MARYLAND PSYCHIATRIC SOCIETY

MPS NEWS

Volume 33, Number 2 **Editor: Heidi Bunes** **June 2019**

In This Issue

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

MPS News Design & Layout
Meagan Floyd

The next MPS Council meeting will be held at 8 PM Tuesday, June 11th in the MPS office. All members welcome!

President's Column

Musings on APA

Greetings! We all know May is "APA month" (and, as you likely know, 2019 is APA's 175th year). Along with a cadre of fellow MPS members, I had the good fortune to attend this year's meeting in San Francisco - while connecting with many of them it occurred to me to ask what made the meeting (and APA organization) value-added. Here is a sampling of their responses - the paraphrasing is mine.

•A junior member of the MPS Council shared that the Gala event provided an opportunity to connect with friends from the past and present in a relaxed and fun setting. A very senior member mentioned that the APA annual meeting is the only chance he gets to see some MPS members.

•A past president of both APA and MPS (guess who that might be) felt rejuvenated and optimistic about the future of American psychiatry in part due to the energy of younger attendees. She also participated in the Story Booth which assembled 90-second clips of personal stories about psychiatry into an archive for future reference.

•Dinah Miller sent me a link to her blog describing a session she attended that taught her (and by extension, her readers) something entirely new (https://www.mdedge.com/psychiatry/article/201432/mixed-topics/acting-apa). Check it out!

•Our President-Elect was intrigued by APA's new President Schwartz's comparison of the US mental health infrastructure with Western Europe's and related call for greater advocacy. He also found the information provided about APA's structure, priorities and relationship to its district branches to be helpful.

•CMEs remain an important reason for attending the conference – the diverse offerings that qualify for CME credits is difficult to fathom but fun to sample. For those in need of a refresher In a certain subject matter area (academic, policy, new techniques), there is plenty to choose from as well.

Personally, I was struck by the attendees' diverse viewpoints about what psychiatry is (and should be), their identity as psychiatrists (whether emergent or long-fixed) and how to make the greatest impact - perhaps reflecting broader social trends. I was excited to see clear evidence of psychiatry's continuously evolving scientific base. One of my old teachers at Hopkins, Godfrey Pearlson (now at Yale), presented a beautiful set of studies aimed at creating a taxonomy of psychosis based on biological principles. Listening to him again made me think we should recruit more aggressively into our Affiliate membership category to remain in touch with colleagues who are no longer in Maryland.

But APA has its flaws too. I have heard many Maryland psychiatrists say they would join (or remain in) MPS if they didn't have to pay dues to APA – which they feel disconnected with or even, in some instances, opposed to. Yet there is a clear path forward that recognizes both APA's promise, and its need to progress. Your involvement is critical to make APA better, and one concrete but invaluable way to help is to bring new members into the MPS/APA fold. The more we work together, the better we will fare.

Marsden H. McGuire, M.D.

Member Updates and Survey

The MPS sent member information update forms as well as the 2019 member survey in May. Please watch your US mail and return your information promptly!

Member Update Form
The MPS membership directory will be published in late Summer and we need you to make sure our information is up to date. If you opt in, this data is also used for the online Find a Psychiatrist and the telephone patient referral service. We added more insurance participation options, so be sure to indicate all networks you're part of. You can also log in to your member account on the MPS website to directly enter updates. **The deadline for directory changes is July 31**.

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

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

Special Member Rate for 2019 MPS Directory Ad

MPS members can advertise their practice, change in office location, specialty, new book, etc. for a special members-only rate of $100 for 1/3 page in the directory. The 2019-2020 directory will be out early in the fall, so be sure to order soon!

For details, contact Meagan Floyd at the MPS office 410-625-0232 or mfloyd@mdpsych.org.

Attention Graduating Residents

As you prepare to graduate from your training program, complete your APA membership advancement. This lets us know if you are continuing in a fellowship or advancing to practice to ensure you can access your benefits, including resources to assist you in your early career. Your DB dues are not affected by this change! The form takes less than 5 minutes to complete, and you'll receive a **$5 Amazon gift card** by email if you complete it by **June 30**!

Support Maryland Psychiatric Political Action Committee

Please contribute to the Maryland Psychiatric Political Action Committee (MPPAC), which advocates for both psychiatrists and patients. Now that the 2019 General Assembly is finished, the MPPAC is receiving funding requests from legislators. The PAC account balance is dwindling, so please make a **donation online** or mail a check to 1101 St. Paul Street #305, Baltimore, MD 21202.

