

MPS NEWS

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March 2013

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

MPS News Design & Layout
Meagan Floyd

President's Column

Prior Auth's – Costly cost containment and cost shifting?

So many of us have been inundated with prior authorization requests for medications that our patients have been taking, and possibly stable on (albeit tenuously at times), for months or years. Suddenly, the pharmacy benefits program or company changes and that entire history is rendered irrelevant. Physicians must then complete varying forms with idiosyncratic and esoteric questions, such as testosterone levels. Inquiring about the reason for the testosterone level (sometimes on a female patient), after being transferred several times and placed on hold, results in a physician or a pharmacist replying dismissively, “don’t worry about it, you don’t need that.” Other forms state, “if the answer to question 3 is yes, no more questions required,” but a few days after sending it, a follow up request is received to complete the same form again, because question 4 was not answered (which wasn’t needed in the first place).

Although I do not agree with any of these strategies, I understand these companies’ need for cost containment and profit enhancement. It is easy to justify such tactics for medications that cost hundreds of dollars for a month’s supply. However, I have been receiving the same capricious requests for fluoxetine and lorazepam which cost \$4 or \$10 for a month’s supply straight out of pocket. The cost of these medications is far less than the cost of our time, our staff’s time, the company’s staff time, and the faxes and other communication costs to get them

“authorized.” Here again, unfortunately, the incentives are poorly aligned, just like the CPT coding. No matter who makes the mistake and no matter how the delay is caused, the outcome favors the pharmacy benefits management silo and hurts the provider, and of course the party who is hurt the most is the patient.

But, isn’t there more to this story? What is happening to those patients? Are more of them ending up in emergency rooms and possibly hospitalized? Is that adding to the overcrowding of emergency rooms, which are already strained by the shortage of psychiatrists, the closure of hospital beds, and suboptimal availability of outpatient psychiatric services? (For this writing, I will resist distraction by the utterly absurd process that is required to arrange for admission of a patient to a psychiatric unit.) The fact that restrictive pharmacy benefits programs lead to increased emergency room visits and hospitalizations is no longer speculative. It has been confirmed by empirical evidence and study findings by the APA and others. Therefore, while there may be some cost savings for the pharmacy benefits management silo, there is increased cost to the overall system.

This reality must be addressed in the Behavioral Health Integration plan for Maryland, so that cost shifting is prevented in the Medicaid population. On the other hand, what do we do with all the other plans that are drowning us with these prior authorization requests? The answer is, everything we can think of:

- Filing complaints with the Maryland Insurance Administration

(Continued on next page)

The MPS Council will meet next on Tuesday March 12 at 8:00PM in the MPS Office. All are welcome.

- Creating a hub for these complaints
- Charging the requesting parties a fee for such additional services
- Meeting with the directors of the different companies
- Advocating for uniformity in the process
- Legislation such as supporting enhancements in the SB 746/HB1015 regarding Step Therapy or Fail-First Protocols

I would like to take this opportunity to applaud Drs. Abdul Malik, Jeffrey Soulen, and others for their proactive approach and advocacy in writing the sponsors of the bill and other legislators to present a real life physician's perspective.

Elias K. Shaya, M.D.

Voice your opinion

For details on the status of the step therapy bills, see the [General Assembly site](#). MedChi's site includes a page where physicians can [look up](#) their elected officials. Watch the same page for an alert regarding the prior authorization bills this session.

Uniform Treatment Plan Form to be Revised

In December, the Maryland Insurance Administration (MIA) filed emergency regulations to revise Maryland's Uniform Treatment Plan Form. The Authorization Request Details section of the form will be changed to increase the number of cells from 2 to 4 to allow the clinician to request authorization for up to 4 types of service, add spaces for the new "plus add-on codes," and replace "CPT Code" with "CPT/HCPC/ Revenue Code" in the heading above the empty boxes for the codes. The regulations have been listed in the *Maryland Register* as pending since January 25 (31.10.21.02-1 • 40:2 Md. R. 166 (1-25-13)). Stay tuned for the effective date and a link to the new form. The MIA intends to hold meetings to discuss modifications to the form related to the DSM-5 changes once they are issued.

Membership

The following individual(s) 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

Debbie M. Brooks, M.D.

Congratulations!

Congratulations to the members below on becoming **50 year members** of the APA! They will be recognized at the APA Annual Meeting in San Francisco.

Stephen A. Hirsch, M.D.
Robert E. Trattner, M.D.
Leon Wurmser, M.D.

Congratulations also to the MPS members below for achieving life status this year.

