MARYLAND PSYCHIATRIC SOCIETY

MPS NEWS

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In This Issue

Deadline for articles is the 15th of the month preceding publication. Please email heidi@mdpsych.org.

MPS News Design & Layout
Meagan Floyd

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

President's Column

MPS Committee Update

We have been working to organize MPS committees for the coming year. We have 14 committees with a great group of members and committee chairs, some old, some new, committing time and energies to a number of important activities. In anticipation of their getting up-and-running, it seems worthwhile to summarize what's going on with the various groups.

Taking them in (mostly) alphabetical order, we start with the **Academic Psychiatry Committee**, chaired by Bob Roca. The committee put together a poster and paper competition for the MPS annual meeting, which drew a good number of entrants and some very interesting work from residents and fellows. For the coming year, they are working on securing funding for prize money for further inducement to psychiatrists-in-training to participate. The **Book Club**, co-chaired by Drs. Beasley and Ashley will continue to meet quarterly for discussion of a book chosen in advance by the group. This is a great social opportunity for psychiatrists to gather and mingle outside of work with other psychiatrists. The **Distinguished Fellowship Committee**, chaired by Mark Ehrenreich, will continue its work in nominating MPS members for the honor of APA Distinguished Fellow. The **Diversity Committee**, under Dr. Balis' leadership, has been an active presence for the MPS and continues to tackle a number of challenging topics (see below). Jessica Merkel-Keller leads our **Early Career Psychiatrists Committee** and Co-chairs with Bruce Hershfield the **Editorial Advisory Board**, which oversees *The Maryland Psychiatrist*. She hosted a highly successful Winter party at her home.

The ECP Committee's work is vitally important, along with the **Membership and Recruitment Committee** (co-chaired by Kim Gordon and Marsden McGuire) and the **Residents and Fellows Committee** (co-chaired by Keith Gallagher and Lindsay Standeven), in maintaining and growing our membership. The **Ethics Committee**, led by Joanna Brandt, continues its important work and has made recent adjustments to account for how physician complaints are handled in Maryland. The **Legislative Committee**, chaired by Anne Hanson, though most active in the lead-up to and during the legislative session, is truly engaged year-round and monitors and responds to proposed legislative activity affecting psychiatry and our patients. Bob Herman and Tom Krajewski have already hit the ground running with the **Payer Relations Committee**. The APA chose Maryland as one of the states in which they will use "secret-shoppers" to test the validity of insurers' listed networks of providers as part of a broader look at network adequacy for psychiatric care. Jason Addison and Paul Nestadt will be co-chairing the **Program and CME Committee**, which is a great link between MPS and our members, putting together interesting activities to promote professional development and stimulate discussion of important topics for the field. Ann Hackman and Eric Roskes are co-chairing the **Public Psychiatry Committee** and they too have already been engaged in a number of issues arising from recent and ongoing changes in the state mental health system and the state Medicaid program. Finally, Brian Zimnitsky has graciously agreed to lead the **Nominations and Elections Committee**, whose work is central to keeping MPS vital and infused with dedicated leadership.

(Continued)

Recent events have been a call-to-action for some MPS committees. The issue of migrant children separated from parents has already drawn the attention of the Diversity Committee, Public Psychiatry and our child and adolescent psychiatrist members. [See more on page 7.] Several high profile suicides and recent data showing increased rates of suicide have also provided an opportunity for psychiatry to take an active role in making sure the messaging around suicide is accurate and does not make a difficult situation worse. MPS committees are made up of a broad array of talents, expertise and experience and will no doubt serve us all well, despite the challenges. There is still time to join – just send an email with your interest.

Best wishes to all for a productive and fulfilling year.

Patrick T. Triplett, M.D.

Would You Prefer Printed MPS Newsletters?

The MPS is now offering members the option to receive printed black and white copies of *MPS News* (12 issues) and *The Maryland Psychiatrist* (3 issues). Newsletters will be mailed to members upon request for an additional annual fee of $50 and will arrive in an envelope sent by first class mail. Members will continue to receive emailed copies, which they can use to access the links to online information referenced in the newsletter text. This offer is only available to active MPS members. Print subscriptions must be paid in advance, renewable annually and non-refundable. Members are responsible for notifying the MPS promptly of address changes. To order, please send a check and a brief note to: MPS, 1101 St. Paul Street #305 Baltimore, MD 21202. Please email mps@mdpsych.org or call 410-625-0232 if you have questions.

MPS Members Out & About

Phil Dvoskin, M.D. is exhibiting photos at Lauraville House from July 3 to August 4. The opening is 6–8 PM on July 3.

Mark Komrad, M.D. wrote an article on psychiatric euthanasia in Belgium that was published June 21 in Psychiatric Times.

Elias Shaya, M.D. did a WJZ-TV 13 interview on the topic of suicide following the celebrity deaths and CDC report on suicide rates in June.

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

Become an APA Fellow— It's Easy to Apply!

Are you ready to take the next step in your professional career? Members who pursue Fellow status perceive it as one of the first steps to enhancement of their professional credentials. Members who apply and are approved this year will be invited to participate in the Convocation of Distinguished Fellows during APA's 2018 annual meeting in New York. **The deadline is September 1**. Visit the APA website for more details and a link to the application.

Member Updates and Survey

The MPS sent member information update forms as well as the 2018 member survey in May.

The MPS membership directory will be published in late Summer and we depend on you to make sure our information is up to date. If you opt in, this data is also used for the online Find a Psychiatrist and the telephone patient referral service. **We are adding more insurance participation options**, so be sure to indicate all networks you're part of. **The deadline for directory changes is July 31**.

Please give input on some possible new MPS priorities, and help guide how MPS committees, Council and staff will work for you in the coming year. **INCENTIVE: Three respondents who complete the entire survey and include their names will be chosen at random for a $100 credit that can be applied toward MPS dues or an MPS event. CLICK HERE** to start – this should take less than 5 minutes!

Please call the MPS office at 410-625-0232 or email mps@mdpsych.org with questions.

Special Member Rate for 2018 MPS Directory Ad

MPS members can advertise their practice, change in location, specialty, new book, etc. for a special rate of $100 for 1/3 page in the directory. Contact Meagan Floyd at the MPS office 410-625-0232 or mfloyd@mdpsych.org.

Join the MPS Listserv!

Join the online MPS listserv so you can quickly and easily share information with other MPS psychiatrists. An email message sent to the listserv goes to all the members who have joined. To join, click here. You will need to wait for membership approval and will be notified by email. If you have trouble negotiating this, please call the MPS office at 410-625-0232.

