

Volume 35, Number 4

### President's Column

### In This Issue

Member Directory & Survey		
-	p.	2
Graduating Residents & Fello		
	p.	2
Fall MPS CME Programs	_	
	Р.	3
Maryland Crisis Services Foru	m	
	p.	4
Involuntary Commitment Reg		
1 mo 1 1 m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	p.	4
MPS Advocacy on Telehealth		
3.613.6 12 '1 D '1 NI	p.	4
Md Medicaid Provider News		_
Decord of Discours Nices	p.	5
Board of Physicians News		_
Norm Marriaged Large	p.	Э
New Maryland Laws		,
	p.	O

APA BOT Highlights

APA Advocacy & Information P.7

Medicare Telehealth Proposals p. 8

Reopening Considerations

### In Every Issue

Membership

p. 2

p. 9

**p**. 6

Classifieds

p. 10

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 September 14 at 7:30 PM. All members welcome!

### Take Time For Yourself

The staff and Executive Committee extend a Happy August to all MPS members! Traditionally August is the month for psychiatrists to take vacation. Psychoanalysts would take the entire month of August to reset and relax. This was seen as necessary to the intense work they were doing. Many movies and articles have been written about the August psychiatric hiatus. The 1991 movie "What About Bob" with Bill Murray may be one of the funniest. I encourage anyone who has not seen it and needs a laugh to watch it. Disconnecting from our patients and other aspects of our work during vacation is a needed break for all of us.

Now more than ever with smart phones keeping us connected 24/7 to email, telehealth, texts and social media, do we disconnect enough? Psychiatry is difficult work that requires an ability to be selfless in an intense relationship. This could be a long-term psychotherapy situation, or an emergency room visit. We must think as a psychiatrist assessing the mental and physical health of our patients, recognizing that we are often in the predicament of being the only physician our patient will see. Our responsibilities are great in caring for our patients who are possibly psychotic to suicidal. This last year has been even more intense with worries about our own families, our livelihoods and doubts about the future. We need time to step away and care for ourselves.

Sixteen months into the pandemic there are many articles on burnout of all healthcare workers and psychiatrists. APA has a section of their website devoted to "well-being and burnout." I urge you to

take a look at the link if you are feeling burned out or just feeling more stressed. One of the helpful solutions is comradery which you can find at MPS! Finding a colleague to connect with can be a lifesaver. For options available via MPS, click here.

Vacations can help to improve mental and physical health. Taking a break and connecting to our friends and families and connecting to nature are all thought to improve overall health. Even just taking days off from work without travel can improve our mental health and help us when we return to our oftendifficult jobs. We owe it to ourselves, our families, and our patients to rest and disconnect even if not always in August! So, take some time for yourself and I will try to take my own advice!

Ginger Ashley, M.D.

# Maryland License Renewals

This year's M-Z physician license renewal period ends September 30. The Maryland Board of Physicians (MBP) offers online license renewal. You need the following to renew (click here for more info and click here for important details):

- Medical License Number
- NPI number (NPI Public Registry Search)
- Workman's Compensation carrier name. policy number, and expiration date--only if you employ one or more individuals in your
- General information (birth date, SSN, office address, email addresses, telephone and fax numbers)

## Last Call for Survey Responses

Please help guide how MPS committees, Council and staff will work for you this year by completing the annual survey. **INCENTIVE:** Three respondents who complete the entire survey and include their names will be chosen at random for a **\$100 credit** that can be applied toward MPS dues or an MPS event. **CLICK HERE** to start – this should take less than 5 minutes! Survey results will appear in the September issue.

### Last Call for Directory Updates

The MPS membership directory goes to print this month! Use your member update form to ensure that your information on file with MPS is up to date. If you opt in, this data is also used for the online Find a Psychiatrist and the telephone patient referral service. Please indicate all insurance plans where you participate in-network. You can also log in to your member account on the MPS website to directly enter updates. **The deadline for directory changes is August 16.** Please email mps@mdpsych.org with questions.

# LAST CALL! Special Member Rate for 2021 MPS Directory Ad

MPS members can advertise their practice, new office location, specialty, new book, etc. for a special members-only rate of \$100 for 1/3 page in the directory. The 2021-2022 directory will be out in early fall 2021, so order soon! For details, email Meagan at mfloyd@mdpsych.org.

# Attention Graduating Residents

Congratulations! As you prepare to move on from your residency training program, please complete the APA <u>membership advancement form</u>. This lets us know if you are continuing in a fellowship or advancing to practice. As a General Member, you can access additional benefits, including <u>resources</u> for early career psychiatrists. Your MPS dues will remain the same! The <u>form</u> takes less than 5 minutes to complete.

# Public Health Emergency Extended

On July 19, the Department of Health and Human Services renewed the COVID-19 Public Health Emergency, extending it for another 90 days from July 20, 2021.

