

CONTENTS

- Page 1: WVPA has a great 2014...thanks to YOU!
- Page 2: Celebrating 2014, looking to 2015
- Page 3: 2014 Fall Conference highlights
- Page 4: Collegial efforts needed to increase access
- Page 5: Under the Capitol Dome
- Page 6: APA Practice Assessment
- Page 7: Psychology and aging
- Page 8: CMS releases 2015 fee schedules
- Page 8: In memoriam

WVPA has had a great 2014... thanks to YOU!

As I reflect upon the past year at WVPA, I would like to begin with a sincere thanks to all of you. I appreciate the loyal support that you provided to me throughout the year. A special “shout out” to all the committee chairs and most especially to the members of the WVPA Executive Board. Both these groups of hard-working individuals have been invaluable counsel to me as we navigated the association through 2014.

We began the year with an ambitious agenda which included helping members prepare themselves for the changing healthcare marketplace. With the help of our APA resources, we provided information regarding PQRS, upcoming changes with diagnostic systems as well as information on innovative service provision models which highlighted unique opportunities for psychologists within the Affordable Care Act. Additionally, we arranged CE events which included practical and timely workshops on topics such as treating disruptive behavior dis-

orders in children, school-based primary care, integrated primary care models, and intensive workshops on DSM-V diagnosis, Motivational Interviewing, as well as our usual focus on ethics in psychological practice.

Another primary goal was to continue to demonstrate the value of our profession to the public and to our legislators. This year, our Public Education Coordinator Dr. Jack Berkley coordinated an ambitious program to develop information dissemination lists so that we could

It's a great year
Continued on page 9



Celebrating 2014 and looking forward to 2015!

by Diane Slaughter, CAE, APR, Fellow PRSA

Welcome to the holidays! We've just enjoyed an outstanding 2014, and we're looking forward to an even better 2015! We have much for which to be grateful during this season.

Members of the West Virginia Psychological Association (WVPA), as well as other West Virginia psychologists enjoyed our Fall Conference (see the photos on page 5), just as they did the Spring Event. To be part of the education and camaraderie in 2015, join us in Charleston on April 24 for the Spring Event and in Morgantown on October 2-4 for the Fall Conference. Incoming President-elect Dr. Jeff Boggess is planning both events, so contact him at 304-691-1500 if you have ideas for topics or speakers.

We are facing a new political landscape in 2015 at both the state and federal levels. Legislative priorities of our newly elected officials are anyone's guess, so stay tuned; just know that health care will continue to be on the agenda. Drs. Marty Boone and Jessica Luzier will be guiding us through the legislative maze at the state and federal levels, respectively.

As we enter 2015, it's time to make your annual investment in your profession by renewing your dues in WVPA. I would encourage you to invite a co-

worker, colleague or friend to join you as a member. When you join now, you will receive discounts on both the Spring Event and Fall Conference that could nearly pay for your dues for the entire year! You can renew or join online at www.wvpsychology.org; check the category that's right for you!

Our membership categories now include: Academic; Affiliate; Associate; Compassionate circumstances; Early Career Psychologist at various years; Full; Life; Retired; Student; and Supervised; options for becoming a contributing or sustaining member are available for all categories.

As a member of WVPA, you enjoy a wide range of benefits! You will stay current and competitive by attending our cutting-edge education conference in the spring and fall with member discounts totaling over \$200; in some cases this discount more than pays for your annual dues! You can grow your practice and improve your cash flow through our web-based referral and credit card acceptance programs. You can rest easy knowing your profession and your patients are protected through our federal and state legislative advocacy efforts. You can take advantage of outstanding opportunities for career and personal growth through our work with students

and early career psychologists, association committee service and leadership opportunities. You can make connections



with colleagues through our subscription listservs, membership directory and conferences. Finally, you have access to quality and timely information through our public outreach programs, our award-winning newsletter and our web site at www.wvpsychology.org. Just visit the web site and click the "join" tab!

See you in 2015!

