

BRIEF REPORT

Educating the Psychology Workforce in the Age of the Affordable Care Act: A Graduate Course Modeled After the Priorities of the Patient-Centered Outcomes Research Institute (PCORI)

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The Affordable Care Act (ACA) represents a paradigm shift in the U.S. health care system, which has implications for psychology programs producing the next generation of trainees. In particular, the ACA has established the Patient-Centered Outcomes Research Institute (PCORI), which has been tasked with developing national priorities and funding research aimed at improving health care quality by helping patients and providers make informed health care decisions. PCORI's national priorities span 5 broad domains: person-centered outcomes research, health disparities research, health care systems research, communication and dissemination research, and methodologic research. As these national priorities overlap with the knowledge and skills often emphasized in psychology training programs, initiatives by training programs to bolster strengths in these domains could place trainees at the forefront of this emerging research paradigm. As a part of a new master's program in behavioral health, our program developed a health psychology course modeled around PCORI's 5 national priorities; an initial evaluation in a small sample supported student learning in the 5 PCORI domains. The current report has implications for familiarizing readers with PCORI's national priorities for U.S. health care, stimulating debate surrounding psychology's response to the largest health care paradigm shift in recent U.S. history, and providing a working model for programs seeking to implement PCORI-related changes to their curricula.

Keywords: Affordable Care Act (ACA), Patient-Centered Outcomes Research Institute (PCORI), health care reform, graduate training, health psychology

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Since being enacted into law on March 23, 2010, the Patient Protection and Affordable Care Act (PPACA or simply ACA) has already begun to have a tremendous impact on the U.S. health care system, and psychology training programs can adapt to ensure that trainees are prepared for the emerging priorities of a rapidly changing health care landscape. The complexity of the ACA is

readily apparent, as it spans over 900 pages, including thousands of provisions and subprovisions. In addition to making fundamental changes to the insurance marketplace, tax code, and delivery of health services, the ACA carries considerable implications for health care research, particularly through the establishment of the Patient-Centered Outcomes Research Institute (PCORI; pronounced puh-kohr-ee). PCORI has been tasked with developing national priorities and funding research that will improve the quality of the U.S. health care system by helping people make informed decisions about their health and health care (PCORI, 2012). PCORI has developed five national priorities for health care research (see Table 1). These priorities indicate areas of research with funding potential, represent long-term growth areas in the U.S. health care system, and overlap considerably with the repertoire of skills often emphasized in psychology training programs. Therefore, PCORI's national priorities have implications for psychology training programs seeking to prepare the coming generation of trainees for conducting research in the wake of the ACA. Some have argued (Cummings, 2006; Cummings, Cummings, & O'Donohue, 2009; Puente, 2011) that, historically, psychology has been slow to respond to emerging health care paradigm shifts, both to the detriment of the workforce and public health. Thus, it is an important time for those committed to the quality of training

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Table 1
Patient-Centered Outcomes Research Institute's National Priorities for U.S. Health Care Research

Priority	Description	Representative project titles
1. Person-centered outcomes research (40%)	Personalized comparative effectiveness research, aimed at understanding which interventions for prevention, diagnosis, treatment, disease management, and palliation work best and for whom	"Improving Patient Decisions About Bariatric Surgery" and "Individualized Patient Decision Making for Treatment Choices Among Minorities With Lupus"
2. Health disparities research (10%)	Addresses racial, ethnic, socioeconomic, and other demographic disparities in health outcomes, and best practices in multicultural research	"Patient Priorities and Community Context: Navigation for Disadvantaged Women With Depression" and "Improving Medication Adherence in the Alabama Black Belt"
3. Health care systems research (20%)	Systems-level approaches to increasing access to care, coordination of care, meaningful use of electronic health records, and use of collaborative team-based care	"Improving the Quality of Care for Pain and Depression in Persons With Multiple Sclerosis" and "Changing the Health Care Delivery Model: A Community Health Worker/Mobile Chronic Care Team Strategy"
4. Communication and dissemination research (10%)	Interventions to increase communication between patients and providers, disseminate evidence that can inform decision making, improve health literacy, and empower patients to express concerns	"Improving Communication in the Pediatric Intensive Care Unit for Patients Facing Life-Changing Decisions" and "Comparing Traditional and Participatory Dissemination of a Shared Decision-Making Intervention"
5. Methodologic research (20%)	Development of patient-reported survey measures, analytic techniques, bioinformatics, and methods of increasing community and stakeholder engagement	"Statistical Methods for Missing Data in Large Observational Studies" and "Facilitating Patient-Reported Outcome Measurement for Key Conditions"

