

Patients Deserve To Be Evaluated And Treated By Specialists

It is reasonable for patients to be confused when trying to decipher the many types of professionals who provide behavioral health services. One thing is clear, however: There are distinct differences between how these professionals are trained and the services they are legally allowed to provide. Notably, the most confusion is between a psychologist and a psychiatrist. A psychologist is a doctor-level behavioral healthcare provider who received his doctoral degree from a university or professional school of psychology. Psychologists are not medical doctors. Psychiatrists attend medical schools and, upon graduation, typically complete a residency in psychiatry. However, a physician may practice as a psychiatrist without any additional training beyond medical school. Both professionals have doctor's degrees.

Psychologists typically hold undergraduate and postgraduate degrees in psychology, in addition to their doctoral degree. Psychologists complete residencies in behavioral health. Psychiatrists typically complete residencies in treating behavioral disorders with medicines only. It is uncontested, however, that psychology doctors have the most extensive training and experience in treating, assessing, researching and objective diagnosing of behavioral disorders. Doing a Google search on each profession's contribution to knowledge of the human brain yields the following results: There are 4,850,000 citations for psychology and 1,620,000 for psychiatry. This does not mean that psychiatrists are less capable than psychologists. This simply suggests that psychiatry has generally morphed into a limited practice of prescribing medications. Most psychiatrists do not provide therapeutic services beyond medications.^{227,228} Depending upon the state where both are licensed, psychologists and psychiatrists provide services both in inpatient and outpatient venues. The behavioral health services include treatment, evaluations, and prescribing of medications.

Both psychologists and psychiatrists can obtain specialty certifications, and most do. Psychologists also specialize and receive certifications and additional education and training in a wide array of specialties, including clinical psychology, neuropsychology, child psychology, medical psychology, family psychology, forensic psychology, gerontology, psychopharmacology and many others. Psychiatry also has these specialized areas of training. To obtain these specialties, both professionals must have additional education, training, supervision and testing. Psychologists and psychiatrists can receive board certification for their additional training. Non-doctoral level personnel cannot be board certified

in any specialty area of practice. These personnel specialize by virtue of on-the-job training. Certifications should always be checked to assess claims of specialized training.

The following is a comparison of the training and services provided by different practitioners who provide behavioral services.

Licensed Clinical Social Workers (LCSW)

A Licensed Clinical Social Worker generally possesses a master's degree in social work. LCSWs have experience in social and human services; clinical social work includes providing services in the fields of medical and public health, families and children or substance abuse and mental health. The National Association for Social Workers, www.socialworkers.org, reports that most states require a master's degree in social work as a prerequisite for licensure. In addition to a master's degree, obtaining a license for social work typically requires two years of intern experience and a licensing exam. Some states provide a different type of license for those social workers with undergraduate-level degrees. LCSWs provide many important services to rural America and to underserved populations in urban areas. They are highly skilled clinicians and may very well be the foundation for the mental health system due their large numbers and the areas they serve. While LCSWs do provide many important services, they are much more limited in their scope of practice compared to psychologists and psychiatrists.

There Are Many Types Of Counselors

Counselors are non-doctoral level providers. They work in a wide variety of community venues. Their duties vary greatly depending on their scope of practice law. Typically, counselors will have completed a one-year post-baccalaureate degree. They cannot provide services to Medicare or Medicaid patients. They do not have hospital privileges or are allowed to provide services beyond counseling. Many are allowed to use the title "psychotherapist," but their scope of practice law generally does not allow for psychological testing, evaluations or treating all but the least serious problems. Counselors, as the name implies, are not behavioral healthcare specialists but are generalists in treating non-serious mental health disorders.

Counselors employed in educational, vocational, and school settings provide individuals and groups with career, personal, social and educational counseling. School counselors work with students, other

individuals and organizations to promote the academic, career, personal, and social development of children and youth. School counselors help students to select academic and career goals. Counselors also advise students. Some counselors specialize with students who have academic and social development problems or other special needs.

Marriage And Family Therapists

Marriage and family therapists (MFTs) are non-doctoral level providers. MFTs, as their title implies, provide services to individuals who are having difficulties in their relationships. MFTs enhance communication and understanding for families and deal with family and individual crises. They provide their services to individuals, families, couples, and groups. Marriage and family therapy differs from traditional therapy. Much less emphasis is placed on an identified psychological conflict. MFTs focus on looking and understanding their clients' interactions within their existing family or the relationship's environment. Marriage and family therapists also may make appropriate referrals to psychologists and other doctoral-level professionals.

Substance Abuse Counselors

Substance abuse counselors generally have limited, specific training and are considered paraprofessionals. These counselors work with people who have problems with alcohol, drugs, and other addiction problems. They seek to help people to identify behaviors and problems related to their particular addiction. Counseling can be done on an individual or a group setting. They are trained to assist in developing personalized recovery programs that help to establish more positive behaviors and coping strategies. Often, these counselors are former patients who were addicted to alcohol and drugs. Many counselors are part of a team of community outreach professionals aimed at preventing addiction and educating the public.

Insurers Pay Less To Providers To Increase Their Profits

Since the penetration of managed care as the gatekeepers to healthcare, behavioral health services have been the most negatively impacted. One of the earliest studies on the impact of managed care on mental health services found that immediately after managed care became the gatekeeper for behavioral health services, costs dropped 40%.²²⁹ The decreased cost was not due to greater efficiencies. Although some proportion is attributed to both delays and denials of services, the single contribution to the decrease in costs is due to insurers using counselors and other non-doctoral level personnel in place of

psychologists and psychiatrists. Typically, non-doctoral level counselors cost about 40% less than psychologists or psychiatrists. What is important about this development is not that counselors work for less, are cheaper or cannot perform certain duties. The fact that they are paid less due to their non-doctoral status clearly has an economic impact for the profit status of the insurers. The real impact, however, is on quality patient care. Counselors have significantly less education, less training, and less experience. They are skilled to provide services within their scope of practice. But, they are not legally able to provide a wide range of behavioral health services and, yes, they do cost less. It is not an unreasonable conclusion to state that much of insurer's profits are made from behaviorally ill patients as they employ cheaper labor for services. This is not the fault of counselors and social workers. The fault lies in a healthcare system that allows insurers to exploit patients and providers.

