

# MPS NEWS

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Editor: Heidi Bunes

November 2019

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Deadline for articles is the 15th of the month preceding publication. Please email [heidi@mdpsych.org](mailto:heidi@mdpsych.org).

MPS News Design & Layout  
Meagan Floyd

**The next MPS Council meeting will be held at 8 PM Tuesday, November 12th in the MPS office. All members welcome!**

## President's Column

### Mid-Year Musings

As fall, daylight savings time and the holidays come upon us, the pace of life seems to change for many (excitement in anticipation of the events ahead, or a slowing down for those who are prone to seasonal changes in mood or mourning losses of loved ones). As psychiatrists we may see a broader range of clinical presentations as a result – yet be distracted by our own inner lives. This year, these inherent changes seem magnified by external events – the wildfires consuming California and have seen their parallel in domestic and world politics. If this were a movie, it would be difficult to watch. Which brings me to my main theme . . .

For as long as I have been a psychiatrist, I have questioned the value of what I do and engaged myself and others in that conversation. I suspect most of you have done the same. I was trained to think of psychiatry as a branch of medicine and therefore stable. But the sands have been shifting for a while and the threats are as much from within medicine as from elsewhere. As a profession we have three direct challenges – scientific, cultural and economic. Scientifically, the human brain's functionality is being dissected to the point that advances in neurology, big data and artificial intelligence may supplant much of what we call "clinical judgment" now. Culturally, medicine is under pressure to shed its paternalistic ways and adopt a patient-preference driven model (albeit aided by Pharma's direct to consumer advertising). Economically, reimbursement for our services remains marginalized and is held hostage to the bottom line of who holds the purse

strings (usually not the patient). The details are too much to delve into here, but the cumulative effect feels analogous to climate change – a better future is difficult to envision.

George Engel, a founder of the biopsychosocial model, famously said of psychiatry that it should "be of use." This reliance on external validation may seem simplistic or prone to abuse (e.g. if used for political purposes) but the intended sentiment is valid, and relevant. Those of us with academic prowess have a clear way forward to stake their claim. But for those of us in private practice, working in private health systems or within a government-run system, the battle to prove relevance and stave off the encroachment of the forces I mentioned above is as real as climate change. Hunkering down in the trenches won't do us much good in this scenario. What we can do however is "lean in" – operationally, this means becoming an advocate for the field by whatever means best suit you. For example, some of us connect to the broader world by writing op-eds, blogs or books, others by providing pro bono services to their community of choice, and others acquire skills in business, communication or government. As this holiday season approaches, I hope you take stock of what you have to offer as members of a noble but beleaguered profession and take steps to magnify that effect by – yes – being of use.

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

## MPS Best Paper Awards Deadline January 31

To recognize outstanding scholarship by young psychiatrists in Maryland, the MPS established annual "best paper" awards in 2013. Previous winners are listed [here](#). The Academic Psychiatry Committee is currently soliciting nominations for the 2019 Paper of the Year Award in two categories:

**Best Paper by an Early Career Psychiatrist Member (ECP):** Eligible psychiatrists are ECP members who are first authors of papers published or in press in 2019. Thanks to generous funding from the Maryland Foundation for Psychiatry, the winner will receive a **\$200 cash prize** as well as a complimentary ticket to the MPS annual dinner in April 2020.

**Best Paper by a Resident-Fellow Member (RFM):** Eligible psychiatrists are Resident-Fellow members who are first authors of papers that were written, in press, and/or published in 2019. Thanks to generous funding from the Maryland Foundation for Psychiatry, the winner will receive a **\$200 cash prize** as well as a complimentary ticket to the MPS annual dinner in April 2020.

Scholarly work of all kinds (e.g., scientific reports, reviews, case reports) will be considered. If you would like to nominate a paper and author, please email or mail the paper as indicated below by **January 31**. Please include a brief explanation of why you believe the work is worthy of special recognition.

*Jennifer M. Coughlin, M.D.*  
Academic Psychiatry Committee Chair  
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## Poster Contest for Residents & Fellows

The MPS poster competition for our Resident-Fellow Members will be held again this year, with all entries displayed at our annual meeting in April 2020! Thanks to generous funding from the Maryland Foundation for Psychiatry, the winner will receive a **\$200 cash prize** as well as a complimentary ticket to the meeting. Two finalists will also be selected and will receive **\$100 each** in addition to complimentary tickets.

The winners of prior years' competitions are listed [here](#). Please [click here](#) for complete details about the process and requirements. **The deadline to enter is January 31**. Electronic copies of posters are due **February 10**. For more information, or to apply please [click here](#).