Allan S. Gold, M.D.
Neil H. Blumberg, M.D.
Daniel D. Storch, M.D.
Peter R. Cohen, M.D.
Douglas W. Heinrichs, M.D.
Brian M. Hepburn, M.D.
Lawrence D. Sandler, M.D.
Neil E. Warres, M.D.
Geetha Jayaram, M.D.
Robert B. Lehman, M.D.
Martha H. Haile, M.D.
John C. Butchart, M.D.
Miles S. Quaytman, M.D.
Abdul Malik, M.D.
Howard I. Pressman, M.D.
Mark W. Crandall, M.D.

MPS Meetings & Events

2013 MPS Annual Dinner

Join us as we welcome
Scott T. Aaronson, MD as MPS President!

Thursday April 25, 2013
6:00PM

Padonia Park Club - Lutherville

Guest Speaker: Carlos Zarate, M.D.
Head of experimental therapeutics at NIMH

Risk Management Seminar

Thursday May 9, 2013 - 6:30PM-9:00PM
The Conference Center at Sheppard Pratt

Topics to Include:

- Risk Management and Legal Basics
- Emerging Medical Professional Liability Risks in Psychiatry
- What Would You Do? - Case Studies & Audience Participation

February 12 Council Highlights

Executive Committee Report

Dr. Shaya began his report with the Payer Relations Committee's effort to engage the Maryland Insurance Administration in an open dialogue to develop a streamlined complaint mechanism regarding CPT coding problems. He noted another MPS initiative in this area, the E/M coding seminars, which were an outgrowth of the CPT workshops held earlier. The three E/M seminars conducted in January generated additional revenues for the MPS. He reported that Behavioral Health Integration efforts are coalescing around the MPS criteria/principles, regardless of which Model is selected. The Model will be announced by Secretary Sharfstein in the upcoming weeks. He stated that Dr. Angelino is developing an article on Maintenance of Certification (MOC) and Dr. Margo Lauterbach is developing introductory articles on MOC for the *MPS News*. These articles will provide initial guidance and opportunities for assistance with the MOC process in the future. He reported that a Continuity of Care Task Force will discuss outpatient commitment. Drs. Zimnitzky and Waddington will work with DHMH on the task force. He said the Governor added monies to the budget that will equate Medicaid to Medicare reimbursement for psychiatry beginning July, 2013. He noted a decision by the APA Elections Committee informing the MPS that our listserv is not to be used for election campaigning. To address this problem, our Assembly Representatives will craft an Action Paper that a District Branch's independent listserv is not governed by the APA.

Executive Director's Report

Mr. Hummel stated that he attended the Advocacy Days in Annapolis. He noted that ballots for the 2013 MPS election will be mailed by March 1, and that new thermal blinds were installed in the office to help with cooling and heating.

Secretary-Treasurer's Report

Dr. Waddington presented the 2nd Quarter Financial Statements ending December 31, 2012. Total assets of \$378K are down \$1K from this time last year; however current assets have increased by \$9K. Property and Equipment book value is down by \$11K to \$45K due to depreciation (non-real estate assets are nearly fully depreciated). Net assets are up \$2K from last year to \$270K. The December/January *MPS News* was split into two issues and this doubled ads for that period, which helped total revenues of \$166K exceed budget by \$22K. This is also due to the \$15K increase in meeting income because of the CPT trainings. Expenses are \$4K under budget. Overall there is a \$2K net loss but this is \$26K better than the projected loss to date. Revenues are \$3K less than last year, partly due to the loss of peer review income. However, emailing *MPS News* and *The Maryland Psychiatrist* has saved \$5K compared with this time last year. Cash flow reflects a \$25K

increase since July 1, mainly from dues collected.

Next, Dr. Waddington presented a proposed MPS Investment Policy Statement, which creates investment goals and objectives for the MPS, and a long-term strategy for managing reserves. The document would provide guidance for future boards, administrative staff and membership to understand investment policies. It clearly states guidelines and expectations for any outside financial advisors who may be secured by the MPS. Council was asked to review this document and submit any concerns or questions. The Executive Committee requests that Council vote on the policy at the March meeting.

