

# MPS NEWS

Volume 31, Number 12

Editor: Heidi Bunes

April 2018

## In This Issue

|   |        |
|---|--------|
| <a href="#">MPS Lifetime of Service Award</a>     | p. 2   |
| <a href="#">Congrats to Winners!</a>              | p. 2   |
| <a href="#">MPS Career Fair</a>                   | p. 2   |
| <a href="#">March Council Highlights</a>          | p. 2   |
| <a href="#">Anti-Stigma Advocacy Award</a>        | p. 3-4 |
| <a href="#">2018 MPS Annual Meeting</a>           | p. 4   |
| <a href="#">MPS efforts on School Shootings</a>   | p. 5   |
| <a href="#">General Assembly Update</a>           | p. 6   |
| <a href="#">Intercultural Counseling Connect.</a> | p. 7   |
| <a href="#">Maryland's All-Payer Model</a>        | p. 7   |
| <a href="#">Assessing Risk CME Program</a>        | p. 8   |
| <a href="#">APA BOT Highlights &amp; News</a>     | p. 9   |
| <a href="#">Medicare News</a>                     | p. 10  |
| <a href="#">Reception at APA Annual Mtg</a>       | p. 11  |
| <a href="#">Reception at APA Annual Mtg</a>       | p. 11  |

## In Every Issue

|                             |          |
|-----------------------------|----------|
| <a href="#">Classifieds</a> | p. 11-12 |
|-----------------------------|----------|

Deadline for articles 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

### Adieu.

What a great year this has been! From the seamless staff transition to a successful legislative session with our new lobbyist representative, MPS has proven to be a resilient and productive organization. We have re-organized and revitalized several of our committees in the interest of better focus and efficiency, as well as agility in responding to the needs of MPS members and stakeholders in our partner organizations. Although there was a setback at the Behavioral Health Administration this year, with the loss of psychiatrists in the context of the ongoing forensic bed shortage, we are hopeful that we will be able to continue our relationship with them under their new leadership.

We had a very successful psychopharmacology CME in the fall and, as a result, have decided to make the topic permanent for the fall CME activity. We also introduced a new social element with the Winter Party, a smashing success thanks to Dr. Jessica Merkel-Keller and her husband, at whose home long-time, new, and prospective members had a chance to meet. We are hoping to organize more such events in the near future.

I would like to thank Heidi Bunes, our Executive Director, and Meagan Floyd, our Associate Director, for their energy, commitment and professionalism during this transitional year; I could not have accomplished anything without them. I also wish to thank all committees for their ongoing work for our members. Dr. Anne Hanson has done a tremendous job chairing the Legislative Committee and managing the influx of forensic bills this session. Under her guidance, MPS continues to be the leader in legislative effec-

tiveness in our Area, if not the country. I also need to highlight the efforts of Dr. Susan Lehmann and the Membership Committee for their unflagging energy and optimism in the face of decreasing nationwide trends in professional society membership.

Under the leadership of Dr. Robert Roca, Academic Psychiatry Committee's new RFM [poster competition](#) will culminate in a winner at the [annual dinner](#). A special thanks to Drs. Jessica Merkel-Keller and Bruce Hershfield for bringing back [The Maryland Psychiatrist](#). The Ethics, Diversity and Public Psychiatry committees are working hard in the setting of re-organization.

I also wish to thank the Executive Committee, Drs. Merle McCann, Patrick Triplett and Marsden McGuire, for their leadership and support. I am confident they will continue our strong work over the next several years.

This is not so much a goodbye as a so long until next year, when I will be delighted to continue serving the MPS in my new role as Council Chair. I also plan to continue active involvement with the Legislative Committee.

*Jennifer T. Palmer, M.D.*

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

April is National Minority Health Month, a time to learn more about the health status of racial and ethnic minority populations in the U.S. The theme for 2018 is "Partnering for Health Equity," which highlights partnerships at the federal, state, local, tribal and territorial levels that help reduce disparities in health and health care. Visit the [HHS Office of Minority Health website](#) for resources, webinars and events.

## Congratulations to MPS Paper of the Year Winners!

The annual 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. The selection subcommittee reviewed several submissions of excellent papers. Congratulations to this year's winners who will be recognized at the [April 26 annual meeting](#):

**Resident/Fellow: Paul Nestadt, M.D.**

["Urban-Rural Differences in Suicide in the State of Maryland: The Role of Firearms"](#)

**Early Career: Traci Speed, M.D., Ph.D.**

["Survey of Pain Therapies in Marfan Syndrome"](#)

## 2018 MPS Poster Competition Winners

In this inaugural year of the MPS Academic Psychiatry Committee's poster competition for Resident-Fellow Members, there were several outstanding entries. The committee worked with a score sheet to identify the top three posters, which will be on display at the [April 26 annual dinner meeting](#). The first-place entry, to receive a \$200 prize, will be announced at the meeting. Congratulations to the following members who are this year's winners:

**Raina Aggarwal, M.D.**, Department of Psychiatry, University of Maryland School of Medicine  
*Expanded Clinic-Based Mental Health Services: Association with HIV Viral Suppression*

**Idris Leppla, M.D.**, Department of Psychiatry and Behavioral Sciences, Johns Hopkins Hospital  
*Dignity Therapy: A type of psychotherapy for dying patients*

**Paul Nestadt, M.D.**, Department of Mental Health, Johns Hopkins Bloomberg School of Public Health and Department of Psychiatry and Behavioral Sciences, Johns Hopkins  
*Increasing Prevalence of Opioids in Maryland Suicides (2006-2017)*

## Standeven Elected Area 3 RFM Rep

On March 10, **Lindsay Standeven, M.D.** was elected Area 3 Resident-Fellow Member Representative to the APA Assembly. This opportunity involves work with the APA on the national level, through Area 3 and the Assembly Committee of Resident-Fellow Members Representatives. She will represent the positions of Resident-Fellow Members of the APA and raise issues of significance to them. Dr. Standeven is a PGY-4 at Johns Hopkins who will continue in a reproductive psychiatry fellowship next year. Her term as Deputy Representative begins after the APA annual meeting in May. She will automatically become Representative the following year.