Disclaimer: The MPPAC is the only psychiatric political action committee in Maryland. MPPAC provides political education and advocacy to complement MPS lobbying activity in Annapolis. The MPS does not favor or disadvantage anyone based upon MPPAC contributions, which are not deductible as a charitable contribution or as a business expense.

By authority of Kim Jones-Fearing, M.D. - Treasurer

Refer a Colleague and Support the MFP

The "Refer a Colleague" initiative through Professional Risk Management Services, Inc. (PRMS) has generated another $25 donation to the Maryland Foundation for Psychiatry! For each referral to its medical professional liability insurance program, PRMS donates $25 to the referring physician's district branch or foundation (regardless of whether insurance is purchased or not!). This is an easy way for MPS members to generate extra financial support for public awareness activities in Maryland. To learn more about this program and to refer your colleagues, visit PsychProgram.com/Refer.

June is PTSD Awareness Month. PTSD Awareness Day will be observed on Thursday June 27. For information on PTSD please click here.

Maryland News

Bills Signed into Law to Take Effect July 1

HB1007/SB0739: Child Advocacy Centers – Expansion: *Requiring the Governor's Office of Crime Control and Prevention to ensure that every child in the State has access to a child advocacy center; requiring the Governor's Office of Crime Control and Prevention to contract with an organization that meets certain requirements to establish a Maryland Statewide Organization for Child Advocacy Centers; requiring the money for child advocacy centers to be distributed in a certain manner and to be used to supplement, not supplant, funds for the program from other sources; etc.*

SB521: Veteran Suicide Prevention – Action Plan: *Requiring the Maryland Department of Health to develop a certain action plan to increase access to and the availability of professional veteran health services to prevent veteran suicides; requiring the plan to address certain matters; requiring the Department to collaborate with interested parties in developing the plan; requiring the Department to implement certain initiatives and reforms by June 30, 2023, and June 30, 2029; requiring a certain report to the Governor and General Assembly by July 1, 2020; etc.*

House Bill 751 Health Insurance – Prior Authorization: *Requiring certain insurers, health service plans, and health maintenance organizations to allow a health care provider to indicate whether a prescription drug is to be used to treat a chronic condition; prohibiting an entity from requesting a reauthorization for a repeat prescription for 1 year or for the standard course of treatment for the chronic condition being treated, whichever is less; requiring a certain entity to maintain a certain database for prior authorizations that are filed electronically; etc.*

Governor Signs Prior Authorization Bill into Law

On May 13, Governor Hogan signed House Bill 751 Health Insurance – Prior Authorization – Requirement, which states that a carrier must honor a prior authorization from a previous entity for at least the initial 30 days of the beneficiary's prescription drug benefit coverage, during which time the carrier can initiate its own prior authorization review. The bill also requires that an entity honor a prior authorization when the beneficiary moves between health plans within the same carrier and when there is a dosage change (excluding opioids). In addition, carriers must electronically pre-populate forms with certain information and, at least 30 days prior to implementing a prior authorization change, must provide a beneficiary who is currently taking the drug and all health care providers with notice of the change. These provisions are effective January 1, 2020.

Challenges with CON Regulations

Stephanie Knight, M.D. is the MPS representative on the Maryland Health Care Commission Psychiatry Workgroup to revise regulations for the State Health Plan (SHP) and scope of the Certificate of Need (CON) - see next article. The workgroup will have its second meeting in June. She would like input about your experience with the CON process related to changes in Psychiatry beds in acute care settings.

Her specific questions are: What challenges have you experienced with the psych CON process and regulations? Do you think the SHP and CON are beneficial for the healthcare system in our state and, if so, in what ways? What changes would you like to see in the CON regulations? Any other comments or notable experiences are also welcome.

Please respond directly to her at Sknight@som.umaryland.edu.

MHCC Psychiatry Work Group on State Health Plan

The Maryland Health Care Commission (MHCC) has convened an Acute Psychiatric Services Work Group to revise Certificate of Need (CON) Regulations and the State Health Plan. At the first workgroup meeting held May 3, agenda topics included the impact of CON regulations on bed capacity and access to acute psychiatric hospital services. To follow the activities of this group, visit the MHCC webpage. If you have suggestions or other input to share, please contact the MPS representative, Stephanie Knight, M.D. She is requesting specific information—see article above.

