

MPS NEWS

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In This Issue

MPS Election Results	p. 2
MPS Paper of the Year Winner	p. 2
Review Your Data by May 15	p. 2
April MPS Council Highlights	p. 3
2016 MPS Legislative Report	p. 4 - 7
Standards for Medical Cannabis	p. 7
Terminating Treatment	p. 8
HIPAA-Permitted Disclosures	p. 8
New Part D Enrollment Deadline	p. 9
Medicare Billing Reports in May	p. 9
EHR Incentive Resources	p. 9
New Medicaid Regulations	p. 10
MPS Dues Billing Changes	p. 11

In Every Issue

Membership	p. 2
Classifieds	p. 11

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 at 8 PM on Tuesday, June 14th in the MPS office.

President's Column

Hello From Your New President

I am very honored to accept the mantle of President of the Maryland Psychiatric Society, following an illustrious path of former Presidents. I moved to Baltimore in 1985 fresh from my George Washington University residency with the thought that Baltimore would be a stepping stone to more exotic locales. But Baltimore, Maryland and its people seduced me and here I have stayed.

I do believe that the MPS is a very special organization and stands out from the other District Branches in the country. Our members have made it an active, thriving policy leader that other DBs and the APA listen to and respect. It is our members who have made the MPS what it is today. They have given tirelessly of their time and clinical expertise to a degree that is truly astonishing. Those who have not witnessed the Legislative Committee in action would be amazed at the dedication and meticulous planning that goes into preparing for our new General Assembly strategy each year. Our Payer Relations Committee has stepped up to the plate to address the difficult issues of parity and provider accessibility. Our Ethics Committee has the gravitas that other Maryland psychiatrists can respect. The Membership Committee has been the workhorse whose efforts have led our DB to one of the best membership retention rates in the country. Of course, we all look forward to each issue of "The Maryland Psychiatrist." Our representatives to the APA Assembly agonize over action papers and policy to further the cause of psychiatry. It may sound trite, but it is true that the MPS is built on the back of our individual members.

The MPS could not be as effective as it is without the hard work of our staff. Our

Executive Director, Kery Hummel, spends countless hours guiding us through the rocky course of Maryland and APA politics. Heidi Bunes has been the whiz who has charted our financial path over the years. Meagan Floyd has worked behind the scenes to orchestrate our special events and CME activities. I have appreciated their support, and the MPS should consider itself lucky to have such caring and dependable employees. One of their greatest achievements in the past year has been establishing a user-friendly website that should enhance the benefit of being a MPS member. We should thank them for jobs well done.

Likewise, I would like to thank our Council members and the Executive Committee for their service this past year. Sally Waddington, Brian Zimnitzky and Jennifer Palmer have been a dream team. They have all worked tirelessly on our behalf to promote the best interest of the MPS. I have learned much from each of them.

Psychiatry's future seems formidable and subject to much change. President Obama's Affordable Care Act has opened the door for many more insured patients; however, the number of psychiatrists available to see the newly-insured has shrunk. DHMH faces a similar challenge in finding clinicians to provide services for its roster of Medicaid patients. We are facing a crisis based on a surfeit of psychiatrists in Maryland and the nation. The demands for our professional services are increasing. Nurse practitioners in Maryland and psychologists in other states have taken up the slack. We psychiatrists must be vigilant to protect our distinctive role in providing holistic medical care for our patients.

There is much work still to do.

Merle C. McCann, M.D.

2016 MPS Election Results

The following members will serve in the positions noted for the 2016-2017 year. These results from the 104 ballots cast in March were approved at the April Council meeting.

President-Elect

Jennifer Palmer, M.D.

Secretary-Treasurer

Patrick Triplett, M.D.

Councilors

Jason Addison, M.D.

Margo Lauterbach, M.D.

Ann Hackman, M.D.

Karen Swartz, M.D.

Resident Fellow Member Councilor

Paul Nestadt, M.D.

APA Assembly Representative

Anne Hanson, M.D.

Nominations and Elections Committee

Sally Waddington, M.D.

Brian Zimnitzky, M.D.

MedChi Delegate

Steven Daviss, M.D.

Robert Roca, M.D., M.P.H. (alternate)

The change to Section 8 of the MPS Bylaws was approved:

Members who do not pay dues within **six months** of the initial mailing will be dropped after verified contact.

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.

Reena Ardeshta, M.D.
Aderonke Omotade, M.D.
Alla Sverdlik, M.D.

2015 Sunshine Act Data Available for Review until May 15

Physicians have until **May 15** to review 2015 data reported to CMS on payments from pharmaceutical and medical device manufacturers. Reporting is required under the Physician Payment Sunshine Act (PPSA), part of the Affordable Care Act. All disputes must be resolved directly with manufacturers by May 30. Manufacturers are responsible for reporting the corrected data to CMS. [Public access](#) to the 2015 payment data begins on June 30. See [APA Sunshine Act resources](#).

Congratulations to 2016 MPS Paper of the Year Winner

The MPS Academic Psychiatry Committee "best paper" award recognizes outstanding papers authored by young psychiatrists that are published or in press in the immediately preceding year. This year's selection subcommittee included representatives from Hopkins, Maryland, and Sheppard Pratt. Several submissions of excellent papers by Maryland authors were received after soliciting nominations from department chairs or their designees, as well as other MPS members.

Asheena Keith, M.D. of the University of Maryland program won in the **Resident/Fellow** category. Her winning paper is entitled "[Behavioral Interventions for Tobacco Use in HIV-infected Smokers: a Meta-analysis.](#)" Dr. Keith was recognized at the MPS annual meeting in April.

