

# MPS NEWS

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Deadline to submit articles to *MPS News* is the 15th of the month preceding publication. Please email [heidi@mdpsych.org](mailto:heidi@mdpsych.org).

*MPS News* Design & Layout  
Meagan Floyd

## President's Column

### What Strange Times We Are Living Through!

Since our fiercely-contested presidential election this past November, our country has never been more divided ideologically. Whether we agree with our current president's political views or not, we are faced with supporting the executive branch of our government. But Democrats and Republicans are at loggerheads about the best way to run the country. Tensions are mounting between vehement supporters of various causes, and each side believes that their views are sacrosanct. Little regard is paid or respect given to opposing point-of-views, and the idea of compromise seems to have been thrown out the window.

Incidences of intolerance are mounting, as the concept of "the other" is being nurtured by our elected leaders. Banning people born in selected countries from entering the United States has become reality, long alliances are being threatened and we are being asked to retrench into an "America First" stance. Our Muslim citizens are being subjected to hateful words and deeds, and Latin Americans who have lived here and contributed to our country's economy for years are being deported to uncertain fates. The incidence of hate crimes against Jewish citizens is on the rise. Members of the LGBT community are fearful that recent gains in civil rights may be taken away. Pro-life and pro-choice advocates are squaring off in a way that was last seen in the 90's. African-Americans and other minority groups are facing greater barriers to their voting rights in many states. Attacks against the free press are increasingly more vitriolic, while the news agencies contribute to our current political dichotomy. Fake news and reinterpretations of actual news to suit political whims have entered our national lexicon.

Families are being torn asunder. Foreign-born mothers are being deported from the US, leaving their American-born children here. In our professional lives, we have seen political disagreements cause some of our patients to sever ties with family members or friends and to avoid holiday gatherings. We may realize the same trend personally. More and more patients are distressed by current changes in our government and future uncertainty. In my practice, more of my patients are describing worsening anxiety, agitation, hopelessness and sleep problems. It remains our job to provide service for all those seeking professional help, without allowing our own political perspectives to affect our therapeutic stance with patients.

A wise person once told me that no one is ever 100% right or 100% wrong. As individuals and as members of groups and organizations, we need to work harder on understanding and respecting divergent viewpoints. We need to avoid having what is occurring on a national level play out on the local level. As psychiatrists, we know that allowing a person to express his or her thoughts is often the first step towards their healing and affords us greater understanding of them as people and what their treatment needs are.

Our challenge might be reflected in Rodney King's question "Can't we all just get along?" For the sake of our patients, colleagues and families, I hope the answer is yes.

Merle C. McCann, M.D.

**The next MPS  
Council meeting  
will be held at 8 PM  
Tuesday, March 14  
in the MPS office**

On a related note, the Maryland Foundation for Psychiatry is running a public service radio announcement about anxiety and depression resulting from recent political news and social media. Visit their [website](#) to listen.

## Dues Drop Date This Month!

MPS dues notices for July – December 2016 were sent in June. Dues for calendar year 2017 were sent in October. **Dues are payable within 90 days, so payments for both 2016 and 2017 are now well past due.** Members who do not either pay MPS and APA dues in full or schedule a payment plan will be dropped as of **March 31**. We want to help members in any way possible to remain in good standing! Please [contact the MPS](#) with questions, or to discuss dues relief options or payment arrangements.

## MPS Seeks Nominations for Lifetime of Service Award

At the March Council meeting, nominees will be considered for the Lifetime of Service Award to be given at the April 27, 2017 MPS annual meeting. Council is requesting member suggestions as to who should be selected.

The award is given annually to a senior MPS member who has shown a consistent, career-long pattern of unwavering dedication, commitment, and leadership to the organization. Other qualities to be considered include significant contributions to the mental health of our community through clinical work, teaching, administration, or research. View past recipients [here](#).

Member nominations should be submitted no later than **March 10** for this year's award. Names and any supporting reasons you wish to include can be submitted by phone (410) 625-0232, email [khummel@mdpsych.org](mailto:khummel@mdpsych.org) or postal mail Maryland Psychiatric Society, 1101 St. Paul Street, Suite 305, Baltimore, Maryland 21202-6407.

## Congratulations!

The **University of Maryland/Sheppard Pratt** residency program has achieved the elite honor of joining the APA's **100% Club** at the bronze level! The MPS congratulates Drs. Chinenye Onyemaechi and Mark Ehrenreich, and all the resident and fellow members on this achievement. Others in that program who have not yet joined, but do so by **March 31<sup>st</sup>** will receive the same practice resource gift as their member colleagues - a Pocket Guide to the Psychiatric Evaluation of Adults. If you have any questions, contact Claire Van Wagner at [cvanwagner@psych.org](mailto:cvanwagner@psych.org) or call (703) 907-7362.