# Graduating Resident/Fellow Updates

**Lisa Chen, M.D.:** Dr. Chen will be working part-time in her private practice (www.lisanaweichen.com) and part-time as a consulting psychiatrist at the Counseling Center of Johns Hopkins University, where she will be seeing undergraduate, graduate, and conservatory students affiliated with JHU. She is accepting new patients into her private practice and is planning to see patients both virtually and in her Baltimore office.

**Ruth Dottin, M.D.:** Dr. Dottin took a position at Hope Health Systems, Inc.

**Kendra Ferguson, M.D., M.P.H**: Dr. Ferguson will be moving to California to work at Bay Area Clinical Associates (BACA), and will specialize in Intensive Outpatient Programs (IOPs) and Outpatient Programs for youth and families in need.

**Jillianne Grayson, M.D.:** Dr. Grayson will be moving to North Carolina.

Mark Kvarta, M.D., Ph.D.: Dr. Kvarta will be joining the faculty at University of Maryland. He will be starting a translational research lab at the Maryland Psychiatric Research Center in Catonsville focusing on the role of stress in depression and schizophrenia using neurogimaging and other techniques. For clinical work, he will be seeing general adult psychiatry patients in the UMMC outpatient clinic.

**Jamie D. Spitzer, M.D.**: Dr. Spitzer will be working at Healthcare for the Homeless in Baltimore.

# MPS Membership

The following individuals have applied for membership Unless any current members have evidence that an applicant does not meet the criteria for ethical and professional standards, these actions will be approved 14 days after publication.

James Aluri, M.D.

### **Upgraded to General Member**

Lisa N. Chen, M.D. Ruth Y. Dottin, M.D. Kendra Ferguson, M.D., M.P.H. Jillianne Grayson, M.D. Mark Kvarta, M.D., Ph.D. Jamie D. Spitzer, M.D.

### **Transfers Into Maryland**

Mary E. Isang, M.D. Mahvash Z Sheikh, M.D.

The Maryland Psychiatric Society presents

# **Impact of Racism in Maryland Psychiatry**

September 22, 2021 6:30-8:30 PM A virtual CME meeting

Featuring Presentations By:

Ayah Nuriddin, MA, MLS, PhD

Psychiatric Jim Crow: The History and Legacy of Racism in Psychiatry in Maryland

• Kimberly Gordon-Achebe, MD:

Structural Racism from Both a Patient and Physician Perspective

### Agenda:

6:30-7:15 Ayah Nuriddin, MA, MLS, PhD

7:15-8:00 Kimberly Gordon-Achebe, MD

8:00-8:30 Panel Discussion

### **Accreditation Information:**

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of American Psychiatric Association (APA) and Maryland Psychiatric Society (MPS). The APA is accredited by the ACCME to provide continuing medical education for physicians. The APA designates this live activity for a maximum of 2 AMA PRA Category 1 Credit(s) TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

# **FREE for MPS Members!**

**Register today!** 

Thank you to the <u>Maryland Foundation for</u> <u>Psychiatry</u> for financial support for this event.

### **The Maryland Psychiatric Society presents**

# Psychiatry and Legal Interventions

November 10, 2021 7:00-9:00 PM A virtual CME meeting

### Agenda:

7:00-7:30 Arka Deb, MD
Utilizing EPs, ERPO and MCT during a mental health crisis

7:30-8:00 Cynthia Lewis, MD
Legal issues in the care of psychiatric patients in the emergency department

8:00-8:30 Ronald Means, MD
Behavioral Health Crises on College and University Settings: Factors to consider

8:30-9:00 Panel Discussion With Drs. Deb, Lewis and Means

### **Accreditation Information:**

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of American Psychiatric Association (APA) and Maryland Psychiatric Society (MPS). The APA is accredited by the ACCME to provide continuing medical education for physicians. The APA designates this live activity for a maximum of 2 AMA PRA Category 1 Credit(s) TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Only \$15 for MPS Members!

**Register today!** 

# Maryland News

### Crisis Services Forum

On July 22 the Maryland Behavioral Health Coalition held a virtual Crisis Services Forum to showcase state and regional crisis response initiatives and learn how they are coordinating to serve Marylanders in crisis. After a legislative history of Maryland's Crisis Response System, representatives of the Behavioral Health Administration (BHA), Maryland Medicaid, Greater Baltimore Regional Integrated Crisis System (GBRICS) Partnership and Totally Linking Care in Maryland (TLC-MD) gave presentations and answered questions.

Dr. Aliya Jones kicked off the BHA segment, which included Stephanie Slowly's report on the Maryland Crisis System Workgroup, Kathleen Rebbert-Franklin's description of the 988 Planning Coalition's work, and Dr. Maria Rodowski-Stanco's presentation on Children, Adolescent, and Young Adult Services (CAYAS) crisis response planning.

