MARYLAND PSYCHIATRIC SOCIETY

MPS NEWS

Volume 33, Number 6 | Editor: Heidi Bunes | October 2019

In This Issue

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

MPS News Design & Layout Meagan Floyd

The next MPS Council meeting will be held at 8 PM Tuesday, November 10th in the MPS office. All members welcome!

President's Column

Guest Column: Maryland's (New) Behavioral Health System

This month it is my pleasure to hand the reins of the President's Column to former MPS President Steve Daviss, who has courageously agreed to head the new MPS Health Policy Advisory Group. Steve has vast experience working at the complex and changing interfaces between policy, payer relations, public psychiatry, substance disorders and IT. In this column, he summarizes the history of a complex issue that is now resurfacing among state policy makers: behavioral health integration. ~Marsden McGuire, M.D.

You may have heard that Maryland is moving towards ending behavioral health carve-outs and privatizing the public behavioral health system. While the final details are unclear, the trends point in this direction and MPS members need to be actively involved in the planning process.

Historically, Maryland Medicaid combined fee-for-service for physical health treatment with a grant-based, catchment area payment system for psychiatric treatment. In 1997, we moved to a fee-for-service system that carved addiction treatment into the managed care organizations (MCOs) that had a portion of the Medicaid population. The mental health carve-out continued but switched from grants to fee-for-service payments managed by an Administrative Services Organization (ASO).

The carve-out had a number of negative effects. One was that primary care practitioners (PCPs) had to use symptom-based diagnosis codes (e.g., fatigue, insomnia) when seeing patients with mental health conditions because payment for DSM codes was contractually handled by the managed behavioral health carve-out organization. However, the coding rules have evolved and PCPs are much more willing to manage mild and moderate cases of depression, anxiety and addiction disorders, because they can now bill for it, as evidenced by the growing use of collaborative care codes.

In 2012, the Maryland Department of Health held a series of stakeholder meetings to discuss models for integrating physical, mental, and addiction care focused primarily on the public health system (mostly Medicaid). At the time, MPS was the only advocacy organization that supported full integration of all three treatment categories – it enumerated 16 principles considered essential to carrying out a successful full integration. Other groups, including the Mental Health Coalition, were sympathetic but concerned that adequate safeguards were absent. As a result, mental health and substance use disorder services were integrated under a single ASO, leaving physical healthcare with the MCOs.

Now, in 2019, this system is under review and the underlying principles to guide change are once again being debated (MPS leadership is actively engaged). There are no less than eight different committees, task forces, and work groups composed of various stakeholders who are volunteering their time, experience, and passion to work together to build a better system. You can read a summary of the various groups on page 3 of the August issue.

The APA has long supported a fully integrated healthcare system that does not stigmatize people by forcing them to get treatment from a separate system with different rules. The federal parity law has helped to fuel this transition towards full

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integration. The MPS continues to support the concept of full integration, but only with appropriate protections for patients and providers. As we put it in our 2012 letter to MDH: *"We strongly believe that the best way to achieve the Department's goals of whole-person coordinated care, . . . integration of financial, care delivery, and data systems, and . . . transparency for stakeholders that enable these goals, is to create a health care delivery model . . . that unites somatic and behavioral health care in a manner that aligns the incentives of the payors, clinicians, patients, and the State."*

Steven R. Daviss, M.D.
Health Policy Advisory Group Chair
2004-2005 MPS President

2020 MPS Dues Notices

The MPS will send 2020 dues invoices by regular mail at the beginning of this month. You should already have received a copy by email. Dues rates are the same as last year. Please pay MPS dues to MPS and APA dues to APA.

To pay your MPS dues:

- Mail your check made payable to "MPS" to 1101 St Paul Street, Ste 305, Baltimore, MD 21202 **-OR-**
- Pay online using a debit or credit card or Paypal account at this link or via your MPS member account.

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

Mental Illness Awareness Week October 6-12

Mental Illness Awareness Week (MIAW) takes place from October 6 – 12, 2019. This year, October 10 is World Mental Health Day (focused on suicide) *and* National Depression Screening Day. The 2019 MIAW theme is 7 Days, 7 Ways. Many people do not seek treatment in the early stages of mental illnesses because they don't recognize the symptoms. To help catch problems early, Mental Health America has free screening tools available at MHAscreening.org. Go to the MHA website for more information about MIAW, including images and tips for social media posts.

National Red Ribbon Week October 23-31

The October 23-31 National Red Ribbon Week theme is **Send a Message. Stay Drug Free**, a call to action to speak out in support of healthy choices. It also reminds us that staying drug free sends a message about how much you value yourself, your community and your future. Visit Red Ribbon for a planning guide, curriculum ideas, etc.

MPS Members Out & About

On October 17, **Steven Sharfstein, M.D.** will receive Royal Riddick Lifetime Achievement Award at the NAMI Maryland annual conference in Towson.

On September 24, **Dr. Sharfstein** also had his letter, Drugs have been invaluable in treatment of mental illness, published in the *Baltimore Sun*.

Help us spotlight news of MPS members in the community by sending info to mps@mdpsych.org.

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.

Refer a Colleague and Support the MFP

The "Refer a Colleague" initiative through Professional Risk Management Services, Inc. (PRMS) has generated a $75 donation to the Maryland Foundation for Psychiatry! For each referral to its medical professional liability insurance program, PRMS donates $25 to the referring physician's district branch or foundation (regardless of whether insurance is purchased)! This is an easy way for MPS members to generate extra financial support for public awareness activities in Maryland. To learn more about this program and to refer your colleagues, visit PsychProgram.com/Refer.

