

MPS NEWS

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Editor: Heidi Bunes

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<p>Deadline for articles is the 15th of the month preceding publication. Please email heidi@mdpsych.org.</p> <p>MPS News Design & Layout Meagan Floyd</p>	

President's Column

It's Time to Talk about Goals of Care

Recently the MPS surveyed its members on Medical Assistance in Dying (MAID). We needed to learn what our members thought about this multifaceted issue in order to advise our lobbyists and be legislatively active. The intention of the survey was to snapshot our current thought process, and begin a conversation. This survey attempted to ascertain our beliefs about what a patient may have a right to versus the role of the physician in facilitating a requested death. The survey pulled apart patients making a request for MAID with a somatic condition, versus those making this request on the basis of a psychiatric condition alone. We are all well aware that impaired judgment, despair, and suicidal ideation are features of the disease processes that we treat, and that these features may shade a patient's request. The survey assumed a climate of treatment adequacy and access to care. In the real world we know that disparities in access exist, and that there is an overall tremendous inability for patients to connect to high quality psychiatric care. The lack of access to quality treatment and treatment adequacy could lead patients to make a premature request for MAID, as they may not have had the opportunity to benefit from comprehensive treatment, but are making a request for MAID.

The survey results were heterogeneous, and at this time did not provide a clear direction for the MPS to instruct the lobbyists we hire. We need to keep this conversation going, as uncomfortable as it might be, and continue to ask provocative questions for the purpose of crystallizing our own viewpoints.

Having a clear articulation of what we think, and where we stand, will allow the MPS and our physician voices to lead, advocate, and provide testimony in Annapolis as the laws in this space are being shaped. This discussion has its complexities when it is only considered in the somatic realm. When the purview of this discussion expands to include psychiatric illness, expert psychiatry voices must be present.

One of the provocative questions I asked myself was *Where is the discussion of palliative care within psychiatry?* Psychiatry is often asked to weigh in on ethics and palliative care consultations for people afflicted with grave somatic conditions, but seldom discusses what palliative treatment looks like for an individual whose sole suffering stems from a psychiatric illness. Developing a palliative care discourse in psychiatry needs to happen before examining requests to end life.

Jessica V. Merkel-Keller, M.D., Msc

The MPS Council will meet by videoconference on September 13th at 7:30 PM.

A copy of the May survey results referenced here was emailed to each member on June 22. All members are encouraged to send their suggestions about how to continue the conversation on this topic and their availability for involvement via email to heidi@mdpsych.org.

Member Updates and Survey

The MPS sent member information update forms and the [2022 member survey](#) in late June. Please return your updated information promptly!

Member Update Form

The MPS membership directory goes to print this Summer. Please 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 networks 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 10th.**

Member Survey

Please help guide how MPS committees, Council and staff work for you in the coming year by completing the 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!

Please email mps@mdpsych.org with questions.

Special Member Rate for 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**. The 2022-2023 directory will be out in the fall, so order soon! For details, email Meagan at mfloyd@mdpsych.org.

Attention Graduating Residents

Congratulations! As you move on from your residency training program, please complete the APA [membership advancement form](#). 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 [resources](#) for early career psychiatrists. Your MPS dues will remain the same! The [form](#) takes less than 5 minutes to complete.

General Member? Become a Fellow!

Are you ready to take the next step in your career? Fellow status (FAPA) is an honor that enhances professional credentials and reflects dedication to the psychiatric profession. Dues rates stay the same. **The deadline is September 1.** Visit the [APA website](#) for details and how to apply.

RFM Members: Post Training Plans

James Aluri, M.D.: Adolf Meyer Fellow in University Mental Health at Johns Hopkins Hospital with a planned completion date of June 30, 2023.

Gregory Barber, M.D.: Will be starting a psychodynamically-oriented psychiatry and psychotherapy practice in Montgomery County.

Marissa L. Beal, D.O.: Will be working as an Assistant Professor at Johns Hopkins.

Elise Bennett, M.D.: Will be moving to Pennsylvania to work as an outpatient psychiatrist at Geisinger Hospital.

Helen Bradshaw, M.D.: Will be moving to Connecticut to work at the Institute of Living.

Brendan H. Bui, M.D.: Will be completing a 1-year sleep medicine fellowship at UPenn.

Maureen Cassidy, M.D.: Will be completing a Consultation-Liaison Fellowship at Brigham and Women's Hospital.

Zachary Cordner, M.D., Ph.D.: Will be joining the faculty at Johns Hopkins as an Assistant Professor.

Zhuoheng Deng, M.D.: Will be working at Springfield Hospital Center in Sykesville, MD on one of the acute inpatient adult units. Dr. Deng also started a small part time private practice, seeing child and adolescent patients in Lutherville.

Eric L. Goldwaser, D.O., Ph.D.: Accepted a position at Weill Cornell Medicine / New York Presbyterian Hospital as Assistant Professor in Psychiatry, a tenure-track appointment. His time will be predominantly in a research context in clinical trials of non-invasive brain stimulation, and also limited time to therapy in the faculty practice as an Attending Psychiatrist for house staff and graduate school mental health clinics.

Crystal Han, M.D.: Will be moving to Cambridge, MA to work part time at the Harvard Counseling and Mental Health Services and the Mass General Hospital child psychiatry outpatient clinic.

Joan Han, M.D.: Will be continuing training at the Johns Hopkins Consultation-Liaison fellowship program.