## MPS Committees Forming

Your energy and ideas can help the MPS effectively focus on issues that are important to you. Volunteer to serve on MPS committees in the coming year by returning the signup form included in the ballot mailing, calling the MPS office at (410) 625-0232, or emailing [mps@mdpsych.org](mailto:mps@mdpsych.org).

## Proposed MPS Bylaws Change Regarding Dues

In February, the MPS Council approved a change to the by-laws that would eliminate the requirement for notifying members by certified mail about impending Council action to drop them from membership for non-payment of MPS dues. (This would also affect their membership in the APA because of the dual membership requirement.) Instead members would receive notification by USPS Return Service Requested, which is the normal method the MPS uses for snail mail. This would reduce postage costs considerably because the number of members who still owe as of the new, earlier drop date has almost doubled.

**MPS members will vote this month on whether to implement the change.** Ballots were mailed on February 28 and must be postmarked by March 31 in order to be counted. The proposed bylaws change is as follows:

### SECTION 8. DISMISSALS AND RESIGNATIONS.

Any member who fails to pay dues or other assessments for six (6) months from the initial mailing of a dues statement shall automatically be dropped from membership after verified contact\* by a member of the MPS Membership Committee, MPS leadership, or MPS staff notifying the member of such proposed action. This procedure may be waived for good cause by action of the Council. Only members in good standing shall be allowed to resign. Loss of membership in the MPS or in the American Psychiatric Association shall entail loss of membership in both.

\*Verified Contact means:

- Written response from member via email that indicates agreement with membership drop.
- Email from Membership Committee, leadership or staff documenting date of personal phone conversation with member when he or she agreed to be dropped.
- A ~~Certified/return receipt~~ letter *sent through the United States Postal Service, Return Service Requested, to the address on file for the member* giving final notice of need to pay dues to avoid membership termination.

Please email [Kery Hummel](mailto:Kery.Hummel) or call the MPS office at 410-625-0232 with any questions.

## REMEMBER TO VOTE!

### The 2017 MPS election begins March 1

Ballots were sent February 28 and returns must be postmarked no later than March 31, 2017.

Candidate biography information is available online. Please [click here!](#)

## February 14th Council Highlights

Dr. Bruce Taylor - Health Care Savings Legislation

Dr. Taylor presented his concept on healthcare saving and system reform, health card billing, payment and electronic medical records, which has been introduced as [Senate Bill 750](#) and [HB 1516](#), "Public Health - Health Record and Payment Clearing House - Pilot Program." In 2007, Council approved Dr. Taylor to explore the concept of healthcare savings legislation. After a period of several years for development, he returned to seek support for this legislation from Council. After some questions, Council thanked Dr. Taylor and referred the legislation to the MPS Legislative Committee for review. Since the bill has broad implications for medicine, MedChi will also be asked for an opinion.

Executive Committee Report

Dr. McCann noted that meetings with committee chairs continued this month with Dr. Angelino, Chair of the MPPAC and Dr. Hanson, Chair of the Legislative Committee. (Individual meetings are being held in lieu of the annual meeting with all chairs.) He reported on the resident luncheon at the University of Maryland on January 26, where MPS representatives explained the benefits of becoming an APA/MPS member. He congratulated the University of Maryland for achieving Bronze status in the APA 100% Club. He said that during the last meeting with the Behavioral Health Administration, Deputy Secretary Barbara Bazron discussed the Governor's emphasis on the opioid epidemic, as well as some solutions to the forensic issues from the 2016 summer work group, which includes additional beds.

Executive Director's Report

Mr. Hummel reported that over two days last week, 12 MPS members, two APA representatives, MPS staff and our lobbyists, Harris Jones and Malone attended MPS Advocacy Days, meeting with over 20 General Assembly members to discuss legislation that affects psychiatry and mental health in Maryland. The MPS was well represented at the February 8 Mental Health Association of Maryland Reception and Legislative Briefing, where Drs. Harsh Trivedi, Sheppard Pratt CEO and Anita Everett, APA President-Elect, and Mr. John Colmers of Johns Hopkins presented a roundtable discussion regarding the future for mental health care. He also reported that the Maryland Insurance Administration Network Adequacy Work Group will develop regulations implementing the legislation enacted in 2016. Dr. Ellen Weber with the University of Maryland School of Law led a group to examine the regulations from 23 states that include standards for time and distance, essential community providers, interpreters and physician to population ratios. Dr. Weber has agreed to attend the March Council meeting.

Legislative Committee Report

A [bill status report](#) was circulated on positions that have been taken so far by the committee, which includes a representative from the SMPS. Members who wish to participate on the Wednesday night calls should [email Kery Hummel](#). Dr. Hanson presented the Richard E. Israel and Roger "Pip" Moyer End-of-Life Option Act, [HB370](#) and [SB354](#). This is a difficult subject on which members have contrary views, so input from

Council was sought before determining a final position. The first motion was to take a neutral position on the bill and send a letter of information to the legislature outlining our concerns. The motion failed. The second motion to oppose the legislation and provide testimony before the legislature passed 11 to 2. It was noted that the MPS Council did not vote on the concept of physician assisted suicide for people with terminal illness, but rather the MPS is opposing the legislation because it lacks protections for people with mental illness.