Free PCSS Half & Half MAT Buprenorphine Waiver Training Course

Two PCSS Half-and-Half Medication Assisted Treatment (MAT) waiver training courses will be offered on **October 9 in Annapolis** and **November 6 in Easton**. Each course will provide an overview of buprenorphine prescribed for the treatment of opioid use disorder (OUD). The course meets the required 8-hour training to prescribe buprenorphine for OUD. The trainer will conduct an overview of prevention, identification, and treatment of substance use disorders emphasizing OUD. The buprenorphine waiver 8-hour training is offered in a 'half- and -half' format - 4 hours of in-person training followed up by 4 hours of online training through PCSS-MAT. Upon completion of the required training, providers will meet the requirement of the DATA 2000 to apply for a waiver to prescribe buprenorphine for opioid-dependent patients.

September 10 Council Highlights

Strategic Priorities Discussion

Dr. McGuire presented background information for a discussion of the goals that the MPS should set for the coming 3 to 5 years. He reviewed the MPS Vision, Mission and Values as well as a recent analysis of its strengths, weaknesses, opportunities and threats (SWOT). He also discussed membership trends and financial results over the past 20 years. He explained that the priorities established now will be pursued over the next few years before being revisited by the Council. Each component of the MPS will align its work with them and new initiatives will be evaluated as to whether they address the priorities. A brainstorming session followed where various ideas were explored. Eventually, Council agreed on three strategic priorities:

- Membership growth & retention particularly early career psychiatrists
- Member engagement including WPS and leadership development
- Financial enhancement focused on non-dues income sources

Executive Committee Report

Dr. McGuire described activities since the June Council meeting:

- MPS had a teleconference with Behavioral Health Administration on June 25 when we learned that state psychiatric hospitals have been moved to MDH Operations. BHA has not made an updated organizational chart available. MDH is still recruiting for a Deputy Secretary for Behavioral Health. Members are encouraged to assist with MPS advocacy in this area.
- Appointed a new MPS Health Policy Advisory Group to review information and activities related to the Behavioral Health System redesign (carve in/carve out) and recommend any updates to the 2012 MPS position on Behavioral Health Integration. Members are encouraged to assist with MPS advocacy in this area. [see more on page 1 and below]
- Drs. McGuire and Ehrenreich met with Washington Psychiatric Society leadership (Drs. Candilis and Mohyuddin), Speaker-Elect Napoli, Area 3 Representative Greenberg and APA Counsel Coyle on July 26 at APA. The MPS sent a follow up letter and revisions to a draft MOU. The MPS continues to work diligently toward implementation of a new structure for Maryland psychiatry in alignment with the options approved by Council in March. WPS has new staffing via Next Wave Group association management services.
- MPS nominated Annelle Primm for the APA Bruno Lima Award for disaster psychiatry.
- MPS signed on APA's letter supporting federal parity compliance legislation and sent letters on this issue to the Maryland delegation.

Secretary-Treasurer's Report

Dr. Ashley noted that as of June 30, the MPS net loss is significant compared with budget and with last year. Even after trimming the lobbyist cost, the deficit is larger mainly because of higher staff costs and losses on the spring CME/movie and the annual dinner. There are currently more than ample funds to meet obligations and future expenses, but the MPS struggles to operate in the black. Compared with June 30, 2018, total assets are the same, but income is somewhat less, and expenses are substantially more, so the $27K loss is $19K more than last year's loss to date. While total income to date is on target with budget, expenses are more so the $27K loss to date is $8K worse than budget. There has been a $4K decrease in cash since the beginning of the year.

Executive Director's Report

Ms. Bunes said that members have reported problems with **Medicaid ORP provider enrollment** via ePrep, which allows prescribers to continue treating patients privately while medications are covered by Medicaid. As per her conference call with Medicaid and their vendor, the implementation **deadline will be delayed by a month to November 1**. In addition, they plan to have a lookup tool for prescribers to confirm their status. Medicaid will also investigate including the specific type on their enrollment confirmation letter.

Community Psychiatry and Diversity Coalition Report

Dr. Balis reported that the MPS Diversity Committee and the MPS Public Psychiatry Committee recently joined forces as the MPS Community Psychiatry and Diversity Coalition. The group met on September 5 to discuss a CME program on the impact of gun violence that is being planned in collaboration with the MPS Program and CME Committee. She said the group has also developed a position statement on humane treatment of asylum seekers that is stronger than but in line with one established by the APA. Their statement, **Maryland Psychiatric Society Supports Calls on Administration to Provide Humane Care for Asylum Seekers at U.S. Border**, was unanimously approved by Council.

