

MPS NEWS

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In This Issue

Oct.17 Career & Practice Night	p. 2
2020 MPS Dues Changes	p. 2
November 9 Psychopharm CME	p. 2
2019 Member Survey Results	p. 3
2019-2020 MPS Committees	p. 4
MPS Interest Groups	p. 5
Collier Reception & Awards	p. 5
Free CDS CME	p. 6
Optum Awarded ASO Contract	p. 6
Medicaid ORP Provider Info	p. 6
APA Advocacy & CME	p. 7-8
Medicare Updates	p. 8-9
National Recovery Month 2019	p. 9
Physician Suicide Awareness	p. 9
In Every Issue	
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

“Old Dogs” Learning New Tricks

Summer is nearly over – though you wouldn't know it from the almost unrelenting heat we Marylanders have had to endure. Hopefully, you have had a chance to relax, regroup, recharge and recommit to your personal and professional goals as we head into a new “school year.” Here at the MPS, we have been busy. Our membership numbers have stabilized after several years of a slow decline largely through efforts at a personal and structural level to welcome younger members. We have also focused on building bridges to the Behavioral Health Administration and other branches of state government, the Washington Psychiatric Society, MedChi and others to optimally align our collective efforts where possible.

Of particular excitement and interest is a new MPS organizational structure that includes interest groups in addition to the committees that many of you have served on. What are the differences and why move in this new direction? [Committees](#) have been, and will continue to be, appointed each year to carry out specific responsibilities outlined in their charge, which involves a core function of the MPS. Membership, Legislative, Ethics, Academic Psychiatry, Distinguished Fellowship, Program and Continuing Medical Education and Editorial Advisory Board are examples. [Interest groups](#) serve a different purpose and provide a forum where ideas, concerns and advice on subspecialty areas can be shared in a less formal and goal-directed way. Like committees, interest groups have specific members but there are no requirements regarding meetings or expectation of

work products. They include Geriatric, Addiction, Child and Adolescent, Consultation-Liaison and Forensic Psychiatry as well as Early Career Psychiatrists, Book Club and Residents and Fellows. You might notice (correctly) that some of these areas were previously committees; however, through polling our membership we found much greater enthusiasm for the interest group approach. The MPS will continue to adapt as member needs and interests change.

I will finish by mentioning two new MPS committees. The Community Psychiatry and Diversity Coalition combines the previous separate Public Psychiatry and Diversity committees, reflecting their aligned charges and shared interests among the current members. I deeply appreciate the efforts and enthusiasm of Ann Hackman and Doris Balis in suggesting and implementing this collaboration. The other inaugural group this year is the Health Policy Advisory Group, which was conceived in the midst of trying to track multiple efforts at the state level to reform and improve the delivery of behavioral health services to Marylanders. It includes members with broad experience with both MPS and working with the state (Thanks to Steve Daviss for leading this effort).

We are indeed learning new tricks to make the MPS more responsive to and representative of your views. Thanks to those who responded to the MPS [member survey](#). In the months ahead we will be reaching out again for your input. But please don't wait if you have an idea to share – we are always open for those!

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

2020 MPS Dues Changes

The MPS will return to billing its own dues starting with the 2020 dues year.

- MPS dues rates for 2020 are the same as this year's.
- Members will receive two dues invoices in the early fall—one from the APA and one from the MPS.
- Members will pay APA dues to APA, and MPS dues to MPS.

Members can pay MPS dues by check or online using a credit card at [this link](#). More details will be sent with dues invoices.

If you have any questions or concerns please call the MPS office at 410.625.0232 or email mps@mdpsych.org.

Attention Just-Graduated Residents

Now that you have graduated from your training program, it's time to [advance your membership](#). Let us know if you're continuing in a fellowship or starting to practice! This will ensure you can access your benefits, including helpful early career [resources](#). Your MPS dues are not affected by this change and the [form](#) takes less than 5 minutes to complete!

Career and Practice Night for Psychiatrists

October 17, 2019 6pm-8pm
[Crowne Plaza Hotel](#), Baltimore

FREE – great food, open bar & networking!

Email mfloyd@mdpsych.org to register.
More materials coming soon.