Christopher B. Morrow, M.D.: Will be working at Johns Hopkins as an Assistant Professor in the department of geriatric psychiatry and neuropsychiatry with a focus on Frontotemporal Dementia.

Angeline Pham, M.D.: Will be continuing training in a forensic psychiatry fellowship at Yale.

June 14 Council Highlights

Support for MPS Strategic Priorities

Dr. Flaherty updated Council on activities to engage and build community among Early Career Psychiatrist (ECP) members. The May 12 virtual kickoff event was well attended and the open format ECP panel helped identify topics for future meetings. A flash poll was sent to all ECP members to confirm some of the ideas and check meeting dates. The initial topics will be contract negotiations and financial literacy. There is interest in a possible outdoor gathering this summer. ECPs will meet approximately monthly, as determined by the participants.

Executive Committee Report

Dr. Merkel-Keller reported that MPS and WPS leadership will review the MOU arrangement on July 26. She said 2022-23 MPS committees have been appointed and the April annual meeting had over 70 attendees and a surplus. Results of the survey on assistance in dying will be emailed to members with a request for suggestions about how to continue the conversation. 176 members participated, 23% of recipients. The APA DB Window contract for 2023-24 was signed and returned.

MPS advocacy activities include signing on to a [funding request](#) for gun violence prevention research and a [request](#) that the BPW defer its decision about the transfer of Spring Grove Hospital Center to UMBC. Regulations for pharmacists to administer maintenance injectables were adopted as proposed. Ms. Bunes participated in a Maryland Health Care Commission provider focus group on telehealth as required by the 2021 law affecting commercial plans and Medicaid. MPS and others supported continuing tele visits, including audio only, with reimbursement on par with in person, and choice of setting depending on patient needs.

Mandated implicit bias training takes effect with this year's physician license renewals. MPS hopes to share [member feedback](#) on the course options to assist in meeting the new requirement. Council asked that MPS send a specific email to each member renewing this year to ensure all are aware.

Regarding the upcoming meeting with BHA representatives, Council recommended addressing the plans for patients who will be displaced from Spring Grove to minimize system-wide problems, and suggested expansion of supervised housing, including RRP's.

Executive Director's Report

Ms. Bunes received completed conflict of interest disclosures and anti-trust forms from all but one voting member of Council who is on vacation, as well as all MPS committee chairs. There are no unusual disclosures to report.

APA Assembly Representatives' Report

Dr. Zimnitzky reported that he and Drs. Hanson and Palmer attended the first in person APA Assembly meeting since 2019. [See [page ___](#) for the complete report.]

New Business

Dr. Balis presented the slate of FY23 Maryland Foundation for Psychiatry Officers and Directors and gave a brief description of the organization's activities. [See [page 8](#) for details.]

Dr. Balis asked everyone to share their thoughts about whether to return to in person Council meetings at the MPS office this fall or continue to meet via Zoom. Several noted the convenience of virtual meetings and the higher attendance during COVID. Some expressed concern about potentially spreading infection at a time when there is a shortage of psychiatrists. It was agreed that we will monitor case rates and revisit the question, but plan for virtual meetings to continue for now.

The 988 Suicide & Crisis Lifeline

Beginning July 16, calling 9-8-8 will be the new way to connect to a local behavioral health crisis call specialist. Dialing 988 will connect directly to the National Suicide & Crisis Lifeline, which replaces the National Suicide Prevention Lifeline (1-800-273-8255). All contacts with 988 (calls, chats, and texts) remain free of charge.

When someone in Maryland calls 988, the call will be routed based on the caller's area code. Calls routed to Maryland will be answered by one of eight call centers that provide phone-based support and information on local resources. Maryland's crisis hotline (call 211, press 1) will remain in operation throughout the transition period and beyond.

Starting July 16, 2022, when calling 988, callers will hear a greeting message while their call is routed to a Lifeline network crisis call center (based on the caller's area code).

- A trained crisis counselor will answer, listen to the caller, understand how their problem is affecting them, provide support, and provide resources and interventions as needed.
- If a Maryland crisis center is unavailable, the caller will be automatically routed to a national backup crisis center.
- The Lifeline provides live crisis center phone services in English and Spanish and uses Language Line Solutions to provide translation services in over 150 additional languages for people who call 988.
- Veterans can access the Veterans Crisis Line by calling 988 and pressing 1.
- Texts and chats to 988 will also be routed to a Lifeline network crisis call center based on area code and a response will be given by a call center staff person.

Until July 16, please continue to call 211 and press 1 in Maryland or the Lifeline at its current number (1-800-273-8255).

[Learn more.](#)

Maryland News

New Laws Taking Effect July 1st

[SB 323/HB 578](#): Public Health - Medications to Treat an Opioid Use Disorder - Preferred and Nonpreferred Medications: Requires the Maryland Department of Health to adopt a reporting system, analyze patterns of prescribing medications in the State, conduct outreach, and identify certain barriers related to prescribing medications to treat an opioid use disorder. Requires the Department to report to the Governor and the General Assembly on its findings by October 1, 2023, and annually thereafter. The initial analysis is due by October 1, 2022. The MPS supported this bill.

[SB 241/HB 293](#): Behavioral Health Crisis Response Services – 9–8–8 Trust Fund: Establishes the 9-8-8 Trust Fund as a special, non-lapsing fund to provide reimbursement for costs associated with designating and maintaining 9-8-8 as the universal telephone number for a national suicide prevention and mental health crisis hotline. Requires the Maryland Department of Health to designate 9-8-8 as the primary phone number for the State's behavioral health crisis hotline. Requires the Department to report on the expenditure of funds and additional services provided by the funding by December 1 each year. The MPS supported this bill.