Note. Target funding allocations noted parenthetically.

programs to gain a better understanding of PCORI's priorities, engage in debate about the field's response, and begin to implement PCORI-based changes to psychology training programs.

PCORI

Although the ACA is often conceptualized as a singular entity, the act contains myriad provisions designed to meet a number of nuanced objectives for the U.S. health care system (for several excellent reviews, see Gee, Levy, & Reyes, 2014; Gruber, 2011; Provisions of the PPACA, 2014). Section 6301 of the ACA established PCORI and guidelines for a process that ultimately produced five national priorities for transforming U.S. health care research (see Table 1). PCORI's expressed purpose is to help patients, providers, and policymakers make informed health decisions by building and disseminating knowledge about what methods of prevention, diagnosis, treatment, and disease management work best and for whom (PCORI, 2012). To accomplish this mission, the ACA tasked PCORI with identifying national priorities, gaining input from stakeholders (e.g., patients in the community, providers, researchers, hospital and industry leaders), developing a funding agenda, administering a peer-reviewed system, distributing research funds, and disseminating knowledge gained.

The process of establishing the five national priorities was iterative, comprehensive, and built on a foundation of prior authoritative policy statements and massive stakeholder input. PCORI's Board of Governors initiated a National Priorities Workgroup that reviewed nine prior national efforts to prioritize health care research (e.g., Institute of Medicine, 2009; National Quality Forum, 2004), ultimately producing 10 overarching themes. The workgroup gained further input from the PCORI Board of Governors (which includes a variety of stakeholders), the PCORI Methodology Committee, and various stakeholder groups. Based on that

input, the workgroup organized the overarching themes into the five broad priorities (see Table 1) and a more specific funding agenda. A draft of the five priorities and an agenda were made available for public comment, and analyses of the nearly 500 formal comments received guided the final priority statement (PCORI, 2012).

Interface Between PCORI and Psychology

Several aspects of PCORI's national priorities are distinct and relevant to psychology. As PCORI's name suggests, 40% of its funding is prioritized broadly for patient-centered outcomes research (see Priority 1, Table 1). This is a departure from basic and biomedical research common in the funding portfolios of the National Institutes of Health (NIH) and the National Science Foundation, a departure that largely favors the skills of those trained in psychology, especially health service psychology (Health Service Psychology Education Collaborative, 2013). As well, methodology is greatly prioritized, with 20% of funds going to methodologic research (see Priority 5, Table 1). In fact, PCORI established a methodology committee and has already released a 150-page report outlining 47 methodologic standards for person-centered outcomes research (PCORI Methodology Committee, 2013). Other themes echoed across the priorities include attention to research that is translational, pragmatic, psychosocial, sensitive to individual differences, and grounded in stakeholder input (PCORI, 2012).

PCORI's five national priorities are noteworthy for psychologists and psychology trainees in terms of suggesting potential funding areas and clarifying broader trends in U.S. health care research. In the near term, PCORI has a research budget of \$500 million per year (Selby & Lipstein, 2014), which is higher than the research budgets of 43% of the NIH's 26 institutes and centers

(NIH, 2014). In terms of study populations, approximately one in five PCORI-funded studies is focused on mental health, with others focused on cancer care (23%), cardiovascular disease (16%), diabetes and other endocrine disorders (11%), and cross-cutting behavioral health concerns, such as self-care and pain management (14%; Selby & Lipstein, 2014). PCORI's strategic planning (Yan, 2013) supports the stability of this funding stream and these priorities. Moreover, because PCORI's national research priorities were developed through an iterative process of synthesizing numerous trusted priority statements (e.g., Institute of Medicine, 2009; National Quality Forum, 2004) and obtaining stakeholder input, they are emblematic of broader growth areas on the horizon in the U.S. health care system.