Committee and Representatives' Reports

Legislative Committee Report and MedChi Report on Legislation

Doctors Palmer and Zimnitzky gave the legislative report, in conjunction with Drs. Daviss and Prescott, who gave the Med Chi report. Gun control (HB281 and various other gun control bills) has consumed significant attention and time with the Legislative Committee. Dr. Brian Zimnitzky is the main MPS representative working with the Governor and Secretary Sharfstein on gun legislation, testifying before the HGO committee and participating on a task force reviewing mental health and access to guns. [For more on MPS concerns regarding the gun control legislation, [see page 5.](#)] The MPS is opposed to a scope of practice bill (HB67) that would allow psychologists to determine incapacity to make informed decisions. The MPS lobbyist is working with the bill's sponsor on an amendment to a child abuse bill (HB876) that authorizes a civil action for failure to report child abuse and contains a \$100,000 financial penalty. The MPS is working with MedChi to jointly support mental health parity bills (SB581, 582 and 585). The MPS is working with bill sponsors to remove any reference to a mental health diagnosis as treatable by marijuana in the medical marijuana bills that have been introduced this year (HB180, HB302, and HB1100). Step therapy requirements are of particular concern for MedChi, and they also negatively affects psychiatric practice. The MPS is supporting the MedChi legislation (HB1015). The MPS lobbying firm, Harris Jones & Malone, and the MedChi lobbying firm, Schwartz and Metz, are closely coordinating positions and testimony on all of the above referenced legislation. All MPS actions and positions on legislation are available through the [MPS LAC Board](#); all bills can be found on the Maryland [General Assembly website](#). If you have any difficulty accessing this information, please contact [Kery Hummel](#).

(continued next page)

Program and CME Committee Report

In Dr. Sandson's absence, Dr. Aaronson reported that three E/M coding seminars were held across the state in January. Drs. Roca, Shaya and Daviss each presented at one meeting. Over 100 people attended and un-audited figures reflect \$3700 in revenues after expenses. The annual Spring symposium, *Psychopharmacology: Updates, Advances & New Information*, will be held on Saturday, March 23, 2013 at the Conference Center at Sheppard Pratt. In addition, a risk management seminar will be held May 9th from 7-9 PM at the Conference Center at Sheppard Pratt. PRMS is jointly sponsoring this event with the MPS and will supply the CME credits for the program. Information will be forthcoming.

New Rules Should Reduce Claims Red Tape

Two sets of [new operating rules](#) that took effect January 1 should help physicians streamline the claims process. Under the Affordable Care Act, health insurers are now required to provide specific information in their responses to physicians' electronic inquiries about patient eligibility and claim status. For instance, the new operating rules dictate that insurers must include specific details, such as patient copayments and deductibles, so physicians and patients have the financial information they need at the time of care. Similarly, physicians now should receive more precise information about the status of their claims. While CMS has announced that the rules will not be strictly enforced until March 31 to prevent undue disruption to claims processing, insurers are required to work toward full compliance during this time. Physicians can complete a simple [online complaint form](#) to report an insurer that is not following the new operating rules. Visit the AMA's [HIPAA Operating Rules Web page](#) to learn more.

From January 9 *AMA Wire*

CPT Corner

APA Requests Experiences with 2013 CPT Coding Changes

The APA is interested in learning about problems and successes with payers, reimbursement, changes in PA requirements, etc. Send details in an email (hsf@psych.org) or fax (703.907.1089) to OHSF staff. APA's CPT coding resources are available at www.psychiatry.org/cptcodingchanges.

March 12 PCSS-B Webinar

As a partner organization in the SAMHSA-funded Physicians' Clinical Support System for Buprenorphine (PCSS-B), APA offers monthly webinars for physicians who have waivers to treat opioid dependence in office-based settings and other interested clinicians. The next free webinar, "Pain Management in Patients on Buprenorphine Maintenance," will be presented on Tuesday, **March 12**, at noon, EST. This webinar will address the challenges of treating acute and chronic pain in patients maintained on buprenorphine. The main complexities are that patients with a history of opioid dependence often have increased pain sensitivity, and that buprenorphine taken once a day does not provide analgesia beyond 8 hours and may interfere with co-administered opioid analgesics. Register for the session [HERE](#). All PCSS-B webinars are recorded and made available for on-demand access [HERE](#).

APA Member Discounts

APA members can receive discounts on *TransFirst* (formerly known as Solveras Payment Solutions) credit card processing systems and other payment services; discounts of 20% off retail pricing on *Epocrates* electronic subscription clinical reference applications at the point-of-care; free financial consultations with *Merrill Lynch*; and discounts on *Liberty Mutual* home and auto insurance. A full listing of member benefit programs can be found on the [APA website](#).

MPS Members Speak Out

The issue of guns and mental health has been featured prominently in the media since the Lanza shootings at Sandy Hook Elementary. Some MPS members published opinion pieces in February that add to the public discussion. The ones that have come to our attention follow:

Gordon Livingston, M.D. published "[Guns and Mental Health](#)" on [Huffington Post](#)'s Politics Blog.

Dinah Miller, M.D. published an op-ed "[Bills to keep guns out of the hands of psychiatric patients pose risks](#)" in the [Baltimore Sun](#).

