

Title: Power to the Private Practice: Finding Your Best Path to Private Practice
Date & Time: December 5, 2024 at 1pm ET

Operator: Hello, and welcome to today's webinar, Power to the Private Practice: Finding Your Best Path to Private Practice. This webinar is paid for by Owl Practice Suite. Some important points before we get started. Sarah Murray, one of our panelists, is an Owl Practice customer. The purpose of this presentation is to provide guidance on establishing a private practice. APA does not endorse any products or services. The content was created by Owl Practice Suite and does not reflect the views of APA or its editorial staff.

Email advertising@apa.org to learn more. Next, this program does not offer CE. However, we will email everyone watching live today a Certificate of Attendance. Certificates will only be issued to those who watch for a minimum of 45 minutes. A recording of this presentation will be emailed to everyone in two weeks' time. The recording will include the presentation slides. During our time together, you will be on mute. You can communicate with us using the Q&A box located on your webinar screen.

Have a question for our presenters? Type them in using the Q&A box located on your webinar screen. A link to the presentation slides will be posted in the chat box. If you miss them, don't worry. We will email them to you with the recording. Now, we would like to welcome Megan Cornish, who will begin with introductions of our panel. Welcome, Megan.

Megan Cornish: Hey, everyone. I'll make this quick. I'm Megan Cornish. I'm a licensed independent clinical social worker turned marketer. I've gotten the chance to work with a lot of companies on content, and, I just noticed that a lot of the marketing materials needed a clinician's input. As I've gotten more into the industry, I've gotten to have some concerns about what would happen if these companies become the only option for therapists. I've decided that the best way to have a healthy mental health industry is to have a healthy competition between private practice and non-private practice working for companies.

I do a lot of advocacy online, including on my LinkedIn. I've also started a Facebook group called Fit Check for Therapists, where you can ask questions and swap notes about experiences with companies. That's how I ended up moderating this panel of these experts. I'll pass it over to Candice to introduce herself.

Candice Thompson: Hi, I'm Candice Thompson. I'm a licensed marriage and family therapist in Oregon and California. My practice is based in the Silicon Valley, and I've had my private practice for 11 years now and started my practice before mental health tech was a part of the process. I have a lot of information just how things have evolved over time. I consider myself to be a well-rounded generalist, although I have some specialty working with the faith-based community.

Megan: All right, can we get the next slide? Macy.

Macy Dimler: Hi, I'm Macy. I'm a licensed clinical professional counselor. I'm licensed in Idaho and Washington, and I provide solely telehealth services to those states. My client population is primarily young adults with ADHD, autism, and

anxiety. I'm very new to private practice, just within the last year, probably June. However many months ago that was, like seven months ago. Yes.

Megan: Awesome. Sarah.

Sarah Murray: Hi, everyone. I'm Sarah Murray. I operate Heart-Wild Therapy, which is based in Denver, Colorado. I started as a sole practitioner and now have a small group practice, and I specialize in EMDR and ketamine therapy. Glad to be here.

Megan: Thanks, Sarah, and Denise.

Denise Sandole: Hi, everyone. I'm Dr. Denise Sandole. I am a licensed psychologist in New Jersey, New York, Pennsylvania, and Florida. I am a private practice clinical psychologist by evening, and during the day, I'm also a school psychologist. That was part of my dual doctoral program, during which I specialized in trauma, but I also work with all the different varieties that we are presenting with today.

Megan: Beautiful. Thank you so much. I just want to give a shout out to the sponsor of this webinar. This is not a sales pitch for Owl Practice. Otherwise, I would not have done it. Owl Practice does want to help keep private practice a really viable alternative for therapists. They offered to sponsor this conversation. Now, if you don't know what Owl Practice does, here it is in one sentence. They offer tools to help therapists manage private practice, including getting paid, building your caseload, EHRs, marketing, verification of benefits, pretty much everything else.

You can learn more on their website. Thank you, Owl Practice, for sponsoring this, and now we're going to get to the good stuff. All right. Hindsight is 20-20. A lot has changed in even the last four years for therapists and basically every other healthcare provider. I just want to ask you guys, what are three things you wish you could tell yourself in the year before you started your private practice? Let's start with Candice.

Candice: Great. Like I shared, my private practice started 11 years ago. What I will say is that I am a low-risk, risk-type of business person. I have always thought about making choices that I could still be financially sustainable in the process. When I started my practice, I had a full-time clinical job with a nonprofit, and I started one day a week on the weekends. That's just evolved over time. The more clients I got, the less time I worked at the nonprofit until I was able to be full-time in my private practice. A few things that I learned along the way is, one is just that flexibility, that things change over time.

