

# MPS NEWS

Volume 32, Number 11

Editor: Heidi Bunes

March 2019

## In This Issue

<a href="#">Member Spotlight</a>	p. 2
<a href="#">MPS Lifetime of Service Award</a>	p. 2
<a href="#">February Council Highlights</a>	p. 3-4
<a href="#">Proposed MPS Bylaws Change</a>	p. 4
<a href="#">Cooper Gets Anti-Stigma Award</a>	p. 4
<a href="#">CME on Dangerous Patients</a>	p. 4
<a href="#">Suicide CME - Dinner &amp; Movie</a>	p. 5
<a href="#">Md General Assembly Updates</a>	p. 6
<a href="#">Bill on Payments to Specialists</a>	p. 7
<a href="#">AMA Survey on Prior Auth</a>	p. 7
<a href="#">MPS Annual Meeting April 25</a>	p. 7
<a href="#">Send Ideas for APA Action</a>	p. 8
<a href="#">FDA News: ECT and Clozapine</a>	p. 8
<a href="#">Medicare and MIPS</a>	p. 9
<b>In Every Issue</b>	
<a href="#">Classifieds</a>	p. 10

Deadline for articles is the 15th of the month preceding publication. Please email [heidi@mdpsych.org](mailto:heidi@mdpsych.org).

MPS News Design & Layout  
Meagan Floyd

The next MPS Council meeting will be held at 8 PM Tuesday, March 12th in the MPS office. All members wel-

## President's Column

### Advocacy Day Update

On Thursday, February 7<sup>th</sup> a group of physicians traveled to Annapolis for MPS Advocacy Days to make sure our collective voice is heard. We had twice as many members attend compared with last year, with 12 docs, including a great turnout by residents from the University of Maryland residency program.

We fanned out in groups to meet with state House and Senate leaders and their staff members to let them know psychiatrists' views on a number of topics addressed in proposed legislation in play this session. Among our talking points were support for decriminalizing attempted suicide, supporting the Safe Schools Act and opposing a proposed ban on ECT for minors, which would present an unreasonable and unnecessary obstacle to patients in need getting appropriate and safe treatment. These were by no means the only topics of interest to psychiatry and a number of bills will likely change during the course of the session, but we felt it critically important to convey our position on issues of fundamental principle for psychiatry. [Please visit the MPS website](#) to read about these topics (and more) where the MPS is lobbying on behalf of psychiatry.

Meagan Floyd and representatives of our lobbying firm did a tremendous job keeping us organized despite a fast-moving day. The legislative session will draw to a close on April 8<sup>th</sup> and we are hopeful our efforts will prove effective.

*Patrick T. Triplett, M.D.*

Couldn't attend MPS Advocacy Day but want to learn more about the day's events and meetings? Check out our [Twitter](#) and [Instagram](#) accounts for photos, recaps and more!

## REMEMBER TO VOTE!

**The 2019 MPS election is underway!!**

Ballots were sent February 22 and returns must be postmarked no later than March 31, 2019.

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

## Time is Running Out!

**Renew Your 2019 Membership THIS MONTH!**

If you haven't already, please pay your 2019 dues now. Dues for calendar year 2019 were sent in October. Members who do not pay MPS and APA dues in full or schedule a payment plan will be dropped as of **March 31**. We want to help members in any way possible to remain in good standing! Please [contact the MPS](#) with questions, or to discuss dues relief options or payment arrangements.

## Call for 2019 Lifetime of Service Award

In 2000, the MPS Council established the MPS Lifetime of Service Award, which is given annually to a senior MPS member who has shown a consistent, career-long pattern of unwavering dedication, commitment, and leadership to the organization. Other qualities to be considered include significant contributions to the mental health of our community through clinical work, teaching, administration, or research. Further criteria established that the nominees must have APA lifer status and must have made significant contributions to the MPS organization.

Nominations for the 2019 award will be accepted until **noon on March 12** or at the March Council Meeting, when voting will occur. Please email [Heidi Bunes](mailto:Heidi.Bunes) with suggestions or call the MPS office at 410-625-0232.

### Past MPS Lifetime of Service Award Recipients:

2000 Lex Smith, M.D.	2009 Betty Robinson, M.D.
2001 Thomas Allen, M.D.	2010 Leonard Hertzberg, M.D.
2002 Jonas Rapoport, M.D.	2011 William Prescott, M.D.
2003 Bruce Hershfield, M.D.	2012 Chester Schmidt, M.D.
2004 Gerald Klee, M.D.	2013 Steve Sharfstein, M.D.
2005 John Urbaitis, M.D.	2014 Paul McClelland, M.D.
2006 Leon Levin, M.D.	2015 Thomas Lynch, M.D.
2007 Mayer Liebman, M.D.	2016 Irvin Cohen, M.D.
2008 Theodore Feldberg, M.D.	2017 Robert Roca, M.D.
	2018 Neil Warres, M.D.

## Engage with MPS as a Volunteer!

MPS President-Elect Marsden McGuire, M.D. is offering new ways for members to participate in MPS endeavors. In order to meet members where they are in terms of interest and involvement, the [form](#) that was sent with the ballot includes several possibilities in addition to the usual committee service opportunities.

