

MPS NEWS

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Editor: Heidi Bunes

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

MPS News Design & Layout
Meagan Floyd

The MPS Council will meet next by videoconference on June 9 at 8 PM. All members welcome!

President's Column

New President Introduction

This is my first column as MPS President and let me start by saying how honored I am to be taking on this leadership role in our organization. For those who don't know me, I am a Maryland lifer. I attended the University of Maryland School of Medicine where I was a member of Walter Weintraub's Combined Accelerated Program in Psychiatry, and I completed my psychiatry residency at the University of Maryland Department of Psychiatry. I have been a member of the University of Maryland Psychiatry faculty since leaving residency. I ran the consultation liaison psychiatry service for approximately 25 years, and for the past 8 years I have been the chief of education and residency training director for the combined University of Maryland / Sheppard Pratt program.

I first joined the MPS in 1984 when I was a medical student. I must admit that I was not very active in our society early in my career. Like many, I think I may have joined in order to receive the green Journal. I am not sure that I felt I had much to offer when I was just trying to solidify my skills and knowledge in this wonderful field that we have chosen.

Many of my mentors and teachers were very active in the MPS, and I was encouraged to join our now defunct peer review committee. I subsequently served on the ethics committee, the distinguished fellowship committee, the Maryland Foundation for Psychiatry, the MPS Council, and most recently the executive committee. These activities helped me become aware of the essential work our society does for our profession and for our patients. As our vision statement says, our

society continually works to provide "accessible, culturally sensitive, and comprehensive services for mental health and substance use disorders for all Maryland residents."

In addition, my work with MPS has allowed me to meet and befriend fellow psychiatrists outside of my narrow circle. While I have been privileged to have excellent teachers, mentors, colleagues, and wonderful trainees with whom I have worked at the University, my involvement in the Maryland Psychiatric Society has enhanced my knowledge and broadened my perspective on the practice of psychiatry in our state. I have also found it to be tremendously personally and professionally rewarding.

We have benefited from having a superb, talented and unparalleled staff in Heidi Bunes and Meagan Floyd and from the work done by a generation of past leaders to establish our highly productive society. We are a highly respected organization both in Maryland and within the APA because of their leadership.

I will not recount here all that the MPS has been doing over the past year, but I would like to point out just a few things. Our dedicated and highly active legislative committee, under the able leadership of Anne Hanson, reviewed approximately 100 bills during the abbreviated General Assembly session. They have actively supported bills that enhance the provision of psychiatric services and opposed those that threaten the quality of those services, such as, when other providers seek to expand their scope of practice through legislation as opposed to education.

The MPS listserv, which has long served as a place for seeking consultation from one's col-

(Continued)

leagues, proved to be an invaluable resource as many of us tried to adapt to the coronavirus pandemic by switching to Telepsychiatry. We compared notes as to the best platforms to use, shared humorous anecdotes, and Meagan and Heidi kept us abreast of the changing rules regarding providing services and billing for them.

There are clearly challenges ahead facing society at large, the MPS, and our patients. We don't know how long the physical distancing will need to continue to keep us safe, how many fellow Marylanders will be brought to the edge financially due to the shutdown, and the long-term effect all this will have on our most vulnerable patients.

During these trying times, membership in a professional organization can seem far from a priority, let alone volunteering one's time in another professional activity. However, in the end the MPS is only as strong as our members and their involvement. Speaking for myself, I believe that I have gotten more out of my involvement with the MPS than I have given to it. So please, join, get others to join, and become involved. One thing that the pandemic has taught us is how to use technology. Getting involved has never been easier; since our meetings are now held virtually, you can participate from the comfort of your own home. Distance from downtown Baltimore should no longer be a barrier!

Mark J. Ehrenreich, M.D.

2020-2021 MPS Member Opportunities

Engage, Network, and Make a Difference in How Psychiatry is Practiced in Maryland

New MPS President **Mark Ehrenreich, M.D.** will soon appoint MPS committees for the coming year. While we are all adjusting to the coronavirus realities, forging closer ties with colleagues via MPS participation can help expand your support network.

The MPS offers multiple ways for members to be involved, including volunteering for [committees](#), joining an email "[interest group](#)" and other ways that we haven't imagined yet. This is your organization representing your profession. Here is your chance to help shape it!

Your energy and ideas can help the MPS effectively focus on issues that are important to you! Participation from members is essential to accomplishing MPS goals. To review the participation opportunities available to members and sign up for those of interest, [click here](#).

Last Chance to Renew Your 2020 Membership in MPS and APA

If you haven't already, please pay your 2020 MPS dues now. Dues notices have been sent periodically since October. We want to help members remain in good standing so let us know if you need help! Please [contact the MPS](#) with questions, or to discuss dues relief options or scheduled payment arrangements.

IMPORTANT MPS UPDATE

MPS staff are working from home, maintaining normal office hours and covering office phones remotely. Since there will be a delay in responding to voice messages and snail mail, we encourage members to email Heidi or Meagan directly or send a general message to mps@mdpsych.org.