Erik Roskes, M.D. published "[Gun Violence and the Tincture of Time](#)" in [The Crime Report](#)'s Viewpoints section.

MPS Concerns with Gun Control Measures before the General Assembly

In response to the Sandy Hook tragedy, gun control has been a major issue in the 2013 Maryland legislative session. The MPS has participated actively in the deliberations, especially through Brian Zimnitzky, M.D., the point person on this issue. Following are some key considerations the MPS has put forward.

Proposed legislation would have the Administrative Law Judge, in a commitment hearing, make a determination on whether that individual may possess firearms. While psychiatrists may opine regarding dangerousness to others, the MPS does not believe that it would be appropriate for psychiatrists to opine on specific criteria for gun ownership and safety. Participating in hearings determining whether an individual can possess a firearm would present a significant risk of liability for psychiatrists. The MPS suggests immunity from liability where psychiatrists must participate on behalf of a hospital. The criteria for dangerousness to others should apply to dangerousness to self as well, given that psychiatric patients have a higher risk of self-harm from firearms than of harming others with firearms.

The MPS recommends changes to the law regarding persons who may not possess a regulated firearm. The current criterion of psychiatric hospitalization over 30 days, which pertains to both voluntary and involuntary hospitalization, is arbitrary. We recommend that if a patient is voluntarily hospitalized, and the clinician must carry out a duty to protect or warn (Court and Judicial Proceedings 5-609c), his/her right to possess a firearm is rescinded.

Relief from Firearms Disqualification is a process whereby an individual, who was previously prohibited from possessing firearms, would be able to have that restriction lifted. Under current law, if an individual was prohibited from firearm possession based on mental health criteria, he would need to have a letter from a mental health professional supporting his request to possess firearms. In proposed legislation, the psychiatrist would be asked to: 1) comment on the individual's competency to understand the rules and regulations of firearms, 2) determine if it is in the public's interest for the individual to possess a firearm. We do not believe that a psychiatrist should make these determinations. We recommend that the criteria for restoring a person's right to firearms be judicial determination of dangerousness.

Finally, the MPS believes that the records (mental health, disability, arrest, etc.) requested should be only those relevant to making a determination to restore such rights.

Current Law Regarding Firearms and Dangerousness

In Maryland, the current law outlining a psychiatrist's duty to protect intended victims of their patients is found in [Courts and Judicial Proceedings, §5-609](#). It states that a "...mental health care provider ... must ... take precautions to provide protection from a patient's violent behavior (if the mental health care provider ... knew of the patient's propensity for violence and the patient indicated to the mental health care provider or administrator, by speech, conduct, or writing, of the patient's intention to inflict imminent physical injury upon a specified victim or group of victims." This duty would be deemed to have been met if there are reasonable and timely efforts to:

- “(i) Seek civil commitment of the patient;
- (ii) Formulate a diagnostic impression and establish and undertake a documented treatment plan calculated to eliminate the possibility that the patient will carry out the threat; or
- (iii) Inform the appropriate law enforcement agency and, if feasible, the specified victim or victims of:
 1. The nature of the threat;
 2. The identity of the patient making the threat; and
 3. The identity of the specified victim or victims.”

A psychiatrist is protected from liability for revealing confidences if those confidences were “disclosed or not disclosed in good faith to third parties in an effort to discharge the duty.”

Some key points are:

- We are NOT liable if we FAIL TO PREDICT unless we knew of a threat posed by a patient toward a “specified victim or group of victims.”
- We can discharge our duty to protect that specific victim(s) by EITHER seeking civil commitment OR by developing and documenting a treatment plan to eliminate the risk OR by notifying the police and if feasible the victim(s). We only have to do ONE of these, not all three.
- We cannot be held liable for a breach of confidentiality if we have disclosed confidential information in good faith to discharge the duty outlined above.

In addition, current Maryland law restricts certain types of patients from owning firearms. For example, Public Safety Article 5-205 states that “Unless the person possesses a physician's certificate that the person is capable of possessing a rifle or shotgun without undue danger to the person or to another, a person may not possess a rifle or shotgun if the person (1) suffers from a mental disorder as defined in § 10-101 (f)(2) of the Health - General Article and has a history of violent behavior against the person or another; OR (2) has been confined for more than 30 consecutive days in a facility as defined in § 10-101 of the Health - General Article.

NOTE that our current law already includes the 30 consecutive hospital days and history of violent behavior criteria as triggering the restriction on ownership. NOTE also that this applies only to rifles and shotguns.

Erik Roskes, M.D.

