Innovator and Advocate for Behavioral Health

**Practitioner Profile: Traci L. Bolander, PsyD**

When Traci Bolander, PsyD, launched her private practice in 2006, it was just her and a small office. Almost a decade later, Bolander directs a Newark, Delaware-based practice with more than 30 psychologists, psychiatrists and therapists, more than 20 support staff, two clinical sites and an administrative office. Meanwhile, she’s helping to shape the future of health care in Delaware. And she has even bigger dreams for Mid-Atlantic Behavioral Health, LLC. “Our goal is to be viewed as an innovator and advocate in the area of behavioral health,” says Bolander.

**Rapid growth**

Bolander didn’t start out as a psychologist. Although an abnormal psychology class her last year of college tempted her to change her major, her advisor wouldn’t allow it and she stuck with education. After 13 years as an elementary school teacher and guidance counselor, she earned a doctorate in clinical psychology at Immaculata University in 2004.

A postdoc piqued Bolander’s interest in forensics, so she spent the next few years working as a prison psychologist and then directing mental health services for Delaware’s corrections system. But she soon longed for direct clinical work and launched a part-time private practice specializing in assessment.

“It quickly got to the point where I had more business than I could handle,” remembers Bolander. “I decided I wanted to build a practice where I could have lots of different kinds of people so everyone didn’t have to be a specialist in everything: We could pool all our resources to provide what patients really needed.”

The services that Mid-Atlantic Behavioral Health now offers go far beyond the traditional individual, family, couples and group outpatient therapy. There’s also a suboxone program for those with opiate addiction. There’s an assessment center staffed by psychologists and a neuropsychologist. The practice has even built special parent-child interactive therapy rooms as part of its specialty children’s services.

“We’ve done a great job integrating mental health. Now we have to think about the whole body.”

That means working with medical professionals focused on patients’ physical problems. The practice already collaborates with physicians, thanks in part to its electronic medical record system. “As soon as patients start with us, we communicate with their physicians,” says Bolander, adding that the practice has developed relationships with primary care practices and specialty practices in cardiology and neurology.

The integration goes deeper in Mid-Atlantic’s soon-to-expand work with a medical clinic at the University of Delaware. Mid-Atlantic staff provide mental health services to Parkinson’s patients as part of a research team at the clinic, for example. The practice has also worked with a large hospital to create a streamlined process that allows the therapists embedded in its primary care and specialty offices to refer patients to Mid-Atlantic for additional care.

“Our goal is to be as integrated into primary care as we can,” says Bolander. That approach could broaden mental health services beyond weekly psychotherapy visits, she says, explaining that psychologists and other mental health practitioners embedded in primary care offices could meet...
many patients’ needs. “It no longer has to be one-size-fits-all,” she says.

The practice’s approach has proven successful. “We’ve had 20 to 30 percent growth every year we’ve been in business,” says Bolander, adding that the practice sees up to 4,000 patients a month.

But growth for its own sake doesn’t work, warns Bolander. Last year, the practice opened a new site, renovated and expanded its main facility, switched electronic medical record systems, hired a consultant to help with rebranding and transitioned practitioners from being independent contractors to employees. While patient care didn’t suffer, says Bolander, it was too much change too fast.

Emerging opportunities

While it’s tempting to grow ever bigger, says Bolander, she now knows it’s more important to focus on what the practice does best — enhancing mental health on an outpatient basis — and partner with professionals who have other expertise.

“It has to be strategic growth,” she says. “You have to figure out where health care is going and build accordingly.”

That’s exactly what Bolander is doing. While she still sees a few clients and handles the occasional forensics case, she spends most of her time building relationships with primary care practices, hospitals and insurance companies; monitoring national trends; and finding ways to take advantage of opportunities. She has even undertaken the University of Massachusetts Medical School’s certificate program in primary care behavioral health to help her stay on top of health care trends.

Bolander is also helping to shape those trends through the Delaware Center for Health Innovation, a nonprofit organization charged with implementing health care reform in the state.

Noting that it’s easy to get involved in a small state like Delaware, Bolander first became active in health care reform by attending the state’s stakeholder meetings. “I got involved as a matter of survival,” says Bolander, immediate past president of the Delaware Psychological Association. While attending such meetings can be challenging for psychologists who depend on billable hours, she says, “Our take was we can’t afford not to go.”

When Bolander pointed out that there were no behavioral health representatives on the center’s board of directors, she was nominated by other stakeholders to fill that void. Her appointment to the board was helped by the fact that by then, she already knew all the key players. “I’m not shy,” she says. With a $35 million grant from the US Centers for Medicare and Medicaid Services, she and her fellow board members are now figuring out how to shift Delaware’s health care system toward integrated service delivery and its fee-for-service system toward pay-for-performance.

“One recent success of Bolander’s was ensuring that the physicians on the board didn’t scrap the depression screening measure on the common “scorecard” that Medicaid and private insurers in the state will use to determine pay-for-performance amounts. Although depression screening is the only behavioral health item on the scorecard, says Bolander, the physicians argued that they wouldn’t know what to do if patients screened positive. Teaching other professionals how to address behavioral health concerns is a huge opportunity for psychologists, says Bolander.

Mid-Atlantic is already developing a free education series to keep local behavioral health practitioners up-to-date. The practice is also training the next generation of practitioners to work in this new health care environment. The University of Delaware is just down the street, so the practice offers internships to undergraduates. This first exposure to the mental health world has convinced many of these interns to go on to doctoral programs. The practice is also part of Immaculata’s internship consortium and trains one or two predoctoral interns a year. In addition, the practice offers practicum placements in clinical work and assessment. There are also one to three postdoctoral residents a year.

One of Mid-Atlantic’s current priorities is to bring local behavioral health practices together to develop a stronger, unified voice through such activities as a breakfast group, an initiative managed by Bolander’s husband Curtis, who serves as the practice’s director of practice development.

“I’m always up for new challenges,” says Bolander. “I tend to be a person who always says, ‘What’s next?’”