

MPS NEWS

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Editor: Heidi Bunes

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Deadline for submitting articles to *MPS News* is the 15th of the month preceding publication. Please email to heidi@mdpsych.org.

MPS News Design & Layout
Meagan Floyd

President's Column

What is in Store for the Treatment of Depression: Pharmacology

While we have numerous medications to treat depression, the vast majority do the same thing. They impact the reuptake, degradation or binding of monoamines—serotonin and norepinephrine primarily and to a lesser extent, dopamine (I sure would like a good dopaminergic antidepressant). Despite the tremendous limitations, we do fairly well treating perhaps as many as half the patients with depression (provided they actually come to see us). We do not have a good methodology to predict what medications someone may respond to. A recently developed technology that uses the differences in the parameters of a frontal EEG done at baseline and three days after starting antidepressant treatment was able to predict future response with a 76% predictive value. This may offer a potentially powerful tool to limit the length of drug trials.

So, what should we do for those patients with an inadequate response to antidepressants? Several new avenues of investigation may provide some support. The first and possibly the most interesting new antidepressant target is the NMDA receptor. Studies on the anesthetic, ketamine, an NMDA receptor agonist, have demonstrated an antidepressant response that may start hours after intravenous administration and last for several days. The challenge is to find ways to exploit this finding to create medications that may be taken orally and may offer a longer response time than days. Several pharmaceutical companies have studies underway, generally in early Phase II testing. Some of the responses investiga-

tors have seen in study patients (including me) have been quite strikingly positive. The NIMH and FDA have both been quite interested in this area of investigation.

Practitioners and patients have long noticed that opiates have some clear antidepressant properties. A problem with that line of investigation is that the antidepressant dosage for a pure opiate agonist increases fairly quickly as some tolerance builds along with physical dependence. There has been some interest in opiate agonist/antagonists as potentially offering a way for this receptor to be used as an antidepressant target without tolerance or dependence. A recently unblinded Phase II trial of buprenorphine (an opiate agonist/antagonist) with another largely opiate antagonist showed positive results. The question with developing such a drug is whether there will be much of a market for a schedule II or III antidepressant. When I consider if I had a treatment resistant depression would I rather be on a better tolerated schedule drug or an atypical antipsychotic (probably the most used class of agents for treatment resistant depression) with all of its problems, I think I would go with the former.

There is some preliminary evidence that a single injection of botulinum toxin into the glabellar region induces a sustained alleviation of symptoms in patients with depression. The idea is that somehow if you are unable to frown, this reduces the likelihood of being depressed. It has been hard for me to get my head around this train of investigation but time will tell if this pans out to be something of value.

(Continued on next page)

The next MPS Council meeting will be held on September 10th at 8PM in the MPS office.

There are also a couple of studies looking at nasal sprays alleviating depression. One line of investigation, funded by the US Army is looking at whether Thyrotropin Releasing Hormone (TRH) delivered nasally would be a quick fix for the heartbreakingly high incidence of suicide among our soldiers. Another avenue is looking at a class of small molecules called pherines which engage peripheral chemoreceptors in nasal passages which may modulate activity in the limbic centers of the brain. A small study has already demonstrated positive and rapid response.

It is unclear which of these potential compounds will see the light of day, but I do find it heartening that we are looking at quite novel targets for the treatment of this often crippling illness. In my next column I will look at the growing world of neurostimulation as a treatment for depression.

Scott T. Aaronson, M.D.

Return Your 2013 Member Survey!

The 2013 MPS member survey was sent with dues notices in June. Please be sure to complete and return it to the MPS as soon as possible. The survey is also available online. Please click [HERE](#) to take the survey. Survey responses help the MPS better serve its members, so please complete your survey and let your voice be heard!

NAMI's New "Got You Covered" Website

NAMI has a new site that helps visitors understand how the changes under the Affordable Care Act will affect patients with mental illness. The [website](#) includes:

Answers to frequently asked questions, such as:

- With implementation of the health reform law, what options will be available to me for new, additional or expanded mental health care in insurance?
- What does Medicaid expansion mean to me in my state?
- What health insurance benefits must plans provide as part of the health reform law?

Fact sheets about the new health law and how its implementation affects people with mental illness and their families.

The Mental Health Parity Tool Kit, which was developed to assist people with mental illness and their families when it comes to mental health parity. For people who think their rights have been violated the toolkit shows how to respond.

Attention: Members Completing Psychiatric Training

The APA and MPS require Members-in-Training to advance to General Member status upon completion of residency training. A member-friendly procedure allows automatic advancement to General Member based on the training completion date originally provided in the member's application. Instead of submitting documentation (e.g., copy of license and training certificate), the member will simply be asked to verify that they meet the requirements for General Member status by signing a verification form/email. After Members-in-Training advance, they become Early Career Psychiatrists (ECPs) - APA General Members who are within their first seven years after training. This group receives targeted support from the APA and the MPS. Visit the [APA website](#) for ECP networking and career development information.

Are You a General Member? Apply to Become an APA Fellow

Are you ready to take the next step in your professional career? Being an APA Fellow is an honorary designation to recognize members who have demonstrated allegiance to their profession and commitment to the work of the APA. Pursuing Fellow status is one of the first steps early career members can take to enhance their professional credentials. Members who apply and are approved this year for fellow status will be invited to participate in the Convocation of Fellows and Distinguished Fellows during the 2014 APA annual meeting in New York City. The deadline for submitting a fellowship **APPLICATION** is **September 1**. The newly revised guidelines make it very easy to apply!

Membership

The following individuals have applied for membership with the MPS. Unless any current members have evidence that an applicant does not meet the criteria for ethical and professional standards, these actions will be approved 14 days after publication.

Edore C. Onigu-Otite, M.D.
Chinenye Onyemaechi, M.D.

Transfer Into Maryland
Marilyn Bartolo Benoit, M.D.
Ovais Khalid, M.D.
Saima Maqsood, M.D.

