The Affordable Care Act and Healthcare Decision Science: Implications for Psychology Research Training in Personality, Multiculturalism, and Methodology

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Abstract: The Affordable Care Act has established a new funding institute, called the Patient-Centered Outcomes Research Institute (PCORI), which has widespread implications for psychology research in the medical setting. PCORI aims to improve healthcare quality and reduce costs by funding research that will help patients to make more informed healthcare decisions. Core funding priorities include facilitating personalized decision-making, reducing disparities, and supporting rigorous research methods. These priorities map on to three long-standing areas of expertise relatively unique to the discipline of psychology – personality, multiculturalism, and methodology. This article summarizes PCORI priorities, how they correspond to psychologists' strengths, and what training programs can do in the coming months and years to increase the added value of psychology graduates in the medical setting.

Keywords: Affordable Care Act, Patient-Centered Outcomes Research Institute, Professional Development, Decision-Making, Personality, Multiculturalism

The Affordable Care Act and Healthcare Decision Science: Implications for Psychology Research Training in Personality, Multiculturalism, and Methodology In attempting to tackle two of the defining problems of the contemporary American healthcare system – millions without insurance and rapidly escalating costs – the Affordable Care Act (ACA, colloquially “Obamacare”) holds tremendous and uncertain implications for psychology research and practice. Recent commentaries (e.g., Casalino & Pincus, 2013; Croft & Parish, 2012), including those in this volume, describe changing models of mental healthcare (e.g., accountable care organizations, patient-centered medical homes), their hypothesized basis for reducing costs and enhancing quality, and their potential implications for the practice of psychology. The aim of the present article is to describe the opportunities the ACA has created for psychologists' expanded involvement in healthcare research. Specifically, the ACA has established the Patient-Centered Outcomes Research Institute (PCORI), a new research funding institute charged with improving the quality and cost of care by producing knowledge that will help patients and their families to make more informed healthcare decisions (PCORI, 2012a).

Fundamental priorities of PCORI include facilitating personalized decision-making, reducing disparities, and supporting rigorous research methods (Gabriel & Normand, 2012; PCORI, 2012a, 2012b; Selby, Beal, & Frank, 2012). These priorities overlap with key strengths in psychology training, namely personality, multiculturalism, and methodology. Accordingly, a strategic response by psychology research training programs in the coming months and years could help increase the added value of psychologists in the medical setting in the near-term, if not fortify the role of psychologists in healthcare research in the long-run.

PCORI-Related Research Priorities
A careful review of the brief history of PCORI suggests that the time is ripe for the increased involvement of psychologists in healthcare research. The statutory mission of PCORI is to ensure that “patients and the public have the information they need to make decisions that reflect their desired health outcomes” (PCORI, 2013). A fundamental assumption of this mission is that healthcare decision-making is a vital point of intervention for improving the quality and cost of healthcare, a theme echoed across priority statements from seven authoritative bodies, including the Agency for Healthcare Quality, National Quality Forum, and Institute of Medicine (Brook, 2011; PCORI, 2012a).

Through a detailed process of investigating, weighing, and synthesizing priorities identified in those policy statements and in stakeholder perspectives, PCORI identified 5 funding priorities (see Fig. 1) that are expected to enhance healthcare decision-making (Gabriel & Normand, 2012; PCORI, 2012a; Selby et al., 2012). Several of these priorities overlap closely with three of psychologists’ relatively unique domains of expertise – personality, multiculturalism, and methodology – suggesting that if training programs harness these strengths to enhance healthcare decision-making, psychologists would be well-positioned to add value to the coming generation of healthcare research.

Research Training in Personality
Psychologists with expertise in personality will have the potential to contribute to the top priority of PCORI, namely supporting personalized healthcare decision-making (40% funding allocation, see Fig. 1). In particular, PCORI’s priorities emphasize the importance of understanding how individual differences in needs, preferences, values, clinical factors, biology, demography, culture, and socioeconomic status affect healthcare decision-making as well as treatment outcomes. Acknowledging that PCORI does not explicitly mention the construct “personality,” historically the study of individual differences in “relatively enduring patterns of thoughts, feelings, and behavior” has been the subject of personality psychology (Allport, 1961, p. 362), positioning psychologists uniquely among the scientific disciplines to rise to this task (Chapman, Hampson, & Clarkin, in press).

