

MPS NEWS

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Editor: Heidi Bunes

January 2021

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

President's Column

Happy New Year: Let There be Hope

The start of a new year marks many endings and new beginnings. The difference between what is old and what is new appears even more stark with the start of 2021, as is the existence of conflicting trends. We are finishing a year whose defining feature was a global pandemic that infected more than 85 million people worldwide, more than 20 million in the United States, with more than 1.8 million deaths worldwide and approximately 350,000 deaths in the United States. As we enter the new year, the cases are spiking in the United States as a result of the lack of social distancing during the holiday period. However, while the number of cases is spiking, we can see the end of the pandemic with the release of two effective vaccines. The focus now is on the slow rollout of the vaccines and what appears to be the lack of infrastructure to vaccinate the population, including physicians unaffiliated with large institutions, in an expeditious and equitable manner. The MPS will be exploring how we can assist our members in getting their vaccines. Once again, our country does not fare well when compared with those with a more organized health care system. However, there is hope on the horizon. The incoming administration has clearly prioritized controlling the pandemic and, as opposed to the outgoing one is committed to a federal role in getting the population vaccinated. Interestingly though, the hope of the vaccine and seeing the end of the pandemic in sight may make it more difficult for many to tolerate the measures needed to keep the pandemic in check while the vaccine is distributed.

The number of people who have died from the pandemic is just staggering. However, we often become numb when talking about numbers so large. They become more real when it touches someone we know. The virus took one of our own last month, Dr. Amanda Cook-Zivic. Dr. Cook-Zivic was a psychiatrist at Clifton T. Perkins and at Mercy Medical Center. She leaves behind a husband and two young children. Our thoughts go out to her family. The family has a [gofundme page](#) to help with the education of her children.

Other conflicting trends will come to a head this month, and we do not yet know how these conflicts will be resolved. The outgoing administration and a large part of one national party is doing its best to divide the country by race, religion, geography, identity, and party affiliation culminating in an attempt to subvert the bedrock norms of our democratic society by attempting to overturn an election. In contrast, the incoming administration is focused on unity and bipartisanship to the point of upsetting some of its most fervent supporters. After this month, will we be more divided than ever, or will the divisions slowly begin to heal? Only time will tell. I am reminded of my conversation with Lord John Alderdice of Great Britain about what prompted him to get into politics. John is a psychiatrist and psychoanalyst who for several years offered an elective for our senior residents at his Center for Conflict Resolution in Oxford. He is from Northern Ireland, and he felt his society was suffering from the same conflicts and maladaptive behaviors as his patients. He decided to see if he could apply psychological principles to resolve societal conflict. He was instrumental in the Irish peace process. Perhaps this is what our country needs.

Mark J. Ehrenreich, M.D.

2021 MPS Dues

Please be sure your MPS dues are paid. MPS will send dues invoices again this month 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!

With MPS recommendation, the APA has advanced the membership status of the following MPS members.

New APA Distinguished Fellows

This status reflects exceptional abilities, talents and contributions to the psychiatric profession.

Kimberly Gordon-Achebe, M.D.
Tyler Hightower, M.D., M.P.H.
Christopher Miller, M.D.
Crystal Watkins, M.D., Ph.D.

New APA Fellows

Sadiq Al-Samarrai, M.D.
Kamal Bhatia, M.D.
Aronica Cotton, M.D.
Mary James, M.D.
Enrique Oviedo, M.D.
Milena Smith, M.D., Ph.D.
Allen Tien, M.D., M.H.S.
Carolina Vidal, M.D.

Thank You!

As of year end, 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.	Virginia Ashley, M.D.
Harry Brandt, M.D.	Joanna Brandt, M.D.
Louis Cohen, M.D.	David Gonzalez-Cawley, M.D.
George James, M.D.	Geetha Jayaram, M.D.
Jill Joyce, M.D.	Jill RachBiesel, M.D.
Silverine Samaranayake, M.D.	Daniel Storch, M.D.

The following members gave a contribution to the MPS Dues Relief Fund. **We appreciate your support of the Maryland Psychiatric Society!**

Andrew Angelino, M.D.
Robin Weiss, M.D.

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](#).

Maryland News

University of Maryland School of Medicine Psychiatry Grand Rounds

The University of Maryland Department of Psychiatry offers a live CME series online that is open to all MPS members. Activities are generally held on the first and third Thursdays from 12 PM to 1:30 PM. [Click here](#) for a calendar. To receive CME credit, attendees must register through the CMEtracker database at <https://umaryland.cloud-cme.com/course/courseoverview?P=0&EID=13090> prior to participating. The cost is \$20 for the whole year. After June 30, 2021, participants will be emailed to complete an evaluation. A CME certificate will be sent after that. For questions, please contact Gloria Owens at gowens@som.umaryland.edu or 410-706-3956.

