Partnerships for Patient Care

Practitioner Profile: Ronald C. Fish, PhD

When medical staff at Crouse Hospital in Syracuse, NY, needed help dealing with challenging interactions with patients, they turned to psychologist Ronald C. Fish, PhD, and his large mental health practice for a consultation.

Next the nurses needed help managing patients who weren’t responding to pain treatment, then more help managing patients whose rudeness, combativeness or heart-rending situations were causing nurses’ stress levels to skyrocket. Then Fish suggested screening all of the hospital’s patients for depression and anxiety, a process that has begun with chronic obstructive pulmonary disease and cardiology patients. Patients with identified mental health problems get referred to Fish and his practice.

“You have to get your foot in the door and show you’re useful,” says Fish, co-owner and clinical director of Psychological Healthcare, PLLC, headquartered in Syracuse. “It’s all about identifying needs and trying to help people.”

That has been a guiding principle for Fish and his partner, psychologist Joel Richman, PhD, as they’ve built the practice over the last 16 years. The practice now includes 70 clinicians, about half of whom are psychologists, plus social workers, licensed mental health counselors and a doctoral-level marriage and family therapist. The practice has five offices throughout the Syracuse metropolitan area. It has psychologists and other clinicians co-located in 16 medical offices, with three or four more co-location arrangements soon to come. And the practice now has a contract to provide ongoing assistance to medical staff at Crouse.

Connecting with medical practices

Fish’s practice didn’t start out big.

A couple of years after earning a doctorate in clinical psychology from Loyola University Chicago in 1983, he launched a solo psychotherapy practice.

Then he got interested in joining forces with medical professionals. In the late 1990s, he and another psychologist approached a pediatric practice about co-location. “We realized that when a 15-year-old came to our offices, having suffered and failed in life for many years already, it was sad to us that we hadn’t gotten to him earlier,” says Fish. The pediatricians invited Fish to open an office in the same building and began referring patients. By 1999, Fish had seven or eight clinicians in his practice. He then joined forces with what had once been a competing practice run by Richman. Together they had about 15 providers.

The practice then began growing. “A few years ago, it became clear that the way health care was evolving, we couldn’t really be a stand-alone organization,” says Fish. “With consolidation going on in the health-care industry, we realized that we needed to ally ourselves. We looked for partners who put patient care first.”

As a result, he began intensifying his efforts to partner with medical practices seeking to deliver improved care for their patients. What started out as simple referrals has now evolved into ever-increasing interconnectivity.

Take the co-located clinicians, for example. Most of the clinicians are co-located in primary care offices. The practice also has two psychologists co-located in the office of a bariatric surgeon, who contacted the practice because he wanted to figure out why 25 percent of his surgeries failed and how to help patients succeed. The psychologists perform pre-surgical evaluations and are exploring research projects to answer the surgeon’s question. The practice will soon place a clinician in a cardiology office.

The medical practices have been appreciative, says Fish. “It makes their jobs easier,” he says. When the mental health clinicians first start at a medical practice, he adds, they tend to see the people the physicians have been trying unsuccessfully for years to send to behavioral health providers for traditional mental health problems. “These are
people who have been seeing physicians for quasi-medical complaints but who are really having problems in living,” says Fish.

The medical practices and Psychological HealthCare remain separate business entities bound by agreements covering how the practices will collaborate. Psychological HealthCare does its own billing. The behavioral health clinicians have full or limited access to a medical practice’s electronic health record system, depending on the medical practice. The clinicians and physicians work closely together.

Last year, the Health Alliance Physician Organization and IPA, a group of physicians affiliated with Crouse, approved Psychological HealthCare to join their independent practice association as a member organization. “It’s all about relationship-building and trust-building,” says Fish.

With the extension of Psychological HealthCare’s agreement with Crouse Hospital, the practice will continue to consult with hospitalized patients as well as training and supporting medical staff. Recently Fish delivered a grand-rounds presentation at Crouse about dealing with challenging patients.

“Difficult people get sick, too,” says Fish, explaining that the nurses are periodically confronted with patients who, when under stress, are loud and combative. Patients may be upset about bad medical outcomes. Or patients may be faring so poorly that nurses find themselves grieving. Fish and his colleagues help the nurses understand what’s going on with patients, how their own emotions interact with the patients’ emotions and what internal and external resources they can utilize to stop difficult situations from escalating.

In one recent case, for instance, a patient was upset about perceived mistreatment by a nurse, which in turn upset the nurse. Fish explained to the nurse how her emotional arousal interfered with her capacity to think straight, then accompanied her to the patient’s room to support and calm the nurse as well as the patient and help keep the conversation constructive.

“The chief nursing officer told me, ‘When you were called to the floor, the nurses were beside themselves and didn’t know what to do,’” says Fish. “She said, ‘When you went in, it was like a flipped switch.’”

The agreement with the hospital covers the cost of a clinician on call nine hours a day to help with crises. “The hospital is facing massive budget cuts next year, but they’re continuing our contract, because they value our services,” says Fish.

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Helping both patients and practitioners thrive

All this activity has helped the practice flourish.

For one thing, the practice now averages 800 new patient contacts a month. More than half of those new referrals come from the physician practices where the practice’s clinicians are co-located.

While the practice was in its biggest growth spurt a decade ago, Fish devoted himself full time to its administration. Even now, the practice is so big he spends about 70 percent of his time simply running it.

Some practices have trouble finding psychologists to work in integrated practice settings. Not Psychological HealthCare. In fact, says Fish, more and more clinicians are seeking out the practice. When Fish finds a clinician who seems like a good fit for this kind of integrated practice, he contacts medical practices to talk about possible co-location placements.

But Fish is convinced that integrating psychological and medical care is helping patients as well as his practice to thrive. And he’s hoping to eventually have the data to prove it.

That’s why he’s on the board of HealtheConnections, a nonprofit organization that aims to use health information exchanges to improve patient care and health in the region. That organization – and the data bank of medical encounters it operates – will play a key role not just in driving treatment decisions and facilitating the shift to pay-for-performance models but also in proving integrated care’s value, says Fish. As data become available, he says, he’ll be pushing for local pilot projects to demonstrate integrated care’s positive impact.

For other psychologists interested in collaborating with physicians, Fish has this advice: Just keep pushing and don’t be sensitive to rejection. “Put yourself out there and keep making proposals,” he says. “If you see a need or another opportunity, just go talk to people about it. Interested, motivated people who treasure clinical integrity will see the benefit of working with you.”