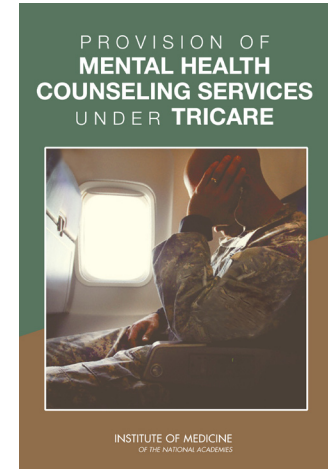


For more information visit www.iom.edu/tricarementalhealth

Provision of Mental Health Counseling Services under TRICARE



Serving in the military can have lingering effects on service members and the families that support them, sometimes resulting in physical and mental trauma. Service members report exposure to a wide range of traumatic events, with one study indicating that half of those deployed to Iraq or Afghanistan had a friend who was killed or seriously wounded. War fighters are vulnerable to a range of complex and sometimes difficult-to-diagnose conditions, such as posttraumatic stress disorder and traumatic brain injury that may not be recognized until months or years after the precipitating event.

The Department of Defense's (DoD) health care benefits program, TRICARE, serves all of the uniformed services and their families—a population comprising more than nine million beneficiaries. The mental health care needs of this population are large and diverse, requiring a skilled group of professionals to diagnose and treat a variety of disorders. Such needs are met by a set of professionals with varied education, training, and expertise. They include mental health counselors, who—like clinical social workers, marriage and family therapists, and psychiatric nurse specialists—typically hold masters degrees and are obligated by state licensure and other requirements to have demonstrated clinical experience in order to practice. Under current TRICARE rules, mental health counselors are required to practice under a physician's supervision, and their patients must be referred to them by a physician in order for their services to be eligible for reimbursement. This requirement distinguishes them from some other mental health professionals, who practice without such restrictions.

In the National Defense Authorization Act for Fiscal Year 2008, Congress requested that the Institute of Medicine (IOM) convene a committee to exam-

The mental health care needs of the TRICARE beneficiary population are large and diverse, requiring a skilled group of professionals to diagnose and treat a variety of disorders.

ine the credentials, preparation, and training of licensed mental health counselors. In this report, sponsored by DoD, the IOM committee makes recommendations for permitting counselors to practice independently under the TRICARE program. In addition, the committee recommends that TRICARE implement a comprehensive quality management system for all of its mental health professionals.

Education, Licensing, and Clinical Experience Requirements

Educational experience, licensure, and clinical experience are essential to establishing whether a professional is prepared to practice. In a 2006 report to Congress on mental health care in the military health system, DoD expressed concern that training programs, licensure, and clinical experience requirements for counselors varied among the states and educational institutions and that not all mental health counselors were adequately prepared to practice independently. However, the IOM committee found that the coursework required by mental health counseling programs accredited by the Council for Accreditation of Counseling and Related Educational Programs also help prepare counselors to serve as independent practitioners. Similarly, the committee determined that the National Clinical Mental Health Counselor Examination, which is required to obtain some state practice licenses, tests for the experience and competencies needed by independent practitioners.

The committee could not identify any evidence that distinguishes mental health counselors from other classes of practitioners in ability to serve in an independent capacity or to provide high quality care consistent with their education, licensure, and clinical experience. Instead, its research pointed to the need for a quality management system that ensures that TRICARE beneficiaries who receive care from all mental health

practitioners will receive the proper diagnosis of and treatment for disorders.

Quality of Care Research

According to DoD, the supervision and referral requirements for mental health counselors are designed to ensure that the quality of care delivered to TRICARE beneficiaries is not compromised by differences in scope of training and experience. However, in the 2006 report to Congress, DoD noted that physician oversight of counselors' clinical work "occurs predominantly on paper" and "is difficult to ensure to any great degree."

A previous IOM report, *Improving the Quality of Health Care for Mental and Substance-Use Conditions: Quality Chasm Series*, indicated that there are serious deficiencies in the health and behavioral health infrastructure that affect quality of care throughout the United States. The report highlighted the need for a well-functioning health care system that collects new knowledge and disseminates the clinical information required to deliver high quality patient care. Other IOM reports suggest that the best way for health care providers such as TRICARE to deliver high quality care is by setting appropriate standards of education and training for providers and then promoting evidence-based care standards and the monitoring of results.

Recommendations

In light of the information that it gathered and reviewed, the committee recommends that TRICARE replace its current quality management system for oversight of the practice of counselors through physician referral and supervision with a mental health quality monitoring and management system that incorporates the following two criteria:

The committee could not identify any evidence that distinguishes mental health counselors from other classes of practitioners in ability to serve in an independent capacity or to provide high quality care consistent with their education, licensure, and clinical experience.