## November Member Spotlight

**Jeongwon Alice Shin, M.D.** "I recently graduated from University of Maryland child/adolescent psychiatry fellowship program in June 2019. I started working in multiple different settings, including my own private practice in Hanover, MD (Elkridge Family Psychiatry). I am excited with the new journey as a junior attending seeing different ages of patients in variety of settings (forensic inpatient, inpatient, outpatient, and telepsychiatry). I am going to persevere to improve the quality of psychiatric care for our patients." [Click here](#) to view the post and photo.

Have you recently worked on an exciting research project? Reached a milestone in your career and want to share it with other MPS members? Have some good advice for younger psychiatrists who are just starting their careers? Submit a short article and photo through this [Google Form](#) to showcase your experiences with the MPS community.

## Have You Published Lately?

The MPS would like to highlight recent journal articles published by its members. If you have published within the past year, please email the title, publication, date and preferably a link to [meps@mdpsych.org](mailto:meps@mdpsych.org). Please also include a photo and a sentence or two summary, if possible.

## Thank You!

The following members paid additional MPS dues for 2020 even though they qualify for reduced dues because they have reached life status. We appreciate your financial support of the Maryland Psychiatric Society!

Mark Ehrenreich, M.D.  
Anita Everett, M.D.  
Arthur Hildreth, M.D.  
Gary Nyman, M.D.  
Hamid Tabatabai, M.D.  
Daniel D. Storch, M.D.  
Robin Weiss, M.D.

## MPS Career & Practice Night

On October 17th the MPS hosted a networking event for Maryland psychiatrists at the Crown Plaza in Baltimore. The evening included food, drinks, colleagues and vendors who offered helpful career and practice information. If you were unable to attend, you can view a list of vendors, complete with contact information, by [clicking here](#).

# 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

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

## October 3 MPS Committee Chairs Meeting Highlights

**Mark Ehrenreich** began the meeting with a message from Marsden McGuire, who was away. He thanked everyone for their work as MPS leaders and asked them to let the MPS Executive Committee or staff know whenever they can do something to facilitate committee work.

Dr. Ehrenreich said that the MPS Council established a Vision, Mission & Values for the organization. Council also set three strategic priorities that will guide activities in the next few years:

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

MPS committees are encouraged to identify steps they can take in any of these directions to help move the organization closer to its goals. Collaboration with other committees is encouraged when appropriate. He opened the discussion to brainstorming about ideas for the coming year.

**Jennifer Coughlin** said the Academic Psychiatry Committee plans to publicize members who have recently published papers, particularly those who are early in their careers (ECP via social media or other means.

**Paul Nestadt** and **Jason Addison** suggested inviting ECP and/or Resident members to present their research at MPS CME programs.

**Jamie Spitzer** and **Marissa Flaherty** are collaborating on a survey to find out more about what RFMs and ECP members want from the MPS. MPS might help with concerns like setting up a private practice, contract negotiation, loan repayment, etc.

**Sally Waddington** and **Margo Lauterbach** are considering a new mentor resource for new members and early ECPs. This would include MPS members willing to serve as career or practice "consultants" to members seeking information and ideas.

**Ron Means** recommended a personalized approach to early ECPs. RFMs who remain in Maryland could be engaged regarding their needs. Also new hires at institutions could be identified for engagement.

**Doris Balis** reported that the Public Psychiatry and Diversity committees have combined to form the Community Psychiatry and Diversity Coalition, which developed a position statement on Humane Treatment of Asylum Seekers that Council approved at the September meeting.

**Anne Hanson** said all members are welcome at the November 20 Legislative Committee kickoff meeting and the February 4<sup>th</sup> Advocacy Day in Annapolis. MPS legislative work has special appeal to younger members, and this should be emphasized with prospects as well as retention.

**Ginger Ashley** announced the title for the next Book Club meeting, [The Dutch House](#).

**Joanna Brandt** said the APA has not finalized its position regarding Board orders and ethics.

**Steve Daviss** asked that chairs receive information being reviewed by the Health Policy Advisory Group.

**Bruce Hershfield** encouraged submission of articles for *The Maryland Psychiatrist*.

Other general committee responsibilities were discussed before the meeting adjourned.

## 2020 MPS Dues Notices

The MPS sent 2020 dues invoices by regular mail in October and will email them this month. Dues 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](mailto:mps@mdpsych.org).

## Komrad is Candidate for APA Trustee at Large

Longtime MPS member **Mark Komrad, M.D.** is running in the 2020 APA election for an at large position on the APA Board of Trustees. Voting is by the entire APA membership rather than only by members in a specific APA Area. Dr. Komrad has been active in the MPS, serving on the Peer Review Committee and on the Maryland Foundation for Psychiatry Board of Directors for 20 years, developing broadcasts about psychiatry airing periodically on WBAL radio. He is a frequent contributor to the MPS member listserv. He has served on the APA Ethics Committee and in the APA Assembly representing the Southern Psychiatric Association. Together, these experiences have conveyed the importance of organized psychiatry and the value of the APA. His work as a clinician in private practice and as a medical ethicist could bring an important perspective to APA leadership.

