

SCPA President's Letter *Margaret Shugart, M.D*

The Annual meeting is planned! We will meet in beautiful Asheville, North Carolina, February 20 –22, 2004. Local folks tell us that we should be out of the snowy season! The Renaissance is our meeting destination. We will be inviting our colleagues in North Carolina and Tennessee. We are hoping for a large resident attendance again this year. We have an exciting agenda. We will begin our meeting on Friday evening with a talk by Dr. Cheryl Olson, Associate Director for Production and Research, Harvard Medical School Center for Mental Health and Media, about The Effects of Media Violence, the Hype versus the Facts. Saturday morning brings updates on Bipolar Disorder. These include the topic of Treating Bipolar Depression, discussed by Dr. William McDonald, Emory University, and Bipolar Disorder in Youth by Dr. Demetri Papolos, author of The Bipolar Child. Dr. Olsen will speak again on Saturday morning on The Effects of Direct to Consumer Advertising by the Pharmaceutical Companies,

what the research shows and how we can better educate our patients. Our business meeting will occur during lunch on Saturday. Saturday afternoon and evening will be free for exploring Asheville. On Sunday morning, the Professional Risk Management Group of the APA endorsed policy will present Risk Management Issues. Then Sunday afternoon is free to enjoy Asheville.

Your SCPA has been working in the area of Public Awareness. Dr. Deborah Leverette has been busy contacting individuals and groups for funding to aid in this endeavor. Let us know what needs you feel should be addressed and also if you are willing to help in this effort.

Dr. Leah McCartt has taken over as our Ethics Chairperson. Our Early Career Psychiatrist Representative has moved to Georgia so we are looking for a new representative. Let us know if you are interested. Remember that this is your organization. See you in Asheville!

Legislative Update

*Charles Ham, MD,
Interspeciality Council Representative*

It seems that tort reform is a big issue for us and the time seems right for legislative action. The South Carolina Medical Association (SCMA) has several meetings going on throughout the state regarding tort reform and now is the time to call your representative and tell them how important the tort reform legislation is. It will help keep insurance premiums and office charges from going up even more. Someone has to pay these large settlements. Doctors pass the cost of higher insurance premiums on to the patients.

Representative David Wilkins stated that he will introduce this bill for action in January 2004. So between now and January, please call your representative and ask them to support the tort reform bill. Also, the cigarette tax is expected to come up again this year. I'll keep you informed about future developments with this bill. You can help to keep yourself informed by getting involved with the SCMA Grassroots program. For information regarding the SCMA Grassroots program, please call Sara Hopper at (803) 798-6207 ext. 400 or statewide at (800) 327-1021.

APA Issues Its First Guideline on Suicide

The American Psychiatric Association recently issued its first guideline on the assessment and treatment of patients with suicidal behaviors. The guideline is intended to help reduce individual patient's suicide risk by giving psychiatrists tools to assess for risk and formulate treatment strategies. The new guideline provides recommendations for assessment and treatment interventions based on evidence from research literature and clinical consensus.

The expert work group responsible for developing the guideline was chaired by Douglas G. Jacobs, M.D., Executive Director of the nonprofit organization Screening for Mental Health (SMH), and an Associate Clinical Professor of Psychiatry at Harvard Medical School.

"The goal of the document is to facilitate the reduction of suicide risk. Its importance lies in its systematic approach to reviewing the literature and its uniform message about suicide assessment," says Dr. Jacobs. "Rather than representing one psychiatrist's point of view, as many textbooks do, this document speaks for the profession as a whole."

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SC PSYCHIATRIC ASSOCIATION 2004 ANNUAL MEETING

Renaissance Asheville Hotel
Asheville, North Carolina
February 20-22, 2004

FRIDAY, FEBRUARY 20, 2004

- 2:00 p.m. – 4:00 p.m. **Registration Open**
- 2:00 p.m. – 4:00 p.m. **Exhibitor Registration & Set-up**
- 4:00 p.m. – 5:30 p.m. **Executive Committee Meeting**
- 6:00 p.m. – 7:00 p.m. **Welcome Reception w/heavy hors d'oeuvres**
- 7:00 p.m. – 8:00 p.m. **“Media Violence: Separating Hype from Facts”**
Cheryl Olsen, M.P.H., S.D.
- 8:00 p.m. – 8:30 p.m. **Discussion**

