

MPS NEWS

Volume 33, Number 10

Editor: Heidi Bunes

February 2020

In This Issue

MPS Lifetime of Service Award	p. 2
CME Activity April 15	p. 2
January 14 Council Highlights	p. 3
February 4 Advocacy Day	p. 4
Advocacy on Network Adequacy	p. 4
Maryland General Assembly	p. 5
Advocacy on UTP Form Regs	p. 5
Behavioral Health Commission	p. 6
APA BOT Highlights	p. 7
APA Advocacy Updates	p. 8
Medicare & MIPS Updates	p. 9
Open Payments & Other News	p. 10

In Every Issue

Membership	p. 11
Classifieds	p. 11

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, February 11th in the MPS office. All members welcome!

President's Column

Perspectives Present and Future – Part 1

In the January newsletter I mentioned my intention to access the “often untapped expertise” of some of our most senior and accomplished colleagues. Last month I had the pleasure of meeting with several of them and asked each three questions:

- You have a unique vantage point from which you see and can evaluate the trends and changes facing psychiatry, psychiatrists and patients. What in your opinion are the major trends, opportunities and threats facing the field?
- Do you have any special advice for psychiatrists-in-training or those early in their careers?
- How should organized psychiatry (e.g. the MPS) focus its energy to best support the advancement of psychiatry?

In this column, I will focus on my conversation with the leaders of Maryland’s two academic departments of psychiatry, Dr. Jill RachBeisel (Interim Chair, Maryland) and Dr. Jimmy Potash (Chair, Johns Hopkins). Although there was considerable overlap in their responses, there was a difference in focus and emphasis (perhaps reflecting the uniqueness of their experiences, personal outlooks and institutional priorities) that taken together covered the full range of our collective future as a field.

In response to the first question, the important trends identified by Dr. Potash included the advancement of measurement-based care broadly within mental health clinical and research settings, and the harnessing of technology to improve clinical care (e.g. precision medicine to

identify sub-populations with differential treatment response) and systems of care (e.g. use of electronic health record data to evaluate the quality of care). Dr. RachBeisel focused on the attributes of the health delivery system including the identification of populations in need and the effective delivery of care to settings where people are most comfortable, the lingering lack of parity between mental health and the rest of medicine and the related challenge of better collaboration with our medical colleagues to improve care for all.

Regarding the second question, Dr. Potash identified the importance of mentorship and the enthusiasm, wisdom, connection and stability that mentors can provide as well as the benefits of setting a high bar for oneself professionally and using excellent role models as a guide. Dr. RachBeisel noted that flexibility is a key attribute for younger psychiatrists as the field evolves to become more patient-centered and that the many models of care in the future will continue to require a level of commitment “beyond 9 to 5.”

Responses to the third question were similarly complementary. Dr. Potash noted the opportunity for organized psychiatry to advocate for improvement of the public mental health system to insure adequate resources for the most underserved populations. He also indicated the importance of the fight for parity and the setting of practice standards through education and promotion of evidence-based interventions. Dr. RachBeisel also emphasized the parity issue and tied it clearly to the issue of stigma, another area where groups like MPS can provide education to consumers and practitioners alike. In her view, promoting the measurable benefits of quality mental health care

(Continued)

(President's Column Continued)

(e.g. improved clinical outcomes) and reducing the financial disincentives to collaborative care should be top priorities.

In setting these words to paper, I found myself wondering how best to expand the MPS' capacity to collaborate with academic institutions, the public mental health system and other advocacy groups. We share much, and where we differ may be largely a matter of emphasis and focus. More on this next month.

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

Call for 2020 Lifetime of Service Award

In 2000, the MPS Council established the MPS Lifetime of Service Award, which is given annually to a senior MPS member who has shown a consistent, career-long pattern of unwavering dedication, commitment, and leadership to the organization. Other qualities to be considered include significant contributions to the mental health of our community through clinical work, teaching, administration, or research. Further criteria established that the nominees must have APA life status and must have made significant contributions to the MPS organization.

Nominations for the 2020 award will be accepted until **noon on February 11** or at the February Council Meeting, when voting will occur. Please email [Heidi Bunes](mailto:Heidi.Bunes) with suggestions or call the MPS office at 410-625-0232.

Past MPS Lifetime of Service Award Recipients:

2000 Lex Smith, M.D.	2010 Leonard Hertzberg, M.D.
2001 Thomas Allen, M.D.	2011 William Prescott, M.D.
2002 Jonas Rapoport, M.D.	2012 Chester Schmidt, M.D.
2003 Bruce Hershfield, M.D.	2013 Steve Sharfstein, M.D.
2004 Gerald Klee, M.D.	2014 Paul McClelland, M.D.
2005 John Urbaitis, M.D.	2015 Thomas Lynch, M.D.
2006 Leon Levin, M.D.	2016 Irvin Cohen, M.D.
2007 Mayer Liebman, M.D.	2017 Robert Roca, M.D.
2008 Theodore Feldberg, M.D.	2018 Neil Warres, M.D.
2009 Betty Robinson, M.D.	2019 Arthur Hildreth, M.D.

