

Legislative Committee Meeting  
9/30/15  
Pocatello, Idaho

Legislators:

Thank you for the opportunity to address this committee. My name is Carmen Babb. I hold a Master's degree in Counseling and I currently own and operate Psychiatric Services Behavioral Health Clinic in Twin Falls. The clinic has been open since February 2001. It was originally an outpatient mental health clinic, offering medication management, psychosocial rehabilitation and counseling. I purchased the clinic October 1, 2011 and in the past four years have added family medicine and outpatient drug and alcohol treatment. Psychiatric Services is now the only clinic in the entire state of Idaho that offers all the services we offer, under one roof.

I understand that it is the responsibility of this committee to oversee contracts for the State of Idaho. The decisions made by this committee affect me in that the State is currently contracted with United Behavioral Health dba Optum, which is the payer for Medicaid for behavioral health patients. I **have** to work with Optum to provide services for my Medicaid patients.

My clinic has been profitable in years past, however since the arrival of Optum, I have experienced a sharp decline in services and income. I would like to review issues with you that I have found with the Optum contract that directly affect my business. I believe these will expose problems with the contract itself, as well as problems with the responsibility of the Department of Health & Welfare to monitor this contract.

I have a copy of the current contract and I have read through the first half, marking and flagging areas of concern. I have only reviewed the first half because of time constraints but a cursory reading of this contract was sufficient to pinpoint my areas of concern. Obviously, we do not have time to review every concern, so I have chosen a couple to highlight for you.

I ask that you please bear with me as I review specific areas of this contract in an effort to expose problems with the process this state currently has in regards to contracts in general.

First, Optum is non-compliant with this contract and the Department of Health & Welfare has the obligation to monitor with consequences and has failed to do so. Beginning on page 6 of 11 regarding Monitoring Process the contract describes the purpose of performance monitoring and continues with "Failure to

meet the thresholds established for performance monitors constitutes breach of the contract and will initiate remedial action.” The Department reserves the right to remedial action and liquidated damages against Optum for noncompliance however they routinely failed to act in this manner after numerous statewide violations of this contract have been reported to them by providers. I believe remedial action, is long overdue.

Second, on page 5 under Performance Indicators, Access to Care is listed as “Critical” with a 100% Threshold. Access to care is addressed in detail beginning on page 12 of 61 but my focus is on page 18 of 61 area number 4. The contract clearly states that the contractor shall: “Increase access to family and community-based services and reduce reliance on higher cost services.” At this time, children’s services are being denied across the board and yet on page 9 of 61 of this same contract Optum is required to include “specific attention to behavioral health services needs of very young children.” Again, I believe this is a DIRECT VIOLATION of the contract due to denying services without reason rather than increasing these services. This sheds light on the process once again in that I have to question who wrote this into this contract. I have tried to follow the process from idea, to contract, to RFP, to final purchase order and I am unable to do so.

Overall, our services are down by about 30% since Optum came to Idaho. I would like to take this opportunity to cite some examples of what providers have experienced in regards to children’s services and Optum denials. Some examples include: teen boy takes a knife to his mother, Optum refuses treatment; teen girl attempts suicide, Optum refuses treatment; young girl attempts to hang herself, Optum refuses treatment; we applied for services four times for a young girl, denied every time, but during the phone conversation I had with Optum staff, I was told that I must not apply for services again, but if this child’s mother does not do more for her child, Optum wants me to turn her in to Child Protective Services for medical neglect!!! It is not the mother who is being neglectful! It is Optum, denying services in direct violation of their contract. Where is the monitoring??

Third, I have concerns with the time it takes to set up applicants for Intake and Assessment and the lack of Optum to reimburse this time. Intake and Assessment issues are classified as Essential with a Threshold of 95%. The current process to apply for some services for our patients, can take anywhere from 3-6 hours to complete Optum’s required assessments, treatment plans and templates. Less than half that time is reimbursed by Optum. If we are applying

for children's services as stated earlier, we are routinely denied. In the contract under "Scope of Work" on page 2 of 61 section 6, it clearly states that Optum "shall not arbitrarily deny or reduce the amount, duration, or scope of a required service solely because of diagnosis, type of illness, or condition of the Member." I was told by Optum staff that any child with ADHD will be denied which is a DIRECT VIOLATION of the contract. If we are applying for adult services we still have to wait for the authorization which can take weeks to obtain from Optum.

