

MPS NEWS

Volume 33, Number 3

Editor: Heidi Bunes

July 2019

In This Issue

Member Updates & Survey	p. 2
Graduating Residents	p. 2
MPS Interest Groups Forming	p. 2
June Council Highlights	p. 2
Changing Md. MH Services	p. 3
Md. ERPO Law	p. 4
Interstate Medical Licensure	p. 4
Medical License Renewals	p. 4
Substance Use Disorder Info	p. 5
Medicaid Provider & Rx Info	p. 5
APA Info & Updates	p. 6
AMA Annual Meeting Highlights	p. 7
Medicare Updates	p. 8
In Every Issue	
Membership	p. 8
Classifieds	p. 10

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 7:30 PM Tuesday, September 10th in the MPS office. All members welcome!

President's Column

Looking out for Ourselves

Greetings! Summer is upon us and the 4th of July holiday gives us the opportunity to pause, reflect and prepare. I hope that you will be taking advantage of these moments to identify what you value most personally and professionally. I recall, a long time ago, that psychiatrists in the Boston area (almost all psychoanalytically trained) would take the entire month of August to vacation with their families on Cape Cod. While this may seem unattainable to us, it does speak directly to the quality of our experience as psychiatrists. We are all familiar with challenges that adversely affect our well-being, including burn-out, administrative burdens that prevent us from practicing at the top of our scope, competition from non-physician prescribers (and now non-physician "Medical Directors"!), and our own untreated mental illness and substance use disorders (in some case leading to suicide). While some of us have personal experience with these issues, the question arises for us all how best to care for ourselves as individuals and as a group. Some basic tenets (and their limits) come to mind.

Pride of ownership: We are uniquely qualified as physicians who specialize in understanding the mind/brain (conceptually two of the most complex entities imaginable) to recommend and provide therapeutic treatments for the benefit of our patients. Ideally, we do no harm, or try to minimize it. We diagnose working from a broader knowledge base than our non-physician colleagues. In pursuit of the highest standards of science, education and clinical care, we

work best when we connect with colleagues. We are truly a brother/sisterhood and our own social network.

Humility: At times we aspire to roles for which we may not be fully prepared. Even the best medical education does not provide essential skills necessary to manage the business or operational side of health care. While we must have a place at the table where decisions affecting the quality of care are made (we are, after all, superbly trained to see the effects of policies and operational decisions on our patient's health), to be most effective we should acknowledge our limits and recognize the strengths of others. Extra training helps (though may be expensive), as does collegiality (which is free).

Truth-seeking/telling: The doctor-patient relationship extends back over several millennia and places a high ethical responsibility on psychiatrists. The defense of our patients' well-being, privacy and dignity should be our highest priority. But it can be difficult to know how best to do this given the many and varied inequities (and iniquities) that our patients are exposed to. But opportunities abound. Consider writing an editorial, filling out an employee satisfaction survey, and whenever possible, challenging the stigma in our patients, our colleagues and in society that exacerbates the burden of mental illness.

Thank you for letting me sermonize a bit. Next month I promise more data and fun facts. Best wishes.

Marsden H. McGuire, M.D., M.B.A.

Response Needed!

The MPS sent member information update forms as well as the [2019 member survey](#) in May. Please 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. **Directory changes are due 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!

The deadline is July 31. For details, contact Meagan Floyd at the MPS office at 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!

MPS Interest Groups Forming!

The MPS is creating a new way for members to connect around subspecialty areas of interest., i.e. **Child and Adolescent, Geriatric, Forensic, Addiction and Consultation-Liaison**. Most communication will occur over email, but other options are possible. This is not an appointment to a specific role, just an indefinite opt-in to receive information and the opportunity to share news, ideas and concerns with participating members. You can leave the group any time.

For example, the MPS may send proposed Maryland regulations or legislation for input so we can be more effective in influencing how psychiatry is practiced in our state. Participants might seek suggestions for where to refer patients or how to best approach a difficult clinical situation. There are other exciting possibilities that will depend on how participants engage with each other.

To join or ask questions, please [email Heidi Bunes](#). We hope to have the MPS Interest Groups up and running later this month.

Maryland Psychiatric Society Psychopharmacology Symposium

Saturday November 9, 2019

The Conference Center at Sheppard Pratt

Esketamine/Ketamine:

Adam Kaplin, MD, PhD

Brexanolone:

Lindsay Standeven, MD

VNS in Treatment Resistant Depression:

Scott Aaronson, MD

Psilocybin Treatment of Depression & Tobacco Addiction:

Matt Johnson, Ph.D.

Optimizing Psychiatric Treatment Regimens to Treat Pain:

Liz Prince, DO

Deep TMS for OCD:

Geoff Grammar, MD

Don't miss this highly anticipated event. More information & registration materials coming soon.