When I started, tech was not a part of the process at all. I remember when a colleague of mine was going to use an iPad for art therapy, and that was so out there and mind-blowing at the time. Now, COVID has happened, a lot of things are remote, and there's a whole new mental health tech industry that has gotten involved. I know we'll talk about that more along the way. A couple of other things I wish I knew early on was just to have an entrepreneurial mindset. I think that's not something that we ever get trained in in our graduate opportunities.

Of course, when we're hitting our hours, we mostly work for free or really low pay. There's this need, if you're going to start a private practice, all of a sudden, I need to

understand business and branding. That's something early on, I wish that I sought information like this about just to learn that business side of things. The other thing, to that, I think that with everything else in life, there's seasons of development. Your practice will grow and develop as you become a seasoned clinician and the more that you learn about business and how you present within your community, the relationships that you build, and the areas of focus that you develop, which I think just take some time.

Megan: Awesome. Thanks, Candice. I think I'd agree that we'd all be better off if this was covered in grad school. I've never met a therapist who decided they wanted to go into private practice and wasn't able to figure these things out with the right resources. Denise, could you share a little bit?

Denise: Yes. Thank you. I love this question. I love being able to go back in time, revisit things that we could have done. Three pieces of advice I would say to myself. Number one, start it sooner. Don't be afraid. I feel like we linger so long in that contemplative phase. Should I start it? Can I start it? Will it be successful? Like Megan just said, you will figure it out. I started my private practice during the pandemic. It has remained virtual only. It's doing well. I wish I had started it sooner. That's one piece of advice.

Push through that fear and just go for it. The second thing is, speaking to what Candice spoke of, we don't have a business degree, most of us. Networking really is an important piece to feeling like you can do this, that you can sustain it. For me, it was networking to find a really good psychiatrist to have on speed dial because so many of my patients may need, will need the combined treatment of therapy and medication. That also gives peace of mind knowing you have psychiatrist so-and-so on speed dial for when you have that patient who needs some medication.

The third thing I would tell myself is, when you're first starting out, you're so eager, you're nervous. "Am I going to have a business, a sustainable business?" You might be saying yes to every single client that comes your way. It's okay to say no to those clients that might not be a good fit for you or you might not be a good fit for them or, and looking at your total caseload, you should slot out. I probably shouldn't have too many personality disorders on my caseload if I'm going to be doing this for a certain amount of time. For me, I'm part-time.

Things like that, it's okay to say no sometimes, but have that network so then you can make those appropriate referrals to folks so you're giving them other options.

Megan: Thanks, Denise. I just want to throw out there, if you guys have any questions, make sure to drop them in the chat. We'll get to them at the end and you can even put them directly to one of the providers who's sharing. Our next question gets into a hot topic this week, talking about insurance. That's one of the most fundamental business decisions for therapists, whether or not to take insurance.

The question is, how did you decide, I'm sorry, yes, there it is, okay. How did you decide insurance versus private pay? What tools or information help you make that decision? Sarah, could you start us off on this one?

Sarah: Yes, and just to echo what everybody said, I think to echo it, just start, you can always pivot. In regards to this question, I know plenty of practices that have gone, started cash pay, gotten to insurance, gotten back to cash pay. I started as cash pay only, again, similar to Candice, very part-time and have moved to now taking insurance and continue to take cash pay as well. Yes, private practice can be one client and two chairs, and I guess it's funny now you don't need the chairs. A computer is great.

Yes, I started again with just cash pay and a couple of clients in the evening and I was able to maintain that for a while. As I grew into a group practice and decided to hire pre-licensed and newly licensed clinicians, it was a little bit more difficult to keep cash pay only. I started adding insurance. The other thing that has changed the last few years from my perspective, at least, I think the economy has played a role. There was a lot of demand, certainly a lot of need and the economy was different like when the pandemic first hit.

Then, things have dropped off since then. To keep a steady referral stream in my practice, I have decided to add insurance. A few other things to consider is how many clients do you want to work with each week? How much money do you want to make or need to make? I'm a big proponent that everybody, in private practice and all therapists should be able to pay their bills. Definitely worth considering that. How many hours you're planning to see clients each week? How many hours you're available to work? How important it is for you to accept insurance? How quickly you need clients in the door? How steady you need that stream to be? What population you plan to work with? Just a few things to consider.

Megan: Sarah, not to put you on the spot, but with insurance, I know a big question comes up around access and equity and stuff like that. How have you navigated that at different points when it comes to insurance?

Sarah: Yes, I've always offered a sliding scale. The way I've done that is really, set my lowest number I'm willing to go to up to the highest. I really feel like clients are pretty honest about how much they feel like they can afford for that. I've always tried to make myself accessible in that way. Of course, with insurance, there's even more accessibility and I even accept Medicaid now as well.

Megan: Thank you. Macy, can you talk a little bit about that as well?

