



MPS NEWS

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Editor: Heidi Bunes

May 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, June 10
at 8PM
in the MPS office.

President's Column

Membership Matters

As I begin my year as MPS president, I cannot begin to thank all of the many people who have guided and mentored me along the way; it has certainly been a wonderful education. I think the word most apt to describe our current MPS leadership is "collegiate," and I believe our organization thrives as a result.

During my service on the Executive Committee, I have been impressed by the respectfulness of all its members for each other. I don't think you will find two people more different in personality than Andy Angelino and Elias Shaya, but each brought to the table an enormous wealth of administrative knowledge, and a dogged loyalty to the population we all serve, resulting in an atmosphere of mutual trust and collaboration.

Scott Aaronson has been a wonderful mentor. He has guided me wisely, letting me make my own mistakes, and forgiving me for them. His sense of humor is legendary, and belies a formidable intelligence and the ability to quickly assess any situation, which has enabled us to simultaneously solve the many crises that arise, while preserving the overall health and mission of the organization.

Which brings me to my main point; our organization is only as strong as its membership. Like most organizations, we are having to deal with difficult fiscal realities. My entrée to the Council and Executive Committee was through the Membership Committee, where I was flawlessly mentored by Joanna Brandt. Because of the efforts of the committee, staff and Council, we have one of the most stable dis-

trict branch organizations in the APA; however clearly problems remain. Younger psychiatrists aren't joining, and it's clear from our outreach efforts that too many people feel disengaged from both the MPS and the APA.

As we begin to negotiate all the challenges that face us in the next few years - the implementation of the Affordable Care Act, the many effects of changes in gun laws, the enactment of an assisted outpatient treatment law in Maryland, and the continued erosion of our scope of practice, we need the organization to guide us. We don't always agree on the issues, but without the MPS, who is there to negotiate a place at the table for us and represent our interests?

I have been impressed that in discussing the outpatient treatment laws, members have expressed their views eloquently on the listserv, even taking the time to come to Council meetings to have their voices heard. This continues a tradition of active and engaged membership. I welcome any member's calls to MPS staff, and encourage attendance at Council meetings. As individuals, we don't always agree on the details, but I believe we are all united in advocating for our patients and our profession.

Many of you may not be able to be more involved than you already are. We are all busy, and the thought of taking on one more thing is daunting, but I can assure you that whether you contribute by serving on committees, running for Council, or by paying your dues, each of you is a valued asset. Please don't register dissent by letting your membership lapse or by resigning; I urge you to make your opinion count and your voice heard, and even if you can't

(Continued on next page)

volunteer your time, let your colleagues and friends know how much you value the MPS and encourage them to become members. It can sometimes be difficult to justify the cost, but what is the cost of having no organization to represent us?

As secretary-treasurer, I had to make some very difficult decisions to ensure our financial health. I still hear people's opinions regarding our on-line publications and other cost-saving measures, but we can no longer count on outside monies for CMEs, and have had to limit dues raises in the face of declining membership. Despite these setbacks, we have continued to provide our membership with the quality services they deserve and expect.

Our Legislative Committee, led by Jennifer Palmer, and supported by our lobbyists, Sean Malone, Lisa Harris, and especially Philip Cronin, did Trojan work during this mercurial legislative session. (As an aside, I believe Phil is the only person in our group who can appreciate my passion for Brian O'Driscoll and the men of the Irish rugby team!)

Our Early Career Psychiatrist Committee, led by Margo Lauterbach and the seemingly ubiquitous Andy Angelino, have won grant money from the APA to establish programs to help and guide our members through the arduous process of Board re-certification.

The Membership Committee, led by Susan Lehmann, continues to work tirelessly to prevent further erosion of our membership base, while Nancy Wahls and the Editorial Advisory Board have done an amazing job of publishing *The Maryland Psychiatrist* on-line.

In addition, Drs. Shaya, and Angelino (again) provided quality training, at no cost to the MPS, to help us all navigate the new realities of DSM and CPT changes.

None of this would have been possible without the tireless, and underpaid efforts of our staff; Heidi, who in her quiet unruffled way, provided me with assurances and hope, as I faced a deficit budget on my first day as secretary-treasurer; Meagan, whose creative and formidable organizational abilities make everything seem quite manageable, and Kery, whose good humor and ability to recall the names of people on organizations I have never even heard of is amazing.

I am looking forward to continuing the work this year with them, with Brian Zimnitzky, the president-elect, with Merle McCann, our new secretary-treasurer, and with you, our members.

Sally Waddington, M.D.

Congratulations to MPS Paper of the Year Award Winners!

This year the MPS Academic Psychiatry Committee developed an MPS "best paper" award recognizing outstanding papers authored by Maryland psychiatrists and published in 2013. A selection subcommittee was established with representation from Hopkins, Maryland, and Sheppard Pratt – our three major research/teaching institutions. Several submissions of excellent papers were received after soliciting nominations from department chairs or their designees, as well as MPS members through this newsletter. Entries were considered for awards in three categories. Following are the winners who were selected in April and recognized at the MPS annual meeting:

Resident/Fellow: Carol Vidal, M.D., M.P.H. (University of Maryland) for a paper entitled "[Meta-Analysis of efficacy of mirtazapine as an adjunctive treatment of negative symptoms in schizophrenia.](#)"

Early Career: Maju Koola, M.D. for "[Relief of cannabis withdrawal symptoms and cannabis quitting strategies in people with schizophrenia.](#)"

Open category: Rebecca Birnbaum, M.D. for "[Functional neuroimaging and schizophrenia: a view towards effective connectivity modeling and polygenic risk.](#)"

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.

