MARYLAND PSYCHIATRIC SOCIETY

# MPS NEWS

**Volume 30, Number 3** **Editor: Heidi Bunes** **July 2016**

## In This Issue



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, **September 13** in the MPS office.

President's Column

## Evil Exists

What can you say after another senseless massacre of American citizens? Orlando, FL was added to the chain of locations where people have been gunned down in what should have been a safe place. We have witnessed similar murders in schools, a movie theater, workplaces and a church prayer meeting. At first, there are tears and anger. Politicians promise reform, debate among themselves extensively, and then fail to effect meaningful change. Assault weapons can still be obtained easily in this country, even for people with suspected terrorist ties.

America is in the midst of a public health crisis due to the easy availability of weapons capable of mass destruction. Maryland acknowledged this disturbing trend and attempted to rein it in legislatively in 2013. MPS was a strong advocate of the establishment of one of the nation's strictest gun-control measures that was signed by Governor Martin O'Malley. Our state accomplished what Congress has been unable to do, as the National Rifle Association continues its lobbying efforts and financial support of Congressional members.

But Orlando was different in another way. While terrorism was certainly at play, the murders in a gay nightclub were also an act of hate. According to an analysis of data collected by the FBI, gay, bisexual and transgender people are the most likely targets of hate crimes in America today. The attack in Orlando is witness to the continued stigma that the LGBT community has to face, despite the profound change in societal perception and tolerance in recent years. Same sex marriage is now federal law, but bigotry remains just beneath the surface. Gay bars have long been sanctuaries for the LGBT community and places where many people have come to accept their sexual orientation safely and celebrate their community. The month of June is usually when Gay Pride festivals occur across the country and was chosen to commemorate the time when this community began to fight back against police repression in the 1969 Stonewall riots in NYC. Evil entered just such a sanctuary in Orlando in June, 2016 and shattered any complacency that may have existed.

Psychiatrists have to be available to help our patients deal with the trauma that racism, terrorism, homophobia and the easy availability of guns have wrought. It is not just a failing of the mental health system that causes the tragedies in Aurora, Newtown, San Bernardino, Blacksburg, Charleston and now Orlando. Our American system is failing us all. We are witnessing the rise of politicians who are allowed to espouse hatred and instill fear of their fellow citizens, as they campaign for office and govern in Congress. Some politicians and church leaders have even condemned the dead in Orlando and felt that they were punished for their lifestyle.

We as psychiatrists have to be there to support our traumatized patients and country, as we all try to make sense of a system that allows evil to grow and Americans to be murdered.

*Merle C. McCann, M.D.*

### New Website on Gun Violence

APA Publishing has created a **WEBSITE** with resources relating to gun violence and mental health to help dispel the myths that the two issues are closely linked and to provide educational resources to psychiatrists.

## Important Changes to MPS Billing Practices

The MPS Council approved changing to a calendar year for dues billing beginning in 2017 so that the MPS will be in sync with the APA dues billing cycle. At its June meeting, Council approved a 6 month budget for July-December, 2016 as well as a 12 month budget for January-December, 2017. Continuing in 2017 and thereafter, Council will adopt a budget for the following calendar year at the June meeting.

MPS dues for July 1 to December 31, 2016 were billed in mid-June. Dues amounts are half of the current dues since the bill covers only six months instead of a full year. These dues must be paid within **90 days** to avoid late fees.

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

## Special Member Rate for 2016 MPS Directory Ad

MPS members can advertise their practice, change in location, specialty, new book, etc. for a special rate of only $100 for 1/3 page in the directory. Contact Kery Hummel at the MPS office 410-625-0232 or khummel@mdpsych.org.

## Attention: Members Completing Psychiatric Training

Resident-Fellow Members must advance to General Member status upon completion of residency training. A member-friendly procedure allows automatic advancement to General Member based on the training completion date originally provided in the member's application. Members will be asked to verify that they meet the requirements for General Member status by signing a verification form/ email. After Resident-Fellow Members advance, they become Early Career Psychiatrists (ECPs) - APA General Members who are within their first seven years after training. This group receives special support from the APA and the MPS. Visit the APA website for ECP networking and career development information.

## MPS Members Out & About

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

On June 9, **Mark Komrad, M.D.** did a podcast with Dan Rodricks on "How the news skews the reality of mental illness and violence."

## July is Diversity Mental Health Month

This year's theme is "Cultural Competence and Inclusive Excellence." In line with this month's focus on diversity, the following APA online CME courses may be of interest:

• The Practicality of Cultural Psychiatry: Bridging the Gap Between Theory and Practice.
• Reducing Ethnic/Racial Disparities Across the Lifecycle in the Age of Patient Protection and Affordable Care Act.

In addition, the APA website offers six videos of best practice highlights for treating diverse patient populations.

## Amy Marlow Wins MFP Anti-Stigma Advocacy Award

In June, the Maryland Foundation for Psychiatry Board of Directors announced their 2016 Anti-Stigma Advocacy prize winner, Amy Marlow. Her article, "My dad killed himself when I was 13. He hid his depression. I won't hide mine." appeared February 9 in the *Washington Post*. The board was particularly impressed with the poignancy of her description of dealing with her own depression and emotional experiences beginning in childhood while dealing with a parent's depression and eventual suicide. The award will be presented November 19 at the MPS event with Richard Kogan, M.D.

Marlow stated, "My choice to speak openly about mental illness and suicide has not only enhanced my own recovery, but has helped others dealing with similar issues to feel less alone. I am deeply honored to be recognized for challenging mental health stigma, and hope my article will encourage other survivors of suicide loss to speak out and get the support they need and deserve. For this reason I have donated 100% of this $500 award to the Chesapeake Life Center, a Maryland-based organization that provides grief counseling to children who have lost a loved one to suicide. It is a privilege to be a member of our regional mental health community and I am grateful for this very special recognition."

The annual Anti-Stigma Advocacy Award recognizes a worthy piece published in a major newspaper that accomplishes one or more of the following:

- Shares with the public their experience with mental illness in themselves, a family member, or simply in the community.
- Helps others to overcome their inability to talk about mental illness or their own mental illness.
- Imparts particularly insightful observations on the general subject of mental illness.
- A Maryland author and/or newspaper is preferred.

Amy McDowell Marlow is the author of the blog bluelightblue, which was recently recognized by Healthline.com as one of the best blogs on depression of 2016. She is also a certified peer mentor and public speaker with NAMI.