Psychology is uniquely positioned to respond to PCORI's national priorities. Foremost, PCORI's overarching mission is to enhance health decision making, and psychologists have significant expertise in decision science and associated domains, such as emotion, judgment, cognitive neuroscience, motivation, and behavior change (see Nelson, Stefanek, Peters, & McCaul, 2005, and other articles in that special issue). Second, PCORI's emphasis on person-centered outcomes research (Priority 1; see Table 1) combines "comparative effectiveness research," which focuses on identifying generally effective interventions, with "personalized medicine," which focuses on individual differences in outcomes (Garber & Tunis, 2009). These domains parallel experimental psychology and personality psychology, and training in the latter, in particular, arguably affords the field opportunities to lead all scientific disciplines in research on personalized medicine (Chapman, Hampson, & Clarkin, 2013; Hoerger, 2013). Third, psychology can contribute to research on health disparities (Priority 2) given its strengths in multicultural competence in health service psychology (e.g., clinical, counseling, and school psychology; Health Service Psychology Education Collaborative, 2013) as well as social psychology's expertise on intergroup relations (e.g., Adler, 2009). Fourth, several areas of psychology expertise can make valuable contributions to health care systems research (Priority 3) and communication and dissemination research (Priority 4). For example, those with specialized training in primary care psychology, institutional/organizational psychology, and school-based mental health can contribute to the former (e.g., Nash, McKay, Vogel, & Masters, 2012), and those with training in communication and linguistics or dissemination and implementation research can contribute to the latter (Hoerger et al., 2013). Finally, PCORI's methodologic priority (Priority 5) emphasizes measurement (development and use of "patient-centered" surveys, as well as psychometrics), analytics, and community-based research. Psychology's expertise in measurement, in particular, is perhaps unmatched by any other field, and psychologists can make an important contribution to developing patient-reported measures now in vital demand (Aiken, West, & Millsap, 2008; Hausman et al., 2013). The interested reader will find additional sample articles in each of the prioritized domains in the reading list in the Supplemental Materials.

Psychology's Response to PCORI

The development of PCORI's priorities suggests the need to update curricula in health service psychology training programs. Health service psychology encompasses 11 specialties, including

clinical, clinical health, clinical child, clinical neuropsychology, counseling, behavioral, cognitive, school, family, psychoanalytic, and forensic psychology (American Psychological Association [APA], 2012; Health Service Psychology Education Collaborative, 2013). Health service psychology training programs have demonstrated a long-standing commitment to high-quality graduate education (Belar, Wilson, & Hughes, 1982; Puente, 2011; Rozensky, 2013). Nonetheless, some have argued (Cummings, 2006; Puente, 2011) that, unfortunately, psychologists have historically been slow to respond to several paradigm shifts in the health care system (e.g., managed care), dismissing them as "passing fads" (Cummings et al., 2009). The ACA represents a significant paradigm shift in health care, and it remains to be seen whether PCORI's national priorities will be perceived as a "call to action" or dismissed as with past reforms.

Accordingly, the time is ripe for dialogue about how health service psychology training programs can adapt to implement changes that bring the discipline's skills to bear on the emerging priorities of the ACA. Since the ACA was enacted into law 5 years ago, health service psychologists have published a dearth of articles on the implications of the law. For example, PsycINFO and Google Scholar searches reveal only two articles published in *Health Psychology*, the APA's flagship journal in clinical health psychology, that have mentioned the ACA (Hanoch & Finkelstein, 2013; Rothman, Klein, & Cameron, 2013) and none that have mentioned PCORI or its implications for training programs. Several recent articles (Arsenault, Rene, & Talavera, 2013; Chor, Olin, & Hoagwood, 2014; Hoerger, 2013; Puente, 2011; Rozensky, 2013, 2014a, 2014b) have made helpful comments on some of the broad implications of the ACA for health service psychology training programs, mainly focusing on abstract themes: increasing interprofessional education, boosting training in finance and health administration, expanding training from mental health to health more broadly, and improving cultural competence. However, existing recommendations focus mainly on applied clinical training, with less attention toward research training. Moreover, more specificity is needed to clarify how these abstract themes might be concretely implemented within training programs. PCORI's national research priorities are sufficiently detailed and well conceived in prior health care policy agendas, so they provide a natural starting point for concrete discussions about how training programs might adapt to implement changes in their research curriculum.