SATURDAY, FEBRUARY 21, 2004

- 7:30 a.m. – 12 noon **Registration Open**
- 7:30 a.m. – 12 noon **Exhibits Open**
- 7:30 a.m. – 8:15 a.m. **Continental Breakfast**
- 8:15 a.m. – 8:30 a.m. **Welcome & Introductions**
- 8:30 a.m. – 9:30 a.m. **“Treating Bipolar Depression”**
William McDonald, M.D.
Supported by a restricted educational grant from GlaxoSmithKline
- 9:30 a.m. – 10:30 a.m. **“Direct to Consumer Pharmaceutical Advertising”**
Cheryl Olsen, M.P.H., S.D.
- 10:30 a.m. – 11:00 a.m. **Refreshment Break**
- 11:00 a.m. – 12 noon **“Juvenile Bipolar Disorder”**
Demitri Papolos, M.D.
Supported by a restricted educational grant from Bristol Myers Squibb
- 12:00 p.m. – 1:00 p.m. **Lunch & Business Meeting**

SUNDAY, FEBRUARY 22, 2004

- 7:30 a.m. – 12 noon **Exhibits Open**
- 7:30 a.m. – 8:00 a.m. **Continental Breakfast**
- 8:00 a.m. – 8:15 a.m. **Welcome & Introductions**
- 8:15 a.m. – 10:30 a.m. **“Risk Management in Psychiatric Practice”**
C. David Cash, J.D., LLM
Professional Risk Management Program
- 10:30 a.m. – 11:00 a.m. **Refreshment Break**
- 11:00 a.m. – 12:30 p.m. **“Risk Management in Psychiatric Practice”**
C. David Cash, J.D., LLM
Professional Risk Management Program
- 12:30 p.m. **Adjourn**

FOR HOTEL RESERVATIONS

For hotel reservations, you may contact the Renaissance Asheville Hotel at (828) 252-8211 or toll-free at (800) 468-3571. Single and double rates will be offered at a cost of \$109.00 plus tax. In order to receive a discounted rate, you must indicate that you are with the South Carolina Psychiatric Association.

The cut-off date is January 21, 2004.

Discount On Malpractice Insurance

Members with malpractice insurance through Professional Risk Management Services will receive a *discount* on their malpractice insurance just for attending this meeting. (*Sunday attendance required.*)

The discount will more than reimburse your registration fee.

DON'T MISS THIS OPPORTUNITY.

*Watch for details in
the coming weeks!*

APA Lauds Continued Use of Diagnostic Coding System

Arlington, VA - The American Psychiatric Association is pleased to announce that the federal Centers for Medicare and Medicaid Services (CMS) has explicitly sanctioned continued use of the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) diagnostic criteria and descriptors in assigning diagnostic codes contained in the ICD-9-CM-the official coding system adopted under Health Insurance Portability and Accountability Act of 1996, which is scheduled to take effect in mid-October.

The agency's Sept. 26 announcement signals its willingness to continue its informal agreement, which has stood since the publication of DSM-III in 1980, with the practice of using DSM diagnostic criteria and descriptors when these are "cross-walked" to reference corresponding ICD-9-CM numerical code numbers in the electronic processing of certain administrative and financial health care transactions for mental and behavioral disorders.

Because the ICD-9-CM Glossary of Mental Disorders uses definitions that are equivalent to DSM-II definitions, exclusive, mandated reliance on the ICD system would have severely undermined nearly a quarter century of advances in refining the U.S. classification system for psychiatric disorders. "This announcement verifies that DSM-IV is alive and well, and puts to rest mounting uncertainty and confusion that had begun to emerge as the deadline for implementation of HIPAA approached," said APA medical director James H. Scully, Jr., M.D.

APA has worked closely over the past year with multiple components of the Department of Health and Human Services, including the Office of the Secretary, CMS, the Office of General Counsel, and the National Institutes of Health, to resolve what appears to have been a potentially damaging oversight in the writing of the final HIPAA implementation regulations.

The wording of the CMS clarification follows:

Question: *Can mental health practitioners, agencies, institutions and others still use DSM-IV diagnostic criteria, even though DSM-IV has not been adopted as a HIPAA code set?*

Answer: Yes. Adoption of the diagnostic criteria, which are used to establish a diagnosis, is outside the scope of HIPAA. Congress enacted HIPAA for the purpose of standardizing the form and content of certain electronic trans-

actions, and not for the purpose of standardizing the diagnostic criteria applied by clinicians. The basic purpose for adopting code sets under HIPAA is to standardize the "data elements" used in the electronic processing of certain administrative and financial health care transactions.

While the patient's diagnosis is a data element used in such transactions, the criteria considered by the clinician in reaching a diagnosis are not. Practitioners are free to use the DSM-IV diagnostic criteria-or any other diagnostic guidelines-without any HIPAA-related concerns.