Diane Slaughter

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2014 Fall Conference highlighted

by WVPA President-elect and Program Chair Scott Fields, PhD

The 2014 WVPA Fall Conference took place at beautiful Stonewall Resort in Roanoke, WV, from October 3rd to October 5th. While the weather was a bit chilly, the views of the fall foliage were spectacular! The theme of this year's program was "Commitment to Excellence: Expanding Psychology's Evidence Base in the Mountain State." Consistent with that theme, psychologists from all parts of West Virginia converged on Stonewall Resort to share their expertise with colleagues and trainees.

The Fall Conference opened on Friday with a session on motivational interviewing by Drs. Daniel W. McNeil and Emily Selby-Nelson. The full day session was well received with one participant saying, "Excellent overall workshop. It's challenging to keep audience interest over a full day and they did this very well." Participants in this workshop left the conference with many tools to help tackle health behavior change in practice.

Running concurrently with the motivational interviewing lecture was a morning presentation on treating at-risk youth by Drs. Jennifer Hancock and Alicia Smith and an afternoon offering on PTSD by Dr. Patrick Kerr. Both sessions went very

well with rave reviews from participants. Regarding the at-risk youth presentation, one participant said, "Excellent presentation of very valuable information." In reference to the PTSD presentation, one participant remarked on Dr. Kerr, "Wonderful educator!! A natural!"

In addition to the educational offerings, Friday was packed with WVPA events like the annual business meeting at noon and the early career psychologist mixer at the end of the afternoon presentations. These gatherings provided opportunities for members and attendees to connect on state organization news and to catch up socially, no matter what their age. As you can see, Dr. Sarah Jarvis' son, Cameron, took Dr. Marty Amerikaner in a wicked game of pool!

The cornerstone of the evening was the WVPA awards dinner hosted by President Marty Boone. Board members were thanked for their years of service and new board

members were sworn in for 2015. Dr. Jeannie Sperry returned for the weekend from her new position at Mayo Clinic in Minnesota to receive the honor of WVPA Fellow status. Way to go Dr. Sperry!

Saturday brought yet another day of excellent workshops to the Stonewall Resort. In the morning Dr. Kevin Larkin presented on the evidence base behind forgiveness in therapy. It was yet another in a string of great presentations and one participant summed it up with the word "phenomenal." Running concurrently in the morning was a presentation on depression and anxiety in the geriatric population by Drs. Penny Koontz and Keith Beard. Their presentation was spot on and was described by participants as "vital...fascinating...important." Rounding out the sessions for the afternoon, Dr. G. Lane Wagaman, a WVPA member who now lives in North Carolina, presented on ethical issues in behavioral health care. His timely presentation covered some of the evolving ethical concerns



Fall Conference
Continued on page 10

Collegial efforts needed to increase care access

by former APA President Pat DeLeon

Reflecting upon the extraordinarily successful APA-ABA 2014 National Conference on Violence, it intrigues me that I never hear about similar events in which State Psychological Associations collaborate with their counterparts representing other non-physician health care providers (or local Bar Association interest groups) in sponsoring joint conferences or annual meetings. From a public policy frame of reference, there is considerable overlap of interests and clientele. Throughout President Obama's Patient Protection and Accountable Care Act (ACA) there are a number of provisions encouraging the development of integrated systems of care, which are to be patient-centered and which will rely upon data-based clinical decision making (i.e., gold standard evidence-based protocols). As the advances occurring within the communications and technology fields (e.g., telehealth, comparative effectiveness research, and various transformational initiatives sponsored by NIH) increasingly impact the health care environment, cross-provider and cross-population comparisons will become the norm. There is no question that in this changing environment, psychologists will have to objectively demonstrate their "value-add," as APA Prac-

tice Directorate Executive Director Katherine Nordal keeps stressing at her annual State Leadership Conferences (SLCs). Underlying these policy developments is the fundamental question of whether historical "scope-of-practice" limitations and geographical "licensure restrictions" really are in the best interest of patient care. Unprecedented change is the future of practice.

In 2010, the Institute of Medicine (IOM) released its report "The Future of Nursing: Leading Change, Advancing Health." Among its recommendations were: nurses should practice to the full extent of their education and training; should be full partners, with physicians and other health care professionals, in redesigning health care in the United States; and, not surprisingly, historical scope-of-practice barriers should be removed. The Federal Trade Commission (FTC) was urged to review existing and proposed state regulations concerning advanced practice registered nurses (APRNs) to identify those that have anticompetitive effects without contributing to the health and safety of the public. States with unduly restrictive regulations should be urged to amend them to allow APRNs to provide care to patients in all circumstances in which they are

qualified to do so.