## Maryland News

### MIA Network Adequacy Workgroup

The Maryland Insurance Administration is holding a series of meetings to review the regulations for health insurance network adequacy. The October 23 meeting mostly focused on the required annual reports by insurers. The next meeting will include a section-by-section review of the regs - <http://mdrules.elaws.us/comar/31.10.44>, which include distance, wait time and provider-to-enrollee ratio standards:

**November 5 from 10 to noon - [AGENDA](#)**

Call in: 1-475-222-5369 PIN: 416 105 857#

Location: Maryland Insurance Administration 24th Floor Hearing Room 200 St. Paul Place Baltimore, MD 21202

The MPS is looking for members who would like to participate in this process. More information is available [here](#). Please email Heidi Bunes at [heidi@mdpsych.org](mailto:heidi@mdpsych.org).

### Maryland Health Equity Conference

On **December 5**, the Maryland Department of Health Office of Minority Health and Health Disparities will hold its annual event to explore how the Total Cost of Care Model enables community organizations and hospitals to achieve cost savings and preventable utilization reductions, as well as successful partnerships and models that can be replicated to achieve health equity. The objectives are:

1. Describe health disparities in preventable utilization and state the order of magnitude of the costs of excess minority preventable utilization.
2. Understand the reimbursement system for hospitals and medical practices under the Maryland Model, and develop operations that achieve cost savings through preventable utilization reduction.
3. Discuss how practice and hospital reimbursement incentives in the Maryland Model create incentives for preventable utilization reduction to produce cost savings for Medicaid and its MCOs.
4. Replicate a model of partnership between a hospital and a CBO that has proven success at achieving positive cost savings return on investment by enhancing patient self-management among high utilizers through a community-based intervention.
5. Reproduce a model of partnership between a medical practice and a CBO that has proven success at achieving positive cost savings return on investment by enhancing patient self-management among high utilizers through a community-based intervention.

Please [click here](#) for a conference flyer and agenda. To register, [click here](#). Registration ends November 25.

### MIA Webpage for Health Care Providers

The Maryland Insurance Administration (MIA) announced a [new provider webpage](#) that simplifies access to information. The Life and Health Complaints Unit routinely hears from the provider community on topics such as prompt pay, clean claims, credentialing and retroactive denial of claims.

### New UR Criteria for SUD Benefits

On **January 1, 2020** the Maryland Insurance Administration will implement new utilization review (UR) criteria requirements for substance use disorder (SUD) benefits as a result of [House Bill 599](#), Chapter 358, Acts of 2019 - Utilization Review Criteria for Substance use Disorder Benefits.

The law requires carriers and Private Review Agents (PRA) to use the most recent edition of the American Society of Addiction Medicine treatment criteria for addictive, substance-related, and co-occurring conditions ("ASAM criteria") for all medical necessity and utilization management determinations for SUD benefits. The ASAM criteria establish guidelines for placement, continued stay, and transfer or discharge of patients.

The uniform treatment plan ("UTP") form will be modified to allow the PRA to request information when conducting UR of services for the treatment of a SUD.

The Maryland Behavioral Health Administration in partnership with ASAM will offer [regional trainings](#) that support the development of knowledge and skills required to implement the ASAM Criteria (updated Spring 2019), and provide updates and information for providers to proactively address the changes.

[Click here](#) for more info; call 410-468-2170 with questions.

### David Cooney Appointed MIA Associate Commissioner of Life and Health

Maryland Insurance Commissioner Al Redmer, Jr. announced the appointment of David Cooney as the state's Associate Commissioner for Life & Health Insurance. In this role, Cooney will be responsible for reviewing rates and forms from life and health insurance carriers, the complaints unit that handles consumer issues, the medical director/private review agent oversight unit and the appeals and grievance unit. Cooney has served as the Chief of Health Insurance and Managed care since July 2015, and prior to that he was the Supervisor of Managed Care for two and a half years. He joined the Insurance Administration in 2004.

## Maryland News

### Behavioral Health Administrative Service Organization Transition

UnitedHealth Group's health services platform, Optum Maryland, will be the next Administrative Service Organization (ASO) for Maryland's Public Behavioral Health System beginning **January 1, 2020**. Optum Maryland is working closely with MDH and Beacon Health Options, the current ASO, to ensure the transition is successful. The transition process includes transferring authorizations, claims payment processing, participant history, and other information and materials from Beacon Health Options to Optum Maryland. As Optum opens its Maryland operations, it will conduct outreach to train providers to use its system. A [webpage](#) will be used to provide updates, FAQs and provider actions needed to ensure a smooth transition.

