

The Primary Care Psychologist PCPsych Program



A PARTNERSHIP BETWEEN THE B.C.
PSYCHOLOGICAL ASSOCIATION
& THE UNIVERSITY OF BRITISH
COLUMBIA | OKANAGAN CAMPUS



Proposal to the Ministry of Health (MOH) &
the Ministry of Mental Health and Addictions (MMHA)

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Contributing Authors:

Lesley Lutes, Ph.D., R.Psych.

Erika Penner, Ph.D., R.Psych.

Simon Elterman, PsyD., R.Psych.

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Psychology
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Columbia
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Introduction

“43 years ago my mother took me to our primary care doctor’s office due to fatigue. Through a brief assessment, which included putting a stethoscope on my heart, the physician revealed a potentially life-threatening condition. I was flown down to Vancouver to B.C. Children’s Hospital where I was seen by a team of specialists, and where it was determined that I had a massive hole in my heart. The treatment: I would undergo open heart surgery from an expert team of regulated health professionals consisting of nurses, physicians, anesthesiologists, and cardiovascular surgeons. They saved my life. That same year, my Aunt walked into a primary care physician’s office reporting stress, anxiety, and depression. Unlike me, there was no immediate assessment, or bringing together a team of experts to help diagnose and treat her potentially life-threatening problem. At best, her treatment consisted of medication prescriptions. At worst, it involved dehumanizing hospitalizations where she was told to “follow-up with your family physician” after discharge. But mostly, she received no treatment at all. Over time, she would develop diabetes and become insulin dependent—consistent with the research showing the direct link between untreated mental and physical health. Sadly, after years of struggle, she used all of the medications prescribed to “treat her” to take her own life through overdose. That was 25 years ago.”

– Dr. Lesley Lutes

We didn’t know back then how to properly assess and treat mental health, or how linked it is to physical health outcomes across time. But we do now. We know now that effective treatment of mental and behavioural health conditions requires no less precision, training, and expertise than physical medicine.

For the last 18 months, the British Columbia Psychology Association, in partnership with the University of British Columbia | Okanagan (UBCO), has been urgently working with the government to increase access to Psychologists (regulated health providers that specialize in the assessment, diagnosis and treatment of mental and behavioural health conditions) for all residents of B.C. In September 2021, BCPA presented to the 2022 Select Standing Committee on Finances and Government Services regarding a request for dedicated funding to integrate Psychologists into Primary Care Networks.

Throughout this period, we sought feedback regarding the possibilities but also pain points and worries regarding integrating Psychologists within the primary care system. We met and presented to MLAs across all parties, government leaders, ministry representatives, and primary care champions. We reviewed the already existing programs and structures in the province (e.g. Primary Care Clinical Pharmacists [PCCP] and the Burnaby B-Well Behavioural Medicine Programs) as well as the outcomes, successes and challenges from other countries that have integrated Psychologists. We also sought feedback from the people who see and experience the results of untreated mental and behavioural health everyday: family physicians, patients, and Psychologists. The following proposal is a culmination of all of those meetings, learning and insights. It is a concrete, actionable, financially sound, and sustainable model that we believe can begin to provide life-saving care to patients today, while transforming the training of the next generation of primary care providers tomorrow. The following proposal has been developed at the request of the Honourable David Eby, Attorney General.

Overview

“One of the most consistent findings from clinical and health services research is the failure to translate research into practice and policy. As a result of these evidence-practice and policy gaps, patients fail to benefit optimally from advances in healthcare and are exposed to unnecessary risks of iatrogenic harms, and healthcare systems are exposed to unnecessary expenditure resulting in significant opportunity costs”³

What is the Primary Care Psychologist (PCPsych) program?

The **Primary Care Psychologist (PCPsych)** program relies on over two decades of research demonstrating the effectiveness and cost-savings of having Psychologists working side-by-side with family doctors (see our proposal to the [Standing Finance Committee](#)). It also capitalizes on the knowledge, infrastructure, and training abilities of UBCO's Clinical Psychology program. This proposal requests that the government work in partnership with UBCO to **hire, train, and embed 20 full time equivalent (FTE) Psychologists within the Primary Care Networks (PCNs)** in our province. Concretely, this would entail hiring 50 part-time Registered Psychologists to provide service to the 49 existing PCNs.

Psychologists will be specially trained to work in primary care and embedded within primary care network (PCN) family practices (whether in person or virtually) throughout B.C. Psychologists would be able to work from .2 to 1.0 FTE; as such, the actual number of Psychologists recruited is to be determined, with 50 as an estimate. Regardless, Psychologists will be hired and onboarded in a phased approach, with the first third of Psychologists ready to work in primary care as of September 2022, the second third in January, 2023, and the final third in July 2023. The program will be led by the University of British Columbia's Clinical Psychology Program which is a part of the Irving K. Barber Faculty of Arts & Social Sciences.