# CONGRATULATIONS



After considering member input,  
the MPS Council voted to award

## Neil Warres, M.D. 2018 MPS Lifetime of Service Award

Thank you Dr. Warres for your invaluable service!

Please join us at our Annual Dinner on April 26th  
to honor Dr. Warres for this achievement.

[See page 5](#) for more information.

## Neil Warres, M.D. to Receive 2018 Lifetime of Service Award

The Maryland Psychiatric Society Council voted on March 13 to give the 2018 Lifetime of Service Award to Neil Warres, M.D. for decades of devoted service to the organization and related groups. Dr. Warres served as MPS President in 1996-1997. His MPS committee service includes 17 years as Distinguished Fellowship Committee Chair, 14 years on the Legislative Committee, 13 years on the Payer Relations Committee and 6 years on the Nominations and Elections Committee, among others. In addition, he has served 16 years on the board of the Maryland Psychiatric Political Action Committee and 20 years on the board of the Maryland Foundation for Psychiatry, including 3 as President.

## MPS Career Fair May 17 @ 6:30 PM

Calling all Residents, Fellows and Early Career Psychiatrists! Plan to join us in Baltimore on May 17 for a fun, engaging career night. Meet with leaders in their respective fields, ask questions, and network with area employers looking to hire! **The evening will also include heavy hors d'oeuvres with open bar.**

Roundtable topics include:

- Child Psychiatry
- Private Practice
- Eating Disorders
- Public Health
- Academic Psychiatry

[CLICK HERE TO RSVP!](#)

## March 13 Council Highlights

Executive Committee Report

Dr. Palmer noted that the new Maryland Psychiatric Political Action Committee Constitution approved at the last Council meeting calls for one of the MPPAC Trustees to be appointed by the MPS Council. Council voted to appoint **Thomas E. Allen, M.D.**

She reported that the EC discussed with Public Psychiatry Committee representatives the MPS concerns regarding the longstanding lack of psychiatrist leadership at BHA, with top positions going unfilled for many months. The MPS will oppose the Departmental bill [HB1792](#), which would eliminate the BHA Director position, combining it with the BHA Deputy Secretary position. Both positions are needed for BHA to function effectively.

Dr. Palmer explained that the APA Board of Trustees will vote this weekend on discontinuing the Rule of 95 beginning with the 2022 dues year. At that time, semi-retired and fully retired members would qualify for reduced dues. The Rule of 95 has been discussed for more than a decade. Although no perfect solution exists, a task force reached consensus that to reduce the financial impact on dues income for the APA and DBs, dues for retired member categories should be based on psychiatric practice, not age or years of membership. This proposal is similar to what the MPS has been asking the APA to adopt for the past 2-3 years.

Finally, she said that the MPS signed on to an APA [letter to Congress](#) requesting an open dialogue on mental illness.

Secretary-Treasurer's Report

Dr. McGuire reported on the first year-end financial statements covering twelve months ending December 31. The 2017 statements were reviewed by Norman Feldman, CPA, PA. Due to the different periods covered, there are no comparative numbers.

- The Statement of Financial Position shows the investment reserve fund valued at \$99K, and cash and equivalents at \$211K, giving a current assets total of \$310K. Adding property and equipment of \$35K, gives total assets of \$345K. Liabilities of \$78K are mostly prepaid membership dues and net assets are 267K.

- Regarding the Statement of Activities, he noted that dues, advertising and meetings comprise 63%, 20% and 9% of the \$329K total income respectively. Of \$324K total expenses, the main categories are staff, meetings and professional fees. Change in net assets is a \$5K surplus.

- He explained that the Statement of Cash Flows indicates that operations during 2017 resulted in a \$12K decrease in cash. \$12K was added to the investment reserve fund.

- Compared to the 2017 budget, he reported that membership dues are \$15K higher than budget. Total advertising is \$5K under budget and meeting income is \$4K less than budget, but meeting expenses are also under by \$7K, so the net is \$3K better than expected. Total income of \$329K is \$17K more than budget. The expense side is \$17K under

budget overall with a total of \$324K. The \$5K surplus is \$34K better than budget!

- Dr. McGuire then discussed the 2017 Form 990, which had been distributed by email to Council a week before the meeting. He summarized the main parts of the form and explained that per MPS policy, Council is encouraged to review and revise this document before it is filed with the IRS.

Council voted to approve the report.

Executive Director's Report

Ms. Bunes said that Dr. Roca couldn't attend but he reported that the paper contest and poster competitions are both on track, with [winners](#) to be announced next week. MPS has funding and speakers for the May 17 [Career Night](#), which is free to residents and early career psychiatrists.

Following some attempted wordsmithing of the MPS Vision, Mission and Values, it was agreed that new versions of the Vision and Values will be presented for voting at the April meeting. The Mission was unanimously approved as follows.

The mission of the Maryland Psychiatric Society is to:

- Ensure the highest standards for clinical practice and professional conduct
- Protect the therapeutic alliance between patient and psychiatrist
- Support patient choice and universal access to the most effective care
- Serve the professional needs of Maryland psychiatrists
- Collaborate with other professional organizations to advocate for our patients' interests

Ms. Bunes presented data for MPS strategic planning.

- She discussed membership trends over the past 18 years. The loss of members following the financial crisis in 2008 was followed by a plateau at 715 total members for the past 4 years. There is an obvious long-term trend of fewer full dues paying members and more lifers who pay reduced dues. MPS is working to engage RFM and ECP members to improve this picture.

- She reviewed the number of members dropped annually since 2000, noting that MPS needs to work hard to get the total down below 20 again, which has not occurred since 2005.

- She explained a spreadsheet of income and expense details for the same period, noting that various circumstances contributed to large differences from year to year, with no clear trend. Total income was highest in FY07; dues income peaked in FY09; salaries were highest in FY16 and lobbyist expenses in FY10. Since FY08, MPS has had 8 years in the red and 3 in the black.

Council will identify MPS Strengths, Weaknesses, Opportunities and Threats at the April meeting.

*(Continued on next page)*



Membership Committee Report

In Dr. Lehmann's absence, Dr. Waddington circulated a list of over 70 members with unpaid dues who are scheduled to be dropped on March 31. Council members identified people on the list who they have contacted or will contact to retain their membership. Dr. Waddington encouraged phone calls to people they know personally.

