Psychotherapy Finances

www.PsyFin.com www.TherapyShop.com

The leading practice resource for behavioral health providers — since 1974

Volume 32, No. 5, Issue 385 May, 2006

Managed Care
Asking an EAP for a raise.
page 10

PRACTICE PROFILE: A therapist who focuses on forensics--and sex crimes

When Part 1 of our "Fee, Practice and Managed Care Survey Report" was published a couple of months ago, a number of readers got in touch with us to make a suggestion: "Why don't you write about what the people at the top of the income tables are doing--so we can do it, too?"

Robert Gordon is in the top 10% of our psychologist-earners. Based in Janesville, WI, he does his work throughout the Chicago-Milwaukee metroplex. The good news is that his forensic specialty is in demand--with room for other practitioners to join him. The bad news is that he's achieved his success by leaving traditional practice behind.

"It was a great day when I told all the HMOs to go fly a kite," he says.

Practice strategies in this issue include:

Gordon doesn't do much individual therapy anymore. The bread-and-butter of his practice involves preparing reports and testifying for defense attorneys and prosecutors in sex crime cases. He also does other legal work, which includes evaluating claims of insanity, PTSD, or personal injury.

An integral part of his specialty is group therapy for sex offenders. He runs three groups with eight to 15 offenders in each. (He used to run seven, but the state decided it didn't want that many of its rotten eggs in one therapeutic basket.) He collects just $15 per member, per session--but that's a loss-leader. It's the evaluations and court testimony that flow from the groups which make them worth doing.

"Most [group members] are on probation or parole," Gordon explains. "They're ordered to go into the group. On the other hand, some people participate per recommendation of their defense attorney. Then the attorney can say their client voluntarily participated, has been remorseful and admitted what he did was wrong."

Contents:

And what are their crimes? "They've possessed child pornography, exposed their erect penis to passersby, or sexually abused children--either involving incest or complete strangers. Some of them assaulted someone when the person was drunk and they weren't--having sex with an unconscious person. Or it might be forcible rape, sometimes with a weapon."

Among the approximately 35 men (no women) in Gordon's groups, about a quarter of them are evaluated by him or (in a few cases) see him for individual therapy.

This is where the group work starts paying off. An evaluation can take up to 10 hours, and that's at $225 an hour for the interview and psychological testing. One-on-one counseling is billed at the same rate.

Then, when it comes time to review the case and prepare for court testimony, he charges $250 an hour. That includes time spent going over his report before the appearance, "so when somebody asks a question the answers roll off the tip of my tongue."

Nuts & Bolts

Robert Gordon maintains two traditional offices—one in in Janesville, WI, and another in Rockford, IL.

In addition, he has what he calls virtual offices in Chicago and Milwaukee. For $175 per month, he has the right to come in and use an office when he needs it.

"I come in and say, 'What office am I using today?' The receptionist says, 'We're putting you over here.' It keeps the cost down but still gives me a presence in Milwaukee and Chicago."

Phone calls to all of his offices can be redirected to his main location in Janesville.

He handles his billing with QuickBooks. Since he takes no managed care, and individual clients pay upfront, most of his bills go out to attorneys.

Last October he brought in a second therapist to take up some of the overspill in his workload. "We're going to bring in another person in six months or a year," he says. Like Gordon, the new clinicians will work primarily in the area of forensics.

For clients who can't afford to have Gordon testify, he prepares a letter verifying that they attended the group, and making a few comments about them based their behavior in the group.

In a way, the client and his attorney are rolling the dice. "Sometimes I write a report for the defense and it comes back looking bad for them. The defense says, 'We can't use this.' But that's the way it is--they know I'm squeaky clean when I go on the witness stand. My services are for sale but my opinions are not."

Gordon never gets stiffed. If he's working for an attorney, he gets a retainer agreement, and bills for the balance later on. Offenders seeing him on their own have to pay upfront. "They pay two or three thousand dollars right at the beginning. And if they want me to testify that's fine, but I need to be paid first. It makes life a lot easier."

Marketing consists of giving presentations to groups of lawyers (see the box on page 3), and constant networking. "I have a lot of lunches with a lot of people," he says. "I also write a lot of thank you notes, and very often by hand. I find every excuse I can to genuinely thank somebody."

Getting involved in a forensic practice was hard, Gordon says, but not complicated. He started working with attorneys after auditing two law courses

Editor, John Klein; **Managing Editor,** John Nelander; **Publisher,** Herbert E. Klein; **Web Site Manager,** Timothy R. Klein; **Marketing Director,** Anne Marie Church; **Treasurer,** Sharon Smith.