Maryland News & Information

Work on Board of Physicians Sunset Begins in Annapolis

Last year, the Maryland Board of Physicians (MBP) received a very unfavorable Sunset Review report from the Department of Legislative Services. As in the past, the MBP was found deficient in multiple areas, including a continuing backlog in processing cases, failure to promulgate regulations in a timely manner, and a general concern that the MBP was unresponsive to various complaints about its operation.

The 2011 report was so scathing that the 2012 General Assembly elected to only renew the MBP's authority for one year pending further study. DHMH Secretary Sharfstein commissioned a report from the University of Maryland Baltimore, led by Dr. Jay Perman, to review the Board. At about the same time a new executive director (Carole Catalfo) and a new chair (Dr. Andrea Mathias) were appointed.

A legislative briefing in late January reviewed the progress that had been made as the result of the Perman report and the personnel changes. The material improvements that were reported were impressive. The MBP reported the backlog has been dramatically reduced; the MBP has hired additional personnel and has considerably improved its information technology and website. New regulations which had been ignored have now been adopted. There are still many items to be addressed, but it appears that substantial progress has been made.

There were several questions, however, about the MBP's finances. Dr. Mathias indicated that, at the current expenditure level, an increase in fees would have to be considered in 2014. While she was clearly not in favor of increasing fees, she was concerned about the MBP's fiscal viability given the budget projections. Based on State budgetary diversions over the last number of years, MedChi strongly opposes any fee increase and will work to resolve these fiscal issues this session.

In addition to the fiscal issues, MedChi has other concerns that it intends to address in legislation. One is the length of time that a disciplinary investigation takes to complete, as well as the increasing use of summary suspensions by the MBP. Additionally, the appeal mechanisms after MBP decisions are antiquated and need to be streamlined so that a physician can more easily obtain judicial relief. One recommendation in the Perman report was to delete the current requirement for two peer reviewers on any case where a doctor is accused of not meeting the standard of care. The Perman report suggested changing the requirement to a single peer reviewer. MedChi objects to this provision and it appears that the MBP agrees that the requirement for two peer reviewers should continue.

From February 4 *MedChi News*

Maryland Health Enterprise Zones Announced

The O'Malley-Brown Administration [announced](#) the State's first Health Enterprise Zones in five locations: Capitol Heights in Prince George's County, Greater Lexington Park in St. Mary's County, Dorchester and Caroline Counties, West Baltimore, and Annapolis. Community coalitions in each area will receive a range of incentives, benefits, and grant funding to address unacceptable and persistent health disparities. Health Enterprise Zones were created by the General Assembly last year, and were designed to reduce health disparities among Maryland's racial and ethnic groups and between geographic areas, improve health care access and health outcomes, and reduce health care costs by providing a variety of incentives to defined geographic areas with high rates of disparities.

From January 28 *MedChi News*

Lt. Gov. Brown Receives Top AMA Award

The AMA has awarded Lt. Governor Anthony G. Brown its **Dr. Nathan Davis Award for Outstanding Government Service by a Statewide Elected Official** for his leadership in improving the health of Maryland's citizens. This award is recognized nationally as one of the most prestigious honors extended to elected officials and career government employees for outstanding endeavors that advance public health. During his six years in office, Lt. Governor Brown has spearheaded the O'Malley-Brown Administration's efforts to reduce costs, expand access, and improve the quality of care for all Marylanders. Since 2007, Maryland has implemented reforms that have expanded health coverage to more than 365,000 Marylanders, half of whom are children, established Maryland's Health Benefit Exchange, and put the State in position to maximize the Affordable Care Act (ACA). During the 2012 Legislative Session, Lt. Governor Brown designed and led passage of legislation to create the innovative Health Enterprise Zones (HEZ) pilot program to eliminate disparities in health outcomes among Maryland's racial groups and geographic areas. He also developed the Maryland Veterans Behavioral Health Initiative to support returning veterans suffering from trauma and related mental health conditions, and their families. Through this program, Maryland connects service members and their families not only to mental health treatment, but also to housing, job training and other vital supports.

MEDICARE UPDATES

2% Medicare Cut Pending Under Sequester

Unless Congress agrees on a plan to prevent the across-the-board federal sequestration budget cuts by March 1, physicians will see a 2 percent reduction in Medicare payments beginning April 1. The sequestration cuts were originally scheduled to hit January 1 as part of the “fiscal cliff,” but they were delayed two months under the January 3 agreement finally reached in Congress. The AMA and other medical specialty organizations have been urging Congress to avoid the sequestration and come to a solution that prevents cuts in Medicare and domestic health programs. If Congress does not act, physicians will need to obtain the new Medicare rates by visiting <https://www.novitas-solutions.com/partb/reimbursement/feecalc.html>.