The link should be the same for all meetings:

<https://umaryland.webex.com/umaryland/j.php?MTID=mbb61d87222408efa90ae84aa3bf699c8>

Meeting number (access code): 120 447 5575

Meeting password: iaJrWpJ243

Join from a video system or application

Dial 1204475575@umaryland.webex.com

You can also dial 173.243.2.68 and enter your meeting number.

Tap to join from a mobile device (attendees only)

[+1-202-860-2110](tel:+1-202-860-2110), [1204475575##](tel:+1-202-860-2110) United States Toll (Washington D.C.)

[+1-415-655-0001](tel:+1-415-655-0001), [1204475575##](tel:+1-415-655-0001) US Toll

Join by phone

+1-202-860-2110 United States Toll (Washington D.C.)

+1-415-655-0001 US Toll

[Global call-in numbers](#)

Join using Microsoft Lync or Microsoft Skype for Business

Dial [1204475575.umaryland@lync.webex.com](tel:1204475575.umaryland@lync.webex.com)

[Can't join the meeting?](#)

Maryland Center for Harm Reduction Services

The Maryland Department of Health's Center for Harm Reduction Services was established in 2019 to centralize harm reduction activities. The Center oversees the Overdose Response Program, Syringe Services Program, naloxone distribution, harm reduction grants, and various workforce development, training, and technical assistance activities. The Center's strategic goal is to reduce substance-related morbidity and mortality by optimizing services for people who use drugs. For more information and resources, [click here](#).

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.

January 14: [The Approach to Impaired Clinicians](#)

Martin Rusinowitz, MD. Moderator: Avery Brow, MA.

January 28: [Vicarious Trauma and Self-Care for Health Care Workers During COVID-19](#)

Tonya Phillips, PhD, LCSW-C, LCADC. Moderator: Hinda Dubin, MD.

Maryland Coronavirus Vaccination Efforts

Vaccination efforts are underway. Phase 1A was focused on hospital workers and residents/staff at long-term care facilities. The state has indicated that Phase 1B will include all other health care workers, including frontline behavioral health providers. Behavioral health providers will need to register through the [ImmuNet portal](#). The [MedChi-MDH call](#) on December 16th explained the vaccine plan in detail. Marylanders are encouraged to visit covidlink.maryland.gov to learn more about the state's distribution plan, review safety information about the vaccines, and get answers to frequently asked questions.

- If you are hospital based or have a relationship with a hospital you can get it there. (Hospital is mostly receiving Pfizer vaccine.)
- If you are nursing home related, they will be getting the vaccines thru Walgreens and CVS and you can work with the nursing home to schedule.
- If you are a community doctor, they will be done thru the health department. The [health departments](#) will begin getting vaccines next week and have not announced a schedule or details.

Collaborating to Care for the Mental Health of Young Children – Free CME

The Maryland Behavioral Health Integration in Pediatric Primary Care and the Center of Excellence for Infant and Early Childhood Mental Health will host a special Resilience Break focused on collaborative care for the mental health of young children on **January 21** at 12:30 PM. For more information and to register, [click here](#).

Maryland News

Recent Crisis Services Funding

Dr. Jones's December 4 Behavioral Health Partners letter outlined the following new behavioral health crisis services being implemented via grants from the HSCRC and from the HB 1092 Behavioral Health Crisis Response Grant Program.

Greater Baltimore Region Integrated Crisis System - \$44,862,000

- Establishes a regional Care Traffic Control system by implementing a single hotline to take and manage calls from people struggling with substance abuse and/or experiencing a mental health crisis
- Expands Mobile Crisis Teams to help create diversion opportunities for patients who go to the ED but do not require a high-level intervention
- Expands access to immediate-need behavioral health services by piloting the Same Day Access program

Totally Linking Care - \$22,889,722

- Enhances Prince George's County Response System through technological enhancements
- Expands mobile crisis teams throughout Prince George's County
- Establishes a crisis receiving facility accepting individuals in crisis 24/7/365 on a walk-in self-referred basis

Peninsula Regional - \$11,316,332

- Increases behavioral health crisis care for individuals by establishing a regional behavioral healthcare urgent care center (BHUCC)
- Centralizes and regionalizes two mobile crisis programs with the BHUCC

Crisis Response Grant Program ([HB1092](#)) - FY21

With a combination of new and continuous funding and one-time-only funding, the Crisis Response Grant Program continued services launched in FY20 and added the following programs for FY21.

Baltimore County - \$55,000

- Develops an awareness campaign to promote urgent care services

Calvert County - \$826,988

- Establishes a mental health crisis facility
- Merges a Crisis Call Hub – Someone To Talk To response services with the established Crisis Intervention Center hotline with the Recovery Rapid Response hotline

Harford County - \$309,697

- Supports the Klein Family Harford Crisis Center

Howard County - \$898,092

- Establishes crisis beds and will consist of short-term intensive substance use disorder and/or mental health support delivered by an integrated medical and clinical staff for the youth and adult population

Prince George's County - \$818,510

- Expands crisis services to include SUD observation chairs

Congratulations to all the award recipients!