 Psychotherapy Finances (ISSN:0163-1543) is published 12 times a year for $79 by Ridgewood Financial Institute, Inc., 14255 U.S. Highway 1, Ste. 286, Juno Beach, FL 33408. Phone: (561) 748-7816. Fax: (561) 743-3504. Second Class Postage Paid at West Palm Beach, FL and additional mailing offices. POSTMASTER: Send address changes to Psychotherapy Finances, P.O. Box 8979, Jupiter, FL 33468-8979.

Finding an audience

Making presentations to attorneys is a vital part of maintaining Robert Gordon's forensics niche. "I give a lot of presentations that are CLE (continuing legal education) approved."

Some of his talks are general and oriented toward mental health topics, such as: "Evaluation and Treatment of Sex Offenders," and "Intervention With Suicidal Patients."

Others focus on the forensic angle: "Put the Polish on Your Expert—and Tarnish the Opponent's," and "Use of Experts in Personal Injury Cases."

A good presentation means good stories, Gordon believes. "I make sure I'm not boring...I talk about case examples that are related to the topic. I'm not going to give the same presentation to a bunch of criminal defense attorneys as I am to people who are specialists in family law.

"If I get a bang out of it, and I'm having fun, they're getting something out of it, too. That's better than just putting up a PowerPoint and reading from it. You've got to entertain them *and* make it educational."

Gordon gets paid for about half the presentations he gives, to the tune of $500 to $1,000. Large groups such as state associations of probation officers can afford to pay that much.

On the other hand, he'll do freebies for county bar associations just for the contacts he can make there.

at the University of Wisconsin. He learned to talk the talk, met some lawyers, then began cold calling. His first referrals were commitment evals, then he "worked my way into the criminal side...I learned through doing it."

You can contact Robert Gordon at 111 E. Milwaukee St., Janesville, WI 53545, (608)756-2767, www.forensicpsych.com.

NICHE MARKETING: Building a practice based on housecalls

Treating people in their own homes has advantages for both the therapist and the client. In our recently-published "Fee, Practice and Managed Care Survey Report," we found that 10% of clinicians are willing to perform housecalls, at least occasionally. But a handful have made it a staple of their practices.

In Chicago, William Kaplan does about 20 in-home sessions per week, as well as administering five part-timers who each do 10 to 15 more. When we spoke to Kaplan recently, he told us he actually has a backlog representing another potential 30 client-hours per week. (He's currently offering his clinicians cash bonuses to take on the extra work.)

Kaplan, who was featured in last month's article on small business loans, works out of the basement of his home in the northern suburb of Evanston, IL. He covers the entire city and its suburbs, schedule the appointments with geography in mind to minimize driving time.

Most of this work is family-based--attachment disorder is his personal specialty. About 15% of the practice is private-pay, but public agencies furnish the bulk of referrals. Among Kaplans contracts is a deal with the Illinois Department of Children and Family Services to assist their post-adoption unit.

"Because the majority of our cases are either in foster care or adoption, it's a lot of child, adolescent, and family therapy--that's our bread and butter," he says. "It could be the child without the caregiver, but it usually involves the caregiver, too."

When you're doing housecalls, Kaplan says, the therapist's security has to be a concern. "I know the metro area well, and I know where all the hot spots are. We don't go into housing projects. We'll work with members of

Housecalls as a lucrative sideline

In the accompanying article, William Kaplan runs a housecall-based practice in an urban setting. Jeffrey Karekes works differently—offering housecalls as a premium service to a moneyed suburban clientele.

When he started offering housecalls, Kerekes assumed he'd be treating the elderly and housebound. That hasn't been the case. "It's professionals and families."

He treats about 20 clients per week in his New Haven, CT, practice. Among them, three to six will be housecalls. He charges them $200 per session compared to his in-office fee of $125. (He doesn't charge clients for mileage, but tracks it carefully so he can take fuel costs and a share of vehicle depreciation as business expenses.)

Adolescents are a primary focus. In the typical case, a family has a teen with behavioral problems and finds it tough to get him or her to go to a therapy appointment. In-home therapy solves that problem.

And there are other benefits, Kerekes, says. "It's very interesting to see people in home settings. You go into some places where you can't touch anything—it's like a museum. You get a lot of information about what the family environment is like."