Macy: Yes, I think some of my key points are going to be really similar to Sarah, but when I started my private practice, I knew my niche was going to be working with college-aged individuals. Because of my client population, it was hard for me to expect them to be able to afford like premium private pay rates, unless they had a parent or guardian paying for their sessions. For me, in order to meet the needs of my niche and the location I'm in, accepting insurance was a necessity. I also found that starting a private practice is a significant learning curve and getting on insurance panels was something I didn't really want on my plate right away.

I also found a company to get me credentialed and do all my billing for me. The key considerations I had to make in making this decision was, one, my niche and client population and how to serve them best, the financial need to keep my business running and also pay myself fairly. Yes, and then with that, how many clients do I

need to see in order to meet those needs? Then the last one was, who is going to do the credentialing for me and billing for me? Because that's not something I was open to doing, but for people that aren't, how do you want to learn how to do it yourself? Yes.

Megan: That's the perfect segue into our next slide and our next question, which is about all these platforms that are popping up, like you said, to make things easier. If you're trying to go private practice, they offer to take a lot of those things off your plate in exchange for whatever it is that they're asking. How did you decide between using platforms like Alma or Headway versus going completely independent and what are the trade-offs that you had to consider? Candice, could you start?

Candice: Yes, so this is a topic I am very passionate about and I think most of my LinkedIn and probably Megan's is focused on these companies and the whole process. Before these companies were created, I started my private practice. It just wasn't an option. Some of the ways that I built up my clientele, one is to, and this is just a piece of advice, like the things that I already do or the identities that I am affiliated with, so like I am a Christian and so I got affiliated with a Christian counseling center and that was a great way to find referrals.

Then Psychology Today, building relationships, it takes time on the front end, but trying to have a lot of different marketing streams. That has worked really, really well for me and I've had a successful practice and now have been solely in a practice for the last six or seven years without an additional income stream. When these mental health tech platforms came online and promised to do all this work for me and give me \$100 less and they'll keep that \$100 for themselves, I thought this is completely unreasonable and ridiculous.

However, this field is very cyclical and you go through times where you feel like I'm not going to have a practice. For me, it's usually around September when people go to school, have transitions in life or right now in the holidays, people drop off. Sometimes you have a panic moment of, am I going to have clients, is this going to be sustainable? That happens probably about once a year for me. During that time, about a year ago, I started to look into some of these companies, like, okay, what are they offering? Is this the new wave?

I was fairly shocked at how abysmal the offerings were from a lot of companies. I first checked out BetterHelp because there's all this marketing and I just wanted to know, what does BetterHelp actually offer? What they wanted to reimburse me was \$40 an hour, which was just like such a no-go right off the bat. My full fee is \$220. I'm in the Silicon Valley, so that might be on the higher scale for most people and I have 15 years of experience. \$40 is absolutely nothing. I wasn't impressed by any of the process that I had with them.

The number I called to talk with someone was clearly reading from a script and not some professional, had no clinical experience. That turned me off. I talked to Alma, I had email exchanges with Headway, and a lot of them, again, they promise a lot and no judgment if you choose to take them. I think for earlier clinicians, it can provide some of that security and experience. For me, I just felt like, again, someone's putting their hand in my cookie jar and I could do some of that stuff. I already figured it out along the way.

However, I did chat with Spring and I liked Spring Health. They reimbursed me \$150 per client, which when I am in that panic mode will take happily, but I've only ever taken two clients from them because I, in a whole year, haven't needed to take any more. I've really enjoyed that experience. I get to choose as needed. Again, that's the highest payback that I've found from any of the other companies after doing all of my research there. I would say I promote independent private practice. I think, and if we're looking at market rates, if we're providing a great service in private practice, then individuals just have to pay what is out there.

If there are these convenience, mental health tech opportunities, then people are going to get used to only paying \$50 an hour, \$100 an hour. However, that's not sustainable for us as clinicians to only make that much with all of the education experience that we have coming into this, which is usually about eight years plus to get licensed. My message is to realize all the educational wealth and knowledge that you have. Do not settle for less and do your research on the front end and weigh out the pros and cons. I think that private practice without fully relying on these companies is the best way to go.

Megan: Absolutely. Thank you so much, Candice. Also I want to throw out there that your mileage may vary. These rates, they are super different across state, across companies, make sure that you have it in writing and make sure you're prepared for it to change even if you do have it in writing. Denise, could you weigh in on this as well?

Denise: I'm so blown away by all Candice's due diligence. Thank you, Candice, for checking out all those companies. I had only checked out one, and that was enough. I like you said, "Oh, no, that's not sustainable." It doesn't feel like it validates all, as you said, the educational, the blood, sweat and tears that we put into our expertise. For me, in answering this question, though, I would say the most important thing for me was determining is my private practice going to be full time or part time? I feel like that's a very important starting point.