MIA Assistance With Insurance Coverage

The Maryland Insurance Administration (MIA) recognizes the increased need for mental health and substance use disorder treatment and the difficulties trying to access benefits or secure authorization for payment for those services. On **January 12**, the MIA will hold a [virtual information session](#) from 11 AM to 1 PM, including a question and answer period, on how to obtain access to and payment for care.

[Click here](#) to access a MIA consumer guide on this topic. MIA offers other consumer education on health insurance at [this link](#).

Coverage for Pediatric Disorders

The bill below is effective as of this month:

SB475: [Health Insurance - Pediatric Autoimmune Neuropsychiatric Disorders – Coverage](#) (Effective Date: 1/1/21)

Requiring the Maryland Medical Assistance Program, beginning January 1, 2021, to provide services for pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections and pediatric acute onset neuropsychiatric syndrome under certain circumstances and subject to a certain provision of the Act; requiring carriers to provide coverage for diagnosis, evaluation, and treatment of pediatric autoimmune neuropsychiatric disorders; providing that the Act provides coverage for Rituximab only under certain circumstances; etc.

MPS Members Out & About

Robin Weiss, M.D. has been asked to serve on Baltimore Mayor Brandon Scott's transition team, specifically working on the public safety committee that addresses handling of 911 calls.

In 2020, **Barbara Young, M.D.** celebrated her 100th birthday and published an illustrated autobiography, [Looking Back](#), that includes many of her beautiful photographs.

Maryland News

BHCJP Community Forum: *Examining Racial Inequities Through a Juvenile Justice Lens*

As part of its *Keep the Door Open* policy agenda, the Maryland Behavioral Health Coalition will work this year to address racial inequities in the delivery of behavioral health care. One part of that effort will include working during session to ensure legislators are considering how racial inequities in the delivery of behavioral health care factor into ongoing police reform debates. But this effort will extend beyond session and into the Coalition's other partnerships.

Earlier this year, the Maryland Behavioral Health and Criminal Justice Partnership (BHCJP) hosted the first in a series of meetings regarding racial disparities at the intersection of behavioral health and criminal justice. The next meeting in this series is scheduled on **January 25**, 9:00 a.m. to 12:00 p.m.

BHCJP will examine racial disparities and inequities through a juvenile justice lens. Over the past year, listening sessions across the state hosted by the Department of Juvenile Services (DJS) have identified a lack of appropriate behavioral health resources for youth as a contributing factor resulting in the overrepresentation of justice-involved Black and Brown children. DJS leadership will expand on the information gleaned from these sessions and outline challenges to preventing justice involvement for children who could be better served in the community. Following the DJS presentation, MHAMD will facilitate a structured stakeholder brainstorming session to identify opportunities for collaboration and develop strategies for addressing common goals. Participants will include leadership from a variety of state agencies, legislators, local law enforcement, local behavioral health authorities, local DHS officials and a range of other interested community partners.

MPS members are encouraged to join the conversation. [Click this link to participate.](#)

Free MACS CME Webinar – Fight Stigma

The Maryland Addiction Consultation Service and the St. Mary's County Health Department will host a *Fight Stigma: Using the Right Words to Support Patients with Opioid Use Disorder* webinar on Monday January 25 at noon. This webinar will provide prescribers with a better understanding of person-centered language and strategies to address stigma to improve patient outcomes and care. For more information and to register, [click here.](#)

Monoclonal Antibodies for Outpatients

A new, limited treatment option that may benefit certain COVID-19 patients with mild-to-moderate symptoms who are at high risk for progressing to severe COVID-19 or the need for hospitalization is available at [The Baltimore Convention Center Field Hospital](#) (BCCFH), one of [five sites designated by the Maryland Department of Health.](#)

The FDA granted [Emergency Use Authorization \(EUA\)](#) for two investigational monoclonal antibody (mAb) treatments, bamlanivimab (Eli Lilly) and a combination of casirivimab and imdevimab, administered simultaneously (Regeneron), for use in non-hospitalized adult and pediatric patients who are at least 12 years of age and who meet specific criteria. This includes patients who are 65 years of age or older, or those who have certain chronic medical conditions.

