Thriving in Independent Practice

There will always be room for private practice, although practitioners may have to tweak their business models.

Worried by all this talk of alternative practice models? Don’t be, says Helen L. Coons, PhD, ABPP, president and clinical director of Women’s Mental Health Associates in Denver.

“Private practice is not going to vanish,” says Coons, a member of APA’s Board of Directors. “There’s no question that there’s a robust need for psychologists in the private sector.”

That said, most independent practitioners – especially those in the early to middle phases of their careers – will probably have to do things differently than their more senior and experienced colleagues, especially as the health care arena and clinical service reimbursement continue to transform.

For some, like Coons, that might mean developing niche practices in primary care and specialty health settings, while others have innovative collaborations with corporations, private schools or police departments. It might mean adding employees to practices or working closely with lawyers and other professional groups. Whatever path practitioners choose, Coons and other experts have tips for not just surviving but thriving in independent practice (see sidebar).

Redefining “psychologist”

Psychology needs to change the way people – and psychologists themselves – think about psychologists’ roles, says psychologist Nancy Breen Ruddy, PhD, vice president of patient engagement and behavioral strategist at the advertising agency McCann Health in Mountain Lakes, New Jersey.

Psychologists are taught that providing services means 50-minute, one-on-one sessions, says Ruddy. “But how many people does a private practitioner help every hour? Maybe four, if it’s a family,” she says. “But the need is massive.”

Change is hard, even for experts who spend their days helping others change their behavior. Ruddy believes if psychologists are slow to change, the more likely non-psychologists will step in and fill a void being created by consumer needs. She urges psychologists to be part of conversations about designing new care delivery systems and creating a sense of urgency about the need for psychologists.

Private practitioners could ease into changes by conducting a self-evaluation and a community needs assessment, suggests Ruddy. Look at how you currently practice and interact with the community, then ask community members what they need. Is there a mismatch? “Our more extensive training
and reimbursement means we need to be prepared to serve more complex and challenging patients, not the “worried well.”

Finding a niche

But think beyond the mental health arena as you consider new practice opportunities, urges Coons. There are plenty of opportunities to collaborate with professionals working to improve patients’ physical health, she says. Psychologists can work with patients in primary care or specialty settings, either by co-locating in other professionals’ offices or by accepting referrals on an informal or formal contractual basis.

Coons has found her own niche in women’s health and psychosocial oncology. Since 1999, her practice has rotated to various oncology and women’s health practices, including ob/gyn, urogynecology and reproductive endocrinology. She provides collaborative, co-located care in both primary care and specialty settings under a formal rental agreement. Since moving to Denver from Philadelphia and launching a new practice, Coons has co-located in a pelvic pain practice, where she collaborates with a gynecologist, a urologist, nurse practitioner and physical therapists. She is also discussing co-location and integration possibilities with ob/gyn, family medicine, physical therapy and oncology practices. “As I secure the formal contracts, I will then bring in other psychologists who have the appropriate expertise and rotate all week to provide essential services,” she says.

Of course, Coons adds, the possibilities go far beyond health care. “There is a range of niche settings out there that we’re not capitalizing on,” she says, reeling off a long list of possibilities. Nontraditional venues for practice include retirement communities and nursing homes, corporate wellness programs, reality shows and Hollywood movies, private school admissions and learning disabilities programs, law firms, banks, police departments, even spas and gyms.

Jump-start the process of finding your niche by getting out of your office, Coons emphasizes. “Go to PTA meetings, go to the local park, join a team, network in your community,” she says. “Go to where consumers are, whether they’re patients, families, communities, schools, health care providers or corporations.”

Integrating with primary care

Teri L. Strong, PhD, is another psychologist who has found a way to stay in private practice by working closely with physicians and other medical professionals. When she launched Strong Integrated Behavioral Health, LLC, in Eugene, Oregon, in 2014, she says, her goal was to help transform the health-care system in her community by developing “a private practice within integrated care.”

“I wanted to develop a system in which psychologists provide integrated behavioral health-care services within primary and specialty care,” says Strong. “And I wanted to do it in a private practice model.” Another goal? Creating opportunities for psychologists to practice in the areas they feel passionate about and connecting them to patients who need that particular expertise.

The practice began with Strong and her husband, a psychiatric mental health nurse practitioner; a suite of seven offices; and a contract to provide psychological services a half day a week in each of two primary care clinics within a multi-clinic physician’s group with no guarantee of anything more. Within a month, the medical group’s need to incorporate psychological services far exceeded the half-day arrangement. So Strong began to hire more people to help her. Soon the practice expanded to additional clinics.

Clinicians divide their time between being on-site at a medical clinic and back at Strong’s clinic providing follow-up for these patients as well as traditional outpatient psychological services.

“We’re growing exponentially,” says Strong, who now has seven licensed psychologists on staff, two post-doctoral residents, two doctoral-student externs and four administrative staffers. Clinicians divide their time between being on-site at a medical clinic and back at Strong’s clinic providing follow-up for these patients as well as traditional outpatient psychological services.

The practice’s business model relies on service agreements. “I’m not an employee, and we’re not partners,” Strong explains. Although her practitioners take notes in the medical practices’ electronic systems, her practice uses its own informed consent forms and bills insurers separately for the services its practitioners provide. While Strong hasn’t yet been able to negotiate higher rates for the intensive collaboration integration requires, she hopes to in the future. Building a practice sometimes feels like “building a plane while you’re flying it,” says Strong. However, she says, the services she provides are “so needed.”