

MPS NEWS

Volume 32, Number 5

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September 2018

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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

ECPs and RBIs

Late summer is usually the "off season" for organizational activities, but the MPS held a special event for early career psychiatrists (ECPs) near the end of July. Jessica Merkel-Keller, M.D., the ECP chair, was present and helped organize the evening, which was made possible with funding from APA Area 3. A thunderstorm blew through town just before game time, causing a rain delay of over an hour. This has also been a tough year for the Orioles, with player trade rumors swirling as much as the winds around the stadium before the first pitch. We feared these factors would dissuade some from attending, but 42 tickets were sold and 36 showed, even with the extreme weather.

Despite an inauspicious beginning, it ended up being a great game in the midst of a woeful year for the O's and a wonderful chance to connect with other psychiatrists. A dedicated crew stayed to watch the O's run down the Tampa Bay Rays, 15-5 (Tampa Bay had had both a right fielder and a catcher pitching by the end of the game). A few of us stayed the duration (to nearly midnight) and enjoyed a post-game concert and fireworks. In addition to the access to free food, which came with the tickets, it was a great opportunity to meet new people and catch up with old friends.

It was interesting to hear from our younger ECPs about their experiences leaving training and starting practice in a variety of settings. A number of them described the current landscape for recent graduates as an array of options for young psychiatrists, including some with an appealing work-life balance. They were clearly willing to consider new struc-

tures and approaches to the delivery of care. I was struck by the ECPs' tendency to take the long view, seeing their choices within the context of a multi-decade career and a commitment to psychiatry. Those of us further into our careers can take some comfort in knowing we will be leaving the field in good hands.

Patrick T. Triplett, M.D.

Come Join Us
for an
OPEN HOUSE

The MPS is not just some abstract organization! Join us for an informal gathering of colleagues to socialize and take a look "behind the curtain" where a lot of the work gets done.

Tuesday October 9th 5:30-7 PM

Meet MPS leadership and staff, including the MPS lobbyist team, tour the MPS office, learn interesting MPS history and network with other MPS members.

Drinks and appetizers will be served.

[Register today!](#)

Would You Prefer Printed MPS Newsletters?

The MPS now offers 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 must notify 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 with questions.

MPS Members Out & About

Drew Pate, M.D. is running on the November ballot as a Green Party candidate for State Delegate in District 41 (Baltimore City).

Anthony Lehman, M.D. will receive a [Lifetime Achievement Award from NAMI-MD on October 18](#) for his research on mental illness, including the quality of care of people with schizophrenia.

Harsh Trivedi, M.D., M.B.A. was named to the Board of Trustees of the American Hospital Association.

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

Join the Baltimore City Medical Political Action Committee and the Baltimore City Medical Society for a 2018 **General Election Candidates Forum September 27 at 6:00 PM** at MedChi. Candidates for Baltimore City's six districts represented in the Maryland General Assembly have been invited for informal networking and a forum on health care. **State-wide physician candidates have also been invited.** To register, email info@bcmsdocs.org or call 410-625-0022.

2019 Dues Renewals

Late this month you should receive information by email regarding your 2019 membership dues. Paper invoices will be sent in early October.

As the largest source of income, member dues are critical to MPS viability. If you want to find out "what we've done for you lately," just read the following pages. We can't do this without your support!

MedChi's Committee on Ethics and
Judicial Affairs Presents
The Fifth Annual Ethics Lecture:

THE ETHICS OF MENTAL HEALTH ISSUES IN THE EMERGENCY DEPARTMENT

Speaker: Benedicto R. Borja, M.D.

Wednesday, September 12th
MedChi's Osler Hall 1211 Cathedral Street
Baltimore, MD 21201

Reception - 6:00 p.m.

Lecture - 6:30 p.m.

Ethics Committee Meeting - 8:00 p.m.

For additional details, or to RSVP,
please [CLICK HERE](#).

2018-2019 MPS Membership Directory

Thanks to all members who have updated their practice information! The MPS directory is now in print and we expect copies to arrive in members' mailboxes this month.

The annual directory consistently ranks as one of the most valued member benefits. Enjoy!