Your energy and ideas can help the MPS effectively focus on issues that are important to you! Participation from members is essential to accomplishing MPS goals. Members are asked to indicate their preferred roles in the organization and return the form for consideration. Here is how to let us know that you want to volunteer in the coming year:

- Return the signup form included in the ballot mailing,
- Call the MPS office at (410) 625-0232, or
- Email [mps@mdpsych.org](mailto:mps@mdpsych.org).

Dr. McGuire will make new appointments this spring after being installed as president at the MPS annual meeting on April 25.

## March Member Spotlight

Greetings fellow colleagues and to my new MPS cohorts! My name is [Jonathan Shepherd](#) and I'm a native of the Chicago-land area who moved to Baltimore in 2009 to complete a child and adolescent psychiatry fellowship at Johns Hopkins. After completing the fellowship in 2011, I stayed in the Baltimore area and was hired as a staff psychiatrist at Hope Health Systems. I have maintained employment at Hope Health Systems for more than 7.5 years and serve as the Chief Medical Director. I share this bit of information because most early career psychiatrists do not remain at his / her first place of employment for no more than 3 years (many much less). I remain at Hope Health Systems because the organization's mission lines up with my personal mission in providing help and hope to families in underserved communities. I challenge all young psychiatrists to pursue career opportunities that line with your personal passions and goals. The economics / financial compensation will follow if you first identify your career goals and your preference practice settings. The field of psychiatry is tough work but I wake up each morning poised and excited to take on the day's challenges because I'm passionate about my work and the new endeavors I will complete.

I currently serve on the Executive Committee of the Maryland Regional Council of Child and Adolescent Psychiatry (MRCCAP) and I look forward to strengthen the bonds between MPS and MRRCAP.

*Have you recently worked on an exciting research project? Reached a milestone in your career and want to share it with other MPS members? Have some good advice for younger psychiatrists who are just starting their careers? Submit a short article and photo through this [Google Form](#) to showcase your experiences with the MPS community.*

## CONGRATULATIONS!

**The University of Maryland/Sheppard Pratt Residency Program** is officially a member of the APA's 100% Club! The APA 100% Club was established to encourage residents to join the APA with fellow trainees in their programs. Members of the 100% club enjoy recognition in *Psychiatric News*, practice resource gifts, Priority access to new learning formats on the [APA Learning Center](#) and more!

## Burnout Management Tip-of-the-Week

More than half of U.S. physicians experience burnout. [Subscribe](#) to the AMA's Burnout Tip-of-the-Week email service for expert-driven insights to manage burnout, quick tips to streamline workflows and resources to improve professional satisfaction.

## February 12 Council Highlights

In Memoriam

Recent deaths of two past MPS presidents, Lisa Beasley, M.D. and Lex Smith, M.D., were noted. Council observed a moment of silence, after which some memories were shared. Longtime members Drs. Rolfe Finn and Maurice Van Besien, who also died this year, were remembered.

Executive Committee Report

Dr. Triplett circulated a report of activities since the last meeting. He said the Executive Committee approved funds for a dedicated circuit for the server and for a battery back-up replacement. Regarding Behavioral Health Administration updates, he noted that Marian Fogan has been named CEO of Clifton Perkins Hospital. [See [page 6.](#)] Longstanding psychiatric leadership vacancies continue. Dr. Triplett reported on a meeting with Maryland Regional Council for Child & Adolescent Psychiatry President Sarah Edwards, M.D. to discuss collaboration opportunities, and with Washington Psychiatric Society, which we are tentatively planning for June. Dr. McGuire noted that the usual MPS committee signup form will be changed to include other volunteer opportunities.

Finally, Dr. Triplett reported that a member inquired about campaigning for MPS and/or APA elections via the MPS listserv. Since the existing MPS policy is silent on this topic, he requested input from Council about whether we need such a policy, and if so, what it should be. Following discussion, there was consensus that it is better not to have these types of posts. Council voted unanimously to exclude APA/MPS campaigning by adding this to the prohibitions under "Purpose and Listserv Etiquette" in the MPS Policy for Listserv.

Secretary-Treasurer's Report

Dr. Ehrenreich reviewed the MPS Investment Policy Statement and noted that the investment advisors have recommended increasing the target allocation for equities. There are two separate MPS reserve funds of approximately equal value: Emergency and Investment. Since the entire emergency fund is in cash and equivalents, the Executive Committee agrees that greater risk in the investment fund is acceptable and recommends increasing the maximum percentage from 20 to 30. Council voted unanimously to approve the increase.

Executive Director's Report

Ms. Bunes reported on social media accounts for January. All MPS accounts have more followers, but Twitter and LinkedIn growth has been notable. *The Maryland Psychiatrist* emailed yesterday has an open rate of 49% and a click rate of 39% so far. MPS temp Abby Berk returned to work a few hours per week on the data project, which will develop a list of potential members, among other applications. MPS applied for Area 3 program funds for another baseball

event for ECPs this summer. Unfortunately, the APA has taken back the Area funds, so we need to identify another source. Ms. Bunes said there have been ongoing problems with APA billing for membership dues.

