GUIDE TO
Innovative Practice Models

Reaching Out to Physicians

Use these tips to find physicians willing to refer patients, develop co-located services or even invite you to integrate behavioral health into their primary-care practices.

This is the fourth of seven sections in the Guide to Innovative Practice Models. To access other sections or the full guide, visit apapracticecentral.org.

The APA Practice Organization gratefully acknowledges the assistance of Jana Martin, PhD; Kevin Ryan, JD; Karen Dale, RN; Alan Nessman, JD; Geoffrey Kanter, PhD; and Vincent J. Bellwoar, PhD, in developing this material.

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Many psychologists aren’t ready to jump into an innovative practice model. For those who want to maintain their own private practices, there are ways to explore the changing health care environment without making a big commitment. You can start by more effectively helping with the care of patients who have been already referred to you.

Beginning to integrate the services you provide with primary-care and other medical practices is one key strategy. That shift from working independently to becoming part of your patients’ overall health care isn’t just good for your patients’ health. It’s also good for your practice’s bottom line. And the options range from simply encouraging physicians to confer, and then refer patients to you to co-locating your services within physicians’ offices or integrating your services entirely.

Consider these ideas for communicating and collaborating effectively with physicians and their practices:

- **Assemble a team.** Primary-care physicians typically see 20 to 30 patients a day, and as many as half of those patients should be seeing a psychologist in addition to a physician. That means there’s a great potential for improved patient care with increased referrals. You’ll need to have providers in your practice or relationships with other providers in your community to meet that demand, plus an excellent administrative staffer. Remember that not every psychologist can do everything. If your practice is in a large city, you should be able to develop a network that includes psychologists specializing in cognitive-behavioral therapy, eating disorders, testing and other specialties. It’s also helpful to have colleagues around the country, so that you can refer patients to well-qualified practitioners when they head to college or take a new job in another city. You can also invite colleagues from your graduate training or postdoc days to refer patients to you when those patients are in town.

Build your network even more by making new connections at APA’s annual convention and smaller meetings, signing up for one of APA’s many listservs and attending networking events in your community.

- **Consult with physicians about the patients you share.** Many physicians view mental health practices as black holes: They refer patients to psychologists or other mental health professionals, but often never hear anything back from them about how their shared patients are doing. Sending a note to a patient’s primary-care provider isn’t just good practice; it’s also one of the most effective marketing tools there is.

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*Innovative Practice Models (IPM), formerly referred to as Alternative Practice Models, is now being used to avoid confusion with Alternative Payment Models.*
When you see a new patient, ask who his or her primary-care provider is and ask for permission to communicate with that physician, both verbally and in writing. After a patient’s appointment, send a note to the primary-care provider describing the patient’s psychological issues, outlining the proposed treatment and thanking the physician for the referral, if relevant.

Once you establish a relationship with a physician, call to talk about shared patients occasionally or even schedule regular check-ins. These quick calls not only give you a chance to update physicians on how their patients are doing, but also give you an opportunity to see if the physician appreciates what you have to offer. Ideally, the communication should be bidirectional, so invite physicians to call you, too. To avoid phone tag, suggest scheduling an appointment.

- Educate physicians about how a psychologist could help them and their patients. Once you’ve established a collegial relationship and demonstrated how helpful you can be, ask physicians if they’d like to learn more about integrating a psychologist into their practices. Bring an agenda to help make the meeting seem more official. Always keep in mind that primary care physicians usually have a long term, sometimes decades, relationships with patients and families.

You could offer to give a 15-minute presentation at their next practice meeting, for example. You could pitch the idea of a psychological health check-up for every new patient in a physician’s practice. Offer to manage the practice’s most challenging patients or monitor suicidality and other potential side effects of psychotropic medications. Become familiar with the behavioral side effects of common chronic conditions and strategies to help those patients. Explore credentialing or medical staff membership at a local hospital, evaluate patients and write notes and become known as someone who is skilled and helps to improve patient outcome.

Explain how a psychologist can take care of patients with mental health concerns – who could represent up to half of a primary care practice’s patients – and allow the physicians to focus on the patients who need their medical expertise. Be patient, be persistent and just keep pitching ideas.

- Start small with co-location. If you decide to start co-locating your services within a primary-care provider’s office, try a one or two day per week placement at first so that practice members can get to know you or a psychologist from your practice. Keep in mind that you’re going into someone’s professional “home,” which may have different rules, roles, structures and personalities than your own. A co-located psychologist can assess patients and provide treatment for uncomplicated problems within the medical practice, referring patients who need weekly psychotherapy or more intensive help back to the home practice.

- Recognize your own value. Physicians and other medical personnel highly value the knowledge and skills that you take for granted as a psychologist. A nurse may not know how to help a patient whose past medical traumas have left her terrified of a simple procedure like having surgical staples removed from a healed wound, for example. Teaching the patient a simple visualization exercise to manage her anxiety doesn’t just help that patient: the nurses will go on to teach it to many more patients throughout their careers.

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