Membership

The following individuals have applied for membership with the MPS. Unless any current members have evidence that an applicant does not meet the criteria for ethical and professional standards, these actions will be approved 14 days after publication.

Natalie Gukasyan, M.D.

Ashley R. Malka, M.D.

Xian Zhang, M.D., Ph.D.

Transfer Into Maryland

Bimla Rai, M.D.

Advanced to General Member

Courtney M. Joseph, D.O.

Coleen M. Schrepfer, M.D.

Sarah Thayil, M.D.

2018 Member Survey Highlights

The MPS mailed a survey to all active members in May 2018, which closed in August after allowing 3 months for responses, both on paper and online. A total of 196 members submitted input for the coming year. This is up considerably from 167 responses in 2017!

Members described a variety of **CME needs**, with psychopharmacology continuing as the overwhelming top request at over 80%. Managing insomnia was the second highest choice (over 40%) and addiction treatment was of interest to a third of the respondents.

This year's survey asked about **participation with Medicare, Medicaid and private insurance** to help inform the MPS Payer Relations Committee's work. Just over half of respondents participate with Medicare; participation rates with private insurance and Medicaid are 45% and 44% respectively. Forty-one percent of respondents do not participate with any insurance. The top reason for not participating in all three types was low reimbursement, but contract terms & credentialing paperwork as well as intrusive oversight & utilization management followed very close behind.

Several possible **new offerings** were listed for member input. Online voting for MPS elections came out on top with over two-thirds of respondents in favor. A member directory app and workshops on MOC and e-prescribing all tied for the next level of interest.

Following up on a MPS listserv discussion, a new question was asked about **alternative board certification**. Most respondents had no interest, but 25% were considering it and 14% already had it.

Over half of respondents practice in private settings, most of whom are in solo practice. Of respondents working in the public sector, a quarter practice in state hospitals. Over 60% of those who responded have been practicing more than 20 years and over three quarters have their primary place of practice in central Maryland.

Influencing how psychiatry is practiced in Maryland and *MPS News* are still what those who responded value most about being a member, with the annual membership directory ranked third. This year, five levels of satisfaction with the MPS were included, with the addition of "Neutral." This brought the percentage of members who are satisfied or very satisfied overall with the MPS down to 88% from 95%. Almost 10% of respondents say they are neutral. MPS leadership and committees will carefully review the survey input to determine new initiatives and offerings.

Congratulations to survey participants **Phyllis Heffner, Jon Holt and Ron Means**, who were selected randomly to win a \$100 credit each toward MPS dues or an MPS event. The [complete results](#) are posted on the MPS website.

MedChi House of Delegates

The MPS has appointed Elias Shaya, M.D. as MedChi Delegate and Robert Roca, M.D. as Alternate Delegate. Our delegates represent the MPS within the house of medicine and report back to the MPS on topics of interest to psychiatry. The next MedChi House of Delegates meeting will be held **September 22** at the Hotel at Arundel Preserve in Hanover.

Several of the Resolutions to be considered at the meeting relate to psychiatric practice. For example, if approved [Resolution 22-18](#) would direct MedChi to advocate for rescinding the policy of denying Medicaid patients coverage of medications that are prescribed by non-participating practitioners. This is in line with MPS efforts in this area earlier this year. Other resolutions address pharmacy issues, support for a single payer system, opioid problems, medical cannabis, gun violence and more.

[Click here](#) for more about the House of Delegates, including reports, resolutions, resources, etc. Please email [Elias Shaya, M.D.](#) if you have questions or concerns.

**Louis J. Kolodner Memorial Lecture
The Opioid Crisis:
What Can Physicians Do About It?**

September 20 @ 5:30 - 8:00 PM

In honor of Recovery Month, you are invited to a **FREE** dinner lecture, jointly provided by the Kolmac Outpatient Recovery Centers and Med-Chi, the Maryland State Medical Society, and co-sponsored by the Maryland Psychiatric Society. Richard S. Schottenfeld, M.D. will present, "The Opioid Crisis: What Can Physicians Do About It?"