Kerekes is trying to build a more cash-based practice, and housecalls are a big part of that. Nearly all his in-home cases are paid out-of-pocket, but only a few of the in-office clients do likewise despite the comparative affluence of the community.

"The biggest challenge is scheduling," Kerekes concludes. "With work and school hours, there are certain hours they want and it's tough to fit everybody in. When I'm doing a lot of families, they want everything after 2:00."

Contact Jeffrey Kerekes at Intraspectus, 93 Lyon St., New Haven, CT 06511, (203)676-0880, www.intraspectus.com.

those communities at a school or a community center--someplace that's gang-neutral.

"A lot of the caregivers don't have transportation, so they might have to get the kids there via public transit. And you can imagine what it's like to get a teenager to go anyway...So I'll go to the school. I'll go to the church youth group. I'll go to the basketball court. I'll take him to McDonald's. It doesn't matter where they are. I just say, 'Dude, I'm coming back until you see me.'

"We do what we have to do, within reasonable safety limits. If they're hanging out with a gang, I can skip that."

But a home visit is preferable to outside locations, he says, because they show him things he'd never think to ask about.

Example: An 8-year-old boy was urinating in his room. Kaplan was discussing the case with a parent in the dining room and happened to glance up at the bedroom door. "There was a latch on the top of the outside of the door. I turned to the dad and said, 'How long do you lock him in the room for at a time?' If I was sitting in an office, I'd never think to ask, 'Do you lock your child in his room?'"

Managing the practice's finances has been the biggest challenge so far, Kaplan tells us. Public agencies are reliable payers--but not always timely. Meanwhile, his therapist-contractors need to be paid. He solved that problem by establishing a line of credit at a bank.

"Now we can guarantee a payment schedule--therapists know when they're going to get their money. We've also built in that if they work 15 hours a week they get $100 straight-up bonus, $200 for 20 hours. That pays for individual health insurance in the Chicago area."

Kaplan markets his practice with an extensive Web site--www.hcbh.com (www.housecallscounseling.com takes you to the same site.) Referrals also grow out of his work as a trainer--he offers training sessions in attachment disorders to other therapists. He also does a three-hour program through the

University of Chicago Hospitals titled "Boot Camp for New Dads."

Kaplan's own standard rate is $125 per session. His contractor-therapists charge $100. But many of his contracts pay $80.

Kaplan says he actually enjoys the travel this work requires. "I have a good headset for my cell phone, and I can talk about cases when I'm in the car. I like to see the city, so the ten or fifteen minutes between patients, I just put on the radio and listen to the joys of the world."

You can contact William Kaplan in Evanston, IL, at (773)338-9072, www.housecallscounseling.com.

LEGAL ISSUES: Boundary violations top list of concerns for malpractice lawyer

From time to time, we contact attorneys who defend mental health professionals against malpractice suits and licensing board complaints. Over the last few years, there have been subtle changes pointing to increased risk in certain areas. Steer clear of these and you can save yourself a lot of anxiety--and money. Recently, we spoke with T. Ryan Mock, an Atlanta-based malpractice attorney who works extensively with mental health professionals. In a nutshell, Mock tells us that:

- The false memory cases that plagued so many therapists in the last decade have mostly dried up. It's now the more mundane issues that get therapists into trouble.

- Licensing board complaints are getting settled more often before they get to court. (We've heard a different story from attorneys in California--particularly in the area of child custody.)

- Ordinary boundary issues are getting therapists into hot water. Sexual misconduct is the obvious example, but Mock says other sorts of dual relationships are dangerous, too.

"I'm seeing too many of these non-sexual friendships, where calls are being placed, letters are being written," Mock explains. "It's going beyond the boundaries of a professional relationship and you're asking for trouble."

An extreme example from his files: A psychologist had developed a strong friendship with a patient she'd diagnosed with multiple personality disorder. "My client was basically being sucked into this woman's fantasy world. The patient would call up and pretend to be one of her alternate personalities. They'd talk on the phone at 11:00 at night or 1:00 in the morning, my client commiserating and crying with her.

"And unbeknownst to my client, their conversations were being recorded. There were probably 80 hours of these conversations on tape. The psychologist thought she was helping by being readily available. In fact, what she should have said was, 'We have sessions on Tuesday and Thursday from ten to eleven, and that's when I'll talk to you.' Another problem was, she wasn't billing consistently. That's a huge mistake and a boundary violation."

The therapist was successfully sued for misdiagnosis and boundary violations. The settlement, Mock says, "was well into the six figures."

