

Partners in Mental Health Initiative: Stakeholder Report 2021



Overview

The PArtners in Mental Health Initiative Steering Committee, composed of leaders from six PA organizations and PA and interprofessional champions, convened virtually on June 28-29, 2021. The meeting's purpose was to extend efforts supporting the initiative's shared goal established in 2017 to 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 (SUD). More specifically, the meeting examined environmental trends, shared activities, identified needed perspectives, and envisioned actionable strategies that will reinforce PA efforts to address the mental health and addiction crises. All agreed the COVID-19 pandemic and racial and social justice movements have had a galvanizing effect that has further unmasked these crises.

To open the meeting, participants identified changes they would like to see to address mental health. The following themes emerged: reduce stigma; equip all PAs to care for mental health concerns of all patients; focus on provider health and wellness, including peer-support; increase numbers of high quality mental and behavioral health clinical training sites; enhance MAT-waiver utilization and remove barriers; and eliminate legal and regulatory barriers.

Environmental Scan

Recognizing the momentous social and pandemic events that have occurred since the steering committee last gathered and with the shared expectation of a "new normal," members engaged in a force field analysis. This effort identified forces likely to enhance and challenge the initiative's collective efforts to enhance education, strengthen practice, and raise awareness of the role of all PAs to address mental health needs.

Forces to Enhance Efforts:

- **Pandemic & Increasing Awareness:** The pandemic has focused attention on increased mental health/SUD needs, the insufficient workforce, and disparities in access to care. There are now increased funding and other resources from government and private sources as well as societal awareness to support this work.
- **New Expectations & Reducing Stigma:** Paradigm shifts to embrace whole-person care, self-care, and health and wellness for patients and providers in ways that do not judge or victimize, especially among young people and students. Corresponding opportunities to promote prevention and risk management via screenings and strengthen infrastructure to support care without stigma.
- **Changing Health Care Delivery & Access to Care:** Increased use of tele-health during the pandemic has created opportunities to identify best practices that build on the demonstration that PAs and others can provide quality tele-health care to expand access. Similarly, legislative changes and relaxed restrictions that may be retained post-pandemic may also speak to opportunities to expand access.

Forces to Challenge Efforts

- **Competing Priorities:** Efforts focused on the title change investigation and optimal team practice may limit capacity for clinical initiatives. At the practice level, providers can be challenged to find clinical training to reinforce mental health as part of whole person care.
- **Directing Resources:** Increased funding must be channeled toward health equity, the needs of BIPOC and marginalized communities, and clinical mental health and addiction challenges.
- **Workforce Matters:** Inadequate PA educator and workforce diversity, particularly concerning racial and ethnic representation, challenges the profession's ability to ensure the provider community reflects the patient community. Also, awareness about the aging psychiatry workforce and awareness of PA contributions is limited.
- **Combating Fatigue:** Health care, education, and other systems have been overwhelmed and are reestablishing new norms. This has exacted a mental and physical toll on caregivers of all types.
- **Legislative, Regulatory, & Payment Infrastructure:** PA scope of practice gains may be challenged. Payment systems continue to disproportionately reward specialties, creating administrative burden to track what plans include needed coverage.

The steering committee also noted the next big crisis could shift attention away from mental and behavioral health, suggesting an urgency and an opportunity to pursue the PA profession's integration efforts.

Activities & Accomplishments

Collective impact is a social change strategy that suggests partner organizations and grassroots champions conduct mutually reinforcing activities through top-down and bottom-up action. The steering committee reflected on how strategies identified during the last convening, including expanding CME offerings, advocacy, relationship-building, and raising awareness, had been implemented. Then, leaders highlighted activities supporting the common purpose within each organization's mission and capacity. Highlights are noted:

- **ARC-PA:** The *Standards* (5th edition), which went into effect in 2020, continue to require PA education to include didactic and clinical instruction in psychiatric conditions, behavioral health conditions, and SUD as well as behavioral aspects of response to illness, injury, and stress. The 5th edition also adds a requirement for instruction in provider personal wellness.
- **AAPA:** Advocacy with CMS to ensure positive scope of practice changes (including authorization for PAs to order restraint and seclusion and to record progress notes in psychiatric hospitals for patients for whom the PA is responsible); support for updated buprenorphine practice guidelines that remove the 24-hour training requirement for PAs to treat up to 30 patients with MAT; state advocacy to remove barriers and improve PA practice laws; efforts with payers to remove barriers and encourage coverage for mental and behavioral services provided by PAs; and sustained partnerships, including the Coalition to Stop Opioid Overdose and the Primary Care Collaborative's Behavioral Health Integration Workgroup.
- **NCCPA:** Virtual roundtables and data to document the PA experience related to COVID and recent events; psychiatric and behavioral health content on the certifying exam and recertifying assessment and support for a CAQ in psychiatry; data to publish and present about the PA profession in general and its contributions to mental health care; outreach via PA ambassadors, social media, and online presence; and plans for the next practice analysis, which will update data on how PAs across all disciplines are utilizing knowledge and skills related to mental health.
- **nccPA Health Foundation:** Leads, supports, and hosts the steering committee; administers a mental health outreach seed grant for PAs and PA students; raises awareness of PA mental health roles through its mental health spotlight, feature series, social media, and podcasts, including those in partnership with the PA Foundation; and outreach at PA and interprofessional conferences, including plans to participate in Psych Congress¹.
- **PAEA:** Received grant funding from SAMHSA and subaward funding from the American Academy of Addiction Psychiatry. Activities are aimed at removing barriers and expanding curricula and training opportunities for PA students in addiction medicine and behavioral health as a strategy to expand the behavioral health workforce and increase the PA provider pipeline to increase access. PAEA noted that 70% of PA programs now offer MAT training and a network of key stakeholders in addiction medicine and mental health is being developed. Awareness has been raised through articles, podcasts, webpages, videos, presentations, etc.; and plans are in place to sustain efforts and expand an online SUD curriculum to additional PA programs.
- **PA Foundation:** Emphasized PA student programming for preventing prescription opioid misuse, including virtual lecture topics and online curriculum; continued partnership with Allied Against Opioid Abuse, including blogs and health care provider videos; showcased NIDA mentored outreach awards and noted IMPACT grants for mental health projects; and highlighted mental health in its Vital Minds podcast series, including collaborations with the nccPA Health Foundation.
- **Clinically practicing champions:** Certified PA Jay Somers serves as AAPA's Liaison to the American Psychiatric Association and shared updates on APA's Taskforce on Collaboration, APA's efforts to establish its position regarding a structure supporting appropriate supervision for APNs and PAs, and APA's response to the PA title change investigation; highlighted work with the SMI Adviser Advisory Board, including efforts to disseminate clinical updates and CME to all clinicians active in mental health treatment; and shared research related to professional fulfillment, highlighting the essential, growing body of literature related to provider health and wellness. The importance of hearing from grassroots champions and interprofessional colleagues was underscored as essential to continued progress.

Actionable Strategies for Further Exploration

The steering committee acknowledged the increasing incidence of mental illness, SUDs, and overdose deaths; and there was a palpable desire to do more as a collective and as individual organizations within the PA profession to advance the role of PAs and strengthen partnerships to address these devastating health problems. The steering committee recognized the importance

¹ Psych Congress is a national conference on practical psychopharmacology and serves as a unique and integrated forum to connect the entire mental health team—psychiatrists, nurse practitioners, physician assistants, psychologists, primary care physicians, and other mental health professionals—with the foremost experts in psychiatry to improve patient outcomes through education.

of continued outreach to support this work and identified a host of perspectives that could enhance efforts. This effort includes partnerships within health care (state and specialty PA organizations, physician and nursing organizations, psychiatrists, social workers, and other mental health providers); federal partnerships with HHS agencies; association partnerships for shared causes; and foundations and think tanks to advance mental health goals while raising the profile of the PA profession.

