

MPS NEWS

Volume 36, Number 4

Editor: Heidi Bunes

August 2022

In This Issue

2022 Annual Membership Survey	p. 2
Member Update Forms	p. 2
Sep 7-11 Conference with SPA	p. 3
License Renewal Information	p. 4
Mandated Implicit Bias Training	p. 4
Medicaid & Pharmacy Updates	p. 5
June AMA House of Delegates	p. 6-7
ECP Financial Literacy Event	p. 7
Medicare Updates	p. 8
APA BOT and Other News	p. 9-10
November Psychopharm CME	p. 11

In Every Issue

Membership	p. 7
Classifieds	p. 11

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 13th at 7:30 PM. All members welcome!

President's Column

System Level Changes - Revised Definition of Dangerousness

As someone with many active state licenses and who works across the inpatient and outpatient continuum of care in several institutions, I spend a fair bit of time observing and reflecting on system level issues. One such proposed system level change in Maryland is the Behavioral Health Administration (BHA) revising the criteria on dangerousness. The proposed revisions came up for discussion in June 2021 when the Involuntary Commitment Stakeholders Work Group sought comments, which led to further revisions. The proposed regulations are expected to be published in the [Maryland Register](#) on August 12, with comments accepted through September 12, 2022.

The concern driving the revision was improving access to care/outcomes for patients at risk to themselves or others, who fell into a grey area and were not psychiatrically admitted after being emergency petitioned or retained at civil commitment hearing, when in fact a danger to themselves or others was present. A lack of understanding of the statutory language and wide degree of interpretation was cited as the problem which influenced reluctance in initiating emergency petition processes or relying upon voluntary commitment alone, which could result in premature discharge and dangerous outcomes as a result.

The revisions expand the current definitions with contextual language addressing what we all consider to be grave vulnerability. The MPS took the [position](#) of supporting the need for training and education, as it affected the outcome of retaining patients, as well as collecting data about how the current system is working.

Presently it does not appear that BHA is addressing the need for education or data collection, which were among the recommendations outlined in the [Work Group report](#).

In Maryland, testifying at a civil commitment hearing is an adversarial process lasting two to five hours with the opportunity to be called back several times to provide rebuttal testimony if needed. The bar is set high, since six months is the maximum time frame allotted for treatment under the committed period. We can agree that six months is a substantial amount of time.

In Pennsylvania civil commitment hearings last about 15 minutes on average, and up to an hour if contentious. Pennsylvania has shorter time periods of civil commitment. The first level of involuntary commitment is a "302" status lasting up to five days, in which two physicians can use a 30-day period of the patient's behavior to document why the patient is in acute danger to themselves or others and needs treatment. The 302 paperwork is submitted to the county and filed, and does not require administrative hearing. Should additional time be needed for treatment a "303" status is pursued by the attending psychiatrist which requires completing 303 status paperwork and looks at the last five days of the patient's behavior to justify dangerousness and a need for ongoing treatment. This information is presented at a civil commitment hearing in which the Administrative Law Judge can grant up to 20 additional days for treatment (but may not grant a full 20 days). The longest period of commitment is a "304" status which is up to 90 days. Once the patient has achieved a 303 status, the patient can be medicated over their objection in non-

emergency circumstances through two-physician consultation documenting necessity on the chart. It is not necessary to convene a panel, or conduct an additional hearing in which the judge reviews the case.

In Pennsylvania, psychiatrists spend less clinical time addressing civil commitment and refusal of routine medication issues than in Maryland, however the time periods of civil commitment are shorter. Overall it is less administratively challenging and time-consuming to civilly commit a dangerous person in PA than in MD. This not only assures that a dangerous person is connected to care, but that the psychiatrist has more time to devote to patient care and clinical responsibilities on court days. The time factor, and how psychiatrist prepares for a civil commitment hearing, has a bearing on the hearing outcome. Inadequate preparation due to lack of time (or lack of education about the statutes) is less likely to lead to patient retention and connection to care.

From a system perspective in Maryland, we are working within a clunky system, and trying to tweak it for better outcomes. In taking this approach we are foregoing opportunities to innovate on a policy level. A longer versus shorter duration of involuntary civil commitment is a factor that has not yet been adequately explored. When the regulations become available for comments, please share your thoughts and help shape the mental health practice environment in Maryland. We are the boots on the ground, interfacing and applying these statutes to advance patient care on a daily basis. We have expert and nuanced knowledge that needs to be heard.

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

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.

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! **The survey deadline is August 24th.**

Please email mps@mdpsych.org with questions.

988 - the new National Suicide & Crisis Lifeline

The Maryland Department of Health [announced](#) the launch of 988 in Maryland. Contacting 988 provides a direct connection to support for anyone experiencing a mental health or substance use crisis, having thoughts of suicide, or being worried about someone who may need crisis support.

When someone in Maryland calls 988, the call is routed based on the caller's area code, not their location. (If your cell phone has an out-of-state area code, your call will be routed to the state in which the area code originates.) Calls routed to Maryland are answered by one of eight call centers across the state that provide phone, text and chat-based support and information regarding local resources free of charge.

BHA is expanding crisis services across the state through the [Mobile Response & Stabilization Services](#), a youth-specific crisis service model. Recently, BHA also developed [mental health and crisis resources for coping with violence](#) and [resources to support minority mental health](#).