New Sheppard Pratt CEO Named

Sheppard Pratt Health System announced that Harsh K. Trivedi, M.D., M.B.A., will become its sixth president and chief executive officer on July 1, 2016. He is currently CEO of Vanderbilt Psychiatric Hospital. Trivedi will succeed Steve Sharfstein, M.D., who will step down after nearly 25 years. Trivedi is a double board-certified psychiatrist and seasoned physician executive with formal business training. He chairs the APA Council on Healthcare Systems and Financing, and serves on the American Hospital Association Governing Council for Psychiatric and Substance Abuse Services.

MPS Members Out & About

Help us spotlight news of MPS members in the community by sending info to mps@mdpsych.org.

Sheldon D. Glass, M.D. has been awarded the Herman Staples Distinguished Service Award by the American Society for Adolescent Psychiatry for his contributions and service to Adolescent Psychiatry.

Refer a Colleague and Support the Foundation

The Professional Risk Management Services (PRMS) referral program has generated a \$50 donation to the Maryland Foundation for Psychiatry. When a PRMS client refers a psychiatrist or group practice to PRMS for liability insurance, they donate \$25 to the doctor's district branch (regardless of whether insurance is purchased or not). To learn more about this program, please contact Melanie Smith at smith@prms.com.

April 12 Council Highlights

Executive Committee Report

Dr. Zimnitzky stated that Council had approved changing to a calendar year for dues billing beginning 2017. This puts the MPS in sync with the APA billing cycle for dues. He presented the Executive Committee's recommendation that the MPS begin with APA Centralized Billing in 2017. MPS will establish a 6 month budget for July-December, 2016 and a 12 month budget for January-December, 2017. Budgets will be presented to Council for approval at the June meeting. Dues covering July 1 to December 31, 2016 will be billed by MPS staff in June. The amount will be half of the current dues based on no dues increase. These dues must be paid by December 31, 2016. Beginning with calendar year 2017, the APA will bill membership dues for both the APA and the MPS. Invoices will be sent in October 2016, clearly stating that one amount is for the APA and the other amount is for the MPS. Members may choose to pay these dues by check, credit card or other arrangement with the APA. Dues will no longer be billed separately by the APA and the MPS at different times of the year. The 2017 combined dues must be paid to APA by March 31, 2017 or the member will be dropped. He also explained that the APA has a different set of member categories that the MPS will have to adopt. This change will reduce the amount of dues collected from certain MPS members in the General Member and Life Member categories. Council discussed the proposal. Sticker shock from one bill was a concern. The greater simplicity for a single bill and not having to explain the differences for APA and MPS billing was discussed. Council voted unanimously to bill MPS dues for a half year, July through December, and to begin Centralized Billing with the APA for calendar year 2017. [For more information, please see [page 11](#).]

Executive Director's Report

Mr. Hummel noted that he will attend the APA Annual Meeting in May. The Fall of 2016 will include two CME events: a September 28-October 2 joint meeting with the Southern Psychiatric Association and a November 19 joint meeting with MedChi featuring Richard Kogan M.D. He reported that phases 1 and 2 of the MPS database/website project are being tested with the developer, G1440. Assuming tests are successful, the new "Find a Psychiatrist" portion of the website should be available in May.

Secretary-Treasurer's Report

Dr. Palmer began her report with the 3rd quarter Statement of Financial Position. Total assets are down by \$14K from last year, current assets are down \$2K and net property and equipment are down \$12K, reflecting depreciation and asset disposition. The checking account balance is \$17K higher than last year largely because the earlier dues deadline resulted in dues receivable being \$18K less. Surplus Area 3 funds were expended and the excess amicus brief contributions are still held in reserve pending the court decision.

Net assets are down by \$14K compared to last year. Overall revenues are \$26K higher than budget to date and expenses are \$10K higher, so the \$5K net loss is \$17K better than budget to date. As for revenues, advertisements for the *MPS News* are \$11K more than budget and mailing list rentals are \$3K more than budget. When compared to last year, revenue is \$12K more than last year but expenses are up by \$26K. The \$5K loss is \$14K less than last year. Expenses for IT continue to increase and will remain at this level through 2017. *MPS News* income is up \$6K over last year. Operations have generated \$14K since July 1 with a \$10K net increase in cash. Council voted unanimously to approve the report.

Nominations and Elections Committee Report

In Dr. Aaronson's absence, Mr. Hummel announced the results of the 2016 MPS elections. See [page 2](#) for details.

Legislative Committee Report

Dr. Hanson gave a brief report on the bills considered during the 2016 General Assembly. She stated that testimony or written comments were provided on more than 30 bills. She highlighted legislation on network adequacy, end of life options, child abuse reporting, Board of Physicians continuing education requirements, opioid abuse, crisis walk-in services, and the Prescription Drug Monitoring Program. A detailed report is on [pages 4-7](#).

Membership Committee Report

Dr. Lehmann distributed the list of 34 members who still owe APA and/or MPS dues. Council voted to drop everyone on the list, but staff will wait for the final list from APA before drops are recorded in the database. Dropped members will still have 90 days to pay and reinstate without penalties. The MPS had the second lowest drop rate of all District Branches this year. The Membership Committee acknowledged that with the drop deadline moving from 10 months to six, and the change in dues billing for the MPS to coincide with the APA dues year, there will be a need for more education and contact with members to keep the 2017 drop rate down. Dr. Lehmann encouraged Council to participate with the Membership Committee in this effort, and said she will seek more members since this is an active committee.

Farewell to Outgoing Council Members

Dr. Waddington thanked outgoing Council members Drs. Hinda Dubin, Laura Gaffney and Elias Shaya, for their years of service to the MPS.

