

43| Neuropsych Bite: State-Level Advocacy for (Tele)neuropsychology – With Dr. Maggie Lanca

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Speakers: Maggie Lanca, Ryan Van Patten, John Bellone



Intro Music 00:00



Ryan Van Patten 00:17

Welcome, everyone, to Navigating Neuropsychology: A voyage into the depths of the brain and behavior. I'm Ryan Van Patten...

John Bellone 00:24



...and I'm John Bellone. This is our first official Neuropsych Bite, meaning that it's a shorter, more focused episode. Bite sized, if you will. In a few months, we're going to begin releasing Neuropsych Bites more consistently. We will continue to release full length episodes as well, and we hope that these bites provide a nice change of pace.

Ryan Van Patten 00:43



So today we'll be talking to Maggie Lanca about state-level advocacy for neuropsych and teleneuropsych. We hope this is very relevant to our current situation. Maggie is an Assistant Professor of Psychology in the Department of Psychiatry at Harvard Medical School. She works at Cambridge Hospital and Cambridge Health Alliance. She's also the President of the Massachusetts Psychological Association, the Practice Chair of Division 40 of the APA, and an IOPC, or Inter Organizational Practice Committee, delegate. And now we give you Maggie Lanca.



Transition Music 01:24



Ryan Van Patten 01:33

So we're here with Maggie Lanca. Maggie, welcome to NavNeuro.



Maggie Lanca 01:37

Thank you for having me. This is really exciting.



Ryan Van Patten 01:39

We're thrilled to have you. So, to start, tell us what are state, provincial, and territorial psychological associations and what is the purpose of these organizations?



Maggie Lanca 01:50

Okay, so that's a mouthful in and of itself. [laughs]



Ryan Van Patten 01:53

[laughs]

Maggie Lanca 01:54



In the industry, we call them SPTAs - it's easier to say. These are state psychological associations, both in the US and in Canada, that really represent psychologists for that state. So, generally, the purpose of an SPTA is to advance psychology as a science, as a profession, and as a means to advance psychology for that particular state.

John Bellone 02:22



I'm assuming every state and every province has an SPTA?

Maggie Lanca 02:27



Yeah, every province has an SPTA, and they're also affiliated with the American Psychological Association as well. APA provides resources to its SPTAs. As we'll, I'm sure, be talking about throughout this conversation, it supports the SPTAs in various ways, which is extraordinarily helpful.

John Bellone 02:49



Great. And you're the president of the Massachusetts Psych Association. Can you tell us about your role? What your job duties are, what you've accomplished, what you hope to still accomplish. Just big picture items.

Maggie Lanca 03:00



So I'll speak to my personal experience as the president of the MPA, though different states, obviously, have different issues going on and different levels of resources in the different sizes of organization. So what a President might do can vary slightly across different states. In general, what the president of a psych association does is really lead that organization for whatever the priorities are for the association, depending on different issues that are going on in the state and for psychologists in that particular state. It does a lot of work in terms of professional affairs issues. Some states are resourced enough and have enough members to be able to hire a Director of Professional Affairs that is solely focused on advancing professional affairs issues for that state. That is enormously helpful for psychologists, particularly in terms of working with different insurance carriers. That usually affects reimbursement rates. It can affect access to psychologists. It can affect different aspects of what should insurer carriers allow and not allow in terms of access to care for their members. So an association can have a Director of Professional Affairs. The President will often work closely with the Director of Professional Affairs and will also work closely with the Executive Director. Each Association will have an Executive Director, which is really sort of the business

person for the organization, taking care of the business end of the organization. So I see my role as President in terms of leading the Board at our monthly meetings, setting the agenda for the organization, and helping drive that agenda. Be it with legislative agenda, regulatory agenda, issues for psychology in terms of advocacy, or different social issues as well. So it could take on a variety of different directions, depending on what the goals are for the Association.



