MARYLAND PSYCHIATRIC SOCIETY

MPS NEWS

Volume 36, Number 5 | Editor: Heidi Bunes | September 2022

In This Issue

Deadline for articles is the 15th of the month preceding publication. Please email heidi@mdpsych.org.

MPS News Design & Layout

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

President's Column

MPS Events and Gatherings

Dear Colleagues and Friends,

Living in and through the pandemic was full of challenges. One ongoing challenge is event planning to support socialization and ongoing work. This challenge is deeply felt at the MPS, as many have expressed desires to attend events in-person, but simultaneously recognize that coming together in larger groups may not be prudent. In our last Council meeting for the summer in June, we decided to table until fall decisions regarding in-person Council meetings for 2023. Fall is upon us and we will certainly be discussing this, however, we want to hear about what you, our members, are comfortable with as we look to plan events for the year. What are your thoughts and feelings on virtual versus in-person events? Please let us know.

As you consider what makes sense, please be aware that there have been earlier discussions about "splitting the difference" with hybrid models of some members gathering in-person while others connect to the same event or meeting virtually. Unfortunately, teleconferencing limitations make this option impossible for us currently.

While many of us desire in-person events with mixed feelings about whether it is prudent to do so, Zoom has brought some benefits. Council meeting attendance through Zoom has been at an all-time high.

Our local institutions offer heterogenous and even conflicting guidance on gatherings. Similarly, some people wear masks at the supermarket, while others are comfortable in crowds without masks. What feels right to you, and how would you like to enjoy and connect with MPS events in the coming year? Please share your thoughts via email to mps@mdpsych.org.

Warmly,
Jess Merkel-Keller

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

2022-23 MPS Membership Directory

Thank you to members who updated their practice information! The 2022-2023 MPS directory is now in print, and we expect copies to arrive in members' mailboxes this month. The annual directory contains information on all MPS members, including a referral index, while the online Find a Psychiatrist lists only the members who have opted in. Enjoy!

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 mps@mdpsych.org.

2022 MPS Survey Results

A total of 152 members provided input to the MPS this year via the annual survey to help guide how committees, Council and staff work in the coming year. This is somewhat less than the 168 who responded in 2021, and represents 20% of the membership. This year's survey arrived on the heels of another significant member survey on medical assistance in dying, which may have impacted time available to respond to the general survey.

Continuing Medical Education

Members reported almost 100 specific CME needs. Over 30 were psychopharmacology-related, or roughly a third. The other CME topics were wide-ranging, with only a few repeated more than once, for example, substance use disorder and opiates, psychedelics and medical cannabis, treatment resistant depression, neuro-related illness, and legal issues. Eighty-two percent of respondents indicated they would attend a psychopharmacology update. Next most desired of the topics polled was management of psychiatric disorders in pregnant patients, followed by opiates update.

Preferred CME format was polled, with the following results:

- 22 members indicated they would be likely to attend only in person CME programs
- 22 members would be likely to attend both in person CME programs and virtual CME programs
- 97 said the would be most likely to attend virtual CME programs
- 11 were unsure what type of CME programs they would be likely to attend.

Telehealth

Since 2021, more respondents report seeing patients in person. Sixty-seven percent of respondents are seeing patients both by telehealth and in person (compared with 55% last year), while 22% practice telehealth only (vs. 35% last year), and 11% treat patients only in person (about the same as in 2021).

This year's survey asked about use of audio-only and audio-visual telehealth. Eleven respondents reported using both telehealth formats, two reported using audio-only alone and 123 use audio-visual alone. Fourteen members reported that they do not see patients via telehealth. Of the respondents who see patients via telehealth, 10% use audio-only and 97% use audio-visual.

Legislation and Advocacy

The 2022 survey polled five priorities for legislation and advocacy. Three were closely ranked by respondents, with Access to equitable, quality care slightly higher, followed by Scope of practice, and then Reimbursement/Parity. Licensure requirements and Addressing Social Determinants of Health were ranked lower than the others, with about the same priority score. While the surveys are not directly comparable, respondents this year put a lower priority on Reimbursement/Parity compared to 2021 and assigned a higher priority to Scope of practice.