Ethics of Genetic Editing

The Thomas E. Allen, M.D. Ethics Lecture at the Center for a Healthy Maryland will be Thursday evening September 12 in MedChi's Osler Hall. **Can we trust ourselves when it comes to Geno Editing?** Following dinner, listen to a panel discussion with **Jeffrey P. Kahn, PhD, MPH**, Director, Johns Hopkins Berman Institute of Bioethics, **Bhanu P. Telugu, PhD** Associate Professor at University of Maryland, College Park and **David L. Valle, M.D.** Director, Johns Hopkins Institute of Genetic Medicine. [Click](#) for more information. For reservations, email events@medchi.org by **September 6**.

[Maryland Psychiatric Society Psychopharmacology Symposium](#)

Saturday November 9, 2019

The Conference Center at Sheppard Pratt

Esketamine for Treatment Resistant Depression: How eSpecial is eSpecial K: Evolution, Revolution or Fashion?
Adam Kaplin, MD, PhD

Brexanolone: Clinical Considerations and Future Research Directions
Lindsay Standeven, MD

Past and Future of Vagus Nerve Stimulation for 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 Obsessive Compulsive Disorder
Geoff Grammar, MD

Don't miss this highly anticipated event.
[BUY YOUR MPS MEMBER TICKET TODAY!](#)

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of American Psychiatric Association (APA) and Maryland Psychiatric Society (MPS). The APA is accredited by the ACCME to provide continuing medical education for physicians. The APA designates this live activity for a maximum of **6 AMA PRA Category 1 Credit(s)**[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This activity is approved for a maximum of 6 hours of Category I Continuing Education for Social Workers by the Maryland Board of Social Workers.

This activity is approved for a maximum of 6 hours of Continuing Education for Psychologists by the Maryland Board of Examiners for Psychologists.

2019 MPS Member Survey Highlights

In May, the Maryland Psychiatric Society sent a survey to members by email and regular mail. The survey is now closed. A total of 175 responded, down from 196 [last year](#) but slightly better than 167 [in 2017](#). Following are some highlights of the input we received.

Psychopharmacology remains the dominant member need for **continuing medical education** (85%) with other prevalent responses being Ketamine/Esketamine, Managing Difficult Patients, PTSD and Psychotherapy. [Note that the MPS has planned a [Psychopharmacology Update](#) on November 9.]

Less than 100 responded about whether they need in-person training for enrolling as a **Medicaid** Ordering, Referring, and Prescribing (ORP) provider. This is required **by October 1** for prescribers who see Medicaid patients privately while Medicaid pays for medications [see the [MPS website](#) for details]. Of those, about 40% asked for a seminar on how to complete the enrollment. The MPS is following up with those who included their names.

This year's survey included questions to indicate whether respondents agree that MPS and APA **represent their interests as a psychiatrist** and are a **valued resource**. Over half *strongly* agreed with these statements about the MPS whereas about a third *strongly* agreed regarding the APA. Overall agreement with the statements was 88% for MPS and 76% for APA. Overall 9% of respondents were neutral regarding the MPS vs. 15% for APA. Overall disagreement with the statements was 1.5% for MPS and 4.4% for APA. In the open response section, a few objected to the requirement that members belong to both organizations.

Since the **MPS listserv** has become a useful resource for many members, three questions were added to find out how it can be improved. Half of respondents are current participants, while 8% unsubscribed, 23% have no interest and 20% would like to join. About one in five who joined the listserv as a resident or fellow said it influenced them to remain a member following training. Two in five said they would have continued anyway and two in five were unsure. Of those who read messages but don't post to the listserv, many said it is due to a lack of time or having nothing to add to the conversation. Four said they feared being judged when posting on sensitive topics and three said a few people dominate the discussion.

A general question asking respondents for their **main concerns as a practicing psychiatrist** generated 118 wide-ranging answers. Some of the more prevalent topics are payment, insurance and parity, some relate to underserved patients and others involve scope of practice. Administrative hassles like prior authorization, denials, EHRs, MOC and medication shortages are also frequent, as are litigiousness, safe-

ty, autonomy and values. The responses are best read in their entirety since they give a good composite picture of current concerns. [Click here](#) and go to page 18 for details.