Fourth and my last example, relates to page 26 of 61 of this contract where the Treatment Planning process is addressed. It clearly states in Section B2, that "the plan of care is developed according to the Member's choices regarding his or her recovery." The fact is, our patients are not given a choice by Optum. I have had cases where Optum has stated that if the patient does not receive medications and counseling, they will not get other services. In many cases, the patients do not want to take medications or they do not want counseling, but if they do not comply with Optum's dictatorial requirements, they get nothing. Again, this is a DIRECT VIOLATION of the contract.

As you can see, I have addressed only four of many areas of concern, pointing out what I believe are contract violations. If there was more time, I could point out many more but I want to focus on the contract process. At this time, we don't have a policy and procedure to monitor this contract, as evidenced by the examples I have given. With this contract we are paying Optum staff to do what state employees did. We have not saved money.

Because of these problems with Optum, I did some research regarding Optum that I would like to share with the Committee. Optum was contracted by the State of New Mexico to manage its behavioral health system from 2010 – 2013. During that time, Optum was fined by the State of New Mexico for delinquent processing of provider claims and unilaterally imposing limits on services providers could deliver. Criminal charges were filed against Optum's compliance officer for ordering the destruction of documents so their appeals and grievance processing statistics would increase from 84% to 96%.

Optum has a history of non-compliance with their contracts and they are repeating that history at Idaho's expense. Optum is a multi-million dollar Fortune 500 company that is not good for the State of Idaho and their contract with this State should not be renewed. We could follow New Mexico or any other state in regards to their mental health system, but I would prefer to see Idaho lead in something. Why can't we take the lead and put together a mental health system that works for providers and patients?

As I prepared for this testimony, I contacted providers across the State and asked them for input. Many responded with sad stories about their plight with Optum. Clinics across the state are closing and/or preparing to close because they are not getting paid by Optum in a timely manner and services are being reduced exponentially all because of a poor quality contract. I have included a sheet with excerpts from a few of the letters. I hope you take time to read them.

I believe this contract with Optum is systematically destroying the mental health system in Idaho and I believe members of this committee have the option to change our current course by advocating for providers when it comes time to vote on the appropriations bill. Idaho should NOT renew the contract with Optum next year or any time in the future.

Lastly, I would like to let you know about a report from the Idaho Department of Labor regarding psychiatrists in our state. Idaho ranks 50<sup>th</sup> in the nation for psychiatrists per capita. Medicaid reimbursement rates are so low in our state that psychiatrists are not willing to come here. I know. I have been recruiting for several years. Psychiatrists are demanding large salaries that cannot be met by the current Medicaid reimbursement rates. Optum has informed us that we must have a psychiatrist oversee medication management and the contract states on page 12 of 61 under Access to Care section C1e, that Optum will ensure sufficient number of prescribers/psychiatrists are available in the state. We have entered a contract that is not enforceable. This report shows that we have 1 psychiatrist per 100,000 people. There is no way a physician of any kind can care for 100,000 patients. Optum has not provided psychiatrists for us so I am curious what the Department is doing about this part of the contract.

Due to my limited time here today, I have not mentioned, in detail the problems with Optum's contract in regards to their claims system, member enrollment, case management functions, complaint resolution and tracking system or the quality assessment and performance improvement program. All are concerns that are listed as Performance Indicators subject to remedial action and all are included in complaints filed by providers.

In summary, the contract process in this case has been a detriment to the state of Idaho. Value Options, BPA with Aetna and Optum were all prepared to bid on this contract. Value Options and Aetna dropped out of the process because they were presented with this contract which they said was not a good contract. That is when we should have started over.

Thank you for your time.

