

MPS NEWS

Volume 32, Number 12

Editor: Heidi Bunes

April 2019

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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, April 9th in the MPS office. All members welcome!

President's Column

Time for Reflection

My year as president is quickly drawing to a close and it seems a fitting time for reflection on the past year and a look to the future. Last spring as I took on the role, we renewed our commitment to engagement with our members and this took a number of forms. The online presence of MPS has improved and expanded, with a revitalized website and new [Instagram](#), [LinkedIn](#), [Facebook](#) and [Twitter](#) accounts. We've held several well-attended events, including an open house, gatherings for early career psychiatrists, residents and fellows and two highly successful CME events. We have also continued to engage with leaders in psychiatry at the national level on a number of topics. A new and improved advocacy day saw twice as many members come to Annapolis compared to last year. Once again, our legislative committee has done a tremendous amount of work during the current legislative session, which ends next week.

Many thanks go to Heidi Bunes and Meagan Floyd for their unstinting commitment of time and energy to making sure the MPS runs smoothly. Thanks are due as well to the many members of MPS I've interacted with over the past year. Your commitment to psychiatry and our patients is admirable and inspiring and has reminded me of the important work MPS takes on to further our cause. Finally, thanks to the other members of the Executive Committee with whom I've worked over the last several years. I have enjoyed the collegiality and appreciated the strengths that each person has brought to the group. There has been a tremendous amount to learn and I am grateful for the chance to have been in the role. Marsden McGuire will take over as president of MPS later this month and I am confident of leaving the role in very capable hands.

Patrick T. Triplett, M.D.

[Working With Dangerous Patients](#)

May 1, 2019

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

Maryland's Extreme Risk Protective Order
Erik Roskes, MD

Risk Assessment
Donna Vanderpool, MBA, JD.

For more information [see page 7.](#)

[2019 MPS Annual Dinner](#)

Thursday, April 25th

6:00 PM ~ 10:00 PM

Kimpton Hotel Monaco
2 North Charles Street
Baltimore, MD 21201

For more information [see page 4.](#)

Congratulations to MPS Paper of the Year Winners!

The annual MPS Academic Psychiatry Committee "[best paper](#)" award recognizes outstanding papers authored by young psychiatrists that are published or in press in the immediately preceding year. The selection subcommittee reviewed several submissions of excellent papers. Congratulations to this year's winners who will receive cash prizes and be recognized at the [April 25 annual meeting](#):

Resident/Fellow: Viviana Alvarez-Toro, M.D.
"[Revisiting the False Confession Problem](#)"

Early Career: Traci Speed, M.D., Ph.D.
"[An Innovative Perioperative Pain Program for Chronic Opioid Users](#)"

2019 MPS Poster Competition Winners

This year the MPS Academic Psychiatry Committee's poster competition for Resident-Fellow Members had several outstanding entries. The committee worked with a score sheet to identify the top three posters, which will be on display at the [April 25 annual dinner meeting](#). All three winners will receive a cash prize. Congratulations to the following members who are this year's winners:

First Place: Katherine Skimming, M.D., Department of Psychiatry, University of Maryland School of Medicine
Evaluating Child and Adolescent Fellows' Knowledge and Level of Comfort Conducting Youth Violence Assessments Before and After a Case Guided Didactic

Finalist: Idris Leppla, M.D., Department of Psychiatry and Behavioral Sciences, Johns Hopkins
Extended Requirement of Granulocyte Colony-Stimulating Factor for Clozapine-Associated Neutropenia

Finalist: Shapir Rosenberg, M.D., Department of Psychiatry, University of Maryland School of Medicine
A Trainee-led Cancer Therapy Group: Benefiting Patients and Learners

April 2019 is National Minority Health Month

The focus this year is on raising awareness about the importance of an active lifestyle in keeping us healthy. The theme is Active & Healthy, which emphasizes the health benefits of incorporating even small amounts of moderate-to-vigorous physical activity each day. Physical activity promotes health and reduces the risk of chronic diseases and other conditions that are more common or severe among racial and ethnic minority groups. Keep up with news and activities on [Twitter](#), [Facebook](#), and [Instagram](#).

April Member Spotlight

Hello, my name is [Marsden McGuire](#), I have the good fortune to be your President-Elect. Via California and New England, I arrived in Maryland 30 years ago to begin my psychiatry residency, planted roots, raised a family (2 kids, 2 dogs) and stayed. Professionally, I developed a special interest in geriatric and Veteran populations and, eventually, health care systems. I now work in the VA (in Washington) where I have influence over national mental health policy for over 8 million Veterans. Looking back, MPS was a key influence in my personal development - it provided a supportive environment where I gained new perspectives and skills and a chance to take on new responsibilities. MPS has a storied history advocating for all Maryland psychiatrists and all Marylanders with mental health needs. Please join me to make MPS even more diverse and responsive by sharing your ideas, serving on a committee, and encouraging others to join. In exchange, for a modest investment of time, we offer you a connection to peers, a forum for vigorous debate, a listening ear, and even CMEs, trivia nights and social and networking events. You won't regret it! I look forward to meeting you soon.