Key Optum Maryland Staffing has been announced, including Chief Executive Officer Scott Green, MBA, MSW, Chief Medical Officer Lisa Hadley, MD, JD, and Provider Relations Director Karl Streinkraus. Please direct all questions about the ASO transition to [mdh.bhasotransition@maryland.gov](mailto:mdh.bhasotransition@maryland.gov).

### November 2 MedChi House of Delegates

This year's MedChi House of Delegates meeting is notable with the presence of AMA President Patrice Harris, M.D. as keynote speaker. Elias Shaya, M.D. serves as the Maryland Psychiatric Society's Delegate to the MedChi House of Delegates. During the meeting, Delegates will consider reports and resolutions on various topics and policies like gun violence, medical cannabis, payment issues, and more. Many of MedChi's 2020 legislative, regulatory and public health priorities will be determined. Visit [www.medchi.org/HOD](http://www.medchi.org/HOD) for meeting details, including copies of resolutions. Contact [Catherine Johannesen](#) with any questions.

### Open Enrollment Starts November 1

[Maryland Health Connection's](#) open enrollment is underway **through December 15**. Marylanders can explore new plans and pricing using their [Get an Estimate](#) tool, which can give a list of options in under a minute. [Click here](#) to find an enrollment event nearby.

Psychiatrists with a private pay practice should keep in mind that patients' insurance coverage can change annually. If a patient enrolls in Medicaid, the psychiatrist may need to enroll as an ORP provider in order for medications to continue to be covered. See [next page](#).

### MPS Signs on to System of Care Recommendations

In response to the Maryland Department of Health's initiative examining how the state provides, administers and finances its public behavioral health system, the Maryland Behavioral Health Coalition enumerated six recommendations for implementation:

- Implement uniform and systemwide measurement-based care standards for mental health and substance use disorders
- Improve the quality and cost predictability of care by expanding value-based payments in behavioral health. Ensure care is patient-centered by increasing provider flexibility and expanding value-based, outcome-focused service delivery across systems
- Integrate and better define roles and responsibilities for local system management agencies
- Increase management of the behavioral health provider network and ensure the appropriate enforcement of current regulations
- Make better use of health information systems to improve data sharing
- Improve the capacity of the Medicaid managed care system to integrate with non-Medicaid state systems, populations and services

These strategies would enhance the delivery of behavioral health care in Maryland and further the state's standing as a leader in the field. The Maryland Psychiatric Society and many other organizations have joined to support them. For more information, or for a copy of the document call the MPS at 410-625-0232.

### MPS Members Out & About

**Paul Nestadt, M.D.** participated in a Capitol Hill roundtable discussion of the needs of those who have lost a loved one to suicide, or are caring for someone who struggles with suicide. Representative Susan Wild (D-PA), who lost her partner to suicide, organized the event, which was attended by eight members of Congress, including Speaker of the House Nancy Pelosi.

Help us spotlight news of MPS members in the community by sending info to [mpps@mdpsych.org](mailto:mpps@mdpsych.org).

## Maryland News

### Decriminalizing Disability: The Case for Crisis Response Services

People with mental health and/or addiction needs are more likely to be victims of police shootings and are overrepresented in prisons and jails. Open Society Institute-Baltimore, Disability Rights Maryland and Behavioral Health System Baltimore will hold a two-day community conversation on **November 21st and 22nd** at Coppin State University to learn about, prioritize and identify next steps to implement strategies to decriminalize disability and increase capacity of local behavioral health resources.

**If you can't attend, you can still give input.** [This survey will help identify gaps in Baltimore's behavioral health system, prioritize recommended actions, and identify practical next steps.](#) It's 9 questions and should take less than 10 minutes. Responses are anonymous and will be used to shape the approach, topics, and implementation planning for the event.

FREE TO ATTEND. Coffee and lunch will be provided. Space is limited so registration is required. [Read details and register.](#)

PREPARE. Before the symposium, please [review the 2019 Baltimore Public Behavioral Health System Gap Analysis](#), as required by the Federal consent decree entered by the City of Baltimore and the United States Department of Justice in April 2017.