Another general question about **how the MPS can better serve you** resulted in 81 responses, some of which were you're doing well. Suggestions involve legislation, insurance, provider networks, prior authorization, public psychiatry, scope of practice, MOC, networking events and CME. Again, it is best to read the various responses, which aren't easily summarized. [Click here](#) and go to page 22.

Overall satisfaction with the MPS was 86%, about the same as last year, and a higher percentage indicated they are neutral (14%) rather than unsatisfied. Seventy-six percent of respondents indicated that influencing how psychiatry is practiced in Maryland is most important in terms of what they value about being a member. Over half also indicated that *MPS News* and legislative reports are most important; almost half said having a place to call with questions is one of the most important. *The Maryland Psychiatrist*, the annual directory, CME, the listserv and networking events were rated somewhat important. Nearly half of respondents said the online Find a Psychiatrist is not important to them as a member, while 60% or more said patient referrals and connecting via social media are not important.

Over half of respondents practice in private settings, most of whom are in solo practice (n=77). Of respondents working in the public sector, about 30% practice in clinics and 20% practice in state hospitals. Over two-thirds of those who responded have been practicing more than 20 years and over three quarters have their primary place of practice in Central Maryland.

MPS leadership and MPS committees will carefully review the survey results over the coming weeks to help inform their decisions about changes, new initiatives and MPS offerings. Congratulations to survey participants Drs. **Diane Gutterman, Lisa Hovermale and George James**, who were selected randomly to win a \$100 credit each toward MPS dues or an MPS event. For more details, view the [complete results](#).

AMA Statements on Gun Violence

US News [reported](#) that at the annual National Association of Black Journalists convention, AMA President Patrice Harris, M.D. said, "So that everyone is clear: Mass shootings do not equate to mental illness"... Moreover, Harris said, "most folks who have a mental illness are more likely to be a victim of crime" rather than a perpetrator. Her comments bolster [an official statement](#) and a [call for action](#) on gun violence from the AMA and other leading physician groups.

2019-2020 MPS Committees

Academic Psychiatry**Jennifer M. Coughlin, M.D., Chair**

(410) 955-5212

Enhances collaboration between the MPS and the academic community, focuses on its needs and highlights its accomplishments via annual paper and poster contests.

APA Assembly Delegation**Annette L. Hanson, M.D., Co-Chair**

(410) 724-3149

Elias K. Shaya, M.D., Co-Chair

(443) 444-4540

Brian Zimnitzky, M.D., Co-Chair

(443) 603-1344

This group of MPS members serving in the APA Assembly serves an important function for the MPS membership. The Delegation includes and is co-chaired by MPS's Assembly Reps. It coordinates MPS representation in the APA and is a forum for MPS members with concerns they would like APA to address.

Community Psychiatry & Diversity Coalition**Theodora G. Balis, M.D., Co-Chair**

(410) 383-4914

Ann L. Hackman, M.D., Co-Chair

(410) 328-2564

Advocates for integrating the elements of diversity into the MPS by acting as a liaison to other community organizations with related interests, both clinically and academically. In addition, it represents the MPS on issues related to community psychiatry, including the proper use and role of psychiatrists in public settings and the quality of psychiatric care for patients. There is a recovery focus on under-served individuals with serious mental illness.

Distinguished Fellowship**Karen L. Swartz, M.D., Chair**

(410) 955-5212

Selects the MPS nominees for APA Distinguished Fellow in accordance with APA guidelines. Committee members must be Distinguished Fellows or Distinguished Life Fellows.

Editorial Advisory Board**Jessica V. Merkel-Keller, M.D., Co-Editor**

(908) 227-4329

Bruce Hershfield, M.D., Co-Editor

(410) 771-4575

Responsible to the Council for supervising and advising the Editor of [The Maryland Psychiatrist](#) regarding policies, article selections, and general management of the publication.

Ethics**Joanna D. Brandt, M.D., Chair**

(410) 321-1525

Ronald F. Means, M.D., Co-Chair

(410) 724-3000

Reviews ethical dilemmas in psychiatric practice, and provides leadership and guidance to members. Also responsible for investigating ethical complaints against members. It is constitutionally limited to eight members, three of whom must be past presidents.

Health Policy Advisory Group**Steven R. Daviss, M.D., Chair**

(410) 782-0077

Assists MPS committees and the Council in navigating the threats and opportunities resulting from several state government initiatives to focus MPS attention and resources in ways that best serve the interests of psychiatrists and their patients.