Legislative Committee Meeting  
September 30, 2015  
Carmen Babb, MA, ICADC  
Psychiatric Services BHC, Inc. 208-732-0995

Summary of Concerns:

- Monitoring Process – page 6 of 11 – “failure to meet the thresholds established for performance monitors constitutes breach of the contract and will initiate remedial action.” Remedial action is long overdue
- Performance Indicators, Access to Care – page 12 of 61 – “increase access to family and community-based services and reduce reliance on higher cost services.” – page 9 of 61 – “specific attention to behavioral health services needs of very young children.” - Example of direct violation
- Intake and Assessment – page 2 of 61 section 6 under Scope of Work – “shall not arbitrarily deny or reduce the amount, duration, or scope of a required service solely because of diagnosis, type of illness, or condition of the Member.” Intake and assessment process is lengthy and results in denials, most often – Intake and assessment time is only partially reimbursed – Across the board denials are a direct violation of the contract
- Treatment Planning – page 26 of 61 section B2 – “the plan of care is developed according to the Member’s choices regarding his or her recovery.” Fact is patients are not given a choice – Another direct violation of the contract
- New Mexico crisis is being repeated in Idaho at our expense and to the detriment of our patients
- Providers statewide are going out of business as a direct result of Optum’s failure to pay in a timely manner and their reduction of services
- Optum requires us to have psychiatrists to oversee medication management and yet the State does not have enough psychiatrists o care for its current population overall. This part of the contract cannot be enforced.
- Due to time limit was unable to go in to detail about other concerns: Optum’s claims system, member enrollment, case management functions, complaint resolution and tracking system or the quality assessment and performance improvement program. All concerns that are listed as Performance Indicators subject to remedial action and all are included in complaints filed by providers.
- PLEASE ADVOCATE FOR PROVIDERS TO NOT RENEW THE OPTUM CONTRACT WHEN YOU VOTE ON THE APPROPRIATIONS BILL

Legislative Committee Meeting  
September 30, 2015  
Carmen Babb, MA, ICADC  
Psychiatric Services BHC, Inc. 208-732-0995

Excerpts from a few provider's letters:

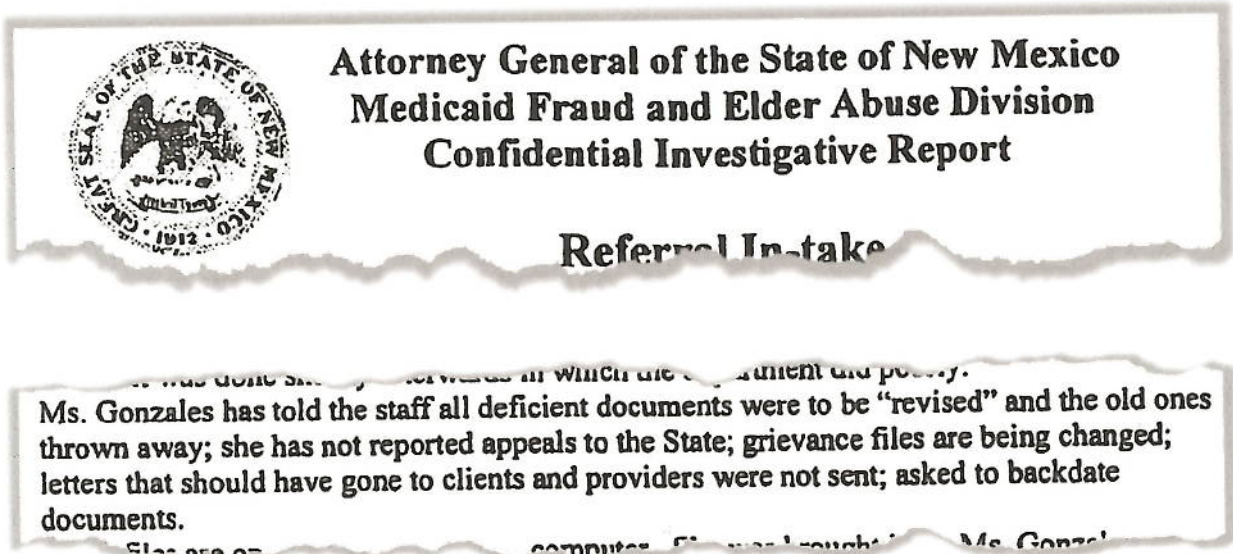
- "...we are a very small agency...haven't closed yet however it is coming closer...few clients and have not been paid regularly...had to take our personal money to make payroll...."
- "...one of my greatest fears...clinicians are stressed to the breaking point...stress of work weeks approaching 60 hours...more talk about leaving this field because they can't hold it all together any more...this dynamic seems to me to be a result of basic lack of understanding of mental health strengths and needs in Idaho..."
- "...business savings is gone...line of credit is maxed out...personal savings is gone...personal line of credit is maxed out...may have to close..."
- "...we are down four worker caseloads from two years ago...staff are at the end of their ropes with giving free time for the extra time it takes to coordinate care and complete assessment only to be denied....patients are being forced to go into counseling and don't want to be there...spent many hours with Optum due to a teen attempting suicide due to her mother's berating...Optum took her services..."
- "...I have a medium size agency and on the verge of closing my doors....Administrative burden is so overwhelming...payments are erratic and confusing and communicating with Optum billing support is meaningless....appeal process is a joke...spent over 30 hours a piece on 15 complaints/grievances and in every case they were dropped...I have stopped filling grievances....I am fighting a losing battle..."
- "...I am currently hanging on by a thread both financially and emotionally....services have been reduced by over 60% since Optum....I have gone from working 40 hours per week to over 60...I am drowning..."
- "...Optum is destroying the system in Idaho....we will have to close soon...I am in debt over \$60,000 and took a loan against my home!!"
- "...services decreased by about 35% and administrative costs increased by 80%...I have not had a single formal complaint resolved since Optum...we are consistently paid 15-25% less than what is owed...Optum owes over \$80,000 of which only \$9,000 is less than 30 days old..."

**This is from only eight providers I heard from statewide who have all said the same things....Optum is destroying our mental health system. I have heard from around 60 different providers statewide.**

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# ALBUQUERQUE JOURNAL

## AG: Behavioral health boss falsified records



The state Attorney General's Office investigated this complaint alleging criminal misconduct by the then-manager of OptumHealth New Mexico's compliance section in April 2011.

By [Colleen Heild / Journal Investigative Reporter](#)

Friday, October 10th, 2014 at 12:05am

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Back in 2011, employees of the private contractor managing the state's behavioral health system claimed their boss ordered them to destroy and falsify records of Medicaid clients who had filed appeals and grievances.

The alleged order came after OptumHealth New Mexico, which was paid up to \$40 million in administrative fees a year, received a poor score on a state-ordered compliance audit.

When the employees reported the improper practice to "upper management," they were referred back to the same supervisor who gave the orders to destroy and falsify records, according to a confidential investigative report obtained by the **Journal**.

After the alleged falsification, OptumHealth's audit score for appeals and grievance processing went from 84 percent, or "moderate compliance," to 96 percent, or "full compliance," according to state audit records.

Now, OptumHealth's former compliance manager in New Mexico is facing criminal charges.

The fraud allegations came to the attention of the state Attorney General's Office in April 2011.



The building housing OptumHealth New Mexico is on Horizon NE in Albuquerque. A former compliance manager for OptumHealth has been accused of Medicaid fraud. (Adolphe Pierre-Louis/Albuquerque Journal)

After a three-year investigation, a state grand jury on May 28 indicted Debra K. Gonzales, 59, on 10 counts of falsifying documents, a fourth-degree felony that carries a basic sentence of 18 months and a \$5,000 fine for each count. She has pleaded not guilty.

OptumHealth currently oversees only non-Medicaid behavioral health spending for the state after New Mexico redesigned its Medicaid program effective Jan. 1. But under OptumHealth's prior contract that ended in 2013, it oversaw both Medicaid and non-Medicaid spending – more than \$330 million a year.