Collaborative Care Model (CoCM)

Find a Psychiatrist now includes CoCM among members' areas of interest and MPS is considering next steps in this direction. This year's survey asked whether respondents have experience being a consultant using the CoCM. A quarter replied yes. Of those without experience, 42% were interested in learning how to use the model in consulting with primary care practitioners and 24% were unsure.

Article Suggestions for *The Maryland Psychiatrist*

Respondents provided almost 80 excellent recommendations for articles to be published in *The Maryland Psychiatrist*. Topics suggested were wide-ranging, with some focused on practice-related issues, some on history and others on news, some on profiles of psychiatrists in our state, etc. Several noted that the publication is already a great product. [Members interested in submitting articles to be published can email mps@mdpsych.org.]

Social Media Participation

To give context for MPS social media engagement, we surveyed regarding social media participation. Roughly the same proportion of respondents participate vs. rarely participate vs. do not participate in social media. Of those who do, Facebook (38%) was most common, followed by LinkedIn (28%) and then Twitter (21%), Doximity (20%), and Instagram (19%).

Satisfaction and Value

Overall, 87% of respondents are satisfied with the MPS (36% very satisfied), while11% are neutral and 1% are unsatisfied. These rates are similar to 2021, however more respondents were very satisfied (44%) last year.

This year, respondents indicated the member benefits that are important to them. Influencing how psychiatry is practiced in Maryland received the highest total among the member benefits polled, followed closely by *MPS News,* and then legislative reports and representation with state government, and the annual membership directory. Benefits that received a moderate response were Having a place to turn with questions, APA membership, *The Maryland Psychiatrist,* and the MPS listserv. Consistent with 2021 results, Patient referrals, Connecting via

(Continued on next page)

2022 MPS Survey Results Continued

MPS social media accounts, and the Online Find a Psychiatrist were important to the fewest respondents.

Concerns about Psychiatry in Maryland

One hundred fifteen concerns were expressed, representing a range of issues. Some were voiced repeatedly, including the following which were also prominent last year:

- Quality of care provided by mid-level practitioners and scope of practice was noted most frequently
- Access to care, particularly MDs, and access to inpatient care and state beds
- Insurance reimbursement
- Increasing administrative & regulatory burdens, e.g. prior authorization
- In contrast to 2021, telehealth was rarely mentioned, possibly reflecting an expectation that it will continue.

How MPS Can Better Serve Members

Eighty-one respondents gave feedback about what they want the MPS to do in the future. Several said keep up the good work. Among other responses, the following were popular requests:

- Advocacy and work in the legislature
- Networking and in person events
- Working for system-wide changes in health care

In addition to these high frequency responses, there were a variety of other important suggestions.

Respondent Characteristics

- 38% private practice (vs 43% last year), of which 61% are solo, 29% academic (vs 23%), 13% private/public (vs 11%) and 13% public sector (vs 10%). Only 1% were retired compared with 6% last year.
- 14% 1-5 years of practice, 14% 6-10 years, 14% 11-20 years, 53% over 20 and 5% still in training. These demographics are similar to 2021, except fewer were in practice over 20 years.
- 75% Central Maryland, 5% DC Suburbs, 4% Western Maryland, 3% Eastern Shore, and of the rest many also indicated they are in central MD.

Click here for more details.

Congratulations to survey participants Drs. Richard Bacharach, Bruce Hershfield, and Jennifer Reid who were selected randomly to win a $100 credit toward MPS dues or an MPS event.

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.

Robert J. Berg, M.D.
Rachel Bigley, M.D., MS
Matthew Brandt, M.D.
Michael C. Bray, M.D., M.D.,M.Sc.
Kenneth Fligsten, M.D.
Stephen E. Ghazikhanian, M.D.
Kimberly Giramur, M.D.
Ashton M. Gores, M.D., MPH
Nicolas D. Iadarola, M.D.
Samia Osman, M.D.
Tommy J. Wilson, M.D., Ph.D.
Amna Zehra, M.D.

Transfer to Maryland

Michael Hann, M.D.,MBA, CPE
Ariel James, M.D.
Artin A. Mahdanian, M.D.
Ozioma M. Nwaigwe, M.D.
Tolulope Peters, M.D.
Trevor Rishawn M. York, M.D.