Program and CME Committee Report

Dr. Addison reported that the next MPS CME event will be a psychopharmacology update on Saturday November 11, 2017 at the Sheppard Pratt Conference Center. Drs. Scott Aronson and Robert Post will be among the presenters for a full day of updates on treating bipolar depression, neurostimulation, ECT, TMS, and VNS, new agents, atypicals and antidepressants and more. More details will follow as the program is developed.

Membership Committee Report

Dr. Lehmann circulated a list of over 100 members who still owe MPS dues for 2016, APA/MPS dues for 2017 or both. Council members were asked to contact these members to discuss the many benefits of membership and the importance of remitting prompt payment. The drop date for non-payment of both APA and MPS dues is March 31.

Lifetime of Service Award

Dr. Zimnitzky noted a preliminary list of Lifetime of Service nominees. Council will vote on this award in March. Members can suggest nominees through March 10 by calling the MPS office at 410-625-0232 or [emailing Kery Hummel](#). [See [page 2](#)]

Bylaws Change- Section 8: Dismissal and Resignations

Staff was asked to review the bylaws language under "Dismissals and Resignations" and provide wording that would replace the certified letter requirement with a regular postage letter with "return service requested," while maintaining the provisions for a verified response from the member contacted by telephone or email. MPS membership will vote on the following change to the bylaws: *A letter sent through the United States Postal Service, Return Service Requested, to the address on file for the member giving final notice of need to pay dues to avoid membership termination.* This change was unanimously approved by Council. [See [page 2](#).]

Maryland Foundation for Psychiatry

The Foundation requested that Dr. Jemima Kankam be appointed to the foundation's board of directors. Council approval was unanimous.

Policy on Council Review of annual IRS Form 990

Because of the change in the MPS dues and financial years, the timeframes for IRS and Maryland filings have also changed, necessitating a change of the Council meeting dates in this MPS policy to bring it into synch. Council passed the motion unanimously.



# Maryland News

## Top Priority Legislation for MPS

As of February 23, the MPS has considered over 85 pieces of legislation in the first half of the 2017 Maryland General Assembly session. An exhaustive list of priority bills has been [posted on the MPS website](#). The ones below have risen to the top of our priority list.

### **HB 580/SB 476- Behavioral Health Community Providers**

**- Keep the Door Open Act-** Requiring, except under specified circumstances, the Department of Health and Mental Hygiene to adjust the rate of reimbursement for community providers each fiscal year by the rate adjustment included in the State budget for that fiscal year. **\*\*WE SUPPORT\*\***

### **HB 847- Maryland Medical Assistance Program - Benefits for Individuals Who Are Incarcerated or Institutionalized-**

Requiring the Department of Health and Mental Hygiene to provide 6 months of presumptive eligibility for Maryland Medical Assistance Program benefits for individuals on release from incarceration or from an institution for the treatment of mental disease. **\*\*WE SUPPORT\*\***

### **HB 1288- Maryland Insurance Administration - Workgroup on the Provision and Coverage of Behavioral Health Crisis Services-**

Requiring the Maryland Insurance Administration to convene a workgroup that includes specified individuals and interested stakeholders to identify barriers to the provision of behavioral health crisis services and coverage of the services by health insurance carriers; requiring the Administration to report the findings and recommendations of the workgroup to the General Assembly on or before December 1, 2017. **\*\*WE SUPPORT\*\***

### **HB 541/SB 474- Cigarette Restitution Fund - Establishment of Behavioral Health Treatment Account and Funding for Substance Use Treatment Services-**

This bill establishes a separate behavioral health treatment account in the Cigarette Restitution Fund (CRF) to be used for (1) substance use treatment, with priority given to specified services and (2) rate adjustments for specified community-based agencies or programs funded by the Behavioral Health Administration (BHA) or Medicaid. **\*\*WE SUPPORT\*\***

### **HB 650/SB 691- Criminal Procedure - Incompetency and Criminal Responsibility - Court-Ordered Medication-**

Authorizing a court to order administration of specified medication to a defendant for a period of no longer than 30 days after a finding of incompetency or not criminally responsible under or incompetent to stand trial. Providing that specified medication may be administered to such an individual before the decision of a clinical review panel for a period of no longer than 30 days. **\*\*WE OPPOSE\*\***

### **HB 352- Health Care Practitioners - Use of Teletherapy-**

Authorizing specified health care practitioners to use teletherapy for a patient; establishing requirements for the technology a health care practitioner uses for teletherapy; requiring a health care practitioner to make a specified identification and establish a safety protocol that includes specified information before the first teletherapy session; defining teletherapy as the use of specified telecommunications or electronic technology to deliver behavioral health services under specified circumstances. **\*\*WE SUPPORT WITH AMENDMENTS** which would allow flexibility for different boards to adopt their own standards for teletherapy and remove provisions of the bill which require specific standards for teletherapy**\*\***

## Behavioral Health Coalition Legislation

The Keep the Door Open Act (KTDO) has been introduced with bipartisan support as [Senate Bill 476](#) and [House Bill 580](#). Additionally, companion legislation that would establish a new revenue stream to help pay for KTDO has been introduced by the same sponsors as [Senate Bill 474](#) and [House Bill 541](#). Together, these bills make up 2/3 of the Coalition's 2017 legislative agenda. The balance is [House Bill 1288](#), which addresses commercial health insurer coverage of behavioral health crisis services.