Part B Appeals Status

Novitas has a new internet tool that provides a quick status of Part B Appeal requests. To check a status, use the Provider Transaction Access Number (PTAN), PTAN and Internal Control Number (ICN) or Case Control Number (CCN) to get the Case Received Date, Case Control Number, Status, Case Close Date (if one exists) and the Internal Control Number in question if applicable. Instructions for using this tool are available in a tutorial located at the [Appeals Center](#) under Tips, Tools and Tutorials or the [Customer Contact Center](#) under Self Service Tools. [Click here for a direct link to the Appeals Status Tool and Tutorial](#). Novitas has also posted [Appeal Submission Helpful Hints](#).

Novitas LCD: TMS for Treatment of Depression

The Final Novitas Local Coverage Determination (LCD) for Transcranial Magnetic Stimulation (TMS) for treating severe depression has been posted and will become **effective on April 4, 2013**. The LCD states, “Left prefrontal TMS is considered reasonable and necessary for patients diagnosed with severe Major Depression (single or recurrent episode)...” Please view the [entire post](#) for cautionary uses, coverage limitations, coding and other information.

Psychiatric Therapeutic Procedures Revised

Novitas has revised its Psychiatric Therapeutic Procedures (L27514) Local Coverage Determination (LCD) to reflect the Annual CPT/HCPCS Code Updates effective for dates of service on and after January 1, 2013. [View the updated LCD online](#). The [LCD addressing the phase-out](#) of the outpatient mental health treatment limitation has also been updated to reflect the new codes.

CMS Physician Payment Sunshine Act Final Rule

Through several provisions known as the Physician Payment Sunshine Act, the Affordable Care Act requires applicable manufacturers of drugs, devices, biologicals, or medical supplies covered under Medicare, Medicaid, or CHIP to report annually in electronic format to the Secretary of the Department of Health and Human Services certain payments or other transfers of value to physicians and teaching hospitals. Applicable manufacturers and applicable group purchasing organizations (GPOs) are subject to civil monetary penalties if they fail to comply with the reporting requirements of the statute. CMS must then submit annual reports to the Congress and each State summarizing the data applicable manufacturers have reported. Data on payments and gifts that drug and medical device companies make to physicians will become available publicly in a searchable database beginning September 30, 2014.

In early February, CMS released a [Final Rule](#) that will implement the reporting provisions. **This Final Rule clarifies that data collection by applicable manufacturers and applicable GPOs will begin on August 1, 2013, and reports must be submitted to CMS by March 31, 2014.**

[Amednews](#) reports that an indirect payment made by a drug or device company to a speaker at a continuing education program does not need to be reported under certain conditions. First, the program must meet accreditation or certification standards of the AMA, the American Osteopathic Assn., the American Academy of Family Physicians, the Accreditation Council for Continuing Medical Education or the American Dental Assn. Continuing Education Recognition Program. The manufacturer cannot select the speaker or provide a third-party vendor with a list of experts for consideration to speak. Finally, the manufacturer must not pay the speaker directly.

The APA pushed CMS to strengthen its dispute resolution process as well as push back the beginning of the data collection and reporting periods. The APA is pleased that CMS has adopted several of its suggestions. See APA’s analysis of the rule [here](#). For more information about the Sunshine Act see *Psychiatric News* [here](#). If you have specific questions about provisions of this rule, please contact Julie A. Clements, J.D., the APA’s Deputy Director of Regulatory Affairs via email at jclements@psych.org.

New G-code for Pharmacologic Management Furnished via Telehealth to Inpatients

Please see [details online](#) for using this new code:

G0459 — Inpatient telehealth, pharmacologic management, including prescription use and review of medication with no more than minimal medical psychotherapy

Objectives:

At the conclusion of the program, the participant will be able to:

- Recognize the relative advantages, disadvantages, and other characteristics of atypical antipsychotics so as to optimize their use in patients with psychotic and mood disorders.
- Describe the elements of a dementia care plan for a person with Alzheimer's disease.
- Provide an overview of factors that have influenced increased prescribing of antipsychotic medication to children and adolescents.
- Review recommended safety monitoring for youth treated with antipsychotic medication.
- Discuss barriers and resources for implementing multi-modal, evidence based treatment for youth.
- Discuss evidence-based practices for the treatment of major depression and bipolar disorder.
- Understand the limitations of the current treatment options for mood disorders.
- Describe which mood disorder patients are most likely to benefit from neuro-modulation.
- Explain how genetic markers could affect the care of patients with depression.

