

MPS NEWS

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April 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

President's Column

Goodbye

It's hard to believe that a whole year has gone by since I became MPS President. The good news is that the organization is still standing, despite significant challenges along the way. After having confused our members with different dues deadlines, MPS has been able to get in sync with the APA's calendar year for our financial schedule. We hope that this will be a beneficial change for our members since it allows them more options to make dues payments for both MPS and the APA.

We have seen Congress pass the most significant mental health reform legislation in over twenty years, with bipartisan support. Unfortunately, we are feeling uncertain about the future structure of health care as our new US President and Congress go about dismantling the Affordable Care Act. Millions of Americans who have been able to obtain insurance through President Obama's efforts may lose their insurance, if current plans proceed. The threat to patients with pre-existing conditions is particularly a concern for psychiatrists who are accustomed to treating people with chronic illness. The future of Medicaid and Medicare could also be on the line. The APA has been a leader in current discussions in Washington, but we all must be vigilant and advocate for our patients throughout this process. Legislators do respond to their constituents' input.

The MPS should remain proud of its strong committee structure. Dr. Doris Balis has reinvigorated the Diversity Committee by providing strong leadership and ambitious plans. Dr. Anne Hanson of the Legislative Committee has

spent countless hours working with our lobbyists in Annapolis to allow Maryland's psychiatrists a voice in bills to safeguard our interests. The CME committee sponsored a successful event last spring on LGBT mental health issues and brought Dr. Kogan back this past fall for a rousing performance. Under Drs. Jason Addison's and Dr. Scott Aaronson's guidance, we are looking forward to a psychopharmacology update on November 11, 2017. Dr. Susan Lehmann has navigated the Membership Committee through the onerous changes necessary to alter our financial year and retain our members in the process. We have had strong representation in Area 3 and thank Drs. Roca, Daviss and Hanson for their time and effort on our behalf.

The hard, day-to-day work of the MPS is done by our remarkable staff, and I thank them for all the help that they have provided me over the past year. Meagan Floyd has helped to revitalize our website, coordinates our special events and scrutinizes our dues collection. Heidi Bunes is our financial guru who keeps us on the right path. Kery Hummel is our Executive Director who represents us on multiple committees, organizes our Council agenda and helps us to negotiate policy changes. Many other District Branches don't have such reassuring human voices on the other end when members or patients are in need of help.

It has been an honor to serve the MPS as President. We are a strong, important organization that supports its members and our patients. In times like these, we need to unite and continue to protect our professional interests.

Thank you.

Merle McCann, M.D.

The next MPS Council meeting will be held at 8 PM Tuesday, April 11 in the MPS office

FREE Happy Hour for Resident-Fellow Members

Thursday, **May 11** @ 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!](#)

The family of Dr. **Clarence Schulz** will hold a memorial service in his honor on **May 13** from 1:30 to 3 PM, at the Towson Unitarian-Universalist Church in Timonium. There will be time to offer comments/memories/anecdotes, if you wish. All attendees are invited to a reception afterwards at the Sheraton Baltimore North at in Towson.

**John Lion, M.D. Wins
2017 Anti-Stigma Advocacy Award**

The Board of Directors of the Maryland Foundation for Psychiatry voted in February to present its 2017 [Anti-Stigma Advocacy Award](#) to Dr. John Lion for his piece, "[Steadfast talking is the only cure for suicide](#)" published December 18, 2016 in the *Baltimore Sun*. The board felt it reassured readers that even serious mental illness like depression can be overcome, even if there are setbacks along the way that evoke suicidal thoughts.

The award was established to recognize the article that best fulfills the following goals:

- 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 which the foundation plans to award at the [April 27 MPS annual meeting](#). 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*.

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.

CONGRATULATIONS



After considering member input, the MPS Council voted on March 14th to award

**Robert Roca, M.D.
2017 MPS Lifetime of Service Award**

Thank you Dr. Roca for your invaluable service over these many years! Please join us at our [Annual Dinner on April 27th](#) to honor Dr. Roca for this achievement.

See page 10 for more information.

**Congratulations to
MPS Paper of the Year Winners!**

The MPS Academic Psychiatry Committee "best paper" award recognizes outstanding papers authored by young psychiatrists that are published or in press in the immediately preceding year. This year's selection subcommittee included representatives from Hopkins, Maryland, and Sheppard Pratt. Nominations were solicited early in 2017 from department chairs and other MPS members. Entries were considered for awards in two categories this year. There was agreement that all the submissions clearly had merit; however, the following entries received the most support and are this year's winners.