June 11 Council Highlights

After new Council members were welcomed, Dr. McGuire gave a presentation including brief descriptions of the history and activities of the MPS, as well as explaining the voting members of Council and their responsibilities.

Consent Agenda

- Dr. Triplett noted the April 9 Council minutes.
- On behalf of the Program and CME Committee, Dr. Nestadt thanked Dr. Roskes for presenting at the successful May CME and noted plans for the November psychopharmacology program.
- On behalf of the APA Assembly Representatives, Dr. Zimnitzky said scope of practice, training, substance abuse and MOC were major themes at the May Assembly.
- As MedChi Delegate, Dr. Shaya reported on the Spring House of Delegates where Lex Smith, M.D. was honored with a Memorial Resolution.
- Ms. Bunes stated that based on the reported results with the new MPS social media accounts, they will all be continued indefinitely.

The forgoing items were all approved via the consent agenda.

Executive Committee Report

Dr. McGuire reviewed activities since the April meeting:

- The annual dinner at Hotel Monaco was successful but expensive, losing over \$4K.
- Nominated Drs. Danae DiRocco and Lindsay Standeven for Area 3 RFM Merit Awards.
- Approved bonuses to both MPS staffers.
- MPS is still trying to meet with Washington Psychiatric Society leadership, with Area 3 Council Chair Joe Napoli, M.D. mediating, to discuss solutions to the problem of two APA DBs in Maryland.
- In response to the interim work on Maryland's Behavioral Health System of Care resulting from HB846/SB482, there will be an MPS task force to recommend any updates to the 2012 [MPS position](#) on behavioral health integration. Interested members should email mps@mdpsych.org.

Dr. McGuire reviewed the MPS and APA lifer dues policies and their differences. Both follow the Rule of 95; however, MPS lifer dues amounts are based on time in practice and APA's are based on years of membership. Council received copies of an August 9, 2017 APA letter and a May 6, 2019 APA email questioning whether the MPS policy should continue. It was noted that the APA will phase out the Rule of 95 after 2021 and will begin charging dues for semi-retired and retired members based on time in practice. The MPS intends to make the same change concurrently, once details are approved.

Dr. Palmer requested a point of information regarding how this lifer policy relates to APA Central Billing. Dr. McGuire noted that continuing with APA billing would require the MPS to change its lifer dues policy beginning in 2020. The aspects of continuing with APA billing that were discussed in earlier meetings had been arranged in a table for Council review. There was a thorough discussion of the pros and cons of APA

vs. MPS billing. A motion to not use APA billing in 2020 and have staff bill MPS dues instead passed unanimously.

Secretary-Treasurer's Report

Dr. Ashley noted that the Executive Committee recommends no dues increase even though the change in CPI warrants an increase of 4.5%. This will hopefully help with member retention. As a result, the dues budget will decrease by \$2K due to member drops in April. A small surplus is expected for the annual dinner based on changing to a less expensive venue. We project a better bottom line for CME programming based on expense reductions. A 2.3% increase is included for salaries and a \$2K increase for the lobbyist, which continues to be paid 100% by MPS rather than being split with WPS. This is the main reason for the large deficit, projected at \$20,741 for the year. A motion to approve the proposed 2020 operating budget passed unanimously.

Dr. Ehrenreich noted the investment advisors' recommendation to increase the percentage of equities in the MPS investment reserve fund based on the MPS emergency reserve fund being invested entirely in a low risk money market fund. Since the two reserve funds are about equal, equities would only be 20% of the combined funds. In addition, the Executive Committee added parameters for when rebalancing would be required. A motion to approve an increase in the equities portion of the investment reserve fund to 40% as well as requiring rebalancing twice annually if the change would be at least \$1000, or any other time during the year if the change would be at least \$5000 carried unanimously.

Executive Director's Report

Ms. Bunes requested that all members of Council return their completed conflict of interest forms.

Membership Committee Report

In Dr. Gordon-Achebe's absence, Dr. Ehrenreich described the committee's recommendation regarding a member request for 50% dues relief for 2019 and 2020. The member has already received relief for more consecutive years than is normally allowed, so the committee recommended that the request not be granted. Council discussion included the possibility of a compromise to help retain the member. A motion to amend the recommendation to a 50% waiver of 2019 dues only, to be accompanied by an explanation, received a unanimous vote.

New Business

On behalf of the Maryland Foundation for Psychiatry, Dr. Triplett presented its 2019-2020 slate of officers, which Council voted unanimously to approve.