In addition, Democratic leadership in the Senate and House responded to Governor Hogan's package of bills addressing the opioid epidemic with bills of their own that include KTDO. [SB 967 Heroin and Opioid Prevention Effort \(HOPE\) and Treatment Act of 2017](#) includes the language of KTDO among a variety of provisions addressing everything from crisis treatment centers and hospital discharge protocols to recovery schools and treatment in jails and prisons. KTDO has also been included in the crossfiled version, [HB 1329](#).

## Addiction Psychiatrist Needed

The 2017 General Assembly is introducing many bills related to the opioid epidemic, substance abuse, and the management of people who overdose. **The MPS Legislative Committee would appreciate having someone who has an addictions orientation who can serve on the committee** and help review and make sense of all these proposed laws. This would involve a one hour conference call every Wednesday night through the end of the month. Or, if you'd prefer, we can set up an email distribution to send the bills directly to you. Interested members should email [Anne Hanson, M.D.](#) for information.

## Maryland News

### Annapolis Focuses on Payment Reform and the Opioid Crisis

The impending repeal of all or part of the Affordable Care Act has created a holding pattern on many Annapolis health reform measures. Annapolis leaders are uncertain how changes to the ACA, if any, would affect block grants for Medicaid or Maryland's unique Medicare waiver. Maryland lawmakers have opined some changes could result in a special session this fall. The facts that 160,000 people purchased insurance through the Exchange, and over 1.3 million Marylanders are Medicaid recipients, show that any change to the ACA would have a significant impact on Maryland.

While uncertainty has slowed any action on payment reform, work to fix the opioid crisis is moving full steam ahead. MedChi's legislative committee is considering countless new legislative proposals regarding opioid laws. The new proposals come on the heels of last year's legislation on the opioid crisis. Some of last year's legislation is just taking effect. For example, by July 1, 2017, every Maryland physician with a Controlled Dangerous Substance (CDS) license will need to register for the Prescription Drug Monitoring Program (PDMP).

The Hogan administration announced its intent to promulgate new regulations for Medicaid recipients concerning opioid use. The Department of Health and Mental Hygiene intends to reform the opioid-prescribing process in the Medicaid program and prevent substance use disorders resulting from prescriptions. The policy changes, which take effect July 1, 2017, aim to:

- "Prevent medical and non-medical opioid use, abuse, and substance use disorder from developing;
- Identify and treat opioid dependence early in the course of the disease;
- Prevent overdose deaths, medical complications, psychosocial deterioration, transition to injection drug use, and injection-related disease; and identify and outreach to providers who do not follow standard practice."

**All high-dose and long-acting opioids, including fentanyl prescriptions issued to Maryland Medicaid members, are now subject to prior authorization.** In addition to these new prior authorization requirements, Maryland Medicaid is also encouraging providers to:

- Consider non-opioids as first-line treatment for chronic pain;
- Offer naloxone to patients who meet certain risk factors;
- Conduct thorough substance use disorder screening prior to prescribing opioids;
- Refer patients to treatment that are identified as having a substance use disorder; and
- Use the Department's Prescription Drug Monitoring Program for all Controlled Dangerous Substance prescriptions.

From [February 13 MedChi News](#)

### Update on Maternal Mental Health

Legislation has been introduced to address unmet need by developing a comprehensive and robust maternal mental health system of care in Maryland. [SB 600](#) / [HB 775](#) are a direct result of [recommendations](#) made by the Task Force to Study Maternal Mental Health, which were reported in the [January issue](#). The legislation requires DHMH to collect and disseminate maternal mental health information and tools for the public and practitioners, develop training programs to improve early identification of perinatal mood and anxiety disorders, and work to expand the [Behavioral Health Integration in Pediatric Primary Care](#) psychiatric consultation program to address the mental health needs of pregnant and postpartum women.

### MedChi Update on 2017 Maryland General Assembly

MedChi considers the [top three issues](#) for health care during the 2017 session to be 1) the high cost of prescription drugs; 2) the opioid and heroin crisis; and 3) the impact that federal health care reform will have on the State's budget and delivery systems. Review the [House](#) and [Senate](#) bills being considered by MedChi's Legislative Committee. Also, see the [testimony](#) MedChi provided this session on specific legislation.