At times, Mock allows, boundary issues fall into gray areas. (See the box below.) But the ultimate black-and-white example continues to cross his desk: therapists having sex with clients. "I'd like to think the profession has wised up, but human nature being what it is, I don't think it's ever going away. It's always going to be there."

Interestingly, Mock handled one case where the therapist suffered no consequences for a sexual relationship with a patient. "It was a case where the psychologist married his client, and we got a release from her."

The clinician was sued by the client's ex-husband, "who claimed he had suffered a loss of consortium--we got it thrown out...But I don't think a good defense to all of this is to marry the client," Mock jokes. "The client is usually doing the suing."

Here are some tips from Mock on protecting yourself against a suit:

- Avoid "endless therapy" with your self-pay clients. "This is an area ripe for litigation. Too many therapists are guilty of not having an end in sight, or not ending therapy when their goal is reached--or not reached. Without a game plan, it starts to look like the therapist is milking the client for money."

- Document everything. Whatever direction you take the therapy, spell out your rationale in the patient record. "[Mental health professionals] are notorious for keeping poor records," Mock says. Just assume that any record may have to be transferred to another therapist--make sure it would be understandable by a third party.

Accepting patient gifts: The gangster's sweater

Are boundaries issues always as clear-cut as some ethicists and risk management experts believe? California psychologist Ofer Zur says no. He argues that common sense should rule, and that patients benefit from appropriate out-of-office relationships. The only real taboo ought to be sex, he says.

"It's a myth that ethics codes have prohibitions about gifts," he continues. "That's coming from a bunch of constipated ethicists who have never even read the codes."

If a client offers a small gift, there's no need to do much about it, Zur says. "If it's a more expensive gift, just write in the clinical record why you accepted it, and that it would be clinically counter-indicative not to accept it. This will keep you within the standard of care."

In a presentation at a recent conference in Washington, DC, Zur described his acceptance of a sweater owned by a famous mobster—from a client whose hobby it was to collect criminal memorabilia.

"I'm repulsed," Zur recalls feeling. "It's this old, ugly sweater from somebody who hurt people. So I take a deep breath and I say, 'Thank you, how thoughtful.' I didn't feel like touching it, ever, but I didn't want to offend him.

"After half an hour of talking about this I said, 'You know, I must admit I have some ambivalent feelings about mafia activities. I would like to keep it here with you and see what transpires.'

"The next session it was literally between us on a little stool. He continued to talk about the search (that is, the client's hunt for the sweater) and what it meant. It was the highest form of appreciation to give me this sweater. Every week it was there, and we talked more about it. He learned more about how different people can look at things from different angles. The meaning was different for me than it was for him."

Zur agrees that clinicians need to be aware of ethical boundaries and carefully document what they do, but adds that risk management should only be taken so far.

"Every action has a reaction," he says. "Every inaction has a risk. If you're going to operate strictly from risk, you shouldn't be in this business. People are paying you to get help, not to practice risk management."

And actually, as far as gifts go, at least one ethical authority agrees with Zur. Frederic Reamer, who chaired the committee that wrote the NASW Code of Ethics, tells us you're generally safe if you document why you accepted a gift. As examples, he mentions a drawing done by a child, and a batch of brownies baked by a client around the holidays.

Contacts: 1) Frederic Reamer, Rhode Island College, Providence, RI, (401)456-8248; 2) Ofer Zur, Sonoma Medical Plaza, 181 Andrieux St., Ste. 212, Sonoma, CA 95476, (707)935-0655, www.drzur.com.

- Be careful who you accuse, and why. After all the repressed memory litigation of a few years ago, you wouldn't think this still needed saying. But Mock insists it does. "I had a client who was convinced that a child had been sexually molested simply because the child was playing in a sand tray and picked up a rubber snake. There was never any objective evidence. In this instance, a man went to prison based on my client's testimony."

You can contact T. Ryan Mock at Hawkins & Parnell, 4000 SunTrust Plaza, 303 Peachtree St., Atlanta, GA 30308. (404)614-7478, email: rmock@plegal.com.

PRACTICE BASICS: 10 things to consider when you choose a new office

Even experienced therapists can make foolish choices when moving into a new office. Pressed for time as the old lease runs out, they choose their new space too hastily. Or they fail to consider a basic problem which becomes all too obvious after moving in. And if they're locked into a two or three-year lease, the mistake can be costly.

Also remember that your office is your number-one marketing tool--it says more about you than all of your ads, brochures, and business cards put together. In this report, two practice consultants help us devise a checklist every therapist should use to help select a new office.