“Having psychologists as a part of our primary care network has been *transformative*”

Dr. Baldev Sanghera, Burnaby
Division of Family Practice,
Physician Lead, September 2021

3. Grimshaw JM, Eccles MP, Lavis JN, Hill SJ, Squires JE. (2012). Knowledge translation of research findings. *Implementation Science*, 7(1):1-17. <http://www.implementationscience.com/content/7/1/50>

Why use Psychologists?

Psychologists for this program will be doctoral-level experts in behavioural health management as well as mental health treatment. With over 3000 hours of graduate level classes, training, and research, Psychologists are skilled in clinical work (assessment, diagnosis, treatment) as well as program development, supervision of other health professionals, and program evaluation (i.e. outcomes measurement). As part of an integrated team, their skill set complements that of physicians and allows them to take on patients presenting with chronic or complex physical health concerns that require behavioural health changes (e.g., changes in activity level, adherence to medication, improvements in diet, etc.) or those with mental health concerns. Moreover, as regulated health professionals under the Health Professions Act, Psychologists are accountable to the public through their regulatory body, the College of Psychologists of B.C., and are held to high professional standards of care.

What is the role of the PCPsychs?

PCPsychs will be an integrated part of the care team providing care to patients with complex medical, mental and behavioural health needs. This includes direct, on-demand (often same-day) patient consultations for brief (15-30 minute) visits for a wide range of issues including chronic medical condition management, diagnostic assessments, and mental health treatment. These brief treatments have been vigorously studied with demonstrated improvements shown in patient healthcare outcomes (both mental and physical), reduction of physician burnout, increases in physician attachment, and reduction of overall healthcare costs in very few visits. The PCPsychs will be able to implement and evaluate programs within the PCNs and monitor outcomes to assess whether patients are receiving optimal mental and behavioural health treatment. The robust training PCPsychs have in the supervision of others, including other regulated and non-regulated health professionals is an additional key advantage.

In general, a PCPsych will:

- Screen, assess, and diagnose common mental and behavioural health conditions (e.g., anxiety, depression, somatic symptom disorders, ADHD, etc.) to support family physicians' treatment approaches, reduce referrals to specialist care, and provide targeted psychobehavioural interventions.
- Provide brief, high-quality treatment to patients, with special focus on function, health and illness management, and quality of life. This would translate to behaviour-based plans that are recorded in the patient's EMR.
- Utilize best practices to implement evidence-based programming and develop care pathways in their own clinic, as well as evaluate individual and program effectiveness, keeping in mind the unique needs of each clinic.
- Integrate into the team by being a consultant to physicians and other health professionals.

Wait times for Family Doctors are **6.4 weeks** shorter on average when Psychologists are integrated in primary care⁴

Why Partner with UBC Okanagan?

As a global leader in industry, innovation, and infrastructure, UBCO established a doctoral program in Clinical Psychology and obtained accreditation from the Canadian Psychological Association (CPA) in 2017. Our Clinical Psychology faculty members have secured millions of dollars in funding from all three Tri-Council National Research funding agencies, Canadian Foundation for Innovation (CFI), the British Columbia Knowledge Development Fund (BCKDF) and many other organizations to conduct innovative research in the areas of obesity, diabetes, pain, stroke, problematic substance use, eating disorders, integrated primary care, and co-morbid mental health conditions such as anxiety, depression, and serious mental illness. In addition to being national leaders in mental health care reform and policy change, we partner with digital platforms, groups, and technologies—such as Thrive Health and WelTel—to transform healthcare delivery and to increase reach, access, inclusion, and equity of mental and behavioural healthcare.



1st in Industry, Innovation, & Infrastructure

According to Times Higher Education



BRITISH COLUMBIA



Our faculty's expertise is regularly sought after for media interviews, grant reviews, and government panels. For example, Dr. Zach Walsh has testified to both the [House of Commons](#) and the [Canadian Senate](#), as well as the governments of [Uruguay](#) and [Costa Rica](#) about addressing the opioid epidemic, drug policy development, and harm reduction related to cannabis use, mental health, and PTSD. Provincially, our faculty have been asked to speak to the [Special Committee on Reforming the Policing Act](#) in the legislature. We have also sought to develop meaningful partnerships with the health authority, such as a currently working with [Interior Health](#) to provide state-of-the-art treatment for adolescent substance use in an inpatient setting. Another meaningful partnership is with the [Burnaby Primary Care Network](#) – helping bring evidence-based lifestyle intervention programs to the system (e.g. [B-Well Behavioural Medicine Program](#)). Moreover, our faculty have taken on national leadership roles in training – including President of the [Canadian Council for Professional Psychology Programs](#). In this role, Dr. Lutes oversaw the shaping of nation-wide training precedents for all doctoral and residency psychology programs across the country, including a two-year continent-wide collaboration resulting in a [comprehensive socially responsive training toolkit](#), the unveiling a [uniform taxonomy for education and training in psychology](#), and ensuring the continuation of quality care in both in-person and virtual modalities through a global pandemic.