The 988 Suicide & Crisis Lifeline replaces the National Suicide Prevention Lifeline (1-800-273-8255) and Maryland's helpline (211, press 1). Both numbers will remain operational through a transition period to ensure no one is without crisis support.

Learn more about [988 in Maryland](#).

MOVING FORWARD TOGETHER: PROMOTING MENTAL HEALTH IN CHALLENGING TIMES

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

Jointly Sponsored by Maryland Psychiatric Society (MPS) & Southern Psychiatric Association (SPA)
Offering up to 14.0 AMA PRA Category 1 Credits

WEDNESDAY SEPTEMBER 7

Cocktail Reception
Royal Sonesta Harbor Court Hotel

THURSDAY SEPTEMBER 8

Firearms & Psychiatry Panel
•Suicide and Lethal Means: Paul Nestadt, MD
•Gun Violence: Steven Lippmann, MD
•Tough Conversations: Talking to Patients About
Firearms & Safety: Curt West, MD

**Trauma-Informed Care: When Work Safety is at Stake &
the Trauma is in the Workplace**
Carol Vidal, MD

Neuromodulation & Treatment Refractory Illness
Monica Rettenmier, MD

Reception: Rusty Scupper Restaurant

FRIDAY SEPTEMBER 9

Tai Chi with Gary Weinstein, MD

Registration & Continental Breakfast
(Exhibit Hall Open)

**The Emerging Evidence for the Use of Psychedelic
Psychotherapy in Mood Disorders:**
Scott Aaronson, MD

Chronic Pain & the Opiate Epidemic
Glenn Treisman, MD., PhD

COVID-19 & Psychiatry Panel
•Post COVID: Exploration of PASC (Post-Acute Sequelae of
Sars COVID) & Other Fatiguing Conditions:
Mary Helen Davis, MD

•The COVID Pandemic & Long-term Consequences:
Dale Bratzler, MD

Geriatric Psychiatry Panel
•Treatment and Prevention of Delirium in the Acute
Hospital: Karen Neufeld, MD
•An Overview of Psychotic Disorders in the Elderly:
Louis Marino, MD

Treatment in Pregnancy: Overview & Discussion
Julia Riddle, MD

SATURDAY SEPTEMBER 10

Tai Chi with Gary Weinstein, MD

Continental Breakfast (Exhibit Hall Open)

**History, Art & Psychiatry - Van Gogh: A Psychiatric
Inquiry**
David Casey, MD

Child & Adolescent Panel
*The Impact of Pandemic on Child Development: Vulnerabili-
ties and Resilience of our Youth:*
Todd Peters, MD & Deepak Prabhakar, MD

Shreveport: Leader in Early Opiate Addiction Treatment
Mary Jo Fitz-Gerald, MD

DSM-5-TR: What You Need to Know
Nitin Gogtay, M.D.

Farewell Dinner Celebration
Royal Sonesta Harbor Court Hotel

Daily
registrations
available!

REGISTER
NOW!



Maryland News

Update on License Renewal and Implicit Bias Training

Since the July issue, the Maryland Board of Physicians has [updated qualifying courses](#) for the implicit bias training required for license renewal starting this year. The change gives physicians multiple options for completing their renewals. Any training program accredited by the Accreditation Council for Continuing Medical Education (ACCME) meets the new requirement and licensees who have completed any implicit bias training course since 10/1/2020 will be considered to have fulfilled this condition of renewal. An older [list of approved courses](#) also fulfills the mandate. 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 your certificate of completion as proof of registration. For courses that do not provide a certificate, 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.

[Click here for renewal information.](#)

[Click here for the renewal application.](#)

Physical Restraint and Seclusion - Limitations, Reporting, and Training

[HB1255/SB0705: Education - Physical Restraint and Seclusion - Limitations, Reporting, and Training](#)

This bill prohibits specified public agencies, and nonpublic schools with specified exceptions, from using seclusion as a behavioral health intervention for a student. The bill prohibits, with exceptions, a public agency or nonpublic school from using physical restraint on a student as a behavioral health intervention. Before using seclusion as a behavioral health intervention for a student in a nonpublic school, a health care practitioner must possess specified credentials, have received relevant training, and be clinically familiar with the student. If a student in a public school, or placed in a nonpublic school by the local school system, is physically restrained 10 or more times in a school year, the school must notify the local school system and the Maryland State Department of Education (MSDE) at the earliest opportunity. If a student enrolled in a public agency that is not a public school is physically restrained 10 or more times in a school year, the public agency must notify MSDE at the earliest opportunity. **Effective July 1st.**

2022 Physician License A-L Renewals

Biennial license renewal is open 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 as a condition of license renewal.

This is a one-time requirement. [See left column for more details.]

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

MIA Bulletin on Retroactive Denials

On June 28, the Maryland Insurance Administration issued [Bulletin 22-08](#) regarding retroactive denial of health claims in a coordination of benefits situation. If another payer does not acknowledge responsibility for a claim, a carrier may not retroactively deny the claim based on coordination of benefits. An entity that is responsible for payment as the primary payer may not unreasonably withhold an acknowledgment of responsibility and is expected to promptly acknowledge responsibility where it exists. The timeliness of the claim under the terms of the policy or contract is not a basis on which the primary payer may deny acknowledgement of responsibility if a request is made within the 18- month period described in § 15-1008. [Click here](#) to review the bulletin.