Maryland Medicaid's Liz Kasameyer explained the plan to leverage Outpatient Mental Health Centers to provide Comprehensive Crisis Stabilization Center services. An Opioid Operational Command Center grant is funding a transformation workgroup that has developed a 5-year plan to this end. She and Tricia Roddy described their efforts as of the close of the first year.

Adrienne Breidenstine presented the GBRICS update. Funded by an HSCRC Catalyst Grant and led by Behavioral Health Systems Baltimore, GBRICS is a regional effort in Baltimore City, and Baltimore, Howard, and Carroll Counties. The fiveyear, \$45 million initiative aims to reduce unnecessary visits among the 58,000 annual emergency department visits with a primary behavioral health diagnosis in a region with almost 2 million residents. Elements include a comprehensive call center, mobile crisis teams, open access services, community engagement and stakeholder oversight.

Dr. Billina Shaw spoke about the HSCRC Catalyst Grantfunded TLC-MD initiative serving Prince George's County and Southern Maryland. Components of the five-year, \$22.8 million initiative are call center enhancement, 24/7 mobile crisis, receiving/stabilization center, transportation, and readmission reduction. TLC-MD is similar to GBRICS with hospital and community provider participation. Goals include integration, access, and quality. It will utilize Lyft medical rideshare and Mindoula (care managers and extenders working with psychiatry via technology), among others, to reduce costs while expanding access.

Over 100 attendees packed the Zoom room to hear the informative discussion about how we will collaborate to ensure that Marylanders have access to behavioral health resources when and where needed. For a copy of the presentations, please <a href="mailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:

# MPS Feedback on Involuntary Commitment Definition

The MPS requested member input about a draft report from the Involuntary Commitment Stakeholders' Workgroup that includes recommendations based on stakeholder discussions this year. Three recommendations emerged: (1) Refine the definition of the dangerousness standard in regulations; (2) Provide comprehensive training around the dangerousness standard; (3) Gather additional data elements about civil commitment. The MPS Executive Committee discussed the input received and recognized that problems can arise, sometimes with tragic consequences, because of the existing definition, but they decided that spelling out the definition in more detail would not solve them. The MPS feedback included examples of problems but concluded that training and data collection are needed before the regulations are revised.

### MPS Signs Onto Telehealth Act Comment Letter to MIA

The new <u>Preserve Telehealth Act</u> includes several provisions that relate directly to the use of telehealth to satisfy network adequacy requirements and, set the parameters of the Maryland Insurance Administration's (MIA) regulatory options for the next two years. MPS signed onto <u>a letter</u> to MIA addressing several areas of concern with the network adequacy standards and the recently-enacted Preserve Telehealth Act of 2021.

### August 15 Deadline to Enroll

Emergency special enrollment for private health plans ends on August 15. Visit MarylandHealthConnection.gov or download the free "Enroll MHC" mobile app. Select "Coronavirus Emergency Special Enrollment Period." Trained navigators and brokers can help with enrollment by phone. This enrollment period is for eligible uninsured Marylanders, not an opportunity for currenatly enrolled consumers to change plans. It is for private health plans only. Those eligible for Medicaid can enroll any time of year.

# Medicaid Pharmacy Services

The Maryland Office of Pharmacy Services Fee-for-Service Medicaid Helpline resumed answering live calls during normal business hours (M-F, 8 AM – 5 PM excluding holidays). Callers who dial 1-800-492- 5231, option # 3, are directed to a live agent. Outside of business hours, callers can leave a voicemail with their name, Medicaid ID number or Provider number, and contact information. Voicemail calls are returned within 1 business day. Please click for Formulary Information and the Preferred Drug List.

# Maryland News

# Maryland Board of Physicians News

<u>FAQs for the end of the Maryland State of Emergency</u> were posted on July 1. On August 15, the following restrictions are once again in effect:

- Out-of-state practitioners unlicensed in Maryland must cease to practice
- A supervising physician may not delegate to more than four physician assistants, except in a hospital
- Advanced duties performed by a physician assistant must be approved
- A telehealth provider must be licensed in Maryland if the provider or the patient is in Maryland

<u>Face covering recommendations</u> were also posted July 1 stating that health care providers should follow CDC's <u>Healthcare Infection Prevention and Control Recommendations</u>.

#### **New Fraud Scam Alert**

On July 13, the Maryland Board of Physicians posted about a new attempted fraud scheme aimed at its licensees. In the scheme, con artists identify themselves as the Board staff members or investigators and notify the licensee that they are under investigation, that their license may be suspended, or that an arrest warrant has been issued in the licensee's name. Then they will demand money. Read more about the scam alert and the precautions to take.

### BHA-MedChi Webinars

The Behavioral Health Administration and MedChi webinar series, *Helping the Helpers and Those They Serve*, is for Maryland behavioral health and medical providers of all disciplines in both community and hospital settings. They enhance health care worker self-care and the care they provide by addressing the COVID-19 pandemic, social justice issues, and other stressors. **CME credits are free**. Webinar recordings and slides are archived on the BHA/MedChi webinar page. Programs run **5 to 6 PM**:

**August 12**: Moral Distress Experienced in Health Care
Suzanne J. Best, BSN, MS, RN. Moderator: Chaplain Dennis
Dupont.