AGENDA:

5:30PM – 6:30PM: Dinner

6:30PM – 8:00PM: Lecture

To Register [PLEASE CLICK HERE](#)

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of MedChi, The Maryland State Medical Society, and the Kolmac Outpatient Recovery Center. MedChi is accredited by the ACCME to provide continuing medical education for physicians.

MedChi designates this live educational activity for a maximum of 1.5 AMA PRA Category 1 Credits. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Questions? Contact Brandy Littlejohn at blittlejohn@kolmac.com or call 301-589-0255

Maryland News

Maryland Parity at 10 Gubernatorial Candidate Questionnaire

The Maryland Parity at 10 Coalition distributed a "Health Care Services for Marylanders with Mental Health and Substance Use Disorders" [questionnaire](#) to gubernatorial candidates on August 22. To educate voters impartially and on a nonpartisan basis, complete candidate responses, including questions that are not answered, will be shared on the websites of the following organizations and used in compliance with all IRS rules for nonprofit organizations: Community Behavioral Health Assoc., Institute for Behavior Resources, Inc., James Place, Inc., Maryland Association for the Treatment of Opioid Dependence, Maryland Coalition of Families, Maryland Heroin Awareness, **Maryland Psychiatric Society**, NAMI-MD, and Powell Recovery Center, Inc.

The Maryland Parity at 10 Campaign was formed to achieve full enforcement of the Mental Health Parity and Addiction Equity Act and state parity laws. This October marks the 10th anniversary of this landmark federal legislation, which mandates that health insurance plan standards for substance use and mental health benefits be comparable to and no more restrictive than the standards for other medical benefits. The Parity Act is designed to end historical discrimination in health insurance for persons with mental health and substance use disorders and extend access to life-saving treatment. The Maryland Parity at 10 Campaign is made up of organizations and providers representing substance use disorder and mental health providers and consumers and family members.

License Renewals for Last Names (A-L)

Renew medical licenses expiring September 30 [online](#).

A **Criminal History Records Check (CHRC)** must be submitted prior to renewing. [Click here for CHRC instructions](#). If you applied for a license or reinstatement **after 10/1/2016** your fingerprints are already on file and **you do not need to submit a second set**. 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](#).

There is no grace period after September 30. You are not authorized to practice if your license is not renewed. For more information, see the [MBP physician renewals page](#).

Follow the Parity at 10 Campaign

Visit the new Parityat10.org site to follow the progress of Parity at 10, a three-year campaign that will establish effective models for robust enforcement of the Parity Act in 10 states and disseminate those models across the country. The MPS is a member of the Maryland Parity at 10 Coalition and is working with other state partners on the campaign.

The goal of the campaign is to ensure that insurance carriers and State Medicaid programs offer full substance use and mental health benefits that comply with the 2008 Mental Health Parity and Addiction Equity Act. We are working to replace the complaint-driven enforcement model that requires consumers to fight for the evidence-based health care they need and are entitled to receive. The campaign is being spearheaded by five of the nation's leading advocacy organizations, the Legal Action Center, Center on Addiction, Partnership for Drug-Free Kids, Public Health Management Corporation and The Kennedy Forum.

The campaign is also looking for stories about individuals' experiences with insurance barriers. This [story-banking](#) effort will support advocacy for better coverage and improved access to mental health and substance use treatment. The website also has a useful [resource bank](#) that can be filtered for Maryland-specific or provider-specific information.

CMS Grant to Strengthen Maryland Insurance Market

CMS [announced](#) it has awarded \$280,000 to Maryland to help strengthen the health insurance market through innovative measures that support market reforms and ACA consumer protections, including guaranteed availability of coverage, guaranteed renewability of coverage, and essential health benefits. The grant has a 24-month project and budget period, which ends August 14, 2020.

The Maryland Insurance Administration [announced](#) that these funds will assist with analyzing network accessibility, focusing on guaranteed availability of plan coverage in the state, and barriers to use of essential health benefits in low income, underserved, and rural areas. The MIA hopes to gain valuable insight into the suitability of network adequacy standards now in effect, assess how well carriers' plan designs are meeting the needs of this population, and foster communications with carriers and consumer advocacy groups to remedy current issues and create a path forward.