Legislative Committee Report

Dr. Hanson reported that the committee has reviewed all of the bills introduced this session and is now focused on their progress through the General Assembly as the March 19 crossover date approaches. She noted that the MPS will support [HB1502](#), which sets minimum experience requirements for Deputy Secretaries in the Health Department. Several bills are likely to pass, including [HB33](#), the guardianship admission bill, [SB132/HB500](#) criminalization of failure to report child abuse (excludes current adult patients), a bill mandating training in the reporting law and [SB0947/HB1635](#) regarding involuntary admission procedures. Other bills of note are [SB211](#), the telemedicine/medical director bill (MPS supports), [SB0579/HB1030](#) involving criminal charges against someone who is incompetent to stand trial (MPS opposes) and [HB0902/SB1028](#) prohibiting conversion therapy for minors (MPS supports).

APA Assembly Representatives' Report

Dr. Hanson reported member news: **Geetha Jayaram, M.D.**, will receive the APA Administrative Psychiatry Award, **Dinah Miller, M.D. and Anne Hanson, M.D.** will receive the APA Ethics Award, and **Lindsay Standeven, M.D.** was elected Area 3 RFM Deputy Representative to the Assembly. Regarding the MPS Action Paper passed in the November Assembly, the Joint Reference Committee recommended that the APA not provide a copy of their D&O coverage to DBs in contradiction to the paper's request. Two other aspects of the paper were not addressed at all.

She received a request from the APA Council on Psychiatry and the Law for an endorsement of their proposed revision to the [2014 APA Position Statement on Firearm Access, Acts of Violence and the Relationship to Mental Illness and Mental Health Services](#). The revision would add that APA supports "Restricting the manufacture and sale for civilian use of large-capacity magazines and firearms with features designed to increase their rapid and extended killing capacity." Council voted unanimously to endorse.

Old Business

Council voted unanimously approve **Jonathan Shepherd, M.D.** as a Maryland Foundation for Psychiatry Director.

New Business

Dr. McCann asked Council to vote preferentially for 3 members on the list of 2018 MPS Lifetime of Service Award nominees. Ballots were submitted for counting after the meeting due to the hour. [**Neil Warres, M.D.** received the most votes.] **William Wimmer, M.D. and Sheldon Glass, M.D.** were selected for this year's emeritus awards recognizing members who have taken an active role in the organization.

## Maryland News

### Dr. Daniel Hale to Receive Anti-Stigma Advocacy Award

W. Daniel Hale, Ph.D. has been awarded the 2018 Maryland Foundation for Psychiatry Anti-Stigma Advocacy Prize for his op-ed, "[We need to talk about depression](#)" in the June 13, 2016 *Baltimore Sun*. The Maryland Foundation for Psychiatry Board of Directors chose the piece from among several nominees. Dr. Hale eloquently writes in a very personal way about his daughter's depression and suicide and his own depression and successful recovery. His courage to speak openly about suffering may give others the courage to speak about their own, or their family's experiences. Hiding depression only makes it harder to get help and delays recovery.

The award carries a \$500 prize, which will be formally presented at the Maryland Psychiatric Society [annual meeting](#) on April 26.

The Foundation established this annual prize for a worthy piece published in a major newspaper (preferably local or regional) that accomplishes one or more of the following:

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

### 2018 Children's Mental Health Matters Campaign

Now in its tenth year, the [Children's Mental Health Matters](#) Campaign May 6 - 12 brings together nonprofits, schools, agencies and other partners from communities across the state to raise public awareness of the importance of children's mental health and to connect families with information and services to help their child. Click to [sign on](#) as a Community Champion, or contact Beth Hess with questions at [bhess@mdcoalition.org](mailto:bhess@mdcoalition.org). (Register by **April 6** to request hard copy materials to use in your outreach.)

A free event focused on poet and patient **Robert Lowell** will feature Kay Jamison, Ph.D., Sir Andrew Motion and Meg Hutchinson. It begins at 5 PM on **April 25** in Hurd Hall at Johns Hopkins Hospital. [Click here](#) to register.

# Maryland Psychiatric Society

## 2018 Annual Dinner

Thursday, April 26, 2018

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

6:00 PM ~ 10:00 PM

Join us as we welcome Patrick Triplett, M.D. as 2018-2019 MPS President. Marsden McGuire, M.D. will become MPS President-Elect and Mark Ehrenreich, M.D. will become Secretary-Treasurer.

***Neil Warres, M.D.***  
*2018 Lifetime of Service Award Winner*

Winners of our Best Paper Contest and our new Resident/Fellow Poster Competition will be announced. We'll recognize new lifer members, Fellows, Distinguished Fellows and more!

The evening will start with a cocktail hour complete with open bar, appetizers and live music. Dinner will be a plated meal featuring Petit Filet & Crab Cake.\*

## *2018 Annual Dinner Registration*

*RSVP by April 20, 2018. 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

I would like to donate \_\_\_\_\_ (number) of free Resident tickets at \$30 each.

\*Please indicate any special dietary needs or other special requirements.

***Reservations are non-refundable.***

## Maryland News

### MPS Offers Resources for Those Impacted by School Shootings in Great Mills, MD

*On March 21, the MPS sent the following press release expressing our deepest sympathies to all those affected by the shootings the day before at Great Mills High School in Southern Maryland.*

We share our heavy hearts and stand with those affected by this tragedy resulting in tragic loss of life, profound suffering and irretrievable sense of loss. As individuals, families and members of a common community, we need to comfort and support each other to heal our wounds. We also must do all within our power to create meaningful change that lowers the risk of these events in the future.

As the potential mental health impact of this disaster increases for our local communities, the Maryland Psychiatric Society offers tips and resources on how to minimize possible mental and emotional effects of trauma caused by the shootings.

This tragedy can have a tremendous psychological impact on all those directly and indirectly affected. It is normal to experience a wide range of mental or emotional reactions, from sadness, stress and anxiety to more severe mental illness such as post-traumatic stress disorder, ongoing anxiety disorders or depression.

Traumatic events affect survivors, emergency workers and the friends and relatives of victims who have been involved. As psychiatrists, we understand the attack may cause significant distress and pose potential threats to the mental health of all those involved. It is important for everyone to know that help is available, and treatment does work.