### Opioid-Associated Disease Prevention and Outreach

In January, DHMH [proposed regulations](#) that authorize any Maryland county to establish an Opioid-Associated Disease Prevention and Outreach Program. The comment period is now closed. The regulations stem from [SB97](#) from the 2016 legislative session, which also established the [Standing Committee](#) on Opioid-Associated Disease Prevention and Outreach Programs. This committee, [convened in October 2016](#), assists local health departments and community-based organizations with procedures, outreach and protocols.

### Breaking Heroin's Grip: Road to Recovery

A [documentary](#) that aired on Maryland Public Television follows three individuals through their often painful journeys of recovery from heroin and opioid addiction.

## Maryland News

### Telehealth Grant to Expand Behavioral Health Services

On January 31, the Maryland Health Care Commission [announced](#) a \$75,000 grant to the University of Maryland Shore Regional Health (UMSRH) for a project that will demonstrate the impact of telehealth on increasing access to health care and improving population health in rural communities of the Eastern Shore. Using telehealth, UMSRH will expand the clinical care and service area of the Shore Regional Palliative Care Program to patients in Kent County. Behavioral health services will also be expanded to patients in Kent and Queen Anne's counties through implementation of telehealth for emergency department psychiatric services and inpatient psychiatric consultations. UMSRH has agreed to provide a 2:1 financial match, as well as to demonstrate sustainability of the project. The project will continue through July 2018.

### Maryland Insurance Administration Associate Commissioner for Hearings

Maryland Insurance Commissioner Al Redmer, Jr. [announced](#) the appointment of Victoria August as Associate Commissioner for Hearings where she will have management responsibility for all quasi-judicial hearings, **including appeals of consumer complaint determinations**. She has served as the Associate Commissioner – Compliance and Enforcement since August 2014 where she was the senior staff authority on market conduct compliance issues.

### Parity Enforcement

The APA has produced a [useful resource document](#) for helping patients deal with possible parity violations and ensure access to care. Please review the document to learn how you can help patients realize the full protection of the parity law.

Also, [click here](#) for a copy of a printable Maryland parity flyer for your office!

### “Truth in Rx” Drug Pricing Resource

A [recent survey](#) of over 3,000 brand name prescription medications found that prices have more than doubled for over 60 drugs since 2014. [TruthinRx.org](#) allows patients to learn who controls the prices of their medications and why those prices are increasing. The interactive site from the AMA provides facts, informational resources and ways that you and your patients can take action to increase drug price transparency.

## APA News & Information

### 2017 APA Election Results

Altha Stewart, M.D. is APA's next president-elect. Stewart is an associate professor of psychiatry and director of the Center for Health in Justice Involved Youth at the University of Tennessee Health Science Center in Memphis.

Other results include:

- **Secretary** Philip Muskin, M.D., M.A.
- **Minority/Underrepresented Representative Trustee** Ramaswamy Viswanathan, M.D., D.M.Sc.
- **Resident-Fellow Member Trustee-Elect** Tanuja Gandhi, M.D.

### APA and MOC

In response to more frequent questions from members about what the APA is doing to represent member interests on MOC, the APA [created a webpage](#) that outlines its role in MOC and the actions taken. It also gives an opportunity to provide feedback. Please visit the page if you have questions or suggestions. In addition to MOC advocacy, the APA also has resources to help members meet MOC requirements, including:

- A webpage dedicated to [meeting MOC requirements](#)
- A Psychiatrist's Guide to MOC, which is available [online](#), and was also mailed in January to ECPs and general members within 2 years of needing to recertify. Those exempt from continuous MOC were excluded.

In addition, ECPs receive a free online subscription to *FOCUS: The Journal for Lifelong Learning in Psychiatry*, which meets many of the requirements of MOC. They just need to call 888-357-7924 each year to subscribe.

### PsychPRO Registry Update

The APA PsychPRO Registry project is currently onboarding participants for the proof of concept phase. The purpose of the registry is to help psychiatrists provide high quality care, meet MACRA and MOC part 4, and to advance psychiatric research. More than 100 institutions and individuals have signed up, putting the APA ahead of expectations. Regarding security, the APA is building a HIPAA compliant portal using registry best practices and an accredited vendor. The APA registry is one of first to include a patient portal. The information provided by patients flows into the registry connector and then de-identified info is pulled into registry database. Members who want to join should contact the APA to be added to the queue. The registry will be accessible for those without an EHR, but for now these are on hold while logistics are sorted out. Members do not need any special technology to participate. More information is available on the APA's [MACRA](#) and [registry](#) webpages.

## APA News & Information

### APA MACRA MIPS Resources

Reform of the Medicare payment system started January 1. The APA is ready to help participating members adjust to the transformation; however, many are exempt from reporting this year because the “low-volume threshold (minimum patient volume) is high enough to exempt many psychiatrists *in the first year*. Specifically, a clinician or practice group that has “Medicare Part B allowed charges less than or equal to \$30,000 or provides care for 100 or fewer Part B –enrolled Medicare beneficiaries” is exempt from reporting. Nevertheless, it is wise for members to educate themselves about MACRA.

