Psychology and Gastroenterology:

Keys to Effective Integration

Anthony Alioto, Ph.D.
Pediatric Psychologist
Clinical Lead, GI Psychological Services
Nationwide Children's Hospital
Columbus, Ohio

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No conflicts of interest or disclosures.

Presentation Rationale

First presentation: Described and explained the psychosocial aspects of many of the GI conditions that you typically see in your practice.

Second presentation: Explained the conditions and issues that psychologists work with the most in your practices (e.g., anxiety, depression, pain, adherence). Discussed the efficacy of treatments, and the nuts and bolts of the most commonly used interventions.
While many physicians have at least some understanding of these issues and recognize that a psychologist can make essential contributions to their practice and patient care, most physicians wonder: HOW DO I GET A PSYCHOLOGIST?

Objectives:
1. List practical considerations for working with a psychologist within a hospital.
2. Summarize common models for professional collaboration within a hospital.
3. Describe how to establish a relationship with a psychologist who is not part of your practice.

What is a clinical psychologist?
- Undergraduate degree (often in psychology)
- Graduate degree (clinical psychology, counseling psychology, school psychology), typically 4-5 years
  - Training to be a clinician, educator, and scientist
  - Completion of a doctoral dissertation
  - Completion of an APA-accredited internship (1 year)
  - Completion of a post-doctoral fellowship (1-2 years)
  **TOTAL:** 6 to 8 years post-undergraduate education and training

What is a pediatric psychologist?
- A clinical psychologist who completes their internship and/or fellowship in a pediatric medical setting
- May be general pediatrics or specialized (e.g., oncology, GI)

Pediatric Psychologists
- Majority found in children's hospital settings
- Work with a variety of chronic and acute conditions
- Professional organization: Society of Pediatric Psychology (SPP)

- As SPP has grown, Special Interest Groups (SIGs) have developed, allowing for collaboration between pediatric psychologists with similar areas of concentration.
- Dr. Jennifer Schurman/Dr. Anthony Alioto developed and co-chaired the Pediatric GI SIG (PG-SIG).
- Following information/data obtained through the PG-SIG
1. With which populations do you envision the psychologist working? Where do you have the greatest clinical need?

Psychologists Within the Hospital Setting

2. In what setting(s) do you envision the psychologist practicing?

- Outpatient therapy
- Inpatient consultation-liaison
- GI specialty clinics

Psychologists Within the Hospital Setting
Psychologists Within the Hospital Setting

3. What will the collaboration look like?

• **Co-Treatment**: Both professionals work separately toward a common goal, typically in different settings with separate appointments.

   **Advantages**
   - Greater availability of providers
   - Greater flexibility for scheduling
   - Can work with individual providers the family prefers
   - Well-suited for patient care where one discipline works intensively with the patient and the other discipline more consultative

   **Disadvantages**
   - Less care coordination across practice settings
   - May be differences in treatment philosophies, conflicting treatment recommendations

• **Multidisciplinary**: Separate visits with providers of different disciplines, working within the same practice or clinic.

   **Advantages**
   - Increased access to specialist providers
   - Easier coordination of clinical visits
   - Fewer conflicting recommendations

   **Disadvantages**
   - Separate visits may increase family frustration
   - Still may be communication lapses

• **Interdisciplinary**: Fully integrated clinical setting with all providers present in a single appointment and collaborating in real time.

   **Advantages**
   - Ability to develop a uniform impression
   - Much easier to respond to clinical changes in a timely manner

   **Disadvantages**
   - Logistical challenges
1. How do we hire a psychologist?

Do psychologists already work within your hospital setting?

- May be incorporated in psychology, psychiatry, developmental-behavioral pediatrics, behavioral health
- If so, conversation with chief of that division
- If not, may consider hiring one as part of your division (listserv for Division 54, APA)

2. Is there enough work for the psychologist?

- Take time up front to discuss and plan.
- Depending on workload, may consider requesting a portion of a psychologist’s time (e.g., 0.5 FTE).

3. What other roles would you like the psychologist to be involved in?

- Treatment
- Consultation
- Research *
- Program development and evaluation *
- Quality Improvement (QI) projects *
- Interactions with the child’s school setting *

Pediatric psychologists typically have responsibilities for revenue generation for direct patient care.

Consider release time to ensure that the psychologist has the time and availability to take part in essential non-billable services.