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 mpps@mdpsych.org. Please also include a photo and a sentence or two summary, if possible.



MPS & MedChi Present:

The Impact of Gun Violence on Patients & Communities: What Can We Do About It?

Wednesday April 15, 2020

5:45 - 9:30PM

MedChi's Osler Hall

3.25CME Hours*

5:45-6:00

Registration & Pick-up Box Dinner

6:00-7:45

Viewing of the film [Charm City](#)

8:00-8:30

Keynote Presentation: Carol Vidal, MD
*Community Violence Prevention Interventions:
What Works?*

8:30-9:30

Panel Presentation with
Question & Answer Session

**Early bird registration ends 2/28/20!
Only \$25 for MPS/MedChi Members.**

**[Click here](#) for more information
or to register.**

*This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of MedChi, The Maryland State Medical Society and the Maryland Psychiatric Society (MPS). MedChi is accredited by the ACCME to provide continuing medical education for physicians.

MedChi designates this Online enduring educational activity for a maximum of *3.25 AMA PRA Category 1 Credits*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

January 14 Council Highlights

Support for MPS Strategic Priorities

Dr. McGuire reminded Council of the priorities it established in September 2019 and requested input and assistance on the progress to date:

Vendor Opportunities (Financial Enhancement)

Responding to the November Council discussion about an expanded MPS role in "match-making" between psychiatrists and employers/others with positions, resources, etc of interest to members, MPS staff assembled a Vendor Information sheet. Council reviewed the sheet and confirmed that members who do not want to receive eblasts can opt out. A self-mailer with basic information will be sent annually to interested parties. Prospects include practice management, billing services, insurance providers, locum tenens firms, HR heads for hospitals and the state, and AMA. Staff will develop a list of contacts.

Recruitment (Membership Growth)

The MPS database now includes all Maryland-licensed psychiatrists with some identified for recruiting (emphasis on early career psychiatrists). This means MPS is better positioned for event promotion, member recruiting, legislative initiatives, etc. Council reviewed the recruitment lists, gave updates and indicated the individuals whom they would contact personally. Member savings on the APA annual meeting in Philadelphia in April is the "hook" for the first recruitment campaign. A postcard was sent January 9 and one or two additional mailings are envisioned. Council also gave ideas for making future mailings more compelling and agreed to do more mailings even if there is no support from APA.

Executive Committee (EC) Report

•Dr. McGuire reported that the November 26 MPS-Behavioral Health Administration meeting included Optum Maryland Medical Director Lisa Hadley, M.D. as well as BHA Medical Director Steve Whitefield, M.D. Topics included the reorganization of State Hospitals from BHA to MDH Operations, the need for additional state beds to free space in acute hospitals and the Administrative Services Organization (ASO) transition. The transition has not been smooth since Optum took over as ASO on January 1.

•Dr. Hagaman is stepping down as Maryland Psychiatric Political Action Committee Chair. No one has agreed to assume this role, but MPS will strive to avoid dissolving the PAC. [For information or to volunteer, [email Meagan Floyd](mailto:meagan.floyd@mps.org).]

•Following a review of reserves with the investment advisors and based on MPS investment policy and September 30 balances, EC added to the emergency and investment reserves. EC decided to split the emergency reserve 50/50 between high yield money market and short-term government bonds.

•MPS sent [comments](#) on a Maryland Insurance Administration proposal to implement the use of ASAM criteria on the

UTP form. The MPS Addiction Psychiatry Interest Group developed the input. [See [page 5](#).]

•MPS signed on to the Legal Action Center [comments](#) on Maryland Network Adequacy regulations. [See [page 4](#).]

•MPS collaborated with APA on additional [Network Adequacy comments](#) in the context of parity. [See [page 4](#).]

•Dr. McGuire shared the idea of sending a request to licensed non-member psychiatrists for a contribution toward the cost of MPS advocacy. This could cover **part of** the additional lobbyist cost paid by MPS after Washington Psychiatric Society decided to stop paying for lobbying.

Executive Director's Report

•Ms. Bunes reported that 75% of 2020 MPS dues are collected, and \$50K more dues had been collected as of the end of last month compared to the end of 2018 when the APA billed.

•She and Steve Daviss, M.D. attended a December 3 meeting at CareFirst with their lobbyist, medical director, contracting, credentialing and other staff. They identified opportunities for CareFirst to increase awareness of recent changes in order to improve psychiatrist participation in their network. (See Vendor Opportunities above and "Assistance" article on [page 4](#).)

•Area 3 Council shared answers from the 2020 APA candidates to three questions posed by Area 3. MPS posted them on the listserv, in the January newsletter and on the [MPS website](#).

Legislative Committee Report

Dr. Hanson said that there were 175 pre-filed bills and the session is off to a slow start, partly due to many new faces and new leadership positions in Annapolis. [See [page 5](#) for more about the General Assembly.]

