

MPS NEWS

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Editor: Heidi Bunes

August 2014

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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

The next MPS Council meeting will be held Tuesday, **September 9** at 8PM in the MPS office.

President's Column

Will Maryland Enact Outpatient Commitment?

I realize that I happen to have become the MPS president at a time of major changes in healthcare, and in psychiatric care particularly. Besides the implementation of the Affordable Healthcare Act, however, perhaps the most debated and contentious issue of the moment is occurring at the State level.

Maryland is one of only five states without an outpatient civil commitment law in effect, and there is now pressure from the legislature to change this. Several bills were brought up in the 2014 legislative session to address the issue of civil commitment, but all were problematic to one degree or another, and so the General Assembly mandated DHMH to examine the development and implementation of assisted outpatient programs (AOT) and assertive community treatment programs (ACT), together with existing State programs, to develop a proposal for a State program, and to evaluate the dangerousness standard for involuntary admissions and emergency evaluations.

This seems like a very tall order, and to its credit, DHMH, under Dr. Gayle Jordan-Randolph's leadership, has gone to work quickly, rolling out a series of [Outpatient Services Programs Workgroup meetings](#) to invite stakeholder input to the process. The MPS as an organization is fortunately well represented, with members such as Drs. Everett, Hadley, and Roskes contributing, but as I began to read the materials circulated to the workgroup, I realized that my own knowledge of the subject, as a private practice psychiatrist of many years, is very rudimentary. My first task, therefore, was to educate myself, and the

resulting tome is something of a primer on the subject. My apologies to all our very well-versed public practice psychiatrists for the redundancy, but I believe that we all need to be conversant in the vernacular, as we begin to see the workgroup's recommendations taking shape over the summer.

Outpatient commitment is defined as a civil mandate; ordering an individual to obtain psychiatric treatment, against their will, or to risk sanctions up to and including forced hospitalization. Research has shown that the process may reduce psychiatric admissions, but there is less evidence that it reduces criminal justice involvement or saves money in the long-term. The process of outpatient commitment can also be referred to as "Assisted Outpatient Treatment," "Involuntary Outpatient Commitment," "Compulsory Outpatient Treatment" or "Community Treatment Orders," and the interchangeable use of these terms serves primarily to increase confusion. These laws tend to be applied differently, from state to state in the US, and from country to country elsewhere. They can be applied to prevent more restrictive treatments (hospitalization typically), or as a condition of release from inpatient situations to the community, or, most controversially, to prevent further psychiatric decompensation.

Criteria for these orders vary widely, and the workgroup seems especially interested in a California law, known as Laura's Law. This law, dating from 2002, allows the county mental health director to file a petition for commitment in the county where the patient is resident, following an investigation conducted by the health department. The investigation can be requested by various interested parties – family mem-

(Continued on next page)

bers, institution directors, mental health providers or police – and if a certain threshold criteria met (evidence of mental illness, poor prospect of survival in the community, a history of poor compliance with treatment, or of having been hospitalized twice in the last 36 months, a history of threatening or harming or threatening harm in the past 48 months, a failure to engage in treatment, and deteriorating condition), and if the order would be the least restrictive option, with the patient felt likely to benefit from it, a court hearing is held, which allows for full legal representation for the patient. A commitment order, if issued, is for six months initially.

Other practices are also being examined, for example, similar commitment orders in Maine, Arizona, and New York. Funding for any future Maryland law would also be part of the puzzle; typically the most successful programs have the greatest funding, and are linked to housing and employment initiatives. Kendra's Law, implemented in New York City, included an allocation for \$130 million in services, and is one of the few programs that has been studied from its inception. The results appear very encouraging, but I have to wonder how Maryland could possibly come up with similar funding levels.

Assertive Community Treatment is another initiative utilized to engage poorly compliant patients in treatment, without the use of civil commitment laws. There are several programs in Maryland that serve patients who are court-ordered to treatment from the forensic side. Such programs, which tend to be capitated, can be considered "hospitals without walls," where the provider brings treatment to the patient. The programs are often also tied to other services, such as housing and employment, and must meet certain fidelity standards, as defined by SAMHSA, in three categories: human resources, organizational boundaries and services. Like outpatient commitment programs, they have been shown to reduce hospital stays, but not necessarily to reduce imprisonment or increase social functioning.

As the Outpatient Services Programs Workgroup (OSPW) continues its work over the summer and fall, MPS members will continue their involvement in the process, and will bring any major developments to our members' attention. I have no doubt that once the proposals developed are made public, there will be a spirited and lively debate among all of our members, and I, for one, look forward to participating.

Sally Waddington, M.D.

Important – Review Your Pharma Payment Data

Physicians have until **August 27** to initiate disputes regarding potential erroneous data before it is published in late September as required by the Physician Payment Sunshine Act. The Act requires manufacturers of drugs, devices, biologicals, or medical supplies covered under Medicare, Medicaid, or SCHIP to report to CMS certain payments or other transfers of value to physicians and teaching hospitals.

The [APA website](#) includes details and links on the three-step verification and registration process to review any data that may have been reported about you. This process will take over 24 hours to complete as registrations must be fully vetted before physicians can access the system to determine if there is data to be published about them. Also, the rather cumbersome registration process must be completed in one session so be sure to follow directions closely and allow about an hour to complete the registration. The [APA encourages members to begin](#) this process as soon as possible.