Maryland News

Final MPS Legislative Report

Over 300 bills were reviewed during the 2016 General Assembly that addressed mental health issues. Not all this legislation directly affected the practice of psychiatry; however, when it did the MPS Legislative Committee provided either written testimony or appeared to testify before the appropriate committees. This year over 2800 bills were filed and over 800 were passed. Many bills affect the broader physician community and MPS decided to follow MedChi's lead. Other actions are as follows:

MPS SUPPORTED:

[HB 579/SB 858- Mental Health - Wraparound Services for Children and Youth](#)- Requiring the Governor, for fiscal year 2018, and for each fiscal year thereafter, to include in the budget bill an appropriation to provide specified wrap-around services for 300 children or youth with intensive mental health needs. This was a major bill from the Mental Health Association of Maryland and would have restored cuts to services.

Status: Unfavorable reports and withdrawn in both chambers.

[HB 196- Juveniles – Pretrial Detention – Confinement in Juvenile Facilities](#)- Requiring a court exercising criminal jurisdiction in a case involving a child to order the child to be held in a secure juvenile facility pending a criminal trial except under specified circumstances; and requiring the court to state the reasons on the record for a finding that detention in a secure juvenile facility would pose a risk of harm to the child or others. MPS developed testimony in support of juvenile detention in a juvenile facility as an adult facility creates harm and potential recidivism.

Status: Unfavorable Report by Judiciary

[HB 185- State Board of Physicians - Licensed Physicians - Continuing Education Requirements](#)- Prohibiting the State Board of Physicians from establishing a continuing education requirement that every licensed physician complete a specific course or program as a condition to the renewal of a license. We supported MedChi's position on this bill.

Status: Passed/Approved by the Governor - Chapter 99

[SB 334- Health Insurance - Access to Accurate Provider Directories](#)- Prohibiting a carrier from issuing or delivering a health benefit plan in the State before a provider directory for the health benefit plan is submitted to and approved by the Maryland Insurance Commissioner; requiring a carrier to submit a specified provider directory on a specified basis for review and reapproved by the Commissioner; establishing specified requirements for a specified provider directory; etc.

Status: Bill never moved out of committee. The vehicle for passage on provider directories and network adequacy was HB 1318 (see below).

[SB 899/ HB 1217- Maryland Medical Assistance Program - Specialty Mental Health and Substance Use Disorder Services – Parity](#)- Requiring the Department of Health and Mental Hygiene, on or before June 30, 2017, to adopt regulations to ensure that the Maryland Medical Assistance Program is in compliance with the Mental Health Parity and Addiction Equity Act of 2008. Requiring the regulations to include standards regarding treatment limitations for specialty mental health and substance use disorder services that comply with the federal laws and relate to specified items; etc.

Status: Passed

[HB 908- Hospitals - Establishment of Substance Use Treatment Programs – Requirements](#)- Requiring specified hospitals to establish a specified substance use treatment program; providing that the purpose of the program is to identify patients in need of substance use treatment and, if appropriate, admit the patient or, if admission is not required, to direct the patient to an outpatient treatment setting; requiring specified hospitals to operate or contract to operate specified substance use treatment units; requiring the program to include a substance use treatment counselor; etc. The MPS submitted the following statement: *We strongly support this bill. Substance use disorders are often comorbid with psychiatric disorders and lead to the population of jails with psychiatric patients and ERs with the consequences of substance abuse. Opioid use disorders in particular have led to a crisis of unintentional overdoses. Hospital-based substance use disorder treatment programs would help reduce the burden on the criminal justice system and save lives.*

Status: Did not pass. Moved out of Senate after the crossover date and was never taken up by the Rules Committee.

[HB 595/SB 497- Behavioral Health Community Providers - Keep the Door Open Act](#)- Requires the Governor's proposed budget for fiscal 2018 and each year thereafter to include rate adjustments for community providers based on funding provided in the prior year's legislative appropriation for specified services. The rate adjustment must equal the average annual percentage change in the Consumer Price Index (CPI) for the three-year period ending in July of the immediately preceding fiscal year. Another cornerstone of the Mental Health Association of Maryland.

Status: Did not pass. Moved out of both chambers, but with differing amendments. Senate took no action on SB 497 as amended by the House.

[HB 800- Health Insurance - Payments to Noncontracting Specialists and Noncontracting Nonphysician Specialists](#)- Requiring, under specified circumstances, specified insurers, nonprofit health service plans, health maintenance organizations, and dental plan organi-

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Maryland News

zations to pay an amount that is at least equal to 140% of the rate paid by the Medicare program, as published by Centers for Medicare and Medicaid Services, for covered services provided to a member by noncontracting specialists and noncontracting nonphysician specialists when a referral is granted to the member. This bill was supported as it would increase access to psychiatric care and encourage increased payments for noncontracting specialists.
Status: Unfavorable Report by Health and Government Operations; Withdrawn

[HB 1188- Law Enforcement Officers - Entrance-Level and In-Service Training Requirements - Mental Health Issues](#)- Requiring the Police Training Commission to require that specified entrance-level and in-service training conducted by the State and each county and municipal police training school include specified training concerning mental health issues that is developed in consultation with mental health professionals and their professional associations and is conducted by a mental health professional.
Status: Unfavorable Report by Judiciary Committee

[HB 1100- School Counseling Program - Counseling Services – Requirements](#)- Requiring a county board of education to require the School Counseling Program in the county to provide counseling services to students during the entire calendar year; requiring the county board, in consultation with specified public schools, to determine student needs for counseling services during a specified period of time and to develop a specified plan; and requiring a county board to submit a specified report to the State Department of Education on or before July 1 each year. Although the concept behind this bill was to maintain the positive mental health of students by receiving mental health services through the year, the cost may have been prohibitive to individual counties and it would become a mandate on the state budget.
Status: No movement. Died in committee.