### Update on Interstate Medical Licensure

An [AMA post](#) gives an interesting update on the Interstate Medical Licensure Compact (IMLC), which was designed to facilitate the growth of telemedicine while preserving state regulation of medical practice. IMLC has issued 6,671 state medical licenses to 4,446 physicians through July 31. Compact membership is 29 states (including Maryland), the District of Columbia and the U.S. territory Guam. There were 985,026 licensed physicians in the U.S. last year. Of those, 15.5% had two licenses and 6.6% had three or more. A future shift in those numbers could provide evidence of the IMLC's impact. About 10% of applications are rejected and the average wait for a license is 19 days. An ABMS survey indicated that over 10% of specialists using the compact were Psychiatry and Neurology. [Click here](#) to read more.

### Medicaid ORP Enrollment Update

**The deadline for Medicaid ORP provider enrollment is being delayed again.** It had been extended to **November 1**, but a change involving the pharmacy payment vendor is planned so now the intent is to implement both at the same time, closer to the summer.

The Maryland Department of Health still intends to offer a lookup tool for providers and the general public to confirm their status, but the timing is uncertain.

Ordering, Referring, and Prescribing (ORP) status allows prescribers to continue treating patients privately while medications are covered by Medicaid. Once the ORP requirement is fully implemented, prescribers will need to be enrolled as an ORP (or as one of the rendering provider options) for prescriptions to be paid by Medicaid. If the prescriber is not enrolled, payment for prescriptions will be rejected at the pharmacy.

ORP provider enrollment is an alternative for those who have private pay arrangements with patients. It does not require enrolling as a rendering provider (and accepting Medicaid contract terms). Medicaid pays for the prescriptions that ORP providers order, somewhat like opting out of Medicare. Please see more details on the MPS [website](#).

Psychiatrists with a private pay practice should consider enrolling as ORP since patients' insurance coverage can change annually and Medicaid is one of the options available for purchase on the ACA health insurance exchange.

### Holiday Office Hours

The MPS office will be closed **November 27th - 29th** for Thanksgiving.

Don't forget you can pay your dues, update your profile or find a referral for a patient on our [website](#)!



*Happy Thanksgiving!*

# APA News & Information

## October 6 APA Board of Trustees Meeting Summary

### IPS: Mental Health Conference

The IPS program featured 80 sessions focused on a broad array of topics related to public sector and community psychiatry with 1,448 of professional attendees and 1,566 total attendees.

### IPS Vision Work Group Update

The work group surveyed 600 potential meeting attendees, conducted a town hall meeting at the IPS meeting in New York City, and began developing a proposal. Survey data from past IPS attendees and potential future attendees suggested: 1) attendees rank meeting location in a desirable city as being the primary logistical factor in meeting selection, 2) attendees rank "emerging clinical issues" as the primary content factor of interest, 3) attendees want a meeting with more plenary sessions, 4) most attendees would be willing to pay a higher registration fee if it facilitates networking, 5) a majority of attendees want a meeting that focuses on the educational needs of psychiatrists. At the IPS town hall, attendees expressed that they do not want to lose a sense of community and relational connectivity.

### TCPI SAN Grant

APA's four-year CMS Transforming Clinical Practice Initiative Grant is complete. This nationwide initiative began four years ago with a focus on new innovative ways to practice while meeting the triple aim of reducing costs, improving quality care, and patient and provider experience. Over 4,800 individuals were trained, including over 3,500 members, 357 PCPs, and over 900 other clinical and support staff. Moving forward, APA will continue to provide FREE CME training modules, monthly office hours with the AIMS Center to assist practices and individual clinicians regarding the model, and payment advocacy with states and CMS.

### SMI Advisor Mobile App

In the first year of the five-year SAMHSA funded grant, SMI Adviser developed 55 online courses, engaged 4,490 unique learners, developed over 500 evidence-based resource cards, and marketed to 180,000+ clinicians. The SMI Adviser app is now available for both Apple and Android devices and can be found at [www.SMIAdviser.org/app](http://www.SMIAdviser.org/app). The app allows for access to CME-certified education, consultations from SMI experts, ratings scales, and more.

### Finance and Budget Committee Report

The Board of Trustees approved the establishment of a new **Committee on Women's Mental Health** (CWMH) to be reevaluated by the BOT after three years. The Committee will be under the Council for Children, Adolescents, and Families. The Council for Children, Adolescents and Families has a diverse and broad agenda over many issues of rele-

vance but will help facilitate the CWMH work products. Anyone who may be interested in an appointment to the Committee should send a letter of interest to serve as a committee member, including their areas of expertise, to Bruce Schwartz, MD at [bschwartz@psych.org](mailto:bschwartz@psych.org) with a copy to Tatiana Claridad at [tclaridad@psych.org](mailto:tclaridad@psych.org).

