



MPS NEWS

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In This Issue

Prescriber Alert	p. 2
MPS Best Paper Award	p. 2
MPS Poster Competition	p. 2
November Council Highlights	p. 2
Slate for 2021 Election	p. 3-4
Md. General Assembly Preview	p. 4
MPS Appeal to Secretary Neall	p. 5
MedChi House of Delegates	p. 5
Anti-Racist Book Club	p. 6
Importance of Anti-Racist Fiction	p. 7
Draft Network Adequacy Regs	p. 8
Medicare Updates	p. 9
APA News	p. 10-11
E/M Coding for 2021	p. 11-12
E/M Coding for 2021	p. 12
In Every Issue	
Classifieds	p. 13

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 by videoconference on January 12 at 7:30 PM. All members welcome!

President's Column

Holidays During a Pandemic

As I write this column, coronavirus infections are rising, as are hospitalizations and deaths. This surge in the number of infections began as we were entering the Thanksgiving holiday and the subsequent winter holidays. We have been dealing with the pandemic for approximately nine months and understandably many people are tired of the needed restrictions to prevent further spread of the disease.

Thanksgiving is the quintessential American family holiday. College students fly home from widespread campuses and extended families gather to enjoy food and company. For others, it is a time to gather with their extended family of friends. Therefore, it was not surprising that the airlines reported record numbers of passengers over the week leading up to Thanksgiving. I imagine that we can expect the same as we get closer to Christmas.

Human beings are social animals. We have a great need to be with people. Social connectedness and close relationships are an essential component of our lives that have both physical and mental health benefits. Social isolation has been linked to cardiovascular disease, dementia, depression, cognitive decline, and increased mortality. The effect of isolation on mortality may be even more marked among the elderly. Therefore, during this pandemic, when many have been more isolated than at any time in the past, it is no surprise that there is a great yearning to be with family and friends to celebrate the holidays.

Yet we also know that social gatherings, especially those indoors without physical

distancing where people eat together, have been a major contributor to the surge in virus cases. Even though effective vaccines appear to be on the horizon, it will be many months before a sufficient number will be vaccinated to enable life to return to some semblance of normalcy. The quickest way for our nation to get the virus under control is to follow all the public health guidelines. Delaying gratification is something that most of us in the healthcare fields are expert at but is something that is often a challenge for many of our patients.

As psychiatrists, we are also aware that the holidays can be a fraught time for many people, whether it is due to difficult interactions with family members, a reawakening of old wounds, the dissonance between the hoped for and the actual events, or the pain of loss from those missing at our celebrations. The latter may be even worse for those who lost loved ones to the pandemic for whom the usual mourning rituals were disrupted.

Each of us will balance these various risks and benefits of celebrating the holidays in our own ways. However you choose to celebrate, I wish all of you a healthy and happy holiday season. I look forward to next year when there will be less balancing and more festivities.

Mark J. Ehrenreich, M.D.

Holiday Office Hours

The MPS office will be closed on most days **December 24-January 1**. Remember that you can pay your dues, update your profile or find a referral for a patient on our [website!](#)

2021 MPS Dues

This month, MPS is again sending 2021 dues invoices via both email and by regular mail. Dues remain 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](#).

Congratulations!

Marissa Flaherty, M.D. penned a poem, [My Frontline](#), posted November 3 in Creative Expressions During Times of Uncertainty. The AAMC, in partnership with StoryCorps and the National Endowment for the Arts, is [collecting stories and poetry](#) from health care professionals relating to their experiences with the pandemic and racism and persistent inequities in America.

Congratulations to **Jason Theis, M.D., M.P.H.** of the Johns Hopkins Department of Psychiatry Residency Program on his first-authored manuscript, "[Firearm Suicide Among Veterans of the U.S. Military: A Systematic Review](#)" that was published in *Military Medicine* on November 26, 2020.

MPS Members Out & About

Steven Crawford, M.D. was [featured on WBAL TV](#) discussing the added stress of election season and offering tips to manage the anxiety.

Paul Nestadt, M.D. was the author of an Op-ed in the Washington Post, "[Extreme risk protection orders can prevent suicide](#)," which was published October 28th.

URGENT: Check your Status

It is critical that all practitioners prescribing to Medicaid recipients enroll or refer their patients to other enrolled prescribers. Based on claims data from July, if the 2021 policy were in place today, Medicaid would deny about 20,500 prescriptions at the pharmacy point of sale each month. These denials represent about 4.5% of all FFS prescriptions and impact about 10,000 individual Medicaid recipients. **About 17% of the 2500 unenrolled prescribers are psychiatry NPIs. Use the Provider Verification System to confirm your enrollment status:** <https://encrypt.emdhealthchoice.org/searchableProv/main.action> Prescribers have the option of enrolling as ORP only providers if they do not want to render billable services. [Click here](#) for more info.

MPS Best Paper Awards Deadline January 31

To recognize outstanding scholarship by young psychiatrists in Maryland, the MPS established annual "best paper" awards in 2013. Previous winners are listed [here](#). The Academic Psychiatry Committee is currently soliciting nominations for the 2020 Paper of the Year Award in two categories:

Best Paper by an Early Career Psychiatrist Member (ECP): Eligible psychiatrists are ECP members who are first authors of papers published or in press in 2020. Thanks to generous funding from the Maryland Foundation for Psychiatry, the winner will receive a **\$200 cash prize** as well as a complimentary ticket to the MPS annual dinner in April 2021.

Best Paper by a Resident-Fellow Member (RFM): Eligible psychiatrists are Resident-Fellow members who are first authors of papers that were written, in press, and/or published in 2020. Thanks to generous funding from the Maryland Foundation for Psychiatry, the winner will receive a **\$200 cash prize** as well as a complimentary ticket to the MPS annual dinner in April 2021.

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

Jennifer M. Coughlin, M.D.
Academic Psychiatry Committee Chair
Johns Hopkins Hospital
600 North Wolfe Street, Meyer 3-181
Baltimore, MD 21287
jcoughl2@jhmi.edu / mps@mdpsych.org

Poster Contest for Residents & Fellows

The MPS poster competition for our Resident-Fellow Members will be held again this year, with all entries displayed at our annual meeting in April 2021! Thanks to generous funding from the Maryland Foundation for Psychiatry, the winner will receive a **\$200 cash prize** as well as a complimentary ticket to the meeting. Two finalists will also be selected and will receive **\$100 each** in addition to complimentary tickets.

