A QUALITY MANAGEMENT SYSTEM FOR LICENSED MENTAL HEALTH COUNSELORS AND OTHER BEHAVIORAL HEALTH PROFESSIONALS IN THE MILITARY HEALTH SYSTEM

AN INSTITUTE OF MEDICINE WORKSHOP
Health Care Standards and Quality Assurance in the Provision of Mental Health Services

TRICARE Workshop
Washington, DC

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“Those needs [of TRICARE’s beneficiary population] are met by a set of professionals who have different education, training, and expertise. Among them are mental health counselors, who—like clinical social workers, marriage and family therapists, and psychiatric nurse specialists—typically hold master’s degrees and are obligated by state licensure and other requirements to have demonstrated clinical experience in order to practice. They provide services to individuals and groups through psychotherapy, behavior modification, and other systematic intervention strategies.

Federal code and TRICARE policy require counselors to deliver services subject to a physician’s referral and supervision for them to be eligible for reimbursement. That distinguishes counselors from some other providers.”

(IOM, PMHSUC, 2010)
Committee Task

The committee was tasked to offer conclusions and recommendations for permitting licensed mental health counselors to practice independently under the TRICARE program, including recommendations regarding modifications of current policy for the TRICARE program with respect to allowing licensed mental health counselors to practice independently in the TRICARE program, paying particular attention to the preparedness of licensed mental health counselors to diagnose, treat, and appropriately refer persons with disorders of particular importance to TRICARE beneficiaries.
“In summary, the committee did not identify any evidence that distinguishes mental health counselors from other classes of practitioners in ability to serve in an independent professional capacity or to provide high-quality care consistent with education, licensure, and clinical experience.”

(IOM, PMHSUT, 2010, p. 207)
Findings re all Mental Health Professionals

“The committee found that education, accreditation, licensure, certification, and clinical-experience requirements for mental health professionals are components of a quality-management system. However, they have little specificity with regard to knowledge of and experience with particular health problems or evidence-based practices. That generally limits the confidence that can be placed in the preparation of any mental health professionals to diagnose and treat disorders that may be found in the TRICARE beneficiary population.”

(IOM, PMHSUT, 2010, p. 206)
Quality

Difficult to define overall, dangerous to ponder:

“Quality…you know what it is, yet you do not know what it is. But that is self-contradictory. But some things are better than others, that is, they have more quality. But when you try to say what the quality is, apart from the things that have it, it all goes poof!”

Quality

Easier to define in specific areas, e.g. in health care:

• Quality is “the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge”


• Ideally, education methods and quality assurance standards should be correlated with clinical outcomes

(e.g., Norcini, J. and colleagues, Evaluating the Quality of Care Provided by Graduates of International Medical Schools, Health Affairs, No. 8 (2010): 1401-1468)
Health Care: Quality Standards

- Awarding of Degrees (by training institution)
- Licensure (by responsible jurisdiction)
- Accreditation (for institutions/programs)
- Certification (for individuals)
- Scope of Practice (for professions)
- Credentialing and Privileging (for individuals)
Changes in US Approach to Health Care Based on Quality Concerns

- Increasing public concerns about quality and safety
- Variable patterns of care that are not based on medical science
- Poor quality of interpersonal “service”
- Public encounters difficulty in assessing competence and judging quality
Two Current Trends in the U.S.

- Transition from *Process-based* to *Outcomes-based* Education, Accreditation and Certification
  *(The ABMS/ACGME Competencies)*

- Steadily increasing emphasis on documented *life-long education and regulation* for health care professionals:
  - Maintenance of licensure
  - Maintenance of certification
  - Specialty-specific / evidence-based CME
How can we move from…

A structure and process based education, accreditation and certification system

To an outcomes based system?
Need to assess:

How well do we learn what is being taught?
And...