Maryland News

Improving Access to Mental Health Services in Maryland

Several initiatives are in full swing this summer involving Maryland's behavioral health system, both public and private sectors, institutional and outpatient. Although the ultimate goal is not transparent, clearly change is in the making. [State psychiatric hospitals and RICA programs](#) have moved within the Maryland Department of Health from reporting to the Behavioral Health Administration to reporting to Deputy Secretary of Operations [Gregg Todd](#). Other changes are being explored.

The MPS needs input from members to use in its advocacy efforts. Please help guide how the organization works on your behalf. If you're involved directly in one of the following new groups, please let us know. **Recommendations, examples and general comments are all welcome!**

[Lt. Governor's Commission to Study Mental & Behavioral Health](#)

Advise and assist with improving access to a continuum of mental-health services across the State. This relates to health insurance both in the public and private markets. Four subcommittees (with brief descriptions):

- Finance & Funding - how this affects access in the public and private sectors; developing quality outcome principles
- Crisis Services – evaluate service capacity and licensing scheme, review strategic plan and state health plan
- Public Safety & Judicial System – including first responders, detention and treatment of inmates
- Youth & Families - capacity in schools, caregiver supports

[MD Department of Health System of Care Workgroup](#)

To examine and make recommendations on how the state should provide, administer, and finance behavioral health services in conjunction with the Total Cost of Care Model that increases care coordination and quality for Medicaid enrollees, is cost efficient, and promotes access to care.

Three components:

- Quality Integrated Care Management
- Cost Management
- Behavioral Health Provider Management & Network Adequacy

[Maryland Health Care Commission Psychiatric Services Work Group](#)

Evaluating the need for additional acute psychiatric bed capacity and access to acute psychiatric hospital services, including the Certificate of Need (CON) process, in order to update the State Health Plan.

Please email your input and suggestions to Heidi Bunes at heidi@mdpsych.org. Thank you!

Maryland ERPO Law and Domestic Violence

Maryland's new Extreme Risk Protective Order (ERPO) statute allows a court to order law enforcement to temporarily seize firearms from an individual determined to present a risk. A new [resource](#) compares the ERPO to a Domestic Violence Protective Order in Maryland, including what they are and how they differ. The Bloomberg American Health Initiative [website](#) has more details about ERPOs nationally.

The MPS [website](#) includes a detailed discussion by Erik Roskes, M.D. of the various methods that psychiatrists can consider when deciding how to reduce risk in their practices, including an emergency petition, civil commitment, the gun restriction law and ERPO.

Interstate Medical Licensure Now Available for Maryland Physicians

The Interstate Medical Licensure Compact (IMLC) is a pathway to expedite licensing for physicians seeking to practice medicine in multiple Compact states. The IMLC creates a streamlined process for obtaining multiple state licenses. Applicants for licensure through the IMLC must meet the qualifications established under the Compact. For more information about the Compact, please visit www.imlcc.org.

Effective July 1, 2019, Maryland will become one of more than twenty states participating in the IMLC. For a complete list of participating states, minimum applicant qualifications, and information on how to apply for licensure through the IMLC, please visit www.imlcc.org. All Compact, initial, renewal, reinstatement and Letter of Qualification (LOQ) fees are the responsibility of the applicant. All fees are paid directly to the IMLC. Pursuant to the Compact, fees paid for licensure through the IMLC are NON-REFUNDABLE.

Do not contact the Maryland Board of Physicians with questions about qualifications and licensure in Compact states. **Please direct inquiries to the Compact by telephone calls to (720) 621-9464 or email to inquiry@imlcc.net.**

Please [click here](#) for more information from the Maryland Board of Physicians.

The Federation of State Medical Boards has a lookup tool to verify license status and professional background information. Find it at <https://www.docinfo.org/>.

Maryland News

License Renewal Starts July 2019 for Medical Licenses Expiring 9/30/2019 (Last names M-Z)

There is a yes/no question on the renewal about whether the physician maintains [Medical Liability Insurance](#). The answer will be posted on the [Practitioner Profiles](#). Practitioners can also edit their yes/no question within their profile. Physicians must use the following Board-supplied forms to comply with the new law:

- [Notice to Individual Patients](#)
- [Notice to All Patients](#)
- [Informed Consent to the Patient](#)

The language in the documents was drafted and approved by the Board in compliance with Maryland Code Annotated, Health Occupations Article §14-508 (effective date October 1, 2017). Alteration of the language in the documents may result in non-compliance with the law.