Resident/Fellow: Traci Speed, M.D., Ph.D. of Johns Hopkins won for a paper entitled "[Characterization of Pain, Disability, and Psychological Burden in Marfan Syndrome.](#)"

Early Career: Jennifer Coughlin, M.D. of Johns Hopkins won for her paper, "[In vivo markers of inflammatory response in recent-onset schizophrenia: a combined study using \[11C\]DPA-713 PET and analysis of CSF and plasma](#)"

The authors will be honored at the [MPS annual meeting](#) on April 27. Please visit the MPS website to [view past winners](#).

[NAMI Walks Maryland](#)
May 20, 2017
Inner Harbor, Baltimore

March 14th Council Highlights

The meeting was held by conference call due to inclement weather.

Executive Committee Report

- Dr. McCann noted that meetings with MPS committee leaders have continued with Drs. Addison and Dr. Wahls, who chair the Program and CME Committee and the Editorial Advisory Board, respectively. [See the report below for the update from Dr. Addison.] Dr. Wahls asked members who are interested in submitting articles for *The Maryland Psychiatrist* (TMP) to contact her or [Kery](#). Consideration is being given to a new TMP Editor or co-Editors, as Dr. Wahls would like to step down. The Executive Committee is encouraging at least two issues a year.

- Many MPS members still owe July-December 2016 MPS dues and both APA and MPS 2017 dues through APA centralized billing. The drop date for payment of both amounts is March 31. The entire Council is contacting over 80 delinquent members regarding dues payments.

- Dr. Ellen Webber has been invited from the University of Maryland Law Center to talk about Network Adequacy and a study they did on that topic in conjunction with the Maryland Insurance Administration, which is developing regulations.

Secretary-Treasurer's Report

Dr. Triplett reviewed the short year financial statements and the Form 990, which had been emailed in advance to all Council members. The six month "year end" financial statements (July 1, 2016-December 31, 2016) were reviewed by Norman Feldman, CPA, PA. The short period is necessary to transition the MPS to a calendar year for financial purposes. There are no prior year amounts for comparison due to the change. Total assets are \$369K, with current assets of \$313K and fixed assets of \$55K. Liabilities total \$106K, and net assets are \$262K, of which \$7K are restricted. For the period, the MPS has total income of \$185K and total expenses of \$189K. The \$4K loss is \$6K better than budgeted. Council voted unanimously to approve the financial statements. Dr. Triplett asked Council to review the 990 for any questions, suggestions or concerns. There were none, and Council unanimously approved the Form 990 for submission to the IRS.

Legislative Committee Report

Dr. Hanson, briefly reviewed recent legislative activity. The Legislative Committee continues to be very active on numerous bills before the House and Senate. The cross over date is March 20, after which bills that have not crossed over to the other legislative body or been cross-filed in both the House and Senate are referred to the Rules Committee and face additional hurdles for passage. [Please see the full report on [page ___](#).] Child abuse reporting, telehealth, involuntary medication, Keep the Door Open (Behavioral Health Coalition legislation), substance abuse and opioid treatment are current priority issues.

Program and CME Committee Report

A program on psychopharmacology updates is planned for November 11, 2017. A possible second fall program on End of Life Options is in the planning stages. For three years, end of life legislation has been submitted in Maryland. MedChi held a symposium on the subject last year, and there is need for another activity with more education and input from mental health professionals.

Lifetime of Service Award

Council members emailed their votes for the 2017 Lifetime of Service Award recipient. Dr. Robert Roca was selected to receive this year's award.

American Health Care Act

On March 8, the AMA [stated](#) that the American Health Care Act (AHCA) is critically flawed, largely because it would likely cause a decline in health insurance coverage resulting in an adverse impact on patient health.

On March 22, the APA [officially opposed](#) the AHCA. The legislation will have a substantial negative impact on individuals with mental illness and substance use disorders, and it will precipitate a significant erosion in coverage and meaningful access to evidence-based mental health and substance use services. AHCA will unravel the expansion of Medicaid coverage and threatens the 1.3 million Americans with serious mental illness and the 2.8 million Americans with substance use disorders who gained coverage for the first time under the expansion. The legislation also threatens to eliminate the requirement that states even cover mental health services. APA is concerned about proposals to eliminate "essential health benefits" that were mandated under the ACA, because among them is coverage of treatment of mental illness and substance use disorders.

