

NUTS & BOLTS OF A PRACTICE IN

OSTEOPATHIC

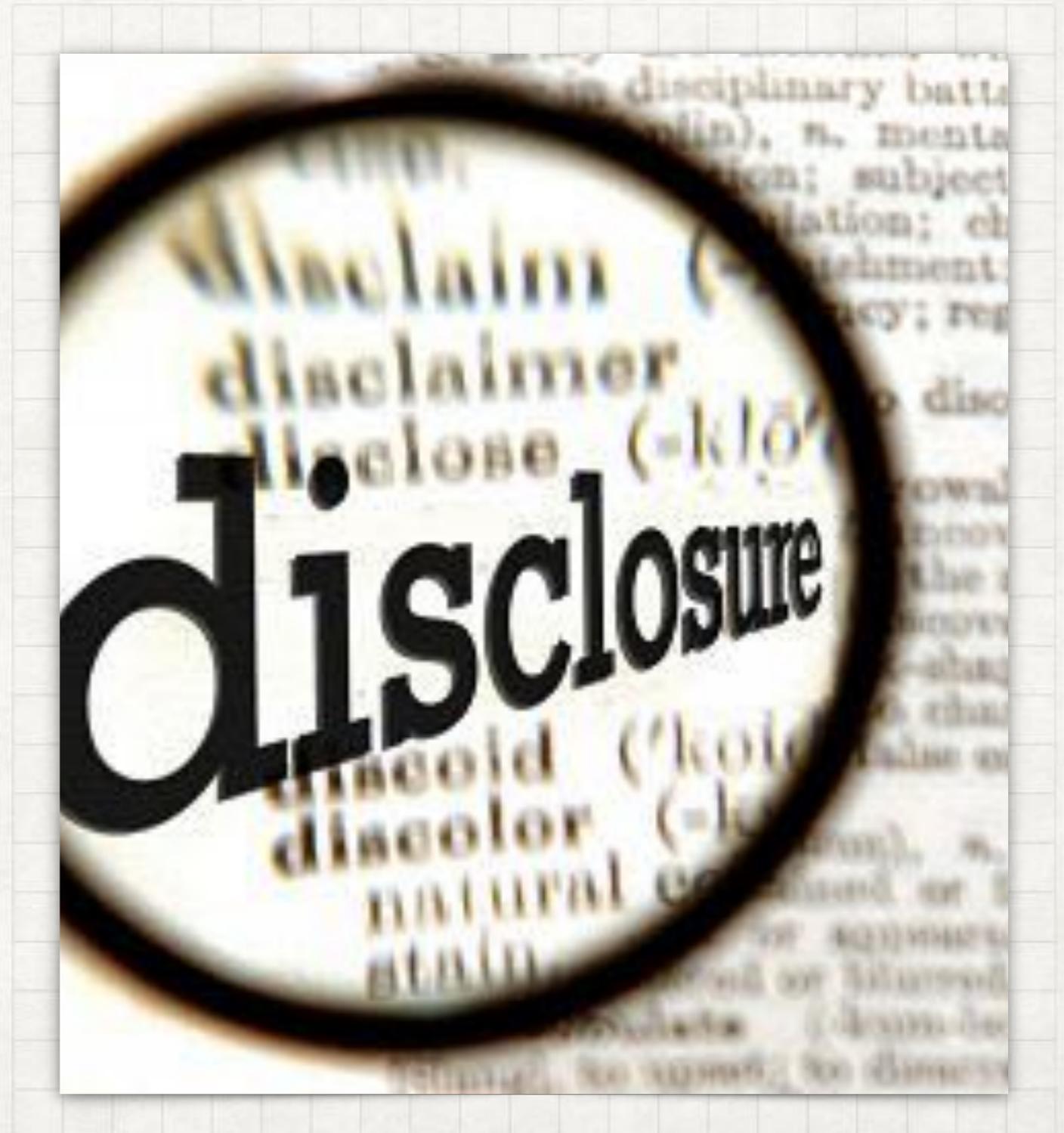
PSYCHIATRY

ONE EXAMPLE BY:

TEODOR HUZIJ DO FACN

# DISCLOSURES

- Financial: None
- AOBNP: Member, Not representing the board on this topic



**DEFINITION**

# PROPOSED DEFINITION

- Osteopathic Psychiatry
  - The field of psychiatry as approached through the lens of the osteopathic philosophy

