

DESIGNING YOUR PROGRAM

UTILIZATION PROJECTIONS

PROGRAM COST ESTIMATOR

The most expensive part of your program is likely to be the mental health therapy sessions, and this is the best place to begin as you start budgeting.

Here are the main factors you will want to consider:

- Determine the number of eligible members for program participation: ____
- Determine the estimated rate of membership usage: ____%. Much of this depends on how heavily you promote the program and how open your medical community is to seeking mental health care, along with other factors. However, the experience of county societies to date is that 2%-5% of eligible members will use the program each year with an average of three visits each.
- Determine mental health therapy hourly appointment cost: \$____. You may also need to consider if there is a first-time intake documentation fee.
- Determine the number of allowed visits per member (per year): ____

“If it helps even one provider it’s worth it—for the individual, the group, and the community at large.”

— Shondra Holliday
Lane County
Medical Society

Using the formula below, you can produce an estimated cost of appointments being paid for.

$$\text{ELIGIBLE MEMBERS} \times \text{ESTIMATED RATE OF USAGE} \\ \times \text{APPOINTMENT COST} \times \text{ALLOWED VISITS}$$

It is suggested that you provide a range to your organizing committee/board. Using the cost estimator tool below, will allow you to customize your own factors to create a budget range for appointment costs.

PWP Usage Cost Estimate Tool

Rate	2%	4%	8%
Based on 500 members	10	20	40
1 visit	\$1,300	\$2,600	\$5,200
2 visits	\$2,600	\$5,200	\$10,400
3 visits	\$3,900	\$7,800	\$15,600
4 visits	\$5,200	\$10,400	\$20,800
5 visits	\$6,500	\$13,000	\$26,000
6 visits	\$7,800	\$15,600	\$31,200
7 visits	\$9,100	\$18,200	\$36,400
8 visits	\$10,400	\$20,800	\$41,600

- Use this tool to help visualize the potential costs of the PWP sessions.
- Multiply the number of members by three possible percentages of program usage: 2%, 4%, and 8%.
- A therapy session cost may vary; the example uses \$130.
- The example is based on 500 members.
- The yellow circle is a most likely range of possible costs.



BUDGET PROJECTIONS

With your estimate of therapy sessions in mind, you will now need to work through the remainder of your budget on the expense and income sides. If your budget is constrained, you may need to scale back the number of appointments members have access to or even how much of the appointment cost you are willing to pay.

Some medical societies have started their physician wellness program by negotiating a discounted rate with a mental health group instead of paying directly for appointments; others pay partial amounts. Potential funders may also want you to start the program and see the utilization patterns before they commit long term to supporting your program. Others may be willing to pay for appointments that can be pegged directly to their employees.

Budget Categories

No doubt you have your own budgeting process for other programmatic areas and can fit these different types of income or expenses you may consider into your own format.

Income examples:

- Corporate sources
- Grant funding
- Individual sources
- General fund designation



Expense examples:

- Appointment costs
- Advertising
 - Printing
 - Postage
 - Video
 - Website development
 - Hotline number
- Legal consultation
- Accounting and tracking of utilization
- Personnel-related
 - Committee meetings/meals
 - Medical director stipend
 - Organization staff time
 - 24/7 hotline staffing
- Program launch or educational events
 - Facility rental
 - Meals
 - Speaker
 - Advertising
- Rental space (if hosting appointments at own office)

FUNDRAISING

POTENTIAL FUNDING SOURCES

There are a wide variety of resources to help you fund a program that serves your members. Some of these may help with startup funds; others may be willing to commit or contribute long-term.

Corporate Sources

- Local hospital groups
- Physician groups
- Residency programs
- Medical schools
- Medical liability insurance companies
- Insurance/health plans
- Local companies

Grant Sources

- Local community foundation
- Health and welfare foundation
- Local, state, or specialty society foundations
- Medical society alliance
- National foundations, such as physicians foundations
- State or federal grants, especially if research is involved or can be tied to workforce retention in underserved areas.

“While we’ve received multi-year financial commitments, they are contingent on utilization of services—which we feel is fair.”

— Laura Moss
Madison County
Medical Society



Individual Sources

Your members. Do not be afraid to ask at every meeting, in every newsletter, in annual giving campaign requests. Some societies have been highly successful with mental health providers giving an envelope or request letter to member clients once a year or as they finish therapy. Grateful members who have been well served by the program are more likely to give back.

General Fund Designation

You may have the ability to budget sessions directly from your medical society funds. This demonstrates a strong commitment to the well-being of your members and can drive membership, loyalty, and pride in your association.

When looking for funding sources, look for synergistic partnerships that, in addition to funding, might provide expanded geographical reach or additional pathways for physicians to access the program. Since most mental health providers (MHPs) now offer telehealth, consider working with state-wide or regional groups, even if your program is locally based. See Chapter 6, under Collaborations.

