

*Presentation to Legislature: Feb 14, 2012*

## Mental Health Workforce

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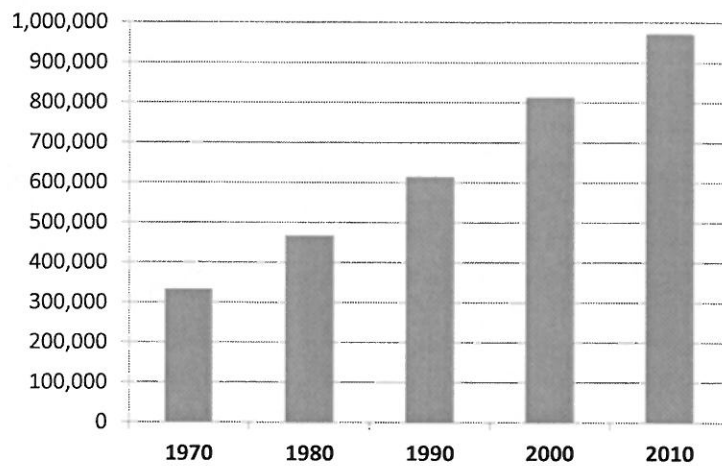
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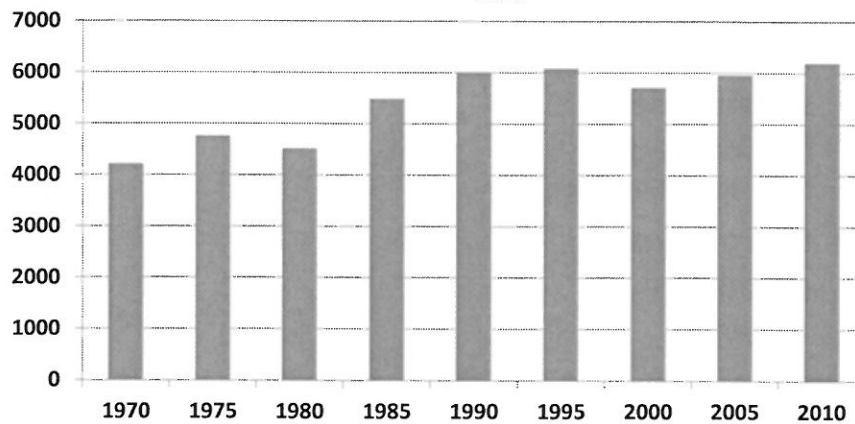
## Total Number of Doctors in US – Steady Increase

Number of All U.S. Physicians  
1970-2010

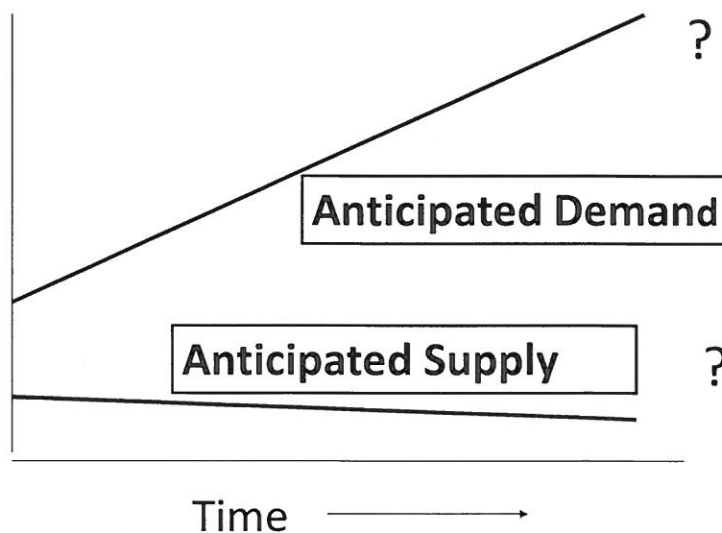


## Number of Psychiatry Residents In US Programs Has Been Flat

Number of Psychiatry Residents and Fellows in U.S. Programs, 1970-  
2010



## Meanwhile, Demand for Psychiatric Services Continues to Increase



## Increased Demand: Possible Factors

- Increase in number of patients utilizing services
  - Growing and aging population
  - Mental health parity, Affordable health care act
  - Some progress in anti-stigma efforts
- Psychiatric problems related to:
  - Economic downturn
  - Psychological toll of two wars
- Direct marketing to the public for psychoactive meds
  - “...Ask your doctor if the addition of Abilify to your antidepressant is right for you?”
- Black box warnings (e.g., kids, elderly)