**GENERAL AND  
SPECIFIC OMM**

# ISN'T THIS A TALK ABOUT OMM IN PSYCHIATRY

- Sorta
- OMM and Mood Disorders - OMED 2012, Convo 2014 & 2016
- Osteopathic Psychiatry: OMM and Mood Disorders Course
  - General approach
  - Vascular, Cortical & Subcortical regions for MDD & Bipolar

# QUICK LOOK: GENERAL

- General Approach
  - Whole Body Unit Approach: Avoid Reductionism
  - Seek Health, Area of Greatest Restriction, Key Lesion, Reclaim Resources
- General Musculoskeletal
- Autonomic Nervous System
- Lymphatics
- Diaphragms
- Cranial: Interosseous, Intraosseous, Dural, Venous Sinuses, Fluid Dynamics
- Visceral: Liver, Kidney, GI Tract

# QUICK LOOK: BRAIN FOCI

- Vascular, Cortical and Subcortical Treatment
  - Venous Sinuses, Jugular Foramen
  - Vertebral Arteries, Internal Carotid Arteries, Basilar Artery, Posterior Cerebral, Posterior Communicating, Middle Cerebral Arteries, Anterior Cerebral Arteries, Circle of Willis
  - MDD: Dorsolateral/Dorsomedial Prefrontal Cortex, Anterior Cingulate Gyrus, Frontal Lobe, Medial Thalamus
  - Bipolar: L Superior Temporal Gyrus, R Anterior Cingulate Gyrus, Insula, Corpus Striatum, Cerebellar Vermis

# QUESTIONS MYTHS

# MYTHS

- We don't touch people in psychiatry
- Touch in psychiatry is a boundary violation
- Definitely avoid touching patients with trauma, personality disorders, or psychosis
- Chaperone required
- Separate space for OMT