1. Time of day: You must visit a potential new office during the hours you'll actually be using it. The space might seem perfect in the evening yet be totally unsuitable during the day. Or it might be fine during the week, but no good at all on the weekend. (More on this below.)

2. Safety factors: Is the parking lot lighted at night? Is there a security officer? "This is especially important for a mental health practice," says Holly Hunt, an L.A. therapist and consultant. "Because many of our clients have been traumatized."

On the other hand, security cameras are a mixed blessing. They make the building more secure, but they can deter clients who are worried about anonymity, says Dwight Bain, an Orlando, FL, clinician. "I've always had a backdoor for politicians, celebrities, or people who don't want to bump into people. If you're working with military or law enforcement people, that's a big concern."

3. Accessibility: "People who are stressed out want a place they can get to as easily as possible," Hunt says. So consider the parking situation. And depending on where you are, you may want a location near a highway exit, or mass transit stop.

4. Noise pollution: Almost weekly, we hear from therapists who've moved into a new space without realizing how thin the walls

What's the going rate?

Before you sign a lease, you should check the cost of at least three similar spaces in the same area. For easy comparison, break down the per-square-foot cost. Unless special amenities are being provided, there's no point in spending a penny more than the going rate.

There are two good sources for office rates in any community: 1) the classifieds; and 2) the Chamber of Commerce. If you're in a large enough market, says Dwight Bain, both sources will be available online.

If you're moving into a new community, call the Chamber and talk with someone about office space. "Usually they have that information ready, because they want to woo businesses," he says.

And if you have the means, conider buying. Bain has a lease, but regrets the choice. "I've spent a lot of money on rent, and Orlando real estate has been a good investment. They're not making land anymore."

are, or how much noise the elevator makes, or how the sound echoes from a nearby stairwell. Concentration is one issue--loud voices or traffic can make it hard for people to relax and communicate effectively. And confidentiality is of concern to almost everyone now--patients and payers alike.

The worst example we've heard of this kind of mistake was related by a therapist-neighbor of ours. She had moved into her last office without first visiting during the day. Much of her work was with traumatized children, and she got a nasty surprise on her first regular day in the office. Through the walls came a nearly constant soundtrack of grunts and sighs. It turned out the next office was occupied by a rolfer--a practitioner of deep tissue massage that causes recipients to cry out in pain. She had to alter her schedule radically to keep her patients.

5. Niches: Will a new office help or hinder your niche marketing efforts? If you're aiming at a medical population, for example, you should look at spaces near hospitals and medical clinics. "Or let's say you're working with people who are interested in alternative healing options," adds Hunt. "It would be good to be near people like acupuncturists or massage therapists --people who could reciprocally refer to you."

6. "Perceptual" boundaries: A particular location may be very close to a population you'd like to serve. But if it's just across a city or county line, some people will write it off. "People draw those kinds of lines about where they'll go," says Hunt. They'll decide, "I'm not going all the way over there," even when "over there" isn't actually very far.

7. Do the utilities operate all the time, or are they on timers? Be sure that lights, heating, and cooling will be adequate during all the hours you might want to see patients. "You could end up sweltering or freezing," notes Hunt. Some buildings offer the ability to override the timers--but at a cost. "You may have to pay $3 or $4 an hour--it's not cheap," Bain says. "Pay attention to that because it can add up."

8. Subletting: Make sure the lease doesn't forbid it. A sublet can offset practice overhead--and there are probably hours when your office is sitting idle. "The more flexibility, the better it is for you," says Hunt.

9. Cleaning: Do you have to pay extra? If there's $50 a month tagged on, consider that when you're comparing rents.

10. Bathrooms: Are there enough, are they conveniently located, and are they maintained? This is a very basic thing that clients and potential referral sources will certainly notice.

Contacts: **1)** Dwight Bain, 1850 Lee Rd., Ste. 250, Winter Park, FL 32789, (407)647-3900, www.dwightbain.com; **2)** Holly Hunt, 5855 E. Naples Plaza, Ste. 309, Long Beach, CA 90803, www.essentialsofprivatepractice.com.

Accessible, but discreet

If you have the option, choosing an office location near a landmark or a popular business can be helpful. When LoriAnn Stretch gives new clients directions to her office, she tells them it's on Highway 70, "near the pizza place."

Stretch's practice, Clayton Counseling Services, operates in a growing suburb outside Raleigh, NC. As well as helping with directions, she tells us her location is actually a marketing tool:

"I've had people say they saw our sign while at the restaurant, and remembered us when they needed counseling."