Maryland News

MPS Responds to Questions About ECT

In March, the Citizens Commission for Human Rights International (The Church of Scientology) sent letters to all Maryland Senators and Delegates asking Maryland to implement a ban on ECT therapy in the elderly, adolescents and children.

The MPS was recently contacted by legislators looking for additional information on ECT. The MPS Legislative Committee, with input from other members, drafted an outstanding response to be sent following all such inquiries, noting that extensive research has found ECT to be highly effective for the relief of major depression. The letter went on to note that ECT's effectiveness in treating severe mental illnesses is recognized by the American Psychiatric Association, the American Medical Association, the National Institute of Mental Health, and similar organizations in Canada, Great Britain and many other countries.

The MPS will continue working on behalf of members to deflect misguided intrusions into the way psychiatry is practiced in Maryland.

Do You Know Someone Who Needs Help?

The [Maryland Physician Health Program](#) (MPHP) provides clinical support for physicians struggling with addiction, mental and emotional health challenges, behavior issues, sexual misconduct, cognitive impairments, and stress. Their services are HIPAA compliant and fully confidential (with exceptions for evidence of imminent harm to self or others through good-faith assessment by program staff, medical emergencies, court-ordered disclosures, and the State of Maryland mandated reporting requirements regarding child abuse and neglect).

MedChi strongly agrees with the AMA's longstanding principle that "It is a physician's ethical responsibility to take cognizance of a colleague's inability to practice medicine by reason of physical or mental illness, including alcoholism or drug dependence...Accountability to the public through assurance of competent care to patients by physicians and other health professionals is a paramount responsibility of organized medicine." For this reason, MPHP is open to all licensed physicians in Maryland, regardless of MedChi membership status. If you know someone in need of help, call the MPHP at 410-962-5580.

And as always, the Maryland Department of Health is available as well. To access their 24/7 Crisis Connect hotline, just dial 211, then press 1.

From [July 23 MedChi News](#)

Don't Miss the Free 10th Anniversary of the Parity Law Celebration and Seminar October 16, 7 - 9 PM

The landmark 2008 Mental Health Parity and Addiction Equity Act reaches a major milestone in October. During the decade since the passage of this federal non-discrimination law, we also witnessed the enactment of the Affordable Care Act, which expanded but also complicated parity enforcement. **A recent poll of Maryland providers showed that there is still a need for education about what the law requires.**

The MPS Payer Relations Committee will host a gathering on October 16 so members can get the facts in person, ask questions and even get help with current treatment coverage issues. Henry Harbin, M.D. will be the featured speaker with Steve Daviss, M.D. as discussant. This event will be held at the MPS office in Baltimore. The evening is planned as follows:

- 7 – 7:30 PM Reception – cheers to those who worked for passage and enforcement! Enjoy wine and cheese and network with colleagues.
- 7:30 – 8 PM Presentation explaining parity, which generally prevents health plans and health insurance issuers that provide mental health or substance use disorder benefits from imposing less favorable benefit limitations on those benefits than on medical/surgical benefits. The focus will be on how to identify common violations, with examples.
- 8 – 8:15 PM Dessert
- 8:15 – 9 PM Responses to questions submitted in advance, open Q&A session and assistance with specific cases

Attendees will leave armed with take-aways that can help address parity violations they may see in their practices.

[Click here](#) for more information and to register (**free of charge**). The materials will also be posted on the MPS website following the event.



Maryland News

MPS Advocacy on Parity Accreditation

The Clear Health Quality Institute (CHQI) [published](#) a *Draft Mental Health Parity Accreditation Program Standards and Guide* with a request for feedback. In coordination with the APA and other parity advocates, the MPS expressed concern that adoption of these standards would ultimately undermine patient care and the progress on mental health parity that has been achieved to date. Several major problems were noted.