Download the APA’s [fact sheet](#) about the MIPS Quality Performance Category for help deciphering your MIPS composite score and its impact on your 2019 Medicare Part B payments. It also includes a Mental/Behavioral Health specialty measure set as well as a list of measures pertinent to psychiatrists. Visit the APA [website](#) for more Medicare payment reform resources, including a MACRA toolkit and a webinar series.

### Draft APA Practice Guideline for the Pharmacological Treatment of Patients with Alcohol Use Disorder

The APA Guideline Writing Group drafted the “[Practice Guideline for the Pharmacological Treatment of Patients with Alcohol Use Disorder](#)” based on a systematic review of the available evidence. Each statement (recommendation or suggestion) is separately rated according to the strength of the supporting research evidence and the balance of possible benefits and harms of the recommended or suggested actions. In addition to specific statements, the draft guideline includes a review of strategies and caveats when implementing the recommendations and a discussion of the appropriateness of the recommendations to inform quality improvement activities.

The APA hopes to identify and address any comments during this public comment period and before this guideline is submitted to the May 2017 Assembly for approval. **The deadline to comment is March 17, 2017.** Comments should be emailed to [guidelines@psych.org](mailto:guidelines@psych.org). Microsoft Word file attachments are preferred. Please refer to the comment form and information to include with each comment at the Practice Guideline link above. If you have questions, please contact Seung-Hee Hong at [guidelines@psych.org](mailto:guidelines@psych.org).

### APA Changes Member Logins on its Website

Starting **Wednesday, March 2**, your username and password for logging into APA’s website need to be updated. The new log-in requires use of the email address you have on file with APA and a new password. You can complete these actions by selecting “Forgot Password?” on the account login page or by calling APA customer service at (703) 907-7300. You can also reset your password through the email you will receive from APA. If you don’t have an email address on file with APA, please email it to [membership@psych.org](mailto:membership@psych.org) or call (703) 907-7300.

Your updated account will allow you to do the following:

- Quickly pay your dues online or enroll in a scheduled payment plan.
- Complete your profile to enjoy a more personalized membership experience.
- Update your email communication preferences.
- Enroll in your Members’ Course of the Month and 90+ other CME activities free to members in the APA Learning Center.

### Latest Research Through AJP Podcast

Need a flexible way to catch up on the latest psychiatric research? [AJP Audio](#) brings highlights from each issue of The American Journal of Psychiatry with discussion of three articles that also serve the basis for the AJP CME courses. Subscribe to receive automatic updates.

### Free Member Course of the Month

Try the APA Learning Center’s free online CME. Each month, members have access to an on-demand CME course on a popular topic. March’s [course of the month](#) will be **Detection and Prevention of Cognitive Decline** with Gary W. Small, M.D., University of California-Los Angeles. (The course will still be available for a fee after the month expires.)

### Submit Ideas for APA Action

The next Action Paper deadline to be considered at the May 2017 Assembly is **March 30th**. Please review the information posted at [Action Paper Central](#) [member login required]. Please contact the MPS Assembly Reps for help submitting or writing papers: [Anne Hanson](#), M.D., [Bob Roca](#), M.D., or [Steve Daviss](#), M.D.



## Medicare News

### Attest to 2016 EHR Incentive Program Requirements by March 13

CMS has extended the attestation deadline to **Monday, March 13 at 11:59 PM**. To avoid a 2018 payment adjustment, participants in the Medicare EHR Incentive Program must attest to the [2016 program requirements](#). If you are eligible to participate in both the Medicare and Medicaid EHR Incentive Programs, you MUST demonstrate meaningful use to avoid the Medicare payment adjustment. You may demonstrate meaningful use under either Medicare or Medicaid.

- [Registration and Attestation System](#)
- [Eligible Professional \(EP\)](#) Attestation Worksheets
- [EP](#) Attestation User Guides
- [EP](#) Registration User Guides
- [Attestation Batch Upload Webpage](#)

If you have questions about the Registration and Attestation System, contact the EHR Information Center at 1-888-734-6433 (press option 1) Monday through Friday from 6:30 AM to 5:30 PM ET, except Federal holidays.

### More on MIPS from MedChi

The Merit-Based Incentive Payment System (MIPS) established under MACRA is divided into three categories for 2017 reporting:

- [Quality](#) (60%)
- [Advancing Care Information](#) (25%)
- [Clinical Practice Improvement Activities](#) (15%)

Clinical Practice Improvement is a new performance category for 2017. Clinicians are rewarded by focusing on care coordination, beneficiary engagement, and patient safety.

- For most participants: You can attest that you completed up to 4 improvement activities for a minimum of 90 days.
- For groups with fewer than 15 participants or if you are in a rural or health professional shortage area: You can attest that you completed up to 2 activities for a minimum of 90 days.
- For participants in certified patient-centered medical homes, comparable specialty practices, or an APM designated as a Medical Home Model: You will automatically earn full credit.

