legislators. CE credits are available!

For more information or to register, please visit:
[Advocacy Day Registration & Information](#)

SAVE THE DATE!

MAY
15

17th Annual PPF Ethics Workshop "Ethical Practice With Clients Who Act Badly and Disgust Us"

Friday, May 15, 2015

9:00 a.m. – 12:00 p.m.

Muhlenberg College
Allentown, PA

Robert M. Gordon, PhD, ABPP and
Alan C. Tjeltveit, PhD, presenters

3 CE Ethics Credits

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PPF Ethics Workshop Registration & Information

100% of the proceeds will go to the
Pennsylvania Psychological Foundation

SAVE THE DATE!

MAY
30

The Next Phase of Health Care Reform:

Practical Steps for New Practice and Business
Models for Psychologists/Neuropsychologists

Saturday, May 30, 2015

7:30 a.m. – 7:00 p.m.

Roosevelt Mt. Sinai Hospital
1000 Tenth Avenue
New York City, NY

PPA Members: \$125. For more information or to register, please visit: [Models for Integration Registration Page](#)

We are excited to announce a one-day summit on integration and alternative practice models. Practitioners from psychology/neuropsychology and medicine are invited to come together to network and learn the nuts and bolts of getting involved in, working in and developing systems that promote integrated health care.

SAVE THE DATE!

JUNE
17-20



PPA2015

PPA Annual Convention

June 17 – 20, 2015

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- Free Exhibitor Wine & Cheese Reception


And, so much more to see and do!

Classifieds

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