Revised Sexual Misconduct Regulations

[Regulations](#) defining and prohibiting sexual misconduct for Maryland health care providers are **updated as of May 20**. Please use the following links to locate specific sections of the regulations:

[COMAR 10.32.17.02 - Definitions](#)

[COMAR 10.32.17.03 - Sexual Misconduct](#)

Medical Data Breach Warning

Attorney General Brian E. Frosh is [warning](#) Marylanders that their medical and other private information may have been compromised by a cyberattack against American Medical Collection Agency, a third party collection agency for laboratories, hospitals, physician groups, medical providers, and others. The list of impacted entities includes Quest Diagnostics, LabCorp and others and affects over 20 million patients.

Marijuana Risks

SAMHSA offers information about the risks of marijuana on a new [webpage](#) that includes the impact of marijuana on brain health, mental health, athletic performance, and driving. The webpage also has three videos— [Build a Brain](#), [Marijuana Use While Pregnant or Breastfeeding](#) and [Virtual Assistant](#) – in addition to a [Marijuana IQ Quiz](#).

Fatal Overdoses Decline in First Quarter

The Maryland Department of Health and Opioid Operational Command Center released [2019 first quarter reports](#) on fatal overdoses. From January through March 2019, there were 577 total unintentional intoxication deaths, a 15% decrease compared with the same period in 2018. Of the total, 515 (89%) were opioid-related deaths, primarily attributable to fentanyl. Opioid-related deaths declined by 14%. Heroin-related deaths continued to decline, decreasing 23%. Prescription opioid-related deaths declined by 16%. Fentanyl continues to be the deadliest substance, with 474 fentanyl-related deaths in the first quarter, an 8% percent decrease. Cocaine-related deaths, the third most prevalent drug involved with overdose deaths, declined 21%.

Co-prescribing Opioid Overdose Reversal Drugs

New regulations went into effect **as of June 17** as a result of H.B. 1329/S.B. 967 Heroin and Opioid Prevention Effort (HOPE) and Treatment Act of 2017 (Chs. 571 and 572, Acts of 2017). The [HOPE Act Co-prescribing Guidelines for Overdose Reversal Drugs \(Naloxone\)](#) provide guidance to healthcare practitioners who prescribe opioids to treat a patient's pain or opioid use disorder. They include considerations for determining when to prescribe an opioid overdose reversal drug.

The Board of Physicians offers [guidance](#) for Maryland physicians and physician assistants to consider when determining whether and how to prescribe opioids.

CME for Implementing SBIRT

It's important to screen patients for risky substance use, deliver a brief intervention, and refer them to treatment if indicated. But these conversations can be difficult. A [training](#) with 0.5 CME credits has been developed to help treating providers navigate such conversations with various patients, including adolescents, pregnant patients, etc. This training supplements other resources found at <http://www.marylandsbirt.org/>.

From June 17 *MedChi News*

Maryland News

New Maryland Medicaid ORP Provider

Medicaid now allows Ordering, Referring, and Prescribing (ORP) provider enrollment for those who contract privately with patients. This is instead of enrolling as a rendering provider (and accepting Medicaid contract terms). The ORP option accommodates psychiatrists who have private pay arrangements with patients, while Medicaid pays for the labs and prescriptions they order. This new option is somewhat similar to opting out of Medicare but, according to Medicaid Provider Services, there is no 2-year minimum requirement, i.e. someone can sign up for ORP one week and then change to a provider the next week. Also, there is no Medicaid requirement for a signed written agreement with the patient, although that would be best practice.

You must enroll either as an ORP or as a rendering provider for prescriptions to be paid by Medicaid after October 1. If you have not enrolled, payment for prescriptions and labs will be rejected.

There is some screening with the ORP enrollment via [ePREP](#) (e.g. licensure, etc), which is the same as required for enrolling as a provider, but there is **no provider agreement and no contractual relationship with Medicaid**. Please use the ORP [application](#) on ePREP. The enrollment [instructions](#) help get into the portal on the correct path, but continue as appropriate to your situation as the rest of the steps depend somewhat on how you complete the form. Please contact mdh.rxenroll@maryland.gov with questions about ORP policies or enrollment.

After initial enrollment, the provider will need to upload when the medical license renews and revalidate every 5 years.

Please note: Each year many Marylanders enroll in Medicaid as one of the options on the health insurance exchange established under the Affordable Care Act. Be sure to ask all private pay patients whether they use Medicaid to cover their medicines and labs. If so, you must be enrolled as ORP to enable reimbursement.

Maryland Medicaid Pharmacy Program

In some instances when manufacturer rebates are taken into account, the multisource brand name drug is Preferred over its generic equivalent because the branded drug is more cost effective to the State than its generic counterpart. The Maryland Medicaid Pharmacy Program is alerting prescribers to changes **effective July 1** in the exceptions to the rule that generic drugs are preferred and require no prior authorization. Epidiolex, Sympazan and Abilify MyCite are a few examples of drugs that now require prior auth via the Medwatch form. Please review the [complete Preferred Drug List](#) for the latest information.

