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## **President's Report**

**Margaret Lanca, Ph.D.**

### **A Ground-Breaking and Sizzling Year!**

Dear MNS community,

With the summer kicking off to a hot and sizzling season, I can't help to reminisce about this past year at MNS as being quite the same. The year commenced with a glorious tribute to Dr. Edith Kaplan, by her good friend and colleague Nancy Helm-Estabrooks, ScD, CCC-SLP, BC-ANCDS. We then witnessed many more exciting Education lectures throughout of the year. The Professional Affairs Committee advocated successfully on our behalf on several key issues locally and nationally. Our newly formed Health Care Committee was launched and provided the MNS community with critical information about emerging health care reforms. Our Mentoring Committee was active and many of our MNS neuropsychologists volunteered their time to engage with our student members. Our Electronic Committee worked fervently to improve our website, transfer many MNS files to electronic databases, and create a newly improved listserv for us. Our MNS member, Dr. Yakeel Quiroz whom MNS nominated to the Federation of Associations in Behavioral and Brain Sciences (FABBS) Foundation for the Early Career Impact Award was awarded this prestigious award and gave an Education lecture in the spring about her Alzheimer's research in Columbia. The culmination of the year was the joint

*(Continued next page)*

<b>TABLE OF CONTENTS</b>
President's Message – page 1
Healthcare Reform – page 3
Membership Update – page 7
Mentoring Program – page 8
PAC Update – page 9
Benefit Reminder – page 10

Diversity Summit and Science Symposium which was a resounding success! Last year, MNS endeavored to create a Diversity Committee to forge a path to educate our members about multicultural neuropsychological assessment and increase diversity at MNS. Within a short time and due to the hard work of its committee members, MNS was awarded a competitive APA CEMRRAT Award (Committee on Ethnic Minority Recruitment, Retention, & Training in Psychology) to organize and run a workshop to educate MNS members about issues of diversity. This training workshop was groundbreaking and the Diversity Summit was very positively reviewed by our members who attended. Dr. Tony Puente, the keynote speaker for the Diversity Summit and Science Symposium presented a visionary lecture about the status of neuropsychological assessment with minorities. Membership has continued to increase, and with each new member MNS becomes more energetic. These are just a few highlights of the year. You will read much more about the specifics. In all, so much has been accomplished in such a short year!

As I reflect on this past year, I am so thankful to all the MNS members who have contributed to the success of MNS. It was a privilege for me to serve as President, and the leadership challenges of the year would not have met if it were not for the insights, commitment and collegialship of this year's Board of Directors, who worked diligently and thoughtfully and all were so dedicated to doing their utmost best for the society. Their generosity of time and effort cannot be understated. I am deeply thankful to each and every one of them for making this year such an accomplished one. I leave my seat as President with a sense of pride that MNS is one of the most vibrant and accomplished neuropsychological societies in the nation because of the caliber of professionals and individuals who comprise it. I am confident that it will continue to grow and flourish in the years to come and will look forward to celebrating its successes.

With gratitude,  
Maggie



*This years FABBS award winner, Dr. Yakeel Quiroz, with Dr. Lanca and Dr. Linda Podbros*

## MNS Healthcare Reform Committee

**Claudia Rutherford, PhD, Chair**  
**Mary Coakley-Welch, PhD, Manager**

June 2014 marks the one-year anniversary of the MNS Healthcare Reform Committee's (HRC) launch. The HRC has had a productive first year with a focus on monitoring state committees and healthcare advocacy groups and working closely with the MNS Board when we see opportunities for MNS to get involved. Our goal is to keep MNS members and the MNS Board of Directors informed about healthcare policy developments and opportunities to act on behalf of patient access to neuropsychological services as healthcare reforms are implemented. The HRC is open to all MNS members. Please contact Claudia Rutherford at [claudia.rutherford@gmail.com](mailto:claudia.rutherford@gmail.com) or 413-475-0086 to get involved. Meetings are few and much work is done via email and phone calls.

The HRC worked closely with MNS President, Dr. Maggie Lanca in March and April of 2014 to submit MNS's third set of public comments related to healthcare reforms in Massachusetts. The Massachusetts Healthcare Policy Commission requested public comments on proposed criteria for certifying Patient-Centered Medical Homes (PCMH). This Commission is charged with overseeing the implementation of Chapter 224, which is Massachusetts' 2012 landmark healthcare payment reform legislation.