Advanced To General Member
Billina Shaw, M.D.

July APA Board of Trustees Meeting Highlights

DSM-5 As of mid July, a quarter of a million books had been sold, a result unprecedented in the history of medical book publishing. Sales stood at \$23 million already. (It cost about \$22 million over the past decade to produce DSM-5.) The Board's DSM-5 planning work group will steward the DSM going forward.

Capitol Hill legislative efforts The Board heard staff reports on bipartisan bills introduced to repeal and replace the SGR payment formula for Medicare and changes in Medicaid. Quality improvement measures are likely to assume increasing importance and to be related to practice guidelines.

The Health Care Reform Strategic Action Work Group is keeping up with the many unfolding developments from the Affordable Care Act. Of the many topics discussed, the following were included: the demand side of integrated care, new practice opportunities for psychiatrists, a toolkit for the expansion of Medicaid, measurement and pay for performance initiatives, Health Insurance Exchanges, and Train the Trainers programs.

Parity enforcement initiative The APA Board of Trustees reaffirmed its intention to continue the fight to implement parity laws and to improve access to care. Staff informed the board that they had received hundreds of complaints from members regarding implementation of CPT codes in a manner that potentially violates parity. APA is addressing each complaint with the payers, some of which immediately changed their ways. Others have been more difficult. The APA Board of Trustees instructed staff to continue their efforts and do what is necessary to ensure implementation of the MHPAEA [the federal Parity Act of 2008]. **The APA encourages anyone having difficulty with CPT code implementation, who has not already reported the problem to do so at www.psychiatry.org/cptparityabuses.** (You will be prompted for your Member login.)

The Board approved the position statement on guns, violence, and mental illness which had been passed by the Assembly.

Dr. Scully reported a welcome if slow growth in membership over the past eight months. The treasurer's report showed that APA is operating in the black, with receipts over expenditures about \$2.3 million for the year.

The Foundation also continues operating under budget and with substantial reserves. It reported a very active and productive year, including especially the programs on Typical or Troubled for the schools, and Give an Hour.

Brian Crowley, MD, DLFAPA, Area 3 Trustee
202-537-3300 or bcrowleymd@aol.com

May APA Assembly Meeting Highlights

The APA Assembly is a deliberative, advisory body to the APA Board of Trustees. The Assembly of District Branches (commonly known as the Assembly) represents the individual members and acts for them in the affairs of the APA through the District Branch representatives. Representatives of local/state psychiatric societies meet twice yearly in November and May to influence the direction of the national organization.

The Assembly met most recently prior to the APA annual meeting in San Francisco. As always, the principal business was the consideration of Action Papers developed by Assembly Representatives in association with the District branches. Of the 29 Papers reviewed at this meeting, 5 were from the Maryland Psychiatric Society. One of these was entitled USE OF DB ELECTRONIC COMMUNICATIONS BY APA ELECTION CANDIDATES. We submitted this in response to the APA ruling that the MPS was not empowered to decide whether to permit Area 3 candidates to have a discussion or debate using our MPS Google Group listserv. This paper proposed that DBs be allowed to decide for themselves how to use their communication forum during the election process. The paper passed the Assembly and was forwarded to the Joint Reference Committee for further action.

Another successful Action Paper from the MPS was entitled APA REPRESENTATION IN THE HL7 STANDARDS ORGANIZATION. In this paper it was proposed that the APA be a member organization and participate in HL7, which is a standards organization that sets the health IT communication standards and develops the language used for EHRs and other health IT services to work with each other. Without APA participation, HL7 will establish standards that affect us and our patients without our input. We want to be at the table when standards are set that address privacy, patient consent, record sharing, and such.

Among other successful action papers was one entitled REVITALIZING THE PUBLIC PERCEPTION OF THE APA AND THE PSYCHIATRIC PROFESSION. Submitted by Jonathan Weker (Vermont) and Barry Herman (American Association of Psychiatric Administrators), this paper directs the Board of Trustees to reorganize and increase funding to the Council on Communication to undertake an energized communications and public relations campaign directed towards the public at large, through the lay media, utilizing such measures as broad-based advertising, public service announcements, press conferences and other effective public relations measures, seeking advice from public relations professionals.

Other highlights of the Assembly meeting included:

- Expressions of thanks to Jay Scully, outgoing CEO and Medical Director of the APA

(Continued on next page)

(APA Assembly Report Continued)

- The introduction of Jay's successor, Saul Levine
- Discussion of the Newtown tragedy and a refinement of an APA position statement on gun violence
- A review of "Healthcare Reform at the State Level," provided by Speaker-elect Melinda Young of California
- The launch of DSM-5 and the announcement of \$25 million in advance sales
- A report from Treasurer David Fassler showing a projected net gain of over \$8 million for APA consolidated finances for FY 13
- Election of Glenn Martin (New York) for Recorder-Elect and Jenny Boyer (Oklahoma) for Speaker-Elect.

In the months to come we will be developing Action Papers on topics of importance to the Maryland District Branch. Please contact us at drdaviss@gmail.com or RRoca@sheppardpratt.org if you have ideas you would like us to bring to the floor of the Assembly this fall. Also, let us know if you have ideas for new CPT codes (really); our representatives on the AMA committee that creates codes are looking for recommendations.

*Steven R. Daviss, M.D.
Robert P. Roca, M.D., M.P.H.*

AACAP Issues New Practice Parameter for Cultural Competence

In response to an increasingly multi-racial and multi-cultural population and to help address disparities in diagnosis and mental health care of minority and underserved populations of children, AACAP recently released a [Practice Parameter for Cultural Competence](#) in Child and Adolescent Psychiatric Practice. This Practice Parameter outlines clinical applications that will enable child and adolescent mental health clinicians to better serve diverse children, adolescents, and their families.