- First is the limitations of an accreditation program to improve enforcement of a civil rights law and the risk that it might confer a “seal of approval” that is misleading since the question of whether the non-discrimination tests are met in a specific situation requires legal judgment.
- Second, the draft standards are incomplete since they do not include essential metrics, such as full data on denial rates and out-of-network utilization, or full disclosure regarding the source information and/or evidentiary standards used to define the factors upon which NQTLs are based.
- Third is the lack of robust infrastructure and personnel with qualified parity experience to review applicants.
- Finally, it is unclear to whom and to what the status of any accreditation would apply. The vast array of health plans in the marketplace, e.g. commercial arrangements, self-insured plans, etc., many with subcontractor functions built in makes it very complicated to clarify who the applicant is and the scope of what their accreditation status means. Every component is integral to a parity compliance evaluation.

The MPS also noted that the [Federal Self Compliance Tool](#) is available to any health plan that wishes to be transparent and demonstrate compliance. It can simply follow and document the process outlined in this newly issued Compliance Tool and publicly post the results. [Click here](#) for the MPS comment letter.

Public Behavioral Health System Rates

The [new rates](#) for community-based behavioral health services in Maryland are higher effective July 1. There appears to be a slight increase in all categories. The highest increase was 3%; most others were not even a percent. More information is available on the [Beacon Health Options site](#).

CMS Approves Maryland Reinsurance Waiver

On August 22, Governor Hogan, Senate President Miller and House Speaker Busch [announced](#) that CMS has approved Maryland’s 1332 State Innovation Waiver to create a state reinsurance program to help stabilize Maryland’s individual health insurance market and prevent previously predicted massive rate hikes. Maryland is the seventh state to gain approval for such a waiver. Facing predicted health insurance rate increases of up to 50% and inaction by leaders in Washington, the General Assembly passed [House Bill 1795 – Establishment of a State Reinsurance Program](#). Governor Hogan, President Miller, and Speaker Busch signed this emergency legislation on April 5, 2018, allowing it to take effect immediately.

With the waiver approval, Maryland will have the largest reinsurance program in the nation, valued at \$462 million. The program will become active this year and run through 2020, with the potential to be extended through 2023. The state will support the reinsurance program by leveraging funds that had previously been assessed by the federal government on insurance carriers, which is expected to provide approximately \$365 million.

Following this federal approval, the Maryland Health Benefit Exchange Board will finalize the reinsurance program structure. [See more information [here](#).] Then, the Maryland Insurance Administration (MIA) will request updated proposals for rates from the two carriers who serve the individual market in Maryland: CareFirst BlueCross BlueShield and Kaiser Permanente. Updated proposals will be presented at a [public hearing](#) to be held from 10 AM to 12 noon on **September 17** at the MIA office in Baltimore. Public comments may be submitted until 5 p.m. on Friday, September 14, 2018.

Rate filings for 2019 are expected to be reduced by an estimated 30 percent from what they would have been without the waiver, and the program is estimated to grow enrollment on Maryland’s individual market by nearly 6% for 2019. Maryland continues to make gains with populations that have lacked health insurance, including increases in enrollment among young adults, minorities, and rural Marylanders.

A summary of their proposed premium rate requests can be found at www.insurance.maryland.gov. More comprehensive information can be found at: www.healthrates.mdinsurance.state.md.us.

Medicare News

APA Update on 2019 Medicare Fees

CMS recently released their proposed rule on the 2019 Medicare Physician Fee Schedule and Quality Payment Program. Each year this rule makes recommended changes or additions to Medicare billing. This year, the proposal includes two provisions that are getting a lot of attention and some concern from parts of the medical community. Both provisions apply only to services provided in the outpatient office setting (billed by 99202-99205 and 99212-99215) for now. They are:

1) Over the years, the physician community has been asking to reduce the documentation requirements for E/M services. CMS is responding to this request by allowing them to choose to document (for billing purposes) using one of three options:

- using the current E/M documentation guidelines for a low-level E/M service (regardless of the level of service provided)
- using time
- documenting only the medical decision-making portion of the visit

2) CMS is proposing to pay one fee (\$135) for new patient visits (99202-99205) and one fee (\$93) for visits with established patients (99212-99215) regardless of the level of complexity of the work. The impact on reimbursement will depend on a physician's coding patterns. The proposed fee for both the new and established visit codes falls just above a level 3 service.

