Going Big with Alternative Practice Models

Entrepreneurial psychologists find opportunities in health care reform.

For some practicing psychologists, the nation’s evolving health care system isn’t cause for concern. Instead, they believe the changes are opening up new opportunities for psychologists to thrive while simultaneously improving patient care.

Faced with the changes the Affordable Care Act is ushering in, these practitioners have developed alternative practice models that are much more expansive than traditional models, says Shirley Ann Higuchi, JD, associate executive director for legal and regulatory affairs in the American Psychological Association’s (APA) Practice Organization.

In one case, going big has given practitioners the power to negotiate a new relationship with a major payer. In another, a growing, multidisciplinary practice has created “one-stop shopping” that both patients and health care providers appreciate. In still another example, psychologists are creating a network that will negotiate contracts for mental health professionals and get patients the care they need faster than ever before. Says Higuchi, “These are cutting-edge entrepreneurs.”

Building power with payers

One of these entrepreneurs is Vincent J. Bellwoar, PhD, chief executive officer of Associates of Springfield Psychological in Springfield, Havertown and West Chester, Pennsylvania.

For the last 25 years, the practice has been slowly growing. These days the multidisciplinary practice includes 85 psychologists, psychiatrists, social workers and other clinicians. But that’s not big enough to handle where health care is going, Bellwoar and his staff believe. That’s why he and two other large practices are exploring coming together in a new configuration, integrating clinically while remaining fiscally separate.

Together the three practices approached Aetna Behavioral Health about how a planned group collaboration model could offer better patient care than each could offer separately. Aetna was impressed, says Bellwoar. “Size does matter,” he says. “The larger you are, the more you get payers’ attention.” Other attention-getters included the planned collaboration’s inclusion of psychiatrists and medication management services, co-location and integration with primary care practices and the ability to mine data.
Aetna had suggestions of its own. During a four-hour meeting to flesh out how the collaboration could improve patient care, Aetna explained its desire to shift from a fee-for-service system to a “value-based” system. Over the next few years, Bellwoar explains, the company plans to shift the majority of its mental health contracts to value-based contracting. Bellwoar’s group is now one of four group practices around the country that will be participating in a pilot program with Aetna to develop value-based contracting; the larger collaboration Bellwoar put together will be included in this pilot program.

The value-based contract would provide financial incentives for achieving several benchmarks. These include timely access to providers including having a sufficient amount of timely psychiatry coverage; the use of evidence-based assessment and treatment progress tools; collaboration with medical providers; and follow-up with members who leave treatment prematurely. Another criterion is the use of electronic health records, which not only helps the collaboration mine data for proving its value, but also makes it easy for them achieve another benchmark requiring patient satisfaction surveys.

“The beauty of our relationship with Aetna, says Bellwoar, is that the collaborating practices will be able to sit at the table and help the company decide the details of these criteria. For example, Bellwoar and his colleagues persuaded Aetna to redefine timely access, collaboration with medical providers and “follow-up” with patients leaving treatment early. This relationship, cultivated over the last few years, represents a “culture change” in the way psychologists interact with payers, says Bellwoar. “Psychologists need to make that jump to thinking about insurers in a much less adversarial way and more in a partnering way,” he says.

Creating a multidisciplinary corporation

Geoffrey D.P. Kanter, PhD, president of Comprehensive Med-Psych Systems Inc., in Sarasota, Florida, is another psychologist for whom going big is the answer to the new health care system’s challenges.

The corporation already has 18 locations in Florida, plus new practices in Indiana and Alabama. In addition to growth from referrals, says Kanter, “We’re looking at acquisitions, which includes buying practices and merging with other practices, taking on their pieces and adding to ours, using our infrastructure to make them grow.”

The corporation is highly multidisciplinary. The 90 clinicians include psychologists, health psychologists, neuropsychologists, postdoctoral fellows, social workers, licensed counselors and specialists in transcranial magnetic stimulation, biofeedback, neurofeedback and cognitive rehabilitation.

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Kanter is also intent on putting its clinicians in all kinds of settings, not just regular outpatient offices. It currently has practitioners in schools, hospitals, primary care practices, pain clinics and even a sports training facility.

One key venue in the evolving health care system is the patient-centered medical home, which integrates mental and behavioral health services with medical services.

The numbers alone show how promising this development is for psychologists, says Kanter. While the typical psychotherapist has a case-load of just 30 or 40 patients per week, he says, primary care practices often have a case-load of 1,000 patients. This means that psychologists will be able to offer their crucial services to a much larger pool of patients. The development will also improve care, he says. “Currently, primary care providers are the nation’s de facto mental health system” says Kanter. “And pharmacotherapy is the most widely recommended treatment.” Dr. Kanter believes that expanded, multi-disciplinary practices like his will be one of the solutions — providing improved outcomes and cost savings which will ultimately prove the value of psychology within the larger health care industry.

“Having multiple different specialties within one practice gives you ‘one-stop shopping,’” says Kanter, adding that turf battles evaporate when practitioners are all working together to improve treatment. “A comprehensive menu of services drives credibility and external referrals, and the size and multidisciplinary nature of the group drive influence with insurance companies and payers.”

A sophisticated electronic health record system helps this large group work together efficiently. The all-in-one system includes an online calendar, billing and credit card system, online prescribing, encrypted email and a phone and instant messaging system in addition to standard electronic health records. “You can’t do this by paper and pencil,” says Kanter.
Think what happens when an overweight patient sees his primary care physician, says Douglas Tynan, PhD, APA’s director of integrated health care. In the 12-minute visit, the physician is likely to tell the patient to start exercising, stop drinking soda and change other habits. When the patient returns a year later, he’s four pounds heavier, his blood pressure is up, and the physician sighs, “Gee, they just don’t listen.”