# June 14 Council Highlights

Executive Committee Report

•Dr. McCann discussed Council meeting dates for the coming year. Possible conflicts will be resolved.

•The Executive Committee met with APA staff to discuss APA Centralized Billing. The APA acknowledged the negative impact that using APA lifer definitions based on years of membership would have on dues collected by the MPS. The APA offered the MPS a three year grace period to continue billing lifer dues based on time in practice, but the MPS must send the invoices and collect payments. At the end of the three year period, the overall impact of Centralized Billing will be evaluated. Council accepted the three year trial to evaluate this billing method.

•Dr. McCann also explained that the final Phase 3 of the MPS website redesign is underway. This will allow members to pay online for events, advertising in MPS publications and any other MPS activities using a PayPal platform. The MPS will be able to bill dues should there be a decision in the future to discontinue Centralized Billing.

•Finally, he discussed a letter received from APA Area 3 Trustee Roger Peele, M.D. regarding APA Election Guidelines and the use of emails from candidates to APA members. Council discussed the need to increase the number of members voting in APA elections. Council approved the use of a local District Branch listserv for campaigning by candidates, which will be conveyed to Dr. Peele.

Executive Director's Report

•Mr. Hummel stated that work on the 2016-2017 MPS Membership Directory has started. Members received information on the "Member Special" advertising via email. Other potential advertisers will also receive invitations in June.

•Dues statements for July – December 2016 will be mailed in mid-June. For certain MPS members, beginning with calendar year 2017, the APA will begin billing dues for both the APA and the MPS. These bills will be sent in October and will clearly state that one amount is for the APA and the other amount is for the MPS. These dues can be paid by check, credit card or other arrangement with the APA. Lifers, Affiliates and Friends will continue to receive dues invoices from the MPS; the initial 2017 dues mailing is expected in September.

Secretary-Treasurer's Report

Dr. Triplett presented the following items:

•Based on the change in the CPI (consumer price index) since the last dues increase, a 1% dues increase ($4 per year for full dues) is included in the 6-month and 2017 budgets. Council approved the increase.

•The 6 month operating budget for July 1 - December 31, 2016 reflects half of the usual operating year for the MPS, and includes the directory income and two CME events. Hosting costs have increased for the MPS website and database. The projected deficit is $9800. Council approval of this budget was unanimous.

•The 12 month operating budget for January 1 - December 31, 2017 completes the change to a calendar year for future MPS operating budgets. Hosting expenses remain high until the current contract expires, health insurance is expected to increase 10%, and revenue is expected to decrease due to member drops with the shortened timeframe to pay. This budget projects a $29,200 deficit compared to the FY16 deficit of $24,400. After discussion regarding the deficit, Council unanimously approved the 2017 budget as presented.

•A proposed 18 month capital budget for July 1, 2016 - December 31, 2017 includes $16K for a new computer network. Although this may not need to be replaced, it is on the list of items for periodic replacement. There is also $5K for Executive Committee-approved expenditures for smaller items, such as a laser printer, conference call system, etc., as well as $5K for possible additional work on the MPS website. Council approval was unanimous.

Membership Committee Report

Dr. Lehmann presented the committee's recommendation to drop a member for non-payment of dues; however, a Council member who knows the person will check into the situation before we proceed.

Program and CME Committee Report

•Dr. Addison presented the agenda for the joint MPS/ Southern Psychiatric Association meeting, *Innovation, Empowerment, and Collaboration in Psychiatry*, being held in Baltimore September 28-October 2 at the Renaissance Harborplace Hotel. Many MPS members, including Dr. Saul Levin of APA, will be featured.

•The MPS and MedChi will present Dr. Richard Kogan exploring *Beethoven's Deafness: Psychological Crisis & Artistic Triumph* on November 19 at Goucher College.

•The MPS Spring Conference, *Treating LGBT Patients: Ethical Issues, Gender Dysphonia & Mental Health,* had 62 attendees and reviews were extremely positive.

New Business

•Dr. Daviss presented the 2016-2017 slate of Maryland Foundation for Psychiatry officers and directors. Council voted unanimously to approve the slate as presented. Two proposed changes to the foundation's bylaws were approved by Council: a new category of Corresponding Directors who are appointed by the foundation board, and Honorary Directors are no longer subject to a one year term but remain for life. He noted that the MPS President has an opportunity to appoint up to 2 designated directors to represent the MPS.

•Dr. Daviss also discussed the Maryland Behavioral Health Coalition retreat next month, which will include legislative plans regarding substance abuse/mental health carve outs or carve-in with MCOs. Drs. McCann and Palmer expressed an interest in attending the meeting.

# Maryland News

## Maryland Physicians Score Major Win with HSCRC Hospital Update

On behalf of Maryland physicians, MedChi lobbied heavily on the annual hospital update factor determined by the Health Services Cost Review Commission (HSCRC). MedChi's usual view that this is solely a hospital issue has changed as the impact and reach of the waiver evolves. This year and in future years, MedChi will take an active role in the HSCRC update process since the new waiver requires physician alignment, and the next phase will include us in some manner.

MedChi asked that the following factors be considered while the HSCRC decides what to do with the hospital update: the CMS blueprint requirement at the end of the year, MACRA, gainsharing, and the alignment issues of this past legislative session.

The waiver contract requires a blueprint for phase two by the end of the year. MedChi has consistently opposed a straight rate-setting system for physicians. However, we have been working with the HSCRC and others to create alignment with gainsharing and other economic incentives for physicians. We asked the State to present to CMS a blueprint that includes a plan on alignment for physicians and other community providers with hospitals based on gainsharing and other economic incentives.

As a result of the federal MACRA legislation, all physicians must be in an advanced payment model (APM) by the end of the year, but **several innovative payment models are not allowed in Maryland due to our Medicare waiver**. MedChi asked HSCRC, as well as other relevant stakeholders, to develop a plan to address MACRA in Maryland and present those issues to CMS.

Finally, we believe the alignment strategies already developed need to be addressed. The physician community, as well as the HSCRC, have been working with stakeholders in good faith for over two years on several gainsharing programs that are currently under consideration by CMS. MedChi continues to support the two alignment programs and required designation language. We asked that the update address the importance of supporting physician innovation and alignment.

MedChi was pleased that the HSCRC adopted a hospital update that accepted all of MedChi's requests, including a conditioned payment increase and other physician-friendly requirements. A link to our formal comments can be found HERE.