The Maryland Psychiatric Society and the American Psychiatric Association recommend following these steps for coping in the days following this traumatic event:

1. If you feel anxious, angry or sad, you are not alone. Talk to friends, family or peers who likely are experiencing the same feelings.
2. If you have contact with children, keep open dialogues with them regarding their fears of danger. Talk about your ability to cope with tragedy and get through the ordeal. Feelings of anxiety and sadness following a traumatic event are natural. If these symptoms continue, even after order has been restored, or if these feelings begin to overwhelm you or your child, seek the advice of a psychiatric physician or other mental health professional in your local community.

The Maryland Psychiatric Society stands ready to assist those in need by providing links to resources (information,

organizations and clinicians) that can help during times of crisis. For further information, contact the Maryland Psychiatric Society at (410) 625-0232 or visit us at <http://mdpsych.org/>.

For additional information about mental health issues including PTSD, anxiety and depression, visit the APA's public education website at [www.psychiatry.org/mental-health](http://www.psychiatry.org/mental-health) and <http://www.psychiatry.org/patients-families/coping-after-disaster-trauma>.

### Maryland Foundation for Psychiatry Radio Announcement on School Shootings

A series of radio spots are running on WBAL radio discussing the emotional effects of school shootings. Concurrently, there is a click ad on the Baltimore Sun website to reinforce the message that treatment works. Significant changes in children's mood, behavior, and ability to attend class and learn could be signs of emerging clinical disorders for which psychiatrists can be helpful. Parents and teachers have also been deeply affected. [Click here](#) to listen to the full announcement.

### Additional Resources

[American Academy of Pediatrics Resources for the Aftermath of School Violence](#)  
"Promoting Adjustment and Helping Children Cope"

[National Child Traumatic Stress Network:](#)  
[The Psychological Impact of the Recent Shooting](#)  
[Talking to Children about the Shooting](#)

[Health Care Toolbox](#) - website for pediatric health providers working with injured children

[Restoring a Sense of Safety in the Aftermath of a Mass Shooting: Tips for Parents and Professionals](#)

[American Academy of Child & Adolescent Psychiatry](#) - Information on talking with children about violence and helping children cope after a disaster

[Caring for Kids After a School Shooting](#)

### National Hotlines

Anti-Violence Project: **212-714-1141**  
The Trevor Project hour suicide hotline: **1-866-488-7386**  
SAMHSA Disaster Distress Helpline: **1-800-985-5990**



## Maryland News

### Intercultural Counseling Connection

The Intercultural Counseling Connection is non-profit program that provides culturally and linguistically responsive counseling and therapeutic services for asylum-seekers, refugees, and other forced migrants living in Maryland. Since its founding in 2013, the Connection has developed a cadre of mental health professionals, drawn from diverse agencies and areas of specialty, who provide *pro bono* services for at least one referred client per year. This commitment helps ensure provision of vital mental health care for trauma-affected individuals, including survivors of torture, persecution, and conflict-related violence, who are in the process of applying for asylum and lack access to insurance or Federal benefits.

In return for their commitment, participating providers receive access to free, specialized clinical training workshops, professional resource-sharing, and consultation and guidance from our Clinical Director. Through grant funding, the Connection provides trained interpreters for therapy sessions whenever needed, ensuring that language differences never pose a barrier to care.

In 2017, the Connection helped provide mental health services for 130 clients from thirty different countries, and arranged interpretation for over 245 sessions in nine languages. The demand for services is great and growing. The Connection invites providers across the spectrum of mental health fields to participate. The need for professionals who can prescribe/manage medication or provide psychiatric evaluations is especially great. Please contact Lauren Goodsmith at [lgoodsmith.connection@gmail.com](mailto:lgoodsmith.connection@gmail.com) or (410) 235-2465, or visit [www.interculturalcounseling.org](http://www.interculturalcounseling.org) for further information.

*Lauren Goodsmith, Program Director*

### 2018 Maryland Rural Health Plan

In February, the Maryland Rural Health Association released findings from a year-long review of the rural health care needs of Maryland. The [2018 Maryland Rural Health Plan](#) encompasses existing county health plans, Community Health Needs Assessments, State Health Improvement Process data, results from a state appointed study on Maryland's Eastern Shore, and feedback from citizens and healthcare professionals in each of Maryland's 18 rural counties, which are home to 25% of Marylanders. Six areas of need include:

- Access to care
- Sustainable funding mechanisms for health care services
- Care coordination
- Chronic disease prevention and management
- Health literacy and health insurance literacy
- Outreach and education

The plan notes several recommendations for policy, systems and individuals.

### Maryland General Assembly 2018 Session Update

We continue to make progress to build on our past successes during the 2018 General Assembly Session. Below are two bills that the MPS has taken a position on. To get more information about the work of the MPS Legislative Committee, and all of our positions taken this session [please click here](#).

**HB 902: Conversion Therapy for Minors - Prohibition (Youth Mental Health Protection Act):** MPS supports HB 902, because MPS, along with several national organizations including the American Psychiatric Association (APA) and the American Association of Child and Adolescent Psychiatry, does not support the use of conversion therapy, also known as reparative therapy, which is based on the false assumption that homosexuality is a disorder. Since 1973, the APA has held the position that homosexuality per se is not a diagnosable mental disorder; therefore, it does not require treatment or therapy. MPS primarily believes that "treatments," such as conversion therapy or reparative therapy, have questionable scientific validity. Furthermore, these "treatments" can be very harmful to participating individuals contributing to anxiety, depression, and possible attempts at self-harm. This is especially true in the case of young people whose mental and emotional development is still occurring.

**SB947/HB 1635: Mental Health Law - Involuntary Admissions - Requirements and Procedure:** MPS supports Senate Bill 947. Patients brought into the hospital on emergency petition present with some of the most severe symptoms that we see in the practice of psychiatry. Many of these patients will require involuntary hospitalization. With the current Maryland crisis in state hospital bed capacity, no state hospital beds are available for patients who need psychiatric admission from emergency rooms. Despite best efforts of emergency room staff to find inpatient beds for patients, sometimes patients must remain in the emergency room for multiple days before an inpatient bed can be procured. SB 947 amends the appropriate sections of the law clarifying that the DOH must find beds for such patients in state hospitals. Furthermore, SB 947 would also clarify that keeping a patient in an emergency room for more than 30 hours would not lead to the release of that mentally ill and dangerous patient from inpatient treatment.