# LIABILITY COVERAGE

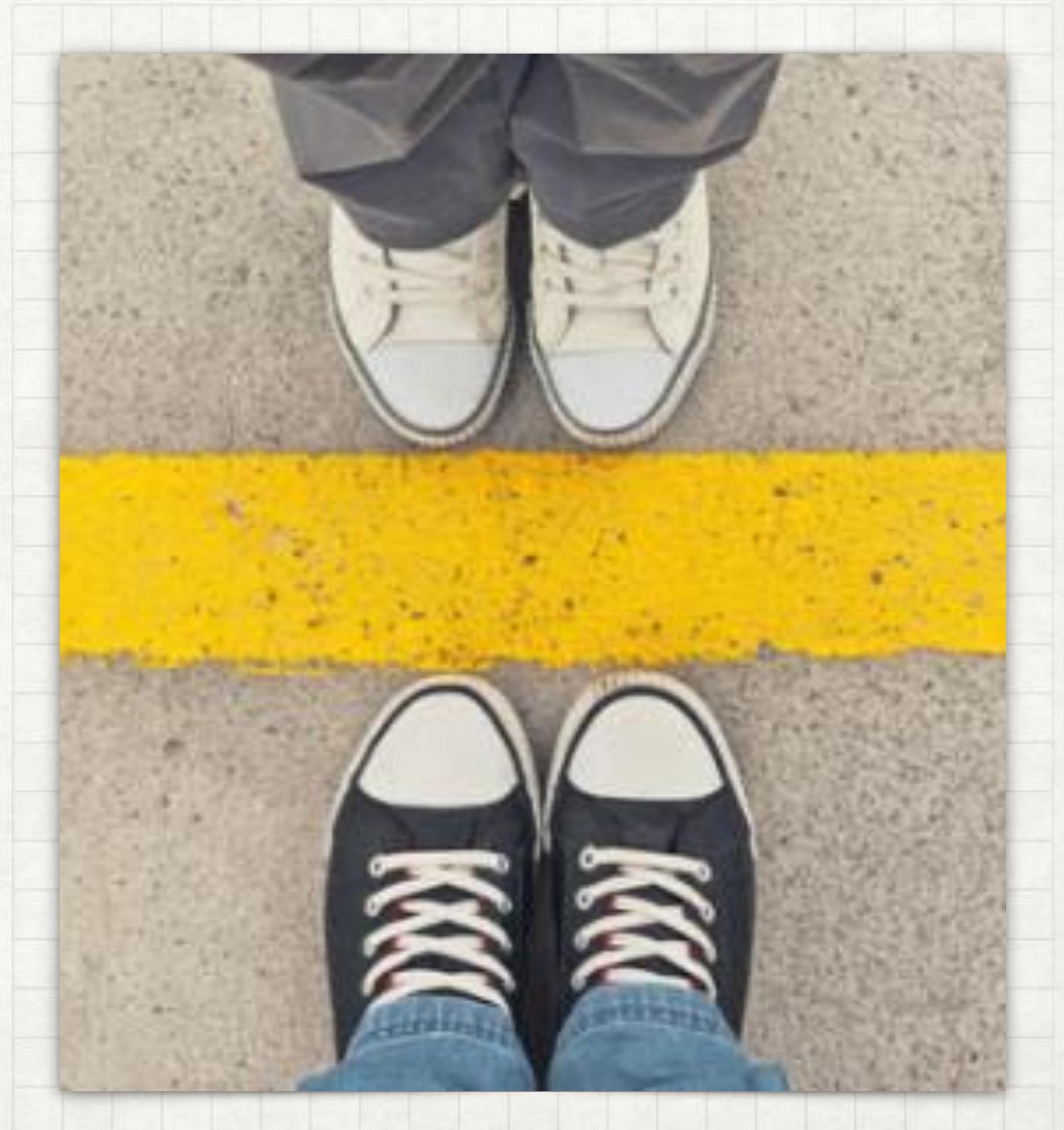
# INSURANCE

- Traditional Psychiatry Malpractice Companies Do Not Cover OMM
- Traditional OMM Malpractice Companies Do Not Cover Psychiatry
- In Colorado, COPIC, covers both
  - OMM is the higher premium
- Business Owners Insurance
- Workman's Compensation Insurance
- Private Umbrella Insurance

**BOUNDARIES**

# WHAT IS A BOUNDARY

- Something that delineates one thing from another
- Concrete
  - Walls, Fence, Skin, Body
- Abstract
  - Words, Space/Zone, Mind, Soul



# BOUNDARIES IN PRACTICE

- Healthy Clinical Boundaries
  - Communicating boundaries from inquiry to termination
  - Stating responsibilities for patient and clinician
  - Counseling patient what to expect in the encounter
  - Clinician sets the example for appropriate touch
  - Patient required to own responsibility for their health

# BOUNDARY ILLUSTRATIONS

- Website Explanations Generally (Type of practice, OMM, Cost, Statement of Faith, No insurance participation)
- Prospective Patients Must Review Website
- Primary Care Provider Information Required
- Timeliness Requirement for Clinician and Patient
- Treatment Option Review Prior to Initiation (Meds, Psychotherapy)
- Patient Requirement to Follow Agreed Treatment Plan (Accountability)
- Efficacy Monitoring (Clinician and Patient roles)
- Payment Due at the Time of Scheduling

**INFORMED CONSENT  
SPECIFICALLY**

# INFORMED CONSENT

- Website provides general information
- Informed Consent Document provides specific information
- Verbal consent in addition (repeatedly if needed)

# INFORMED CONSENT COMPONENTS

- General Components
  - Contacting Clinic/Provider, Availability
  - Appointment (No insurance, Payment)
  - Termination Indications
  - Teaching & Research
  - HIPAA
  - OMT (Risk, Use, Camera)

# INFORMED CONSENT COMPONENTS

- Patient Responsibilities
  - Own Ones Health
  - On Time
  - Respectful
  - Adhere to Treatment Plan
  - Report Side Effects/Negative Effects
  - Pay at Time of Scheduling
  - PCP Release to Coordinate Care
  - 2wk Refill Notice
  - Treatment Risk(feelings/thoughts, physical, relationships, Meds, OMT)

# INFORMED CONSENT COMPONENTS

- Clinician Responsibilities
  - Mandated Reporting (Harm to Self/Others, Court Order, Impaired Provider)
  - Confidentiality
  - Competent Compassionate Care
  - Respectful
  - Professional
  - Teaching

# STRUCTURE & FUNCTION OF OFFICE SPACE

# THE SPACE MATTERS

- Structure & Function
- Communicates Healthy Boundaries
- Therapeutic Modalities
- Patient and Work Flow



