

MPS NEWS

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Editor: Heidi Bunes

January 2017

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

MPS News Design & Layout
Meagan Floyd

The next MPS Council meeting will be held at 8 PM Tuesday, January 10 in the MPS office

President's Column

Happy New Year

The staff and Council of the MPS extend our best wishes for a peaceful, healthy and happy 2017 to everyone reading this column.

The New Year is bound to provide us with many new challenges, especially since President-elect Donald Trump ran on a promise to repeal the Affordable Care Act. While certainly a flawed system, millions of Americans have been able to obtain health insurance that they lacked before the ACA was passed in 2010. Some insurers have decided to withdraw from the public health insurance exchanges in the coming year, most notably UnitedHealth Group. Fewer choices for coverage, higher monthly premiums and larger deductions have become the trend, unfortunately. If Congress and our new President decide to abolish the ACA, there should be at least a bridge system in place to continue and expand current services for our fellow citizens. All of us may need to be vocal on this very hot issue and advocate at the national level for our patients who deserve greater access to available health care.

President-elect Donald Trump's choice of Rep. Tom Price, M.D. to head the Department of Health and Human Services has been controversial. While AMA leadership has expressed satisfaction with the choice, thousands of its members have signed an online letter opposing the nomination. Dr. Price has been a strong supporter of efforts to repeal the ACA while serving in Congress. He has been an advocate for privatizing federal health care programs, leading to concern about possible reorganization of both Medicare

and Medicaid. Many physicians fear that privatizing such programs may limit access to care due to lowered financial support from the Federal government, increased burden on state governments, more administrative denials for care from commercial insurers, and a possible limit on coverage for pre-existing conditions. All physicians should pay close attention to Dr. Price's confirmation hearings and be prepared to weigh in with their opinions. [See more on [page 6](#).]

On a more optimistic note, the modified [21st Century Cures Act](#) was signed into law by President Barack Obama on December 13, 2016 (with APA President Maria Oquendo, M.D. witnessing the historical event). This bill was intended to reform and improve the mental health care system and had strong support from organized psychiatric groups. Its passage in the House by 392 to 26 and in the Senate by 94 to 5 brings hope that Congress can work in a bipartisan manner, especially when issues of health care are at stake. [See [page 6](#) for more on the Act.]

Finally, I just read an interesting [article](#) based on a report published in the July issue of "Health Affairs" that has direct bearing on the future practice of psychiatry. The number of practicing psychiatrists declined from 2003 to 2013, while the numbers of primary care physicians and neurologists grew. New models of care being developed to service the growing number of patients who need psychiatric services seek to integrate mental health and primary care, and will certainly involve non-physician providers.

2017 will not be a year for "business as usual."

Merle C. McCann, M.D.

Congratulations!

With MPS recommendation, the APA has advanced the membership status of the following MPS members.

New APA Distinguished Fellows

This status reflects exceptional abilities, talents and contributions to the psychiatric profession.

Margo Lauterbach, M.D.

New APA Fellows

Margaret Adams, M.D.	Frederick Houts, M.D.
Abdulhafiz Ahmed, M.D.	Jeffrey Hsu, M.D.
Denis Antoine, II, M.D.	Jeffery Jensen, M.D.
David Arnold, M.D.	Sue Kim, M.D.
Dia Arpon, M.D.	Tracy Kunięga-Pietrzak, M.D.
Virginia Ashley, M.D.	Archana Leon-Guerrero M.D.
Marcelo Batkis, M.D.	Paul Nestadt, M.D.
Donna Beitel, M.D.	Ewere Osian-Dugan, M.D.
Michael Bogrov, M.D.	Manoj Puthiyathu, M.D.
Moira Uskokovic Bogrov, M.D.	Briana Riemer, M.D.
Niccolo Della Penna, M.D.	Billina Shaw, M.D.
Carmen Fulton, M.D. MPH	Dimas Tirado-Morales, M.D.
Yelena Gimelshteyn, M.D.	Samuel Williams III, M.D.
Sean Heffernan, M.D.	Joanna Wong, M.D.
	Lok Wong, M.D.

New APA Life Fellows

Adonis Amparo, M.D.	Marlene Rogers, M.D.
Pedro Coto, M.D.	Douglas Woodruff, M.D.
Abdul Malik, M.D.	

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.

Nicola G. Cascella, M.D.
Allison N. Hoff, M.D.
Lauren Laddaran, D.O.
Isabella Morton, M.D., MPH
Avinash Ramprashad, M.D.
Christopher Reid, M.D.
Adela Stroescu, M.D.
Elise L. Turner, M.D.
Johanna N. Villasenor, M.D.

Transfers Into Maryland From Another District Branch

Samson Gurmu, M.D.
Courtney M. Joseph, D.O.

