MARYLAND PSYCHIATRIC SOCIETY

MPS NEWS

Volume 30, Number 3 **Editor: Heidi Bunes** **August 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

Changes Are Happening

The MPS is moving ahead with a planned conversion to a calendar year schedule for budgeting and dues billing, with an estimated conversion by January, 2017. We were one of two District Branches that was adhering to an academic year, putting us at odds with the vast majority of other branches and the APA. The Executive Committee reviewed the pros and cons of this change, recommended the move and was supported by the Council. Under Heidi Bunes's capable direction, a six month budget from July – December 2016 and a yearlong budget from January – December, 2017 were prepared and approved by the Council. Separate tax returns will be needed, as well. Change is never easy, but we hope that this one will proceed smoothly.

One immediate advantage of a new business calendar for the MPS, will be the availability of the existing APA billing system to assist our organization's collection of dues. The Executive Committee met with APA staff, including its Chief of Membership, to further explore this option. They stressed that the MPS would realize savings in both the expenses of dues collection (eg printing, postage, etc.) as well as in staff time currently spent in managing the billing process. Upon reflection and after discussion with staff members and the Council, we felt that it would prove a benefit to our members and agreed to move ahead with this new plan.

Dues from July 1, 2016 through December 31, 2016 were sent by MPS staff in June, 2016. The amount was half of the yearly dues amount. These dues must be collected by December 2016. Beginning with dues for 2017, the American Psychiatric Association will bill membership dues for both the APA and the MPS. Bills will be sent in October, 2016, and the combined dues must be paid to the APA by March 31, 2017 or the member faces being dropped from both organizations. There are some exceptions to this new arrangement. The MPS will continue to bill members who have reached life status as we try to reconcile a difference between how the APA and MPS define this category. In addition, the MPS will bill all Affiliate Members and Friends. We have committed to centralized billing with the APA for three years and will re-evaluate at that time.

Members of the MPS will have access to the APA Scheduled Payment Plan, providing a more convenient way to pay dues. Beginning with the 2017 billing cycle, members will be able to have both APA and MPS dues charged automatically to a credit card in monthly, quarterly, biannual or annual installments. Many of our members use this system to pay their APA dues and are looking forward to being able to do likewise with their MPS dues. We hope that this should prove a benefit for our members and will make paying dues less painful.

During our time of transition, the Executive Committee and staff of the MPS urge you all to bear with us. We are open to feedback, but we are hoping that this new calendar will aid our organization and make it easier for you to maintain your memberships in both the APA and the MPS.

Merle C. McCann, M.D.

Important Changes to MPS Billing Practices

The MPS is changing to a calendar year for dues billing beginning in 2017. The MPS will then be in sync with the APA dues cycle. The transition involves a 6 month budget for July-December, 2016 and a 12 month budget for January-December, 2017. Each year thereafter, Council will adopt a budget for the following calendar year at its June meeting.

MPS dues for July 1 to December 31, 2016 were billed in June. The amount is half of the annual dues. Payments must be received within 90 days to avoid late fees, which will be assessed next month.

With a few exceptions, 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. Paper invoices will be sent in October. Members must pay the combined dues by March 31, 2017 to avoid being dropped from both organizations. Dues can be paid by check, credit card or other arrangement with the APA. The exceptions are for members who have reached life status, Affiliate Members and Friends, who will all continue to be billed by the MPS for MPS dues.

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

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.

Phil Dvoskin, M.D. is a curator and exhibitor in the Towson Arts Collective "Journeys" exhibition, which has its opening reception on August 6, and runs through August 26.

Friendly Reminders

In June, the MPS sent invoices for July – December 2016 **membership dues**. Late fees will be assessed in September so please send payment this month, if you haven't already. To find out whether you still owe, call 410-625-0232 or email mfloyd@mdpsych.org.

Check your information on the **member update form** that was sent by USPS in July. Please return any corrections before the August 29 deadline for the 2016 membership directory. The data is also used for the patient referral service, the online Find a Psychiatrist and the lobbying network.

Don't forget to respond to the 2016 MPS **member survey**, which can be done quickly online or you can complete and mail back the form that was sent by USPS in July.

Thank you!

2016 – 2017 MPS Meeting Dates

- **September 13, 2016** - Council meeting - 8 PM at MPS
- **September 28 – October 2, 2016** MPS/SPA meeting - Renaissance Hotel Baltimore
- **October 18, 2016** - Committee Chairs meeting - 8 PM at MPS
- **November 8, 2016** – Council meeting - 8 PM at MPS
- **November 19, 2016** – MPS/MedChi meeting – Goucher Auditorium Towson
- No December meetings
- **January 10, 2017** – Council meeting – 8 PM at MPS
- **February 14, 2017** – Council meeting – 8 PM at MPS
- **March 14, 2017** – Council meeting – 8 PM at MPS
- **April 11, 2017** – Council meeting – 8 PM at MPS
- No May meetings

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.