In 2015, we established an in-house psychology training clinic, providing evidence-based assessment and treatment for mental and behavioural health issues for any B.C. resident. The clinic's notable programs include a behavioural medicine service for healthy weight management, for problematic substance use, and the province's first [walk-in mental health clinic](#). If funded, we would seek to establish partnerships with both [Doctors of B.C.](#) and the [Southern Medical Program at UBCO](#), while our UBCO administration champions the expansion of our clinic to include an integrated primary care service.

Harnessing the power of this partnership between BCPA and UBCO would not only ensure that evidence-based mental and behavioural healthcare provided by Regulated Psychologists is widely accessible to B.C. residents, it would also establish a sustainable model to train the next generation of primary care health providers in the province.

Are we proposing that Psychologists be funded through the Medical Services Plan (MSP)?

NO. MSP is a specific allocation of funds within the healthcare budget for medical services. We want to ensure that our medical colleagues receive, and continue to receive adequate resources to be able to succeed – without any concern of decreased resources due to Psychologists in the system.

Are we proposing that Psychologists be funded through the Health Authority Positions?

NO. Dr. Baldev Sanghera, one of the lead physicians in the Burnaby PCN, had this to say about increasing the level of behavioural health integration in our province:

*“ Burnaby Family Physicians are excited for the opportunity to work alongside psychologists in their practices and communities in an interdisciplinary team setting, to further evaluate and treat patients' mental health issues in a highly responsive, real-time manner. This would be invaluable for patients, physicians, and the health system as a whole. In Burnaby, we have had demonstrated success with integrating psychologists in primary care. However, **we know that the current funding structure of salaried psychologists through the Health Authority is not viable, because of extreme differentials in earnings from other established pay rates for psychologists already in place within other public sectors in BC (e.g., ICBC, WorkSafe). Large scale recruitment and retention through alternate funding models must be considered.** ”*

What is the proposed funding model for PCPsychs?

We are proposing that psychologists be hired as **independent contractors** (in parallel to how they are hired by ICBC or WorksafeBC) who are paid a daily rate for services. This also parallels the manner in which nurse practitioners are hired into primary care networks. The primary care physician office would also receive a set daily amount to offset the cost for the space and resources needed for the psychologist (e.g., access to the EMR, MOA assistance, etc.).

What would the compensation structure look like?

Psychologists would have **Service Contracts** at rates that are competitively set and provide the PCPsych with the ability to purchase benefits. The salary amounts presented here were determined based on currently approved hourly rates from two public sectors (ICBC and WorksafeBC who pay \$201 and \$164 per hour, respectively) and take into account the nature of employment proposed (i.e., psychologists work on contract, without benefits, etc.). We propose that PCPsychs are paid \$1125 per day (assuming a 7.5 hour work day, which is equivalent to \$150 per hour; see Appendix A for further financial breakdown of the three year plan). Although this works out to a lower hourly rate than both WorksafeBC and ICBC rates, it improves the feasibility of integrating Psychologists into primary care and reflects the benefit of being compensated at a daily, rather than hourly, rate. Moreover, it is assumed that some of the Psychologist's time each day will be in non-direct patient services (including physician consultation, supervision, evaluation, and education). In addition **we suggest that primary care clinics are provided with \$300 for every day that a Psychologist works within their office to cover overhead costs (see Appendix A).** This suggestion is based on other healthcare models that have successfully integrated Psychologists and other health professionals (e.g. Nurse Practitioners here in B.C.) within the primary care system.

Psychologist Pay Rate

\$1125/day

For 7.5 hours/day (equivalent to \$150/hour) for 1st year

+

Physician Cost Offset

\$300/day

for Physician and office overhead for 1st year

Readiness/ Hiring

How will the PCPsych Program initially take shape?

Once the program has been approved and infrastructure put in place (hiring staff, creating administrative pathways, and other structures such as a website, clinician portal, etc.), the PCPsych program will have a two-day inaugural meeting with all stakeholders. This meeting would consist of educating PCNs and stakeholders about the program, discussing how the model could be tailored to each PCN, and overall determining interest from different PCN groups.

Once this has been completed, leading world experts will be brought into UBCO to train Psychologists intensively for integrated primary care. Once this training is complete, we will begin meeting with individual PCNs to match Psychologists within each network and start this hiring process.

What is the process for getting started if the PCN is ready to onboard a PCPsych? What needs to be in place to confirm readiness?

PCNs would be asked to notify their Ministry of Health PCN regional manager of their readiness and to prepare and submit a clinic readiness assessment (prepared by the PCPsych program) along with their regional manager. Readiness means that a PCN has ascertained clinic capacity to add another clinician to their roster, is able to integrate the clinician into EMR and workflow, and has a clinical champion (family physician or nurse practitioner) available to work with the PCPsych for orientation to the clinic. The first third of PCPsychs will be prioritized among PCN communities based on their clinic readiness assessment reports.