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



After considering member input,
the MPS Council voted to award

Arthur Hildreth, M.D. 2019 MPS Lifetime of Service Award

Thank you Dr. Hildreth for your invaluable service!

Please join us at our Annual Dinner on April 25th
to honor Dr. Hildreth for this achievement.

[See page 3](#) for more information.

March 12 Council Highlights

Executive Committee (EC) Report

Dr. Triplett said the EC met with Payer Relations Committee co-chairs to discuss their concerns about how to best meet member needs and be more effective regarding third party payers. EC also met with the Diversity Committee chair for an update on activities and plans. In addition:

- Last month's revisions to the listserv policy were posted to the listserv.
- The MPS will nominate a representative to a Maryland Health Care Commission workgroup that will update the State Health Plan for psychiatric services, including the Certificate of Need program. [see [page 61](#)]
- Possible solutions that address the problem of 2 APA District Branches in Maryland will be discussed in Executive Session tonight.

Dr. McGuire introduced a preliminary new concept for organizing MPS volunteer efforts to replace the current committee groups. The realignment may begin during his term as president. This is a more complex structure but allows groups within MPS to cross-pollinate easily and allows more flexibility for groups that have a less-defined committee charge. It also expands the range of subspecialties under the MPS umbrella. This idea will be revisited at the April meeting.

Secretary-Treasurer's Report

Dr. Ehrenreich discussed the 2018 year-end financial statements and comparative data, which were reviewed by Norman Feldman, CPA, PA. Total assets are \$383K, up \$38K from last year. Net assets of \$281K are up \$14K. Compared to 2017, revenue of \$335K is up and total expenses of \$322K are down slightly. The MPS has a \$14K surplus despite paying increased Federal taxes at a 21% rate. The comparison to budget shows income is higher than budget and expenses are lower, with the surplus \$28K better than budget. 2018 has been a very strong year financially.

Dr. Ehrenreich then reviewed the 2018 Form 990 to be filed with the IRS, which had been emailed the week before. He solicited Council for any suggested changes. Council received clarification that no policy changes were made in this year's document compared with 2017 and voted unanimously to submit the form as drafted.

Executive Director's Report

Ms. Bunes reported social media results are up on all platforms except Instagram. LinkedIn remains highest in terms of member connections. The 2/27 ECP event was cancelled because of low registrations.

She and Ms. Floyd described ongoing problems with APA billing for membership dues. Concerns center around the additional MPS staff time required to identify mistakes and have the APA correct them. The 3-year trial is nearing its

end and MPS will need to decide by June whether to continue or return to billing all MPS member dues.

Legislative Committee Report

Dr. Hanson noted that the 2019 Maryland General Assembly crossover date is Monday, so the pace has been demanding. Topics addressed by proposed legislation include access to care, safe schools, carve out of the public mental health system, medical marijuana, opioid use disorders, child abuse reporting, physician assisted suicide and involuntary treatments. Positions are posted on the [MPS website](#) and an update is available on [page 5](#).

Membership Committee Report

In Dr. Gordon-Achebe's absence, Ms. Floyd reported that about 90 members who still owe dues for 2019 will be dropped at the end of the month unless they pay or set up a scheduled payment plan. She apologized that the list has been delayed this year in order to resolve discrepancies with the APA. Council is encouraged to assist with retention efforts to minimize these serious losses.

Old Business

Dr. Daviss called in with an update on testimony on [SB482 / HB846](#) and the other behavioral health carveout bills. Although Council voted to continue supporting the concept of ending the carveout, the MPS opposed these bills because the needed protections outlined in the MPS position were not included. There seems to be momentum in the direction of interim study by a task force.

Lifetime of Service Award

Dr. Palmer asked Council to vote for their 1st, 2nd and 3rd choice to receive the 2019 MPS Lifetime of Service Award, with first place to decide the winner and other votes used for a tie. Votes were tallied following the meeting and Arthur Hildreth, M.D. will receive the award! [See below.]

Arthur Hildreth, M.D. to Receive 2019 Lifetime of Service Award

The Maryland Psychiatric Society Council voted on March 12 to give the 2019 Lifetime of Service Award to Arthur Hildreth, M.D. for decades of devoted service to the organization and related groups. The award will be presented at the [April 25 annual meeting](#). Dr. Hildreth served as 1992-1993 MPS President. His MPS committee service includes Membership Chair 1975-1981 and 1986-1989, inaugural Managed Care Chair 1989-1992, Program & CME Chair 1991-1992 and member for 15 years, Distinguished Fellowship Committee member 1997 – present, among others. In addition, he has served six years on the board of the Maryland Foundation for Psychiatry, including four as Vice-President.

Maryland Psychiatric Society 2019 Annual Dinner

*See You
There!*

Thursday, April 25th

6:00 PM ~ 10:00 PM

Kimpton Hotel Monaco
2 North Charles Street
Baltimore, MD 21201

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.