From June 13 *MedChi News*

## Maryland to Require Criminal History Record Check of Physicians

Starting after this license renewal period the State of Maryland will begin requiring all physicians to undergo a background check. During the 2015 General Assembly, the law was changed to require that physicians and allied health professionals governed by the Maryland Board of Physicians be required to submit to criminal history record checks (CHRCs). Here is what you need to know:

- Effective October 1, 2016, new licensees, renewals, and applications from former licensees will have to undergo CHRCs.
- For current licenses expiring on September 30, 2016, a timely renewal will not require a CHRC.
- However, if you are late by even one day in applying to renew this year, you WILL be subject to the CHRC and any associated delays.
- Complications can be avoided by submitting your renewal application well ahead of the September 30 deadline.
- MedChi will provide further information on obtaining a CHRC.

If you have an issue or concern that you feel could come up during the process next year, we strongly urge you to contact MedChi now so we can help you get appropriate help. We are working to make this as reasonable and easy a process as possible.

From June 6 *MedChi News*

## Maryland's Preferred Drug List Updated July 1

Medicaid's Preferred Drug List, encompassing about 1700 drugs, covers most of the generic versions of preferred multisource brand drugs without any type of prior authorization. For a brand name drug, the prescriber must complete and submit a Medwatch form The exceptions to this rule are in the updated Preferred Drug List (PDL) that is effective July 1, 2016. (There are a number of these exceptions in the Central Nervous System category.) For a complete PDL, visit: https://mmcp.dhmh.maryland.gov/pap/Pages/druglist.aspx

# Maryland News

## 2016 Insurance Legislation

The Maryland Insurance Administration has posted all of the insurance legislation signed into law this year by Governor Hogan. Following are some summaries that are more relevant to psychiatrists. For the complete list, click on the link above. For the full details about the new laws' provisions, click the bill numbers below. For more info, contact Nancy Egan at 410-468-2488 or nancy.egan@maryland.gov.

HB 639 (Chapter 109) – **Health Insurance – Provider Claims – Payment by Credit Card of Electronic Funds Transfer Payment Method**
Authorizes a health plan to pay a claim for reimbursement using a "credit card" or electronic funds transfer that imposes a fee on the provider if:
1. The carrier notifies the provider in advance that a charge will apply (provider needs to determine the specific amount);
2. The insurer offers the provider an alternative, non-fee payment method; and
3. The provider elects to accept this form of payment.
*Effective October 1, 2016*

HB 798 (Chapter 121) – **Health Insurance Reporting Requirements – Repeal**
Among other things, repeals the requirement for private review agents to report updates to their medical criteria for utilization review.
*Effective June 1, 2016*

HB 1318 (Chapter 309) – **Health Benefit Plans – Network Access Standards and Provider Network Directories** [see also article on next page.]
- Requires the Commissioner to establish quantitative, and, if appropriate, non-quantitative criteria to evaluate the sufficiency of insurer networks by December 31, 2017
- Requires health plans to report annually their access plan regarding network adequacy beginning July 1, 2018.
- Establishes information that is required for network directories.
- Requires updates to online network directories at least every 15 days and printed directories at least annually.
- Requires the network directory to be updated within 45 working days if an inaccuracy is reported by a person other than the provider.
- Requires carriers to periodically either review a sample of their network directory for accuracy, or contact network providers who have not submitted a claim within the past 6 months to find out whether they intend to remain in the network.
- Requires carriers to accept new and updated network directory information submitted for a provider either through a multi-carrier online system to be designated by the Commissioner, or directly to the carrier.
- Requires carriers to set procedures to ensure that requests for referrals to specialists outside the provider panel are addressed in a timely manner. Such requests must be documented by the carrier and provided to the Commissioner upon request.

*Effective various dates.*

HB 1487/SB 450 (Chapter 210/Chapter 209) – **Health Care Provider Malpractice Insurance – Scope of Coverage**
Authorizes a medical malpractice insurer to include coverage for disciplinary hearings if the cost is:
- Itemized in the invoice or declarations; and
- Reported to the Insurance Commissioner

*Effective October 1, 2016*

SB 887 (Chapter 445) – **Health Insurance – Consumer Health Claim Filing Fairness Act**
Requires insurers to allow at least one year for enrollees to submit a claim, and suspends that limit if the enrollee is legally incapacitated.
*Effective January 1, 2017*

## To All Physicians in Maryland

The House of Delegates of MedChi, The Maryland State Medical Society, is conducting a survey of Maryland physicians to determine their attitudes toward "Aid in Dying" (Physician-assisted Suicide). This is an important public policy issue that has been the subject of several bills in the Maryland General Assembly. Information about the specific bills and the issue in general, as well as the survey questions, are found at this WEBSITE. For questions about the survey, please contact Steve Johnson at sjohnson@medchi.org. Thank you for your help.

From June 27 *MedChi News*

## Congrats to MFP!

Congratulations to the Maryland Foundation for Psychiatry on reaching its silver anniversary! The first slate of MFP officers was approved by the MPS Council in June 1991 – 25 years ago. For more information about the organization and its activities, including radio announcements, awards and other anti-stigma efforts, please visit the website.

# Maryland News

## Check the PDMP Before Prescribing Controlled Medications

No matter how much you like the patient or feel convinced the patient can't possibly be misusing the drug you are prescribing, it's important to check the prescription drug monitoring program (PDMP) before prescribing a controlled substance. Read Dr. Lembke's personal account of her lesson in humility involving just such a patient.

The PDMP collects and securely stores information on drugs that contain controlled substances and are dispensed to patients in Maryland. Drug dispensers, including pharmacies and healthcare practitioners, electronically report the information that is stored in the PDMP database. The purpose of checking the PDMP is to optimize safe prescribing. The PDMP can help clinicians avoid prescribing medications that may have dangerous interactions with other medications and mitigate the risk of prescription drug misuse, overuse, and addiction.

The following pieces of information contained in a patient's controlled substance prescription history should serve as a red flag to the clinician:

- Benzodiazepines co-prescribed with opioid painkillers, a combination that increases the risk of accidental overdose
- Multiple prescriptions for the same or similar drug from different doctors ("doctor shopping"), a sign of addiction
- Prescriptions for tramadol, an opioid with serotonergic properties that, when combined with selective serotonin reuptake inhibitors, increases the risk of serotonin syndrome
- The combination of a benzodiazepine, a stimulant, and an opioid—a drug trifecta that represents dangerous polypharmacy, with drugs working at cross-purposes and posing a risk for addiction

**Beginning October 1, 2016, practitioners authorized to prescribe CDS in Maryland must be registered with the PDMP prior to obtaining a new or renewal state CDS Registration (issued by the of Drug Control) OR by July 1, 2017, whichever occurs sooner.**

In addition, **beginning July 1, 2018**, prescribers must, with some exceptions, query and review their patient's PDMP data prior to initially prescribing an opioid or benzodiazepine AND at least every 90 days thereafter as long as the course of treatment continues to include prescribing an opioid or benzodiazepine. Prescribers must also document PDMP data query and review in the patient's medical record.