The Maryland Psychiatric Society is accredited by MedChi, The Maryland State Medical Society, to sponsor continuing medical education for physicians. The Maryland Psychiatric Society designates this continuing medical educational activity for a maximum of 5.25 AMA PRA Category 1 credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity

This activity is approved for a maximum of 5.25 hours of Category I Continuing Education for Social Workers by the Maryland Board of Social Workers.

This activity is approved for a maximum of 5.25 hours of Continuing Education for Psychologists by the Maryland Board of Examiners for Psychologists.

The Maryland Psychiatric Society presents:

Psychopharmacology: Updates, Advances & New Information

**Saturday, March 23, 2013 -
The Conference Center at Sheppard Pratt**

Agenda

8:00AM-8:30AM

Breakfast and Registration

8:30AM-9:30AM

Atypical Antipsychotics: What's New? - Neil Sandson, M.D.

9:30AM-10:30AM

Dementia Care 2013 - Constantine Lyketsos, M.D.

10:30AM-10:45AM

BREAK

10:45AM-11:45AM

Challenges in Pediatric Antipsychotic Treatment

Gloria Reeves, M.D.

11:45AM-1:00PM

LUNCH

1:00PM-2:00PM

Optimizing Treatment for Depression & Bipolar Disorder

Karen Swartz, M.D.

2:00PM-2:15PM

BREAK

2:15PM-3:15PM

Mood Disorders 2013: Neuromodulation, Novel Targets, and Pharmacogenomics

Scott T Aaronson, M.D.

3:15PM-3:30PM

Wrap-up, Review & Questions

**Saturday, March 23, 2013
The Conference Center at SP
Towson, MD**

**Tickets are \$130.00 for
MPS Members
&
\$200.00 for Non-Members**

REGISTER & PAY ONLINE:

[http://
psychopharm2013.eventbrite.com](http://psychopharm2013.eventbrite.com)

**Maryland Psychiatric Society
1101 St. Paul St., Ste. 305
Baltimore, MD 21202
(410)-625-0232**

Name _____

Address (Please print clearly.)

Phone _____ E-Mail _____

Number of tickets requested _____ Amount enclosed \$ _____

**Please make checks payable to Maryland Psychiatric Society (MPS).
Tickets/Registration Fees are non-refundable.**

Please indicate if you have special dietary needs or require special accommodations.

Registration fee includes breakfast, lunch, break refreshments,
program material and CME/CEU credit.

More than just medical professional liability insurance...

You've just been subpoenaed. Do you know how to respond?

If you are insured with us, you can rest assured. Let us help you by determining the validity of the subpoena and advising on how to respond so your time can be spent caring for patients.

Simply call the Risk Management Consultation Service (RMCS) for risk management advice and guidance.

- **Kathi Heagerty, BSN, JD**
Risk Manager



- ◆ More than 20,000 psychiatric claims handled
- ◆ Over 40,000 issues responded to by the Risk Management Consultation Service (RMCS) since inception in 1997
- ◆ Accredited by the ACCME
- ◆ Administrative and governmental billing defense coverage
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**PSYCHIATRISTS'
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CLASSIFIEDS**EMPLOYMENT OPPORTUNITIES**

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

Moonlighting: Consultant Opportunities - Baltimore Crisis Response, Inc. has flexible evening and weekend consultant hours available. Positions are suitable for Residents and Fellows. For more information regarding our services, visit our website at www.bcresponse.org or email Btaylor@bcresponse.org. It is our mission to provide timely and effective psychiatric services to persons in the most therapeutic and least restrictive environment possible.

MEDICAL DIRECTOR, ADDICTIONS PROGRAM
LifeBridge Health, Department of Psychiatry, is currently seeking a **P/T adult psychiatrist** for an exciting opportunity in our comprehensive system of care. **Substance Abuse/Psychiatry:** Half-time opening as Medical Director of the Sinai Hospital Addictions Recovery Program, beginning July 2013. Psychiatrist will provide medical direction and oversight to large ambulatory medication assisted treatment program with imbedded dual diagnosis track. Direct clinical services consist of initial and periodic evaluation and medication management. ASAM or ABAM certification required. No evening or weekend coverage responsibilities. Attractive benefit package. Contact Samuel E. Adler, M.D., Psychiatrist-in-Chief, Sinai Hospital of Baltimore, Inc., 2401 West Belvedere Avenue, Baltimore, MD 21215. Fax: (410) 601-4458.