Ryan Van Patten 05:17

Yeah, and that varies greatly state by state, as you had mentioned. To drill down in this conversation, per Karen Postal you, "crushed it". [laughs]



Maggie Lanca 05:26

[laughs]



Ryan Van Patten 05:27

She has a way with words. [laughs] You crushed it with state-level advocacy to get coverage from private insurers for teleneuropsychology, which is very relevant to all of us right now. Tell us about your work in this area.



Maggie Lanca 05:40

Yeah. So I don't know if I would say I crushed it. [laughs]



Ryan Van Patten 05:43

[laughs]



Maggie Lanca 05:43

I think that is very generous of Karen. But I do think people, those of us psychologists who are interested in leadership positions in the SPTA, definitely have an advocacy bug to us in terms of really wanting to promote the field of psychology - be it for psychologists in general or neuropsychologists. I've been working with our Director of Professional Affairs on issues of teleneuropsychology for the state. Now, you know, I'm going to be completely honest here, my sort of "crushing it" or "winning" for neuropsychologists in the state has a lot to do with being in Massachusetts in general, and being a state that is generally favorable to mental health. We have a governor, Governor Baker, who as soon as this crisis came out declared a state of emergency and essentially legislated and mandated that insurances pick up and cover telehealth. So even though there was some resistance around that, and certainly there was some wiggle room in terms of how

they interpreted teleneuropsychology, we at MPA got immediately on that in terms of making it known and underscoring to different local carriers that this would also include teleneuropsychology. It's a delicate relationship in terms of an SPTA working with different insurance carriers. There's history that often is involved in these relationships that can help foster and promote trust and help further the interests of psychologists. So it really wasn't just a matter of me, like, getting on the phone with insurance carriers and saying, "Hey, listen, you need to cover teleneuropsychology." This is really building on years of work that the MPA has done in terms of having, for example, quarterly meetings with most of our largest insurance carriers in which we bring to the table issues that psychologists are having with reimbursement or access and really negotiating with them and trying to work those out. So, at this point, we really do have a good working relationship with many of the insurance carriers. When we reached out to carriers after Governor Baker declared the state of emergency and mandated telehealth, we were able to get on that very quickly and get approval for teleneuropsychology with state level insurers. My affiliation with the IOPC then helped also further the national level carriers.

John Bellone 05:48



I see. So just to clarify, all of the state level carriers now reimburse teleneuropsychology. I know initially [CPT code] 96116 was being reimbursed but maybe not the testing codes. That has changed? At least in Massachusetts?

Maggie Lanca 08:55



So, at this point, we have confirmation from most of the insurance carriers that they are reimbursing the testing codes for teleneuropsychology. Yes.

John Bellone 09:06



Great.

Ryan Van Patten 09:07



Sorry, is that Massachusetts-specific? Or John, you also said "all states". What do you know about other states, Maggie?

Maggie Lanca 09:14



That is one thing that the IOPC has been working on with APA, ABN, AACN, and NAN. We've been working literally state by state trying to collect information about who is covering what. That is something that, right now, after we've passed this

guidance document, the IOPC has been engaging in terms of collecting information across the different states. We have a team of neuropsychologists from the different national neuropsych organizations collecting that. And APA has been involved as well. One of the ways it's helpful to collect that kind of information and work at an IOPC level is that once you get information from one state, you can use that information to nudge another state. So Blue Cross Blue Shield of Massachusetts had accepted teleneuropsychology, which really can help other states like Florida, North Dakota, any other state where Blue Cross Blue Shield might be hedging or hesitating. We say, "Well, Blue Cross Blue Shield of Massachusetts accepted teleneuropsychology and the testing codes..." So this kind of coordination and having that information apparent can be really helpful. The next stage in our IOPC development is to put up on the website a sort of a state-by-state outline of who's accepting what.

John Bellone 10:42



That would be very helpful. For clinicians, until that outline comes out, what do you suggest that they do to find out about their current laws, regulations, and how to bill in their state? Where do they go to look?

