Statewide Health Coordinating Council

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David Lakey, MD
Texas Department of State Health Services
1100 49th St.
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Dear Commissioner Lakey,

The purpose of the Statewide Health Coordinating Council (SHCC) is to ensure health care services and facilities are available to all Texans through health planning activities. Comprised of governor-appointed health care providers, administrators, and consumers, as well as state agency representatives, the SHCC provides the governor and legislature with data, analysis, and policy recommendations through the State Health Plan and the reports of the Health Professions Resource Center.

Broadly, the SHCC envisions a Texas in which all are able to achieve their maximum health potential. In accordance with this vision and in response to the legislative directive of House Bill 1023 (83, Reg.), the SHCC submits to you its policy recommendations for addressing Texas' mental health workforce shortage. Following from the DSHS report, the recommendations are organized around five key approaches aimed at mitigating the shortage: 1) Increasing the size of the mental health workforce; 2) Ensuring equitable patient access to the mental health workforce; 3) Promoting a culturally and linguistically competent mental health workforce; 4) Enhancing the educational curriculum of students of the mental health professions; and 5) Expanding the collection, analysis, and use of data to inform mental health policy decisions and promote the most efficient use of resources.

Please note that while the recommendations attached are specific to the mental health workforce shortage, the SHCC will be addressing payment and delivery aspects of the shortage in its update to the State Health Plan, due to the Governor's office on November 1, 2014. We hope that you find both of these documents useful in planning the state's efforts to improve its mental health system.

Sincerely,

Dr. Mike Ragan
Chair, Statewide Health Coordinating Council

Increasing the size of the mental health workforce

Recommendation 1: The State of Texas must continue to support the education and practice of psychiatrists. Specifically, the State should act through the Texas Higher Education Coordinating Board and the Texas Department of State Health Services to ensure a robust future workforce of psychiatrists by identifying and expanding incentives to practice psychiatry.

Texas' current workforce of 1,933 psychiatrists is insufficient and will have to grow significantly over the coming years. In fiscal year 2014, the State had 469 approved and accredited psychiatric residency positions, but only 365 were filled and received funding. Given the large number of unfilled psychiatric residency positions, any immediate expenditure should be directed at attracting more potential practitioners to the specialty. The Legislature should direct the Texas Department of State Health Services (DSHS) and Texas Higher Education Coordinating Board (THECB) to engage other relevant stakeholders in the research and analysis of factors discouraging current and future practitioners from selecting psychiatry as their medical specialty.

Additionally, the Legislature ought to revise the State's Physician Education Loan Repayment Program (PELRP) (Texas Education Code Title 3 §61.532) to prioritize awards to psychiatrists and primary care physicians serving in state-supported living centers and state hospitals and those involved in patients' care after transition to community-based care from these facilities. The Texas Higher Education Coordinating Board (THECB) should likewise implement rule changes (T.A.C. Title 19 §21.251-21.262) that reflect this prioritization. By dedicating PELRP funds to practitioners in the state's mental health system, the state economically incentivizes new physician selection of mental health specialties, works to address the chronic recruitment and retention issues experienced by the state's public mental health system, and provides improved mental health care to those in the greatest need.

Recommendation 2: The State of Texas should more extensively incorporate advanced practice nurses and physician assistants into its mental health workforce. Specifically, the Legislature should alter Texas Administrative Code Title 25 §411.472 to allow qualified advanced practice nurses and physician assistants to conduct initial and follow-up psychiatric evaluations.

As noted above, there are just 1,933 active and licensed psychiatrists engaged in direct patient care. Roughly half of this number will be of retirement age by 2023. In addition to these psychiatrists, the Texas Board of Nursing (BON) has licensed 388 nurse practitioners and 238 clinical nurse specialists to practice in psychiatric/mental health. These practitioners are currently permitted to perform psychiatric evaluations under BON rules. There are also 90 physician assistants (PAs) currently being supervised by a physician indicating psychiatry or a psychiatric subspecialty as their primary specialization. Texas Medical Board rules (T.A.C. §185.10) should be clarified or revised to expressly permit PAs to perform psychiatric evaluations.

Current Texas regulations (T.A.C. Title 25 § 411.472) require that a physician complete the initial psychiatric evaluation of the patient and see the patient once a day for five of the first seven days of

inpatient hospitalization after the initial psychiatric evaluation. Changing this rule to include advanced practice nurses (APNs) and PAs to conduct psychiatric evaluations, under the delegation and with the concurrence of the supervising psychiatrist, would permit APNs and PAs to work as extenders in hospitals in a way that is similar to their roles in other medical settings. Furthermore, this change would ease psychiatrists' workload and allow them to cover more patients.