A historical analysis suggests that health service psychology could benefit from being more responsive to paradigm shifts in the health care landscape. For example, through a more strategic response, psychologists could have avoided several missteps that limited the profession's scope of practice during Medicare reform in the late 1980s (Puente, 2011). Arguably, the discipline was also slow to respond to the rise of managed care in the 1990s and the shift from acute care to disease management in the 2000s, potentially at the expense of public health and the size and compensation of the psychology workforce (Cummings, 2006; Cummings et al., 2009; Puente, 2011). In light of the ACA, other health professions, such as medicine (e.g., Allen et al., 2013), nursing (e.g., Barksdale, Newhouse, & Miller, 2014), and public health (e.g., Matson, Lake, Bradshaw, & Matson, 2014), are already implementing changes to their training programs, perhaps owing to a more established culture of examining workforce issues (Health Service Psychology

Education Collaborative, 2013). Given the intersection between psychologists' skills and PCORI's national priorities, it is an important time for health service psychologists to weigh how to enhance psychology training programs.

Implementation of a PCORI-Based Graduate Course

Developing curriculum that interfaces with an educational institution's priorities and the paradigm shifts of the ACA represents a significant challenge. Recently, Tulane University implemented a PCORI-based psychology course, which is described here as an illustrative example. In grappling with the university's response to the ACA, the psychology department initiated a new Master of Science in Behavioral Health program in January 2014, with the objective of preparing students for doctoral training in health service psychology, and particularly clinical health psychology, so that they can ultimately pursue careers in clinical practice, research, and policy. The program includes five new health psychology courses—Health Psychology, Health Psychology II, Integrated Health Systems, Interventions in Health Settings, and Research Methods and Data Analysis—which supplement additional training already available in assessment, statistics, and developmental psychology and are open to all master's- and doctoral-level students.

The initial course in the sequence, Health Psychology, was modeled directly after PCORI's five national priorities and through the collective input of 16 members of APA's Division 38 (Health Psychology) listserv. The course includes 10 reading modules: (1) Introduction to Health Psychology, the ACA, and PCORI; (2) Foundations in Health Psychology I: The Biopsychosocial Model; (3) Foundations in Health Psychology II: Community Health Psychology; (4) Foundations in Health Psychology III: Theories of Health Behavior; (5) PCORI's Overarching Focus: Health Decision Making; (6) PCORI I: Person-Centered Outcomes Research; (7) PCORI II: Health Disparities Research; (8) PCORI III: Health Care Systems; (9) PCORI IV: Communication and Dissemination Research; and (10) PCORI V: Research Methods in Health Psychology. Of the 62 required readings, 66% were from 2010 or later, with 18% from 2013. Thus, students were exposed to recent readings on topics prioritized by the ACA and colleagues in health psychology. Reading lists for each of the 10 modules and the syllabus are provided in the Supplemental Materials for those seeking to adapt this PCORI-based master's curriculum for their doctoral training programs in health service psychology.

An empirical evaluation of the first class of students ($N = 10$) completing the course provided initial evidence of student learning across the five PCORI-prioritized domains. Self-reported estimated of increases in knowledge ranged from $d = 1.34$ to 5.20 across the five domains. Detailed methodology and results are provided in the Supplemental Materials.