The EUA recommends treatment as soon as possible following a positive viral test for SARS-CoV-2 and within 10 days of symptom onset. Referrals should be made as soon as possible and **within seven days of symptom onset** to allow time for review and scheduling, if approved, before the patient reaches the 10-day time out. **See the FDA's Provider Fact Sheets for [bamlanivimab](#) or [casirivimab and imdevimab](#) to assess patient eligibility.**

To refer eligible patients to the BCCFH COVID Infusion Center:

- Step 1: Download and complete the [infusion center referral form.](#)
- Step 2: Submit completed forms via the secure, [HIPPA-compliant upload link.](#)

The BCCFH COVID Infusion Center team will review referrals upon receipt and, if approved, contact the patient to coordinate services. Only eligible patients who have been referred by a provider and approved to receive treatment will be scheduled. **Please be advised that the supply of monoclonal antibody therapy treatments is extremely limited.** Due to the scarcity, providers should discuss all possibilities with patients to help manage expectations. If demand exceeds supply or the COVID Infusion Center is at capacity, a lottery system will be applied in accordance with state allocation guidelines.

NAMI Baltimore Winter Programs

[NAMI Family-to-Family](#) (8 sessions) January 9 – February 27
[NAMI Peer-to-Peer](#) (8-sessions) January 10 – February 28
[NAMI Support Groups](#)

All programs are free and online via Zoom.

Medicare Updates

2021 Changes for Medicare Fee Schedule and Telehealth

On December 1, CMS released the annual Physician Fee Schedule (PFS) final rule, which increases payments to physicians for the additional time they spend with patients, especially those with chronic conditions, and reduces unnecessary paperwork.

Telehealth Expansion and Improving Rural Health

During the Public Health Emergency (PHE), CMS added temporary Medicare coverage for 144 telehealth services to allow for safe access to services. The final rule adds more than 60 services to the Medicare telehealth list that will continue to be covered beyond the end of the PHE. Medicare does not have the statutory authority to pay for telehealth to beneficiaries outside of rural areas or, with certain exceptions, allow beneficiaries to receive telehealth in their home. CMS has announced a study of its telehealth flexibilities during the PHE that will explore new opportunities for telehealth, virtual care supervision, and remote monitoring to more efficiently bring care to patients, whether in the hospital or at home.

Payment for Office/Outpatient Evaluation & Management

An increase in payments for office/outpatient face-to-face E/M visits goes into effect in 2021. These increases, informed by recommendations from the AMA, support clinicians who care for patients with dementia or manage transitions between the hospital, nursing facilities, and home. In addition, simplified coding and documentation changes for Medicare billing for these visits begins January 1. The changes modernize documentation and coding guidelines to reduce the documentation burden and give greater discretion to choose the visit level based on either guidelines for medical decision-making or time with patients. The [APA website](#) outlines the updates and offers member [resources for the changes](#).

Professional Scope of Practice and Supervision

The final rule makes permanent several workforce flexibilities provided during the PHE that allow non-physician practitioners to practice at the top of their license, without imposing additional restrictions by the Medicare program. For example, certain non-physician practitioners, such as nurse practitioners and physician assistants, can supervise the performance of diagnostic tests within their scope of practice and state law, as they maintain required statutory relationships with supervising or collaborating physicians.

For more details beyond this very brief summary, please see:

- [Final Rule](#)
- [Physician Fee Schedule Final Rule](#) fact sheet
- [Quality Payment Program Final Rule](#) fact sheet and FAQs

2021 E/M Coding

Revised evaluation and management (E/M) office-visit codes that took effect on January 1 are designed to reduce the administrative burdens placed on physicians and other clinicians. Practitioners can choose to document office/outpatient evaluation and management (E/M) visits via medical decision making or time. CMS has formally adopted the codes, including deletion of CPT code 99201; HIPAA requires that commercial payers and EHR vendors, etc. do so as well.

The changes are specific for office and other outpatient visits and apply to codes 99201–99205 and 99211–99215. To assist with this change, the Novitas [E/M interactive score sheet](#) has been updated. Practices should confirm that their contracted health plans and EHR vendors have integrated the revised codes into their software systems as of January 1. For more information, please see this [December 3 AMA post](#) or visit the Novitas [2021 office/outpatient revisions](#) page.

Please refer to the [APA Coding and Reimbursement](#) site for the most up-to-date information regarding coding and documentation changes, including a Quick Guide that is available with your member credentials.

MIPS Exception Application Deadline Extended

CMS is extending the 2020 Merit-based Incentive Payment System (MIPS) Extreme and Uncontrollable Circumstances Exception application deadline to **February 1, 2021**. MIPS eligible clinicians, groups, and virtual groups can request reweighting of one or more of the 2020 MIPS performance categories to 0% due to the current COVID-19 public health emergency. **If you have concerns about the effect of COVID-19 on your performance data, including cost measures, for the 2020 performance period, [submit an application now](#) and cite COVID-19 as the reason for your application.** If you have an approved application, you can still receive scores for the Quality, Improvement Activities and Promoting Interoperability performance categories if you submit data. If the Cost performance category is included in your approved application, you will not be scored on cost measures even if other data are submitted. Learn more in the [2020 Exceptions Applications Fact Sheet](#).



