



**AMERICAN  
PSYCHOLOGICAL  
ASSOCIATION**  
SERVICES, INC.

For additional information, contact:  
202.336.5889  
APA Advocacy Office  
advocacy@apa.org

UPDATED: FEBRUARY 2020

# Psychologists' Stories on the Need for Medicare Independent Practice Authority

---

"I serve in a Skilled Nursing Facility in El Cajon, CA. - El Dorado Care Center. I receive patient referrals from nurses, social workers and families. These are sent to attending physicians for orders. Often it takes from 3-4 weeks for approval and sometimes never. There have been several incidents where due to lack of consultation the patients have been sent to the ER for evaluation and treatment. This seems to me to be a very costly and unnecessary process."

**HUGH PATES, PH.D., SAN DIEGO, CA**

"When psychologists go to nursing homes to provide therapy or assessment services (e.g., dementia screenings) they must have a medical doctor's orders prior to seeing the resident. The medical doctor has to "sign off" on the therapist notes. This delays the resident being seen as most medical doctors are not at the nursing homes daily. It also puts undue work on the medical doctor to write the orders for the resident to be seen and then to follow up on "signing off" on the therapy notes. This is unnecessary oversight."

**THERESA CODDINGTON, PH.D., OVERLAND PARK, KS**

"A patient recovering from a traumatic brain injury saw an article about neuropsychological services (e.g., cognitive rehabilitation) on our hospital campus, and called the Behavioral Health Center to schedule an appointment with our neuropsychologists. The patient was told that a physician referral is required. The patient's neurologists would not send a referral until he saw the patient. The next appointment with the neurologist was not available for 3-months. Under current regulations we cannot see this patient until her physician refers. As such, this patient's care and health is being jeopardized. The worst case scenario with these types of delays is that the patients are suicidal. We run into this problem monthly."

**JAMILE A. ASHMORE JR., PH.D., PLANO, TX**

"I do not work with Medicare patients routinely but I find treatment almost invariably delayed when waiting approval or authorization action from a referring physician. It is most concerning when the patient is suicidal which is common when they are seeking help for depression and anxiety. It is common for treatment to be delayed for 2-6 weeks waiting for physician approval during which time the client is not seen or if seen is not reimbursable because the authorization was not finalized."

**JOHN GRIFFIN, PH.D., ARLINGTON, WA**

"I am a licensed psychologist practicing in a Spine Center that is a satellite clinic for a hospital in our community. We have identified a need for behavioral health interventions for spine surgery patients post-operatively. We believe strongly (based on both scientific literature and anecdotal evidence) that this intervention would serve to improve surgical recovery, reduce readmissions, and create a more successful

transition for the patient to our interdisciplinary rehabilitation program (which further supports surgical recovery). However, we have not been able to implement this tool because of the requirement of physician supervision. This requirement creates a logistically impossible barrier to implementing evidence-based tools that have been shown to facilitate recovery. Thus, we are limited in what we can do to help patients recover and prevent readmissions, which is in direct opposition of what Medicare claims to want to accomplish. The physician supervision requirement inhibits innovation and the application of evidenced based interventions.”

**AMY MILKAVICH, PSYD, LAKEWOOD, CO**

“I hold the chief psychologist role at a large medical center in Michigan, and am President of the American Academy of Clinical Health Psychology. Physician oversight of psychologists is an old idea that leads to inefficient business operations in our hospitals and poorer access to evidence-based integrated care for patients. Because physician oversight is required, we must identify a physician supervisor for every new psychologist we hire. Most physicians are unwilling to do this because they aren’t competent to supervise psychotherapy or psychological testing. This has led to difficulty starting new programs and hiring new psychologists, especially those with rare specialties (like pediatric cancer) that are crucial in our communities. To reduce costs and improve health care quality, psychologists MUST be included in Medicare’s definition of ‘physician.’”

**JARED SKILLINGS, PH.D., ABPP, GRAND RAPIDS, MI**

“As a licensed psychologist in Kansas, I have personally experienced a lady in her 50s asking me to enter psychotherapy as she clearly was mentally ill with Bipolar Disorder, etc. She had just been admitted to the facility the day before and approached me about psychotherapy. It has been over 3 weeks since she has asked me about entering therapy. Of course there is a need for verifying benefits and gaining insurance authorization which can take a few hours. But, it also requires—at this point—physician referral. Given that the physician in charge of her case is not at the facility every day, a lapse of time has expired with this lady approaching me at this facility on at least 2 occasions since I first met her. If veterans should not have to wait 3 or more weeks before gaining treatment, people in nursing home facilities who may have entered due to suicidal attempts or suicidal ideation should not have to wait either.”

**EVERETT DEHAVEN, PH.D., LENEXA, KS**

“I am a board certified clinical neuropsychologist in the second largest hospital in Maine. Even though we are considered to be independent providers of hospital services, such as neuropsychological assessment, consultation, and psychotherapy, we are required to have a physician sponsor. My direct supervisor is a board certified rehabilitation physician. He tells me every year during my performance evaluation that he cannot ethically assess the quality of my work because of his lack of competence. Psychologists and neuropsychologists need to be assessed by other psychologists and neuropsychologists, much like rehabilitation physicians supervise other rehabilitation physicians. This model works in medicine because other physicians can hold their professional peers to clear standards of patient care. If a physician is providing poor patient care, they can be readily and appropriately disciplined. This is not done in medical centers where psychologists cannot hold their peers to standards of excellent practice. It is for this reason that I believe that the quality of psychological and neuropsychological services will suffer until psychologists are included in the Medicare definition of ‘physician.’”

**ANTHONY M. PODRAZA, PHD, ABPP, BANGOR, ME**