

SUGGESTED RESOLUTIONS

For The Minnesota Psychiatric Society

**Respectfully submitted by the
Task Force on Quality Psychiatric Care
November 2, 2001**

#1

WHEREAS psychiatry is inextricably inter-related with other branches of medicine

And

WHEREAS managed care has made it very difficult for physicians to refer to psychiatrists with whom they have a working relationship

And

WHEREAS the patient's best interest is served by having physicians who have a working relationship with one another,
The MPS requests that:

All third party payors reimburse in full, without prior authorization, all psychiatric consultations referred by any M.D. to a psychiatrist.

#2

WHEREAS the number of outpatient psychiatric and substance abuse clinics in Minnesota has declined significantly in recent years,

And

WHEREAS the clinical laboratory and psychological support services of an inpatient psychiatric hospital are not available to most outpatient clinics,

And

WHEREAS criteria for inpatient psychiatric coverage have evolved to focus too much on imminent dangerousness,

The members of the Minnesota Psychiatric Society propose that at least the following clinical situations be accepted as the community standard of care for admission to an inpatient psychiatric unit:

- A. Acute and subacute onset of an undiagnosed psychiatric disorder that has impaired baseline functioning and for which a complete multi-axial workup is indicated.
- B. Failure of the current outpatient treatment plan, demonstrating a need for another multi-axial workup and the establishment of an alternative outpatient treatment plan.
- C. Subacute exacerbation of an Axis I disorder amidst substantial Axis III disease, requiring medical specialty care and collaboration.
- D. Acute and subacute vegetative signs of major psychiatric disorder, such as agitation and pacing, sleep and appetite disturbances, concentration and memory impairment, anergia and withdrawal, ambivalence and autism.
- E. Complex or multiple psychosocial situations, such as severe family and support system dysfunction, losses, substance abuse, economic stressors, occupational stressors, legal stressors, recent abuse or traumatic events; with concomitant increase in symptoms, impairment, or risk.

#3

WHEREAS an accurate diagnosis and a comprehensive treatment plan are essential for proper treatment of psychiatric illness

And

WHEREAS an accurate diagnosis and comprehensive treatment plan needs to take into account a detailed developmental history, family history, observations from family, school, work and past institutional settings as well as information about previous treatments and their effects on the patient. It also needs to include, as deemed necessary by the attending psychiatrist, laboratory studies, psychological and neuropsychological testing, electrophysiological studies, brain imaging studies and detailed observations of the patient's behavior by skilled persons in a controlled setting,

And

WHEREAS a complete and accurate diagnostic workup can serve for many years (with timely updates) as the patient's basic treatment plan in whatever setting he/she finds himself/herself,

The MPS requests that:

Third party payors provide up to 21 days of inpatient care for persons having a first psychotic episode and up to 14 days for subsequent psychotic episodes without prior authorization.

#4

WHEREAS most insurance plans advertise the availability of 30 or more sessions of psychotherapy per year,

And

WHEREAS patient overuse of medical psychotherapy is rare,

And

WHEREAS psychiatrists in Minnesota are too busy to overuse psychiatric insurance benefits,

And

WHEREAS the burden of paperwork undertaken by both physicians and insurers seems out of proportion to any savings accrued by the preauthorization of psychiatric work,

The MPS requests that:

Third party payors allow 30 hours per calendar year of medical psychotherapy by a psychiatrist without prior authorization.

#5

WHEREAS current Minnesota law defines "medically necessary" mental health services in terms of local professional standards,

And

WHEREAS the only group knowledgeable about the local professional standards for psychiatry is the local psychiatric community,

And

WHEREAS when undertaking responsibility for treatment of a patient a psychiatrist is ethically bound to follow through and provide (or provide for) that service, whether payors decide to pay for those services or not,

The MPS requests that:

1. Third party payors acknowledge that "medical necessity" can ultimately only be determined by the body of Minnesota psychiatrists or some representative group of these psychiatrists

And

2. Third party payors provide the criteria they use to determine “medical necessity” to the MPS for the purpose of determining whether or not they meet the community standard of psychiatric care.

#6

WHEREAS good psychiatric care may involve detailed and frequent communication about a patient between the psychiatrist and other care-givers

And

WHEREAS these other caregivers include the patient’s family, case managers, social workers, therapists, family doctors, other medical specialists and other caregivers and team members

And

WHEREAS this communication with the individuals mentioned above is particularly important in the care of those persons designated as “severely and persistently mentally ill” (SPMI),

The Minnesota Psychiatric Society (MPS) requests that:

Third party payors recognize a Psychiatric Management code, reimbursed at a reasonable rate, available to psychiatric physicians for at least 25 hours per calendar year to cover the above psychiatric work and its documentation without prior authorization when treating a person recognized as SPMI.

#7

WHEREAS the following is required of M.D.’s in order to act in court as expert witnesses,

And

WHEREAS the following is required for certification by the guild of peer review physicians,

The MPS requests that:

All physicians reviewing cases for hospital admission or continued hospital stay, day treatment or day hospital stay, initial or ongoing outpatient care or any other case requiring clinical expertise be required to be currently practicing the procedures in question in the context in question and with the general age group in question.

Floyd Anderson, Chairman
Galen Stahle, Secretary

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MPS member comments are requested via internet to vukelich@earthlink.net by January 18, 2002 for presentation to the MPS Council on January 19, 2002. Questions regarding commentary process? Please call 651-407-1873 by January 18.