

Partners in Mental Health Summit: Proceedings & Recommendations

Leesburg, Virginia – June 4-6, 2017



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Introduction

Mental health is an essential element of overall health. Improving the awareness of mental health and promoting effective delivery of mental health services is a national priority (Mental Health America, 2017). By advancing the roles of PAs and strengthening partnerships with other healthcare providers, the PA profession seeks to reduce the burden of mental illness in the nation.

In 2017, PA organizations, led by nccPA Health Foundation, formed a steering committee composed of leaders from the Accreditation Review Commission on Education of the Physician Assistant (ARC-PA), the American Academy of PAs (AAPA), the National Commission on Certification of Physician Assistants (NCCPA), the Physician Assistant Education Association (PAEA), and the PA Foundation (PAF). The steering committee organized a summit to establish a framework to engage and equip all PAs as partners in addressing mental health needs. Leveraging a collective impact strategy (Kania & Kramer, 2011), which suggests a coordinated, multi-organization approach, the PArtners in Mental Health Summit brought together leaders from the steering committee organizations, additional PA organizations, PA and interprofessional champions, and mental health experts. (A participant list is provided as Appendix A.) The Summit's goal was to explore ways the PA profession could work together to attain the following purpose:

Effect systemic change that improves the nation's health by advancing the roles of PAs and strengthening partnerships to address issues impacting mental health and substance use disorders.

These proceedings present the perspectives and recommendations of Summit participants.

The Burden of Mental Illness

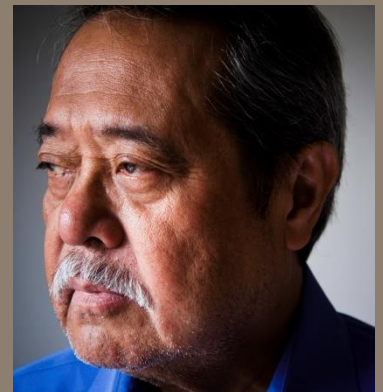
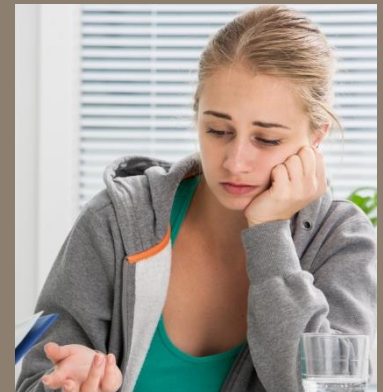
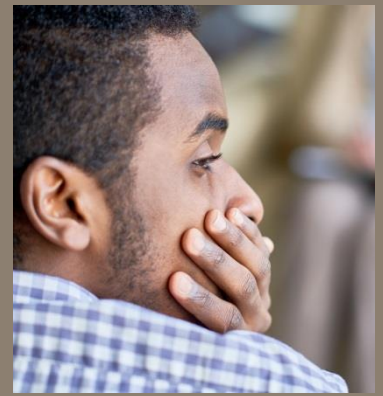
In the United States, 42.5 million people—18% of the population—have a mental illness; and among children under the age of 17, 6.2 million (8.5%) are affected by emotional,

behavioral, or developmental issues (Mental Health America, 2015). Over half (56%) of persons with a mental health condition do not receive the treatment they require.

Depression is a major public health problem; and in 2015, an estimated 16.1 million adults (aged 18 or older) in the US experienced a major depressive episode (National Institute of Mental Health [NIMH], 2017). Mental Health America (2015) reported more than 2.1 million children/youths – 8.66% of the population – experienced at least one major depressive episode in the previous year. Untreated or undertreated depression can negatively affect an individual’s health and well-being and has been associated with poor quality of life, an increased risk of mortality, and suicide (Unutzer, Patrick, Marmon, Simon, & Kanton, 2002).

Substance use disorder (also described as substance abuse, chemical dependency, and/or addiction) is another recognized behavioral disorder; and the magnitude, impact, and devastating outcomes underscore the burden and urgency for addressing these needs. According to the Substance Abuse and Mental Health Services Administration (SAMHSA, 2015), more than 20.2 million US adults (8.4%) have a substance use disorder; and of these, 7.9 million had another co-occurring mental disorder. Mental Health America (2015) reported 1.6 million children/youths (6.48%) have a substance use disorder.