### Ad Hoc Work Group on Continuing Care Guidelines Update

The work group is charged with developing standards for continued care of patients coming out of the inpatient setting. They reviewed the current criteria publicly available from payers on medical necessity, discharge, and admissions criteria. Almost all focus on risk of violence. There is a need to move away from focusing on if a person is suicidal or homicidal and instead provide a standard of care that is more multifunctional. For example, it is important to include level of functioning, engagement, and recovery environment. We are gathering information to understand the trend happening in states following the United vs. WIT case with New York seeming to lead the effort to improve the standard for discharge as this may provide us with a potential framework for how to approach a standard.

### Federal and State Legislative Update

APA's federal efforts to enact the Mental Health Parity Compliance Act continue to progress, with new cosponsors in the House, including prominent Republican members. The bill appears well positioned for potential negotiations with the Senate, assuming the Senate ultimately moves the *Lowering Health Care Costs Act* on the floor, which includes the Senate version of the bill. Enacting this and all other federal legislation is expected to be heavily influenced by the debate about whether to impeach the president.

MPS member **Paul Nestadt, M.D.** represented APA on a Capitol Hill Roundtable sponsored by Rep. Susan Wild (D-PA), entitled "*The Rippling Impact of Suicide*." Rep. Wild has become a strong advocate for suicide prevention and for assistance to survivors after losing her life partner to suicide over Memorial Day Weekend. Speaker Nancy Pelosi (D-CA) kicked off the meeting, which was also attended by several other members of the House, including Mental Health Caucus Co-chair Representative Grace Napolitano (D-CA); Suicide Caucus Co-Chair Don Beyer (D-VA); Appropriations Committee member Rep. Bonnie Watson-Coleman (NJ), and Energy and Commerce Committee member Rep. Debbie Dingell (D-MI).

*Kenneth Certa, M.D.  
APA Area 3 Trustee*



## APA News & Information

### Candidates for 2020 APA Election

#### President-Elect

David C. Henderson, M.D.  
Henry A. Nasrallah, M.D.  
Vivian B. Pender, M.D.

#### Treasurer

Ann Marie T. Sullivan, M.D.  
Richard F. Summers, M.D.

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The deadline for candidates who wish to run by petition is November 15. Candidates and their supporters should review APA's [Election Guidelines](#). Candidate photos and websites will be published in the December 20 issue of *Psychiatric News*. APA voting members may cast ballots from January 2 to January 31, 2020. For more details, [click here](#) or email [elec-tion@psych.org](mailto:elec-tion@psych.org).

### Free Members' Course of the Month

**November Course of the Month – Culture, Family Caregiving, and Geriatric Psychiatry.** The population of the United States is aging and growing increasingly diverse, creating a demographic imperative to address diversity among older adults. Diversity encompasses ethnicity, cultural background, gender, sexual orientation, sexual identity, and immigration status. Currently, 13% of the population is over the age of 65. This course considers the role of family in geriatric healthcare and discusses innovative and culturally sensitive approaches incorporating families and caregivers. Presented by Ladson W. Hinton, M.D., University of California, Davis. [Click here to access the Course of the Month.](#)

### Carol Davis Ethics Award- Nominations Due November 15

The Carol Davis Ethics Award, established in 2005, promotes the educational role of the ethics process and is presented to an APA member who has authored an outstanding publication on ethics. The APA Ethics Committee reviews the submissions and will present the award at their discretion. The award was named after Carol Davis, a former APA Office of Ethics Director, to honor her 30 years of service to APA and the Ethics Committee. [Click here](#) for more information.

### APA Advocacy Update

#### APA Comments on Medicare Physician Fee Schedule and Quality Payment Program

APA sent [comments](#) to CMS on the 2020 proposed rule on the Medicare Physician Fee Schedule and Quality Payment Program. APA supports proposals that would increase access to evidence-based services for mental health and substance use disorders, including the expansion of telehealth services, and proposals to expand coverage for patients with opioid use disorders. APA also urges CMS to reduce administrative burdens associated with documentation requirements and increase payments for outpatient evaluation and management services beginning in 2021. APA also gave feedback on a proposed framework to streamline the quality reporting program and encouraged CMS to reconsider a draft cost measure that, if implemented, could hold psychiatrists accountable for costs they have no ability to control.

#### APA Encourages CMS to Expand Access to MAT for Medicaid and Medicare Patients

APA responded to CMS's action plan to prevent opioid addiction and enhance access to medication for addiction treatment (MAT). The plan is mandated by the SUPPORT Act and directs HHS to collaborate with the Pain Management Best Practice Inter-Agency Task Force on a review of coverage policies for MAT and the treatment of acute and chronic pain. APA [comments](#) focus on improving OUD treatment coverage for Medicare and Medicaid patients, expanding access to treatment through telepsychiatry, studying the Collaborative Care Model's potential impact on OUD treatment, and opportunities for data collection.