Clients and providers had a right under the state contract to appeal when behavioral health services were denied or reduced. They could also file grievances if they were dissatisfied with the service.

Such appeals and grievances were processed by employees who reported to Gonzales, a 20-year veteran of health care management in New Mexico, according to online records.

#### **Records retrieved**

According to a search warrant executed by AG investigators at OptumHealth's Albuquerque office in April 2011, several employees – after being ordered to destroy appeals and grievance records and falsify new ones – retrieved the old records from the trash.

The employees also kept copies of the altered records, which had been changed to show OptumHealth was meeting required deadlines for processing appeals or grievances, the search warrant affidavit said.

The employees hid the incriminating documents in their office desks or cubicles, the AG's Office affidavit stated.

"This is not a run-of-the-mill case, for a number of reasons," said Patricia Tucker, acting director of the AG's Medicaid Fraud Control Unit.

She said the unit typically investigates overbillings or alteration of records involving individual firms or providers that treat Medicaid patients, "but not generally within a corporate office, certainly not within one of the managed care organizations. Not at that level."

At the time of employees' complaints, OptumHealth was in its second year of managing behavioral health treatment for the state and had already faced criticism of its performance.

Gonzales' attorney, Josh Ewing of the Freedman, Boyd and Hollander law firm in Albuquerque, told the **Journal** he wasn't "at liberty" to talk about the case.

According to AG officials, OptumHealth is paying for Gonzales' legal defense. Ewing questioned where the AG's Office got that information but didn't deny the assertion.

OptumHealth officials, meanwhile, didn't respond to a **Journal** request for comment.

#### **Probe 'complete'**

The grand jury indictment against Gonzales involves 10 cases and a time period from October 2010 to April 2011 – when attorney general investigators conducted a search of OptumHealth offices in Albuquerque.

Tucker, of the AG's Office, said she couldn't estimate how many records were altered or destroyed, or how many clients or providers were involved.

Tucker said the AG investigation "is essentially complete unless new evidence develops."

Asked whether others could be charged, Tucker said, "I can't talk about targets or potential targets who have not been indicted or charged."

OptumHealth was a key player in the controversial audit of behavior health providers statewide. Under its contract, OptumHealth was to monitor delivery and billings by providers to ensure against waste, abuse and fraud.

In that role, OptumHealth in 2012 helped trigger an audit that led to the state's decision to halt funding to 15 nonprofits that served the mentally ill and addicted.

Optum contended it found questionable billing practices involving the providers.

Human Services officials referred the 15 cases to the AG's Office for possible prosecution, but Tucker said that matter is unrelated to the current criminal charges against Gonzales.

Attorney General Gary King has refused to make the audit public because the matter is under investigation.



Over the years, some state lawmakers have been critical of OptumHealth's performance. In 2010, the vendor paid a \$1 million fine to the state for being delinquent in processing provider claims. In 2011, the state sanctioned OptumHealth for unilaterally imposing limits on services providers could deliver.

Under the state's new Centennial Care program, OptumHealth's parent company, United HealthCare, and three other managed care organizations are overseeing Medicaid health services, including behavioral health.

OptumHealth's contract to manage \$65.8 million in non-Medicaid behavioral health spending by state agencies expires Dec. 31.

Gonzales' online résumé reveals a career of overseeing grievances and appeals and investigating allegations of fraud, waste and abuse.

The résumé shows she has worked for four other managed care providers or health insurance firms in New Mexico since 1993.

After departing OptumHealth in 2011, Gonzales went to work as director of special programs for Presbyterian Health Plan. She left in June.

From 2005 to 2008, she was manager of grievances and appeals for ValueOptions of New Mexico, the state's prior behavioral health services contractor.



### Resources

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## PSYCHIATRISTS

The Standard Occupational Classification system defines psychiatrists as “Physicians who diagnose, treat and help prevent disorders of the mind.”

Psychiatrists made up 3 percent of Idaho’s physician workforce.<sup>76</sup>

### EMPLOYMENT BENCHMARK

From the Idaho Board of Medicine licensure database, physicians with specialties in psychiatry, child and adolescent psychiatry, addiction psychiatry and geriatric psychiatry were counted as psychiatrists.