Membership Reinstatement

Efigenia Geli-Geocadin, M.D., MPH
Catherine L. Harrison-Restelli, M.D.

MPS Members Out & About

Dinah Miller, M.D. and Annette Hanson, M.D. were on the [Diane Rehm Show](#) on November 29 discussing the problem of involuntary care, the subject of their new book, *Committed: The Battle Over Involuntary Psychiatric Care*.

On December 5, **Mark Komrad, M.D.** did a [podcast](#) with Dan Rodricks of the Baltimore Sun on the issue of post-election psychological distress, both in the general population and in patients who are already receiving mental health treatment.

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

Nominees for 2017 Anti-Stigma Advocacy Award

The annual Maryland Foundation for Psychiatry 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.

The award carries a \$500 prize. To nominate a piece for consideration for the 2017 award, email it to mfp@mdpsych.org no later than February 9, 2017. The article should be published during the period of February 1, 2016 to February 9, 2017. The 2016 winner was Amy Marlow, whose article "[My dad killed himself when I was 13. He hid his depression. I won't hide mine.](#)" was published February 9, 2016 in the *Washington Post*.

NAMI In Our Own Voice Launch Event

Tuesday, January 17, 2017

VIP reception 6:00pm-7:15pm \$35.00 per person

Program 7:15pm-9:00pm—Free

The Conference Center at the Maritime Institute
692 Maritime Blvd, Linthicum Heights, MD 21090

The revamped NAMI *In Our Own Voice* program gives a critical perspective to the popular understanding of what people with mental illness are like. [Click here](#) for more information or to register.

Maryland News

2017 Maryland General Assembly

The legislative session begins on January 11. We anticipate that Keep the Door Open legislation will be re-introduced to index mental health provider wages to medical inflation. Funding will be sought for an increase of mental health crisis interventions and services to reduce emergency department visits. The End of Life Options issue is likely to resurface. The legislature will also be asked for adequate funding for substance use disorder services to fight the growing opioid crisis and state beds for forensic mental health services. There is a possibility that a bill involving Maintenance of Certification will be submitted. As always, the MPS Legislative Committee and lobbyists will thoroughly screen bills that are introduced and provide feedback on those that are most important to psychiatry. Please contact Kery Hummel at khummel@mdpsych.org if you would like to be involved in this effort.

Eighth Network Adequacy Public Meeting

The next in a series of public meetings related to the new law, [House Bill 1318/Senate Bill 929 – Health Benefit Plans - Network Access Standards and Provider Network Directories](#), will be Thursday, January 5, 2017 at the Maryland Insurance Administration from 10 a.m. until noon. The Insurance Commissioner will adopt regulations to establish quantitative and, if appropriate, non-quantitative criteria to evaluate a carrier's network sufficiency. The agenda includes standards for dental services and a presentation on the [November 16, 2016 written submission](#) from Consumer Health First. The 46-page submission, co-signed by 35 other health and mental health-related organizations, recommends special consideration for mental health and substance use disorders. It includes two lengthy attachments explaining the research and a 50-state survey of standards. Please visit the [website](#) for more information.

Crisis Plan Survey Update

As noted in the December issue, a survey has been developed by the Maryland Behavioral Health Advisory Council (BHAC) to help inform a strategic plan for ensuring the 24/7 availability of behavioral health walk-in and mobile crisis services. This stems from Maryland Behavioral Health Coalition priority legislation (SB 551) enacted last year. Hundreds have responded, and the input has been invaluable. However, the BHAC wants to make sure that it has heard from all voices who touch the behavioral health system – both from within and without.

The [survey link \(https://www.surveymonkey.com/r/YOYXNRQ\)](https://www.surveymonkey.com/r/YOYXNRQ) is being recirculated. Please share it widely, take the survey, and encourage others to do so as well.

The BHAC is particularly interested in hearing more from the following:

1. Historically under-represented communities (people of color, ethnic/racial minorities, LGBTQA, bilingual, Latino)
2. Emergency Management System (EMS) professionals
3. Substance use disorder treatment professionals
4. Judiciary and other criminal justice communities (State's Attorney, Parole/Probation, Public Defender, Pre-trial release, etc)
5. More geographically isolated county representatives, including people working in local health departments and health enterprise zones.

The survey will close Tuesday, January 31, 2017 – so please respond before then!

CRISP News

The [CRISP Encounter Notification Service](#) has new features:

- Auto Subscribe - Patient panels can now be uploaded and updated through a connection with your EHR.
- Expanding Alerts - CRISP can now send you ADT alerts from Northern Virginia and Delaware hospitals

New features for the [Clinical Query Portal](#) include:

- IMMUNET Data - Registry data is now available within the portal
- Opt-Out - Patients can choose to opt-out of either sharing data from their doctor's office or hospitals. Click here for the revised [opt-out form](#).