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**:

August 11: No webinar

August 25: [Mindfulness and Other Techniques for Stress and Anxiety](#): Cheryl Mirabella, MA, NHC. Moderator: TBD.

Maryland News

Maryland Preferred Drug List Update

The Office of Pharmacy Services issued [Advisory #242](#) stating that **the brand Viibryd will be preferred over its generic equivalent (Vilazodone) on Maryland's Preferred Drug List effective July 18.** Claims for the brand Viibryd® must be submitted with a DAW 6 code. A MedWatch form is not required. [Click here](#) for a complete list of preferred and non-preferred medications.

Maryland PHE Unwinding Plan

Once CMS announces the end of the public health emergency due to Covid, Maryland will have 12 months to resume normal enrollment operations and redetermine Medicaid eligibility. Medicaid rolls increased by 300K during the pandemic and the auto-renewal rate averages 50%. During the first six months of the PHE unwinding, MDH will prioritize renewals for selected groups, including those who would have lost coverage if not for the PHE extension (e.g. aged out, over income limits). It will work with other agencies to ensure that renewal messages reach consumers and reduce erroneous loss of coverage.

Medicaid ORP Reminder

Starting with 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 ordered, referred, and prescribed 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, please apply via the [Provider Re-validation and Enrollment Portal](#) (ePREP). Please visit health.maryland.gov/eprep for instructions or call (844)-463-7768.

Crownsville Hospital Center Transferred

The Maryland Board of Public Works voted July 6 [[click here](#) and go to p. 124] to transfer Crownsville Hospital Center to Anne Arundel County "as is" for \$1. Hospital operations ceased in 2004. As a result, MDH determined that it no longer needs the property per its 2041 [Facilities Master Plan](#). The County [intends](#) to work with community members, nonprofit partners, and County agencies to create Crownsville Hospital Memorial Park.

Evaluation of Mental Health Apps

Johns Hopkins University Evidence-based Practice Center prepared an [evaluation of mobile mental health apps](#) for the Agency for Healthcare Research and Quality. A review of existing evaluation frameworks identified gaps in the assessment of risks that users may face from apps, such as privacy and security disclosures and regulatory safeguards. Key Informant discussions identified priority criteria, including safety and efficacy. In response, the group developed the Framework to Assist Stakeholders in Technology Evaluation for Recovery (FASTER) to Mental Health and Wellness, which has three sections:

1. [Section 1. Risks and Mitigation Strategies](#) assesses the integrity and risk profile of the app;
2. [Section 2. Function](#) focuses on descriptive aspects related to accessibility, costs, organizational credibility, evidence and clinical foundation, privacy/security, usability, functions for remote monitoring of the user, access to crisis services, and artificial intelligence (AI); and
3. [Section 3. Mental Health App Features](#) focuses on specific mental health app features, such as journaling and mood tracking.

[Click here for the report.](#)

2022-2024 Inter-Agency Opioid Coordination Plan

The Opioid Operational Command Center (OOCC) [announced](#) Maryland's strategic framework for the overdose crisis. Maryland's [Inter-Agency Opioid Coordination Plan](#) details goals and strategies for reducing overdose-related morbidity and mortality, including the following eight goals:

- Improving Statewide Infrastructure for Opioid Initiatives
- Promoting Youth Resiliency
- Increasing Awareness of Substance Use Disorder
- Expanding Harm Reduction Services across Maryland
- Promoting Comprehensive Care Coordination
- Expanding Maryland's Crisis Response System
- Expanding Access to Evidence-Based Treatment for Opioid Use Disorder
- Supporting Recovery Communities

Maryland's Crisis System

BHA is developing a statewide integrated, comprehensive, culturally sensitive, equitable and responsive behavioral health crisis system to serve everyone with 24/7 care. [Click here for 2021-22 accomplishments.](#)

June AMA House of Delegates Highlights

From Friday June 10th until Wednesday June 15th, Delegates representing State and Specialty Societies from across the country gathered in Chicago, IL at the Hyatt Regency for the American Medical Association (AMA) Annual Meeting. This was our first in-person meeting since our November 2019 Interim Meeting in San Diego, and COVID precautions were in full-effect, including required masking, vaccination, and testing upon arrival and 72 hours after arrival. For a full recap of the meeting, please visit the AMA [highlights page](#) or [full proceedings](#).

The Maryland Delegation is made up of physician delegates elected through MedChi ([The Maryland State Medical Society](#)), as well as physicians in Maryland on other delegations such as through their specialty society. The Section Council on Psychiatry is made up of physician delegates through [APA](#) (including myself as the Resident Fellow Member [RFM] Delegate), [AAGP](#), [AACAP](#), [AAPL](#), [AAAP](#), & [ACLPL](#) whereas the Psychiatry Delegation includes the Section Council and psychiatrists on other state delegations.

The meeting started with AMA President, Dr. Gerald Harmon (Family Medicine, South Carolina), sharing AMA's "Recovery Plan for America's Physicians", a plan to rebuild and renew its support to physicians, including: [Fixing prior authorization](#), [reforming Medicare payment](#), [fighting scope creep](#), [supporting telehealth](#), and [reducing physician burnout](#). In addition to a week of policy discussions, [education sessions](#) were provided throughout the week, some of which were recorded in advance. Notable sessions included "Establishing trauma-informed care as the standard of care", "History of experimentation and medical abuse", "Protecting and advancing care for transgender patients", "Operationalizing racial justice for equitable health systems", "Leadership in the times of diversity, equity and inclusion evolution" and "Long-term implications of restricting access to abortion", along with others.