Your Help Needed

The MPS Payer Relations Committee is collecting information from members who are having to get prior authorization to prescribe generic medications, including needing authorization for multiple pills a day for a generic. The information we need is the pharmacy management company, insurance company, medication, and why the prior authorization is needed. The goal is to demonstrate to insurance companies that it is not worth their time and money (and our time and money) to request prior auth for generics. Please email the information to [me](#) or post on the MPS listserv.

*Laura Gaffney, M.D., Co-chair
Payer Relations Committee*

Oral History Project Drawing to a Close

The Maryland Foundation for Psychiatry's Oral History Project is drawing to a close, at least for the current phase. Once the last few interviews are conducted in September, the team that has run this project will step down. If you are a senior and/or retired psychiatrist with a story you would like to tell, please email [Heidi Bunes](#) by September 30 so arrangements can be made for an interview before the project ends. Also, if anyone is interested in getting a second phase of oral histories started, please email [Heidi Bunes](#).

Once all of the current interviews are finalized, the collection will be made available to allow others a glimpse into the early years of the profession. Stay tuned for more details.

July APA Board of Trustees Meeting Highlights

After considerable informed debate and negotiation, Illinois enacted a new state law enabling some psychologists to prescribe medications – after they pass through a program of such rigorous training and education that they might perhaps just as easily have gone through a full medical education.

Congress is considering bills to enhance mental health services, and ensuring improved mental health care for military veterans [see [next page](#)]. Rep. Timothy Murphy (R-PA), a psychologist, has emerged as a strong ally in the ongoing legislative struggles for better care.

Psychiatry in this era of healthcare reform is being studied in a detailed and serious manner, state by state.

We heard an interim report from the Research Review Committee, chaired by Gray Norquist, M.D., which is studying which research functions the APA should have going forward.

Treasurer Frank Brown, MD, reported that our current year's receipts are running \$7.5 million above budget. DSM-5 sales to date total \$47.6 million. Our annual and Institute for Psychiatric Services meetings are both doing well financially.

Saul Levin, M.D., APA Medical Director/CEO reported a 5.4% increase in membership over the past year, as well as a 4.2% increase in dues-paying members.

We welcomed our new Chief Communications Officer, Jason Young. Jason's distinguished record includes having served as White House Press Secretary as well as having been an APA staffer some years back.

The Ad Hoc Group on Real Estate presented its ongoing study. APA will need to purchase or lease new space within the next couple of years to replace the current HQ in Arlington.

Carolyn Robinowitz, M.D. reported ongoing liaison activities with AMA. Psychiatry has grown in leadership and influence with the house of medicine over the years, and long term plans to maintain psychiatry's strong AMA presence were discussed.

The American Psychiatric Foundation is now one of the largest single charitable foundations in the field of mental health. A new and ambitious undertaking is the Mental Health and Faith Partnership, bringing together mental health and religious leaders of all faiths to plan increased mental health services, lessening stigma, and other joint projects. The Foundation's Board will be increased from 13 to 16 members to include community leaders who are strong advocates for mental health.

Brian Crowley, M.D., Area 3 Trustee
202-537-3300, bcrowleymd@aol.com

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.

Yelena Gimelshteyn, M.D.

Resident Fellow Member

Olga A. Rafaelian, M.D.

Resident Fellow Member

Reinstatement of Membership

Johanna F. Paulino-Woolridge, D.O.

Upgraded to General Member

Amy C. Lowe, M.D.

Lorri Ann Tran, M.D.

Transfer In

M. Haroon Burhanullah, M.D.

Robert T. Paine, D.O.

Rheanna E. Platt, M.D., MPH

Become an APA Fellow— It's Now Easier to Apply!

Are you ready to take the next step in your professional career? Members who pursue fellow status perceive it as one of the first steps to enhancement of their professional credentials. Members who apply and are approved this year for fellow status will be invited to participate in the Convocation of Distinguished Fellows during APA's 2015 annual meeting in Toronto. **The deadline is September 1.** Visit [APA's website](#) for details and a link to the application.

Join The MPS Listserv!

Join the on-line MPS listserv so you can quickly and easily share information with other MPS psychiatrists. An email message sent to the listserv goes to all the members who have joined. To join, click [here](#). You will need to wait for membership approval and will be notified by email. If you have trouble negotiating this, please call the MPS office at 410-625-0232.

New APA Marketplace

[APA Marketplace](#) is a new member benefit that provides discounts for APA members, their families, and businesses. It offers savings on insurance products, a prescription drug program, identity theft protection, discount office supplies through Office Depot, cash-back rewards through Online Shopping Mall purchases, T-Mobile Advantage discounts, and access to discounted hotels and cruises. Check regularly for new benefits that save time and money!

Urge Congress to Improve Psychiatric Care for Veterans

Veterans face significant mental health challenges. Each year, approximately 8,000 veterans complete suicide. Several studies place the rate of PTSD in returning veterans from Iraq and Afghanistan at approximately 40%. Veterans widely experience anxiety, depression, and substance use disorders. Most veterans do not receive adequate treatment for mental illnesses in a timely fashion, in part due to staff vacancies.