Legislative Committee Report

Dr. Hanson noted that the 2019 Maryland General Assembly got a slow start, but the current pace is much quicker with a crush of bills at the filing deadline. So far there are 24 bills on the list for the committee meeting tomorrow. Positions are posted on the [MPS website](#). Three bills deal with child abuse reporting/training; others of interest involve mental illness in correctional facilities, insurance issues, etc. She and Dr. Daviss are attending MedChi Legislative Committee meetings, with support from Meagan Floyd. Fourteen members attended Advocacy Day in Annapolis last week, twice as many as last year, and Ms. Floyd made some excellent posts in real time on MPS social media accounts. We were effective in educating legislators about the ECT bill. Following the latest school shooting, Safe Schools Maryland Act is gaining ground. A physician assisted suicide bill has been introduced for the fourth time.

Membership Committee Report

Dr. Gordon-Achebe reported that about 125 members still owe dues for 2019. Those who remain on the list at the end of next month will be dropped unless they are on a scheduled payment plan. In early March, the committee will divide the list and make calls to members encouraging them to remain in the MPS and APA. Council is encouraged to assist with retention efforts to minimize our losses.

Residents & Fellows Committee Report

Drs. Gallagher and Standeven said the January 30<sup>th</sup> Trivia Night was a lot of fun. There were 40 in attendance with 7 teams competing for cash prizes. The event was supported by MHM Services, PRMS and APA, Inc. Hopefully this can become an annual event that can also be used as a recruitment tool.

**New Business**Proposed change to MPS Constitution & Bylaws

Dr. Zimnitzky reported that of those who responded to the 2018 member survey, about 2/3 indicated they would prefer online voting for MPS elections. This requires a change to the MPS Constitution and Bylaws, which must first be approved by the membership. Council discussed a possible proposal for the 2019 ballot. Council unanimously approved a proposed ballot question for voting by the membership, which adds "or electronic voting as determined by the Council" after the text, "Election shall be by secret mail ballot." [See article on [page 4.](#)]

(continued on next page)

MPS position on SB482 ending behavioral health carveout  
 Dr. Daviss described a bill, [SB482](#), which would end Maryland's behavioral health carveout of the Medicaid program as of 2021, as well as related legislation introduced this session. Council input to the MPS position is essential given the divergence of positions in the behavioral health community.

The APA took a position in 2002, which it reaffirmed in 2009, that it "wholeheartedly endorses and will repeatedly emphasize at every opportunity that carve-outs of the mentally ill, including substance abuse, and discriminatory insurance coverage against the mentally ill must both come to an end." This is consistent with the Mental Health Parity and Addictions Equity Act. Still, many in the Maryland Behavioral Health Coalition, including Mental Health Association and NAMI, want to retain the ASO arrangement so that only one entity is responsible for managing behavioral health care. MedChi has taken a neutral position. Dr. Shaya noted that hospital systems, including Hopkins, Maryland and MedStar, favor ending the carveout. In the interest of transparency, he stated that he has been asked to testify in support of the bill on behalf of MedStar.

Dr. Daviss reviewed the history of behavioral health integration at the state level, when this topic was last prominent in Maryland, and provided a copy of the 2012 MPS statement on Behavioral Health Integration. Council discussed possible MPS positions on the bill, which is overly simplistic, and what is realistic given the legislative considerations. In the end, Council voted unanimously to reconfirm the [2012 MPS statement](#), which supports a culture of integration and innovation with sixteen built in features to guard against abuses and reduce avoidable costs while improving health. Council agreed that Dr. Daviss will write testimony and/or bill amendments for the MPS based on this statement.

## Proposed MPS Bylaws Change Regarding Electronic Voting

The MPS surveyed all active members in May of last year. 196 members submitted input, up from 167 in 2017. Of possible new offerings, online voting for MPS elections had over two-thirds in favor (with 5 of them in training, 9 in practice 1-5 years, 10 practicing 6-10 years, 11 practicing 11-20 years and 55 in practice over 20 years). For more details, please view page 17 of the [complete survey results](#).

At its February meeting, the MPS Council approved putting a proposed change on the ballot for voting by the membership. The change below (in BOLD) to [Article V](#) of the MPS Constitution would allow use of electronic voting for MPS elections. The MPS will work to ensure that every eligible member has an opportunity to vote, including mailed ballots to those without email.

Section 6. **ELECTION:** Election shall be by secret mail ballot **OR ELECTRONIC VOTING AS DETERMINED BY THE COUNCIL.**

**MPS members vote this month on whether to implement the change.** Ballots were mailed on February 22 and must be postmarked by March 31 in order to be counted. Please email [Heidi Bunes](#) or call the MPS office at 410-625-0232 with any questions.