For more information, visit the [APA Mental Health Reform page](#) and scroll down to find their March 2017 recommendations in the list of comments, letters and highlights.

On March 24, leadership in Congress canceled a vote on the AHCA when it became apparent the measure did not have the support needed for passage.

Patients Before Politics Website

A new website, [patientsbeforepolitics.org](#), outlines nine objectives with links to more details in an effort to let patients and physicians know where the AMA stands on the health-system reform debate happening in Washington. The site also includes tools they can use to contact elected representatives and urge them to protect health care coverage for millions of Americans.

From [March 14 AMA Wire](#) post

Maryland News

2017 Legislative Update

The 2017 Maryland General Assembly adjourns at midnight on April 10. The MPS Legislative Committee has considered over 85 pieces of legislation this session. The highlights of MPS top priority bills are below. The information is current as of March 24, so the status of at least some bills will have changed. A complete recap of the session will appear in the May issue. Please contact [Kery Hummel](#) with any questions.

MPS supports the following bills:

[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.

Update: Senate bill passed the Senate. This bill is expected to be rolled in to another piece of legislation that is targeting the opioid epidemic, [HB 1329/SB 967](#).

[HB 775/SB 600](#) - Public Health - Maternal Mental Health- Requiring the Department of Health and Mental Hygiene, in consultation with stakeholders, to identify specified information about perinatal mood and anxiety disorders; requiring the Department to make available such information on the Department's Web site and to provide such information to specified health care facilities and health care providers; requiring the Department, in collaboration with specified health professional associations, to develop specified training programs to improve early identification of postpartum depression and perinatal mood and anxiety disorders.

Update: Senate version passed Senate and has passed second reading in the House. House version passed House. Expected to pass.

[HB 1127/SB 968](#) - Health Insurance - Coverage Requirements for Behavioral Health Disorders – Modifications- Altering specified coverage requirements applicable to specified health benefit plans for the diagnosis and treatment of mental illness and emotional, drug use, and alcohol use disorders (makes explicit additional SUD levels of care in the basic insurance benefit requirements).

Update: Senate version has passed the Senate and second reading in the House. House version passed House.

MPS opposes this bill:

[SB 135](#) -Crimes - Child Abuse and Neglect - Failure to Report- Establishing that specified persons who are required to provide specified notice or make reports of suspected child abuse or neglect may not knowingly fail to give the notice or make the reports; establishing a misdemeanor and penalties

on conviction of a fine not to exceed \$1,000 or maximum imprisonment of 1 year or both for knowingly failing to report child abuse or neglect; etc.

Update: Passed second reading in the Senate. Bill has been amended significantly but MPS/SMPS remains opposed. Click to view the [amended bill](#). If the bill passes, some failure to report will be criminalized, but not all. The intent of the bill is to criminalize failure to report *if the reporting failure happens when the victim is a child*, but the predicate phrase is ambiguous in the amended version. The criminal penalty only applies if the mandated reporter has "actual knowledge" of abuse; what "actual knowledge" means will need to be clarified.

For a complete list of the bills that the MPS Legislative Committee has identified as important to psychiatric practice, along with their status as of March 24, please [click here](#).

Opioid-Related Changes for Medicaid Program

In an attempt to block the prescription pathway to substance use disorders, DHMH [announced](#) policy changes for both Medicaid fee-for-service and HealthChoice plans. The changes, which will be in place by **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.

Maryland News

Avoid Fines - Check Your Documentation

In February, the Maryland Board of Physicians levied hefty fines on physicians who were unable to produce the current documentation required. For example, a doctor whose permit to dispense prescription medication has lapsed for less than three months was fined \$3000 by the Board. Another physician whose CME documentation was randomly audited was fined \$2700 because he could prove only 23 of the 50 required hours. He must also make up the deficient hours within the next renewal cycle.

Especially if your license renews this year (last names "M" to "Z"), check how much CME you have documented for this cycle. Also, if you dispense medicine in your practice, be sure to renew your permit on time. The [MPS website](#) has some useful information and links for medical and CDS licenses, as well as drug dispensing permits.