Review of 2015-2016 MPS Accomplishments

During the 2016 Maryland General Assembly, MPS members **met with over 20 key legislators** during Advocacy Days. Of 60 bills reviewed, testimony and written positions were given on 19 that directly affected psychiatry. Some major successes include:

- Law prohibiting the Board of Physicians from mandating specific CME as a condition to renewal of a license.
- Law requiring carriers to maintain updated and adequate Provider Networks.
- Law requiring DHMH to adopt regulations that ensure Medicaid is in compliance with the Parity Act of 2008.

Launched **Find A Psychiatrist**, which includes **195 members** whose phone number can be found online using this search tool.

Coordinated funding and development of an **Amicus Brief** filed in the Maryland Court of Appeals for Allmond v. DHMH, which challenges the current statute for medication panels for psychiatric inpatients.

MOC training and symposia on addictions (with mandated **opioid prescribing CME**) and **LGBT mental health.**

Promoted **parity awareness and enforcement** with a Maryland-specific poster explaining patient rights and how to complain.

Alerted members to **review and correct data posted** in Open Payments, Physician Compare, and Part B billings.

Distributed practice information:

- CDS license renewals and medical license renewal changes (including opioid prescribing CME mandate)
- Maryland Prescription Drug Monitoring Program updates
- New Maryland Preauthorization Requirements
- Risk management tips addressing Online Marketing, HIPAA Lessons, and Terminating Treatment
- Medicare & Medicaid rates, enrollment, opting out, feedback reports, Rx requirements, EHRs, PQRS and PDLs
- Confidentiality and Privilege in Maryland
- ICD-10 transition resources
- New practice guidelines
- Clozapine REMS Program

MPS Paper of the Year Award given to **Asheena Keith, M.D.**

Engaged and supported residents and early career psychiatrists with a **networking** event and lunches.

A record number of members **(30) advanced to Fellow** status, and Joseph Liberto, M.D. & Jennifer Palmer, M.D. were named Distinguished Fellows. The MPS had the second best member retention rate nationally.

Honored **Irvin Cohen, M.D.** with the 2016 MPS **Lifetime of Service Award.**

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.

Leslie A. Earll, M.D.
Sumit Naig, M.D., Ph.D.
Syed A. Qamer, M.D.
Raheela Sultan, M.D.
Munachim I Uyanwune, M.D.
Nadia Zaim, M.D.

Transfer Into Maryland
Candes L. Dotson, D.O.
Bradley R. Grant, D.O.
Zhihong, M.D.
Paul Tiger, M.D.

Upgraded to General Member
Chad J. Lennon, M.D.

Thank You!

The following members have paid full dues for July - December even though they qualify for reduced dues because they have reached life status. We appreciate your financial support of the Maryland Psychiatric Society!

Thomas Allen, M.D.
Louis Cohen, M.D.
George Gallahorn, M.D.
Jill Joyce, M.D.
Thomas Krajewski, M.D.
Jay Phillips, M.D.
Paul Ruskin, M.D.
Daniel Storch, M.D.
Hamid Tabatabai, M.D.

New Parity Brochure

SAMHSA has produced a new brochure that alerts patients to their rights and protections under the parity law. The tri-fold brochure can be downloaded and printed for distribution in waiting areas.

Maryland News

A New Ruling on Clinical Review Panels in Maryland

The ability to involuntarily administer medications to individuals who have been committed against their will to an institution has varied significantly over time. In 2007, Mr. Anthony Kelly challenged Health General §10-708(g), the Maryland law that allowed for the use of a Clinical Review Panel (CRP) to authorize the involuntary administration of medication. The CRP reasoned that "without the medication, Mr. Kelly was at risk of a longer period of hospitalization due to his remaining serious mental illness that caused him to be a danger to himself or others." After a series of challenges, and based on the U.S. Supreme Court's decision in Washington v. Harper (1990), the Court of Appeals of Maryland determined that Mr. Kelly should not be forced to take medications against his will unless he displayed signs of dangerousness as a result of his mental illness while in the hospital.

That decision presented a challenge to the treatment of mentally ill individuals who were involuntarily committed and refused pharmacological intervention because, although they were committed to restore their competency, they could not be treated appropriately unless dangerous while in the hospital. Thus, in October 2014, Health General §10-708(g) was amended to allow for an individual to also be involuntarily medicated if the individual was at substantial risk of continued hospitalization because they would remain seriously mentally ill with no relief, or as a result of the symptoms that led to their hospitalization.

Most recently, this statute was challenged by Mr. Gary Allmond, a man with Schizophrenia who was charged with first-degree murder after allegedly strangling his girlfriend. He was adjudicated incompetent to stand trial and, like Mr. Kelly, was committed to Clifton T. Perkins Hospital Center. During his hospitalization, Mr. Allmond displayed signs of paranoia, hallucinations, delusional thoughts, and disorganization, but did not pose imminent dangerousness while in the hospital. When his treatment team recommended he start taking psychotropic medications, Mr. Allmond refused, became more agitated, and attempted to assault a staff member. A CRP authorized the involuntary administration of medications for a period of 90 days. Mr. Allmond did not contest that decision. A second CRP reauthorized the involuntary administration of medication on the grounds that he would remain seriously mentally ill for a significantly longer period of time with symptoms that would cause him to be dangerous if released. Mr. Allmond appealed the decision to an Administrative Law Judge (ALJ), and ultimately to the Circuit Court of Howard County. At that stage, Mr. Allmond argued that the statute violated his rights under the Due Process Clause of the U.S. Constitution and Article 24 of the Maryland Declaration of Rights. The Circuit Court reasoned that the State had a legitimate self-interest in medicating a hospitalized individual with a mental illness and thus held that the statute was not unconstitutional.