Health Policy Advisory Group (HPAG) Report

Drs. Daviss and Roca joined the meeting by phone to discuss the scope of the HPAG's work and to explain an opportunity to enlist MedChi in MPS advocacy. Several government initiatives have created a busy and potentially very consequential period for MPS members. The HPAG is assessing developments in several areas and advising the Executive Committee and Council regarding the MPS stance:

- Maryland Department of Health/Behavioral Health Administration review of possible public mental health system changes via the Behavioral Health System of Care Workgroup, which has four Stakeholder Discussion Groups
- Commission to Study Mental and Behavioral Health and its four subcommittees

(Continued on next page)

•Maryland Insurance Administration – regulates private insurance plans only regarding their Network Adequacy (annual reports) and Parity compliance (third market conduct study)

•Total Cost of Care All-Payer/HSCRC

•Maryland Primary Care Program – collaborative/integrated care

•Maryland Health Care Commission Acute Psychiatric Services Workgroup

In the last legislative session, a bill was introduced to end Maryland's behavioral health carveout for Medicaid. The first two bullets above are a response to that and are intended to result in legislation for 2020 or 2021. The 2012 MPS statement was reaffirmed as a provisional position, but the HPAG will revisit it in the current context and recommend any needed changes. Once approved by Council, the MPS will hopefully introduce it as a MedChi House of Delegates Resolution so it can be formally adopted as part of MedChi's official advocacy agenda.

MPS Adds New Interest Groups

The MPS recently formed several Interest Groups to facilitate members engaging with each other and with the organization. After hearing member requests, we decided to try two more:

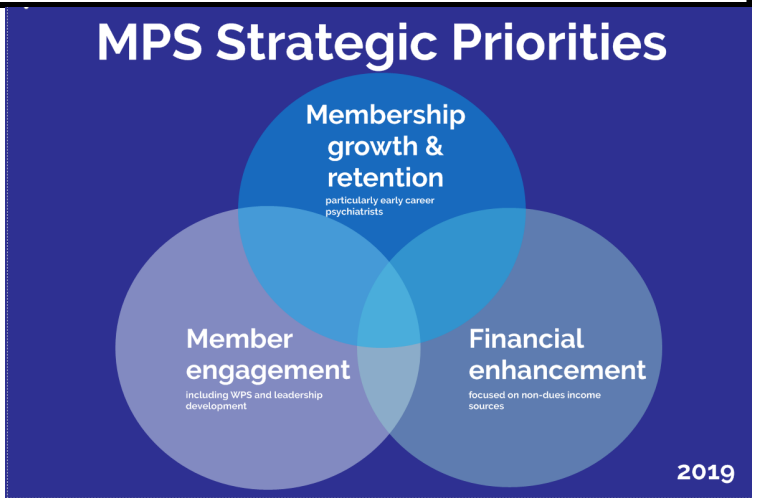
Neuromodulation in Psychiatry Interest Group

The Neuromodulation in Psychiatry Interest Group facilitates members and the MPS connecting on the topic of Neuromodulation through neurofeedback and neurostimulation. It discusses the use of ECT, EEG and Quantitative EEG, TMS, VNS and other neuromodulation therapies and techniques. 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.

Psychotherapy and Psychoanalysis in Psychiatry Interest Group

The Psychotherapy and Psychoanalysis in Psychiatry Interest Group facilitates members and the MPS connecting on the topic of psychotherapy and psychoanalysis. It discusses the use of psychotherapies, such as Cognitive-Behavioral, Interpersonal and Psychodynamic psychotherapy, and psychoanalysis in the practice of psychiatry. 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.

Click here to see a list of all MPS Interest Groups. To join a group, please send your request to mps@mdpsych.org. This opportunity is only open to MPS members.



Distinguished Fellowship Committee Update

The MPS nominated ten members for Distinguished Fellowship in June this year, up from six last year and two in 2017. The annual process begins in March. Distinguished Fellowship is awarded to outstanding psychiatrists who have made significant contributions to the psychiatric profession in at least five of the following areas: involvement in MPS, APA or other medical professional organizations, administration, teaching, scientific and scholarly publications, volunteering in mental health and medical activities of social significance, community involvement, as well as clinical excellence. The APA Membership Committee and Board of Trustees must approve the nominees before DFAPA status is awarded. Announcements usually occur in December and names of honorees will be shared then.

The Fellow (FAPA) category is an earlier recognition for board certified members that reflects dedication to the organization and allegiance to the profession. Twelve MPS members applied this year and will be notified about their approval in the fall.

I look forward to supporting Karen Swartz, M.D. who is stepping in as the new chair of the committee.

Mark Ehrenreich, M.D., FY19 Chair

Intercultural Counseling Connection Assists Asylees

The Intercultural Counseling Connection is a referral network of mental health professionals that provides culturally responsive counseling and therapeutic services for asylum seekers, refugees, and other forced migrants in the greater Baltimore area. Services are provided for free (pro bono) or under reimbursement through Medical Assistance (Medicaid). There is no charge to the client. For more information, visit their website, which includes how to get involved.

MARYLAND PSYCHIATRIC SOCIETY

Maryland Psychiatric Society Supports Calls on Administration to Provide Humane Care for Asylum Seekers at U.S. Border

The Maryland Psychiatric Society (MPS), a District Branch of the American Psychiatric Association (APA), is an organization of physician-psychiatrists dedicated to an environment that fosters access to culturally sensitive and comprehensive services for mental health and substance use disorders for all Maryland residents.

The MPS joins the APA in calling on the U.S. Administration to provide humane care for the children and their families seeking asylum at the U.S. border.[1] The recent images of detainees show inhumane environments, with overcrowding, lack of showers and food, inadequate medical and mental health care, and exposure to further trauma, especially for children who have endured forced separation from their families.