Legislative**Annette L. Hanson, M.D., Chair**

(410) 724-3149

Pursues the interests of the membership in all mental health matters, initiating and responding to proposed state legislation as well as proposed regulations affecting psychiatry. Liaison with our lobbyist, other MPS committees, MedChi, and other patient and professional advocacy groups is integral to this work, much of which occurs during the legislative session from early January to early April each year. Members critique bills and can testify in Annapolis on bills the committee feels are most important.

Membership & Recruitment**Sally A. Waddington, M.D., Co-Chair**

(301) 490-0778

Mark J. Ehrenreich, M.D., Co-Chair

(410) 328-6325

Recruits and evaluates applicants for membership, in accordance with MPS and APA policy. Also considers special member requests, works on recruitment, including outreach to area residency training programs, and carries out retention efforts.

Program & Continuing Medical Education**Jason H. Addison, M.D., Co-Chair**

(410) 938-4332

Paul Nestadt, M.D., Co-Chair

(410) 955-6114

Plans MPS scientific programs and ensures that programs qualify for CME credit.

Maryland News

New MPS Interest Groups!

The MPS has a new way for members to connect around subspecialty and other areas of interest. Most communication occurs over email, but other options are possible. For MPS members only, opting in, is an indefinite request to receive information and the opportunity to share news, ideas and concerns with participating members, who 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 members engage with each other.

ADDICTION PSYCHIATRY

The MPS Addiction Psychiatry Interest Group facilitates members and the MPS connecting on the topic of addictions.

BOOK CLUB

Virginia Ashley, M.D., Facilitator (410) 938-8467

Meets quarterly to discuss a book, fiction or non-fiction, chosen by the group in advance. Attracts members who want to get together socially for a stimulating discussion and light refreshment, whether or not they have been active in MPS activities. Click [here](#) for a list of recent titles.

CHILD AND ADOLESCENT PSYCHIATRY

The MPS Child and Adolescent Psychiatry Interest Group facilitates members and the MPS connecting on the treatment of children.

CONSULTATION-LIAISON PSYCHIATRY

The MPS Consultation-Liaison Psychiatry Interest Group facilitates members and the MPS connecting on the topic of C-L psychiatry.

EARLY CAREER PSYCHIATRISTS

Marissa A. Flaherty, M.D., ECP Representative on MPS Council (click to email)

Made up of ECPs, this Interest Group provides input to planning and implementation of educational, career, and social events for ECPs. It helps engage them in MPS activities and brings ECP issues to the attention of the MPS Council. It also allows an exchange of information and concerns among ECPs and enables them to easily receive information from the MPS.

FORENSIC PSYCHIATRY

The MPS Forensic Psychiatry Interest Group facilitates members and the MPS connecting on the topic of forensics. This is a private, opt-in forum for MPS members only. Most communication occurs over a listserv but other options are possible depending on group preferences.

GERIATRIC PSYCHIATRY

The MPS Geriatric Psychiatry Interest Group facilitates members and the MPS connecting on the topic of geriatrics. This is a private, opt-in forum for MPS members only. Most communication occurs over a listserv but other options are possible depending on group preferences.

RESIDENTS AND FELLOWS

Jamie Spitzer, M.D., RFM Representative on MPS Council (click to email)

Lindsay R. Standeven, M.D., Hopkins Program Facilitator

Comprised of Resident-Fellow Members (RFMs) from accredited Maryland training programs, this Interest Group provides input to planning and implementation of educational, career, and social events for RFMs. It helps engage them in MPS activities and brings RFM issues to the attention of the MPS Council. It also allows an exchange of information and concerns among RFMs and enables them to easily receive information from the MPS. Click [here](#) for opportunities and resources.

To join or ask questions, please [email Heidi Bunes](#).

Black Mental Health Alliance Maxie T. Collier VIP Reception and Awards Ceremony September 20 from 6 to 9 PM

The [Black Mental Health Alliance](#) for Education and Consultation, Inc. (BMHA) is proud to announce its annual event celebrating the life, work, and vision of BMHA principal founder Maxie T. Collier, M.D. BMHA is a 30-year regional mental health and social advocacy nonprofit organization providing a forum to lead and promote culturally relevant approaches to behavioral health access, quality, and integration that support the health and well-being of Black people and other vulnerable communities. Edgar Wiggins, MHS is one of this year's award recipients.