The case reached the Court of Appeals of Maryland, where Mr. Allmond raised a facial challenge to the statute's constitutionality under Article 24 of the Maryland Declaration of Rights. A facial challenge is a challenge to the statute as a whole or on its face, as opposed to an as applied challenge, which would focus on how the statute is applied to his particular circumstances. The Court noted that a law is unconstitutional on its face if it can be demonstrated that "no set of circumstances exist under which the Act would be valid." As part of this analysis, the Court considered Article 24 of the Maryland Declaration to be coextensive with the substantive due process rights of the U.S. Constitution and, thus, considered past U.S. Supreme Court cases which had addressed this issue: specifically, Washington v. Harper (1990), Riggins v. Nevada (1992), and Sell v. United States (2003). These cases established that in order to involuntarily administer medications, there must be "medical appropriateness" and an "overriding justification." The Court noted that some examples of "overriding justifications" include preventing danger to self or others within a facility and restoring competency to stand trial. Because a set of circumstances giving rise to these justifications was conceivable, the Court rejected Mr. Allmond's facial challenge to the statute and affirmed the Circuit Court ruling.

Therefore, Maryland's Health General §10-708(g) is facially consistent with Article 24 of the Maryland Declaration of Rights. Although applied constitutional challenges to the statute may occur in the future, Health General §10-708(g) continues to allow for the involuntary use of medication if an individual is at substantial risk of prolonged hospitalization as a result of the symptoms that led to their commitment, even if they do not demonstrate dangerousness while in the hospital.

Viviana Alvarez-Toro, M.D.
PGY2 Resident
University of Maryland/Sheppard Pratt
Psychiatry Residency Program

For Last Names Starting with A-L

BE SURE TO RENEW YOUR MEDICAL LICENSE BEFORE THE SEPTEMBER 30 DEADLINE!! Thereafter, Maryland will require a criminal history record check before approving your license renewal, even if you're just a day late. The 2015 General Assembly passed a law 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) effective October 1, 2016. This applies to new licensees, renewals, and applications from former licensees. For current licenses expiring on September 30, CHRC complications and any associated delays can be avoided if you **submit your renewal application well ahead of the September 30 deadline**.

Maryland News

Medicaid Seeks Federal Waiver to Provide Residential Substance-Use Treatment

On June 30, DHMH submitted a waiver renewal application for HealthChoice – Maryland's statewide, mandatory Medicaid managed care program. The goal of the requested policy innovations is to break cycles of addiction and disease affecting our communities. HealthChoice is designed to manage costs, enhance service utilization and increase healthcare quality for nearly 1.1 million Medicaid participants. The HealthChoice waiver must be renewed every three years with CMS; states often use renewal periods to enhance their Medicaid programs. Maryland is seeking federal support of initiatives including residential treatment for individuals with substance-use disorders, and improved transitions of individuals with criminal justice involvement back to their communities.

Residential treatment for substance-use disorders

Presently, federal dollars are not available to support substance-use disorder treatment for individuals receiving care in Maryland residential facilities because of the Institutions for Mental Disease (IMD) Exclusion. The federal IMD Exclusion prohibits Medicaid reimbursement for adults between the ages of 21 and 64 who are receiving services in "a hospital, nursing facility or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment or care of persons with mental diseases – including medical attention, nursing care and treatment of individuals with mental diseases. Maryland is asking CMS for a waiver of those rules to allow Medicaid funds to cover a continuum of evidence-based, residential substance-use services provided in our communities. Maryland is one of the first states in the country to initiate this request, and has been in active negotiations with CMS.

Transitions for criminal justice-involved individuals

The Governor's Office of Crime Control and Prevention convened the Justice Reform Coordinating Council to develop a justice reinvestment process, which resulted in the Justice Reinvestment Act passed in this year's legislative session. Connecting eligible individuals to Medicaid coverage upon release is a key component of the Act, and the state is seeking a waiver to provide presumptive eligibility – a pathway to longer-term Medicaid coverage through an on-site eligibility determination – for individuals leaving jails and prisons in the state.

Pilots for strengthening local communities

The waiver application also seeks federal matching funds for two pilot programs that are designed to help Maryland's local communities address social determinants of health:

- The first would support local efforts to provide services through two evidence-based, home-visiting model programs – the Nurse-Family Partnership and Healthy Families America. The models focus on high-risk pregnant women and their children up to age 5.
- The second would provide limited housing support services to up to 250 Medicaid participants statewide.

Other items in the waiver include program enhancements to the Increased Community Services program and a request to provide dental coverage for former foster youth, based on legislation enacted in the 2016 session. Click on the following links for information about the waiver renewal or the policies currently implemented to fight overdose in Maryland.

From July 5 *MedChi News*

According to *Modern Healthcare*, the IMD exclusion was lifted last month for short-term stays lasting 15 or fewer days in a month, but it will probably be 2017 before this is rolled out since contract terms won't be updated until renewals occur.

