

The Future of Psychiatric Practice

OCTOBER 2023

LET'S GET STARTED 

Workforce Issues



Workforce Issues

The Health Care System is designed to make people feel like they are getting adequate care while minimizing costs and/or maximizing profits.

- a** Consumers have no idea what good care looks like and can't hope to know- Many practitioners don't even know- especially outside their specialty areas
- b** Capitalism is basically psychopathic in that it privileges profit over all else and much of our health care system rests on this model (See Witt vs UBH)
- c** Patients will stay on an insurance plan for an average of 3 years so foot dragging and obfuscation while an insurer waits for someone who needs costly care to cycle off their plan is richly rewarded
- d** The healthcare system does not exist to provide the highest quality care or indeed jobs for physicians.

The Doctor Shortage

\$400,000

The average US Physician makes almost **\$400,000 per year**

50-100%

(That **\$400k** is **50-100% more** than physicians in Germany and the UK)

27 of 31 countries

The US has fewer doctors per capita than **27 of 31 countries** in the organization for economic cooperation

1980-2004

Residency slots **capped and decreased in 1980-2004** due to impending physician surplus even as the US population increased 29%.

1 in 5

1 in 5 physicians intends to retire in the next 2 years

50%

50% of psychiatrists are over 60

Into the Breach: Nurse Practitioners and Physician Assistants

- a. Less education and training Wear white coats and are called doctor- NPs sued in CA for the right to call themselves "Doctor"
- b. Much cheaper (120k instead of 400k)
- c. Some small studies suggest that the cost of care increases in their mode of practice but patient satisfaction is high.
- d. No large studies comparing quality of care
- e. Very symptom focused- Especially NPs
- f. Number of NPs and PAs has exploded in the past 20 years

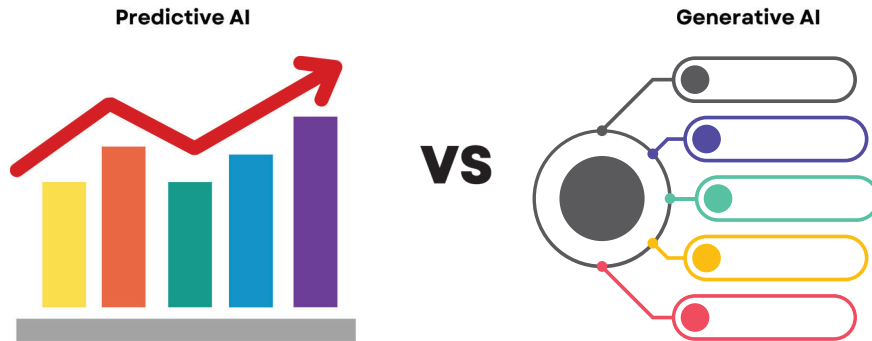
Into the Breach (continued)

Since one can hire 3 NPs for every doctor and there aren't enough doctors anyway they are doing more and more.

- a. Does one need to go to college, medical school, and 4 years of residency to practice the symptom focused psychopharmacology that is mainstream psychiatric practice today? The market is answering with a resounding no.
- b. AI is going to enable so-called mid-level practitioners to be more and more effective.

Artificial Intelligence

AI- Moving too fast to speak about fully. Literally every week there is another breakthrough.



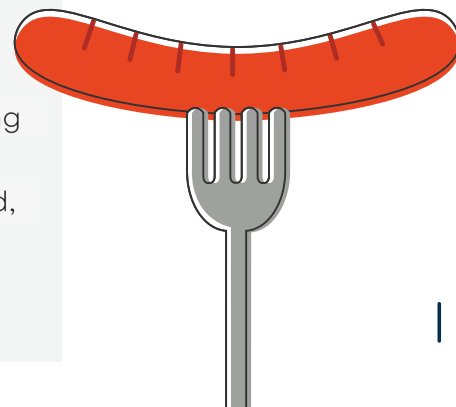
Predictive Artificial Intelligence

Uses vetted information-
Think Meta-analysis on
steroids



Generative Artificial Intelligence

- Garbage in garbage out
- Uses all the information available to it
- Emergent capabilities
- Improving at a logarithmic rate
- Translates languages of all kinds including fMRI images
- Much of this information is wrong, biased, poor quality etc.
- BUT- The sausage still tastes good



People falling in love with their bots



Artificial Intelligence

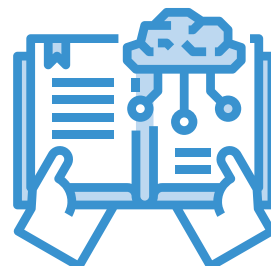
AI decodes and synthesizes reality since our reality is built on language



Artificial Intelligence

AI will enable masters trained practitioners to function at higher and higher levels- Mt Sinai, Stanford, JHU and others actively studying AI enhanced healthcare which given our system will be used to increase profits/reduce costs above all other considerations.

- Large language models will first assist then replace therapists after a couple of years of learning on thousands of patient therapist interactions. First they will flag certain sessions for material suggesting dangerousness then they will begin to offer on the fly suggestions for responses then will take over screening then evaluation then treatment itself.



Artificial Intelligence



The system doesn't want expensive doctors- Canadian healthcare system. Ketamine clinics. Psilocybin clinics. No doctors.

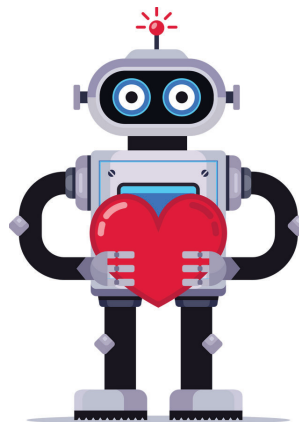
Artificial Intelligence

AI has a Theory of Mind equivalent to an 11 year old. Better than many of our patients. And these Models are improving.



Artificial Intelligence

Synthetic relationships are coming very very soon. What does this mean for psychiatry?

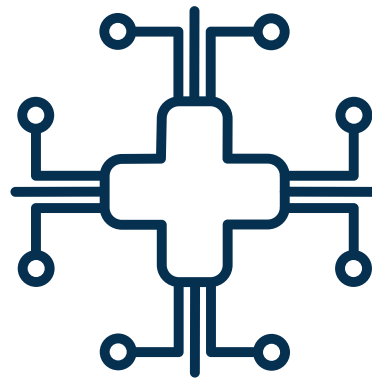


The Terminator



Artificial Intelligence

The AI age is upon us and will massively transform medicine and psychiatry.



Artificial Intelligence

“AI truly replacing clinicians is... no longer unthinkable based on Generative AI. Online services like BetterHealth could already be training LLMs (Large Language Models) on patient and practitioner sessions/texts to build systems to both detect patient problems and assist practitioners in constructing good responses.”

- Alexis Battle, Director
Malone Center for Engineering in HealthCare, JHU



References

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Thank You

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