Dr. Collier was a member of the MPS and MPS members Jonathan Shepherd, M.D. (BMHA President) and Annelle Primm, M.D., M.P.H. currently serve on the BMHA Board. [Click here](#) for more details or to register for this event at the Mt. Washington Conference Center and Hotel in Baltimore.

Maryland News

Optum Awarded ASO Contract

On July 24, the Maryland Board of Public Works approved United Behavioral Health, Inc. (Optum) for the Public Behavioral Health System Administrative Services Organization (ASO) contract. The Beacon Health Options (current ASO) bid was almost 40% higher. The Medicaid Behavioral Health Division stated that Optum demonstrated its success in other states with provider enrollment, participant eligibility, funding stream determination, claims processing, data analytics, and the intuitiveness and searchability of its website. A four-month transition period begins September 1, and full implementation will start January 1, 2020.

As the ASO, Optum will provide support services for the Public Behavioral Health System, including behavioral health authorizations, utilization control, claims processing, provider education, training, compliance, and auditing functions. Optum will also provide reimbursement for recovery and support services, including mental health case management, mobile treatment/assertive community treatment, psychiatric rehabilitation, residential rehabilitation, supported employment, rehabilitation services, and specific substance use disorder services.

Renewals Underway for 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. Alteration of the language in the documents may result in non-compliance with the law.

Board of Physicians Scam Alert

The Maryland Board of Physicians has received licensee complaints about letters and phone calls threatening license suspension. These were not Board communications – please ignore and discard. [Click here](#) to see a sample letter and voice message. [Click here](#) to read more about spoofing calls and cyber attacks. Please see the Board [home page](#) for information and updates.

Do You See Medicaid Patients Privately?

You must be enrolled as an ORP (or as one of the rendering provider options) for prescriptions to be paid by Medicaid after October 1, 2019. If you have not enrolled, payment for prescriptions will be rejected at the pharmacy.

The Medicaid program 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 prescriptions they order. This new option is somewhat like 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. Please see more details on the MPS [website](#).

Free CDS CME Series

Maryland law requires all new and renewal applicants for CDS Registration issued by Office of Controlled Substances Administration (OCSA) to attest to completing 2 hours of CME related to the Prescribing or Dispensing of Controlled Dangerous Substances. MedChi is working with the Maryland Department of Health's Division of Drug Control to offer physicians and other practitioners a convenient opportunity to complete this training. The following live trainings are being held around the state, with more to be scheduled this fall:

- | | |
|--------------------|--------------|
| • Baltimore County | September 9 |
| • Calvert County | September 11 |
| • Cecil County | September 19 |
| • Frederick County | September 25 |

There is no charge to attend for members or nonmembers. Visit www.medchi.org/CDSroadshow for details. To RSVP, contact Amalia Rivera-Oven at ariveraoven@medchi.org or call 800.496.1056.

APA News & Information

Action Paper Deadline

The Action Paper deadline for the November 2019 Assembly is September 26. If you want to suggest an idea for APA action, please contact one or all of the MPS Assembly Representatives, [Anne Hanson, M.D.](#), [Elias Shaya, M.D.](#) and [Brian Zimnitzky, M.D.](#) **by September 2** so that hopefully an Action Paper can be drafted before the deadline for the November meeting. The Assembly meets again in May if you need more time. [Click here](#) for more details.

APA Advocacy on Gun Violence

An APA [press release](#) about the senseless loss of life from gun violence and the misplaced blame on individuals with mental illness and the repercussions of this language was picked up by media outlets across the country and generated social media attention. The APA joined six other medical organizations (American College of Physicians, American Academy of Family Physicians, American Academy of Pediatrics, American College of Surgeons, American Medical Association, and the American Public Health Association), in a [Call to Action on Firearm-Related Injury and Death in the United States](#). Firearm-related injury remains a problem of epidemic proportions, demanding immediate and sustained intervention. Also, I [represented APA on CNN](#) disputing the claim that mental illnesses causes mass shootings and emphasizing that individuals with mental illness are more likely to be victims of violence than committing violent acts themselves. I also called on Congress and the Administration to pass legislation to address this public health crisis. APA will continue to advocate for de-stigmatization of mental illness and ensure that our patients are not used as scapegoats in this larger debate over gun violence.