Key IT Deadlines

PDMP - The Prescription Drug Monitoring Program registration deadline has been misreported by some because it is so confusing under Maryland law. The law itself takes effect on October 1, 2016, but the mandatory registration requirement kicks in either when the prescriber needs to renew or obtain a new CDS registration, or by July 1, 2017, whichever is sooner.

So, if a prescriber renewed or obtained a new CDS on August 1, he/she would not need to register until July 1, 2017. BUT, if the prescriber's registration is new or has to be renewed on December 1, he/she would register then. MedChi encourages everyone to register sooner rather than later.

If you do not have a CDS license you do not need to register.

Medicaid HIT Incentive - The deadline to file and get federal funds under the Medicaid incentive program is October 1, 2016. After that, eligible practitioners will not be able to obtain the Medicaid HIT incentive. In order to be eligible to receive this rather significant incentive you must be an eligible Medicaid practitioner. The incentive can reach upwards of eighty thousand dollars over the next four years.

From July 18 *MedChi News*

Maryland News

Individual Provider Enrollment with Medicaid

This information is for medical professionals who are interested in delivering behavioral health services to Medicaid recipients under Maryland's Public Behavioral System. Individual providers are:

1. Licensed individuals who practice in an independent setting and are receiving **direct payment** for services rendered.
2. Licensed individuals who decide to **render services** for a mental health group practice (provider type 27) and physician group (provider type 20).

Programs (substance use programs, psychiatric programs), OMHCs (clinics), facilities (including hospitals) and other non-individual practitioners that do **not** separately include a rendering provider on claims may use the information below, but they cannot enroll through eMedicaid.

For general information, go to the Provider Enrollment page. The steps to enroll are:

1. Obtain a National Provider Identification number (NPI) by going to (insert NPPES site). You will need your NPI number to enroll with Medicaid.
2. Enroll with Maryland Medicaid following **either** process below (avoid duplication by using only one of these two methods):
   a. Apply online through eMedicaid by hitting the 'Go' button next to Step 1 on the left side of the page found at this link; **OR**
   b. Download and complete an application available at this link. To select your provider type, click on the 'X' next to the provider type for which you are applying to download the application.
3. Using your newly obtained (or re-activated) Medicaid and NPI number, you must register with Beacon Health Options to obtain authorization to deliver behavioral health services by going to this link.

Points to remember:

1. Behavioral Health Services must be authorized *prior* to delivering services. After you have enrolled with Medicaid, registered with Beacon Health Options and obtained all necessary authorizations you may begin to deliver and be reimbursed for services to Medicaid recipients.
2. You must include your current professional license with your application.
3. You must submit updated licenses to Provider Enrollment when you obtain new licenses.
4. Providers must attest to having reviewed Medicaid regulations. Be sure to review:
   a. 10.09.36 (provider participation)
   b. 10.09.59 (mental health services) and
   c. 10.09.80 (substance use disorder program services)

Beacon offers training webinars to assist providers in navigating the public behavioral health system. Fee schedules for mental health services and for substance use services are available online. These and other resources are available on the Provider Information page of Beacon's website. If you have any questions, please contact the Medicaid Behavioral Health Unit at dhmh.bhenrollment@maryland.gov.

Rebecca Frechard, LCPC, Chief
Policy & Compliance / Behavioral Health Division
Medicaid Office of Health Services

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New Federal Law Addresses Opioid Abuse

On July 22, President Obama signed the Comprehensive Addiction and Recovery Act addressing the national opioid crisis. Nearly 2.5 million people in the U.S. have a substance use disorder involving heroin or prescription pain relievers, and more than 29,000 overdose deaths in 2014 were related to heroin or prescription pain relievers. The Act includes a range of measures to address the addiction problem, among them:

- Provides grants to expand access to life-saving opioid overdose reversal drugs (such as naloxone) and to expand access to addiction treatment services, including evidence-based medication-assisted treatment.
- Provides grants to community organizations to develop and enhance recovery services and build connections with other recovery support systems.
- Provides grants to states to carry out comprehensive opioid abuse response, including education, treatment, and recovery efforts, prescription drug monitoring programs, and efforts to prevent overdose deaths.

A full summary of the conference report is available here.

HHS Actions on Opioid Epidemic

Last month, HHS **ANNOUNCED** new actions to address the nation's opioid crisis, including expanding access to buprenorphine treatment, a proposal to eliminate any possible financial incentive to overprescribe opioids, and a requirement for Indian Health Service practitioners to check state Prescription Drug Monitoring Program databases. The new rule on buprenorphine treatment increases the number of patients a specially trained physician can treat from 100 to 275. Addiction specialists and those who practice in a qualified health setting will be eligible for the higher limit after they have held a DEA waiver for the 100-patient limit for at least a year.

Maryland News

Network Adequacy Public Meetings August 4 and September 1

The series of public meetings related to House Bill 1318/ Senate Bill 929 - Health Benefit Plans -Network Access Standards and Provider Network Directories continues. 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.