Sadiq H. Al-Samarrai, M.D.

General Member

Alexandra Krugler Rice, M.D., M.A.

Resident Fellow Member

Jin Hui Joo, M.D.

General Member

Lisa Kebejian, M.D.

Resident Fellow Member

Michael Silverberg, M.D.

Resident Fellow Member

Jacob Taylor, M.D., M.P.H.

Resident Fellow Member

Archana Varma, M.D.

Resident Fellow Member

Margaret Horton Yarnall Heine, M.D.

Resident Fellow Member

April 8 Council Highlights

Executive Committee Report

Dr. Aaronson reported on a CMS announcement about Congress delaying implementation of the ICD 10 codes until October 2015. On March 31, the MPS sponsored a luncheon for Johns Hopkins residents. It was well attended, with MPS members Drs. Ray DePaulo, Susan Lehmann, Geetha Jayaram, and Andy Angelino joining the residents and Meagan Floyd from the MPS staff. To date four new applications for membership have been received from those present. Dr. Aaronson will coordinate a similar event at Sheppard Pratt in the near future.

Executive Director's Report

Mr. Hummel reported that the collaborative efforts on the MOC grant among the Area 3 District Branches have begun in earnest. The venues for the five trainings and contact info have been identified by each DB. Both the APA and ABPN will participate in each training. A hands-on part of the training will include working on laptops to walk physicians through the process. Mr. Hummel said he will attend the APA annual meeting and the Area 3 meeting in New York City, as well as the DB meeting and seminars about membership and MOC. He announced that the MPPAC Phonathon will be May 18th at Sheppard Pratt Conference Center.

Secretary-Treasurer's Report

Dr. Zimnitzky provided the third quarter MPS financial report. Total assets are \$346K, reflecting an increase of \$4K over last year at this time. Net property and equipment are up \$7K from last year; however, we have deferred capital needs for a website and database. Council made a decision in 2013 to create an MPS investment reserve fund of \$80K which has increased by about \$1K in unrealized gains. Net assets are up \$6K due to the positive bottom line to date. The MPS has sufficient cash on hand to meet liabilities and fund capital expenditures. Comparing actual revenues and expenditures to the budget for FY14 to date, total revenues of \$248K are \$10K over budget, total expenses of \$237K are \$29K less and the \$11K bottom line is \$40K better than budget to date. However, \$12.5K of the bottom line reflects two APA grants awarded this fiscal year that were not originally budgeted. Under expenses, no legal fees have been incurred, health insurance is \$4K under budget, and database hosting expenses have not been incurred. However, compared to a year ago, revenue to date is down \$12K which reflects a continuing decline in income. *MPS News* income is down by \$2K over last year, we no longer have the peer review contract, and meeting revenue is \$13K less than last year.

Nomination and Elections Committee Report

In Dr. Angelino's absence, Dr. Aaronson announced the results of the 2014 MPS elections. [See page 4 for new leadership.]

Legislative Committee Report

Dr. Palmer stated that the General Assembly ended at midnight on April 7. She provided an update on the disposition for all legislation being followed by the MPS Legislative Com-

mittee. Lynette's Law ([HB33](#)) prohibiting sexual contact between a patient and a counselor or therapist never had additional language added to include psychiatrists or psychologists. It had a hearing on the final day in Senate and never got out of committee. This is the second year this bill has been introduced and it may be introduced again next year. The legislation surrounding court-ordered Emergency Evaluations for Mental Disorders ([HB44](#)) as part of domestic violence proceedings died in committee. Legislation for telemedicine has been signed by the Governor. The ACT bills ([SB882/](#)[HB1267](#)) received favorable votes in their respective House and Senate committees. They have been modified to authorize a Stakeholder Workgroup to convene and make further recommendations regarding an Assertive Community Treatment (ACT) program for outpatient services. The Assisted Outpatient Treatment ([HB767/SB831](#)) legislation was withdrawn in the House and did not receive a hearing in the Senate. This issue will be addressed by the Stakeholder Workgroup. The bill that sought to modify standards for emergency evaluations and involuntary admissions ([SB67/](#)[HB606](#)) was withdrawn from both the House and Senate committees. This issue will also be addressed by the Stakeholder Workgroup which was convened as a result of SB 882. Legislation for the Administration of Medications by a Clinical Review Panel ([HB592/SB620](#)) was approved with amendments drafted by DHMH with MPS input. The bill as amended would change the dangerousness standard for all committed patients in a way that helps to resolve some issues of the Kelly decision but also makes it vulnerable to constitutional challenges by the Maryland Disability Law Center. The legislation has yet to be signed by the Governor. Disclosure and Reporting ([SB807/HB1339](#)) of a mental illness for purposes of obtaining a driver's license died in both the respective Senate and House committees for lack of a vote. MPS opposes this legislation and there was little to no support in the legislature for passage. Failure to report Child Abuse ([SB210/HB1053](#)) received an unfavorable report from its respective House and Senate Committees. It did not pass even though Senator Kelley agreed to all modifications and just creating a task force to study the issue. The Naturopath bill ([SB314/HB402](#)) passed with amendments and has been signed by the Governor. Naturopaths will be under the Board of Physicians and must have a collaborative agreement with a licensed physician. Medical *Marijuana* bills ([HB881/SB923](#)) passed the House and Senate, a joint committee resolved differences between the two bills, and the final revised bill passed and was signed by the Governor. Step Therapy or Fail-First Protocol legislation ([SB622/HB1233](#)) passed both the House and Senate but has not yet been signed by the Governor.