### Medical Records Copying Fee Updated

As of January 2018, Medical Record Copy Fees for both paper and electronic records have changed. Please click [here](#) for details.

From [March 5 MedChi News](#)

## Maryland News

### Third Year of Maryland's All-Payer Model

On March 16, the Health Services Cost Review Commission and the Maryland Department of Health [announced](#) results from the third year of Maryland's All-Payer Model. According to CMS data, Maryland is on track to meet or exceed all requirements. This includes delivering hospital Medicare savings of \$586 million and total hospital and non-hospital Medicare savings of \$461 million through the end of 2016, while at the same time improving quality and reducing complications for patients. A [report](#) summarizes the results.

The innovative per capita Medicare savings model maintains financial stability in rural hospitals and provides opportunities to transform care delivery while improving health outcomes and quality of care. It also addresses primary care, allowing for greater coordination of care among the medical community. The model enables the State and providers to partner on statewide population health efforts focused on chronic conditions and on reducing opioid use. An industry-led Stakeholder Innovation Group of key players in Maryland's health system collaborates in this effort.

In 2014, the State of Maryland and CMS entered into an agreement establishing a five-year period in which a series of key requirements were to be met, including:

- All-payer per capita total hospital revenue growth must be limited to 3.58 percent per year;
- Five-year Medicare per beneficiary total hospital cost savings must equal or exceed \$330 million;
- Total Medicare spending per beneficiary growth must fall below certain national growth rates;
- The aggregate Medicare 30-day all-cause readmission rate must be reduced to at or below the national average;
- The rate of hospital-acquired conditions must be reduced by 30 percent;
- Hospital payment must transition away from volume-based payments; and,
- Maryland must submit a plan at the end of 2016 to move beyond hospitals and limit the growth in total hospital and non-hospital spending for Medicare.

Since 2014, Maryland hospitals have reduced unnecessary readmissions and hospital-acquired conditions, while decreasing the growth in hospital cost per capita. However, the current approach does not sufficiently provide for comprehensive coordination *across the entire health care system*. Because of this limitation, the federal government required Maryland to develop a new model that encompasses all the care that patients receive, *both inside the hospital and in the community*. **The MPS has formed an All Payer Progression Plan Task Force, chaired by Pat Triplett, M.D., to take a role in this next phase of change.**

### New Maryland Community Health Resources Commission Grants

MCHRC, which expands health services in underserved Maryland communities, [announced](#) the following new behavioral health services grants on March 16:

**Atlantic General Hospital** (Lower Shore; total award \$175,000). To develop a new interdisciplinary chronic pain management center that would provide access to somatic health, behavioral health, and therapy services to help patients relieve chronic pain without the use of opioid medications.

**Wells House** (Frederick/Washington County; total award \$103,615). To add somatic care services at two addiction treatment facilities in Western Maryland and reduce avoidable hospital utilization for this vulnerable population.

**Upper Bay Counseling and Support Services** (Cecil County; total award \$300,000). To integrate behavioral health and somatic care in Cecil County by placing psychotherapists in the offices of Union Primary Care, the largest primary care provider in Cecil County. The project implements the SBIRT Model targeted to substance use.

**Potomac Health Care Foundation** (Baltimore City; total award \$210,000). To establish a 16-bed specialty recovery house in West Baltimore for low-income young adults with opioid addiction, which provides an immediate linkage to care from the ED or hospitalization.

**Anne Arundel County Mental Health Agency** (Anne Arundel County; total award \$500,000). To expand the existing "Safe Stations" initiative by adding another mobile crisis team in Anne Arundel County to serve any individual with Substance Use Disorder who walks into any County police or fire station seeking assistance.

### APA and MPS Advocacy with Maryland Congressional Delegation

On March 22, the APA and MPS sent letters urging the Maryland Congressional Delegation to join us in a dialogue about mental illness and suggesting that we look together for bipartisan solutions that ensure early intervention and access to mental health and substance use treatment. Specifically, we requested discussion about enforcement of the Parity Act, problems with insurance networks, workforce shortages, innovative care delivery models and funding for services as well as research. Please [click here](#) to read the letter.



The Maryland Psychiatric Society  
*presents*

# Assessing Risk in Psychiatric Practice

Rescheduled due to  
weather - **new date!**



**MedChi's Osler Hall  
1211 Cathedral St  
Baltimore, MD 21201**

**2 CME Hours\***

**This program covers two very important topics:**

- The first **risk management** course is an interactive audience response lecture allowing you to engage with a risk management specialist to discuss real-life scenarios based on actual calls received by the PRMS risk management helpline. How would you deal with a law enforcement demand for patient records, a "Friend" request from a patient, pharmacist report of prescription alteration or an estranged parent demand for records?
- Next is **PDMP use\***, which is mandated for CDS prescribing effective **July 1**. Checking PDMP helps avoid the possibility of dangerous prescribing and adverse outcomes.

**Thursday,  
May 24, 2018  
6:30 - 9:00PM**

## Agenda

**6:30-7:00PM**  
Registration, Coffee/Dessert

**7:00-8:00**  
What Would You Do?

**8:00-9:00**  
Maryland's Prescription Drug Monitoring  
Program (PDMP): Best Practice and Clinical Use

Registration is **\$20.00**.  
Fees are non-refundable.

**[REGISTER AND PAY ONLINE TODAY!](#)**

## Objectives

After attending this course, you will be able to:

- Describe the most frequent types of risk management concerns.
- Incorporate into clinical practice two risk management strategies to increase patient safety and reduce professional liability risk.
- Describe the Maryland Prescription Drug Monitoring Program (PDMP).
- Determine when PDMP will be required.
- Summarize what the PDMP query portal looks like.
- Confirm what other states' data can be accessed through the query portal.
- Establish how to use the PDMP as a clinical tool.
- Identify where to find safe opioid prescribing resources.