The hearings at 200 St. Paul Place, 22nd Floor Francis Scott Key Room from 10 a.m. until noon are conducted via public testimony, so any individual or organization can sign up to testify. Each hearing has a particular focus. The topic for the July hearing was about geographic accessibility of primary care and specialty providers, including mental health and substance use disorder providers. Specifically, input was requested on whether separate geographic accessibility standards should be developed for certain specialists, and whether certain sub-specialties be treated separately from the general specialty?

Topics to be discussed at the **August 4** meeting include:

- Waiting times for an appointment with participating primary care and specialty providers, including mental health and substance use disorder providers. §15-112(D)(2)(II)*
- Hours of operation. §15-112(D)(2)(VI)*
- Other health care service delivery system options including telemedicine, telehealth, mobile clinics, and centers of excellence. §15-112(D)(2)(VIII)*

Topics to be discussed at the **September 1** meeting include:

- Primary care provider-to-enrollee ratios. §15-112(D)(2)(III)*
- Provider-to-enrollee ratios, by specialty. §15-112(D)(2)(IV)*
- Should ratios be modified for providers who contract with more than one carrier?
- Should ratios be modified based on characteristics of the health benefit plan, such as having providers in centralized offices, or requiring a visit to a primary care provider for a referral?

*All statutory references are to House Bill 1318.

The MIA website includes resources, testimony and other Network Adequacy Regulation Information. Those who plan to attend either in person or via teleconference should RSVP to Lisa Larson and send any written materials to her attention at networkadequacy.mia@maryland.gov. For those who cannot attend in person, the call number is: 866-247-6034 Passcode: 1573490062.

2016 MPS Member Survey

The MPS is your organization. We are dedicated to providing the best possible member services in a variety of areas. In order to be up-to-date on issues that matter most to members, we need YOUR input. Please take a few minutes to complete this survey and include comments to help guide how your committees, Council and staff will work for you in the coming year. The responses will be compiled and published in an upcoming edition of the *MPS News*. Thank you for your response!

PARTICIPATION INCENTIVE: Three respondents who complete the entire survey and include their names will be chosen at random for a $100 credit that can be applied toward MPS dues or an MPS event.

This survey is available online!

Practical Pointers While on Vacation or Away from Your Practice

It is summer and you have finally managed to clear your schedule long enough to take a much-deserved break. Unfortunately, unlike the case for many people, clearing your desk and leaving a message on your voicemail is not sufficient to prevent problems from occurring in your absence. Before taking time away from your practice, consider these tips provided by Professional Risk Management Services, Inc. (PRMS). Before leaving for that medical conference or a little R&R, remember that advance planning and some risk management steps will go a long way in ensuring your time spent away from the office is pleasurable rather than problematic.

PRMS, Manager of The Psychiatrists' Program
Medical Professional Liability Insurance for Psychiatrists

Still Need Addiction CME for Medical License Renewal?

A Practical Focus on Opioids, Pain Management and Addiction

Yngvild Olsen, M.D., President, Maryland Association for Treatment of Opioid Dependence; Immediate Past President, Maryland Society of Addiction Medicine; Member, Maryland Overdose Prevention Advisory Board will present this CME program on Friday, **September 9** from 12:00 – 2:00 PM. MedChi Building, 1211 Cathedral Street, Baltimore, MD 21201. No charge for members; $50 for non-members. Lunch will be provided. Reservations are required. Please RSVP to cjohannesen@medchi.org or 410-539-0872 x3308.

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 course on a popular topic. Less than 30 minutes in length, this course can help you brush up on a trending topic over lunch. August's course of the month is *Updates in Women's Health: Psychopharmacologic Approaches in the Perinatal Period*. Psychiatric disorders during pregnancy and the postpartum period are common. Unfortunately, psychiatrists often do not feel well-equipped to manage treatment of perinatal patients, especially with the use of mood stabilizers and antipsychotics. This course provides an overview of the use of mood stabilizers and antipsychotics during pregnancy and lactation. The course will still be available for a fee after the month expires.

Guide to Surviving Psychiatric Residency

This great resource for new psychiatry residents is written by residents and fellows, for residents and fellows, to help with the day-to-day challenges of training. The online Guide offers practical advice on more than 50 topics – ranging from surviving on call and writing effective notes, to subspecialty training and negotiating for that first post-residency job. View the Guide.

Integrated Care Training from APA

Psychiatrists are in a unique position to help shape mental health care delivery in the rapidly evolving healthcare landscape using integrated care approaches. APA is offering FREE integrated care training for psychiatrists through the Transforming Clinical Practice Initiative (TCPI). Complete this training through live sessions or online modules to understand core principles that are fundamental to transforming your clinical practice. Regardless of your practice setting, the training will help prepare you for practicing in a value-based world. Participants will earn up to 8 CME credits. Learn more and get started. Plans are underway for a live training in Baltimore in December. Stay tuned!

Brief Highlights of the July APA Board of Trustees Meeting

Over the decades, the APA Board of Trustees has held two-day meetings, but 1) with extensive vetting of items that come before the Board and 2) President Oquendo's expectation that everyone read the materials in advance, we were able to get through the agenda in less than six hours. Almost 50 items of information or actions were addressed, about half of which were not discussed because they were on the consent calendar.