1. Independent practice of mental health counselors in TRICARE in the circumstances in which their education, licensure, and clinical experience have helped prepare them to diagnose, and where appropriate, treat conditions in the beneficiary population. These circumstances comprise:

- A master’s or higher level degree in counseling from a program in mental health counseling or clinical mental health counseling that is accredited by the Council for Accreditation of Counseling and Related Educational Programs.
- A state license in mental health counseling at the “clinical” or the higher or highest level available in states that have tiered licensing schemes.
- Passage of the National Clinical Mental Health Counseling Examination.
- A well-defined scope of practice for practitioners.

The committee notes that counselors who do not meet these proposed requirements should still be allowed to practice within the system to maintain the continuity of care, and that TRICARE should consider conducting supervision of such professionals using a scheme that provides for successively greater levels of independent practice as experience and demonstrated competence increase.

2. A comprehensive quality management system for all mental health professionals. This system should include:

- Well-defined scopes of practice and clinical privileging of all TRICARE mental health providers consistent with their professional education, training, and experience.
- Promotion of evidence-based practices for treatment of conditions and monitoring of results.
- Focused training in the particular mental and related general medical conditions that are present in the TRICARE beneficiary population, and in military cultural competence.
- A systematic process for continued professional education and training to ensure continuing improvement in the clinical evidence base and accommodation of the changing needs of the TRICARE population.
- Development and application of quality measures to assess the performance of providers.
- Systematic monitoring of the process and outcomes of care at all levels of the health care system and application of effective quality improvement strategies.

Scopes of practice for all mental health providers should be based on an assessment of the competencies necessary to address the mental health needs of the TRICARE beneficiary population



Committee on the Qualifications of Professionals Providing Mental Health Counseling Services under TRICARE

George J. Isham (Chair)
Medical Director and Chief Health Officer, Health Partners, Inc., Bloomington, Minnesota

Kathryn K. Basham
Professor, Smith College School of Social Work, Northampton, Massachusetts

Alisa B. Busch
Assistant Professor of Psychiatry and of Health Care Policy, Harvard Medical School and McLean Hospital; Director of Integration of Clinical Measurement and Health Services Research, McLean Hospital, Belmont, Massachusetts

N. Emmanuel G. Cassimatis
President and CEO, Educational Commission for Foreign Medical Graduates, Philadelphia, Pennsylvania

John H. Moxley III
Independent Consultant, Solvang, California

Harold A. Pincus
Director of Quality and Outcomes Research, New York Presbyterian Hospital, New York, New York

Theodore P. Remley Jr.
Professor and Batten Endowed Chair in Counseling, Department of Educational Leadership and Counseling, Old Dominion University, Norfolk, Virginia

Phyllis W. Sharps
Professor and Chair, Department of Community Public Health Nursing, Johns Hopkins University School of Nursing, Baltimore, Maryland

Roy A. Swift
Senior Director, Personnel Credentialing Accreditation Programs, American National Standards Institute, Washington, DC

Vilia M. Tarvydas
Professor, Counseling, Rehabilitation, and Student Development, College of Education, University of Iowa, Iowa City, Iowa

Consultant

Rhonda J. Robinson Beale
Chief Medical Officer, OptumHealth Behavioral Solutions, Glendale, California

Study Staff

David A. Butler
Senior Program Officer; Study Director

Jessica L. Buono
Research Associate (until August 2009)

Sarah Gaillot
Christine Mirzayan Science and Technology Policy Fellow

Tia S. Carter
Senior Program Assistant

Pamela Ramey-McCray
Administrative Assistant

Frederick (Rick) Erdtmann
Director, Board on the Health of Select Populations and Medical Follow-up Agency


Norman Grossblatt
Senior Editor

Study Sponsor

The Department of Defense

and should include the types of patients that can be seen, the settings in which they can be seen, and the interventions and populations (including pediatric, adolescent, and geriatric patients) in which the practitioner has demonstrated competency.

Conclusion

Our nation's service members and their families have significant mental health services needs. In order to ensure that they receive the appropriate diagnosis and treatment, TRICARE should assure that all mental health providers, including counselors, are provided with a practice environment that facilitates high quality care through appropriate scopes of practice, education on the particular problems and needs of the patient population, promotion of evidence-based practices, monitoring of outcomes, and application of quality improvement strategies. As part of that quality management system, counselors should be allowed to practice independently when their education, training, and clinical experience have prepared them to meet the needs of the TRICARE beneficiary population. 

INSTITUTE OF MEDICINE

OF THE NATIONAL ACADEMIES

Advising the nation/Improving health

500 Fifth Street, NW
Washington, DC 20001

TEL 202.334.2352

FAX 202.334.1412

www.iom.edu

The Institute of Medicine serves as adviser to the nation to improve health.

Established in 1970 under the charter of the National Academy of Sciences, the Institute of Medicine provides independent, objective, evidence-based advice to policy makers, health professionals, the private sector, and the public.

Copyright 2010 by the National Academy of Sciences. All rights reserved.