**\*Accreditation Statement**

Professional Risk Management Services, Inc. (PRMS, Inc.) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

**AMA Credit Designation Statement**


Professional Risk Management Services, Inc. (PRMS, Inc.) designates this course for a maximum of 1 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**Accreditation Statement**

MedChi, the Maryland State Medical Society is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

**AMA Credit Designation Statement**

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

Thank you to our event sponsor:  **PRMS**  
Professional Risk Management Services, Inc.

## APA News & Information

### March APA BOT Meeting Highlights

This was the inaugural Board of Trustees meeting at APA's new location at 800 Maine Avenue SW, Washington, D.C. The new headquarters is very attractive and very functional for staff -- and opened on schedule. All involved in this development, especially APA staff, deserve our thanks.

With support from NIDA and SAMHSA, APA has launched a new [buprenorphine waiver training course](#) online that will be free to Resident-Fellow Members. APA will provide for 32 learning collaboratives over the next two years which focus on developing substance use disorder experts within local communities.

The Division of Education has launched the [Medical Mind Podcast](#), featuring 10- to 15-minute-long audio episodes focused on innovation in medical health care.

The APA registry [PsychPRO](#) received CMS certification as a 2018 Qualified Clinical Data Registry, positioning it to develop new quality measures that can capture the value of psychiatric practice. PsychPRO participants are reviewing their MIPS scores to be reported by the end of March. Of over 200 who have already reported their data, the average scores are within the range that will qualify them for bonuses. CMS estimates that over 11,000 psychiatrists will need to report based on the new 2018 thresholds. The APA will promote PsychPRO as a tool for members to meet the reporting requirement.

The Board voted to:

- Form an Ad Hoc Work Group on Women's Mental Health to assess the status of, and how the APA addresses, women's mental health issues across the organization.
- Approve a revision to the 2014 Position Statement on Firearms Access, Acts of Violence and the Relationship to Mental Illness and Mental Health Services as presented to the Board on March 18 (if the Joint Reference Committee and Assembly approve the amendment). [This revision was also supported by [MPS Council](#) at its March meeting.]
- Support the students and the March for Our Lives planned for March 24.
- Approve replacing the Rule of 95 with a semi and fully retired category.

Membership has climbed to 37,896, including medical students and international members, the highest total in 15 years. For the year ended December 31, 2017, unaudited APA net income was \$10.8M, compared to \$6.5M in 2016, with the increase due to a \$6.2M increase in investment income from the reserves.

All votes at this meeting were either for or abstained. There was not a single negative vote during the two days!

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

### Invitations to Pilot MOC Part III Alternative

ABPN is piloting a new open-book, journal article-based assessment beginning in 2019 as an alternative to the proctored 10-year Part III MOC exam. ABPN sent an email in late March inviting diplomates who are eligible to enroll in the program by **May 1**; participation is optional. Participants will read and answer questions on between 30 and 40 journal articles that they choose from a library of articles. The pilot will run for three years, from 2019-2021. If approved by ABMS, the ABPN plans to transition to this program in 2022 as a permanent alternative.

Diplomates who are eligible to participate are currently certified and fall into one of two categories: those who have earned ABPN certification or who passed the MOC examination in the years 2012, 2013, or 2014 in psychiatry, child and adolescent psychiatry, neurology, or child neurology; or those whose certificate is expiring in 2019, 2020, or 2021 in psychiatry, child and adolescent psychiatry, neurology, or child neurology. Those who are eligible can enroll as follows:

- Log in to your [ABPN Physician Folios](#) account.
- Click on the "Part III Pilot" tab in the Maintenance of Certification section.
- Review and respond to the MOC Pilot Project Enrollment Agreement.
- Respond Yes/No to Pilot Project enrollment by **May 1**.

**APA leaders said that the article-based, open-book test option is an important step in making MOC more flexible.** More information is posted on [ABPN's website](#). Please send questions about enrollment or the program to [questions@abpn.com](mailto:questions@abpn.com) or call (847) 229-6512.

### Free Members' Course of the Month

Cannabis has been used as a therapeutic agent for millennia and was part of the U.S. pharmacopeia until the 20th century. Recent progress in understanding neurobiology of the endocannabinoid signaling system has provided an improved scientific basis for examining the mechanisms of therapeutic action of the cannabinoids. This presentation reviews the endocannabinoid system and discusses the potential benefits of cannabidiol. Presented by Mohini Ranganathan, M.D. of the Yale School of Medicine. [Click here to access the Course of the Month and sign up for updates about this free member benefit.](#)

## Medicare News

### MIPS Data Submission Deadline Extended to April 3

CMS extended the MIPS 2017 data submission deadline from March 31 to Tuesday, **April 3 at 8 PM** EDT. If you're an eligible clinician participating in the Quality Payment Program, you now have more time to submit your 2017 MIPS performance data. You can submit using the new feature on the Quality Payment Program [website](#). Please see the [fact sheet](#) for more information.

### Novitas Updates Opt Out Page

The Novitas Opt Out page now links users to the CMS Opt Out Listing. The CMS list is the most efficient means to search for providers who have opted out of the Medicare program. Please see the [CMS Opt-Out Affidavit listing](#), which is updated on a quarterly basis. There will no longer be downloadable spreadsheets from this page.

### New Medicare Cards

Now through June 2018, CMS is mailing new Medicare cards to beneficiaries Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia. The new cards have a unique, randomly-assigned number in place of the patient's Social Security number. Last fall, CMS mailed a letter and fact sheet to Medicare Fee-For-Service providers explaining the changes. (View a [sample letter](#) and [fact sheet](#).) CMS also posted the [new Medicare card design](#) and a [press release](#) with more information. Starting in June 2018, the Novitas web portal will have a way to look up patients' new Medicare numbers.

### Review Open Payments Data Through May 15

Industry is currently submitting Program Year 2017 data to the Open Payments System. From **April 1 through May 15**, physicians and teaching hospitals can review, affirm, and if necessary dispute newly submitted records. Review of the data is voluntary, but strongly encouraged. Disputes must be initiated during the review and dispute period to be reflected in the June 2018 publication.