June 12 Council Highlights

Alternate MedChi Delegate's Report

Dr. Roca reported on the April 29 MedChi House of Delegates meeting where CEO Gene Ransom reviewed the year. Some legislative successes included increased reimbursements under Medicaid [see page 6] and Maryland entering the licensure compact. MedChi has an opioid task force working on establishing a prescribing curriculum and gathering educational and screening materials for physicians. Eighteen resolutions passed, including the following: physician burnout, including a question about eating disorders on Youth Risk Behavior surveys, updating the AMA policy on sexuality education to mandate sexuality inclusive education in schools, establishing a task force on prevention of gun violence, and supporting appropriate Cannabis Commission prescription guidelines.

Executive Committee Report

Dr. Triplett reported that he, Dr. McGuire and Ms. Bunes attended the May 6 District Branch Presidents & Presidents-Elect meeting at the APA annual meeting in New York. The MPS is well-positioned compared with some other DBs. On April 25, the MPS All Payer Task Force met with MedChi CEO Gene Ransom to discuss the changes underway and possible opportunities for psychiatrists. The next step is to look at various Alternative Practice Models (APMs). The April 26 annual dinner was a success with 86 attending. Career Night was held on May 17, with 29 residents attending. FY19 MPS committees were appointed at the end of May. [see President's Column.] The Executive Committee plans to meet with leadership of the Washington Psychiatric Society on July 12. The SMPS has new leadership (Cynthia Turner-Graham, M.D. is President.) and we hope to be able to restart a relationship after last year's split. Dr. Hanson and Ms. Floyd will attend the August 3-5 APA State Advocacy Conference in Utah. A first-ever MPS Open House is planned for October 9.

Secretary-Treasurer's Report

On behalf of Dr. Ehrenreich, Dr. McGuire presented the proposed 2019 operating budget.

- The Executive Committee recommended no dues increase although a 2.5% increase would be possible based on the change in the CPI. The increase would reduce the $12K budget deficit by $7K, but it was agreed that the reasons to postpone an increase outweigh this advantage. The projected deficit is a $2K improvement over 2018. *MPS News* income is higher based on recent experience. Ad rates will be reviewed this fall for a possible increase. Events are expected to break even or be slightly in the black. Total 2019 budgeted revenue is $335,400, a $17K increase.

- Total 2019 budgeted expenses are $348K. The largest change is a $10K increase in the lobbyist fee based on MPS paying in full (SMPS elected to hire its own lobbyist for the 2018 session). The projected 2019 budget deficit is $12K compared with nearly $15K in 2018 and over $29K in 2017. We are working steadily to reduce the deficit.

Council voted unanimously to approve the budget as proposed.

Executive Director's Report

Ms. Bunes reviewed highlights of the "Council Member Responsibilities" outlined in the orientation manual and asked everyone to return their conflict of interest forms.

She reviewed the financial and membership trends that were shared in April meeting and noted the Strengths, Weaknesses, Opportunities and Threats that were compiled. She said these can be considered as Council establishes key strategic priorities for the next 3-5 years. Dr. Gallagher suggested some ideas related to the goal of increasing the proportion of younger members. It was agreed that all Council members will suggest three goals for the MPS before the September meeting when we will consider the submissions and establish goals.

Early Career Psychiatrist Committee Report

On behalf of Dr. Merkel-Keller, Dr. Palmer reported that funding has been secured to support an ECP-only event on July 27: Orioles Game & Ballpark Picnic. Member cost is $10 per ticket, which includes access to Club Level, Left Field Club seat and unlimited food menu. APA Area 3 will provide $1500 to subsidize this activity.

Program and CME Committee Report

Dr. Addison reported that the "Assessing Risk in Psychiatric Practice" event was held on May 24 after being rescheduled due to weather. 57 tickets were sold and there was no cost for speakers, venue or CME accreditation. MPS is planning a Psychopharmacology Update on November 17.

APA Assembly Representatives' Report

Dr. Hanson reported that the APA has moved to new offices and will celebrate 175 years in 2019. The average age of its members has dropped from 57 to 53 and the membership total is at a 15-year high. The APA is doing a national survey on the impact of reducing ligature risk. The most controversial Action Papers that passed involved changing the Rule of 95, scope of practice and reducing gun violence. There was also a paper calling on the APA to oppose the use of MOC for credentialing. The Assembly voted to adopt the Academy of Child and Adolescent Psychiatry's position on psychologist prescribing as its first position on this issue.

New Business

Dr. Palmer presented the proposed Maryland Foundation for Psychiatry slate for FY19. Council voted to approve the slate [see page 8.] with two abstentions (those on the slate being approved).

Maryland News

Tips for Handling PDMP Checks

The MPS hasn't found any official guidelines or best practice documents for how to handle PDMP checks and what to do if a patient has multiple controlled substance prescriptions from multiple physicians. Hopefully the following common practices from New York, where PDMP checks have been effect for a few years, will be of some assistance.

Typically, the psychiatrist speaks with patients about the PDMP at the first visit after the mandate begins, before actually checking the PDMP. The idea is presented in a very neutral way such as something like the following:
You may have seen in the newspapers that there was a recent state law passed requiring physicians to check the record of patient's past prescriptions before we prescribe certain controlled substances like opioid medications or medications like Ativan. (Customize this part if it's known that patients are on a specific controlled substance.) The reason that the state is having us check is actually a good one. If someone is getting these kinds of medications from more than one doctor, it can affect their safety. It may also mean that they are having problems with substance use and we can help them get treatment for that if it is an issue.

Some patients, after hearing the introductory information, spontaneously report that they are getting medications elsewhere. However, some prescribers may be surprised to find that patients they never would have suspected are using additional controlled substances or getting prescriptions from other physicians. Nevertheless, with a neutral introduction to the topic, it opens the door to a positive therapeutic conversation with the patient.

Some psychiatrists who use electronic records typically enter their electronic prescriptions at the end of the visit with the patient still there. Paper scripts are handled similarly. This has the added benefit that the patient is actually there when the PDMP info comes up on the screen. Open up a conversation with them right away if there are any discrepancies.

Psychiatrists are already used to having difficult or challenging conversations with patients while maintaining a neutral therapeutic stance. If assistance would be helpful, consult the CDC recommendations or consider contacting the Maryland Addiction Consultation Service at 1-855-337-MACS.

Providers Clinical Support System has resources and training (e.g. clinical practice simulation) to help providers identify and treat patients with opioid use disorder. Click here for CME on "Enhancing Clinical Treatment through PDMPs."