2020 MPS Annual Dinner Meeting

**MARK YOUR
CALENDAR!**

Thursday, April 2nd

**Martin's West
Baltimore, MD**

Maryland News

MPS Advocacy on Network Adequacy

The MPS signed on to Legal Action Center [comments on network adequacy regs](#), COMAR § 31.10.44, along with certain other members of the Maryland Parity Coalition. The comments include a recommendation to retain the three quantitative metrics - geographical travel distance, appointment wait time and provider-patient ratio – as well as the numerical standards for each metric. Revisions to the metrics are premature, pending full disclosure from carriers regarding their efforts to contract with MH and SUD providers and the reasons for non-compliance with the existing metrics. The goals of the comments are to provide greater granularity to assess the availability of MH and SUD providers, provide greater transparency regarding the carriers' contracting efforts, and ensure that the MIA can assess carrier provider networks for compliance with the Parity Act. The detailed recommendations incorporate and respond to the results from [two years of annual filings](#) by carriers regarding their provider networks.

APA and MPS Advocacy on Network Adequacy

In addition to signing on to the [Legal Action Center comments](#) above about specific provisions in Maryland's network adequacy regulations and questions posed by the Insurance Administration, the MPS worked with the American Psychiatric Association to give additional input underscoring the parity implications of network adequacy. The comments include the point that even if a provider network satisfies Maryland network adequacy regulations, it may still violate parity requirements "in operation." We recommended that carriers be required to calculate the ratio of out of network claims for each CPT code processed for each provider type. A comparison of the ratios would highlight any disparities in carrier networks. [Click here](#) to view the joint letter, which urges MIA to protect Maryland citizens from the discrimination outlawed by the Mental Health Parity and Addiction Equity Act.

Anne Arundel County Resolution

The Council [presented a resolution](#) on January 10th declaring suicide a public health crisis in Anne Arundel County and requesting that the Department of Health take immediate steps to identify residents affected by mental illness and offer adequate treatment and services to help those affected. The Council hosted a hearing on January 21st and several MPS members were present.

MPS ADVOCACY DAY IN ANNAPOLIS



**February 4, 2020
8:30 AM-1:00 PM**

MPS members are invited to join us in Annapolis to meet with House and Senate leadership to discuss legislation affecting psychiatry and mental health in Maryland. Please RSVP to Meagan Floyd via phone at 410-625-0232 or [email](#).

MPS Offers Assistance to Improve Inadequate Networks

The MPS is engaged with Maryland Insurance Administration (MIA) efforts to review and improve Maryland's network adequacy regulations. In addition to two sets of comments submitted in collaboration with the Legal Action Center and with the American Psychiatric Association [see left column], the MPS offered another solution to address widespread concern about inadequate numbers of in-network psychiatrists. The [MPS shared](#) opportunities for connecting with its members with MIA and requested that MIA make them available to parties who claim to be unable to find psychiatrists for their networks. The options give a range of possibilities for health plans to connect with psychiatrists and try to repair their reputations and update clinicians on their current practices and rates, etc. The MPS will continue to work with MIA and others to improve access to quality psychiatric care in our state.

Pro Bono Counseling Project Has Moved

The new location is 5900 Metro Drive, Baltimore, MD 21215. Stop by during their Open House from 3 to 6 PM Wednesday **February 19** to tour the new space and meet staff and volunteers. [Register here](#).

Maryland News

MPS Advocacy on UTP Form

[SENATE BILL 631 / HOUSE BILL 599](#) (Chapter 357 / Chapter 358) – Health Insurance – Coverage for Mental Health Benefits and Substance Use Disorder Benefits – Treatment Criteria took effect January 1. This new law requires health plans to use ASAM criteria for medical necessity and utilization management determinations for substance use disorder benefits. The Maryland Insurance Administration [proposed a change](#) to the Uniform Treatment Plan form regulation to implement the new requirement; however, the MPS felt the change should be improved with clearer instructions and elimination of redundant reporting on the form. [Click here](#) for the MPS input aimed at improving the user experience and reducing the administrative burden.

MPS Legislative Update

Below is a partial list of the bills to be reviewed on the MPS Legislative Committee's weekly conference call on February 5. You can read the language of these bills by clicking the link. (This is a partial list and more bills will drop before the meeting.) For other bills, go to the [General Assembly website](#) and type the bill number into the search box. [See the related article on this page.]

So far the Legislative Committee has reviewed dozens of bills. The legislative process moves quickly so it's difficult to keep members informed at every step of the way. Fortunately, the General Assembly website has a free bill-tracker account that will mail out a personal digest of bills of interest. Check it out!