This spring, the FTC held a public workshop to study activities and trends that may affect competition in the evolving health care industry. Specifically, the intent was to explore current developments related to professional regulations; innovations in health care delivery; advancements in health care technology; measuring and assessing health care quality; and price transparency for health care services. In the FTC's view: "Professional regulations may protect patient safety, improve quality of care, and provide useful information to consumers who are choosing among health care providers. Greater competition may result when regulatory changes expand the number of health care providers or services available to consumers by increasing the use of advanced nurse practitioners, dental therapists, and other qualified non-physician or non-dental professionals. Such increased competition may provide consumers with benefits such as lower prices and



Under the Capitol Dome

Three services provided by psychologists — psychoanalysis (90845), family psychotherapy without patient present (90846) and family psychotherapy (conjoint therapy) with patient present (90847) — are newly eligible as of Jan. 1, 2015, for Medicare reimbursement under the telehealth benefit.

Psychologists who provide services to a Medicare beneficiary located at an “originating site” can bill for these services delivered by telehealth.

Medicare will cover telehealth services that mimic normal face-to-face interactions between beneficiaries and their health care providers. The federal health care program will only pay for “face-to-face,” interactive video consultation services where the patient is present at an eligible originating site and the psychologist or other provider is at a distant site.

The Centers for Medicare and Medicaid Services (CMS) requires that the telehealth interaction use real-time audio and video communications between the patient and provider. Telephones, facsimile (fax) machines and electronic mail systems do not meet the definition of an interactive telecommunications system.

Further, free videoconferencing platforms like Skype

may be problematic as they may not be consistent with the Health Insurance Portability and Accountability Act (HIPAA). Practitioners should consider using a platform that is HIPAA-compliant and offers a business associate agreement. Asynchronous “store and forward” technology is permitted only in federal telemedicine demonstration programs conducted in Alaska or Hawaii.

An “originating site” is where the patient is located at the time the telehealth service is being furnished via a telecommunications system. Medicare beneficiaries are eligible for telehealth services only if they are at an originating site located in:

- A rural Health Professional Shortage Area, either located outside of a Metropolitan Statistical Area (MSA) or in a rural census tract, as determined by the Office of Rural Health Policy within the Health Resources and Services Administration (HRSA).
- A county outside of a MSA.

The Health Resources and Services Administration of the U.S. Department of Health and Human Services has an online tool for determining whether an originating site is eligible for telehealth reimbursement under Medicare.

by APA Office of Health Care Financing Staff

The originating sites (where the patient must be) authorized by law are:

- The offices of physicians or practitioners.
- Hospitals.
- Critical access hospitals (CAH).
- Rural health clinics.
- Federally qualified health centers.
- Hospital-based or CAH-based renal dialysis centers (including satellites).
- Skilled nursing facilities (SNF).
- Community mental health centers (CMHC).

Providers at the distant site who may furnish and receive payment for covered telehealth services (in accordance with state law) are:

- Clinical psychologists (CP).
- Psychiatrists and other physicians.
- Nurse practitioners (NP).
- Clinical social workers (CSW).
- Physician assistants (PA).
- Nurse-midwives.

Capitol dome
Continued on page 14



Putting the APA Practice Assessment to work

by APAPO Staff

A companion organization to the American Psychological Association (APA), the APA Practice Organization (APAPO) is devoted exclusively to advancing and protecting the professional and economic interests of practicing psychologists. As a legally distinct 501(c)(6) organization, APAPO is able to advocate free of restrictions and prohibitions that apply to activities of a 501(c)3 organization like APA. APAPO fights for practitioners on Capitol Hill, in the courts and public agencies, and in the health care marketplace.

Membership in APAPO is based on paying an annual fee, the Practice Assessment, which provides resources for the organization's numerous advocacy activities.

APA dues cannot be used to fund APAPO's efforts.