[HB 682 \(SB 551\)- Department of Health and Mental Hygiene - Clinical Crisis Walk-In Services and Mobile Crisis Teams - Strategic Plan](#)- Requiring the Department of Health and Mental Hygiene, in consultation with specified agencies and specified health providers, to develop a strategic plan for ensuring that specified crisis services and specified teams are available statewide and operating in a specified manner; requiring the Department to submit a specified strategic plan to the Governor and the General Assembly on or before December 1, 2016; etc.
Status: Passed

[HB 1318/ SB 929- Health Benefit Plans - Network Access Standards and Provider Network Directories](#)- Requiring specified carriers to maintain or adhere to specified standards that assure that specified enrollees have specified access to specified health care providers and covered services; requiring specified carriers to file with the Maryland

Insurance Commissioner a specified plan for review and approval; etc. Strongly supported by both MedChi and psychiatry. We hope to have a participant on the Maryland Insurance Administration panel work group.
Status: Passed

[HB 802- Health Insurance - Provider Panel Lists](#)- Altering the information about providers on a provider panel that insurance carriers must make available to specified enrollees under specified circumstances; requiring the information provided in printed form to be accurate on the date of publication; requiring the information provided on the Internet to be accurate on the date of initial posting and update; requiring a carrier to demonstrate the accuracy of certain information on request of the Maryland Insurance Commissioner; etc.
Status: Unfavorable Report by Health and Government Operations; Withdrawn

MPS OPPOSED:

[HB 404 \(SB 418\)- Richard E. Israel and Roger "Pip" Moyer End-of-Life Option Act](#)- Authorizing an individual to request aid in dying by making specified requests; prohibiting another individual from requesting aid in dying on behalf of an individual; requiring a written request for aid in dying to meet specified requirements; establishing requirements for witnesses to a written request for aid in dying; requiring a written request for aid in dying to be in a specified form; requiring an attending physician who receives a written request for aid in dying to make a specified determination; etc.
Status: Withdrawn in the Senate. Never moved out of committee in the House.

[HB 15- Harford County - Suspected Overdoses - Reporting Requirement](#)- Requiring specified individuals who treat or are in charge of a hospital that treats an individual in Harford County for a suspected overdose that was caused or shows evidence of having been caused by a Schedule I controlled dangerous substance to notify the county sheriff, county police, or the Department of State Police of the suspected overdose within 48 hours after the individual is treated; requiring that a report of a suspected overdose include specified information;
Status: Although this bill was substantially amended to the satisfaction of MPS and we worked with Del. Szeliga and even withdrew our opposition to the amended bill, it was withdrawn. Unfavorable Report by Health and Government Operations;

[HB 6- Criminal Law - Improper Prescription of Controlled Dangerous Substance Resulting in Death](#)- Prohibiting an authorized provider from prescribing, administering, distributing, or dispensing a controlled dangerous substance to a person if such practice is not in conformity with spec-

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Maryland News

ified provisions of law and the standards of the authorized provider's profession relating to controlled dangerous substances and the person's use or ingestion of the controlled dangerous substance is a contributing cause of the person's death; establishing penalties of up to 20 years in prison or a fine of up to \$100,000 or both; etc.

Status: Unfavorable Report by Judiciary

[HB 245 \(SB 310\)- Child Abuse and Neglect - Failure to Report-](#) Requiring an agency that is participating in a child abuse or neglect investigation and that has substantial grounds to believe that a person has knowingly failed to report child abuse as required under a specified provision of law to file a specified complaint with a specified board, agency, institution, or facility. ****Opposed on ground that this should not be passed until the underlying problem of the definition of "child" is addressed.**** We intend to actively work to seek a review of the definition of child.

Status: Passed

[HB 944- Criminal Law - Professional Counselors and Therapists - Misconduct \(Lynette's Law\)-](#) Prohibiting a specified professional counselor or therapist from engaging in a sexual act, sexual contact, or vaginal intercourse with a person who is receiving counseling from the professional counselor or therapist or has received counseling from the professional counselor or therapist within the 2 years preceding the sexual act, sexual contact, or vaginal intercourse; etc. Offered written and oral testimony against.

Status: Never got a committee vote.

[HB 441- Public Health - Assisted Outpatient Treatment and Mobile Crisis Teams-](#) Providing that an application for assisted outpatient treatment may be submitted to a court by specified individuals; authorizing, under specified circumstances, a court to order assisted outpatient treatment for a specified individual; requiring the Maryland Behavioral Health Crisis Response System to include a crisis communication center in each jurisdiction or region to provide mobile crisis teams operating in a specified manner; etc. This bill was withdrawn and mobile crisis teams were addressed under HB682 (see above).

Status: Unfavorable Report by Health and Government Operations; Withdrawn.

[HB 1103- Health Care Practitioners - Use of Teletherapy-](#) Authorizing specified health care practitioners to use teletherapy for a specified patient under specified circumstances; establishing specified requirements for the technology a health care practitioner uses for teletherapy; requiring a health care practitioner to make a specified identification and establish a safety protocol that includes specified information before the first teletherapy session; etc.

Status: Unfavorable Report by Health and Government Operations; Withdrawn

MPS FOLLOWED MEDCHI:

[HB 437 \(SB 537\)- Department of Health and Mental Hygiene - Prescription Drug Monitoring Program - Modifications -](#) Requires certain prescribers and all pharmacists to register with the Prescription Drug Monitoring Program (PDMP) by July 1, 2017. Prescribers and pharmacists must also request and assess prescription monitoring data in a specified manner, except under specified circumstances. Prescribers and pharmacists are subject to disciplinary action by the appropriate licensing entity for failure to comply with the bill's mandatory registration and use requirements. PDMP may review prescription monitoring data for indications of a possible violation of law or a possible breach of professional standards by a prescriber or dispenser. If indicated, PDMP may notify and provide education to the prescriber or dispenser after obtaining certain clinical guidance from the technical advisory committee (TAC). The bill also requires the DHMH to develop and implement an outreach and education plan regarding mandatory registration with PDMP and submit specified reports.