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

Free APA CME – Collaborating with Law Enforcement

Individuals experiencing a mental health crisis are at increased risk for contact with law enforcement, often with tragic consequences. *Being a Good Partner to Law Enforcement: Strategies for Crisis Providers* describes strategies for mental health providers and law enforcement to collaborate on innovative interventions, while balancing the interests of compassionate mental healthcare and public safety. Presented by Margaret E. Balfour, M.D., Ph.D. No charge for members! [Learn more and take the course.](#)

APA Accepting Abstract Submissions

Save the date and [submit your ideas](#) for general sessions, media sessions, courses or posters for the American Psychiatric Association's 2020 Annual Meeting, April 25-29, 2020, in Philadelphia, PA. The theme for the 2020 APA Annual Meeting is **Advancing Quality: Challenges and Opportunities**. All abstract submissions must be sent electronically to be considered. For helpful tips and additional information about topics and format, view the [Submission Guidelines](#). **The deadline is September 5th.**

MPS Partners with APA on Parity Compliance

This summer, the Mental Health Parity Compliance Act (H.R. 3165/S. 1737) was introduced in the U.S. House of Representatives and Senate. It addresses concerns with mental health parity enforcement by requiring insurers to demonstrate their compliance with federal parity requirements and directs the U.S. Secretary of Labor to collect analyses from plans when a complaint is filed. For more information, please review a one-page description of the legislation [here](#).

The MPS joined the APA and other District Branches across the country in sending a letter of support thanking the legislators for their leadership in introducing the bill to promote transparency and compliance with federal parity requirements and thereby improve patient access to mental health and substance use disorder services.

APA Concern on End of Flores Agreement

On August 23, the APA [expressed](#) deep concern with the Administration's decision to issue a rule that seeks to replace the Flores Settlement Agreement and may increase the time children spend in custody. The APA issued a statement asserting that the move will "...endanger children's mental health by eliminating the 20-day limit on detainment and weakening licensing requirements of detention centers. The children and families seeking asylum at the U.S. borders are already coping with the effects of the stress and trauma of leaving their home countries ..."

APA News & Information

Virtual Learning Collaborative: Substance Use Disorders in Later Life

Learn best practices to provide treatment options for older adults with substance use disorders. This 12-week virtual learning experience from APA and the Opioid Response Network STR-TA will provide information on the unique needs of the older adult population, effective treatment strategies and best practices. The learning collaborative will start Aug. 19. [Click here](#) to register.

Proposal to Improve Coordinated Care

The APA and a group of nearly 50 health care organizations, the [Partnership to Amend 42 CFR Part 2](#), commended a [proposed rule](#) to change federal regulations governing the confidentiality of patient records created by federally assisted substance use disorder treatment programs. HHS issued the proposed rule on August 26 in the *Federal Register*. It would revise 42 CFR Part 2 regulations to support coordinated care among different health care professionals who treat patients with substance use disorders (SUDs) while maintaining privacy safeguards (for instance, patients would still need to give consent for their records to be shared). APA is reviewing the rule and will submit comments, which are due by **October 25**.

In place since the 1970s, 42 CFR Part 2 regulations restrict sharing of medical records related to SUD treatment. They were originally intended to protect patient confidentiality, but they make it difficult for health care professionals to know whether a patient has a history of SUD. In June, the AMA House of Delegates voted to support alignment of 42 CFR Part 2 with HIPAA, a significant victory for the APA delegation to the House.

According to HHS, the proposed rule is the first of four regulations that have been identified in HHS's "Regulatory Sprint to Coordinated Care," which seeks to promote value-based outcomes for patients by examining federal regulations that impede coordinated care among health care professionals. HHS has prepared a [fact sheet](#) about the proposed rule. [Click here](#) for more information.