Prescribers and pharmacists may delegate healthcare staff to obtain CRISP user accounts and query PDMP data on their behalf. For more information, visit the PDMP website.
If you prescribe CDS and haven't already registered with the PDMP through CRISP, go to https://crisphealth.org/ and click on PDMP 'Register' button on the left-hand side of the screen. For registration help, call 1-877-952-7477.

## Second Network Adequacy Public Meeting July 14

The series of public meetings related to House Bill 1318/ Senate Bill 929 - Health Benefit Plans -Network Access Standards and Provider Network Directories continues on July 14 at the Maryland Insurance Administration, 200 St. Paul Place, 22nd Floor Francis Scott Key Room from 10 a.m. until noon. The Maryland Insurance Commissioner is tasked with adopting regulations to establish quantitative and, if appropriate, non-qualitative criteria to evaluate a carrier's network sufficiency. Topics to be discussed include:

- Geographic accessibility of primary care and specialty providers, including mental health and substance use disorder providers. §15-112(D)(2)(I)*
- Should separate geographic accessibility standards be developed for certain specialists?
- Should certain sub-specialties be treated separately from the general specialty?
- Geographic variation and population dispersion. §15-112 (D)(2)(V)

*Statutory references are to HB1318.

The full agenda for the entire series of public meetings is posted on the MIA website at under Quick Links in the section labeled Network Adequacy Regulation Information. If you plan to attend this meeting either in person or via teleconference, please RSVP to Lisa Larson. Written materials should be sent to Lisa Larson's attention at networkadequacy.mia@maryland.gov. For those interested parties who cannot attend in person, the conference call number for this meeting is: 866-247-6034 Passcode: 1573490062.

## Member Updates and Survey

The MPS will send member information update forms as well as the 2016 member survey in mid-July. Please watch your US mail and return your information promptly.!

The MPS membership directory will be published early fall and we depend on you to make sure our information is up to date. In addition, member data is used for the online Find a Psychiatrist and the telephone patient referral service. **We are adding many more insurance participation options**, so be sure to indicate all networks you're part of.

Survey results will be published in a fall issue of *MPS News*, and MPS leadership will consult this member input as the year progresses. This is the easiest way for you to play a role in the organization, so don't miss this opportunity!

Please call the MPS office at 410-625-0232 with questions.

# APA News & Information

## Secret Shopper Study of Network Adequacy and Parity Enforcement Efforts

On June 20, the popular Kojo Nnamdi talk show on NPR featured the APA and APAF's DC Network Adequacy study that was released at the Annual Meeting. The study looked at the experience of a mental health or substance use patient in finding in-network psychiatric care in D.C. using the network directory from the three largest carriers in D.C. This "secret shopper" study showed that only 14% of the psychiatrists listed in the directories were available to schedule a new patient visit, and then only after a wait of over 19 days.

The radio show, Do You Know how to Access Mental Health Care?, covered reasons for network adequacy such as parity violations that resulted in physicians leaving the network in order to spend more time with patients and less time on paper work, making more money and actually seeing more patients, providing more access, stigma as a reason why mental health patients do not push back on the carriers and their employers when they cannot find care, and the need for attorneys general and law enforcement to step in and ensure that consumers are getting the access they are paying for.

APA and APAF's study also is the impetus for an investigation into consumer fraud in advertising directories that are not accurate and for selling access to care that the insurance industry does not deliver. D.C. Attorney General Karl Racine will moderate a panel at the National Association of Attorneys General Summer Meeting in Vermont at which APA's Sam Muszynski, the NY Attorney General, a private trial lawyer, and industry consultants will speak to an audience of 225 attorneys general and their staff about the need for their involvement in enforcement of mental health parity. This meeting was also engineered by APA, and as you may recall is one of the strategic priorities of the parity implementation plan presented to the BOT last year.

An APA tool kit and APA staff are available to help district branches interested in following this strategy in their state.

The APA hosted the first public listening session of the newly established White House Task Force on Mental Health and Substance Use Disorder Parity at the Annual Meeting. Over 200 APA members attended with testimony on parity problems presented by numerous members, [including **Steve Daviss, M.D.** from the MPS]. On June 6, DOL and HHS issued a new health plan guidance document regarding possible parity issues, "Warning Signs- Plan or Policy Non-Quantitative Treatment Limitations that Require Additional Analysis to Determine Mental Health Parity Compliance." This new guidance echoes many of the recommendations APA made at the Parity Listening Session regarding more aggressive regulatory oversight.

*Saul Levin, M.D., M.P.A.*
*APA CEO and Medical Director*

## APA Advocacy Ends Denial of Medicare Claims for Several Psychiatric Diagnoses

Claims will no longer be denied for some 40 diagnostic codes submitted by mental health practitioners participating in the Medicare Part B program in 13 states, including Maryland, Delaware, Pennsylvania, DC and Arlington and Fairfax counties and the city of Alexandria in Virginia. Novitas, the Medicare carrier in those areas, responded to APA advocacy and updated its Local Coverage Determinations (LCD) to include the codes. Moreover, claims submitted since December 31, 2015 that had been denied will be retroactively approved and paid.

Novitas agreed to update its LCD to include ICD-10 codes that correspond to *DSM-5* diagnoses for more than 40 conditions, including some commonly used by psychiatrists—alcohol dependence, major depression, bipolar disorder, anxiety disorder, schizophrenia, and posttraumatic stress disorder (PTSD).

The problems with codes for the disorders in the 13 states relate to the level of specificity required in ICD-10. Users of ICD-10-CM are generally required to select diagnostic codes at the maximum level of specificity for claims to be paid; if a subtype or specifier is reflected in the diagnostic code, the user is obligated to indicate it.

Because the mental disorders section of ICD-10-CM was originally developed in the mid-1990s to correspond to the structure of *DSM-IV* rather than *DSM-5*, coded subtypes that appear in *DSM-IV* but were dropped for *DSM-5* have resulted in the diagnostic codes of a number of *DSM-5* diagnoses not being accepted by some payers for reimbursement, despite the fact that they are valid ICD-10-CM diagnostic codes.