The nationwide opioid epidemic is well-documented. SAMHSA reports that overdose deaths from opioid pain relievers and heroin rose more than 400% between 1999 and 2014, and there is increasing recognition that it only takes a small exposure to become addicted to prescription opioids. The heightened attention on the prescription opioid crisis does not diminish the prevalence of other substance use disorders. In 2015, the Centers for Disease Control and Prevention reported the percentage of drug overdose deaths involving heroin was triple the percentage in 2010. SAMHSA (2015) reported more than 17 million Americans have



an alcohol use disorder, and more than 4.2 million people over age 12 meet the requirements for a substance use disorder based on marijuana use. Moreover, the abuse of many substances puts individuals at risk for cascading and severe medical and mental disorders and illnesses.

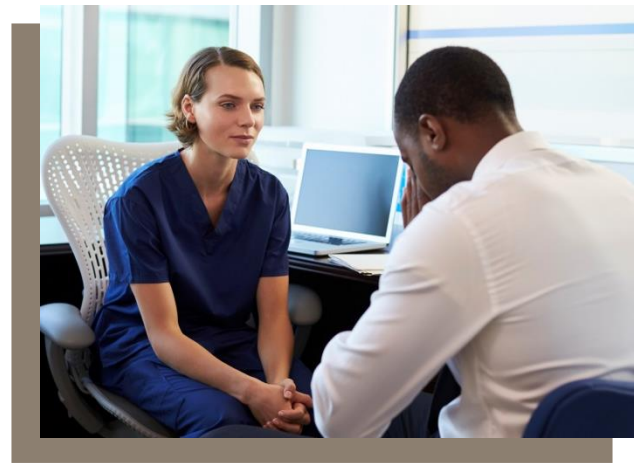
Despite high prevalence rates and growing awareness of the importance of treating all mental and behavioral health issues, access to services remains a troubling issue. In some states, shortages of mental health professionals (includes psychiatrists, psychologists, social workers, counselors, and psychiatric PAs and nurses) have led to limited access to mental health services. The Health Resources and Services Administration (2017) reports more than 106 million people in the US live in mental health professions shortage areas. Factors such as the aging of the current workforce, low rates of reimbursement, burnout, burdensome documentation requirements, and restrictive practice regulations affecting the ability to practice at full scope and share information all contribute to a smaller than needed mental health workforce (National Council Medical Director Institute, 2017). Furthermore, laws and regulations at the state and federal level preclude qualified healthcare professionals such as PAs from providing needed mental health services.

With a backdrop of increasing mental health needs and demand for services as well as awareness of the challenges related to access and workforce supply, the Summit's keynote presentation titled "The Role of Mental Health in the Debate Over 'Repeal and Replacing' the Affordable Care Act" provided an update on mental health legislative issues. Delivered by Andrew Sperling, Director of Federal Legislative Advocacy for the National Alliance on Mental Health (NAMI), the presentation summarized HR 34, passed by Congress with strong bipartisan support and signed by President Barack Obama on December 13, 2016 (P.L. 114-255). The bill titled The 21st Century CURES Act included \$1 billion in new funding for opioid treatment, authorized a new Assistant Secretary for Mental Health and Substance Abuse, a new Interagency Coordinating Committee for Serious Mental Illness, a new Medical Director at SAMHSA, and a new Policy Laboratory to promote evidence-based practice. In this time of uncertainty regarding the direction of the US health system, it is difficult to predict with any precision what likely mental health policy trends might be. The keynote presentation helped clarify for participants the opportunity for health professionals to organize and advance

initiatives to promote health and the integration of mental health while policy questions remain.

Anticipated Changes in the Health System

Summit participants considered current aspects of healthcare, the mental health delivery system, and the important role of the PA profession. It was noted generally that there is an increased public and medical awareness of the dramatic impact of mental health on our society. Concurrent with this trend were the perception that (a) substance use disorders, particularly the opioid epidemic, are at crisis levels, (b) the workforce addressing mental health and substance use disorders is insufficient to meet the need, (c) a potential exists for increasing funding for mental health and substance use disorder services due to the Affordable Care Act expansion of health care coverage, and (d) the millennial generation seems to have a greater awareness of these issues. Other considerations of note include a growing trend toward integration of mental and behavioral health into primary care, the ability of PAs to obtain buprenorphine waivers for the treatment of opioid addiction, and the likelihood of utilizing technology to expand virtual mental health delivery to rural and medically underserved communities.