Free Members' Course of the Month

New Targeted Treatments for Fragile X Syndrome and ASD -This course highlights new targeted treatments for Fragile-X syndrome and other genetically homogenous syndromal forms of ASD based on molecular mechanisms. Presented by Randi Hagerman, M.D., UC Davis Medical Center. [Click here to access the Course of the Month.](#)

Medicare Updates

New CMS Pilot to Support Clinicians

CMS has a new pilot program for clinicians called Data at the Point of Care (DPC). The DPC pilot program will leverage Medicare's [Blue Button](#) data to give clinicians access to claims data. This data will give clinicians a more structured and complete patient history with information like previous diagnoses, past procedures, and medication lists. If you are interested in participating in the pilot, visit the [Data at the Point of Care](#) website. Beneficiaries who wish to opt out of data sharing can do so by calling 1-800-Medicare. For more info, see the [CMS Press Release](#).

Reporting Patient Relationship Categories for MIPS

CMS released an [article](#) about reporting Patient Relationship Categories and Codes (PRC) on Medicare claims, which are currently voluntary. As of January 1, 2018, Medicare Part B Merit-based Incentive Payment System (MIPS)-eligible clinicians may report patient relationships on Medicare claims using PRC codes. While this will be mandatory in the future, clinician participation during this voluntary period is encouraged to gain familiarity with the process.

PRC Code Modifiers

X1 – Continuous/Broad services: For clinicians who provide the principal care for a patient with no planned end-point of the relationship.

X2 – Continuous/Focused services: For clinicians whose expertise is needed for the ongoing management of a chronic disease or condition.

X3 – Episodic/Broad services: For clinicians who have broad responsibility for the comprehensive needs of patients that is limited to a defined period and circumstance, such as a hospitalization.

X4 – Episodic/Focused services: For specialty focused clinicians who provide time-limited care. The patient has a problem that will be treated with a time-limited intervention, such as surgery or radiation.

X5 – Only as Ordered by Another Clinician: For clinicians who provide care to patients only as ordered by other clinicians.

In the [2020 QPP Notice of Proposed Rulemaking](#), CMS proposed that voluntary reporting would count toward the Improvement Activity performance category of MIPS for the 2020 performance year. More information will be available if this provision is confirmed. To learn more about Quality Payment Program, visit: <https://qpp.cms.gov>.

Medicare Updates

Are You Using MBI 100% of the Time?

Starting January 1, Medicare will reject claims with the Health Insurance Claim Number, with a few exceptions. For more information, see this [article](#). Please be alert to a possible problem. If you send the Medicare Beneficiary Identifier (MBI) to your vendor/clearinghouse on your Medicare claim for payment, but you see both the Health Insurance Claim Number and the MBI on your remittance advice, action is needed. Your vendor/clearinghouse is not using the MBI to submit your claims, so you need to contact them and ask about their process.

If you are not already enrolled in Novitasphere, consider enrolling to take advantage of time saving features. A look-up tool can find the MBI even if the new Medicare card has not been mailed to that patient. Visit the [Novitasphere Center](#) for enrollment information and forms or call the Help Desk at 1-855-880-8424 with questions.

Organizations Appeal Decision on STLDI Junk Plans

On July 29, the Association for Community Affiliated Plans), National Alliance on Mental Illness, Mental Health America, American Psychiatric Association, AIDS United, National Partnership for Women & Families, and Little Lobbyists filed an appeal in the U.S. Court of Appeals for the D.C. Circuit challenging the recent decision on short-term limited-duration junk insurance (STLDI) plans. On July 19, the D.C. District Court upheld a 2018 Trump administration regulation allowing the dramatic expansion of the sale of STLDI plans as a direct competitor to comprehensive, Affordable Care Act-compliant health insurance. This decision allows expansion of [discriminatory, inadequate](#) short-term “junk” plans that can set higher premiums based on age, gender, and health status, deny access to basic benefits, lack protections even in the event of a catastrophic accident or illness, and deny coverage for any pre-existing condition. As [a recent study](#) confirmed, the plans are deceptively marketed and “often fail to provide consumers with the detailed plan information necessary to inform their purchase.” Expanding these plans will increase the number of Americans facing unexpected and unaffordable medical bills. In filing the notice of appeal, the plaintiffs hope for a swift ruling on the legality of STLDI plans before the 2020 ACA open enrollment period beginning in November. [Click here](#) for the press release.