The office is accessible but discreet. "We're on the main highway and visible from the road when you know what you're looking for." But, she adds, a screen of trees and foliage out front provide "a sense of privacy and confidentiality."

Contact LoriAnn Stretch at (919)359-9070, www.claytoncounseling.com.

TRENDS: A 'secret shopper' critiques the performance of health care services

You're probably familiar with the idea: Representatives from specialty marketing companies visit a store or hotel, make a purchase or spend the night, and then grade the performance of the facility. And it turns out the health care industry is using secret shoppers, too.

Individual mental health providers aren't a major focus of programs like these--not least because of clinician protests. (See the box below.) But EAPs are being evaluated this way. And if employers come to expect secret shopping data when they make health care purchases, it's possible that you could be "shopped" yourself at some point in the future.

Meet Deborah Lewis, owner and founder of The Bredeson Group, a Norwalk, CT-based company which counts EAPs and Work/Life companies among its clients. In fact, she does some of the work personally, posing as a troubled client on the behalf of employers and health care companies across the country.

"I've really focused on telephone access," she tells us. "But I've done some on-site, which is a little harder...I go through a role play, acting out whatever the situation is. I go through the whole system, talking to the person who does the initial intake, talking to case managers, and all the while working my way down a checklist recording the content of the call.

"I develop scenarios that do two things," Lewis continues. "First, [I] represent the types of behavioral health care problems they would actually expect to encounter. Second, I'll throw a couple of curveballs in--calls that are not appropriate for that organization--to see how smart the people are who are answering the phones.

The day ValueOptions 'buckled like crazy'

For a time, the National Committee on Quality Assurance (NCQA) was actually recommending that managed care companies seeking accreditation hire secret shoppers to test their network clinicians. Phony patients would call a clinician, describe symptoms, and then report back to the company with details: how the clinician responded, how quickly an appointment was scheduled, etc.

The National Association of Social Workers (NASW) was particularly vociferous in attacking the practice. In 2001, when details of the ValueOptions secret shopper program emerged, NASW protested loudly, accusing the managed care giant of unethical behavior.

John Riolo, a Rhode Island clinician, helped spearhead the NASW effort. They were very effective, he says. But he's not sure they did the right thing.

"I was a little too precipitous," says Riolo, who's now semi-retired. "Psychotherapists, like other groups, are never good at policing ourselves. If anything, I think we go out of our way to cover up our mistakes. So I think there has to be a way to keep us honest because we're not doing a very good job on our own."

Looking back, he says he was surprised that ValueOptions "buckled like crazy. And you know what the reality was? It wasn't a groundswell. It was only maybe five or six of us who were making a big stink about it."

At the time, Riolo received an email from what he calls an "insider" at ValueOptions. The person reportedly attended the meeting at which the company scrapped the program.

"I wish you could have been there," the person wrote. "They have stopped, terminated, will never use again, or even utter the words secret shopper. They were indeed humbled and much more solicitous…"

Commenting today on that email, Riolo says: "Sometimes a competitive fellow like me likes to win so badly that I forget the reason why I was fighting in the first place. It was supposed to be about the consumer but ending the secret shopper did not really help consumers. It helped some providers feel good."

ValueOptions dropped the practice permanently, according to company spokespeople. And NCQA isn't recommending it anymore. "We're silent on it," says Brian Schilling, from NCQA headquarters in Washington.

"Our efforts don't require any kind of clandestine review. We survey members, look at grievances filed, and timeliness of resolution. There's no secret shopping component."

Contacts: 1) John Riolo, Providence, RI, (401)263-1730; 2) Brian Schilling, NCQA, Washington, DC, (202)955-5104, www.ncqa.org.

Managed Care Strategies: Ask an EAP for a raise

Winning a raise from a managed care company or EAP is rare. But it can be done, as we reported in the October, 2005, issue of *PsyFin*. Since then, we've heard from several sources that the Chicago-based ComPsych can be surprisingly accommodating.

In large part, that's because they start so low—$30, the lowest reimbursement we've heard about lately.

We recently spoke with a clinician who received a $25-per-session increase from ComPsych after just a single phone call.

Deborah Palmer, a therapist in Hadley, MA, signed on with the MCO in 2004 when she opened her practice. The company typically authorizes three to five EAP sessions, "and five sessions at $30 is dismally low." But at the time, she decided she had no choice.