Commission to Study Mental and Behavioral Health in Maryland

The new Commission to Study Mental and Behavioral Health had its first regular meeting in Baltimore on April 30. Child psychiatrist Bhaskara Tripuraneni, M.D. is one of the Commission members. One of the primary agenda items was subcommittee designations and assignments. The Commission has established subcommittees on Crisis Services, Finance & Funding, Public Safety & Judicial System and Youth & Families. Only the first two subcommittees had met as of press time. The Commission's Interim Report is due July 10 and the Year End Report is due December 31. Please email MBH.Commission@maryland.gov with any questions.

Maryland News

Collaborative Care Pilot Program

2018 legislation, HB1682/SB835, establishes a Maryland Medical Assistance Collaborative Care Pilot Program. The Collaborative Care approach integrates physical and behavioral health services in primary care settings including: (1) care coordination and management; (2) regular monitoring and treatment using a clinical rating scale; and (3) regular psychiatric case reviews and consultation for patients who do not show clinical improvement. Specifically, the bill requires the Department of Health (MDH) to establish and implement the Collaborative Care Model (CoCM) in up to three primary care settings providing services to Medical Assistance Program participants enrolled in HealthChoice, the statewide mandatory Medicaid managed care program. MDH is applying for an amendment to the State's §1115 HealthChoice Demonstration Waiver to implement the Pilot Program. **Comments are being solicited through June 16** regarding the draft waiver amendment. This link has more info and links to related documents. MDH will report findings and recommendations from the Pilot by November 1, 2023.

Do You Have Your Required CDS Credits?

MedChi has launched a CDS CME Roadshow to provide Maryland physicians with the 2 credits of continuing medical education that is now required by law for controlled dangerous substances (CDS) prescribers to renew. Check your renewal date! Applicants can renew their CDS registration up to 60 days before or 30 days after the expiration date listed on the certificate. Click here for FAQs about this requirement.

New AMA President is a Psychiatrist!

On June 11 at the AMA annual meeting in Chicago, **Patrice A. Harris, M.D.** will become its first African American woman president. Harris has a long history of involvement with organized medicine, including serving as a past president of the Georgia Psychiatric Physicians Association, past American Psychiatric Association trustee, as well as on the AMA Board of Trustees in various capacities since 2011. A practicing psychiatrist, she is trained in child/adolescent and forensic psychiatry and consults with both public and private organizations on health service delivery. In comments at the APA Board of Trustees meeting in May, Harris said she would focus her presidential year on three priorities: integration of mental health and general medical care, health equity and workforce diversity, and childhood trauma. Click here for more details from *Psych News*.

Seeking Insurance Advisory Group Members

The Maryland Health Benefit Exchange is seeking applications for the Maryland Easy Enrollment Health Insurance Program Advisory Group. Governor Larry Hogan signed the program into law on May 13. This program will use the tax filing process to help enroll uninsured Marylanders into health coverage offered through Medicaid or private health insurance carriers.

Established under § 31–203 of the Insurance Article, the advisory group will:

- Establish the effectiveness of the Maryland Easy Enrollment Health Insurance Program.
- Provide recommendations as to whether implementing an individual responsibility amount or implementing automatic enrollment of individuals in a qualified health plan in the individual market is feasible and in the best interest of the state.
- Meet at least once every six months.

If you're interested in joining, please fill out the application and email it, along with any applicable materials to mhbe.policy@maryland.gov **by June 13**. Please contact Jessica Grau, health policy analyst at Maryland Health Benefit Exchange, with questions at jessica.grau1@maryland.gov.

Psychiatrists Employed vs. Owner

According to a 2018 AMA survey, 49 percent of psychiatrists were employed, 40 percent were owners of the practice (solo or group) and 11 percent were independent contractors. "Psychiatry, at 28 percent, had the highest share of physicians in solo practice..." Thirty-five percent of psychiatrists work in single-specialty groups. Across 12 specialties, the percentage of physicians in physician-owned practices ranged from a low of 38 percent in emergency medicine to a high of 72 percent in the surgical subspecialties. Psychiatry was next to lowest at 45 percent. Psychiatry was also next to lowest in terms of the percentage working in multi-specialty groups. This information comes from a new entry in the AMA Policy Research Perspectives series, which is based on data from the 2018 AMA Physician Practice Benchmark Survey. The survey included 3,500 physicians from 50 states and the District of Columbia who provide at least 20 hours of patient care weekly and do not work for the federal government.

