

Clinical evolution and payment revolution: The future of psychology in healthcare

Health reform has ushered in the dawn of a new era for mental health. For decades, mental health has functioned as a separate and distinct service that operates in relative isolation from other sectors of the healthcare system. This fragmentation, at multiple levels, has led to a less than desirable experience for both patients and providers. Psychology, as a large portion of the behavioral health workforce, has an opportunity to become more centrally involved in developing innovative ideas to better meet the mental health needs of the general population. To help promote integrated care that attends to patients' physical and mental health care needs, psychologists need to understand various payment models and how these models may foster or facilitate new ways to deliver care.

Like most behavioral health clinicians, psychologists do not often learn the business side of healthcare. In fact, one could also argue that most psychologists do not receive training in alternative ways to deliver care outside of specialty settings, which is closely tied to payment. In the current healthcare system, there is an increased recognition that in order to meet the population need for behavioral health services, better integration with primary care must occur.

Bringing behavioral health into primary care settings allows for more patients to receive timely access to behavioral health services. In addition, this integration enables primary care clinicians to have assistance addressing mental health issues and the role of behavior on health. Simply put, integration helps create a more comprehensive experience for the patient where they can have the majority of their healthcare needs met.

To reinforce models of integrated care, payment models must support the notion of team-based care and the corresponding activities required for team-based care that fall outside the scope of billable services (e.g., pre-clinic huddles, conducting "warm hand-offs," and enhancing care coordination). Psychologists and other behavioral health clinicians have an opportunity to proactively pursue payment models that best support their inclusion in delivery settings like primary care; however, to best advocate for these impending changes, it is important for psychologists to be aware of the promise of various payment models and how these models can reinforce, and in some cases prevent, their involvement.

There are five general payment models for psychologist to consider:

Fee-for-service provides reimbursement for specific, individual services to patients

Pay-for-coordination provides reimbursement for specific care coordination services that are not otherwise provided

Pay-for-performance provides reimbursement for achieving defined and measurable goals related to care process and outcomes, patient experience, utilization patterns, or cost

targets

Bundled payments provide single reimbursement for a group of services related to a treatment or condition that can involve multiple providers in multiple settings

Global capitation provides a single risk-adjusted payment for full range of health care services needs of a specific population for a fixed period of time

Now is the time for psychology and other behavioral health disciplines to assess what role they want to play in integrated settings, and which payment models are most appropriate to support their involvement. Conversely, payment models that do not allow for or limit the degree of integration of behavioral health clinicians with medical care providers will reinforce a fracture care delivery system. Whatever they choose, the payment revolution is at hand, and it will be up to these leaders to decide their discipline's level of engagement in healthcare innovation.

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