Status: Passed.

[SB 482/HB 1184- State Board of Physicians - License Renewal - Grace Periods-](#) Providing that specified licensed physicians and allied health professionals regulated by the State Board of Physicians have 60 days after a license expires in which to renew it retroactively under specified circumstances; providing that, after a specified grace period has ended, specified licenses lapse into a nonrenewal status; etc.

Status: Unfavorable Report by Education, Health, and Environmental Affairs. Unfavorable/withdrawn by Health and Government Operations.

[HB 104- Medical Cannabis - Written Certifications - Certifying Providers-](#) Authorizing specified dentists, podiatrists, nurse midwives, and nurse practitioners, in addition to physicians, to issue written certifications to qualifying patients by substituting the defined term "certifying provider" for "certifying physician" as it relates to laws governing medical cannabis; establishing that specified providers must be in good standing with the regulatory board regulating the licensing and certification of specified providers; providing for a delayed effective date; etc.

Status: Passed

[SB 446- Interstate Medical Licensure Compact-](#) Enacting, with specified other member states, the Interstate Medical Licensure Compact to strengthen access to health care by providing a streamlined process allowing physicians to become licensed in multiple states; establishing specified eligibility requirements for physicians; requiring physicians to designate a specified state as the state of principal license; establishing the Interstate Commission to administer the Compact; requiring the Commission to establish a database

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Maryland News

of specified physicians and applicants; etc.
Status: Unfavorable Report by Education, Health, and Environmental Affairs; Withdrawn

[SB 450 \(HB 1487\)- Health Care Provider Malpractice Insurance - Scope of Coverage-](#) Authorizing the inclusion, in a policy that insures a health care provider against damages due to medical injury arising from providing or failing to provide health care, of coverage for the defense of a health care provider in a specified disciplinary hearing if the cost of the included coverage is itemized in the billing statement, invoice, or declarations page for the policy and reported to the Maryland Insurance Commissioner in a form and manner required by the Commissioner.
Status: Passed

Children's Mental Health Matters! Awareness Week May 1-7

The Mental Health Association of Maryland will host a **Youth Mental Health First Aid course** on **May 2nd and May 4th from 10:00 am to 3:00 pm** at the Mental Health Association office, 1301 York Road, Suite 505 Lutherville, MD 21093. Group discounts and scholarships are available. To register or if you have questions, contact Jennifer Treger at jtreger@mhamd.org or 443-901-1550 ext. 233.

[Celebrating Through Art: The First Lady's Mental Health Awareness Youth Art Display](#), a state-wide art project, will be showcased in Annapolis at the House Building on **Monday, May 2, 5:00 pm**.

The **Mental Health and Me panel** will be held **Tuesday, May 3, 6:00-8:00 pm** in the Charles Carol Room A 2203K, Stamp Student Union at the University of Maryland.

The University of Maryland, Baltimore County is hosting a Mental Health Day on **Thursday, May 5**. A flash mob will be held on campus at 12:00pm as well as a Youth Panel at 4:00pm.

Campaign materials are available to download and share with others:

[Educator Resource Kit](#)
[Resiliency Calendar](#)
[2016 Campaign Poster](#)
[Social Media Posts for 2016](#)
[Love Letter Project](#)
[Book List for Young Children](#)
[Book List for Older Children](#)

Check the [campaign website](#) for more details.

MedChi Issues Standards for Recommending Medical Cannabis

At its April 17 Spring House of Delegates meeting, MedChi set policy on several issues, one of which was Medical Cannabis Physician Recommended Professionalism Standards. Although MedChi has not taken a position on the medical utility of cannabis, they decided that it would be advisable to set standards for those physicians who choose to consider recommending it to their patients in accordance with the new Maryland law. MedChi's policy, adapted from similar standards set by the American Society of Addiction Medicine, provides guidelines for physician recommenders of medical cannabis, as follows.

A physician will -

- Be able to have good-faith discussions with patients without conversations on such topics between clinicians and patients being considered illegal or unprofessional acts.
- Adhere to the established professional tenets of proper patient care, including: history-taking and good faith examination of the patient; development of a treatment plan with clinical objectives; provision of informed consent, including discussion of potential adverse drug effects from use; periodic review of the treatment's efficacy; consultation, as necessary, with other clinical colleagues; and proper record keeping that supports the clinical decision to recommend the use of cannabis.
- Have a bona fide patient-physician relationship with the patient, i.e., should establish an ongoing relationship with the patient as a treating physician when there is not a pre-existing relationship, and should offer recommendations regarding the use of marijuana within the context of other indicated treatment for the patient's condition; they should not offer themselves to the public as solely a permit authorizing individual.
- Ensure that the issuance of "recommendations" is not a disproportionately large aspect of their practice.
- Have adequate training in identifying addiction and unhealthy substance use.

The complete [resolution](#) is available online.

From [April 25 MedChi News](#)

MedChi Final Session Report

The session concluded at midnight on Monday, April 11. The General Assembly considered 2,832 legislative bills and resolutions, plus the proposed Fiscal Year 2017 budget, 584 more bills than last session. The MedChi Legislative Council reviewed 235 bills, taking positions on many of these. [Click here](#) to view the MedChi Final 2016 Session Report.