Best Paper Contest and Resident/Fellow Poster Competition Awards will be given. Damien Cooper, Th.M. will receive the 2019 Maryland Foundation for Psychiatry Anti-Stigma Advocacy Prize for his op-ed, "[Surviving a gunshot, one man's story](#)" in the October 18, 2018 *Baltimore Sun*. We'll recognize new lifer members, Fellows, Distinguished Fellows and more!

*Arthur Hildreth, M.D. will be honored with the
2019 MPS Lifetime of Service Award*

The evening will start with a cocktail hour complete with open bar, appetizers and live music. Dinner buffet to follow. Valet parking available at the discounted rate of \$15 per car.

2019 Annual Dinner Registration

RSVP by April 20, 2019. Please make check payable to MPS,
1101 Saint Paul Street, Suite 305, Baltimore, Maryland 21202- 6407.

**Cost: \$75.00 per person for members & guests,
\$30.00 per person for residents & guests**

Name _____ Guest _____

Phone _____ Email _____

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

I would like to donate _____ (number) of free Resident tickets at \$50 each.

Reservations are non-refundable.

Maryland News

MPS General Assembly Update

With just one week left before the Maryland General Assembly adjourns at midnight on April 8, a majority of the legislative and budgetary activity is in the rearview mirror. As session winds down, committee work will decrease, and floor sessions will last longer as the full Senate and House of Delegates debate bills for the final time before passing or rejecting the measures. Here is the current status of some of the issues the MPS has reviewed this session:

[SB 178 / HB 570](#) provides for an increased use of telehealth in the delivery of behavioral health services. Each of these bills passed unanimously in their respective chambers. The MPS supported this bill.

[SB 521](#) requires the development of a comprehensive action plan to increase access to and availability of professional veteran health services to prevent veteran suicides. The bill passed the Senate unanimously and awaits a vote in the House Health and Government Operations Committee. The MPS supported this bill with amendments.

[SB0311/HB0399](#) authorizes an individual to request aid in dying by making specified requests. The House version of the bill was passed by the House of Delegates unamended. The Senate Judicial Proceedings Committee's version of the bill included over 30 amendments and went to the Senate floor for debate by the entire chamber. On March 27th the Senate voted 23-23, which was short of a majority the bill needed to advance. The MPS opposed this bill.

Further information about positions the MPS took on bills during the 2019 session [please click here](#). We welcome input from members on legislation. The MPS Legislative Committee is always looking for more members—please [email us](#) if you're interested!

This is My Brave 2019

On Saturday, **April 6**, 2019 at 4 PM in the Notre Dame of Maryland University's LeClerc Auditorium, This is My Brave will host a live presentation of essays, original music, comedy and poetry performed by individuals living with—or loving someone with—a mental health condition. The Maryland Foundation for Psychiatry is a supporter again this year. Visit <https://thisismybrave.org/events/the-show-baltimore-2019> for more info or to purchase tickets.

Commission to Study Mental and Behavioral Health in Maryland

A January 2019 [Executive Order 01.01.2019.02](#) by Governor Hogan established a Commission to Study Mental and Behavioral Health, which met for the first time on March 19 in Annapolis. Its membership has not yet been announced, but we have been informed that Bhaskara Tripuraneni, M.D., a child psychiatrist at Kaiser Permanente, is one of the six public members. The Commission's charge includes, but is not limited to, reviewing:

- i. Access to a continuum of mental-health treatment services
- ii. Improving statewide, comprehensive crisis response system; and
- iii. Ensuring parity of resources to meet mental-health needs.

Subcommittees are expected to cover the following areas:

- Financing & Funding
- Youth & Families
- Crisis Services; and
- Criminal Justice

The Commission will hold regional meetings in Western, Eastern, Southern, and Central Maryland to solicit public comment and testimony. Deadlines required by statute are an Interim report due July 10 and a Final year end report due December 19.

Washington County to Open Crisis Center

According to a March 6 story in the [Herald-Mail](#), a \$1.2 million grant will help the Washington County Health Department open a 24/7 crisis center in Hagerstown, hopefully by July. The grant comes from federal State Opioid Response funds awarded through the Maryland Department of Health. The center will serve people suffering from substance use disorders and mental illnesses, with space for 12 – 15 people at a time. Full- and part-time staff will include nurse practitioners, licensed practical nurses, social workers, intake specialists and peer support personnel. In addition to the new center, the funding will help hire additional mobile-crisis workers and expand hours to assist with MH/SUD problems in the field.

Maryland News

State Health Plan for Psychiatric Services to be Updated

In February, the Maryland Health Care Commission (MHCC) issued a 58-page [White Paper](#) on Maryland Acute Psychiatric Hospital Services. The MPS was asked to nominate a representative for the MHCC workgroup that will update the State Health Plan (SHP) for psychiatric services, which is available [here](#). **Stephanie Knight, M.D.**, Chief of Psychiatry at UMMC Midtown, has agreed to serve on the workgroup, which will begin meeting this month.