CONFIDENTIALITY

The stigma around mental health among medical professionals is certainly on a downward trend, which is promising. But we still need to overcome the long-time behavioral shaping of those who practice medicine, including perfectionism, resistance to help, delaying one's own needs in deference to the patient, and so on. These internal tendencies among physicians are reinforced by the industry, and culture change is slow to undo these deeply and pervasively embedded habits.

Thus, the importance of preserving the confidentiality of PWP utilizers is still extremely high. You must do everything possible to describe the extent of confidentiality your program operates under. How confident your members are in the privacy afforded them by your program is likely to be a key factor in its success.

What kind of legal and contractual assurances around confidentiality can you provide to members who use PWP services? For example:

- Mental health providers are legally required to report imminent self-harm by clients, threatened harm to others, child abuse, and the like to law enforcement. Some state boards of medicine require only their own licensees to report known impairment of other physicians to the state board. How will your MHPs handle an impaired physician?



- Will your MHPs use HIPAA as their privacy policy or a different standard? Based on the definition of a “covered entity” under HIPAA standards, a PWP will probably not have to comply with the federal standard of confidentiality, although as a best practice it may be better to do so.
- Are discussions with MHPs ever considered “discoverable” for board of medicine or legal proceedings? Since billing by diagnosis is not required, it is recommended that MHPs keep the minimal amount of client notes they need to cover themselves. Keeping notes on paper is recommended, but notes kept in a secure electronic system will also suffice if names are de-identified from billing.
- How will MHPs provide maximum confidentiality for program participants while submitting demographic reports and billing information?
- Will calls be routed through the medical society office that might expose a member’s name to staff? If so, will you require medical society staff to [sign confidentiality forms](#) around interaction with the program and client names?
- Would it make more sense to hire or partner with a 24/7 hotline where calls can be screened appropriately for crisis situations and to make referrals?

LEGAL CONSIDERATIONS

“Key things to get right are to involve a lawyer in contract development and selecting the right psychologist(s).”

— Chris Hickey
Lexington
Medical Society

While the design of a PWP is straightforward, the issues these programs touch on are fraught with potential legal land mines. They will vary state by state based on your board of medicine, clinical counseling regulations, insurance laws, program design, and other factors. Before, during, and after making program design decisions, you should consult with legal counsel and other professionals such as social workers, counselors, and the board of medicine to be sure you comply with all applicable laws and rules.

Check with your board of medicine to be sure your program does not run afoul of any medical licensing regulations. Partnering with or securing an endorsement from the board of medicine and/or the state physician health program could make a dramatic difference in acceptance by physicians. See [sample letter here](#).

You may need to check with your state’s department of insurance to be sure the program is not considered an insurance benefit for your members. If it is, a whole bevy of insurance regulations will deeply impact the design of your program. A letter regarding one state’s regulations from that state’s attorney general is available upon request through lifEBridgePWP@gmail.com.

“Get your legal and insurance teams involved.”

— April Donahue
Collier County
Medical Society



LIABILITY

Assuming you are contracting with MHPs, it is highly recommended that you request they add you as an “additional insured” on their professional liability policy and provide you with a certificate of coverage that shows the same. Many MHPs have never done this before, and it is wise to provide a sample of what this looks like and point them to their insurance broker. You will need to monitor this for policy expiration dates and your required insurance minimums and ask for an updated form each year.

Check with your own general liability and directors’ and officers’ insurance broker to determine what kind of risks your organization might face and what may need to be covered by insurance. In a contracted MHP model, this is generally not a concern since your program does not provide direct services and the MHP carries their own professional liability insurance. Be sure to explain this to your broker and provide them with your policies, documents, and forms so they do not add any unnecessary insurance.

MENTAL HEALTH PROVIDERS

TYPES OF MENTAL HEALTH PROVIDERS

“You have to trust and have a good working relationship with the psychologist(s) you select.”

— Chris Hickey
Lexington
Medical Society

Most programs surveyed use a variety of mental health providers and it is up to you to choose based on appropriateness for your program goals. Be sure you know the minimum-credentialed professionals you are willing to contract with. This is when having a mental health professional on your steering committee will be highly valued. We have chosen the generic term “mental health providers” throughout this document to include:

- Licensed clinical social workers (LCSWs)
- Licensed clinical psychologists (LCPs)
- Licensed clinical professional counselors (LCPCs)
- Psychiatrists

Counselors – Depending on the state, you may find counselors listed as licensed professional counselors (LPCs), licensed mental health counselors (LMHCs), licensed professional clinical counselors (LPCCs), licensed clinical mental health counselors (LCMHCs), or other variations. Typically, the “clinical” designation means that additional training under supervision and ongoing training is required, which is a recommended minimum standard for a PWP program. LCPC is used as the standard term in this publication.