...how well do we *practice* what we learn?
Education


- *Time-based* or “*Tea-steeping*” method
- *Outcomes-based* or “*i-Doc*” method (choice of “*Apps*”)
Accreditation: The Traditional Approach

- Does the program comply with the written requirements?
- Does the program have established goals and objectives and an organized curriculum?
- Does the program have a process to evaluate its residents and itself?
An Outcomes-based Approach

- Do students and residents achieve the learning objectives set by the program?
- What evidence can the program provide to demonstrate that they do so?
- How does the program demonstrate continuous improvement in meeting its objectives?
Identifying What to Measure: Towards the ABMS/ACGME Competencies

- Review of literature (2500 articles)
- Initial list of 84 competencies
- Advisory committee
- Extensive vetting (RRC members, program directors, residents, corporate leaders, university presidents, public)
- RWJ Foundation support
The ABMS/ACGME General Competencies

- Patient care
- Medical knowledge
- Practice-based learning & improvement
- Interpersonal & communication skills
- Professionalism
- Systems-based practice
International Medical Standards

- Increases in physician mobility and medical tourism coupled with a proliferation of medical schools are impacting on the need to ensure high quality medical standards across borders

  - Accreditation of medical schools needs to be local or regional, but must be based on international, globally accepted standards
  - Accreditation of GME programs
  - Licensure
  - Certification
Licensure

“*A document—a license, certification, or registration—that grants official or legal permission to practice in a state or other jurisdiction.*”

(Institute of Medicine (IOM), Provision of Mental Health Services under TRICARE (PMHSUT), 2010)

Evolution of Licensure

- Originally routine, in the absence of documented malpractice or adverse outcomes
- Proof of CME required
- Maintenance of licensure: (self-assessment, 360 degree evaluation, re-testing)
“Medical specialty certification in the United States is a voluntary process. While medical licensure sets the minimum competency requirements to diagnose and treat patients, it is not specialty specific. Board certification—and the Gold Star—demonstrate a physician’s exceptional expertise in a particular specialty and/or subspecialty of medical practice.”

(From the ABMS Website)

Evolution of Certification

- Originally a once-in-a-lifetime event
- Recertification (e.g. at 10 year intervals)
- Maintenance of certification (self-assessment, practice-evaluation, re-testing)
Scope of Practice

- For a profession
- Based on educational content of training programs and licensure; and on implied areas of competency

“The range of activities (the ability to perform diagnoses, deliver treatment, or prescribe medications, for example) or procedures that a medical professional is permitted to perform under the law, their license, a regulation, a provider agreement, or other system of conduct. A scope of practice may be defined on the basis of a professional’s level of education, training, or experience, or on the basis of an assessment of the professional’s demonstrated competencies. It may include a list of circumstances under which the activities or procedures must be performed under some form of supervision.” (IOM, PMHSUT, 2010)
Credentialing

“The systematic process of screening and evaluating qualifications and other relevant evidence—such as licensure, education, training, and clinical experience—to ensure that specific requirements are met.”

(IOM, PMHSUT, 2010)

“Regular verification of the credentials of health care practitioners and definition of their privileges are required [by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and the Bureau of Primary Health Care (BPHC)] for increased patient safety, reduction of medical errors and the provision of high quality health care services.”

(Wikipedia, The Free Encyclopedia)
Privileging

“Privileging is the process by which the scope and content of patient-care services are defined for an individual provider. Privileging by a healthcare organization is based on an evaluation of a provider’s credentials and performance in delivering services competently, and it authorizes the provider to perform the duties outlined in his or her professional scope of practice.”

(IOM, PMHSUT, 2010)

• **Categorical** — normally for trainees; or professions with well circumscribed education, training and areas of competency

• **Individual** — normally for professionals with extensive, wide-ranging education and areas of competency
## Delineation of Clinical Privileges

### Sample Form

### Section I - Clinical Privileges

#### Category I:
Physicians not board eligible in psychiatry with little or no residency training, but with considerable experience in the care of mental disorders and qualified for the general practice of medicine.