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

November Council Highlights

Support for MPS Strategic Priorities

Dr. McGuire reminded Council about the [MPS priorities](#) set in 2019. He introduced Drs. Lacap and Flaherty who discussed the results of the online survey of non-members aimed at the priority of membership growth. Non-members who responded were most interested in updates on requirements for psychiatric practice and pending legislation that would affect psychiatry. Scope of practice was a recurring concern in the free response section. MPS will use the responses to tailor communications with non-members based on their needs. MPS advocacy could be used to encourage them to join. Dr. Hanson offered to hold a training introducing psychiatrists to the Maryland legislature and to advocacy. This could be open to RFMs, non-members and other interested members.

Although there was a limited number of responses, a third of non-members indicated interest in a state-only membership option. The [Federation of Texas Psychiatry](#) offers such a choice alongside the Texas APA DB, the state AACAP group and others. Its recent [newsletter](#) mailed to all psychiatrists in the state notes that the Federation was established in 2004 and has unified and strengthened the voice of psychiatry under one umbrella organization of organizations.

Executive Committee Report

- Dr. Ehrenreich thanked Dr. Hanson for helping to negotiate the MOU with WPS and everyone for their quick response to the emergency vote. He said that while the MOU does not solve the fundamental problem of two APA DBs representing psychiatry in the state, it does set an expectation for them to work together before the legislature while sharing lobbying expenses. If there is an unreconcilable difference, each DB will give the names of the counties represented when stating its position.

- He said Dr. Tamala McClam has been appointed moderator of the Geriatric Psychiatry Interest Group. He noted that the September 30 meeting of all MPS chairs enabled leaders to brainstorm on ways to advance the strategic priorities, address member requests from the 2020 survey, and begin to think about addressing structural racism and inclusion in the MPS.

- He reviewed several [MPS advocacy actions](#) since the last Council meeting.

- Regarding support for MPS members, he noted that [Curbside Conversations](#) has launched and members actively taking new patients are now being posted monthly on the [website](#). All members of the MPS community are invited to participate in the [Anti-Racist Book Club](#) led by UM/SP residents. The virtual Career and Practice Night was revamped and we were able to retain exhibitors by offering an alternate opportunity for distributing information to members.

Secretary-Treasurer's Report

Dr. Merkel-Keller reviewed the third quarter financial results ending September 30.

- The balance sheet is favorable, although assets are down since last year because dues were billed later. There will be no addition to MPS reserve funds this year.
- Compared with budget to date, income from advertising, meetings, and administrative support continue to fall short. Some expenses are also under, and the overall net loss as of 9/30 is \$1K better than budget but including the directory expense it would be \$3K worse than budget.
- Compared with last year at this time, income is \$25K lower but expenses are also less by \$28K. Including the directory cost, the bottom line would be \$2K worse than last year's.
- There has been a \$102K decrease in cash since January 1, with \$10K of that invested in new computers. Q3 marks the lowest point for MPS account balances during the year.

Dr. Merkel-Keller then presented the proposed 2021 capital budget, which Council approved. No major equipment purchases are planned, but \$5K is available for replacing assets that may break down during the year. The Executive Committee would approve any purchases in advance.

Executive Director's Report

- Ms. Bunes said the member directory was distributed in October, later than usual due to staff medical leave and printer issues, but before dues notices. Since MPS bills its own dues, we were able to hold invoices until the directory, a tangible member benefit, had arrived.

- She emailed an alert to 45 psychiatrists about the need to enroll in Medicaid or refer patients to another prescriber so that pharmacy claims will continue to be covered in 2021.

Membership Committee Report

Council approved a recommendation regarding MPS and APA dues relief for a member who has just started a new practice and whose husband was laid off.

Nominations & Elections Committee Report

Dr. Hackman said the committee met October 12 to develop a slate for the 2021 MPS election. As part of the committee's effort to address structural racism and inclusion, a [request for volunteers](#) was circulated before the meeting and individual committee members reached out to possible candidates. Council unanimously approved the diverse group of candidates. [\[See page 4.\]](#)

Nominations from Council

Dr. Hackman noted the committee's suggestions for six nominations needed from Council. Dr. McGuire asked for nominations from the floor before closing nominations for the vote, which was unanimous. [\[See page 4.\]](#)

(Council Continued)

Community Psychiatry & Diversity Coalition (CPD) Report
 Drs. Balis and Hackman described the CPD request for Council to endorse the [AAMC statement](#) on the [Trump executive order](#) on combatting race and sex stereotyping. AAMC writes that "...While the executive order contains some elements that are universally agreed upon and with which we agree, it also exhibits a misunderstanding of most diversity and inclusion training programs and therefore will only further divide an already fragmented nation..." Dr. Hackman described how this statement aligns with the anti-racism work that MPS is undertaking. Following discussion, Council voted unanimously to endorse the statement.

APA Assembly Representatives' Report

Dr. Hanson said the Assembly met virtually the weekend before. She reviewed several Action Papers that were considered, including ones for telehealth, gender bias, police issues, changing the name of the APA, and enhancing APA transparency. The APA continues to advocate against psychologist requests to be redefined as physicians under Medicare. The APA is also addressing structural racism through a presidential task force. APA advocacy regarding burdensome, expensive MOC requirements and its potential conflict in this regard were major topics. An alternative MOC process will be available. APA will offer training regarding E&M coding changes coming in 2021. Dr. Shaya agreed that budget issues and transparency of finances was another major issue during the meeting. APA is cutting its budget to be able to meet loan terms for the headquarters building in DC. Ms. Bunes noted that this is affecting MPS and other DBs. Starting next year, expedited DB grants will be eliminated and DB staff travel costs will no longer be covered for APA meetings.

MedChi Delegate's Report

Dr. Roca sent a written report that was distributed prior to the Council meeting. [\[See page 6.\]](#)

New Business

Dr. McGuire said the review of staff compensation will be deferred.