### INTERNATIONAL SURVIVORS OF SUICIDE LOSS DAY IS NOVEMBER 23, 2019



Survivor Day is **November 23**

Also known as Survivor Day, the day was designated by the United States Congress as a day on which those affected by suicide can join together for healing and support. Each year, the American Foundation for Suicide Prevention supports hundreds of large and small Survivor Day events around the world, in which suicide loss survivors come together to find connection, understanding and hope through their shared experience. [Find an event near you.](#)

# Medicare Updates

## Virtual Groups Election for MIPS 2020 Ends December 31

If you're interested in forming a virtual group for the 2020 Merit-based Incentive Payment System (MIPS) performance year, you must complete the process **by Tuesday, December 31, 2019**. Details about virtual groups and the election process are available in [this toolkit](#).

### What is a Virtual Group?

A virtual group is a combination of two or more Taxpayer Identification Numbers (TINs) assigned to:

- One or more solo practitioners (who are MIPS eligible clinicians); **or**
- One or more groups consisting of 10 or fewer clinicians (including at least 1 MIPS eligible clinician); **or**
- Both (solo practitioners and groups of 10 or fewer clinicians) that elect to form a virtual group for a performance period for a year

### What is the Election Process?

- There is a two-stage election process for forming a virtual group:

#### Stage 1 (optional)

- Contact your [Quality Payment Program Technical Assistance organization](#) to help you determine if you meet the TIN size criteria to join or form a virtual group.

#### Stage 2 (required)

- **Formal written agreement**
- **Official virtual group representative**
- **Submit virtual group election to [MIPS\\_VirtualGroups@cms.hhs.gov](mailto:MIPS_VirtualGroups@cms.hhs.gov) by December 31**
- **Determine group size and low-volume threshold**

**For help**, contact the Quality Payment Program by email at [OPP@cms.hhs.gov](mailto:OPP@cms.hhs.gov) or by phone at 1-866-288-8292.

Clinicians in small practices (including those in rural locations), health professional shortage areas, and medically underserved areas may request assistance from organizations that provide no-cost support. To learn more visit the [Small, Underserved, and Rural Practices page](#) on the Quality Payment Program [website](#). Visit [Help and Support](#) for additional information and resources.

## Medicare Claims Must Contain MBI

**Beginning January 1, 2020, Medicare will reject claims submitted with the HICN.** The MBI Lookup tool in No-vitasphere can be used to find patients' MBIs. Go to the [No-vitasphere Portal Center](#) to enroll.

Contact your billing service to ensure they use MBIs to submit your claims. Be sure to give the MBI to entities providing services like laboratory tests.

## Hardship Exceptions Due December 31

If circumstances beyond your control make it difficult for you to meet program requirements, consider applying for an exception. 2019 Promoting Interoperability Hardship Exception and Extreme and Uncontrollable Circumstances [Applications](#) are due **December 31**. If approved, you will qualify for a re-weighting of one or more MIPS performance categories.

## MIPS CME Modules

CMS has 6 continuing medical education (CME) modules on the Quality Payment Program Merit-based Incentive Payment System (MIPS). You can access them by logging into or creating a [Medicare Learning Network \(MLN\) account](#). Once logged in, use the search bar at the top to find the module.

- 2019 Overview
- MIPS Participation in 2019
- MIPS Quality Performance Category in 2019
- MIPS Promoting Interoperability Performance Category in 2019
- MIPS Improvement Activities in 2019
- MIPS Cost Performance Category in 2019

## MIPS and APM Resources

New Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Model (APM) resources are:

MIPS 2018 Performance Period:

- [Performance Feedback Beneficiary-Level Data Reports Supplement FAQs](#)
- [2020 Payment Adjustment Fact Sheet](#)

MIPS 2019 Performance Period:

- [Promoting Interoperability Quick Start Guide](#)
- [Quality Measures Impacted by ICD-10 Updates Fact Sheet](#)
- [Eligible Measure Applicability Resources](#)

MIPS 2020 Performance Period: [Virtual Groups Toolkit](#)

APM Resources:

- [2019 APM Incentive Payment Fact Sheet](#)
- [2018 Promoting Interoperability Score for MIPS APMs Fact Sheet](#)
- [Other Payer Eligible Clinician Initiated Submission Form Guide](#)

For more information, visit the [Resource Library](#) or contact [OPP@cms.hhs.gov](mailto:OPP@cms.hhs.gov) or 866-288-8292 with questions.