Medicare Updates

Medicare Payment Adjustment Suspension Extended to March 31

The Coronavirus Aid, Relief, and Economic Security (CARES) Act suspended the payment adjustment percentage of 2% applied to all Medicare Fee-For-Service claims from May 1 through December 31. The Consolidated Appropriations Act, 2021, signed into law on December 27, extends the suspension period to March 31.

Check MIPS Eligibility for 2020 and 2021

Use the [Quality Payment Program \(QPP\) Participation Status Tool](#) to find your **final 2020 eligibility** status for the Merit-based Incentive Payment System (MIPS), which has been updated based on Medicare Part B claims and [PECOS](#) data, from October 1, 2019, to September 30, 2020. **Your status may have changed**, for example, if your practice affiliation changed, etc.

Use the [QPP Participation Status Tool](#) to find your **initial 2021 MIPS eligibility**. Participation now could earn a payment increase in 2023 based on 2021 performance. Enter your [NPI](#), to determine whether you need to participate in MIPS in 2021. To be eligible, you must:

- Bill **more than \$90,000** a year in allowed charges for covered professional services under the Medicare Physician Fee Schedule (PFS); **AND**
- Furnish covered professional services to **more than 200** Medicare Part B beneficiaries; **AND**
- Provide **more than 200** covered professional services under the PFS.
- If you **do not exceed all 3 of the above criteria**, you are excluded from MIPS. However, you can opt-in to MIPS and receive a payment adjustment if you meet or exceed 1 or 2, but not all, of the low-volume threshold criteria.

2018 QPP Performance Data on Medicare Care Compare

CMS has added new performance information to the Doctors & Clinicians section of [Medicare Care Compare](#) and in the [Provider Data Catalog \(PDC\)](#), which replaced Physician Compare and the Physician Compare Downloadable Database. Patients can use the Care Compare website to search for and compare doctors and groups who are enrolled in Medicare. The new 2018 Quality Payment Program (QPP) performance data is one of the aspects that patients can consider in selecting a provider. The 2018 QPP information includes MIPS quality measures, Consumer Assessment for Healthcare Providers and Systems (CAHPS) and Promoting Interoperability (PI) measures. See the [Physician Compare Initiative](#) for more details.

2021 QPP Final Rule Highlights

Key Quality Payment Program (QPP) policies in the 2021 Physician Fee Schedule final rule include:

- Merit-based Incentive Payment System (MIPS) Value Pathways (MVPs) implementation begins in 2022
- Retain performance threshold at 60 points for 2021
- Revise performance category weights for Quality (decreases from 45% to 40%) and Cost (increases from 15% to 20%)
- Extend use of the CMS Web Interface as a collection and submission type for reporting MIPS quality measures in 2021 and sunsetting the option in 2022
- Sunset the APM Scoring Standard and allowing the option to participate in MIPS and submit data at the individual, group, virtual group or APM Entity level
- Update third party intermediary approval criteria as well as remedial action and termination criteria

For more info, please see the [QPP 2021 Final Rule Resources Zip File](#).

CMS Proposed Rule on Prior Auth

On December 10, CMS [announced](#) a proposal to require payers in Medicaid, CHIP and QHP programs to support data exchange and prior authorization. The changes would entail new systems that allow providers to know in advance the documentation needed for each payer, streamline the documentation process, and enable providers to send prior authorization requests and receive responses electronically. Medicare Advantage plans are not currently included but may be in the future.

- The rule proposes a maximum of 72 hours on urgent requests and seven calendar days for non-urgent requests for providers to wait for prior authorization decisions from payers.
- Payers would be required to provide a specific reason for any denial and make public certain metrics that demonstrate how many procedures they are authorizing.
- Patients who would otherwise not have access to their historic health information would be able to bring their information with them when they move from one payer to another.

A [Fact Sheet](#) summarizes many of the details. The comment period on the 347-page [proposed rule](#) closes January 4.

APA News & Information

Unofficial December APA BOT Highlights

APA created model state telehealth legislation and shared state-specific versions with 24 DBs, many of whom expect to advocate for its passage during the 2021 session. The legislation requires private insurers to cover telehealth and reimburse at the same rate as in-person, provides for audio only care in appropriate circumstances, and prohibits more strict forms of utilization review for telehealth, and other discriminatory practices.

In its Physician Fee Schedule Final Rule for 2021, CMS increased payments for outpatient E/M services, and simplified documentation requirements by basing code selection solely on medical decision making or time. APA successfully advocated for a 7% increase for psychiatrists billing outpatient services. To mitigate payment reductions for other mental health professionals, CMS increased payment for psychotherapy, but did not increase reimbursement for psychotherapy with E/M. APA opposed this and will soon meet with CMS. APA has begun to educate members on the changes and how to maximize payment. A quick reference guide and a medical decision-making table are available to members on the [APA website](#). CMS will pay for audio only telehealth services only through the end of the public health emergency and will not make it permanent. Instead, CMS established a new telehealth code to determine the need for an in-person visit. In addition, CMS made permanent a few telehealth provisions such as group therapy, resident supervision, and relaxed the frequency limitations for services in nursing homes.