Webinars on ONC Rules on Sharing Patient Records

APA, with the College of Healthcare Information Management Executives, will host a webinar on **December 7, at 11 AM**, about the [final rule](#) and [interim rule](#) issued by the Office of the National Coordinator for Health Information Technology (ONC) about sharing of patient records. [Register here.](#)

A [Medicare Learning Network event](#) on **December 9** from 1:30 to 3 PM will also cover the [Interoperability and Patient Access](#) final rule. Implementation of the rule has been delayed due to the pandemic. [Click here](#) for more info.

Slate for 2021 MPS Election

The following nominees were approved in November by the MPS Council.

President-Elect (1-year term)

Jessica V. Merkel-Keller, M.D.

Secretary-Treasurer (1-year term)

Carolina Vidal, M.D., M.P.H.

Council (2-year term, 4 vacancies)

Kamal S. Bhatia, M.D.

Laura E. Eskander, M.D.

Tyler C. Hightower, M.D., M.P.H.

Gayle Jordan-Randolph, M.D.

Mark S. Komrad, M.D.

Ronald F. Means, M.D.

Michael A. Young, M.D.

Rachna S. Raisinghani, M.D.

Early Career Psychiatrist Councilor (2-year term)

Marissa A. Flaherty, M.D.

Resident-Fellow Member Councilor (1-year term)

Karen Dionesotes, M.D., M.P.H.

APA Assembly Representative (3-year term)

Elias K. Shaya, M.D.

MedChi Delegate (3-year term)

Enrique I. Oviedo, M.D.

Alternate MedChi Delegate (3-year term)

Elias K. Shaya, M.D.

Nominations & Elections Committee

(3-year term, 2 vacancies)

Susan W. Lehmann, M.D.

Marsden H. McGuire, M.D.

Crystal C. Watkins, M.D., Ph.D.

Jennifer T. Palmer, M.D.

Nominations for Anti-Stigma Advocacy Award

The Maryland Foundation for Psychiatry presents an annual award to recognize a worthy piece published in a major newspaper that accomplishes one or more of the following:

- Shares with the public their experience with mental illness in themselves, a family member, or in the community.
- Helps others to overcome their inability to talk about mental illness or their own mental illness.
- Imparts particularly insightful observations on the general subject of mental illness.

A Maryland author and/or newspaper is preferred. [Click here](#) for past winners and published articles.

The award carries a \$500 prize, which is given at the Maryland Psychiatric Society annual meeting in April. Please send nominations to mfp@mdpsych.org by **January 15, 2021**. The MFP is organized for educational and charitable purposes. For more information, please visit the MFP [website](#).

Maryland News

2021 Maryland General Assembly Preview

As of the writing of this preview, the Maryland General Assembly still hopes to reconvene for a ninety-day session beginning January 13th. However, Session will have a distinctly different look and feel in both the Senate and House thanks to the ongoing Covid-19 pandemic. As highlighted below, the Senate and House have two different reopening approaches because of their respective sizes. With that said, everything is subject to change so stay tuned.

The Maryland Senate

Maryland Senate President Bill Ferguson (D - Baltimore City) has established rules and guidelines for his chamber's approach, which represents a dramatic departure from normal operations. The Senate will operate in one of three stages, depending on the extent of coronavirus infection among lawmakers and staff. Stage 3, the most "normal," will be when there is little or no disease activity in the State House complex.

Senate President Ferguson has indicated that the legislative priorities of the Senate will fall into four "buckets". The Senate President promises a "robust package" on the following:

- Coronavirus response. This will focus on economics, education, and housing stability. Obviously, the State will be looking to the Federal Government for financial assistance to help address these complex issues;
- Law Enforcement Reform;
- Racial Equity & Inclusion, which will include environmental justice, generational wealth creation, and the eradication of health care disparities; and
- The Budget. This will serve as the umbrella and catch-all for the above.

After six years, Senator J.B. Jennings (R - Harford and Baltimore Counties) and Senator Stephen Hershey (R - Kent, Queen Anne's, Cecil, & Caroline Counties) have stepped down as minority leader and minority whip, respectively. The Senate Republican Caucus, in turn, elected Senator Bryan Simonaire (R - Anne Arundel County) as minority leader and Senator Michael Hough (R - Frederick & Carroll Counties) as minority whip. The new minority leadership expects to take a more aggressive stand on the Senate floor in debating and attempting to amend bills.

The Maryland House of Delegates

The House is the largest legislative body operating in the State of Maryland. Because of Covid-19, the House instituted both policy and rule changes in hopes of protecting its members, their staff, and constituents. Some of the changes include:

- The House will still meet as one body, but simultaneously in two locations on campus.
- The full body will not meet for more than two hours without a break for cleaning.
- All House proceedings will be live-streamed.

- The House will more than likely not be on the floor daily for the first third of session nor on Monday nights until March.
- House Committees will operate completely virtually with bill hearings to start in earnest on January 14th, the second day of the session.
- The public will upload and submit written testimony online. Members of the relevant committee will access the testimony for each bill through their floor system.
- The State House will be closed to the public for the legislative session to prevent large crowds from congregating inside. Outdoor rallies will still be permitted if socially distanced and masked, based on City of Annapolis guidelines.

Looking at the Health and Government Operations Committee, where most MPS bills are heard, we see little change. Delegate Lisa Belcastro (D - Baltimore County) is the newest face to the Committee. Delegate Belcastro was appointed on March 10th, a mere six days before the legislature abruptly ended the 2020, to replace Delegate Shelly Hettleman who was elevated to the Maryland Senate.

In Closing

While the session will be noticeably different, this new format may provide MPS members additional opportunities to participate in the legislative process. No longer will members have to drive to Annapolis, hunt for parking, and then sit for hours on end waiting for their bill to be called. Instead, MPS members can fire up their laptops or tablets and testify virtually from the comfort of their own homes or offices.

Mental health issues will be heavily debated this session. Consider joining the MPS Legislative Committee or at least volunteering to testify on legislation that touches your practice area or interest. Do not be socially distance from the legislative process this session, because we cannot all be in this together if we're not all present and helping.