We are including the letter here:

April 4, 2014  
Stuart Altman, PhD  
Chair, The Commonwealth of Massachusetts Health Policy Commission

Dear Dr. Altman and other members of the Commission,

Thank you for the opportunity to comment on the Health Policy Commission's proposals for certification criteria for Patient-Centered Medical Homes. As President of the Massachusetts Neuropsychological Society (MNS), ([www.massneuropsychology.org](http://www.massneuropsychology.org)), I am providing comments on behalf of our organization and its members. MNS is the largest statewide professional organization of neuropsychologists in the country.

**Brief Description of Clinical Neuropsychology (Our comments follow, below.)**  
*Neuropsychologists are healthcare providers who are licensed as psychologists and hold doctoral degrees. They work at the intersection of medical and behavioral healthcare and treat people with neurologic, behavioral, neurodevelopmental, and other medical conditions. Using evidence-based tests, they assess, diagnose, and treat cognitive and emotional symptoms that are caused by behavioral health or physical health conditions, such as stroke, diabetes, depression, or schizophrenia. Additionally, neuropsychologists identify and treat emotional and cognitive factors that limit patients' adherence to medical treatment plans. They also direct prevention and wellness interventions that maintain cognitive health.*

*Neuropsychologists are particularly well suited to work in integrated healthcare models and to advance the triple aim of healthcare reform – efficient, cost-effective delivery of quality healthcare that results in better health outcomes for patients. They are well established as members of interdisciplinary treatment teams. Their biopsychosocial expertise is rooted in the science of brain-behavior relationships and gives the treatment team an integrated understanding of patients' healthcare needs.*

Your questions:

1. **Do the proposed criteria address expectations for patient-centered, value-based primary care?**

We offer three comments in response to Question #1:

(1) We commend and thank the Health Policy Commission for addressing behavioral health needs so well with a streamlined process and focused criteria in the Definitions and Standards.

(2) In order to achieve the Standards of Enhanced Access & Communication and Integrated Clinical Care (focus on behavioral health), we recommend the following. Definitions which cite “access to appropriate care” (Enhanced Access Standard) and “align resources with population need” (Integrated Clinical Care Standard), should include: “Networks of behavioral health care clinicians must include the full range of licensed professionals, (such as doctoral level psychologists/neuropsychologists, medical doctors, and masters level behavioral health clinicians). These networks must also include clinicians working in solo or group practices (along with those working in larger healthcare organizations).”

Rationale: a. Different disciplines offer unique types of care, that are needed to meet different and specific patient needs. Primary Care Practices (PCPs) are not uniform in their knowledge of and use of different types of behavioral health clinicians. Specifying access to the full range of licensed professionals will ensure access to appropriately targeted and effective care. b. The volume of patients needing behavioral healthcare throughout Massachusetts necessitates access to clinicians working in a variety of settings. In some parts of the state, this problem is especially great because of geographic disparities in available clinicians. For example, in western Massachusetts and parts of central Massachusetts, some patients wait for up to a year for an appointment or cannot find a clinician to meet their medically necessary needs.

(3) Standard of Integrated Clinical Care Management: We recommend that the second point under the Basic pathway; the second point under Advanced; and the first point under Optimal include “cognitive” for screening and referrals, and for comprehensive assessment, (along with behavioral health/substance use disorders screening and referrals and comprehensive assessment). Additionally, all three pathways should include use of evidence-based, objective measures administered for periodic, ongoing screening of cognitive, emotional, and behavioral functioning in order to monitor improvement or worsening of symptoms. Results of those measures greatly aid in ensuring effective and appropriately targeted care, and the patient's ability to access that care.

Rationale: Understanding a patient's cognitive functioning is essential in developing and implementing his/her care plan, especially among high risk patients and among those with chronic and complex care needs. These patients are at increased risk for cognitive impairment. When working with primary care, neuropsychologists (who specialize in integrated assessment of cognitive, emotional, and behavioral/lifestyle functions), quickly stratify patient needs and develop treatment plans that primary care providers then use to manage and coordinate care.