License Renewal and Criminal History

As reported in earlier issues and on the [MPS website](#), the Maryland Board of Physicians will require a criminal history background check beginning with this year's license renewals. [MedChi reports](#) that according to the Board of Physicians, physicians are taking the opportunity to pre-report all kinds of acts prior to their criminal history record check submission. To date, the Board has been lenient to physicians who pre-report old offenses, such as previously unreported shoplifting charges and driving offenses. If the Board discovers a reportable offense on the criminal history record check, and the physician failed to report it, the Board will NOT be as forgiving. Failure to submit a Criminal History Record Check (CHRC) may result in a disciplinary action by the Board. A [MedChi alert](#) and the Board of Physicians' [website](#) offer more information. **The Board recommends that applicants and licensees do not submit fingerprints earlier than 6 weeks before the application or renewal date.** The Board is authorized to retain CHRC information for 90 days only.

Maryland Medicaid PDL Update

The Maryland Medicaid Pharmacy Program [announced](#) that effective **March 27**, brand Seroquel XR® will be no longer preferred over its generic equivalents. Claims for quetiapine fumarate extended-release tablets will be handled in the same manner as claims for other multisource drugs. Brand and multisource of Seroquel XR® have non-preferred status on the [PDL](#). Fee-for-service Medicaid claims for brand Seroquel XR® will adjudicate only if there is prior authorization based on an approved [Medwatch form](#).

New Payment Policy for Opioid Treatment

DHMH [announced](#) that effective **May 15, 2017**, it will implement a new payment policy for community-based Opioid Treatment Programs (OTPs). This [initiative](#) was developed to align payment policy to clinical best practices that indicate methadone and counseling together result in better patient outcomes than treating patients with methadone alone.

The Department reviewed close to 10 letters and emails submitted by stakeholders providing comments and suggestions regarding the [proposed regulations](#) posted in the Maryland Register in December 2016. The Department reviewed and responded to stakeholders in February 2017. An [Overview of Comments Received and Departmental Responses](#) is available online. Based on these reviews, the Department has set a final implementation date of May 15, 2017. [Beacon Health Options](#) will communicate details of implementation through provider alerts and will be offering numerous trainings before implementation.

Maryland Medicaid will provide a re-bundled methadone reimbursement rate to include a \$63 per week per patient bundle for methadone maintenance (or \$56 for buprenorphine maintenance since the drug is paid through the Medicaid pharmacy program) and the ability for OTPs to bill for outpatient counseling separately, as clinically necessary. Additionally, OTPs will be reimbursed separately for Medication Assisted Treatment (MAT), periodic medication management visits, and guest dosing services. For more details, please see the documents posted on the [Behavioral Health Integration webpage](#).

Keep the Door Open Update

Over 500 people came out for the Maryland Behavioral Health Coalition's [Keep the Door Open](#) rally on February 23 in Annapolis in support of efforts to properly resource our public behavioral health system. The event was covered by a variety of [media outlets](#), and generated a lot of social media activity. The legislature is working on a bill to address Maryland's behavioral health crisis, the [Heroin and Opioid Prevention Effort \(HOPE\) and Treatment Act of 2017](#), which includes provisions for crisis treatment centers, hotlines, hospital discharge protocols, and treatment in jails and prisons, and it mirrors language from the [Keep the Door Open Act](#). The Senate passed the HOPE Act unanimously on



Maryland News

April 16 is Healthcare Decisions Day

To promote the importance of advance care planning, the Maryland General Assembly has [declared](#) April 16 as a day to encourage adults to think about, discuss, and prepare an Advance Directive that indicates the medical care they would want should they be unable to speak for themselves.

PDMP Reminder

Remember, psychiatrists who prescribe controlled dangerous substances must register with the Maryland Prescription Drug Monitoring Program (PDMP) no later than **July 1**. Please visit the [PDMP page](#) on the MPS website for complete details.

Membership

Transfers Into Maryland from Another District Branch
Sonia N. Tyutyulkova, M.D., Ph.D.

April 22 Physician Wellness Conference to Feature AMA Speaker

Eileen Barrett, MD, MPH, FACP, will speak on "[Practicing A Wellness Lifestyle: Managing Psychological Challenges During the Physician Lifecycle](#)." Dr. Barrett is a general internist in the Division of Hospital Medicine at the University of New Mexico. Presented by the Baltimore City Medical Society and scheduled for **Saturday, April 22 from 8:30 a.m. until 3:30 p.m.**, the program will feature presentations and group discussion. It aims to: (1) provide an overview of physician well-being; (2) outline predictors/risk factors for physician stress; and (3) present resources to assist physicians and their practices in preventing and/or reducing stress, and enjoying a wellness lifestyle. For information, email info@bcmsdocs.org or call 410-625-0022.