New Coalition Pushes 2020 Candidates to Prioritize Mental Health

Mental health professionals and organizations have come together in a new coalition to pressure 2020 candidates to commit to policies that will improve mental health in the United States. Led by former US Rep. Patrick Kennedy, a Democrat from Massachusetts, the coalition, known as **Mental Health for US**, has adopted a [platform](#) that addresses mental illness prevention, access to care, intervention, and recovery. Kennedy's co-chair, former US Sen. Gordon H. Smith (R-OR), notes that [suicide](#) is the tenth leading cause of death in America.

The hope is that by beginning advocacy early in the election cycle, the coalition will have the greatest impact. The coalition asks voters to join its effort, share their stories, and appear at rallies to get candidates' attention. Two such events will take place in Iowa and New Hampshire later in 2020. In addition, the coalition will ask candidates who are drawing at least 1% of the vote to respond to a series of questions on how they will address substance use, mental health, and suicide prevention. Responses will be published, verbatim, on the coalition's website in real time starting in September.

The coalition, led by the Kennedy Forum, the American Foundation for Suicide Prevention, the Jed Foundation, Mental Health America, the National Alliance on Mental Illness, the National Council for Behavioral Health, One Mind, and the Scattergood Foundation, also hopes to get its platform, or parts of it, adopted into the official Republican and Democratic platforms. The APA is not participating in the new coalition. However, a spokesperson noted that the APA has fought for parity in health insurance coverage — putting physical and mental health benefits at the same level, as required by a 2008 federal law — for many years.

From [June 13 Medscape article](#)

Free Members' Course of the Month

Try the APA Learning Center free with the **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.

APA News & Information

Are you a General Member? Become an APA Fellow!

Are you ready to take the next step in your career? Fellow status is an honor that enhances your professional credentials. Dues rates remain the same. Members who apply and are approved this year will be invited to participate in the Convocation of Distinguished Fellows during APA's 2020 annual meeting in Philadelphia. **Applications are due by September 1.** Visit the [APA website](#) for more details and a link to the application.

Diversity Resources

The APA's Division of Diversity and Health Equity webpage fosters cultural humility among psychiatrists and educates visitors about mental health disparities. The Division's programs support diversity within APA; serve the needs of evolving, diverse, underrepresented and underserved patient populations; and aim to end disparities in mental health care. Please visit the [page](#) for a wealth of educational resources, member engagement opportunities, and mental health advocacy.

The MPS Diversity Committee also has [webpage](#) with useful links to local, national and general resources.

APA Caucus for MOC Issues

Members who are interested in Maintenance of Certification (MOC) should consider joining the APA MOC Caucus to get updates regarding the caucus and MOC. It's easy to join and there is strength in numbers. The more members in the caucus, the more our voices will be heard.

To join, visit your APA member profile to update your caucus membership and submit. You can also access it via the orange "Join Today" button on the [caucus webpage](#). Then click Specialty Interests Caucuses and Listservs at the bottom of the list on the left side, check the "MOC Issues" box and click the blue "Save" button.

Here is the email address to post to the MOC Caucus listserv once you are a caucus member:
CAUCUS_MOC_ISSUES@lists.psych.org.

*Brian Zimnitzky, M.D.
APA Assembly Representative*

Federal Parity Bill Update

Leaders of the Senate Committee on Health, Labor and Pensions (HELP Committee) have released a legislative proposal—the *Lower Health Care Costs Act*--a series of initiatives to address the high cost of health care, such as prescription drugs and surprise medical bills. The bill also includes APA's legislative initiative, the Mental Health Parity Compliance Act of 2019. This initiative would promote federally regulated group health plans' transparency and compliance with the Mental Health Parity and Addiction Equity Act (Federal parity law) by requiring them to produce their analyses showing that they are, in fact, in compliance. The bill complements legislation already passed in Maryland.

APA members lobbied Capitol Hill in March to build support for the Federal parity proposal. The APA administration has worked closely with Senate champions for many months to build support with the leadership of the HELP Committee. We have also mobilized the national mental health community, which strongly supports the bill.

The inclusion of our proposal in the *Lower Health Care Costs Act* shows our bipartisan initiative is garnering interest on Capitol Hill. This is but one step in the legislative process and much remains to be done. However, I want you to know that we have achieved this legislative milestone and will be depending on the continued advocacy by APA members and partners in the mental health community. Lastly, I want to recognize the hard work of APA's Department of Government Affairs on this legislation and the parity work in which our Policy department continues to engage.