Implications for Training Programs

Implementing PCORI's national priorities within an introductory master's of health psychology course represents merely one fruitful avenue for educating trainees in the wake of the ACA. As noted, the national priorities overlap to some degree with many areas of psychology (Hoerger, 2013). The modules described here could be used in whole, in part, or adapted to meet the needs of

other graduate courses. For example, in teaching a module on health care systems research, an instructor could pull some readings from the relevant module described here and supplement them with additional readings relevant to health care systems research in their particular specialty (e.g., health care systems research in clinical neuropsychology). More specialized graduate coursework could also be developed, such as a research methods sequence that is aligned with the priorities outlined in PCORI's methodologic report (PCORI Methodology Committee, 2013).

PCORI-based curricula could also be implemented outside of standard graduate courses. For examples, PCORI's national priorities could be embedded within psychology internship and post-doctoral training seminars (e.g., Arsenault et al., 2013), and the ACA includes funding mechanisms relevant to that end (Chor et al., 2014). At the postlicensure stage, continuing education courses, APA Advanced Training Institutes, and conference presentations could also be dedicated toward disseminating knowledge and expertise relevant to PCORI's national priorities. As well, it could be useful to familiarize undergraduates in a range of courses (e.g., research methods, personality, cognitive psychology) with the relevance of their coursework to emerging needs in the U.S. health care system. Such efforts could be formalized by developing more specialized courses or through changes to undergraduate degree requirements (e.g., Rozensky, 2013).

Limitations and Future Directions

Several limitations of this report can be noted. Foremost, the course described here was implemented through a master's program rather than through a health service psychology program. Although the priorities emphasized here (see Table 1) are clearly relevant to clinical psychology, child clinical psychology, school psychology, clinical neuropsychology, professional geropsychology, and perhaps other specialties, doctoral training curricula would need to be tailored appropriately, and perhaps by focusing on mental health rather than health more broadly. Ultimately, there is a great need for programs implementing these types of changes to rapidly disseminate information on their training methods and outcomes to move the field forward. In the coming years, it would be particularly informative for health service psychology programs to report longer term outcomes related to program enrollment, publications, grants, occupational outcomes, and economic outcomes. Such an approach of assessing program outcomes and disseminating findings is consistent with PCORI's approach to evidence-based decision making.

The development and preliminary evaluation of the course noted here also had several limitations, namely the sample size, reliance on self-report of learning outcomes, and lack of a comparison group. As well, more information is needed regarding potential replicability across other students, instructors, and universities, as some elements of the coursework (i.e., readings) are more easily adopted than others (i.e., lecturing).

Conclusion

In summary, this report has provided a primer on PCORI, described the intersection between PCORI's priorities and psychology, and provided an illustrative example of PCORI-based training that could be adopted and adapted by other training

programs. There is a need for more discussion about how training programs can adapt to implement changes that prepare trainees for work in the wake of the emerging priorities of the ACA.

References

References marked with an asterisk are included in the online Supplemental Materials.