See more tips from the MPS listserv on page 9.

CDC Recommendations for PDMP Use

The CDC has a PDMP webpage that includes the following recommendations for using PDMPs to improve patient safety. PDMPs can alert you to provide potentially lifesaving information and interventions. Take action to improve patient safety:

- Do not dismiss patients from care
- If patients are receiving high total opioid dosages
  - Consider collaborating with the patient to taper to a safer dosage
  - Consider offering naloxone
- If patients are taking benzodiazepines with opioids
  - Communicate with others managing the patient
  - Weigh patient goals, needs, and risks
- If considering opioid use disorder, discuss safety concerns and treatment options

Maryland Addiction Consultation Service

With the July 1 start of required PDMP checks, there may be additional need for the Maryland Addiction Consultation Service (MACS). MACS offers consultation to primary care and mental health prescribers across Maryland, supporting them in the identification and treatment of Substance Use Disorders. Services include:

- Free phone consultation for clinical questions, resources, or referral information
- Education and training opportunities related to substance use disorders
- Assistance with identification of addiction and behavioral health resources that meet the needs of the patients in your community

Call 1-855-337-MACS

Referral Resource

If checking the PDMP turns up information that points to a need for additional treatment outside your scope of practice, consider using the SAMHSA treatment locator at https://findtreatment.samhsa.gov.

A Note of Caution re PDMP

Because of the confidentiality restriction for people receiving tx from "programs" for substance use disorders (42 CFR Part2), controlled medications dispensed or prescribed from such programs (including methadone and buprenorphine) mostly do not get included in the PDMP. This means the only way to know is to ask or test the patient.

Maryland News

Prescribers Now Mandated to Use PDMP

Effective July 1, 2018, Maryland law requires CDS prescribers and pharmacists to request and to assess data from the PDMP in certain prescribing and dispensing situations. The following materials detail when you are required to check the PDMP and where exceptions exist – both clinical and technological – and how to appropriately document your actions. The Maryland Department of Health (MDH) anticipates no issues in access to PDMP. However, if you encounter any challenges, you should use reasonable clinical judgment in deciding whether to prescribe or dispense an opioid or benzodiazepine. Inability to view PDMP data would not legally prevent you from prescribing or dispensing.

Please access the following documents, which were sent to the email address of record linked to your PDMP account, and were mailed to you by USPS.

- Letter from Maryland Department of Health (MDH) Secretary Neall
- Fact sheet explaining the PDMP Use Mandate for prescribers.
- Center for Disease Control (CDC) guidelines for prescribing opioids
- Suicide risk assessment billing code fact sheet

FAQs and additional resources to assist prescribers and their delegates are available online at www.MarylandPDMP.org. Please click for details:

- Use Mandate Description
- Use Mandate FAQs
- Registration FAQs

What if I don't know if I'm registered, or can't find my PDMP Registration Confirmation Code?

Go to the PDMP Auto-Registration front page (https://crisphealth.force.com/crispregkeydata), select Physician for Member Title, and enter license and DEA numbers. Then enter the red characters displayed in the gray window and hit "Submit." If you are already registered, the system will let you know and show your PDMP Registration Confirmation Code and your email account on record will also be emailed a copy of your Confirmation Code.

PDMP Use Mandate Call Center

PHONE: From 8 AM to 6 PM, please call **800-492-1056 X3324** or **410-878-9688** to speak with a staff member. If you call after hours or on weekends, please leave a message and a staff member will return your call within two business days.

EMAIL: **pdmp@medchi.org**, and someone will reply within two business days.

MPS Concerns on PDMP Use Requirement

The MPS received a request for feedback from the Maryland Department of Health (MDH) regarding the Prescription Drug Monitoring Program (PDMP) Use Mandate. The law requires that the MDH must determine:

1)the technical capabilities of the PDMP are sufficient; and

2)the use mandate is important to protect public health and promote good patient care

MDH provided reports supporting both of these points. The MPS solicited member input through the listserv and crafted a letter outlining concerns about the impact of this mandate on prescribers as well as patients. More clarification, support, resources and education were among the recommendations. Click here to view the details.

Consumer Survey on Parity

The MPS participates in the Maryland Parity@10 Coaltion, which is collecting information using a consumer survey to better understand the experiences of individuals seeking mental health and substance use disorder (MH/SUD) treatment in Maryland. The survey is for those who need or have sought MH/SUD treatment and live in Maryland, and for parents, families and friends who have sought treatment for their loved ones. We are encouraging members to circulate this link - https://www.surveymonkey.com/r/Z975WPC - (as appropriate) to people who can confidentially share their individual experiences with seeking coverage of treatment under their health insurance.

Parity— insurance plans covering mental health and substance use disorder care the same as other health care—has long been a priority for the MPS and the APA. The Federal Mental Health Parity and Addiction Equity Act was passed in 2008. By prohibiting discrimination against people with pre-existing conditions, the Affordable Care Act (ACA) brought federal parity protections to people covered by individual and small group health plans and eliminated many inequities that kept people with mental illness from accessing care.

The coalition's goal is to expand access to MH/SUD services through strong enforcement of the Parity Act. The survey results will be used to develop educational strategies and materials to help consumers and others become fully informed about the sometimes challenging task of accessing care for MH/SUD services. Thanks in advance!

Maryland News

Maryland Medicaid Provider Rate Increases

Maryland's approved fiscal 2019 budget included $139.7 million for provider rate increases and hospital rate assumptions.

- Rate increases for most providers are set at 1%.
- Physician evaluation and management rates increase by 3% to increase rates for those codes from 92% of Medicare rates to 93% of Medicare rates. Interestingly, the fiscal 2018 budget was supposed to raise these rates to 94% of Medicare rates, but changes to the Medicare fee schedule after the passage of the budget made that impossible.
- Rate assumptions for hospital services are set at 2.1%, the same as the fiscal 2018 actual rate increase.
- The largest increase, $91.5 million, is for the annualization of the calendar 2018 MCO rate increase of 3.8%. That rate increase consists of two parts: 1% to reflect medical trend; and 2.8% as an estimate of the funding required to pay the insurer fee imposed by the ACA which is a pass-through in the rates and fully reimbursed by the State.

The 2019 fiscal year will begin on July 1, 2018, and the new rates will be effective as of that date. Maryland Medicaid will determine the new rates, which will be implemented in the system and posted online by Beacon.