Program and CME Committee Report

Dr. Aaronson provided the report in Dr. Sandson's absence. The *Silver Linings Playbook* movie CME event at Sheppard Pratt had 23 participants and lost about \$700. The Maintenance of Certification trainings will be a joint project among Area 3 DBs that is funded by the APA and the Area 3 Council. There will be five trainings beginning September 20 in Balti-

(Continued)

(Council continued) more and concluding October 27 in Philadelphia. Separate trainings will be in Washington DC on October 18, Pittsburgh on October 11, and New Jersey on September 27. Printed information will be disseminated through a save the date card and a brochure on the entire program with exact locations, dates and registration information.

Membership Committee Report

The MPS member drop list was circulated to all Council members. It contains over 70 names of individuals who have not paid their 2013-2014 MPS dues. This list does not include the APA drop list that will be forthcoming in May. Council members were urged to contact colleagues on the list and encourage them to continue their membership. Members must belong to both the APA and the MPS to be in good standing.

APA Integrated Healthcare

Dr. Shaya reported on an APA event he attended at the National Press Club in Washington that announced the release of two reports on integrated care: "The Role of Psychiatry in Health Care Reform" and "Economic Impact of Integrated Medical-Behavioral Healthcare: Implications for Psychiatry." Links to both of these reports can be found on the [APA webpage for the event](#).

Farewell to Outgoing Council Members

Drs. Ann Hackman and Susan Lehmann have served two full terms as Councilors and will be leaving Council as voting members; however, they continue to serve as chairs of the Public Psychiatry Committee and the Membership Committee respectively and will remain Invited Guests at Council.

Business Meeting-Change of Officers

Dr. Elias Shaya expressed his thanks for the Council's support over the past four years while he served on the Executive Committee and especially during his presidency. He will continue to serve as a Past President on the Council for two more years. Dr. Shaya welcomed Dr. Aaronson as the new MPS Council Chair for its next meeting in June.

Data for Inpatient Psychiatric Facilities Posted On Hospital Compare

On April 17, [CMS announced](#) that quality measures from inpatient psychiatric facilities will be publicly reported on Hospital Compare, a consumer-oriented website that provides information on the quality of care hospitals are providing to their patients. Hospital Compare now features [data from 1,753 inpatient psychiatric facilities](#) on patient care for the period of October 1, 2012 through March 31, 2013, allowing consumers to directly compare facilities based on:

- Hours of physical restraint use
- Hours of seclusion use
- Post-discharge continuing care plan created
- Post-discharge continuing care plan transmitted to next Level of care provider upon discharge

Technical issues caused the two measures below to be suppressed; however, CMS expects to post data for these measures in April 2015:

- Patients discharged on multiple antipsychotic medications
- Patients discharged on multiple antipsychotic medications with appropriate justification

Data reported on Hospital Compare are collected as part of the CMS Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program, as required by the Social Security Act, amended by the Affordable Care Act. In addition to the IPFQR Program, Hospital Compare also reports quality measure data from the CMS Hospital Inpatient and Outpatient Quality Reporting Programs and Hospital Value-Based Purchasing Program. Find out more at [Hospital Compare](#).

MPS Representatives Elected 2014

President-Elect

Brian Zimnitzky, M.D.

Secretary-Treasurer

Merle McCann, M.D.

Councilors

Eric Anderson, M.D.	Karen Swartz, M.D.
Hinda Dubin, M.D.	Patrick Triplett, M.D.
Laura Gaffney, M.D.	

Nominations and Elections Committee

Susan Lehmann, M.D.
Elias Shaya, M.D.

APA Assembly Representative

Robert Roca, M.D.

Code of Medical Ethics to be Updated

The AMA is continuing its process to update the *Code of Medical Ethics*, requesting that members comment on the updated draft language that will serve as the basis for physicians of the future. The AMA Council on Ethical and Judicial Affairs (CEJA) is in the final stages of modernizing the 167-year-old *Code*, last updated more than 50 years ago. AMA members can review each chapter of the updated Code and comment on a public forum, where suggestions and remarks will be visible to other AMA members. Physicians also may review each chapter for continuing medical education (CME) credit through an online activity in which suggestions and remarks will not be made public. [Read more](#).

Medicare News & Updates

Next Steps in Medicare Data Transparency

CMS [announced](#) another major step toward health care system transparency and accountability that began April 9. It [released](#) to the public the number and type of health care services that more than 880,000 individual physicians and certain other health care professionals delivered in 2012, and the amount Medicare paid them out of its \$77 billion total payments in 2012 for services delivered to beneficiaries under the Medicare Part B Fee-For-Service program. The AMA has noted [three points](#) that physicians should bear in mind.

