

## OCCUPATIONAL PROFILE: PSYCHIATRISTS

Psychiatrists are physicians who can independently provide psychiatric services to patients, or provide consultation support to a primary care team regarding behavioral health treatment. As a physician, psychiatrists can prescribe medication (including psychotropic medications) for patients.

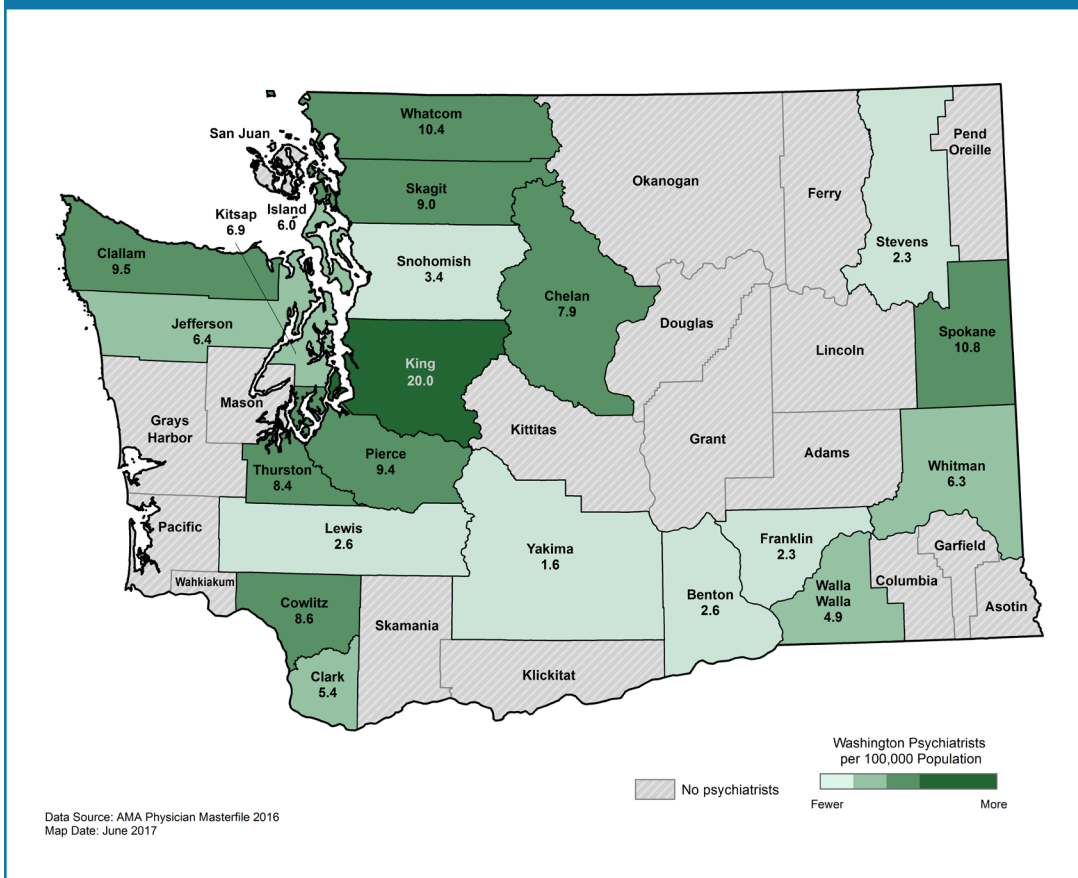
### Size, Distribution, and Demographics of Supply

In 2016, there were 727 psychiatrists providing direct patient care in Washington state, a 7.7% increase from 2014. (Skillman & Dahal, 2017) Over half (55.6%) were over the age of 55, and 40.7% were female.

While there were 10.1 psychiatrists per 100,000 persons in the state, there were 11.6 per 100,000 in western Washington counties, and 4.9 per 100,000 in eastern Washington counties, and the number in eastern counties decreased 2.5% between 2014 and 2016. (Skillman & Dahal, 2017) Of the 727 psychiatrists in Washington, only 3.3% practiced in rural areas. This is similar to national data, where there were 15.6 psychiatrists per 100,000 persons overall, but only 3.4 per 100,000 persons in non-core, non-metropolitan areas. (Larson, Patterson, Garberson, & Andrilla, 2016)

Nationally, data from Area Health Resource Files from 2003 and 2013 showed a 10.2% reduction in the median number of psychiatrists per 100,000 residents in hospital referral regions, whereas other physician specialties increased in numbers. (Bishop, Seirup, Pincus, & Ross, 2016)

**Figure 1: Washington Psychiatrists per 100,000 Population by County, 2016**



### Education and Training

As medical doctors, psychiatrists are required to complete the greatest amount of education and training in the behavioral health workforce. Upon completion of a four-year bachelor's degree, they must complete four years at a medical/osteopathic school and pass a standardized national medical licensing exam. They further complete four years of residency in general psychiatry, and are then eligible to sit for board certification in psychiatry. Psychiatrists may also pursue additional training fellowships resulting in certifications in child, geriatric, addiction, and other psychiatric subspecialties.