MPS Members Out & About

David Goodman, M.D. was involved in developing the June 2013 *Women's Health* article, "Is your mind in overdrive?" by Sushma Subramanian. He was quoted twice along with other nationally recognized experts on the topic of ADHD in women.

Mark Komrad, M.D. has been honored by NAMI-Metropolitan Baltimore with their Frances J. Lentz [Mental Health Professional of the Year Award](#).

Help us spotlight MPS members who are out and about in the community by sending info to mps@mdpsych.org.

E/M Coding Audits

The APA Office of Healthcare Systems and Financing's Practice Management HelpLine has received a number of calls from psychiatrists who are being audited by private insurers for claims that have been for evaluation and management (E/M) codes 99214 or 99215 when used alone or along with a psychotherapy add-on code. APA staff will be talking to insurers about the basis for these audits and their ramifications. Since the E/M codes may be entirely new to many psychiatrists, it is essential that payers understand that it is possible that some coding may be inaccurate.

Codes 99214 and 99215 are the highest-level E/M codes for an outpatient encounter with an established patient, and when used with an add-on psychotherapy code, they are appropriate only for a patient who is decompensating or who is very seriously ill (e.g., suicide risk, psychosis, and/or on multiple psychotropic medications that need to be adjusted or changed). There must be clear necessity for a detailed or comprehensive history and examination to determine how treatment should proceed. Complete information about E/M coding can be accessed under the heading E/M [HERE](#).

If you have received a request for records that you believe was elicited by the use of these or other E/M codes, or are having other problems with payers, contact the HelpLine at hsf@psych.org or (800) 343-4671.

Free Access to Surescripts-Certified E-Prescribing & Patient Resources

Psychiatry Resources Online (PsychPRO) is a time saving tool that APA members can use at the point-of-care from their iPad, mobile phone, or laptop computer. PsychPRO is an on-demand, non-commercial, neutral marketplace focused on point of service resources for patient care. To access this new member benefit, go to the [APA website](#) and log in with an APA user name and password. Resources include:

- Patient education materials
- Product coupons, samples, and vouchers
- Product information
- Disease state and support resources from APA
- Patient assistance programs for each product
- Searchable database of US clinical trials
- Free Surescripts-certified ePrescribing platform

PsychPRO is HIPAA compliant and meets the highest standard of internet security, SSL.

2013 AMA Annual Meeting Highlights for Psychiatrists

In my 2011 AMA report I described a one day work stoppage at the AMA meeting hotel, the Chicago Hyatt, due to a walk out during labor/management negotiation over a new contract. Health care was an issue. This year the Hyatt showed its response. A gleaming new lobby in chrome and steel; kiosks rather than knowledgeable staff to check guests in; a front desk almost devoid of personnel; a self-serve carry-out, Starbucks-style, snack service; hermetically sealed rooms with windows that could not be opened so they could be perfectly climate controlled; etc. It reminded me of an experiment in restaurants in the 1950's called the Automat. Food was placed in small compartments behind locked glass windows and one put in the requisite number of coins to get a selection. It was designed for minimal human interaction. (I had a schizophrenic patient who loved those restaurants.) The Hyatt's response seemed to be: if we have to provide decent healthcare benefits for employees, we will eliminate the employees. I plan to stay at another hotel next year.

Dr. Jeremy Lazarus, a Colorado psychiatrist, ended his term as 2012-2013 AMA President at this meeting. During the year he commented on behalf of the AMA on several mental health issues. Unfortunately some of them had to do with violence. He was able to reiterate the fact that although there are a small number of people with mental illness who are dangerous, most are victims of violence rather than the perpetrators. Indeed, some of the most serious violence this past year was carried out by people who did not have a documented mental illness, such as the Tsarnaev brothers in Boston and the shooter in Newtown CT. Dr. Lazarus will continue to have a public presence during the coming year as AMA Immediate Past President and we hope that he will address mental health issues as they arise. The current AMA President is Ardis Hoven, M.D., an Infectious Disease specialist from Lexington KY. She was one of the first physicians to work with HIV patients. The AMA President-Elect, Robert Wah, M.D., is an OB/GYN physician specializing in reproductive endocrinology who practices in Bethesda, MD. In addition, Willarda Edwards, M.D., a Baltimore Internist, was re-elected to the Council on Constitution and By Laws, which she will chair this coming year, so Maryland is well represented in AMA leadership.

The AMA addressed a number of Maintenance of Certification (MOC) issues at this meeting that are of interest to younger psychiatrists not grandfathered under the original lifetime certification by the ABMS and the ABPN. The AMA adopted policy that it will: 1) continue to monitor MOC and report back to the AMA House of Delegates; 2) engage with the ABMS and specialty boards to examine the evidence supporting certification and MOC; 3) examine the need for "high-stakes examination...and work with the

ABMS to explore alternatives;" 4) "work with the ABMS to lessen the burden of MOC on physicians with multiple board certifications (and) ensure that MOC is specifically relevant to the physician's current practice;" 5) "work with the ABMS to prospectively study the impact of MOC...on the physician workforce;" and 6) "support ongoing ABMS specialty board efforts to allow other physician education and quality improvement activities to count for MOC, ... the use of MOC quality improvement activities to count for other accountability requirements (P4P), develop with specialty societies tools and services that facilitate the physician's ability to meet MOC requirements." These policy elements reflect the continuing concern practicing physicians of all specialties have about the ABMS MOC initiatives.

A public health issue of great concern was violence, and especially gun violence, among youth. Because of the Newtown, CT shootings, as well as the Colorado shootings and other high profile cases, violence and particularly gun violence was addressed in a number of resolutions. The AMA calls for: 1) "federal and state research on fire-arm-related injuries and death," 2) "expansion of the National Violent Death Reporting System to all 50 states and U.S. territories to inform federal health policy," 3) "encouraging physicians to access evidence-based data regarding firearm safety to...educate patients," 4) opposing any restrictions on physicians discussing fire-arm safety with patients (Florida), 5) "encouraging local projects to facilitate the low-cost distribution of gun locks in homes," and 6) "encouraging physicians to become involved in local fire-arm safety classes." It also recommended that the AMA "support initiatives to enhance access to mental health care...and work with state and specialty medical societies... to ..develop ...mental health assessment for potential violent behavior." It supported a proposal to ask the Surgeon General "develop a report and a campaign aimed at reducing gun-related injuries and deaths."