The APA believes that the demonstrated shortage and turnover of psychiatrists is a contributing factor to the inability of the Veterans Health Administration to deliver mental health services in a timely fashion. The APA strongly supports the bipartisan and bicameral Ensuring Veterans Resiliency Act ([H.R. 4234/S. 2425](#)), which offers a path forward in securing a more stable and robust psychiatric workforce in the VHA. The Act seeks to mitigate the chronic shortage of psychiatrists in the VHA by implementing a pilot program in which a limited number of psychiatrists are recruited into long-term employment at the VHA with competitive medical education loan forgiveness incentives. It further asks the GAO to study pay disparities between psychiatrists within the VHA.

Your voice is needed! APA is asking you to urge your Member of Congress to cosponsor H.R. 4234/S. 2425 and act on this important legislation. [Take Action!](#)

Parity News

There has been important progress on the mental health parity front in New York. A settlement was [announced](#) in a lawsuit with EmblemHealth, a major insurer in NY, after an Attorney General's investigation uncovered widespread violations of mental health parity laws by the company. The health insurer will be required to reform its behavioral health claims review process, cover residential treatment, and charge lower copays for outpatient behavioral health visits. EmblemHealth, while admitting no wrongdoing, will pay a \$1.2 million fine. In addition, an independent review of claims could result in millions being returned to policy holders for wrongfully denied claims. Also, the New York Department of Financial Services has published [guidance to insurers](#) for parity compliance.

On the other hand, progress in Maryland has been slow. Several members of the Maryland Behavioral Health Coalition, including the MPS, signed on to a letter from the Drug Policy and Public Health Strategies Clinic at the University of Maryland Carey School of Law to the Centers for Medicare & Medicaid Services requesting CMS intervention and guidance to the State of Maryland on how it should proceed to ensure that all individual health plans offered for sale in 2015 comply with the Parity Act and ACA. This was a last resort after the clinic's three-year effort to assist and encourage the State to carry out its responsibility to complete a Parity Act compliance review.

HIPAA Audits to Resume Shortly

Now is the time to conduct a privacy and security risk assessment. The U.S. Department of Health and Human Services Office for Civil Rights (OCR) plans to implement random Health Insurance Portability and Accountability Act (HIPAA) audits to monitor compliance, beginning as soon as later this summer. Building on a HIPAA auditing program piloted in 2012, the agency expects to launch random HIPAA audits focused on ferreting out major threats to patient health information confidentiality and network security.

Failure to comply with HIPAA's privacy, security and breach notification requirements likely will result in financial penalties that could be significant. Recent OCR data shows that 60 percent of security breaches come from theft and loss of technology containing protected health information. However, issues related to hospital and practice staff using their own mobile devices and unsecure Wi-Fi networks are on the rise.

Take these three steps to protect against a breach in security and the loss of patient information:

- Educate your staff about the importance complying with HIPAA requirements
- Ensure all electronic patient information is encrypted when in transit and at rest
- Perform a privacy and security risk assessment for all health care information technology, not just your electronic health records

The AMA offers a number of free resources to help your practice comply with the HIPAA requirements, including a [HIPAA privacy and security toolkit](#) (AMA login required) and an [online activity](#) offering continuing medical education in the form of *AMA PRA Category 1 Credit™*. These resources and additional information are available on the AMA's [HIPAA Web page](#).

From [July 7 AMA Wire post](#)

Call for Nominations: Geriatric Psychiatry Awards

The APA invites nominations for its 2015 [geriatric psychiatry awards](#). The Jack Weinberg Memorial Award honors a psychiatrist who has demonstrated leadership or done outstanding work in clinical practice, training, or research into geriatric psychiatry. The Hartford-Jeste Award recognizes an early career geriatric psychiatrist who has contributed to the field of geriatric psychiatry through excellence in research, teaching, clinical practice, and community service and has demonstrated the potential to develop into a future leader in the field. The deadline is **August 15**.

Maryland News

Integration of MHA and ADAA

Effective July 1, 2014, the Maryland Department of Health and Mental Hygiene (DHMH) combined the Alcohol and Drug Abuse Administration (ADAA) and Mental Hygiene Administration (MHA) into the Behavioral Health Administration (BHA). Twenty percent of persons covered in the two systems have both mental health and substance use issues. The goal will be to streamline the systems and promote the integration of care.

The mental health funding for persons with Medicaid or persons who were uninsured has been under the MHA. Since 1997, MHA has contracted with an Administrative Service Organization (ASO) to pay fee for service claims for persons who were uninsured or were Medicaid recipients. In addition, funding was distributed through local Core Service Agencies for services that did not fit well within the fee for service system. This funding covered individuals who were uninsured and individuals with Medicaid where the services were not covered by Medicaid.

The substance use services funding for the uninsured has been under ADAA. They primarily distributed their funding through local jurisdictions to meet the needs of persons who were uninsured. The substance use services for the individuals with Medicaid has been the responsibility of the Managed Care Organizations.

The current ASO contract is only for mental health services. That contract will end January 1, 2015. The new ASO contract will cover both mental health and substance use services for persons who have Medicaid or are uninsured. Some grant funding will continue to be distributed through the local jurisdictions for both mental health and substance use services. The BHA will continue to work closely with Medicaid to provide the funding for mental health and substance use services in the future.

Gayle Jordan-Randolph M.D. will continue to be the Deputy-Secretary for Behavioral Health and Developmental Disabilities. Brian Hepburn M.D. will be the Director of the Behavioral Health Administration and Lisa Hadley M.D. will be the Clinical Director for the Behavioral Health Administration.