From the Idaho Medical Association database, physicians with specialties in psychiatry including addiction psychiatry, child and adolescent psychiatry and forensic psychiatry were counted.

The primary distinction between the two databases is that the Board of Medicine includes nearly 60 psychiatrists who were licensed to practice in Idaho but do not report an Idaho address. Looking only at the Idaho psychiatrists, the numbers between the two databases were similar.

Board of Medicine Licensure and Idaho Medical Association Counts — Psychiatrists		
	BOM	IMA*
Total Counts	162	103
Total Active	160	100^
Total Active Idaho	104	99
Northern	16	15
North Central	5	7
Southwestern	50	48
South Central	11	8
Southeastern	12	12
Eastern	10	9

Idaho Board of Medicine, February 2012.

Idaho Medical Association, May 2012.

^Includes residents and part-time practitioners.

\*Includes as Primary Specialties: Addiction Psychiatry, Child & Adolescent Psychiatry, Forensic Psychiatry and Psychiatry.

<sup>76</sup>Idaho Medical Association membership database, May 2012.

**Idaho  
Primary Care  
Physicians  
Workforce  
Overview**

**OUT-OF-STATE PHYSICIANS**

The Board of Medicine’s out-of-state psychiatrists come from a myriad of states. Of the 56 out-of-state psychiatrists, 25 percent were from Washington.

Out-of-State Psychiatrists		
State	BOM	IMA
Washington	14	1
Utah	6	0
California	5	0
All Others	31	0
<b>TOTAL</b>	<b>56</b>	<b>1</b>

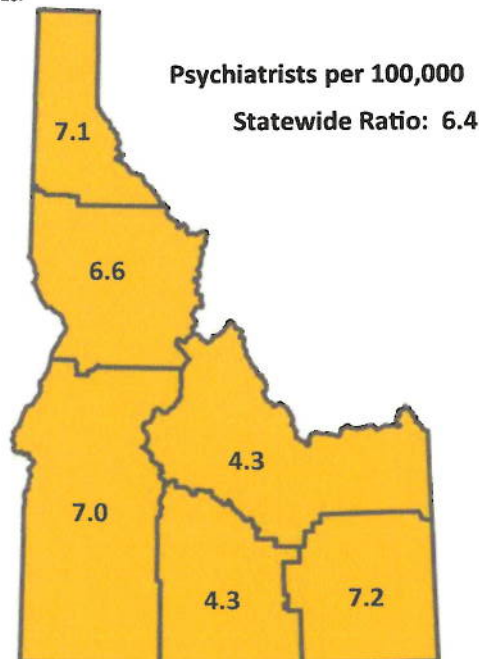
Idaho Board of Medicine, February 2012.

**IDAHO REGIONS**

The Idaho Medical Association’s database of actively practicing members was used to calculate a ratio of psychiatrists to the population.<sup>77</sup> There were 6.4 psychiatrists for every 100,000 residents or one practitioner for every 15,676 Idaho residents. Eastern and south central Idaho have the smallest numbers of practitioners and ratios at 4.3 per 100,000 each.

Active Psychiatrists by Region			
Region	Count	2010 Regional Population	Per 100,000 Population
Northern	15	212,393	7.1
North Central	7	105,358	6.6
Southwestern	48	690,258	7
South Central	8	185,790	4.3
Southeastern	12	166,284	7.2
Eastern	9	207,499	4.3
<b>Total Active Idaho</b>	<b>99</b>	<b>1,567,582</b>	<b>6.3</b>
Out of State	1	NA	NA
<b>Total Active</b>	<b>100</b>	<b>1,567,582</b>	<b>6.4</b>

Idaho Medical Association, May 2012.  
U.S. Census 2010.



<sup>77</sup>See footnote 49 on page 22.