This year she decided she'd had enough, and called to complain. "I said I was serving them consistently for a year and a half, and had taken almost all the clients they sent," Palmer explains. "I was familiar with the company's structure, and I'd done a good job."

The provider relations staffer she spoke with, "said she'd have to check with somebody. She asked me what range I wanted so I said $75, knowing that was high. They came back with $55." (ComPsych's managed care rate is about $59, she adds.)

Palmer makes a point to say that other than the low pay, she finds ComPsych to be one of the more agreeable companies to work with, thanks to relatively light paperwork. About 5% of Palmer's clients are ComPsych EAP referrals, so the increase will have a noticeable impact.

Contact Deborah Palmer at P.O. Box 240, Hadley, MA 01035, (413)584-0902, email: dapalmerlicsw@charter.net.

"For example, I might call a substance abuse clinic and ask for marital counseling. I come up with a detailed score as well as a write-up of what happened during the call. And then all of the calls get rolled up in a summary write-up for my client organization.

"And that may be a mental health center or a vendor that has hired me to review their own services. Or in some cases, it may be an organization that has asked me to compare them to some of their competitors."

Here are some common problems Lewis has identified in EAPs and other mental health-related organizations:

- Over-use of professional jargon. "That's very confusing for consumers. For example, using language like, 'Oh, we don't treat dual diagnoses here.' This person is in pain. Don't use language they can't understand."

- Making people tell their stories over and over. "Someone wants to access service, and you let them go through the whole rigmarole of telling why they're calling, then pass them on to someone else so they have to start over again. You make them tell the same very personal details repeatedly. It's undignified--and annoying."

- Uninformed staff. "Someone calls with a substance abuse problem, and the staff person says, 'We don't do that here,' without offering any other help. They should know where to send them in the community."

- No access to a clinician. "In one case I dropped hints that I needed to talk to a clinician now, but never got through to one."

- Clinicians who don't identify themselves. "You're transferred to a person who just gives

Spying on hospitals

Secret shopping has evolved into a high-tech profession with shoppers packing hidden microphones and cameras, and earning $60,000 or more as freelancers for marketing companies.

Doctors' offices and hospitals get "mystery shopped" routinely, according to Ilisha Newhouse, author of *Mystery Shopping Made Simple*.

"Some will go in with a video recorder, a hidden lapel type of thing. Or some people go in without anything other than a pencil, and then secretly take notes in a restroom.

"A couple I work with went into an emergency room—there was nothing wrong with them—and one of them ended up with a cast on the arm and the other ended up with a cast on the leg. People are misdiagnosed or sometimes over-diagnosed. That's the kind of feedback I'm receiving."

Contact Ilisha Newhouse in Eaton, CO, at (970)454-3596, www.newhouseservices.com.

Managed Care Alert: New Opportunities for Providers *

Managed Care Concepts, based in Boca Raton, FL, has openings "pretty much throughout the country," a rep tells us. An exception is South Florida where "we're pretty much inundated" with provider applications. Managed Care Concepts is strictly an employee assistance company except for a small number of managed care lives in South Florida. To request an application, fax a letter of interest with resume to the attention of "Provider Specialist" at (561)750-4621. The company's phone number is (800)899-3926. Also see them online at www.theemployeeassistanceprogram.com/.

NEAS (a.k.a. LifeMatters) has limited need for EAP providers in areas scattered throughout the country. A rep confirmed openings in Oregon and Washington, but emphasized that there were openings nationwide. The company serves private sector employers as well as county agencies. Typical reimbursement is $65 per session, and self-referrals is permitted when benefits allow. To request an application, call (800)634-6433, or download the application from the company's Web site: www.neas.com. Click "For Affiliates" on the right side of the homepage, then "Becoming a provider" on the left side.

Private Healthcare Systems (PHCS), based in Waltham, MA, has network openings for all behavioral health disciplines nationwide, with particular needs in the following states: Hawaii, Illinois (downstate), Kansas, Michigan (northern areas), Minnesota, Mississippi (northern), Montana, North Dakota, South Dakota, Washington (Spokane), and Wyoming. PHCS is not a managed care company or insurance company, but an independent network which various insurers use. A professional biller we spoke to about PHCS tells us their reimbursement levels are generally better than Aetna, CIGNA, and United, and that the credentialing process is "usually very smooth." For application information, call Member and Provider Services at (800)950-7040, or see the company's Web site: www.phcs.com. (That number will take you to a PHCS call center either in Waltham or Irvine, CA.)