*Thomas R. Tompsett Jr.
Associate Attorney
Harris Jones & Malone*

MPS Joins Appeal to Secretary Neall on Medicaid

The MPS joined over 40 health care provider organizations in a letter strongly urging Secretary Neall and Governor Hogan to sustain Medicaid provider reimbursement rates at the present level of 94% of Medicare, despite pressures on the state budget. Proposals had been made to the Board of Public Works to reduce the percentage to 90% of Medicare effective January 1, 2021. However, in view of the impact of the pandemic on practices, exacerbated health disparities and the safety net role of Medicaid, this cut must be avoided. [Click here](#) to view the letter.

Maryland News

November MedChi House of Delegates Meeting Highlights

The House of Delegates (HOD) met virtually on November 7, for the first time in MedChi history. Presidential Awards went to Governor Larry Hogan for his leadership and support of science, to Howard Haft MD (Executive director of the Maryland Primary Care Program of the Maryland Department of Health), for his work as a liaison between the Maryland Department of Health and MedChi during the pandemic, and to Gene Ransom, MedChi CEO. The changing of the guard includes Dr. Loralie Ma – a radiologist from Baltimore County - elected President-Elect. Shannon Pryor was inducted as President.

Gene Ransom talked about a host of MedChi initiatives related to COVID. These included initiatives regarding testing; dissemination of information in partnership with the Maryland Department of Health; helping physicians apply for financial assistance related to COVID; supporting physicians efforts to build telehealth capacity; and creating a telehealth coding guide (see MedChi website). He also talked about tort reform work to protect docs in this new environment.

Regarding the resolutions, all of those supported by the MPS passed unanimously, including a [resolution](#) calling for the creation of more “comprehensive behavioral health facilities” (read: more psychiatric inpatient capacity), a [resolution](#) on workforce diversity, and a [resolution](#) on telehealth. Three were extracted from the consent calendar and discussed at length. One was a [resolution](#) to make public the database containing disciplinary actions taken against law enforcement officers. There was concern about the unintended consequences of this (e.g., alienating and perhaps even endangering police), and it was referred for further study. Another was a [resolution](#) to endorse the AMA’s ethical stance against physician assisted suicide. The reference committee recommended NOT adopting the resolution. In the discussion there was mention that in 2016 MedChi had taken a neutral position on the aid in dying bill, reflecting the divided opinion about physician-assisted dying among Md physicians and citizens. After much input, the reference committee recommendation was accepted, and the resolution was not adopted. Finally there was a [resolution](#) to recommend the creation of pilot programs whereby mental health personnel would accompany police on calls for mental health crises. One delegate suggested that the proposal was too vague and that it should be referred for further refinement regarding how mental health professional input would best be solicited; there was concern, for example, about the safety of the accompanying mental health professional who was on the scene. But most of the testimony was in favor of approving the resolution outright, and that is what ultimately happened.

For more information see the [Final Reports and Resolutions](#) or the 2020 House of Delegates [archive page](#).

*Robert P. Roca, M.D., M.P.H., M.B.A.
Alternate Delegate*

BHA/MedChi Behavioral Health Webinars

CMEs are available at no cost for the *Helping the Helpers and Those They Serve* series. The December webinars below run from 5-6 PM. See the [BHA/MedChi webinar webpage](#) for more offerings as well as webinar recordings.

December 3: [Coping with the Ambiguous Losses and Stress of the Pandemic](#)

Alexander Chan, PhD, LMFT. Moderator: Hinda Dubin, MD.

December 17: [The Impact of Racial Trauma on Providers](#)

Stephanie Slowly, MSW, LCSW-C. Moderator: Shanta Powell, MD.

Commission to Study Mental & Behavioral Health

The [Maryland Commission to Study Mental & Behavioral Health](#) will hold a virtual meeting on **December 8** from 4 - 6 PM. View the live stream of the meeting [here](#). For more information, contact mbh.commission@maryland.gov or visit the [website](#).

Draft Plan for Acute Psychiatric Services in Maryland

Following is a link to the draft for Acute Psychiatric Hospital Services in the State Health Plan: [Draft - STATE HEALTH PLAN FOR FACILITIES AND SERVICES: ACUTE PSYCHIATRIC HOSPITAL SERVICES COMAR 10.24.07](#). The [MHCC Psychiatric Services Work Group](#) has been working for over a year to evaluate and update Maryland’s certificate of need process.

Maryland’s Practice Transformation Network Final Report

The Maryland Health Care Commission released a [report on practice transformation activities](#) in the State. Read about the Garden Practice Transformation Network (part of the national Transforming Clinical Practice Initiative) and the progress of practices that worked to achieve care transformation, prepare for successful participation in value-based payment arrangements, and improve care quality over a three-year period. For more information about the program, contact Melanie Cavaliere at melanie.cavaliere@maryland.gov.

Maryland News

Anti-Racist Book Club – Part 2

Members of this University of Maryland Medical Center psychiatry resident-led book club read books across genres that explore issues of race as a means of better understanding ourselves, our patients, and our community. The mission is to foster a foundation for change by developing a forum for dialogue, education, and greater self-awareness. All members of the MPS community are invited to participate! So far, we have read:

- July: [Between the World and Me](#) by Ta-Nehisi Coates
- August: [Protest Psychosis](#) by Jonathan Metzl
- September: [Medical Apartheid](#) by Harriet Washington
- Next Up December 13: [All God's Children Need Traveling Shoes](#) by Maya Angelou

How do you choose the books?

It's a challenge - there are a lot of great books to choose from! I wanted our conversations to be anchored around personal narratives, as these types of texts are not typically featured in medical school. Over the summer, many books that matched this criterion established themselves as "must reads," so we put this list to the group and we voted on it. We ended up choosing several anti-racist books with medical themes, which guided our thoughts towards mental health practice. Now that we have had a few meetings, members are suggesting book choices!

What do you hope to generate with your questions?