[HB 639](#) - Public Health - Health Care Professionals - Cultural Competency Coursework or Training

[HB 692](#) - Drugs and Devices - Electronic Prescriptions - Controlled Dangerous Substances

[HB 729](#) - Health Insurance - Payment of Clean Claims - Time Limit

[HB 736](#) - Police Officers - Mental Health - Employee Assistance Programs

[HB 782](#) - Health - Mental and Emotional Disorders - Consent (Mental Health Access Initiative)

[SB 519](#) - Public Health - Behavioral Health Programs and Health Care Facilities - Safety Plan

[SB 521](#) - Behavioral Health - Opioid Treatment Services Programs - Medical Director

[SB 522](#) - Behavioral Health Programs - Licensing and Fees

[SB 545](#) - Pharmacists - Administration of Self-Administered Medications and Maintenance Injectable Medications

[SB 565](#) - Police Officers - Mental Health - Employee Assistance Programs

[SB 576](#) - Health Occupations - Nurse Practitioners - Certifications of Competency and Incapacity

[SB 611](#) - Health - Mental and Emotional Disorders - Consent (Mental Health Access Initiative)

Keeping Up with the General Assembly

The 2020 legislative session started a little slower than usual with so many new faces and legislators in new leadership positions, but the pace has picked up considerably. The General Assembly has a new website too. The [site](#) offers [video live-stream](#) of selected House of Delegates debates for the first time in history and live audio of Senate proceedings. [Click here](#) to view media related to Senate and House committee business. [Click here](#) for House and Senate Floor proceedings. The Maryland General Assembly site also has [details of every bill](#) that has been introduced (over 700 in the House and over 500 in the Senate as of press time), including the current status. There are multiple ways to find a bill, including by sponsor, number, subject, etc. It's a lot to keep up with and many MPS members don't have the interest or time to keep abreast. That's why the MPS appoints a volunteer Legislative Committee and employs a professional lobbyist. Legislative advocacy is one of the most important MPS efforts funded by membership dues.

Maryland Easy Enrollment Program

Starting this tax season, uninsured Marylanders can get connected with health coverage via the Maryland income tax form. The 2019 tax forms 502 and 502B have boxes to check if the filer, a spouse and/or dependent have no health insurance. An authorization box indicating that the Comptroller can share the info with the Maryland Health Benefit Exchange is also included. Filers who complete and return this information by April 15 will receive a letter from Maryland Health connection describing the coverage available and the cost. [Click here](#) for more information.

Violence-Related Trauma Resources

The HHS Office of Minority Health has a webpage of resources for providers, individuals and communities to address the trauma resulting from violence and loss. This trauma can be even more prevalent in communities that are negatively affected by social determinants of health. The [resources](#) from agencies like SAMHSA, CDC, Department of Justice and Head Start support emotional well-being and recovery.

Maryland News

Behavioral Health Coalition FY21 Budget Alert

In recent years, thanks to an outpouring of support, the [Maryland Behavioral Health Coalition](#) succeeded in securing overdue multiyear funding increases for community mental health and substance use treatment. Unfortunately, the Fiscal Year 2021 budget submitted to the legislature does not fund community behavioral health services to the extent required by either the minimum wage bill of 2019 or the bipartisan HOPE Act of 2017. While the proposed budget does include a 2% increase in funding, it falls far short of the 4% increase required by law. As a result, **mental health and substance use treatment is underfunded by nearly \$25 million**. Restoring this funding is a top priority this session for the Behavioral Health Coalition, which includes the MPS. Please watch for opportunities to get involved, and follow and share posts from the coalition's [Twitter](#) account and [Facebook](#) page.

2020 Maryland Behavioral Health Coalition Legislative Agenda

The Maryland Behavioral Health Coalition is advancing its [Legislative Agenda](#). In addition to advocacy for full funding [see above], the following bills are aligned with the 2020 platform:

[SB 334](#) is a multi-faceted parity enforcement bill that includes robust compliance reporting and data transparency components and strong remedial measures, including significant financial penalties for parity violations.

[HB 332](#) provides that the Behavioral Health Administration may include behavioral health crisis response centers on its list of designated emergency facilities that can accept individuals subject to an emergency petition. [See Commission Report on this page.]

[SB 305](#) establishes a centralized technical assistance center to support the expansion of Crisis Intervention Team (CIT) programs across the state. [See Commission Report on this page.]

The MPS participates actively on the coalition to ensure that every Marylander has access to quality behavioral health treatment.

Please support a good turnout for the [Behavioral Health Coalition Rally in Annapolis at noon on February 27](#).

Commission to Study Mental and Behavioral Health Annual Report

The Lt. Governor's Commission to Study Mental and Behavioral Health appointed in early 2019 issued its [first annual report](#) on December 31. The Commission, its subcommittees and several related discussion groups met frequently in 2019 to study the behavioral health delivery system and identify possible improvements. Multiple MPS members are directly involved as members of these groups. The four Commission subcommittees include: 1) Youth & Families, 2) Crisis Services, 3) Finance & Funding and 4) Public Safety/Judicial System. The annual report details the initial focus areas of each as well as the progress thus far.

The annual report also provides updates on Emergency Facility Definition for Emergency Petitions as well as Reciprocity Standards for Professional Counselors and Therapists. MDH is assessing by jurisdiction the facilities with enough capacity and appropriate staff that could be incorporated into the emergency facility designation. Once the assessment is complete, MDH can keep a repository of eligible facilities that can be accessed electronically. One solution to help fill the need for qualified professionals is an interstate compact, which is currently being developed by the American Counseling Association. Maryland is expediting applications for any of the 15 credentials issued by the Board of Professional Counselors and Therapists.