We are currently working with our CPT coding and documentation member experts on the Committee on RBRVS, Codes and Reimbursements as well as other APA components, psychiatry subspecialty groups and other physician organizations including the AMA to analyze the impact of the proposed changes. We have also been involved in meetings with HHS and CMS leadership and policy staff. We will send our comments to CMS and will also respond to other aspects of the rule, including quality measurement changes. If you have any questions or feedback, please contact the Practice Management Help Line: 800-343-4671 or practicemanagement@psych.org.

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

The [2019 MIPS Payment Adjustment Fact Sheet](#) highlights how CMS assigns final scores to MIPS-eligible clinicians, and how Medicare payment adjustment factors are applied for 2019 based on 2017 MIPS final scores.

AMA and MedChi Address Medicare Physician Fee Schedule Proposal

MedChi signed onto an AMA letter regarding the CMS "[Patients Over Paperwork](#)" initiative that noted that organized medicine is "solidly behind your goal of reducing administrative burdens for physicians so that they can devote more time to patient care. The proposals included in the 2019 Medicare physician payment rule demonstrate that you listened to physicians' concerns about the significant administrative burdens due to the documentation requirements associated with Evaluation and Management (E/M) services. We are grateful for your efforts to simplify these requirements and reduce their associated red tape."

However, the letter goes on to express concern about one specific section of the proposal. "Regarding the proposal to collapse payment rates for eight office visit services down to two, the undersigned organizations believe there are a number of unanswered questions and potential unintended consequences that would result from the coding policies in the proposed rule. The proposal could hurt physicians in specialties that treat the most ill patients, as well as physicians who provide comprehensive primary care, and ultimately hurt patients' ability to access care." MedChi and the AMA are urging the immediate adoption of the following:

1. Change the required documentation of the patient's history to focus only on the interval history since the previous visit;
2. Eliminate the requirement for physicians to re-document information that has already been documented in the patient's record by practice staff or by the patient; and
3. Remove the need to justify providing a home visit instead of an office visit.

Implementation of these policies will streamline documentation requirements, reduce note bloat, improve workflow, and contribute to a better environment for practicing physicians and their Medicare patients.

From [August 20 MedChi News](#)

Expanding Medicare Part D Choices

CMS [announced](#) that starting in 2020, plans will have new flexibility to tailor their formularies so that different drugs can be included for different indications. This policy, known as "indication-based formulary design," is used in the private sector and will enable Part D plans to negotiate lower prices for patients. Targeted formulary coverage based on indication will also provide Part D beneficiaries with more drug choices and will empower beneficiaries to select a plan that is designed to meet their unique health needs.

APA News & Information

Suggest Ideas for APA Action!

Are there problems you think the APA should address? With a little effort, you can put your idea before the APA Assembly for consideration and possibly point the APA in that direction. An Action Paper is the product of an idea about how the APA can work on behalf of its members. The Speaker of the APA Assembly, Bob Batterson, M.D., is calling especially for papers related to the theme of "access to care."

Members of the Assembly, representing and informed by the members of their district branch (i.e. MPS members), formulate ideas into actionable tasks that the Assembly can review, debate, and vote on. The process for developing an Action Paper may first require determining what activities or policies are already underway at APA, or have been in the past. As the idea is developed, the Action Paper is honed and parsed into a subject, intent, problem, alternatives, recommendation, and implementation.

Once an Action Paper is submitted to the Rules Committee, it may be assigned to a Reference Committee or Area Council. The Reference Committee hears testimony about the paper and discusses it, potentially making changes. The paper is then brought to the floor of the Assembly at which time the Assembly may make additional changes. The Assembly then votes on it.

If the Action Paper is approved, it is then typically referred to the Joint Reference Committee. The Joint Reference Committee may then refer it to the Board of Trustees for consideration, or to the appropriate component for additional information and work, or for implementation.

To review the complete details on the APA website, please click [HERE](#). You need your member login to access the information.

The Action Paper deadline for the November 2018 Assembly is September 17.

If you want to suggest an idea for APA action, please contact one or all of the MPS Assembly Representatives, [Anne Hanson, M.D.](#), [Elias Shaya, M.D.](#) and [Brian Zimnitzky, M.D.](#) by September 5 so that hopefully an Action Paper can be drafted before the deadline for the November meeting. The Assembly meets again in May if you need more time.