[HB 1464](#): Maryland Loan Assistance Repayment Program for Physicians and Physician Assistants – Alterations: Clarifies that part-time physicians and physician assistants are eligible for participation in the Maryland Loan Assistance Repayment Program for Physicians and Physician Assistants; authorizes the Maryland Department of Health to establish prorated loan repayment assistance for part-time physicians and physician assistants; and establishes the Maryland Loan Assistance Repayment Program Advisory Council for Physicians and Physician Assistants to assist the Department in administering the Program. For additional information [please click here](#).

[SB 707/HB HB 912](#): Health Insurance - Provider Panels - Coverage for Nonparticipation: Requires an insurer, non-profit health service plan, health maintenance organization (HMO), dental plan organization, and any other person that provides *health benefit plans subject to State regulation (with the exception of managed care organizations)* to cover mental health or substance use disorder services provided by a non-participating provider at no greater cost to the member than if the services were provided by a participating provider, under specified circumstances. These entities (collectively known as carriers) must inform members and beneficiaries, in plain language, of the right to request a referral to a specialist or nonphysician specialist, and the Consumer Education and Advocacy Program must educate the public about that right. The MPS supported this bill.

[SB 386/ HB 180](#): Interstate Medical Licensure Compact - Sunset Extension and Reporting: Extends from September 30, 2022, to June 30, 2030, the termination date of the Interstate Medical Licensure Compact and other provisions of law related to the Compact; and requires the State Board of Physicians to include an update on the status of the Compact in its 2023 annual report.

[HB 971](#): Maryland Medical Assistance Program - Substance Abuse Treatment - Network Adequacy: Requires the Maryland Department of Health and the Behavioral Health Administration to ensure that the delivery system for specialty mental health services under the Maryland Medical Assistance Program has an adequate network of providers available to provide substance use disorder treatment for children under the age of 18 years. The MPS supported this bill.

[SB705/HB1255](#): Education - Physical Restraint and Seclusion - Limitations, Reporting, and Training: Prohibiting certain public agencies from using seclusion as a behavioral health intervention for a student; prohibiting a public agency from using physical restraint and a nonpublic school from using physical restraint or seclusion as a behavioral health intervention for a student, except under certain circumstances; requiring the State Department of Education to develop an accountability system to measure compliance with regulations adopted on the use of physical restraint and seclusion; etc. The MPS supported this bill.

[SB 196](#): Maryland Department of Health - Overdose Report: Extends the termination date for the Secretary of Health to examine and report on fatal overdoses involving opioids and other controlled substances; and alters the requirements relating to the examination and report. More information on the reporting can be [found here](#).

Equal Treatment Maryland

Candidates for governor will be campaigning across Maryland this month, so let's make sure they hear from the behavioral health community! Marylanders are urged to stand up for access to mental health and substance use care **when and where needed**.

Events and advocacy opportunities [are listed here](#). Find one that works for you, then check the [Equal Treatment Maryland](#) webpage for advocacy resources (including info sheets, printable signs, and more), and speak up for equal treatment for Marylanders with mental health and substance use disorders.

After attending an event or advocacy activity, [please complete a short survey](#). This feedback will provide valuable insight into our impact.

Maryland News

Pharmacist Administration of Maintenance Injectable Medications

New regulations are in place authorizing Maryland pharmacists to administer long-acting injectables. This is the culmination of sustained efforts by the MPS and other groups. During the 2021 General Assembly Delegate Young and Senator Young introduced [a bill](#) to authorize a pharmacist to administer maintenance injectable medications to a patient under certain circumstances. It also required regulations to be issued for this purpose. The bill required certain carriers to cover administering certain self-administered medications and maintenance injectable medications rendered by a licensed pharmacist to the same extent as the services rendered by other licensed health care practitioners.

The MPS Legislative Committee supported the bill, as many patients would benefit from better access to long-acting maintenance medications that treat conditions such as schizophrenia, bipolar disorder, or substance use disorder. Currently, a pharmacist can administer flu shots and other vaccines. The bill proposed to expand a pharmacist's ability to administer injections that members prescribe, such as haloperidol, risperidone, and naltrexone (Vivitrol). Improved access to maintenance injectables would hopefully avoid patient relapse due to nonadherence to medications. However, the MPS did note that the Maryland Department of Health (MDH) will have to develop robust regulations around pharmacist training. In addition, for some drugs, there should be a time window between the physician's last clinical assessment and the shot administration by the pharmacist. For example, clozapine has clinical checkpoints.

The MDH requested comments on proposed COMAR regulations in 49:4 Md. R. 316—318 (February 11, 2022). The [MPS submitted](#) several changes for consideration; however, none of the MPS comments were included in the final version. On May 24, 2022, the Secretary of Health adopted new Regulations .01—.07 under a new chapter, [COMAR 10.34.41 Administration of a Maintenance Injectable Medication](#). [Insert "10.34.41" in the search box.]

Effective Date: June 13, 2022.

Maryland Bed Registry Update

Effective 6/15/22, crisis bed capacity is being captured and tracked in the Maryland bed locator. A daily survey is sent to crisis bed providers, similar to the inpatient survey being sent to the acute care hospitals.