In the spirit of collective impact, the steering committee sought to identify actionable strategies to enhance educational approaches, to strengthen the practice environment and foster integration, and to raise awareness of PA efforts and models to integrate mental health into practice. Through a series of exercises, the steering committee generated avenues for exploration:

Enhance Educational Approaches

- **Integrated Curriculum:** Consistent with the ARC-PA *Standards*, expand integration of mental and behavioral health; SUD, OUD (inclusive of MAT training), and addiction medicine; and provider health and professional fulfillment in PA education. Foster commitment to whole-person care and reducing stigma among PA students. (Specific Foundation for Opioid Response Efforts grant opportunity noted.)
- **Residencies or Fellowships:** Explore opportunities to expand postgraduate education and training related to addiction medicine.
- **Continuing Education:** Support enhancement of mental health CME offerings at state, specialty, and other PA conferences to equip PAs in all disciplines with a fund of knowledge, warning signs, and screening tools related to mental health and SUD. Consider additional CME activities related to risk assessment, for example, for suicide, effective evidence-based treatment of chronic pain, etc. Explore peer-to-peer CME opportunities, including primary care and psychiatry PAs along with psychiatrists to showcase how integration/collaboration occurs and enhances patient care.

Strengthen Practice & Foster Integration

- **Continued Advocacy:** Support elimination of legislative, regulatory, and payer barriers to PAs providing mental health and SUD care; foster partnerships and leverage available PA data to support this effort.
- **Certificate of Added Qualifications:** Respond to the profession's feedback in areas where PAs remain generalists by profession but may also need additional documentation of knowledge, skills, for employers. Respond to PAs in disciplines, beyond those for which NCCPA offers CAQs, as to whether there is a practice related need for documentation of additional skills related to mental health and addiction medicine, etc.
- **Provider Wellness:** Examine the landscape to identify initiatives for self-care, suicide prevention, and substance misuse prevention among health care providers and ensure PAs are represented and aware of these resources.

Raise Awareness

- **Serve as a Clearinghouse:** Promote awareness of the PA profession and its contributions to mental health care, including but not limited to podcasts, presentations, data sets, social and online media, and articles. Effective communications are concise and provide just in time information, such as where to find additional clinical information, funding resources, etc. Explore media and advertising strategies to highlight behavioral health issues and how PAs are providing care and services.
- **PAs as Volunteers:** Ensure PAs are represented on working groups, committees, taskforces, etc., that are addressing mental health and SUD; this includes attending and presenting at conferences and events with other health care providers.
- **Relationship-Building:** Foster organizational and grassroots partnerships between PA and mental health organizations (e.g., Psych Congress) and PAs and mental health providers. Explore opportunities to build coalitions to address issues of shared importance. Develop resources, videos, and CME sessions that highlight how PAs expand the behavioral health workforce, including addressing PA education, skills, knowledge; how PAs can benefit practices; and how providers can work collaboratively.
- **Grassroots Outreach:** Support grant-funded PA outreach and service at the intersection of mental health, mental illness, and SUD and highlight outcomes.
- **Patient Education:** Explore creating patient-focused resources that address stigma, how to prepare for a mental health appointment, and how to advocate for a partner or family member.

Please note: The items for continued exploration may be in addition to activities the PA organizations will undertake in support of their own spheres of influence and expertise, consistent with a collective impact strategy.

Supporting the Movement

The steering committee concluded by declaring its continued commitment to this movement, acknowledging the nccPA Health Foundation's role in encouraging efforts in support of shared goals. Partners noted actionable takeaways that they would share within their organizations to advance collaborative efforts. In addition, the steering committee noted opportunities to highlight the initiative's work at a future PA Cross Organization Meeting to enlist further support from the profession's leadership for this important work that impacts all PAs. Further, it was noted that plans for a 2022 meeting to extend this work to enhance education, to strengthen PA practice, and to raise awareness of PA efforts with the goal of providing the best care for patients and providers was anticipated. To stay apprised of these efforts, share your contact information with the nccPA Health Foundation at contactus@nccpahealthfoundation.net.

Participants & Acknowledgements

The nccPA Health Foundation thanks the following individuals for their participation at this meeting:

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State Hospital South

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The Health Foundation was delighted to welcome guests , who offered insights and commentary in their areas of expertise:

Tate Hauer

Vice President, Federal Advocay
American Academy of PAs

Keisha Pitts, JD

Director, State Advocacy & Outreach
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Although unable to attend, the nccPA Health Foundation acknowledges the contributions of steering committee members:

Brynn Bailey, MS, PA-C

Balanced Behavioral Health

Richard Granese, MD

Southern California Psychiatric Associates

*Zeno W. St. Cyr, II, also serves concurrently on the nccPA Health Foundation Board but represented NCCPA at this meeting.