To obtain a balanced, member-wide perspective of MOC, 5,000 board-certified members representing the entire APA membership were surveyed with 2,153 responding – about 43%. The data are being analyzed and results will be published in *Psychiatric News* and in a peer reviewed journal article. When the call for comments on the American Board of Medical Specialties Draft Standards for Continuing Certification opens in April 2021, APA will analyze how the standards will impact members and alert members as to how they can provide feedback directly to ABMS.

APA continues to oppose HR 884 and S 2772, the Medicare Mental Health Access Act, which would define psychologists as physicians under Medicare. More than 3500 APA members sent more than 8700 emails to the House and Senate opposing the legislation. APA also organized a letter of opposition jointly signed by 39 medical organizations. Although APA won these early rounds, there is some sympathy on the Hill for psychology's position and we expect to continue to fight this legislation next Congress.

The compliance deadline for the final rule released by the Office of the National Coordinator regarding patient infor-

mation to be shared within electronic health record systems has been extended to **April 5**. To assist members in complying, APA has a dedicated [webpage](#) and held the first of its webinars on December 7.

APA's policy division and research division are in the final year of a three-year CMS grant to develop quality measures on measurement-based care, suicide, functioning, and recovery. Public comments have been solicited and the measures are to be submitted in 2021 for the 2022 quality payment program year.

The 5 tenets of the APA Division of Diversity and Health Equity's Strategic Plan are:

- Promoting awareness of mental health and substance use disorder disparities;
- Building partnerships with medical and nonmedical organizations to advance mental health equity;
- Supporting capacity development of early career psychiatrists;
- Promoting diversity with the APA; and
- Demonstrating impact of new programs and initiatives through evaluation of select metrics and measures.

The Presidential Task Force to Address Structural Racism throughout Psychiatry is preparing its fourth Town Hall which will address structural racism in the workforce and in residency. Its Fellows Workgroup is working with fellows on projects related to structural racism and on an ethics toolkit to assist fellows with ethical issues they may encounter in fellowship years. A Task Force workgroup presented recommendations for expanding diversity on the Board of Trustees, which the Board approved.

The DSM Steering Committee has been working on revisions for DSM-5-TR, scheduled to be published in 2021. Most changes are text revisions, but there are two changes that involve diagnostic criteria. The DSM Steering Committee has begun conversation around the depiction and mention of culture and race in DSM and whether appropriate changes are needed for DSM-5-TR.

The online 2021 APA Annual Meeting, "Finding Equity Through Advances in Mind and Brain in Unsettled Times," will include an online library of 400 pre-recorded sessions, as well as a live online meeting of 130 sessions in early May. 1,500 posters have been accepted for the virtual poster hall part of the live meeting.

The Board voted to give the 2021 Distinguished Service Award to **Anita S. Everett, M.D.** and **John A. Talbott, M.D.** among others.

APA News & Information

Vote in the 2021 APA Election

The APA Board of Trustees affects not only APA, but also individual members, the field of psychiatry, and even medicine at large. Acquaint yourself with candidates through [Psychiatric News](#) and "Meet the Candidates" videos and websites. Electronic ballots will be mailed to eligible voting members with a valid email address on file beginning January 4. **Votes must be cast between January 4 and February 1.** Paper ballots are available on request to election@psych.org and must be postmarked by February 1. Your vote really does matter!

Behavioral Health Integration Collaborative

The APA is participating in an AMA-led coalition to advance integration of mental health care into primary care. The coalition has a new tool, the [BHI Compendium](#), for physicians and other clinicians to learn about key processes involved in optimal whole person care.

Patients can sense stigma, even in their primary care physician offices. A webinar, "[Physicians Leading the Charge: Dismantling Stigma around Behavioral Health Conditions and Treatment](#)," outlines steps physicians can take to help integrate mental health care into their practices and to overcome the effects of stigma. Click here for the [December 7 AMA post](#) on AMA efforts to improve behavioral health.

CQMC Core Measure Set for Behavioral Health

As the health care system evolves from volume-based payments, measures that help assess the quality of care in value-based payment (VBP) arrangements are needed. The [Core Quality Measures Collaborative](#) (CQMC) released a new core set tailored to behavioral health that is designed to improve patient outcomes, reduce the burden on health care providers, and give consumers and payer information on which to assess physician performance. Please click [here](#) to access the measures. The CQMC core measure set is the culmination of 75 multi-stakeholder member organizations evaluating existing quality measures against CQMC criteria and adopting measures that are evidence-based and aligned across the health care field. As part of the process, member organizations also catalogued areas that are ripe for measure development. The CQMC [coalition](#) includes health care leaders representing consumer groups, medical associations (the APA), health insurance providers, purchasers and other quality stakeholders. Click [here](#) to download the *CQMC Implementation Guide*, with strategies for those seeking to implement or evolve VBP programs.