- **Requested**: Approved
- **Supervisor Codes**
  - 1. Fully competent to perform
  - 2. Modification requested (Justification attached)
  - 3. Supervision requested
  - 4. Not requested due to lack of expertise
  - 5. Not requested due to lack of facility support

#### Category II: Clinical privileges

- **Requested**: Approved
- **Supervisor Codes**
  - 1. Approved as fully competent
  - 2. Modification required (Justification附带)
  - 3. Supervision required
  - 4. Not approved, insufficient expertise
  - 5. Not approved, insufficient facility support

### Section II - Supervisor's Recommendation

- **Approval as requested**: [ ]
- **Approval with Modifications**: [ ]
- **Disapproval**: [ ]

### Section III - Credentials Committee/Function Recommendation

- **Approval as requested**: [ ]
- **Approval with Modifications**: [ ]
- **Disapproval**: [ ]

### Comments

**Signature of Provider**

**Date**

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### PRIVILEGES REQUESTED/GRANTED

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<tr>
<th>Privileges Requested/Granted</th>
<th>Requested</th>
<th>Approved</th>
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<tr>
<td>g. Consultation</td>
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<td>h. Child Psychiatry</td>
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<td>(i) Command</td>
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<td>(ii) Geriatric Psychiatry</td>
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<td>(iii) Command-directed Behavioral Health Evaluations</td>
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<td>(iv) Behavior Therapy</td>
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<td>(v) Geriatric Psychiatry</td>
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<td>(vii) Psychological Autopsies</td>
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<td>(viii) Behavioral Evaluations</td>
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<td>(ix) School</td>
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<td>(x) Community Organizations</td>
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<td>(xi) Research</td>
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<td>(xii) Specialized Skills</td>
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<td>(xiii) Other Skills</td>
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<td>(xiv) Forensic Psychiatry</td>
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<td>(xv) Psychopharmacology</td>
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- **Disapproval**: [ ]

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- **Approval as requested**: [ ]
- **Approval with Modifications**: [ ]
- **Disapproval**: [ ]

**Comments**

**Department/Service Chief**

**Signature**

**Date**

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**Committee Chairperson**

**Signature**

**Date**
Recommendations re Mental Health Counselors

“Independent practice of mental health counselors in TRICARE in the circumstances in which their education, licensure, and clinical experience have helped to prepare them to diagnose and, where appropriate, treat conditions in the beneficiary population.”
“Those circumstances comprise:

- A master’s or higher-level degree in counseling from a program in mental health counseling or clinical mental health counseling that is accredited by CACREP
- A state license in mental health counseling at the “clinical” or the higher or highest level available in states that have tiered licensing schemes
- Passage of the National Clinical Mental Health Counseling Examination (NCMHCE)
- A well-defined scope of practice for practitioners”
Recommendations re all Mental Health Professionals

“A comprehensive quality-management system for all mental health professionals. This system should include:

- Well-defined scopes of practice and clinical privileging of all mental health–care providers in the direct- and purchased-care systems that are consistent with professional education, training, and experience, where these scopes are not already present.

- Promotion of evidence-based practices for treatment of conditions and monitoring of results.

- Focused training in the particular mental and related general medical conditions that are present in the TRICARE beneficiary population and in military cultural competence.
• A systematic process for continued professional education and training to ensure continuing improvement in the clinical evidence base and accommodation of the changing needs of the TRICARE population.
• Development and application of quality measures to assess the performance of providers.
• Systematic monitoring of the process and outcomes of care at all levels of the health-care system and application of effective quality-improvement strategies.

(PMHSUC, 2010, p. 211)
THANK YOU!

Questions?

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Watching the webcast?

Submit your questions to TRICARE-study@nas.edu
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Meeting materials and video presentations from the workshop will be available online:

http://www.iom.edu/Activities/MentalHealth/TRICAREMentalHealth/2010-OCT-13
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