My biggest hope for our discussions is that we recognize anti-racism work in each other. We want to equip ourselves with the words that clearly define the emotions and experience of our BIPOC patients. When I speak to my parents about these issues, they'll often say, perturbed, "I thought we fought that battle in the 60's!" I take this to heart, as I feel that the members of the book club see this moment as a critical step in the multi-generational push towards progress. I hope to generate a shared understanding that we are our own best resource, and in so doing inspire others to join us. To quote RBG, we want to "Fight for the things that [we] care about, but do it in a way that will lead others to join [us]."

Why should people join the book club?

I think the best reason to join the club is because we care about the long-term health of our patients and their communities. We see the impact of racism firsthand every day, and Baltimore is right on the front line of this issue. Joining a book club is a small step, but if we want to see big change we've got to start our journey.

What have been some meaningful highlights for you as a participant?

Crystal Han, M.D. (Child and Adolescent Psychiatry Fellow at UMMC/SEPH): Being part of this book club has been an invaluable forum for me to explore the ideas of race and racism with my colleagues and peers in a more intimate and

communal setting. It has been a true pleasure and humbling experience to both share and listen to others discuss these difficult topics in a safe, supportive space. I was particularly impacted by our discussion on Metzl's *Protest Psychosis* which truly guided me toward conceptualizing formulations in my Black patients differently, through a more informed historical and political perspective. I look forward to many more enlightening discussions that help me grow as a physician, a psychotherapist, an advocate and as an individual.

To join the book club, please contact [Ann Marie Gustafson, M.D., M.P.H.](#) (If you missed Part 1, [click here.](#))

Review of MACS Addiction Consultation Service Outcomes

The [Maryland Addiction Consultation Service](#) (MACS) supports primary care and specialty prescribers so they can identify and treat more patients with opioid use disorders. Since its 2017 inception, MACS has increased access to specialty addiction medicine consultation and training through technology. Program components include a warmline, outreach and training, and resource and referral linkages for prescribers. MACS provides [phone, online and email consultation](#) for clinical questions, resources, and referral information. Initial implementation outcomes indicate many prescribers who engaged with the service have their buprenorphine waiver (44%) but do not have any additional formal addiction training (57%). Also, statewide penetration is promising with prescriber engagement in 100% of counties, however only 33% of counties in engaged in all four types of MACS services. Most calls (61%) originated from urban counties. [Click here](#) to review the research published in *Substance Abuse*.

Open Enrollment ends December 15

To have coverage beginning January 1, 2021, individuals need to enroll by **December 15**. [Enroll in a private health plan](#) through Maryland Health Connection. Last year, 9 out of 10 people qualified for financial help. Open enrollment is for private health plans only. Consumers who are eligible can apply for Medicaid any time of year. Consumers receive a notice when it's time to renew Medicaid. [Need help?](#) Call toll free: 1-855-642-8572 (M-F 8 AM-6 PM; Saturday 8 AM-2 PM).



Maryland News

The Importance of Anti-Racist Fiction

At the University of Maryland /Sheppard Pratt Psychiatry Residency Program we are taught to examine psychiatry from multiple lenses in diverse environments, whether that's through a wide breadth of clinical opportunities or humanities lectures, movie nights and book clubs. The residents came up with a similar approach in addressing anti-racism and social justice. Residents have been actively leading and participating in the UMMC Psychiatry [Anti-Racist Book Club](#). Residents simultaneously cultivated a group to discuss short works focused on social justice, which evolved from examining pieces of non-fiction such as journal articles to fiction including poems and short stories. This month Amit Suneja, MD MPH explains the UMMC Psychiatry Social Justice Short Works Group, how it has evolved and where it is going!

Jamie Spitzer, M.D., RFM Councilor

The Importance of Anti-Racist Fiction

The present moment has shined a light on the depth and breadth of anti-racist nonfiction scholarship. There is no question that engaging with work in this sphere is critical to understanding the history that has led to this country's present reckoning with its deep seated racism, as well as to considering the best way forward.

But is there a cost to focusing singularly on expository or analytical nonfiction? Just as art, music, and food are expressions that help us understand the breadth of human experiences, fiction written by authors who belong to oppressed groups and about them is equally important to broadening our perspectives, challenging our biases, and considering how to move towards a truly anti-racist society.

This argument has been brought forth and expanded on by many others, and the perspectives of [a Black publisher](#) and [a Black author](#) can provide some additional context. To consider the value of works of fiction alongside shorter works of analysis in journals, residents at the University of Maryland-Sheppard Pratt Psychiatry Residency have begun to engage in a Social Justice Short Works Reading Group. While our earlier groups focused on (nonfiction) journal articles exploring the concept of radical healing, the work of Frantz Fanon (one of the first psychiatrists to highlight the inequalities in psychiatric care on the basis of race, culture, and religion), and the relationship between mental illness and the carceral state, we focused on works of fiction in our most recent meeting. We read short stories with mental health themes written by [Gayl Jones](#), a Black author about whose first novel in 1975 the late Pulitzer-Prize winning author Toni Morrison said, "No novel about any black woman could ever be the same after this." We also read [poems by a selection of queer indigenous women](#).

Creating a space where fictional works are explored in depth is valuable. Not only does it provide a lens unlike any other through which to understand human experience – it also ele-

vates and celebrates the joy, power, and resilience of oppressed groups. If we are to work towards being a profession that is actively anti-racist, we must gain a deeper understanding of these concepts alongside understanding the legacy of oppression and surveillance in the practice of psychiatry.

We (and our patients) have imaginations. If an imagination is indeed the ability to produce and simulate novel objects, sensations, and ideas in the mind, an anti-racist future - as a society and as a field - is as much the product of our collective imagination as it is a reflection of what we see and hear around us today. What better way to foster within ourselves the courage and generation of a new clinical skillset required to become anti-racist psychiatrists than to nurture our imagination in ways that no clinical neuroscience, psychotherapeutic, or psychopharmacologic text ever can?

As a final illustration, consider two works of award-winning science fiction by Black authors, one classic and one more contemporary. Octavia Butler's [Parable of the Sower](#) (written in 1994) follows a Black girl with "hyperempathy" as the world collapses due to climate change and economic inequality in the 2020s. N.K. Jemisin's [The Fifth Season](#), introduces orogenes, people who control energy and temperature and can manipulate whole swaths of earth, who are feared for their power and frequently killed as children or discriminated against. Do we have patients who experience deep psychic or even physical pain associated with the state our country and/or planet at the outset of the 2020s? Do we have patients who are part of minority groups with growing power that others fear?