[CRISP Reporting Services](#) analytic tools help improve patient care:

- New Reports - including Medicare LDS, HSCRC Key Metrics, and Care Coordination Enrollment.
- New Training Available - Email support@crisphealth.org to take part in a CRS training webinar, Super User conference call, or on-site CRS training.



Maryland News

2017 MPS Advocacy Days

The MPS Legislative Committee invites all MPS and Suburban Maryland Psychiatric Society members to participate in our annual Advocacy Days in Annapolis. This year we will meet with legislators on **Wednesday February 8th and Thursday February 9th**. Advocacy Days help MPS members interact directly with state delegates and senators to educate them about the clinical relevance of proposed bills and the impact of legislation on the practice of psychiatry. Face-to-face contact is the most effective form of political action and past meetings have positively influenced past legislation. No experience is required! You can choose to spend as little as half of one day and as much as both whole days. We always have a good time. Please contact Kery Hummel at khummel@mdpsych.org if you would like to attend. We hope to see you there!

Maryland Task Force to Study Maternal Mental Health

A [report](#) required under legislation enacted in 2015 was submitted to the governor and legislature last month by the Maryland Task Force to Study Maternal Mental Health. It includes fifteen recommendations on a range of issues including patient, provider and public education, expansion of psychiatric consultation programs, screening for perinatal mental illness, expanded peer support and navigation services, increased use of evidence-based treatments, and more. The task force, which includes psychiatrists Albert Zachik, Safiyyah Abdul-Rahman, Catherine Harrison-Restelli, Sara Jeurling, Jennifer Payne and Milena Smith, met eight times to gather information, review resources and develop recommendations, one of which is to create a standing Maternal Mental Health Commission. The complete document is available at the link above.

Maryland Medicaid PDL Changes

The Maryland Medicaid Pharmacy Program issued Advisory No. 170, which alerts prescribers to changes in its [Preferred Drug List](#) that **took effect on January 1**. The Tier status of two drugs within the Antipsychotic class, Aripiprazole (tablets and ODT) and olanzapine (tablets, ODT and IM), has changed from 2nd Tier to 1st Tier. There are other changes that affect prescribing of Central Nervous System drugs; Breviact, Spritam, Marplan, Pristiq, fluoxetine tablets, Aristada, Nuplazia and Adzenys XR ODT now require prior authorization. Brand Kapvay® is now preferred over its generic equivalent (clonidine ER). Please be sure to carefully review the updated PDL.

Feds Sign Off on Maryland Medicaid Waiver Renewal

DHMH [announced](#) that CMS has approved the State's Medicaid Waiver renewal for its HealthChoice program. For the first time, the State negotiated a five-year agreement with the federal government and will employ federal dollars for initiatives that will more closely align the program with the administration's priorities to implement cost-effective strategies that improve access to health care and health for individuals with complex conditions and needs.

The Waiver, which took effect January 1, includes several innovative initiatives that will allow Medicaid to pay for substance use services, and will allow local jurisdictions to address the social determinants of health for their most vulnerable individuals through locally managed programs. Key components of this agreement include:

- Residential treatment for substance use disorders – Maryland Medicaid will reimburse residential substance use treatment services delivered in large facilities, known as Institutes for Mental Diseases.
- Expanded dental care coverage for former foster care youths – The state will extend its dental care coverage under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit for former foster care youths from up to age 21 to up to age 26.
- Community health pilot program – This local initiative will blend federal Medicaid dollars with support from local jurisdictions to provide a set of limited home and community based services to 300 individuals at imminent risk of institutional placement.
- Evidence-based home visiting for children and pregnant women – Another local initiative enables Maryland Medicaid to work with local government entities to deliver at least one of two evidence-based models of home care for children and pregnant women focused on the health of first-time mothers, mothers with high-risk pregnancies and their children.
- Increased community services program – The community services program's cap on participants is increasing from 30 to 100 low-income individuals who receive assistance in transitioning from nursing home facilities to their communities, while helping them retain part of their income.
- Presumptive eligibility for individuals leaving jail or prison – Maryland will amend its Medicaid State Plan to create this eligibility option, which will supplement Maryland Medicaid's current jail enrollment and care coordination strategy.

Maryland News

MHCC Awards First mHealth Grant

The Maryland Health Care Commission [announced](#) the award of a \$100,000 mobile health (mHealth) grant to demonstrate the impact of using mHealth to increase patient engagement in their health care and improve health outcomes. mHealth is the use of communications devices, such as tablets and smartphones, for the delivery of health services, information, and education. Use of mHealth has the potential to strengthen care delivery through improved access to information, to enable providers and patients to manage and to monitor health information more efficiently, and to increase patient engagement in their own health and lifestyle management to achieve better care and improved outcomes.