## Pieces of the Solution

- “Mid-level” providers
- Tele-health
- Recruitment and retention strategies
- Collaborative models with primary care
  - Medical homes, mental health homes
- Expanding concept of workforce
  - Consumers, families, care coordinators
- Maximize utilization of psychiatrists

## Mid-levels: Examples of “Low Hanging Fruit”

- Small line item grant from legislature starting in FY2006
  - <\$160K total / year
  - Continued each year since (although with less \$)
- Goal was to increase #'s and quality of “mid-level” providers for psych services
- 2 components – ARNP’s and PA’s

## Physician Assistant Post Graduate Fellowship in Psychiatry

- Developed 1 year “mini-residency” for PA’s
- Didactics with PG 1-2 residents
- Varied inpatient and outpatient clinical rotations
- Individual supervision in evidence-based psychotherapies
- One of 3 programs approved by AAPPA

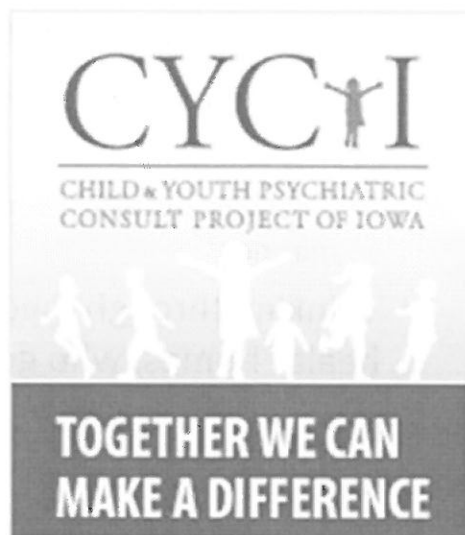
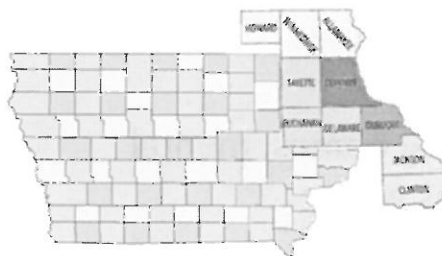
## What about Tele-psychiatry?

- Lots of experience with this
- National Laboratory for Rural Telemedicine 1994-2000
- Used throughout Iowa’s Prison system since late 90’s
- Good clinical outcomes
- Good patient satisfaction
- Magellan support (hardware and reimbursement)

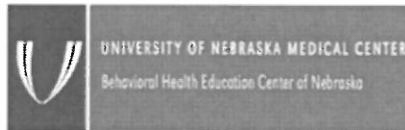
## PA Program (cont.)

- Case example – Last year's graduate:
  - Ideal outcome – returned to his home, underserved area with intention to practice in psychiatry
- But...No one to supervise him
- Solution
- Distance supervision via tele-health
  - Approved by PA licensing board
  - Contract in place

## Example 2: Integration with Primary Care: The CYC-I Project



# Nebraska Behavioral Health Statewide Workforce Initiative



Developed out of the same issues we  
are facing now

- 2004  
LB1083 is the restructure of behavioral health system of care from institution to community-based.
- 2009  
LB603 passed, creating the Nebraska Behavioral Health Education Center (NBHEC).



## NBHEC Funding

- FY 2009-2010 → \$1,385,160
- FY 2010-2011 → \$1,563,993
- FY 2011-2012 → \$1,801,265

## Take Home Message

- A focus on the development of an adaptable, efficient, effective and sustainable behavioral health workforce is needed.
- This will be a complex process.
- Expecting that this will happen through the creation of unfunded work groups is unrealistic.
- It will take resources.