**2. Are the proposed criteria appropriately assigned to each level of the Pathway and do they reflect progressive levels of advanced primary care?**

We offer one comment on Question #2

Basic: Care Coordination should include referral/specialty care tracking and follow-up.

Rationale: Healthcare needs for some patients with chronic medical conditions, behavioral health conditions, or neurologic conditions cannot be met without specialty care or behavioral health care assessment and/or treatment. All PCP's will need to make and track referrals for some patients to receive the medically necessary care to treat and manage those conditions in the most outcome-effective and cost-effective way possible.

A few selected examples to illustrate:

- (a) Patients with chronic conditions such as diabetes, cardiovascular disease, and/or obesity place the greatest demands on the healthcare system. Behavioral health treatment is integral in prevention and optimal management of these conditions since lifestyle factors play a key role in treatment. These conditions greatly increase the risk of damage to the vascular system in the brain, resulting in high risk for cognitive deficits. Patients with cognitive impairments, such as memory loss, poor language skills, or trouble with planning, will have difficulty understanding and following through with their care plans. When present, depression also complicates treatment of these conditions as it can cause fatigue, reduced initiation, and/or forgetfulness which interfere with follow through in treatment. When cognitive or mood symptoms are not identified and treated, the patient's health may worsen as he/she forgets to take medications, takes medications incorrectly, or misses appointments. Instead of achieving optimal health, these patients develop more serious and debilitating disease that compromises their health further, and that is more difficult and costly to manage
- (b) A child with asthma and co-existing ADHD: The family needs a behavioral healthcare component to maximize asthma care by managing ADHD symptoms (such as poor planning, lack of follow-through and forgetfulness).
- (c) An adult with early Alzheimer's disease is in need of multidisciplinary care that includes neuropsychology for tracking cognitive decline and treating the patient and family to help them manage cognitive, emotional, and behavioral changes as the disease progresses. These interventions allow the patient to live in the community as independently as possible for as long as possible, which enhances health and reduces costs such as long term care in institutions like nursing homes.
- (d) Patients who have had a stroke or a TBI (traumatic brain injury) that caused cognitive, emotional, or behavioral symptoms require initial and ongoing assessment and treatment by a

neuropsychologist as they recover from the injury. This care guides the patient, family, and treatment team with a plan that the patient and family can follow, working toward a return to effective functioning, at the highest level of independence possible, thereby achieving better health and averting additional costs to the healthcare system.

### **3. Are there any suggestions for additional or different high-value PCMH criteria for consideration?**

We offer two comments on Question #3

(1) Definition for the Standard of Integrated Clinical Care Management (focused in behavioral health), states: “focus on patients with chronic and complex case needs.” This seems to overlook the opportunity to provide effective preventive and early intervention treatment of all patients with, or developing, chronic behavioral health and/or medical conditions. Early intervention will reduce costs in the long run. We recommend the Definition states: “Focus on patients with behavioral health symptoms (including cognitive and/or emotional symptoms), that might impede effective treatment and management of their conditions”.

We also recommend revision of the final statement in the Definition to state: “Integrate behavioral health and substance use evaluation and treatment into comprehensive care management (rather than as stated: “diagnostic and treatment considerations” as this allows “wiggle room” to cut corners in addressing suspected or identified behavioral health and substance use needs)

(2) We recommend a statement in the Standards that funding for and access to quality behavioral healthcare must be available in all healthcare delivery and payment systems.

Rationale: We are gravely concerned about existing barriers to accessing behavioral healthcare, which will prevent meeting expectations for high-quality health outcomes and cost-effective care. We are happy to provide you with more details and to work with you in addressing these barriers. We are also concerned that when organizations try to contain costs, behavioral healthcare is at greater risk of being short changed, compared with other types of healthcare.

Current barriers include:

(a) Behavioral health insurance systems are difficult to navigate and benefits are hard to access: PCP’s are stymied by how complex and opaque these can be, especially (but not limited to), when behavioral health benefits are administered by a behavioral health carve-out company. Behavioral health providers struggle routinely with navigating these systems and obtaining approval and/or payment for medically necessary services for their patients.