*Brian Hepburn, M.D.
Executive Director
Behavioral Health Administration*

Insured Marylanders have a Right to an Adequate and Accessible Network

Maryland law [entitles](#) insured Marylanders to an appointment with a mental health provider without unreasonable delay or travel. The [law requires insurers](#) to authorize visits to an out of network provider if an appointment with an in-network provider can't be found without unreasonable delay or travel. This informative post at the Maryland Parity Project Parity Perspectives Blog lists what [steps to take](#) if a patient can't get an appointment. Based on calls to the MPS patient referral service, there are many individuals who cannot locate a nearby psychiatrist who participates on their health plan. If only all of them could follow through with the steps on the list...

Model Physician Employment Contract

Maryland physicians who are contemplating entering into an employment agreement now have assistance available in the form of a Model Physician Employment Contract fully adapted to the healthcare and legal environment in Maryland from a document originally developed by the California Medical Association. This is one of a number of resources developed by the Center for a Healthy Maryland, an affiliate of MedChi, through a 2012-2014 grant from The Physicians' Foundation.

The Center for a Healthy Maryland created the Center for the Employed Physician as a home for resources and educational programming to meet the needs of Maryland physicians who are employed or considering employment by hospitals or large group practices. The model contract will be available on the new Members Only page on [MedChi's website](#). In addition, members will find a document explaining basic terminology and concepts for physician employment models, a compendium of resources to help determine physician compensation, and a primer on self-referral laws. The Center for the Employed Physician brochure and informative presentations from professionals in the legal, financial and practice management fields can be found at the [Center for a Healthy Maryland's website](#).

The MedChi Residents and Students Section will hold an [educational seminar](#) on contracting issues for employed physicians on **August 6** from 6 to 8 pm at the MedChi building. Please RSVP to Erin Krell at 1-800-492-1056 ext. 3325 or ekrell@medchi.org by August 1.

From [July 7 MedChi News](#)

Maryland News

Maryland Medicaid Pharmacy Program PDL Change

Effective Monday July 21, the **brand Cymbalta® (duloxetine) is no longer preferred over its generic equivalent.** Claims for duloxetine will be processed the same as claims for other multisource drugs. Fee-for-service Medicaid claims for Cymbalta® will adjudicate only if there is prior authorization based on an approved [Medwatch form](#). Please click to view the [Preferred Drug List \(PDL\)](#). The PDL is also available at www.epocrates.com/ on a desktop or smartphone. Epocrates is updated weekly.

Maryland Physician Health Program News

Following the sudden, unexpected death of Dr. Stanley Platman, who for 25 years chaired the MedChi Physician Health Committee and also served as Medical Director of the Maryland Physician Health Program (MPHP), someone with similar experience and skills has agreed to fill the job of MPHP medical director. **Dr. Paul McClelland** assumed the position on July 7. Dr. McClelland is Director of Psychiatric Services at St. Agnes Hospital, President of the Medical Staff at St. Agnes Hospital Center, past Chairman Department of Psychiatry at GBMC, and past Director, Division of Consultation-Liaison Psychiatry at UMMS. He serves, and has served, on hospital medical ethics committees, is a past MPS President, continues to serve on the MPS Ethics Committee, and chaired MedChi's Privacy and Confidentiality Committee. He keenly understands the valuable service that MPHP programs provide for both individual physicians and the community as a whole.

The Center for a Healthy Maryland, a 501(c)3 charitable affiliate of MedChi, which operates the Physician Health Program and the Professional Rehabilitation Program, has begun a discussion to establish a memorial fund to promote and continue the work to which **Dr. Platman** devoted a major portion of his professional life, namely the recovery and rehabilitation of impaired physicians. A fundraiser will be held at the Black Olive Restaurant on **Sunday, September 21**, and the Maryland medical community and other interested individuals are invited to attend. Please contact mfielding@medchi.org for more info and/or tickets.

*Thomas E. Allen, M.D., Chair
MedChi Oversight Committee on Physician Health*



Free Rx Card

MedChi and the Maryland Rx Card Program are making the lowest price on prescriptions available to every Marylander with no enrollment forms, restrictions, waiting periods, or age/income requirements. This program is accepted at more than 54,000 pharmacies across the country. There are three **ways to obtain the card**:

- Patients can [download](#) a FREE prescription drug card.
- Physicians can [print cards](#) for their patients.
- Physicians can request cards at NO COST by contacting Sharon Kirk at 800-492-1056, ext. 3304, or email skirk@medchi.org.

From [July 7 MedChi News](#)

Tramadol Now Schedule IV and Subject to PDMP

On July 2, 2014, the DEA published its [Final Rule](#)* placing tramadol into Schedule IV of the Controlled Substances Act beginning on **August 18, 2014**. The [Maryland Prescription Drug Monitoring Program](#) (PDMP) requires controlled dangerous substances (CDS) dispensers, including pharmacies and healthcare practitioners, to report certain information on Schedule II through V drugs dispensed to a patient or a patient's agent in Maryland. Therefore, tramadol will be added to the list of those drugs that dispensers are required to report to the PDMP.

Attention Spanish Speaking Psychiatrists

The Pro Bono Counseling Project (PBCP) received funding from the Baltimore Women's Giving Circle to begin ***Terapias para Familias, Parejas e Individuos***, a new program that will accelerate the links with Spanish-speaking clinicians that the PBCP has organized for the past five years. Requests for care from the Latino community have increased to 10% of the PBCP's clientele in Maryland, creating a greater need for psychiatrists who speak Spanish and are willing to take short term, solution-focused cases, often victims of violence. Please consider participating by taking just one case annually – contact ellen@probonocounseling.org or Ellen Bonta at 877-323-5800.