A list of the diagnostic codes for which services were previously being denied and will now be covered can be found here.

From June 16 *Psychiatric News Alert*

## APA Members' Course of the Month

Try the APA's **free** online CME. Each month, members have access to an on-demand course on a popular topic. Less than 30 minutes in length, this course can help you brush up on a trending topic over lunch. July's course of the month is **Updates in Neuropsychiatry: Chronic Fatigue Syndrome** — What Electrophysiology and Neuroimaging Can Tell Us About Its Pathophysiology. The course will be available for a fee after the month expires.

# APA News & Information

## Area 3 Trustee –Final Report, May 2010-May 2016

Serving on the APA Board of Trustees these past six years has been, for me, a very great pleasure as well as a distinct honor. These years were full of major developments, big challenges, and substantial accomplishments for American Psychiatry. For brevity, I discuss below only the areas in which I was most involved. Many important topics are not discussed in this summary report, but can be found in my prior quarterly reports.

**Litigation/PR Campaign for Parity -** After a briefing by APA General Counsel Colleen Coyle (with whom it was wonderful to work throughout all six years) at its March 2013 meeting, "(t)he Board took very forceful action to stop violations of the Parity Act by insurance carriers which clearly are misusing the new CPT codes (e.g. 99214+90833) and underpaying claims for psychiatric services. …The Board voted to use all reasonable resources, including litigation, and approved the budget presented by the APA's attorney, to end the practice of some insurance companies of violating the Mental Health Parity and Addiction Equity Act (2008) by using strategies such as CPT code changes as a means of discriminating against psychiatric patients and their psychiatrists and denying patient access to care for which they and their employers have paid."

This combined litigation/public relations campaign saw prominent advocates, such as Patrick Kennedy, giving forceful speeches on how patients were being deprived of their rightful insurance benefits. The APA filed suit in federal district court, and assisted in developing legal theories and strategies in other cases, including in Vermont, with a very favorable decision resulting. The campaign has resulted in news coverage, relationships with attorneys general, and the enforcement arm of the Department of Labor. During the May 2016 annual meeting, the APA hosted the White House Task Force on Parity's first open hearing with APA psychiatrists testifying as to the continued violations of the parity laws.

In the last months of his tenure, then APA Medical Director/CEO Jay Scully, M.D., reported to the Board that the leaders of several insurance companies were calling him to urge APA to work with them rather than engage in litigation. APA has done this in the past several years. APA's aggressive and very public, continuing parity enforcement campaign has led to real progress. The major insurers are in general covering the new double CPT coding structure in an improved manner. Of course problems remain.

**March 2012 "reset" of relation of the full Board and its Executive Committee -** At that Board meeting, I led a successful initiative to "reset" the relationship of the Board's Executive Committee to the full Board. For the first two years of my service as Area 3 Trustee, I was troubled by the practice that -- as stated on the Board's agenda for each meeting -- the Executive Committee's reports to the full Board were "for information only." While our Executive Committee (EC) properly exercises the delegated authority to act for the full Board in between Board meetings, it seemed to me that, like any committee report, the EC's report should be submitted to the full Board for its consideration and action-- as are all other committee reports, including for example those from the DSM-5 committees. The authority, and fiduciary responsibility, of our Association are vested in the Board of Trustees, not in its Executive Committee, and we were in danger of drifting into oligarchy.

I suggested we change the procedure so that the EC would report on its activities to the full Board at each meeting "for review and appropriate action." My initiative was held over until the second day of our Board meeting – during which interval it picked up increasing support. When it came on for consideration the next day under new business, after discussion my motion was agreed to by the full Board essentially without objection. I am proud of this achievement – and proud of the fact that I was able to accomplish it without generating hard feelings. The new arrangement works well, emphasizing the full Board's primacy over decision-making.

**DSM-5 -** As the various committees completed their long, excellent, and dedicated work on the new DSM in 2012, after ten years in the development process, areas of disagreement, whether involving science, policy, or public relations, remained. The Board undertook its responsibility as the governing body of APA to decide these questions. Reportedly, no prior edition of DSM had such detailed, hands-on attention from the Board. With a number of entries, after in-person and telephonic meetings, the Board made final decisions on what would be published. Then APA President Dilip Jeste, M.D., decided that in view of the activism of the Board of Trustees in creating DSM-5, all members of the Board would be listed in the front of every copy of the book. He recently expressed his view that the Board of Trustees members are "the authors of DSM-5."

The tremendous world-wide success that followed the publication of DSM-5 in May 2013 has had a most salutary effect on APA's income; financial reserves are strong. Controversy over some features has not slowed sales. DSM-5 has been called the best-selling medical textbook in the history of publishing.

A process of ongoing, considered, and deliberate revision of DSM-5 over time, as new scientific or other advances occur, is in place, led by Paul Appelbaum, M.D

**New Medical Director/CEO** - The retirement of Jay Scully, M.D., marked completion of his years of great dedication and accomplishments to APA and to psychiatry. The Board interviewed the finalists to be his successor, chosen by the search committee. Saul Levin, M.D., was chosen the new Medical Director/CEO. In his first couple of years, Dr. Levin has proven a strong leader, making significant changes and creating new dynamic programs and initiatives. In my judgment, Dr. Levin is

# APA News & Information

superb as CEO/Medical Director, maintaining excellent interpersonal relations with Board members and all other key players, while keeping a strong focus on planning and future directions for our profession.

**New home for APA headquarters on the Wharf** - An excellent committee chaired by Frank Brown, M.D., with the assistance of a team of topnotch professional consultants, contributed to the choice of a new location for APA. The Board was involved in a hands-on manner, touring the final site choices, and in on all major discussions and decisions. The choice of our new home at The Wharf, on the Southwest Washington waterfront, in a lease/purchase agreement, will in my judgment stand out as a fine location for our beloved Association.

**Membership Growth** - APA membership had been declining for a decade, and the drop was a source of major concern. The first couple of years of Dr. Levin's tenure, with new member initiatives, has seen a 7.8% increase in total membership from 2013-2015 (2,628 new members) and a 4.7% increase (1,244) in dues-paying members. As membership is the life blood of a professional association, these gains are of central importance.