Johns Hopkins Pediatrics at Home plans to demonstrate the use of mHealth to manage pediatric asthma among patients served by East Baltimore Medical Center. The project uses mobile technology to conduct health assessments, to track patient progress, to provide real-time clinical and educational feedback to patients, and to enable electronic communication between the patient and a JH PAH nurse. JH PAH will contribute a 2:1 financial match to the grant. The project will operate through June 2018.

Reminder – PDMP Registration is Mandatory for CDS Prescribers

On April 26, 2016, Governor Hogan signed HB 437 into law, requiring mandatory PDMP registration for CDS prescribers and pharmacists. **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 Division of Drug Control) OR by July 1, 2017, whichever occurs sooner.** This applies to physicians, physician assistants, nurse practitioners, nurse midwives, dentists, podiatrists and veterinarians, but not nurses. Mandatory PDMP use by CDS prescribers begins 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 if 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. More information is available on the [DHMH PDMP website](#).

To find substance abuse treatment resources, check the [Maryland Certified Treatment Directory](#).

Maryland Overdose Death Data Released

DHMH has [posted](#) its third-quarter 2016 data report of fatal overdoses. According to preliminary data, from January to September, Maryland saw 1,468 deaths related to overdose. Fentanyl and heroin continue to drive the overdose scourge – whether Marylanders are taking only those opioids or are mixing them with other substances. Some users think they are buying heroin, known for its fatal-overdose risk, and are actually buying even deadlier fentanyl. The DHMH [press release](#) regarding the latest data contains many related details about the Maryland Overdose Response Program, the Good Samaritan Law, the PDMP and more.

MedChi's 2017 Legislative Agenda

MedChi's mission is to serve as Maryland's foremost advocate and resource for physicians, their patients and the public health. Among this session's priorities are defending physician rights, strengthening medical liability reform, and enhancing physician payment and insurance reform, as well as addressing other public health and practice issues. [Click here](#) for the complete agenda.

Free Services Help Marylanders Quit Tobacco

The start of a new year is an opportunity to formalize a plan for kicking tobacco habits, and the Maryland Tobacco Quitline can help. The Quitline offers free, confidential coaching for Maryland residents 13 and older, and offers free patches or gum to eligible participants. Tobacco users can call 1-800-QUIT-NOW or can visit www.smokingstopshere.com to enroll in the program. [Click here](#) for more information.

Maryland Behavioral Health Coalition Rally

Save the date – Thursday February 23, 2017 from noon to 1 PM. Lawyer's Mall in Annapolis.

Visit www.KeepTheDoorOpenMd.org for more information.

Maryland News

What Does Price's Nomination Mean for Maryland?

President-elect Donald Trump nominated Tom Price, M.D. to be the next Secretary of Health and Human Services (HHS). This news excited some long-time members of MedChi and our AMA delegation, as Congressman Tom Price, M.D. has been an active member of the Georgia delegation to the AMA and has worked closely with MedChi members at the AMA for over twenty years. Having a HHS Secretary who knows several of our members personally is clearly a positive for Maryland physicians.

The new administration means several things for medicine in Maryland. Obamacare will be changed. The change has both positive and negative implications, as the law clearly needs to be fixed. Monitoring and influencing the changes will be a top priority for MedChi and the AMA to ensure that we don't lose the positive provisions. Hopefully, we can work to repeal things like the Independent Payment Review Board that we strongly oppose, while we fight to protect items like the Medicaid expansion and insurance protections.

The new administration does not mean an end to value based payment or the Medicare Access and CHIP Reauthorization Act (MACRA). MACRA is the statute passed separately to fix Medicare payments for physicians and added new payment scoring systems. New value-based measures have always had strong bipartisan support. Even though the new administration might slow implementation, physicians will still have to adapt to the new payment models, as value-based incentives will continue to grow.

The biggest issue that remains unclear for Maryland is the future of the unique long term Medicare hospital rate setting system. This model is currently under a division that Dr. Price has expressed concern about in his current role as a Congressman from Georgia. While he has not opined directly on the Maryland waiver that brings billions of dollars to Maryland hospitals, it is an issue with which we should be concerned. If he doesn't act, the Maryland waiver will expire in two years. The current rate setting system is a contract with HHS. MedChi will need to play an important role educating the new Secretary on the importance of this waiver, and making sure it doesn't expire, even as other changes are made to federal law

From [December 5 MedChi News](#)