Maryland Tobacco Quitline

At 1-800-QUIT-NOW, the Quitline's highly trained 'Quit Coaches" provide free, evidence-based counseling services 24 hours a day, seven days a week. Tobacco users 13 years and older are eligible for services and those 18 years and older can receive phone and web-based services, text message support, and free nicotine replacement patches, gum, and lozenges, while supplies last.

Johns Hopkins has established electronic patient referral to the Quitline. Quit Coaches follow up with referring providers to outline recommended service plans that providers can reinforce with their patients. A benefit of electronic referrals is that providers can easily incorporate tobacco cessation into their regular clinical workflow.

Maryland residents who want to learn more about the free services offered through the Maryland Tobacco Quitline can call 1-800-784-8669 (1-800-QUIT-NOW) or visit www.smokingstopshere.com.

New Scorecard for Medicaid and CHIP

On June 4, CMS announced the first ever Medicaid and Children's Health Insurance Program (CHIP) Scorecard, which creates greater transparency and accountability for program outcomes based on quality metrics and federally reported measures. CMS covers over 35 million children across the country, pays for about 50% of the country's births, and is the single greatest payer for long-term care services for the elderly and people with disabilities. With meaningful data and fostering transparency, best practices can be more easily shared, leading to more positive health outcomes.

The first version of the Scorecard includes measures voluntarily reported by states, as well as federally reported measures in three areas: state health system performance; state administrative accountability; and federal administrative accountability. The metrics included in the first Scorecard reflect important health issues such as well child visits, mental health conditions, children's preventive dental services, and other chronic health conditions. The Scorecard represents the first time that CMS is publishing state and federal administrative performance metrics - which include measures like state/federal timeliness of managed care capitation rate reviews, time from submission to approval for Section 1115 demonstrations, and state/federal state plan amendment processing times. **Click here to view the Maryland profile. Of note, Maryland's Medicaid and CHIP enrollment has increased over 50% since the ACA rollout in October 2013.**

The Scorecard will be updated with new functionality and metrics, including opioid-related and home and community -based services-related quality metrics, as well as the ability to compare spending patterns. CMS will continue to work with states to encourage greater reporting across a broader set of metrics to improve consistency across states. As states continue to seek greater flexibility from CMS, the Scorecard will be an important tool. For more information, please review the fact sheet.

Considering telepsychiatry?
Already practicing telepsychiatry?

Join PRMS for a half-day CME seminar that explores the legal and clinical issues and risks, including prescribing restrictions and maintaining the standard of care, as well as risk management advice to keep your patients and your practice safe. **Saturday, August 11** in Philadelphia - morning and afternoon courses. Learn more.

Maryland News

Can You Help with Immigrant Children in Maryland?

The MPS has heard member concerns about the situation of immigrant children being separated from their parents at the border. Several groups and individuals are working to assist with meeting the needs of the children (and families) who are being held in our state. Members who want to be added to a list of people who would be willing to help 1) provide pro bono or low bono therapy and psychiatric services, and/or 2) those who have experience and would be interested in providing pro bono or low bono forensic evaluations for immigration cases. It is particularly helpful if you are bilingual in English/Spanish and have experience working with immigrant and refugee populations. Anyone interested in volunteering should fill out the CAIR Coalition online volunteer form: https://www.caircoalition.org/how-to-help/volunteering

Please see the APA information on page 10 for other ways to help.

MPS Supports School-Based Behavioral Health

The Children's Behavioral Health Coalition (CBHC) organized input to the Kirwan Commission on the gaps in school-based health services for children with behavioral health needs and the role of community partnerships to help improve student achievement. The Kirwan Commission was appointed by the Governor and has been working for almost two years to devise new funding formulas for Maryland's public schools and recommendations for policy change.

Areas of highest importance identified by the CBHC include:

- Dedicated state and local school system staffing
- Scaling of school behavioral health service availability in all jurisdictions
- Systematic screening and identification of student needs
- Statewide system of accountability and outcome measurement
- Behavioral health training for school personnel

A detailed document and a shorter one-page summary sheet were developed and presented to the Kirwan Commission on June 28. The MPS signed onto both documents.

License Renewals for Last Names (A-L) Start July 16

Starting July 16, physicians can begin renewing medical licenses that expire September 30 online.

All renewing physicians are required to submit a Criminal History Records Check (CHRC) prior to renewing their license. Click here for instructions for applying for a CHRC.

- Physicians who applied for an initial license or reinstatement of their license **after 10/1/2016** have fingerprints on file with the Board. You are not required to submit a second set of fingerprints to renew.
- Do not apply for CHRC more than **6 weeks prior** to the date you intend to complete the renewal application.
- Once you have submitted your fingerprints, do not wait for receipt or confirmation of your results before starting the renewal application. Start the application immediately after submitting your fingerprints.

The one-hour CME for opioids is no longer required, but there is a new question about medical liability insurance – click here.

Please note that there is no grace period after September 30th. You are not authorized to practice medicine if your license is not renewed by September 30, 2018 11:59 pm EST. For more information, see the MBP physician renewals page.

REMINDER:

Practitioners who prescribe or dispense Controlled Dangerous Substances (CDS) must be registered with the Prescription Drug Monitoring Program (PDMP) to obtain a new or renewed CDS license. Practitioners who have already registered with the PDMP do not need to do anything additional. For more information, click HERE or visit the PDMP/Crisp Registration website.

MPS Works to Enforce the Parity Law

As part of its ongoing work on Parity Act education and enforcement, on June 22 the MPS submitted comments on the proposed Mental Health Parity and Addiction Equity Act FAQs 39 and Model Disclosure Form. The MPS also signed on to a detailed submission by the Whole Health Coalition that also expresses strong support for the updated "Self-Compliance Tool" that can be used to achieve the goals of the parity law, which will be 10 years old this fall.

Maryland News

MPS Helps Educate Candidates

The 2018 election provides an opportunity to educate candidates about behavioral health issues in Maryland. Last month the MPS signed onto the Behavioral Health Coalition's *Roadmap to Increasing Behavioral Health Access*, which advocates for supporting the behavioral health workforce, expanding access to treatment, improving the system of care for children and increasing system accountability to improve patient outcomes. It will be sent to all general election candidates early this month. The piece will help raise awareness about the Maryland Behavioral Health Coalition and lay a groundwork for future conversations.

Payer Relations Committee Request

The MPS Payer Relations Committee kicked off its work for the 2018-2019 year at a meeting on June 22. Under the leadership of Drs. Tom Krajewski and Bob Herman (new co-chairs), the committee is looking to assist members regarding third party payers. This will continue some of the work started by former chair, Dr. Laura Gaffney, who continues as a member of the committee. In general, this group aims to increase access to psychiatrists under insurance plans, as well as improving appropriate psychiatrist reimbursement.

