Mobile Medicare

Practitioner Profile: Michael Fresé, PhD

Michael Fresé, PhD, is an early career psychologist with a part-time schedule, no overhead costs and a six-figure salary. He says his work never really feels like a job, and he is excited to do it every day.

This might sound like a riddle, but it isn’t. Fresé, who lives in Los Angeles, has simply found a formula that works very well for him and for his clientele.

“It’s a real blessing,” he says. “Honestly, I think I get more out of my patients than they get out of me!”

Fresé is a geropsychologist who works exclusively with Medicare patients in skilled nursing and assisted living facilities. He travels to these facilities to meet with them, splitting his time between the Los Angeles Jewish Home and a high-end assisted living facility in Beverly Hills. He also provides on-site consultations and trainings for facility staff.

Fresé says there are very few psychologists who are exclusively Medicare providers, and even fewer who are facilities-based, like he is. “You don’t often hear about psychologists working with older adults in their living environment,” he says.

This arrangement has major advantages for Fresé. “I do all my own billing and I don’t have an office,” he says. “That means all of my payments from Medicare, or from Medicare supplements, go right in my pocket.”

The flexibility of his schedule also affords him the opportunity to be involved in professional activities, such as serving on the Board of Directors of the Los Angeles County Psychological Association and the Board of the Alumni Council at Palo Alto University.

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Fresé’s patients benefit from this arrangement, too. He says they are very motivated and look forward to their sessions, in part because he meets with them regularly and at a location convenient to them. In many facilities, the residents’ day-to-day lives are largely determined by the rhythms of the institution, and things happen at the convenience of their doctors and the staff. That’s not the case with Fresé.

“With me, the residents have regular appointments at a set time, and they really appreciate that,” he says. “It makes me a little different from their other doctors.”

A practice goldmine

Fresé began his career working with veterans and their families at Veterans Affairs (VA) facilities in Salt Lake City and Los Angeles, and he planned to continue with the VA after getting licensed. But while working on a research project with non-veterans as part of his post-doctoral training, he recognized a compelling pattern.

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After passing his licensing exams, he decided to give private practice a try. He researched skilled nursing and assisted living facilities in the Los Angeles area, cold-called them and offered his services. The response was overwhelmingly positive.

“I was honestly quite surprised by their lack of awareness of the kinds of services I was offering,” he says of his initial conversations with administrators. “They didn’t seem to be aware that psychologists could be a resource for their residents in this way.”

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Soon, Fresé’s schedule was so full he had more patients than he could see. From a business standpoint, he had hit “a goldmine” – especially considering that he knew many colleagues in private practice who were struggling to fill their schedules.

Six and a half years later, he still has a constant flow of referrals from the staff at the facilities, which gives him the flexibility to be selective about the patients he sees.

“Part of the reason I get so much joy out of my work is that I’m very particular about the referrals I accept,” Fresé explains. “I’m there to identify a problem, make a plan and work toward a goal. If the patient doesn’t have the cognitive capabilities to do that, I refer them back to the staff at their facility.”

**Understanding Medicare is the path to success.**

Fresé estimates that he spends about 80 percent of his workweek doing clinical work. For the remaining 20 percent, he provides supervision, staff trainings and consultation. It adds up to approximately 20 clinical hours and five non-clinical hours per week, he says.

“There’s a myth that Medicare pays horribly, but that’s not true. At least, it doesn’t have to be true,” says Fresé.

To that end, Fresé views himself as a government contractor. “Medicare providers are basically working for the federal government,” he says. “I do what’s expected of me. And as long as I’ve been a Medicare provider, I’ve never received a rate reduction or other penalty.”

Still, he sympathizes with colleagues who don’t appreciate or understand Medicare’s focus on data and measures. “I know that can make them feel unappreciated as clinicians, but I also don’t think Medicare makes unreasonable demands of us. At the end of the day, we are contractors.”

Furthermore, he notes that Medicare is more flexible than other insurance providers on certain things, such as not putting limits on the number of visits a patient is allowed each year.

“The bottom line is that if you learn and follow the rules, you shouldn’t have a problem as a Medicare provider,” he says.

His thinking also applies to the looming onset of the Medicare and CHIP Reauthorization Act (MACRA). Its new reporting structure, the Merit-based Incentive Payment System (MIPS), has some psychologists feeling stressed and unprepared, although they won’t be subject to the new system until 2019.

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Fresé, however, is not one of them. “People are anxious. It can be overwhelming. But I’d tell them to just take a deep breath and look at what MIPS involves. It’s not worth this stress and panic!”

To dispel MIPS anxiety, Fresé encourages his colleagues to take advantage of the informational materials provided by their professional organizations, such as the APA Practice Organization. He also recommends that they look into workshops or consultation services like those offered by his mentor and colleague, the geropsychologist Amy Rosett, PhD, (see sidebar on page 7).

Fresé’s resourcefulness has certainly paid off. “Career-wise, I’m in a place where people who have worked for 30 or 40 years are trying to get, and I’m six and a half years post-licensure.”

The only drawback to Fresé’s setup is more of a frustration than an obstacle, he says. Medicare requires that providers list an address, which leads some people to call or show up at the Jewish Home hoping to make an appointment with him. “It’s always unfortunate to have to explain that’s not how it works and turn people away.”

Based on this example, high demand may be the only disadvantage to mobile geropsychology practice. More psychologists might consider following Fresé’s lead.

Written by Hannah Calkins