## CLASSIFIEDS

### EMPLOYMENT OPPORTUNITIES

**Psychiatrist:** The Family Center of Central Maryland, a highly regarded, multidisciplinary, fee-for-service psychiatric practice in Columbia, Maryland is seeking a board certified psychiatrist to join the group. The Center needs a psychiatrist to conduct psychiatric evaluations and provide medication management. This position is available on a part-time basis with flexible hours and full administrative support. Interested applicants are asked to send a Vita and letter of interest to: [thefamilycenter2@msn.com](mailto:thefamilycenter2@msn.com). Please refer to our website [thefamilycenter.tv](http://thefamilycenter.tv) to learn more about us.

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](mailto:kimbrown@lifebridgehealth.org) Ofc: 410-601-9844 Fax: 410-601-4458

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

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](http://www.spectrum-behavioral.com) or email Scott E. Smith, Ph.D. at [sbhgmt18@gmail.com](mailto:sbhgmt18@gmail.com).

### AVAILABLE OFFICE SPACE

**Towson: Condo Office For Sale** - 120 Sister Pierre Drive. The unit is 879 sq ft. Price is \$125,000.00. Contact Dr John Buckley 410-494-8923 or [jwbuckleymd@aol.com](mailto:jwbuckleymd@aol.com)

**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.

### AMA Burnout Tips

#### Resiliency is key to fighting burnout

Physicians who are able to develop self-care techniques are better equipped to thrive in a challenging—and even chaotic—environment. Practical activities like self-reflection, mindfulness and documenting patient victories can cultivate a happier and healthier mindset. Additionally, counseling and stress management coaching can help develop a formalized self-care plan. The AMA offers a 0.5 CME credit [course on resiliency](#).

#### Throw a lifeline to struggling colleagues

It can be difficult to notice a struggling colleague when you feel like you're barely staying above water yourself. Changes in attitude or personality are the greatest signal that a colleague is struggling to stay afloat. Physicians who are exhausted physically and mentally often become cynical, rushed and indifferent or lack empathy for their patients. The AMA offers a 0.5 CME credit [course on identifying at-risk physicians](#).

An estimated two out of five psychiatrists have professional burnout. The APA is committed to helping psychiatrists achieve well-being and addressing individual and system-level challenges that contribute to professional burnout. Take charge of your well-being: [take a self-assessment](#) and [find resources](#).

### FindTreatment.gov

A new SAMHSA [site](#) aims to help Americans with substance abuse issues learn about and locate treatment options. It has user-friendly search criteria and tools and a directory of 13,000 licensed treatment providers.



# Rewarding Opportunities for Psychiatrists Across Maryland

**SHEPPARD PRATT HEALTH SYSTEM IS SEEKING PSYCHIATRISTS TO WORK ACROSS MARYLAND IN A VARIETY OF TREATMENT SETTINGS INCLUDING:**

**INPATIENT:** Child & Adolescent, Geriatric, Eating Disorders, and The Retreat at Sheppard Pratt

**OUTPATIENT:** Child & Adolescent, Adult

**PARTIAL:** Child & Adolescent, Adult

**CONSULTATION-LIAISON AND INTEGRATED CARE**

**SPECIAL EDUCATION SCHOOLS**

## **REQUIREMENTS**

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

## **WHY SHEPPARD PRATT HEALTH SYSTEM?**

- Physician-led organization
- Generous compensation package with comprehensive benefits, including medical, dental, vision, and life insurance; an extensive wellness program; and ample leave
- Relocation assistance
- Sign on bonus
- A network of the brightest minds in psychiatry
- Grand rounds, CME opportunities, on-site lectures
- State-of-the-art research and technology
- Cross-discipline collaboration

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For more information, please contact Kathleen Hilzendeger, Director of Professional Services, at **410.938.3460** or [khilzendeger@sheppardpratt.org](mailto:khilzendeger@sheppardpratt.org).

## **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, nonprofit provider of mental health, substance use, special education, developmental disability, and social services. We employ more than 95 doctors who all share a passion for providing the best care to those we serve. Visit [sheppardpratt.org](http://sheppardpratt.org) to learn more about our services. *E.O.E.*



[sheppardpratt.org](http://sheppardpratt.org)

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A hand is shown placing a wooden block with a red arrow on top of a staircase of wooden blocks with brown arrows. The staircase is built on a light-colored wooden surface.

## Is your career ready for the next step?

Centurion is a leading provider of comprehensive healthcare services to correctional facilities nationwide. We are proud to be the provider of mental health services to the Maryland Department of Public Safety and Correctional Services. We have leadership opportunities available for Psychiatrists who are ready to make a difference to an underserved population.

Full-time **Chief Psychiatrist** opportunities available at the following Maryland locations:

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**Jane Dierberger at 844.477.6420 or [jane@teamcenturion.com](mailto:jane@teamcenturion.com)**