New Rule on Confidentiality of Substance Use Records

For the first time in 30 years, the Department of Health and Human Services has updated its regulations for 42 CFR Part 2 (Part 2) *Confidentiality of Substance Use Disorder Patient Records*. The updated regulations, which went into effect on **March 21**, allow for better information sharing while balancing the privacy rights for people seeking treatment for substance use issues. The APA has posted [information about the rule](#), including a summary and comparison of the current and new rules, on its website.

APA News & Information

APA Reaffirms Goldwater Rule

Last month, the APA confirmed its support for the ethics guideline commonly known as "The Goldwater Rule," which asserts that member psychiatrists should not give professional opinions about the mental state of someone they have not personally evaluated. The [APA Ethics Committee issued an opinion](#) that clarifies the ethical principle that was established in 1973, and answers questions that have been posed recently.

Three main points form the rationale for the opinion:

- When a psychiatrist comments about the behavior, symptoms, diagnosis, etc. of a public figure without consent, that psychiatrist has violated the principle that psychiatric evaluations be conducted with consent or authorization.
- Offering a professional opinion on an individual that a psychiatrist has not examined is a departure from established methods of examination, which require careful study of medical history and first-hand examination of the patient. Such behavior compromises both the integrity of the psychiatrist and the profession.
- When psychiatrists offer medical opinions about an individual they have not examined, they have the potential to stigmatize those with mental illness.

For more information, please see the [APA Blog on Goldwater Rule](#).

Member Accounts on APA Website

Members who have not already done so will need to use a new username and password for logging into [APA'S WEBSITE](#). The new log-in requires use of the email address on file with APA and a new password. Reset your password by selecting "Forgot Password?" on the account login page or by calling APA customer service at (703) 907-7300.

The new accounts allow members to pay dues online or enroll in a scheduled payment plan, complete a profile to enjoy a more personalized membership experience, update email communication preferences, and enroll in the Members' Course of the Month and 90+ other CME activities free to members in the APA Learning Center.

Substance Use and Collaborative Care Webinar

The **April 4** APA webinar "Treating Substance Use Disorders Through Collaborative Care" will focus on core principles that could be leveraged to effectively work with patients with substance use disorders in primary care settings. Register [HERE](#).

APA News & Information

March 4-5 APA Board of Trustees Meeting Unofficial Notes on Key Decisions

Dear Maryland Psychiatrists,

This excellent summary from APA staff does not include the breakdown of the election for Secretary, so I want to note that Dr. Roca did very well with Maryland and nearby states' voters. I think his percentage of MPS voters was higher than what any other candidate achieved with their District Branches. Restated, those who know Dr. Roca voted for him.

Roger

CEO Update – Saul Levin, MD, MPA

The Board of Trustees agreed that the APA will continue to be "strategic and not silent" as we respond to the Administration's changes in rules, regulations and new executive orders that will affect the mental health field at the federal and state levels. The APA must remain engaged and protect its seat at the table to ensure mental health parity, physician payments and reimbursements, GME funding, and Essential Health Benefits (EHBs) as well as other important issues impacting psychiatry.

APA 2017 Election Results

President-Elect Altha J. Stewart, MD

Secretary Philip R. Muskin, MD, MA

Minority/Underrepresented (M/UR) Trustee Ramaswamy Viswanathan, MD, DMSc

Area 2 Trustee Vivian B. Pender, MD

Area 5 Trustee Jenny Boyer, MD, PhD, JD

Resident-Fellow-Member Trustee-Elect Tanuja Gandhi, MD

New Association Management Software

On March 1, the APA switched its association management software to a new system that allows members to use one portal to access their information, review their payments and receipts, set their profile and communication preferences, change addresses, and opt into APA caucuses. This will also allow members to access additional features such as special content and submit their donations to the PAC and APA Foundation. This is the first of two phases of a major IT infrastructure overhaul that is designed to enhance members' online experience and value.

APA Mental Health Registry (PsychPRO)

Much has been accomplished since the board approved the APA's mental health registry, PsychPRO, including engaging a vendor to manage the information technology infrastructure, the connection to electronic health records, and the development of a patient portal to self-report outcomes and progress. For more information on the registry, please visit www.psychiatry.org/registry.