The committee requests that members report issues and concerns that they would like the committee to address by email to Heidi Bunes. Requests should include enough details for a good understanding of the problem as well as the best email address to use for any follow up questions.

In addition, the committee is considering a regular newsletter column that highlights news related to insurance issues. Members are encouraged to submit ideas for the column by email to Dr. Krajewski.

MPS Find A Psychiatrist

The MPS would like to remind members about the **Find a Psychiatrist** feature on the MPS website.

If you are not currently included in the search, but would like to be please send an email or call the MPS office at 410.65.0232. Members still have the option to be listed in our telephone referral service, but not on the website, and vice versa.

Maryland Foundation for Psychiatry 2018 – 2019 Officers and Directors

At its June 13 meeting, the MPS Council voted unanimously to approve the following FY18 slate:

PRESIDENT: Neil E. Warres, M.D.

VICE PRESIDENT: Arthur M. Hildreth, M.D.

TREASURER: Thomas E. Allen, M.D.

BOARD OF DIRECTORS:
Mrs. Carol Allen
Joanna D. Brandt, M.D.
Mark S. Komrad M.D.
Merle McCann, M.D.
Elias K. Shaya, M.D.
Jonathan J. Shepherd, M.D.
Edgar K. Wiggins, M.H.S.

2018-2019 MPS Meeting Dates

September 11, 2018
Council Meeting, 8 PM at MPS

October 9, 2018
MPS Open House, 5:30 - 7:30 PM at MPS

November 13, 2018
Council Meeting, 8 PM at MPS

November 17, 2018
Psychopharmacology CME Activity

No December Meeting

January 8, 2019
Council Meeting, 8 PM at MPS

February 12, 2019
Council Meeting, 8 PM at MPS

March 12, 2019
Council Meeting, 8 PM at MPS

April 9, 2019
Council Meeting, 8 PM at MPS

April 25, 2019
MPS Annual Dinner, 6:30 PM location TBD

No May Meeting (APA)

Listserv Tips for Managing Patients with Dangerous Combinations of Meds

The following collegial bits of wisdom are excerpted from **Steve Daviss**'s posts on the MPS member listserv. Please consider them as options, not official recommendations and certainly not legal advice. (There is more great content available from past listserv discussions.)

August 7, 2017—At a clinic (where many pts were on 6mg Xanax/day, lots of PTSD, h/o sexual abuse/rape, urban Medicaid population), I checked PDMP on every patient, every time. It was quite an education on what people are doing to manage their trauma, anxiety, pain, etc. Most were financially stuck in their location and faced abusers in their community on a regular basis, so I understood their use of MJ and pain meds and sedatives to deal with their symptoms.

My approach was to use PDMP as an engagement tool. We would look up the results together and talk about what we found. We would negotiate goals ("I want you to only get your pain meds from your PCP, and if he thinks you don't need it than you will stop. If you go elsewhere that the three of us will have a phone call about this, and I will call the other doc and ask them to stop. I expect you are taking this to ease EMOTIONAL pain more than physical pain, so let's work on this emotional pain in more effective ways than just numbing yourself." Etc etc etc). The message was that we are going to work on this together, I am not going to give up on you, but if you don't work with me then I will set increasing levels of limits, even 7-day scripts, no phone refills, etc. They learn that I care, that they can be honest without fearing termination... with limits... and that I will be firm but fair. I was quick to switch to buprenorphine and take control of the pain/OUD, so that they would not be able to get high on opioids. Working with a good OUD program to help them transition to treatment is very helpful. It is work, but is gratifying, and more did well than not. Bring social supports in and enlist their help. Also, monitoring vital signs was quite useful. Lots of hypertension, which I used to improve communication with PCP, or start treatment myself, and send to ED when very high. These actions helped send the message of caring, which improved their adherence and willingness to stay with me even when I was being "hard on them".

August 10, 2017—A note of caution re PDMP:

Because of the confidentiality restriction for people receiving tx from "programs" for substance use disorders (42 CFR Part2), controlled medications dispensed or prescribed from such programs (including methadone an buprenorphine) mostly do not get included in the PDMP.

This means that the only way to know if someone is on, say, methadone, is to ask them or test them. They will not always tell you, particularly if they are relying on you for benzos. I usually ask how many milligrams of methadone they are on, or how many take-homes they get, as there is less guarding from such routine questions. I have "caught" a few patients in this manner who had previously denied being on methadone. This then becomes an opportunity for empathic discussion about truthfulness, confirmation that I will not terminate them because of the subterfuge, but that I will not risk their life and health (by prescribing benzo with methadone) and will help address their symptoms via less risky options. This often begins a gradual benzo taper and PDMP checks with every visit, showing them the screen so they know that getting it from other docs will be found out. It's a good deterrent, but the trick is maintaining a supportive nonjudgmental attitude so they don't go find someone else.

Requiring them to seek treatment elsewhere due solely to catching them lying or going to other doctors is inappropriately putting one's own morals, judgment, or discomfort over your pt's best interests. Seek consultation, communicate with the other docs and pharmacies, and enlist the patient's help in reducing these self-inflicted behaviors that stem from the addiction.

Cyber Alert

Cyber criminals are getting savvier about how they construct spoofing and scamming attacks. They're using socially-engineered data to trick people into clicking, downloading, or directly handing over personally identifiable information. To help members avoid being victims of an attack because they clicked on an email they thought came from MPS or APA, we offer the following tips.

Consider the language that is used. For example, misspellings and grammar issues, like missing periods are cues that the message is a fake as are queries involving money. The APA's online Find a Psychiatrist was recently used for a phishing attack. Erik Roskes, M.D. quickly realized it and alerted MPS staff and the MPS listserv. The APA was also notified. Here is the text of the email: *Hello Erik, how are you doing today? My name is Michael, My daughter is looking to private practice in your area and I'd love to hear about your available date, issues, specializing in working with, years experience,, costs per hour, practice location, etc. Michael.* Several other members reported receiving the same message.

We hope to reach the right balance between promoting members to the public and protecting them from individuals who harvest this information for scams. Both the APA and the MPS Find a Psychiatrist tools are opt-in. Members can change their participation at any time. Members are encouraged to report suspicious incidents by phone 410-625-0232, email mfloyd@mdpsych.org, or the member listserv.