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

BOARD CERTIFIED ASSOCIATE CLINICAL DIRECTOR, FORENSIC PSYCHIATRIST & STAFF PSYCHIATRIST - Spring Grove Hospital Center, a progressive, publicly funded, freestanding psychiatric hospital is currently seeking to hire several full-time board certified Psychiatrists. Spring Grove Hospital Center is a 338 bed complex that provides a broad spectrum of inpatient psychiatric services to adults and adolescents. The center is owned and operated by the State of Maryland and is under the governance of the Mental Hygiene Administration of the Department of Health and Mental Hygiene. Spring Grove was founded in 1797 and is the second oldest continuously operating psychiatric hospital in the United States, fully accredited and certified. We have an ongoing commitment to providing psychiatric care and treatment of the highest quality. We also maintain a number of student teaching programs and serve as a popular training site for many professional schools including the University of Maryland. We are located on a scenic 200 acre campus in Catonsville just outside of Baltimore, Maryland and conveniently located along the I-95 corridor between Baltimore and Washington, D.C. We offer competitive salary and excellent State of Maryland benefits, including generous vacation and retirement packages. For further clarification of job duties of the position, contact Dr. Krishnan and provide a curriculum vitae (CV), license, and board certification. Interested candidates also need to complete an electronic State application (MS-100) downloaded at www.dbm.maryland.gov for Physician Clinical Specialist and include a valid State of Maryland license and board certification. **Devika Krishnan, M.D., Clinical Director, Spring Grove Hospital Center, 55 Wade Avenue, Catonsville, Maryland 21228. 410-402-7595 or 410-402-7038 (fax) EOE**

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

The Baltimore City site of Mosaic Community Services is in search of a part time or full time Psychiatrist to work in one or more outpatient programs within our scope of clinical services. Interested? Contact Ray Hoffman, M.D., Chief Medical Officer at Raymond.Hoffman@mosaicinc.org

CLASSIFIEDS**EMPLOYMENT OPPORTUNITIES**

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

CHILD PSYCHIATRIST, BOARD CERTIFIED/ELIGIBLE –RICA Baltimore is seeking a psychiatrist to begin on or soon after July 1st, 2013, to lead a multi-disciplinary team treating 15 adolescent females. Our Joint Commission Accredited Residential Treatment Center, is located near Catonsville, MD. Benefits include paid leave, subsidized health insurance, free parking and a defined retirement benefit. Please contact David Horn, M.D., Medical Director at 410-368-7803 or e-mail David.Horn@maryland.gov, 605 South Chapel Gate Lane, Baltimore, Maryland 21229.

Psychiatrist wanted to join well established multidisciplinary private psychotherapy practice in Frederick, Maryland. Our group offers a highly collaborative and collegial atmosphere with focus on comprehensive assessments and ongoing treatment in an outpatient setting. FT/PT available. Flexible hours with full administrative support provided. Interested applicants should send CV to Info@frederickpsychotherapy.com to attention of Mary James, M.D.

**PSYCHIATRIST/
MEDICAL DIRECTOR**

BE/BC Child/Adolescent Psychiatrist/Medical Director needed 20-40 hours a week for outpatient community mental health facility on Maryland's scenic Eastern Shore, one hour, 15 minutes from Baltimore-Washington area. The clinic is located in a Professional Shortage Area, is a National Health Service Corps site and is eligible for loan repayment.

Send resume/vitae with cover letter to Michael Campbell, LCSW-C, Director, Caroline Co. Mental Health Clinic, P.O. Box 10 Denton, Md. 21629, phone 410-479-3800, ext. 117, fax 410-479-0052 or e-mail mike.campbell@maryland.gov – EOE

AVAILABLE OFFICE SPACE

Bethesda--Professionally decorated, upscale psychiatry or psychotherapy office near Metro and parking. Suite includes kitchen, bathroom, and four windowed offices on an upper floor overlooking Chevy Chase and Rock Creek Park. Suite is available on a half-time basis for \$650/month. In-building as well as street parking are available. Call Dr. Robin Belamaric at (301) 907-0020 or email at drrobin@belamaric.com.

MPS Members Out & About

Steve Daviss, M.D. and Brian Hepburn, M.D. were quoted in [February 19 Sun article](#) on the Maryland Bed Registry, which reports a "growing number of hospitals in Maryland have joined together to track and share information about the availability of psychiatric beds at participating institutions." [Information on the registry](#) was included in the November 2012 issue of *MPS News*.

Mark Komrad, M.D. was a guest on the [February 12 Dan Rodricks show](#) on WYPR 88.1FM. discussing "Silver Linings Playbook," "Homeland" and other movie depictions of bipolar disorders, their treatment, and those who treat them.

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

Happy  St. Patrick's Day