It is important, of course, not to engage with every work of fiction on an analytical level. And that is another unique aspect of reading fiction that we hope to achieve in our Short Works Group, the focus of which will increasingly be to create space for short works of both fiction and nonfiction. We can simply read fiction, enjoy it, and perhaps at one time or another, with a friend, family member, or patient, talk about a story we couldn't stop reading and that made us better, more loving, more respectful, and more anti-racist people.

Amit Suneja, M.D., M.P.H.

ERPO Training

The Johns Hopkins School for Public Health and the Educational Fund to Stop Gun Violence developed an Extreme Risk Protection Order (ERPO) training available for free on Coursera. [ERPO: A Civil Approach to Gun Violence Prevention Teach-Out](#) takes about four hours to complete. [Maryland's ERPO law](#) is now two years old. It is estimated that 1 life is saved for every 10-20 ERPOs issued. [Click here](#) for details about the Maryland law.

Maryland News

Draft Changes to Network Adequacy Regulations

The Maryland Insurance Administration (MIA) has proposed draft revisions to [31.10.44.02](#) Network Adequacy regulations, which cover all medical provider types. The [existing regulations](#) have been in force for the past three years, with required annual carrier reports. The MIA proposals include these advances: (1) uniform data gathering and reporting standards as well as more frequent and detailed disclosures of appointment wait times to regulators and members; (2) more granular tracking and reporting of network coverage of MH and SUD services; and (3) network coverage for underserved communities, including individuals with disabilities and limited English proficiency, and those of diverse races and genders.

However, many advocates support revisions so consumers can better understand the network coverage for MH and SUD services with greater transparency around the reasons for network deficiencies, which would increase stakeholders' ability to resolve the underlying problems, and improve overall access to care.

In addition, there is concern that the proposed telehealth standard would "get ahead" of carrier telehealth practices, technology availability, and broadband access in many locations. This proposed standard would also allow a carrier to satisfy the wait time metric via telehealth without any data on whether patients would prefer to access their medical care in this manner.

Furthermore, there should be mandatory submission of waiver information if a carrier fails to meet one or more metric so that the MIA can assess each carrier's efforts to improve its network and allow all stakeholders to identify and begin to address the cause of deficiencies.

The opportunity for public comments closes on December 4. The MPS will collaborate with others in the Maryland Parity Coalition in submitting concerns to MIA.

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.

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

"Refer a Colleague" Top Referrer Contest

To close out the last quarter of the year, PRMS is running an exciting contest for the top "[Refer a Colleague](#)" referrer. An additional \$500 will be donated to the chosen organization of the individual, group practice, or psychiatric organization with the most referrals* made during the period of October 1 to December 31, 2020. (In the event of a tie in the "Refer a Colleague" Top Referrer Contest, the grand prize will be awarded to the referrer whose final referral was received first.) PRMS has donated hundreds to the Maryland Foundation for Psychiatry as part of its Refer a Colleague program.

Highlights of the November AMA Special Meeting

[Click here](#) to catch up with the news and key moments from the AMA House of Delegates' virtual meeting, which ran November 13–17.

Financial Impacts of COVID-19 on Physician Practices

The AMA issued a [survey summary](#) that shows the effects of the pandemic on the income and expenses of physician practices. Overall, physicians said that expanded telehealth services did not offset reduced in-person visits and the average drop in revenue was 32%. While federal relief programs have been helpful, COVID-19 continues to impact practices negatively and more economic relief is needed.

Thank You!

The following members paid additional MPS dues for 2021 even though they qualify for reduced dues because they have reached life status. **We appreciate your support of the Maryland Psychiatric Society!**

Thomas Allen, M.D.
Harry Brandt, M.D.
George James, M.D.
Jill RachBiesel, M.D.
Daniel Storch, M.D.

Virginia Ashley, M.D.
Louis Cohen, M.D.
Jill Joyce, M.D.
Silverine Samaranayake, M.D.

PRMS Cybersecurity Booklet

To assist members with protecting both themselves and their practices from a cyberattack, PRMS developed a compendium of resources compiled from previous writings, tips from governmental sources, and links to additional information from professional and governmental organizations. Please find the online version [here](#).

Medicare Updates

Thresholds are Increasing - You May Need to Participate in MIPS in 2021

Qualifying Alternative Payment Model (APM) Participant (QP) thresholds are increasing beginning January 1. CMS has a [2021 QP Quick Start Guide](#) and [2021 MIPS Eligibility Decision Tree](#) to help clinicians determine whether they need to participate in MIPS.

2021 Thresholds for QP status:

- The **payment amount threshold** is increasing from 50% to **75%**.
- The **patient count threshold** is increasing from 35% to **50%**.
- 2021 Thresholds for Partial QP status:
- The **payment amount threshold** is increasing from 40% to **50%**.
- The **patient count threshold** is increasing from 25% to **35%**.

Those who qualify as a Partial QP will be able to choose whether to participate in MIPS but will not be eligible for the 5% incentive payment.

CMS will use three snapshot dates—March 31, June 30, and August 31, 2021, to review data and make QP determinations about 4 months after each date. At those points the [Quality Payment Program Participation Status Tool](#) will reflect updated APM status.

If you are MIPS eligible and not determined to be a QP or a Partial QP, you will be required to participate in MIPS and will receive a MIPS Final Score and payment adjustment. To learn more about MIPS, visit qpp.cms.gov.

Upcoming MIPS Dates

In addition to the December 31 deadlines in the next column, important upcoming Merit-based Incentive Payment System (MIPS) dates and deadlines include:

January 4, 2021 – 2020 MIPS performance year data submission window opens.

March 1, 2021 – Deadline for CMS to receive 2020 claims for the Quality performance category. Check with the [MACs](#) for more specific instructions.

March 31, 2021 – 2020 MIPS performance year data submission window closes.

To learn more, visit the [QPP website](#). Contact the Quality Payment Program with questions at 1-866-288-8292 or e-mail QPP@cms.hhs.gov.