PA Advantages

PAs bring a wide assortment of knowledge and skills to healthcare delivery and possess clear advantages in providing mental health services. PAs are team-oriented by their education and training. Their broad, generalist medical education makes them uniquely flexible and able to adapt to multiple practice settings, and they can rapidly fill gaps in the evolving US health system. PAs hold prescribing authority in all states and the District of Columbia, deliver quality of care at the same level as physicians, and are cost effective (Hooker, Cawley & Everett, 2017). PAs have a close relationship with physicians, are educated in the medical model, practice across the disease process from prevention to treatment, and have a history of adapting to pressing medical needs in the health system.

The Institute of Medicine (2005) has stated that care for medical, mental and substance use problems should be delivered by providers with an understanding of the link between the mind/brain and the rest of the body. The accreditation *Standards* promulgated by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) require instruction and supervised clinical practice experiences for all PA students: “The program curriculum *must* include instruction in the social and behavioral sciences as well as normal and abnormal development across the life span” (B2.08). Similarly, National Commission on Certification of Physician Assistants practice analysis data indicates PAs across disciplines and settings use knowledge and skills to address mental health needs; and the national PA certifying and recertifying examinations include psychiatry/behavioral health content (NCCPA, 2015). The presence of behavioral health in the accreditation standards and the certifying examinations highlights that PAs are uniquely equipped to provide integrated care and coordination for medical and mental disorders and corresponding treatments and medications across practice settings. This readiness fosters the opportunity for early intervention with mental and behavioral health needs and may be particularly relevant due to the high rate of medical comorbidities present in mentally-ill patients.

Facilitated by its education and training, the PA profession’s adaptability is augmented by the profession’s growth, which allows it to quickly add providers. As of December 31, 2016, NCCPA reported there were 115,500 certified PAs and approximately 8,500 graduates join the workforce annually from 224 accredited educational programs. Further, the Bureau of Labor Statistics projected the PA profession to grow 30% from 2014-2024, which is much faster than the average for all occupations. Finally, lawmakers and regulators are increasingly aware of PA roles and recognize that with a workforce shortage in mental health and countless patients in need of mental health services, that promotion of the utilization of health professionals like PAs, and the removal of barriers to their full utilization, seems a rational policy direction.

Barriers

Psychiatry has not traditionally been a practice area sought by PAs in large numbers: Practice profile data indicate that 1,201 PAs (1.3%) identified psychiatry as their area of practice

(NCCPA, 2016). To advance the roles for PAs in mental health and to foster integration of mental health across disciplines, it is important to be aware of challenges that PAs may face.

Despite accreditation standards requiring instruction and supervised clinical practice experiences for all PA students, psychiatric rotations are often difficult for PA programs to arrange thus affecting student exposure and fostering an unevenness of educational experiences in psychiatry. Additionally, among the more than 75 PA postgraduate residency programs, only four provide advanced clinical training experiences in psychiatry/substance use. There is a need to create innovative PA education pathways that would provide PAs additional introductory, advanced, and continuing education and training in psychiatry/substance use.

The mental health field includes a wide variety of health professionals, and few effective models of PA utilization in psychiatry have been formally reported, rather what exists is primarily anecdotal. Part of the reason for the lack of research in this area is because PAs are often hidden providers due to certain Medicare, Medicaid and commercial insurer billing provisions which allow for PA-provided medical services to be billed under the physician's name so the ability to track the services PAs deliver to patients is lost.

Summit participants also noted psychiatrists typically have limited exposure to PAs in their education and/or clinical practice experiences. Additionally, participants noted efforts to integrate mental health may be challenged by a professional perception related to the complexity and chronic nature of mental illness, which may manifest as slower treatment progress and lower success rates. However, there is considerable additional opportunity for PAs to foster integration of mental health across disciplines, including raising awareness of the PA role in recognizing and treating mental illness as well as when to refer to a mental health specialist.