FREE APA December Course of the Month

The Effects of Loneliness and Social Support on Mental, Cognitive, and Physical Health presents research on the role of loneliness, social isolation and social support in late life and presents evidence on the assessment of loneliness through speech with natural language processing, Alzheimer's disease-related neuroimaging correlates of loneliness, and low social support as a predictor of early risk for nonresponse to psychotherapy for late-life depression using machine learning methods. [Click here to access.](#)

Webinar on Patient Information Sharing

Starting April 5, 2021, psychiatrists will need to comply with rules for sharing health information with patients electronically. A December 7 webinar discussed the Federal Government **Final Rule on Interoperability and Information Blocking** including a Q&A with the Office of the National Coordinator. A recording of the webinar can be accessed on the [APA webpage on this topic](#). A fact sheet contains [more information](#). Please contact Nathan Tatro, APA Deputy Director of Digital Health at ntatro@psych.org with questions.

How Psychiatrists Can Talk to Patients About Race and Racism

The APA Resource Document, [How Psychiatrists Can Talk to Patients and Families About Race and Racism](#), was recently approved and is posted on the [APA Resource Documents webpage](#). This resource was developed by the APA Council on Children, Adolescents, and Their Families in consultation with the APA Presidential Task Force to Address Structural Racism Throughout Psychiatry. Please provide any feedback or comments to SRTaskForce@psych.org.

New Addiction Psychiatry Topic Pages

The APA has posted the latest evidence-based prevention and treatment research focused on individuals with substance use disorders on its new topic pages for treating [cannabis use disorders](#) and [tobacco use disorders](#).

Changes to ICD-10-CM Codes for DSM-5 Diagnoses

The APA reports that the 2020 release of ICD-10-CM includes new, updated or deleted codes for medical conditions that have been approved within the past year. A few of the changes pertain to mental disorders, mainly substance use disorders, and thus affect the coding of DSM-5 Disorders. [View the changes or download a quick-reference.](#)

APA News & Information

Congress Passes MH/SUD Parity Compliance Legislation and Funding

The APA reports that the end of year legislative package enacted by Congress includes the mental health parity compliance legislation for which APA has been advocating these last two years, [H.R. 7539, the Strengthening Behavioral Health Parity Act](#), introduced by Representatives Joe Kennedy (D-MA), Katie Porter (D-CA), Gus Bilirakis (R-FL), and Fred Upton (R-MI). APA wrote the initial draft and worked with congressional champions to get it introduced and build bipartisan support. APA members who lobbied Congress as part of our Federal Advocacy Conference fly-in last spring or who otherwise contacted their Representatives and Senators were an important part of that effort.

The new law applies to federally regulated ERISA plans as well as state-regulated insurance plans and:

- Requires health plans to perform comparative analyses of MH/SUD to medical/surgical benefits and make them available to the US Department of Labor (DOL) or a state insurance commissioner in response to complaints or violations or when the Secretary or a commissioner deems appropriate.
- Requires that plans DOL deems noncompliant with MHPAEA inform plan beneficiaries of their noncompliance if they do not make necessary corrections within 45 days.
- Requires the Secretary to send an annual report to Congress that identifies plans that are out of compliance.

The APA applauded Congress for also including several key mental health and substance use-related programs in its combined \$1.4 trillion year-end appropriation. The package included \$6 billion for SAMHSA, \$600 million for Certified Community Behavioral Health Clinics (CCHBC), and an increase in funding for the Substance Use Disorder Treatment Workforce Program, among other items. Read more about year-end funding [here](#).

ABMS Continuing Certification Draft Delayed

On December 3, ABMS [announced](#) that its Draft Standards for Continuing Certification – Call for Comments scheduled for release in early December, as per the [Continuing Board Certification: Vision for the Future Commission's \(Commission\) final report](#), have been postponed to April 2021 due to the surge in new COVID-19 cases. ABMS will reassess the status of the surge and the hospital caseload at that time. It expects that postponement will better allow for meaningful engagement with key stakeholders, most notably those currently focused on battling COVID-19.

Crisis Services Compendium from SAMHSA

[Crisis Services: Meeting Needs, Saving Lives](#) details crisis intervention services, best practices, and related components of crisis services, for use by a wide array of community leaders and health care providers to work toward better outcomes for Americans in crisis. The book includes SAMHSA's "National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit" and related papers on crisis services.