The MHCC regulates certain health care facilities and services development, including development of psychiatric hospital services, through its Certificate of Need (CON) program. Historically, CON regulation has focused on: (1) assuring that the health care system has available and accessible service capacity for the expected patient care demand, avoiding excess capacity; (2) that the facilities will be developed by qualified organizations; (3) that they will be sustainable; and (4) that they will have, on balance, a positive impact on the health care system. Due to the range of symptoms and diagnoses that may require inpatient psychiatric services, and the range of medication and other services that these patients may receive, CON regulation is not equipped to assess the efficacy of specific inpatient services.

In 2018, MHCC developed a report, at the direction of the Senate Finance and House Government Operations committees, examining CON regulation and recommending reforms intended to better align this program with changes in regulation of hospital charges and to streamline its operation. The [Modernization of the Maryland CON Program](#) report was forwarded to the legislative committees in December 2018. MHCC recommended statutory changes requiring legislative action, and changes in the SHP and procedural regulations that guide decisions and shape the project review process. The report identified COMAR 10.24.07, the SHP regulations for psychiatric services, as a top priority for updating. It also recommended that CON regulations no longer require hospitals currently providing inpatient psychiatric services to obtain a CON for capital projects that change hospital psychiatric bed capacity.

New Funding for Brain Injury Trust Fund

In March, the Maryland Department of Health (MDH), in partnership with the Maryland Department of Transportation (MDOT), [announced](#) dedicated funding through MDOT for the Maryland Brain Injury Trust Fund, which was established to assist individuals living with brain injury. The General Assembly created the fund in 2013 without a dedicated funding source. The new, voluntary funding mechanism allows Marylanders to donate to the trust fund through the Motor Vehicle Administration's registration renewal process, when completed online or at a kiosk.

The Brain Injury Trust Fund pays for case management and neuropsychological evaluations for eligible individuals and is used to support:

- Rehabilitation and medical services;
- Durable medical equipment;
- Assistive technology assessment and equipment;
- Transportation services;
- Neurobehavioral health services;
- Nursing home transition and community reentry services;
- Housing and residential services;
- Prevention, education and awareness programs;

The Behavioral Health Administration will manage the distribution of funds through its Office of Older Adults and Long Term Services and Supports.

Data from MDH's Center for Injury Epidemiology shows that every year in Maryland there are tens of thousands of emergency room visits, thousands of hospitalizations and hundreds of deaths due to traumatic brain injury from motor vehicle crashes, sports injuries, falls and assaults. These numbers do not include brain injuries caused by other factors, such as near drowning, suffocation, strokes, opioid-related overdoses and other unintentional poisonings.

AMA Fix Prior Auth Campaign

On March 20 the Baltimore Sun ran an [Op Ed](#) by AMA President Barbara McAneny, M.D. entitled, "Are prior authorization insurance requirements killing patients?" It describes a tragic case, the AMA efforts to improve the PA process and the AMA call to fix prior authorization. The Op Ed is part of the AMA campaign to pressure insurance companies into making effective changes. The APA is a member of the AMA's prior authorization coalition – please see the related [Psychiatric News article](#).

Maryland News

Maryland PDMP Educational Resources

The Maryland Prescription Drug Monitoring Program (PDMP) is a tool that supports clinical decision-making within the context of the evolving opioid crisis. The PDMP collects information about Schedule II-V Controlled Dangerous Substance (CDS) prescriptions dispensed in Maryland and makes these data available to specific end users. A primary goal of the PDMP is to support clinicians and their patients in the safe and effective use of prescription drugs. To this end, the Maryland Department of Health offers educational videos that explain how to effectively use the PDMP as well as identify resources available for healthcare professionals who have patients in need of any next steps. These video vignettes were created to address priority topics based on feedback from the provider community:

- The role of the PDMP as an effective tool for prescribers, pharmacists, and delegates, and a description of the PDMP use mandate as explained by the [Maryland PDMP Director](#)
- An [emergency department physician's](#) experience incorporating PDMP data into real-time decision-making

Please contact Anna.Gribble@Maryland.gov or 410-402-8686 if you have any questions about the videos.

Parity Education Toolkit for Maryland

The [Parity at 10](#) Campaign has developed a toolkit to improve awareness of the Mental Health Parity and Addiction Equity Act. It includes 5 separate one-pagers for consumers and providers:

- [Your Insurance Rights](#): Mental Health and Substance Use Disorder Services
- [Parity Warning Signs](#): Is Your Insurance Company Violating Your Rights
- [Filing a Health Insurance Appeal – Maryland Medicaid Plans](#)
- [Filing a Health Insurance Appeal – Maryland Private Insurance Plans](#)
- [Provider Tips](#): Help Patients Respond to Insurance Barriers. This document links to a Complaint Tracker Tool that providers can use to track service denials.

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.

For more information or to purchase your ticket

[CLICK HERE](#)

Registration is \$20.00 for MPS Members and \$35.00 for Non-members. Fees are non-refundable.