MIPS Reminders

December 31 Deadlines to Apply for Exceptions

The Merit-based Incentive Payment System (MIPS) [Promoting Interoperability Hardship Exception](#) allows eligible clinicians, groups, and virtual groups to essentially eliminate weighting of the Promoting Interoperability performance category if they:

- Are a small practice;
- Have decertified EHR technology;
- Have insufficient Internet connectivity;
- Face extreme and uncontrollable circumstances such as disaster, practice closure, severe financial distress, or vendor issues; **or**
- Lack control over the availability of CEHRT.
- Note: Those already exempt from reporting Promoting Interoperability data don't need to apply.

The [Extreme and Uncontrollable Circumstances Exception](#) is for clinicians who are unable to:

- Collect information necessary to submit for a performance category; **or**
- Submit information that would be used to score a performance category for an extended period of time.
- Carry out normal processes, affecting performance on cost measures and other administrative claims measures. The [COVID-19](#) public health emergency is included for 2020.

An [AMA post](#) has more info. Apply using a HCQIS Access Roles and Profile (HARP) account. (Refer to the Register for a HARP Account document in the [QPP Access User Guide](#). Then sign in to qpp.cms.gov, select 'Exceptions Applications' on the left, select 'Add New Exception,' and select 'Extreme and Uncontrollable Circumstances Exception' or 'Promoting Interoperability Hardship Exception.'

December 31 Deadline to Submit a 2021 Virtual Group Election

A virtual group must submit an election to CMS [via e-mail](#) each year that it intends to participate in MIPS as a virtual group. A virtual group is a combination of 2 or more Taxpayer Identification Numbers consisting of solo practitioners who are MIPS eligible and/or groups that have 10 or fewer clinicians (at least one clinician within the group must be MIPS eligible). For more details, please download the [2021 Virtual Group Toolkit](#).

Download 2020 MIPS User Guides from the [Resource Library](#) [MIPS 101](#)

[Participation and Eligibility](#)

[Group Participation](#)

[Scoring](#)

[Quality Performance Category](#)

[Promoting Interoperability Performance Category](#)

[Improvement Activities Performance Category](#)

[Cost Performance Category](#)

[Web Interface Quick Start Guide](#)

[Measures List with Telehealth Guidance](#)

Medicare Updates

Medicaid and CHIP Managed Care Final Rule

CMS released the 2020 Medicaid and Children's Health Insurance Program (CHIP) Managed Care final rule on November 9. The rule aims to improve federal oversight and state flexibility while maintaining beneficiary protections and providing high quality of care for the 55 million beneficiaries in Medicaid managed care plans. This also includes 79% of CHIP children in 32 states who enrolled in managed care plans. The previous 2016 final rule was considered burdensome, so CMS proposed changes in November 2018, which are now being finalized. A [fact sheet](#) is available. For complete details, [click here](#).

CMS to Update Physician Self-Referral Regulations

On November 20, CMS [announced](#) a [final rule](#) to be issued on December 2 that would modernize and clarify the regulations that interpret the Medicare physician self-referral law (often called the "Stark Law") enacted in 1989. Recognizing that the healthcare system has evolved from largely fee-for-service to a more value-based healthcare payment and delivery system, the final rule opens avenues for physicians to coordinate patient care and allows providers across different healthcare settings to work together to ensure patients receive the highest quality of care. However, patient protections from the original law remain to clearly prohibit referrals that are based solely on financial incentives to the provider. The rule finalizes many of the proposed policies from October 2019, including:

- **New, permanent exceptions for value-based arrangements** that will permit physicians to advance innovative, coordinated care for Medicare and other patients.
- **Key requirements of the exceptions to the physician self-referral law.**
- **Protection for non-abusive, beneficial arrangements.**
- **Reduced administrative burdens.**

Please also refer to the [fact sheet](#). Unless otherwise specified, the provisions in this rule will go into effect 60 days from the display date in the [Federal Register](#).

FREE APA December Course of the Month

Paradise Lost: The Neurobiology of Child Abuse is the free CME for members this month. Brain imaging, neuroendocrine and neurotransmitter studies have revealed the many long-term biological consequences of child abuse and neglect, which underlie an increased vulnerability to mood and anxiety disorders in adulthood. Presenters will discuss their research on these findings in depth. [Click here to access](#).

APA News & Information

Apply for 2021 APA/APA Foundation Fellowships

The following APA/APA Foundation Fellowships provide specialized training within the field of psychiatry for residents, post-residency research fellows and early career psychiatrists:

- [APA/APAF Leadership Fellowship](#)
- [Child and Adolescent Psychiatry Fellowship](#)
- [Diversity Leadership Fellowship](#)
- [Jeanne Spurlock Congressional Fellowship](#)
- [Psychiatric Research Fellowship](#)
- [Public Psychiatry Fellowship](#)
- [Edwin V. Valdiserri Correctional Public Psychiatry Fellowship](#)
- [SAMHSA Minority Fellowship](#)
- [SAMHSA Substance Abuse Minority Fellowship](#)

Applications accepted through **Sunday January 31, 2021**.

Wit v. United Behavioral Health Remedies Decision

The U.S. District Court for the Northern District of California issued a remedies order in *Wit v. United Behavioral Health* that included (1) a 10-year injunction requiring UBH to exclusively apply medical necessity criteria developed by non-profit clinical specialty associations; (2) appointment of a special master; (3) training of UBH in the proper use of court-ordered medical necessity criteria; and (4) reprocessing of nearly 67,000 mental health and substance use disorder benefit claims.

The ruling follows a February 28, 2019 [decision](#) that found United Behavioral Health, the country's largest managed behavioral health care organization, illegally denied coverage for mental and substance use disorders based on flawed medical necessity criteria. These denials impacted over 50,000 UBH enrollees, and involved 67,000 claims from Connecticut, Illinois, Rhode Island and Texas. **This is the first time a major insurer has been found to be relying on improper guidelines as a basis for denying healthcare services.**

This ruling is expected to have significant implications for the way mental health services are handled by plans. UBH will have the opportunity to appeal the decision to the US Court of Appeals for the Ninth Circuit after a final judgment is entered.