The intent of publishing this data is to help consumers make more informed choices about the care they receive. The data (available in tab delimited and Excel formats) make it possible to conduct a range of analyses that compare 6,000 different types of services and procedures, as well as payments received by individual health care providers. CMS will not publicly release any personally-identifiable information about beneficiaries, and will redact all data in cases where it includes fewer than 11 beneficiaries. The AMA has [noted](#) potential problems with the data release and has advocated that physicians be permitted to correct inaccuracies in their data before they are published. This new initiative builds on work last year to release information on charges submitted to Medicare by individual hospitals. [Read more.](#)

EHR Hardship Exception Applications Due July 1

Medicare providers who were unable to demonstrate EHR meaningful use for 2013 can request [hardship exceptions](#) to avoid the upcoming Medicare [payment reductions](#) for the 2013 reporting year, which will begin on January 1, 2015 for eligible professionals. Complete a hardship exception application, including supporting documentation that proves demonstrating meaningful use would be a significant hardship. CMS will review applications to determine whether or not hardship exception are granted. **Applications for the 2015 payment adjustments are due July 1.** If approved, the exception is valid for one year. The EHR website has applications for:

- [Eligible professionals](#) (EPs)
- [EPs submitting multiple NPIs on a Single Form](#)

PQRS Participation

A new [digital resource](#) from the AMA offers participation tools that can help physicians select the most relevant measures for reporting in Medicare Physician Quality Reporting System (PQRS). The eBook includes descriptions of quality measures, instructions for reporting, a worksheet, and more. [Click for details.](#)

Visit the [APA PQRS page](#) for background and measures that are pertinent to psychiatrists.

Those who reported at least one PQRS quality measure in 2013 via claims-based reporting can view the data using the 2013 PQRS Interim Feedback Dashboard, which displays the status of measures and how well the PQRS requirements are met. It is available through the [Physician and Other Health Care Professionals Quality Reporting Portal](#) with Individual Authorized Access to the CMS Computer System (IACS) sign-in. For assistance, check the [User Guide](#) and [IACS Quick Reference Guides](#) (how to request an IACS account). Please note that 2013 data submitted via methods other than claims will be available for review in the fall.

Information is also available for [avoiding the 2016 PQRS payment reduction](#) and [earning the 2014 payment incentive](#) (see page 7 of the newsletter).

ICD-10

SGR Cut, ICD-10 Implementation Both Delayed One Year

Last month, President Obama signed H.R. 4302, which includes a one year SGR patch that continues the temporary rates in effect in early 2014, delaying the 24% cut in Medicare fees until April 1, 2015. CMS is currently revising the 2014 MPFS to reflect the new law's requirements as well as technical corrections identified since publication of the final rule in November. For your information, the 2014 conversion factor is \$35.8228. The AMA and other physician groups were disappointed that Congress chose to pass a 17th temporary patch to Medicare's SGR physician payment system rather than enact the permanent payment reform measures focused on quality of care. According to the AMA, the bipartisan collaboration that had characterized the policy development phase collapsed when it came to paying for the legislation. The bill also includes a one year delay of the transition to the ICD-10 diagnostic coding system until October 1, 2015.



Maryland News

MD Responds

[MD Responds](#) is the Medical Reserve Corps (MRC) for the State of Maryland that is part of a nationwide network of volunteer programs that respond to local emergencies and ongoing public health efforts. Disaster can strike at any time. If you are willing to help your community prepare for and respond to such emergencies, consider registering as an MD Responds volunteer. [Click here](#) for more details.

Center for the Employed Physician

The Center for a Healthy Maryland's Center for the Employed Physician offers resources and services to assist physicians considering entering into or continuing in employment situations. For an information brochure, [click here](#). A Maryland Model Physician Employment contract and a Primer on Self-Referral Laws are now available to MedChi members. Also available by request are referrals for assistance from attorneys, accountants, practice managers and investment professionals. Resources for physician compensation information by specialty and region are posted on the [Center for a Healthy Maryland's website](#), in addition to presentations of five CME speakers. For more information, please call Erin Krell at 1-800-492-1056, ext. 3325.

Election Year Campaign Finance Update

In light of the April 2 Supreme Court decision in *McCutcheon*, the Maryland Attorney General's Office and the State Board of Elections have confirmed that Maryland's aggregate contribution limit is unconstitutional and may not be enforced. A person can now make unlimited contributions to candidates and PACs; however the amount given to any one PAC (political action committee) cannot exceed \$4,000 during an election cycle. The amount will change from \$4,000 to \$6,000 beginning January 1, 2015. Anti-circumvention restrictions and restrictions on PAC transfers continue. The MPS government relations team at Harris Jones & Malone has provided this update. If you have questions, please contact Kery Hummel at khummel@mdpsych.org or the State Board of Elections at 410-269-2840.

Maryland NAMIWALKS 2014

May 31st 3 - 6 p.m.