APA News & Information

APA Action on Policy of Separating Children from Parents at the Border

The Administration's forced separations of families seeking asylum at the U.S. border have left many in shock and disbelief and wanting to take action. Dr. Stewart's statement on May 30th made the APA one of the first medical associations to publicly oppose the separation of children from their parents. As of June 20, the statement had been quoted in NBC News, AOL News, The Washington Post, and several smaller media outlets. The APA also facilitated media interviews with Self Magazine, Everyday Health, Live Science, and Medscape.

The APA led 17 other mental health organizations in sending a letter to the Department of Justice, Department of Homeland Security, and Department of Health and Human Services urging the Administration to immediately end its policy of separating children from their parents at the U.S. border. The President signed an Executive Order that appears to end the practice, but details remain unclear on how the order will be implemented, and what will happen to the thousands of children already separated from their families. The APA will continue to focus on this issue to prevent further trauma from being inflicted on these children and families.

To make your own voice heard, use this link to send your own letter to the Department of Homeland Security or the Justice Department condemning the family separation policy and calling for families to be reunited. Also, speak up on social media using #FamiliesBelongTogether and #EndFamilySeparation.

Saul Levin, MD, MPA, FRCP-E
APA CEO and Medical Director

[See page 7 for how to help in Maryland.]

Apply for 2019 APA Psychiatric Services Achievement Awards

Since 1949, the Psychiatric Services Achievement Awards have recognized creative models of service delivery and innovative programs for people with mental illness or disabilities. Each year, APA presents two Gold Awards: one to an institutional-based program and one to a community-based program; a Silver Award; and a Bronze Award. Winners receive a monetary award, a plaque, recognition at the 2019 IPS: The Mental Health Services Conference, and coverage in two APA publications. **The deadline for nominations is July 20**. Contact Kathy Orellana at korellana@psych.org.

APA Practice Management HelpLine

The HelpLine provides one-on-one assistance to APA members on a wide variety of day-to-day practical issues that arise in managing a practice, including reimbursement, managed care contracts, coding, Medicare, Medicaid, and more. Click here for details.

H.R. 6082 Overdose Prevention and Patient Safety Act

The U.S. House of Representatives passed the Overdose Prevention and Patient Safety (OPPS) Act on June 20 by a 357 to 57 vote. OPPS aligns an outdated regulation governing the confidentiality of substance use treatment records (42 CFR Part 2) with HIPAA requirements. The outdated regs limit the use of a patient's substance use record which runs counter to new, innovative delivery models that rely on a clinician's ability to share health information to effectively and safely coordinate high quality treatment for patients. H.R. 6082 will allow for care coordination and integration of treatment, improve patient outcomes, help to reduce stigma by treating addiction like other illnesses, and protect confidentiality.

The bill will now be referred to the Senate for consideration and their timeline for potential action is still uncertain. Strong advocacy by the APA and its coalition partners will continue in the Senate, where last month APA President-elect Bruce Schwartz, M.D. raised the significance of the issue with key committee staff on both sides of the aisle as part of a fly-in with our Group of Six physician group allies, which represent more than 560,000 physician and medical student members.

Saul Levin, MD, MPA, FRCP-E
APA CEO and Medical Director

HIPAA Article in JAMA

In the author's view, there are many myths that lead to misapplications of the HIPAA privacy rule based on misunderstandings about what the law requires. "Common misguided administrative provisions ... include restrictions on the exchange of clinical information between treating clinicians, rules against posting patients' names in clinical areas to facilitate finding or identifying the patient, and rules against family members or loved ones reviewing medical records and clinical information even with the patient's permission." The APA website has a privacy rule manual available to members only, as well as several other HIPAA resources. Take a few minutes to be sure your policies are in sync with the requirements.

APA News & Information

Free Members' Course of the Month

Try the APA Learning Center free with the Members Course of the Month. Starting on the first of the month, members have free access to an on-demand CME course on a popular topic. Click here to access the July course of the month.

APA Find A Psychiatrist

The searchable APA Find A Psychiatrist database includes **only** members who actively **opt-in** (link will take you to an easy to complete online form).

Finder.psychiatry.org is a useful tool for patients to find docs. The site can be updated in real-time, so members can turn it on to get more referrals and then turn it off as needed. It also allows participants to indicate what types of patients are accepted and what, if any, insurance. It can be searched by state, and can be narrowed by city or zip, using a radius setting. Searches can also be done by insurance, gender, populations served and disorders treated. It shows email, phone and doc's website, if there is one. Use Advanced Search for availability and insurance acceptance.

For assistance, please contact APA Customer Service at 1-888-357-7924.

Medicare News

New Medicare Card Mailing Update

CMS has finished mailing cards to people with Medicare who live in Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia. If someone with Medicare says they did not get a card:

- Print and give them the "Still Waiting for Your New Card?" handout (in **English** or **Spanish**).
- Or tell them to call 1-800-Medicare (1-800-633-4227). Something may need correcting, such as their mailing address.

A secure portal is available to look up the new Medicare Beneficiary Identifier (MBI). You need to **sign up** for access to the tool. You can look up MBIs for cards that have been mailed to Medicare patients when they do not or cannot give them. If the tool indicates the card has not been mailed for your Medicare patient, tell your patient to call 1-800-Medicare (1-800-633-4227).

Medicare News

Physician Compare Downloadable Database

2016 performance scores are now available for download via Data.Medicare.gov. The Physician Compare Downloadable Database includes:

- 2016 Physician Quality Reporting System (PQRS) measures for clinicians and groups
- 2016 Consumer Assessment of Healthcare Providers and Systems (CAHPS) for PQRS summary survey measures for groups
- 2016 non-PQRS Qualified Clinical Data Registry (QCDR) measures for clinicians and groups
- Subset of 2015 utilization data for clinicians

2016 performance scores for the group-level measures reported as star ratings and those CAHPS for PQRS and non-PQRS QCDR measures that met the public reporting standards have also been updated on Physician Compare. For more information about quality measures and public reporting, and a detailed list of the measures publicly available, visit the Physician Compare Initiative page.

Is your information up-to-date on Physician Compare? The primary source for general information on Physician Compare is the Provider Enrollment, Chain, and Ownership System **(PECOS)**. To update your listing on Physician Compare, including practice location(s) and education information, you must first make sure your information in PECOS is up to date. It can take up to 2 to 4 months for changes in PECOS to be reflected on Physician Compare. To learn which information can be updated via PECOS, and which information can be updated by contacting the Physician Compare support team, visit the Physician Compare Initiative page. For other questions about your listing on Physician Compare, contact the support team at PhysicianCompare@Westat.com.