It can be your starting point if you're still in contemplative mode and figuring out, where do I go next? The reason for that is, I am part time, so I'm really trying to hold steady with about five to seven patients, no more than 10 or pushes me over the edge because I do have a full time day job. I'm always trying to find that sweet spot, the five to seven patients per week. I only do self pay because if I was on one of these platforms, as Candice said, it just wouldn't be worth my time commitment because I'm only really spending like six hours a week trying to have this private practice and be sustainable.

I think if I was full time rather than join one of these platforms, I probably would join an insurance panel instead. The reason for that is so I don't take insurance as well because, again, I'm part time. I'm just looking at six hours to make income, to help folks in a really meaningful way. For me, it's all self pay, no panels, no platforms. However, if I was full time, you think about it, most patients, if they are professional, right, and they are working at nine to five window, you're going to have a lot of downtime during the day, during like the pre, let's say, four to seven windows.

In that in that time slot, maybe a panel would help supplement what you would hope to get as private pay in your afternoons and evenings. I think for me, I would

probably go more insurance panel if I was full time and not one of these platforms, simply just because I don't think they validate our help and expertise as much as they should.

Megan: Thank you, Denise. Our next topic of conversation when we were meeting beforehand, we were trying to decide what questions were most important to answer. We decided that basically what we needed to do was a mini MBA, because that's not something that's provided in our graduate courses. We split up some of these topics that we thought were the most important if you're considering going private practice. We're going to have everyone pitch in what they've learned and what resources that they might have found along the way. The first one we're going to talk about is paying taxes and finances. Sarah, could you handle that one for us?

Sarah: Yes. In the most basic sense, it's important to track money in and money out of your business. Sales and expenses. There's so many different tools now, actually, that are really useful to help with that. When I started, it was an Excel spreadsheet. Every month, through Ivy or however you're tracking your sales, you just document like how much you made or you can pull a report. Then, your statements and keeping receipts and things like that is always a good idea. I have moved since to H&R Block online, which syncs with your bank accounts and makes everything really easy to know the money that's coming and going.

HEARD, H-E-A-R-D, is another similar software that's specific for therapists. I, again, I use Owl Practice, but I know all EHRs have reports that are easy to pull. You can, again, track sales and how many sessions you're doing and all that. In terms of taxes, the general rule of thumb that I started with before I had an accountant was setting aside 20% to 30% of your net revenue. Then paying quarterly taxes is a bit daunting at first, I know. Actually, you might log into the IRS website, set up an account, and it's actually quite easy to just make an online payment every quarter.

You can estimate, again, based on 20% to 30% or so. I do have an accountant at this point that does help me determine how much I should be setting aside and paying each quarter. We'll start there.

Megan: Beautiful. All right. Next, let's talk about marketing, market research, including fee setting, which I noticed we have a question about that already. Denise, would you talk a little bit about that?

Denise: Yes, this is such a great question. I currently reside in New Jersey, but my grad school program was in New York. All my training experiences were in New York, which is just five miles away. When I moved over across the Hudson River over to the Jersey side, I had to be mindful of that. I would say the most helpful thing is just know your market, right? Look up your zip code, look up what other therapists are charging, because in New York City, which, like I said, is only five miles away, I would be charging a lot more than I am currently charging on the New Jersey side.

I think that's important. Just do some market research so you get a sense you can be competitive. Like Sarah said, also know what your own sliding scale is going to be for yourself and for your clients. As far as marketing goes, I'm part of two online referral websites, Psychology Today and Zen Care. I also created a little sort of peer-to-peer referral network once I came over to the New Jersey side, and that's helpful

to get referrals from peers. Finally, there's still offline marketing to be had, like Candice was talking about, knowing your target and then connecting with different, she mentioned the Christian Counseling Group.

Know where your offline audience is going to be, and there's nothing wrong with then walking in and saying, "May I leave business cards on your front desk?" I've gotten referrals that way as well. I hope that's helpful. Oh, and I'll add one more thing. If I were full-time and I wasn't trying to maintain this little sweet spot of five to seven patients per week, I know others will invest in search engine optimization marketing as well. That's just so you can boost yourself up to the top of the Google search service, Hoboken, New Jersey, and then you can try to get closer to the top of that search result. That's always an option for marketing as well.

Megan: Beautiful. Thank you so much. Okay, so branding, which it seems like all you had to do 10 years ago was hang up a shingle or put up a *Psychology Today* profile and you would get clients, and now it's all about social media and branding and all that stuff. Candice, could you talk about that a little bit?