(b) Reimbursement rates for behavioral healthcare have been dropping to the point of threatening economic viability of providing this care, and making it increasingly difficult for patients to find clinicians, group practices, and hospitals to provide the needed care, especially when they use their private or public insurance. Many people in the Commonwealth cannot afford to pay for their needed behavioral health care out of pocket.

(c) Behavioral health services are integral to addressing some medical conditions for some patients (such as those cited as examples in our answer to question #2), yet some insurance companies prohibit billing for behavioral health and/or neuropsychological assessment and treatment for medical conditions, and limit those services to behavioral health conditions only.

(d) Some MassHealth plans actually limit psychologists to providing assessment services only, denying patients covered by those plans access to an entire field of behavioral health clinicians. Psychologists and neuropsychologists are especially well-trained and well-suited to provide evidence-based treatment to patients who have chronic or complex behavioral health, neurologic, and/or other medical conditions.

Thank you for considering our comments. Please contact me if you have any questions or if we can assist you in advancing access to quality healthcare across the Commonwealth.

With best regards,

Margaret Lanca, PhD  
President, Massachusetts Neuropsychological Society

### **Summer 2014 Healthcare reform tip**

Identify and connect with patient care coordinators in offices and hospitals which refer patients to you. Provide timely feedback to clinicians who refer to you. Timely means quick turnaround: acknowledge receipt of referral immediately and relay findings within a few days of seeing the patient. The tracking of referrals, outcomes, and patient satisfaction is a priority in new healthcare systems.

### **Membership Update**

#### **Malissa Kraft, Ph.D., ABPP**

The MNS Membership Committee would like to thank everyone for your outreach efforts and we encourage you to continue to help recruit colleagues and students to join MNS. We have added several new members over the first half of 2014 and hope to continue this trend during the latter half of the year. While it's easy to forget about MNS and related activities during the summer months when we all take some time off, the fall meetings/lectures will start up again in September and we want to encourage everyone to not only attend, but also to spread the word and encourage others to join and attend as well. Additionally, we still have a partnership with MPA that offers those who are members of both MNS and MPA a 15% discount on dues for both organizations. Your dues payments are critical to help advocate for our field in these challenging and uncertain times. We have had many victories in recent months, but still have a long ways to go and much more advocacy to do. There truly is strength in numbers. You can be assured that MNS is working hard to educate and prepare our members for changes in our practice climate as a result of healthcare reform, and continue to advocate vigorously for an optimal practice climate.

## **Mentoring Program Update**

**Mirella Díaz-Santos, MA**  
**MNS Student Representative**

We had another amazing year of student seminars organized by both the Boston University's Neuropsychology Group and MNS Mentoring Program. We would like to thank all the speakers who took the time to share their research, clinical experiences and professional endeavors with our graduate students each month.

- September: Our year started with the well-anticipated workshop on how to apply to internships with a neuropsychology focus, where panelists Dr. Maggie Lanca, Dr. Eve Valera, Dr. Yakeel Quiroz, and Dr. Adrienne West share useful information to over 20 graduate students from different programs.
- October: Dr. Daniel Seichepine discussed his research on "Cognitive dysfunction in contact sports and its relation to chronic traumatic encephalopathy and Alzheimer's disease."
- November: Dr. Nancy Moczynski presented on "Neuropsychology in a psychiatry setting."
- December: Dr. Molly Colvin presented on "Practicing neuropsychology across the lifespan."
- January: Drs. Lauren Pollack, and Cathy Leveroni presented on "Getting ready for board certification in neuropsychology."
- February: Dr. Jane Holmes Bernstein presented on "The development of children: Points to ponder."
- March: Dr. Luke Stoeckel presented on "Real time fMRI: A next generation neuropsychological tool."
- April: Dr. Kim Willment presented on "Cognitive effects of epileptic seizures."

Thanks again to all the speakers, to the BU Neuropsychology Group, and student attendees for a year full of learning and professional networking. Make sure to stay tuned for next year's student seminar series, and let us know if you would like to make part of the Mentoring Program. We would love to hear from you.



## **Greetings and Update from the Professional Affairs Committee**

**Roger F. Cohen, Ph.D., Co-Chair of the PAC**

**Michelle L. Imber, Ph.D., ABPP (Outgoing Co-Chair of the PAC; President-Elect, MNS)**

**Jeffrey B. Sheer, Ph.D., ABPP (Incoming Co-Chair of the PAC)**

We are pleased to report that over the first half of the calendar year, the PAC has continued -- with considerable success --to advocate for access to neuropsychological services in the Commonwealth, to generate tools to enhance professional practice of neuropsychology in Massachusetts, and to engage in a number of additional projects.