Registration fee includes coffee/dessert & 2.5 CME hours.

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

Accreditation Statement

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

AMA Credit Designation Statement

Professional Risk Management Services, Inc. (PRMS, Inc.) designates this course for a maximum of 2.5 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Donna Vanderpool has/have no relevant financial relationships with commercial interests to disclose.

APA News & Information

March APA Board of Trustees Meeting Highlights

As reported in [APA PsychNews](#), **Aetna agreed to a settlement** last month with the Massachusetts Office of the Attorney General (AG) requiring the company to comply with state and federal laws by maintaining accurate, updated provider directories and network adequacy. APA has devoted much time and resources to enforce the mental health parity law and conducted studies on health insurers' compliance.

Senator Chris Murphy intends to introduce APA parity **legislation** in the Senate in the coming weeks. Also, the legislation APA supports to fix 42 CFR part 2 should be reintroduced by the end of March. At the state level, the APA administration has been working intensely with District Branches to defeat psychologist prescribing bills in several states.

Dr. Altha Stewart testified on behalf of APA about the trauma caused by **separating families at the border**. APA was among the first organizations to speak out when it became clear that the "zero tolerance" policy of referring those crossing the border for federal criminal prosecution would result in the widespread separation of children and families.

As part of the APA **Federal Advocacy Conference** this month, almost 100 APA members will meet with their states' congressional representatives to advocate on behalf of psychiatrists and their patients on strategic issues including: appropriations, 42 CFR Part 2, parity, and healthcare reform.

In February, Dr. Cheryl Wills represented the APA at two meetings of the medical community working to **reduce and prevent firearm injury**: The American College of Surgeons (ACS) Committee on Trauma Medical Summit on Firearm Injury Prevention, and the American Foundation for Firearm Injury Reduction in Medicine (AFFIRM) Retreat. AFFIRM is a physician-led foundation that aggregates private sector financial resources to fund high-quality, high-impact research to prevent firearm injury.

The Board of Trustees reviewed the **location of the 2021 Annual Meeting**. After discussion informed by input from members and consideration of all the pros and cons, it voted to move the meeting from Hawaii to Los Angeles.

Dr. Philip Muskin represented the **Conflict of Interest (COI) Committee**. The Board approved expanding the APA's Disclosures of Affiliations and Interest Policy to cover interests beyond psychiatry; eliminating financial amounts for those members not in Tier 1; use of an online system; and other minor changes. It did not approve expanding the scope of disclosure to include close relatives and business partners.

The APA **PsychPRO Registry** is reporting quality data for about 600 participants for the CMS 2018 open period. Many are anticipated to achieve the 70% level that will qualify them for bonuses, in addition to averting the 5% penalty for 2018. **PsychPRO registration for 2019 will run from April 1 through October 1** – please visit www.psychiatry.org/registry. PsychPRO continues to also support the APA's CMS grant for quality measure development. Recruitment of 400 clinicians across settings and provider types including psychiatrists, psychologists, social workers, and primary care clinicians is underway for a CMS Learning Collaborative. The measures to be addressed include those related to Measurement Based Care, Suicide Risk and Safety Planning, Early Psychosis, Opioid Use, and Patient Care Experiences.

The Board of Trustees received an update on strategic planning for **IPS 2021 and beyond**. Based on six recommendations made by the IPS Strategic Planning Work Group in December 2018, the APA gathered additional data and information will be gathered from past and prospective IPS attendees at the APA Annual Meeting and the IPS 2019 meeting with regards to questions such as: meeting name, meeting structure, meeting length, meeting location, and potential partnerships. Dr. Bruce Schwartz is constituting a new IPS Vision Group that will focus on programmatic development for IPS 2021 and beyond.

Thanks to Roger Peele, M.D. for his service as Area 3 Trustee! Kenneth Certa, M.D. will begin his term as Area 3 Trustee in mid-May.

Minority and Underrepresented (M/UR) Caucus Elections

APA has seven M/UR Caucuses open to all members who are interested in topics concerning psychiatrists or patients belonging to APA-recognized minority and underrepresented groups. Each M/UR Caucus elects their leadership. View the list of current M/UR caucuses and learn about the important work they do [here](#). View the list of this year's open leadership positions within the Caucus of Black Psychiatrists and the Caucus of IMG Psychiatrists [here](#).

The 2019 elections will take place June 3-13. APA members must officially register for their desired caucus by May 1 to be eligible to participate in this year's elections. Membership in a caucus is free. A member may enroll in more than one M/UR caucus but may vote and/or hold elected office in only one. Register/Join a caucus by visiting your [member profile here](#). For more information about the upcoming elections, email caucuselections@psych.org.

APA News & Information

APA Helps with Practice Management

Having issues with commercial insurers or Medicare or with the general administrative aspects of your practice? The APA website has a [wealth of resource documents](#) for members that deal with problems such as CPT coding and documentation, opting out of Medicare, and negotiating contracts with commercial payers. If you can't find what you're looking for, contact the Practice Management HelpLine by [email](#) or call (800) 343-4671.