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

DSM-5 Update Underway

Now, six years since the publication of *DSM-5*, the APA has begun work on a text revision, *DSM-5-TR*. The goal is to ensure that the text in *DSM-5* is accurate and up to date for clinical, educational, research, and forensic purposes. A large team of subject matter and cross-cutting experts will review the *DSM-5* text, conduct literature reviews covering the past 10 years, and make updates where necessary. As with *DSM-IV-TR*, the scope of the revision is confined to the text with an emphasis on changes supported by the literature; the publication date has not been set. The *DSM-5 portal to submit* proposals for changes to diagnostic criteria or text remains available on an ongoing basis.

2019 AMA Annual Meeting Highlights

New [policies](#) adopted at the 2019 AMA Annual Meeting in June took aim at barriers to treatment and appropriate analgesic prescribing and pain management established by health plans and others in the medical system. More judicious prescribing has resulted in a dramatic decline in **opioid prescriptions**. However, AMA President Patrice Harris, M.D., chair of the [AMA Opioid Task Force](#), notes, "Physicians can't be expected to fight the epidemic with one hand tied behind their back, handicapped by policies that limit choices for patients and have no basis in science."

Following [action](#) by the House of Delegates (HOD), the AMA will work to better understand the routine occurrence of **burnout, depression and suicide among physicians**, residents and medical students. It will also combat the stigma of experiencing burnout and continue to offer resources.

The HOD adopted a comprehensive set of principles on **gender equity** in medicine to address disparities in pay and leadership. [Read more](#).

Efforts to increase physician **diversity** at a grassroots level, known as pipeline or pathway programs, have been an AMA priority. The HOD called for a better understanding of the best practices associated with these programs. [Read more](#).

Because **alternative payment models** (APMs) are usually designed to compensate for care that is not traditionally paid for, they present an opportunity to better serve vulnerable populations. But value-based payment programs can disproportionately penalize physicians serving the poorest and most vulnerable populations, according to an AMA Council on Medical Services report. The HOD adopted new policy to encourage APMs to meet the needs of vulnerable patients via quality measures that include both clinical and social determinants of health.

The AMA Council on Medical Services reported 561 **hospital mergers** between 2010 and 2015, and 102 and 115 mergers documented in 2016 and 2017. The HOD adopted [new policy](#) to protect patients and physicians from the potential negative effects of this consolidation.

AMA will promote awareness and broader implementation of **innovative models** to improve access to psychiatric and other specialty care in underserved areas. Examples include [Project ECHO](#) (Extension for Community Healthcare Outcomes in New Mexico) and the Massachusetts Child Psychiatry Access Project. Both have similar goals and ways to address gaps in specialty care through telemedicine interventions, according to a resolution introduced by the Texas delegation.

Newly adopted [AMA policy](#) addresses the use of **augmented intelligence** (AI) in health care. AI is evolving rapidly,

and issues regarding definitions of key terms, clinical efficacy and safety, equity, liability, usability and workflow integration are addressed in newly adopted AMA policy.

The AMA HOD considers proposals, hears testimony and amendments, and votes. Are you interested in learning more about this process? The AMA Ed Hub™ offers a module, "[How AMA Policy is Made](#)," which carries 0.75 CME credits.

The AMA [elected Susan R. Bailey, M.D. to the office of AMA president-elect](#). The Fort Worth, Texas, allergist and immunologist is the third woman in a row to hold the position. Dr. Bailey will assume the office of AMA president in June 2020.

[Click here](#) for reflections of **Patrice Harris, M.D.** after she was newly sworn in as the AMA's 174th president. Harris is a psychiatrist from Atlanta who is the first black woman to hold the AMA's highest office.

For complete coverage of the 2019 AMA annual meeting highlights, [click here](#).

Membership

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

Kamal Bhatia, M.D.
Michael Brown, M.D.
Ilana Cohen, M.D.
Candice Espinoza, M.D.
Zeeshan Faruqui, M.D.
Joshua Moss, M.D.
Lisa E. Sjodin-Feldman, M.D.
Elizabeth Turin, M.D.

Transfers Into Maryland

Anita Joseph, D.O.
Nicole Smith, M.D.

Upgraded to General Member

Michael Cannon, M.D.
Katrina Escuro, M.D.
Ashli Gamber, M.D.
Rebecca Sokal, M.D.

Reinstatement

Anne Ruble, M.D., MPH

AMA Approves Ethics Council Report on Physician-Assisted Suicide

In a 360-190 vote, the AMA House of Delegates approved a report from the Council on Ethical and Judicial Affairs. The report noted that arguments for and against participating in aid-in-dying or physician-assisted suicide were 'fundamentally unchanged' since its 1991 report and that the term 'physician-assisted suicide' is preferred over 'aid-in-dying' since it describes the practice with the greatest precision. While there were compelling arguments in favor of limiting terminal suffering, Delegates also voted 392-162 to reaffirm current AMA policy opposing assisted suicide, concluding that it creates more harm than good.