## Cooper to Receive Anti-Stigma Advocacy Award

Damien Cooper, Th.M. will be awarded the 2019 Maryland Foundation for Psychiatry (MFP) Anti-Stigma Advocacy Prize for his op-ed, "[Surviving a gunshot, one man's story](#)" in the October 18, 2018 *Baltimore Sun*. The MFP Board unanimously felt that his article was the most deserving of this year's recognition. Being shot is unfortunately a somewhat common experience for some residents of Baltimore, and the culture of not talking about it makes recovery very difficult for survivors. The Board believes that his courage may empower others to seek help and speak more openly about their own or their family's suffering.

The Anti-Stigma Advocacy Award carries a \$500 prize, which will be formally presented at the Maryland Psychiatric Society annual meeting on April 25.

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

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

The MPS Presents:

### [Working With Dangerous Patients](#)

May 1, 2019  
 MedChi's Osler Hall

**6:30-7:00PM**

Registration, Coffee/Dessert

**7:00-8:00**

*Working With Dangerous Patients*

Donna Vanderpool, MBA, JD, Vice President, Risk Management, Professional Risk Management Services, Inc. (PRMS)

**8:00-8:30**

*Maryland's Extreme Risk Protective Order*

Erik Roskes, MD

**8:30-9:30**

*Risk Assessment*

Donna Vanderpool, MBA, JD.

*Registration materials coming soon!*



# SUICIDE

## THE RIPPLE EFFECT

*A special film event*

**BUY YOUR TICKETS TODAY!**

March 30, 2019

5:30-9:30PM

Conference Center at Sheppard Pratt

Suicide is an epidemic that takes over 800,000 lives globally every year. In the United States alone there are one million suicide attempts and over 40,000 deaths by suicide every year. "Suicide: The Ripple Effect" is a feature length documentary film and MOVEMENT, focusing on the devastating effects of suicide and the tremendous positive ripple effects of advocacy, inspiration and hope that are helping millions heal & stay alive. The film highlights the journey of Kevin Hines, who at age 19, attempted to take his life by jumping from the Golden Gate Bridge.

The film chronicles Kevin's personal journey and the ripple effect it has on those who have been impacted by his suicide attempt and his life's work since. In addition, the film highlights the stories of individuals and families who are utilizing their personal tragedy to bring hope and healing to others. This film is uniting and igniting change that will have a tremendous positive impact on reducing the number of suicides and suicide attempts around the world.

Following a screening of the film, **Janel Cubbage, Director of Suicide Prevention at the Behavioral Health Administration**, will give a presentation entitled, "Suicide Prevention is Everybody's Business: The Role We Play as Providers."

### AGENDA

5:00-5:30	Registration
5:30-6:30	Dinner (Included)
6:45-8:15	Viewing of <i>The Ripple Effect</i>
8:30-9:30	<i>Suicide Prevention is Everybody's Business: The Role We Play as Providers</i> Janel Cubbage, LGPC

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of American Psychiatric Association (APA) and Maryland Psychiatric Society (MPS). The APA is accredited by the ACCME to provide continuing medical education for physicians. The APA designates this live activity for a maximum of **2.5 AMA PRA Category 1 Credit (s)**<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**\$50.00 for MPS Members/Guests**  
**\$75.00 for Non-members**

Registration fee includes dinner, film screening, program material, and 2.5 CME/CEU hours.

If making your reservations after March 20, 2019 please call 410.625.0232 for availability.

**FEES ARE NON-REFUNDABLE.**

**Register Online:**

**or**

**Send check to:**

The Maryland Psychiatric Society  
1101 Saint Paul Street, Suite 305  
Baltimore, MD 21202

## Maryland News

### MPS General Assembly Update

The 2019 Maryland General Assembly is already half over – and members of the MPS Legislative Committee have been very busy screening bills, writing/providing testimony, sending letters and more on behalf of MPS members. So far this session the Committee has reviewed over 65 bills! We are supporting 14 bills, opposing 13 and supporting 9 with amendments. For details on the bills MPS has taken a position on, please [click here](#). This page will be updated throughout the session, so please check back for additional updates.

### MPS Members Testify before Maryland House & Senate

Several MPS members testified in front of the Maryland House and Senate in opposition of [SB0311/HB0399: End-of-Life Option Act](#). Drs. Annette Hanson, Angela Guarda, Steven Crawford and Dora Logue provided excellent written and oral testimony on this important topic.

SB 311 does not require any patient who requests aid-in-dying to undergo an evaluation by a psychologist or a psychiatrist in spite of the fact that many serious medical conditions are known to cause a variety of capacity-impairing mental disorders such as clinical depression, cognitive impairment, and delirium. While a mental health assessment is not routinely required before most medical procedures, the provision of fatal care is unlike any existing treatment. Given the severe consequences of an erroneous outcome, decision-making capacity for fatal care should be held to a higher standard than any other medical intervention. SB 311 also has implications for institutionalized patients in Maryland's prison and state hospital systems, and for Maryland's involuntary treatment laws as well. Given the lack of adequate protections for people with mental illness and the great number of unanswered questions regarding "aid in dying" laws' impact on individuals suffering from mental illness, the MPS has objected to enactment of this bill.