Participants Needed for Quality Measure Development

The APA received a CMS grant to develop behavioral health quality measures based on input from clinicians about measures that are clinically meaningful. The APA will leverage its PsychPRO clinical data registry electronic platform to collect data and test new measures. Psychiatrists who participate in PsychPRO and the measure development process will receive:

- A tablet computer for your practice so that you and your patients can easily access the online portal to complete the required assessments;
- If you do not have an EHR, the ability to collect 2019 QPP quality data;
- A \$500 honorarium for your efforts;
- Acknowledgement of support in journal and white paper publications;
- An interactive dashboard to drill-down to patient-level information and data assessing quality;
- Access to patient-reported outcome data in real-time via a portal to engage patients, help in treatment planning and follow-up care. PROMs included in APA's PsychPRO registry are:
 - o Currently: DSM-5 Cross-cutting measure, PHQ-9, GAD-7, Audit-C, PROMIS – Pain, NIDA – Assist, WHODAS 2.0, Child/Adult ADHD, IQ Code.
 - o Planned: PROMIS Toolkit, Falls, Cognitive measures, and many more.

If you would like additional information or to sign up, please email registry@psych.org.

*Diana E. Clarke, Ph.D.
APA Deputy Director of Research &
Senior Research Statistician/Epidemiologist*

Free Members' Course of the Month

Each month, members have free access to an on-demand CME course on a popular topic. [April Course of the Month - Complementary and Integrative Approaches to Autism Spectrum Disorder](#): Autism Spectrum Disorders (ASD) are common and complex neurodevelopmental disorders which may present at different stages with different target symptoms. This course discusses how families often utilize complementary and integrative treatments for ASD, the evidence for such use, and risks and benefits of these treatments. [Click here to access the Course of the Month and sign up for updates about this free member benefit.](#)

May 18-22 APA Annual Meeting in San Francisco

[Advance registration fees end April 9.](#) If you haven't already registered, the registration fees increase on **Tuesday, April 9.** [Click here](#) to register now.

Medicare Updates

2018 Open Payments Data Review and Dispute Period

The [Open Payments](#) system is available for physicians and teaching hospitals to review and dispute data on payments or other transfers of value from pharmaceutical and medical device manufacturers that were reported to CMS for 2018. CMS will publish the data in June unless a dispute is filed. See the tutorial available [here](#). **This year's deadline to dispute is May 15.** If physicians and teaching hospitals registered last year, they do not need to register again. The collection and reporting of these data are required under the Physician Payment Sunshine Act (PPSA), part of the Affordable Care Act. Click [here](#) for more information and resources.

PQRS Website Retired

The PQRS program ended on December 31, 2018 and CMS retired the website last month. The final performance period for the Value Modifier and PQRS programs was in 2016 with the final payment adjustment year in 2018. If you have PQRS-related questions or Value Modifier questions, contact the Quality Payment Program (QPP) Service Center at QPP@cms.hhs.gov or 1-866-288-8292. The Merit-based Incentive Payment System (MIPS) replaced the Value Modifier and PQRS programs. Learn more by visiting qpp.cms.gov

Provider Parity Act Knowledge and Practice

Key findings from the February 11, 2019 [final report](#) on a 2018 survey of provider knowledge about the Mental Health Parity and Addiction Equity Act (Parity Act) revealed:

The majority of providers reported that their patients face insurance-related barriers to accessing services for mental health and substance use disorders. Nearly three out of four (72%) of reported that their patients face insurance-related barriers to accessing MH/SUD services, most commonly required out-of-pocket costs (co-payments, annual deductibles, and/or co-insurance payments) that were not affordable (72%) and requirements for prior authorization (68%). Additional barriers included not covering specific MH/SUD services (52%); limits on the permitted number of annual MH/SUD visits (50%); not having appropriate in-network providers (48%); insurance companies claiming that the recommended care is not medically necessary (44%); and not covering a prescribed medication (42%).

Providers reported that they try to find a way to provide needed services when patients' claims for mental health or substance use services are denied. To assist their patients in accessing recommended care, over one-third (37%) of providers reported assisting clients by using other resources to be able to provide the appropriate level of care, such as offering services using other program funds, on a sliding scale or free of charge. One-third (34%) reported that they have filed an appeal; 31 percent encouraged patients to file a complaint; and 30 percent attempted to negotiate with the health plan.

Providers reported facing barriers to assisting their patients in addressing denials of mental health and substance use disorder benefits. The most commonly reported barriers were that it is too time consuming (40%); not their area of expertise (35%); and that someone else at their organization is responsible for handling insurance-related issues (32%). One in four providers reported that they simply did not know what to do (25%).

Responses suggest a lack of knowledge and/or lack of confidence in their knowledge about the Parity Act. Across knowledge-based questions, one-third of providers were unsure of the correct responses, and, on average, less than half were able to select correct responses.