Med Chi was pleased that Resolution 712 Patient Access to Independent Appeal and Grievance Procedures was adopted. This inserted in AMA policy specific language that addressed Accountable Care Organizations (ACOs) under the Affordable Care Act because the ACOs are hybrid entities not covered in the original, otherwise excellent, AMA policy. In addition we were very pleased that the Board of Trustees report 26 addressed the issue of the Security of Telemedicine Communication in response to the Med Chi resolution at the Interim Meeting and promised to collaborate with the American Telemedicine Association to develop physician and patient specific content for physicians to use. The Reference Committee that I covered had an extraordinary number of items having to do with technology (15 out of 42). Of *(Continued on next page)*

2013 AMA Annual Meeting Highlights Continued

the 15, 13 had to do with the EMR in one way or another and 2 with telemedicine. Issues related to telemedicine are likely to significantly increase in the near future. Seven of the 15 items were Board reports on issues related to technology, five of those about the use of EMR. This suggests that technology whether for the Electronic Medical Record or Telemedicine is a significant problem for many physicians in the AMA; and it's growing.

If anyone would like to talk about any of this information or ask about something I haven't covered, please feel free to call or email me at 410-821-8351 or

MDTAllen@aol.com.

*Thomas E. Allen, M.D.
AMA Delegate, Med Chi*

MEDICARE UPDATES**Opting out of Medicare and/or Electing to Order and Refer Services**

The number of physicians who opted out of Medicare last year almost tripled from three years ago. CMS has released a MLN Matters® [Special Edition Article #SE1311](#), "Opting out of Medicare and/or Electing to Order and Refer Services." This article explains the necessity to file an affidavit with Medicare to opt-out of Medicare and clarifies the difference between providers who are permitted to opt-out and providers who opt-out and elect to order and refer services.

Update on Medicare Demand Letters and Claim Cancellations for Incarcerated Beneficiaries

Recently, CMS initiated recoveries from providers based on data indicating a beneficiary was incarcerated on the date of service. Medicare will generally not pay for medical items and services furnished to a beneficiary who was incarcerated when the items and services were furnished. A beneficiary may be "incarcerated" even when the individual is not confined within a penal facility, such as a beneficiary who is on a supervised release, on medical furlough, residing in a halfway house, or other similar situation. Medicare identified previously paid claims based on information CMS receives from the Social Security Administration. A large number of overpayments were identified, demand letters released, and, in many cases, automatic recoupment of overpayments made. CMS has since learned that the information related to these periods of incarcerations was, in some cases, incomplete. CMS is actively reviewing these data and working to correct any inappropriate overpayment recoveries. CMS will post updates on its [All-Fee-For-Service-Providers](#) web page.

MEDICARE UPDATES**Upgraded Medicare Physician Compare Website**

Medicare's online directory of participating physicians has been reworked and redesigned in an effort to improve the accuracy of information on the site and make the search function easier to use. The new version of the site went live June 27. The AMA worked with CMS to implement changes addressing major frustrations with the system, such as incorrect addresses and listings showing physicians still at practice locations they left years ago. The website was required by the Affordable Care Act. At its launch in 2010, it used an existing health care directory of physicians as a foundation, and CMS programmers worked later to incorporate features required by the law.

The new version of the website has what it calls an intelligent search function. A patient can search for physicians by ZIP code, city and state, address, or a landmark such as a mall or park. The beneficiary can also find a doctor by last name, specialty, or medical condition or body part.

Information about physicians still relies on CMS' Provider Enrollment, Chain and Ownership System, or PECOS. Errors introduced to Physician Compare stem from incorrect information in PECOS. However, the new version of Physician Compare also will use information from claims for Medicare services submitted by physicians. For instance, addresses submitted on claims can verify addresses as they appear on the website. In addition, Physician Compare will update entries on a quarterly basis with changes made to enrollment status, such as a move to a new practice. A physician's profile page will include information on participation in Medicare incentive programs on quality reporting, electronic prescribing and use of electronic health records. In 2014, quality-of-care ratings for group practices will be added, and a similar system for individual physicians will be included in the future.

From [July 8 amednews](#)

PQRS Participation in 2011

While about a quarter of eligible Maryland physicians participated in the Medicare Physician Quality Reporting System (PQRS) in 2011 with the majority earning bonus pay as a result, only 3% of psychiatrists nationwide took part in the program. PQRS has not been as good a fit for psychiatry as for some other medical specialties. The AMA published an [interactive map](#) illustrating the data.

Physician Payment Sunshine Act Data Collection Begins In General, You WILL be Publicly Reported if After July 31st...

You accept any of the following paid for directly or indirectly by a pharmaceutical or medical device manufacturer:

- A meal
- A book or publication
- Other things of value

While these transactions are not illegal, the Physician Payment Sunshine Act (PPSA) requires the pharmaceutical or medical device manufacturer to report any physician who receives these or other items of value after July 31, 2013 to CMS so that CMS can make the Physicians' names and their acceptance of a gift public on a CMS website.

Regulations implementing the PPSA are complex, and the **APA encourages members to:**

- Register with CMS's Open Payments website at <https://go.cms.gov/openpayments> in early August, so they can receive timely notifications of reports in which they're mentioned, following manufacturers' submission of reports to CMS. Being registered with "Open Payments" will also allow physicians to timely dispute any erroneous information contained within manufacturers' submitted PPSA reports.
- Attend APA's webinar Thursday, September 12, 2013 at noon in which APA's General Counsel and Deputy Director of Regulatory Affairs will explain the PPSA, including the law's exceptions and consequences. There will be an opportunity for Q and A as well. Registration details will be forthcoming.
- Ask before taking a meal, book, gift, or other thing of value whether this is a "reportable" transaction.