### March 11 - NAMI Maryland's Voices of Experience

On Monday evening March 11<sup>th</sup> NAMI Maryland will hold its inspiring *Voices of Experience: Living Well with Recovery* event in Marriottsville. There will be a VIP reception from 5:30 to 6:45 PM for attendees to meet the speakers, decision makers and others, and statewide and local NAMI staff and volunteer leaders. After the reception, there will be a free, public program from 7 to 9 PM where individuals and family members will share their personal stories of living with mental illness and recovery. Download the flyer [here](#).

### Fogan to Lead Clifton T. Perkins Hospital Center

Maryland Department of Health Secretary Neall and Deputy Secretary for the Behavioral Health Administration (BHA) Bazron [announced](#) that Marian Fogan will be chief executive officer of the Clifton T. Perkins Hospital Center (CTPHC) in Jessup. Fogan, who has served as acting CEO of Maryland's 289-bed forensic psychiatric hospital since September 2018, has nearly two decades of experience as an occupational therapist and administrator, becoming Perkins's chief operating officer in November 2017.

CTPHC, a maximum-security facility, provides pretrial evaluations of defendants referred by the court system, assessments and treatment for all patients, and maximum-security custody of patients to ensure public safety. CTPHC provides treatment to offenders who have been determined to be not -criminally-responsible or incompetent to stand trial. CTPHC also accepts by transfer felony inmates from correctional facilities who meet the criteria for involuntary commitment. Additionally, CTPHC accepts patients from other state psychiatric hospitals whose behavior is violent or aggressive. Currently, the hospital has a census of 287 patients.

### Maryland Crisis Bed Registry Initiative

SAMHSA [announced](#) it is funding a new initiative with the National Association of State Mental Health Program Directors (NASMHPD) to create a registry of crisis intervention beds for people with serious mental illness (SMI). A shortage of inpatient beds and lack of knowledge of bed availability is a barrier to adequate care for people with SMI.

Maryland is participating along with twenty-two other states, including Delaware and West Virginia, to establish and/or expand comprehensive, psychiatric crisis bed registry programs to help move individuals more quickly into inpatient treatment. Each of the participating states received \$150,000 to facilitate this step toward reducing wait time. The state-driven psychiatric bed registries will be used by emergency departments, psychiatrists and other physicians, and clinicians to quickly find available beds so people in need can access treatment that is urgently needed.

Maryland established its registry over 5 years ago. For more information, please contact the Maryland Behavioral Health Administration.



## Maryland News

### MPS Endorses Proposed Legislation on Payments to Noncontracting Specialists

The MPS strongly supports [House Bill 837: Health Insurance - Payments to Noncontracting Specialists and Noncontracting Nonphysician Specialists](#). MPS members, lobbyists and staff worked with the Maryland Parity Coalition, the main proponents of this legislation, to craft a bill with the right balance for consumer and provider interests. Specifically targeting mental health and substance use disorder services, HB 837 wisely avoids the imposition of a mandate on specialists to accept assignment of benefits at a specified rate. Instead, HB 837 sets up a dynamic that will increase the incentive for behavioral health specialists and payers to work out mutually agreeable contract terms, which the payers otherwise have no incentive to fix.

In addition, MPS believes that HB 837 will provide patients with higher reimbursements if the specialist does not accept assignment of benefits and balance bills, meaning that patients will now be better able to afford their behavioral health services.

### AMA Survey on Prior Auth

An [AMA survey](#) of 1,000 practicing physicians about the impact prior authorization (PA) is having on their ability to help their patients found increasing problems. **More than nine in 10 respondents said PA had a significant or somewhat negative clinical impact, with 28 percent reporting that prior authorization had led to a serious adverse event such as a death, hospitalization, disability or permanent bodily damage, or other life-threatening event for a patient in their care.**

Traditionally, health plans applied PA to newer, expensive services and medications. However, physicians report an increase in the volume of prior authorizations in recent years, to include requirements for drugs and services that are neither new nor costly. The vast majority of physicians (86 percent) described the administrative burden associated with prior authorization as "high or extremely high," and 88 percent said the burden has gone up in the last five years.

The AMA offers [prior-authorization reform resources](#) that allow physicians to make a difference with effective advocacy tools, including model legislation and an up-to-date list of state laws governing prior authorization. Share [your story with the AMA](#) about PA's impact on your practice to help [#FixPriorAuth](#). Visit [FixPriorAuth.org](#) to learn more.

*From [February 5 AMA post](#)*

## Maryland Psychiatric Society 2019 Annual Dinner

Thursday, April 25th

Kimpton Hotel Monaco  
2 North Charles Street  
Baltimore, MD 21201

6:00 PM ~ 10:00 PM

*Save the Date*

Join us as we welcome Marsden McGuire, M.D. as 2019-2020 MPS President. Mark Ehrenreich, M.D. will become MPS President-Elect and Virginia Ashley, M.D. will become Secretary-Treasurer.

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

## APA News & Information

### Action Paper Deadline is Near!

**REMINDER: The Action Paper deadline for the May 2019 APA Assembly is March 29.** 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 **March 4** so that hopefully an Action Paper can be drafted before the deadline for the May meeting. The Assembly meets again in November if you need more time. [Click here](#) for more details.