Question: *The ICD-9-CM includes a glossary with definitions for mental disorders found in Appendix B. Are clinicians required to use these glossary definitions when using the ICD-9-CM codes?*

Answer: No. HIPAA does not require clinicians to adhere to the glossary definitions in Appendix B. The ICD-9-CM itself does not require clinicians to adhere to the glossary definitions. With respect to these definitions, the Introduction to the ICD-9-CM states only that Appendix B has been "included as a reference to the user...to further define a diagnostic statement." This statement suggests that the glossary definitions are advisory only, and not mandatory. While HHS has adopted the ICD-9-CM as a HIPAA code set for diagnosis, it has not mandated the use of the glossary definitions.

Question: *In current practice by the mental health field, many clinicians use the DSM-IV in diagnosing mental disorders. Can these clinicians continue current practice and use the DSM-IV diagnostic criteria?*

Answer: Yes. The Introduction to the DSM-IV indicates that the DSM-IV is "fully compatible" with the ICD-9-CM. The reason for this compatibility is that each diagnosis listed in the DSM-IV is "crosswalked" to the appropriate ICD-9-CM code. It is expected that clinicians may continue to base their diagnostic decisions on the DSM-IV criteria, and, if so, to crosswalk those decisions to the appropriate ICD-9-CM codes. In addition, it is still perfectly permissible for providers and others to use the DSM-IV codes, descriptors and diagnostic criteria for other purposes, including medical records, quality assessment, medical review, consultation and patient communications.

The CMS FAQ is available at:

http://questions.cms.hhs.gov/cgi-bin/cms_hhs.cfg/php/enduser/std_adp.php?p_faqid=2331&gsearch=Y

APA Issues Its First Guideline on Suicide *(Continued from page 1)*

According to James H. Scully, Jr., M.D., APA Medical Director, "As the Surgeon General's "National Strategy to Prevent Suicide" makes abundantly clear, suicide is a public health problem. The Strategy lays out a roadmap for addressing this problem with an integral component being professional education. Since psychiatrists are the main medical experts dealing with suicidal individuals, their training around this is essential. This new guideline is a major contribution to the field."

Dr. Jacobs adds, "The new guideline represents our current state of knowledge. It reinforces our understanding that suicide is related specifically to mental illness and that recognition of and treatment for mental illness is our nation's best opportunity toward reducing the suicide rate. At the end of the day, this guideline is designed to be an up-to-date reference for psychiatrists managing suicidal patients so that they can save lives. That, after all, is our shared goal."

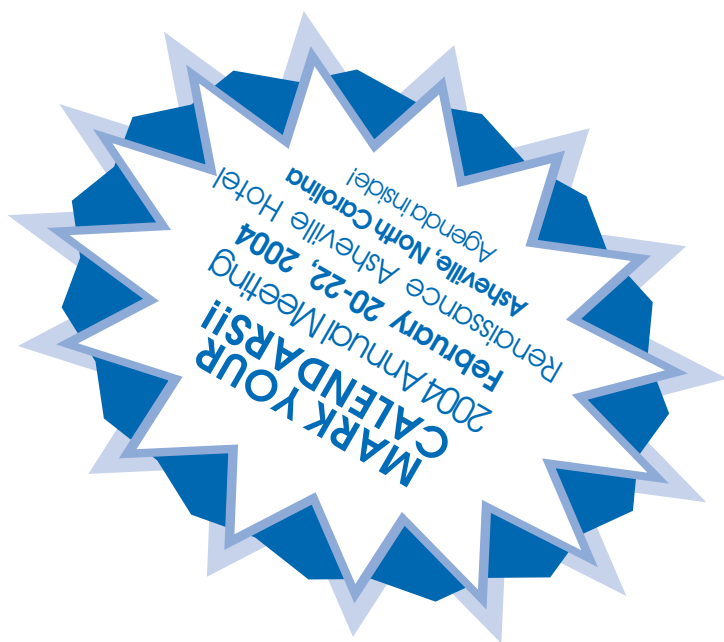
The development process for the guideline required more than two years and included review of over 34,000 articles from the scientific literature published since the 1960s. With oversight from APA's Steering Committee on Practice Guidelines, early drafts of the guideline were

reviewed by more than 100 experts and APA members, eight professional organizations, and numerous APA components. A final draft was reviewed and approved by the APA Assembly and Board of Trustees. The guideline has been published as a supplement to the November issue of the American Journal of Psychiatry and is available on the APA website at http://www.psych.org/psych_pract/treatg/pg/prac_guide.cfm.

The American Psychiatric Association is a national medical specialty society, founded in 1844, whose 35,000 physician members specialize in the diagnosis, treatment and prevention of mental illnesses including substance use disorders. For more information, visit the APA Web site at www.psych.org

Screening for Mental Health (SMH) is a national non-profit organization based in Wellesley Hills, MA, whose mission is to promote mental health screening as an integral part of overall healthcare and contribute to professional training around issues of mental health assessment and treatment.

Visit www.mentalhealthscreening.org for more information.



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