MedChi helped to sponsor a few resolutions during the meeting, one of which was adopted: "Physician Interventions Addressing Environmental Health and Justice", which amended current AMA Policy H-135.938 to include supporting the education of and assessing a patient's environmental determinants of health.

APA, AAGP, ACAAP and AAPL sponsored two resolutions that were adopted at the meeting: "Ban the Gay/Trans (LGBTQ+) Panic Defense", which creates talking points and model legislation for states seeking to ban the so-called "Gay/Trans (LGBTQ+) Panic" defense, which is used to mitigate personal responsibility for violent crimes such as assault, rape, manslaughter, or homicide. The second resolution was "Weapons in Correctional Healthcare Settings", which asks that the AMA work with appropriate stakeholders to make evidence-based recommendations regarding weapons in correctional healthcare facilities and also advocate that physicians not be required to carry or use weapons in a correctional facility

where they provide clinical care.

Additional resolutions related to mental health passed, including but not limited to:

- Educating doctors and the public on 988
- Increasing education for school staff to recognize prodromal symptoms of schizophrenia in teens and young adults
- Supporting increased efforts of co-response by police and mental health providers for non-violent, mental health related 911 calls
- Supporting automatic expungement, sealing, and similar efforts regarding an arrest or conviction for a cannabis-related offense for use or possession & supporting ending conditions such as parole, probation, or other court-required supervision because of a cannabis-related offense for use or possession
- AMA Board of Trustees Report 13 on psychiatric advance directives, from a resolution that passed at Interim-2019, recognizes the potential for advanced care planning to help promote autonomy of patients with mental illness, and encourages study of the role of advance care planning for this population.
- Increasing mental health screenings by refugee resettlement agencies and improving mental health outcomes for refugee women
- Recognizing loneliness as a public health issue
- Addressing mental health crises and ways to help coordinate care
- Removing intrusive questions regarding physician physical or mental health treatments on initial or renewal hospital credentialing applications & board certification applications
- Gathering data on current wellness programs for physicians, residents, and medical students to help promote meaningful interventions

Additional general resolutions passed during the meeting contained a varied number of topics, many of which were aligned with AMA's [Strategic Plan](#) to Embed Racial Justice & Advance Health Equity, including but not limited to recognizing anti-lynching legislation as a public health initiative, combatting natural hair and cultural headwear discrimination in medicine and medical professionalism, voting as a social determinant of health, recognizing child poverty and the racial wealth gap as public health issues, and evaluating scientific journal articles for racial and ethnic bias.

Multiple resolutions passed addressing the continued public health crisis that is gun violence, including training and reimbursement for firearm safety counseling, regulation of homemade firearms, support for warning labels on firearm ammunition, and conducting research on the impact of live-crisis exercises and drills on the physical and mental wellbeing of children.

[\(AMA Continued on next page\)](#)

(AMA HOD Continued)

Other resolutions passed included tasking the AMA to create policies to develop model legislation to protect physicians from workplace retaliation when reporting concerns about their place of work, Preserving Access to Reproductive Health Services, encouraging LGBTQ+ representation in medicine, opposing the censorship of sexuality and gender identity discussions in public schools, declaring climate change a public health crisis, addressing public health disinformation, including who should be monitoring and disciplining for disinformation, and increasing patient access to hearing, dental and vision services.

Among the leadership elections and transitions that occurred, Dr. Jack Resneck (Dermatology, CA) was inaugurated as AMA's 177th President, Dr. Jesse Ehrenfeld (Anesthesiology, WI) was elected as President-Elect, and Maryland's own Dr. Padmini Ranasignhe (Internal medicine & Preventive Medicine, Johns Hopkins) was re-elected onto the Council of Science and Public Health. For a list of all candidates and positions, including ballot numbers, please view [here](#).

If you have questions about the meeting or topics that you would like to see the AMA address, please don't hesitate to reach out: kdiones1@jhu.edu.

*Karen Dionesotes, M.D., M.P.H.
PGY-4, Psychiatry Johns Hopkins Medicine
APA RFM Delegate to AMA HOD*

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.

Chirag S. Arya, M.D.
Sonya Chistov, M.D.
Jamie A. Fields, D.O.
Ramneek Kaur, M.D., M.P.H.
Swapnil Khurana, M.D.
Duncan J. Kimmel, M.D.
Melanie Parrott, M.D.
Ian Qian, M.D.
Jessica F. Sachs, M.D.
Deepak Salem, D.O.
Samuel Yang, M.D.
Christian J. Yon, M.D.

Transfer to Maryland

Frank M. Copeli, M.D.

FINANCIAL LITERACY FOR EARLY CAREER PSYCHIATRISTS (ECPs)

Join Drs. Sarah Andrews, Natalie Beaty, Ben Borja, Lindsay Standeven & Arman Taghizadeh to discuss financial literacy for ECPs and Resident Fellow members (RFMs).

Topics include:

- Resources available
- Growing your family
- Retirement planning
- Loan Repayment
- Managing your practice
- Disability Insurance
- Salary vs Benefits

MPS MEMBERS ARE WELCOME TO JOIN THIS FREE VIRTUAL EVENT

AUGUST 30TH, 7:30-8:30PM
ZOOM ID: 419 237 9446
PASSWORD: MDPSYCH

Practical Pointers While on Vacation or Away from Your Practice

Before taking time away from your practice, [consider these tips](#) provided by Professional Risk Management Services, Inc. (PRMS). Advance planning and some risk management steps will go a long way in ensuring your time spent away from the office is pleasurable rather than problematic.