How does the hiring process work? Who hires the PCPsych?

Before being hired, a certified PCPsych will be invited to a meeting with a representative of the PCN (who understand the needs of the PCN), the ministry regional manager (if available), and a representative of the UBCO PCPsych Program. In order to participate in the PCPsych Program, Registered Psychologists will have to complete a training program and pass a certification test hosted by UBCO after being selected but before beginning work. This would ensure that PCPsychs are able to address concerns in a way that fits with the unique needs of that primary care setting.

PCPsychs will be hired as independent contractors to the PCNs and will be paid through the health authority. Similar to Nurse Practitioners (NPs), PCPsychs will enter into a Service Contract and Practice Agreement with both the PCPsych Program and their respective PCN. This will allow them to practice to the full scope of their degree while being able to flexibly implement services based on the unique needs of their PCN.

What will orientation look like?

Orientation may look different in each PCN, but it will ultimately be decided by the health authorities, PCNs, and UBCO in order to have a comprehensive orientation for each PCPsych. PCPsychs would ideally begin working with patients within one week of entering into the PCN. The PCNs will be expected to work with the PCPsychs to ensure that PCPsychs understand the structure of the PCN, workflows, and any outstanding administrative details. As some PCPsychs may hold contracts with more than one health authority (e.g. PCPsychs may work via telehealth for a rural PCN part time), it would be up to health authorities to orient each PCPsych. UBCO would provide initial training in the program and continue to provide ongoing training and support for each PCPsych (including quality assurance, operational systems, administration and support, coordination with communities and other infrastructure) to optimize the PCPsych's clinical effectiveness.



Dr. Lutes' previous doctoral student, Dr. Marissa Carraway, seen here performing a "warm handoff", is now the Behavioral Medicine Program Director in the Department of Family Medicine at East Carolina University.

Are patients seen one-on-one by the PCPsych, or does the PCPsych join a regularly scheduled FP or NP appointment?

The ideal model is that when a patient sees their initial clinical provider (physician or other health professional) for treatment, the provider would be able to do a "warm-handoff", which involves bringing the PCPsych into the visit for a consultation while the provider moves on to their next visit. PCPsychs would also be available to schedule initial visits. As this is a **flexible model**, PCPsychs are also able to do "co-visits" with providers where behavioural health issues and physical health issues may be addressed at the same time. Training in warm handoffs would be done with the current physicians in the form of continuing medical education training at UBCO (or virtually) prior to PCPsych starting in that PCN.

Will the PCPsych make changes to a patient's care plan, and if so, do they notify the team?

Any changes made to an existing care plan would be done in collaboration with the care team. The PCPsych works collaboratively as part of the care team and can participate in behavioural health care planning as determined by team workflows. PCPsychs also have the ability to chart their notes in the PCN's Electronic Medical Record (EMR).

*"Every \$1 invested in covering psychological services would yield at least \$2 in savings to society"*⁵

Will PCPsychs replace specialty mental health care?

No. PCPsychs are an integrated part of the primary care system, not a replacement for specialty care. Like family physicians, PCPsychs are generalists with the ability to treat people with a broad range of conditions. This allows mild, moderate, and even severe chronic physical and mental health issues to be treated in the primary care setting (reducing wait times for specialty care), but does not alleviate the need for specialty mental health care for those who require it. In this way, **PCPsychs are also experts in triage, allowing patients to be correctly referred to counseling, psychology, psychiatry, or other specialty services. This would serve to reduce the burden already placed on the mental healthcare system in the way of inappropriate referrals, which is a very common way that patients are often juggled between providers.**

Will PCPsychs be expected to work in multiple primary care clinics?

The distribution of a PCPsych's time within a PCN will be determined by the priorities of the PCN (which may shift over time) and clinic readiness. Some PCNs may have a PCPsych working in one site with one care team, while others may split the PCPsych's time across several sites and teams. Ideally, PCPsychs will be placed in the same physical location as physicians, allowing for little-to-no wait time to see a PCPsych.

Will the PCPsych document in their own EMR and/or the clinic EMR?

The PCPsych will keep working notes in an EMR managed and supported by each individual worksite. As part of the PCPsych program, certain data will be shared with UBCO as part of quality assurance and research (all with patient consent).

How will the PCPsych access CareConnect?

CareConnect is a system in B.C. that allows practitioners (physicians, nurses, social workers, etc.) to access patient records across health authorities. Access to this service is integral to a PCPsych's ability to complete a comprehensive assessment in an efficient amount of time for each patient. To ensure continuity of care, the PCPsych will be added to the list of people with CareConnect access at the worksite. Once specific locations are confirmed, UBCO will work with the Ministry of Health to assist with the PCPsych's enrollment as needed.

Who are PCPsychs accountable to?