2022 Physician License A-L Renewals

Biennial license renewal begins on July 11 for physicians whose last name begins with the letters A – L and whose license expires on September 30, 2022. To maintain an active license to practice medicine, physicians must **submit the renewal application and fee by September 30**. Online renewal is available 24/7 through September 30. Those who do not renew will be required to apply for reinstatement, which will include applying for a new criminal history records check, unless they do not plan to renew, in which case no action is required. Physicians who fail to renew their medical licenses are not authorized to practice medicine.

Starting this year all licensees must complete an implicit bias training program approved by the Cultural and Linguistic Health Care Professional Competency Program as a condition of license renewal. This is a one-time requirement. [See below for more details.]

[Click here for more renewal information.](#)

Implicit Bias Training Required for License Renewal

Senate Bill 5/House Bill 23 *Public Health - Implicit Bias Training and the Office of Minority Health and Health Disparities* requires applicants for the renewal of a license or certificate issued by a health occupations board to attest to completion of an approved implicit bias training program the first time they renew after April 1, 2022.

All renewing Maryland Board of Physicians licensees must complete an [implicit bias training program](#) approved by the Cultural and Linguistic Health Care Professional Competency Program as a condition of license renewal. An older [list of approved courses](#) also fulfills the mandate. **Other courses that are not on these lists are not approved for this training.** An implicit bias training course taken prior to 2022 will count only if it is on the list of approved courses. This is a one-time requirement. You must attest to completion of the course on your renewal application.

You are not required to submit proof of course completion to the Board; however, **it is recommended that you keep a certificate of completion as proof of registration. For courses that do not provide a certificate of completion, the Board asks that you keep proof of registration or a screenshot of the completion screen for your records.** If you do not have this proof, the Board recommends documenting the date, time, and title of the course, and saving it in your records.

Maryland News

New Medicaid Fee Schedules

On July 1, 2022, Maryland Medicaid will increase certain behavioral health provider rates, pursuant to [Senate Bill 290](#) Fiscal Year 2023 Budget and Governor Hogan's supplemental budget. Community-based behavioral health providers received a 3.25% increase under the FY23 Budget and an additional 4% via the Governor's supplemental budget, totaling a 7.25% rate increase. Optum Maryland is implementing the 7.25% updates for behavioral health and ABA providers for dates of service beginning July 1, 2022.

Brain Injury Waiver providers were additionally approved for a temporary 4% increase through the American Rescue Plan Act (ARPA) that is available for FY23 only. The ARPA-funded 4% increase is in addition to the 7.25% increase for a 11.25% total increase.

Please note: Evaluation and Management (E&M), Laboratory codes, and drug codes are **not** subject to the 7.25% increase as they are covered under a different rate formula. **E&M codes will be reimbursed at 100% of the Medicare rate for dates of service beginning July 1, 2022.** The J codes (buprenorphine) and Q codes (buprenorphine extended-release injection) were not updated.

[Click here](#) for links to the FY23 rates for the above provider categories and more.

Public Sector Rates as of July 1

Optum Maryland has posted updated fee schedules for the State Fiscal Year effective July 1 covering Mental Health, Substance Use Disorders, and other specific levels of care. Please [click here](#) for Public Behavioral Health System links.

BHA CAYAS Resource on Violence

In the aftermath of several mass shootings CAYAS, in partnership with the MDH Office of Communications, developed a [Mental Health and Crisis Resources for Coping with Violence](#) guide with tips and resources for those impacted by violence, including youth, parents/caregivers, teachers and behavioral health professionals.

MedCast With Dr. Edwards

Dr. Willarda Edwards, a Baltimore-based internist who is currently a frontrunner in the election for AMA president-elect, is interviewed in a recent podcast. MedCast is MedChi's new podcast series that spotlights prominent Maryland physicians and thought leaders in medicine. [Tune in here.](#)

Update on Estimated Payment Forgiveness

The Maryland Department of Health has a forgiveness plan for certain balances that are owed to the state due to overpayments for the Estimated Payment Period of January 1, 2020, to August 3, 2020. In December 2021, MDH announced that all balances of up to \$10,000 would be forgiven and that balances of up to \$10,000 that had already been received would be reimbursed. **The amount has been raised to \$25,000.** The new forgiveness plan follows:

1. All outstanding amounts of \$25,000 and less will be forgiven. There is no action to take for providers in this category.
2. Any outstanding amounts above \$25,000 that are repaid by midnight July 15, 2022, down to a balance of \$25,000 will have the remaining \$25,000 forgiven. There will be NO further extensions to this deadline. Checks must be postmarked no later than July 15, 2022, to qualify.
3. All providers with an Estimated Payment balance of \$0, who have repaid all or part of their balance, will have that cash payment reimbursed up to \$25,000. We expect to issue checks in August 2022.

Providers will receive a final notice of their Estimated Payment Balance effective July 18, 2022, the week of July 18, and have two (2) business weeks from the date on the notice letter to complete a short survey and select their repayment plan to begin recoupment. This is the final offer of financial forgiveness for Estimated Payment Balances. There will be no additional offers forthcoming.

These providers are **ineligible:** Hospitals, Laboratories, Somatic behavioral health providers, and Out-of-state providers.

[From the June 13 Optum Maryland Provider Alert](#)

Maryland's Primary Election is July 19

Be sure to vote in the Maryland Primary Elections! Options include mail-in ballot, early voting July 7-14, and in-person voting on the 19th. Gubernatorial General Election Day is November 8.

[Click for voter resources.](#)

Have You Published Lately?

The MPS would like to highlight recent journal articles published by its members. If you have published within the past year, please email the title, publication, date and preferably a link to mps@mdpsych.org. Please also include a photo and a sentence or two summary, if possible.

