



Virginia Joint Commission
on Health Care



Commonwealth's Efforts to Recruit and Retain Psychiatrists

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Background

- Senator Houck and Delegate Hamilton requested, that as part of its 2008 Workplan, JCHC report on:
 - ▶ the availability of psychiatrists in Virginia, their role in emergency custody orders (ECOs), temporary detention orders (TDOs) and involuntary commitment hearings, and
 - ▶ methods to increase the recruitment and retention of psychiatrists including, but not limited to, the expansion of financial incentives, scholarships and fellowships at the Commonwealth's schools of psychiatry.



Role of Psychiatrist in Involuntary Civil Commitment Process

- As indicated in our presentation to the BHC Subcommittee in August, psychiatrists play a much bigger role in the involuntary commitment process.
 - ▶ If an individual is committed to outpatient treatment (rather than to an inpatient treatment facility), then psychiatrists play a major role in the treatment plan, than in ECOs and TDOs.
 - ▶ Mandatory Outpatient Treatment (MOT) requires:
 - Ordered treatment must be deliverable on outpatient basis by Community Services Board (CSB) or designated provider
 - ▶ Services must be available in community, and
 - ▶ Providers of services must agree to deliver the services.



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Shortage of Psychiatrists in Virginia

- As of December 2005, the American Medical Association (AMA) reported:
 - ▶ 1,261 psychiatrists in Virginia, or 2.6 per 10,000 people statewide
 - ▶ 216 child psychiatrists, or 1/10,000.
 - The Psychiatric Association of Virginia estimates this number to be much smaller.
 - ▶ 7 localities accounted for the half of the solo or primary practice psychiatrists:
 - Fairfax County, Henrico County, Albemarle County, City of Richmond, City of Virginia Beach, City of Charlottesville and City of Norfolk
 - ▶ 47 localities did not have any psychiatrists
 - ▶ 87 localities did not have any child psychiatrists.

*Source JLARC report, "Availability and Cost of Licensed Psychiatric Services in Virginia." Senate Document No. 19 (2007)



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Effects of Shortage of Psychiatrists

- Shortage affects the availability of services:
 - ▶ “On the inpatient side:
 - additional psychiatric beds cannot be opened unless there are psychiatrists available and willing to staff them.
 - ▶ On the outpatient side:
 - the shortage affects licensed hospitals because individuals in need of services cannot find them in the community and turn to Emergency Departments.”
 - Mandatory Outpatient Treatment (MOT) cannot be utilized unless psychiatrists in the community are available and willing to provide services.
 - ▶ As indicated in the Inspector General’s 2007 report, shortages result in long waits before seeing CSB psychiatrist:
 - On average, an adult would have to wait 24 days to see a psychiatrist and a child would have to wait 30 days.
 - For consumers receiving emergency services, the wait time decreased to 14 days for adults and 16 days for children.

*Source JLARC report, “Availability and Cost of Licensed Psychiatric Services in Virginia.” Senate Document No. 19 (2007)



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Causes of Shortage of Psychiatrists

- Reimbursement Issues
 - ▶ Medicaid reimbursement rates are lower than the rates paid by Medicare and private insurance.
- Geographic concerns
 - ▶ Shortage is not consistent statewide – difficulty attracting psychiatrists to rural areas.



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Efforts to Address the Shortage of Psychiatrists

- Use of other mental health professionals to address unmet need.
- Virginia Department of Health Initiatives
 - ▶ Designation of Mental Health Professional Shortage Areas
 - ▶ J-1 Visa Waiver Program
 - ▶ National Interest Waiver Program
 - ▶ Loan Repayment Programs
- Virginia DMHMRSAS Initiatives
 - ▶ Telepsychiatry
- 4 Child psychiatry fellowships and 4 child psychology internships established
 - ▶ One unfilled internship was eliminated to help address the current budget issues.



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Internet Address

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<http://jchc.state.va.us>

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