Training programs can capitalize on this opportunity by expanding on existing strengths in the study of personality. These strengths include advanced skills in developing and evaluating scales used for assessing individual differences, knowledge of personality theory relevant to both research and clinical practice,
and a long-standing interest in targeting and tailoring interventions based on personality and individual differences (Cella et al., 2007; Chapman et al., in press). In order to increase the added value of psychologists in the medical setting, it would be wise for training programs to focus increasingly on the application of personality research and theory to decision-making and public health. As well, much research in the personality domain has focused on broad traits (e.g., the “Big Five,” self-efficacy, coping styles). By turning up the resolution to address individual difference constructs of greater specificity (e.g., coping with active surveillance in prostate cancer, self-efficacy in cardiac rehabilitation), the potential for translation to the medical setting would be high (Cella et al., 2007). Thus, PCORI may provide opportunities for personality psychologists to put the person in personalized medicine.

Research Training in Multiculturalism

Psychologists with expertise in multiculturalism will be able to contribute to research across three broad PCORI priorities: healthcare disparities, personalized decision-making, and methodologic issues in community-based participatory research (CBPR; see Fig. 1). Specifically, PCORI emphasizes the importance of studying how race, ethnicity, culture, and socioeconomic status affect healthcare decisions, desired healthcare outcomes, and the effectiveness of prevention, diagnosis, and treatment approaches (PCORI, 2012a). As well, a fundamental methodologic tenet of PCORI is that stakeholders must be involved in the design and implementation of research (PCORI, 2012a, 2012b), particularly for racially and ethnically diverse groups who have historically been underrepresented in the research process. These PCORI priorities reiterate the need for psychology programs to continue to expand their training in multiculturalism. At present, many clinical, counseling, and school psychology programs provide excellent clinical training in cultural competence (Whaley & Davis, 2007).

Moreover, psychology research has provided leadership among the scientific disciplines in studying the psychosocial effects of stereotypes, prejudice, discrimination, and economic inequality (American Psychological Association, 2007). Many of these strengths in multiculturalism are exemplified in advocacy activities, ranging from involvements with Brown v. Board of Education in 1954 to Hollingsworth v. Perry in 2013.

In order to add value to research in the medical setting, psychology programs would benefit from adding training in epidemiology, namely medical knowledge about common health conditions (e.g., risk factors, underlying biology, course, treatments) and their variation across sociodemographic groups. As well, psychology training in CBPR (Bogart & Uyeda, 2009) has remained a niche area – strong, but not widespread – and PCORI priorities suggest that the coming generation of researchers will need to integrate community-based approaches into healthcare research. Through continued thoughtful development of multicultural training, programs have the power to provide psychologists with unique advantages in the medical setting.

Research Training in Methodology

A distinct component of PCORI is its commitment to advancing research methodology: 20% of funds will be allocated to advancing research methods (see Fig. 1), and of the five priorities, methodology was the first to receive a comprehensive (200+ page) draft report. That report (PCORI, 2012b), informed by the expert opinions of 17 distinguished healthcare researchers and their colleagues, identified 11 broad priorities (and 60 specialized priorities) for improving the quality of measurement, statistical analyses, and study design in healthcare research. In contrast with biomedical outcomes, PCORI seeks to develop psychometrically strong Patient-Reported Outcome (PRO) measures of symptoms, healthcare processes, and healthcare outcomes that matter to patients and can inform their healthcare decision-making. PCORI acknowledges that the development of PROs and other advances in statistics and study design have the potential to enhance the quality of the four other prioritized domains of research (Gabriel & Normand, 2012; PCORI, 2012b).

The PCORI methodology report specifically acknowledges that psychologists will continue to be instrumental in adding value to methodologic progress in healthcare research. More so than many other scientific disciplines, psychology provides extensive training in statistics, study design, and measurement (Aiken, West, & Millsap, 2008; Cella et al., 2007; Hoerger, Quirk, & Weed, 2011). In fact, PCORI emphasizes that the movement toward Patient-Reported Outcomes (PROs) grew out of psychologists’ psychometric tradition of developing self-report measures with high reliability and validity (PCORI, 2012b, p. 133). Clearly, psychologists have a leg-up in responding to this research priority, and training programs can build on that strength by offering more training in some of the 60 specialized priorities emphasized in the report. Some of those specialized priorities include training in methods of integrating self-report measures with electronic medical records to trigger actions within the healthcare system (e.g., referrals), training in adaptive clinical trials, and statistical training in item-response theory, the handling of missing data in longitudinal studies, and appropriate procedures for heterogeneity analyses. By doubling-down on methodological strengths, training programs can help psychologists to add value to the design and analysis of healthcare research.