National Recovery Month 2019

SAMHSA sponsors National Recovery Month each September to increase awareness and understanding of mental and substance use disorders and to celebrate the millions of people who are living their lives in recovery as well as those who make recovery possible. The 2019 [theme](#) is **Join the Voices for Recovery: Together We Are Stronger**. [Click here](#) for more info.

SAMHSA creates a [Recovery Month toolkit](#) to help with activities to increase awareness about mental and substance use disorders, treatment and recovery. The kit has media outreach templates, tips for event planning and community outreach, audience-specific information and data on behavioral health conditions, and resources for prevention, treatment, and recovery support services. Materials include SAMHSA’s 24-hour, free, confidential National Helpline 1-800-662-HELP (4357) for information and treatment referral and [SAMHSA resources for locating services](#).

Physician Suicide Awareness

The Council of Emergency Medicine Residency Directors, in collaboration with other medical organizations, will launch the first [National Physician Suicide Awareness Day](#) on **September 17**. The observance will take place annually on the third Monday of September to help spread awareness about physician suicide.

A recently released AMA CME covering suicide screening and prevention for patients also addresses what physicians should look for among their colleagues—and themselves—to reduce the chances of suicide. The CME video, [“Identifying and Responding to Suicide Risk,”](#) is designated by the AMA for one *AMA PRA Category 1 Credit™*.

2018 Survey on Drug Use and Health

On August 20, SAMHSA released a report on findings from the latest National Survey on Drug Use and Health (NSDUH). The NSDUH measures the use of illegal drugs, prescription drugs, alcohol, and tobacco; as well as mental disorders, treatment, and co-occurring substance use and mental disorders in the United States at the national, state, and sub-state levels. NSDUH data help to:

- Identify the extent of substance use and mental illness among different sub-groups
- Estimate trends over time
- Determine the need for treatment services

To locate the report for Maryland, [click here](#). For complete information, [click here](#).

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.

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.

Mt. Washington Village- Full time office in a 5 office suite of mental health professionals. Designated parking spot, shared waiting room, restroom, and storage room. Great building in a great neighborhood, on bus and light rail lines. \$540/month. Contact Dinah Miller, MD: 410-852-8404.

2019-2020 MPS Membership Directory

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

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

Would You Prefer Printed MPS Newsletters?

The MPS now offers members the option to receive printed black and white copies of *MPS News* (12 issues) and *The Maryland Psychiatrist* (3 issues). Newsletters will be mailed to members upon request for an additional annual fee of \$50 and will arrive in an envelope sent by first class mail. Members will continue to receive emailed copies, which they can use to access the links to online information referenced in the newsletter text. This offer is only available to active MPS members. Print subscriptions must be paid in advance, renewable annually and non-refundable. Members must notify the MPS promptly of address changes. To order, please send a check and a brief note to: MPS, 1101 St. Paul Street #305 Baltimore, MD 21202. Please email mps@mdpsych.org or call 410-625-0232 with questions.

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.

Elise Bennett, M.D.

Joshua Moss, M.D.

Sarah Alexandra Jane Reading, M.D.

Puja Sheth, M.D.

Isabelle S. Seto, M.D.

James C. Zinko, M.D.

Upgraded to General Member Status

Kevin Strouse, MD

Transfer In

Sylvia P. Fowler, M.D.

Anita A. Iype, D.O.

Stephen R. Masillamoni, M.D.

Nicole R. Smith, M.D.



Rewarding Opportunities for Psychiatrists Across Maryland

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

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Sheppard Pratt-Towson Campus
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TRAUMA DISORDERS PSYCHIATRIST

Sheppard Pratt-Towson Campus
Baltimore County

CONSULTATION LIAISON PSYCHIATRIST

GBMC-Towson
Baltimore County

ADULT PSYCHIATRIST

Sheppard Pratt-Towson Campus
Baltimore County

ADULT PSYCHIATRIST

The Retreat at Sheppard Pratt
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

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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.



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6501 N. Charles Street
Baltimore, MD 21204



410.938.3800

A hand is shown placing a wooden block with a red arrow on top of a staircase of wooden blocks with black arrows. The staircase is built on a wooden surface and consists of four blocks of increasing height from left to right. The top block is being held by a hand, and a fifth block with a red arrow is being placed on top of it.

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