**August 26**: Effective Self-Help Strategies and When Therapy is Still Needed

Alexander Chan, PhD, LMFT. Moderator: TBD.

**September 9**: <u>Ten Strategies on Building Resilience and Preventing Burnout</u>

Michelle Pearce, Ph.D. Moderator: TBD.

To deliver a presentation, serve as moderator, or suggest self -care topics/presenters, email <u>Steve Whitefield</u>, M.D.

# Maryland Medicaid Provider Guidance

Department of Health Orders issued in response to COVID-19 will expire on August 15. Unless otherwise noted, the Medicaid flexibilities associated with these orders will sunset on this date. Medicaid will continue to provide coverage for health care services delivered through telehealth regardless of the participant's location at the time services are rendered and to allow a distant-site provider to provide services to a participant from any location at which the services may be delivered through telehealth. Additionally, Medicaid will permit services to be rendered via audio-only telehealth during the period July 1, 2021 through June 30, 2023. For behavioral health providers, any special exemptions for delivering services beyond audio-only (e.g., the length of time of visit) will revert to pre-pandemic standards. Also, behavioral health services delivered in a group setting\* will no longer be permitted to be delivered through telehealth. Please click here to view the updated July 16 guidance statement.

\*BHA post emergency revised telehealth guidance dated July 16 includes two limitations on group telehealth services: Effective August 15, 2021, PRPs cannot bill for group telehealth services, and, for SUD residential services (Levels 3.1 through 3.7 and 3.7WM), telehealth delivery remains capped at 50% of all clinical/therapeutic services.

### Medicaid Provider Enrollment Flexibilities

Maryland Medicaid Provider Enrollment temporarily stopped scheduling Affordable Care Act required provider revalidations via ePREP during the pandemic and did not suspend providers whose licenses expired. Medicaid will extend this flexibility **through September 30**. However, to prevent future billing issues providers who have already renewed their licenses should submit a supplemental application to update their licenses now, rather than wait until the deadline. Providers will receive email and hard mail notification when they have been scheduled to revalidate. The <a href="mailto:ePREP">ePREP</a> revalidation application is only available once ePREP prompts the provider to revalidate. Check the Maryland <a href="Medicaid Provider Verification System">Medicaid Provider Verification System</a> to check enrollment status for a specified date using name, NPI, and/or Medicaid provider number.



# Maryland News

# New Maryland Laws

HB 548/SB 299 - Human Services - Trauma-Informed Care - Commission and Training (Healing Maryland's Trauma Act) establishes the Commission on Trauma-Informed Care as an independent commission in the Department of Human Services (DHS) to coordinate a statewide initiative to prioritize the trauma-responsive and traumainformed delivery of State services that affect children, youth, families, and older adults. The Governor's Office of Crime Prevention, Youth, and Victim Services (GOCPYVS) must provide staff to the commission. The commission, in consultation with specified entities, must study and implement an Adverse Childhood Experiences (ACEs) Aware program. The bill requires each commission member to participate in specified training and each specified agency head to designate two staff members to carry out specified responsibilities. Members of the commission may not receive compensation but are eligible for reimbursement under standard State travel regulations.

HB 776 - State Department of Education - Infant and Early Childhood Mental Health Consultation Project - Study and Report requires the Maryland State Department of Education (MSDE) to conduct a study of the Infant and Early Childhood Mental Health (IECMH) Consultation Project. As part of the study, MSDE must, among other things, review the goals of the project, assess the need for new services, report on progress the project has made, and consider ways to integrate the project with other specified services. MSDE must report its findings to the Governor and the General Assembly on or before January 1, 2022.

HB 1280/SB 857 - Health - Maryland Behavioral Health and Public Safety Center of Excellence - Establishment This bill establishes the Maryland Behavioral Health and Public Safety Center of Excellence within the Governor's Office of Crime Prevention, Youth, and Victim Services (GOCPYVS). The center's activities must include strategic planning, technical assistance, State and local government coordination, and facilitation of train-the-trainer courses for the "Sequential Intercept Model" (SIM) for completion in 2021. The center must develop (1) a statewide model for law enforcementassisted diversion; (2) recommendations for pretrial services; (3) procedures for sharing deflection and diversion statistics between relevant State agencies; (4) recommendations for statewide implementation of law enforcement-assisted diversion programs; and (5) a statewide model for community crisis intervention services other than law enforcement. The center must host one State SIM Summit each year, and produce and update a specified statewide strategic plan by December 1, 2022, and annually thereafter.