Practice Guideline Development

In 1989, from within Area 3, an Action Paper calling on the APA to develop Practice Guidelines led to many being devel-

oped in the 1990s, but national requirements have gradually vastly increased the time and costs of doing so. In order to facilitate their development, the BOT approved changes to internal processes and recommended that the Finance and Budget Committee discuss and make recommendations to the BOT through the FY2018 budget process regarding additional resources for practice guideline development.

Government Relations Update

Dr. Levin briefed the Board on recent activity on Capitol Hill and with the new Administration. He noted the importance of positioning the APA in a strategic manner regarding social issues (including immigration and transgender rights) that have been a focus of the Trump Administration's executive orders. The APA administration crafted messaging and op-eds for use by area councils, district branches, and state associations, since many of these issues are being debated on the state level. Dr. Levin also spoke about advocacy efforts regarding any repeal, replace, or repair efforts by Congress on the Affordable Care Act (ACA). The House of Representatives are working on a bill through the reconciliation process to defund the Affordable Care Act. The APA administration is in constant communication with key congressional contacts as well as other advocacy groups, urging lawmakers to protect access to mental health and substance use disorder services.

Board of Trustees Work Group Updates

- The Psychiatric Workforce Work Group will work with an outside consultant to conduct a study to determine the number of psychiatrists needed in the United States.
- The Work Group on Alternative Funding Sources concluded that APA should investigate whether there are other for-profit, corporate funders who would be interested in working with APA and providing additional funding, within parameters on amounts, restrictions, and limitations on relationships. The workgroup will continue their investigation.
- The Work Group on DB/SA APA Relationship considered the size and financial status of district branches to understand financial limitations on their ability to provide member services, and will give recommendations to the BOT in July.

Other items of note include:

- The Board approved changes to the Bylaws to reflect the new nomination and election processes for the M/UR Trustee. These will be considered at the Assembly in May 2017 and, *if ratified at that time*, take effect for the 2018 Election.
- The APA Annual Meeting will be May 20 through May 24 in San Diego, with more than 450 scientific sessions, a tour of a naval medical center, interactive learning labs, and more.
- APA worked with more than 21 health organizations to write to the World Health Organiza-

(Continued on next page)

APA News & Information

tion to protest moving dementia diagnoses in ICD-11 from the mental and behavioral section to solely the neurological disorders section, thereby making it difficult for mental health practitioners to code for care of those patients.

- New resources for members have launched on the APA website, including an FAQ document which helps identify the best EHRs for a member, a mobile health "mHealth" tool that helps evaluate the efficacy and risks related to health apps, webinars for district branches on network adequacy, an audit tool, and a payment reform webinar series.

- APA has trained more than 1,100 psychiatrists with the CMS TCPI SAN Grant.

- Membership is at its highest number since 2009, with more than 37,000 APA members: Every segment of membership has increased, including minority and underrepresented groups.

*Roger Peele, M.D.
Area 3 Trustee*

APA Annual Meeting RFM and ECP Leadership Track

As residents transition into their early career, few have any formal training in organizational issues, teaching, or leadership. This new APA program, which takes place during its annual meeting, aims to train and guide the participants to become future leaders in the field of psychiatry. Sessions are open to all annual meeting attendees, and Resident-Fellow Members and Early Career Psychiatrists are especially encouraged to pop into one or all of the activities. [Register for the Annual Meeting.](#)

APA Resource for Transgender Individuals

On February 22, the Departments of Justice and Education issued guidance that eliminates protections for transgender youth in public schools, no longer allowing them to use restrooms corresponding with their gender identity. The Administration believes that policy regarding transgender bathrooms should be decided at the state level. Transgender children, who are already at increased risk for violence, bullying, harassment and suicide, need acceptance, not stigmatization. The APA supports laws that protect the civil rights of transgender and gender variant individuals, and opposes discrimination against them in such areas as health care, employment, housing, public accommodation, education, and licensing. The APA Position Statement on Discrimination Against Transgender and Gender Variant Individuals can be downloaded [here](#).

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. [April's course of the month](#) will be **Managing the Side Effects of Psychotropic Medications** with Joseph F. Goldberg, M.D., Icahn School of Medicine. (The course will still be available for a fee after the month expires.)

APA Telepsychiatry Toolkit Updated

The [Telepsychiatry Toolkit](#) is an online resource for psychiatrists who want to learn more about integrating telepsychiatry into their practice. The APA has added [new content](#) focused on practice and clinical considerations, technology needs, legal issues and more. The new "Technical Considerations" section can help with choosing appropriate software and how to address potential security concerns related to live videoconferencing.