We are continually updating the MPS website with resources for the COVID-19 emergency. www.mdpsych.org

MPS Members Out & About

Even with distancing restrictions, MPS members managed to have a high profile over the past month:

On April 1, **Rick Silver, M.D.** co-presented self-care for physicians and other providers during the COVID emergency as part of the daily [Maryland Primary Care Program COVID19 Webinar](#).

On April 10, **Liz Prince, D.O. and Paul Nestadt, M.D.** co-presented on provider anxiety during the COVID emergency as part of the daily [Maryland Primary Care Program COVID19 Webinar](#).

On April 13, **Mark Komrad, M.D.** co-presented a NAMI Maryland webinar "[Coping in the Time of Pandemic: Caring for Yourself and Your Loved Ones with Mental Illness.](#)"

On April 13, **Dinah Miller, M.D.** had an article, "[COVID 19: Confessions of an outpatient psychiatrist during the pandemic](#)" published in *Clinical Psychiatry News*.

On April 16, **Robin Weiss, M.D.** had an Op-Ed, "[Contact tracing is the key to getting Maryland back to something near normal](#)" published in the *Baltimore Sun*.

On April 21, **Robin Weiss, M.D.** had a [Letter to the Editor on Coronavirus Testing and Tracing](#)" published in the *New York Times*.

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

April 14 Council Highlights

Support for MPS Strategic Priorities

Dr. McGuire asked for ideas about new opportunities related to MPS priorities that present themselves now in the current environment of distancing. Engagement in virtual settings was a theme:

- Can MPS and MedChi can hold the CME postponed from April 15 as a webinar instead now that people are doing more online? [The movie portion of the event will be done prior to the webinar. See [next page](#) for details of the new format or to register.] Other distance learning opportunities might be offered.
- Another idea is a more casual and social virtual gathering or chat. Private practice members and ECP members might be more likely to participate. This might be a conversational format sharing challenges, amusing or interesting anecdotes and other information. [This was held on April 30.]

Executive Committee Report

- Dr. McGuire reported on MPS efforts to unify the voice of psychiatry in Maryland.
- MPS advocacy since the March meeting includes letters on funding for gun violence research ([House](#) and [Senate](#)) that Council approved. MPS leadership met with Behavioral Health Administration representatives on March 18. As follow up, MPS solicited member volunteers for [Maryland Primary Care Program webinars](#). BHA also invited MPS input for a COVID support group concept. Council reviewed the information from BHA Chief of Staff Slowly and Ms. Bunes will forward feedback from the discussion. To address concerns about safety in congregate settings, MPS sent a [letter to Gov. Hogan](#) with recommendations on correctional facilities. Council reviewed the communication and the [Department of Public Safety and Correctional Services response](#). [See more on [page 6](#).] Dr. Hanson noted that the response is only partly accurate and that the media spotlight has been effective in accelerating needed changes.
- A new idea to support members is the MPS Community Psychiatry and Diversity Coalition's "curbside conversations" resource that will be piloted in the coming months.

Secretary-Treasurer's Report

- Dr. Ashley presented the March 31, 2020 first quarter financial statements. The results so far may be affected in subsequent quarters by the uncertainties resulting from COVID-19.
- The Statement of Financial Position shows total assets up \$4K compared to 3/31/19. The Emergency Reserve and Investment Reserve balances are reconciled only at year end. As of 3/31 their actual value is \$14K less than indicated. Dues receivable are \$30K lower this year (and cash balances are higher), because MPS dues are no longer billed by the APA, which delayed cash flow.
 - The Statement of Activities vs. Budget shows membership dues are on budget. Annual meeting income is more than projected but the event is postponed, which hopefully will not affect vendor participation. Total income is \$4K less than budget due to the ad income shortfall. The \$8K loss is the same as budget.

- Compared to last year, the Statement of Activities shows total Income up \$4K: dues are \$3K more and meeting income is \$5K more, but advertising is \$3K lower and administrative support is \$1K lower. Total expenses are down \$4K, because lower IT support, meeting expenses (postponed events) and depreciation offset higher salaries and lobbyist expense. The \$8K loss is \$8K better than the \$16K loss at this time last year.

Executive Director's Report

- The 2020-2021 MPS call for volunteers is still open! [Click here](#) for options and to sign up.
- The MPS office has operated remotely since the March Council meeting. She thanked Ms. Floyd for completing essential changes for the transition.
- MPS social media accounts continue to expand their presence. The Facebook page has had a notable increase in likes, both from the community generally and from MPS members.

Nominations & Elections Committee Report

Dr. Palmer presented the results of the 2020 MPS Election, which was the first to be conducted primarily electronically. The outcome of this change was much more member participation in selecting MPS leadership. A total of 184 ballots were completed (26% of voting members), nearly a 50% increase in the number of ballots cast. This compares with a total of 124 ballots returned in 2019 (18% of voting members). [See [page 8](#) for the results.]

