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Colleagues,

This is a letter sent to the psychologist chair of an important Institute of Medicine Group as a part of our ongoing efforts to influence rational healthcare policy!

Dr. Bogard,

It is my understanding that you will be in leadership of the Forum on Promoting Children's Cognitive, Affective, and Behavioral Health (C-CAB Health Forum).

While I respect the consistent good work of the IOM, I encourage you to deal with the very primitive aspects of our Primary Care System in America in your findings. Many of us have been writing about them and dealing with them at the facility and systems level, policy level, and professional association level. Some of these issues and aspects are:

1. Over use of medications as a stand alone approach rather than placing them in their scientifically supported and appropriately weighted position in comprehensive treatment plans (merely "techniques"). This is especially true with mental disorders and substance abuse disorders.
2. Failure to properly educate patients about the science with regard to medication limitations and to implement and engage patients in compliance with life-style medicine and psychological interventions related to re-establishing and maintaining health.
3. Failure to establish an accurate and definitive diagnosis before prescribing psychoactive medications. We now use medications that have proven to be only 12-14% better than

placebo (routinely) while diagnosing only a “feeling”-like depression, anxiety, worry, etc.!

4. We fail to require the appropriate multidisciplinary staffing in our Primary Care Centers and Community Hospitals to appropriately diagnose and plan treatment for mental disorders, substance abuse disorders, and diseases at least partially caused and maintained by lifestyle and habits.
5. We invest in the “halo effect” and other delusions that cause us to believe that a general physician additionally trained in a couple of CEs or workshops can do the mental health, substance abuse, and lifestyle work without collaborating and leadership specialists in behavioral healthcare.
6. Because of these training and education, leadership, guild, staffing, rule and law, tradition, and failure to implement the available science issues, we leave the US system of primary care and community hospitals primitive, quality and economically ineffective, and at times dangerous to consumers.

Even with changes from fee for service to per patient per month reimbursement, prevention reimbursement, EHRs to track data, screening and linkage requirements, performance tracking per diagnostic group and facility and practitioner, etc., the ACA goals cannot be achieved without fundamental changes to the programs, leadership, required staffing, and protocols in Primary Care and Community Hospitals.

The research and professional literature is available to support these tenets above, and I and others have contributed to it severally. Still, the work remains academic and unimplemented at the delivery level! Please, include in your findings, the “lack of implementation” and causes and barriers to this “refusal to implement”! Please, recommend changes in specific pressure points, organizations, laws, rules, and leadership that would be required to bring us into a scientific, modern, efficient, and less primitive system. Help us focus our system on “healthcare” rather than the current “extremist consumer satisfaction system” (give them what they want and will tolerate, rather than what they need) driven system. Leadership sometimes requires frustrating, freeing up the rigidity and motivating, and personally engaging patients! This takes time and deep interest in the patient and their resistances and the capacity to tolerate, understand, and work through their resistances. It is vital to have “patient satisfaction” as one component of evaluation of a system, but when it drives the system almost totally, it undermines true leadership which often stresses, temporarily frustrates others, resists their regressive pulls, and is only truly appreciated on the long time-horizon!

Sincerely,

Dr. Jerry Morris

President, American Board of Medical Psychology

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Board Certified Medical Psychologist

President AMP