* **Using Managed Care Alert:** We generally specify the department within a company that you'll need to reach. But sometimes it isn't possible. If you don't know who you need to contact, try asking for "provider relations." Some companies use the terms "network development" or "network manager." ***And please note:*** Listings in Managed Care Alert are verified by our editors. At times, however, clinician response overwhelms company employees—and they are less than accommodating to you. Our advice is to stick with it. If you're discouraged from applying, put the info away for a while—and then try again.

his name, and suddenly he's asking a lot of personal questions. I'm thinking, 'Who are you? Are you a counselor, or are you the janitor who happened to grab the phone as you were walking by?"

● Offensive background noise. "Don't type on your computer while you're talking to a client. It may be less efficient, but writing notes is better than typing on a keyboard." She adds that she's had counselors who didn't bother to stop eating while they spoke to her.

Do people lose contracts because of secret shopper reports? "Yes they do," Lewis says. "I think increasingly they're not going to get the contract in the first place if there's a bad report. And if it's really bad service they could lose the business in mid-contract.

"I'm always a little surprised that there isn't more of a customer care emphasis in the health care industry in general," she concludes. "But the idea is growing."

You can contact Deborah Lewis at The Bredeson Group, 14 Cliffview Dr., Norwalk, CT 06850, (203)840-0295, www.bredeson.com.

PROFESSIONAL NOTES:

New version of alcoholism drug needs to be injected just once a month. The drug, Vivitrol (generic name naltrexone), has already been available in pill form--taken on a daily basis. The FDA approved the new treatment on April 13. It's intended to be used along with talk therapy and only for outpatients who are already abstaining from alcohol. (Source: *Reuters*, April 14.)

Blogging is where it's at. The number of U.S.-hosted Web sites grew just 4% from February, 2005, to February, 2006, according to the April 4 *Washington Post*. But Blogger.com showed a growth rate of 528% over that period. (See an article on therapist blogging in the November, 2005, *PsyFin*.) Other sites that had triple digit increases were Citysearch.com, which offers local information, and Myspace.com, a site in which young people share experiences and musical tastes.

Medical niche: A quarter of diabetics suffer "clinically significant depression," according to a study of type-1 and type-2 diabetes patients published in the March issue of *Diabetes Care*. Satisfaction data on method of treatment weren't encouraging, though. Just 59% of patients receiving talk therapy said they were satisfied, compared to 63% who received antidepressant drugs, and 80% who were treated by an "alternative healer." (Just 38% who took herbal remedies were satisfied.) For more, see http://care.diabetesjournals.org/cgi/content/abstract/29/3/549.

Meth up, booze down

Alcohol and cocaine are losing ground to marijuana and methamphetamine, according to new data from the Substance Abuse and Mental Health Services Administration (SAMHSA).

Tracking treatment admissions from 1994 to 2004, the agency finds that alcohol was the primary substance of choice in 53% of cases in 1994, falling to 40% in 2004. Cocaine/crack dropped from 18% to 14%.

Meanwhile, marijuana/hasish climbed the chart from 9% to 16%, while meth went from 3% up to 7%.

Heroin is holding steady around 14%.

Meth addicts, for some reason, are far more common in some parts of the country than others: more than 20% of admits are for meth in California, Nevada, Idaho, Arkansas, and Oklahoma—and 41% in Hawaii.

Another interesting fact: 75% of marijuana admits were male. For more, see www.samhsa.gov/latest.htm#TX.

The authors of the DSM have serious conflicts of interest. That's according to an analysis published April 20 in the journal *Psychotherapy and Psychosomatics*. The authors claims that every psychiatrist involved with the writing of the DSM-IV had undeclared ties to the drug industry, and more than half of the other mental health professionals who worked on the manual had similar ties. "I don't think the public is aware of how egregious the financial ties are in the field of psychiatry," author Lisa Cosgrove, a clinical psychologist at the University of Massachusetts, told *The Washington Post*. For an abstract, go to http://content.karger.com/ and follow the appropriate links.

Chinese police are awash in depression. Sixty-one percent of officers in the northeast province of Liaoning assessed by a public health agency were suffering from depression, with 10% battling severe depression, according to *Zeenews.com* (March 17), based in India. Work and family issues top officers' list of complaints.

Coming soon in Psychotherapy Finances...

- Feedback: When you're in a client's will.
- Working with crime victims.
- Designing a good practice brochure.
- Punch up your public presentations.
- Quick and easy ways to take credit cards.
- More Managed Care Alerts.

Please send comments, suggestions and questions about content to: editors@psyfin.com