Membership Committee Report

Dr. Waddington said the committee appreciates that APA extended the 2020 member retention effort to May 31 as COVID-19 concerns are overshadowing ones like dues that are usually compelling. She discussed the updated list of members whose MPS dues are not yet paid and underscored the importance of Council reaching out to colleagues they know to encourage them to pay.

Assembly Representatives' Report

Dr. Hanson announced that the April APA Assembly meeting is the first all-virtual meeting ever. All business is to be completed in two hours. The one reference committee will meet in advance. The MPS reps are in the process of reviewing the pared down list of Action Papers to be considered.

Farewell to Outgoing Council Members

Dr. Triplett thanked Drs. McCann, Lauterbach and Roskes, whose terms ended, for their valuable service on Council.

Business Meeting - Change of Officers

Dr. Triplett thanked Dr. McGuire for his leadership as MPS President and noted that he is turning the gavel over to him for the next meeting. Dr. Ehrenreich, whose term as President starts in May, thanked Dr. Triplett for his service as Council Chair and on Executive Committee.

An Executive Session followed.

The Maryland Psychiatric Society &
MedChi The Maryland State Medical Society
present a special film event

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



Thursday May 28th
7-8:30 PM

A Virtual Meeting
3.25 CME Hours*



About the Film

Charm City delivers a candid portrait of citizens, police, community advocates, and government officials on the frontlines during three years of unparalleled, escalating violence in Baltimore. The film highlights the positive actions by groups and individuals, optimistically offering humanity as common ground. We are pleased that the film's director, Marilyn Ness, will serve as a panelist. [Click here to view the trailer for Charm City](#)

Speakers/Panelists

Damion Cooper, Th.M. - The Founder and Executive Director of Project Pneuma uses his startling life's story of being shot an inch above the heart at point-blank range by one of two gunmen to teach lessons of forgiveness, self-control, discipline and redemption via mentorship.

Nathan Irvin, MD, MSHPR - is assistant professor in the Department of Emergency Medicine at Johns Hopkins. He is engaged in work related to youth violence prevention and endeavors to develop a trauma-informed, hospital-based violence intervention program.

Marilyn Ness - is a two-time Emmy, Peabody, and DuPont Award-winning filmmaker, a member of the Academy of Motion Picture Arts and Sciences and works as a producer and a director.

Paul Nestadt, MD - is interested in the role of practical factors, such as firearm access and opiate use, in the risk of suicide death. His expertise includes large scale regression-based data analysis, post-mortem clinical evaluation, and evaluation of determination of manner of death.

Carol Vidal, MD, MPH - is assistant professor of psychiatry and behavioral sciences at Johns Hopkins. She is interested in the mechanisms linking social stress to depression and aggression in youth, and in developing non-traditional ways to deliver mental health care to vulnerable populations.

Support Provided By:
Electromedical Products International, Inc
The Maryland Foundation for Psychiatry

Agenda

**Participants must view the film *in advance* of the meeting.
A link will be sent to those who register.**

7:00-7:30

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

7:30-8:30

Panel Presentation With Question & Answer Session

*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.

This activity is approved for a maximum of 3.25 hours of Category I Continuing Education for Social Workers by the Maryland Board of Social Workers.

\$10 for MPS and MedChi Members
\$20 for Non-members
Fees are non-refundable

Register Online & More Information:
www.mdpsych.org/meetings

2019 Maryland Psychiatric Society Annual Report

Financial

2019 ended in the black, solely because of a large gain on MPS investments. Total Assets \$432K, Total Liabilities \$150K, and Net Assets (equity) \$282K. Assets and liabilities are up vs 2018 because MPS billed its own 2020 dues. Total income (\$347K) - expenses (\$346K) = \$1K surplus.

Membership

2019 ended with 731 members, up 21 for the year due to a large increase in Resident-Fellow Members at the UMD/SP program that offset losses of full dues paying members. Completed a psychiatrist data project to help with recruitment.

Scientific Programs and Meetings

- Three successful CME events were held: dangerous patients, a movie event on suicide and the annual fall psychopharmacology symposium.
- The inaugural Trivia Night for Residents and Fellows was a great success.
- The annual meeting in April recognized the Paper of the Year, poster competition and Lifetime of Service Award winners, as well as other member achievements.
- A baseball game night provided early career psychiatrists with networking and fun.
- A Career & Practice Night Happy Hour brought members, employers and vendors together.
- Committee meetings and resident luncheons facilitated engagement and collaboration.