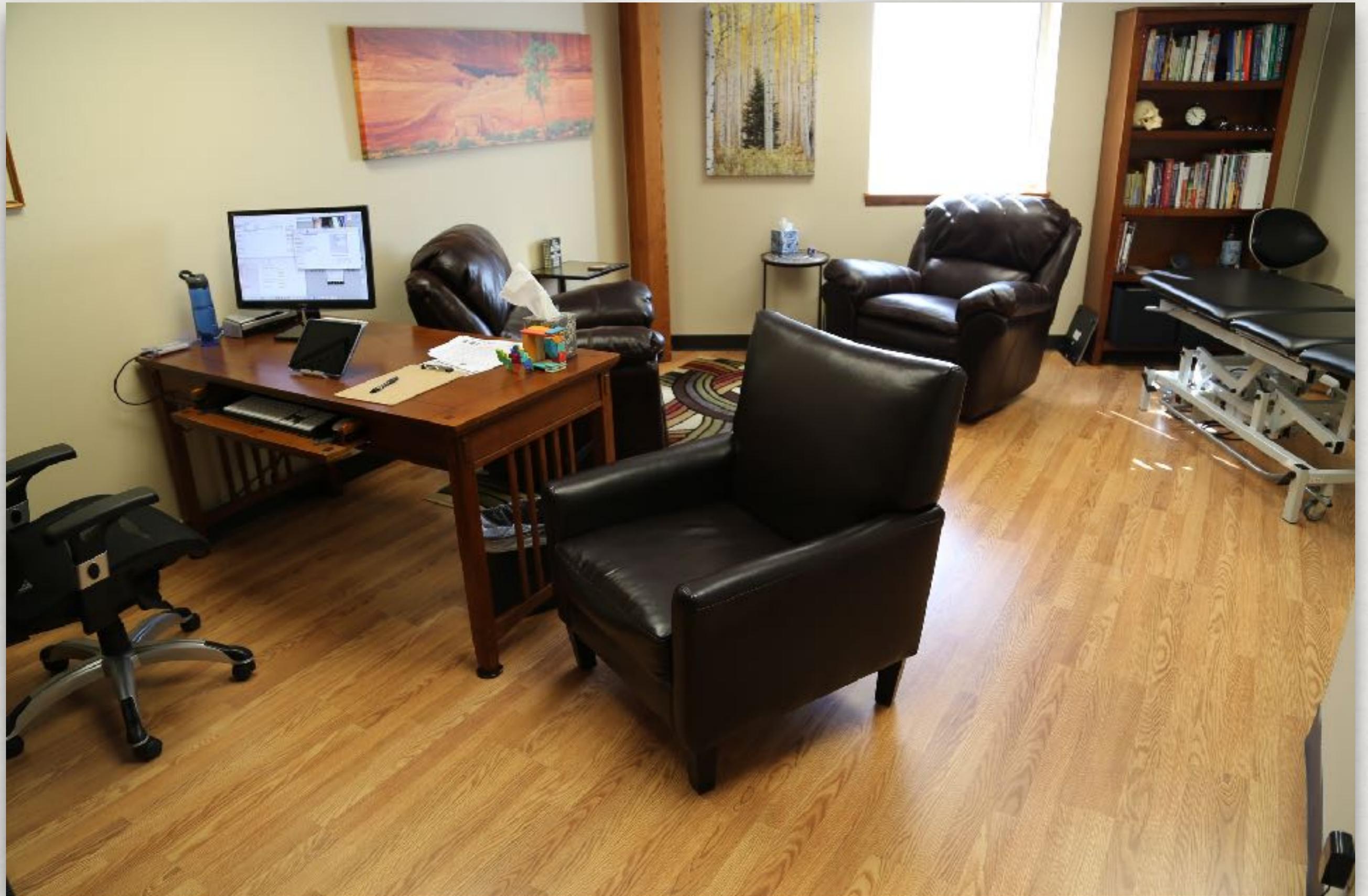
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OR ENTER**



Please RING BELL at Front Desk  
We will be right with you







# FLOW OF APPT

# INITIAL ASSESSMENT

- Review of our website, required, prior to being scheduled
- 1st visit is to complete history forms and measures
- 80-90 min initial appointment
- History obtained at the desk and computer (greater volume)
- General physical exam and osteopathic structural exam
- Explanation of Diagnosis and Treatment Plan
- Patient review of treatment options (HW)

# FOLLOW UP ASSESSMENT

- 30-60 min appointment
- Interview in chairs and iPad used
- Update on condition, treatment efficacy and side effects
- Osteopathic structural assessment and OMT
- Psychotherapy, Refining plan
- Taking payment and scheduling follow up