Maggie Lanca 10:55



So there are several steps. Certainly getting in touch with SPTAs. I mean, this is the job of SPTAs. They deal with insurances. They advocate for psychologists. So they will likely know. And, if they don't, they should be a real strong point of resource for a neuropsychologist to be able to advocate for them. Because they often, at least in Massachusetts and I know in multiple other SPTAs, we have the resources where we have our own lobbyists that work at the legislative area and can really poke at the government level to try to pressure telehealth, for example. So even before this COVID, Massachusetts had been working pretty steadily with our lobbyists to help develop and participate in a bill with other mental health coalitions to drive telehealth. It had been something that we had been working on and it was part of a bill that had been given increased access. We even had, like, the actual bill number and it was in the committee for financial services under review, and it had already gotten a favorable review. So the SPTAs can really get involved at the legislative level. Now, that's not going to help immediately for a neuropsychologist wanting to figure out if their local Blue Cross Blue Shield accepts telehealth. They can call Blue Cross Blue Shield and find out. The problem is if they don't, as a single person, it's hard to have a strong voice. But it's still a voice. They could still write to their Blue Cross Blue Shield, they could still pressure them. They could also go to the IOPC and see if local carriers, for example, using Blue Cross Blue Shield of

Massachusetts and saying, "You know Blue Cross Blue Shield of Massachusetts accepted that." They can also be a voice for themselves. But I would say SPTA would be the best way to go. Some states also have state neuropsychological associations or psychological societies, and that would also be a second avenue to go. I know the APA - I mean, I certainly don't want to give the APA Legal more work than they already do [laughs] - but I know that a lot of neuropsychologists will also call APA and say, "Look, I'm having a problem with X, Y and Z insurance. Can you help? Or do you have some information for me?" And so they are also a resource point.

Ryan Van Patten 13:34



Yeah, that domino effect that you described whereby in one state the insurance providers begin accepting teleneuropsych and then you nudge other states seems to suggest that within some span of time all states, hopefully, will be accepting teleneuropsychology. Is that what you would predict?

Maggie Lanca 13:52



Yeah, I predict there's going to be a really strong movement and acceptance of teleneuropsychology. And we're going to see this as the silver lining to this very unfortunate and disastrous pandemic.

Ryan Van Patten 14:06



Do the insurance companies tend to discriminate between clinic to clinic teleneuropsych versus home to home? Like, right now one of the teleneuropsych discussions is, "Can I sit in my living room and do a neuropsych eval with a patient in their living room?" There are ethical concerns and a whole Pandora's box to open. One of the concerns is, "Can I bill for this?" What do you think?

Maggie Lanca 14:27



Yeah. At this point, they are not discriminating to my knowledge.

Ryan Van Patten 14:32



Okay, that's helpful.

Maggie Lanca 14:31



So that becomes a within-profession decision. I think that you're raising an extremely important point, but that is also something that is sort of separate from insurances. You know, we, as neuropsychologists, have our professional standards

and ethics to guide us in what is right and what's doable and what is reliable and valid. And we should use that to make those decisions. But we don't necessarily want insurance companies to make those decisions for us. I think certainly there will be a point when this COVID pandemic is over that there might be insurances reviewing this because actually they too have a history of wanting those validity studies and wanting to know, you know, should I cover telehealth at all, even in the more controlled situations where we do see the validation studies being published. I wouldn't be surprised if they reviewed those in the long term.

Ryan Van Patten 15:34



Yeah, that's really helpful. So stepping back from the current pandemic and thinking about state psych associations more broadly, how might students and/or neuropsychologists become involved in these SPTAs? And what are the benefits to participation?

Maggie Lanca 15:49



I think there are huge benefits to participation. I mean, certainly SPTAs really represent the community of psychologists for that particular state. And oftentimes, the SPTAs will have different advisory groups, different committees. I would suggest to students to go online, google your local SPTA, and see what kinds of activities. The Massachusetts Psychological Association has a student group. They also have an ECP group. They also have an assessment group as well for people who do assessment, and as well as a host of other interest groups. So there are ways to just really get involved and join groups, especially the student groups can be extraordinarily helpful for people who are training in that particular state. So trainees in Massachusetts have a lot in common in terms of the different licensing regulations, rules, and what different schools in Massachusetts are doing in terms of their training. They are a real support system for each other and that is really helpful to them sort of above and beyond their specialty. That's what I love about SPTAs. It kind of cuts across all specialties and it looks at general training concerns and issues that graduate students have.