Immigration and Customs Enforcement (ICE) has determined that 3,000-6,000 and perhaps more migrants have significant mental disorders that range from anxiety to schizophrenia, and several migrants have attempted and completed suicide.[2] ICE has minimized, neglected, and even ignored the mental health needs of people already traumatized and seeking asylum. Only 21 of the 230 ICE detention facilities offer any kind of in-person mental health services, according to a 2016 agency oversight report.[2]

As professionals with subject-matter expertise, we are cognizant of the deleterious effects that these traumatic experiences can induce in children, adult and families; more so for people fleeing violence, conflict, persecution or other crises in their homelands. These are persons at a high risk for developing detrimental short, mid, and long-term psychological and physical sequalae including increased rates of anxiety, post-traumatic stress, depression, and poor quality of life. In a study of child refugee and asylum seekers at the US/Mexico border, 76 percent of children were suspected to have or had been diagnosed with at least one major mental health issue.[3] As reported in American Psychological Association Monitor on Psychology 9/2019, it has been shown that longer separations from parents during the immigration process leads to higher rates of anxiety and depression,[4] and there have been increased behavioral problems among students with detained or deported parents.[5] According to a recent article,[6] family separation was on par with beating and torture in terms of its relationship to mental health.

MPS supports calls on the Administration to abide by the 1997 Flores Settlement Agreement[7] that requires the government to release children from immigration detention without unnecessary delay to their parents, other adult relatives, or licensed programs, and to do so in a humane manner. We also support the APA's strong recommendations around DHS holding the detainment centers accountable for safety and to fully adhere to all current compliance requirements. Finally, the mental health needs of many thousands of detainee adults and children currently found to have mental disorders, trauma-related disorders, and even suicide attempts must be immediately and competently addressed by mental health clinicians according to the medical standard of care.

Approved by MPS Council September 10, 2019

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[1] American Psychiatric Association. APA Calls on Administration to Provide Humane Care for Asylum Seekers at U.S. Border. Jul 09, 2019. Washington, DC at https://www.psychiatry.org/newsroom/news-releases/apa-calls-on-administration-to-provide-humane-care-for-asylum-seekers-at-u-s-border

[2] Renuka Rayasam. Migrant mental health crisis spirals in ICE detention facilities. Politico. 7/21/19- https://www.politico.com/story/2019/07/21/migrant-health-detention-border-camps-1424114

[3] Physicians for Human Rights June 2019. There Is No One Here to Protect You" June 2019 Trauma Among Children Fleeing Violence in Central America. https://phr.org/wp-content/uploads/2019/06/PHR-Child-Trauma-Report-June-2019.pdf

[4] Carola Suárez-Orozco,1 Hee Jin Bang,2 and Ha Yeon Kim1. I Felt Like My Heart Was Staying Behind: Psychological Implications of Family Separations & Reunifications for Immigrant Youth Journal of Adolescent Research 26(2) 222–257

[5] Society for Research in Child Development. Statement of Evidence. The Science is Clear: Separating Families has Long-term Damaging Psychological and Health Consequences for Children, Families, and Communities. June 20, 2018. Washington, DC.

[6] Miller, A., Hess, J. M., Bybee, D., Goodkind, J.R. *Understanding the mental health consequences of family separation for refugees: Implications for policy and practice.* American Journal of Orthopsychiatry, Vol 88(1), 2018, 26-37

[7] US District Court Central Disctrict of California. Jenny Lisette Flores, et al, (Plaintiffs) vs Janet Reno, Attorney General of the United States, et al., (Defendants). https://cliniclegal.org/sites/default/files/attachments/flores_v._reno_settlement_agreement_1.pdf

The Maryland Psychiatric Society, Inc., A District Branch of the American Psychiatric Association
1101 St. Paul Street, Suite 305, Baltimore, Maryland 21202-6407, 410 625-0232, Fax 410 625-0277
mps@mdpsych.org, www.mdpsych.org

Maryland News

Update on Baltimore City Outpatient Civil Commitment Pilot

The Baltimore City Outpatient Civil Commitment Pilot Program now includes patients who have been in the hospital on a voluntary basis. As you may know, Maryland is one of a few states that do not have outpatient civil commitment --also called Assisted Outpatient Treatment (AOT), mandated outpatient treatment, or community treatment orders. For the past two years, Behavioral Health System Baltimore (BHSB) has had a grant for a **pilot program for outpatient civil commitment** in Baltimore City. To be admitted to the program, a person must be a resident of Baltimore City and must have been retained on the inpatient unit at a civil commitment hearing at least twice in a 12-month period. The program accepts both voluntary and involuntary participants, and most of their clients have been voluntary.

What's interesting about this program is that it does not mandate people to treatment or medications. It puts them in a program where they have a peer support counselor who engages with them and helps them navigate medical and psychiatric services, benefits, and transportation to appointments. Patients are eligible for the program even if they are already engaged with treatment, and some clients are receiving ACT services, so non-compliance is not a requirement. The services must be initiated by the inpatient unit, and even the voluntary services go through a judge's order (the same ALJs who go to the hospital for commitment hearings). If the patient comes out and refuses to meet with the peer specialist, the order has no "teeth." They don't drag the patient to the ER or back to the inpatient unit, or to jail. It's basically a gentle way to try to get very sick people to engage with services, to help them negotiate both the psychiatric and medical aspects of care and benefits, and to help them get to appointments. They are happy to take on homeless patients. The term Outpatient Civil Commitment is a bit of a misnomer.