21st Century Cures Act

On December 13, President Barack Obama signed the wide-ranging \$6 billion 21st Century Cures Act, a week after it passed by overwhelming margins in the House and Senate. The law includes significant mental health components. Among other provisions, the law will increase coordination among federal agencies responsible for treating mental illness by establishing medical leadership in SAMHSA, improving how the feds finance and manage evidence-based mental health services, promoting workforce development and integrated care, and strengthening enforcement of parity. These are among the legislation's provisions:

- Reauthorizing grants to support integrated care models so that mental health professionals can work more closely with primary care doctors.
- Reauthorizing grants for training programs, such as the APA Foundation's Typical or Troubled? program, which trains school officials to identify students in need of mental health services.
- Requiring the Department of Health and Human Services to develop a plan to ensure enforcement of federal parity laws that mandate that insurers cover mental illness the same as any other disorder.
- Providing \$1 billion in state grants to address the opioid epidemic.
- Appointing a chief medical officer at SAMHSA who must hold a medical degree and have experience treating patients with mental illness or substance use disorders.

From [December 13 Psychiatric News Alert](#)

Liability Ruling Impacts Patient-Psychiatrist Confidentiality

A decision of the Supreme Court of Washington in December requires a psychiatrist to do the impossible: predict imminent dangerousness in patients who have neither communicated recent threats, indicated intent to do harm, nor indicated a target for a potential threat. This extra duty placed on the shoulders of psychiatrists could have a major impact on patient-psychiatrist confidentiality. [Read more](#) at *AMA Wire*®.



APA News & Information

Vote in APA Election!

Voting in this year's APA election began January 3 and closes January 31. Past MPS President and current APA Assembly Representative **Robert Roca, M.D., M.P.H., M.B.A.** is running for the position of APA Secretary. His opponents are MPS Affiliate Member Brian Crowley, M.D. of Washington, D.C. (a petition candidate), Philip Muskin, M.D., M.A., and Gail Erlick Robinson, M.D. [APA's Elections page](#) hosts videos where candidates for President-Elect and Secretary discuss their positions on issues important to APA and psychiatry. The page also includes the entire slate of candidates, key dates, voting information and results from previous elections.

Free Member Course of the Month

Each month, the APA gives members access to an online course on a trending topic at no charge. The January course is *Evaluating and Managing Agitated Patients*, presented by Rachel Glick, M.D. of the University of Michigan. This presentation reviews evolving approaches to managing agitated patients and offers suggestions that help not only psychiatric residents and trainees, but also seasoned emergency department and psychiatric emergency services staff. [Access the course here.](#)

Evaluating Mental Health Apps

The APA's approach to rating mental health apps is grounded in the belief that any decision between you and a patient is a **personal decision based on many factors**, for which there is rarely a binary 'yes' or 'no' answer. The goal of its rating system and rubric is simply to make members aware of very important information that should be considered when picking an app. This free tool offers guidance on evaluating apps' usefulness, privacy and security, and other technical and clinical considerations, so that psychiatrists can select the best apps for their practice. [EXPLORE THE TOOL NOW.](#)

Applications for APA/APAF Fellowships Due January 31

APA/APAF Fellowships are designed to help residents, fellows and early career psychiatrists explore interests and develop their leadership skills. The APA is now accepting applications for each of its eight fellowships, including research, leadership, child and adolescent, and substance abuse. Applications must be submitted by **January 31**. Visit <https://psychiatry.org/residents-medical-students/residents/fellowships> for more information.

APA Payment Reform Webinar Series

Both health care delivery and the way physicians are paid are evolving. Whether you treat patients in the public or private sector, or both, some of these changes are currently in place or are coming soon. The APA's [Payment Reform website](#) and CME webinar series can help you prepare for the major payment changes beginning in 2017 as a result of the Medicare Access and CHIP Reauthorization Act (MACRA). These changes impact psychiatrists who currently see Medicare patients, and are expected to have a ripple effect and spur similar efforts by other payers. The [CME webinar series](#) is available both live and on-demand in the APA Learning Center:

- [Quality 101: A How-To Guide for Psychiatrists](#) covers how to be a successful reporter of quality measures and how to use the data to inform clinical practice.
- [Final Rule Overview](#) summarizes key issues and options for psychiatrists under the two new payment pathways
- [MIPS Quality Category](#)
- [MIPS Advancing Care Information \(EHR Use\) Category](#)
- [MIPS Improvement Activities Category](#)
- [MACRA Alternative Payment Models](#) webinar will be held January 18, 2017, 12-1 pm EST

For more information, please visit the [APA Payment Reform website](#). If you have questions, please email qualityandpayment@psych.org.

