



Addressing the shortage of psychiatrists

The shortage of psychiatrists and psychiatric nurse practitioners is well understood. The best way, and perhaps the only way, to attract qualified psychiatrists and psychiatric nurse practitioners from other states and medical schools is with attractive compensation. [New York State must increase Medicaid rates for psychiatry.](#) Telepsychiatry only eliminates travel time, not a material improvement in capacity. The Commonwealth Fund reports 84% of US primary care physicians said they are not prepared for managing care of patients with severe mental health problems. Cross-training primary care physicians may help on the fringe, but, outcomes will be marginal without best-practice combined psychotherapy and meds. In my experience, primary care docs who prescribe without a complete assessment can do more harm. Take a domestic violence victim who appears depressed to her doctor. An anti-depressant medication will only make her feel better about being physically abused, perpetuating the trauma to herself and perhaps to her children. Also, many older baby-boom aged physicians are choosing retirement or retainer reimbursements over implementing EMR, meaningful use, and PCMH. The shortage will get worse before it gets better. I urge the PPS leaders to advocate for Medicaid rates that will attract psychiatrists to New York State and Western New York. Mental Health Clinics treat our most serious and chronically mentally ill residents. Clinics are the backbone of the state's mental health system. Clinics should have the means to attract the best psychiatrists.  
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Message by [Jerry Bartone](#) 0  
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There is also a shortage of psychiatrist in the rest of the country. It would be great if this became a national issue our country addressed. We need to figure out how to get more med students interested in psychiatry. With limited resources I'm wondering where everyone else thinks money would be best spent to address this critical issue.

By [Heather Bradley](#), 2 months ago 0

Increasing compensation for any specialty will enhance the attractiveness of that specialty to medical students. The focus of transformation efforts, however, has been to reduce, not increase, costs overall. How much would would higher compensation for psychiatry cost and what impact would it have on the Medicaid cap?

By [Vito Grasso](#), about 1 month ago 1

As we reasonably and legitimately discuss increasing compensation for all providers would it also be reasonable to consider accountability and better patient outcomes as part of that conversation? It seems that our objective is to improve clinical outcomes, providing better care to our patients of all types. For example, in NC obstetricians are paid "almost" commercial rates for Medicaid patients; however, they are expected to perform at a higher measurable level. The result has been better care for all patients from all payers. NICU costs have moderated. Could we expect a similar result with psychiatry? Clearly such a process would bring a high level of professional satisfaction along with better patient outcomes.  
C. Gray, MD

By [Craigian Gray](#), 29 days ago 0

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