### Collaborative Care Model Assistance

The AIMS Center and APA co-host office hours to answer general questions about the Financial Modeling Workbook for the Collaborative Care Model, as well as general implementation questions. The next calls will take place on Wednesdays, March 6, April 3, and May 1 at 12:00 - 1:00 PM. The call is open to psychiatrists, primary care providers, and program managers implementing the Collaborative Care Model. [Click here](#) for more information.

Office Hours Dial-In Information:  
[Join from PC, Mac, Linux, iOS or Android:](#)  
 Telephone: (646) 876 9923  
 Meeting ID: 760 751 576

### Psychiatric Services Editor's Choice

Each month, Editor Lisa Dixon, M.D., M.P.H. and the Early Career Psychiatrist Advisory Committee offer a curated collection from the rich trove of articles published in *Psychiatric Services*. Updates focus on a specific area, summarizing for the researcher, clinician, and policy analyst the latest information and seminal research with links to content from the journal. Signup is free. Those who sign up will receive an email listing up to 15 articles, with at least an abstract, and with full text if accessing via a computer tied to a *Psychiatry Online* subscription.

- [Sign up to receive Editor's Choice messages](#)
- [Listen to the podcast](#)

### Free Members' Course of the Month

Try the APA Learning Center's free **Members Course of the Month**. Each month, members have free access to an on-demand CME course on a popular topic [Click here to access the Course of the Month and sign up for updates about this free member benefit.](#)

### Proposal for Schedule II Rx Transactions

HHS [announced](#) a new proposal to require HIPAA covered entities to use the Quantity Prescribed field for retail pharmacy transactions for Schedule II drugs. This change would enable covered entities using the HIPAA retail pharmacy transaction to clearly distinguish whether a prescription is a "partial fill," where less than the full amount prescribed is dispensed, or a refill. The modification is seen as necessary to further the Administration's efforts to address the national opioid crisis. **The 60-day public comment period closes on April 1.** Stakeholders are encouraged to read the [proposed rule](#) and submit comments. Read the [Information Bulletin](#) for more details.

### FDA Approves Changes to Clozapine REMS Program

As of February 28, a series of new [FDA requirements](#) are in effect for Clozapine. **Health care professionals prescribing clozapine and pharmacies dispensing clozapine are required to be certified in the clozapine REMS program.** For more information on the changes to the clozapine REMS program, please see the [updated CDER Statement](#) and the [Clozapine Product Manufacturers' Group website](#). Please see the [Clozapine REMS Website](#) for the latest, detailed information about the program.

### FDA's Reclassification of ECT

The FDA issued a final order to reclassify ECT from a Class III (high risk) medical device to Class II (moderate risk) for use in treating of catatonia or a severe major depressive episode (MDE) associated with major depressive or bipolar disorder in patients who are treatment resistant or who require a rapid response due to the severity of their psychiatric or medical condition. This is a change that is largely supported by APA, though there are some concerns for the FDA to address to ensure there are not unintended consequences of adopting this proposal. In addition, the FDA lowered the minimum age for whom these ECT devices are considered Class II products to 13 years, from its originally proposed 18 years of age.

APA recommended a class II designation also be given for catatonia, manic episodes (in bipolar disorder), schizophrenia, and schizoaffective disorder and that the patient population in each of these illnesses be limited to individuals with treatment-resistant psychiatric disorders and/or patients with life-threatening conditions related to their underlying psychiatric condition. APA also recommended that the class II designation include ECT treatment for children and adolescents meeting the criteria for treatment resistance and in need of a potentially life-saving intervention for the conditions previously indicated and for MDE associated with major depressive disorder or bipolar disorder. A resource document outlining the changes by the FDA will be available next month.



# Medicare Updates

## Check Your 2019 MIPS Eligibility

Use the Quality Payment Program [Participation Status Tool](#) to view your eligibility status for the 2019 performance period under the Merit-based Incentive Payment System (MIPS). Enter your National Provider Identifier to find out if you need to participate in MIPS during the 2019 performance year.

## Beyond the Policy CMS Podcasts

In February, CMS launched [CMS: Beyond the Policy](#), a new podcast highlighting updates and changes to policies and programs in an easily accessible and conversational format. The program is intended to be a modern, user-friendly way to stay informed about CMS. The first episode focuses on evaluation and management coding. New episodes of the podcast will be released periodically. See [CMS Press Release](#) for more details.

## Medicare Learning Events

### **Dementia Care & Psychotropic Medication Tracking Tool Call**

**March 12 from 1:30 to 3 PM**

During this call, gain insight on the Dementia Care & Psychotropic Medication Tracking Tool, a free, publicly available electronic tool that facilitates a structured approach to tracking preference-based care and psychotropic medication use among residents living with dementia. Also, learn about a recently released [Nursing Home Staff Competency Assessment](#) toolkit. Additionally, CMS provides updates on the Phase 3 Requirements for Participation from the Reform of Requirements for Long-Term Care Facilities [final rule](#) and the progress of the [National Partnership to Improve Dementia Care in Nursing Homes](#). A question and answer session follows. [Register](#) for Medicare Learning Network events.