APA News & Information

May APA Assembly Highlights

As many of you are aware, the American Psychiatric Association held its annual meeting in May in San Francisco. Prior to the annual meeting, the APA Assembly meets for three days to propose actions (via Action Papers) and positions (via position statements) that the APA should take. These meetings are always very active and productive, with Assembly members debating the Action Papers and position statements, and then voting on whether to support each one. This year was particularly busy, with a record number of Action Papers. Annette Hanson, Elias Shaya and I serve as your representatives to the Assembly.

One major theme of this year's meeting was scope of practice. An Action Paper was passed that states that chairs of psychiatry departments must have a medical license, have completed a residency training program in psychiatry, and possess an unrestricted license. An Action Paper entitled, "Scope of Practice for Prescription of Medications to Psychiatric Patients" was also passed. This requires the APA to adopt a position that in order to prescribe psychiatric medication, one must have: 1) education that is the same as, or more extensive than, that required by psychiatrist, 2) is a physician of another specialty with the ability to consult with a psychiatrist as necessary, or 3) is a Nurse Practitioner, Clinical Nurse Specialist or Physician Assistant being meaningfully supervised by a psychiatrist, or by a physician of another specialty with the ability to consult with a psychiatrist as necessary.

Psychiatric training was also addressed in this year's Assembly meeting. An Action Paper was passed that asks the APA to promote expanded Medicare funding for psychiatric residency training and to look at alternative funding sources for expansion of psychiatry training positions. Additionally, an Action Paper was passed that ensures that psychiatric residents are supervised by psychiatrists and not solely mid-level practitioners.

Several Action Papers addressed substance abuse. An Action Paper was passed that asks the APA to petition the DEA to require all prescribers of controlled substances to register with their respective prescription drug monitoring program. Additionally, an Action Paper was passed that asks the APA to advocate that the substance use history be in the main body of the history and not listed under social history.

Maintenance of certification continues to be a significant concern of our membership. An Action Paper was passed that asks the APA to conduct a feasibility study for alternative processes (apart from ABPN) for specialty certification. Additionally, a paper was passed that requests the APA to provide all articles needed for journal-based assessment activities as a member benefit.

As you can see, the Assembly has been hard at work advocating for our members and patients. We welcome any input from MPS members. If you have any ideas about positions or actions that the APA should take, please let us know using the email links below.

Brian Zimnitzky, M.D., Annette Hanson, M.D. and Elias Shaya, M.D.
MPS Representatives

Collaborative Care Model Resources

The APA has posted several Collaborative Care Model (CoCM) resources and videos:

Collaborative Care Model Explainer Video
Gives a high-level overview of the CoCM, including roles and responsibilities of the care team members, benefits of the care provided, and where to learn more. Click to view.

Provider Testimonial Videos
Provider Perspective videos from a psychiatrist and a primary care provider who have implemented the CoCM in two Federally Qualified Health Centers in Nebraska.

CoCM Resource and Education Guide
This newly released guide offers a full compendium of CoCM resources and educational opportunities offered by the APA, including trainings and webinars, implementation resources and guides, and educational offerings related to the CPT codes and payment for care provided in the model. Click here to view the guide

APA/AIMS Center Office Hours: The AIMS Center and American Psychiatric Association co-host monthly Office Hours to answer general questions about the Financial Modeling Workbook for the CoCM, as well as general implementation questions. The next calls are on Wednesdays, June 5, July 10, August 7 and September 4 from noon to 1:00 pm ET. Calls are open to psychiatrists, primary care providers, and program managers implementing the Collaborative Care Model. Click here for more information.

From April 30 *Integrated Care News Notes*

Free Members' Course of the Month

Culturally Sensitive Clinical Care of Older LGBTQ Adults: The population of the United States is aging and growing increasingly diverse, creating a demographic imperative to address diversity among older adults. Click here to access the Course of the Month.

APA News & Information

Message from the APA Area 3 Trustee

Dear Members of MPS,

Since 1975 it has been my privilege to be part of Area 3's [Maryland, New Jersey, Delaware, Pennsylvania, and Washington District Branches] governance. When I became part of this governance, all the American Psychiatric Association power was in the Board of Trustees. Over time we were able to move the power primarily to the APA Assembly.