Management and accountability for PCPsychs will be parallel to that of NPs. As the funds for PCPsychs are allocated by the Ministry of Health (MOH), the MOH is accountable for the services provided by the PCPsych. A contract template will be established by the MOH in consultation with UBCO, but the Service Contract will be administered by the regional health authorities, and the signatories of the Service Contract will be the registered psychologist and the health authority. This mirrors the oversight process currently in place for NPs. The Service Contract requires the PCPsych to enter into a Practice Agreement with the group practice(s) which outlines the relationship at a more specific, practice level. Ultimately, all Psychologists are regulated under the Health Professions Act, therefore they are always accountable to the College of Psychologists of British Columbia, who sets the training and professional competency standards for Psychologists in B.C. in order to best protect the public.

Insights from a Psychologist and Physician Team After a Decade of Collaboration in Primary Care:



uOttawa

"There is a widespread lack of understanding of the difference between evidence-based psychological treatments and generic counselling". "Many multidisciplinary clinics unfortunately benefit from only one type of non-medical mental health professional as part of their team, independent of the level of complexity on the patient's side, and independent of the level of expertise or supervised training on the provider side." ⁶

Family Health Teams in Ontario



"Our PCN is comprised of

groups of family physicians working with Social Workers, therapists, and Psychologists who provide short-term support, counselling, and treatment to patients in need.

There are 40 PCNs operating throughout Alberta with more than 3,800 family physicians, and more than 1,400 other health practitioners." ⁷

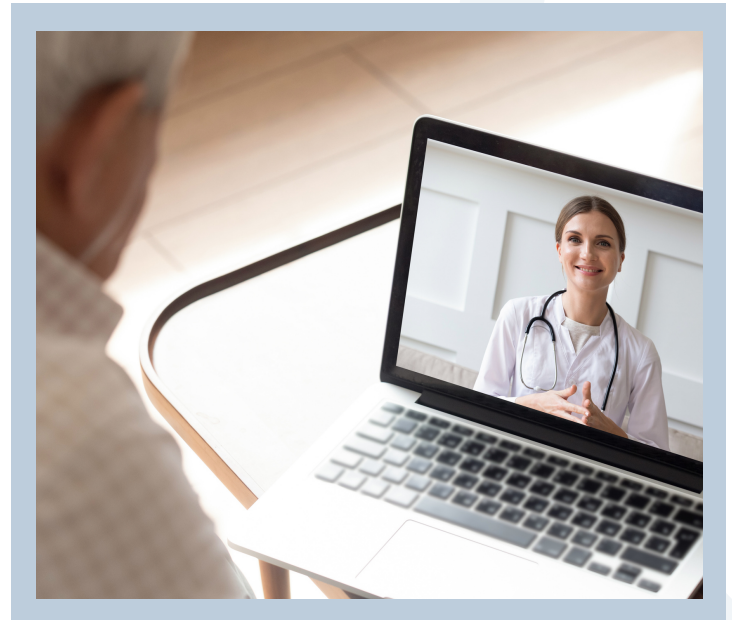
Primary Care Networks in Alberta (Edmonton Oliver)

6. Grenier, J., Chomienne, M. H., & Gaboury, I. (2015). Plaidoyer pour l'inclusion de psychologues dans les équipes de santé familiale en Ontario, Canada [Advocating for the Inclusion of Psychologists in Family Health Teams in Ontario, Canada]. *Sante mentale au Quebec*, 40(4), 79-99.

7. Alberta Primary Care Network. (n.d.). Alberta PCNs: Mental Health Programs & Services. Alberta Government, Alberta Health Services, & Alberta Medical Association. <https://www.eopcn.ca/services/mental-health-services/>

Given lessons learned from COVID-19, will the PCPsychs be able to provide patient care and case conferencing virtually?

Yes. As research supports the effectiveness of digital care, UBCO will support whatever modality is needed for the PCPsych to fully participate in the care team. This ability may be dependent on the infrastructure within the individual PCNs. Psychologists have been utilizing telehealth ethically and effectively for many years and telehealth training will be included in the UBCO certification for PCPsychs. Utilizing telehealth would also create the opportunity for PCPsychs to practice in areas where there is less access to registered psychologists.



Moreover, a recently completed study from UBCO with over 560 participants found that virtual integrated primary care services—and moreover, the use of virtual warm handoffs—foster significantly greater likelihood to accept and continue to engage with mental health services compared to the community services many individuals are referred to through the current fragmented primary care system.

How does the overhead for PCPsych expenses work?

As is the case for NPs working in a PCN, the Health Authority will pay for the PCPsych's overhead in monthly instalments to the Psychologist, who is then responsible for paying their contributions towards overhead to the group practice(s) in which they are employed. Overhead expenses might include licenses to access CareConnect via the practice site's CareConnect application and additional EMR seat licenses, along with administrative support, rent, repairs, supplies, utilities, etc.