Government Relations

- The General Assembly, with 17 new Senators and 43 new Delegates, introduced 2,480 bills, 16 Joint Resolutions, and 2 House Simple Resolutions in 2019. The MPS reviewed 85 pieces of legislation and actively worked 56 of those bills.
- On Advocacy Day in February, members met with leaders of the General Assembly to discuss MPS legislative priorities.
- [Position on Integration of Mental Health, Substance Use, and Primary Care](#)
- [Call for Administration to Provide Humane Care for Asylum Seekers at U.S. Border](#)
- Worked with the Maryland Department of Health, Behavioral Health Administration and Insurance Administration on initiatives addressing parity, network adequacy and Maryland's Behavioral Health System of Care, including workgroups that are guiding public sector changes. Signed on to BH coalition recommendations and requested higher Medicaid rates. A new MPS Health Policy Advisory Group was established.

Outreach and Member Engagement

- **Publications:** The annual MPS Membership Directory was mailed to all members. Monthly "MPS News" and three issues of "The Maryland Psychiatrist" were emailed and posted online.
- **Listserv:** Popular way for members to quickly ask questions, share resources and ideas.
- **Website:** With a login, members can update their profiles, pay dues, register for events and view the online membership directory. Also includes the opt-in *Find a Psychiatrist* tool, a rich collection of resources for psychiatrists, news and advocacy.
- **Social Media Accounts:** [Facebook](#), [Instagram](#), [Twitter](#), and [LinkedIn](#) accounts help members and the public connect with MPS and each other. Member Spotlight continues.
- **Interest Groups:** Launched 10 email groups to facilitate member connections focused mainly on sub-specialty areas.
- **The telephone referral service** connected callers over 400 times with participating members.

Latest Resources for Maryland Psychiatrists During COVID-19

The MPS maintains a comprehensive set of [coronavirus resources for Maryland psychiatrists](#) with links to detailed requirements for telehealth, state agencies, general COVID-19 information and other information.

See [MedChi's Coronavirus Resource Center](#) for more info that Maryland physicians need to know.

Visit the Maryland Department of Health [COVID-19 webpage](#) for daily updates on the outbreak. The site has information, FAQs and resources for a wide range of settings.

A weekly webinar series, [Mental Health & COVID-19](#), is offered at 9 AM on Tuesdays by The Lancet Psychiatry, Mental Health Innovation Network, MHPSS.net and United for Global Mental Health. The 45-minute webinars aim to provide the latest evidence on the impact of COVID-19 on mental health and practical solutions to address it.

The World Health Organization has launched COVID-19 Health Alerts in seven different languages via WhatsApp. This messaging service provides the latest situation reports and numbers in real-time as well as general information. [Click here](#) for how to join.

Maryland News

COVID Connect

On April 10, Governor Hogan [announced](#) the launch of [COVID Connect](#), a new registry for Marylanders who have recovered from COVID-19. This program is based on the premise that each of the recovered coronavirus patients in Maryland has a story to tell and a role to play in the effort to save lives and slow the spread of the disease. The registry will serve as a community platform to share experiences and lend support to others who are coping with the recovery process. COVID Connect also allows recovered patients to learn about potential research and clinical study opportunities that may contribute to scientific progress in the treatment of COVID-19 through vaccine testing or medication trials. To visit the secure portal, recovered coronavirus patients should go to www.health.maryland.gov/COVIDconnect.

MPS Advocacy on COVID-19 and Congregate Settings

To address concerns about safety in congregate settings, the MPS sent a [letter to Governor Hogan](#) with recommendations for correctional facilities that address personal protective equipment, distancing and contingency planning. The communication was forwarded for [response by the Department of Public Safety and Correctional Services](#). The media attention to these problems has also been effective in accelerating needed changes.

The MPS also signed on to a broader [Behavioral Health Coalition letter to Governor Hogan](#) that makes recommendations to lessen the impact of COVID-19. The range of topics includes testing and observation, support for staff, options for families, reducing unnecessary use of congregate settings, and more. [MDH responded](#) in detail to the concerns.

MHCC Telehealth Resource Center

The Maryland Health Care Commission (MHCC) now has a [Telehealth Virtual Resource Center](#) to assist providers during the COVID-19 emergency with information related to telehealth adoption and use. It includes the interactive [MHCC Telehealth Readiness Assessment \(TRA\) Tool](#), which includes a self-assessment questionnaire, supporting guidance, and informational resources to help ambulatory practices determine their readiness for implementing or expanding telehealth services. It takes about 20 minutes to complete and offers guidance in five key areas: 1) Core Readiness; 2) Financial Considerations; 3) Operations; 4) Staff Engagement; and 5) Patient Readiness.

Telehealth Opportunities & Tools

The [April 27 MedChi News](#) has a summary of opportunities available to those using or considering telehealth:

MHCC Telehealth Grant – The Maryland Health Care Commission is launching a telehealth grant program that provides a \$500 grant and free consulting to practices to offset administrative investment cost for adopting telehealth if they have not yet billed for telehealth. Please email Andrea Mullin with your practice manager's name and contact information at amullin@medchi.org.