Critical Strategic Issues

In Summit discussions, participants were asked to identify the five major strategic issues pertaining to the advancement of PA roles to address mental health needs. The following issues were identified.

1. Education: Fostering entry-level and continuing PA education and buy-in about mental health
2. Informatics: Strengthening data collection, demonstrating efficacy, fostering research
3. Legislative/regulatory advocacy
4. Reimbursement
5. Partnerships and awareness: Increasing strategic alliances and grassroots efforts within and beyond the PA profession and healthcare community to include the public



Recommendations to Build the Case for PAs in Mental Health

Considering the foregoing summary of Summit discussions, the following recommendations are proposed:

#1. Enhance PA educational approaches in mental health.

- Assess the strengths and deficits of PA curricula related to prevention, screening, diagnosis, and treatment of mental health and substance use disorders in entry-level PA programs
- Identify organization(s) to help develop PA competencies related to addressing mental health needs across PA roles (i.e., in primary care, specialty care, and psychiatry)
- Encourage ARC-PA to continue to evaluate and strengthen its requirements for mental health/psychiatric education in the future revision of the *Standards*
- Encourage NCCPA to continue to assess the certification examination content blueprint pertaining to mental health/substance use relative to practice analysis data
- Explore the development of PA postgraduate psychiatry programs and graduate-level pathways

#2. Strengthen the PA practice environment to address mental health needs and foster integration.

- Promote research and data gathering on PA practice activities in mental health and mental health integration and identify PA practice models in the field
- Identify and modify specific regulatory barriers to PA practice in mental health
- Identify and enhance PA reimbursement provisions from third party payers

#3. Foster national campaigns to raise the profile of PAs addressing mental health across disciplines.

- Request the use of PA organizations' communication channels to deliver content pertaining to PA activities and capacities in the delivery of mental health services
- Feature promotional videos that show model PA practices in mental health
- Develop promotional efforts to increase PA employment in mental health using social media

#4. Create an organizational structure that incorporates current participants, offers backbone support to this movement, and plans for communications and financing.

- Maintain the Steering Committee or form an equivalent representative leadership group
- Secure endorsement and buy-in of Summit recommendations by leadership of PA and other organizations with a shared purpose
- Foster strategic alliances and partnership
- Establish a sustainable financial base to support organizational activities
- Develop a short and long-term communications plan

Conclusion

The PArtners in Mental Health Summit created a dedicated space for PAs and interprofessional champions to envision a shift that recognizes and amplifies the capacity of all PAs to integrate and address mental and behavioral health needs. The group's shared sense of purpose to address this complex, overwhelming social problem by leveraging the capacity of PAs and partners toward a shared goal of improving health was palpable. Such a vision is not without its barriers, but the words of President John F. Kennedy who called for an American

moon landing were shared as a metaphor for the work ahead: “We choose to go to the Moon in this decade and do the other things, not because they are easy, but because they are hard; because that goal will serve to organize and measure the best of our energies and skills, because that challenge is one that we are willing to accept, one we are unwilling to postpone, and one we intend to win.” The human and financial costs of mental illness and substance use disorders are staggering; this Summit is intended as a first step to engaging all PAs and partners as leaders and champions in making changes to improve health.

Authorship

Authorship for the Proceedings is held by the PA Mental Health Steering Committee, and the committee is grateful to James Cawley, MPH, DHL (Hon.), PA-C, DFAAPA, for creating the initial version of the Proceedings.

