



## STATE LEADERSHIP CONFERENCE

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### Going big

#### Entrepreneurial psychologists explore alternative practice models.

By Rebecca A. Clay  
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It was at previous State Leadership Conferences that psychologist Vincent J. Bellwoar, PhD, chief executive officer of Associates of Springfield Psychological in Springfield, Havertown and West Chester, Pennsylvania, first thought about collaborating with other practices.

"I was sitting in this room when APA staff first started introducing the notion of clinical integration," Bellwoar told participants at the 2015 State Leadership Conference in March. "They have helped me move that notion along from theoretical to quite applicable."

Bellwoar was one of three psychologists who described alternative practice models that put psychologists in the lead when it comes to providing mental and behavioral health services to medical practices. "These are cutting-edge entrepreneurs," said Shirley Ann Higuchi, JD, associate executive director for legal and regulatory affairs in APA's Practice Directorate.

In business for 25 years, Bellwoar and his 85-person multidisciplinary staff recently decided that the only way to thrive in the evolving health-care system was to get even bigger. The solution was to start the process of integrating clinically with two other large practices while remaining fiscally separate.

The three practices are now talking with Aetna Behavioral Health — an insurance entity they have worked with in the past — about exploring a different kind of relationship that promotes patient care. While psychologists typically view the payer as the insurer, Bellwoar explained, the insurer sees employers as the payer and employers are under tremendous pressure from employees. "Psychologists need to make that jump to thinking about insurers in a much less adversarial way and more in a partnering way," he said.

When the collaborators told Aetna that together they could potentially offer better patient care than they could offer individually, the company was interested. "The larger you are, the more you get their attention," said Bellwoar. Other pluses of the collaboration include having psychiatrists as part of the group, being co-located in primary-care practices and being able to mine data as a way of showing improved quality of care.

The payer had its own ideas, including developing a "value-based" contract that provides financial incentives to the clinicians for meeting certain criteria, including timely access for patients, the use of evidence-based treatment tools, collaboration with medical providers and consumer satisfaction surveys.

Another way to take advantage of the opportunities brought by the Affordable Care Act is to create a large, multidisciplinary corporation.

Geoffrey D.P. Kanter, PhD, president of Comprehensive MedPsych Systems Inc., in Sarasota, Florida, described how his practice has responded to health-care reform by buying other practices and providing services in innovative settings.

The practice now includes locations in Alabama, Florida and Indiana with clinicians working in regular outpatient settings, schools, hospitals, primary-care offices, pain clinics and a sports training facility. The practice's 75 clinicians include psychologists, neuropsychologists, psychiatrists, social workers, licensed counselors and others.

Guild issues vanish when different professions work together and see treatment outcomes improve, said Kanter. Both insurers and patients love this "one-stop shopping," said Kanter. A sophisticated electronic health record system that includes intake, scheduling and billing systems helps the practice operate smoothly and efficiently, benefiting both the

clinicians and patients, he added.

Psychologists should get involved in patient-centered medical homes, said Kanter, explaining that these practices integrate behavioral health and medical services. Doing so will lower medical costs and improve treatment, he said. "Currently, primary-care providers are the nation's de facto mental health system," he said. "And pharmacotherapy is the most widely recommended treatment."

Large, multidisciplinary practices like his will be one of the solutions to the challenges of the changing health-care system, Kanter believes, noting that improved outcomes and lowered costs will ultimately prove psychology's value within the larger health-care industry.

Keith A. Baird, PhD, co-founder and chief executive officer of Behavioral Care Management LLC, of northern Illinois, described another way to thrive in today's health-care environment: building a consortium of independent behavioral health consultants.

Through this arrangement, solo practitioners will be able to sign up, let the company negotiate contracts on their behalf and still maintain their own practice identities, said Baird. The model will also allow medical practices to easily find clinicians to help patients in crisis, thanks to a cloud-based calendar that will show the availability of all participating clinicians. Now in the process of building its provider network, the business hopes to open its doors and start working with accountable care organizations next year.

Of course, said Alan C. Nessman, JD, there are antitrust considerations when you come together in collaborations like Bellwoar's or Baird's. The key is clinical integration, said Nessman, senior special counsel in the APA Practice Directorate's Office of Legal and Regulatory Affairs. Examples include having measurable goals, ways of educating providers to meet those goals and disciplinary procedures for those who fail to meet those goals.

"The key question to ask is not what's the bare minimum to get by, but how to improve patient care through clinical integration," he said.

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