# **APA News & Information**

# July APA Board of Trustees Highlights

The APA Board of Trustees met virtually from July 17-18. The following highlights of the discussions exclude several areas due to space constraints. Please <a href="mailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:emailto:em

Regarding Maintenance of Certification, Dr. Levin shared that the proposed new standards fail to address two important aspects of its mandates, which in turn impact several draft standards:

- Lack of an evidence-base informing several of the ABMS Draft Standards.
- Cost for physicians to participate in continuing certification.
- The APA response incorporated 22 comments from members related to ABMS Draft Standards.

The APA Presidential Task Force on the Social Determinants of Mental Health is developing sustainable policies and programs to bring about change in psychiatric healthcare of affected populations with APA's position on social and structural determinants of mental health and mental health equity.

The Board of Trustees Structural Racism Accountability Committee will ensure that the recommendations of the <u>APA Presidential Task Force to Address Structural Racism Throughout Psychiatry</u> are carried out, evaluate their success, make recommendations for improvements and accomplish the other objectives that were noted in the final task force report.

The inaugural Moore Equity in Mental Health 5K event to educate and increase awareness of unmet mental health needs for youth of color raised over \$85K with over 500 participants. Next year's event will be hosted on Saturday, July 9, 2022.

An ad hoc work group on APA and its District Branches will be formed to explore their fiscal and administrative:

- relationship;
- · respective roles and responsibilities; and
- future strategic concerns (including but not limited to membership trends)
- and report back to the Board with recommendations for operations and policy changes.

# APA Ask an App Advisor Forum

On August 10 at 3 PM the APA will hold its 5<sup>th</sup> "Ask an App Advisor" web event. Join the group for a live Q&A and discussion on mental health apps. Registrants have an opportunity to submit questions during registration or ask them live during the event. <u>Click here</u> for Information and registration.

# **APA News & Information**

# APA Joins Call for Congress to Act on Telehealth

Along with over 400 other leading health care stakeholders, the APA signed on to a <u>letter</u> urging leaders in the House and Senate to help ensure that Medicare beneficiaries retain access to nearly all of the recently expanded coverage for telehealth services. With so many patients accessing care virtually, expectations for our health care system have shifted significantly. Virtual care has provided unprecedented access for patients, but uncertainties about the future may adversely impact patients and providers unless Congress enacts permanent telehealth reforms.

# Addressing Mental Health Disparities

The APA has partnered with Morehouse School of Medicine African American Behavioral Health - Center of Excellence to develop the Striving for Excellence education series consisting of 12 live webinars held through September 29 and two self-paced learning modules. Each activity will focus on a different subject that will bring awareness to disparities in African American/Black mental health care. The information provided will help improve behavioral health systems' capacity to provide outreach, engage, retain and effectively care for African American/Black care seekers. Click here for details.

# APA's Signature Parity Legislation Introduced

Last year, APA-backed legislation was enacted that gave the federal government new authority to enforce the Mental Health Parity and Addiction Equity Act law. Under the new law, insurers must provide the same access to mental health and substance use disorder (MH/SUD) treatment as other medical care for patients they cover. For anyone who has struggled to find psychiatric care, or has found it too expensive, this new law, strengthening mental health parity, is a game changer.

Now APA and its partners, Senators Chris Murphy (D-CT) and William Cassidy, MD (R-LA) and Representatives Tony Cardenas (D-CA) and Brian Fitzpatrick (R-PA), are ensuring that the agency in charge of enforcing this law, the Department of Labor, has the resources necessary to do the job. The Parity Implementation Assistance Act, which was introduced on June 8, would provide \$25 million in grants to states to support their oversight efforts. Learn more <a href="here">here</a>.

# Are you a General Member? Become an APA Fellow!

Are you ready to take the next step in your career? Fellow status is an honor that enhances your professional credentials and reflects your dedication to the psychiatric profession. Dues rates remain the same. **The deadline is September 1**. Visit the <u>APA website</u> for more details and a link to the <u>application</u>.

## APA Supports Vaccine Mandates for Health Care Workers

Given the recent surge in cases in spite of vaccine availability, the APA joined nearly 60 other major medical groups in signing a <u>statement</u> calling for all health care and long-term care employers to require their employees to be vaccinated against COVID-19. Recognizing that some workers cannot be vaccinated for medical reasons and should be exempt, they noted that employers should consider applicable state laws on a case-by-case basis. As the health care community leads in requiring vaccines for employees, they hope all other employers will follow suit and implement policies to encourage vaccination. The health and safety of U.S. workers, families, communities, and the nation depend on it.

### **FREE APA Course of the Month**

Each month, APA members have free access to an ondemand CME course on a popular topic. <u>Click here to access</u> <u>the Course of the Month.</u>

# Physician Employment Trend Continues

Consolidation within health care continues, according to a Physicians Advocacy Institute <u>study</u> published in June. Physician employment by hospitals and other corporations is increasingly common and has implications for all health system stakeholders. The study determined that these trends accelerated during the pandemic. Nearly seven in the physicians was employed and nearly half of practices are no longer independently owned as of the end of 2020. The study did not provide data by medical specialty.