- Adler, N. E. (2009). Health disparities through a psychological lens. *American Psychologist*, *64*, 663–673. <http://dx.doi.org/10.1037/0003-066X.64.8.663>
- Aiken, L. S., West, S. G., & Millsap, R. E. (2008). Doctoral training in statistics, measurement, and methodology in psychology: Replication and extension of Aiken, West, Sechrest, and Reno's (1990) survey of PhD programs in North America. *American Psychologist*, *63*, 32–50. <http://dx.doi.org/10.1037/0003-066X.63.1.32>
- Allen, S. M., Ballweg, R. A., Cosgrove, E. M., Engle, K. A., Robinson, L. R., Rosenblatt, R. A., . . . Wenrich, M. D. (2013). Challenges and opportunities in building a sustainable rural primary care workforce in alignment with the Affordable Care Act: The WWAMI program as a case study. *Academic Medicine*, *88*, 1862–1869. <http://dx.doi.org/10.1097/ACM.0000000000000008>
- American Psychological Association. (2012). *Education and training guidelines: A taxonomy for education and training in professional psychology health service specialties*. Retrieved from <http://www.apa.org/ed/graduate/specialize/taxonomy.pdf>
- Arsenault, D., Rene, R., & Talavera, G. (2013). Clinical psychology training in health care reform: Predoctoral psychology in integrated primary care. *NYS Psychologist*, *25*, 6–9.
- Barksdale, D. J., Newhouse, R., & Miller, J. A. (2014). The Patient-Centered Outcomes Research Institute (PCORI): Information for academic nursing. *Nursing Outlook*, *62*, 192–200. <http://dx.doi.org/10.1016/j.outlook.2014.03.001>
- Belar, C. D., Wilson, E., & Hughes, H. (1982). Health psychology training in doctoral psychology programs. *Health Psychology*, *1*, 289–299. <http://dx.doi.org/10.1037/0278-6133.1.3.289>
- Chapman, B. P., Hampson, S., & Clarkin, J. (2013). Personality-informed prevention and intervention for healthy aging. *Developmental Psychology*, *50*, 1426–1441.
- Chor, K. H. B., Olin, S. C. S., & Hoagwood, K. E. (2014). Training and education in clinical psychology in the context of the Patient Protection and Affordable Care Act. *Clinical Psychology: Science and Practice*, *21*, 91–105. <http://dx.doi.org/10.1111/cpsp.12068>
- Cummings, N. A. (2006). Psychology, the stalwart profession, faces new challenges and opportunities. *Professional Psychology: Research and Practice*, *37*, 598–605. <http://dx.doi.org/10.1037/0735-7028.37.6.598>
- Cummings, N. A., Cummings, J. L., & O'Donohue, W. (2009). We are not a healthcare business: Our inadvertent vow of poverty. *Journal of Contemporary Psychotherapy*, *39*, 7–15. <http://dx.doi.org/10.1007/s10879-008-9097-x>
- *Davis, G. A. (2003). Using a retrospective pre-post questionnaire to determine program impact. *Journal of Extension*, *41*. Retrieved from <http://www.joe.org/joe/2003august/tt4.php>
- Garber, A. M., & Tunis, S. R. (2009). Does comparative-effectiveness research threaten personalized medicine? *New England Journal of Medicine*, *360*, 1925–1927. <http://dx.doi.org/10.1056/NEJMp0901355>
- Gee, R. E., Levy, B., & Reyes, C. (2014). Health reform in action: Updates on implementation of the Affordable Care Act. *Obstetrics and Gynecology*, *123*, 869–873. <http://dx.doi.org/10.1097/AOG.0000000000000185>
- Gruber, J. (2011). *Health care reform*. New York, NY: Farrar, Straus & Giroux.
- Hanoch, Y., & Finkelstein, E. A. (2013). Health psychology meets behavioral economics: Introduction to special issue. *Health Psychology*, *32*, 929–931. <http://dx.doi.org/10.1037/hea0000009>
- Hausman, A. J., Baker, C. N., Komaroff, E., Thomas, N., Guerra, T., Hohl, B. C., & Leff, S. S. (2013). Developing measures of community-relevant outcomes for violence prevention programs: A community-based participatory research approach to measurement. *Journal of Comparative Psychology*, *52*, 249–262. <http://dx.doi.org/10.1007/s10464-013-9590-6>
- Health Service Psychology Education Collaborative. (2013). Professional psychology in health care services: A blueprint for education and training. *American Psychologist*, *68*, 411–426. <http://dx.doi.org/10.1037/a0033265>
- Hoerger, M. (2013). The Affordable Care Act and healthcare decision science: Implications for psychology research training in personality, multiculturalism, and methodology. *NYS Psychologist*, *25*, 28–30.