CareFirst/DrFirst Telehealth Grant – This program will equip additional Maryland physicians with technology to provide needed virtual care during the COVID-19 pandemic and beyond. [Click for eligibility requirements](#) for a \$300 grant to eligible physicians to offset administrative investment cost for adopting telehealth. Complete the [application](#) and email it to amullin@medchi.org.

MedChi Coding Guide – Medicare, Medicaid, and the Maryland Department of Health are strongly recommending the use of telehealth when possible and medically appropriate. The [MedChi coding guide](#) has billing requirements and codes.

MDH Pharmacy Services Call Center Changes To Voicemail

Due to the COVID-19 state of emergency, the Maryland Department of Health (MDH) Office of Pharmacy Services Fee-for-Service Medicaid Helpline transitioned to a voicemail system. The voicemail option is available 8 AM to 5 PM M-F. Callers dial **1-800-492-5231, option # 3** and leave a voicemail with their name, Medicaid ID number or Provider number, and contact information. MDH staff return calls as soon as possible during normal business hours. Calls will be returned within 1 business day.

Click below for more information:

[Formulary Information](#)
[Preferred Drug List](#)
[COVID-19 related updates](#)

Joint COVID-19 Response Legislative Workgroup

The Maryland General Assembly has a Joint COVID-19 Response Legislative Workgroup that meets weekly. Meeting details, membership and other information are posted on the tabs at [this page](#), which gives a picture of the problem at the state level, government response to the emergency and evolving plans for the near future.

Maryland News

New Bills Signed Into Law

[SB 1079: State Budget - Revenue Stabilization Account Transfers – Coronavirus](#): Allowing the Governor to transfer by budget amendment up to \$50,000,000 from the Revenue Stabilization Account to fund costs associated with the Coronavirus Disease 2019 (COVID-19); requiring the Governor to provide the Legislative Policy Committee with at least 7 days for review before transferring the funds; requiring, within 60 days of the release of funds, the Department of Budget and Management to submit a report to the Legislative Policy Committee and the General Assembly on the use of the funds per unit of State government; etc.

[SB 1080: State of Emergency and Catastrophic Health Emergency – Authority of Governor and Unemployment Insurance Benefits](#): Authorizing the Governor to take certain actions as a result of the issuance by the Governor on March 5, 2020, of the proclamation declaring a state of emergency and the existence of a catastrophic health emergency or any other proclamation issued under Title 14 of the Public Safety Article; and terminating the Act after April 30, 2021.

[HB 1663: State of Emergency and Catastrophic Health Emergency – Authority of Governor and Unemployment Insurance Benefits](#): Authorizing the Governor to take certain actions as a result of the issuance by the Governor on March 5, 2020, of the proclamation declaring a state of emergency for the duration of a certain emergency; providing that a certain violation is subject to certain provisions of law under certain circumstances; providing that a certain alternative workweek may allow an employee to work certain hours or shifts; requiring that an employee authorized to work an alternative workweek is considered a full-time employee; etc.

[SB 402/HB 448: Health Care Practitioners – Telehealth and Shortage](#): Authorizing certain health care practitioners to establish a practitioner-patient relationship through telehealth interactions; requiring a health care practitioner providing telehealth services to be held to the same standards of practice that are applicable to in-person settings and, if clinically appropriate, provide or refer a patient for in-patient services or another type of telehealth service; prohibiting a health care practitioner from prescribing a certain opiate through telehealth except under certain circumstances; etc.

[SB 502/ HB 1208: Telehealth – Mental Health and Chronic Condition Management Services – Coverage and Pilot Program](#): Requiring the Maryland Medical Assistance Program, subject to a certain limitation, to provide mental health services appropriately delivered through telehealth to a patient in the patient's home setting; requiring the Maryland Department of Health to apply, on or before December 1, 2020, to the Centers for Medicare and Medicaid Services for an amendment to certain waivers to implement a pilot program to provide certain telehealth services to recipients under the Maryland Medical Assistance Program; etc.

Update on Easy Enrollment Program

After Maryland extended the state income tax filing and payment deadline to July 15, the Maryland Health Connection changed its Easy Enrollment deadline too. Uninsured Maryland state tax filers can get information about enrolling in health coverage when they file 2019 taxes. Those who file by the **new July 15 deadline** and check the box on form 502 or 502B (authorizing the Comptroller of Maryland to share information from the tax return with the Maryland Health Benefit Exchange) will receive a letter from Maryland Health Connection explaining the coverage options. Filers may be eligible for free or low-cost health coverage and have a 35 day special enrollment period in which to sign up. Learn more at MarylandHealthConnection.gov/easyenrollment.