Ryan Van Patten 17:19



Yeah, yeah, that makes sense. Some neuropsychologists might think that state psychological associations aren't quite neuropsychological enough for them. How would you respond?

Maggie Lanca 17:31

Yeah, I mean, I think that's a valid perspective. I think that is really the reason why, in some states, there are neuropsychological societies. I know in Massachusetts we have the benefit of having both a neuropsychological society, MNS, as well as MPA. I was actually also President of the Mass Neuropsych Society several years ago so I could speak to how these two organizations function differently and have slightly different objectives. On the other hand, I do think that the SPTAs can have more neuropsych voices. If people join, then they will. Like, that's the wonderful thing about SPTAs. They are fluid and they're ever evolving. If you get a group of five neuropsychologists that want to start an assessment committee within an SPTA, or an interest group, and provide a voice to the board about neuropsychological issues, that's so easily done. I mean, that is really what SPTAs are about. It's a community of psychologists. Come in and tell me what your needs are. So at MPA we work closely with MNS as well, and we often have joint advisory groups where we meet with insurance carriers. So we collaborate across the two organizations. That could really actually be additive. But I would say, now that I'm President of MPA, in comparison to being President of MNS, it's a much larger voice. We have paid staff of an Executive Director and Director of Professional Affairs. This was something that our local neuropsychology society, they don't have the resources to hire and to have as much impact as an actual SPTA. Then there's the added benefit of having resources and assistance from APA. So that, for example, with teleneuropsychology, APA has provided enormous resources both to the IOPC in terms of legal assistance and to the states. They also provide a great deal of assistance and help and resources as well. So it's a much larger and a much stronger voice. I think neuropsychologists shouldn't shy away just because they don't feel like it's not neuropsych-centric enough. It could very well be. What they do is they represent just a lot of general psychological interests that are also extraordinarily relevant to neuropsychologists, like teleneuropsychology, which we're doing in our SPTA. When we had the CPT rollout of the new codes, gosh, now it seems like forever ago, but I think that was 2018, 2019, we were on the front end of that with all of the insurers to make sure that they were implementing the new CPT codes, which were a mess at the beginning. And APA was providing us with a lot of resources and help with our local carriers with that. So it was something that was, again, the SPTAs can help in so many different ways.



John Bellone 20:49

Yeah, you're right. It's so relevant to us. Anything that happens within the wider umbrella of psychology affects us, especially when it comes to billing or privacy issues or anything like that. Now, obviously, the term "state and provincial" refers mainly to the US and Canada, but we have listeners outside of North America.



Would you give them the same advice of reaching out to their country's specific association for psychology or for neuropsychology? Any other advice for international listeners?

Maggie Lanca 21:17



Oh, that's a really good question. I don't have too much contact with psych associations outside of the US. But with the few conversations that I've had over the years, my sense is that those countries' organizations have really the same goals of advancing psychology. We're so psychologically-centric that sometimes it's hard for us to see how we're just a drop in the bucket in the medical field. Having a community and a group and an organization that really represents the interests of our profession, can make a huge difference for us in terms of advancing our interests.

John Bellone 22:03



Yeah, great. Hopefully, the domino effect not only refers to states but also other countries. Maybe if one country is doing it particularly nicely, then other countries can adopt that model, potentially. So I like that.

Ryan Van Patten 22:15



Of reimbursing for teleneuropsych?

John Bellone 22:16



Reimbursing or just using the technology. Things like that. As a delegate for the IOPC, I know you've mentioned some of the advocacy work that the inter organizations are doing. Anything else we should know about in terms of the IOPC? What's coming down the pike, other than that outline state by state?