- Hoerger, M., Epstein, R. M., Winters, P. C., Fiscella, K., Duberstein, P. R., Gramling, R., . . . Kravitz, R. L. (2013). Values and options in cancer care (VOICE): Study design and rationale for a patient-centered communication and decision-making intervention for physicians, patients with advanced cancer, and their caregivers. *BMC Cancer*, *13*, 188. <http://dx.doi.org/10.1186/1471-2407-13-188>
- *Howard, G. S. (1980). Response-shift bias a problem in evaluating interventions with pre/post self-reports. *Evaluation Review*, *4*, 93–106. <http://dx.doi.org/10.1177/0193841X8000400105>
- Institute of Medicine. (2009). *Initial national priorities for comparative effectiveness research*. Washington, DC: National Academies Press.
- *Khanna, S. K., Cheyney, M., & Engle, M. (2009). Cultural competency in health care: Evaluating the outcomes of a cultural competency training among health care professionals. *Journal of the National Medical Association*, *101*, 886–892.
- Matson, C. C., Lake, J. L., Bradshaw, R. D., & Matson, D. O. (2014). The public health leadership certificate: A public health and primary care interprofessional training opportunity. *Health Promotion Practice*, *15*(Suppl.), 64S–70S. <http://dx.doi.org/10.1177/1524839913509275>
- Nash, J. M., McKay, K. M., Vogel, M. E., & Masters, K. S. (2012). Functional roles and foundational characteristics of psychologists in integrated primary care. *Journal of Clinical Psychology in Medical Settings*, *19*, 93–104. <http://dx.doi.org/10.1007/s10880-011-9290-z>
- National Institutes of Health. (2014). *The NIH almanac*. Retrieved from <http://www.nih.gov/about/almanac/appropriations/index.htm>
- National Quality Forum. (2004). *National priorities for healthcare quality measurement and reporting: A consensus report*. Washington, DC: Author.
- Nelson, W., Stefanek, M., Peters, E., & McCaul, K. D. (2005). Basic and applied decision making in cancer control. *Health Psychology*, *24*(Suppl.), S3–S8. <http://dx.doi.org/10.1037/0278-6133.24.4.S3>
- *Nimon, K., Zigarmi, D., & Allen, J. (2011). Measures of program effectiveness based on retrospective pretest data: Are all created equal? *American Journal of Evaluation*, *32*, 8–28. <http://dx.doi.org/10.1177/1098214010378354>
- Patient-Centered Outcomes Research Institute. (2012). *Patient-Centered Outcomes Research Institute: National priorities for research and research agenda*. PCORI Board of Governor's Meeting. Available from <http://pcori.org/assets/PCORI-National-Priorities-and-Research-Agenda-2012-05-21-FINAL1.pdf>
- Patient-Centered Outcomes Research Institute Methodology Committee. (2013). *The PCORI methodology report*. Retrieved from <http://www.pcori.org/assets/2013/11/PCORI-Methodology-Report.pdf>
- *Pratt, C. C., McGuigan, W. M., & Katzev, A. R. (2000). Measuring program outcomes: Using retrospective pretest methodology. *American Journal of Evaluation*, *21*, 341–349. <http://dx.doi.org/10.1177/109821400002100305>
- Provisions of the Patient Protection and Affordable Care Act. (2014). Retrieved from http://en.wikipedia.org/wiki/Provisions_of_the_Patient_Protection_and_Affordable_Care_Act
- Puente, A. E. (2011). Psychology as a health care profession. *American Psychologist*, *66*, 781–792. <http://dx.doi.org/10.1037/a0025033>

- Rothman, A. J., Klein, W. M., & Cameron, L. D. (2013). Advancing innovations in social/personality psychology and health: Opportunities and challenges. *Health Psychology, 32*, 602–608. <http://dx.doi.org/10.1037/a0032116>
- Rozensky, R. H. (2013). Quality education in professional psychology: Flowers blooming, Flexner, and the future. *American Psychologist, 68*, 703–716. <http://dx.doi.org/10.1037/a0033771>
- Rozensky, R. H. (2014a). Implications of the Affordable Care Act for education and training in professional psychology. *Training and Education in Professional Psychology, 8*, 83–94. <http://dx.doi.org/10.1037/tep0000021>
- Rozensky, R. H. (2014b). Implications of the Patient Protection and Affordable Care Act: Preparing the professional psychology workforce for primary care. *Professional Psychology: Research and Practice, 45*, 200–211.
- Selby, J. V., & Lipstein, S. H. (2014). PCORI at 3 years—Progress, lessons, and plans. *New England Journal of Medicine, 370*, 592–595. <http://dx.doi.org/10.1056/NEJMp1313061>
- Yan, R. (2013, November). *PCORI: Proposed FYE 2014 budget*. PCORI Board of Governor's Meeting. Atlanta, GA.

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