*PRMS, Manager of The Psychiatrists' Program
Medical Professional Liability Insurance for Psychiatrists*

Free CME Resource on Alcohol

The National Institute on Alcohol Abuse and Alcoholism's [Core Resource on Alcohol](#) offers up to 10.75 free CME credits for 14 practical overviews designed to help clinicians overcome barriers to evidence-based care for patients with alcohol-related problems.

Medicare Updates

2023 Medicare Proposed Rule

The CMS proposed rule for 2023 would expand access to behavioral health services but reduce the conversion factor for the Physician Fee Schedule (PFS) by \$1.53. (The conversion factor is the statutorily required budget neutrality adjustment.) A [Fact Sheet](#) also summarizes other proposals for E/M visits, telehealth services, behavioral health services, opioid treatment programs, and more. [Click here](#) for the proposed rule or to submit comments.

Proposals that are relevant for small practices include:

- Maintaining the performance threshold at 75 points, which is the minimum score needed in 2023 to avoid a negative MIPS payment adjustment in 2025.
- Increasing the data completeness threshold to 75% for 2024 and 2025 (this threshold will remain 70% for 2023).
- Updating MIPS quality measures and the improvement activities inventory by:
 - Expanding the definition of "high-priority measure" to include health equity-related quality measures;
 - Reducing the inventory of quality measures from 200 to 194;
 - Standardizing language related to equity; and
 - Adding 4 new improvement activities, and modifying 5 and removing 6 existing improvement activities.
- Updating measure reporting requirements for the Promoting Interoperability performance category, including making [Query of Prescription Drug Monitoring Program \(PDMP\)](#) a required measure beginning in 2023 and allowing Alternative Payment Model (APM) Entities to report Promoting Interoperability at the APM Entity level. **(Note: This proposed policy would only apply to small practices who are able and choose to report PI data. Small practices will continue to receive automatic reweighting for the PI category and don't need to report data for this category. Reporting data will void the automatic reweighting of this performance category.)**
- Retroactively establishing a maximum cost improvement score of 1 percentage point out of 100 percentage points for the cost performance category starting with 2022.

Final MIPS Score Preview

Final Score Preview allows clinicians to preview their 2021 final score, which will determine their 2023 Merit-based Incentive Payment System (MIPS) payment adjustment. [Sign into the Quality Payment Program website](#) and click "Preview Final Score" on the home page. Final Score Preview helps identify any concerns with 2021 performance feedback before payment adjustments are calculated. The preview is available until final performance feedback, including final scores and 2023 MIPS payment adjustments, are released in August. [Contact the QPP Service Center](#) with questions.

Maryland Bed Registry Update

The Behavioral Health Administration shared the following information in its July update:

- 211 Press 4 is now active providing a hotline and online access point for discharge planners in hospital emergency departments to register patients in overstay status for additional care coordination and referral to community based behavioral health service.
- For inpatient care coordination, we encourage hospitals to use the Care Coordination Center Bed Board Hotline at 1-844-863-BEDS (2337).

The Joint Commission Adds NBPAS

The [National Board of Physicians and Surgeons](#) (NBPAS) has been added as a Designated Equivalent Source Agency in The Joint Commission's Glossary for Ambulatory Care, Behavioral Health and Human Services, Critical Access Hospital, Hospital, and Office-based Surgery Accreditation Manuals. Designated Equivalent Source Agencies may be used to verify certain credentials in lieu of using the primary source.

NBPAS notes this development as another important milestone in its [press release](#). NBPAS also meets other national accreditation standards for hospitals and health plans, including Det Norske Veritas (DNV), The National Committee on Quality Assurance (NCQA), and the Utilization Review Accreditation Commission (URAC). Recertification through NBPAS offers physicians a less burdensome alternative to maintaining board certification and is one solution to physician burnout.

Posted to APA MOC Caucus: *"My [NBPAS] board recertification has been helpful in my practice without excessive expenses or stress. The CMEs I obtained for recertification were very helpful in my practice. I appreciate the reasonableness and fair cost of recertification with the board."*

Hospital credentialing and regulatory requirements may take some time to catch up with this development.

CMS Health Equity Framework

As the largest U.S. health insurance provider, CMS is responsible for ensuring that more than 170 million people enrolled in Medicare, Medicaid, Children's Health Insurance Program, and the Health Insurance Marketplaces get the care they need. The [CMS Framework for Health Equity 2022–2032](#) outlines efforts that address health and health care disparities to achieve health equity, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes.

APA News & Information

July APA Board of Trustees Meeting Highlights

[as selected by Heidi Bunes]

The APA Board of Trustees (BOT) met July 16-17, with newly elected MPS member Geetha Jayaram, M.D. serving as Area 3 Trustee. The BOT received a clean 2021 audit report and key financial metrics are positive. Following is a small selection of actions and reports from the meeting; please [contact Dr. Jayaram](#) with any questions.