While all the items were important to the organization in some way, I am only calling your attention to ten that I think have the most relevance to day-to-day clinical practice. Hopefully, through searches at the Psych.org website, members can access full copies of documents of interest. If you have trouble getting a copy, contact me at rogerpeele@aol.com for assistance. Here are the developments you should definitely know about from the July meeting:

1. *Clinical Guidance on the Use of Ketamine in the Treatment of Mood Disorders* – Board approved submitting this resource document to NEJM for publication

2. *Integrating Opioid Use Disorders Treatment with Buprenorphine and Naltrexone with that of Co-Occurring Mental Illnesses* – Board approved this position statement

3. *Patient Access to Electronic Mental Health Records* – Board approved this position statement

4. *Psychiatric Hospitalization of Children and Adolescents* – Board approved this position statement

5. *Integrated Care* – Board approved this position statement

6. *College and University Mental Health* – Board approved this position statement

7. *Direct to Consumer Advertising* – Board approved the action paper requesting this position statement

8. *The Role of Psychiatrists in Assessing Driving Ability* – Board approved this position statement

9. *The Call to Action: Accountability for Persons with Serious Mental Illness* – Board approved this position statement

10. Policy on Conflicts of Interest, Principles and Guidelines - not new, Board voted to retain one approved years ago

Roger Peele, M.D.
Area 3 Trustee

APA News & Information

APA's MACRA Assistance

On June 29, the APA presented a free webinar for APA members entitled "**Payment Reform & Quality Reporting Under the MACRA**." The Medicare Access & CHIP Reauthorization Act (MACRA) completely transforms Medicare payment and quality reporting, though the Merit-Based Incentive Payment System (MIPS) and new incentives for "advanced" alternative payment models (APMs).

If you were unable to participate in the webinar, you can still can view and claim CME credit for participating by visiting http://apapsy.ch/macra-payment-and-reporting. The recording will be available until November 30, 2016.

The APA is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The APA designates this activity for a maximum of 1 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Additional APA Resources:
The new MACRA web page is www.psychiatry.org/MACRA, which includes the APA Comments on the MACRA Proposed Rule and additional background materials.

Please use the following APA contacts:

- MIPS Quality & Resource Use - Samantha Shugarman
- MIPS Advancing Care Information (ACI)/EHRs (electronic health records) - Nathan Tatro
- MIPS Clinical Practice Improvement Activity (CPIA) - Nevena Minor
- MACRA Alternative Payment Models - Eileen Carlson

The APA Practice Management Helpline at 1-800-343-4671 is available for coding, reimbursement and practice management questions.

The APA participates in the **CMS Transforming Clinical Practice Initiative (TCPI)**. Practice Transformation Networks (PTNs) can assist psychiatrists with quality improvement, workflow redesign, data collection and analysis, and EHR optimization. Connect with a PTN in your region by visiting www.psychiatry.org/sansgrant or contacting SAN@psych.org.

Eileen Carlson, R.N., J.D.
APA Director of Reimbursement Policy

MedChi Comments on MACRA Proposal

MedChi, along with many other organizations, expressed concerns to the federal government about the proposed new payment rules. Specifically, in Maryland, there is concern that certain new payment models may not be implemented here due to our unique Medicare waiver. To see MedChi's comments, click here.

From July 5 *MedChi News*

APA Update on Medicare Payment Reform

On June 27, the APA submitted comments to CMS on the proposed rule implementing the Medicare Access and CHIP Reauthorization Act (MACRA). The final rule is due in November and is expected to go into effect next January.

The APA expressed support of the proposal easing some of the reporting burden on physicians, while raising concerns with the relevance of many of the new requirements on psychiatrists' clinical practice and urged changes. These include:

- Urging additional flexibility for psychiatrists who may not meet quality measure requirements, due to their unique patient mix;
- Not penalizing psychiatrists for not meeting certain stringent standards, through no fault of their own; and
- Increasing the low-volume threshold, under which psychiatrists treating a specific number of patients and delivering a specific volume of services would be exempt from Merit-Based Incentive Payment System (MIPS) payment adjustments and reporting requirements.

Additionally, the APA is dismayed at the unnecessarily stringent requirements on what constitutes an advanced alternative payment model (APM). This effectively shuts out most psychiatrists from becoming eligible for a 5% annual participation bonus. To the extent that psychiatrists are already supporting the work of currently eligible accountable care organizations and medical homes, we urge recognition of the psychiatrist's role. Services would include those pursuant to consulting or case review arrangements, such as those provided under the Collaborative Care Model.

Ethics Information

As a condition of membership, members of the Maryland Psychiatric Society and the American Psychiatric Association are required to abide by the Principles of Medical Ethics with Annotations Especially Applicable to Psychiatry. If a member is found to have violated these principles, he or she can be sanctioned with a reprimand, suspension of membership or expulsion from both organizations. It is important for even seasoned psychiatrists to periodically review ethical principles. The APA, which sets nationwide ethical standards for psychiatrists, has resources available to assist members. The Opinions of the Ethics Committee on the Principles of Medical Ethics can assist members and district branches in understanding and applying the principles. Another useful resource is the Ethics Primer, a practical compilation of ethical thinking regarding the most frequently encountered problems facing all psychiatrists, including residents.