Maggie Lanca 22:35



So the IOPC has been in effect for, I would say, probably at least eight or nine years and it rotates its delegates across the organizations. But we always have a member from D-40, AACN, ABN, and NAN, as well as APA. What's really wonderful about this collective organization is that it's an organization where if there's one issue that one organization does not or cannot participate in, for whatever reason, then the other members can sign on to a joint cause. So we've done a great deal of advocacy, especially with regards to insurers at a national level. But we've also had times where we've done advocacy for other kinds of neuropsych professional issues, like putting together amicus briefs for example. That was just done most

recently for a federal case in Michigan, on a third-party observer case. So it's done a great many things. Of course, now more acutely, we really have been focused on teleneuropsychology and we worked quite rapidly with a large group of people and we had invited experts in teleneuropsych to be part of this. To, first, put together a set of guidance and recommendations for folks who - you know, I don't know about you both, but certainly for myself, teleneuropsychology was probably a word I had not uttered in my professional career before like a month ago. [laughs]



John Bellone 24:13

Yeah, and now it's all over the place.

Maggie Lanca 24:14

Now it's like a day doesn't go by without me talking about this in some way. Especially with my postdoctoral fellows. So it really meant, I think, for a lot of us neuropsychologists to become rapidly educated on what work has been going on there. So there's several issues that the IOPC worked on. First, there was this guidance. Now there's great movement to try to get teleneuropsych approved across the states. We just had a meeting about that today. We're also working at a strategic level to see what kinds of things we could do to more rapidly help that implementation. Then the other thing is that we have organized - well, Karen Postal has sort of led the charge in putting together an ethics talk sponsored by the Trust and that advertisement just came out. So that was another idea that had surfaced as a way for people to understand the ethics involved in doing teleneuropsychology. So I think that will offer an additional dimension of training for neuropsychologists to understand, really, the feasibility in their own practice and site before teleneuropsychology.



John Bellone 24:40

Great. Hopefully, people aren't burnt out on the didactics just yet - the webinars.



Maggie Lanca 25:39

[laughs]



John Bellone 25:39

But one specific to ethics I think is apropos here.



Ryan Van Patten 25:43

So, Maggie, we have a few bonus questions for you before we wrap up. These are relevant to the field of neuropsychology broadly, and they may or may not be relevant to state advocacy. So, if you can improve one thing about the field, what would it be?



Maggie Lanca 25:58

That's a hard question. [laughs]



Ryan Van Patten 25:59

[laughs]

Maggie Lanca 26:01



I mean, I have a lot of picky little things that I would like to see. It's hard to kind of get one to go to the top of the line. You know, I'll preface my answer by saying that I've been in practice for 20 years now. And that I have really seen an explosion in the field of neuropsychology that is really fantastic and impressive. And an expansion of our field into so many medical area niches that I think has really served us well as neuropsychologists because we are really sort of seen as useful and relevant to so many medical professionals. We can contribute our neuropsych training in so many different ways. And I'm director of neuropsych training at Cambridge Health Alliance and so I train neuropsych fellows and neuropsych interns, as well as being part of a larger psychology division within my hospital system that has 15 psychology interns in different areas of specialty. So I have the perspective in a psychiatry department of seeing psychology interns and also helping to develop and train neuropsychology. I would say if there's sort of one thing that I feel like we can do better as a field is to start establishing a more prescriptive set of guidelines for training in neuropsychology. That's not the same as more training. We have the Houston Guidelines as sort of our best set of established guidelines for how to train neuropsychology. And certainly the Synarchy has done some really - CNS has done a really nice job too of working with that model, but I'm not sure if it's prescriptive enough. I think if we look at the medical field, and see what it takes to become a physician, and the thorough levels of courses that one needs to take, I think that prepares more sort of homogeneous physicians. And what I see with training is a lot of heterogeneity in neuropsychologists. I interview some applicants who have what I would consider much less than the standard normative of assessment experience or neuropsych experience. Then I see other folks who are really hyper-specialized in one particular sliver of a neuropsychology field. And in between that is a whole continuum of

preparation. [laughs] So, what we ended up having is just kind of going for particular fits, as opposed to saying, "Here's a general outline of what a general neuropsychologist would be like and then, in the latter stages of graduate school, let's prepare them for a particular specialty." But let's start broad and let's be a little bit more prescriptive. I think we might get to a point of just being a little bit more intentional in terms of our guidelines. But that might be a Desiderata. [laughs]



Ryan Van Patten 29:16

[laughs]



John Bellone 29:16

[laughs] Well, not to be too self-promotional, but Ryan and I are working on a book on becoming a neuropsychologist and...