Please click [HERE](#) for details regarding Clinical Practice Improvement Activities and [HERE](#) for Advancing Care Information.

From [February 6 MedChi News](#)

### Updated Telehealth Services Fact Sheet

CMS issued a revised publication on 2017 Medicare [telehealth services](#), billing and payment and other topics. Some psychiatric telehealth services are included.

## Courts Stop Insurance Mergers

Both decisions are in and trial courts have blocked Anthem's acquisition of Cigna and Aetna's acquisition of Humana, deeming them a threat to the affordability, accessibility and quality of health care. These rulings are victories of great magnitude for our patients and the health care system. They are the result of one important factor—that physicians came together to protect patients, our profession and our health care system from further consolidation.

These attempted health insurance mergers reflect the industry-held belief that by joining together, insurers can gain added negotiating leverage over physicians and hospitals. In Anthem, the court concluded that an enhanced ability to coerce physicians to accept lower reimbursement is not an efficiency defense, would not benefit patients, and "would erode the relationship between insurers and providers" and "reduce the collaboration" that is essential to innovation in payment and delivery.

It is difficult for individual physicians to battle with industry giants alone, to have our voices outweigh theirs. But when we create a unified voice through the AMA and other medical societies, we have the depth and breadth of expertise to accumulate the facts necessary to support our position.

From [February 9 AMA News](#)

## CMS Proposes Increased Health Insurance Choices for 2018

On February 15, CMS [announced](#) a proposed rule for 2018 with new reforms that are critical to stabilizing the individual and small group health insurance markets to help protect patients. This [proposed rule](#) would make changes to special enrollment periods, the annual open enrollment period, guaranteed availability, network adequacy rules, essential community providers, and actuarial value requirements; and announces upcoming changes to the qualified health plan certification timeline. The proposal is seen as an attempt to reduce uncertainty stemming from efforts to repeal the ACA.

## Review Open Payment Data

The Open Payments review and dispute period is targeted to start in April, following the close of 2016 data submission, which ends on March 31. To review any payments and other transfers of value attributed to them, physicians must first register on the [Open Payments system](#). If physicians registered last year, they do not need to register again. However, if it has been over 180 days since the last login to the Enterprise Identity Management System (EIDM), the account has been deactivated for security purposes. To reactivate an account, contact the Help Desk at 1-855-326-8366 Monday - Friday from 7:30 AM - 6:30 PM or submit an email to the Help Desk at [openpayments@cms.hhs.gov](mailto:openpayments@cms.hhs.gov). Visit the [Open Payments](#) website and learn more by reviewing [resources](#).



## MPS Members Out & About

Mark Komrad, M.D. was a guest on Dan Rodrick's [February 8 Roughly Speaking podcast](#): Amid progress on mental health, Obamacare repeal would be giant step back.

Help us spotlight news of MPS members in the community by sending info to [heidi@mdpsych.org](mailto:heidi@mdpsych.org).

## Resident Recognition Award Deadline

The APA [Resident Recognition Awards](#) are presented annually to outstanding psychiatry residents or fellows from each department or institution who exemplify one or more APA values, including compassion, leadership, community service, political action or clinical excellence. Multiple awards are given each year. **Applications are due March 31.** Please review the nomination requirements at the link above.

## Membership

**Transfers Into Maryland from Another District Branch**  
Constantine A. Galifianakis, M.D.

## Upcoming MPS Meetings & Events

### MPS Annual Dinner

Thursday, **April 27**, 2017 at 6PM at the Johns Hopkins Club, Baltimore, MD. [Tickets](#) are \$30 for Resident-Fellow members/guests and \$70 for MPS Members/guests. More information to follow.

### FREE Happy Hour for Resident-Fellow Members

Thursday, **May 11**, 2017 @ 6pm-8pm at the [Pratt Street Ale House](#) in Baltimore. All psychiatric residents and a guest are welcome to attend this **FREE** event. Non-Members Residents/Fellows welcome, invite your colleagues! *Sponsored by The American Professional Agency.* [RSVP Here!](#)

*See You There!*



## 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](mailto:jen.carberry@fsi-inc.org). Visit [www.fs-inc.org](http://www.fs-inc.org) for more information about Family Services.

## **Mental Health Nurse Practitioner, University of Maryland Health Center College Park, MD**

The UHC is seeking a Mental Health Nurse Practitioner to join our team. We are a Health Center providing comprehensive primary care and immediate care to students, faculty and staff. Mental Health services are available to students only. Our Mental Health team includes psychiatrists, counselors, drug and alcohol counselors, and a sexual assault response and prevention service. The UHC has a strong and active Trans health program and we have been recognized by the Human Rights Campaign as a Leader in LGBT Health. There are regular opportunities to interact with learners in a variety of mental health disciplines.