List: Psychiatric Subspecialties (American Board of Medical Specialties, 2017)

- Addiction psychiatry
- Child and adolescent psychiatry
- Clinical neurophysiology
- Forensic psychiatry
- Geriatric psychiatry
- Hospice and palliative medicine
- Pain medicine
- Psychosomatic medicine
- Sleep medicine

Psychiatrists commonly enter the workforce in the geographical area where they complete their residency, exacerbating the challenge to meet behavioral health workforce demands in less urban areas, far from residency programs.(Cowley, et al., 2016) In Washington in 2016, 41.4% of psychiatrists completed their residency in-state, compared to 15.3% who graduated from medical school in-state. (Skillman & Dahal, 2017)

In 2017, there were two accredited psychiatry residency programs in Washington: the University of Washington program located in Seattle, and the Providence program in Spokane. According to the National Resident Match Program® data, there were 19 first-year psychiatry residencies available and filled in Washington in 2016.(National Resident Matching Program, 2016) As reported in 2015, the University of Washington (UW) Psychiatry Residency program trained 70 residents at a time and graduated 18 per year, 5 of whom were child and adolescent psychiatric fellows.(Goodhew, 2015) In 2017, the state legislature passed ESHB 1713 which calls for the creation of a new residency position for a child and adolescent psychiatrist at Washington State University.

The program in Spokane was originally administered as a “track” of the UW residency program, but in 2016 became an independent community-sponsored program affiliated with UW. Between 1994 and 2014, 41.5% of the graduating psychiatry residents in this track took jobs in the Spokane region; the percentage increases to 50.0% if looking at the last five years of the program only.(Cowley, et al., 2016) The new program had 6 enrollees in 2017 and could total 12 at any one time, with the first 3 psychiatrists set to graduate in 2019.(Goodhew, 2015) Like the former Spokane track, the UW program also had a track located in Boise, Idaho, which graduated 3 residents each in 2017 and 2018, then 4 residents per year thereafter. Between 2010 and 2015, 58.3% of the Idaho residents remained in Idaho on completion of their program.

Beginning new psychiatric residencies in Washington is reportedly challenging as the residency site must pay the salary for the trainee, which limits access to community health centers, forensic, and rural sites.

### **Practice Characteristics**

Psychiatrists work in private practice, clinics, general and psychiatric hospitals, community agencies, courts and prisons, many other settings and commonly in multiple settings.(American Psychiatric Association, 2017) About half of psychiatrists in the U.S. work in private practices, and 60.0% of those are practicing in non-federally funded, non-hospital-based offices.(American Psychiatric Association, 2017; Bishop, Press, Keyhani, & Pincus, 2014)

Data published in 2014 showed that between 2005 and 2010, office-based psychiatrists reduced their acceptance of insurance (private non-capitated insurance and Medicare) by 17.0 – 19.5%. Medicaid acceptance rates did not decline significantly over those years, but psychiatrists were uniformly less likely to accept insurance than other physician types. In 2009 – 2010 in the Western practice region (including Washington), 57.8% of psychiatrists accepted new private non-capitated insurance patients, 40.9% accepted new Medicare patients, and 31.5% accepted new Medicaid patients.(Bishop, Press, Keyhani, & Pincus, 2014) This seriously limited access to psychiatric care for those unable to pay on a cash-only basis.(National Council for Behavioral Health, 2017) While low reimbursement rates are cited as an incentive to have a cash-only practice, the rates are actually similar to other office-based services; however, psychiatric visits, particularly those including psychotherapy, likely take more time to complete than other medical services.(Bishop, Press, Keyhani, & Pincus, 2014)

The 2016 mean annual wage<sup>1</sup> for psychiatrists in Washington was \$213,410.(Bureau of Labor Statistics, “Employment Statistics”, 2017) The 10<sup>th</sup> percentile mean annual wage was \$107,160 and the 90<sup>th</sup> percentile mean annual wage datum was not available.