**APA Foundation** - The Foundation's excellent programs continue to grow in strength and recognition. These include: *Typical or Troubled*, a program to help schools identify children in need of mental health services; the *Healthy Minds* PBS TV Series; Partnership for Workplace Mental Health; Right Direction, a major new initiative for depression in the workplace; Judges' Leadership Initiative, helping keep the mentally ill out of prisons, championed by Florida Judge Steven Leifman, recently honored at the Supreme Court. Foundation retiring Executive Director Paul Burke was recently saluted for his wonderful service and accomplishments.

**Maintenance of Certification -** The Board took a stand in opposition to the requirements of Part 4 of MOC, and in favor of life-long learning for psychiatrists, but without undue, unnecessary, and expensive demands on the members.

**APA Ad Hoc Work Group on Involvement in "Social" Issues** - Appointed by Renee Binder, M.D., during her presidential year just completed, I had the honor to serve as one of six APA members of the Work Group to address the question: When should APA take a public stand on an issue?—a matter of perennial debate and no little controversy. Early in our discussions, we decided to delete the term "social issues" and consider, instead, all issues. We proposed, and the Board adopted, four criteria to be met before APA takes a stand on an issue:

1.The APA should have substantial expertise or perspective to offer

2.Positions should be relevant to access to care, or the prevention, diagnosis, or treatment of psychiatric disorders

3.The issue being considered should be significant for psychiatrists and their patients

4.The APA should develop positions on issues where the APA may have a meaningful impact and positively share public opinion.

**APA Registry** - In March 2016 the Board of Trustees voted to proceed with development of a mental health registry and authorized funding for two years with reports back to the Board at each meeting. This is a major new program, which I strongly supported. Changes to health care delivery as a result of the Affordable Care Act will require improvement in quality of care, while at the same time reducing costs. With an increasing national focus on quality and cost, the opportunity to leverage clinical registries to improve outcomes and appropriate utilization has never been greater. The APA believes that the establishment of a registry will assist members in meeting these new requirements and is an investment for the future of the profession of psychiatry.

Establishing a registry will also help members comply with Physician Quality Reporting System (PQRS) & Merit-Based Incentive Payment System (MIPS) requirements and avoid penalties, which began in 2016 (2%) and will increase to 9% in 2022. A registry would also allow members to submit performance and practice data from the registry for Maintenance of Certification (MOC) Part IV credit. A registry will provide a national research data base with aggregate de-identified data to help improve patient outcomes, develop new diagnostics and therapeutics, develop practice guidelines, identify gaps in care and inform APA educational programs, and support advocacy initiatives. It will also allow the APA to develop new psychiatric quality measures (with funding from CMS until 2019).

The registry will have a Registry Oversight Committee with representatives from various components, including the Assembly and others approved by the Board of Trustees. Registry development will begin immediately with implementation early in 2017.

**Election Guidelines -** The participation of members in the APA annual election of officers has decreased from over 30% when I first ran for Trustee in 2009-2010 to 18% in the 2016 election. While all want more participation, achieving that goal remains elusive. Increased communication between candidates and voters seems obviously needed. Emails have been a major vehicle for candidates getting their messages to the members, including the large majority on the sidelines, but email use has been marked by controversy lately, and by difficulty in candidates obtaining full and equal email lists for use in election season. At the March 2016 Board meeting, the Board mandated a reconsideration of the rules and procedures, to be reviewed at the July meeting, in time for the 2017 election.

*Brian Crowley, M.D., DLFAPA*
*Area 3 Trustee 2010-2016*

# Medicare News

## Proposed Medicare Payment Models Update

On June 27, the AMA submitted comments on the proposed regulations to implement the Medicare Access and CHIP Reauthorization Act (MACRA). The AMA's high level recommendations are summarized in bullet form on the second page. Over-arching recommendations are made with respect to:

- implementing a transitional reporting period in 2017 that starts no sooner than July 1 (which pushes the original date back by six months)
- providing more flexibility for solo physicians and small group practices; and
- giving physicians more timely and actionable feedback on their performance reports.

Many specific recommendations are for simplifying the proposed Merit-based Incentive Payment System (MIPS) requirements to reduce administrative burdens and for enabling more physicians to participate in alternative payment models.

## Initiative to Help Small Practices

On June 20, HHS announce $20 million of funding for assistance to individual and small group practices related to the MACRA Quality Payment Program, which will change how Medicare pays clinicians. These funds will help provide hands-on training tailored to small practices, especially those in historically under-resourced areas including rural areas, health professional shortage areas, and medically underserved areas. Consultation about the Quality Payment Program will be provided **at no cost to the clinician or their practice.** Awardees will be announced by November 2016. Click for the full text of the HHS press release.

## New Sunshine Act Data Now Available Online

Data on 2015 payments and other transfers of value to physicians from pharmaceutical and medical device manufacturers that were reported to CMS, and updates to the 2013 and 2014 data are now accessible online. Collection and reporting of these data are required under the Physician Payment Sunshine Act, part of the Affordable Care Act. For more information, see **RESOURCES** posted on the APA website.

## Data on Part B Costs, Services and Trends

On May 5, CMS posted the third annual release of the Physician and Other Supplier Utilization and Payment public use data with summarized information on Part B services and procedures provided to Medicare beneficiaries by physicians and other healthcare professionals. The data includes payment and submitted charges, or bills, for services and procedures provided by each physician or supplier. It allows for comparisons by physician, specialty, location, types of medical services and procedures delivered, Medicare payment, and submitted charges.

The updated 2014 dataset has information for over 986,000 health care providers who collectively received $91 billion in Medicare payments. New in the 2014 data is the Medicare standardized payment amount, which removes geographic differences in payment rates for individual services and makes Medicare payments across geographic areas comparable. For more info, see the CMS press release.

# AMA Updates

## 2016 AMA Annual Meeting Highlights Chicago, My Kind of Town

The American Medical Association once again staged its annual meeting in Chicago. Always a maelstrom of activity, the meeting this time was no different. Held in the middle of June, the weather was sultry, the politics rife, the attendees eager and the time for sleep short. The actual issues upon which the delegates vote often have been around for a while and have been discussed in previous meetings. That, however, is the nature of the beast whether speaking of the AMA or national politics. Whether it is MOC or EHR, the alphabet soup of topics that repeat meeting after meeting suggests that the issues are thorny and tenacious, and the internal politics of AMA can sound like the Chicago Stockyards. Remember the old adage about making sausage and crafting laws, or resolutions!

There were, however, some notable new entries and new riffs on old themes.