From [June 11 MedPage Today](#)

Note: On June 12, Maine became the 8th state to legalize assisted suicide per this [AP News item](#).

AMA Call to Action on Health Inequity

AMA Executive Vice President and CEO James L. Madara, M.D. opened the 2019 annual House of Delegates meeting with a description of AMA initiatives to address social determinants of health. He said food and housing insecurity, income inequality, and limited access to health care and transportation all "conspire to erode a person's prospects for a healthy life."

The AMA is working toward health equity in various ways. This includes launching the AMA Center for Health Equity and hiring [Aletha Maybank](#), M.D., MPH as the AMA's first chief health equity officer. Dr. Maybank was previously the founding director of the New York City health department's Center for Health Equity. Work by the AMA Health Equity Task Force, chaired by AMA Trustee (and Baltimore Internist) Willarda Edwards, M.D., serves as a springboard to the center's launch. Other work in this area includes the AMA Integrated Health Model Initiative to support the creating [23 new ICD-10 codes](#) related to social determinants of health, such as access to nutritious food and the financial ability to pay for medications.

From [June 8 AMA Annual Meeting Post](#)

ERPO Survey

Researchers at the Johns Hopkins School of Public Health developed a survey to better understand how Extreme Risk Protection Orders (ERPO) are used in clinical settings in Maryland. Please take 5 minutes to respond regarding your knowledge and experience using ERPO (sometimes called "red flag laws"). Based on responses, we can begin to provide education, CME events, and resources to the MPS community. Also, you have a chance to win a \$25 gift card. http://jhsph.co1.qualtrics.com/jfe/form/SV_bgvZzHTNqgFLE8J

Medicare Updates

CMS to Reduce Regulatory Burden

In June, CMS [announced](#) a [Request for Information](#) seeking ideas that relieve administrative burdens, maintain flexibility and improve efficiency of:

- Reporting and documentation requirements
- Coding and documentation requirements for Medicare or Medicaid payment
- Prior authorization procedures
- Policies and requirements for rural providers, clinicians, and beneficiaries
- Policies and requirements for dually enrolled (i.e., Medicare and Medicaid) beneficiaries
- Beneficiary enrollment and eligibility determination
- CMS processes for issuing regulations and policies

Comments must be submitted by **August 12**.

Avoid Future Medicare Payment Penalties

Physicians who do not report data under the 2019 Quality Payment Program (QPP) will be subject to a 7% reduction in their Medicare reimbursement rates in 2021. That penalty will rise to 9% the following year. Physicians working toward a positive payment adjustment (up to 7%) should have started collecting data for the MIPS Quality performance category as of January 1. It is still possible to avoid penalties and receive a neutral Medicare pay adjustment by collecting 90 days' worth of data relevant to the MIPS Promoting Interoperability and Improvement Activities categories. The latest date to begin collecting data is October 1. [Resources](#) are available in the QPP library or please visit the APA's [QPP webpage](#) or contact the APA Helpline by [email](#) or call (800) 343-4671.

CMS Proposes Updated e-Prescribing Standards

CMS [announced](#) a [proposed rule](#) to update the Part D e-prescribing program by adopting standards that ensure secure transmissions and expedite prior authorizations. It said that under the proposal, clinicians would be able to choose to complete prior authorizations online for Part D prescriptions. Clinicians who select the electronic option will typically be able to satisfy the terms of a prior authorization in real time before a prescription is transmitted to a pharmacy, so patients do not arrive at a pharmacy and find that their prescription cannot be filled. The proposed standards would begin in January 2021. [Comments](#) are being accepted **until August 16**.

CLASSIFIEDS

EMPLOYMENT OPPORTUNITIES

Spectrum Behavioral Health in Annapolis, Arnold and Crofton MD is seeking a psychiatrist for its growing private practice. Position includes attractive compensation, collegial multi-disciplinary staff, full administrative support, professional autonomy and premium windowed office space! This exciting opportunity offers a great income, stimulating teamwork, desirable location, and meaningful community impact. If interested please visit www.spectrum-behavioral.com or email Scott E. Smith, Ph.D. at sbhgmt18@gmail.com

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/>.

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.

Minority Mental Health Awareness

July is National Minority Mental Health Awareness Month! Please see the information and resources below.

- The [National Alliance on Mental Illness](#) (NAMI) has a docuseries, *Strength Over Silence: Stories of Courage, Culture and Community*. As well as other resources.

- [Mental Health America](#) (MHA) offers a toolkit for its 2019 *Depth of my Identity* campaign.

