

Crossing your 't's: Practice policies for the private practitioner

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eveloping your practice policies and sharing them with your patients is essential to building long-term, trusting relationships. Having a clear starting point helps avert disagreement down the road and allows patients to feel comfortable knowing what they are getting in to, which will provide a foundation on which you and the patient can focus on clinical matters.

What's in a policy?

Policies should cover administrative aspects of care, such as mandated disclosures; relevant Health Insurance Portability and Accountability Act and Health Information Technology for Economic and Clinical Health Act information; hospital privilege status; and fees and payment policies. Your policies also will touch on areas where business overlaps with patient care, such as confidentiality and its limits, communication methods outside of session, and the risks and benefits of treatment (*Table, page e2*).

Address communication and billing policies for complex scenarios. Although these scenarios might not come up often, if you wait until you are confronted with the situation, the patient might (rightly) feel that she (he) wasn't properly informed before giving consent. For example:

• For college students. Do you try to build college students' autonomy by sending them all billing statements directly? If not, how will you handle the diagnosis code that appears on the statement, which their parents could see? What if the student doesn't act on the statements—will you start mailing them to the parents? Should you mandate that you be able to talk with their parents? • For adolescents. Consider whether you will allow them to communicate with you directly. Will they be able to e-mail you? How will you communicate with her (his) parents if your relationship is primarily with the teenager? How will you handle medication changes when the teenager prefers you keep everything private, but the parents have the right to informed consent?

• Will you charge for the time it takes you to talk with other providers (CPT 90887); review reports (CPT 90885); for e-mails or phone calls that are only a minute, or 10 minutes (e-mail, CPT 99444; brief phone calls, CPT 99441); or out-of-session refills? What if an insurance company does, or doesn't, cover these codes? Is it different for patients you see occasionally for medication checks and for those whom you see weekly for therapy?

Psychodynamics of policies

Nowhere does being both a business and a service intersect more than when discussing how much you charge, and for what services. Patients may have little understanding of all the time you spend on their care, and why you choose to bill or not to bill for certain services. They could natu-

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Read the 'Pearls' guidelines for manuscript submission at **CurrentPsychiatry.com**, or request a copy from Associate Editor Patrice Kubik at **pkubik@frontlinemedcom.com**. Then, share with your peers a 'Pearl' of wisdom from your years of practice. Dr. Braslow is in private psychiatric practice in San Francisco and Berkeley, California, and is the founder of Luminello.com, an electronic medical record and practice management platform.

Disclosure Dr. Braslow is the founder of Luminello.com.

- Table What's in a practice policy?^a

Administrative aspects	
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Fees and payment policies
No-show and rescheduling policies
Hospital privileges
Health Information Technology for Economic and Clinical Health Act information
Health Insurance Portability and Accountability Act information
Mandated disclosures
Clinical aspects
Confidentiality
Communication outside of session
Risks and benefits of treatment
Emergency procedures
^a Not an exhaustive list

rally develop transference reactions based on your policies, or might not even read them and just sign off, which also can give you useful clinical data. Patients should review and accept your policies before the first appointment is booked. However, it is still meaningful to extend the opportunity to discuss them with a patient at the first session—but if they do not want to ask questions or discuss administrative matters, then follow their lead. By at least offering, this conveys to the patient that you wish to develop a trusting relationship, and that you are open to addressing conflicts or confusion at the beginning.

A valuable investment in time

Spending a bit of time now to create or review your current policies will save a lot of time—and perhaps money or legal action—later. If you can't think of every scenario or issue today, don't fret. Your experience in practice will inevitably lead you to recalibrate and update your policies. What's most important is that your patients know where you stand and that they can trust you over the long-term.

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