SGR is gone, and scheduled to replace it is MACRA (the Medicare Access and CHIP Reauthorization Act). MACRA may illustrate the warning to "be careful what you wish for." One can choose the payment pathway of either shared risk or "value" based payments, whatever that is! My impression is that doctors are looking at this Gordian knot and opting out of Medicare in plenty of time to avoid its triple burden of regulations, paperwork and expensive EHR redos. However, we had the opportunity to listen to Andy Slavitt, the head of CMS, who has famously said that CMS seems to be losing the

# AMA Updates

## Highlights of the 2016 AMA Annual Meeting (Continued)

"hearts and minds of the doctors of America and CMS had better pay attention." Mr. Slavitt was introduced by many at AMA as being genuinely interested in easing the physician's burden and better defining a sane pathway to payment. While this may or may not be true, he seemed genuinely interested in hearing about our concerns. We'll see!

A number of public health/public policy resolutions were adopted, among them, final passage of a Resolution first brought forth by Maryland two years ago in consideration of banning powdered alcohol. Powdered alcohol can be concealed easily by underage drinkers, and, because it is not a proportional volume expander, can double or triple the proof of a drink purposefully or surreptitiously. It was referred to the Council on Science and Public Health, on which I sit as a Councilmember, and our report in support of a ban nationally was adopted by the House of Delegates without debate.

Resolutions on new school start times, and ethical guidelines for Telemedicine with new rules of disclosure on financial and geographic conflict of interest were promulgated.

The American Board of Internal Medicine was the subject of a scathing report in the Organization of State Medical Association Presidents section of past presidents, presidents and presidents-elect. Hitting hard on the finances of this board group and the relevance of its tests for recertification, it is sure to spark ongoing revolts for the internists, and a continuing monitoring of all specialty branch testing for relevance and cost.

Orlando happened during our meeting. The horror of gun violence, this time against a specific group, brought forth a determined and rapid response from our AMA, sparked by the students, residents and fellows. They mobilized very quickly after the shootings, using social media to generate a resolution declaring gun violence a public health crisis, and calling on the federal government to end the ban on research into gun violence. I had had no idea there was such a funding ban...but it has been in existence for 20 years. We, as physicians, felt that the need for open and honest research to back up our resolutions should be sacrosanct. Maryland was asked to co-sponsor this resolution. We did, and by the time of its submission it had garnered 55 co-sponsors, a record for a resolution at the AMA. It passed without debate.

Elections, as always, play a large part in any AMA meeting, but especially the annual meeting, at which the actual balloting takes place. Maryland's own, Willarda Edwards, a practicing family physician from Baltimore, longtime active member of AMA and past president of several important medical organizations, was elected to the board of trustees after a great campaign, which Maryland delegates helped mount and carry out. We were proud!

The psychiatric subsection chaired by Carolyn Robinowitz brought together colleagues from across the country and was a pleasant and informative way of keeping up with colleagues.

The readers of this column are used to seeing Tom Allen's byline in this space. Tom was termed off the delegation last year and asked me to write in his stead. Well, I can't write in Tom's stead, but I am proud to be asked to help keep psychiatrists informed about the important work done at the AMA.

I am a practicing psychiatrist in Chevy Chase. I was born in Chicago, but have lived most of my life in New York and suburban Washington. I have been president of both Med Chi and Montgomery County Medical Society. I am currently and have been for 15 years the editor of *Maryland Medicine*, the journal/magazine of MedChi. I am a delegate to the AMA, Vice Chair of the delegation and an elected member of the Council on Science and Public Health of the AMA.

Tom Allen was my mentor and I miss him at our meetings, although I am fortunate to be able to see him at the MedChi meetings twice a year. Tom is smart, kind, compassionate, and motivated to help others succeed. I experienced the benefit of all of those qualities as we worked together at MedChi and AMA and I am sorry that I cannot have the benefit of his wisdom, and you the benefit of his writing, in regards to the AMA. I hope I am able to contribute to your knowledge about the AMA meetings. I will have a hard time meeting Tom's standards, but I will try my best.

If anyone would like more information, please reach me at 301-951-4466 or at bruce.smoller7@gmail.com.

*Bruce Smoller, M.D.*
*AMA Delegate from MedChi*
*Member, AMA Council on Science and Public Health*

## MedChi Member Wins Seat on AMA Board

MedChi has not had a representative on the AMA Board of Trustees for nearly twenty years. However, that changed last week when **Willarda V. Edwards, M.D., M.B.A.**, an internal medicine physician from Baltimore, was elected. Since 1984, Dr. Edwards has practiced internal medicine, serving as managing partner in her private practice. Over the same period, she has been committed to organized medicine, holding prominent positions in local, state and national associations. She is a past president of both the National Medical Association (NMA) and MedChi. MedChi extends its warmest congratulations to Dr. Edwards**.**

From June 20 *MedChi News*

# AMA Updates

## New AMA Ethical Guidance on Telemedicine

With the increasing use of telemedicine and telehealth technologies, delegates at the 2016 AMA Annual Meeting adopted new policy that outlines ethical ground rules for physicians using these technologies to treat patients. Based on a report from the AMA Council on Ethical and Judicial Affairs, the policy notes that while physicians' fundamental ethical responsibilities don't change when providing telemedicine, new technology has given rise to the need for further guidance.

According to the new policy, any physician engaging in telemedicine must:

- Disclose any financial or other interests in particular telemedicine applications or services
- Protect patient privacy and confidentiality

The policy outlines guidelines for physicians who either respond to individual health queries electronically or provide clinical services through telemedicine. Broadly, some of these guidelines include:

- Informing patients about the limitations of the relationship and services provided
- Encouraging telemedicine patients who have a primary care physician to inform them about their online health consultation and ensure the information from the encounter can be accessed for future episodes of care
- Recognizing the limitations of technology and taking appropriate steps to overcome them, such as by having another health care professional at the patient's location conduct an exam or obtaining vital information through remote technologies
- Ensuring patients have a basic understanding of how telemedicine technologies are used in their care, the limitations of the technologies and ways the information will be used after the patient encounter

For more details, see the full June 13 *AMA Wire* post.

## Unsecured Email and HIPAA

The following is excerpted from a LinkedIn post by Justin Pope of PRMS (click the link for complete information):

.... As it currently stands, unencrypted email may currently be used if the patient agrees to its use and is notified in advance. Given today's plethora of encryption options, OCR has been fairly vocal about the importance of encryption, especially in the context of laptops and portable devices containing protected health information. .... For your use, we have made our "**Sample Email Consent and Guide to Email Use**" available at https://www.psychprogram.com/currentpsychiatry.html.