Providers reported that they are interested in more information about the Parity Act. Nearly all providers want more information about the federal law. The highest proportions of respondents would like more information about quantitative treatment limits (72%), non-quantitative treatment (71%) limits, and how to assist patients/clients with filing complaints (67%).

Exhibit C of the [report](#) breaks out responses by state, with 140 of the 677 total from Maryland.

For educational resources and other information, view the [MPS Parity Toolkits](#) page.

Medicare Updates

CMS Explores Allowing Purchase of Health Insurance across State Lines

On March 6, CMS [announced](#) it is seeking recommendations via a request for information (RFI) on how to eliminate regulatory, operational and financial barriers to enhance issuers' ability to sell health insurance coverage across state lines. In particular, CMS is interested in feedback on how states can take advantage of Section 1333 of the Patient Protection and Affordable Care Act, which allows two or more states to enter into a Health Care Choice Compact to facilitate the sale of health insurance coverage across state lines. CMS is primarily looking for input on how to expand access to health insurance, operationalize the sale of health insurance and understand financial impacts of selling health insurance coverage across state lines. [To view the Request for Information, click here.](#) The RFI will be open for public comment for 60 days.

CMS Updates Drug Dashboards

Last month, CMS [announced](#) that it updated the Drug Spending Dashboards with data for 2017. The drug dashboards include information on the manufacturers that are responsible for price increases, as well as pricing and spending data for thousands of drugs across Medicare Parts B and D and Medicaid. The dashboards focus on average spending per dosage unit and track the change in average spending per dose over time. Drugs with little to no competition can be found by sorting for drugs with few manufacturers. Information is also provided on drug uses and clinical indications, so patients and physicians can compare the list prices of different medications for a given condition. Information is presented in an interactive web-based tool, so users can easily sort the data to identify trends.

For example, in 2017 Medicare spent \$262 million for Abilify Maintena, averaging \$13,387 for the drug per beneficiary. Bacitracin had the second highest annual growth rate at 345% in average spending per dose from 2013 to 2017. Medicare spent over \$3 billion on Eliquis in 2017 for over 1 million beneficiaries and spent over \$1 million *per beneficiary* for two drugs, Strensiq and Vimizim. There was only one manufacturer for the top 38 drugs in terms highest average spending per beneficiary, and only two of those had significant average decreases in average spending per dose.

The dashboards complement other CMS efforts to increase transparency on drug prices, including recent proposals to require prescription drug manufacturers to include list prices in television advertisements and proposals to implement legislation to end pharmacy gag clauses. In 2017, total gross spending on prescription drugs was \$154.9 billion in Medicare Part D, \$30.4 billion in Part B, and \$67.6 billion in Medicaid.

The CMS Drug Spending Dashboards [can be viewed here.](#)

Bills Awaiting Governor's Signature

The Maryland legislature approved a Behavioral Health Coalition amendment to a bill that increases Maryland's minimum wage over a period of years. As passed, [SB 280 / HB 166](#) increases behavioral health funding by nearly **22 percent** over the next six years to offset costs that will be incurred when implementing the minimum wage. The bill was vetoed by Governor Hogan, but the veto was quickly overridden by the legislature.

[HB 427](#) has passed unanimously in both the House and Senate, and now awaits the governor's signature. The bill makes slight modifications to a Baltimore City outpatient civil commitment pilot program in hopes of gradually increasing program enrollment. The MPS supported this bill with amendments.

[HB 599](#) has passed unanimously in both the House and Senate, and now awaits the governor's signature. The bill requires commercial insurance carriers to use American Society of Addiction Medicine (ASAM) criteria when making medical necessity determinations for substance use treatment. The MPS supported this bill.

Finally, last week the Maryland General Assembly gave final approval for the fiscal year 2020 budget, including full funding for Keep the Door Open increases secured in prior years.

Increase School Behavioral Health Supports

Legislation was introduced this session to implement some of the recommendations from the [\(Kirwan\) Commission on Innovation and Excellence in Education](#). Among its many provisions, [SB 1030 / HB 1413](#) includes several years of dedicated funding for school mental health coordinators. It also provides funding for school mental health coordinators. It also provides funding for certain schools to enhance access to behavioral health resources and increase trauma-informed professional development for school staff. The bills have not moved out of their respective committees, but the legislation was tied to budget negotiations, so we expect some movement this week.

Thank you to MPS member, Ronald Means, MD, and MPS staff Meagan Floyd for actively participating in the Maryland Children's Behavioral Health Coalition (CBHC) over the past year. While the session is almost over the CBHC's work is far from done.

Charles County Department of Health Physician Clinical Specialist



The Charles County Department of Health Division of Behavioral Health, Mental Health Services is a thriving, multidisciplinary, CARF Accredited, outpatient mental health clinic that has been in operation for more than 25 years. The clinic is located in White Plains, MD 25 miles South of Washington, DC. We are seeking a full or part time (minimum 20 hours) Maryland Board Certified Psychiatrist. This position will provide psychiatric treatment to children ages 6 years through the life span, including psychiatric evaluations and medication management services. In addition, the incumbent will function as the medical director of the center, providing oversight for medical services by all medical personnel and assist the administration of the center in setting and maintaining medical policy and procedures. No weekends or on call service required.