As of the end of 2019, the Commission's recommendations include:

- Design a comprehensive Crisis System
- Continue coordination with the Behavioral Health System of Care Workgroup
- Increase funding for the Second Chance Act Grant
- Improve the Crisis Hotline
- Promote standardized training in behavioral health
- Ensure proper warnings regarding cannabis use
- Standardize mental and behavioral health programming in schools
- Improve access to information and services

Some members have expressed disappointment that the recommendations give inadequate attention to criminal justice populations. For example, the idea of state loan forgiveness for mental health workers in corrections did not make it into the report. Nor did it discuss creating new mechanisms to divert people once criminalized. The Commission will continue its work over the next two years, which is not limited to the above recommendations. To review the report, click [here](#).

APA News & Information

December APA Board of Trustees Highlights

This information is unofficial.

DSM Steering Committee Update

The BOT approved proposed DSM-5 changes for reinstatement of Unspecified Mood Disorder, Narcolepsy Subtypes and Substance/Medication-Induced Disorders that the Assembly passed in November.

Schizophrenia Practice Guideline

The Board of Trustees approved the [Schizophrenia Practice Guideline](#). A patient's guide and education slides for training programs will be developed in 2020 as derivatives of this guideline.

Final Rule - 2020 Medicare Physician Fee Schedule

Due to APA advocacy, CMS agreed to increase 2021 payments for outpatient evaluation and management (E/M) services by an estimated 7 percent. Medicare reimbursement is a zero-sum game so some physician groups will have a corresponding decrease in payments. APA will follow this closely as CMS responds to pushback. Documentation changes are also on the horizon and APA will help members prepare for 2021. [See [page 9](#) for more info.]

IPS Vision Work Group

On behalf of APA's IPS Vision Work Group, Dr. Feldman presented two concepts for BOT consideration:

•**Model A**, using the working title **APA's Clinical Leadership Conference**, is designed to support psychiatrist leadership in a changing healthcare environment. Model A is a two and a half- day meeting for psychiatrists in leadership positions who are looking for a network of psychiatrists facing similar challenges. This meeting would be hosted in Washington, DC, potentially aligned with APA Advocacy Day.

•**Model B**, using the working title, **The Mental Health Services Conference**, focuses on co-development of a multi-disciplinary conference. Building on the success of the 2019 PEPPNET pre-conference in New York City, this meeting would be a gathering point for clinicians working in community settings. The two-day conference would be held at a university or conference center in a major metropolitan area with a high density of interprofessional clinicians. Model B would require a partner organization to share in the costs, profits, and planning of this interprofessional meeting.

Both meetings would be primarily driven by plenary sessions with a small number of breakout sessions. The proposals will be considered by the BOT at the March 2020 Meeting.

APA App Advisor Expert Panel

The APA app advisor expert panel is comprised of psychiatrists, PhD clinical psychologists, masters of social work, informaticists, and also patients with lived experience. The panel will evaluate three apps per month using the [APA model](#) and they will be posted on the APA website.

Ad Hoc Work Group on Continuing Care Guidelines

This Work Group, charged with developing standards for continued care of inpatients, will provide a multifunctional standard of care, e.g. includes level of functioning, engagement, and recovery environment. It will support key principles rather than a specific instrument and will recommend strong education and training. A final report is due at the March BOT meeting.

Federal and State Legislative Update

- APA participated in a Capitol Hill roundtable discussion focused on early impressions of successes and challenges in implementing the VA Mission Act, which took effect in June 2019.
- APA launched an advocacy effort related to the risk of cuts to the Uniformed Services University and to military GME slots. USU plays an important role in training psychiatrists and other physicians.

Presidential Task Force on Interprofessional Collaboration

The Task Force, charged with engaging stakeholders from mental health organizations to produce joint principles of effective collaboration to promote access to high-quality treatment for persons with serious mental illness, includes: American Academy of Physician Assistants, American Mental Health Counselors Association, Association for Behavioral and Cognitive Therapies, American Psychological Association, College of Psychiatric and Neurologic Pharmacists, International Association of Peer Supporters, National Alliance on Mental Illness, National Association of Social Workers, Nurse Practitioners, and Psychiatric Nurse Practitioners. The first meeting involved sharing ideas for collaboration. After another meeting in January, it will report to the Board in March.

Treasurer's Report

The Board passed the FY2020 operating budget with the understanding that APA could use reserves to weather deficit spending in the short-term, but that the budget for fiscal year 2023 must be balanced.

APA News & Information

APA Well-Being Self-Assessment

The APA Committee on Well-Being and Burnout wants to know about psychiatrists' experience with burnout or depression in general, and among minority and underrepresented psychiatrists in particular. Its earlier survey established that burnout was significant among APA members. Of more than 1,900 psychiatrists who took the survey, 73% were at risk for burnout and 15% had moderate to severe depression. To more effectively work to enhance well-being and professional satisfaction, the committee requests participation in its new [survey tool](#). The survey can be completed in under 20 minutes, and all data will be anonymous.