- APA President Rebecca Brendel, M.D., J.D. will convene a workgroup to examine where the profession and practice should aim to be 10+ years into the future.
- The BOT voted to sign onto AAMC's brief backing Harvard University and University of North Carolina's position in support of affirmative action in undergraduate admissions.
- The Division of Diversity and Health Equity launched the [Looking Beyond](#) mental health webinar series.
- Major legislation passed in Congress, Restoring Hope for Mental Health and Well-Being Act ([H.R. 7666](#)), which included two signature legislative initiatives that APA drafted. [See next page.]
- APA's voice continues to reach more consumers and other external stakeholders than ever.
- The BOT modified the APA reserve spending policy calculation to spend up to 5.0% of the 5-year average June 30 investment balance starting with the 2023 budget and encouraged transitioning its equity investments to more fully align with APA's core values.
- Top member priorities from the 2022 survey (only 5% responded) include addressing advocacy issues; educating members, patients, families, the public, and other practitioners about mental disorders and evidence-based treatment options; supporting research to advance treatment, as well as to inform quality standards; advocating for research funding; and advancing the integration of psychiatry in the evolving health care delivery system.

Other BOT approvals include the following Assembly-recommended position statements:

- [Impact of Structural Racism on Substance Use and Substance Use Disorders](#)
- [Mental Health Needs of Immigrants and People Affected by Forced Displacement](#) (revised)
- [Level of Care Determinations for Acute Psychiatric Treatment](#) (revised)
- [Police Interactions with Children and Adolescents in Mental Health Crisis](#)
- [Use of Psychedelic and Empathogenic Agents for Mental Health Conditions](#)
- [Role of Psychiatry in HIV](#) (revised)

In addition, the BOT approved the addition of an R-code for Impairing Emotional Outbursts in the DSM chapter of Other conditions that may be a focus of attention.

It also approved the Membership Committee's recommendation to change the number of years of membership required for DFAPA eligibility from eight consecutive years to eight total years after completion of training.

APA documents with more BOT meeting details are available on request – please email heidi@mdpsych.org.

APA Supports Enactment of Bipartisan Safer Communities Act

In response to mass shootings in Buffalo, Uvalde, and Tulsa, Congress passed and President Biden signed the [Bipartisan Safer Communities Act, S.2938](#) – the first major federal gun violence prevention legislation to successfully clear both the House and Senate in nearly three decades. The bill would provide state grants to create, implement, and improve Extreme Risk Protection Orders (ERPOs) or red flag laws; require additional background checks for purchasers of guns who are under 21, including consideration of juvenile criminal records; and fund community-based violence prevention initiatives, and a series of other items. The bill also provides significant mental health resources for select programs, including: almost \$8 billion for the Medicaid Certified Community Behavioral Health Clinics program; \$150 million in state funding to support implementation of 988 and to improve their crisis response and prevention programs; \$500 million through the School-Based Mental Health Services program under Medicaid; \$250 million to states through the Community Mental Health Services Block Grant; \$80 million for the Pediatric Mental Health Care Access grant program; \$60 million to support Mental Health Training for Primary Care Providers; and assistance to states on how to increase access to telehealth services, among other items. APA [supported enactment](#) and 396 APA members contacted their representatives in support of the legislation.

Online APA Systems

The APA's online systems have recently been updated. Going forward, your username will always be the same as your primary email address on file. If you have not recently logged in, you will need to reset your password by using the "Forgot Your Password?" link on the my.psychiatry.org login page. For assistance, contact apa@psych.org or call APA Customer Service at 202-559-3900.

APA News & Information

ATTN: Psychiatrists Experiencing Audits

APA is in communication with private payers following an increase in calls to its [Practice Management Helpline](#) from members experiencing coding and documentation audits by payers. The increase in scrutiny of claims includes the use of prepayment claims review and post-payment claw-backs. To ensure that APA understands the breadth of the issue, we encourage members experiencing delays or adjustments to their claims to send an email describing the experience to practicemanagement@psych.org. Please include your name, contact information, and the payer in question.

Mental Health Innovation Exchange

On **August 18 and 19**, the APA will showcase advancements in mental health technologies to answer the question "What's next in mental health technology?" The virtual event is free for all APA members. [Click for details or to register.](#)

FTC Opens Inquiry into Pharmacy Benefit Managers' Practices

The Federal Trade Commission (FTC) has opened an inquiry of pharmacy benefit managers' business practices, including those of CVS Caremark; Express Scripts, Inc.; OptumRx, Inc.; Humana Inc.; Prime Therapeutics LLC; and MedImpact Healthcare Systems, Inc. This inquiry comes as a result of over 24,000 comments made in response to FTC's request for information regarding how these middlemen are impacting prescription cost and access. The largest pharmacy benefits managers are now vertically integrated with the largest health insurance companies and wholly owned mail order and specialty pharmacies. APA's comments are available [here](#).