Upgraded to General Member

Allison M. Bailey-Greene, M.D.
Marissa L. Beal, D.O.
Ilana Cohen, M.D.
Sarah C. Collica, M.D.
Zhuoheng Deng, M.D.
Zaachary A. Cordner, M.D., Ph.D.
William B. Hall, M.D.
Matthew T. Lotz, M.D.
Surinder S. Moonga, M.D.
Christopher B. Morrow, M.D.
Tolulope Omojokun, M.D.
Jennifer Reid, M.D.
Bushra Rizwan, M.D.
Daniela Sampaio, M.D.
Christian A. Romanchek, M.D.
Sarah Clancy Van Remmen, M.D.
Julia Ross Weckstein, M.D.
Margaret R. Woodbury, M.D.
Matthew Van Winkle, M.D.
Hadas Zachor, M.D.

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)*

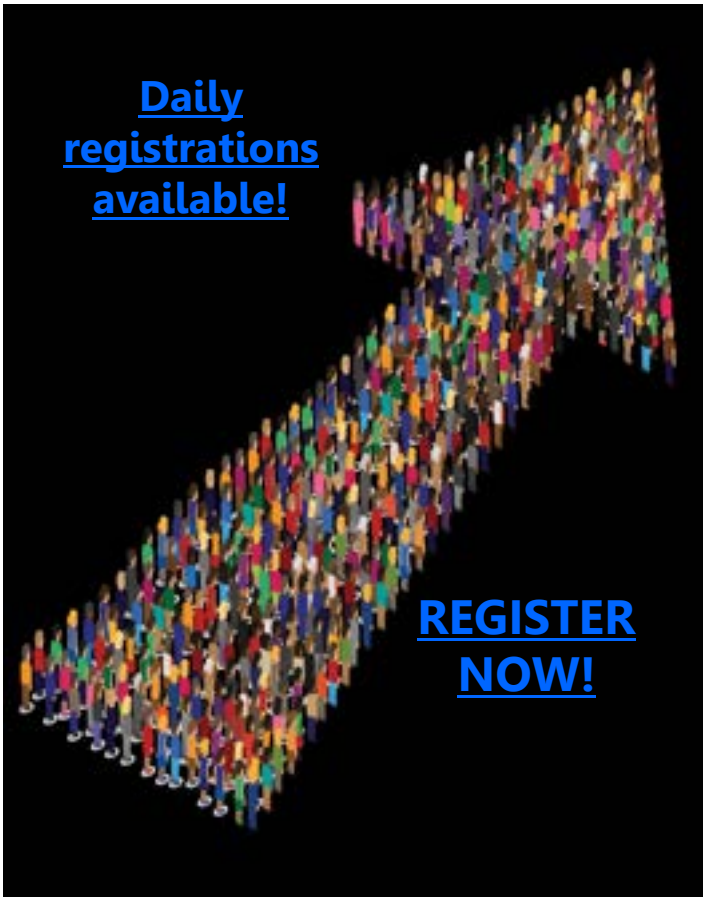
History, Art & Psychiatry - Van Gogh: A Psychiatric Inquiry
David Casey, MD

Child & Adolescent Panel
The Impact of Pandemic on Child Development: Vulnerabilities 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



Maryland News

New Proposed Regulations on Dangerousness

Proposed changes to COMAR 10.21.01 Involuntary Admission (IVA) to Inpatient Mental Health Facilities were published by the Maryland Department of Health on August 12. The changes would expand the providers authorized to initiate IVA of an individual in conjunction with one physician to include Licensed Certified Social Worker-Clinical and Licensed Clinical Professional Counselors, as per current Maryland law. In addition, they would significantly revise the criteria that the individual presents a danger to the life or safety of the individual or of others by specifying the types of incidents required for IVA.

The proposal would add to the section pertaining to Certificate for Involuntary Admission (IVA) as follows:

E. For an individual to meet the requirements as presenting a danger to the life or safety of the individual or others, the individual shall experience an incident that:

(1) Is recent and relevant to the danger which the Individual may currently present;

(2) Arises as a result of the presence of a mental disorder; and

(3) Includes, but is not limited to, one of the following scenarios:

(a) The individual has threatened or attempted suicide, or has behaved in a manner that indicates an intent to harm self, or has inflicted or attempted to inflict bodily harm on self or another;

(b) The individual, by threat or action, has placed others in reasonable fear of physical harm; or

(c) The individual has behaved in a manner that indicates they are unable, without supervision and the assistance of others, to meet their need for nourishment, medical care, shelter, or self-protection and safety such as to create a substantial risk for bodily harm, serious illness, or death.