APA Advocacy on Access to Care in Underserved Communities

APA [responded](#) to the U.S. House of Representatives Ways and Means Committee request for information on bipartisan policy options to improve rural and underserved community health care delivery and health outcomes. APA suggested that the Committee support policies that:

- Expand access to the collaborative care model,
- Increase utilization of telepsychiatry, and
- Improve cultural and population-specific data collection to expand medical health research.

APA Applauds Mental Health Funding in Federal Spending Bill

President Trump signed the \$1.4 trillion fiscal year 2020 spending bill on December 20. The APA advocated for several of the provisions, including:

•**Combatting the Opioid Epidemic** - In addition to funding state opioid response grants and research, the bill also includes \$12 million in new funding for a student-loan repayment program for the SUD workforce and \$26.7 million in new funding to establish grants to train professionals to provide treatment for mental illness and SUD.

•**Firearms Injury Prevention** - The National Institutes of Health (NIH) and Centers for Disease Control and Prevention (CDC) both received \$12.5 million to take a comprehensive approach to studying the underlying causes and evidence-based methods of prevention of firearm injury.

•**\$5.9 Billion for SAMHSA** - Includes a \$1 million increase in funding for the Minority Fellowship Program as well as funds for many other important mental health programs.

•**Increased Funding for Medical Research** - NIH received a 6.7 percent increase in funding and the National Institute of Mental Health's budget was increased by \$155 million.

During APA's Federal Advocacy Conference, attendees lobbied Congress for the \$12 million in new funding for the student-loan repayment program. Read [APA's statement](#) when Congress passed the legislation.

APA Policy Recommendations for Criminal Justice System

The APA participates in a coalition that advocates for improvements to how the criminal justice system addresses behavioral health. Recently, the coalition released a comprehensive list of [policy recommendations](#). For more details, please see APA CEO and Medical Director Saul Levin's [blog](#).

The Office of National Drug Control Policy (ONDCP) requested public comments regarding adult drug courts' efforts to serve patients with opioid use disorder (OUD). In its [comments](#), APA commended ONDCP's expansion of evidence-based treatments for vulnerable patients in the criminal justice system, but also urged it to ensure that drug courts provide high-quality, culturally-, and gender-relevant evaluation, treatment, and monitoring to all individuals. APA also urged ONDCP to ensure that individuals in drug courts have access to all evidence-based medications for OUD and that decision making be appropriately provided by trained medical professionals.

Free Members' Course of the Month

February Course of the Month – **Emerging Treatment Strategies for Mood and Anxiety Disorders** reviews emerging treatments and approaches for mood and anxiety disorders. This **free CME** is a great member benefit! [Click here](#) to access the Course of the Month.

APA Signs on as Amicus Curiae

The APA joined a coalition dedicated to the care, health, well-being, and welfare of children and families in filing an amicus brief opposing the Trump Administration's regulations that overturn protections for immigrant children under the Flores Settlement Agreement. Read more about the brief, the case and the coalition [here](#).

**2020 APA Annual Meeting
Philadelphia, PA
April 25-29, 2020**

[Early Bird Registration ends February 24!](#)

Medicare Updates

2020 Payment Adjustments Based on 2018 Performance

In July 2019, Merit-based Incentive Payment System (MIPS) eligible clinicians received a 2018 MIPS Final Score and associated payment adjustment factor(s) as part of the 2018 MIPS performance feedback available on the [Quality Payment Program \(QPP\) website](#). The 2018 MIPS payment adjustments are now being applied to payments for Part B covered professional services under the 2020 Physician Fee Schedule. Adjustments are determined by the final score associated with the Taxpayer Identification Number (TIN)/ National Provider Identifier (NPI) combination.

Ninety-eight percent of eligible clinicians participating in MIPS will receive a payment increase in 2020. This is a 5 point increase over 2017. While this is encouraging, some clinicians will receive negative payment adjustments this year. CMS is helping solo practitioners, small practices and clinicians in rural areas succeed in the QPP through the [Small, Underserved, and Rural Support initiative](#).

MIPS eligible clinicians will receive a positive, neutral, or negative MIPS payment adjustment in 2020 if they:

- Were a clinician type that was included in MIPS;
- Enrolled in Medicare prior to January 1, 2018;
- Were **not** a Qualifying Alternative Payment Model (APM) Participant (QP);
- Were a Partial Qualifying APM Participant (Partial QP) that elected to participate in MIPS as a MIPS eligible clinician; and met one of the following criteria:
 - Individually exceeded the low-volume threshold;
 - Were in a practice that exceeded the low-volume threshold at the group level submitted group data or were part of an approved virtual group; or
 - Were in a MIPS APM and the APM Entity group exceeded the low volume threshold (see footnote below; also includes Partial QPs who elected to participate in MIPS)

Review the [2020 MIPS Payment Adjustment Fact Sheet](#), visit the [QPP Resource Library](#), call 1-866-288-8292 or email QPP@cms.hhs.gov for more information.