To review your data, register in the Open Payments system. Visit [Registration for Physicians & Teaching Hospitals](#) for instructions. If you are already registered, log in to review your data. If you have not accessed your account in 60 days or more, you first need to unlock your account in the [CMS Portal](#). If you have not accessed your account in 180 days or more, your account has been deactivated. Contact the help desk to reinstate your account. For more information go to the [Open Payments](#) website, view the national [call documents](#) or contact the Open Payments Help Desk at [openpayments@cms.hhs.gov](mailto:openpayments@cms.hhs.gov) or 855-326-8366 (TTY: 844-649-2766).

### Another Study Shows Lower In-Network Reimbursement

A study published in the March 1 issue of *Psychiatric Services*, [Differential Reimbursement of Psychiatric Services by Psychiatrists and Other Medical Providers](#), indicates that for paid private insurance claims from a 2014 database of 3.8 million people with a primary mental health diagnosis, psychiatrists received lower in-network reimbursement than non-psychiatrist medical doctors for many of the same services. This may contribute to psychiatrists' lower participation in insurance networks relative to other providers and has implications for patient cost sharing and access to psychiatrists.

Join Sheppard Pratt Health System, University of Maryland Medical Center, and the Maryland Psychiatric Society at a reception during the APA Annual Meeting.

When: Monday, May 7, 2018, 7 – 10 p.m.  
Where: Haven Rooftop, 132 W 47<sup>th</sup> Street,  
New York, NY 10036

Please RSVP by April 27<sup>th</sup> by emailing  
[events@sheppardpratt.org](mailto:events@sheppardpratt.org).

## CLASSIFIEDS

### AVAILABLE OFFICE SPACE

Available in July: small office in a lovely suite of 5 mental health professionals in Mt. Washington Center. Includes a shared waiting room, storage room with microwave, fridge, Keurig, and a parking space under the building. Great location, no hassles, \$530/month. Contact Dr. Miller [via email](#)

Towson, Maryland - Private office in four-office therapy suite available full time. Superb location. Large windows, solid walnut doors and trim, brass fixtures. Stunning balcony. Negotiable terms. Email [dika.seltzer.llc@gmail.com](mailto:dika.seltzer.llc@gmail.com) or call 410-296-7862.



# CLASSIFIEDS

## EMPLOYMENT OPPORTUNITIES

Clifton T. Perkins Hospital Center is looking for a full-time or part-time Psychiatrist to work in the only premier maximum-security forensic hospital in Maryland. The Psychiatrist would work as the team leader of a multi-disciplinary team, including Psychiatrists, Primary Care Physicians, Psychologists, Social Workers, Rehabilitation Specialists and Nurses. CTPHC offers flexible schedules, CME on-site, academic opportunities to teach residents, Forensic Psychiatry fellows and medical students, highly supportive and collegial environment. We also offer a generous salary and benefits package. BE/BC Psychiatrists welcome, forensic training is not required. For more information or to [apply click here](#).

PSYCHIATRIST – full or part time, independent contractor position with thriving multidisciplinary practice. PsychCare has three desirable locations (Pikesville, Columbia, & Silver Spring), congenial colleagues and comprehensive administrative support. Competitive salary and flexible schedule. For more information about PsychCare, visit our website: [www.PsychCareMD.com](http://www.PsychCareMD.com) To discuss this opportunity, please call Levi Breuer at 410-343-9756 x 700 or email [Hiring@PsychCareMD.com](mailto:Hiring@PsychCareMD.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](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).

**SEEKING RESEARCH PHYSICIANS - Pharmsite Research, Inc.**, a leading clinical trials facility in suburban northwest Baltimore seeks qualified, licensed physicians for employment in clinical research. Qualified candidates may be trained in psychiatry, neurology or internal medicine, and must be licensed to practice in Maryland. Prior experience as a Principal Investigator and/or Sub-investigator on Phase II-III clinical trials is highly desirable. Independent contractor positions are available with flexible, part-time hours. Additionally, opportunity and space are available for a physician seeking both a research position and private psychiatric practice. To discuss these opportunities, please call Surya Korn, Director of Operations at 410.602.1440, or e-mail [surya@pharmsiteresearch.com](mailto:surya@pharmsiteresearch.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 [Dmalik.baltimore@gmail.com](mailto:Dmalik.baltimore@gmail.com) or call 410-823-6408 x13. Visit our website at [www.pamllc.us](http://www.pamllc.us)

PSYCHIATRIST—The Inpatient Psychiatric Unit at MedStar Franklin Square Medical Center is looking for an adult psychiatrist to work full time. Our unit treats voluntary and involuntary patients. The psychiatrist would be responsible for a maximum of 12 patients. On call responsibility is one weekend per 8. Our unit is very well established and has 29 beds. We offer 7 weeks paid time off, 403 B match, CME reimbursement, medical benefits, and paid malpractice ins. Please email CV to [stephen.pasko@medstar.net](mailto:stephen.pasko@medstar.net) or call 443-777-7925 for details.

PSYCHIATRIST---Outpatient Psychiatry Services at MedStar Franklin Square Medical Center is looking for an adult psychiatrist to work 36-40 hours per week. Evaluations are scheduled for 75 minutes, with 25 minutes for med checks. We offer flexible hours, CME reimbursement, 7 weeks paid time off, 403 B match, medical benefits and paid malpractice ins. Please email CV to [stephen.pasko@medstar.net](mailto:stephen.pasko@medstar.net) or call 443-777-7925 for details.

Full time Psychiatrist needed to join a unique community health center serving homeless individuals. Candidate should be interested in providing comprehensive outpatient mental health care in a multidisciplinary setting. Experience with dual diagnosis, strong interdisciplinary collaboration skills, and familiarity with harm reduction approach required. Buprenorphine waiver preferred. Health Care for the Homeless (HCH) is a non-profit Federally Qualified Health Center (FQHC) dedicated to preventing and ending homelessness for vulnerable individuals and families by providing quality, integrated health care and promoting access to affordable housing and sustainable incomes through direct service, advocacy, and community engagement. For additional information, we welcome you to visit our website [www.hchmd.org](http://www.hchmd.org). Comprehensive benefits offered include: malpractice coverage, health insurance, disability, life insurance, paid time off, CME allowance, retirement plans and dental insurance. One-hour initial evaluations and half-hour follow-ups. No call or weekends. Eligible for loan repayment programs. Apply for Psychiatrist [using this link](#).