The above changes to define dangerousness are based on a 2021 stakeholder report to which the MPS contributed. The report includes three recommendations: (1) Refine the definition of the dangerousness standard in regulations; (2) Provide comprehensive training around the dangerousness standard; (3) Gather additional data elements about civil commitment. The MPS Executive Committee discussed member input and recognized that problems can arise, sometimes with tragic consequences, because of the existing definition, but they decided that spelling out the definition in more detail would not solve them. The MPS feedback to the stakeholder group included examples of problems but concluded that training and data collection are needed before the regulations are revised.

The MPS invites members to share their feedback on the dangerousness definition changes being proposed so that MPS comments on these new regulations can be further informed by current member concerns. Please email mps@mdpsych.org.

Comments will be accepted from the public through September 12 via email to mdh.regs@maryland.gov or fax to 410-767-6483. A public hearing on the regs has not been scheduled; however the September 13 meeting of the Commission to Study Mental and Behavioral Health in Maryland will likely include this topic and an opportunity for public testimony. Members are encouraged to send a copy of their individual comments to the MPS via email to mps@mdpsych.org.

2022 Physician License A-L Renewals

Biennial license renewal for physicians whose last name begins with the letters A – L and whose license expires on September 30, 2022 must be completed **by September 30**. Online renewal is available 24/7 through the end of this month. Those who do not renew will be required to apply for reinstatement, including a new criminal history records check. Physicians who do not 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. Updated qualifying courses for this requirement give physicians multiple options for completing this prerequisite. Any training program accredited by the Accreditation Council for Continuing Medical Education (ACCME) fulfills the new requirement and licensees who have completed any implicit bias training course since 10/1/2020 will be considered to have met 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.

Maryland News

Commission to Study the Health Care Workforce Crisis

A new state commission has been formed to make recommendations that address Maryland's health care workforce shortages. The Commission to Study the Health Care Workforce Crisis in Maryland was established by 2022 legislation, SB 440/HB 625. The immediate focus will be on priority areas of nursing, entry level direct care professionals, and behavioral health, as well as physicians and related professions. Initial work will be done by three advisory groups:

- *Data and Workforce* – extent of workforce shortage and future needs
- *Education and Pipeline* – State educational institutions, training programs, and workforce recruitment and retention strategies
- *State Efficiencies and Cooperation* – relationship between the Department of Health and the Health Occupations Boards

An interim report is due to the Senate Education, Health and Environmental Affairs Committee and the House Health and Government Operations Committee by December 31, 2022. A final report is due to the same committees by December 31, 2023. Commission and advisory group meetings are open to the public. Meeting notices, agendas, and other information are posted here: https://health.maryland.gov/Pages/Workforce-Commission.aspx.

MHCC Telehealth Study Update

As directed by the Preserve Telehealth Access Act of 2021, the Maryland Health Care Commission (MHCC) is conducting a study of telehealth's impact, including audio-only and audio-visual technologies in somatic and behavioral health. NORC is drafting a Technical Report on the impact of telehealth based on findings from the study. The findings will inform development of preliminary, informal draft recommendations due to the Senate Finance Committee and the House Health and Government Operations Committee by December 1.

MHCC convened provider and payer telehealth town halls in July, which are now available online. A summary and recordings of each town hall is available along with more details at this link. MPS member Deepak Prabhakar, M.D. presented testimony during the provider town hall on behalf of Sheppard Pratt.

Additional interviews with select consumers are underway to supplement data collected as part of the study. Informal draft recommendations will account for consumer perspectives and help identify future policy considerations.

Help Address PBM Abuses in Maryland

The 2022 Legislative Session saw the introduction of a significant package of legislation aimed at regulating pharmacy benefit managers (PBMs) operating in the State. Sponsored by a coalition of legislators, bills were introduced to set parameters around how PBMs operate. (MPS also introduced legislation in this space, Senate Bill 688. Unfortunately, the PBMs and insurance carriers strenuously opposed the bill.) Due to PBM and insurance carrier objections and legislator concerns about costs, all the PBM bills failed to progress in either the Senate or House. However, support is now mounting for additional PBM regulation from patient advocates and healthcare providers, setting the stage for potential interim work on the matter and future legislation.