Just recently, the program's eligibility criteria have changed to include **Baltimore City residents who have had two admissions within the past 12 months, regardless of whether those admissions were voluntary or involuntary**. The patient must live in Baltimore City; the admissions do not need to be in the city. The request for service must be initiated by the inpatient unit and a judge's approval is still needed. If the admissions were voluntary, then the patient must agree to the services, they cannot be put on the involuntary track. Please share this information with anyone who treats patients who might benefit from this service as they are actively trying to increase the number of people in the program. Click here for information about the program. You can also contact Behavioral Health System Baltimore (BHSB) at ClinicalServices2@BHSBaltimore.org or (410) 735-8574 for more information.

Dinah Miller, M.D.

[See related article in *Clinical Psychiatry News*.]

MedChi's Physician Health Program Helps Physicians

Do you know a physician who is dealing with an addiction issue, mental health concern, professional burnout, or extreme stress? Is it effecting their ability to practice medicine? We have a resource for physicians in trouble, and we want to help.

More than three-quarters of physicians experience symptoms of burnout. Even more troubling, physicians have the highest suicide rate of any profession and are more than twice as likely as the general population to attempt suicide. In an ongoing, concentrated, and effective effort to address this crisis by prioritizing the mental and emotional health of Maryland's physicians, MedChi operates the Maryland Physician Health Program (MPHP) through our Center for a Healthy Maryland.

MPHP assists physicians and physician assistants in a confidential, private setting to address issues that may potentially impact their ability to practice medicine. These issues might include (but aren't limited to) alcohol or chemical dependency, physical or cognitive impairment, boundary issues, behavioral issues, and many other mental and emotional health concerns. The program assesses and refers participants to clinically appropriate treatment, helps the participant develop a rehabilitation plan, provides case management to facilitate progress with the plan, and provides advocacy on behalf of the client when needed. The program also provides education and outreach to the medical community regarding physician impairment and available services.

Learn more about the program here or call 800.992.7010. If you or someone you know needs help, please reach out to us.

Gene Ransom III MedChi CEO

Children's Behavioral Health Coalition Update

The Maryland Children's Behavioral Health Coalition (CBHC) met September 16 to hear a presentation by Debbie Marini, Director of Placement and Permanency at DHS, on the forthcoming improvements to the child welfare system under the Family First Prevention Services Act. The Kirwan Commission – Blueprint for Maryland's Future Funding Formula Workgroup is winding down. The full commission will be brought back to vote on the workgroup's proposed funding formulas. CBHC will provide oral testimony at a public hearing on November 12 to urge the Commission to fully fund the school behavioral health recommendations. CBHC policy areas for 2020 have been narrowed to four topics via a survey: the system of care, school behavioral health, youth crisis services and hospital stays, and trauma and ACEs. A draft 2020 policy platform will be reviewed at the October meeting.

Maryland News

Harris to Keynote November MedChi House of Delegates

MedChi will welcome AMA President Patrice Harris, M.D. as the keynote speaker at its Annual Meeting & House of Delegates Meeting on Saturday, November 2, 2019. Dr. Harris plans to present remarks focusing on her vision for organized medicine and her experiences in AMA leadership. She has held many leadership positions at both the national and state level, including serving on the AMA's Board of Trustees since 2011 and a term as chair from 2016 – 2017. She previously served as chair of the AMA's Council on Legislation and on the boards of the American Psychiatric Association and the Georgia Psychiatric Physicians Association. A key priority for Dr. Harris is developing solutions to end the nation's opioid epidemic.

During the meeting, MedChi delegates will also consider reports and resolutions on various topics and policies. Resolutions related to gun violence, medical cannabis, payment issues, and much more are expected. Many of MedChi's 2020 legislative, regulatory and public health priorities will be determined at this meeting, so grassroots involvement is encouraged. Although the House of Delegates is made up of voting members, ALL MedChi members are welcome and encouraged to attend the meeting. [Please note that Elias Shaya, M.D. is the Maryland Psychiatric Society's Delegate to the MedChi House of Delegates.]

Visit www.medchi.org/HOD to keep up to date on all the meeting details. Reach out to Catherine Johannesen, MedChi Chief of Staff, with any questions or to RSVP.

Medicaid ORP Enrollment Update

The deadline for Medicaid ORP provider enrollment will be delayed by a month to November 1. This allows prescribers to continue treating patients privately while medications are covered by Medicaid. Medicaid plans to roll out a lookup tool for prescribers and the general public to confirm their status.

Health Professional Shortage Area Bonus Payments

The 2020 Annual Update for the Health Professional Shortage Area (HPSA) Bonus Payments provides information on automated payments of HPSA bonuses for dates of service January 1, 2020, through December 31, 2020. Review the Physician Bonuses webpage each year to determine whether to add modifier AQ to your claim in order to receive the bonus payment, or if the ZIP code in which you rendered services will automatically receive the HPSA bonus payment.

New Laws Effective October 1, 2019

SENATE BILL 28 (Chapter 101) – Health Insurance – Coverage Requirements for Behavioral Health Disorders – Short-Term Limited Duration Insurance · Alters the definition of "health benefit plan" as it applies to § 15-802 of the Insurance Article, Annotated Code of Maryland (Benefits for treatment of mental illnesses, emotional disorders and alcohol misuse), to include short term limited duration health insurance. The Governor signed Senate Bill 28, introduced at the request of the Maryland Insurance Administration (MIA), which altered the definition of "health benefit plan" to ensure that the State's mental health parity law applies to short-term limited duration insurance. MPS supported the bill because short-term disability plans should cover a robust set of mental health and substance use disorder benefits, while also meeting the requirements of Mental Health Parity and Addiction Equity Act (MHPAEA).