Telemedicine by the Numbers

Telemedicine is an important developing area, particularly for mental health. Some interesting data were presented at the AMA meeting in June:

- Medicare pays \$6 million annually for telemedicine services.
- In 2009 there were 40,000 telemedicine visits received by 14,000 beneficiaries.
- Some 369 practitioners including physicians provided 10 or more telemedicine services.
- Mental health providers were 49% of those who provided 10 or more services.
- Eligible services include psychiatric diagnostic interviews, inpatient and outpatient visits.
- In 2014 Medicare expanded the geographic areas where telemedicine may be covered, previously only in centers defined as rural Health Professional Shortage Areas.
- Telemedicine services covered by Medicare are required to have audio and video real-time communication.
- Nineteen states and DC have adopted laws that require private payers to cover what the states deem as telemedicine services.
- The American Telemedicine Association published practice guidelines for video-based online mental health services developed with input from the APA.

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

SC Telepsychiatry Program Serves Rural Patients

A [June 26 PEW Stateline report](#) describes a telepsychiatry program that allows psychiatrists to examine South Carolina ER patients through videoconferencing and determine dangerousness. Since implementation in March 2009, more than 20 South Carolina hospitals have begun participating in the program, and psychiatrists have performed about 19,700 video examinations. ER wait times have been reduced from four days to less than 10 hours. According to a [study](#) by the University of South Carolina School of Medicine, the program has reduced the frequency of hospital readmissions and involuntary commitments. It has also improved compliance with follow-up treatments, as well as patient participation in drug and alcohol rehabilitation. The initiative [received the 2011 Psychiatric Services Achievement Award](#) (Silver Award) at the APA's Institute of Psychiatric Services meeting. North Carolina has started a similar program and other states plan to follow suit.

FSMB Model Law to Ease Online, Out-of-state Treatment

The [New York Times](#) reported on June 30 that representatives of numerous US state medical boards "have produced a [draft model law](#) that would make it much easier for doctors licensed in one state to treat patients in other states, whether in person, by videoconference or online. The draft legislation, in the form of an [interstate compact](#) (a legally binding agreement among states), was developed by the [Federation of State Medical Boards](#) (FSMB). This plan specifies that physicians who meet "certain standards could sidestep a longstanding requirement that they apply for licenses state by state." The compact, however, would still allow each state to regulate how medicine is practiced within its own borders. The proposal comes as more doctors and hospitals are exploring the use of telemedicine and [remote medicine tests state licensing rules](#).

2014 PCSSMAT Webinars

In conjunction with the APA, the Providers Clinical Support System for Medication Assistance Treatment (PCSSMAT) offers webinars **free of charge**. Sessions are scheduled from [noon to 1 p.m.](#) CME credits are available. Upcoming offerings include:

August 12

Managing Acute and Chronic Pain

Daniel P. Alford, MD, MPH, FACP, FASAM

Associate Professor of Medicine

Program Director, Addiction Medicine Fellowship

Director, Safe and Competent Opioid Prescribing Education Program

Medical Director, Office-Based Opioid Treatment and MASBIRT TTA programs

Boston University School of Medicine

www2.gotomeeting.com/register/173779458

August 26

Managing Acute and Chronic Pain – A Case Discussion

Daniel P. Alford, MD, MPH, FACP, FASAM

Associate Professor of Medicine and

John A. Renner, Jr., MD

Professor of Psychiatry

Boston University School of Medicine

www2.gotomeeting.com/register/941394842

Archived webinars are available at www.APAeducation.org and www.pcssmat.org

Medicare News & Updates

Understanding Maryland's New Waiver

The Maryland Medicare waiver has changed significantly with the January 10, 2014 adoption of a new innovation model by CMS and the State of Maryland. Hospitals will no longer be paid on a utilization-based model, but rather on a bundled-payment basis through a contract with the Maryland Health Services Cost Review Commission. This is a fundamental shift with major ramifications for physicians regardless of their employment setting or practice type.

To assist physicians in understanding these changes, MedChi has posted resources on the waiver to its [website](#). It will also hold an educational event on the waiver called "New All Payor Model for Maryland's Population Based and Patient Centered Payment System" to explain the biggest changes to Maryland health care in the last forty years. The program is currently scheduled on three dates in locations around the state:

- **Wednesday, August 13, 2014**, 6:00 PM, Western Maryland Health System
- **Friday, August 29, 2014**, 12:00 - 2:00 PM, MedChi Baltimore
- **Tuesday, September 16, 2014**, 6:30 PM, Doctors Community Hospital

Other dates will be added. For more information, or to RSVP, please email ekrell@medchi.org.

From [July 14 MedChi News](#)

Avoid 2016 Medicare Penalty

Physicians who don't successfully report for Medicare's Physician Quality Reporting System (PQRS) this year will face a 2 percent payment penalty in 2016. One of the ways to report is [through clinical registries](#). There is a new qualified clinical data registry [reporting option](#) where the registry collects and submits the data on behalf of the eligible professional; however, it is available only to individual physicians. [This year's list](#) is available online. Additional information is outlined in "[2014 PQRS: Qualified clinical data registries participation made simple](#)" and "[2014 registry reporting made simple](#)."