Candice: Yes, so that is certainly like a newer aspect. Going back to something that I said earlier, every business has a stage of development. One branding thing to think about is like, what am I already doing? Who is already looking for me? What connections do I already have? Building out a brand from there and knowing that your brand might change a little bit and clarify over time, and those branding materials are going to match the stage you're in and the money that you have. One example, I say photo shoots are such an important thing.

Your picture is going to be the first thing, typically, unless someone knows you or refers from a previous client or someone in your community, it's going to be that photo. When I started off, the first photos that I ever did was a friend's husband who was a photography hobbyist, and that was free, and I gave him a gift card to thank him. Then the next photo shoot I did with someone who was also a hobbyist, but charged a lower rate. More recently, I just did my first actual branding photo shoot with a branding photographer, and that's wonderful to be able to do at this stage.

I don't think that was necessary at previous stages, and so knowing where you're at, what money should you invest in based on where you're at and what you're trying to get. If you're part-time and you're only trying to get a few clients, I wouldn't invest in some marketing materials that cost too much. Allow yourself to have an overhead that matches where you're at and what you're looking for. That's another great way, as Sarah was saying, like money in, money out, thinking just really practically, how much do I have? Should I be putting out for my returns of investments?

Another branding thing also is, over time, thinking about what you want to do outside of just therapy. Is therapy what you want to do if you are focused on working with teens, marketing to schools, and after-school programs? If you want to work with postpartum, then going to maternity centers and hospitals, prenatal yoga centers. Some things that I have done over time has been like, I have a dating podcast, so that's one funnel, then I get some young adults and dating individuals and do a lot of speaking engagements.

One thing I'll say, because speaking engagements that are fun to do, but only do it if you love it, because I will say you only get about one referral, at least for me, and I've been doing this for 10 years, the speaking aspect, I get about one referral per speaking engagement. That could be 300 people in a room or 10 people in a room. It's a lot of time in and not a ton of referrals in exchange. If you like to do that, that's another great place to brand yourself and to market. At this point, I'm also doing adjunct work at a local college.

There's a lot of areas once you're established to play around with, what do you like, if you try something and speaking's not your gig, or you don't really want to record another podcast, I think being intuitive, honoring yourself, what feels good and matches your level of interest, and going from there. I have a lot to say on this topic. If you want to follow me on LinkedIn, it's something that I post on quite a bit because I do want this to be sustainable and I feel like I have a lot of knowledge from all of my DIY and trial and error.

Megan: Yes, definitely follow Candice on LinkedIn. She offers a lot of, interesting and helpful tidbits. Hey Candice. You're talking about branding photo shoots and even a year or two ago, I wouldn't have even known what that was. Do you have any resources for people who are like, "Okay, how would I even start thinking about my business as in terms of branding," or any podcast or anything that you've listened to that you found helpful?

Candice: Honestly, for me, it has been, I started LinkedIn only a year ago. What I love about LinkedIn is that I could see what other professionals are doing and it's not typically other therapists that I get that inspiration from, it's actually the coaching industry, which, I'm not a proponent of coaching because I feel like they're unregulated and all sorts of things. However, they are a field that feels like I could charge a thousand dollars an hour. I can speak here. I'm going to go to Apple and speak. Especially when I'm in the Silicon Valley, a lot of the coaches are the ones that go to companies and give lunch and trainings.

I see what they're doing. Then I say like, "Oh, I can do that and I can do that better." The branding photo shoots is actually something I was a guest on someone's podcast and they had featured, and she was a coach and she had featured this branding photographer who's a part of a company called Come Plum in the San Francisco Bay area. I connected with her and she did my photo shoot and yes, she's fantastic. If you're at that stage in development, go for it. It was really expensive. If you're not at that stage of development, I don't think that it's as important, iPhones are great these days or have a friend with a nice camera to take some shots of you in a backyard.

Megan: Absolutely. Yes. Some of those coaches, their branding is, if we could get some of that, some of those vibes over in therapy, I think it would be a game changer. I'm all about it. All right. Also staying on top of bookkeeping, Sarah, I know I already made you talk about money, but could you talk a little bit about just the nitty gritty of bookkeeping?

Sarah: Yes. Again, I think, I mentioned some software, some applications that might help with bookkeeping. Again, it's really simple. Especially if you're just starting out, tracking on money in and money out. When I started, I didn't have a business bank

account. I think if I were to go back, maybe I would just as a little bit cleaner and it's a little bit easier to track when you have that separated out. Also, if you're considering using a software to track your finances and your bookkeeping, then it is easier to have a business bank account associated.

It's just a little bit cleaner. because if you have it mixed, then you just have to really be careful about not missing any money in or out that's specific to your business. I would recommend that. I wish I had done that from the beginning. There's tools, again, everything from Excel spreadsheet that you're tracking everything on, to hiring an accountant and then using some of the software available to you in between that I mentioned earlier. Lots of different ways. Just want to make sure you're staying on top of everything coming in and going out and receipts are a good thing to keep. I try my best to do that, too.