In addition, the **Maryland Health Connection has extended the COVID-19 Special Enrollment Period to June 15 for uninsured Marylanders who need health coverage. In this crisis it is essential that uninsured Marylanders get coverage so that they can get the care they need -- for their safety, and for all of us.**



Review Open Payments Data by May 15

Pre-publication review and dispute for 2019 Open Payments data ends May 15. CMS will publish the 2019 Open Payments data and updates to the previous program years' data in June 2020. Physicians and teaching hospitals are strongly encouraged to review their data, although it is voluntary. Please refer to the [Review and Dispute Timing and Data Publication Quick Reference Guide](#). **CMS does not mediate or facilitate disputes.** Physicians and teaching hospitals must work directly with reporting entities to resolve disputes. For assistance, contact the Open Payments Help Desk at openpayments@cms.hhs.gov or call 1-855-326-8366 M-F from 8:30 AM to 7:30 PM

2020 MPS Election Results

The following members will serve in the positions noted for the 2020-2021 officer year. These results from 184 ballots cast were approved at the April Council meeting.

President Elect

Virginia Ashley, M.D.

Secretary-Treasurer

Jessica Merkel-Keller, M.D.

Councilor

Theodora Balis, M.D.

Jennifer Coughlin, M.D.

Catherine Harrison-Restelli, M.D.

Paul Nestadt, M.D.

Michael Young, M.D.

Resident-Fellow Member Councilor

Jamie Spitzer, M.D.

APA Assembly Representative

Brian Zimnitzky, M.D.

Nominations & Elections Committee

Ann Hackman, M.D.

Susan Wait, M.D.

The change to electronic voting was successful, resulting in a 50% increase in the number of ballots cast and 26% participation of eligible voters.

PRMS Survey –Practice During COVID

How has COVID-19 affected your practice? PRMS is doing a quick [survey](#), that **takes no more than a minute** to complete. Responses are anonymous and will help shape PRMS resources and guidance during this unprecedented time.

May is Mental Health Awareness Month

This year’s theme, “Mental Health 4 All,” calls for Marylanders to end the stigma around mental health and raise awareness that everyone needs to care for their mental health to ensure mental wellness. The Maryland Department of Health and NAMI Maryland offer the following toolkit for awareness month:

- [Toolkit Guide](#)
- [Mental Wellness Pledge](#)
- [Sample Proclamation](#)
- [Sample Social Media Posts](#)
- Facebook Photos: [Version 1](#), [Version 2](#), [Version 3](#)
- [Children’s Mental Health](#)
- [The Ripple Effect of Mental Illness](#)
- [Mental Health Matters](#)
- [Taking Charge of Your Mental Health](#)
- [You Are Not Alone](#)
- [Mental Health Awareness Month Calendar](#)

Children’s Mental Health Awareness

May 3-9 is Children’s Mental Health Awareness Week.

This year’s campaign is focused on fostering resilience, with a collection of [online resources](#) for parents, children and educators. [Click here](#) for a Resiliency Calendar and [click here](#) for links to the digital campaign.

Membership

Reinstatements

Rose Ambrose, M.D.
Stephanie Solazzo, M.D.



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.

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

APA News & Information

APA Calls for Emergency Funding

The behavioral health system is "collapsing," amidst an increase in anxiety, fear, grief, and substance use related to the global pandemic, according to a [statement](#) sent by APA and 11 other organizations as Congress prepared to approve another round of COVID-related federal funding. Citing a survey conducted by the National Council for Behavioral Health, the coalition noted that many behavioral health organizations "don't have the funds they need to ride out this crisis." The APA also signed onto a [request](#) for \$38.5 Billion in emergency supplemental funding for behavioral health organizations. **To join the APA in urging lawmakers to support current and future MH/SUD needs, [click here](#).**

APA Guidance on Deployment

The APA guidance states, "For psychiatry residents and fellows who are currently in accredited residency training programs, APA recommends that hospitals follow the Accreditation Council for Graduate Medical Education [Guidelines for Stage 3: Pandemic Emergency Status Guidance](#). The guidelines allow residents to redeploy to other units if requirements are met that ensure adequate supervision and resources on that unit.

For practicing psychiatrists who volunteer or are called upon by their hospital to help on nonpsychiatric units, APA recommends that they be part of a care team, are provided appropriate supervision for the clinical circumstance, and are provided with personal protective equipment (PPE) to ensure they can deliver care in a safe and effective manner."

[Click here](#) for the complete message from the April 9 *Psychiatric News* Alert.

Webinar on Digital Mental Health for Patients With SMI

SMI Adviser is sponsoring the free webinar "Implementation of Digital Mental Health for SMI: Opportunities and Barriers" on **Thursday, May 7**, from 3 to 4 PM. Despite growth in technology-based mental health resources, they have not had a substantial impact on Serious Mental Illness issues or clinical practice. This webinar will focus on their acceptability, appropriateness, and feasibility. [Click here](#) to register.

Also related to patients with SMI is an [article](#) by APA President Jeffrey Geller, M.D., M.P.H., and Margarita Abi Zeid Daou, M.D., both of the University of Massachusetts Medical School. It offers an overview of COVID-19 issues as they impact inpatients and outpatients with SMI, including symptoms, service locations, comorbidities, and medications.