Key APAPO advocacy efforts include:

- Challenging rate cuts for psychological services by Medicare and private sector health insurers
- Supporting legal action against abusive insurance company practices
- Advocating for professional psychology as the Affordable Care Act and other health care reforms are implemented
- Seeking the appropriate inclusion of psychologists in

the Medicare definition of physician

- Affirming the doctoral standard for independent psychology practice
- Working with state psychological associations to confront assaults on psychologists' scope of practice

Learn more about APAPO's activities on our Practice Central website: apapracticecentral.org

Who belongs to APAPO?

APA members who are licensed by a state board of psychology are eligible to join APAPO by paying the annual Practice Assessment (\$140 for 2015). Members of APA's graduate student organization, APAGS, and early career psychologists who are in the process of fulfilling requirements for psychology licensure may also belong to APAPO (\$20 and \$25, respectively). APA Life Status practitioner members may continue membership in APAPO by choosing to pay either the full annual rate of \$140 or a reduced rate of \$40 for 2015. Membership in APAPO is voluntary for eligible APA members.

Why is your APAPO membership crucial?

Working on multiple fronts on behalf of the practitioner community takes your support. The more backing we get from our members, the more results we can deliver. APAPO relies on the support of practitioners

in all practice settings and at all stages of their career. Every Practice Assessment dollar is an investment in your future and the future of the profession. For less than \$12 a month, you help keep our voices strong.

How do APAPO and state psychological associations work together?

APAPO and its Committee for the Advancement of Professional Practice (CAPP) collaborate closely with state psychological associations. APAPO provides financial and consultative support for numerous advocacy activities at the state level. APAPO grants to State, Provincial and Territorial Psychological Associations (SPTAs) – funded by Practice Assessment payments and totaling nearly half a million dollars in 2014 alone – have supported a variety of state legislative initiatives, organizational development and additional activities. State psychological association efforts are vital for achieving APAPO's legislative and other advocacy priorities.

Psychology and aging: Resources to meet needs

by Deborah A. DiGilio, MPH, Director, APA Office on Aging

There is a growing need for all psychologists to have a basic understanding of the psychology of aging. People 65 years old and older are the fastest growing segment of the U.S. population and by 2030 will account for 20% of our nation's people. As discussed in the American Psychologist article, "Aging and Mental Health in the Decade Ahead: What Psychologists Need to Know," the demand for psychologists with a substantial understanding of later life wellness, cultural, and clinical issues will expand in future years as the older population grows and becomes more diverse (Karel, Gatz, & Smyer, 2012). The recently updated APA Guidelines for Psychological Practice with Older Adults (2013) note that the demand for psychological services for older adults is expected to rise as Baby Boomers become old, and will continue to increase as cohorts of middle-aged and younger individuals—who are receptive to psychological services—move into old age.

Even if you did not begin practice with the intent of working with older adults, clients do age and their needs often change. Additional issues specific to mid and late life may arise. Also, age-related issues may arise in work with younger clients, e.g., those caring for aging parents, grandchildren

being raised by grandparents. Finally, even if you do not work directly with older adults or their families or caregivers, we are all aging. Becoming informed of the science of the psychology of aging will prove useful at a personal level—for ourselves and our families.

In terms of psychological practice with older adults, opportunities abound. The number of psychologists who work with older adults is not keeping up with and will not meet the anticipated need. The decade ahead will require an approximate doubling of the current level of psychologists' time with older adults. The need for services is particularly anticipated to grow in primary care, dementia and family caregiving services, decision making capacity evaluation, and end-of-life care (Karel, Gatz, & Smyer, 2012). However, only 4.2% of respondents of the 2008 APA Survey of Psychology Health Service Providers reported that geropsychology was their current focus and work (APA Center for Workforce Studies, 2010). This workforce shortage is not limited to psychology. The Institute of Medicine report, *The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands* (2012) described the dire need for health providers across professions to address the mental and behavioral health needs of older

adults. It found that although the aging population continues to grow in number, diversity, and mental health needs, the geriatric mental health workforce is disconcertingly small and is dwarfed by the pace at which the population is growing.