From July 22 APA RushNotes

The AMA recommends taking the following steps now to support the accuracy of data before CMS publishes it online:

- Make sure your disclosures are up to date. Financial and conflict-of-interest disclosures required by employers, advisory bodies and entities funding research should be updated regularly to stay current with the data that will be publicly reported under the PPSA.
- Confirm that your National Provider Identifier (NPI) information is current. The information tied to your

NPI, including your specialty, must be accurate to help ensure appropriate attribution of payments and other transfers of value that will be listed in CMS's online database.

- Request ongoing notification from your industry contacts regarding the data they report to CMS. Ask for an opportunity to review and correct information to be submitted to CMS. 2013 data is due March 31.
- Track your payments and financial transfers. Download a free smartphone app to track reportable transfers. Compatible with Apple® and Android platforms, "Open Payments Mobile for Physicians" is available through the [Apple Store](#) and [Google Play® Store](#). A number of security features protect the privacy of the data you capture, which will be stored on one device and cannot be backed up to a cloud or other devices. Also urge your industry contacts to use the app so you will be able to capture the information you need to ensure accurate reporting.

Several resources are available to help physicians better understand what is required under the PPSA and prepare accordingly. CMS is hosting a conference call at 1:30 p.m. August 8, during which experts will give an update on CMS policy surrounding the law, present a physician toolkit and answer questions from participants. [Sign up](#) today. The AMA also offers a [PPSA webpage](#) and an [archived webinar](#), and will be publishing additional tools to help physicians ready themselves for public reporting and communicate with patients about their data.

The APA has created a brochure explaining the federal Physician Payment Sunshine Act, as well as a written analysis of the law. Members with questions about PPSA can visit the [PPSA page on the APA website](#), which included a link to the AMA PPSA webpage. The [July 16 issue of Psychiatric News](#) includes an article with detailed Q&As as well as PPSA "Reportable Traps" to avoid.

The APA and other medical societies continue to work on ways to help members better understand how PPSA provisions may impact them. Although data collection by applicable drug and medical device manufacturers begins on August 1, the first set of reports detailing their payments and transfers of value to physicians must be submitted to CMS in March 2014.

Medicaid Pharmacy Peer Review Program to Cover Recipients Ages 0 – 17 years

In 2011, the Maryland Medicaid Pharmacy Program launched a program addressing antipsychotic use by children under 10 who are covered under Medicaid. In July 2013, the program began expanding to include all recipients less than 18 years of age (see chart below). In partnership with the Mental Hygiene Administration and the University of Maryland School of Pharmacy and Division of Child and Adolescent Psychiatry, the program’s goal is to ensure that these patients receive optimal treatment in concert with appropriate non-pharmacologic measures in the safest manner possible. The peer review program advises clinicians of relevant clinical information for their decision-making, and ensures the appropriate use of antipsychotics while monitoring for adverse sequelae in Medicaid’s pediatric patients. As per the following schedule, claims for all antipsychotic medications written for Medicaid recipients 17 years and younger will require a Prior Authorization. For more information please see the [program advisory](#).

Patient Age (Years)	Period for Prescriber to Contact Peer Review Program	Date Prescription will Start Denying at the Pharmacy
10	Early July to Early September	September 16, 2013
11	Early August to Mid October	October 22, 2013
12 to 13	Early September to Mid November	November 19, 2013
14 to 15	Late September to Early December	December 16, 2013
16 to 17	Mid October to Early January	January 17, 2014

The Peer Review Program works as follows:

1. Unless the prescriber has contacted the Peer Review Call Center and provided a faxed application form or the necessary verbal information, the claim will be denied at the pharmacy.
2. The denial message will be “PA Required” and “Prescriber or their designee must call **Antipsychotic Peer Review Center at 1-855-283-0876** for PA.”
3. The denial will require the pharmacy provider to contact the prescriber and inform them that a PA needs to be obtained.
4. The prescriber must then contact the Peer Review call center and proceed with a consultation that will lead to a decision related to the PA (approve/deny).
5. The Peer Review Program will notify the prescriber of the approval or denial of the prescription. The prescriber will in turn notify the pharmacy provider.
6. Six (6) months after the initial PA is approved, the prescriber will need to complete a request to renew an authorization to continue therapy.

Maryland Medicaid PDL Updated Effective July 1

The Maryland Medicaid Pharmacy Program has an open formulary with a Preferred Drug List (PDL) to ensure access to efficacious, safe, and cost-effective drug options. The latest PDL update includes seven new Single Drug Reviews (including CNS drugs Forfivo XL® and Quillivant XR®). Changes to the PDL are highlighted in yellow on the list posted [here](#).

Maryland News & Information

DHMH Convenes Continuity of Care Advisory Panel

Recognizing that effective treatments for serious mental illness can help individuals live healthier, more fulfilling lives, Governor O’Malley has directed DHMH to convene an advisory panel to explore ways to enhance continuity of care for individuals with serious mental illness. The advisory panel will examine barriers to continuity of care and make recommendations to strengthen the public behavioral health service delivery system, improve health outcomes, and address deficiencies that lead to interruptions of care. DHMH Secretary Sharfstein has appointed seven state and national experts to the advisory panel, including MPS members Drs. **Gayle Jordan-Randolph, Stephen Goldberg, John Boronow, and Anita Everett**.

The Advisory Panel will hold five public meetings at the Mental Hygiene Administration, Dix Building basement conference room on the following dates:

- August 8, 2013 (1:00pm – 3:00pm)
- August 21, 2013 (10:00am-12:00pm)
- September 4, 2013 (10:00am-12:00pm)
- September 20, 2013 (1:30pm-3:30pm)
- October 4, 2013 (1:00pm-3:00pm)

In addition, the panel will convene four stakeholder workgroups, each to examine a particular barrier to care – social, clinical, legal, and economic – and report findings to the broader advisory panel.