One of the largest roadblocks has been that Maryland law only affects about 18% of individuals in the marketplace due to ERISA and federal plan exemptions. Because of a recent law (2020 Senate Bill 99), it is now easy to determine which patient benefits are regulated by the State. [See related item below.] To help this effort the MPS and MedChi are looking for examples of issues that physicians are having with prior authorization required by State regulated plans. Please examine the patient's insurance card to verify that it indicates MIA on the back and avoid anecdotal examples. Please email comments to Meagan Floyd at mfloyd@mdpsych.org by September 15th.

Determining Whether a Health Plan is Regulated by MIA

Health care providers can now more easily find out where to file a complaint about a patient's health plan. A 2021 law requires health plans regulated by the Maryland Insurance Administration (MIA) to print "MIA" on insureds' identification cards. Medicaid managed care organizations must print "MDH" on identification cards for plans regulated by the Maryland Department of Health.

If a card has "MIA" on the back, the patient or provider should file a complaint with MIA. If a card does not have either "MIA" or "MDH" on the back, the MIA will still review the complaint and, if appropriate, direct the complainant to the correct agency that regulates the patient's plan.

The new identification card law does not apply to short term, limited duration medical plans or indemnity plans. These plans are regulated by the MIA, and you may file a complaint on behalf of a patient covered by one of these plans.

Maryland News

MPS Signs on to Network Adequacy Comments

In response to the Maryland Insurance Administration's (MIA) draft proposed Network Adequacy Regulations, the MPS joined the Legal Action Center and 13 other organizations and individuals in submitting comments. Highlights include:

• We support the MIA's Access Plan standards that would gather essential information on out-of-network (OON) utilization under the No Surprises Act and Ins. Art. § 15-830, most common OON utilization by provider type, single case agreements (with requested modifications), telehealth utilization (with requested modifications), and complaint data related to network provider access. This critical data should be made available to the Maryland General Assembly in aggregate data reports and through briefings to inform policy development and ensure transparency for the public as well as employers who seek accessible MH and SUD benefits for their workforce.

• We appreciate the retention of standards that would increase the granularity of data regarding MH and SUD provider/facility types and appointment types that carriers must report to the MIA and the public. We also support several newly proposed standards that will identify the availability of adolescent MH and SUD services. We, however, oppose proposed revisions to the Executive Summary that would remove identification of the appointment wait time values and the percentage of satisfaction for each appointment type.

• We agree that telehealth services should be counted for satisfaction of appointment wait time and travel distance metrics, but we oppose the proposed telehealth standard that would remove enrollee election as a criterion for meeting such metrics. Widespread recognition that patient needs and preferences must be at the center of all telehealth utilization decisions requires a direct accounting of enrollee election to assess network adequacy. The 2022 Network Adequacy reports reveal that two carriers calculate the current telehealth standard for satisfaction of the appointment wait time metric, which requires the telehealth visit to be clinically appropriate and elected by the member.

• We appreciate the proposed requirement that carriers submit data to demonstrate "clinical appropriateness, availability and accessibility," to claim the proposed telehealth credit, but we oppose the use of a "telehealth credit" to meet adequacy requirements until sufficient data are gathered to support a telehealth credit request. For purposes of enforcement, we also oppose the use of an artificial advantage to permit carriers to avoid penalties for maintaining inadequate networks. Additionally, the relationship between the use of a telehealth credit and the mandatory reporting of waiver standards in annual access plans is unclear. To the extent the use of a credit allows carriers to avoid waiver reporting under Sec. 09, the MIA and policymakers will lose access to valuable information about the source of network deficiencies and carrier efforts to contract with providers of MH and SUD services and, as a result, the ability to identify strategies to improve network coverage.

• Regardless of the process for counting telehealth utilization, carriers must be required to inform enrollees of their right to in-person services. The Preserve Telehealth Act of 2021 (SB 3) bars carriers from denying coverage for an in-person MH or SUD service solely because it may be covered through a telehealth benefit. Ins. Art. § 15-139(c)(1)(iii). Notification is the only way to enforce this right. It is particularly critical for enrollees seeking MH and SUD services because such services are deemed to be more amenable to virtual care delivery, and carriers have developed and implemented telehealth-only MH and SUD platforms that unacceptably steer consumers to telehealth services.