Call for IPS Submissions

The APA scientific program committee is now accepting submissions for consideration for the *2017 IPS: The Mental Health Services Conference* to be held October 19-22, 2017 in New Orleans. The theme for this meeting will be "Optimizing Access & Effective Care." Abstracts may be submitted at <http://apapsy.ch/2017-ips-submissions> until **January 10, 2017** at 11:59 PM. All submissions must be complete at that time, including disclosures for all presenters and co-presenters. Because of space limitations, we are asking that all submissions (even long-standing recurring sessions) be submitted through the abstract submission site. If you have questions, please contact the Office of Scientific Programs via program@psych.org.

*Tristan Gorrindo, M.D., Director
APA Division of Education*

APA News & Information

Summary of the December APA Board of Trustees Meeting

The following is UNOFFICIAL and only addresses a few of the many important informational items and a few of the 64 motions that were passed.

- The 21st Century Cures Act includes many items championed by the APA. [See more on [page 1](#) and [page 6](#).]
- The APA Registry, "PsychPRO," is successfully gathering organizations and individual practitioners.
- Years ago, mea culpa, we championed changing the name of the consultation and liaison sub-specialty to "psychosomatic medicine." Those practitioners want to go back to "consultation and liaison psychiatry," and the Board agreed.
- APA membership is growing and is expected to exceed 37,000 for the first time in 13 years.
- A workgroup is to be asked to develop training materials on bias, including biases of race/ethnicity, sexual orientation, gender identity, socioeconomic status, religion, nationality, differences of opinion, etc.
- Specifics are not yet clear, but there is an exploration of APA adding a category of non-voting members who are mental health clinicians, and not psychiatrists, e.g., social workers.

In 2017, we should see updated versions of:

1. Why Should More Psychiatrists Participate in the Treatment of Patients in Jails and Prisons
2. Assessment and Treatment of Gender Dysphoria and Gender Variant Patients: A Primer for Psychiatrists
3. Ensuring the Appropriate Care of Pregnant and Postpartum Women with Substance Use Disorders
4. Use of Psychiatric Institutions for the Commitment of Political Dissenters
5. Recognition and Management of HIV-Associated Neurocognitive Impairment and Disorders (HAND)
6. Autism Spectrum Disorder: Patients' Medication Guide
7. Screening and Testing for HIV Infection
8. [Medical Euthanasia](#) – the board voted to formally oppose psychiatrist participation in assisted suicide or euthanasia for a non-terminal patient.
9. The Board did not approve a position on climate change, wanting more specifics as to what it is being proposed that the APA do. Given the changes the Trump Administration might bring, postponing a position probably makes sense.

Please feel free to contact me with questions.

Roger Peele, M.D., Area 3 Trustee
RogerPeele@aol.com

2017 Awards for Advancing Minority Mental Health

The American Psychiatric Association Foundation is accepting applications for its 2017 Awards for Advancing Minority Mental Health. The \$5,000 awards recognize psychiatrists, other health professionals, mental health programs, and other organizations that have undertaken innovative and supportive efforts that:

- Raise awareness of mental illness in underserved minority communities, the need for early recognition, the availability of treatment and how to access it, and the cultural barriers to treatment.
- Increase access to quality mental health services for underserved minorities.
- Improve the quality of care for underserved minorities, particularly those in the public health system or with severe mental illness.

Applications must be postmarked by **January 20**. [OBTAIN MORE INFORMATION AND APPLY.](#)

Nominations for 2017 Mrazek Award

Recognize a colleague's work in psychiatric pharmacogenomics! Nominate him/her for the 2017 Mrazek Memorial Award. The deadline for nominations is **January 15**. [Learn more here.](#)

Guidelines on Treatment-Resistant Schizophrenia

[Consensus recommendations](#) for diagnostic and terminology criteria for treatment-resistant schizophrenia were published online Dec. 6 in the American Journal of Psychiatry, "Treatment-Resistant Schizophrenia: Treatment Response and Resistance in Psychosis (TRRIP) Working Group Consensus Guidelines on Diagnosis and Terminology." For more info, see [this alert](#).

DEA Registration Renewals

The Drug Enforcement Administration (DEA) has announced a change to its registration renewal process. Effective **January 1**, the DEA will send only **one** renewal notice to each registrant's "mail to" address. The DEA's second renewal notification will be sent to the email address associated with the registration. Click [HERE](#) for details on DEA policy and procedures and for a link to online registration renewals.

From [December 22 Psychiatric News](#)

Medicare News

Part D Prescribers: Date Change and Phased Enforcement

Between now and January 1, 2019, CMS will implement a multifaceted, phased approach that will align enforcement of the Medicare Part D prescriber enrollment requirements with other ongoing CMS initiatives. Full enforcement of the enrollment requirement will begin January 1, 2019. CMS encourages all physicians and eligible professionals who prescribe Part D drugs, but are not yet enrolled or validly opted out of Medicare, to enroll in the Medicare Program. The [Part D Prescriber Enrollment](#) webpage has more information.