West Shore Park, Baltimore Inner Harbor

[Form a walk team or be a walker and/or donor.](#)

See [page 9](#) for Maryland Medicaid Quantity Limits Update

Maryland State Healthcare Innovation Plan

On March 31, DHMH submitted Maryland's [State Healthcare Innovation Plan](#), the main deliverable due to CMS as part of the "[SIM Model Design](#)" planning grant that DHMH received in February 2013 to design what was put forward as the "Community-Integrated Medical Home." This model of care would integrate patient-centered medical care with community-based resources while enhancing the capacity of local health entities to monitor and improve the health of individuals and their communities as a whole. The Plan describes what Maryland would propose to implement if awarded further funding to implement this model design.

In developing the Plan, DHMH mounted an intensive and extensive [stakeholder engagement process](#) between May and September of 2013 to solicit input into the design of the Community Integrated Medical Home. Much of the Plan is the product of this collaboration and feedback; however during that process, the application for the modernized all-payer hospital payment model had not yet been approved. As such, the State Healthcare Innovation Plan represents Maryland's first systematic attempt to integrate the concepts of the Community-Integrated Medical Home with the hospital payment model. It will continue to take shape as stakeholder engagement continues. Comments regarding the Plan were accepted through April 28.

Maryland Health Insurance Marketplace Update

With nearly 329,000 enrollments as of April 14, 2014, Maryland exceeded its goal of 260,000 enrollments by more than 26%. Enrollments in qualified health plans through Maryland Health Connection surpassed 66,200, and nearly 263,000 Marylanders gained Medicaid coverage in 2014. This includes the 96,000 PAC enrollees who were automatically converted on January 1 to full Medicaid coverage. Enrollment in qualified health plans continues only for those who have a qualifying life event. Medicaid enrollment is year-round.

MPS Members Out & About

Margo Lauterbach, M.D. and

Mary Kimmel, M.D. participated in the 2014 APA Advocacy Leadership Conference on Capitol Hill last month.

Help us spotlight MPS members who are out and about in the community by sending info to

mps@mdpsych.org.

Maryland Uniform Treatment Plan Update

The Maryland Insurance Administration seeks to update the Uniform Treatment Plan form. Currently, insurance organizations, health professionals including social work, psychology, psychiatry and MedChi, and the Maryland Hospital Association are collaborating on modifications. The first page will remain for outpatient information. The insurance industry would like to add a second page for information about higher levels of care, such as inpatient and partial hospitalization, residential care and ambulatory detox. Drs. Daviss, Kim and Shaya have been involved on behalf of the MPS and Dr. Tablang-Jimenez has been representing the SMPS. To participate in these discussions, please email mps@mdpsych.org.

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:

May 13

Managing Pain in Patients With An Addiction History

Janice F. Kauffman RN, MPH, LADC, CAS

Vice President, Addiction Treatment Services

North Charles Foundation, Inc.

Assistant Professor of Psychiatry, Harvard Medical School

www2.gotomeeting.com/register/566690482

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

National Prevention Week May 18-24

SAMHSA is hosting National Prevention Week May 18 – 24, 2014. Each day of the week has a theme:

- Sunday, May 18: Prevention and Cessation of Tobacco Use
- Monday, May 19: Prevention of Underage Drinking
- Tuesday, May 20: Prevention of Prescription Drug Abuse and Marijuana Use
- Wednesday, May 21: Prevention of Alcohol Abuse
- Thursday, May 22: Prevention of Suicide
- Friday, May 23: Promotion of Mental Health

For more information, please visit <http://beta.samhsa.gov/prevention-week>.

May 8 - National Children's Mental Health Awareness Day

[National Children's Mental Health Awareness Day](#) helps raise awareness about the importance of children's mental health. Cities and towns across the nation participate by planning local events on the declared day and throughout the year. SAMHSA has posted materials and resources that can help make community efforts a success. The national launch event for Awareness Day 2014 takes place on May 6 and will focus on the unique needs of young adults, ages 16 to 25 years, with mental health challenges, and the value of peer support in helping young adults build resilience in the four life domains of housing, education, employment, and healthcare access. Beginning on April 15 and through Awareness Day on May 8, SAMHSA is hosting a "hashtag showcase" where young adults across the country who have experience with mental and/or substance use disorders can share their personal stories of resilience and peer support. Using the hashtag **#IGetSupportFrom**, young adults will have the opportunity to share photos, videos, tweets, and status updates showing how peer support has helped them tackle challenges related to housing, education, employment, and health care in messages posted on Twitter, Facebook, Instagram or Tumblr. [Read More](#).

Free HIPAA Risk Assessment Tool

Physicians in small to mid-sized practices can conduct their own risk assessments using a [free tool](#) newly [available from HHS](#). The security risk assessment (SRA) tool is designed to evaluate potential security risks in their organizations under the HIPAA Security Rule. Conducting an SRA also is a core requirement for physicians seeking payment through the federal meaningful use program for electronic health records. [Read more](#).

Inaugural Michael Edelstein, M.D. Physician Humanitarian Award

The Sheppard Pratt Health System announced the recipients of its new Michael Edelstein, M.D. Physician Humanitarian Award, who are Dr. Jason Addison, Service Chief of Sheppard Pratt's Young Adult Unit and Dr. Dennis Kutzer, Service Chief of Sheppard Pratt's Adult Specialty Unit. Created in honor of the late Dr. Michael Edelstein, a dedicated staff member and physician from 1984-2012, the award recognizes physicians who dedicate their time to fulfilling the needs of patients, colleagues and friends in a selfless and extraordinary way, and donates \$500 to the Patient Care Fund in the winner's name. Dr. Addison graduated from The University of Texas Medical School at Houston and completed his residency at Johns Hopkins before coming to Sheppard Pratt in 2007. Dr. Kutzer graduated from and completed residency at the University of Maryland and has been working in clinical psychiatry since 1981. More than 25 physicians were nominated for the internal award by Health System colleagues.