Work Function Assessment Process – Please give input!

Psychiatrists are often asked to complete work function assessments for their patients seeking disability benefits. Many employers and disability claims administrators use multi-page forms that require mental health practitioners to share extensive treatment records and sensitive and confidential information, not all of which is necessary for a work function assessment. In response, the APA Foundation and Center for Workplace Mental Health created a [Work Function Assessment Form](#) that streamlines the process while using a functional impairment scale that comprehensively identifies an employee's ability to perform his or her job. Please give your feedback on this form through a short [survey](#).

The Center will host a webinar on the Work Function Assessment Form on **October 3**, from 3 to 4 PM. For information or to register, please contact Ewuria Darley at 202-609-7087 or edarley@psych.org.

Revised ICD-10-CM Codes to Take Effect October 1

Revised ICD-10-CM codes for 2019, released by the National Center for Health Statistics, take effect on October 1, 2018. A handful of these changes pertain to mental disorders, and thus affect the coding of DSM-5 disorders. A crosswalk between the new ICD codes and *DSM-5* codes is posted on the [APA website](#) in a printable format that can be used for easy reference.

Free Members' Course of the Month

The September Course of the Month is **Major Depression in Children**. Recent research suggests that the Child Behavior Checklist (CBCL) Anxiety/Depression scale can help identify children at highest risk for pediatric major depression (MDD) and, if implemented clinically, could cost-effectively screen children and identify those most in need of early intervention. This presentation provides an overview of MDD in children and articulates the use of the CBCL to identify children at greater risk for depression. Presented by Kenny Lin, M.D. of Massachusetts General Hospital. [Click here to access the Course of the Month and sign up for updates about this free member benefit.](#)

APA News & Information

Join PsychPro Registry to Meet 2018 Reporting Requirements

More than 400 clinicians have joined PsychPro, APA's mental health registry, and many participants have qualified for CMS bonuses. PsychPro helps psychiatrists avoid Medicare payment penalties and earn bonuses for meeting quality reporting requirements while minimizing the burden of data collection. **October 1 is the deadline** to sign up for the registry to meet the 2018 reporting requirements. More information on PsychPro and resources on quality improvement are available [here](#).

National Suicide Prevention Hotline

The [National Suicide Hotline Improvement Act](#) was signed into law on August 14 by President Trump. The law requires several federal agencies to study and report on the feasibility of designating a new three-digit dialing code, similar to 911, to be used for a mental health crisis and suicide prevention hotline. The APA joined other national groups in supporting the bipartisan legislation.

From APA *Integrated Care News Notes*

Long Term Care Planning

As we grow older, we see parents, relatives and colleagues who suffer health conditions that require hands-on care. Even so, most people put off implementing a plan. With the average cost of nursing home care up to \$10,000 a month, this can be a huge drain on assets. The average stay in a facility is 3-5 years, which puts, on average, up to \$600,000 of assets at risk! A longer stay due to dementia will further erode assets.

An elder care attorney can review strategies that can shelter funds and property. But, in most cases, control is relinquished to a trustee or other family members. Most financial planners agree that an insurance policy that shifts these costs to the insurance company is the best strategy for most people. Policies have evolved over the years to include home health, adult day care, assisted living as well as nursing home stays.

The MedChi Insurance Agency can assist you in navigating policy options and determining if a long-term care policy is a fit considering your own goals and objectives. For more information or an appointment, please contact Keith Mathis at 443-449-2327 or kmathis@medchiagency.com.

Prepare for Maryland All Payer 2.0

Collaborative Care: Improving Access to Mental Health Care Services

8 AM - 2 PM Saturday, October 13

APA Office Building
800 Maine Ave, SW, Suite 900
Washington, DC 20024

The [Collaborative Care Model](#) integrates effective psychiatric care into primary care practices. The care team consists of a care manager, psychiatric consultant, and a primary care provider (PCP). The course describes the delivery of mental health care in primary care settings with a focus on the evidence-base, guiding principles, and an introduction to implementation strategies.

