

Psychologists' Association of Alberta.

Access Task Force.

Final Report.

Preamble.

The Access Task Force was formed by the decision of the Board of Directors of the Psychologists' Association of Alberta to explore and suggest specific solutions that would enable Albertans to have an easier access to psychological services. This decision was prompted by the results of the Medicare Survey conducted by the PAA through the electronic means (Psynerg-E, January 2002). For the results of the survey and specific comments of psychologists see the Appendix 1.

Members.

The following psychologists participated in the works of the Access Task Force:

Dimirsky, Mark
Hayward, Lois, Co-chair
James, Holly
Laing, Mary
Lucki, George
Rajski, Piotr, Co-chair
Romney, David
Wyrostok, Nina

and ex-officio the PAA president and Executive Directors.

Most of the discussion took place through e-mail. The Access Task Force met once on October 20, 2002.

Documents Review.

The Access Task Force members reviewed the following documents:

- Mazankowski's Report, (Premier's Advisory Council on Health for Alberta) released December 2001
- Kirby's Report, (The Senate Standing Committee on Social Affairs, Science and Technology) released October 2002
- Romanow's Report, released November 28, 2002
- Report on Mental Illness in Canada, Health Canada, October 2002.
- Report "The Burden of Mental Illness in the 2000s" by C.E. Adair, December 11, 2001
- Report "Optimizing Mental Health Services for Albertans. Evidence-based Directions" by C.E. Adair, October 17, 2002
- PAA's Response to Mazankowski's Report
- PAA's Response to the Expert Advisory Panel to Review Publicly Funded Health Services in Alberta
- Dr. Keith Dobson's article: "A National Imperative: Public Funding of Psychological Services." Canadian Psychology, 2001, 43:2
- Strengthening Medicare: The Role of Psychology in the Health of Canadians and in the Development of the Canadian Health Care System. CPA, 1999.
- Various responses to Mazankowski, Romanow and Kirby's reports by the Canadian Psychological Association and other psychological organizations

Findings.

Interestingly, though depression becomes identified as the number one world health problem¹, the words "psychology," or "psychologists" are nowhere to be found in any of the major government documents. Mazankowski's report makes a reference to "mental health professionals," Kirby's to "allied health professionals." All these documents are written from the medical profession's perspective.

Though Mazankowski's report is believed to be more "conservative," while Romanow and Kirby's report are more "liberal," they all seem to try to address the same shortcomings of the Canadian health system. Among these shortcomings are long waiting lists for some medical procedures, inadequate access to health services, skyrocketing costs of many medical treatments, inadequate staffing, inefficiencies and redundancies in the system. All three reports seem to agree about the need to reorganize the primary care. Kirby and Romanow's reports agree on the need to provide a greater, consistent federal funding of the health care.

The Access Task Force assumes that Kirby's and Romanow's recommendations will translate into more money for health care and a federal pressure to reform the primary care, while Mazankowski's recommendations will shape the future of health care in Alberta. In this context Alberta psychologists may expect the following changes to the health care that will likely impact on our profession:

1. There will be a move toward "staying healthy" with more money spent on disease prevention.² Government will likely invest money in programs supporting healthy life styles, such as counseling for nicotine addiction, smoking cessation programs, etc.³ Psychologists may try to offer their expertise in this area.
2. Primary care is likely to be reformed allowing for more competition and new ways of delivering health services. In particular, it appears that in this new model health authorities will "establish service agreements with a wide variety of providers including other regions, clinics, private or not-for-profit providers and facilities, and groups of health providers."⁴ It is conceivable that these "groups of health providers" will include psychologists.
3. Government seems to be ready to redefine the meaning of a "comprehensive" primary health care with delisting some services and listing new services.⁵ Theoretically, psychological intervention can become an element of a comprehensive primary health care.
4. Mental health services will be integrated with the work of regional health authorities.⁶ Mental health services for children, adolescents and elderly may be prioritized.⁷
5. There will be a push toward evidence-based decision making and evidence-based treatments.⁸
6. There may be a push toward cost-sharing in the delivery of health care through one of the following: medical saving accounts, increased health care premiums, user fees, co-payments, deductibles, taxable benefits or supplementary insurance.⁹ How these new financial arrangements will impact psychology is uncertain.
7. The government seems to be open for the expanded role of different service providers in the future health system.¹⁰ It declares willingness to offer Albertans "more choices."¹¹ Conceivably, these choices will include psychological interventions.
8. It appears that the government will try to change the current method of paying physicians on a fee for service basis. This method has been identified as a major barrier to implementing new models of comprehensive primary care and disease management.¹² Alternative options may include capitation or rostering approaches, alternative funding or payment plans, grants and salaries. Whether the government is able to overcome physicians' resistance to such a change is to be seen.
9. This fly from paying physicians on a fee for service basis may not apply to other service providers. It appears that the government would consider paying for counseling on a fee for service basis as indicated by the following statement:

"Fee for service acts as a disincentive for time consuming visits that are often more effective in promoting their patients' health and for counseling (underline by the Access Task Force). Unless the fee for service approach builds in payment for counseling or comprehensive care, physicians are not paid for taking steps to keep their patients healthy." (Mazankowski, P.65)

In principle, there is no reason why psychologists could not provide this counseling.

10. Implementation of alternative payment plans for physicians may open new possibilities for psychologists as suggested by the following statement:

"This grant or flat rate could be used to expand the use of multidisciplinary teams, provide services designed to help patients stay healthy or treat specific illnesses." (Mazankowski, P.66)

This could include illnesses such as depression, anxiety, psychosomatic problems, and so on.

11. In making quality the top priority for Alberta's health system the government will "set standards, measure results, and hold people accountable for achieving better outcomes in health" (P.68). It will be achieved through "research through a variety of sources and organizations in order to foster an evidence-based health system" (P.68) and "development of multi-disciplinary, integrated, provincial centres of health research" (P.70). This should create opportunities for university and research involved psychologists.

Conclusions.

1. Although the Canadian and Albertan health systems seem to be heading for a major reorganization, the profession of psychology and psychologists are nowhere identified as important stakeholders in the planned change.
2. As far as possible models of public funding for health services is concerned it appears that the following models will be present in the revamped health care system:
 - Contract model - in which regional health authorities (RHAs) will contract services, including mental health and psychological services, with "clinics, private or not-for-profit providers and facilities, and groups of health providers."
 - Salary model - in which RHAs will pay salaries to psychologists in hospitals, clinics, etc.
 - Fee for Service model - in which the government will pay for specific health services, such as counseling.

The future system will likely involve some combination of the above models.

3. Achieving health coverage for even one session of psychological counseling would mean progress comparing to the current *status quo*.

Recommendations.

1. In the context of the upcoming change to the health system the Psychologists' Association of Alberta should engage in a vigorous lobbying with the provincial government and members of the Legislative Assembly on behalf of the profession of psychology. This process may involve among others:
 - Preparation of a concise position statement, outlining evidence-based effectiveness and cost efficiency of psychological interventions, which could be circulated among psychologists. Psychologists could be encouraged to contact their local MLAs with this information. Psychologists should be called upon to form good relationships with their MLAs, journalists and community health leaders.
 - PAA should contact provincial medical organizations in an attempt to form a harmonized vision of the future delivery of health services.
 - PAA may try to participate in the works of Larry Olhauser's committee looking at which medical services to cover and which to de-list. Psychological counseling should be on the list of covered services, even if the coverage is for just one session.
 - PAA may try to work with the organizations formed of potential consumers of psychological services, such as addiction and family violence centres, shelters, mental health crisis organizations, senior citizens centres, police, sexual assault centres, eating disorders organizations, disaster services agencies, etc. All these organization may be interested in and support enhanced access to psychological services. This would help PAA to frame the funding issue as a consumer and not a practitioner initiative.
2. PAA should form a special task force, or extend and expand the mandate of the Access Task Force, to achieve desired lobbying results. It should allocate sufficient financial resources for this purpose.
3. PAA may consider hiring a professional lobbying or marketing firm to bring the cause of psychology to the attention of the government.
4. In lobbying efforts PAA's negotiators may want to keep our options opened bearing in mind that it is uncertain what the new system of health care will look like. During this process PAA may want to express support for all possible models of paying for psychological services.
5. The Access Task Force's Report should be published in the Psymposium.

For the Access Task Force
Piotr Rajski, Co-chair
Appendix 1.