In addition to supporting the feedback above, MPS submitted further comments recommending distinguishing inpatient vs. outpatient network participation by psychiatrists, and conditions for MIA to grant a waiver. [See page 8.] To view all comments submitted please click here and go to the draft regulation tab.

MBP Stakeholder Meeting on Investigative Interviews

The Maryland Board of Physicians (MBP) announced it is considering changes to COMAR 10.32.02.02 and 10.32.02.03 that would define investigative interviews and establish guidelines for representation by counsel during these interviews. The MBP will hold a public stakeholder meeting via Zoom on Monday, **September 12 at 9 AM** to discuss the proposed changes and solicit feedback from interested parties. If you would like to participate in the meeting, please email Brittany Winborne at brittany.winborne@maryland.gov.

MDH 988 Toolkit

The Maryland Department of Health (MDH) recently launched 988, the new national suicide and crisis lifeline. Contacting 988 provides a direct connection for anyone needing support for mental health or substance use (problems with drugs and alcohol), having thoughts of suicide, or being worried about someone who may need crisis support. Learn more. **To explain 988 and the services it offers, MDH created a toolkit with downloadable and printable materials** that are available here.

Maryland News

MPS Comments on Provider Directories

In addition to signing on to comments submitted by Legal Action Center and 13 other organizations and individuals, the MPS offered two recommendations to strengthen the draft proposed Network Adequacy Regulations. The first relates to provider network directories, which continue to create confusion for consumers due to inaccuracies and inadequate detail. Many psychiatrists are credentialed for insurance coverage at an institution but do not participate in their private practice. Many of them continue to receive calls years after leaving hospital work or get calls at their office saying they're listed as participating when they only do so in the hospital setting. When psychiatrists who do not participate except for inpatient care are included in a provider directory, it overstates the number available to consumers who need an outpatient appointment. This leads to frustration as they call unsuccessfully a list of potential providers who are not participating in that setting.

MPS suggested possible ways to address the shortcoming:
• carriers using claims activity to identify providers who do not participate for outpatient care and not list them in the directory or report them to MIA under this regulation,
• including this distinction in the participation contract with the carrier and reporting network provider counts to MIA separately for inpatient vs outpatient psychiatric care, or
• omitting psychiatrists from the directory and from counts reported to MIA (or providers generally to the extent this problem is widespread) if they only offer in-network care in the inpatient setting.

A second MPS concern relates to the conditions under which MIA may grant a waiver for these network adequacy requirements. The proposed language allows a carrier to request a waiver if they find that the measurement methodologies are "flawed." However, because the carrier can claim that certain methodologies are confidential "proprietary information," they could claim that the measurement methodology is flawed but not be required to publicly state how it was determined. The MPS suggested that MIA consider deleting this item or using alternative language.

National Physician Suicide Awareness Day
Shine a Light. Speak its name.
September 17, 2022

Consumer Health Access Program for Mental Health and Addiction Care

At the request of Health and Government Operations Committee Chair Joseline Pena-Melnyk, and in coordination with Senator Malcom Augustine and Delegate Robbyn Lewis, the Maryland Insurance Administration (MIA) formed a workgroup to discuss the Consumer Health Access Program for Mental Health and Addiction Care (CHAP) as proposed in SB460 in the 2022 Maryland legislative session.

The first meeting was held on June 17 to identify the issues raised in the CHAP bill that should be addressed by the workgroup. The second meeting was August 22, when there was discussion of current programs that assist patients and their families with services described in the CHAP Bill, and gaps that can be filled by establishing CHAP.

One element of SB460 was navigational resources for mental and behavioral health, in essence, a case manager who would connect people to an appropriate mental or behavior health provider and assist them in securing available coverage for mental or behavioral health services. [The MPS submitted information about its telephone referral service and the Find a Psychiatrist tool on the MPS website.] The MIA summarized resources that are already available and attempted to identify programs of this type within state government. It appears that there is no single, umbrella organization that offers or coordinates the SB460 navigational services across the State. Programs differ in terms of services they offer, whether they include on-going assistance or the assignment of a case manager, and whether they include assistance with coverage. Programs also differ in their geographic scope. This raises the question of whether there is a need for a centralized organization to provide consistent coordination of care services on a statewide basis.