Proposed DSM-5 Diagnosis: Prolonged Grief Disorder

Comments on the proposed diagnosis of prolonged grief disorder for inclusion in DSM-5 are being accepted through Wednesday, **May 20**. The proposed diagnostic criteria are posted on APA's website. [View and comment on the proposal](#).

Recordings of APA Meeting Sessions

The APA held its free virtual Spring Highlights Meeting the last weekend in April. If you did not register, you can still view the sessions and claim CME credit for this activity. [Click to access sessions](#).

Free Members' Course of the Month

[What Psychiatrists Should Know and Do About Gun Violence Among America's Adolescents and Emerging Adults](#) Gun violence, whether in the form of homicides, mass shootings or suicides, kills nearly 30,000 Americans every year. These daunting statistics have not motivated Congress to allow for more federal funding to understand this public health problem. This presentation will provide a public health framework to underscore why gun violence exposure is a serious health risk for adolescents and emerging adults. Presented by Stephan Carlson, M.D., Brookdale University Medical Center, Jason Hershberger, M.D., Interfaith Medical Center, Brookdale Medical Center, William Darby, M.D., UCLA, and Ziv Cohen, M.D., Private Practice, Manhattan, NY.

APA Urges CMS Approval of Audio-Only Telehealth

APA sent a letter to CMS to allow for additional access to telehealth services for people receiving Medicaid and Medicare during the COVID-19 pandemic. APA requested that CMS loosen the video requirement for telepsychiatry to allow patients with older phones that do not have a camera, or who do not have internet access, to receive individual therapy and medication management with their physician. You can read the full letter, and more about telepsychiatry and COVID-19 [here](#).

Contact APA's [Practice Management HelpLine](#) for help with your practice management needs.

Medicare Updates

CARES Provider Relief Payments

The CARES Act provided \$100 billion in relief funding to hospitals and health care providers via two rounds of payments, the first between April 10 and 17 and the second beginning April 24. Payments are based on 2019 and 2018 Medicare payments.

- Those who have received payments from the [CARES Act Provider Relief Fund](#) must attest to each payment associated with their billing Taxpayer Identification Number(s) and upload their most recent IRS tax filings as well as estimates of lost revenues for March and April 2020.
- Although some physicians will automatically get an advance payment based on data they submit in CMS cost reports, **physicians without adequate cost report data on file need to submit their revenue data** to the [General Distribution Portal](#). (If you are unsure if you need to complete the portal, call the CARES Provider Relief line at 1-866-569-3522. [Click here](#) for more details.)
- The AMA has guidance about the [financial and tax information you will need](#) to successfully claim your share of the funds. Other helpful resources include [HHS FAQs](#) related to the portal, a [provider guide](#) and a [fact sheet on the general distribution](#).
- Please note that that part of the Provider Relief Fund reimburses healthcare providers, at Medicare rates, [for COVID-related treatment of the uninsured](#).

CMS Recommendations for Re-Opening Health Care Systems

On April 19, CMS [announced](#) guidance on providing essential non-COVID-19 care to patients without symptoms of COVID-19 in regions with low and stable incidence of COVID-19. This is part of Phase 1 in the Trump Administration's guidelines for [Opening Up America Again](#). The new CMS [guidelines](#) recommend a gradual transition and encourage health care providers to coordinate with local and state public health officials, and to review the availability of personal protective equipment and other supplies, workforce availability, facility readiness, and testing capacity when making the decision to re-start or increase in-person care. Prior to entering Phase 1, states or regions need to pass [gating criteria](#) regarding symptoms, cases, and hospitals. These recommendations are not meant to be implemented by every state, county, or city at this time and Governors and local leaders ultimately need to make decisions on whether they are appropriate for their communities.

APA and MPS Advocate to Make Medicare Telehealth More Accessible

APA and MPS took action to persuade Medicare to cover health care services provided over the telephone in addition to the care that physicians are reimbursed for providing over teleconferencing platforms. Following an APA request for help from District Branches, the MPS sent letters asking [Senator Cardin](#) and [Senator Van Hollen](#) to join in advocating for this change.

CMS took essential steps to loosen its requirements on telehealth so that Medicare beneficiaries can receive health care services outside of the typical office environment. However, many of our most vulnerable patients cannot access traditional telehealth video platforms because they:

- lack the required video technology,
- live in areas without reliable broadband access,
- have older phones that do not have a camera,
- do not know how to use video platforms.

As of press time, we heard that Maryland's U.S. Senators reached out to inquire about the Ernst/Kaine letter encouraging CMS to revise its telehealth rules to allow for telephone, or audio-only appointments and appropriate reimbursement. **Thanks to MPS members who responded to the APA and MPS action alerts!**

CMS Reevaluates Accelerated Payment Program and Suspends Advance Payment Program

On April 26, CMS [announced](#) that they will no longer accept new Advance Payment Program applications and will reevaluate all pending Accelerated Payment Program in light of direct payments that are being made to Medicare providers via the CARES Act [Provider Relief Fund](#). For an updated fact sheet on the Accelerated and Advance Payment Programs, [click here](#).