The question was: "**Would you encourage the PAA to try to achieve health coverage for psychological services?**" We explained that this would involve coverage for at least part of the psychological fees paid by the government. To this question psychologists responded in the following way: **Yes - 82, No - 33, Uncertain - 19**. Psychologists expressed the following ideas regarding this matter:

Pros

- It will make easier for psychologists to enter private practice.
- If psychologists won't achieve coverage for their services other professional groups (such as nurses) may (psychologists are not even mentioned in the Mazankowski report).
- There is a great need for such coverage for inner city populations, 80% of which has no access to psychological services.
- Due to the lack of coverage psychologists are forced to do a pro bono work in suicide risk cases.
- In the current system only the very poor or the wealthy have access to psychological services.
- Due to the lack of coverage many patients with mental health needs access help from para-professionals.
- Majority of patients who access psychological services in the hospital settings would have been unable to afford these services, even at a substantially reduced rate, if they had to pay from their pocket.
- Because patients can't afford the psychological service, doctors spend time dealing with mental health issues. It is taxing on their time and availability.
- Majority of GPs has no enough training to do "psychotherapy."
- As long as GPs and psychiatrists are paid for by Alberta Health people with psychological problems will clog their offices.
- Clients should be able to see a psychologist sooner than a psychiatrist.
- 55% of the visits to GPs are for Depression (2001 Alberta Health Statistics).
- The average person will accept "less than optimal" services for "free" rather than pay out of pocket for "more optimal" services.
- The Small Business Bureau of Canada (2002) noted that they lose about 14 billions a year on employee mental health issues.
- The majority of Canadians cannot afford our fees of \$135 per hour.
- The constant increase in psychological fees is rapidly making us completely unaffordable to the most of the public.
- With the general Medicare Coverage Canadians would be able to select whom they want as a psychologist.
- Clients may be able to receive a broader range of counseling approaches than those based on the medical model.
- Because of the lack of health coverage for psychological services the Government has difficulty recognizing psychology as a health related profession.

Cons

- It is not likely that health coverage can be achieved in the current political and economical environment
- The medical lobby will never allow us to achieve this objective.
- The government will have more impact on the delivery of our services. It may mean restrictions on type and number of sessions, diagnosis, etc., as is the practice of the Medical Services Branch.
- Health coverage for psychological services may decrease funding for hiring psychologists by Alberta Mental Health Board and other agencies, e.g. Catholic Social Services, CASA, etc.
- Health coverage for psychological services may decrease funding for Employee and Family Assistant Programs.
- In case of budget cuts, psychological services may deem to be "non-essential."

?

- I need more information about a specific solution.
- A trial period that would give psychologists time to evaluate a new solution would be desirable.
- A new solution would need to treat all psychological methods as equal.

¹ Report on Mental Illness in Canada, Health Canada, October 2002, provides among others the following statistics:

- The economic cost of mental illnesses in Canada was estimated to be at least \$7.331 billion in 1993. (P.7).
- Worldwide, major depression is the leading cause of years lived with disability, and the fourth cause of disability-adjusted life years (DALYs).
- Mood disorders have a major economic impact through associated health care costs as well as lost work productivity. (P.8)
- Anxiety disorders affect 12% of the population, causing mild to severe impairment. (P.9)
- In 1998, 3,699 Canadians died as a result of suicide.
- Suicide accounts for 24% of all deaths among 15-24 year olds and 16% among 25-44 year olds.

The WHO World Health Report 2001 (quoted after Adair, C.E., The Burden of Mental Illness in the 2000s) provides among others the following statistics:

- Suicide is a leading cause of death for young adults; rates have tripled since the 1960s in 15-19 year old males (USA)
- Canada - some of the highest suicide rates in the world are found in some remote areas of the North, especially in Alberta and Quebec
- 15-20% of depressed patients will end their lives
- Neuropsychiatric disorders affect 450 million people alive today
- Cost for mental illness in Canada (1998) - \$14.4 billion

² Mazankowski's Report, P.6, P.14-17

³ Mazankowski's Report, P.43.

⁴ Mazankowski's Report, P.7 The ideal seems to be described as follows: "(...) Instead of going to a family physician then getting referred to a series of other health providers, in comprehensive primary care models, multidisciplinary teams of people work together to provide the services people need. That might include a family doctor, nurse or nurse practitioner, dietician, counselor, mental health worker, social worker, and others working together. This is clearly the approach Albertans have said they want through a number of province-wide consultations."(P.22) "Rather than limiting the choices available, physicians and groups of health care providers could be encouraged to set up health care businesses, enter the market and compete for contracts with health authorities or market their services to individual Albertans."(P.24) Also P.50, 52

⁵ Mazankowski's Report, P.44

⁶ Mazankowski's Report, P.7., P.18-20, P.27, P.52

⁷ Mazankowski's Report, P.20, P.41

⁸ Mazankowski's Report, P.8, P.37, P.46.

⁹ Mazankowski's Report, P.30.

¹⁰ "There likely also are expanded roles that other providers could play in aspects of health care such as mental health, community programs, or health promotion." Mazankowski's Report, P.33. Also P.50-51.

¹¹ Mazankowski's Report, P.8., P.52

¹² Mazankowski's Report, P.64.