Members of the public are [invited to serve](#) on one of the four stakeholder workgroups, to present data, reports, and information to the advisory panel. Also, there will be at least one meeting during which workgroup members will be invited to provide oral and written statements.

Maryland News & Information

MPS Comments on New Integrated ASO Contract for Medicaid

DHMH recently began Phase 3 of its plan to integrate mental health and substance use disorder services, which is expected to go live in January of 2015. The current Administrative Services Organization (ASO) is Value Options, responsible for managing mental health care for Marylanders who have either Medicaid or "PAC," which is sort of Medicaid Light for outpatient primary care. The new ASO will also be responsible for managing addiction treatment that currently falls under each of the seven or so MCOs (Managed Care Organizations). DHMH will expect the ASO to do a better job of integrating treatment with primary care, encouraging PCPs and specialists to communicate better. The details of what is required, including the carrots and sticks used to incentivize the behaviors of the organizations and practitioners, will be spelled out in the contract that the ASO must agree to.

In an unprecedented act of transparency, emblematic of the current DHMH led by Dr. Josh Sharfstein, a series of stakeholder sessions were held to explain the process of developing the contractual requirements that will be proposed in the ASO bidding process. Stakeholders were invited to provide public comments about the contractual requirements (called a Scope of Work). The MPS leadership submitted comments that will hopefully help to shape the process such that patients will receive health care that is more integrated and patient-centered, as well as improvements in transparency, such as measures that would improve network adequacy. To read the MPS public comments and/or the proposed ASO Scope of Work document click [here](#) and then click the corresponding attachment to this story on the MPS website.

Steven R. Daviss, M.D.

VA Community Meetings in Maryland

While the VA continues to expand mental health resources to meet the needs of Veterans, truly Veteran-centric, recovery-oriented care requires active collaboration and coordination with partners in the community. In the interest of promoting community collaboration, each facility is hosting a Mental Health Summit to help build or sustain collaborative efforts with community providers to enhance mental health and well-being for Veterans and their families. Summits in Maryland will be held on the following dates and locations:

- **Perry Point VA Medical Center - September 4, 2013**
- **VAMC, Baltimore, Auditorium - September 9, 2013**

For details, click [here](#). Then click on Maryland, which will open a Word document containing Summit information. If you would like to participate, please contact the staff person listed.

Maryland Court Upholds Doctrine of Contributory Negligence

MedChi reported that on July 9 the Maryland Court of Appeals issued an [opinion](#) in the case of *Coleman v. Columbia Soccer Association* in which it declined to overturn the doctrine of contributory negligence, meaning that the longstanding rule that bars any recovery by a plaintiff whose negligence has contributed to his or her injury will continue to be the law in Maryland. This is important in medical malpractice cases since patients' neglect of symptoms or non-compliance with medical advice is often a factor in their injury.

The decision was by a vote of 5-2, with specially assigned retired judge John Eldridge writing the opinion for the majority and Judge Glenn Harrell writing the dissent which was joined by Chief Judge Bell. The principal basis for the majority opinion was its observation that "the General Assembly's repeated failure to pass legislation abrogating the defense of contributory negligence is very strong evidence that the legislative policy in Maryland is to retain the principle of contributory negligence."

This decision is a major victory for Maryland physicians, who would have likely faced higher professional liability insurance rates had contributory negligence been abolished. However, continued vigilance, in both the courts and the General Assembly, will be necessary.

Maryland Health Reform Update

Health insurance premiums for individual plans offered through [Maryland Health Connection](#), the state-based health insurance marketplace opening October 1, will be among the lowest of 12 states that have proposed or approved rates. The [Maryland Health Benefit Exchange](#) (MHBE), which will operate Maryland Health Connection, also found:

- Three out of four individuals and families expected to enroll for coverage through Maryland Health Connection will qualify for tax credits to reduce their effective rates; and
- Maryland's Insurance Commissioner reduced the proposed premium rates by every insurance carrier in the individual market in Maryland, including reducing proposed increases for a majority of carriers by more than 50%

The MHBE will now begin a process to approve the estimated 300 qualified health plans offered by carriers that have expressed their intent to sell plans through Maryland Health Connection to ensure that the plans meet the standards established by the Affordable Care Act, as well as to afford consumers access to essential information to help inform their selections. Click [here](#) for more information. Click [here](#) to review the Analysis of Individual Market Rates for Health Plans on Maryland Health Connection.

CPT Check-Up

It's been a while...how are you doing?



Thursday October 3, 2013
Sheppard Pratt Conference Center
2.5 CME Hours

Over the past six months we've heard from many member regarding their frustrations, failures and successes with the new CPT codes. This conference will serve as a place to have your questions answered, review current coding protocol and discuss coding practices with others.

At the roundtable dinner, engage in casual conversation about CPT issues. During the presentation learn about changes, updates and coding tips to help with practice. Bring your questions for our experts during the open question/answer session.

6:00-7:00pm
Dinner Discussion With Colleagues

7:00-9:00pm
CPT Check-Up
Questions For Our Expert/Problem Solving

9:00-9:30pm
Open Discussion & Wrap-Up

Registration is **\$100.00 for MPS Members**

Fees are non-refundable.

Please send check to:
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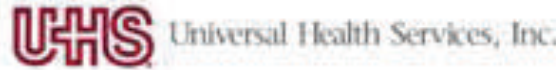


Website



Networking Opportunities

Your membership supports crucial work in the Maryland General Assembly and with regulatory agencies in areas such as health care reform, managed care, patient confidentiality, insurance parity and inappropriate expansion of non-medical provider scope of practice. Your dues also fund MPS efforts to improve conditions and reimbursement in the public sector. Remember that membership carries the distinction of belonging to an organization that enforces a rigorous code of ethics for its members. With personal assistance available at your fingertips, membership in your local and national professional organization is a true value, as well as an investment in your profession and your future!