Pediatric psychologists often have other responsibilities outside of GI (e.g., supervision of students, didactics, roles within their department).
Psychologists Within the Hospital Setting

4. How will the psychologist bill for services?

- Traditionally, clinical psychologists work with patients with mental health conditions, and bill the mental health side of the patient’s insurance using DSM-V based CPT codes.
- In the health care setting, many patients have physical health problems, but not a diagnosable mental health condition.

Psychologists Within the Hospital Setting

4. How will the psychologist bill for services?

- In 2002, development of the Health and Behavior Assessment and Intervention Codes (H&B codes).
- Developed for behavioral, social, and psychophysiological procedures for the prevention, treatment or management of physical health problems.

More accurately represents the work pediatric psychologists do with patients with health conditions.

Not accepted in all states, or by all insurance companies. Psychologist may have to utilize a combination of these CPT codes in their practice, but needs to understand how they work at your institution.

Psychologists Within the Hospital Setting

4. How will the psychologist bill for services?

<table>
<thead>
<tr>
<th>PG-SIG Psychologists’ Billing Code Usage</th>
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- MH ONLY: 30%
- H&B ONLY: 14%
- Combination MH/H&B: 50%
- No billing: 3%
- No response: 3%

PG-SIG Psychologists’ Billing Code Usage
Psychologists Within the Hospital Setting

5. What department will get the psychologist-generated revenue?

• If psychologist part of their own department and GI has not contributed toward salary, likely that revenue will go all toward psychologist’s department.

• What if GI has contributed toward salary?

  • What was the contribution for? [e.g., 0.1 of the psychologist’s FTE so they are able to take part in research or program development?]

  • Important to discuss revenue arrangements and expectations very clearly from the start.

Psychologists Within the Hospital Setting

6. Are psychologists part of medical staff/do they have faculty appointments?

• If so, medical bylaws may indicate if psychologists can be hired by a department outside of their “home” department.

• If there are faculty appointments, be aware of how a psychologist is promoted within the system and what activities they will need to be involved in.

Psychologists Outside of the Hospital Setting

1. How do I find a psychologist in the community?

• Most likely, working from a co-treatment model.

What to look for:

<table>
<thead>
<tr>
<th>WANTED</th>
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<tbody>
<tr>
<td>• Child and adolescent clinical psychologist who practices from a biopsychosocial model of care.</td>
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<tr>
<td>• The psychologist will most likely practice from a behavioral or cognitive-behavioral orientation.</td>
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<tr>
<td>• Must have experience with treating anxiety and depression in children and adolescents.</td>
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<tr>
<td>• Preference given to those with training in clinical hypnosis, biofeedback, or stress management techniques and willing to interact with schools.</td>
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</tbody>
</table>
1. How do I find a psychologist in the community?

The Search

1. Pediatric Psychologists with GI Experience

NASPGHAN.ORG → Login → Professional Education → Mobility Resources

2. Pediatric and Clinical Child Psychologists (Board Certified)

American Board of Clinical Child and Adolescent Psychology (ABCCAP)

www.clinicalchildpsychology.org

Search feature in the middle of the page.

3. Board of Psychology for your state.

2. Considerations and Expectations

- What insurance panels are they on?
- How long will it take for new patients to get appointments?
- What type of communication would you like? Letter from initial session with impressions and plan, or ongoing communication about each patient?
- Most clinical psychologists do not have backgrounds in GI. Putting in time on the front end working with the psychologist and providing education will go very far.
Psychologists Outside of the Hospital Setting

3. Your Referrals

- Make your reason for referral explicit, and explain how you feel the psychologist would be most helpful.
- Do not dictate treatment or tell the patient what specific kind of treatment they will have with the psychologist.

BAD REFERRAL STATEMENT: "13 year-old with IBS in need of CBT".

GOOD REFERRAL STATEMENT: "13 year-old with functional abdominal pain having detrimental impact on school attendance. Suspect anxiety difficulties. Please evaluate and treat, provide recommendations."

In Summary

- Psychologists are doctoral-level professionals trained in several domains, including clinical care, assessment, and research who have experience in multiple other roles (e.g., administrative, program development, program evaluation).
- Physicians may only recognize utility for therapy.
- Before considering including a psychologist, consider:
  - The diverse ways in which you may integrate a psychologist
  - The model of collaboration that makes the most sense
  - The current needs as well as future growth
  - Practical considerations outlined in this presentation

Planning on the front-end will lead to a mutually satisfying relationship on both ends.