Medicare News

PQRS Call — August 10

Learn about Physician Quality Reporting System (PQRS) negative payment adjustments, feedback reports, and the informal review process for program year 2015 results and 2017 payment adjustment determination on **August 10** from 1:30 to 3 PM.

Agenda:

- PQRS negative payment adjustment, feedback reports, and informal review
- How to request an informal review
- Where to call for help and resources
- Question and answer session

Target Audience: Physicians; individual eligible professionals; group practices; Comprehensive Primary Care practice sites; Accountable Care Organizations; therapists; practice managers; medical and specialty societies; payers; and insurers. To register or for more information, visit MLN Connects Event Registration. This call is being evaluated by CMS for CME credit. Refer to the call detail page for more information.

Medicare to Cover Psychiatric Collaborative Care Management

CMS announced plans to begin coverage and reimbursement for "Psychiatric Collaborative Care Management Services" as part of its proposed Medicare Physician Fee Schedule rule starting in 2017. The coding for those services will support payments to psychiatrists for consultative services they provide to primary care physicians in the collaborative care model (CoCM). In the CoCM, the primary health care provider employs a behavioral health care manager to provide ongoing care management for a caseload of patients with diagnosed mental health or substance use disorders. The psychiatrist provides the primary care practice with expert advice and consultation through regular case review and recommendations for treatment and medication adjustments; in especially difficult cases, the psychiatrist may also provide direct treatment.

The APA applauds this news as a "huge win for psychiatry and collaborative care." The APA plans to continue to offer comments to CMS until the new rule comes into effect in 2017. Collaborative care has emerged as the strongest evidence-based approach to providing effective mental health care in primary care settings. Take the APA's online trainings to learn how you can incorporate this model into your practice, free through September 2019.

Medicare Symposium

The 2016 Medicare Symposium will be held **August 17** in Pikesville at the Double Tree by Hilton. Learn how to bill Medicare correctly, gain knowledge on documentation and coding, explore the latest CMS initiatives, avoid pitfalls and stay compliant with Medicare. Register here.

2015 PQRS and QRUR Reports Will Require EIDM Accounts

CMS will release the following reports in early fall that will require Enterprise Identity Management (EIDM) accounts to access:

PQRS feedback reports depicting your program year 2015 PQRS reporting results, including payment adjustment assessment for 2017.

2015 Annual Quality and Resource Use Reports (QRURs) that will show how groups and solo practitioners performed in 2015 on the quality and cost measures used to calculate the 2017 Value Modifier.

Prepare now by signing up for an Enterprise Identity Management (EIDM) account or checking your existing account to be sure it is active. The same EIDM account can be used for both reports. To register for an EIDM account, visit the CMS Enterprise Portal and click "New User Registration" under "Login to CMS Secure Portal." The EIDM System Toolkit offers the "EIDM User Guide" and "EIDM Quick Reference Guides." Click here for Information about the 2015 Annual QRURs.

For assistance regarding EIDM, contact the QualityNet Help Desk at 1-866-288-8912 (TTY 1-877-715- 6222) from 7:00 a.m. to 7:00 p.m. Central Time, Monday through Friday, or via email at qnetsupport@hcqis.org.

Open Payments Program Posts 2015 Financial Data

On June 30, CMS published 2015 Open Payments data, along with updated payment records for 2013 and 2014. The Open Payments program requires that transfers of value by manufacturers of drugs, devices, biologicals, and medical supplies that are paid to physicians and teaching hospitals be published online. For 2015, health care industry manufacturers reported $7.52 billion in payments and ownership and investment interests. This is comprised of 11.9 million total records attributable to 618,931 physicians and 1,116 teaching hospitals. For more information, visit the Open Payments website or see the CMS press release.

The Maryland Psychiatric Society &
The Southern Psychiatric Association
present

INNOVATION, EMPOWERMENT, & COLLABORATION IN PSYCHIATRY

The Renaissance Harborplace Hotel
Baltimore's Inner Harbor
September 29 - October 2

One day registrations available!

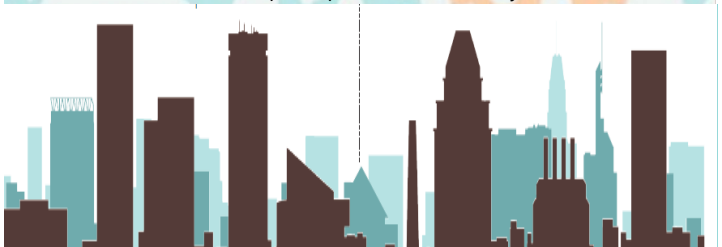
Presentation Topics:

- The Changing Healthcare System and APA Changing to Meet the New Health Environment
- Physician Assisted Suicide of Non-Terminal Psychiatric Patients
- Cannabis in Mental Illness
- Opioid Use and Addiction in Psychiatry,
- Management of Mood Disorders in Pregnancy
- Clinical Update on Transcranial Magnetic Stimulation
- Guns and Mental Illness
- Mindfulness and OCD
- Accountable, Integrated and Collaborative: US Behavioral Health Care in the 20th Century
- Enhancing Psychiatric Interviewing Skills
- The Science of Belief – Integrating Spirituality with Evidence-Based Medicine

Click HERE to register

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint providership of the American Psychiatric Association (APA) and Maryland Psychiatric Society. The APA is accredited by the ACCME to provide continuing medical education for physicians."