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

APA News & Information

The Trauma of Structural Racism and its Transmission Across Generations

There is a growing consensus that structural and interpersonal racial discrimination fundamentally impacts mental health in communities of color. Disparities in mental health for people of color are pervasive and persist across generations. The resulting health consequences of racism and bigotry are an important avenue of exploration. [Click here](#) for a recording of the November 16 APA town hall meeting.

Update from the Task Force to Address Structural Racism Throughout Psychiatry

In October, the Task Force made [recommendations to the APA Board of Trustees](#). The summary of actions taken by the Board in response is available [here](#).

During the November Town Hall, Dr. Michele Reid, an APA Trustee and Structural Racism Task Force member, presented an update on the work of the Task Force. [Read the report](#) and watch her update at this timestamped [video link](#).

The [Task Force](#) will submit another report to the APA Board of Trustees during its December meeting.

Cheryl Wills, M.D., Chair

Documentation and Billing for Outpatient E/M Services in 2021

The [APA website](#) outlines the updates that start in 2021. APA also offers members the following [resources for changes](#) to documentation and billing for outpatient E/M services (99202-99215) (log in with your member ID required):

- **Quick Guide to 2021 Office/Outpatient E/M Services (99202-99215) Coding Changes:** Includes a summary of the changes along with information on the new time ranges, prolonged services code and a medical decision making table with psychiatric specific examples.
- **Recorded webinar: Update on 2021 Changes to Billing and Documentation for Outpatient E/M Services** Highlights the changes to billing and documentation for office/outpatient E/M services that will take effect on January 1, 2021, including how to select the appropriate CPT code based on medical decision making or time, a review of the necessary documentation, and a Q&A portion with APA's CPT coding and documentation experts.
- **Update on 2021 Changes to Billing and Documentation for Outpatient E/M Services Power Point**

New ABPN Proposals Awaited

Here is what to expect. The proposal to change ABMS requirements is likely in December. The preliminary information (not confirmed, but likely) is from Dr. Gorrindo at the meeting of the APA Council on Education and others I have spoken with who follow ABMS closely. The following is a guess at best but will allow us to prepare for action. We may have only two or three weeks for comments and demands for action once the report is issued.

- There **may** be a switch to a 5 year certification.
- There **may** be a further emphasis on the (much disliked) PIP and Patient satisfaction modules. Most Diplomates find these complex and intrusive.
- **There will be an opportunity to comment.**

The latter is where members will have a significant role:

- Members can ask their DBs to write on their behalf the common concerns - cost, complexity etc. They should also reach out to their [Assembly Reps](#) to voice their concerns. If we generate many individual advocacy letters we will be heard.
- Exams may be an option for those who choose that option, but the emphasis will be Self-Assessment (SA) CME. Your thoughts?
- My advocacy position remains that APA should provide life-long learning and the SA CME along with the various affiliated subspecialties (referred to as ACROSS in the Assembly, ie., Assembly Committee of Representatives of Subspecialties and Sections). ABPN should minimize the costs to members and make the process simpler. I suggest omitting PIP and Patient Satisfaction modules. My personal view.
- If APA releases the survey results before the proposals from ABMS come out, we will have more objective support for our cause to reform MOC.
- I think Dr. Geller's advocacy for change and for APA to take over the process is an excellent goal. We should seek similar positions from all candidates as well as Dr. Pender to support this process.
- My desire is to see APA be the leading organization in the House of Medicine for meaningful change. That will require leadership and gumption as well as members demanding that of our leadership. My \$0.02.

[Psych News](#) has background. More soon. Best wishes for the holidays, be safe everybody.

*Ranga N. Ram, M.D., DFAPA
Chair, APA Caucus on MOC*

CLASSIFIEDS

POSITIONS AVAILABLE

Physician Group at University of Maryland St. Joseph Medical Center Seeks Consultation-Liaison Psychiatrist: Competitive Salary and Excellent Benefits! University of Maryland St. Joseph Medical Center is a member of the University of Maryland Medical System, a multi-hospital system with academic, community, and specialty service missions reaching every part of Maryland and beyond. Consultation-Liaison Psychiatrist to provide Psychiatric Consultations on the Medical/Surgical units at UMMS/SJMC. Full-time position. Part-time and moonlighting hours also available for ER coverage (evenings and weekends). Maryland MD License is required. To Apply: Please EMAIL your resume and cover letter to stevec@umm.edu Or FAX to 410-750-8556 You may also MAIL to: Steven Crawford, M.D., 6535 N Charles St, Suite 300, Baltimore MD 21204.

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The Charles County Department of Health Division of Behavioral Health Services is seeking a part-time Board-Certified psychiatrist to fill the role of Medical Director for our Outpatient Mental Health and Outpatient Substance Use clinics

Medical Director Duties Include:

- Clinical supervision of cases requiring medical review. This includes any case in which a patient receives medication through the division or in which the non-psychiatric medical aspects of the case warrant the continued input and observations of the psychiatrist.
- Review of medical utilization: The Medical Director is responsible for seeing to it that medical staff time is used productively. The Medical Director reviews and ensures that lab tests are ordered and followed through appropriately. He/ She ensures that appropriate referrals to other prescribers occur when appropriate (e.g. through supervision of other staff).
- Medical aspects of quality assurance, including:
 - a) Random review of charts and review and signature of ITP's: This review includes check on appropriate use of medication, appropriateness of lab tests.
 - b) Maintaining security of any medications available in the clinic.
 - c) Conduct peer review of all prescribers.
 - d) Ensuring that medical equipment is in good working order
 - e) Ensuring that the clinic has the necessary emergency kit.
- Clinical supervision of prescribers and assists program director with clinical supervision of other non-medical clinical staff. In addition to random review of charts, the Medical Director will meet with other staff prescribers as requested and remains available for telephone supervision throughout the week for consultation.
- Assistance with prescriber recruitment and interviewing of prospective prescribers.
- Participate as an integral member of the Quality Assurance Program.

Please send Resumes to Melanie Taylor, Human Resources Officer melaniey.taylor@maryland.gov.

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About Sheppard Pratt

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