Job Announcement: **Physician Clinical Specialist**. State of Maryland. Applicants must apply on the MD Job App at the link below for consideration. <https://www.jobapscloud.com/MD/sup/bulpreview.asp?R1=19&R2=004606&R3=0001>

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 EOE Employer. To learn more about Jewish Community Services, visit www.jcsbaltimore.org.

Addictions Psychiatrist at Mountain Manor Treatment Center Baltimore Immediate Opening – Full-Time

Maryland Treatment Centers has been providing comprehensive substance abuse and mental health treatment for over 30 years. With locations throughout central Maryland, MTC provides a full continuum of levels of care to clients who struggle with chemical dependency as well as co-occurring psychiatric disorders.

Our largest and most complex facility is Mountain Manor Treatment Center, a young adult / adult dual diagnosis/ substance abuse treatment facility in Baltimore City. We offer a full continuum of levels of care, including inpatient, partial hospitalization, intensive outpatient, outpatient, outpatient mental health clinic. We also house a special education secondary school. We are licensed by the Maryland Department of Health and Mental Hygiene and accredited by the Joint Commission.

The position features an opportunity to provide high quality mental health treatment featuring a collaborative, multi-disciplinary team approach, with mentorship and training by senior addiction psychiatrists. There are opportunities for research involvement if interested.

Required: Current Maryland license and DEA + waiver and Maryland CDS certification

Preferred: Experience in an inpatient setting and experience with substance abuse and dual diagnosis treatment

Competitive salary, malpractice insurance coverage. Full-time Benefits: 4 weeks PTO, 8 holidays, access to employee group health/dental/life, 401(k), supplemental insurance program. Contact: Craig Cutter, Corporate Director, Human Resources. Email: ccutter@marylandtreatment.org or call 240-409-7002.

www.mountainmanor.org

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.

Faculty Opportunity: DEPARTMENT OF PSYCHIATRY, UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE, BALTIMORE - The University of Maryland School of Medicine, Department of Psychiatry, is seeking a part-time or full-time faculty psychiatrist for its Geriatric Division. The position carries a faculty appointment at the University of Maryland School of Medicine and offers exciting opportunities for clinical care, mentorship, teaching, and research. Candidates must be ABPN certified or eligible with training or clinical experience with older adults. Academic rank and salary are commensurate with experience. Expected rank is Assistant Professor or higher, however, rank and tenure status is dependent on candidate's qualifications. Please send a letter of introduction and CV to: Jill A. RachBeisel, M.D., Chief of Clinical Services, Psychiatry, University of Maryland, Baltimore, 110 S. Paca Street, Baltimore, Maryland 21201 or email to: jrachbei@som.umaryland.edu. All applicants are required to apply online at the UMB Taleo website. <https://umb.taleo.net/careersection/jobdetail.ftl?job=1800017D&lang=en> UMB is an equal opportunity/affirmative action employer. All qualified applicants will receive consideration for employment without regard to sex, gender identity, sexual orientation, race, color, religion, national origin, disability, protected Veteran status, age, or any other characteristic protected by law or policy.

Engage with MPS as a Volunteer!

The MPS 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! 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 mpps@mdpsych.org.

AVAILABLE OFFICE SPACE

Office space to rent full time/part time in fully furnished office suite in a medical building in Columbia, kitchen available, accessible parking. Contact Richard Bacharach, MD at 410-715-1180 or at rbacharach@comcast.net.

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 or 410-203-2411.

Class Action Suit Filed Against ABPN

On March 6, a [lawsuit](#) was filed in Illinois against the American Board of Psychiatry and Neurology (ABPN) with Emily Elizabeth Lazarou and Aafaque Akhter representing the class of over 25,000 physicians required by ABPN to purchase MOC from ABPN to maintain their initial ABPN certifications.

The suit includes three counts, two violations of the Sherman Act and one of unjust enrichment. The first alleges, "ABPN's tying of its initial board certification service and its MOC program is a per se violation of Section 1 of the Sherman Act." Count two alleges that ABPN's creation of its monopoly power as well as its maintenance of its monopoly power in the market for maintenance of certification are violations of Section 2 of the Sherman Act. The third count of unjust enrichment alleges that plaintiffs and members of the class conferred a benefit on ABPN in the form of the money and property ABPN wrongfully obtained as a result of physicians being forced to pay inappropriate, unreasonable, and unlawful ABPN MOC fees.

Among the proposed remedies are for ABPN to pay triple damages and return funds by which it has been unjustly enriched, as well as pay legal costs. This suit follows similar class action suits against the [American Board of Internal Medicine](#) and the [American Board of Radiology](#).

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Jane Dierberger at 844.477.6420 or Jane@teamcenturion.com



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Separate limits up to \$50,000



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Separate limits up to \$30,000



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



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