At that time, the Assembly was only composed of District Branch representatives, almost half of whom had no vote. Area 3 initiatives changed that to where all who wanted a vote had such. [Rarely, some indicated that they were not prepared to exercise their right to vote.] It took years, but Area 3 was part of initiatives that vastly increased who was represented. We wanted every APA Member to feel that her or his professional interest had a voice in the APA governance, for example

1] Women
2] Resident-Fellow Members
3] Minorities
4] Early Career Psychiatrists
5] Allied Psychiatric Organizations, e.g., American Academy of Child and Adolescent Psychiatry
6] Public/Community Psychiatrists
7] Forensic Psychiatrists.
8] Asian-American Psychiatrists
9] Black Psychiatrists
10] Hispanic Psychiatrists
11] International Medical Graduates
12] Lesbians
13] Gays
14] Bisexuals
15] Educators
16] Addiction Psychiatrists
17] Geriatric Psychiatrists
18] Forensic Psychiatrists
19] Research Psychiatrists
20] Those deemed "Under-represented"

If there is an important professional or personal identity of a Maryland psychiatrist not represented in the Assembly or another component, please let me know as I would welcome being part of adding another voice in the APA's governance.

Some fear that the Assembly, as it approaches 200 Members, is "getting too large." I counter that by pointing out that one of the World's most effective legislative bodies, the British House of Commons, has 650 Members. It has functioned well for centuries.

As I leave the APA Board of Trustees for the fourth and last time [I might return to the Assembly, but not the Board], I want to note that my replacement, Kenneth Certa of Pennsylvania, will be able to add to the depth of the Board's deliberations, especially as to insurance issues, beyond what I could provide. An excellent choice of the Area 3 voters.

Roger Peele, M.D.
240-777-3351

Part D Protected Class Status Update

On May 15, HHS released the final rule, Modernizing Part D and Medicare Advantage to Lower Drug Prices and Reduce Out-of-Pocket Expenses, which would reduce drug costs by allowing additional utilization management for protected classes. HHS initially proposed three exceptions to the protected class policy that would (1) implement broader use of prior authorization (PA) and step therapy (ST) for protected class Part D drugs, including to determine use for protected class indications; (2) exclude a protected class Part D drug from a formulary if the drug represents only a new formulation of an existing single-source drug or biological product, regardless of whether the older formulation remains on the market; and (3) exclude a protected class Part D drug from a formulary if the price of the drug increased beyond a certain threshold over a specified loopback period.

In the end, HHS decided not to further weaken the Medicare Part D six protected classes (anticonvulsants, antidepressants, antineoplastics, antipsychotics, antiretrovirals, and immunosuppressants for the treatment of transplant rejection). As a result of advocacy by organized psychiatry (APA in partnership with the MPS and other District Branches) and the mental health community, the rule only finalized one of the three proposed exceptions with a modification to the first exception related to PA and ST. The first exception permits Part D sponsors to use PA and ST for protected class Part D drugs. However, as modified, the exception is a codification of already existing policy and does not place additional limits on beneficiary access to medications. Specifically, the exception will permit PA and ST only for new starts (that is, enrollees initiating therapy), including to confirm the use is for a protected-class indication. The rule takes effect on January 1.

Saul Levin, M.D.
APA CEO and Medical Director

APA News & Information

Draft Guideline for the Treatment of Patients with Schizophrenia

The APA is soliciting comments on its draft practice guideline for the treatment of schizophrenia. Feedback will be incorporated into the final version which must be approved by the APA Assembly. [You don't have to specialize in the treatment of schizophrenia to comment on this draft.] Please see the information below from Saul Levin, M.D.:

A PDF version of the draft is available on the APA website at https://www.psychiatry.org/psychiatrists/practice/clinical-practice-guidelines/review-draft-guidelines. **The deadline to comment is June 28**.

The Guideline Writing Group drafted the guideline based on a systematic review of the available evidence. Each statement (recommendation or suggestion) is separately rated according to the strength of the supporting research evidence and the balance of possible benefits and harms of the recommended or suggested actions. In addition to specific statements, the draft guideline includes a review of strategies and caveats when implementing the recommendations and a discussion of the appropriateness of the recommendations to inform quality improvement activities.