View MIPS Preliminary Performance Feedback Data

If you submitted 2017 Merit-based Incentive Payment System (MIPS) data through the Quality Payment Program website, CMS invites you to review your preliminary performance feedback. Click here to sign in.

Maryland Psychiatric Society Provides Mental Health Resources for Those Impacted by the Shootings in Annapolis

Please click here to see the press release sent by the MPS to Maryland media outlets.

Review of Administrative Simplification

HIPAA required HHS to establish national standards for electronic transactions to improve the efficiency and effectiveness of the nation's health care system. The standards apply to all HIPAA-covered entities:

- Health plans
- Health care clearinghouses
- Health care providers who conduct electronic transactions (not just those who accept Medicare or Medicaid)

Any provider who accepts payment from any health plan or other insurance company must comply with HIPAA if they conduct the adopted transactions electronically. These providers must also have written agreements in place to ensure that business associates comply with HIPAA. Examples of business associates include clearinghouses and independent medical transcriptionists. Click here for an overview of all the adopted standards for electronic health care transactions. Click here for a video about CMS enforcement of the requirements.

NAMI Reports Parity at Risk

In June NAMI released a report, Mental Health Parity at Risk, that includes comprehensive data showing barriers and gaps in mental health and substance use coverage in the individual insurance market prior to the Affordable Care Act (ACA). The ACA made mental health and substance use services an essential health benefit (EHB), requiring not only that insurance include mental health and substance use services, but that these services also be covered at parity with other health care.

Unfortunately, the Trump Administration has proposed changes that would lead to weaker protections for pre-existing conditions like mental illness—threatening mental health care and undercutting insurance plans that provide fair coverage. The Administration has proposed a rule to expand the sale of short-term limited duration plans. These plans would not need to cover pre-existing conditions like mental illness, cover essential health benefits like mental health and substance use care or provide adequate provider networks. In addition, the Department of Justice announced that it will not defend the insurance protections that were in the ACA for preexisting conditions.

Mental Health Parity at Risk outlines the risk we run if we return to past practices that allow insurers to discriminate against people with mental health and substance use conditions.

Release of ICD-11 Does Not Affect U.S.

The news last month reported that the World Health Organization has released ICD-11, which includes the new diagnosis of "gaming disorder." ICD-10-CM is still in effect in the United States and is not scheduled to be replaced by ICD-11 for years to come. "Internet gaming disorder" is not a recognized mental disorder in *DSM*; it appears in "Conditions for Further Study" in Section III.

From June 20 *Psychiatric News*

Top 10 Patient Safety Concerns

ECRI Institute published its Top 10 Patient Safety Concerns for 2018, and I wanted to comment on the top three:

#1 Diagnostic Errors
Diagnostic errors are common in medicine and can have significant consequences. There are three main causes of error in diagnosis – no fault, systems-based, and cognitive. For information, including a nice discussion of cognitive errors and heuristics, please see my colleague Dave Cash's post "Patient Safety & Misdiagnosis".

#2 Opioid Safety Across the Continuum of Care
For more information about this very hot topic, see my three part series: The Stats, The Government's Response, and Risk Management Advice. The advice includes our 3 Cs – collecting information (about the patient, the medications, treatment/standard of care, abuse/diversion, and enforcement), communicating (with the patient and others), and carefully documenting.

#3 Internal Care Coordination
As stated by ECRI, "poorly coordinated care puts patients at risk for safety events such as medication errors, lack of necessary follow-up care, and diagnostic delays. Like so many preventable errors in healthcare, these risks come down to a failure to communicate." We know that breakdowns in communication are a significant factor in malpractice claims made against physicians. For more information, see our article "Managing Handoff Risk in Psychiatry" covering handoffs between the following:

- Inpatient and outpatient care
- Multiple treating providers
- Treating psychiatrist and covering psychiatrist (and vice versa)
- Psychiatrist and the family

From April 2 LinkedIn post by Donna Vanderpool, MBA, JD
VP, Risk Management at PRMS,
Specialists in Professional Liability Insurance Programs

AMA Opposes CVS – Aetna Merger

The American Medical Association (AMA) announced that after an exhaustive analysis of the proposed acquisition of Aetna by CVS Heath it urges regulators to block the merger. During its merger analysis, the AMA sought input from prominent academic experts in health economics, health policy and antitrust law. The AMA position is based on the merger's likely anticompetitive effects on Medicare Part D, pharmacy benefit management services, health insurance, retail pharmacy, and specialty pharmacy. Substantially lessened competition in many health care markets would be a detriment to patients.

The AMA will file a post-hearing memorandum outlining its concerns about the merger's potential negative consequences for health care access, quality and affordability, including:

- An expected increase in premiums due to a substantial increase in market concentration in 30 of 34 Medicare Part D regional markets.
- An anticipated increase in drug spending and out-of-pocket costs for patients as Aetna and CVS fortify their dominant positions in the health insurance, pharmaceutical benefit management, retail and specialty pharmacy markets that already lack competition.
- A reduction in competition in health insurance markets that will adversely affect patients with higher premiums and reduced quality of insurance.
- A foreseeable failure to realize proposed efficiencies and benefits due to enormous implementation challenges, and a questionable evidence base for those efficiencies.

Patrice Harris, M.D. to Lead AMA

Psychiatrist and APA member, Dr. Patrice A. Harris of Georgia was elected AMA President-Elect on June 12 at the AMA Annual Meeting in Chicago. She will be the first African-American woman president of the AMA.

Classifieds

EMPLOYMENT OPPORTUNITIES

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 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 or call 443-777-7925 for details.

PSYCHIATRIST—Outpatient Psychiatry Services at Behavioral Health Clinic (BHC) is looking for a full or part time, independent contractor adult psychiatrist to work 20-40 hours per week. BHC has two locations in Baltimore (2310 N. Charles St & 700 Washington Blvd). Please email CV to NNelluri@bhcbaltimore.com. Call 443-995-4113 for details.

Psychiatrist – Full or part-time psychiatrist wanted for a well-established, reputable, growing private practice in Anne Arundel County, MD. Position includes premium office space, attractive compensation, comprehensive administrative support, professional freedom, and collegial interaction with a multi-disciplinary staff in a desirable location. Opportunity to become involved in the TMS program (Transcranial Magnetic Stimulation) if desired. For more information please visit www.spectrum-behavioral.com or call Scott E. Smith, Ph.D. at 410-757-2077 X 7102 or email to director@spectrum-behavioral.com.