Prolonged Medicare Services without Face-to-Face Contact Now Payable

Prior to 2017, CPT codes 99358 and 99359 (prolonged services without face-to-face contact) were not separately payable, and were included under the related face-to-face E/M service code. With CPT code changes effective January 1, these services are now billable. CMS has posted a [file](#) that notes the times assumed to be typical. While these typical times are not required to bill the displayed codes, CMS would expect that only time spent in excess of these times would be reported under CPT codes 99358 and 99359. Further, CMS notes: 1) that these codes can only be used to report extended qualifying time of the billing physician or other practitioner (not clinical staff); and 2) Prolonged services cannot be reported in association with a companion E/M code that also qualifies as the initiating visit for CCM services. Practitioners should instead report the add-on code for CCM initiation, if applicable. [Click here](#) for details.

2017 Medicare Deductible & Coinsurance

The [2017 deductibles and coinsurance for Medicare Part A and B](#) have been posted. Please take a moment to review them along with the related [MLN Matters update](#).

Reminder: The MPS office will be



2015 Performance Scores Posted on Physician Compare

Late in December, CMS released new quality data on [Physician Compare](#), including 2015 Physician Quality Reporting System PQRS performance scores and Qualified Clinical Data Registry data for individual clinicians. In addition, CMS has completed phase one of a consumer-driven redesign of the Physician Compare website. The site is an effort to increase availability and accessibility of quality data to help consumers make choices about Medicare physicians and other clinicians they see, and encourage care improvements among clinicians.

Study Participants to Receive Clinical Practice Improvement Activities Credit

CMS is conducting a Clinical Practice Improvement Activities (CPIA) Study, as outlined in the [MACRA final rule](#). Applications for this study will be accepted through **January 31, 2017**. Clinicians and groups who are eligible for the Merit-based Incentive Payment System (MIPS) who participate successfully in the study will receive full credit for the Improvement Activities performance category. The study aims to:

- Examine clinical workflows and data collection methods using different submission systems;
- Understand the challenges clinicians face when collecting and reporting quality data; and
- Make future recommendations for changes that will attempt to eliminate clinician burden, improve quality data collection and reporting, and enhance clinical care.

The study requires participants to meet the following requirements between January and December 2017:

- Complete at least three survey questionnaires throughout the course of the study.
- Participate in at least three focus groups.
- Submit at least three clinician quality performance measures to CMS.

In addition to receiving full credit for the Improvement Activities performance category of MIPS, participants will receive direct feedback from other study participants and CMS about how to minimize challenges with data collection and submission during the study period.

MIPS-eligible clinicians and groups, and clinicians or groups that collect and submit quality measurement data to CMS are encouraged to apply. For more details or to apply, [click here](#). Applications are due **January 31**.

Member Accounts on MPS Website

Last fall, the MPS website was updated to allow members to pay MPS membership dues and other charges, access an up-to-the-minute online membership directory, view/change their member profile, and more. To use these features, members must register with an email ID and password. The email message entitled “**MPS Rolls Out Online Member Profile, Directory and Bill Pay – Register Today!**” explains how to register, and includes your MPS Member ID.

Once logged in, users can check their personal information, payments and contributions, and use the directory to find contact information for other MPS members.

- Profile** includes tabs with biographic information, practice information and addresses. Click “Edit” to make changes.
- Payments** displays payment history for dues, meetings, etc., current balance and a link to pay if there is an amount outstanding. To pay online, click the “Pay Now” button.
- Contributions** to the Maryland Foundation for Psychiatry and/or the Maryland Psychiatric Political Action Committee are listed with the most recent shown first.
- Membership Directory** includes **all** active MPS members, which is more than the [Find A Psychiatrist](#) search on the home page that is open to the public.

Thank You!

The following members have paid full MPS dues for 2017 even though they qualify for reduced dues because they have reached life status. We appreciate your financial support of the Maryland Psychiatric Society!

- Louis Cohen, M.D.
- George Gallahorn, M.D.
- David Gonzalez-Cawley, M.D.
- Jill Joyce, M.D.
- David Neubauer, M.D.
- Paul Ruskin, M.D.
- Daniel Storch, M.D.

Refer a Colleague to Support MFP

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



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.



Sheppard Pratt is Hiring a Medical Director for our Adolescent Residential Treatment Center in Jefferson, MD

Sheppard Pratt Health System is **recruiting a board certified child psychiatrist** to lead a multi-disciplinary team at The Jefferson School & Residential Treatment Center, our intermediate to long-term psychiatric residential treatment facility (PRTF) in Jefferson, Maryland. Responsibilities include leading a multidisciplinary team and providing the assessment and management of adolescents placed in intermediate to long-term residential care and special education. The patient population includes individuals with multiple psychiatric disorders including severe mood dysregulation, PTSD, impulse control disorders, conduct and learning disorders, and mild developmental disorders.