Maryland News

Important Medicaid Updates

On June 10, the Maryland Medical Assistance Program sent several items of note to providers. Highlights below are from [General Provider Transmittal No. 88](#).

Ordering, Referring, and Prescribing

For dates of services on or after September 1, 2022, Maryland Medicaid will implement federal requirements for Ordering, Referring, and Prescribing (ORP) practitioners, who must be enrolled as participating providers with the state Medicaid agency for their services to be reimbursable. Maryland Medicaid will require that claims from certain provider types include the National Provider Identifier (NPI) of an actively enrolled individual practitioner. Providers can verify their enrollment status using [the Provider Verification System](#). [Tip: search using last name.] To enroll, apply via the [Provider Re-validation and Enrollment Portal](#) (ePREP). Please visit health.maryland.gov/eprep for details or call (844)-463-7768.

Medical Record Reviews for PERM

As federally required, CMS is conducting a review of Maryland Medicaid payments from July 1, 2021 to June 30, 2022 as part of the Payment Error Rate Measurement (PERM) program. PERM includes a Medical Record Review (MRR) of Medicaid-reimbursed services to determine that services were performed, documented, and reimbursed according to state and federal policy. PERM selects claims for review via random sampling. If a provider does not respond to a PERM MRR request or does not include all documentation, PERM auditors will cite the payment as improper. Medicaid may recoup payments from providers and may suspend providers who do not respond to multiple document requests.

Licensing Board Interface

Now that Maryland Medicaid has an interface with the Maryland Board of Physicians, its licensees no longer need to upload an updated license and submit a supplemental application via ePREP if they update their license with the Board.

Change of Address with Health Benefits Exchange

Disenrollments from Medicaid and the Children's Health Insurance Program paused during the federal public health emergency (PHE). At the end of the PHE, enrollees will need to renew their Medicaid coverage. Please encourage patients to be sure their contact information is up to date (via log in to MarylandHealthConnection.gov) so they receive updates.

Maryland PDL Effective July 1

The Office of Pharmacy Services issued an update to the Maryland Preferred Drug List (PDL) that takes effect on July 1. Please see Advisory 241 at [this link](#). Usually generics are preferred, but there are several exceptions that are included on the PDL [available here](#).

MOVING FORWARD TOGETHER: PROMOTING MENTAL HEALTH IN CHALLENGING TIMES

September 7-11, 2022
Royal Sonesta Harbor Court Hotel
Baltimore

Join the Southern Psychiatric Association and the Maryland Psychiatric Society for our [multiday annual meeting](#)! We are excited to present this event in person after a two year hiatus. **Participants can earn up to 14 CME credits.**

[Daily registrations available!](#)

Firearms & Psychiatry Panel

- *Suicide and Lethal Means*: Paul Nestadt, M.D.
- *Gun Violence*: Steven Lippmann, M.D.
- *Talking to Patients About Firearms & Safety*: Curt West, M.D.

Trauma-Informed Care: When Work Safety is at Stake & the Trauma is in the Workplace

Carol Vidal, M.D., Ph.D., MPH

Neuromodulation & Treatment Refractory Illness

Monica Rettenmier, M.D.

The Emerging Evidence for the Use of Psychedelic Psychotherapy in Mood Disorders

Scott Aaronson, M.D.

Chronic Pain & the Opiate Epidemic

Glenn Treisman, M.D., PhD

COVID-19 & Psychiatry Panel

- *Post COVID: Exploration of PASC (Post-Acute Sequelae of Sars COVID) & Other Fatiguing Conditions*: Mary Helen Davis, M.D.
- *The COVID Pandemic & Long-term Consequences*: Dale Bratzler, M.D.

Geriatric Psychiatry Panel

- *Treatment and Prevention of Delirium in the Acute Hospital*: Karen Neufeld, M.D.
- *An Overview of Psychotic Disorders in the Elderly*: Louis Marino, M.D.

Treatment in Pregnancy: Overview & Discussion

Julia Riddle, M.D.

History, Art & Psychiatry - Van Gogh: A Psychiatric Inquiry

David Casey, M.D.

Child & Adolescent Psychiatry Panel

The Impact of Pandemic on Child Development: Vulnerabilities and Resilience of our Youth: Todd Peters, MD & Deepak Prabhakar, MD

Shreveport: Leader in Early Opiate Addiction Treatment

Mary Jo Fitz-Gerald, M.D.

DSM-5-TR: What You Need to Know

Nitin Gogtay, M.D.

[REGISTER NOW!](#)

Maryland News

2022-2023 MFP Officers and Directors

The Maryland Foundation for Psychiatry Officers and Directors for the coming year were approved by MPS Council on June 14.

PRESIDENT: Neil E. Warres, M.D.

VICE PRESIDENT: Arthur M. Hildreth, M.D.

SECRETARY-TREASURER: Thomas E. Allen, M.D.

BOARD OF DIRECTORS:

Mrs. Carol Allen	Paul S. Nestadt, M.D.
Theodora G. Balis, M.D.	Chinenye Onyemaechi, M.D.
Joanna D. Brandt, M.D.	Elias K. Shaya, M.D.
Mandar P. Jadhav, M.D.	Jonathan J. Shepherd, M.D.
Mark S. Komrad M.D.	Crystal C. Watkins, M.D., Ph.D.
	Edgar K. Wiggins, M.H.S.

HONORARY DIRECTORS:

Robert P. Roca, M.D.
William C. Wimmer, M.D.