Megan: Beautiful. You have gotten through the whole process of figuring out how to launch your business, how to get clients, all that good stuff. Your work's not done because everything's always changing all the time, as we've seen in the last four years and tech is changing constantly. What is the best way to stay on top of things and make sure that you're supported and you're not going to burn out and everything's sustainable? Macy, could you talk a little bit about that?

Macy: Yes. I personally lean heavily on my peer network of therapists in the area with questions I have about private practice or just being a therapist in general, even though I am completely telehealth in my services, I still network in the community and meet with therapists and learn about what they do and they learn about what I do. So that I find that really helpful. In addition to that, I've joined a monthly consultation group for therapists, just to talk about cases and getting ideas for how to work with different clients and different presentations.

Because what I've found personally is that private practice can be kind of isolating, especially if you're telehealth, because you're not in an office with people, so having these networks and these people to be in community with has been really helpful and keeps me sharp, I guess, with what's going on and different ways of approaching cases. A third thing that I did is surprisingly joined some Facebook groups. At first I was skeptical because people have different opinions on these Facebook groups, but I found them actually really helpful for getting and giving referrals.

Then there's a few out there. There's a lot out there actually that just talk about the logistics of private practice. With taxes, just running a business, EHRs, stuff like that.

Megan: Yes. Your mileage may vary about Facebook groups, but there are definitely some great reasons. This is my chance to plug my Facebook group again, the Fit Check for Therapists, which is mostly just around asking and answering questions about companies. If you want to ask questions there, have at it. Hey, Denise, could you share a little bit about, you're a little bit further into the journey, how do you stay plugged in?

Denise: Yes, so absolutely. I had mentioned earlier, I started a peer to peer referral network. My grad school colleague and I did that together when we both crossed over to the New Jersey side from New York City and we realized, "Hey, we're so

close to where we began. We are sort of starting over." She and I just started something from scratch. We created like a little Google form and it spread around word of mouth. Now we have a nice little, it's called the New York City Metro, New Jersey Metro referral network. Again, if something isn't already in existence, then you create it.

I feel like staying close to your graduate school colleagues has been everything for me, too. You still get so much validation. You can talk cases with them or you can just get sort of the, "Hey, I've had quite the day today." There's this unspoken knowingness of, I get you. I know what you experienced today without even hearing all the details. I also stay connected to just my state professional organizations, I'm also a member of APA, American Psychological Association. Always having those larger resources that feel like they can back you up with experiences, any questions you can always go to them as well.

Megan: Thank you so much, Denise. Before we started, we had people submit questions and then people have also asked 28 other questions. We won't be able to get through all of them, but we are certainly going to try to get through a lot of them. One of the first questions that I'm just going to take, someone asked, before starting, what are your thoughts on AI being used in EHRs, and I know that AI is a very hot topic. I've gotten the chance to work with a few companies and spend a lot of time working with and interviewing and creating content for PhD researchers in the AI space, so I'm just going to put some things out there.

I think that if you're going to use AI, you need to know how it works and you need to be able to ask intelligent questions about it. Spend your time to do the research. A lot of these companies are just ChatGPT dressed up, and I personally think that there needs to be a higher standard for AI used in mental health. I think that the companies that are doing mental health specific databases to train their models. They're having clinicians do the proof, doing a random test to prove that it's accurate, all of those things. Have a high standard for AI.

Demand transparency and asking how it makes decisions. If they can't answer that question, then that means that they're just giving it to ChatGPT. What else? There was one more thing. Oh, feedback. You need to be giving lots of feedback to these companies who sometimes do not have clinicians. If you're going to work with a company, make sure that they both ask, listen to, and I guess three things, respond and make changes based on clinician feedback. Things are changing constantly. This advice will probably be outdated in a few weeks, but just stay updated.

I try and share information as I learn about AI on my LinkedIn, and there are some excellent experts out there also sharing information about this. Another question we had was about navigating Medicare and Medicaid because it's different. Sarah, could you talk a little bit about that?

Sarah: Yes, I actually just recently started accepting Medicaid and in Colorado, that means you also are paneled with Medicare. I actually don't find it that different from working with other insurance companies. I was trained in nonprofit, so the way I was trained, especially around documentation, was specific to Medicaid, which is considered the gold standard for documentation. I would definitely make sure that

you're brushed up on all the documentation requirements for accepting insurance, and you'll be good to go.

Megan: Thanks. We've got a couple of questions about paneling for insurance. People wanting to know, how do you decide which and how many insurance panels, and just what is the process of going about that? Can someone just do a quick overview of that process and those decisions? Candice, do you mind taking that one?