APA Information

March APA Board of Trustees Meeting Highlights

The Health Care Reform Strategic Action Work Group, chaired by Dr. Howard Goldman, has been widely surveying the rapidly changing healthcare scene to keep APA in the forefront of developments. Nearly ready are toolkits to help psychiatrists and planners developing expanding services in state Medicaid plans. Also being prepared is a white paper to provide an overview of how quality measures will affect psychiatric practice as the healthcare system evolves.

Brisk DSM-5 sales continue, and parallel a nice increase in APA's overall investment portfolios. DSM-5 is the best-selling medical textbook in history. Regarding DSM-5's future, the Board approved the framework presented by a work group chaired by Dr. Paul Appelbaum for making changes to the manual as scientific advances alter clinical practice. The report recognized that stability of psychiatric diagnosis is important; however, at the same time a DSM Steering Committee will be appointed, not limited only to APA members, to evaluate new developments and proposals for change. Also the DSM-5 website will be expanded "to allow interested parties to submit concerns about current criteria or proposals for new criteria or disorders." This will also increase the transparency of the revision process. As changes are approved, they can be reflected in the online edition of DSM. And periodically, perhaps every 5 years, a new DSM edition (e.g. DSM-5.1) can be published in hard copy.

APA's ongoing initiative to enforce parity laws (so that patients can have the insurance benefits for which they and their employers have paid) continues aggressively, with an ongoing campaign of litigation combined with strategic public relations.

The Board and its Research Advisory Committee are working to shape the extent and structure of APA's research activities going forward.

Medical Director/CEO Dr. Saul Levin presented ongoing reorganization of association activities, and the search for a new Chief Communications Officer.

Total APA membership in January 2014 stood at 35,003, a 3.4% increase from the prior year. Dues-paying members have also shown slow but welcome growth.

The Board also appointed a work group including APA staff to evaluate options regarding APA endorsement of liability insurance companies.

The American Psychiatric Foundation reported on its exciting programs, including *Typical or Troubled*, a program for schools; the *Healthy Minds* PBS TV Series; and Partnership for Workplace Mental Health, as well as a major new initiative for depression in the workplace called *Right Direction*.

*Brian Crowley, M.D., DLFAPA
Area 3 Trustee*

APA Advocates for Increased Medicare Payments to Cognitive Specialists

APA and six other medical groups are urging the Medicare Payment Advisory Commission to realign payment in the Medicare program to reward cognitive specialists as it makes recommendations for incentivizing primary care. An [April 10 letter](#) emphasized that as the commission works toward this goal, the appropriate distinction is between physicians who primarily provide evaluation and management (E&M) services—such as cognitive specialists—and those who provide procedural care.

Apply for 2014 Psychiatric Services Achievement Awards

The APA invites applications for its 2014 competition recognizing national models of creative service delivery. **Apply online by May 12.** Innovative programs that deliver services to people with mental illness or mental disabilities that have overcome obstacles, and that can serve as models for other programs should enter the 2014 Psychiatric Services Achievement Awards competition. Programs can be based in a school, a clinic, a hospital, or the community itself, and can provide unique human resource development, prevention, or administrative models that improve clinical care. Two Gold Achievement Award winners will be chosen—a community-based program and an academically or institutionally sponsored program. Silver and Bronze Award winners may also be selected. [Click for more information.](#)

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 the [APA website](#) for more details and a link to the application.

Resources for Parents and Families

APA and the American Academy of Child and Adolescent Psychiatry have developed informative [medication guides](#) that can help parents help their kids. These resources use straightforward language to describe treatment for depression, bipolar disorder and ADHD, the latter available in both English and Spanish.

Medicaid Quantity Limits Update

The [Maryland Medicaid Pharmacy Program](#) (MMPP) has updated its Quantity Limits list. A quantity limit is the maximum amount of a drug covered over a certain period of time. Typically, quantity limits are used to encourage appropriate drug use and contain drug costs. They are based on FDA approved labeling and evidence-based guidelines that are in line with best practice standards. **Effective April 11, 2014**, three new therapeutic classes of drugs have been added and other drugs have been updated.

- Latuda 80 mg. tablet is added at 2/day;
- Lyrica 200mg. capsule is now 3/day;
- Risperdal (risperidone) tablets are now 4/day for all strengths;
- Seroquel (quetiapine) tablets are now 4/day for all strengths;
- Seroquel XR 300mg. and 400mg. tablets are added at 2/day;
- Zyprexa (olanzapine) tablets are now 2/day for all strengths;

The new additions and changes to the maximum quantity limits program are highlighted in yellow in [Advisory No. 142](#).