SENATE BILL 178 / HOUSE BILL 570 (Chapter 275 / Chapter 274) – Outpatient Mental Health Centers – Medical Directors – Telehealth · Requires that regulations adopted under Title 7.5., Subtitle 4 of the Health-General Article, regulating behavioral health programs include provisions authorizing a behavioral health program licensed as an outpatient mental health center to satisfy any regulatory requirement that a medical director be onsite through the use of telehealth by the director. This bill required regulations governing behavioral health programs to include a provision authorizing an outpatient mental health center to satisfy any regulatory requirement that the medical director, a psychiatrist under current law until October 1st, be on site using telehealth by the director. Unlike Senate Bill 944/ House Bill 1122, MPS supported this legislation as the proper way to address the shortages of physicians in Maryland, particularly on the Eastern Shore and in Western Maryland.

SENATE BILL 405 / HOUSE BILL 435 (Chapter 504 / Chapter 503) – Health Insurance - Prescription Drugs - Formulary Changes · Insurers, nonprofit health plans, and HMOs that provide coverage for prescription drugs and devices are required to provide members currently using the prescription drug or device with notice of a change in the drug formulary 30 days prior to moving a prescription drug or device to a tier with higher deductible, copayments, or coinsurance amounts. Requires that the notice contain information for members to request an exemption from the formulary change allowing the member to continue receiving the same cost sharing requirements or how the member can obtain a prescription drug or device that is removed from the formulary.

Maryland Psychiatric Society Psychopharmacology Symposium

Saturday November 9, 2019

The Conference Center at Sheppard Pratt

All of our dynamic sessions will be presented by a slate of distinguished faculty on a wide variety of topics tailored towards psychiatrists and mental health clinicians who need the most up-to-date information available. The course is meant for all clinicians who prescribe psychotropic medications, and will address indications, contraindications, management of adverse events and more. It includes a focus on complex and challenging conditions, atypical presentations and special populations throughout the life cycle.

AGENDA

8:30AM	**Breakfast and Registration**
9:00	*Esketamine for Treatment Resistant Depression: How eSpecial is eSpecial K: Evolution, Revolution or Fashion?* Adam Kaplin, MD, PhD
10:00	*Brexanalone: Clinical Considerations and Future Research Directions* Lindsay Standeven, MD
11:00	**BREAK**
11:15	*The Past and Future of Vagus Nerve Stimulation for Treatment Resistant Depression* Scott Aaronson, MD
12:15	**LUNCH**
1:15	*Psilocybin Treatment of Depression and Tobacco Addiction* Matt Johnson, Ph.D.
2:15	*Optimizing Psychiatric Treatment Regimens to Treat Pain* Liz Prince, DO
3:15	**BREAK**
3:30	*Deep TMS for Obsessive Compulsive Disorder* Geoff Grammar, MD

GOALS/OBJECTIVES

At the end of this educational activity, the learner will be able to:

- Describe the features of a treatment resistant depression (TRD)
- Identify potential candidates most likely to benefit from vagus nerve stimulation (VNS) for depression
- Differentiate between scales rating severity of depression from scales evaluating quality of life and how each should impact on clinical decision making.
- Describe differences in magnetic field generations with different TMS coil types
- Name areas of the brain implicated in OCD and affected by deep TMS
- Define outcomes in the deep TMS for OCD clinical trial that was considered in FDA approval
- Identify disorders which are being investigated regarding treatment with psilocybin
- Identify risks of administering psilocybin
- Describe safety mechanisms for mitigating risks in psilocybin research
- Learn the risks, benefits and alternatives to the use of esketamine for treatment resistant depression.
- Understand the presumed basic mechanism of action of low dose esketamine and why that results in unique clinical characteristics of this novel, recently approved antidepressant therapy
- Describe to patients the basis for the approval by the FDA of this treatment, and what the risks are and side effects, as well as unique clinical applications
- Identify the somatic and psychiatric relative contraindications to the use of esketamine
- Discuss the epidemiology of perinatal depression and anxiety
- Understand of biological background that fueled interest in Brexanalone
- Review scientific literature on Brexanalone and strength of findings
- List clinical challenges in Brexanalone administration
- Understand how pain and psychiatric illness are related
- Discuss how pain medications relate to psychiatric illness
- Identify psychiatric treatments that can impact pain
- Review management strategies for patients with psychiatric illness and pain disorders

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.

Only $125.00 for MPS members! *(includes breakfast, lunch, snacks, program material and 6 CME/CEU hours.)*

BUY MEMBER TICKETS NOW BY CLICKING HERE!

APA News & Information

September 7 APA Area 3 Meeting Highlights

The new Area 3 Representative, Dr. Bill Greenberg, reorganized the format of the Area 3 District Branches meeting in Philadelphia to allow for an afternoon legislative in-service to share information about common advocacy issues. A member from each district branch presented short talks on advocacy surrounding the opioid epidemic, access to care, parity, and involuntary admissions.

There were no action papers submitted at this meeting. An action paper endorsed earlier by Area 3 is now under consideration by the APA Board of Trustees. The Board has formed a work group to address new language for the position statement on nurse practitioner prescribing.

We were pleased to have our new Alternate Early Career Psychiatrist Representative, Dr. Kathy Patchan, attend this meeting to learn and observe the organization.