Single Case Carrier Agreements

The **MPS needs member feedback** to help roll out the new Maryland law that formalizes single case agreements when carrier networks do not meet patient needs. *The law applies to state-regulated, fully insured plans only (exchange plans, but not self-insured plans, state employees, Medicaid, etc.).*

As you may know [HB 912/SB707](#) Health Insurance - Provider Panels - Coverage for Nonparticipation was signed into law on May 12 and becomes **effective July 1**. This law prohibits balance billing when consumers get approval to go out of network for mental health (MH) and substance use disorder (SUD) services when their private health plan networks are inadequate. The legislation has a three-year sunset. Under the bill:

- Carriers are required to inform their members about their procedures to request a referral to go out-of-network.
- Consumers are protected against balance billing when they get carrier approval to go out-of-network.
- The Health Education and Advocacy Unit (HEAU) and the Maryland Insurance Administration (MIA) must do public education to inform consumers about this right.

The MPS is working with the Legal Action Center to identify areas of concern or confusion among providers and patients. The MIA is collecting information from carriers regarding their process/contact information for requesting a single case agreement (when the carrier agrees with an out of network provider regarding reimbursement and possibly other terms and the patient receives benefits as if the provider were in network). Once available, we will share it with members. We will also work to develop clear, actionable information to assist interested out-of-network members in utilizing the new provisions, which are expected to expand access to MH/SUD treatment.

Please send your response to the initial questions below to mps@mdpsych.org.

- What information do you need to enable you to strongly consider treating a patient under a single case agreement with a carrier?
- Have you entered into a single case agreement with a carrier in the past? If so, please share what worked well and any challenges, as well as any recommendations.

SAVE THE DATE

MPS Presents

Psychopharmacology: An Update

November 19th 8:00AM - 1:00PM

Join us at Martin's West for an in-person , 4 hour CME meeting!

Tentative Presentations Include:

- Impact of Social Determinants of Health on Adolescent Mental Health
Hal Kronsberg, M.D.
- Treating Opioid Use Disorders in Pregnancy
Alexis Hammond, M.D., Ph.D.
- Pharmacological Approaches to Targeting the Sleep-Pain Interaction
Traci Speed, M.D., Ph.D.
- The Enduring Effects of Psilocybin on Emotion, Brain Function, and Cognition
Manoj Doss, Ph.D.

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 providership of the American Psychiatric Association (APA) and **Maryland Psychiatric Society**. The APA is accredited by the ACCME to provide continuing medical education for physicians. The APA designates this live activity for a maximum of **4 AMA PRA Category 1 Credit™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity."

CMS No Surprises Webpage

CMS posted information to assist with implementation of the rules that protect people from surprise medical bills. [Click here](#) for fact sheets, provider resources, dispute resolution, and more.

Maryland News

July 14 MHCC Telehealth Town Hall

The Maryland Health Care Commission (MHCC) will hold an **informal virtual Telehealth Town Hall Meeting for providers on July 14 from 1 to 2:30 PM**. The purpose is for participants to share their perspectives on the current telehealth landscape that they feel are uniquely important for the MHCC [telehealth study required by House Bill 123/ Senate Bill 3 Preserve Telehealth Access Act of 2021](#). Please note, the town hall is informal and not required under the telehealth law. Of interest is the foreseeable impact of using audio-only and audio-visual technologies for somatic and behavioral health interventions.

To register, click [here](#). **Registration is recommended by Tuesday, July 12th**. Please email chris-tine.karayinopulos@maryland.gov if you wish to be allotted time to speak (about 4 minutes).

Please share this information with colleagues who may be interested in attending. Due to time limits, it may not be possible for all participants to speak; however, written comments (1 page max) can be emailed to chris-tine.karayinopulos@maryland.gov in advance. This information will be made available to attendees following the town hall.

BHA-MedChi Webinars

The Behavioral Health Administration and MedChi webinar series, *Helping the Helpers and Those They Serve*, is for 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 pandemic, social justice issues, and other stressors. **CME credits are free.** Recordings and slides are archived on the BHA/MedChi [webinar page](#). The programs run from **5 to 6 PM**:

July 14: [Finding Structure in Chaos: Enhancing Well-Being and Operational Sustainment for Healthcare Workers in COVID-19 and Beyond](#)

Joshua C. Morganstein, M.D.; Moderator Hinda Dubin, M.D.

July 28: [Make Your Workday Less Stressful and More Productive: Neutralize Your Inner Judge and Saboteurs](#)

Catherine Woodhouse, M.D.; Moderator: TBD

Generics Drug Market Study

Last month, the [Maryland Prescription Drug Affordability Board](#) issued its report, [Study of the Operation of the Generics Drug Market](#). Created three years ago by the General Assembly, the Board is an independent unit of state government tasked with protecting Marylanders and the Maryland health care system from the high costs of prescription drug products. The Study includes a review of physician-administered drugs and: (i) the prices of generic drugs on a year-over-year basis; (ii) the degree to which generic drug prices affect yearly insurance premium changes; (iii) annual changes in insurance cost-sharing for generic drugs; (iv) the potential for and history of drug shortages; (v) the degree to which generic drug prices affect yearly State Medicaid spending; and (vi) any other relevant study questions.

Following are recommendations excerpted from the [Study](#):

- The Board, with its Maryland state partners, should evaluate policies to identify and address affordability challenges for generic drugs with high prices or high price increases.
- The Board, with its Maryland state partners, should explore opportunities to collect data to better understand and address the issues outlined in this report.
- The Board, with its Maryland state partners, should evaluate waste-free formularies as a policy to promote savings through generic drugs.
- The Board, with its Maryland state partners, should explore policies to address drug shortages in Maryland.
- The Board, with its Maryland state partners, should explore partnerships and policies to support a safe and robust supply chain for generic drugs in Maryland.