Comments should be emailed to guidelines@psych.org using the online Microsoft Word comment form. Please include the following information with each comment:

- Reference each comment by page and line number and include a reference or rationale for your comment.
- Disclose any relevant potential conflicts of interest, e.g., significant industry or other financial relationships you have that may be relevant to evaluating your comment.
- Include an email address and/or phone number where we can contact you for additional information about your input, if necessary.
- Everyone who submits comments can be acknowledged in the published guideline. If you choose to be recognized, please list your name and academic degree or your organization name as you would like them to be listed.

Thank you in advance for contributing your time and expertise. Please contact Jennifer Medicus, APA Practice Guidelines, at guidelines@psych.org with any questions.

Anne Hanson, M.D., Area 3 Liaison
Practice Guideline Steering Committee

Medicare Updates

CMS Implements Audit Reforms

CMS has recently implemented key improvements regarding the Recovery Audit Contractors (RACs) it uses to verify that Medicare Fee for Service (FFS) claims are paid based on Medicare requirements. The Medicare FFS RAC Program is used to prevent and reduce improper payments. RACs identify and correct overpayments made on claims for health care services provided to beneficiaries, identify underpayments to providers, and provide information that allows CMS to prevent future improper payments. However, in the past, providers found the audits time-consuming and expensive, often requiring lengthy appeals. The changes include:

- Better Oversight of RACs – RACs are required to maintain a 95% accuracy score and an overturn rate of less than 10%. In addition, RACs no longer receive a contingency fee until after the second level of appeal is exhausted to ensure that the decision was correct before the RAC is paid.
- Reducing Provider Burden and Appeals – RACs now audit proportionately to the types of claims a provider submits. In addition, CMS conducts fewer audits for providers with low claims denial rates. Also, providers have more time to submit additional documentation before needing to repay a claim.
- Increasing Program Transparency – CMS seeks public comment in advance on newly proposed RAC areas for review, before the reviews begin, to allow providers to voice concerns. RAC provider portals now make it easier to understand the status of claims.

More information on the Medicare FFS Recovery Audit Program is available at this link.

CMS Proposals Aimed at Rural Health

The Inpatient Prospective Payment System (IPPS) proposed rule puts the CMS Rural Health Strategy into action by changing the way Medicare factors local labor costs into hospital payments. To address Medicare payment disparities, CMS is proposing to increase the wage index of rural and other low wage index hospitals to begin to bring their payments closer to urban payments, allowing them to improve quality, attract more talent, and improve patient access. In addition, CMS is proposing a change to the wage index "rural floor" calculation. Under the law, the IPPS wage index value for an urban hospital cannot be less than the wage index value for hospitals located in rural areas in the state (known as the "rural floor" provision). CMS is concerned that some hospitals may be using urban-to-rural reclassifications to inappropriately influence the rural floor wage index value. To address the concern, CMS proposes removing urban-to-rural hospital reclassifications from the calculation of the rural floor wage index value. CMS is taking comments on the proposals from the public **through June 24**. Click here for information about how to submit. If finalized, the proposed policies would go into effect on October 1, 2019.

Cybersecurity Resources

The Department of Health and Human Services (HHS) has issued cybersecurity resources to help manage threats and protect patients:

- Health Industry Cybersecurity Practices: Managing Threats and Protecting Patients - Reviews five current threats (phishing attacks, ransomware attacks, loss/theft of equipment/data, insider, accidental or intentional data loss, and attacks against medical devices) and presents practices to mitigate those threats.
- Technical Volume 1: Cybersecurity Practices for Small Health Care Organizations
- Technical Volume 2: Cybersecurity Practices for Medium and Large Health Care Organizations
- Resources and Templates

Insurers Avoid Paying Despite Parity

A May 16 *Bloomberg* story shines a light on some of the reasons those who need mental health treatment have so much trouble accessing care, including phantom provider networks and lower reimbursements to behavioral health vs primary care for office visits. The last section of the article describes Maryland's network adequacy law and its single-case agreement provision.

Practice Management Help

Having issues with commercial insurers or Medicare or with the general administrative aspects of your practice? The APA website has resource documents dealing with a variety of issues such as CPT coding and documentation, opting out of Medicare, and negotiating a contract with commercial payers. Or, contact the **Practice Management HelpLine** by email (practicemanagement@psych.org) or phone (800) 343-4671.