Summary of Medicare Changes during the Coronavirus Emergency

A [CMS clinician letter](#) summarizes actions to reduce unnecessary barriers to providing patient care during the COVID-19 outbreak, including telehealth and virtual visits, accelerated and advanced payments, and recent waiver information.

Medicare Updates

New Round of COVID-related CMS Changes for Medicare

On April 30, CMS [announced](#) regulatory waivers and rule changes to deliver expanded care to the nation's seniors and provide flexibility to the healthcare system. These changes include further expansion of beneficiaries' access to telehealth services. **CMS is broadening the list of services conducted by audio-only telephone between beneficiaries and their doctors to include many behavioral health and patient education services. CMS is also increasing payments for these telephone visits to match payments for similar office and outpatient visits. This would increase payments for these services from a range of about \$14-\$41 to about \$46-\$110. The payments are retroactive to March 1, 2020.**

The CMS actions are informed by requests from healthcare providers as well as by the Coronavirus Aid, Relief, and Economic Security Act, or CARES Act. CMS's goals during the pandemic are:

- 1) expand the healthcare workforce by removing barriers for physicians, nurses, and other clinicians to be readily hired from the local community or other states;
- 2) ensure that local hospitals and health systems have the capacity to handle COVID-19 patients through temporary expansion sites (also known as the Hospital Without Walls initiative);
- 3) increase access to telehealth for Medicare patients so they can get care from their physicians and other clinicians while staying safely at home;
- 4) expand at-home and community-based testing to minimize transmission of COVID-19 among Medicare and Medicaid beneficiaries; and
- 5) put patients over paperwork by giving providers, healthcare facilities, Medicare Advantage and Part D plans, and states temporary relief from many reporting and audit requirements so they can focus on patient care.

A CMS [Fact Sheet](#) has more details about this latest news.

For more information and guidance on other CMS waivers for COVID-19, [click here](#).

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.

CLASSIFIEDS

POSITIONS AVAILABLE

Why work for **LifeBridge Health**? As the largest, most comprehensive and most highly respected provider of health services to the families of the greater Baltimore region and beyond, LifeBridge Health is a model of excellence for both Physicians, APP's, employees and the surrounding community. Each year we have more than 1 million annual patient encounters, offering outstanding primary and specialty care. LifeBridge Health is currently hiring for a variety of psychiatric positions throughout our system. Highly competitive compensation and benefits including medical, dental, vision, life and disability insurance, 403b plan with match, 7 weeks paid annual leave, 5 days 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: Devyn Kern, Director of Physician Recruiting; email dekern@lifebridgehealth.org or cell phone 410-274-4403.

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

PSYCHIATRY POSITIONS: MedStar Health is seeking psychiatrists to work in the Baltimore area in a variety of settings. Our hospitals provide inpatient, outpatient, intensive outpatient, partial hospitalization and consult liaison services. We offer flexible hours with competitive comp plans and benefits including CME reimbursement, 7 weeks paid time off, holidays and personal leave, 403 B match, medical benefits and paid malpractice ins. and much more! Please email CV to stephen.pasko@medstar.net.

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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.

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.

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About Sheppard Pratt

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. *EOE*.



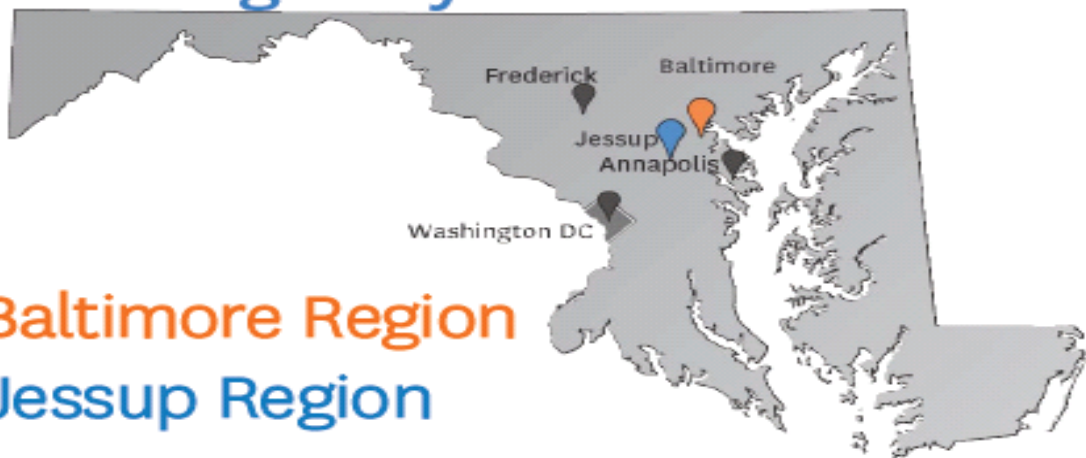
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