Maggie Lanca 29:24

Oh, no kidding.



John Bellone 29:25

We saw the exact same hole in the field. Or at least in trainee's eyes, there's not a lot of information. There's not one concise resource that guides students who are interested in pursuing neuropsychology and it's so confusing. I would have loved a book when I was considering all the options in college. And, hopefully, we do it justice. [laughs]



Maggie Lanca 29:48

Oh, that's wonderful. Well, it's so timely. We're on the same page. I think what ends up happening is that board certification becomes an avenue, but it also puts, I think, a lot of pressure on boards to then sort of come up with some kind of standard.

When I have a fellow studying for boards they're like, "I don't know exactly what to study for. It's basically know all assessment, and know all neuroanatomy, and know..." And so, again, if we've done a better job along the way of providing what courses and what coursework you need to become a neuropsychologist, I think that process can be a lot easier.



Ryan Van Patten 30:28

Agreed.



John Bellone 30:29

Fully agreed. And for the last bonus question, what is one bit of advice that you wish someone told you when you were training, or maybe someone did tell you that it really made a difference. Just an actionable step for trainees.

Maggie Lanca 30:39

I have one that I've always carried with me as sort of a mantra of how I define myself as a neuropsychologist. I know it may not be for all neuropsychologists, but I'm going to argue that, in this era that we're seeing now, it might actually be revived. I have always believed in not losing the psychology in neuropsychology. That really goes to my core of who I am as a neuropsychologist. And, in part, because I do work in the psychiatry department and so I have a particular interest and passion in working with psychiatric patients and neuropsychiatric patients. But I really do feel it's important for neuropsychologists to keep a variety of skills at their fingertips. I think we often, and this is probably not unrelated to the previous question, but I think often as neuropsychologists we can get really over focused in just neuropsych in terms of our little sliver of neuropsych, whatever that may be - geri neuropsych or TBI work, for example - that we sort of lose the larger picture of us as the psychologist, us as the clinician, us as therapeutic in the work that we do. This could also mean keeping teaching relevant or keeping research relevant. What I see happening now with the pandemic, unfortunately, and this is a very, very tough time as neuropsychologists, is that many neuropsychology practices are shutting down. They're just closing up shop. I have a few colleagues that have told me that they're going on unemployment and it's shocking to them that they would be at this place. And yet I have other colleagues who are neuropsychologists and are saying, "Well, you know, I've always maintained a small therapy practice", or "I also do some teaching and I'm going to see what I can do for the summer sessions", or "I do some cognitive remediation as part of my work and I think I'm going to focus on that now for the next several months." So I think more than ever, especially during these times, that it has become really salient to us as neuropsychologists. But I still think, in a broader sense, keeping that psychology in neuropsychology is really important.



Ryan Van Patten 33:07

Yeah. That diversified portfolio that you were describing, professionally, a pandemic is one way in which we might rely on different skills. But there are many other instances, scenarios where it's helpful to do more than one thing.





Maggie Lanca 33:20

Right, exactly.



Ryan Van Patten 33:22

Yeah. This has been great, Maggie. Thank you for the wisdom.



Maggie Lanca 33:25

Oh, thank you so much for having me. It's been wonderful to meet you both.



Ryan Van Patten 33:29

Yeah, likewise.



John Bellone 33:30

You as well.



Maggie Lanca 33:30

All right. Take care. Bye.



Transition Music 33:32



Ryan Van Patten 33:36

Well, that does it for our conversation with Maggie. We hope you enjoyed it as much as we did. And one final reminder to become involved in your SPTAs. There are a lot of benefits to this. And, as always, join us next time as we continue to navigate the brain and behavior.



Exit Music 33:53



John Bellone 34:16

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Ryan Van Patten 34:28

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