New Report on Addressing COVID-19 Behavioral Health Impacts

In December, SAMHSA issued a [report](#) on President Trump's Executive Order (EO) 13594, *Saving Lives Through Increased Support for Mental and Behavioral Health Needs*. The EO highlights the exacerbation of emotional needs stemming from interpersonal and environmental stressors caused by the COVID-19 pandemic and the subsequent disruption of services and provides a blueprint to alleviate these ongoing challenges. The EO establishes a Coronavirus Mental Health Working Group to examine existing protocols and programs and outline a plan for improving mental health functioning by assisting public and private stakeholders and agencies to maximize therapeutic support, including face-to-face in-person services. The [report](#) sets forth actions to date, as well as recommendations from 12 federal departments and agencies for future activity to address these critical issues.

RFI – Research on the Prevention of Black Youth Suicide

NIMH is asking for stakeholder input via a [Request for Information](#): Guidance on Current Research on the Prevention of Black Youth Suicide. Over the past several years, there has been a significant increase in the rate of suicide and suicidal ideation and behaviors (SIB) among Black youth. From 2001 to 2015, Black youth under 13 were twice as likely to die by suicide compared to their White peers, and the suicide death rate among Black youth was found to be increasing faster than any other racial/ethnic group. The RFI seeks information from the community on practical, and/or innovative approaches to improve understanding of Black youth suicide risk, as well as research to expand needed evidence-based preventive programs and services. It also seeks information on additional topics that stakeholders view as relevant to research on Black child and adolescent suicide prevention. Please see the [Request for Information](#) for more details. **Comments must be submitted electronically via the NIH [RFI website](#) by January 15.**

CLASSIFIEDS

POSITIONS AVAILABLE

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 sbhmgmt18@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.

OFFICE SPACE AVAILABLE

BETHESDA: Offices for rent in psychotherapy suite carefully following CDC guidelines for safe opening. Furnished and unfurnished space available. Flexible term. Free WiFi, beverages, color copier. Very friendly and professional clinicians. Contact Keith Miller: 202-360-9996 or keith@keithmillercounseling.com.

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](#).

JOIN OUR TEAM

PRN Psychiatrist Opportunity at Carroll Hospital

- Carroll Hospital, in Westminster, Maryland, is seeking board-certified/eligible psychiatrists for PRN employment.
- Areas of coverage include inpatient, partial hospitalization/intensive outpatient programs and hospital consultations.
- The weekend PRN provider serves both adults and adolescents 13 years of age and older and is responsible for admitting, clinically managing and discharging patients onsite Saturdays and Sundays, while being on call from 5 p.m. Friday - 8 a.m. Monday.

Requirements:

- Must have an active Maryland State License
- Must have active CDS and DEA certificates
- Must be comfortable treating patients with co-occurring disorders, conducting consults on patients admitted to other units of the hospital and assessing patients in the emergency department

Carroll Hospital offers generous compensation for this position.

For more information, please contact **Amanda Alvarez**, director of physician recruitment and relations, at 410-871-7402 or AAvarez@lifebridgehealth.org



Learn more at lifebridgehealth.org/Carroll

The **FHCB Health System, Baltimore Md. Behavioral Health Department** is seeking a full-time Board-Certified Psychiatrist to fill the role of **Chief of Psychiatry**. We provide outpatient, intensive outpatient, and consult liaison services. We offer flexible hours with competitive comp plans and benefits including \$25K loan repayment, CME reimbursement, 5 weeks paid time off, holidays, 403B match, medical benefits, occurrence based malpractice, and much more! Please e-mail CV to jgreen@fhcb.org.



MISSION
The mission of FHCB Health System is to provide Quality, Integrated and Coordinated Care.

VISION
The vision of FHCB Health System is simple: Excellence in Care, Every patient, Every time.

Rewarding Opportunities for Psychiatrists Across Maryland

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

Inpatient: Adult Service Line Medical Director, Adult, Child & Adolescent, Eating Disorders, and Geriatric

Crisis Assessment Services: Medical Director

Residential: Medical Director - The Retreat

Consultation-Liaison

Medical Education Services

Southern Maryland: Medical Director, Adult, Child & Adolescent

REQUIREMENTS

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

WHY SHEPPARD PRATT?

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

For more information, please contact Kathleen Hilzendeger, Director of Professional Services, at **410.938.3460** or khilzendeger@sheppardpratt.org.

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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Centurion is proud to be the provider of mental healthcare services to the Maryland Department of Public Safety and Correctional Services, where we are dedicated to changing lives one patient at a time. The current climate has brought many changes to healthcare and the delivery of mental health services, and now is the time for you to consider a career with Centurion.

Centurion is hiring Chief Psychiatrists for correctional facilities in the Baltimore, Jessup, and Eastern regions of Maryland. We are offering enhanced compensation and bonuses for these roles! Staff Psychiatrist opportunities are also available.

Why explore a career in correctional medicine?

- Reasonable caseloads and diverse patient population
- Secure and supportive work environment
- Opportunity to make a real difference in the lives of those who need it most!

In addition to rewarding work & competitive salaries, we offer a comprehensive benefits package!

To apply or inquire, please contact Monique Mills:
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