## Faculty Opportunity
## Department of Psychiatry, University of Maryland School of Medicine, Baltimore

The University of Maryland School of Medicine is actively recruiting for a Board Certified or Board Eligible Adult Psychiatrist for a position in our academic medical center. The position involves working as an attending psychiatrist on an acute adult inpatient unit leading an interdisciplinary team including residents and medical students. The position could be limited to the inpatient work or expanded to include outpatient work. A generous benefit package is available. Opportunities for teaching and collaborative research are offered. Salaries are competitive with training and years of experience. Please send a letter of introduction and CV to: William T. Regenold, M.D.C.M., Associate Professor and Director, Division of Geriatric Psychiatry and Adult Inpatient Service. University of Maryland, Baltimore, 22 South Greene Street, Baltimore, MD 21201 or email to: **wregenol@psych.umaryland.edu**

The University of Maryland, Baltimore is an Equal Opportunity, Affirmative Action employer. Minorities, women, individuals with disabilities, and protected veterans are encouraged to apply.

UNIVERSITY of MARYLAND SCHOOL OF MEDICINE

## Jewish Community Services (JCS), is a non-profit human services agency that provides programs and services to support meeting basic needs for economic sufficiency; living independently; achieving mental health and competence; and feeling supported by and connected to the Jewish community in ways that are meaningful.

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.

# CLASSIFIEDS

## EMPLOYMENT OPPORTUNITIES

Windrush Behavioral Health is seeking a full time Psychiatrist for an Inpatient Unit to serve as Medical Director to oversee and participate in patient care. Windrush Behavioral Health is a private practice contracting with a general hospital and offering private practice salary, health insurance, IRA plan, short term disability and opportunity for partnership. This is an opportunity to practice inpatient care and be in private practice. Please email suite309@aol.com to schedule an interview.

Psychiatrist, University of Maryland Health Center, College Park - The UHC is seeking an additional psychiatrist to join our team. We are a Health Center providing comprehensive primary care and immediate care to students, faculty and staff. Mental Health services are available to students only. Our Mental Health team includes psychiatrists, a psychiatric nurse practitioner, counselors, drug and alcohol counselors, and a sexual assault response and prevention service. The UHC has a strong and active trans-health program and we have been recognized by the Human Rights Campaign as a Leader in LGBT Health. There are regular opportunities to interact with learners in a variety of mental health disciplines. The University of Maryland is a vibrant community recognized for its diversity, with underrepresented students comprising one-fourth of the student population. The UHC sits within a strong and supportive Division of Student Affairs. College Park is a growing community close to Baltimore and Washington, DC. We hope that you'll consider joining us! Apply here!

The Mental Health Association of Frederick County seeks a Child and/or Adult psychiatrist to join their team of Social workers and Professional counselors as a Medical Director. MHA is a private non-profit looking to expand our counseling services program to an OMHC. We offer daily administrative support, paid malpractice insurance, competitive salary, and flexible hours including evening and part to full time. Qualified candidates must be board eligible and possess a current license to practice in Maryland at the time of appointment. Board certification is strongly preferred. For more information please contact Ellie Bentz, Clinical Director, at 301 663 6135 x133.

Outpatient Only! Full and Part Time Psychiatry in Baltimore Suburb - Outpatient psychiatry clinic operating on best-practice principles: initial appts last one hour, with 30-minute follow-ups. Nurse case-manager handles coordination between your patient's other physicians and pharmacy, including medication pre-authorizations. Located in a green North Baltimore neighborhood known for its fine schools, historic houses and walkable retail district. Extremely competitive salary and benefit packages. Inquiries: staff.director@gladstonepsych.com

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.

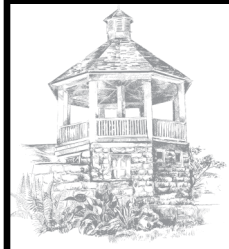
**SEEKING RESEARCH PHYSICIANS - Pharmasite Research, Inc.**, a leading clinical trials facility in suburban northwest Baltimore seeks qualified, licensed physicians for employment in clinical research. Qualified candidates may be trained in psychiatry, neurology or internal medicine, and must be licensed to practice in Maryland. Prior experience as a Principal Investigator and/or Sub-investigator on Phase II-III clinical trials is highly desirable. Independent contractor positions are available with flexible, part-time hours. Additionally, opportunity and space are available for a physician seeking both a research position and private psychiatric practice. To discuss these opportunities, please call Surya Korn, Director of Operations at 410.602.1440, or e-mail surya@pharmasiteresearch.com.

## AVAILABLE OFFICE SPACE

Ellicott City/Columbia Mental Health Office Space- Are you looking for an ideal location for your mental health office? We have the space for you in the Dorsey Hall Professional Park. Redesigned with new carpets, furnished, windows, handicapped access and your personalized security system. Share office with other psychiatrists and therapists. Reception area, restroom and kitchenette are located in the suite. The office provides easy access to routes 29, 70, 32 and100. Don't miss out on this opportunity! Contact Dr. Durruthy at 410-992-0272.

Timonium Office For Sublet: Luxurious 10th floor space in handicapped- and public transportation-accessible office bldg.: 1 or 2 furnished offices within a 1000 sq ft private psychiatric suite, including waiting room, secretarial space and kitchenette. Option for practice purchase also. Contact Dara at 410-453-0901.

Towson-- Stunning private unfurnished office available in shared four-office psychotherapy suite. Stellar space. Many xtras. Large windows, great views, balcony spanning length of the entire suite. Ideal location. Psychiatrist retiring. Contact dika.seltzer.llc@gmail.com or text 443-801-9611.



# 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

Over 100 Years of Service
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.

# PSYCHIATRY-SPECIFIC COVERAGE

PROVIDING PROTECTION, SUPPORT AND DEFENSE FOR PSYCHIATRISTS SINCE 1986

**PRMS'® psychiatry-specific medical professional liability insurance program protects you with an unrivaled network of services and a team of experts who understand your practice.**

## PROTECTION

Rates and policy features designed for psychiatric risks.

## SUPPORT

Unparalleled risk management services and advice tailored to psychiatric issues and activities.

## DEFENSE

Expert litigation management by a defense panel with extensive experience and a proven track record in psychiatric litigation.

Get the protection of a psychiatry-specific program built for your unique needs.

When selecting a partner to protect you and your practice, consider the program that puts psychiatrists first. **Contact us today.**

**More** than an insurance policy

(800) 245-3333 | PsychProgram.com/Dedicated | TheProgram@prms.com

PRMS the psychiatrists' program®