A psychologist, on the other hand, might help the patient think about the consequences of inaction, set goals and decide what to tackle first. That approach, says Tynan, explains why psychologists bring such value to the health care system.

“The on-ramp to integrated care starts with a new way of thinking about health — understanding that your interventions have a direct impact on health,” says Tynan. “You have a lot to offer the new health care system.”

As the system continues to evolve, three trends provide additional incentives for psychologists and primary care providers to integrate their work. First, the Affordable Care Act emphasizes patient-centered medical homes where all care is coordinated. New payment models shift the focus from quantity to quality of services, as the fee-for-service model gives way to models that reward improved outcomes. “If you help patients get healthier,” says Tynan, “you should be part of reimbursement.” Plus, primary care is booming.

There’s no “one-size-fits-all” when it comes to integrated care, says Tynan. And integration doesn’t have to mean anything radical, he emphasizes. Solo practitioners and small practices can start small.

One first step might be to start using and advocating for the health and behavior codes, which give psychologists a way to bill for behavioral services provided to patients with physical problems, such as helping a child with diabetes overcome fears about injections. Using the codes helps legitimize the idea that psychologists’ work is directly related to health during the transition from a fee-for-service system to one that reimburses providers based on quality and outcomes, says Tynan.

Solo practitioners can also approach physician groups and offer to help them. Tynan provides several tips:

- **Offer to help with screening.** The Affordable Care Act mandates that physicians offer patients screening and counseling for conditions such as obesity, depression, tobacco use and intimate partner violence. Psychologists have the expertise to help with these time- and labor-intensive tasks, says Tynan. Once problems are identified, psychologists can offer to treat them. “This is old-fashioned practice building,” says Tynan.

- **Assess a medical practice’s needs.** Begin by researching your area’s demographics, Tynan suggests. In one community, a primary care practice’s patients might consist mostly of young families; in another, they might be retirees. Then meet with the practice and ask what brings patients in — wellness visits, acute illness or chronic conditions, for example — and what problems the practice finds most difficult to manage.

- **Help manage a practice’s most difficult clients.** Design treatment for a practice’s most hard-to-manage and high-cost patients, typically those with both chronic physical problems and mental health diagnoses. It’s also important to track outcomes and costs, so that psychologists can demonstrate why they deserve a share of reimbursement.

Of course, says Tynan, specialty mental health care isn’t going to go away. But with the growing emphasis on patient-centered medical homes, practices will be less likely to refer patients out unless they have very serious problems.

Psychologists can choose to participate or not in the changing health care system, says Tynan. “But,” he says, “if you make the choice not to participate, you want to make sure it’s an informed choice and not because you got left out.”
Psychologists can also help drive down medical costs, Kanter emphasizes. Having a psychiatric diagnosis on top of a heart attack, diabetes or other serious medical problem drives medical costs much higher, he points out, while treating those psychiatric conditions reduces medical costs substantially. “That changes the demand for psychologists,” says Kanter.

Creating a “plug and play” model

Behavioral Care Management LLC, of northern Illinois, is another innovative practice model designed in response to the changing health care system.

Recognizing that many solo practitioners are worried about the changes that health care reform is bringing, Keith A. Baird, PhD, and colleagues are creating a system that will allow mental health professionals to maintain their independence while allowing a new consortium to negotiate contracts on their behalf. Co-founder and chief executive officer Baird describes it as a “plug and play model” that allows health care professionals simply to join a model that handles complicated matters including clinical integration on their behalf.

While it was psychologists who created Behavioral Care Management and currently dominate its emerging network, says Baird, the consortium is open to all kinds of mental health providers. The network already includes psychiatrists, master’s level therapists, licensed clinical professional counselors, certified addictions counselors and others in addition to psychologists. “We’re a management services organization,” says Baird, explaining that the organization will organize providers and negotiate with payers rather than directly delivering services itself.

This network model won’t just help psychologists, says Baird. It will also help patients, especially those in crisis.

For example, one of the biggest frustrations accountable care organizations face is an inability to find providers to see patients being discharged from inpatient units, says Baird. When they have patients who aren’t distressed enough to stay in the hospital but still need help, they can’t discharge them without a follow-up appointment. “They make 20 calls to find a provider, only to find a provider who can only see that person in six weeks,” says Baird. “They’ve got someone who has to get out of the hospital today.”

That won’t happen with the new network, says Baird. Specific providers will be responsible for emergency coverage, and others can note cancellations or other unexpected openings in the network’s integrated, cloud-based calendar. That means the “gatekeeper” can find care for patients in crisis with one glance at the calendar rather than multiple phone calls.

The organization is currently building its provider panel, a first step for attracting an accountable care organization to contract with. It has hired a director of operations to expand the network and market its services. And it’s running “proof of concept” experiments, working with one hospital to “test-drive” its provider network’s ease of accessibility. The organization hopes to open for business next year, says Baird.

“I’m extraordinarily excited about the opportunities for behavioral care in the future,” he says. “They’re going to be different from what we do now, but if we play our cards right, the need for behavioral health care is positively going to explode when we offer our services and demonstrate what we can do in traditional medicine.”

For more information about alternative practice models, including information about related antitrust considerations, see the April 2015 PracticeUpdate article FAQs on antitrust issues for alternative practice models at apapracticecentral.org/update/2015/04-30/antitrust-issues.aspx.