The APA designates this live activity for a maximum of 12.5 *AMA PRA Category 1 Credit™.* Physicians should claim only the credit commensurate with the extent of their participation in the activity.



Call 410-938-3403 or 410-625-0232 for more information.

COCKTAIL RECEPTION

FREE!
Thursday September 29th

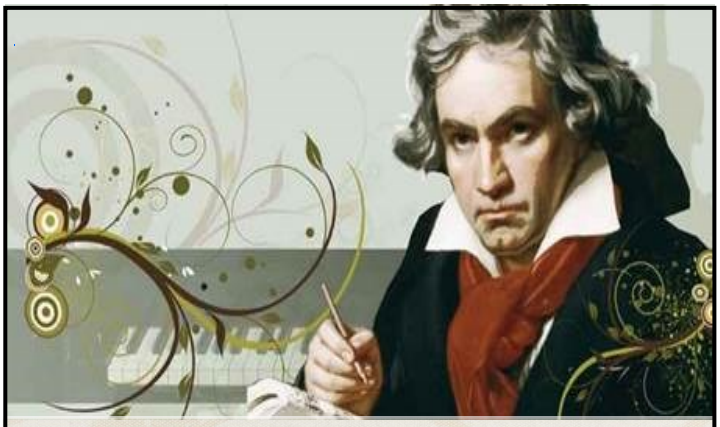
American Visionary Arts Museum
800 Key Highway
Baltimore, MD 21230

7:00-9:00PM

Please join The MPS & Southern Psychiatric Association for a complimentary cocktail reception this September. This reception comes in conjunction with our joint CME meeting.

MPS members can reserve two tickets.

Please RSVP here.



The Maryland Psychiatric Society & MedChi
present

Music & Medicine: An Interdisciplinary Approach to Beethoven

featuring Richard Kogan, M.D.

Saturday, November 19th
6:30pm

Goucher College Towson, MD
Call 410-625-0232 for more information.

BUY ADVANCE TICKETS ONLINE NOW!

CLASSIFIEDS

EMPLOYMENT OPPORTUNITIES

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.

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.

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

Joshi & Merchant, MDPA in Columbia, MD looking for a Board Certified Psychiatrist to work with adult Outpatients—evaluation and medication management. Full EMR & office support. Send resume via email milanjoshi11@gmail.com or call (410)-299-8147.

AVAILABLE OFFICE SPACE

ROCKVILLE: Two offices available in a beautiful suite with high ceilings on Executive Blvd. in Rockville for a mental health professional. The one on the first floor has two large windows at eye level. The one on the second floor has one high up. Available now. Rent $850 per office, including additional expenses (cleaning, water, telephone and internet, and supplies). Contact Molly Hauck, Ph.D., Psychologist, at mollyphauck@gmail.com or DrMolly-Hauck@gmail.com. Contact by phone at 240-418-0263 and (301) 881-4884, ext. 3. Please call both numbers, since I will be away for vacation at times.

AMERICAN PSYCHIATRIC ASSOCIATION

TCPi Transforming Clinical Practices Initiative

Applying the Integrated Care Approach: Practical Skills for the Consulting Psychiatrist

Faculty: Anna Ratzliff, MD, PhD

Date: Saturday, December 3, 2016

Time: 8:30 am – 12:30 pm

Location: University of Maryland Medical Center
Medical Center Auditorium, Room T1R18
22 S. Greene Street
Baltimore, Maryland 21201

FREE for MPS Members!

Register Today!

The American Psychiatric Association (APA) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide CME for physicians.

The APA designates this live activity for a maximum of *4 AMA PRA Category 1 Credits*™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

PSYCHIATRISTS.....LEAVE IT ALL BEHIND!

Endless hours of filling out forms without getting paid for it.
Battles with insurance companies.
Worrying about practicing in a safe and secure setting.
Working late and missing out on valuable family time.

MHM Services, Inc., a trusted partner with the Maryland Department of Public Safety and Correctional Services, has a full-time **PSYCHIATRIST** position available at **Patuxent Institution** located in Jessup, Maryland near **Baltimore** and **Washington DC**. Our Psychiatrists love being a part of our team. We know that without them, we would not be recognized as an industry leader in Correctional Mental Health. Providing exceptional mental health care is a win/win for everyone....the patient, the provider and the public. Exceptional salary and comprehensive benefits package! Contact us to find out why we're different than the rest. It's time to explore why you should **LEAVE IT ALL BEHIND**.

Contact Jane Dierberger @ 844.477.6420 or jane@mhmcareers.com

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.

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PRMS understands that each psychiatric specialty possesses its own unique set of challenges. Our medical malpractice insurance program is tailored with rates that reflect your specific risks and expert risk management materials relevant to your specialty.

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ASSISTANT VICE PRESIDENT,
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