Licensed marriage family therapists (LMFTs) – LMFTs are typically first licensed counselors (and sometimes clinically designated), but this may vary by state. Adding LMFTs as an option is highly recommended. Marriage, family, and relationships are common issues addressed through PWP.

Social workers – As with counselor titles, social worker titles may vary by state to include licensed master social worker (LMSW), licensed clinical social worker (LCSW), certified independent practice social worker (CIPSW), and others. It is recommended that if you use social workers they be clinically trained. An LCSW can be equally as effective as a LCPC. LCSW is used as the standard term in this publication.

Psychologists – All psychologists must have earned a doctorate, either a PsyD or a PhD. PsyDs are more focused and trained for practicing clinically, while PhDs are granted to those more research-focused.

“Having a psychiatrist as a medical director for your program is wise, but psychiatric care is really beyond the scope of PWP design.”

— Steven Reames
Ada County Medical
Society



Psychiatrists – One might think that physicians under duress would only turn to those with the same degree of education they possess. Most programs have found this not to be true. In the first edition of the tool kit, the use of psychiatrists was discouraged for distinct reasons, including these:

- Psychiatrists are licensed doctors, and because they are a member of the medical community, some physician clients may feel confidentiality could be compromised or that a psychiatrist might be required to report to medical staff offices or boards of medicine.
- As physicians, psychiatrists may feel compelled to diagnose a member client, which cuts across the fundamental principles of this type of program and creates a medical record. Most state boards of medicine are now creating safe havens so that licensees do not need to report mental health care if the condition does not impair the practice of medicine. However, this is not yet true of most employers, health or medical liability insurance companies, or life or disability insurance companies.
- Most states have a shortage of psychiatrists who focus on pharmacological management not on dialectical therapies.
- The payment rate for psychiatrists may be far beyond what your program can afford to pay.

Nevertheless, some programs have reconsidered the use of psychiatrists if they abide by the same guidelines as other MHPs and agree to be paid at the same rate. If you do go this route, we recommend you specifically disallow payment for medication management by psychiatrists.

If you cannot find psychiatrists willing to work with your program under these guidelines, you can advertise these national hotlines available to physicians for free that use volunteer psychiatrists:

- Physician Support Line at www.physiciansupportline.com or 1-888-409-1041
- The Emotional Project at <https://emotionalppe.org>

COACHING

Some PWP programs have opted to offer different varieties of coaching such as the services of:

- Executive coaches
- Physician coaches
- Life coaches
- Peer coaches

While some counseling or mental health therapy may include coaching, it is important to understand the professional distinctions between somebody clinically trained and a coach. We would discourage lumping coaching under the term mental health provider. Peer coaching is discussed in more detail in Chapter 6.

SELECTING MHPs

The process of selecting MHPs—whether contracted or directly employed by the medical society—is right alongside confidentiality in its level of importance. These service providers are the front line and face of your program; how physicians feel about them can make or break your program. Therefore, your steering committee must be able to say with confidence that all MHPs have been screened and vetted and are appropriate for physicians.

You may or may not need a request for proposal (RFP) process to identify potential contracting MHPs, depending on your needs. You might start the process of choosing PWP service providers by asking your steering committee what MHPs they know or have heard would be a good fit for physicians. Sending an RFP to garner interest will help you narrow the field before vetting potential contractors.

VETTING MHPs

Every MHP you contract with reflects the quality of your program. With this in mind, we recommend you:

- Use a behavioral health professional and a physician along with your program staff to conduct these interviews. If a well-respected MHP retires from your program, consider keeping them engaged as a volunteer to assist in these interviews.
- Conduct the interviews by video or in person and potentially on site at the candidate's office. [See here for sample vetting questions.](#)

- If you have to educate the candidate about what physicians need, then they may not have the experience you are looking for. Your members do not have time to be part of the education of inexperienced MHPs, and the credibility of your program may suffer as a result. Obtain recommendations from trusted physician leaders. LCSWs or LCPs embedded in clinics or hospitals often understand how to work with medical professionals and the challenges they face.
- If contracting with a group, consider limiting those who will participate in the program to those you individually vet.

Narrow your list of potential MHPs to a manageable group of those you wish to visit at their office location. Take two or three of your steering committee members for a 30- to 45-minute site visit with MHPs. This is a major step for getting a feel for their waiting room and clinical setting and how it will feel for your members.

- Is the location convenient for physicians to get to or do you have enough MHPs spread throughout your community?
- Is the setting professional and quiet?
- Is there a side or private entrance physicians can use if they are ultra-concerned about the possibility of running into their own patients? Could they call from a car and be let in when the MHP is ready for their appointment?