The APA Office on Aging, and the Committee on Aging and its working groups have developed a wealth of resources that we believe all psychologists will find useful, for the reasons described above, to prepare for the EPPP, and to earn continuing education credit in aging. The main source of information is the Office on Aging website. It has resources and tools including: the APA Family Caregivers Briefcase; reports and fact sheets that provide guidance on how psychologists can work in interprofessional teams across health settings with older adults; resources on multicultural aging; strategies for promoting healthy aging across the lifespan; handbooks on capacity assessment; and professional practice guidelines for the aforementioned psychological practice with older adults and the Evaluation of Dementia and Age-related Cognitive Change. One document of note, *What Mental Health Providers Should Know about Working with Older Adults*, summarizes the guidance of-

Psychology and aging
Continued on page 12

CMS releases Medicare fee schedules

by APA Office of Health Care Financing Staff

On October 31, the Centers for Medicare and Medicaid Services (CMS) released the final rule on the 2015 Medicare fee schedule, establishing Medicare's payment policies for the coming year. This year's final rule contains valuable information for psychologists who treat Medicare beneficiaries, including fees for covered services, updates on the Physician Quality Reporting System (PQRS), and additions to Medicare's telehealth services.

Reimbursement changes for 2015

As indicated in the proposed rule released by CMS in July, Medicare's total payments for psychological services in 2015 will be reduced by 1% due to changes in the practice expense portion of the Medicare payment formula. Many Medicare providers, including cardiac surgery, chiropractic, obstetrics/gynecology, ophthalmology, optometry, orthopedic surgery, rheumatology, and thoracic surgery will lose 1% or more due to other payment changes. Social work will also lose 1% due to practice expense adjustments while psychiatry's payments will remain the same as in 2014. Changes in the practice expense portion of the formula reflect the impact of new, revised, and misvalued codes as well as other minor provisions of the com-

plex Medicare payment formula.

In its August 25th comment letter to CMS on the proposed rule, APAPO objected to the projected loss of 1% for psychological services. Psychologists have seen repeated reductions in payment due to practice expense adjustments required by Medicare's budget neutrality constraints. Even with the increase in work values for the revised psychotherapy codes, psychologists are still being paid 38% less for a 45-minute psychotherapy service now than they were in 2001, when adjusted for inflation.

Since 2013, a mandatory sequestration cut has been imposed on payments to all Medicare providers. This cut will reduce psychologists' payments by an additional 2% in 2015.

Three psychotherapy services added to telehealth

CMS will add the procedure codes for psychoanalysis (90845), family psychotherapy without the patient (90846) and family psychotherapy with the patient (90847) to its list of telehealth services for 2015. In its comment letter, APAPO endorsed this change as a way of making these services more accessible for beneficiaries in remote areas.

Medicare's specific telehealth requirements must be met in order to be reimbursed for tele-

health services. Communication by telephone does not qualify as telehealth.

Psychologists who provide services to a Medicare beneficiary located at an "originating site" can bill for these services delivered by telehealth.

Medicare will cover telehealth services that mimic normal face-to-face interactions between beneficiaries and their health care providers. The federal health care program will only pay for "face-to-face," interactive video consultation services where the patient is present at an eligible originating site and the psychologist or other provider is at a distant site.

In memoriam

We were notified of the passing of these psychologists:

Frederick Mowry, MA, licensed from 1970 to 1978, a resident of in Huntington, WV.

Judith Mansfield, MA, supervised psychologist active from 1995 to 2004, a resident of South Charleston, WV.

Joseph Kuzniar, Ed.D., active from 1976 to 2010, resided in Morgantown and was the victim of an automobile accident.

It's a great year

Continued from page 1

deliver timely, useful information to schools, public health officials, and others. As a result of these and other efforts, we were contacted to serve as advisors to the Kanawha County Ebola Task Force. We have also been asked to help further develop policy in schools regarding the school curriculum, school crisis response, and also help develop effective school-based illness prevention programs. I believe that these important projects demonstrate the value of psychological science and psychologists, and growing numbers of policy makers requesting our input is evidence that others are beginning to recognize the value of psychological expertise.

Legislatively, we continue to hold regular "lobby days" in Charleston, and had two of our most successful lobby days ever in February and again in September 2014. These continued regular visits to the state capitol help maintain our visibility and increase our ever-important familiarity with legislators. It is critically important to continue to press hard in our advocacy effort, especially as there have been changes in the balance of power in Charleston. Please take the opportunity to invite your local legislators for a casual lunch, as building relations with this new group of lawmakers is vitally important for our advocacy efforts. WVPA is working

to eliminate the post-doctoral year of supervision currently required for doctoral licensure candidates. We believe that this initiative will increase access to psychological care and make it easier to attract well-trained psychologists to work in West Virginia.