Tax Fraud Alert

MedChi has published information from the Indiana State Medical Association (ISMA) regarding a possible nationwide fraud scheme. The ISMA has received multiple reports of an IRS tax scam directed at physicians. According to the reports, someone is filing fraudulent federal income tax returns using physician names, addresses and Social Security numbers. The majority of the reports have been about Indiana physicians, but the ISMA has also heard of an out-of-state physician being impacted. The IRS has not issued an alert on this problem. For more information, including next steps if you suspect you are a victim, [click here and scroll down](#).

From [March 31 MedChi News](#)

How Mental Health Professionals Can Prevent Bullying

This [Bullying.gov blog post](#) discusses what mental health professional can do to prevent bullying. Because of their training, expertise, and collaborations with others in schools and communities, mental health professionals can play critical roles in preventing bullying and helping to lessen its effects.

CLASSIFIEDS

EMPLOYMENT OPPORTUNITIES

Part-time: well qualified, personable Psychiatrist interested in working with geriatric/medically ill patients in long-term care facilities in the Baltimore area. Flexible schedule. Excellent pay. Growth opportunity with expanding consultation practice. E-mail CV to: nramesh@pgs-nhcare.com mail to: Psychogeriatric Services 12073 Tech Rd, Suite B, Silver Spring, MD 20904.

The Johns Hopkins Hospital Community Psychiatry Program is recruiting a board eligible/board certified adult psychiatrist to work full-time in their outpatient program. The program uses a multidisciplinary approach to provide care to those with a wide range of psychiatric disorders. For more details please contact Dr. Bernadette Cullen, Director, Community Psychiatry Program at 410-955-5748 or email: bcullen@jhmi.edu.

PSYCHIATRIST – At the Division of Psychiatry, Good Samaritan Hospital, we have a temporary and part-time position available. This position needs to be filled for May and June with an opportunity for increased hours in July. Ideally, this is a half time position for a capable, independent contractor. Our position is a combination of regular office-based outpatient treatment, and inpatient consultations. For more information, please contact Ed Matricardi, Operations Director, at 443-444-2237, or email at ed.j.matricardi@medstar.net.

Cornerstone Montgomery Inc. a non-profit serving 2,000 adults w/MI in Montgomery Co. seeks F/T psychiatrist to provide a variety of mental health services, including EBP w/ multi-disciplinary team. Flexible, creative, with focus on collaboration and recovery. Send resume to Helen Gillespie at alex.zecha@cornerstonemontgomery.org.

Classifieds Continued
on Next Page!

Have You Paid Your 2013-2014 Membership Dues?

A final vote on MPS dues drops will occur at the Council meeting in June. Invoices will be mailed again in early May. If you are unsure whether your July 1, 2013 to June 30, 2014 MPS dues are paid, please call 410-625-0232 or email mps@mdpsych.org.

CLASSIFIEDS—CONTINUED

EMPLOYMENT OPPORTUNITIES

General Psychiatrist FT needed for a General Adult Inpatient/Partial Hospitalization unit in a Towson, MD based medical facility. ECT experience preferred not required. Maryland MD license required. Competitive salary and benefits offered. Send C.V. and cover letter to Steven Crawford M.D at 6535 North Charles Street, Suite 300, Baltimore MD 21204. You may also fax your C.V. and cover letter to 410-938-5250 or email to steven Crawford@umm.edu.

Frederick County Behavioral Health Services is seeking a full time, benefitted adult psychiatrist for outpatient mental health clinic, to provide medication evaluation and management services. Flexible hours, full admin support, multidisciplinary team, no on call required. Must be board certified or board eligible and possess current Maryland license. Please go to <http://jobaps.com/MD/> to apply.

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 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 kim.bright@maryland.gov. EOE

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.

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).

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.

STAFF PSYCHIATRISTS - LifeBridge Health, Department of Psychiatry, is currently seeking **psychiatrists** to supplement our **weekend inpatient coverage pool** for Sinai Hospital of Baltimore and Northwest Hospital Center. Psychiatrist is responsible for Sat-Sun rounding on adult psychiatric inpatients and occasional ED or General Hospital consultation. No call responsibilities or nighttime coverage required. Very competitive compensation schedule based on actual services rendered. Contact Samuel E. Adler, M.D., Psychiatrist-in-Chief, LifeBridge Health, 2401 West Belvedere Avenue, Baltimore, MD 21215. Fax: (410) 601-4458.

Outpatient Psychiatry Services at MedStar Franklin Square Medical Center is looking for a child psychiatrist to work 20-24 hours per week with 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.

AVAILABLE OFFICE SPACE

Ellicott City - sound proofed, furnished and/or unfurnished offices available. Full time and/or shared daily offices in a very congenial, multi-disciplinary mental health professional environment. Includes workroom (photocopier and fax available) and a full kitchen. Handicapped access, ample parking, private staff bathrooms, convenient to route #40, 70, 29 and 695. Contact: Dr. Mike Boyle: 410.465.2500.



CHERISHING THE DIVINE WITHIN ALL

The Child and Family Services of Catholic Charities is looking for child and adolescent psychiatrists for its community based programs in Baltimore and surrounding areas. As part of a network of mental health programs spread throughout Maryland, our programs provide outpatient services to children, adolescents, adults, and families. Our programs are staffed by dedicated mental health professionals and the programs are very pleasant and energizing places to work. Support services are ideal, both clinically and administratively. Ample time is made available to provide high-quality psychiatric assessments and medication management. We primarily serve the Medical Assistance population therefore managed care responsibilities are minimal.