### NATIONAL COMPARISON

From the rankings developed using the Kaiser Family Foundation number of physicians by state and the District of Columbia, Idaho ranked last in the number of psychiatrists per 100,000 population at 6.3. This ratio was less than half the national ratio of 15.2 per 100,000. Most of Idaho's neighboring states except for Oregon and Washington also ranked in the bottom third.<sup>78</sup>

Active Psychiatrists by State		
State	Rank	Per 100,000 Population
Idaho	51	6.3
Washington	23	13.8
Oregon	17	15.5
Nevada	48	8.4
Utah	44	9.6
Wyoming	50	7.3
Montana	38	10.2
United States	-	15.2

Primary Care Physicians by Field, August 2012. Kaiser Family Foundation. Statehealthfacts.org.

### DEMOGRAPHICS

The average age of psychiatrists in Idaho was nearly 56. South central Idaho had the highest average age at 61.5 while the southeastern region had the lowest at 52.3.

The distribution of psychiatrists by age found no psychiatrists under the age of 35 in the Board of Medicine database.

Average Age Psychiatrists	
Location	Average Age
Total Idaho	55.8
Northern	54.1
North Central	56.2
Southwestern	55.6
South Central	61.5
Southeastern	52.3
Eastern	56.9

Idaho Board of Medicine, February 2012. Active licenses.

Age Distribution Psychiatrists		
Age Ranges	Count	Percent
Younger than 35	0	0%
35-44	19	18%
45-54	31	30%
55-64	30	29%
65-74	18	17%
75 and older	6	6%
Total	104	100%

Idaho Board of Medicine, February 2012. Active, Idaho addresses.

<sup>78</sup>Kaiser Family Foundation. Primary Care Physicians by Field, August 2012. [Statehealthfacts.org](http://Statehealthfacts.org). Accessed Oct. 24, 2012. (See Appendix E for rankings.)

**Idaho  
Primary Care  
Physicians  
Workforce  
Overview**

Over two-thirds of Idaho psychiatrists were male, according to the Idaho Medical Association. The gender ratio by region heavily favors males except in eastern Idaho.

Gender — Psychiatrists			
Location	Male	Female	M/F Ratio
<b>Total Idaho</b>	70	28	71/29%
<b>Northern</b>	12	3	80/20%
<b>North Central</b>	4	3	57/43%
<b>Southwestern</b>	31	17	65/35%
<b>South Central</b>	7	1	88/13%
<b>Southeastern</b>	8	2	80/20%
<b>Eastern</b>	6	6	50/50%
<b>Out of State</b>	1	0	100/0%

Missing: 2

Idaho Medical Association, May 2012. Active practice.

**EDUCATION AND TRAINING**

The vast majority of practicing psychiatrists in Idaho have a doctor of medicine degree. At 91 percent it matched the ratio as for all physicians in the state.

Type of Physician — Psychiatrists			
Location	M.D.	D.O.	M.D./D.O. Ratio
<b>Total Active Idaho</b>	95	9	91/9%
<b>Northern</b>	14	2	88/13%
<b>North Central</b>	5	0	100/0%
<b>Southwestern</b>	48	2	96/4%
<b>South Central</b>	8	3	73/27%
<b>Southeastern</b>	10	2	17/83%
<b>Eastern</b>	10	0	100/0%

Idaho Board of Medicine, February 2012. Active licenses. Idaho addresses.

No one state or medical school supplies a plurality of psychiatrists to Idaho. The largest number – 9 percent – came from California.

State Where Graduated Med School Psychiatrists		
Location	Count	Percent
<b>California</b>	9	9%
<b>Foreign</b>	8	8%
<b>Texas</b>	8	8%
<b>Washington</b>	7	7%
<b>Utah</b>	7	7%
<b>Other States or Territories</b>	65	63%
<b>Total</b>	104	100%

Idaho Board of Medicine, February 2012. Active, Idaho addresses.

## WAGES

The Idaho Department of Labor data on wages for psychiatrists are limited. The statewide average wage was over \$71 an hour.