Individual physicians who are not using one of the two registry reporting options can instead report individual PQRS quality measures using the following methods:

- Medicare Part B claims
- Direct electronic health record (EHR) using certified EHR technology
- Certified EHR technology via data submission vendor

The CMS website offers more about how to [get started reporting](#) for this year's PQRS requirements.

From [July 7 AMA Wire post](#)

Medicare Opt-Out Rules Clarified

CMS has assured the APA that physicians who have opted out of Medicare can still have referrals and prescriptions for privately contracted Medicare patients covered. The matter was a subject of confusion and concern after a July 9 report in the *Wall Street Journal* seemed to indicate that CMS had changed its policy with regard to physicians who opt out of Medicare. But the confusion apparently stemmed from what appears to be a typographical error in a portion of the OIG report quoted by the *Journal*.

Ellen Jaffe, director of the APA Practice Management Help-Line, contacted CMS and was assured that physicians who have opted out are indeed permitted to order and refer. A CMS official told Jaffe that what the OIG report was intended to convey is that claim denials will be issued to physicians who have not submitted a valid opt-out affidavit.

From July 30 *Psychiatric News*

Physician Compare e-Newsletter

On July 21, CMS launched Physician Compare Update, an e-newsletter dedicated solely to communicating [Physician Compare](#) related news, alerts, and announcements. The [first issue](#) includes quarterly enhancements suggested by consumers and stakeholders as well as information about CMS public reporting of quality measures. Click here to [subscribe](#). The 2015 Physician Fee Schedule Proposed Rule ([CMS-1612-P](#)) continues to phase in public reporting of data from CMS physician quality programs on Physician Compare.

Medicare's Proposed Payment Rule

If the policies set forth in the 2015 Medicare Physician Fee Schedule [proposed rule](#) take effect, physicians will be in for a lot of changes—next year. Here is what you should know:

1. A 21 percent payment cut is scheduled for April 1.
2. Global surgical packages will be eliminated.
3. Payments will be adjusted by the Value-Based Payment Modifier beginning next year.
4. Quality reporting requirements will be increased in the face of penalties.
5. PQRS data will be publicly reported.
6. Chronic care management services will be covered.
7. More telehealth services will be covered beginning in 2016.
8. A new timeline for changing physician codes and service values would take effect in 2016.

Information on the proposed updates is available in the [fact sheet](#). The AMA will submit comments detailing physician concerns later this summer.

From [July 18 AMA Wire post](#)

New Fellows Selected for APA's Minority Fellowships

The APA has [announced](#) the names of 36 new psychiatry residents selected to participate in one of the APA Minority Fellowships, including two from Maryland. Maryland's 2014-2015 APA/SAMHSA Minority Fellows are:

Dr. Mawuena Agbonyitor, a third-year psychiatry resident at University of Maryland/Sheppard Pratt, is interested in community psychiatry, global mental health, first break psychosis, and child and adolescent psychiatry. She will serve on the Council on International Affairs.

Dr. Yetunde Olagbemiro, a first-year child and adolescent psychiatry fellow at the University of Maryland, is interested in child and adolescent psychiatry, minority mental health and health disparities. She will serve on the Council on Addiction Psychiatry.

Advertise your practice in the 2014-2015 MPS membership directory
Member rate for 1/3 page is \$90!

Contact Kery Hummel at 410-625-0232 or khummel@mdpsych.org

Deadline for ad and payment is August 18.

Review 2014 PQRS Claims Feedback Data

If you are an individual eligible professional who has reported at least one PQRS quality measure this year via claims-based reporting, you can now view your first quarter data (January – March 2014) using the 2014 PQRS Interim Feedback Dashboard. The Dashboard lets you monitor the status of your claims-based measures and measures group reporting and see if you are meeting the PQRS reporting requirements. You can access the Dashboard through the [Physician and Other Health Care Professionals Quality Reporting Portal](#).

The following resources can help you access your data: [2014 Interim Feedback Dashboard User Guide](#) – Assists with access and interpretation
[IACS Quick Reference Guides](#) – Instructions on how to request an account in order to access the portal, if you do not already have one.

The Dashboard **only** provides claims-based data for 2014 interim feedback. Data submitted via other 2014 reporting methods will be available for review in the fall of 2015 through the final PQRS feedback report or the QRUR for 2014 PQRS GPROs.

For more information, visit the [PQRS website](#).

MPS Member Benefits!



Membership Directory



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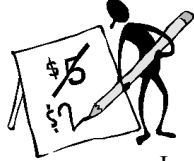
*The Maryland Psychiatrist &
MPS News*



CME Program
and Advertising
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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!

**Sheppard Pratt**

PHYSICIANS, P.A.

PART OF THE SHEPPARD PRATT HEALTH SYSTEM

ADULT ADDICTIONS PSYCHIATRIST Towson, Maryland

Sheppard Pratt is currently recruiting for an adult psychiatrist to provide inpatient services on the Co-Occurring Unit which is located on our main campus in Towson, Maryland about twenty minutes north of Baltimore's Inner Harbor. Based on psychiatrist preference, this position can be paired with an assignment in the Adult Partial Hospital or in Crisis Evaluation Services.