The University Health Center is proud to be nationally accredited for over 30 years by the Accreditation Association for Ambulatory Health Care, an independent organization that only places its seal of approval on medical facilities that meet the highest standards of quality. Less than 15% of all college health centers in the U.S. are accredited!

The University Health Center provides high quality, cost-effective health care and wellness programs to promote health and support academic success.

The University of Maryland is a vibrant community recognized for its diversity, with underrepresented students comprising one-fourth of the student population. The UHC sits within a strong and supportive Division of Student Affairs. College Park is a growing community close to Baltimore and Washington, DC. We hope that you'll consider joining us!

For more information and to apply, please go to <https://ejobs.umd.edu/postings/49773>

## **Nationally Recognized Program Seeks Adult Psychiatrists** ***Competitive Salary and Excellent Benefits***

### **Available Positions:**

**Inpatient/Partial Hospitalization Attending** - Psychiatrist will closely with a multidisciplinary treatment team in the assessment and care of patients with eating disorders. This unique practice opportunity combines the excitement of an academic environment with training of fellows, post-doctorate psychologists, social work interns and University of Maryland residents. Full-time or Part-time available. MD license required.

**Outpatient Psychiatrist** - Services to be provided will include Evaluations, Level of Care Assessments, Pharmacological Management, and Individual Therapy. You will work closely with a multidisciplinary treatment team providing services to patients with Eating Disorders and other general Psychiatric Diagnoses. Part-time or Full-time available. MD license required.

Please **FAX** resume to 410-938-5250, or **MAIL** to:

Steven Crawford, M.D., 6535 N Charles St, Suite 300 Baltimore MD 21204

You may also **EMAIL** your resume to [scrawford@sheppardpratt.org](mailto:scrawford@sheppardpratt.org)

**The Center for Eating Disorders at Sheppard Pratt Hospital**, ranked by *U.S. News & World Report* among the Best Psychiatric Hospitals for the 24<sup>th</sup> consecutive year, is located in the suburbs of [Baltimore](#), Maryland and offers convenient access to several major cities, the ocean and the mountains.

Find out more about The Center for Eating Disorders by visiting our website: [www.eatingdisorder.org](http://www.eatingdisorder.org)

**CLASSIFIEDS****EMPLOYMENT OPPORTUNITIES**

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](mailto:hanitaks@hotmail.com). To learn more about MMH visit our website: [www.mymentalhealthtms.com](http://www.mymentalhealthtms.com).

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](mailto:staff.director@gladstonepsych.com)

Psych Associates of Maryland, LLC seeks Adult and Child and/or Adult psychiatrist to join its thriving practice in Towson. NEVER SPEAK TO INSURANCE COMPANY FOR PREAUTHS! Very flexible scheduling. Unlimited vacation time. Partnership available. Email [Drmalik.baltimore@gmail.com](mailto:Drmalik.baltimore@gmail.com) or call 410-823-6408 x13. Visit our website at [www.pamllc.us](http://www.pamllc.us)

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](http://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](mailto:barbara.usher@spectrum-behavioral.com).

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](mailto:stephen.pasko@medstar.net) or call 443-777-7925 for details.

Spring Grove Hospital Center (SGHC) is hiring full-time and part-time Psychiatrists to lead a team of professionals in treating complicated mentally ill and legally encumbered patients. At 377 beds, SGHC is the largest psychiatric hospital operated by the State of Maryland. We are located in Catonsville, previously named by Money Magazine as one of the best places to live! Convenient to DC, Baltimore, and BWI Airport, our 180-acre wooded campus feels more like a college setting. Our mission is to provide quality mental health services to patients from across the State. We offer flexible and adjustable work schedules. After hours on site call is NOT provided by psychiatry! Our salaries are competitive and we have a comprehensive benefits package; including generous vacation and retirement plans. This position would be an excellent choice for an early career psychiatrist on a medical-director track or a later career psychiatrist looking to scale back. Mentoring is readily available and continuing medical education (CME) is accessible on site. Don't worry about billing, call, limited time with patients or lack of support. Interested candidates may visit [www.dbm.maryland.gov](http://www.dbm.maryland.gov) for more specific information and to apply online. Candidates may also send their CV to: Elizabeth R. Tomar, MD, Clinical Director, 55 Wade Avenue, Catonsville, Maryland 21228, 410.402.7596 (phone), 410.402.7038 (fax) or [elizabeth.tomar@maryland.gov](mailto:elizabeth.tomar@maryland.gov). Spring Grove Hospital Center does not discriminate on the basis of immigration status, citizenship status, or national origin. EOE.

### **There's Still Time to Renew! (but not much)**

The MPS and APA are working to support members at every stage of their careers, and look forward to your continued membership. If you haven't paid dues already, it's not too late but you need to act NOW since members who still owe will be dropped this month. Renew today [WITH APA](#) and [WITH MPS](#). Call the MPS office at 410-625-0232 or [email us](#) if you are not sure what you owe. Let's keep building on the successes we have achieved together.

### **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.