An Assembly workgroup is being formed per Speaker O'Leary to address workforce issues (physician shortage) and scope of practice. In addition, Speaker O'Leary proposes revising the Action Paper process to move more work to the reference committees, i.e. rewriting and amending and documenting rationale. This idea will be tested in November using one reference committee.

Annette Hanson, M.D.
APA Assembly Representative

Workplace Mental Health Assessment

The APA Foundation's Center for Workplace Mental Health, Mental Health America, and One Mind at Work have joined forces to connect employers with information and resources on workplace mental health. The Workplace Mental Health Assessment website helps employers assess the workplace, raise awareness, end stigma, build a mentally healthy culture, and improve access to mental health supports. The emphasis is on proactive, preventative approaches that improve employee health and well-being along with performance.

Free Members' Course of the Month

Early Intervention in Psychosis: 21st Century Implementation Challenges - Coordinated Specialty Care is a team-based, multi-element treatment for first episode psychosis (FEP) that integrates medical, psychosocial, and rehabilitative interventions in a recovery-oriented, collaborative approach to care. This course provides an international context, relating recent U.S. initiatives to similar FEP intervention efforts in Australia, Europe, and elsewhere. Presented by Patrick McGorry, M.D., Ph.D., University of Melbourne.

Support an APA Council on Women's Mental Health

Please take a brief 10 second survey https://jhmi.co1.qualtrics.com/jfe/form/SV_ezeXA3TZ3KIaXgp to indicate your support of our effort to have the APA Board of Trustees (BOT) establish a Council on Women's Mental Health. Via this survey you can "sign" your name to the letter* below. **The deadline is October 5**.

A brief synopsis of the history of this initiative is as follows:

- The Assembly passed an Action Paper on this matter by over 2/3's majority almost three years ago.
- The first BOT *Ad Hoc* Work Group had conflicting recommendations.
- The second BOT *Ad Hoc* Work Group, which met May-July 2019, recommended that the BOT establish a Council on Women's Mental Health because it concluded that other means of addressing the needs of women across the life span were inadequate.

Below is the letter asking the BOT to move forward:

**Dear Board of Trustees,*

As members of the American Psychiatric Association, we, the undersigned, ask that our Board of Trustees listen to the voice of the Assembly that represents our more than 38,500 members, 72 District Branches, 18 Subspecialty Organizations and Sections, seven M/UR caucuses, two State Associations, Early Career Psychiatrist members and Resident Fellow Members and respect the will of the Assembly by establishing a Council on Women's Mental Health, which the Assembly approved by more than a two thirds vote (78%), and the second Board of Trustees Ad Hoc Work Group on Women's Mental Health recommended that our Board of Trustees should establish.

Respectfully,

Advocates for Council on Women's Mental Health

Jennifer L. Payne, M.D.
Deputy Representative of the Women's Caucus

SMI Adviser

Treatment of SMI creates complex questions whether you are early in your career or have decades of experience. SAMHSA's Serious Mental Illness (SMI) Adviser initiative offers expert consultation services and learning opportunities nationwide to support clinicians who provide evidence-based care for individuals with serious mental illness. Use this free resource to access free education, submit questions and receive feedback from national experts, and find resources. Check it out at this link. A mobile app is available in the Apple Store and Google Play.

Free SMI Adviser Webinar

Neuromodulation Treatment for Treatment-Resistant Psychiatric Disorders: Transcranial Magnetic Stimulation (TMS) **October 10 from 3:00 to 4:00 PM**. Learn about the evidence base for TMS, how to identify potential candidates for therapy, areas where research may lead to new and expanded clinical uses, and more. Earn up to 1.0 *AMA PRA Category 1 Credit*™.

Medicare Updates

Medicare Claims Must Contain MBI

Beginning January 1, 2020, Medicare will reject claims submitted with the HICN.

Providers who use a third party biller, such as a billing service or clearinghouse, may notice that a partial Health Insurance Claim Number (HICN) and the Medicare Beneficiary Identifier (MBI) are appearing on the remittance advice. In this case, it means that although you may have provided the MBI to your billing service/clearinghouse, they are not using the MBI when submitting your claims. Contact your billing service to ensure they use MBIs to submit your claims.

In addition, if you refer patients for services like laboratory tests, be sure to give the MBI to the entity providing the service.

The MBI Lookup tool in Novitasphere can be used to obtain patients' MBIs. Go to the Novitasphere Portal Center to enroll.

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.

Allison R. Beckmann, M.D.
Shannon M. Bush, M.D.
Chelsea R. Cosner, M.D.
Karen Dionesotes, M.D., MPH
Ann M. Gustafson, M.D.
Christina Jacob, M.D.
Stephanie S. Kulaga, M.D.
Melissa J. Lavoie, M.D.
Jamie J. Lee, M.D.
Eryn E. Nagel, M.D.
Mohammad M. Murtuza, M.D., MPH
Michael Sexton, MBChB
Tripti Soni, M.D.
Kelly T. Pham, M.D.
Maria Puzanov, M.D.
Anna Zeira, M.D., MPH

Advanced to General Member Status

Viviana M. Alvarez Toro, M.D.
Brian Benjamin, M.D.
Andrea Foye, M.D.
Keith E. Gallagher, M.D.
Brian Hendrickson, M.D.
Nadimire Jules-Dole, M.D.
Idris E. Leppla, M.D.
Jana MacKercher, D.O.
Margaret L. Meldrum, M.D.
Jeongwon "Alice" Shin, M.D.
Raheela Sultan, M.D.
Elise L. Turner, M.D.
Shane C. Verhoef, M.D.
Jason Wexler, M.D.
Guy C. Williams, M.D.
Edgar P. Woznica, M.D.
Xian Zhang, M.D., Ph.D.