APA Applauds House Passage of HR7666

In a [news release](#), the APA praised passage of the Restoring Hope for Mental Health and Well-Being Act. The legislation will help address record levels of overdose and suicide deaths, the child and adolescent mental health crisis, and the adverse psychological effects of the COVID-19 pandemic on Americans. [H.R. 7666](#) includes several high priority provisions, including parity, collaborative care, crisis services, and workforce equity investments. **APA urges members to [contact their senators](#) to ask for their support of the bill.**

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.](#)

Emerging Topics Webinars

APA has a new Emerging Topics Webinar Series to keep members abreast of critical challenges and trends impacting the profession. Earn free CME for solutions from subject matter experts. [Click for details.](#)

Disaster Behavioral Health and Climate Change

In September 2021 a collection of more than 200 medical journals asserted that climate change represents the greatest threat to human health in this century. A recent edition of SAMHSA's publication, *The Dialogue*, features articles with insights and recommendations from experts in disaster behavioral health and disaster response regarding ways to cope with the threats of climate change, including threats to mental health. Featured discussions include addressing vulnerabilities and challenges to build resilience, and preparing for future disasters. [Click here to read.](#)

Scam Alert

A member received a phone call from someone identifying himself as a DEA agent investigating a cache of drugs discovered in an abandoned car in Texas. The person alleged that the member's name and NPI number were on the bottles of drugs and said the FBI was about to investigate. The member asked what pharmacies the drugs were being dispensed from and the caller hung up. The member reported the incident to the federal DEA and was told this is happening nationwide and some doctors have had their bank accounts compromised. Please be suspicious if you receive a similar communication.

PHE Extended

On July 15, HHS [announced](#) an extension of the Public Health Emergency due to the coronavirus for another 90 days.

SAVE THE DATE*MPS Presents***Psychopharmacology: An Update****November 19th 8:00AM - 1:00PM**

Join us at Martin's West in Baltimore
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."

Drug Abuse Warning Network Report

A [recent report](#) of results from the Drug Abuse Warning Network (DAWN) includes the following from an analysis of 2021 preliminary data on 141,529 (unweighted) drug-related emergency department (ED) visits from 52 participating hospitals:

- nationally representative weighted estimates for the top five drugs in drug-related ED visits
- assessment of monthly trends and drugs involved in poly-substance ED visits
- drugs new to DAWN's Drug Reference Vocabulary.

HIPAA and Audio-Only Telehealth

Covered health care providers can use remote communication technologies to provide services when consistent with HIPAA Privacy, Security, and Breach Notification Rules (including when OCR's [Notification of Enforcement Discretion for Telehealth](#), issued in response to the pandemic, is no longer in effect). New HHS guidance explains how HIPAA Rules permit health care providers and plans to offer audio telehealth while protecting the privacy and security of individuals' health information. [Click for Audio-Only guidance.](#)

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.

Luminis Health seeks a Medical Director of Behavioral Health Outpatient Services at their Lanham, MD Campus- Board Certified with 3-5 years' experience in an administrative leadership role. Competitive compensation with generous benefits package! EOE. To learn more or apply [click here](#).

OFFICE SPACE AVAILABLE

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

Ellicott City: Daily/Part-time/Full-time: Following CDC guidelines, Telehealth and in person. Includes Wi-Fi, copier, fax, staff kitchen, handicapped access. Convenient to route #'s: 40, 29, 32, 70 & 695. Contact [Dr. Mike Boyle](#) 410-206-6070 or 410-465-2500.

More employment opportunities and ads on the next 6 pages!

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.

[Curbside Conversations](#), is members with expertise in specific areas having informal chats with other MPS members seeking information. These are not formal consultations, but a collegial resource offered voluntarily to the MPS community. Contact information for experts is available to MPS **members only** via email to meps@mdpsych.org.

Key Point

HEALTH SERVICES

OUTPATIENT MENTAL HEALTH PROGRAMS, RESIDENTIAL CARE AND PSYCHIATRIC REHABILITATION

Dundalk & Aberdeen OMHC

We are currently looking for a full-time and/or part-time **Psychiatrist** to join our Aberdeen and Dundalk teams.

Key Point Health Services, Inc. is a leading nonprofit agency serving people with behavioral healthcare needs in the Greater Baltimore area. We provide comprehensive community-based services that help people thrive while realizing and choosing their goals. We provide opportunities, support, and integration within our community. Among the programs and services that we provide are Outpatient Mental Health, Adult and Child Psychiatric Rehabilitation Programs, School-Based Therapy, Community Outreach, and Residential Services; CARF Accredited.

Details:

- ✦ Job Type: Full-time or Part-Time Psychiatrist, adult patient focus
- ✦ Location: one or both of two locations: Dundalk and Aberdeen Outpatient Clinic

Work type: Direct patient care, Telehealth, Team leader, Flexible Hybrid Schedule (on-site/ WFH)

What You Need: Must be licensed in the State of Maryland at the time of hiring. Must have experience in working with the populations to which they are credentialed. Maintain Board Eligibility or Board Certifications and all applicable licensures

As a Key Point Health Services employee, you can expect:

- ✦ Competitive base salary, option for incentive compensation
- ✦ Comprehensive Health, Dental & Life Insurance, and Malpractice coverage
- ✦ 403B Retirement Plan
- ✦ Generous PTO plan: 6 weeks in first year (FTE)
- ✦ CME time off and pro-rated license and certificate reimbursement
- ✦ Well established EMR and e-prescribing
- ✦ Multidisciplinary team management and Medical Assistant vitals and support
- ✦ Case Conferences and Medical Staff meetings monthly
- ✦ 30-minute follow-ups
- ✦ 90-minute diagnostic/ treatment planning appointment
- ✦ No call

Please visit www.keypoint.org to see more details, or call Shawn Cassady, M.D., Chief Medical Officer at 410-937-7041 for more information; also enquire about future opportunities coming.

Key Point Health Services, Inc. is an equal opportunity employer and considers all qualified applicants equally without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, veteran status, or disability status.