Summary Implications for Training Programs

Training programs interested in preparing the coming generation of psychology graduates for careers in the medical setting have a number of different options for enhancing research training in personality, multiculturalism, and methodology. Foremost, universities will need to consider whether they will choose to target training toward undergraduates, graduate students, or postdoctoral fellows. Although the current readerhip may be most interested in doctoral-level training, the expansion of person-centered research under the ACA may also increase the number of mid-level research positions (e.g., lab manager, research coordinator) for well-trained psychology graduates of Bachelors and Masters Degree programs. A second consideration is the relative weight that programs should assign to each of these three domains of expertise. Some programs will no-doubt decide to expand on existing strengths in one of these three areas. Others may use a compensatory approach to call for more training in areas that are currently deemphasized. Programs seeking a comprehensive approach could integrate these three domains of expertise into a single program or concentration under the umbrella of healthcare decision science. Finally, it should be noted that PCORI’s priorities potentially challenge interdisciplinary boundaries between training programs in psychology and those in public health. A number of universities have already begun to diversify their Public Health programs to expand from traditional Master of Public Health (MPH) degrees to a potpourri of programs focusing on some of the priorities emphasized here. For example, the University of Rochester now offers a specialized Master of Science in Clinical Investigation program focused on healthcare research methodology. As well, Northwestern University plans to award public health degrees in Healthcare Quality and Patient Safety (began July 2013) and Translational Outcome Science (starting in 2014). If psychology training programs do not rapidly heed these priorities, the risk is that public health training programs will supplant that need, despite psychologists’ long-standing expertise in personality, multiculturalism, and methodology.
ACA-Related Changes: Passing Fad or Window into the Future?

In making decisions, organizations may contemplate whether the ACA and its policy priorities are here to stay. Many features of the ACA have already begun (e.g., coverage for people with pre-existing conditions, key free preventive services, prohibition of lifetime limits on key benefits, extended coverage on parental plans for young adults, etc.), but it has been suggested by a core architect of the ACA (Gruber, 2011) that projections about its enduring impact are subject to much irreducible uncertainty. At one extreme, a backlash against the ACA could attempt to weaken the individual mandate or reduce research funding. Alternatively, the ACA could gain popularity over time as consumers experience less frustration with a more regulated insurance industry, states innovate with different approaches to expanding coverage, and healthcare research improves the quality and cost of care (Brook, 2012). The research priorities emphasized by PCORI represent a synthesis of broader trends in healthcare research and are, therefore, potentially subject to less uncertainty than other elements of the ACA (PCORI, 2012a; Selby et al., 2012). Specifically, PCORI’s five priorities and overarching goal of enhancing healthcare coverage are drawn from the collective work of the Agency for Healthcare Quality, National Quality Forum, Institute of Medicine, and several other authoritative healthcare bodies. The focus on personality is consistent with broader trends shifting from paternalistic to more person-centered approaches to care (Barry & Edgman-Levitan, 2012), and maps on to the first, and most highly prioritized, domain of PCORI funding (40% allocation, see Fig. 1). Attention to multiculturalism reflects long-term demographic trends toward increased racial and ethnic diversity in the U.S. (Passel & Cohn, 2008). Methodology has arguably received the most detailed immediate attention from PCORI (PCORI, 2012b), suggesting its fundamental importance, and consistent with broader trends to integrate clinical practice with high-quality research (Hoerger et al., 2013; Woolf, 2008). Acknowledging that PCORI values ongoing input from a broad range of stakeholders and that areas of emphasis will evolve over time, the broader trends in public health research are consistent with a need for continued growth in psychology training on personality, multiculturalism, and methodology.

Conclusion

The ACA poses challenges and opportunities for the field of psychology. In establishing the Patient-Centered Outcomes Research Institute (PCORI), the ACA promises to bolster research on personalized decision-making, health disparities, and healthcare research methodology. These priorities overlap significantly with three long-standing strengths of psychology training – personality, multiculturalism, and methodology. Therefore, psychology training programs can expand on these strengths to help produce psychologists that can add value to research in the medical setting.

References

Figure 1. The Affordable Care Act (ACA) established the Patient-Centered Outcomes Research Institute (PCORI), focused on funding research designed to advance the science of healthcare decision-making. PCORI has five stated funding priorities (funding allocation shown parenthetically). In building on psychology’s existing strengths in three domains – personality, multiculturalism, and methodology – training programs can prepare psychology graduates to add value to the coming generation of research in the medical setting.