# Medicare Updates

# Medicare Telehealth Proposals for 2022

On July 13, CMS <u>announced</u> the <u>proposed 2022 Medicare</u> <u>physician fee schedule</u>, which would cover certain Medicare services provided via telehealth until the end of 2023 to better assess whether they should be permanently added as covered telehealth services. CMS proposals also include allowing payment for counseling and therapy services provided through Opioid Treatment Programs. The following proposals are open for comment from the public:

- Include audio-only telehealth services for the diagnosis, evaluation, or treatment of mental health disorders furnished to established patients in their homes.
- An in-person, non-telehealth service must be provided within six months prior to the initial telehealth service, and at least once every six months thereafter. CMS seeks comments on whether a different interval may be necessary or appropriate. CMS also seeks input on how to address when a physician or practitioner of the same specialty/subspecialty in the same group needs to furnish a service due to the regular practitioner's unavailability.
- Limit the use of audio-only mental health services to practitioners who have the capability to furnish two-way, audio/video communications, but the beneficiary is not capable of using, or does not consent to its use. Require the provider to certify to that effect via a new modifier for audio-only services.

CMS is also soliciting feedback on: (1) whether additional medical record documentation should be required to support clinical appropriateness of audio-only telehealth; (2) whether audio-only telehealth should be precluded for some high-level services, such as level 4 or 5 E/M codes or psychotherapy with crisis; and (3) any additional guardrails to minimize program integrity and patient safety concerns.

CMS is also proposing to allow Medicare to pay for mental health visits provided by Rural Health Clinics and Federally Qualified Health Centers via telehealth to expand access for those living in rural and other underserved areas.

Other proposals involve the agency's Quality Payment Program (QPP) value-based payment program. CMS is proposing to require clinicians to meet a higher performance threshold. Several other changes are proposed. The QPP Proposed Rule Resources include a fact sheet and a table comparing existing policies to the those proposed for 2022.

Additionally, CMS is proposing to make direct Medicare payments to Physician Assistants (PAs) for professional services they furnish under Part B. For the first time beginning January 1, 2022, PAs would be able to bill Medicare directly, rather than requiring a PA's employer to bill Medicare for the

PA's services. CMS is also proposing to include clinical social workers in the eligible clinician definition.

CMS is soliciting feedback on collecting data to advance health equity for people with Medicare (while protecting individual privacy), potentially through new confidential reports that allow providers to look at patient impact through a variety of data points - including, but not limited to, LGBTQ+, race and ethnicity, dual-eligible beneficiaries, disability, and rural populations.

The proposed 2022 PFS conversion factor is \$33.58, a decrease of \$1.31 from 2021. This is largely a result of the expiration of a 3.75% increase to the conversion factor at the end of calendar year 2021, as averted for 2021 by Congressional action. the AMA will advocate that Congress avert this cut once again.

<u>Click here</u> for other important details in the 2022 Medicare PFS Proposed Rule fact sheet. The MPS will send more complete details about how to <u>submit comments</u> by the **September 13 deadline** once the 1747-page proposal can be more thoroughly reviewed.

# 2020 Open Payments Data Published

Manufacturers and Group Purchasing Organizations reported \$9.12 billion publishable payments and ownership and investment interests to physicians and teaching hospitals in 2020. The data published by CMS, including 6.38 million records attributable to 487,152 physicians and 1,213 teaching hospitals, is accessible at <a href="mailto:openpaymentsdata.cms.gov">openpaymentsdata.cms.gov</a>. The national Open Payments disclosure program promotes transparency and accountability by making financial relationships available to the public. For more information and resources, please visit <a href="mailto:cms.gov/openPayments">cms.gov/openPayments</a>.

# Resource: Health Equity Technical Assistance

The CMS Office of Minority Health offers a health equity technical assistance program to help health care organizations take action against health disparities. The program offers personalized coaching, resources to help improve care for underserved populations, data collection and analysis, assistance in developing a language access plan, and resources to help embed health equity into a strategic plan. Click here for more information.

# What to Consider when Reopening for In-Person

Employee safety, physical office space, and the safety of patients and their families are some of the factors to consider when reopening for in-person visits. The <a href="SMI Advisor checklist">SMI Advisor checklist</a> can help with this transition, especially for practices that that serve individuals with serious mental illness.

### PRMS Resource for What's Next

In July PRMS updated its document <u>Preparing for What's Next</u>, which aims to help psychiatrists navigate the fluid situation as the U.S. emerges from the pandemic. It addresses remote and in person treatment and circumstances to consider as the pandemic flexibilities begin to end. The <u>PRMS FAQ page</u> has even more information and checklists.