WVPA has also made major inroads with development of training opportunities for psychologists in-training. Thanks to the efforts of Past President Dr. Jeff Hammond, WVPA has partnered with WVU School of Medicine to develop a psychology faculty and an internship training program at the Eastern Division (Martinsburg, WV) campus. We anticipate that the first internship class will commence in July, 2015. We fully expect this internship program to achieve APA approval soon, and will be another important entry point to bring well-trained psychologists to West Virginia. We look forward to developing relations with these psychology interns so as to retain them as practicing psychologists in our state.

As I hope you will agree, it has been a busy and productive year. Our association continues to be extremely vital, primarily due to the engagement of members like you. Please join me as I welcome our next president, Dr. Scott Fields, who will assume the helm on January 1, 2015. Dr. Fields has an outstanding record of faithful service to the

association, and I am convinced that his leadership will produce major advancements for our association in 2015. Let's all join Dr. Fields by offering our time, talents and support to his ambitious agenda to further the WVPA mission to advance our association and its members.

I am looking forward to seeing all of you at future WVPA events. Best wishes for a safe and happy holiday season, and a bold new year of advancement for WVPA.

Kindest regards,



Martin L. Boone, PhD
2014 WVPA President

**WVPA 2015
CE dates:**

**Spring Event
April 24
Charleston**

**Fall Conf.
October 2-4
Morgantown**

Fall Conference

Continued from page 3
 mounting now that a growing number of psychologists are practicing in the medical arena. One participant indicated that they were “grateful” and “re-freshed” now that Dr. Wagaman has shared his ethical knowledge with his colleagues.

Saturday evening at the WVPA Fall Conference was also action packed, starting with the poster session for psychology students and interns. Participants and judges alike commented on the high quality of the posters and the presentation style of our Marshall and WVU psychologists in training. The top three posters, as voted on by



our panel of judges were:

1st Place: Emma Cogar & Dr. Keith Beard – Marshall University; Attitudes toward mental health services in military men and women of Central Appalachia and impact on treatment



seeking behaviors

2nd Place: Britni Ross,

Thomas Holland and Dr. Penny Koontz - Marshall University; Weight-related bias in healthcare majors within an Appalachian



university population

3rd Place: Paul Robrecht – Marshall University - Researching stigma in seeking mental health treatment in primary care settings in rural West Virginia

WVPA would like to thank all the students and psychology interns who participated, and we also extend a special thanks to our three volunteer judges for the poster presentation in the evening: Drs. Jocelyn Burum, Lisa Ryan and Jennifer Storer.

Those who attend the WVPA Fall Conference know that no weekend is complete without the Annual Psych Bowl. This year’s competition was the 10th Edition deftly hosted by our very own Dr. Jessica Luzier, substituting for our nine-year host, Dr. John Linton, who was called away on business.

Sunday offered two more top-notch learning opportunities attendees at the Fall Conference. Dr. Elise Drake presented on sleep disorders, while Dr. Jennifer Tiano and Mr. Michael Stinnett presented concurrently on disruptive youth behavior

and the involvement of parents and teachers in treatment. Dr. Drake’s presentation was highly praised by participants with one remarking it was “the best lecture yet.” Dr. Tiano and Mr. Stinnett were not to be outdone as they also received great comments, with one participant saying “Great presentation – my favorite of the conference.”

The Fall Conference provided a chance for psychologists in the state to catch up on continuing education, reconnect with colleagues and friends, and to enjoy all that Stonewall Jackson Resort has to offer. Our conference is also made possible by the support of The Trust and our exhibitors: ChildHelp, 1-800-Gambler, Highland Hospital, New Hope Treatment Centers, River Park Hospital and WV Disability Determination Section.



As conference chair, I want to express my gratitude to the presenters who put their time, energy, expertise and effort into making our conference a great place for psychologists to learn. I also want to thank Diane Slaughter and Dr. Sarah Jarvis for their tireless work in helping keep the fall conference running smoothly every day. I cannot wait until our Spring CE Event in Charleston next year and our Fall Conference in Morgantown. I hope to see all of you there!