### **Open Payments: Transparency and You Call**

**March 13 from 1 to 2 PM**

Beginning in April, physicians and teaching hospitals have 45 days to review and dispute records attributed to them. During this call, find out how to access the Open Payments system to review the accuracy of the data submitted about you before it is published on the CMS website. CMS will publish the 2018 payment data and updates to the 2013 through 2016 data by June 30, 2019. A question and answer session follows. See the [Open Payments Registration](#) webpage for more information. [Register](#) for Medicare Learning Network events.

## MIPS Data Submission

These brief videos can help you manage and submit your 2018 Merit-based Incentive Payment System (MIPS) data through the [Quality Payment Program \(QPP\)](#) website **by April 2**.

[Uploading Files for Data Submission](#)  
[Reviewing Overview Data](#)  
[Reviewing Quality Category Data](#)  
[Reviewing Promoting Interoperability Category Data](#)  
[Reviewing Improvement Activities Category Data](#)  
[Manual Attestation of the Promoting Interoperability Category](#)  
[Manual Attestation of the Improvement Activities Category](#)  
[Deleting Submitted Data in the System](#)  
[Reviewing and Submitting Data as a Registry](#)  
[Navigation to Individual and Group Submission](#)

Another resource is the MIPS Data Submission office hours session on March 19 from 2 to 3 PM - [Register](#) and submit any questions in advance to [CMSQualityTeam@ketchum.com](mailto:CMSQualityTeam@ketchum.com).

For More Information:

- [Resource Library](#) webpage
- [2018 Data Submission FAQs](#)
- [QPP Access User Guide](#)

## New MIPS Resources

CMS has posted new resources to the [Quality Payment Program \(QPP\) Resource Library](#):

- [2018 Data Submission User Guide](#) – how to submit data to the QPP for the 2018 performance period
- [2019 Claims Data Submission Fact Sheet](#) – overview of the process for collecting and submitting 2019 data for the Merit-based Incentive Payment System (MIPS) Quality performance category through Medicare Part B claims
- [2019 QCDR Measure Specifications](#) – detailed measure specifications for 2019 Qualified Clinical Data Registries (QCDRs) measures and corresponding calculations
- [2019 MIPS Data Validation Criteria](#) – criteria used to audit and validate data submitted in the MIPS performance categories
- [2019 Improvement Activities Performance Category Fact Sheet](#) – overview of the 2019 MIPS Improvement Activities performance category

## 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](http://www.spectrum-behavioral.com) or call Scott E. Smith, Ph.D. at 410-757-2077 X 7102 or email to [director@spectrum-behavioral.com](mailto:director@spectrum-behavioral.com).

### AVAILABLE OFFICE SPACE

Ellicott City: Furnished and unfurnished offices available in mental health suite. Part time/full time. Ample parking. Handicapped accessible. Private staff bathrooms. Kitchen area and workroom with copier and fax. Opportunities for networking and referrals. Located close to Route #40, #29, #70 and 1-695. Contact Dr. Michael Boyle (410)-465-2500.

Ellicott City/Waverly Woods/Columbia: Near Rt. 70, Rt. 32 and Rt. 29. Office and Group Room are in a beautiful suite ready for immediate occupancy. Includes large fully furnished office with 2 windows, large beautifully decorated waiting room, receptionist/file room, 2 bathrooms, Kitchen and a warm community of other therapists who cross refer. WiFi and fax available. Free ample parking. Contact [Jenniferplassnig@gmail.com](mailto:Jenniferplassnig@gmail.com) or 410-203-2411.



## Psychiatric Provider/Medical Director

**Jewish Community Services (JCS)** is seeking a Psychiatric provider (Psychiatrist, psychiatric Nurse Practitioner) and Medical Director (Psychiatrist) to work part-time (20-30 hrs/wk) in our Park Heights office. With the oversight of the Director of Mental Health Services and through clinical review and consultation with external psychiatric professionals, this individual provides psychiatric care (evaluations, medication management and psychotherapy as appropriate) to agency clients in accordance with Total Performance Management (TPM) guidelines and coordinates services with other treatment providers as necessary. The Medical Director provides medical consultation to agency medication providers and direction to mental health and substance abuse services.

#### Responsibilities include:

- Provision of individualized medication management services based on clinical assessment
- Completion of all relevant clinical documentation in accordance with Agency and professional standards using the Agency's electronic medical record system.
- (Medical Director only): Provision of medical oversight and administrative direction to subordinate medical staff.

#### Benefits:

- Health (@30 hrs/wk), Dental and Vision (20+ hrs/wk), Vacation and Sick Leave, Retirement matching

#### Requirements:

- Maryland licensure -- MD (Medical Director/Psychiatrist); RN/Psychiatric NP licensure
- DEA certification
- Liability Insurance

Qualified Applicants should apply via: <http://bit.ly/PsychiatristJCS> (preferably). Or send to: Human Resources, Jewish Community Services, 5750 Park Heights Avenue Baltimore, MD 21215. Or fax resume to 443.200.6108. Cover letters can be sent to [recruitment@jcsbaltimore.org](mailto:recruitment@jcsbaltimore.org) EOE Employer. To learn more about Jewish Community Services, visit [www.jcsbaltimore.org](http://www.jcsbaltimore.org).