Hourly Wages — Psychiatrists					
Location	Entry Wage	Midpoint (Median)	Average (Mean)	Beg Middle Range	End Middle Range
State	\$33.44	\$77.67	\$71.42	\$37.63	*
Northern	*	*	*	*	*
North Central	*	*	*	*	*
Southwestern	\$28.98	\$34.19	\$49.98	\$29.28	\$77.67
South Central	*	*	*	*	*
Southeastern	*	*	*	*	*
Eastern	*	*	*	*	*

Idaho Department of Labor Occupational Employment & Wage Release 2011.

\*Suppressed for confidentiality.

## DEMAND

It is possible to estimate the demand for an occupation from the Idaho Department of Labor long-term employment projections.

Idaho Department of Labor 2008-2018 Long-Term Occupational Employment Projections — Psychiatrists					
Region	2008 Employment	2018 Employment	Percent Change	Annual Replacements	Annual Openings <sup>^</sup>
Statewide	113	133	17.86%	2	4
Northern	*	*	*	*	*
North Central	*	*	*	*	*
Southwestern	54	69	26.84%	1	2
South Central	*	*	*	*	*
Southeastern	*	*	*	*	*
Eastern	*	*	*	*	*

Idaho Department of Labor 2008-2018 Long-Term Occupational Projections

<sup>^</sup>Annual Openings include replacements.

\*Suppressed for confidentiality.

## DEMAND IMPACTS

According to many sources, Idaho ranked last among the 50 states for the number of psychiatrists per capita.

The entire state of Idaho is designated a mental health geographic professional shortage area by the Health Resources and Services Administration. That means there are an inadequate number of psychiatrists for the population. The adequate number would be one per 10,000.<sup>79</sup>

<sup>79</sup>Health Resources and Services Administration. Professional Shortage Areas & Medically Underserved Areas/Populations. <http://bhpr.hrsa.gov/shortage/>. Accessed Sept. 14, 2012.

The introduction of telepsychiatry in smaller communities will positively impact the number of patients who can receive care from a psychiatrist. Telepsychiatry uses videoconferencing technology to connect psychiatrists with patients for medical care.

## SUPPLY

### INITIAL LICENSES

The Board of Medicine's year of initial licensure is used as a proxy for the number of practitioners entering the workforce in Idaho. This method does not take into account psychiatrists who have been licensed in Idaho in previous years and were no longer licensed in Idaho. It also does not take into account recent licensees who do not intend to remain practicing in Idaho.

Year of Initial Licensure	Count	Percent
1/1/2006 - 2/13/2012	25	24%
1/1/2001-012/31/2005	22	21%
1/1/1991-12/31/2000	31	30%
1/1/1981 - 12/31/1990	22	21%
Before 1981	4	4%
<b>Total</b>	<b>104</b>	<b>100%</b>

Idaho Board of Medicine, February 2012.

Approximately 45 percent of psychiatrists have become licensed in Idaho since 2001.

The annual supply of psychiatrists into Idaho from the past seven years peaked at 12 in 2008.



Idaho Board of Medicine licensure database, February 2012. Active licenses.

## PSYCHIATRY RESIDENCY PROGRAM

The University of Washington Psychiatry Residency Program is a four-year residency program that offers an Advanced Clinician Psychiatry Track for residents to spend their third and fourth years in Boise. The Idaho Advanced Clinician Track started in 2007-2008 and is its own separate residency program with its own curriculum and separate match number. The program emphasizes training psychiatrists in a variety of medical and community settings.<sup>80</sup>

The program has a capacity for 11 residents. The resident group is extremely small, accepting two or three residents per year. However, there are plans to add four more seats within the next five years.<sup>81</sup>

The program has successfully retained psychiatrists who practice in Idaho after completing their residency. Of the eight psychiatrists who completed the fourth year of the program, four have remained in Idaho.

The full results from the Survey of Idaho Regional Residency Education Programs are available in Appendix I.

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<sup>80</sup>University of Washington School of Medicine. Psychiatry Residency Training Program. <http://depts.washington.edu/psychres/tracks.shtml>. Accessed Sept. 14, 2012.

<sup>81</sup>Survey of Idaho Regional Residency Education Programs 2012.