Improving access

Continued from page 4

improved access to health care services. Some regulations may, however, unnecessarily restrict the ability of non-physician health care professionals to practice to the full extent of their training, imposing costly limitations on professional services without well-founded consumer safety justifications or other consumer benefits to offset those costs. Such overly restrictive professional regulations are likely to suppress beneficial competition by non-physician health care providers and may prevent institutional providers (such as hospitals) from developing innovative health care delivery models that rely more heavily on non-physician providers to provide efficient, safe care. While all patients may be affected by reduced competition from non-physician health care professionals, the impact may be particularly severe for vulnerable and underserved patient populations.”

Some of the critical issues for which public comment was requested include:

- To what extent do professional regulations vary by state? Does state-by-state variation affect patient health, health care spending, or other important measures?
- How do current regulations concerning licensure and credentialing affect the abil-

ity of health care professionals to relocate or practice in more than one geographical area, particularly across state lines?

- Would greater state-to-state licensure portability improve competition? What issues would increased licensure portability raise?
- To what extent is telemedicine being used today? What new developments are occurring in telemedicine? What role is telemedicine projected to play in the future?
- Are there regulatory or commercial barriers that may restrict the use of retail clinics, telemedicine, or other new models of health care delivery? If so, are there any valid justifications to support such restrictions? And,
- What, if any, changes in government regulations would facilitate the emergence of new health care delivery models, enhance competition among health care providers, and encourage additional innovation?

Psychology must appreciate that organized medicine’s “public health hazard” concerns are not limited to any particular discipline. In a New England state, a board-certified psychiatric pharmacy specialist “consults” for the University of Connecticut’s Student Health Services. His presence reflects the growing stress on college

counseling centers nationally, with an overwhelming proportion of centers reporting seeing increases in the number of students with severe psychological problems. Yet, the chair of the ApA’s Committee on College Mental Health notes that while he understands the pressures on college counseling centers that might make this model seem attractive, it is not an approach he could embrace. “I think that kind of care ought to be delivered by psychiatrists. I think it’s a very creative idea, in large part driven by cost savings to the university. But it’s not possible for me to be enthusiastic about it.... For me it’s a quality of care issue for students at a university. And the university is obliged to provide the best care possible.” Over time, advances in technology will make possible systematic cross-provider/cross-population comparisons, thereby providing objective data addressing the validity of organized medicine’s alleged “patient safety” concerns.

Visit
wvpsychology.org
 for great
 resources!

Psychology and aging

Continued from page 7
 fered in the APA Guidelines for Psychological Practice with Older Adults and provides links to educational resources for each guideline. There are also consumer education materials and links to other geropsychology websites. Finally, we have developed a fact sheet, Resources for Psychological Practice with Older Adults and Their Caregivers that provides an overview of these available resources for distribution to your colleagues and students.

The APA Offices on Aging and Continuing Education

also offer online continuing education programs including Assessment of Older Adults with Diminished Capacity: A Handbook for Psychologists (4 CE credits), Blueprint for Change: Achieving Integrated Health for an Aging Population (2 CE credits), and What Psychologists Should Know About Working with Older Adults (7 CE credits). APA Publications offers twelve Psychotherapy Training Videos specific to older adult practice issues (search by subject: aging). If you would like ongoing information about psychology and aging issues, you can also subscribe online to our

free, semi-annual e-newsletter, APA Aging Issues Newsletter.

For practitioners who wish to specialize in professional geropsychology, more detailed guidance regarding the “Pikes Peak Attitudes, Knowledge and Skills Competencies for Practice in Professional Geropsychology (Knight, Karel, Hinrichsen, Qualls & Duffy, 2009) and the corresponding competencies assessment tool is available on The Council of Professional Geropsychology Training Programs website.

For more information, please contact the author at ddigilio@apa.org or 202-336-6135. For copies of the resources fact sheet, contact Martha Randolph at mrandolph@apa.org.

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**It takes a lot of muscle to fight
 for practitioners in your state and on the national level.**

That's why we're in this together.