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

# Trauma Goes to School: Policy, Prevalence and Promising Practices

**May 3, 2019 • 8 a.m. to 3 p.m.**

**Gaithersburg Marriott Washingtonian Center**

9751 Washingtonian Blvd., Gaithersburg, MD

**Registration fee: \$35**



*The event is pending approval  
for 5.5 CEU and CME credits*



**The Lourie Center for**   
**Children's Social & Emotional Wellness**

A Member of Adventist HealthCare





# Psychiatrists...

**NOW** is the time to hop on board with **MHM Services.**

You've heard from us before, right? But, have you heard about our enhanced compensation and benefits package? Don't miss out!

**Psychiatrist opportunities available in the following locations:**

**Baltimore, MD**

*Full Time, Part Time, and Per Diem*

**Jessup, MD**

*Full Time*



*"My career in correctional psychiatry has been extremely rewarding. The patients are very appreciative of what we do for them, and it is an environment where I truly get to do what I was trained to do - solve diagnostic puzzles and treat patients. I do not have to worry about third party payers, overhead, or running a business."*

-Steven Bonner, MD

Chief Psychiatrist, MHM Services/Centurion

**DID  
YOU  
KNOW?**

- In Maryland, over 398,000 adults struggle with dependence or abuse of illicit drugs or alcohol
- 157,000 people in Maryland have reported having serious thoughts about suicide
- Over 735,000 people in Maryland suffer from some form of adult mental illness

\*Source: Mental Health America "2017 State of Mental Health in America"

*We want you to join our team dedicated to making Maryland a happier, safer and healthier place to live.*

For more information, contact In-House Physician Recruiter  
Jane Dierberger at 844.477.6420 or [jane@mhmcareers.com](mailto:jane@mhmcareers.com)

**MHM Services, Inc.**



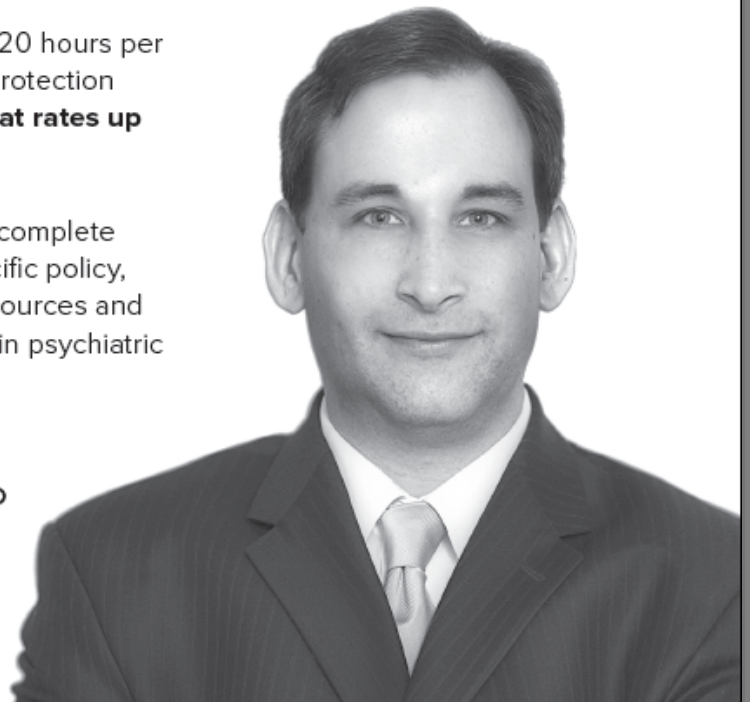
[www.mhm-services.com](http://www.mhm-services.com) | Equal Opportunity Employer

# PART-TIME PRACTICE? PAY PART-TIME RATES



PRMS® ensures that psychiatrists working 20 hours per week or less receive the same unrivaled protection and service as those practicing full-time – **at rates up to 60% off.**

Part-time psychiatrists have access to our complete program, which includes a psychiatry-specific policy, a multitude of expert risk management resources and materials, and a claims team experienced in psychiatric litigation should you ever need them.



**RICHARD STAGNATO**  
ACCOUNT MANAGER

**Discounts  
up to 60%**

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

**More than an insurance policy**

(800) 245-3333 | [PRMS.com/PartTime](http://PRMS.com/PartTime) | [TheProgram@prms.com](mailto:TheProgram@prms.com)



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

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

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

# 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:

### Medical director

Outpatient Mental Health Center  
Montgomery County

### Trauma disorders psychiatrist

Sheppard Pratt-Towson Campus  
Baltimore County

### School psychiatrist - autism focus

Position serves multiple locations

### Child & adolescent psychiatrist

Sheppard Pratt-Towson Campus  
Baltimore County

### Adult psychiatrist

Sheppard Pratt-Towson Campus  
Baltimore County

## Requirements:

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

## Why Sheppard Pratt Health System?

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

## About Sheppard Pratt Health System

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

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