Sheppard Pratt is seeking psychiatrists with an orientation to time effective treatment, sensitivity to managed care referrers and a focus on quality care in a clinical setting with active training programs. Board certification and advanced, specialty training in addictions are highly preferred. Sheppard Pratt offers flexible, competitive compensation and benefit plans and is an equal-opportunity employer.

Please contact Kathleen Hilzendeger, Director of Professional Services, at 410-938-3460 or khilzendeger@sheppardpratt.org.

**Sheppard Pratt**

PHYSICIANS, P.A.

PART OF THE SHEPPARD PRATT HEALTH SYSTEM

WEEKEND PSYCHIATRISTS

**Either in Towson or
Ellicott City, Maryland**

Sheppard Pratt is seeking psychiatrists to provide inpatient, weekend-only services on our main campus in Towson, at GBMC or on our campus in Ellicott City, Maryland. This position could either be part time or full time, depending upon the candidate's interest.

Qualified candidates must possess a current license to practice in Maryland at the time of appointment. Sheppard Pratt offers a generous compensation package and is an equal opportunity employer.

To inquire about this position, please contact Kathleen Hilzendeger, Director of Professional Services, at 410-938-3460 or khilzendeger@sheppardpratt.org.



Sheppard Pratt

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CHILD PSYCHIATRIST OUTPATIENT SERVICE Behavioral Health Partners, Inc.

FREDERICK, MARYLAND

Unique opportunity has become available to join a team of psychiatrists and social workers providing services at our outpatient center in Frederick, Maryland. Behavioral Health Partners, Inc., a joint venture between Sheppard Pratt Health System and Frederick Memorial Hospital, provides a critical component to the continuum of care for patients of both parent organizations.

Sheppard Pratt is seeking either a part-time or full-time child psychiatrist with experience and expertise in outpatient psychiatry, focus on continuity of patient care and sensitivity to the needs of patients, families and referrers. Qualified candidates must be board eligible and possess a current license to practice in Maryland at the time of appointment. Board certification is strongly preferred. Sheppard Pratt offers a generous compensation package and comprehensive benefits and is an equal opportunity employer.

Please contact Fred Donovan, Director, at 301-663-8263 extension 228
or at fdonovan@sheppardpratt.org

MHM Correctional Services, Inc**Chief Psychiatrist Position –Downtown Baltimore**

MHM Services, Inc. is the nation's leading provider of correctional mental healthcare management. MHM consistently attracts the best and brightest professionals from the correctional healthcare field. As one of the largest employers of mental health professionals in the nation, MHM is always looking for dedicated individuals who want a career that is professionally rewarding and provides greater balance in their day to day life.

The **Chief Psychiatrist** will oversee the psychiatric and mental health services in Baltimore City Detention Center and Central Booking and Intake. The Chief will oversee emergency and on-going direct clinical care and ensure all patients are seen on a schedule determined by their clinical needs. The Chief will attend on-site meetings related to Quality Improvement, Psychiatric Review Team and Pharmaceutical Treatment Team. In addition, the Chief will participate in the telephonic on-call rotation and will have supervisory responsibility for our superb staff of Psychiatrists and Psychiatric Nurse Practitioners working in the Baltimore facilities.

The position requires Board Certification or Eligibility in Psychiatry plus two years of administrative experience. Previous correctional experience is a plus, but is not required.

MHM offers a supportive, innovative, team-oriented atmosphere and some of the best benefits including: highly competitive salaries; paid malpractice insurance; up to 36 paid days off annually including holidays; company sponsored health, life and disability insurance; CEU reimbursement; 401k with employer matching and much more.

MHM Services, Inc. is an Equal Opportunity Employer and is committed to workforce diversity.

To apply or inquire contact: Dawn Sechrest 866-604-2800 Email: dawn@mhmcareers.com

CLASSIFIEDS

EMPLOYMENT OPPORTUNITIES

Main Street Mobile Treatment Associates, Inc. is looking to hire a Psychiatrist to join our mobile treatment team serving patients diagnosed with chronic mental illness in community settings. Our team is based in a warm and collaborative office setting located in Northwest Baltimore County in the historic Glyndon area, twenty minutes northwest of downtown Baltimore City. Our clients are located across Baltimore County. This is not your typical psychiatrist position, and as such, we encourage any interested applicant to inquire. The psychiatrist is always accompanied by an assistant into the community. There is NO on call coverage required for this position. And, NO weekend hours. The position is ideally a full time position with some ability to negotiate exact hours during the work week, but part time applicants would be given full consideration, as well. The clients served in the program range from children through adults. This position could work with all age ranges or adults only. Clients represent diverse backgrounds, races, socioeconomic status, and present with a range of DSM diagnoses. The Psychiatrist interacts with a multidisciplinary team of clinicians. Within the agency, the psychiatrist also has the opportunity to interact and collaborate with other psychiatrists. The salary is competitive and commensurate with experience. Any interested applicants should submit a CV and letter of interest to Dr. Nicole Ryan at msmta2001@gmail.com.

LifeBridge Health, Department of Psychiatry, is seeking an adult psychiatrist for an exciting opportunity in our comprehensive system of care, with treatment settings at Sinai Hospital of Baltimore and Northwest Hospital in Randallstown. Inpatient Psychiatry: F/T opening to join group practice of 14 psychiatrists. Psychiatrist will deliver and manage treatment services provided to hospitalized psychiatric inpatients using a multidisciplinary team model. Psychiatrist will also provide general hospital and emergency room consultation/liaison services with support of midlevel psychiatric practitioners (advanced practice nurses and licensed social workers). Position offers highly competitive compensation and an exceptional benefits package. Contact Samuel E. Adler, M.D., Psychiatrist-in-Chief, Sinai Hospital of Baltimore, Inc., 2401 W. Belvedere Avenue, Baltimore, MD 21215. Ph: (410) 601-5461. Fax: (410) 601-4458.