Dover Behavioral Health System, located in Dover, Delaware (near the beach) is recruiting a **full time Staff Psychiatrist** for our Adult Inpatient program. Dover Behavioral Health is a beautiful, private, 73-bed treatment center offering comprehensive services for adolescent and adult patient populations with psychiatric and dual diagnoses issues. All programs are offered in multidisciplinary treatment settings with excellent support staff and professional colleagues. Position duties include: admission evaluations, daily care of assigned patients in the programs, treatment team leadership and interaction with clinical and physician staff. Benefits include: Competitive salary & bonus program, Relocation, Malpractice Reimbursement, Paid Time Off, CMEs, Health benefits and more! Requirements: Board Eligible/Board Certified in General Psychiatry. Delaware license or ability to obtain licensure. **H1B visa & J1 visa accepted.** *Dover is located directly in the center of the state, and is approximately 90 miles south of Philadelphia and 90 miles east of Washington, D.C. For immediate consideration for this position, please forward a copy of your CV to my attention at Tiffany.Crawford@uhsinc.com or I can be reached by phone 1-866-227-5415 ext 230.*

***Dover Behavioral Health System** is owned and operated by a subsidiary of Universal Health Services, Inc. (UHS).*

EASTERN SHORE HOSPITAL CENTER

CAMBRIDGE, MARYLAND

CLINICAL DIRECTOR

(PHYSICIAN PROGRAM MANAGER III)

Eastern Shore Hospital Center is seeking a Board Certified Psychiatrist to serve as Clinical Director for an 80 bed, Joint Commission accredited psychiatric hospital operated by Maryland's Department of Health and Mental Hygiene.

This position is responsible for the overall quality of clinical services at Eastern Shore Hospital Center and provides supervision to clinical department heads. This position receives managerial supervision from the Hospital Chief Executive Officer. Job duties include direct supervision of all clinical services insuring compliance with Medical Staff Bylaws, Maryland Law, DHMH policies and procedures and Joint Commission standards; providing clinical-administrative supervision, leadership, and consultation to Medical Staff and insuring timely delivery of in-patient services to consumers having court involvement. We use a comprehensive electronic medical record system which includes pharmacy ordering, treatment planning, etc.

Please join us on the historic Eastern Shore of Maryland where you can enjoy sailing, crabs, beaches, quaint towns and the best of country living, with close proximity to Baltimore and Washington, D.C. This facility is located in a designated Health Professional Shortage area. For further information and to apply for this position, go to www.jobaps.com/MD/jobs/dhmh EOE

CLASSIFIEDS**EMPLOYMENT OPPORTUNITIES**

Outpatient Psychiatry Services at MedStar Franklin Square Medical Center is looking for a general psychiatrist to work 16 hours per week with adult outpatients. Six weeks paid time off, CME time off, 403B, flexible hours, experienced interdisciplinary colleagues, pleasant environment. Please fax CV to Stephen Pasko, Director at 443.777.2060 or call 443-777-7925 for details.

Established outpatient mental health clinic in Baltimore, Maryland is currently looking for board certified/eligible child/adolescent and/or adult psychiatrists to work in the Baltimore area. We are a Joint Commission accredited organization. In addition to a large out-patient clinic, mobile treatment services, substance abuse treatment and growing school-based programs, we also provide services to detained youth in Baltimore City. Both full and part time positions are available. Flexible hours including after hours and weekends. Excellent hourly pay. Experienced support team includes therapists, nurses, educators and a clinical psychologist. Visa assistance (J or H) is available. We are an HPSA designated site. Contact Monica Trish at 410-265-8737 or mtrish@hopehealthsystems.com

Springfield Hospital Center is seeking Board-certified or Board-eligible general psychiatrists for our 230-bed MHA adult inpatient facility. Salary is negotiable, within MHA guidelines. Our rural, tobacco-free campus is 22 miles west of Baltimore, convenient to the Chesapeake Bay, Washington, and a variety of cultural, historic, sports, and recreational venues. Benefits include 27 paid days off in the first year, subsidized health insurance, free parking, a generous retirement program, and a truly pleasant workplace. A Medical Services physician is always on campus to attend to patients' somatic needs. Staff psychiatrists are not expected to work after hours, but some choose to supplement their salary by providing evening and weekend/holiday coverage under contract. In addition, we offer after-hours coverage contracts to psychiatrists who are not full-time staff members. Please send CV to Paramjit Agrawal, M.D. Clinical Director, 6655 Sykesville Road, Sykesville, MD 21784. For questions, call (410)970-7006 or e-mail paramjit.agrawal@maryland.gov. EOE

PSYCHIATRIST - full or half time, independent contractor position with well-established & growing multidisciplinary practice. Spectrum Behavioral Health is an Annapolis area private practice with three desirable locations, congenial colleagues and comprehensive administrative support. For more information about SBH, visit our website: www.spectrum-behavioral.com. To discuss this opportunity, please call Barbara Usher, Operations Administrator, at 410-757-2077 x7121 or email barbara.usher@spectrum-behavioral.com.

Springfield Hospital Center in Sykesville, MD is accepting applications for a Forensic Psychiatrist. Eligible candidates must have board certification including added qualifications in forensic psychiatry (or equivalent). Duties include pretrial evaluations of competency to stand trial and criminal responsibility, competency restoration, and training of residents and students. Please forward a CV and inquiry to Erik Roskes, MD, Director, Forensic Services, Springfield Hospital Center, by fax (410.970.7105) or email (erik.roskes@maryland.gov).