- **Using Collaborative Care to Reduce Physician Burn-out**
- **The Virtual Consult: Current Trends and the Future of Telepsychiatry/Telemedicine Best Practices.**

The Registration fee for the conference is \$30, covering the cost of attendees' continental breakfast and lunch provided during the event. The Collaborative Care training is provided as a result of APA's participation in the Transforming Clinical Practice Initiative (TCPI) supported by CMS.

[REGISTER HERE](#)

The American Psychiatric Association (APA) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide CME for physicians. **The APA designates this live activity for a maximum of 6 AMA PRA Category 1 Credits™.** Physicians should only claim credit commensurate with the extent of their participation in the activity.

September is National Recovery Month

SAMHSA sponsors [Recovery Month](#) each September to increase awareness and understanding of mental and substance use disorders and celebrate the people who recover. The 2018 annual theme is *Join the Voices for Recovery: Invest in Health, Home, Purpose, and Community*. It explores how integrated care, a strong community, sense of purpose, and leadership contribute to effective treatments that can sustain recovery. SAMHSA materials share inspiring stories that help thousands of people from all walks of life find the path to hope, health, and wellness and support the message that prevention works, treatment is effective, and people can and do recover. [Find events in your area.](#)

CLASSIFIEDS**EMPLOYMENT OPPORTUNITIES**

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.

Looking for a Psychiatrist or Psychiatric Nurse practitioner, Maryland license, Work from home position for telepsychiatry. Well established and reputed out patient. Monday to Friday, no weekends, no suboxone, drug screen on site. Fully staffed office with other Psychiatrist and therapist. contact@americanpsychcare.com

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The Circuit Court Medical Division of Baltimore City is hiring for a licensed psychiatrist or psychologist with significant experience in conducting forensic evaluations. We are looking for a candidate with the skills and experience to conduct both family law cases, such as custody evaluations, and pretrial evaluations, such as criminal responsibility. The hours for this position are part-time and somewhat flexible. The annual salary is approximately \$67,200. If interested in the position, please send a cover letter which describes your experience in conducting forensic evaluations, including the types in which you have experience. Please also include your curriculum vitae. You can email the cover letter and CV to larry.heller@mdcourts.gov or by regular mail to Lawrence Heller, Ph.D. Medical Services Division, 111 North Calvert, Street, Room 100, Baltimore MD, 21202. If you have questions before sending in your materials please contact Kisha Parris Jacques, LCSW-C or Lawrence Heller, Ph.D. at 410-396-5013 for more information.

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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.

Maryland Psychiatric Society Psychopharmacology Symposium

Saturday November 17, 2018

The Conference Center at Sheppard Pratt

Hypnotics

David Neubauer, M.D.

Medical Cannabis and Cannabis Use Disorders
George Kolodner, M.D. & Sunil Khushalani, M.D.

*Optimizing Safe and Evidence-based Medication
Treatment of Children & Adolescents*
Gloria Reeves, M.D.

*Update on the Psychopharmacology of
Opioid Use Disorders*
George Kolodner, M.D. & Sunil Khushalani, M.D.

*Pharmacogenomic Testing for Psychiatrists:
An Introduction*
Francis Mondimore, M.D.

*Update on the Psychopharmacology of
Alcohol Use Disorders*
George Kolodner, M.D. & Sunil Khushalani, M.D.

Don't miss this highly anticipated event.
More information [available here](#).

BUY MEMBER TICKETS EARLY BY [CLICKING HERE!](#)

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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

Child & adolescent crisis services psychiatrist

Sheppard Pratt-Towson Campus
Baltimore County

Trauma psychiatrist

Sheppard Pratt-Towson Campus
Baltimore County

Adult psychiatrist

The Retreat at Sheppard Pratt
Baltimore County

Child & adolescent psychiatrist

Sheppard Pratt-Towson Campus
Baltimore County

Child & adolescent psychiatrist

Sheppard Pratt-Ellicott City Campus
Howard County

Outpatient child & adolescent psychiatrists

Behavioral Health Partners of Frederick
Frederick County

School psychiatrist - autism focus

Position serves multiple locations

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 Hilzendegeer,
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