Make more than a living. Make a difference.

At Kennedy Krieger Institute, we believe in turning disabilities into abilities, the impossible into the possible, and hopes into realities. Join our team and see what makes us so special.

Now Hiring for a Child/Adolescent Psychiatrist

This part-time position is with our K-8 program at Kennedy Krieger School Programs' Fairmount Campus in East Baltimore, serving students ages 5-14.

Responsibilities include providing psychiatric evaluations and direct medication management for students, classroom observation, individual meetings with students, communication with parents, and communication with the school team and medical director. Attendance at team meetings may take place, as needed and as the schedule permits. Workdays and hours are negotiable. Supervision will be provided by the medical director.

Qualifications: BE/BC in Child and Adolescent Psychiatry

Enjoy a supportive work environment where children and families are at the heart of all we do.

For more info or to apply, please visit: [KennedyKrieger.org/Psychiatry](https://www.kennedykrieger.org/psychiatry)

Equal Opportunity Employer M/F/Disability/Protected Vet

The photograph used here is meant for illustrative purposes only, and any person shown is a model.

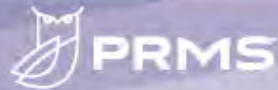


Kennedy Krieger Institute

NO MATTER THE SIZE OF YOUR PRACTICE WE HAVE YOUR GROUP COVERED

All providers in your practice can be covered under one medical professional liability insurance policy, along with the entity itself.

- ✓ Simplified administration - single bill and one point of contact
- ✓ Custom rating leverages the best premium for your practice
- ✓ Coverage for multiple locations even if in different states
- ✓ Separate and shared limits available



(800) 245-3333 | PRMS.com/GroupCoverage | TheProgram@prms.com

Insurance coverage provided by Fair American Insurance and Reinsurance Company (FAIRCO), New York, NY (NAIC 35157). FAIRCO is an authorized carrier in California, ID number 3715-7. www.fairco.com. PRMS, The Psychiatrists' Program and the PRMS Owl are registered Trademarks of Transatlantic Holdings, Inc., a parent company of FAIRCO.



Every day, at our 80 programs at 200 locations throughout Maryland, Catholic Charities of Baltimore serves children and families, immigrants, individuals with intellectual disabilities, people living in poverty, and seniors. Repeatedly designated as a Baltimore Sun Top Workplace, Catholic Charities is a dynamic, non-profit organization that encourages you to build a career where you make meaningful differences in the lives of Marylanders in need. Flexible schedules (including telehealth), excellent clinical supervision, robust administrative support, a close-knit psychiatry team, and competitive salaries and benefits have made Catholic Charities of Baltimore a long-term match for dozens of outstanding psychiatrists in the area. **We are currently hiring part-time (20-30 hrs/week) child and adolescent psychiatrists.** Contact Sue Franklin, Manager of Psychiatry Services, to learn about our cutting edge mental health programs and career opportunities with one of the largest psychiatry teams in Maryland. Sue can be reached on 443-564-5005 or sfranklin@cc-md.org. You can also learn about our programs on our website www.cc-md.org

Catholic Charities of Baltimore is an equal opportunity employer.



MedStar Health

Join our team of behavioral health professionals!

We are looking for behavioral health professionals to join MedStar Health. Become part of an organization that recognizes and welcomes your experience, input, knowledge, and leadership—as a clinician and healthcare expert.



It's how we treat people.

MedStar Health 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.

Psychiatry Openings Available:

- MedStar Franklin Square – Outpatient
- MedStar Harbor Hospital - Inpatient
- MedStar Union Memorial – Outpatient and Outpatient/CL
- MedStar Montgomery Medical Center – Outpatient
- MedStar Washington Hospital Medical Center – Outpatient

As a MedStar Health 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 and the Mid-Atlantic region, which features a mix of urban, suburban and rural communities.

Please visit www.joinmedstar.net to see more details about our openings.

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 karma.a.limes@medstar.net.

MedStar Health is an equal opportunity employer.

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:

Addictions Medical Director

Residential Psychiatrist: The Retreat

Inpatient Unit Chief: Trauma Disorders

Inpatient & Day Hospital Staff Psychiatrists: Eating Disorders, General Adult, Child & Adolescent

Outpatient Psychiatrists

Southern Maryland: Adult, Child & Adolescent

Consultation-Liaison Psychiatrist

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 must 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, free CME opportunities
- 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*



Sheppard Pratt



sheppardpratt.org



Comprehensive
Coverage that
includes Telepsychiatry

We've Got You Covered

American Psychiatric Association's Endorsed Professional Liability Insurance

DID YOU KNOW? We find that our policyholders are more likely to receive a board complaint than be named in a claim or lawsuit.

Most insurance policies provided by employers do not include reimbursement for costs incurred to defend a complaint (or have limits that may be shared with others).

Not to worry... we include up to \$50,000 of defense reimbursement – with the option to increase this limit to \$150,000.

Cyber Coverage is available as an endorsement at renewal or on a new American Professional Agency policy. Available in most states on an admitted basis.

All discounts, coverage features and rating are subject to the terms and conditions of the policy and individual state approval.

Visit us at apamalpractice.com or call 800-421-6694 to learn more.



American Professional Agency
LEADERS IN PSYCHIATRIC MEDICAL LIABILITY INSURANCE

ENDORSED BY

AMERICAN
PSYCHIATRIC
ASSOCIATION