BOARD CERTIFIED FORENSIC PSYCHIATRIST/ STAFF PSYCHIATRIST CHILD PSYCHIATRIST/And Board Certified Somatic Physician - Spring Grove Hospital Center, a progressive, publicly funded, freestanding psychiatric hospital, is currently seeking to hire several full-time board certified Psychiatrists and a full-time board certified Somatic Physician. Spring Grove Hospital Center is a 388 bed complex that provides a board spectrum of inpatient psychiatric services to adults and adolescents. The center is owned and operated by the State of Maryland and is under the governance of the Mental Hygiene Administration of the Department of Health and Mental Hygiene. Spring Grove was founded in 1797 and is the second oldest continuously operating psychiatric hospital in the United States, fully accredited and certified. We have an ongoing commitment to providing psychiatric care and treatment of the highest quality. We also maintain a number of student teaching programs and serve as a popular training site for many professional schools including the University of Maryland. We are located on a scenic 189 acre campus in Catonsville just outside of Baltimore, Maryland and conveniently located along the I-95 corridor between Baltimore and Washington D.C. We offer competitive salary and excellent State of Maryland benefits, including generous vacation and retirement packages. For further clarification of job duties of the position, contact Dr. Krishnan and provide a curriculum vitae (CV), license, and board certification. Interested candidates also need to complete an electronic State application (MS-100) downloaded at www.dbm.maryland.gov for Physician Clinical Specialist and include a valid State of Maryland license and board certification. Devika Krishnan, M.D. Clinical Director, Spring Grove Hospital Center 55 Wade Avenue, Catonsville, Maryland 21228. 410-402-7595 410-402-7038 (fax) EOE

PSYCHIATRIST NEEDED- Full or Part Time. Private practice in Columbia and/or Towson without hassles. Full administrative support. Flexible hours. Plenty of patients. Contact Abdul Malik, M.D. at 410-823-6408 x13 or email to Drmalik.baltimore@gmail.com

CLASSIFIEDS**EMPLOYMENT OPPORTUNITIES**

Part Time Psychiatrist - University of Maryland, Baltimore, Student Counseling Center (UMB SCC) is seeking a PT, board certified Staff Psychiatrist (Fridays 5 hour day), to work with motivated graduate professional students. No insurance or billing hassle; no nights or weekend call, no quotas. For information about UMB SCC click [HERE](#) or call Emilia Petrillo at 410-328-8404. The University of Maryland, Baltimore is an Equal Opportunity/Affirmative Action Employer.

BOARD CERTIFIED FORENSIC PSYCHIATRIST
STAFF PSYCHIATRIST - CHILD PSYCHIATRIST -
Spring Grove Hospital Center, a progressive, publicly funded, freestanding psychiatric hospital is currently seeking to hire several board certified psychiatrists for permanent full-time and part-time positions. Contractual part-time positions are also available for board certified Psychiatrists. Spring Grove Hospital Center is a 388 bed complex that provides a broad spectrum of inpatient psychiatric services to adults and adolescents. The center is owned and operated by the State of Maryland and is under the governance of the Mental Hygiene Administration of the Department of Health and Mental Hygiene. Spring Grove was founded in 1797 and is the second oldest continuously operating psychiatric hospital in the United States, fully accredited and certified. We have an ongoing commitment to providing psychiatric care and treatment of the highest quality. We also maintain a number of student teaching programs and serve as a popular training site for many professional schools including the University of Maryland. We are located on a scenic 200 acre campus in Catonsville just outside of Baltimore, Maryland and conveniently located along the I-95 corridor between Baltimore and Washington, D.C. We offer competitive salary and excellent State of Maryland benefits, including generous vacation and retirement packages. For further clarification of job duties of the position, contact Dr. Krishnan and provide a curriculum vitae (CV), license, and board certification. Interested candidates also need to complete an electronic State application (MS-100) downloaded at www.dbm.maryland.gov for Physician Clinical Specialist and include a valid State of Maryland license and board certification. Devika Krishnan, M.D., Clinical Director, Spring Grove Hospital Center, 55 Wade Avenue, Catonsville, Maryland 21228. 410-402-7595, 410-402-7038 (fax) EOE

Bay Counseling Services is recruiting a BE/BC psychiatrist for our Harford and Baltimore County offices. Join a dynamic outpatient multi-discipline group mental health practice providing services since 1979. Benefits available. Excellent compensation. FT/PT, no on call coverage. Contact Dr. Terry Pritt or Dr. Frank W. Gibson, Jr. by faxing CV to 410-288-4009.

BE/BC Psychiatrist needed 10-20 hours a week (additional hours are possible if necessary) for outpatient community mental health facility on Maryland's scenic Eastern Shore, one hour, 15 minutes from Baltimore-Washington area. The clinic is located in a Professional Shortage Area, is a National Health Service Corps site and is eligible for loan repayment. Send resume/vitae with cover letter to Michael Campbell, LCSW-C, Director, Caroline Co. Mental Health Clinic, P.O. Box 10 Denton, Md. 21629, phone 410-479-3800, ext. 117, fax 410-479-0052 or e-mail mike.campbell@maryland.gov - EOE

Arcadian Telepsychiatry is seeking **Child/Adolescent, Adult and Geriatric psychiatrists** for our growing behavioral health telemedicine company. We offer the chance to work in your own office or from the comfort of your own home. Excellent compensation and flexible shifts available. Arcadian Telepsychiatry provides a unique combination of emergency psychiatric consultation 24 hours per day...7 days per week, and less acute psychiatric services including routine clinic care and urgent evaluations for mobile crisis teams, crisis residential units, jails, schools, shelters, community mental health centers, emergency departments, and federally qualified health centers. We are looking for Board Certified and licensed psychiatrists for part time/full time employment. We have current and growing needs for psychiatrists experienced and passionate about working with VETERANS. Contact: Robert Plotkin 215-740-7608. Email: rob@arcadiantelepsychiatry.com.

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THANK YOU!

Even though they qualify for reduced dues, some life members elect to pay full MPS dues. We extend a special thank you to the following "lifers" who paid additional dues.

Thomas E. Allen, M.D.
George E. Gallahorn, M.D.
Frances M. Litrenta, M.D.

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