2021 Open Payments Data Published

CMS [announced](#) publication of 2021 data on financial relationships between applicable manufacturers and group purchasing organizations and certain health care providers. The data include 12.10 million records and \$10.90 billion in payments. This year, Open Payments also includes physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, anesthesiologist assistants and certified nurse midwives. Visit <https://openpaymentsdata.cms.gov/> for more info or to search the data by provider name, hospital, or company.

APA News & Information

May 20-22 APA Assembly Meeting Highlights

Greetings! At the end of May, Assembly representatives from all over the country met in New Orleans. The meeting was lively, and it was good to meet with colleagues to discuss issues of importance to the APA. Anne Hanson, M.D., Jennifer Teitelbaum, M.D., and I attended the meeting representing the Maryland Psychiatric Society.

Area 3 district branches and members were recognized for their hard work. Area 3 received an award for the highest percentage of voting members in APA elections. The Pennsylvania Psychiatric Society received an award for innovative programming (online COVID support meetings alternating with racial justice initiative). Constance Dunlap, M.D. won the mentorship award, and Barry Herman, M.D. received the Ron Shellow, M.D. award for years of service.

The Assembly passed the following action papers. As noted by the APA, "If the action paper is approved, it is then typically referred to the Joint Reference Committee. The Joint Reference Committee may then refer it to the Board of Trustees for consideration or to the appropriate component for additional information and work or for implementation."

- **Bolstering Services for Substance Use Disorders in Incarcerated Persons** - The APA will advocate to appropriate government entities to establish evidence-based substance abuse treatment programs (including medication) in correctional facilities.
- **Improved Awareness of the Impact of Psychiatric Diagnoses and Treatments on Military Members** - The APA will work with the Society of Uniformed Psychiatrists to develop a toolkit (including an introduction to medical standards and policies) for psychiatrists treating individuals in the military.
- **Enhancing the Learning Experience about Jail and Prison Psychiatry in General Psychiatry Residency Programs** - The APA will advocate to the ACGME Psychiatry Review Committee to require correctional experience in general psychiatry residency training programs.
- **Establishing an Assembly Committee on Social Determinants of Mental Health**, which will be tasked to create a strategic plan to implement, working with district branches, the position statement entitled, "[Mental Health Equity and Social And Structural Determinants of Mental Health](#)."
- **Anti-Asian American and Pacific Islanders (AAPI) Discrimination and Media Representation of AAPI Communities**. The APA will promote public awareness of discrimination and racial trauma as well as addressing inaccurate media reports and accountability for media and public figures.

- **Strengthening Equivalent Pathways for Maintaining Board Certification** - There was much discussion of the APA supporting the National Board of Physicians and Surgeons as an acceptable option for maintaining board certification.

- **Establishing a Work Group to Formulate an APA Response to Concerns about Potential Negative Consequences of "Medicare Advantage" Programs for Patients with Mental Illness** - The APA will establish a workgroup to formulate a response to misleading information from private insurers regarding "Medicare Advantage."

Please contact Drs. [Hanson](#), [Teitelbaum](#) or [myself](#) if you have any questions.

*Brian Zimnitzky, M.D., Annette Hanson, M.D.,
Jennifer Palmer, M.D.
APA Assembly Representatives*

APA Nominations Invited

Nominations are open for APA Councils and Committees. APA's 13 councils and their committees were established by the Board of Trustees. Members provide their expertise in developing APA policy and resources for our membership and the profession. [Click here](#) to learn more and nominate yourself or a colleague. **The deadline is August 15.**

The APA also seeks nominations for President-Elect, Secretary, Minority/Underrepresented Representative Trustee, and Resident-Fellow Member Trustee-Elect. To be considered for serving in one of these Board of Trustees roles, submit a completed [nomination form](#) by **September 1**. For more details, visit the [APA Election website](#) or contact Chiharu Tobita at election@psych.org.

Apply for Psychiatric Services Achievement Awards

Have you created a program that has made a significant contribution to the mental health field and provides an innovative model for others to follow? Consider applying for the Psychiatric Services Achievement Awards. Each award winner receives a monetary award, a plaque, recognition at the 2023 Annual Meeting, and coverage in *Psychiatric News*. [Apply here by July 29](#). Nomination requirements, application, and more information are on the [APA Awards website](#).

APA News & Information

July Is National Minority Mental Health Awareness Month

[Bebe Moore Campbell National Minority Mental Health Awareness Month](#) was created to bring awareness to the unique struggles that underrepresented groups face in regard to mental illness in the US. [Bebe Moore Campbell](#) was an American author, journalist, teacher, and [mental health advocate](#) who worked tirelessly to shed light on the mental health needs of Black and underrepresented communities.

Also known as [BIPOC Mental Health Month](#) this year's theme is #BeyondTheNumbers. Black, Indigenous, and people of color have rich histories that go #BeyondTheNumbers. While there are stories of resilience born out of oppression, persecution, and abuse, there is immeasurable strength in each of these cultures. #BeyondTheNumbers explores the nuances and uniqueness in BIPOC communities.