June is Alzheimer's & Brain Awareness Month

Three Things to Know About Telepsychiatry

- A physician is deemed to be practicing medicine in the state in which the *patient* is physically located at the time of treatment and thus he or she must meet the licensure requirements of that state. Currently each state has its own rules and whether a license is required to treat a patient via telepsychiatry may vary depending on several factors including: type and frequency of the encounter, duration of treatment, whether another local psychiatrist is also involved in care, etc.

- It is important to remember that the standard of care for treatment via telepsychiatry is *exactly* the same as it would be were the patient seen in a face-to-face encounter. When practicing any form of telemedicine, one must consider not only meeting the standard of care from a *clinical* perspective but also meeting the standards required for the practice of *telemedicine*.

- Many states have very specific regulations for telemedicine practices that must be complied with. In addition to licensure requirements, psychiatrists must be aware of other rules and regulations their state (and that of the patient) may have regarding telemedicine practice as they will be required to comply with both sets of rules.

Professional Risk Management Services, Inc. (PRMS)
Manager of The Psychiatrists' Program
Medical Professional Liability Insurance for Psychiatrists
1-800-245-3333
Email: TheProgram@prms.com
Visit: PRMS.com
Twitter: @PsychProgram

For Maryland, the applicable regulations are available via a COMAR search. Type the terms "telemedicine" and "telehealth" separately into the search box to retrieve all currently applicable regulations. The Maryland Health Care Commission webpage has further considerations and resources.

American Telemedicine Association White Paper

At their annual conference, the American Telemedicine Association (ATA) released a white paper detailing how the future success of telehealth - including incorporating telehealth models into integrated care - depends on increased interoperability between telehealth platforms, electronic health records, and other data repositories and platforms. As telehealth becomes more widely used within integrated care, all of these systems must work harmoniously by standardizing the ways that patient data is sent, received, and stored, so that all patients and providers have access to the same information at the point-of-care. To access the complete white paper click here.

From April 30 *Integrated Care News Notes*

CLASSIFIEDS

EMPLOYMENT OPPORTUNITIES

Oasis the Center for Mental Health is looking for a full time psychiatrist to join our thriving outpatient clinic in Annapolis. We serve patients across the lifespan, offering therapy, medication management, and psychological testing. We offer a warm work environment, excellent support staff, and competitive salary and benefits, flexible schedule, with no call. Must have active Maryland license, DEA, CDS. Salary range is $250,000-$280,000. The salary is determined by the provider's experience and ability to treat all ages. Please contact Kathy Miller, MA LCPC at 410-268-8590 for further information.

Keith Miller & Associates Counseling is offering an opportunity to quickly build your full-time counseling practice with private-fee-only, adult clientele in downtown Bethesda, Maryland, or Washington, DC offices. Seeking a psychotherapist with high interest and experience treating couples for contract position. Two evenings plus one weekend day required. Must have independent MD or DC license. For detailed description and to apply, visit https://www.keithmillercounseling.com/job-opportunities/.

White Marsh Psychiatric Associates, LLC (WMPA) is seeking an Adult and/or Child Psychiatrist to join our practice. WMPA is an established multi-disciplinary outpatient practice conveniently located off I-95 in White Marsh. We offer a collegial work environment with an excellent support staff, internal billing, and potential for profit sharing, WMPA has contracts with most major insurance carriers that facilitates excellent referral sources and quick caseload development. We are seeking full or part-time providers to join seventeen other professionals in a setting that values quality patient care and the freedom that comes from outpatient clinical practice. Please send your resume and cover letter to drfrank@whitemarshpsych.com and/or call Travis Frank, PsyD., President @ 410-931-9280.

University of Maryland School of Medicine: Part time Practice Opportunity Department of Psychiatry PA Faculty Practice - The University of Maryland School of Medicine Department of Psychiatry is seeking a qualified part-time psychiatrist to work in our Faculty Group Practice. The Practice provides psychiatric evaluations and medication management for individuals 18 years and older and serves predominantly Faculty, Staff and their families on our campus. Opportunities to conduct fitness for duty and presurgical evaluations are available. In addition, our practice is expanding its use of telepsychiatry to allow greater flexibility in scheduling and greater access for those we serve. Please send CV to Louis Cohen MD at Lcohen@som.umaryland.edu All applicants are **required to apply online** at the UMB Taleo website at: **https://umb.taleo.net/careersection/jobdetail.ftl?job=19000016&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.

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 or 410-203-2411.

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