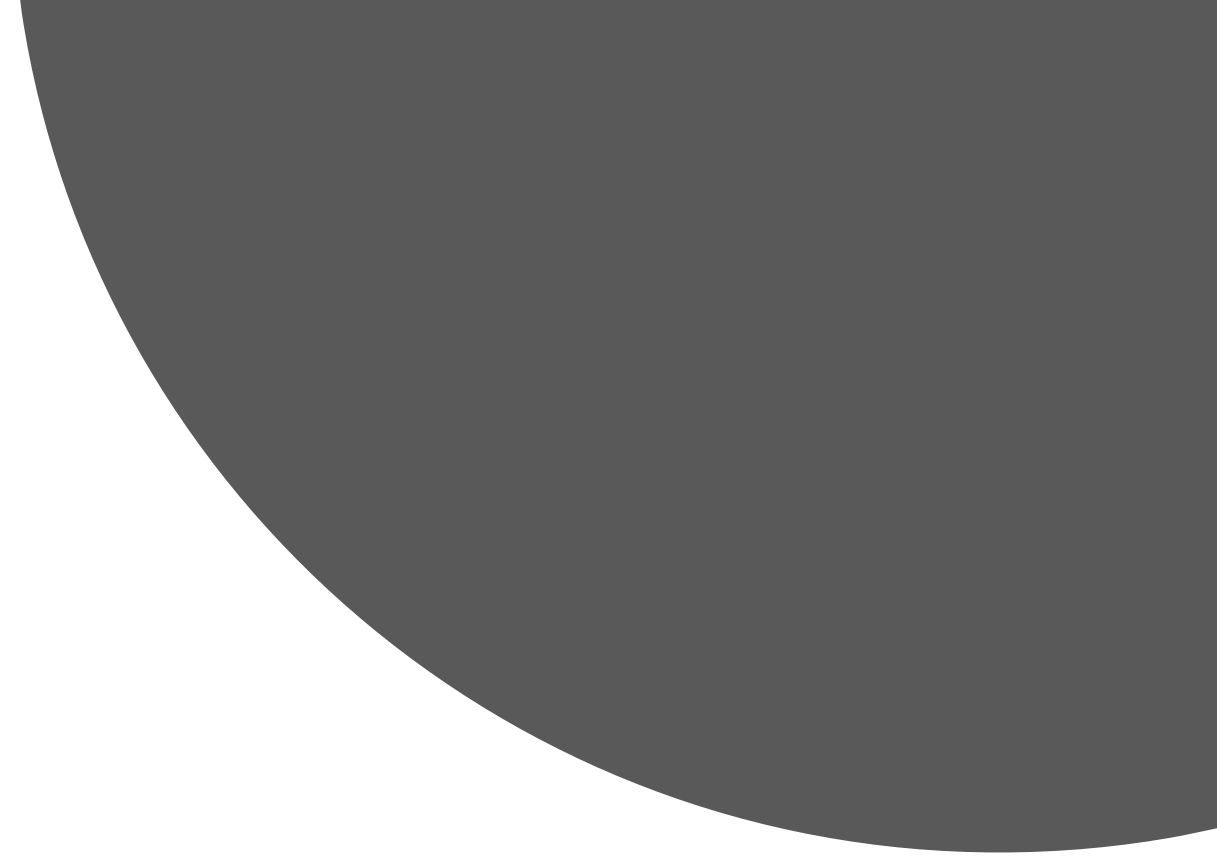
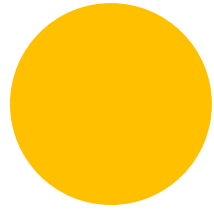
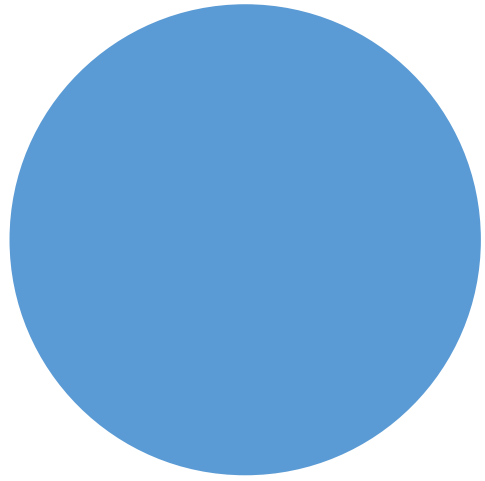


Take Home Points



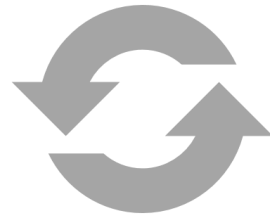
Thank Christin  
Veasley and Dr. Ryan

Your setup for the  
meeting set the tone

The time to act is now



Implement in the  
classroom



Implement in the  
clinic



Implement in the  
community

To RCT, or not to RCT

Answer: YES

# Evidence

## Dr. Elton

- Enlightening from the payer's perspective, with claims data

## Chou

- By characterizing benefit and taking into consideration risks, thus justifying non-pharm treatment

## Herman

- JUTS DO IT! If payers, CMS, etc., are dictating revenue neutral, then it speaks that we need to characterize downstream cost savings

Emerging  
models:  
Ready for  
Prime Time?

Shaw: stepped care

Fritz: first contact matters

Edwards: care for highly complex patients

DeBar: integrative care “harness placebo”

Heapy: technology supported care

# Education

We're  
behind

There  
are  
models

- Simulation
- Classroom to practice environment
- Community versus medical environment

# Policy

## Data needed

- Literature
- Analytics

## Threshold for change

- Revenue neutral approaches

## Role of patient

- Access
  - “We’re not going to take it anymore”