# CHALLENGES CODING BILLING

# CODING AND BILLING

- If doing OMT, require an E&M with a 25 Modifier Code, then CPT Code by number of regions treated
  - Classically outpatient primary care codes with modifier
  - Possibly use outpatient psychiatry codes with modifier
  - Dr Doug Jorgensen's Book and Lectures on this topic

# CODING AND BILLING

- Most are not seeking insurance reimbursement, but super bill offered if requested
- Current Medicare challenge to OMT in 10+ States
- Each Insurance Company can Challenge/Reject Individually
- Seek Advocacy of AOA/AAO in Seeking Appeals

# SUMMARY

- Osteopathic Psychiatry: Field of psychiatry as approached through the lens of the osteopathic philosophy
- Healthy Boundaries do not necessitate the avoidance of touch
- Informed Consent from general to specific to clarify boundaries
- Structure of office determines Function
- Be intentional in the flow of an appointment
- Coding and Billing, May God help us All

**THE END  
QUESTIONS**

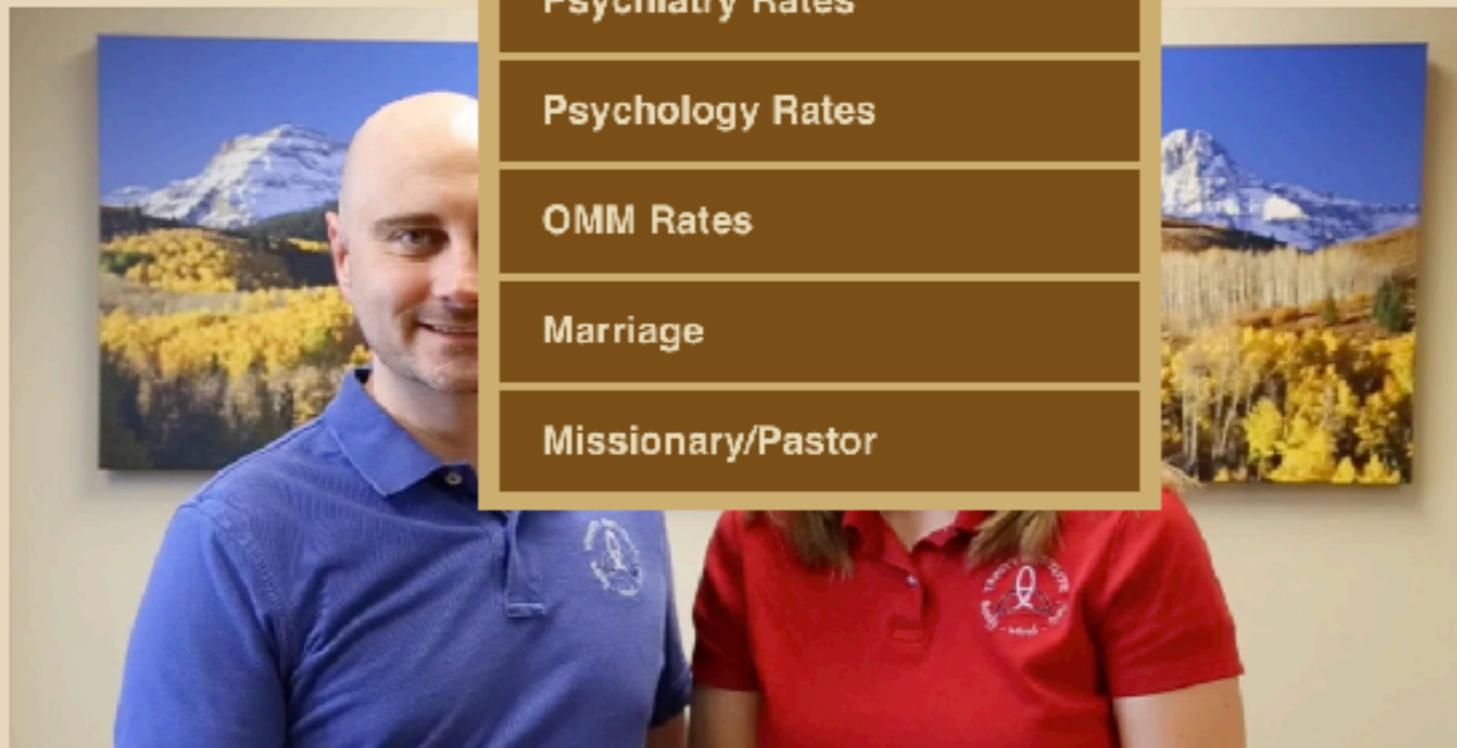


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