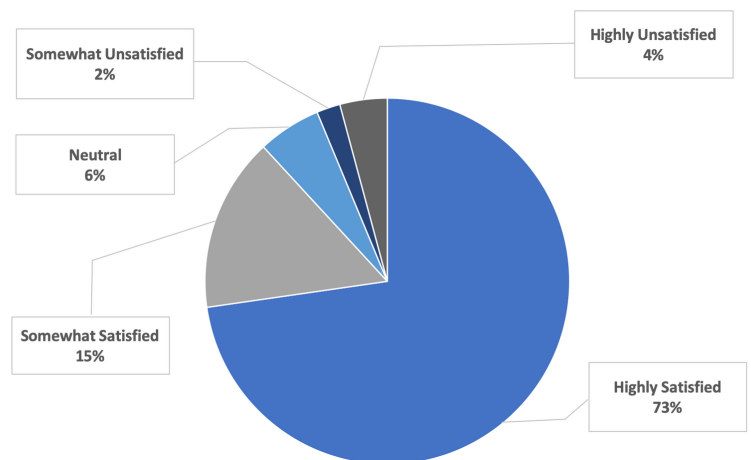
Why are PCPsychs being hired in a phased approach?

To assure quality in training and sufficient ongoing support for practicing PCPsychs, a phased approach will allow Psychologists to be integrated into primary care clinics.

Who is in charge of the PCPsych's contracts?

Contracts for PCPsychs will be held by the health authorities. Practitioners engaged through these contracts will be independent contractors. They will not be health authority employees.

Patient Satisfaction From The 2020 Free Psychologist Call Line:



88%

of respondents (N = 143) reported a 5/5 or 4/5 on satisfaction ratings of the call line with Psychologists from over 700 completed calls. This is notable given that 2/3 of callers reported that they were experiencing moderate levels of distress.

Program Maintenance and Evaluation

What is the availability of qualified psychologists who can move into these roles? What is the risk that positions will go unfilled?

With over 1400 Psychologists in B.C., it is expected that these positions (equivalent to 4% of total B.C. Psychologists) would be desirable to Psychologists currently in private practice due to their flexible contracts, competitive wages, relationship with UBCO, and team-based care. Integrated and team-based primary care is increasingly a target work area for Psychologists, especially those working in private practice, as they tend to be generalists (i.e., work with clients with a wide range of concerns across the lifespan). As part of the advocacy campaign for this proposal, the B.C. Psychological Association (BCPA) has formed relationships with many PCNs that have expressed eagerness to begin this program. Meetings with BCPA members have demonstrated there is sufficient interest amongst Registered Psychologists to begin hiring, training, and embedding PCPsychs almost immediately once this program is approved.

Have key performance indicators for the PCPsych's been developed/selected and will they be tracked?

Yes. As integrated primary care including Psychologists has been researched and developed over several decades, key performance indicators (KPIs) are already available. For our program currently working in Burnaby (BWell), KPIs include: changes in levels of anxiety, depression, physical activity, weight, and life satisfaction. In the near future we hope to expand to include healthcare utilization (e.g., number of ER visits, number of visits to specialists and Family Doctors), sick days and disability leaves, and hospitalizations. As well, part of the implementation of this program at UBCO will involve a committee with key stakeholders. This committee will be able to review and make recommendations regarding the evaluation plans across time.

How does this model differ from working for a health authority?

This is a Service Contract, meaning the Psychologists will be independent contractors and not employees of the health authority. The health authority will be the other party to the contract and the contract administrator. The contract will allow the psychologist to join an established clinic/practice or establish their own group practice. A Practice Agreement will also be in place for the PCPsych and the clinic to establish further details.

Will the PCPsych program mean that it is harder to fill health authority (i.e., unionized, employee) positions?

No. Psychologists interested in joining a PCN will likely be those currently in private practice. Health authority positions tend to recruit Psychologists who have developed very specific areas of specialty (e.g., early psychosis intervention, pediatric medical psychology, acute rehabilitation). These positions are also attractive to those seeking pension, benefits, job security, and other union membership advantages. Psychology in a private practice is a much closer parallel to primary care psychology, both in terms of the clinical work skills required and the way compensation is provided.

Conclusion

We ask that the B.C. government approve the PCPsych program. As outlined above, once funding from the government is secured, we can immediately begin working with each PCN to understand their needs and current gaps and start the process of recruitment of Psychologists. Certified Psychologists could begin to be embedded into PCNs within months with tangible data outputs reportable back to the government annually, and with a full summary of implementation outcomes at 36 months.

COVID-19 has shown us what this government is capable of when faced with public health crises. The response to COVID-19 has been quick, collaborative, and effective. The mental and behavioural health needs of British Columbians is the next pressing problem and we believe this government's leadership can address it. By approving this program, together we would be ensuring that the legacy of this government will be one of progress, care, and based on science. The above is a concrete, actionable plan that allows the government to provide immediate relief to those most in need by highly trained and Regulated Psychologists, while also establishing a sustainable model for training the next generation of health care providers.