*Relevant Skills Needed for Behavioral Health – Primary Care Integration:*

As medical providers with special training in mental health, psychiatrists can perhaps most readily bridge the gap between physical health care and behavioral health care. Some primary care tasks for which psychiatrists would be well-suited include: minimizing metabolic effects of psychotropic medicines, screening for cardiometabolic risk factors and other conditions (cancer, HIV, vaccination status, substance abuse, nicotine dependence), counseling for lifestyle issues, leading teams in behavioral health homes, and treating common medical conditions in their practice setting.(Druss, 2012)

The shortage of psychiatrists and the unmet mental health needs in primary care is creating tremendous interest in using psychiatrists as consultants to other mental health professionals and primary care providers. In this role, they may provide written, oral, or face-to-face consultation to enhance understanding and management of psychoactive medication, and advise on diagnoses and treatment plans. There are training curricula, resources, and programs for psychiatrists to maximize their effectiveness as consultants, such as the Integrated Behavioral Health Partners ([www.ighpartners.org](http://www.ighpartners.org)), the University of Washington’s AIMS Center ([aims.uw.edu](http://aims.uw.edu)), and the SAMHSA-HRSA Center for Integrated Health Solutions ([www.integration.samhsa.gov](http://www.integration.samhsa.gov)). However, the high (and increasing) percentage of psychiatrists working in solo, cash-only practices may limit the numbers available to supervise or collaborate with other providers. (National Council for Behavioral Health, 2017)

Telepsychiatry or telemental health is one way that psychiatrists can expand their role geographically as either a consultant or direct service provider. The process of providing behavioral health care from a distance through technology has been found to be effective in a variety of conditions, populations, and settings.(Hilty, et al., 2013) It also appears to increase access to care with high levels of satisfaction and few caveats.(Hilty, et al., 2013) There is a great deal of enthusiasm for the potential of telepsychiatry to address the barrier of too few psychiatrists practicing in rural areas.(Crawford, Sunderji, Lopez, & Soklaridis, 2016; McCarty, Schwartz, & Skillman, 2016) However, psychiatrists (and other highly trained psychiatric providers) must be trained to provide this type of care. Videoconferencing alters the communication style and interactions, and the ability of the psychiatrist to engage emergency protocols. (Shore, 2013) Without formal training and understanding of the expectations and challenges surrounding telepsychiatry, psychiatrists may be hesitant to adopt this therapeutic technique.(Crawford, Sunderji, Lopez, & Soklaridis, 2016) Psychiatrists who want to expand their reach can gain confidence providing telepsychiatry services using materials from sources like the American Psychiatric Association (<https://www.psychiatry.org/psychiatrists/practice/telepsychiatry/telepsychiatry-toolkit-home>).

## **Demand**

Psychiatrist shortages are occurring across the nation.(Japsen, 2017; National Council for Behavioral Health, 2017; Levin, 2017; Lowes, 2015) The problem will likely get worse in Washington, as well as nationally, because over half of the current workforce is approaching retirement (age 55 or over). And, the demand for services is increasing. Stakeholders contacted for this assessment consistently reported difficulty accessing psychiatrists as a problem across a wide range of settings.

State data from the Washington State Employment Security Department indicates that the average annual growth rate for psychiatrists between 2015 – 2020 will be 2.0% and for 2020 – 2025 will be 1.5%.(Washington State Employment Security Department, 2017) This equates to 7 and 6 annual openings due to growth, respectively. ESD estimates, however, are based on average health sector growth trends and do not necessarily take into account state initiatives that may increase demand for behavioral health occupations.

To address the current shortage and increased projected demand, the National Council for Behavioral Health’s Medical Director Institute convened a panel of diverse psychiatric service experts to highlight key problem areas and root causes, and find specific innovative solutions being implemented in the country. (National Council for Behavioral Health, 2017) They produced “The Psychiatric Shortage: Causes and Solutions”, a report that details solutions for expanding the psychiatric workforce and increasing the efficient delivery of psychiatric services. These solutions are presented to specific stakeholder groups (e.g., payers, psychiatric training programs, health

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<sup>1</sup>Estimates do not include self-employed workers.

care treatment organizations, etc.), and by more broadly identified change areas (e.g., expanding the psychiatric workforce, increasing efficiency of service delivery, implement and train for innovative models, etc.)

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## TECHNICAL NOTES

- Supply Map - Analyses included physicians with a psychiatric specialty, having an in-state practice address (or mail address, when practice was not available), who were age 74 or younger, provided direct patient care, and were not a federal employee.
- Washington State Employment Security Department, SOC code 29-1066 (Psychiatrists).

## FUNDING

This study was funded through contract # IAA-860-17 between the Washington Workforce Training and Education Coordinating Board and the University of Washington, supported by Governor Inslee's Workforce Innovation and Opportunity Act (WIOA) discretionary funds.

## SUGGESTED CITATION

McCarty RL, Skillman SM. Washington State's Behavioral Health Workforce - Occupational Profile: Psychiatrists. Center for Health Workforce Studies, University of Washington, Dec 2017.