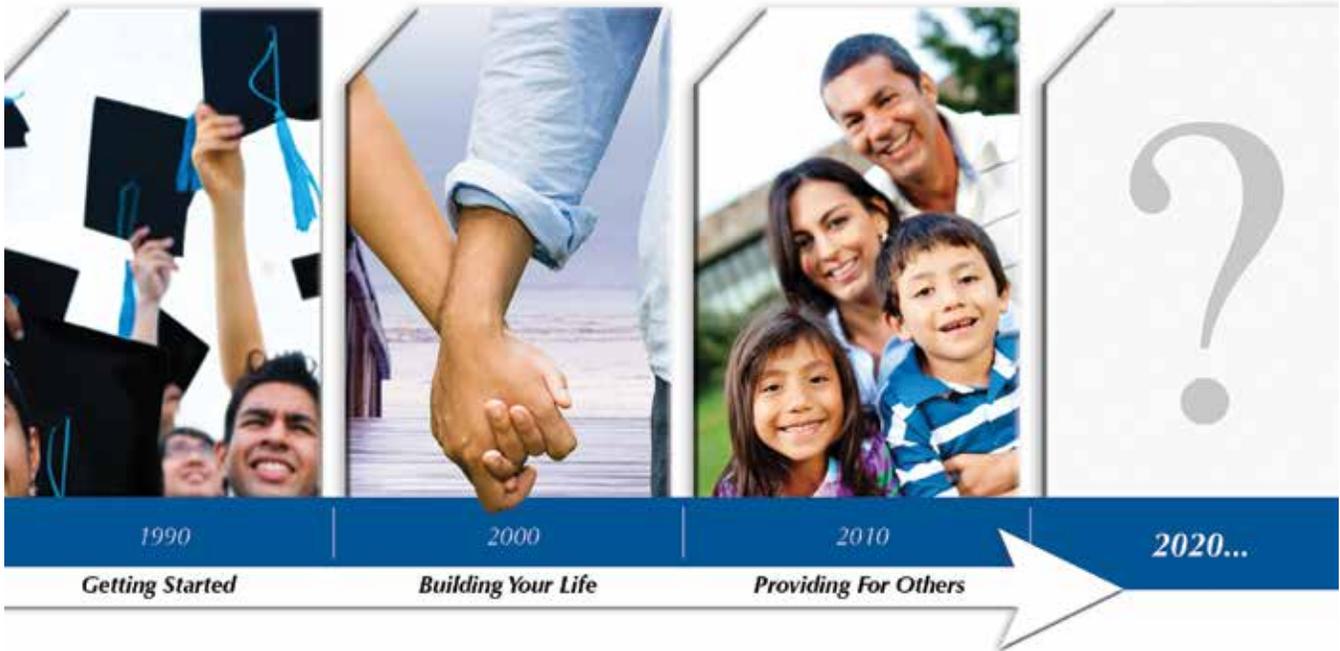


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Expanding psychology Continued from page 10

- Clinical nurse specialists (CNS).
- Registered dietitians or nutrition professionals.
As in the outpatient office setting, psychologists can bill the following codes for telehealth:
 - 90791 psychiatric diagnostic evaluation.
 - 90832 psychotherapy, 30 minutes.
 - 90834 psychotherapy, 45 minutes.
 - 90837 psychotherapy, 60 minutes.
 - 96116 neurobehavioral status examination.
 - 96150 health and behavior

- assessment, face-to-face, 15 minutes.
- 96151 health and behavior reassessment, face-to-face, 15 minutes.
- 96152 health and behavior intervention, face-to-face, 15 minutes, individual.
- 96153 health and behavior intervention, face-to-face, 15 minutes, group of 2 or more.
- 96154 health and behavior intervention, face-to-face, 15 minutes, family with patient present.
Effective on or after Jan. 1, 2015, three more services will be added to the telehealth benefit:
 - 90845 psychoanalysis.

- 90846 family psychotherapy, without patient present.
- 90847 family psychotherapy (conjoint therapy), with patient present.
Telehealth services do not have separate billing codes. Rather, the provider at the distant site who furnished services via telehealth submits claims using the appropriate code for the service provided along with the “GT” modifier indicating that the service was provided via interactive audio and video telecommunications. The originating site may bill for the facility fee using the HCPCS code — Q3014 — telehealth originating site facility fee.

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