Transfer In

David M. Ash, M.D.
Christina M. Bowman, M.D.
Tzvetelina D. Dimitrova, M.D.
Patricia E. Ortiz, M.D.
Deepak Prabhakar, M.D., MPH
Jennifer Trinh, M.D.

Reinstatement

Aliya Carmichael Jones, M.D.

CLASSIFIEDS

EMPLOYMENT OPPORTUNITIES

Sinai Hospital, the flagship campus of LifeBridge Health in Baltimore, is recruiting for Psychiatrists to work as part of our inpatient, CL and outpatient teams. Call is shared with a large pool of providers and additionally compensated. Highly competitive compensation and benefits including medical, dental, vision, life and disability insurance, 403b plan with match, 4 weeks of paid vacation, 1 week of CME time and a stipend for CME and licensure expenses. Required qualifications: Medical degree from an accredited medical school, board certification (or eligibility) in psychiatry (residents/fellows graduating in 2020 are encouraged to apply), unrestricted Maryland medical license. Please send your CV to: Kim Brown kimbrown@lifebridgehealth.org Ofc: 410-601-9844 Fax: 410-601-4458

AVAILABLE OFFICE SPACE

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.

Cockeysville – Furnished private entrance office, private waiting room, second floor, available in mental health office. Off-street parking. Easily found directly on York Road. Shared bathroom, group therapy, and play therapy room. Access to fax. WIFI and ethernet available. Opportunities for referrals. Contact dr.kirschner@adoptionmakesfamily.org or 410-683-2100.

Hanover MD - Large, fully furnished office in building with spacious play and waiting areas. Available both during the week and on weekends. Quiet and welcoming; a must see. Flexible renting agreement. Call or text Alice Shin, MD at 443-492-9885.

Ellicott City/Columbia– Dorsey Hall Professional Park. Modern, furnished, sunny windows, handicapped access, personalized security system. Share office with other psychiatrists and therapists. Reception area, restroom and kitchenette within suite. Easy access to routes 29, 70, 32 and 100. Don't miss out on this opportunity! Contact Stephanie 410-992-0272.

October is ADHD Awareness Month

Visit the website for resources, stories and information on the annual conference.

October 24 Kolodner Memorial Lecture

MedChi, in collaboration with the family of Dr. Kolodner, is pleased to announce the 2019 Louis J. Kolodner Memorial Lecture and dinner to be held on October 24th from 5:30-8 PM at MedChi's Osler Hall. Jay H. Sanders, M.D., FACP, FACAAI, FATA, will address the growing field of Telemedicine with his presentation, "Where Are We and Where We Need to Be." The program is approved for 1.5 CMEs. This activity is offered **free** of charge, but you **must register**!

AMA Grassroots Action Kit on Surprise Billing

The AMA has an "Action Kit" for physicians and other advocates to make their voices heard as Congress addresses the unfinished business of surprise billing legislation. The action kit includes talking points, email tools, legislator directories, and a guide to physician advocacy. Physicians are encouraged to use the kit as they join the chorus of calls for Congress to enact legislation on surprise billing that will protect patients and hold health insurers accountable.

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

Children's Environmental Health Day October 10

The Children's Environmental Health Network will moderate a webinar on Children's Environmental Health on October 10 from noon to 1 PM. The discussion will focus on:

- Why is environmental health in childcare important?
- What are the most common environmental hazards found in childcare?
- What can be done, and is being done, to address the most pressing environmental health issues in these settings?
- What are the challenges in addressing these issues, and how do we address these challenges?

Click here for more about the webinar and click here for more about other observances.

Rewarding Opportunities for Psychiatrists Across Maryland

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

OPPORTUNITIES INCLUDE:

CHILD & ADOLESCENT MEDICAL DIRECTOR
Sheppard Pratt-Towson Campus
Baltimore County

TRAUMA DISORDERS PSYCHIATRIST
Sheppard Pratt-Towson Campus
Baltimore County

ADULT PSYCHIATRIST
Sheppard Pratt-Towson Campus
Baltimore County

ADULT PSYCHIATRIST
The Retreat at Sheppard Pratt
Baltimore County

SCHOOL PSYCHIATRIST
Multiple Locations
Baltimore County

CONSULTATION LIAISON PSYCHIATRIST
GBMC-Towson
Baltimore County

ADULT PSYCHIATRIST - OUTPATIENT
Behavioral Health Partners of Frederick
Frederick County

CHILD & ADOLESCENT PSYCHIATRIST - OUTPATIENT
Behavioral Health Partners of Frederick
Frederick County

CHILD & ADOLESCENT PSYCHIATRIST
Sheppard Pratt-Towson Campus
Baltimore County

REQUIREMENTS

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

WHY SHEPPARD PRATT HEALTH SYSTEM?

- Physician-led organization
- Generous compensation package with comprehensive benefits, including medical, dental, vision, and life insurance; an extensive wellness program; and ample leave
- Relocation assistance
- Sign on bonus
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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**.

BEST HOSPITALS U.S.News NATIONAL 2019-20

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November 8, 2019 • 8 a.m. to 3 p.m.

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