The Medical Director is the clinical team lead, and is responsible for oversight of all clinical activities within the PRTF. **Candidates must have leadership experience, as well as experience treating adolescents with severe mental illness within a PRTF setting, and a current license to practice in Maryland at the time of hire.** Board certification and experience in Dialectical Behavior Therapy (DBT) is desired but not required.

About The Jefferson School & Residential Treatment Center

A 12-month special education day and residential school located 15 minutes from Frederick, MD, this program sits on a beautiful 30-acre campus complete with a barn and rink for an Equine-Assisted Therapy Program, as well as a full-size gym, ropes course, greenhouse, and wood shop. The patient population includes adolescents ages 12 to 21 with severe emotional and behavioral disabilities, including severe mood dysregulation, PTSD, co-occurring substance abuse issues, impulse control, conduct, and learning disorders, and mild developmental disorders. In addition, we have two specialized houses for sexually reactive youth. We are a comprehensive DBT program and serve up to 53 residents and 28 day students.

About Sheppard Pratt Health System

As the nation's largest private, non-profit provider of mental health, substance use, and special education services, we employ more than 80 psychiatrists who all share a passion for providing the best care to our patients, students, and residents. We are an equal opportunity employer, and are consistently ranked as one of the top ten psychiatric hospitals by *U.S. News & World Report*. We offer a generous compensation package and comprehensive benefits.

**For more information please contact Kathleen Hilzendeger,
Director of Professional Services, at 410.938.3460 or
khilzendeger@sheppardpratt.org**

CLASSIFIEDS**EMPLOYMENT OPPORTUNITIES**

ATC Clinic is seeking to hire a BE/BC psychiatrist to provide psychoeducation, med management, and coordination of care to a small number of existing therapy patients. We are a person-centered agency looking for a psychiatrist to join our dedicated team. Flexible hours, competitive compensation and potential Student Loan Repayment. Please contact Medical Director, Paola Sansur, M.D. at psansur@tsiconnect.com or 443-869-6512.

CHILD PSYCHIATRIST—The Outpatient Psychiatry Clinic at MedStar Franklin Square Medical Center seeks a 20 hour child psychiatrist. We allow 75 minutes for evaluations and 25 minutes for medication management. We offer very flexible hours, CME reimbursement, 6 weeks paid time off, 403B match, medical benefits, and fully paid malpractice insurance. Please send CV to stephen.pasko@medstar.net or call 443-777-7925 for details.

Psychiatrist/Medical Director - New Vision Behavioral Health Services Inc, is an outpatient mental health clinic and PRP program located in Baltimore City. We are seeking a part-time child and adult psychiatrist to join our team. Work with therapists, counselors, and rehabilitation counselors. 20 hours a week is needed for this position to split between 2 locations. If you are interested email Carmen Castang at ccastang@newvisionbehavioral.org or call 410-929-2950. Visit us at www.newvisionbehavioral.org.

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.

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.

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

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.

ADULT PSYCHIATRIST WANTED - BEL AIR - A multi-disciplinary mental health private practice in Bel Air seeks an additional psychiatrist to perform evaluations and medication management for adults. Administrative support provided. Autonomy and flexibility in practice management. Send letter of interest and curriculum vitae to Dr. Pritt at (410) 569-6500.

AVAILABLE OFFICE SPACE

PIKESVILLE: Office in suite with other clinicians. Just off beltway. Modern, well maintained, elevator building accessible 24/7, parking lot. Large windows with view, waiting room, kitchenette, Wi-Fi. Can be shared. NancyM12@comcast.net 443-334-1998

2017 Dues Drop Date Approaching

MPS dues notices for July – December 2016 were sent in June. Dues for calendar year 2017 were sent in October. Both dues are payable within 90 days, so they are now past due. Members who do not either pay both MPS and APA dues in full or schedule a payment plan before the deadline will be dropped as of March 31. Please [contact the MPS](#) with questions, or to discuss dues relief options or payment arrangements.

Take Advantage of MPS Member Benefits - Join the MPS Listserv!

MPS members are encouraged to join the listserv to easily share information with colleagues. An email message sent to the listserv goes to all members who have joined. Posts can be questions, information, thought-provoking articles and more. To join the listserv, please go to: <http://groups.google.com/group/mpslist>. You will have to wait for membership approval and will be notified by email. If you have any trouble, please call the MPS office at 410-625-0232.

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In California, d/b/a Transatlantic Professional Risk Management and Insurance Services.