“Calls for counseling services began to come in as soon as word got out.”

— Laura Moss
Madison County
Medical Society

If you can't afford the time to visit MHP office locations, you can still ask these questions in a videoconference interview. In fact, the ability to connect with the MHP via telehealth may be more important than in-person, especially if you think in your area that telehealth may be used more broadly.

How familiar is your potential MHP with physician burnout, compassion fatigue, depression, grief, and other shared physician challenges? This is where recommendations of MHPs by physicians will help narrow the field. Your physicians will be able to notice whether an MHP is a good fit or not.

Talk with your MHPs about intake and appointment-making. Stress the importance of “concierge” service and what accommodations the MHP or group will make for your members.

- Will the MHP or group guarantee access within a certain time frame?
- Will members have to go through a central appointment line, or can they schedule sessions directly with an individual MHP, or will the medical society provide a handoff?
- What kind of forms will be required?

A discussion about clinical notes and record retention is important. Most MHPs will be comfortable with keeping limited notes because they are not billing insurance and no diagnosis is needed.

Can your MHP provide PWP services via telehealth?

If your members cannot conveniently access service providers, telehealth is likely to open some additional capacity and convenience and provide for greater confidentiality. In our experience, telehealth can be a gamechanger in terms of opening access to busy professionals.

However, there are different state regulations about mental health services provided via telehealth. Make sure you understand them before providing this as an option. You also need to ensure that the MHPs' electronic platforms are HIPAA-compliant.

What rate will they charge you? Every city's rate is different depending on supply and demand, but the going hourly rate in 2024 for mental health therapy is \$100-\$200. Some will charge more for the intake visit, and some will charge it as a flat fee. Be sure to negotiate a no-show rate and/or policy and whether you will be charged when a member misses an appointment.

USING OUT-OF-AREA MHPS

If you have a dearth of mental health providers in your area, you may need to consider contracting with MHPS in other cities or states. One option: The Psychology Interjurisdictional Compact (PSYPACT®) is an interstate agreement that facilitates the practice of telepsychology and the temporary in-person, face-to-face practice of psychology across state boundaries. Other medical societies in your state that have a program may consider contracting with you as well to provide these services.

If your members live near a state border, it will be important to know if your MHPs will be able to serve those living outside your primary state.

MODALITIES AND TREATMENTS

In addition to the types of MHPs in your program, you will also want to consider which kinds of modalities and treatments are important. For example:

- Cognitive behavioral therapy (CBT) has been used for many problems including stress, imposter syndrome, depression, anxiety disorders, marital problems, and eating disorders.
- Eye movement desensitization and reprocessing (EMDR) is exceptionally helpful for treating trauma.
- Emotionally focused therapy (EFT) is especially useful with relationship challenges.

If you list your contracted MHPs on your website or in a brochure, it might be helpful to create profile cards that describe the certifications, modalities, treatment foci, appointment-making process, and other details for each MHP. This will assist your members in finding a good match for their needs. You may also have your MHPs record a simple one-minute video introduction that can be embedded on your website.



MONITORING MHPS

Some programs have excellent experience receiving feedback about their MHPs and some do not. Asking the participants to complete an evaluation is the best way to monitor the MHPs you have selected. See Chapter 4, Measuring Your Program.

There may be times when you receive complaints about an MHP, and these should be investigated with your committee or medical director. A complaint could stem from a mismatch in personality and fit between a member and a mental health provider. But if complaints are about a lack of professionalism, lack of available appointments, or something that may affect the reputation of your program, do not hesitate to reach out to the MHP and discuss it.

If you have contracted with an MHP who has not submitted an invoice for several months, you might check with them to see if availability has become a factor. They may be exceptionally busy or slowing down their practice. It may be preferable to remove them from your site for a season rather than frustrate your members with a lengthy list of unavailable providers.

SAMPLES

FUNDRAISING

[Contribution Card](#)

[Solicitation Letter](#)

[Budget Spreadsheet](#)

[Program Cost Estimator](#)

LEGAL CONSIDERATIONS AND CONFIDENTIALITY

[Letter to Board of Medicine](#)

[Insurance Guidance](#)

Mental Health Provider Forms

[Therapist RFP \(Generic\)](#)

[Therapist Vetting Interview \(Generic\)](#)

[Therapist Vetting Interview Cards](#)

[Additional Insured Certificate Sample](#)

Internal Program Model

[Internal Policies](#)

[Client Consent](#)

[Therapist Contract](#)

Outsource Program Model

[Internal Policies](#)

[Therapist Contract](#)

[Client Consent](#)

[Therapists' Script for Informed Consent](#)

[Welcome and Onboarding](#)