## AMA Digital Health Playbook

The AMA has posted a series of key steps, best practices and resources for adoption and scale of digital health solutions to help physicians succeed with implementing the technology. Bringing warmth to virtual visits has several recommendations for communicating virtually and conveying empathy. Click here for an introduction to the series.

### New SAMHSA Resources

### **Telehealth for Treatment of SMI and SUD**

In June SAMHSA published a <u>guide</u> outlining ways that telehealth modalities can be used to provide treatment for serious mental illness and substance use disorders among adults. It distills the research into recommendations for practice and includes examples of how they can be implemented.

#### **Culturally Relevant Interventions**

To address behavioral health disparities, SAMHSA compiled strategies and lessons from a decade of National Network to Eliminate Disparities annual trainings. The guide also includes case studies.

# Member Spotlight Opportunity

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

# Out of Network Physicians Take Note

The Biden administration is taking steps toward new protections for surprise billing in medical emergencies starting January 1. An estimated 1 in 5 emergency visits and 1 in 6 inpatient admissions triggers a surprise bill. The law passed by Congress last year protects patients from:

- Unanticipated care from an out-of-network physician or other professional.
- Emergency care at an out-of-network facility.
- Emergency care from an out-of-network physician or other health professional at an in-network facility.

The AMA has posted a <u>guide</u> to help physicians understand the legal requirements and processes for resolving disputes. <u>Click here</u> for more AMA information.

### Curbside Conversations Resource

Information for MPS Curbside Conversations is posted online. Over 20 topic areas with limited participation are available! <u>Curbside Conversations</u> facilitates member connections related to specific practice areas. Members with in -depth knowledge chat informally with other members seeking information. The discussions are not formal consultations, but rather a collegial resource offered voluntarily to others in the MPS community. <u>Click</u> for details.

### SAMHSA awards \$250M to CCBHCs

To increase access, SAMHSA awarded 100 grants via its Certified Community Behavioral Health Clinics (CCBHC) expansion grant program. CCBHCs provide person- and family-centered integrated services, including 24/7 crisis intervention services for individuals with serious mental illness or substance use disorders, including opioid use disorders; children and adolescents with serious emotional disturbances; and individuals with co-occurring mental and substance use disorders.

Maryland grant recipients, including Arundel Lodge, Inc. in Edgewater (\$1,999,983) and Montgomery County (\$1,915,270), received a portion of the American Rescue Plan funds that supplemented the CCBHC program.

### Medical Student Mentors Needed

The MPS is looking for members who would like to serve as mentors for our our new medical student members. As a practicing psychiatrist, you will help guide them throughout their medical school journey and help with their growth both personally and professionally. If you feel you would make a good mentor, please email <a href="mailto:mfloyd@mdpsych.org">mfloyd@mdpsych.org</a>.

### **CLASSIFIEDS**

### POSITIONS AVAILABLE

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

The Johns Hopkins University Counseling Center is seeking 1-2 part-time psychiatrists for a total of 25-30 hours per week (more hours during the semesters and less during the summer). Our Consulting Psychiatrists provide psychiatric services to students including: evaluations, medication monitoring, and consultation with CC clinicians. To apply, send a letter of interest with resume to Matthew Torres, PhD (Counseling Center Executive Director) via email (<a href="mailto:mtorres5@jhu.edu">mtorres5@jhu.edu</a>) or fax (410-516-4286). Alternatively, contact Dr. Torres via email for more information.

Full-Time, Board Certified Adult Psychiatrist in Columbia: Joshi & Merchant, M.D., P.A., Outpatient Psychiatry Services, in existence for over 40 years. Evaluations and medication management with some overview and supervision for Physician Assistants. Fully functional EMR and office support present. Flexible 40-hour work week between 8 am and 5 p.m. Remuneration includes health, life, malpractice insurance and CME allowance. 401-K employer match after the first year available. Forward resume to Milan Joshi, M.D.,

Milanjoshi11@gmail.com or call/text (410)-299-8147

CHILD/ADOLESCENT PSYCHIATRIST OPPORTUNITY: FACULTY POSITION Kennedy Krieger School Programs (Part time-20 hr/ week position): The Kennedy Krieger Schools serve students with a variety of psychiatric disorders and disabilities, including autism spectrum disorders. The age range served is 5 through 21. Responsibilities: This position will be split between 2 of our school programs, with 10 hours/week needed at each program. Both programs are located in Baltimore. This position is eligible for a faculty appointment, commensurate with experience. The position entails providing psychiatric evaluations and direct medication management for students on the caseloads, including classroom observation and individual meetings with students, communication with parents, and communication with the school team and senior psychiatrist. Attending team meetings may occur as needed and if they fall within the agreed upon schedule. Qualifications: BE/ BC in Child and Adolescent Psychiatry. To apply or inquire, please visit our website www.kennedykrieger.org (Job ID #1112). Contact Jocelyn McCarty, Senior Talent Acquisition Partner, McCartyJ@kennedykrieger.org. Equal Opportunity Employer M/F/Disability/ProtectedVet

Timonium Private Practice: Well-established, adult psychiatric office practice in search of an assistant (M.D. or PMH-CRNP) who may be interested in expanding his/her own practice, with the option to take the practice over within the upcoming 1-3 years. Inquiries may be placed at <a href="mailto:a.w.forrester@att.net">a.w.forrester@att.net</a>.