APA Social Media Accounts

The APA uses social media to support its mission, vision and values, and to share APA activities and the latest developments within the field of psychiatry. Please see the links below. Visit the [social media page](#) on the APA website to view a video on psychiatrists and social media that includes best practices, resources, and quick tips.

Twitter

- Main account: [@APAPsychiatric](#)
- Healthy Minds: [@APAHealthyMinds](#)

Facebook

- Main account: [American Psychiatric Association](#)
- Healthy Minds: [APA Healthy Minds](#)

LinkedIn

- [American Psychiatric Association](#)



Medicare News

April 13 Open Payments Data Review Call

On Thursday, April 13 from 1:30 to 3 PM, a national provider call will explain how to access the Open Payments system to review the accuracy of the data submitted about you before it is published [online](#). Industry has submitted data to the Open Payments System on payments or transfers of value made to physicians and teaching hospitals during 2016. Beginning this month, there will be 45 days to review and dispute records. CMS will publish the 2016 payment data and updates to the 2013, 2014, and 2015 data on June 30, 2017. Call topics include an overview and timeline, the registration process, and critical deadlines to review and dispute data. This MLN Connects Call is being evaluated by CMS for CME credit. Review the [call detail page](#) for more information.

Review Open Payment Data

From April 1 through May 15, physicians can review and dispute data on 2016 payments and other transfers of value from pharmaceutical and medical device manufacturers that are 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, accounts that have not been accessed in over 180 days have 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. Disputes must be resolved directly with manufacturers by May 30. CMS will publish 2016 payment data on June 30. Visit the [Open Payments](#) website and learn more by reviewing [resources](#).

Medicare SSN Removal Initiative

To better protect private health care and financial information as well as federal health care benefit and service payments, MACRA requires CMS to remove Social Security Numbers from all Medicare cards by April 2019. Physicians need to examine their practice management systems and business processes to determine what changes are needed to begin using the new Medicare Beneficiary Identifier (MBI). Any changes must be made and tested by April 2018, before CMS distributes new Medicare cards. If you use vendors to bill Medicare, find out about their MBI practice management system changes.

Beginning in April 2018, CMS will begin mailing new Medicare cards with MBIs to people with Medicare, and those who are new to Medicare will only be assigned an MBI. From October 2018 through December 2019, when you submit a claim using a valid and active Health Insurance Claim Number (HICN), CMS will return both the HICN and the MBI on the remittance advice. For more information, visit the [SSNRI provider page](#).

Quality Payment Program Resources

CMS has new, self-paced educational videos that are available on YouTube at Go.cms.gov/QPPvideos and its [Events page](#) (which also includes resources from past MACRA webinars). The on-demand videos explain aspects of the Quality Payment Program in about 10 minutes or less. One gives a quick general overview. There are four that cover Advanced Payment Models (APMs) and five that address the Merit-based Incentive Payment System (MIPS).

MACRA provides direct technical [assistance for small practices](#) to participate in the Quality Payment Program through an organization called IPRO, which serves Maryland, DC and Virginia. The resource document at the link above has contact information for help selecting and reporting on measures and activities to satisfy the MIPS requirements and more.

Suggest Measures for Future Years of MIPS

CMS's Annual Call for Measures and Activities for the Merit-based Incentive Payment System (MIPS) track of the Quality Payment Program (QPP) will be open through **June 30, 2017**. CMS encourages clinicians, organizations, and others to identify and submit measures to be considered for the Quality, Advancing Care Information, and Improvement Activities performance categories of MIPS in future years. The [Annual Call for Measures and Activities fact sheet](#) explains the process. Please direct any questions to QPP@cms.hhs.gov.

Payment for Chronic Care Management

The [Connected Care](#) initiative supports health care professionals who implement chronic care management (CCM) services for Medicare beneficiaries. Two-thirds of Medicare beneficiaries have two or more chronic conditions, and one-third have four or more chronic conditions. Many health care professionals are providing these patients with chronic care management, non-face-to-face services such as reviewing test results or coordinating with other providers, but are not aware of the separate payments under the Medicare Physician Fee Schedule and are not receiving the full separate payments that are now available for CCM services under Medicare Part B. Click the link above for more details.