The Importance of Termination of the Treatment Relationship

Termination issues and questions consistently represent the second most frequent topic discussed in the Risk Management Consultation Service (RMCS). From a professional liability perspective, it is well established in law that once a physician initiates a treatment relationship, you need to continue treating – and are liable as if you are treating – until the relationship has been properly terminated. While there could be some slight variance among states, the termination process consists of the following:

- Giving reasonable notice/time to find alternative treatment
 - ◊ States may have a shorter time requirement, but generally 30 days' notice is required
 - ◊ The follow-up letter should not be the first notice to the patient; it is best to discuss the need for termination with the patient, if possible
 - ◊ This notice period, during which the patient can find a new psychiatrist, defeats an allegation of abandonment
 - Educating on treatment recommendations
 - ◊ Such recommendations might address cautioning against the abrupt discontinuation of medication, reminder of driving restrictions, urging the patient to find a new psychiatrist ASAP, etc.
 - Assisting with finding alternative treatment
 - ◊ The specific name of a provider willing to take on the patient is generally not required
 - ◊ This can be a referral resource, such as the patient's managed care insurance company or a hospital referral desk. The APA has a "[Find a Psychiatrist](#)" online directory and the MPS office offers telephone referrals.
 - Offering to provide records, as requested by the patient
- Sending a follow-up letter
- ◊ If the need for termination was discussed with the patient, there's no need to repeat it in the letter; instead, you can say "As we have discussed, I am terminating our treatment relationship ..."
 - ◊ Send the letter
 - *Both certified (if required by your licensing board) **and** regular first class mail (so the patient actually receives the letter) or
 - *Delivery confirmation (offered by the postal service)

If the patient terminates with you, we still suggest sending a letter to confirm that you are no longer treating. Similarly, we recommend that you consider sending a letter when the patient's termination is evident by not coming in for appointments.

The terminating psychiatrist needs to continue to meet the patient's clinical needs during the termination period. If

you prescribe during the termination period, consider only prescribing through the termination date.

Remember that if at any time during the termination period the patient goes into crisis (imminently suicidal/imminently homicidal), and the patient is hospitalized, you can transfer care directly to the hospital, and then no notice is required. We suggest you confirm your transfer of care in writing (such as a fax) after letting the attending psychiatrist know that you are not available to the patient upon discharge.

Given our experience with the variety of termination issues that psychiatrists face, we've written a comprehensive article "[Termination of the Physician-Patient Relationship](#)" which includes several model termination letters.

Taking time to formally terminate care with patients can go a long way in minimizing professional liability risk.

LinkedIn Post 4/21/16

Donna Vanderpool, MBA JD

Vice President of Risk Management, PRMS

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Test your HIPAA Knowledge: Three Data Sharing Situations

The Health Insurance Portability and Accountability Act (HIPAA) [allows data sharing](#) without patient authorization for certain health care operations activities:

1. Care coordination.
2. Quality assessment and improvement.
3. Care planning.

Experts at the Office of the National Coordinator for Health IT recently published a [series of blog posts](#) on permitted uses and disclosures of protected health information (PHI) under HIPAA. The series provides reference materials and offers clarification to physicians and patients on when they can use and disclose PHI. It also offers several examples of when physicians or hospitals can disclose PHI without patient authorization.

From [April 8 AMA Wire post](#)

Medicare News

Part D Prescriber Enrollment Requirement Delayed Until February 1

CMS announced it will delay enforcement of the Medicare Part D prescriber enrollment requirement until February 1, 2017. The deadline was previously July 1. Please read the "[Provider Enrollment Requirements for Writing Prescriptions for Medicare Part D Drugs](#)" for details, or go to the [Medicare practice resource](#) section of our site and scroll down to the paragraph about prescribing.

CMS Comparative Billing Report on Psychotherapy and E&M Services

CMS will issue a national provider Comparative Billing Report (CBR) on Psychotherapy and Evaluation and Management Services in May 2016. The CBR, produced by CMS contractor eGlobalTech, will focus on providers with a specialty of psychiatry who bill psychotherapy CPT codes with and without a corresponding E&M code. CBRs contain data driven tables with an explanation of findings that compare providers' billing and payment patterns to those of their peers in their state and across the nation.

CBRs are only accessible to the providers who receive them; they are not publicly available. Providers should update their fax numbers in the Medicare Provider Enrollment, Chain, and Ownership System (PECOS) because faxing is the default method for disseminating the reports. Contact the CBR Support Help Desk at 800-771-4430 or CBRsupport@eglobaltech.com with questions or to receive CBRs by mail. For more information, visit the [CBR](#) website.

EHR Incentive Program Resources

CMS has posted updated resources on the [EHR Incentive Programs](#) website.

- What You Need to Know for 2016: [Eligible Professionals](#)
- Specification Sheets: [Eligible Professionals](#)
- [What's Changed for the EHR Incentive Programs in 2015-2017](#)
- Attestation Worksheets: [Eligible Professionals](#)
- [Alternate Exclusions and Specifications Fact Sheet](#)
- Public Health Reporting in 2016 Tip Sheet: [Eligible Professionals](#)
- [Security Risk Analysis Tip Sheet](#)
- [Patient Electronic Access Tip Sheet](#)
- [Guide for Eligible Professionals Practicing in Multiple Locations](#)
- Objectives and Measures Tables: [Eligible Professionals](#)

CMS Draft Regulations for Changes to Physician Payments

On April 27, CMS released a [proposed rule](#) for sweeping changes to payments the under the Medicare physician fee schedule. The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) holds great potential for allowing doctors to focus more on their patients and the innovations needed to improve quality, reduce costs and ensure the sustainability of their practices. MACRA offers physicians treating Medicare patients a choice of two payment pathways going forward:

- Participating in the **modified fee-for-service model**, which will be subject to a revised set of pay-for-performance metrics under the Merit-based Incentive Payment System (MIPS)
- Meeting requirements for **alternative payment models** (APM), which offer opportunities to improve care delivery while having more payment flexibility

Implementation will be key to whether MACRA achieves its potential. The intent of the law is to streamline the Medicare reporting programs that have been so burdensome for practices, reward high-quality care, and provide opportunities and support for physicians to develop and adopt APMs.