CHILD/ADOLESCENT PSYCHIATRIST OPPORTUNITY: Kennedy Krieger School Programs (Part time-20 hr/week position) The Kennedy Krieger Schools serve students with a variety of psychiatric disorders and disabilities, including autism spectrum disorders. Responsibilities: This position will be split between 2 of our school programs, with 10 hours/week needed at each program. Both programs are located in Baltimore and the age range served is 5 through 21. The position entails providing psychiatric evaluations and direct medication management for students on the caseloads, including classroom observation and individual meetings with students, communication with parents, and communication with the school team and senior psychiatrist. Attending team meetings may occur as needed and if they fall within the agreed upon schedule. Qualifications: BE/BC in Child and Adolescent Psychiatry. To apply or inquire, please visit our website www.kennedykrieger.org. (Job ID #6605) Contact Jocelyn McCarty, Sr. Talent Acquisition Partner, mccartyj@kennedykrieger.org. Equal Opportunity Employer M/F/Disability/ProtectedVet

### **CLASSIFIEDS**

### OFFICE SPACE AVAILABLE

TOWSON OFFICE FOR SALE Large 3-person suite with walls of windows, waiting room, kitchenette, patient and staff bathrooms. Convenient to ST Joes, Towson Univ, and 695 Call Bill Wimmer 410-371-7491 or Laurie Orgel 410-707-2869.

Small office for rent in a wonderful suite of MH professionals in **Mt. Washington Center**. Includes a shared waiting room, restroom, storage room, and an indoor parking space. \$550/month. Contact Dinah Miller: (410) 852-8404 or dinahmiller@yahoo.com.

### **DID YOU KNOW?**

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



MACS' team of addiction medicine experts are here to help you get answers and get waivered.

1-855-337-MACS (6227)

www.marylandmacs.org





#GetWaiveredMD



MedStar Medical Group offers a uniquely rewarding career in a major marketplace. Shape your future in health care in the kind of setting that's right for you and your practice. Become part of an organization that welcomes your experience, input and leadership— as a clinician and healthcare expert.

MedStar Health, Maryland and DC area's largest non-profit health system is pleased to announce openings in our expanding Behavioral Health Network. We have full time clinical inpatient and outpatient opportunities available at our MedStar Baltimore, Maryland and Washington, DC facilities offering a collaborative team environment, and Monday –Friday flexible schedules for our outpatient providers. You will also have an opportunity to participate in our Grand Rounds teleconference through MedStar Georgetown University Hospital, which is broadcasted across our MedStar Health system. Experienced providers preferred.

### Psychiatry Openings Available in MedStar Washington, DC:

- Psychiatry Consult Liasion (C/L) Position
- Outpatient Positions
- Inpatient Positions

### **Psychiatry Openings Available in Baltimore, Maryland:**

- MedStar Franklin Square Inpatient and Outpatient
- MedStar Harbor Hospital Inpatient
- MedStar Union Memorial Outpatient

### As a MedStar Medical Group clinician, you can expect:

- Competitive salary plus quality bonus
- Generous PTO
- Personal days and holiday
- CME leave and CME allowance
- Paid Malpractice coverage
- Medical, dental, vision insurance
- Disability insurance
- Retirement options
- And much more!

Be a part of a nationally-recognized health system and the largest provider of health services in the Baltimore/Washington region. With our vast resources and capabilities at your disposal, you can expand your clinical expertise. Enjoy a rich career and a quality of life unique to Baltimore, Washington, DC and the Mid-Atlantic region, which features a mix of urban, suburban and rural communities.

Be the physician you were meant to be, here at MedStar. To learn more about this position or to apply, please send a CV to Karma Limes at <a href="mailto:karma.a.limes@medstar.net">karma.a.limes@medstar.net</a>.

# Rewarding Opportunities for Psychiatrists Across Maryland

SHEPPARD PRATT IS SEEKING PSYCHIATRISTS TO WORK ACROSS MARYLAND IN A VARIETY OF TREATMENT SETTINGS, INCLUDING OUR NEW STATE-OF-THE-ART BALTIMORE/WASHINGTON CAMPUS.

CURRENT OPENINGS INCLUDE:

Inpatient Unit Chiefs: Child & Adolescent and Trauma Disorders

Inpatient Staff Psychiatrists: Child & Adolescent, Adult, and Eating Disorders

Residential: OCD expert, Retreat Psychiatrist, and Service Chief of a new Adolescent Residential Program

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*.