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Irving K. Barber Faculty
of Arts and Social Sciences
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Acknowledgements

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Appendix A

Financial Breakdown

	First Year 2022-2023	Second Year 2023-2024	Third Year 2024-2025	Total
<p>For Program Development, Implementation, Training, Support, Administration & Evaluation by UBCO</p> <p>Including, but not limited to: Full Time Project Manager, External Consultants, Full time clinical faculty for training, Leadership and Training Summit, HR and PCN Relations Manager, Research & Evaluation Component, Systems-wide assessments, CE trainings for Physicians and Psychologists, Liaison between PCNs and PCPsychs, and Student Learning and Practicum Training Supports.</p>	\$3,000,000	\$2,000,000	\$2,000,000	\$7,000,000
<p>PCPsychologist Salary</p> <p>1st Fiscal Year: Assumes (20 psychologists x 2 days/week x 7.5 hours/day x \$150/hour x 43 weeks) + (20 psychologists x 2 days per week x 7.5 hours/day x \$150/hour x 30.5 weeks) + (10 psychologists x 2 days per week x 7.5 hours/day x \$150/hour x 13 weeks)</p> <p>2nd Fiscal Year: Assumes 50 psychologists x 2 days/week x 7.5 hours/day x \$152/ hour x 52 weeks</p> <p>3rd Fiscal Year: Assumes 50 psychologists x 2 days/week x 7.5 hours/day x \$154/hour x 52 weeks</p>	\$3,600,000	\$5,928,000	\$6,006,000	\$15,534,000
<p>Overhead Costs to Primary Physicians Offices</p> <p>1st Year: Assumes (20 psychologists x 2 days/week x \$300/day x 43 weeks) + (20 psychologists x 2 days per week x \$300/day x 30.5 weeks) + (10 psychologists x 2 days per week x \$300/day x 13 weeks)</p> <p>2nd Year: Assumes 50 psychologists x 2 days/week x \$315/day x 52 weeks</p> <p>3rd Year: Assumes 50 psychologists x 2 days/week x \$325/day x 52 weeks</p>	\$960,000	\$1,683,000	\$1,690,000	\$4,333,000
Total	\$7,560,000	\$9,611,000	\$9,696,000	\$26,867,000

Appendix B

Timeline of BCPA Advocacy Leading to the Present PCPsych Proposal

BCPA & UBCO provide public support to work with Minister Darcy and MMHA increase psychological services to residents of B.C.

March 2020

BCPA & UBCO partner to set up a free call line to front line workers and then all residents of BC

April 2020

Over 250 Psychologists volunteer to take over 1000 calls across 4 months. A summary of the call line and proposed next steps document was submitted to MMHA in June (100% funding provided by UBCO)

UBCO agrees to expand their walk in wellbeing clinic services (virtually) to all residents of BC

June 2020

Patients had access 2-days a week to mental health services, free of charge, with no referral, provided by doctoral students in Clinical Psychology, with a Registered Clinical Psychologist providing real-time supervision (100% funding provided by UBCO)

BCPA & UBCO partner to provider Kelty's Key: an on-line therapist assisted treatment program

Due to the continued lock-down and need for active treatment, not just psychological first aid, we hired an adjunct faculty member to oversee the program and enrolled graduate students from UBCO, SFU, UVIC, and UBCV that were interested in this unique clinical training experience (100% funding provided by UBCO)

A 12-month temporary pilot for residents of BC to receive short-term access to Registered Psychologists is proposed

July 2020

Press release from the Green Party. Several question periods in government related to the proposal are discussed

Call with Burnaby Primary Care Network and Minister Darcy's Team on Integrated Primary Care

Minister Darcy, Dr. Baldev Sanghra, Dr. Lutes, and several MLAs are on a call discussing community based care - writ is dropped for the election during the call and communication is ceased.

2 meetings with ADM at MMHA
Sought updates on meeting and progress on proposal

October 2020

Launch of "Therapy Is Medicine Too Campaign"

Consisted of town halls, in camera presentations, media interviews, and meetings with MLAs

March 2021

Press Release Regarding Request for Immediate Funding

MMHA reaches out to express interest in ongoing dialogue
Doctors of BC President Matt Chow also contacts MMHA saying they would like to meet to find ways to increase access to Psychological therapy with BCPA and MMHA

April 2021

BCPA submits a request to present to the 2022 Budget Committee

June 2021

BCPA presents to the 2022 Select Standing Committee on Budget

Sept 2021

Dr. Lutes makes a 5-minute oral presentation, followed by a Q&A to the committee on behalf of BCPA and subsequently submits a written proposal

OP ED published in the Vancouver Sun:

Psychologists Save Lives and Money

October 2021

Meetings with MLAs and Government Officials in the BC Legislature
Which included a meeting with Honourable David Eby, Attorney General

Submission of the PCPsych Program Proposal

November 2021

Lesley Lutes is a Professor, Director of Clinical Training, and the Director of the Centre for Obesity and Well-being Research Excellence at the University of British Columbia | Okanagan Campus. She is also the Co-Director, Public Advocacy, at the B.C. Psychological Association (BCPA).