PRACTICE OPPORTUNITY - Established, busy multi-disciplinary outpatient psychiatric practice in White Marsh is seeking an Adult Psychiatrist to provide psychiatric evaluations and medication management for adult patients. Join our practice of nineteen clinicians as a Limited Partner. Begin with an established case load and a potential for profit sharing. Medical/dental benefits are available. We participate with most major insurances and provide assistance with credentialing. Full-time and part-time hours are available. Collegial environment and pleasant staff. See our website www.whitemarshpsych.com. Please send your resume and cover letter to dianne@whitemarshpsych.com and/or call George Strutt, PhD., President at 410-931-9280.

Established private psychiatric practice is hiring part time, outpatient psychiatrist in Bel Air, MD. No call or weekend, medical /dental and vision benefits, 401k benefits. Contact: (318)-344-3109. Email contact@americanpsychcare.com www.americanpsychcare.com

Maryland State Dept. of Education, Division of Rehabilitation Services, is recruiting for a part-time Child and Adolescent Psychiatrist to review child/adolescent psychiatry disability claims through the Dept. of Disability Determination Services for the State of Maryland. For more information and to apply for this position go to: https://www.jobapscloud.com/MD/sup/bulpreview.asp?R1=18&R2=006805&R3=0001

Classifieds

AVAILABLE OFFICE SPACE

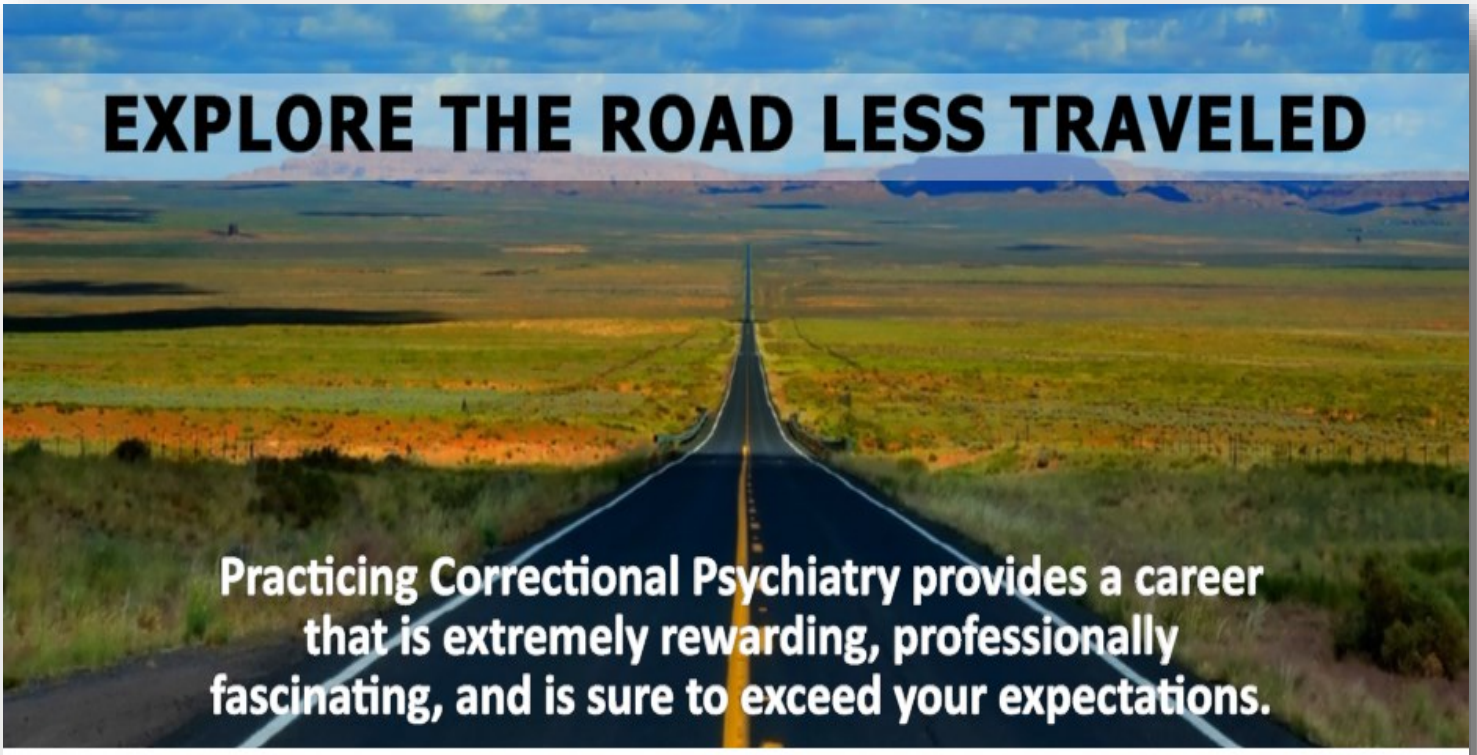
Aberdeen MD- Close to Route 40 in a busy shopping area. Free parking and close to bus line. Fully furnished. Large reception area, 2 large furnished offices, 2 bathrooms, supply room and lunch room. Email hafiz2010@comcast.net or call 410-456-3954.

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 Dinah Miller, MD.

OWINGS MILLS OFFICE FOR RENT: Full-Time Office, with window, available in five-office suite of therapists & psychiatrists. One mile from 695. Amiable group of colleagues. Referral opportunities. included: Utilities, WiFi, Fax, Copier, Supplies, Parking. Contact Lori Hollander, 410-868-2039

Howard County -Woodstock/Waverly Woods: Furnished office available for Full/PT use in newly renovated psychotherapy suite. Includes waiting room, bathroom, kitchen, internet/fax. Ample parking, easy access to routes 29, 70 and 40. Referral opportunities. Available immediately. Contact: Bob Cohen (410 615-9797) or Alison Gartner (410 292-0333)

EXPLORE THE ROAD LESS TRAVELED



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Jane Dierberger | 844.477.6420 | jane@mhmcareers.com

Rewarding Opportunities for Psychiatrists Across Maryland

Sheppard Pratt
HEALTH SYSTEM

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

Opportunities Include:

Crisis services psychiatrist
Sheppard Pratt-Towson Campus
Baltimore County

Trauma psychiatrist
Sheppard Pratt-Towson Campus
Baltimore County

School psychiatrist
Position serves multiple locations

Child & adolescent psychiatrist
Sheppard Pratt-Ellicott City Campus
Howard County

Outpatient child & adolescent psychiatrists
Behavioral Health Partners of Frederick
Frederick 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. EOE.

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

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