- The Robert Wood Johnson Foundation has a [City Health Dashboard](#) that features 37 measures of health that shape health and drive health equity for the 500 largest U.S. cities. Among the measures are frequent mental distress, opioid overdose deaths, binge drinking and more.

- The HHS Office of Minority Health has a new, free e-learning program: *Improving Cultural Competency for Behavioral Health Professionals*. This online tool assists behavioral health professionals who want to gain skills and knowledge about culture and diversity. It is accredited only for non-physicians. Click for more information and to [register](#).

- Please see links for mental health disparities of various demographic groups at the [HHS Office of Minority Health website](#) (click and scroll down).

- The Maryland [Office of Minority Health and Health Disparities](#) also offer offers resources on its website. In its June newsletter, Director Noel Brathwaite, PhD looked at black men's health, "There are several causes for poor health among black men: racial discrimination, high rates of incarceration, unemployment, a lack of affordable health services, poor health education, cultural barriers, poverty, access to health insurance, and insufficient medical and social services catering to black men all negatively impact health and wellness. Evidence shows that there are clear disparities between the two genders when it comes to health, even from the beginning of life." While men face unique health challenges, black men in the US suffer worse health outcomes than any other racial group.

Court Contemplates Third Party Liability for Physicians

Through discovery, it was revealed that a defendant, who struck and killed a cyclist, was under the care of a psychiatrist at the time of the accident, being treated for "mild depression," and taking at least six psychiatric medications. The trial court's decision in favor of the doctor was upheld. When a practitioner prescribes either appropriate or inappropriate medication that impairs a patient, the question is, were the consequences of the act of prescribing medication foreseeable to the practitioner?

The AMA Litigation Center brief argued that physician's duty of care is to the patient – and in a few rare instances to identifiable third parties – and not to protect third parties that suffer injuries as a result of the negligence of their patients. The AMA has a strong interest in ensuring that the patient-physician relationship is not improperly intruded upon such that it would undermine patient care. Physicians should "never hesitate to provide patients with treatments that have inherent risks and potential side effects because of fear of liability to the public."

From [June 29 AMA Judicial Update](#)

Rewarding Opportunities for Psychiatrists Across Maryland

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

OPPORTUNITIES INCLUDE:

GERIATRIC MEDICAL DIRECTOR Sheppard Pratt-Towson Campus Baltimore County	CHILD & ADOLESCENT PSYCHIATRIST Sheppard Pratt-Towson Campus Baltimore County
TRAUMA DISORDERS PSYCHIATRIST Sheppard Pratt-Towson Campus Baltimore County	ADULT PSYCHIATRIST Sheppard Pratt-Towson Campus Baltimore County
SCHOOL PSYCHIATRIST - AUTISM FOCUS Position serves multiple locations	CONSULTATION LIAISON PSYCHIATRIST GBMC Campus-Towson 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

Sheppard Pratt Health System

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

To learn more about our services, visit sheppardpratt.org. EOE.

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



sheppardpratt.org



6501 N. Charles Street
Baltimore, MD 21204



410.938.3800

Join Centurion and experience the benefits of a career in correctional mental health

Centurion partners with Maryland Department of Public Safety and Correctional Services and since 2005 we have provided mental health to this underserved population. New positions have been added in Baltimore and Jessup!

Featured Position: Chief Psychiatrist, Jessup Region

Why explore a career in correctional healthcare?

- Regular hours
- NO insurance paperwork or managed care hassles
- Reasonable caseloads and diverse patient population
- Secure and supportive work environment
- The opportunity to make a real difference in the lives of those who need it most!

In addition to rewarding work and **highly competitive salaries**, we offer a **comprehensive benefits package** for employees working 30 hours per week or more.

- Company-sponsored health, life, dental & disability insurance
- Generous time off, plus paid holidays
- 401(k) plan with employer match
- Paid malpractice insurance
- CME reimbursement and additional paid days off
- Flexible spending accounts for healthcare and dependent care

For more details, please contact *Jane Dierberger, Centurion In-House Provider Recruiter* at 844-477-6420 or email CV to jane@teamcenturion.com



For details and a list of all our openings please [check out our website!](#)

UNPARALLELED CLAIMS EXPERTISE WITH

29,000+

PSYCHIATRY-SPECIFIC CLAIMS HANDLED



WE DEFEND YOU

PRMS has managed more psychiatric claims than any other company in the United States. Our experienced claims team has a proven track record of providing exceptional service and expertise for more than 29,000 psychiatry-specific claims, lawsuits and significant events since 1986.



DAVID TORRANS II
SENIOR LITIGATION SPECIALIST



Expert claims handling is just one component of our comprehensive professional liability insurance program.

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/Dedicated | 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

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