1) PAC members have continued, as part of the MNS/MPA Joint Advocacy Group, to work with Blue Cross/Blue Shield to remove barriers to access to our services and to have neuropsychologists be more successful in obtaining authorizations for medically-necessary services. As part of this effort, we have surveyed the MNS and MPA memberships about the extent to which providers have seen changes in responses to their authorization requests.

2) PAC members have continued, as part of the MNS/MPA Joint Advocacy Group, to meet with representatives from Beacon Healthcare and address with them barriers to their policyholders having access to our services. As we have reported in a series of interim communications, these meetings have been quite fruitful; there is still a great deal more to accomplish in our continued work with Beacon.

3) In February 2014, we again made major contributions to the 10-state effort, coordinated by Dr. Karen Postal, to address concerns about Medicare coverage for our services.

4) As part of the MNS/MPA Joint Advocacy Group, we met in late 2013 with Tufts Health Plan representatives. Shortly, after that meeting, we announced to you the successful conclusion of most of the agenda we have had with Tufts during the previous 13 months and the major outcomes of that work. As always, there is further work to do.

5) We have become aware of an invitation for public comment on the Department of Education's IEP Process, and we look forward to providing input from the perspective of our members.

6) We have continued to organize materials to generate a "toolbox" of HIPAA-compliant documents that are specific to Massachusetts neuropsychology practice to support our members.

7) Our public response team has written a letter in support of the use of technicians in New York State, both to help protect our scope of practice as neuropsychologists and to support our sister organization, NYSAN.

For a more comprehensive overview of our recent activity over the past year, please visit the members' section of the website under Professional Affairs Committee to find the most recent version of our PAC Flash – 2013 year in review. Also look for the PAC's internal and external webpages to be updated over the summer.

As always, the committee continues to look for fresh ideas as well as concerns from our members and welcomes the participation of new members on the committee. If you are interested in either joining the PAC, or joining an effort for a specific project of interest, please contact the Co-Chairs, Roger Cohen, Ph.D. ([roger.f.cohen@verizon.net](mailto:roger.f.cohen@verizon.net)), and Jeffrey Sheer, Ph.D. ([jsheer@partners.org](mailto:jsheer@partners.org).)

**REMINDER: MNS CONTINUES TO OFFER A DISCOUNT ON MEMBERSHIP IN Q-INTERACTIVE, PEARSON'S ONLINE TESTING PLATFORM.**

**FOR DETAILS, PLEASE CONTACT DR. JOSEPH MOLDOVER at [jmoldover@drmoldover.com](mailto:jmoldover@drmoldover.com)**

<p><b>MNS Board of Directors Spring 2014</b></p> <p><b>President</b> Margaret Lanca, Ph.D.</p> <p><b>President-elect</b> Michelle L..Imber, Ph.D., ABPP-CN</p> <p><b>Past President</b> Karen Postal, Ph.D., ABPP-CN</p> <p><b>Secretary</b> Nancy Moczynski, Ph.D., ABPP-CN</p> <p><b>Treasurer</b> Kelly Karl, Psy.D.</p> <p><b>Members-At-Large</b> Lori Azzara Psy.D. Maggi Budd, Ph.D., ABPP-CN Roger F. Cohen, Ph.D. Malissa Kraft, Psy.D., ABPP-CN Joseph Moldover, Psy.D., ABPP-CN Anya Potter, Ph.D. Claudia B. Rutherford, Ph.D.</p> <p><b>Student Board Members</b> Mirella Diaz-Santos, M.A. Adrienne West, Ph.D.</p> <p><b>Administrative Assistant</b> Ms. Karen Jackson</p>	<p><b>MARK YOUR CALENDARS</b></p> <p><b>Tuesday September 9, 2014</b></p> <p><b>Paul Spiers Memorial Lecture</b></p> <p><b>Brighton Marine Medical Center</b></p> <p><b>Keep an eye on the listserve for further detail</b></p>
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