2020 MIPS Resources

CMS has [posted resources](#) to help clinicians who want to participate in the Quality Payment Program (QPP) this year. A series of **2020 Merit-based Incentive Payment System (MIPS) Quick Start Guides** explain topics like Eligibility and Participation, Part B Claims Reporting and performance categories for Quality, Promoting Interoperability, Improvement Activities and Cost.

Summary of 2020 Medicare Policies

CMS released a [summary description](#) of policy changes as of January 1, 2020:

- Telehealth Services
- Telehealth Facility Fee
- Medical Record Documentation
- Physician Supervision for Physician Assistants
- Chronic Care Management Services
- Transitional Care Management
- Opioid Use Disorder Treatment
- Coding and Payment for Esketamine

New MIPS Value Pathways in 2021

CMS will implement a new framework for the Merit-based Incentive Payment System (MIPS), [MIPS Value Pathways \(MVPs\)](#), starting with the 2021 performance period. The goal is to move toward measures and activities that are more meaningful to clinicians and patient care by connecting measures and activities across the Quality, Cost, Promoting Interoperability, and Improvement Activities categories for different specialties and conditions. CMS believes the new framework will simplify MIPS and reduce the clinician burden; improve value; and better align with Alternative Payment Models (APMs) to help ease the transition from MIPS to APMs. To learn more, view the MVPs [webpage](#) and [fact sheet](#), call 1-866-288-8292 or email QPP@cms.hhs.gov.

Recommend Specialty Measures for 2021 MIPS

CMS is accepting recommendations of new specialty measures and/or revisions to existing specialty measure sets for the 2021 Merit-based Incentive Payment System (MIPS) program. These should be based on [2020 MIPS quality measures](#), or on potential new measures being considered for implementation in 2021, available on the [2019 Measures Under Consideration List](#). Current 2020 specialty measures are in the Appendix measure tables of the 2020 Quality Payment Program final rule located [here](#). The final rule establishes specialty measure sets for Mental/Behavioral Health among other specialties. **CMS specifically requests feedback on quality measures for Addiction Medicine, Pain Management/Interventional Pain Management and Sleep Medicine.** Each recommendation must include the quality measure ID, measure title, and supporting rationale and/or documentation to support inclusion or exclusion of the current quality measure(s) from existing specialty measure sets or inclusion in new specialty measure sets. Send recommendations to PIMMSQualityMeasuresSupport@gdit.com by **COB Friday, February 7.**

CMS Updates Open Payments Data

Last month CMS updated the Open Payments dataset with changes since the last publication in June 2019. The refreshed [Open Payments Data](#) includes:

- Record Updates** Changes to non-disputed records made on or before November 15, 2019.
- Disputed Records** Dispute resolutions completed on or before December 31, 2019. Records with active disputes that were unresolved as of December 31, are displayed as disputed.
- Record Deletions** Records deleted before December 31, 2019 were removed. Records deleted after December 31, remain, but will be removed with the next publication in June 2020.

In addition, Open Payments updates include Entity Profile pages for companies, physicians and teaching hospitals that were redesigned to present the payment data in a dashboard format. Users can apply filters to sort the data by year, payment type, entity making or receiving payment, and nature of payment.

Not included are any records submitted for the first time after March 31, 2019 and any records that were disputed and for which dispute resolution resulted in a change to the covered recipient. The financial data was submitted by applicable manufacturers and group purchasing organizations (GPOs). For more information about the Open Payments Program timeline, [click here](#).

New 2020 CPT Codes for Online E/M Work

Effective January 1, 2020, there are new CPT codes for medical practice and patient communication that doesn't involve a face-to-face encounter. Three new, time-based codes, 99421, 99422 and 99423 cover a range of [digital health](#) services including electronic visits through secure patient portal messages. [Click here](#) to read more in an AMA article or to access an educational model.

PRMS Refer a Colleague is Now \$50

The amount of each donation provided by PRMS for its [Refer a Colleague](#) program is now \$50! For every referral PRMS receives from an MPS member, they give a \$50 donation to the Maryland Foundation for Psychiatry – whether an insurance policy is purchased or not. Please visit [PRMS.com/Refer](#) to learn more about the program and start earning donations today.

Practice Check-up

If you need ideas for improving your practice this year, PRMS has developed a series of easy-to-implement 2020 New Year's resolutions for psychiatrists. Topics include patients, staff, referral network, emergency preparedness, malpractice insurance, medical records, etc. A few questions are listed for each topic to help identify areas for improvement. Access the PRMS resolutions online [here](#).

SAMHSA Webinars

[Engaging African Americans in Substance Use Disorder Treatment – Webinar](#)

February 5 12–1 PM

Early termination from substance use disorder treatment is greater among African Americans seeking recovery than the general population. Learn strategies to engage African-American clients in SUD treatment. Topics include overcoming barriers to mistrust, engaging clients within the first 10 minute of contact, creating a welcoming environment, increasing treatment retention and completion, addressing intersectionality and microaggressions, and effective cross-cultural counseling.