Health Equity Roundtable Conversations

July 1 – Going for the Gold in Mental Health

[Register and info](#) for Zoom Webinar 12-1 PM

July 14 – Future Focused: Today's Advocacy Paving a Path for a Brighter Future

[Register and info](#) for Zoom Webinar 12-1 PM

July 28 – Community-Based Mental Health Programs for Youth of Color

[Register and info](#) for Zoom Webinar 12-1 PM

[Click](#) for more APA Diversity and Health Equity initiatives.

FREE APA Course of the Month

Each month, APA members have free access to an on-demand CME course on a popular topic. [Click here to access the Course of the Month and sign up for updates about this free member benefit.](#)



Medicare Updates

TMS for Adults with Major Depressive Disorder

Novitas has posted a LCD Medicare coverage proposal for [Transcranial Magnetic Stimulation \(TMS\) in the Treatment of Adults with Major Depressive Disorder](#). The proposed changes are summarized as:

- The title of the LCD is changed from Repetitive Transcranial Magnetic Stimulation (rTMS) in Adults Treatment Resistant Major Depressive Disorder to Transcranial Magnetic Stimulation (TMS) in the Treatment of Adults with Major Depressive Disorder.
- The requirement for two psychopharmacologic agents from two different classes to support the inability to tolerate psychopharmacological agents is eliminated.
- The response to rTMS in a previous depressive episode is eliminated.
- The requirement of evidence-based psychotherapy for patients with MDD of adequate frequency and duration without significant improvement is eliminated.
- The Retreatment section is removed.
- The presence of a medically implanted magnetic-sensitive device or other implanted metal located less than or equal to 30cm from the TMS magnetic coil is added as an absolute contraindication.

Comments on the proposal are accepted until July 23 at: Medical Affairs, 2020 Technology Pkwy #100, Mechanicsburg, PA 17050; or ProposedLCDComments@novitas-solutions.com

A [draft billing and coding article](#) relates to the above proposed LCD.

Final MIPS Score Preview

A new phase of performance feedback has launched. Final Score Preview allows clinicians to preview their 2021 final score, which will determine their 2023 Merit-based Incentive Payment System (MIPS) payment adjustment. The goal of Final Score Preview is to identify any concerns with 2021 performance feedback before payment adjustments are calculated. During the Preview, performance feedback will display data associated with the highest final score that could be attributed to the clinician and include all the data required to calculate final scores. Scores can change before August if issues are identified that require scoring updates.

[Sign into the Quality Payment Program website](#) to preview 2021 MIPS final scores. Click "Preview Final Score" on the home page. The preview is available until final performance feedback is released in August. [Contact the QPP Service Center](#) with questions or concerns.

June AMA Annual Meeting Highlights

Following are a few items of interest from the June AMA [House of Delegates](#) (HOD) meetings. Please watch for a review in next month's issue by Karen Dionesotes, M.D., who represented the APA in the HOD.

Terms such as "resident," "fellow" and "attending" historically represent a physician role within medicine. But in recent years, physician assistant and nursing programs have begun using similar terminology, which may be confusing to patients. The HOD directed the AMA to engage academic institutions with training programs for nonphysicians, and their associated professional organizations, to create **clarifying nomenclature** to reduce confusion. Further, the HOD strengthened existing AMA policy to encourage protections in state legislation as well as expanded educational campaigns. [Click for further information.](#)

The HOD adopted policy to implement a comprehensive strategy to address **health-related disinformation** disseminated by health professionals. [Click here for details.](#)

The HOD adopted new policy on **gun violence** to support regulating homemade "ghost guns," research warning labels on ammunition packages, and considering the mental health

of schoolchildren as they engage in active-shooter drills. [Click here for more](#), including existing AMA policy.

TState **Medicaid** programs have had two years of enrollment growth under the PHE, but once the PHE ends, they will have to redetermine eligibility for enrollees, ideally either retaining them in Medicaid, if eligible, or helping them find other affordable coverage, such as through [Maryland Health Connection](#). To address the risk that some people may lose coverage, the HOD adopted policy encouraging states to facilitate transitions, including automatic transitions. [Click here for more info.](#)

The above are only a few of many more outcomes from the meeting. [Click here for more highlights.](#)

AMA also [announced](#) its Recovery Plan for America's Physicians, which includes:

- Fixing prior authorization
- Reforming Medicare payment
- Fighting scope creep
- Supporting telehealth
- Reducing physician burnout

CLASSIFIEDS

POSITIONS AVAILABLE

Clinical Research Positions Available!

Pharmasite Research, Inc. is seeking qualified psychiatrists or fourth-year psychiatry residents for employment in clinical research. Qualified candidates must be licensed to practice in Maryland. Interest/experience in Phase II-III clinical trials is highly desirable. For more information, please call or text Surya Korn, Director of Operations at 410-497-8915 (mobile) or e-mail surya@pharmasiteresearch.com.

PT Physician Program Specialist: Part-time Adult/Child/Adolescent PSYCHIATRIST needed to help interpret psychiatric and psychological evidence, prescribe psychiatric and psychological evaluation needs and participate as the medical consultant in adjudicating disability claims for Maryland Disability Determination Services. For more information and to [APPLY, click here: Physician Program Specialist – Adult/Child Psychiatry](#)

RICA-Baltimore is seeking a part time 60% Psychiatrist to provide the full performance level of clinical psychiatric services to adolescents residing in an RTC facility (24/7) in the Baltimore/Catonsville area. Duties include treatment of patients, psychiatric evaluations, psychopharmacology and supervision of a multidisciplinary clinical team. Position includes a generous state benefit package. [Click here](#) or E-mail CV to tonyad.tuggle@maryland.gov.

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