Candice: Yes, I'm not on any insurance panels.

Megan: Okay, then the wrong person. Sarah or Denise or Macy, I know you might be paneled, but you use the company, so, Sarah.

Sarah: Yes, I think for me, it's been worthwhile to know, asking colleagues a little bit, generally, what the rates are that they're getting from each panel, that matters. The other one is, when you're getting clients that are asking, do you take insurance, listening, what insurance do you have? Because I find in certain areas, a lot of people might have the same insurance type or things like that. Those are things that I was looking for.

Megan: Awesome. Someone is asking about progress notes, taking care of that in a timely manner and writing notes in between client appointments. Candice, I'm guessing you could take care of that one, as well as maybe talking a little bit about if you use tools and how you decide what tools to use for that process. Then, if anyone else?

Candice: I'm old school, so I literally have a yellow legal pad on my desk, and I keep paper files still. That has been the easiest thing for me because I can do some of those notes in real time. I don't want to have my face in the paper, but it's an easy way to have some of the initial information. Then right after they leave, I can finish that really quickly, keep it in their file, and put it in a locked file cabinet. However, I do have an associate, so I've done research around simple practice and all of the other online resources.

I will say what I have found from the different ones I've trialed and error and one I tried and ended up getting my money back for because they lost the data. Which, again, some of this tech is still so new. Going back to that generative AI conversation, when we put in a question to Google, it literally says, this is an experimental answer. Yes, all of this is still so new in the forefront. I'll say simple practice is really expensive, so I chose not to do that. However, Care Patron is something that I do use for my associate, and that is extremely affordable, has a great UI, and they have a free credit card processing option, which is wonderful.

Megan: Denise, Macy, Sarah, just real quick, any tools that you've used for documentation that you would recommend?

Macy: Yes, I'll go really fast. I actually did some trial and error with different EHRs. A lot of them actually give you free trial periods. I tried a few of them out and then found the one that I liked, the layout of the notes and the treatment plans and the calendar and made sure it had calendar syncing so that everything could be in one

place, which is much more time efficient. I am actually able to do all my notes in between my sessions, so I'm not stuck at the end of the day writing notes for an hour because I did my due diligence and found the one that I had the easiest time working with.

Denise: I can add, I guess I'm old school like Candice, and again, I only have the five to seven patients per week, so I do all my progress notes by hand, but I'm typing them in my very secure Microsoft Word files. If you do go that route, just make sure you opt in for the password-protected Microsoft Word files and then keep all those files in a password-protected folder on your device. I'll also share a technique that a really helpful internship supervisor shared with me. This is back in 2010. I think at the time I was working at a New York City public hospital.

I had about 80 patients, revolving door style. It was all day constant with the, you had to have like seven to eight stats per day, and I came to him and I said, "I don't know how I'm going to get all these notes done. There is no time slotted in this revolving door of 80 patients per week." He was a proponent of solution-focused therapy, brief psychodynamic therapy, and he said, "You have to make the note a part of your session." I got into the practice of, you carve out, we'll say two to five minutes at the end of your session, and it actually can be really helpful.

You and your patient end up walking away with similar takeaways, meaning I know what I got out of this session, but maybe it wasn't the same as you, and you get to discuss that. It's also really good for memory retrieval when you're trying to remember the following week, what did we talk about? You have those 80 patients revolving. I don't have to use that technique now, but if that's something that might be helpful, feel free to always apply that. It really did make a big difference.

Megan: Thank you. Sarah, I know that you use Owl Practice, since they so generously sponsored this conversation. Just quickly, could you talk about your experience using them as a EHR?

Sarah: Yes, so I use Owl Practice, and it's been great. They have templates available for notes, for initial assessments and follow-ups, so that you can pull in the required information for those things. Yes, definitely go into an EHR. I did when I started taking insurance and also growing a group practice, so it's just a little bit easier for that. If you're on your own, paper documentation is fine. Owl and many others have some really great templates for notes, and you can also, believe it or not, copy-paste forward your previous note and make adjustments as needed. There's a lot of really great tools in an EHR, if you're worried about documentation.

Megan: Thanks so much. There's another question here that I wanted to address. Someone mentioned that some of these companies have negotiated higher rates. I heard this platform often get therapists higher rates than pursuing rates directly with the insurance company. That is both true and false, and here's why. A few years ago, when these companies were getting started and all the parity laws were pressuring the insurance networks about their ghost networks and all that stuff, insurance companies were all about these companies, because they would help with accessibility.

They were offering higher rates because they could, by offering higher rates to this one company, increase their network exponentially for their customer, their patients, to access. However, and this is my unprofessional opinion from the rumors I've heard from executives at these companies, it seems like insurance companies are now regretting the fact that when people have access to mental health care, they are going to access mental health care, and therefore insurers are going to pay. Companies are now seeing rate cuts from payers.