Child and Family Services is a non-profit organization that operates under the governance of Catholic Charities of Baltimore. Non-religious in approach, the organization provides a variety of mental health services throughout much of Maryland, ranging from outpatient services to residential treatment. The first behavioral healthcare recipient of the United States Senate Productivity Award for excellence in performance given in Maryland, the organization is dedicated to providing the highest possible care to children, adults, and families, especially those that traditionally have had difficulty in accessing high-quality care.

Our needs are in Westminister, Baltimore and a 10 month position. We are looking for full-time or part-time psychiatry providers. Reimbursement is based on experience, location, and board certification status.

If you would like to discuss these opportunities, please call Sue Franklin, Manager of Psychiatry Services, 443-564-5005, sfrankli@cc-md.org.

SHEPPARD
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SHEPPARD PRATT PHYSICIANS, P.A.

Sheppard Pratt is currently recruiting for psychiatrists to provide services at several of our locations.

Adult inpatient psychiatrists are needed on either the Co-Occurring Unit or the Specialty Unit that primarily treats patients with symptoms of psychosis. Both units are located on our main campus in Towson, Maryland. Based on psychiatrist preference, inpatient positions can be paired with an assignment in the Day Hospital or Crisis Evaluation Services.

Weekend psychiatrists to provide inpatient services in Towson, Ellicott City or at Greater Baltimore Medical Center (GBMC). This position could either be part time or full time, depending upon the candidate's interest. Both Adult and Child & Adolescent psychiatrists are needed.

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 are highly preferred. Sheppard Pratt offers flexible, competitive compensation and benefit plans and is an equal-opportunity employer. Please contact Kathleen Hilzendeger, Director, Professional Services at 410- 938-3460 or khilzendeger@sheppardpratt.org.

SHEPPARD
PRATT
HEALTH
SYSTEM



MEDICAL DIRECTOR THE RETREAT AT SHEPPARD PRATT Towson, Maryland

Sheppard Pratt Physicians, P.A. is recruiting an experienced, board-certified psychiatrist to lead a multi-disciplinary treatment team on The Retreat at Sheppard Pratt. The Retreat is a premier residential program providing comprehensive diagnosis and intensive, highly individualized treatment for adult patients with complex presentations of mood, anxiety, substance abuse, and personality disorders.

The Retreat is located on Sheppard Pratt's main campus in Towson, Maryland approximately 20 minutes north of Baltimore's Inner Harbor. The Retreat provides services to patients who are seeking a privately funded, comprehensive psychiatric evaluation and treatment experience. The Retreat offers world class care in a first class setting with a commitment to unparalleled customer service.

The Medical Director is the leader of the clinical team and responsible for the quality of care and the oversight of all clinical activities for the program. Qualified candidates must have leadership experience, outstanding skills in psychotherapy and psychopharmacology, and expertise working creatively with patients with mood and anxiety disorders, often complicated by substance abuse and personality disorders. The psychiatrist must be board certified and possess a current license to practice in Maryland at the time of appointment. Sheppard Pratt offers a generous compensation package and comprehensive benefits, and is an equal opportunity employer.

To explore this opportunity, please contact Kathleen Hilzendeger, Director, Professional Services at 410-938-3460 or khilzendeger@sheppardpratt.org.



SPRING GROVE HOSPITAL CENTER PSYCHIATRISTS

Spring Grove Hospital Center (SGHC), a Maryland State Facility, is recruiting staff psychiatrists in Catonsville, a suburb of Baltimore, (recently ranked by Money Magazine as one of the top American cities in which to live).

Our psychiatric patient population is an interesting forensic and civilly committed group housed in treatment units on our 200 acre campus. Our practice includes consultation with psychiatric experts on campus with the Maryland Psychiatric Research Center (MPRC).

Adjustable work schedules are negotiable. Continuing medical education (CME) is organized on site to meet Maryland's Category 1 requirements. First after hours on call is provided by medicine rather than psychiatry. Monthly salaries for board certified psychiatrists are up to \$16,500 and \$15,340 for board eligible psychiatrists.

Benefits: Healthcare includes medical, vision, dental, and prescription plans. Other benefits include guaranteed income retirement; malpractice indemnification; tax deferred contributions of up to \$35,000 per year; 12 paid holidays; generous sick leave; 6 paid personal days; paid vacation up to 5 weeks per year; and options for disability are available.

Interested candidates, please visit www.dbm.maryland.gov for an electronic State application for Physician Clinical Specialist or Physician Clinical Staff position.

Kelley Phillips MD MPH Clinical Director
55 Wade Avenue - Catonsville, Maryland 21228
410-402-7596 (phone)
410-402-7038 (fax)
EOE

Call me for a quote.

Medical professional liability policies can vary widely from one company to the next. It is important for psychiatrists to know the full – and accurate – story on a policy. Whether it is reviewing the difference between occurrence and claims-made policies or explaining how another policy might leave the doctor with an uninsured risk, I have done my job when I help psychiatrists evaluate their options to make the right choice.



Richard Stagnato
Account Manager

Call us (800) 245-3333
TheProgram@prms.com
www.PsychProgram.com

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professional liability insurance.



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