Erika Penner is a Registered Psychologist and co-director of Public Advocacy at the BCPA.

Simon Elterman is a Registered Psychologist at the Hope to Health Research & Innovation Centre (B.C. Centre for Excellence in HIV/AIDS). He is also a member of the BCPA Advocacy Committee and sits on the BCPA Board of Directors.



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For further information, please contact Alexina Picard, Executive Director at the B.C. Psychological Association at alexina.picard@bcpsychologists.ca

Executive Summary

The Primary Care Psychologist (PCPsych) Program

Working in integrated teams with multiple specialized healthcare providers has increasingly become a cornerstone of medical treatment. Whereas different disciplines used to be siloed, modern healthcare is more integrated, team-based, comprehensive, and patient-centred.

The B.C. government has done a commendable job creating an infrastructure in which these kinds of patient-care systems can thrive. For example, the development of the

Primary Care Network program in 2017 was a significant step forward in helping improve the health and well-being of British Columbians. Primary care is the central hub where the vast majority of British Columbians go for most of their health-related problems, whether physical, mental, or behavioural. Fortifying this system allows British Columbians to address their problems early, before needing to go to urgent, emergency, or specialty care. Providing team-based care in the primary care system increases the quality and effectiveness of that system and also creates more equitable access to services.

Since the COVID-19 pandemic began, 'diseases of despair' such as suicide and overdose have become central in the discussions of the welfare of British Columbians. Since March, 2020, 2092 people have died from COVID-19 in British Columbia. In that same time period 2600 people have died from suicide and overdose. Trends in healthcare data also show that chronic disease is a huge driver of unwellness in our population. In B.C., we have universal access to high quality medical care. Yet, rates of diseases such as obesity, diabetes, hypertension, and cardiovascular disease are still incredibly high. The actions that we take to change our health such as improvements in exercise, diet, sleep, and taking our medications are what we call 'behavioural health' and fall under the umbrella of chronic disease management in the healthcare system.

When rates of physical and mental unwellness are high and increasing, as they are now, it takes an enormous emotional toll on our overburdened healthcare workers and an equally great financial toll on our healthcare system and economy. This is why primary care is so important: by targeting the service that British Columbians use first, we can use healthcare dollars much more effectively. By intervening upstream, we save money downstream both in healthcare and in our economy overall.

Psychologists are experts in behavioural health management as well as mental health treatment. With over 3,000 hours of graduate level classes, training, and research, psychologists are skilled in clinical work (assessment, diagnosis, treatment) as well as program development, supervision of other allied health professionals, and program evaluation. Moreover, as regulated health professionals under the Health Professions Act, we have minimum standards of training, must maintain continuing education and assessment, and are accountable to the public through our independent regulatory body.

In order to better address the issues outlined above in an evidence-based way, the B.C. Psychological Association (BCPA) and the University of British Columbia's Okanagan campus (UBCO) are proposing the Primary Care Psychologist (PCPsych) program. The PCPsych program relies on over two decades of research demonstrating the effectiveness and cost-savings of having Psychologists working side-by-side with family doctors. It also capitalizes on the knowledge, infrastructure, and training abilities of UBCO's Clinical Psychology program. This proposal requests that the government work in partnership with UBCO to hire, train, and embed 20 full time equivalent (FTE) Psychologists within the Primary Care Networks (PCNs) in our province over the next 3 years.

PCPsychs will be an integrated part of the care team providing care to patients with complex medical, mental and behavioural health needs. This includes direct, on-demand (often same-day) patient consultations for brief (15-30 minute) visits for a wide range of issues including chronic medical condition management, diagnostic assessments, and mental health treatment. These brief treatments have been vigorously studied and outcomes consistently include high levels of patient and physician satisfaction, a decrease in mental health symptoms, improvement in physical health indicators (e.g., diet, exercise), and lower healthcare utilization.

The PCPsychs will be able to implement and evaluate programs within the PCNs and monitor outcomes to assess whether patients are receiving optimal mental and behavioural health treatment. The robust training PCPsychs have in clinical supervision, including supervision of regulated and non-regulated health professionals, is an additional key advantage.

In September 2021, BCPA presented to the 2022 Select Standing Committee on Finances and Government Services regarding a request for dedicated funding to integrate Psychologists into Primary Care Networks. Subsequently, at the request of several Members of the Legislative Assembly, including Sonia Furstenau, Harwinder Sandhu,

Janet Routledge, Renee Merrifield, Henry Yao, Gary Begg, Trevor Halford,

and the Honorable David Eby, Attorney General, the BCPA submitted a 17 page proposal to the government detailing the PCPsych Program on November 23, 2021; the proposal requested that the 2022 Budget

include dedicated funding to initiate and implement the PCPsych program.

The BC government's next budget is expected to be tabled in April of 2022.



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