Utilization Review

As early as 1992, managed care companies and insurers began reducing behavioral health services using the concept of "utilization review".²³⁰ The concept is simple. Hire a team of people who have never seen the patient and give them the authority to "review" and approve requests for services. Much of the time, the reviewers are not professionals in the area of expertise as the requestor of the services. Utilization reviewers have comprised counselors, clerical workers, nurses and primary care physicians. All of these groups have the authority to both challenge and approve behavioral health services requested by a psychologist or psychiatrist. From the very beginning, managed care and insurers have developed so many practices to reduce, deny, and delay behavioral health services, all at the expense of patients and for increased profit.²³¹

These healthcare mega-companies continue to use these practices, citing the need to control costs. A U.S. Surgeon General report on mental health²³² states:

"Private health insurance is generally more restrictive in coverage of mental illness than in coverage for somatic illness." (Chapter 6)

The question is why? The cost of healthcare for non-behavioral health services comprises 95% to 96% of total healthcare expenditures. In 1999, when managed care essentially completed its penetration into healthcare, that number was around 10%. It defies logic and mathematics to conclude that services that comprise 10% of expenditures require practices to reduce costs, while the remaining 90% is not

subjected to the same level of cost-cutting. It is this type of behavior that has been the impetus for mental health parity legislation. A Rand Corporation study commissioned in 1998 to evaluate the real costs of mental health services to aid Congress in analyzing data for parity legislation concluded:

"The assumptions used during the parity-legislation debate had substantially overstated the actual cost of mental health services under managed care. Unlimited mental health benefits under managed care cost virtually the same as capped benefits: The average increase was about \$1 per employee compared with costs under a \$25,000 cap, which was a typical limit in other existing plans."²³³

Thus, employing less thoroughly trained counselors, utilization review teams, delays and denials of services are all unnecessary and have no relationship to cost containment. What these tactics do show, however, is that insurers and managed care companies engage in very complicated, albeit useless tactics that deny behavioral healthcare services to those in need for reasons unrelated to care, simply to increase their bottom line. They employ less-trained providers as part of their strategy to increase profit.

Delaying Services Through Phantom Panels

One of the tactics managed care companies and insurers use to delay and deny services is the use of phantom panels of providers. These companies simply list names of providers who either have resigned from the panel or have never even requested to be on the list of providers.²³⁵ Patients are given these lists when they request services. The problem is that phantom providers do not provide services because they are not available.

Patients are then forced to wait long times to be seen by the few real providers or abandon seeking treatment. When they persist, patients are forced to accept treatment by a non-doctoral level provider, which, of course is what the company really wants. These patients receive no real initial assessment because counselors are not able to provide these services. Social workers can do an adequate evaluation, but these companies typically do not authorize or reimburse for evaluations of behavioral health patients. As a result, patients are provided sub-standard care and these companies add to their bottom line through phantom panels. Many state agencies have looked into this practice and have

warned these companies against their use. However, every company still uses phantom panels. Cummings, et al, produced an excellent analysis of the economics and history of behavioral healthcare and managed care.²³⁶

Patients Deserve Higher-Quality Services By The Appropriate Provider

Managed care companies, in response to criticism of their use of non-doctoral level providers, routinely point out that there are no studies that show doctoral training leads to better treatment outcomes or higher quality care.²³⁴ The problem, of course, with this type of notion and conclusion is that extensive, specialized training and education in any field is questionable. Our entire education system is based on the assumption that the more years devoted to study, training, and experience, the better prepared an individual is to provide a higher level of service. The entire basis of medical specialty, for example, is based on extended periods of residency above the initial degree. Although every medical license issued by every state in the United States allows physicians to perform surgery, would anyone seriously argue that, as a whole, physicians who devote 3-5 additional years learning surgery does not lead to better outcomes and higher-quality services? The same can be said of any other profession that requires additional training beyond a doctoral degree. We have found no studies that even address this issue outside of behavioral health. So, saying that doctoral level providers, who average five years post baccalaureate education with more than 4,000 hours of internships, additional years in post-doctoral fellowships obtaining specialty training, and experience both in inpatient and outpatient venues, can demonstrate no greater outcome in treatment than non-doctoral providers is both ludicrous and a deception. This deception is used simply to ration care and to increase profit. Again, all behavioral health care providers are skilled within their scope of practices. The issue is providing patients with the appropriate provider to ensure that high quality care is the goal.

Non-doctoral level providers do have a place in behavioral healthcare. They can provide many services that do not reach the level of seriousness requiring a psychologist or psychiatrist. As for cost-saving, many of the services that non-doctoral level practitioners provide are elective services and are not covered by insurance. Marriage and relationship issues, for example, should be an elective service. Typical adolescent rebellious behavior and academic issues should be viewed as elective services. Anxiety disorders, depression, behavioral issues related to a medical disorder, psychosis, acute and chronic mood disorders, and other serious behavioral conditions require doctoral level intervention. Using less-trained providers simply denies the seriousness of the patient's condition so that a company's

profit can be maximized at the patient's expense. More highly trained professionals provide a more detailed and multifaceted assessment of a patient's condition. Doctoral-level providers have significant training in doing and understanding the important research related to understanding and treating behavioral conditions. This training benefits patients and this is the goal of providing healthcare.