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Association of Medicine and Psychiatry

Promoting Education, Mentorship, Research & Quality Patient Care At The Interface of Medicine and Psychiatry

Association of Medicine and Psychiatry

The Value of Combined Training in

Medicine and Psychiatry

For Healthcare Reform

Readership

This statement is intended for healthcare administrators and employers, academic department chairs and faculty, medical educators, students considering careers that integrate medicine and psychiatry.

The Association of Medicine and Psychiatry

The Association of Medicine and Psychiatry (AMP) is dedicated to the provision of comprehensive care for the complex patient. This means preventive care, chronic illness management, and acute care for high complexity patients, usually with comorbid medical and psychiatric illnesses. AMP accomplishes this mission by helping clinicians cultivate careers that integrate medicine and psychiatry. One pathway to a career in integrated care is combined training in medicine and psychiatry.

Combined Training Programs

Currently among physician residency programs there are four types of programs that combine psychiatry with a) internal medicine, b) family medicine, c) pediatrics, and d) neurology. The value of combined programs for physicians applies equally well to combined programs for nurse practitioners and physician assistants.

Healthcare Reform

Because escalating healthcare costs contribute more than any other single factor to the current budget crisis in the United States, we can expect a major shift during the next five years in how healthcare services are reimbursed [cite

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Emmanuel, E, and others]. The current fee-for-service model will give way to population-based care, paid for by capitation and pay-for-performance systems.

Healthcare reform requires that improvements meet three criteria: 1) better outcomes, 2) better quality of care, and 3) lower costs.

As the incentives for healthcare providers shift toward managing risk and investing in prevention, the most valued clinicians will become those who most effectively manage the most expensive patients.

Top 10%

Who are the most expensive patients? In most healthcare systems 10% of patients consume around 66% of the healthcare dollar [cite AHRQ]. This costly 10% are the high complexity patients with comorbid chronic medical and psychiatric conditions, such as diabetes and depression, substance abuse and heart disease, anxiety and obesity [cite Kathol]. Under the current system of care, excessive costs for the top 10% have been traced to preventable early readmissions, extended lengths of hospital stays, and delirium [cite Kathol?]. Comorbid depression nearly doubles the cost of managing a chronic illness [cite Katon].

The Value of Combined Training

For Healthcare Systems

Board-certified clinicians in both medicine and psychiatry are best qualified to provide integrated care and to redesign services to provide services to improve the quality of integrated care. Specifically, clinicians with combined training in medicine and psychiatry are best able to reduce lengths of hospital stays, prevent early readmissions, and prevent delirium, all of which contribute to substantial cost savings and improved clinical outcomes.

For Medical Educators

Combined training programs establish the framework between departments of medicine and psychiatry for interdisciplinary collaboration in teaching, patient care, and research. The presence of faculty and trainees who daily work in both medicine and psychiatry challenges the rest of the academic team to broaden its turf and consider novel approaches that may be common in the other discipline.

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For Trainees

Combined training in medicine and psychiatry is a valuable investment for those who plan to practice, teach, and/or do research along the interface of medicine and psychiatry. Common practice settings that capitalize on this value include primary care clinics with integrated mental health services (some patient-centered medical homes, federally qualified health centers), mental health centers that also provide primary care, medical psychiatry inpatient units (also called complexity intervention units), psychiatric consultation services, pain clinics, substance abuse treatment centers, to name a few.