What I would say, use these companies if they're helpful for you, but don't depend on them to be helpful forever. There might be times you come in and out. Always just be prepared to have your private practice as a backup, and know what your options are for that. Someone had a question about liability, corporate professional liability. How do you guys handle liability and just insurance regarding all that?

Candice: I can jump in, and certainly, so I have a professional liability company that I use. Someone shared with me that you should always max out those liabilities, just in case therapists don't get sued as much as other companies, so those liability insurances are more affordable than if you were like a surgeon, because it's not likely that someone will like die in our office, but it's really important to have. Then if you have a business, the business insurance is also something to consider that covers your business entities separate from your professional liability, which most professional liabilities cover some of that, but it's not as extensive as a business liability.

For my associate, for example, my professional liability does not cover her. My business liability insurance covers the locations that I use and my associate and myself. All that's trial and error too. To get that insurance, I like hours and talk to like six different companies and was declined from a lot because I have multi sites. A lot of this is, on the front end, it takes a lot of work, but then you never have to do that part again. If it feels challenging, that's normal. Then you're done with that task.

Sarah: Yes, I was going to say, don't be afraid to shop around just like you would for your car. Make some phone calls.

Megan: I've got a couple of questions about Macy, where you found your consultation group, how you got connected with that. One person wanting to know who you use for EHR.

Macy: Yes, so I actually found my consultation group through some of the Facebook groups I'm in. I've found quite a few therapists just in my area that also do only telehealth services. What they did is they created this group and then they posted in all these Facebook groups, asking people if they wanted to be a part of it. If you did, they put you on an email list. Yes, so really just two therapists organized the whole thing and just networked a little bit. I got on that list. Now I have a group I meet with once a month and it's really great.

There's a lot of people in it, but what they do is they put you into little breakout rooms. You're really just doing these consultations with four or five people. That's how I found it. Can you repeat the second question?

Megan: Someone just wanted to know what EHR you use.

Macy: Yes, so I ended up picking Sessions Health because I found it's really affordable. It's super simple. They haven't raised their rates. I know some EHRs have been raising their rates recently. I really liked that. I think I ended up trying four different EHRs and Sessions Health was the one I went with.

Megan: Thank you. All right, we only have about two minutes left before I got to pass it back over. I'm sorry I didn't get to every question, but this seems like a good one to end on. Random question, are you all happy in what you do? This person is just, is a newbie trying to decide what they want to do, deciding if they want to pursue a degree in counseling or go academic and do research and that stuff, so.

Candice: I can start on that. yes, I am happy. There's been--

?Megan: Go ahead Candice.

Candice: Yes, there have been times that I've felt like burnt out. I think, A, if you're not happy, listen to that. There are also ways that you can use your mental health skills to do other things. Like Megan is doing, did some writing and consultations and things like that. You don't have to do therapy if it's uncomfortable to you. There's a reason I've expanded over time to do things like teaching and speaking and podcasts and consultation, because that brings me life in a different way. You also will play around with like how many sessions feels good to you.

I remember when I was starting out, I worked 40 hours a week and that totally burned me out. Now I work about 20 clinical hours. Listen to yourself, intuition, trial and error.

Denise: I was going to add to that. I love what I do. I feel very lucky, very grateful. I have a day job as a school psychologist, which is a totally different part of my brain that I get to use. Then I'm running home to see my patients because it's a different part of my brain that allows me to be more creative, even more emphatic, more compassionate. Yes, I don't know if it's because I have that balance, you how we're always by our human nature, skewing toward the grass is always greener.

I feel very fortunate that I have that balance in my career. Like Candice said, you'll find out where that line is for yourself. I don't know how I would feel if I was doing private practice full time. I imagine it down the road, sort of like a retirement plan or something. I think I would still love it then, too. If I didn't, then you expand and you branch out and you find your own sweet spot of where you are balancing it with other things because you do want to still love this job, right? I don't look back, younger self, I'm glad she decided to go back to school to become a psychologist.

Megan: Thank you so much. I think that's all the time we have. We've talked about a lot of stuff. I encourage you if you have more questions, if we didn't get to you to try and find us on LinkedIn. I know I talk about a lot of these issues and the forces going on in the space on LinkedIn. Yes, thanks for being a part of this.

Operator: Thank you so much, Megan. Thank you so much to our panel. Thank you to all of our listeners for your participation. We'd also like to thank Owl Practice Suite for making this webinar possible. A recording of this presentation will be emailed to everyone in two weeks time. The recording will include the presentation slides. As

soon as the webinar has ended, a short survey will appear on your screen. Please take the survey and give us your feedback. We thank you for joining us and hope you have a great day.

[00:56:27] [END OF AUDIO]