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

ADULT PSYCHIATRIST: medication consultant for busy private practice in Severna Park, MD. Set your own hours and hourly rate regardless of collection. No overhead. Friendly staff, newly renovated office suite. Contact John Driscoll PhD at babh1@verizon.net or call 410-315-7864.

Oasis Mental Health is seeking a general psychiatrist with excellent skills to work at our outpatient clinic in Annapolis, MD. It is a part-time position for evenings and some Saturdays. Oasis is an urgent care private clinic treating patients by appointment with acute mental health issues. Our program focuses on getting patients into treatment within 48 hours of calling for an appt., and treatment is short term. The referrals primarily come from primary care, pediatrics, and the community hospitals. For consideration, please contact Kathy Miller at kathymillerma@aol.com. Or 410-268-8590. Also, our website is oasismentalhealth.net.

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).

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 Kim Bright, M.D. Clinical Director, 6655 Sykesville Road, Sykesville, MD 21784. For questions, call (410)970-7006 or e-mail mailto:kim.bright@maryland.gov. EOE

CLASSIFIEDS

EMPLOYMENT OPPORTUNITIES

Psychiatrist – Part-Time: Jewish Community Services is seeking a Part-Time (Contract) (5-10 hrs/week flexible hours) Psychiatrist for our outpatient mental health center. Experience: Minimum 2 years' experience in your field and Psychiatric Resident or Fellow, Child and adolescent experience a plus. Education: MD; Licensed in Maryland, DEA certification, liability insurance. Please submit your resume and cover letter online using the following URL: <https://home.eease.adp.com/recruit/?id=10157231> or fax to 443-200-6108. JCS is an equal opportunity employer. EOE

Immediate Opening for Adult Psychiatrist at University of Maryland, St. Joseph Medical Center Inpatient/Partial Hospitalization Program. Competitive Salary and Excellent Benefits. Maryland MD license required. CED PA - Physician Group at University of Maryland St. Joseph Medical Center To Apply: EMAIL your CV with cover letter to Steven Crawford, M.D. at stevecrawford@umm.edu University of Maryland St. Joseph Medical Center is a member of the University of Maryland Medical System, a multi-hospital system with academic, community and specialty service missions reaching every part of Maryland and beyond. Find out more about UM SJMC at www.stjosephtowson.com.

PART -TIME CHILD AND ADOLESCENT PSYCHIATRIST: The outpatient child and adolescent clinic at Franklin Square Hospital is expanding. We currently have 5 board-certified child psychiatrists on staff and are adding another part-time position (20-24 hours). We are located in Rosedale in Eastern Baltimore County, just off I-695. We offer flexible hours, CME reimbursement, 6 weeks paid time off, 403B match, and medical benefits. We have a collegial atmosphere, an interesting mix of patients, and excellent interdisciplinary staff. Please fax CV to Stephen Pasko, Director at 443.777.2060 or call 443-777-7925 for details.

AVAILABLE OFFICE SPACE

Pikesville/The Executive Center: Cheerful, bright furnished office for rent in suite shared by experienced mental health professionals. Available Monday and Friday 7am to 9pm, Thursday 12noon to 9pm, evenings after 7pm and most Saturdays. Shared waiting room, handicapped accessible building, plenty of free parking. Minutes from 695 exit 20. Call Betty Tuesday thru Thursday from 9am to 5pm at 410-602-1690.

Ellicott City – Full time (unfurnished) and part-time (attractively furnished) offices in established, multi-disciplinary mental health suite. Ample parking and handicapped access. Expansive, welcoming waiting rooms with pleasant music throughout. Private staff bathrooms, full size staff kitchen with refrigerator, microwave, dishwasher, Keurig coffee and teas. Staff workroom with mailboxes, photocopier, fax machine, secondary refrigerator and microwave. Wireless internet access available. Plenty of networking and cross-referral opportunities with colleagues who enjoy creating a relaxed and congenial, professional atmosphere. Convenient to routes 40, 29 and 695. Contact Dr. Mike Boyle at 410.465.2500.

Navigating your way through
Maintenance of Certification
doesn't have to be this confusing.



The district branches of APA's Area 3 are proud to present **five opportunities** for MOC trainings this fall!

Choose the one that works for you!

September 20: **Baltimore, MD**
September 27: **Parsippany, NJ**
October 11: **Pittsburgh, PA**
October 18: **Bethesda, MD**
October 25: **Philadelphia, PA**

REGISTER ONLINE NOW!

Only \$50 for APA/MPS Members
Includes 4.5 hours CME credit and meals!

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.
Paul E. Ruskin, M.D.
Daniel J. Safer, M.D.

SUPPORT WHEN YOU NEED IT MOST

“Winning or losing a case depends on a solid defense and credible testimony from expert witnesses.

We only consider firms that have demonstrated expertise and success in defending psychiatric malpractice actions. Our equally accomplished expert witnesses have proven critical in the defense of malpractice claims. We only retain experts of the highest caliber with experience in the particular subspecialty each case involves.

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