Maryland Psychiatric Society 2017 Annual Dinner

Thursday, April 27, 2017

**The Johns Hopkins Club
3400 N. Charles Street
Baltimore, MD 21218**

6:00 PM ~ 10:00 PM

Join us as we welcome
Jennifer Palmer, M.D. as 2017-2018 MPS President

Patrick Triplett, M.D. will become MPS President-Elect &
Marsden McGuire, M.D. will become Secretary/Treasurer.

Robert P. Roca, M.D., M.P.H.
2017 Lifetime of Service Award Winner

The evening will start with a cocktail hour, complete with live music.
Dinner and dessert buffet to follow.

2017 Annual Dinner Registration

*RSVP by April 20, 2017. Please make check payable to MPS,
1101 Saint Paul Street, Suite 305, Baltimore, Maryland 21202-6407.*

*Cost: \$70.00 per person for members & guests,
\$30.00 per person for residents & guests*

Name _____ Guest _____

Phone _____ Email _____

Enclosed is my payment of \$ _____ for _____ ticket(s) for MPS' Annual Dinner

*Please indicate any special dietary needs or other special requirements.
Reservations are non-refundable.

Risk Management Tips on Patient Safety

When treating patients with suicidal behavior, ensure that an adequate risk assessment is done - and documented. We suggest that you utilize a tool to ensure that nothing is missed. One such tool is the [SAFE-T protocol](#). For an article on treating suicidal patients, click [here](#).

Even if not legally required to, consider checking the state Prescription Drug Monitoring Program (PDMP) before prescribing controlled substances. For an article on PMPs, click [here](#).

Ensure any lab work you order, such as lithium levels, is done and reviewed by you. Tracking of lab work, or more accurately failing to track, is not an uncommon fact in the lawsuits we see.

From [LinkedIn posts](#) by the PRMS Risk Management Team

April is the Month For...

[Alcohol Awareness](#)

Increase awareness and understanding of alcoholism, its causes, effective treatment and recovery, and also decrease stigma and misunderstandings to dismantle barriers to treatment and recovery.

[Autism Awareness](#)

Promote autism awareness, inclusion and self-determination for all, and assure that each person with Autism Spectrum Disorder has an opportunity to achieve the highest possible quality of life.

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 clinical 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.

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>

CLASSIFIEDS

EMPLOYMENT OPPORTUNITIES

Psychiatrist/Psychiatric Nurse Practitioner, F/T or P/T for an established Outpatient Behavioral Health Clinic in White Plains, MD. Evaluations and medication management with flexible hours, admin support, multidisciplinary team and a great place to work! No weekends. Qualified candidates must be Board eligible and possess a current license to practice in Maryland. Board certification and substance use treatment experience preferred. Send resume' to Melanie Taylor, HR Manager, melaniey.taylor@maryland.gov or by fax on 301.609.5759.

FULL TIME Psychiatrists needed in C-L and outpatient at Johns Hopkins Howard County General Hospital. Salary+Benefits, faculty positions possible. For information contact Andy Angelino, M.D., Chair. aangelino@jhmi.edu

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

CHILD PSYCHIATRIST—The Outpatient Psychiatry Clinic at MedStar Franklin Square Medical Center seeks a 10 hour per week child psychiatrist to work in our School Based Mental Health Program. 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, and fully paid malpractice insurance. Please send CV to stephen.pasko@medstar.net or call 443-777-7925 for details.

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. To learn more about MMH visit our website: mymentalhealthtms.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.

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 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. Spring Grove Hospital Center does not discriminate on the basis of immigration status, citizenship status, or national origin. EOE.

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 or call 410-823-6408 x13. Visit our website at www.pamllc.us

AVAILABLE OFFICE SPACE

TIMONIUM: ONE unfurnished office sublet available full-time, suitable for mental health professional, in a tastefully renovated 2-office suite shared by a part-time psychiatrist; and a SECOND office, furnished, available ONLY on Monday thru Thursday. Suite includes kitchenette, secretarial space and shared waiting room, located in an A-rated office bldg, the Timonium Corporate Center, with easy access to I-83 and ample parking. Call Cyndie @ 410-453-0901 if interested

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JACKIE PALUMBO
CHIEF UNDERWRITING OFFICER



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Actual terms, coverages, conditions and exclusions may vary by state. Unlimited consent to settle does not extend to sexual misconduct.

Insurance coverage provided by Fair American Insurance and Reinsurance Company (NAIC 35157). FAIRCO is an authorized carrier in California, ID number 3175-7. www.fairco.com

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