Keep Connected? If you’re interested in staying abreast of resulting PA efforts, please provide your name and contact information to the nccPA Health Foundation at contactus@nccpahealthfoundation.net

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Appendix A – Partners in Mental Health Summit Participants

Brynn C. Bailey, MS, PA-C

Southern California Psychiatric Associates
Access Mind Institute; Co-Founder/Secretary

Alfred 'Trae' Beasler III, PA student

President, Student Academy
American Academy of Physician Assistants

Courtney Bishop MPAS, PA-C

Secretary, Society for PAs in Pediatrics
Department of Orthopaedics, Nationwide
Children's Hospital

James F. Cawley, MPH, DHL (Hon.), PA-C, DFAAPA

President, PA Foundation
Professor, Department of Prevention and
Community Health
Milken Institute School of Public Health
Professor of Physician Assistant Studies
School of Medicine and Health Sciences
The George Washington University

Erin C. Crown, MHS, PA-C

Oasis LifeCare, LLC
Board Member, nccPA Health Foundation

Michelle DiBaise, DHSc, PA-C, DFAAPA

Professor
A.T. Still University, Arizona School of the
Health Sciences PA Program

Patricia McKelvey Dieter, MPA, PA-C

Professor and PA Division Chief
Duke University School of Medicine

Tiffany Flick*

Managing Director
nccPA Health Foundation

Tillie Fowler*

Senior Vice President, Advocacy &
Government Relations
American Academy of PAs

Scott D. Gibson, MHS, PA-C

Senior PA, Duke Sports Science Institute
Department of Orthopaedic Surgery
Duke University Medical Center

Bruce E. Gould, MD, FACP

Associate Dean for Primary Care, University
of Connecticut School of Medicine
Director, Connecticut Area Health Education
Center (CT AHEC) Network
Medical Director, Practice Transformation
Network, Community Health Center
Association of CT (CHCACT)
Medical Director, Hartford Department of
Health and Human Services

Richard Granase, MD

Southern California Psychiatric Associates

Anne M. Herron, PhD

Director, Division of Regional and National
Policy Liaison
Substance Abuse and Mental Health Services
Administration

Mikki Hollinger, MPH*

Program Support Coordinator
nccPA Health Foundation

David Keahey, MSPH, PA-C*

Chief Advocacy and Research Officer
Physician Assistant Education Association
(PAEA)

Cynthia Booth Lord, MHS, PA-C, DFAAPA*

Past Chair, nccPA Health Foundation
Program Director, Case Western Reserve
University PA Program

**LCDR Michaela Montecalvo, PA-C, CAQ-
Psychiatry**

Psychiatric Physician Assistant
LCDR with the United States Public Health
Service, stationed with the Department of
Justice at the Federal Bureau of Prisons, FMC
Devens

Lee Morissette, MPAS, PA-C

President, Society of Emergency Medicine
Physician Assistants

Dawn Morton-Rias, Ed.D., PA-C*

President and CEO
NCCPA & nccPA Health Foundation

Kara Mulligan, MPAS, PA-C

Conventions Psychiatry and Counseling

**Phyllis R. Peterson, PA-C, DFAAPA, CAQ-
Psychiatry**

TTUHSC, School of Medicine, Department of
Psychiatry
President, Association of PAs in Psychiatry

Fran Roberts, PhD, RN, FAAN

Professor and Director of Integrated Care,
UA College of Medicine – Phoenix

Amber Shull, MPAS, PA-C

Physician Assistant, Psychiatry
Harbour Towne Health

Lynette Sappe-Watkins, CFRE*

Executive Director, PA Foundation

Andrew Sperling

Director of Federal Legislative Advocacy
National Alliance on Mental Illness (NAMI)

Jay Somers, MS, PA-C*

Physician Assistant, Psychiatry
Nevada Family Psychiatry

Daniel Stone, Meeting Facilitator

Making Change Real

Donald L. Weaver, MD

Associate Medical Officer
National Association of Community Health
Centers (NACHC)

O.T. (Ted) Wendel, PhD*

Chair, nccPA Health Foundation
Senior Vice President of Strategic University
Initiatives, AT Still University

Jennifer Wilson, PA-C

Emergency General Surgery Physician
Assistant, University of Wisconsin Hospital
and Clinics

Denni Woodmansee, MS, PA-C*

Past Chair, National Commission on
Certification of Physician Assistants (NCCPA)
Department of Veterans Affairs

Suzanne York, MPH, PA-C, DFAAPA*

Associate Executive Director
Accreditation Review Commission on
Education for the Physician Assistant
(ARC-PA)

**Denotes Steering Committee Member*

Acknowledgement: Although unable to
attend the Summit, Nelae Keene, MPAS,
PA-C, also served on the PA Mental Health
Steering Committee.