The 962-page regulation will take time to review, and the AMA is working with CMS during the 60-day comment period to develop recommendations. AMA will develop a detailed analysis of the proposed rule and coordinate formal written comments with state and national medical societies. In the fall, CMS will publish a final rule that will set the terms for the initial performance period, which will determine payment bonus and penalty amounts in 2019.

[Resources currently available](#) include an expert-authored [guide to physician-focused payment models](#), [key points of MIPS](#) and [five things you can do now to prepare](#). The AMA's [STEPS Forward™ collection](#) of practice improvement strategies also offers a variety of education modules to help physicians take steps toward advancing team-based care, implementing electronic health records, improving care and [practicing value-based care](#).

From [April 27 AMA Wire post](#)

New E&M Interactive Score Sheet

To assist with properly coding Evaluation and Management services, Novitas has added a self-service tool to its website. Click here to use the [E/M Interactive Score Sheet](#).

Medicaid News

CMS Finalizes Parity Rule for Medicaid and CHIP

On March 29, CMS [announced](#) final regulations to strengthen access to mental health and substance use (MHSU) services for people with Medicaid or Children's Health Insurance Program (CHIP) coverage, aligning with protections already required of private health plans under the Mental Health Parity and Addiction Equity Act of 2008.

Over 23 million people are enrolled in Medicaid managed care organizations, Medicaid alternative benefit plans, and CHIP. Currently, states have flexibility to provide services through a managed care delivery mechanism. The final rule maintains state flexibility in this area while guaranteeing that Medicaid enrollees can access MHSU services in the same manner as medical benefits.

Under the final rule, plans must disclose information on MHSU disorder benefits upon request, including the criteria for determinations of medical necessity. The final rule also requires the state to disclose the reason for any denial of reimbursement or payment for services with respect to MHSU disorder benefits.

For more information, review the 1425-page [final rule](#) or go to the [Medicaid Behavioral Health Services webpage](#).

New Federal Rules for Medicaid Managed Care

On April 25, HHS [announced](#) new standards for managed care in Medicaid and the Children's Health Insurance Program, which have become the main source of coverage for low-income people under the Affordable Care Act. Among other requirements, the regulations, which have not been updated in over a decade, specify that insurance companies meet network adequacy standards, and that at least 85 percent of what insurers get paid must be spent on medical care. They also envision a plan quality rating system. As the [final rule](#) is more than 1,400 pages long, it will take time to assess all its implications. It will be implemented in phases over three years, starting on July 1, 2017.

The rules apply to private managed care plans operating in 39 states and Washington, DC. Each state runs its own program, although the federal government pays most of the cost. About 80% of Medicaid recipients are served through managed care delivery systems. Medicaid pays doctors considerably less than private insurance or Medicare, creating concerns about access. For more information, go to the [Medicaid Managed Care webpage](#).

APA News & Information

APA Members' Course of the Month

Try the APA Learning Center's free online CME. Each month, members have access to an on-demand CME course on a popular topic.

May's [course of the month](#) will be **Updates in Women's Health: Depression and Anxiety During Pregnancy and Postpartum**. Depression and anxiety are common in pregnancy and in the postpartum period; however, doctors may be hesitant to recommend medications to pregnant or lactating mothers. This course will:

- 1) Discuss the impact of untreated depression and anxiety disorders in pregnancy and postpartum;
- 2) Discuss treatment decision-making, both to help guide the practitioner and to help educate the patient;
- 3) Summarize the current data on the safety of antidepressant/anxiolytic medication use in pregnancy; and
- 4) Provide an overview of the safety of antidepressants and anxiolytics in lactation.

The course will still be available for a fee after the month expires.

APA Residents' Journal

Residents' Journal, published online monthly with *The American Journal of Psychiatry*, serves as a forum for psychiatry residents and fellows to share ideas and experiences in training, clinical practice, research, and careers with colleagues. Learn more about how to [submit an article](#) (PDF) to the *Residents' Journal* or subscribe to the *Residents' Journal* [RSS feed](#).

Mental and Substance Use Disorders Among Hospitalized Teenagers

At least one mental or substance use disorder was involved in more than one-fourth of hospital stays among teenagers in 2012, according to a new statistical brief from AHRQ. Among those 310,100 hospital stays, mood disorders were the most common mental disorder, while cannabis use was the most common substance use disorder. [Learn more](#) about the many findings in this brief.

NAMIWalks Maryland

May 21, 2016

Inner Harbor, Baltimore

Help raise awareness about mental illness and vital funds that support FREE public programs across the Maryland. Visit www.namiwalks.org/maryland.

CLASSIFIEDS

EMPLOYMENT OPPORTUNITIES

AVAILABLE OFFICE SPACE

Psych Associates of Maryland, LLC seeks Child and/or Adult psychiatrist to join its thriving practice in Towson. We offer a collaborative care model with both therapists and psychiatrists. Full administrative support daily. NEVER SPEAK TO INSURANCE COMPANY FOR PREAUTHS! Very flexible scheduling. Unlimited vacation time. Ability to be an Employee or Independent contractor. Potential partnership available. Email Drmalik.baltimore@gmail.com or call 410-823-6408 x13. Visit our website at www.pamllc.us.

Prime Office Space Available for rent, July 1. 1501 Sulgrave Avenue in the Mt. Washington Village. (21209) Spacious, 20'x11' office, w 2 large windows, in suite w 2 other psychiatrists. Shared Waiting room. Reserved underground parking space. Please contact Larry Sandler 410-664-2909, Ld.sandler@gmail.com or Hinda Dubin 410-389-0739, hindadubin@aol.com

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Important Changes to MPS Dues Billing Practices

The MPS Council approved changing to a calendar year for dues billing beginning in 2017. The MPS will then be in sync with the APA dues billing cycle. The MPS will establish a 6 month budget for July-December, 2016 and a 12 month budget for January-December, 2017. Budgets will be presented to Council for approval at the June meeting.