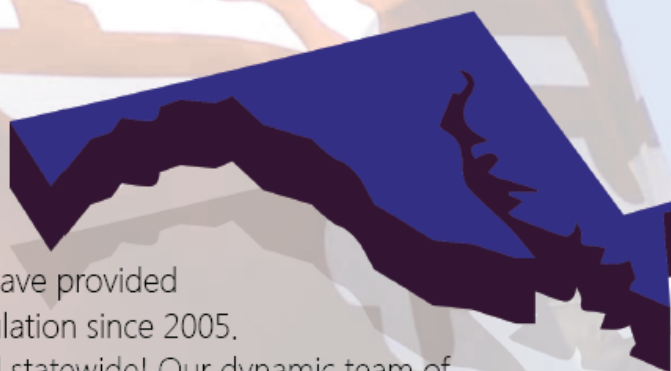
The Mental Health Association has served the community as a leading private, non-profit organization since 1965. We are seeking an experienced Psychiatrist to serve as medical director. Responsible for: psychiatric assessment and diagnosis, medication management and education, continuity of patient care, and clinical consultation. MHA serves anyone in need of help, accepting Medicaid, Medicare or sliding scale. Position offers competitive salary, PTO, paid holidays, and days paid for CME. Please submit letter of inquiry along with resume to Ellie Bentz, Clinical Director at [ebentz@fcmha.org](mailto:ebentz@fcmha.org)

*Forget the excessive paperwork and pre-authorization headaches with insurance companies.*

## **Get back to doing what you LOVE – Getting patients back to their best state of mental health.**

*WE HAVE BEEN AWARDED THE  
CONTRACT ONCE AGAIN!*

**MHM Services** partnered with the **Maryland Department of Public Safety** and Correctional Services and have provided mental health to this underserved population since 2005. Several new positions have been added statewide! Our dynamic team of **Psychiatrists & Psychiatric Nurse Practitioners** provide care to incarcerated individuals throughout Maryland.



### **We offer many unique advantages, including:**

- ✓ Excellent Staff of Psychiatrists for Collaboration
- ✓ Manageable Caseloads
- ✓ Competitive Guaranteed Salaries
- ✓ Comprehensive Benefits
- ✓ Freedom from Reimbursement Hassles
- ✓ Professional Satisfaction Treating Diverse and Clinically Interesting Cases

- \* **Bonus Offered** (for select locations)
- \* **Exceptional Benefits Package**

### **Available Positions Include:**

Assistant Medical Director

Full-time and Part-time provider positions  
also available



Sounds too good to be true? *It's not!*

Contact Jane Dierberger, In-House Recruiter at 844-477-6420 or  
[jane@mhmcareers.com](mailto:jane@mhmcareers.com) to get more information!

 **MHM Services, Inc.**

Register Today at [Louriecenter.org](http://Louriecenter.org)

# Securing Relationships:

Transforming Adversity Through  
Reflection & Interaction

**April 13, 2018 • 8:00 a.m. to 3:45 p.m.**

**Hyatt Regency Bethesda**

**CME and CEU credit Will be Offered**



 **Adventist HealthCare**  
Behavioral Health & Wellness Services

 **The Lourie Center for**  
Children's Social & Emotional Wellness  
A Member of Adventist HealthCare



# Rewarding Opportunities for Child & Adolescent Psychiatrists Across Maryland



**Sheppard Pratt**  
HEALTH SYSTEM

Sheppard Pratt Health System is seeking child & adolescent psychiatrists to work in multiple Sheppard Pratt programs across Maryland.

## **Child & Adolescent Opportunities Include:**

### **Child & Adolescent Service Chief**

Sheppard Pratt-Towson Campus  
Baltimore County

### **Outpatient psychiatrists**

Behavioral Health Partners of Frederick  
Frederick County

### **Mann Residential Treatment Center Medical Director**

Sheppard Pratt-Towson Campus  
Baltimore County

## **Requirements:**

- Must be board-certified or board-eligible
- Must have a current license to practice in Maryland at the time of hire
- Individuals hired for inpatient, PHP, and residential school services participate in a call schedule

## **Why Sheppard Pratt Health System?**

- Physician-led organization
- Generous compensation package with comprehensive benefits, including medical, dental, vision, and life insurance; an extensive wellness program; and ample leave
- Relocation assistance
- Sign-on bonus
- A network of the brightest minds in psychiatry
- Grand rounds, CME opportunities, on-site lectures
- State-of-the-art research and technology
- Cross-discipline collaboration

## **About Sheppard Pratt Health System**

Consistently ranked as one of the top ten psychiatric hospitals by *U.S. News & World Report*, Sheppard Pratt is the nation's largest private, non-profit provider of mental health, substance use, special education, and social services. We employ more than 95 doctors who all share a passion for providing the best care to those we serve. To learn more about our services, visit [sheppardpratt.org](http://sheppardpratt.org). EOE.



For more information, please contact Kathleen Hilzendeger,  
Director of Professional Services, at 410.938.3460 or  
[khilzendeger@sheppardpratt.org](mailto:khilzendeger@sheppardpratt.org).

# NO MATTER THE SIZE OF YOUR PRACTICE WE HAVE YOU COVERED



## WE PROTECT YOU

All providers in your practice - psychiatrists, psychologists, social workers and other behavioral healthcare providers - can be covered under one medical professional liability insurance policy, along with the entity itself.

- ✓ Access to a comprehensive professional liability insurance policy
- ✓ Simplified administration - single bill and one point of contact
- ✓ Custom rating leverages the best premium for your practice
- ✓ Coverage for multiple locations even if in different states
- ✓ Entity coverage available
- ✓ Separate and shared limits available
- ✓ Discounted background check packages



### GAP and PRMS Working Together

PRMS is proud to endow  
the Child Psychiatry  
Fellowship for GAP.

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



REMY PALMER  
SENIOR ACCOUNT MANAGER

More than an insurance policy

(800) 245-3333 | [PsychProgram.com/Dedicated](https://PsychProgram.com/Dedicated) | [TheProgram@prms.com](mailto:TheProgram@prms.com)



Actual terms, coverages, conditions  
and exclusions may vary by state.

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](http://www.fairco.com)

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