[The Work Is Only as Good as the Team: Strategies for Developing a Strong Interprofessional Team Collaboration – Webinar](#)

February 7 12–1 PM

Learn strategies to promote interprofessional collaboration and teamwork using lessons learned from Assertive Community Treatment in New York. One free CME credit.

Thank You!

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

Virginia Ashley, M.D.
Louis Cohen, M.D.
Mark Ehrenreich, M.D.
Anita Everett, M.D.
David Gonzalez-Cawley, M.D.
Arthur Hildreth, M.D.
Gary Nyman, M.D.
Hamid Tabatabai, M.D.
Daniel D. Storch, M.D.
Robin Weiss, M.D.

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.

Cholet K. Josue', M.D.

Transfer In

Rachael K. Blackman, M.D.

Letitia M. Bolds, M.D.

Yarelis Guzman-Quinones, M.D.

Ayodeji Somefun, M.D.

Reinstatement

Yuelei Dong, M.D.

Janine Fuertes-Ramirez, M.D.

MPS Members Out & About

Richard Loewenstein, M.D., director of the trauma disorders program at Sheppard, had a commentary, [Harvey Weinstein's sexual assaults were about power not intimacy](#), published January 14 in The Baltimore Sun.

Paul Nestadt, M.D., an assistant professor of psychiatry at Hopkins, was featured in a [January 10 article](#) in The Baltimore Sun that examined the connection between opioids and suicide. **Kenneth Stoller, M.D.** director of the Hopkins center for addiction, was also interviewed.

Elias Shaya, M.D. was interviewed for an article, ["Teenager in Psych Crisis Waits 25 Days in ED for Admission"](#), published January 7 in MedPage Today. The article speaks to the national psychiatric bed shortage.

Harry Brandt, M.D. and **Steven Crawford, M.D.** joined [Eating Recovery Center](#) (ERC) to lead its first expansion into the mid-Atlantic region. Drs. Brandt and Crawford and their team of experts will bring enhanced, specialized treatment options to patients in the region. ERC of Maryland will offer separate programs for adults, and children and teens.

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

CLASSIFIEDS

AVAILABLE OFFICE SPACE

GREENSPRING STATION/Lutherville--Desirable Joppa Green Townhouse office areas (2-3 offices or a full suite) suited to rent individually or to join an existing 25 year private practice. Excellent amenities, location and access. Call Stuart at 443-617-4560.

COLUMBIA- Windowed offices (1-4) in wooded professional park w/ psychologists, tutors, SLPs. Central location near 175 & 29. Please contact Julie Morrison: (410-952-9574) or jm@drjuliemorrison.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.

2020 MPS Dues Notices

Members have now received multiple dues notices via both USPS and email. MPS 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](#).

Member Spotlight Opportunity

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.

DID YOU KNOW?

Position openings and office space available are also posted on the MPS website! Listings from each newsletter issue are displayed online for the month of the publication. If you can't find your newsletter in your email inbox, visit the [Classifieds page](#) to view employment and office space ads.

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

For more information, please contact Kathleen Hilzendeger, Director of Professional Services, at **410.938.3460** or 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 to learn more about our services. *E.O.E.*



sheppardpratt.org



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:

Baltimore Region

Jessup Region

Staff Psychiatrist opportunities are also available.

We offer exceptional salaries and a comprehensive benefits package.

For more information or to schedule a site tour, please contact:
Jane Dierberger at 844.477.6420 or jane@teamcenturion.com

www.teamcenturion.com | Equal Opportunity Employer

ROBUST RISK MANAGEMENT EDUCATION



Malpractice Insurance coverage through PRMS is so much more than a policy – we offer psychiatry-specific risk management support you can count on. Some important benefits included with every policy are:



LIBRARY OF
360 RESOURCES



ERISKHUB® CYBER
SECURITY PORTAL



RISK ALERTS AND
NEWSLETTERS



RISK MANAGEMENT
CONSULTATION SERVICE
HELPLINE



ONLINE AND IN-PERSON
CME COURSES*



ON OUR MINDS MONTHLY
ON-DEMAND RISK UPDATE



DONNA VANDERPOOL, MBA, JD
VICE PRESIDENT, RISK MANAGEMENT



* EXPERIENCE THESE BENEFITS IN-PERSON TODAY BY ATTENDING ONE OF OUR ACCLAIMED CME SEMINARS. VISIT [PRMS.COM/SEMINARS](https://prms.com/seminars) TO FIND A LOCATION NEAR YOU.

Robust risk management is just one component of our comprehensive professional liability program.



More than an insurance policy

(800) 245-3333 | [PRMS.com/Dedicated](https://prms.com/Dedicated) | TheProgram@prms.com

Actual terms, coverages, conditions and exclusions may vary by state. Insurance coverage provided by Fair American Insurance and Reinsurance Company (NAIC 35157). FAIRCO is an authorized carrier in California, ID number 3715-7. www.fairco.com.