PRACTICE OPPORTUNITY-Established busy outpatient psychiatric practice in Columbia is seeking a psychiatrist to work with us in providing evaluations, treatment planning, and medication management, and psychotherapy to a busy diverse population. The ability to work with adolescents & possibly children is an important part of the practice. If interested please contact: Richard Bacharach: (410) 598-1686 E-mail: rbacharach@comcast.net.

Dues for July 1 to December 31, 2016 will be billed by MPS staff in June. The amount will be half of the current dues, assuming no dues increase. These dues must be paid by December 31, 2016.

Psychiatrist wanted for behavioral health organization in Baltimore. Adult population served. Clinical responsibilities include evaluations and psychopharmacology management. Buprenorphine services offered by the clinic, but not a necessary requirement for hire. Full or Part-time employment. Send CV to: University Psychological Center, Inc. Attn: Clark J. Hudak, Jr., Ph.D. Requirements: Active individual Malpractice insurance (1-3 million) and Valid License, DEA, CDS.

Beginning with calendar year 2017, the APA will bill membership dues for both the APA and the MPS, clearly stating that one amount is for the APA and the other amount is for the MPS. The first email billing will go out in September. Paper invoices will be sent in October. Members may pay these dues by check, credit card or other arrangement with the APA. Dues will no longer be billed separately by the APA and the MPS at different times of the year.

The 2017 combined dues must be paid to APA by March 31, 2017 or the member will be dropped.

Board Certified Adult Psychiatrist: Join a dynamic outpatient practice with offices in Annapolis, Columbia and Glen Burnie. Work with another psychiatrist, physician assistants, and psychotherapists. Office staff provides credentialing, billing, scheduling and all administrative needs. Please email hanitaks@hotmail.com.

Most members with Life status will notice a change in the amount of their MPS dues. Of those, a small number will pay more, some will pay less and many will pay none at all. The MPS will request voluntary dues from lifers who still in practice but are dues-exempt.

Please call the MPS office at 410-625-0232 if you have any questions about this important change.



Come Be a Part of the Change at Spring Grove Hospital Center!

Under new leadership, **Spring Grove Hospital Center (SGHC)** is hiring full-time and part-time Psychiatrists to lead a team of professionals in treating complicated mentally ill and legally encumbered patients. We are a 400 bed hospital operated by the State of Maryland and are the second oldest continuously operating psychiatric hospital in the United States, fully accredited and certified. We are conveniently located just outside of Baltimore on a scenic 200-acre campus.

We offer flexible and adjustable work schedules. After hours on site call is NOT provided by psychiatry! Our salaries are competitive and we have a comprehensive benefits package; including generous vacation and retirement plans. This position would be an excellent choice for an early career psychiatrist on a medical-director track or a later career psychiatrist looking to scale back. Mentoring is readily available and continuing medical education (CME) is accessible on site. Don't worry about billing, call, limited time with patients or lack of support

Interested candidates may visit www.dbm.maryland.gov for more specific information and to apply online for Physician Clinical Specialist. Candidates may also send their CV to:

Elizabeth R. Tomar, MD, Clinical Director
55 Wade Avenue
Catonsville, Maryland 21228
410-402-7596 (Phone)
410-402--7038 (fax)
elizabeth.tomar@maryland.gov
EOE



Family Services, Inc.
PART OF THE SHEPPARD PRATT HEALTH SYSTEM

TWO OPENINGS FOR ADULT & CHILD PSYCHIATRISTS

Family Services, Inc. has two immediate openings for a part time contract Psychiatrists working 20 hours per week. We are seeking both an adult psychiatrist and a child/adolescent psychiatrist. We are a well-established Outpatient Mental Health Center serving a highly diverse client population including children, adults and families from a client centered, trauma informed and recovery oriented model of care. Psychiatrist will be responsible for direct psychiatric care including evaluations and medication management. Our Outpatient Mental Health Center (OMHC) offers mental health services to 1,200 clients annually and has offers opportunities to work in a wide spectrum of community psychiatry settings.

The OMHC is co-located with a Federally Qualified Health Center (FQHC), Community Clinic Inc. which creates opportunities for integration of behavioral health and primary care.

The OMHC has also developed a partnership with Neighborhood Opportunity Network to provide a social service component which offers social services located in the shared space.

This position also includes opportunity to work with an Early Intervention Program Coordinated Specialty Care team for adolescents and young adults following an initial episode of psychosis. Training and support from University of Maryland researchers is available for all team members.

Family Service Inc. operates a psychiatric rehabilitation program, Montgomery Station, which provides housing, outreach and day program for seriously mentally ill adults and adolescents with a focus on recovery. Experience with this population and interest in working alongside Montgomery Station staff is highly desired.

Candidates must be board certified or board eligible in psychiatry. Position is offered as a part-time contracted position and contract physician must have independent malpractice insurance. If you are interested in being considered for this opportunity or would like more information, please send your resume to jen.carberry@fsi-inc.org. Visit www.fs-inc.org for more information about Family Services.

Child and Adolescent Mood Disorders: Innovations in Assessment and Treatment for a Vulnerable Population

June 24, 2016

Holiday Inn Oceanfront, Ocean City, MD

Go to www.AdventistBH.com for more details



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Jewish Community Services is seeking a Full or Part-Time (20 hours/week) Psychiatrist for our outpatient mental health center.

Job Skills/Qualifications:

-Conduct psychiatric evaluations and medication management

Experience:

-Psychiatric Resident or Fellow
-Child and adolescent experience a plus

Education:

-MD; Licensed in Maryland, DEA certification, liability insurance

Fax your resume and cover letter to 443-200-6108 or apply directly online to:

<https://home.eease.adp.com/recruit/?id=14919471>.

The MPS is planning some excellent CME activities for this fall so be sure to save the date!

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