Expanding telemedicine and telehealth to ensure an equitably distributed workforce

Recommendation 3: The State of Texas, through the Texas Health and Human Services Commission and Texas Medical Board, should remove barriers to the adoption and practice of telemedicine and telehealth. Specifically, the Legislature should direct HHSC to revise Texas Administrative Code Title 1 Rules §354.1432 and §355.7001 and the Texas Medical Board to revise Texas Administrative Code Title 22 Rule §174.1-174.32.

Current telemedicine and telehealth rules require a new patient to present at an established medical or health site. For certain mental health provider-patient interactions, the use of an established medical/health site may be unnecessary. Moreover, a patient site presenter is required if telemedicine or health services in a provider/patient interaction are not solely limited to mental health. This requirement may serve to impede the expansion of telehealth/telemedicine and thus to limit access to both physical and mental health services. By removing these barriers, the state eases patient burden, allows for the more efficient use of health professionals currently serving as patient site presenters, and empowers the health professional and patient to determine the best course of treatment.

Additionally, the Legislature should allocate funds and direct the Texas Health and Human Services Commission (HHSC) to implement rules allowing for adequate Medicaid reimbursement covering the costs of patient site presenters, when utilized by the provider, and facility use. Under current rules, only the facility fee is reimbursed. This change is intended to encourage the expansion of telemedicine and telehealth services by encouraging facilities to adopt telemedicine/telehealth technologies and incentivizing health professionals to act as patient site presenters.

Promoting a culturally competent workforce

Recommendation 4: The State of Texas should require its relevant licensing boards to collect information on the linguistic competencies of its health professionals. Specifically, the Legislature should amend the Health and Safety Code, §105.003 to require the collection of data on the linguistic proficiencies of licensees of the health professions already impacted by this chapter.

Recommendation 5: The State of Texas should encourage providers to meet relevant ethnic/cultural/linguistic competencies as part of their initial and continuing education.

It is the legislative charge of the Statewide Health Coordinating Council to "ensure that health care services and facilities are available to all citizens in an orderly and economical manner". Recognizing the changing demographics of the Texas population, there is a need in ensuring that health care providers have the capacity to effectively communicate and interact with their patients. DSHS already collects information on race/ethnicity from the relevant licensing boards.

To assess the multilingual competencies of the health workforce, the State should allocate the necessary resources and amend the Health and Safety Code, Chapter 105 to direct the Health Professions Council and the Texas Department of Information Resources to collect linguistic proficiency data for analysis by DSHS. Using the newly and previously collected data, DSHS, THECB, and impacted licensure boards should assess the need for greater linguistic and cultural proficiency in the health professions. Remediation of deficiencies might occur through the incentivization of linguistically and culturally competent practice or through the identification and development of linguistically proficient para-professionals.

Enhancing educational curriculum

Recommendation 6: The State of Texas, through the Texas Higher Education Coordinating Boards, the licensing boards of health professions, and institutions of higher education, should seek to incorporate interprofessional collaborative training as part of the preparation of new health professionals.

As policymakers, industry leaders, and health care professionals seek to better appropriate health resources, the use of collaborative health care teams and patient-centered medical homes has grown. This trend and underlying research have demonstrated a need for greater student preparation in interprofessional collaboration, specifically by providing students of the health professions with greater opportunities to interact in their coursework and clinical experiences, as appropriate.

To increase the availability of collaborative training, the State should appropriate funds and direct the THECB to work with institutions of higher education to identify and implement collaborative practice training programs. Concurrently, state licensing boards and regulatory agencies should amend any policies that may deter the full implementation of these efforts.

Improving data collection and analysis

Recommendation 7: The State of Texas, through the efforts of the Texas Health and Human Services Commission and the Texas Department of State Health Services, and using data from the Texas Department of Criminal Justice, the Texas Juvenile Justice Department, and other relevant agencies, should develop analytical and

statistical models for workforce supply and demand and patient utilization that inform the mental health care needs of the State.

As noted in the DSHS report on the mental health workforce shortage, there is a lack of data to define the Texas population's need for mental health services. Population need is dependent on prevalence of mental health illness, the distribution of risk factors, currently available social services, and other considerations. To fully define the state's workforce shortage and design effective policy solutions, the State should provide HHSC and DSHS access to data related to mental health services need and direct these agencies to develop statistical models to measure and predict workforce shortages.

Recommendation 8: The State of Texas, through the efforts of the Texas Health and Human Services Commission and the Texas Department of State Health Services, should analyze the workforce impacts of the Texas Medicaid 1115 Waiver - Delivery System Reform Incentive Payment Program.

The Delivery System Reform Incentive Payment Program has been funded with over $11,000,000,000 covering almost 1,200 projects across the state. Approximately 400 of these projects are related to mental health, with many acting to enhance the mental health workforce within specific geographic regions of implementation. Federally-required outcome evaluations do not specifically address how these projects might affect, directly or indirectly, the state's mental health workforce. For this reason, the State should direct HHSC and DSHS to evaluate the potential long- and short-term impacts of these projects on the mental health workforce.