Medicaid Participant Eligibility Update

Deputy Secretary for Health Care Financing and Medicaid Director Steven Schuh sent an update letter to Behavioral Health Providers on August 2. The letter outlines resolutions to Medicaid eligibility-verification system (EVS) challenges during the pandemic. EVS is used by the Public Behavioral Health System and Optum to determine eligibility and third-party liability for coordination of benefits. The letter includes actions to address claims issues and provider actions for specified EVS scenarios. It is in the provider's interest to check EVS at least monthly – if not weekly or per visit – and to retain documentation for at least two years. Following implementation of the changes, MDH expects providers to see a reduction in denials, while having clear guidance regarding Medicaid-eligibility verification and document retention.

Maryland News

MPS Advocacy for Protection Against High Cost-sharing for Prescriptions

Last month, the MPS and many other Maryland organizations signed onto a letter to key Maryland legislators calling for copay accumulator reform in Maryland. The use of "copay accumulator adjustment programs" prevents copayment assistance that helps patients pay for high-cost drugs from counting towards a member's deductible or maximum out-of-pocket requirements. Although health plans often use different terminology or slightly variable practices, all pose significant threats.

Copay accumulator adjustment programs can result in patients being left with very high out-of-pocket expenses to access their necessary medications. They are being used despite insurers and pharmacy benefit managers implementing utilization management (UM) protocols, such as prior authorization and step therapy, to ensure patients attempt lower-cost treatment alternatives first. This means that patients who have abided by and cleared the UM protocols then face the challenge of paying for the high out-of-pocket medications prescribed by their provider.

The federal Notice of Benefit and Payment Parameters (NBPP) for 2021 made it clear that it is the responsibility of individual states to regulate copay accumulator adjustment programs. Fourteen states and Puerto Rico have banned co-pay accumulator adjustment programs. While previous legislation in Maryland that allows co-pay assistance to count towards a patient's out-of-pocket obligation was not successful, another attempt is being considered for 2023. Click here to view a copy of the letter.

Maryland Preferred Drug List Updates

The Office of Pharmacy Services issued Advisory #243 with the following updates **effective August 25**:

The brand Daytrana (methylphenidate transdermal) is preferred over the generic equivalent on Maryland's Preferred Drug List. Claims for Daytrana must be submitted with a DAW 6 code. A MedWatch form is not required.

Focalin XR Brand is no longer preferred over the respective generic equivalent. Claims for the brand will now adjudicate only if there is a prior authorization based on an approved MedWatch form.

Click here for a complete list of preferred and non-preferred medications.

MBP Collaboration with ACCME Simplifies Reporting

The Maryland Board of Physicians (MBP) announced a new, voluntary program that enables accredited educational providers to report licensees' AMA PRA Category 1™ continuing medical education (CME) credits directly to MBP. This means that licensees do not need to report the credits themselves. The project is a collaboration with the Accreditation Council for Continuing Medical Education (ACCME®).

When you attend an accredited CME activity, you can ask the educational provider to report your CME credit in ACCME's Program and Activity Report System (PARS) so MBP can access that information. You need to provide your name, month and day of birth, and license number or national provider identifier (NPI). The educational provider can then automatically verify and share your participation in the CME activity with MBP. Any accredited CME provider, regardless of whether it is in Maryland, can report CME credits through this program.

The goal of the program is to decrease the administrative burden of CME reporting, enabling physicians to spend less time tracking and uploading CME credits. This system is voluntary, and physicians are free to maintain their own CME records if preferred. The ACCME offers the service free of charge to the MBP, accredited educational providers, and licensees.

Please refer questions about this opportunity to your participating accredited education provider – contact information is available here. ACCME can assist accredited educational providers that wish to participate in this collaboration via email at info@accme.org.

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**:

September 8 The Role of Nutrition and Physical Activity in Mental Wellbeing
Dhruti Patel, MS. Moderator: Jennifer Greenspun, LCSW-C.

September 22 Clinician Wellbeing: Psychological PPE in the Age of Covid and Beyond
Carol A Bernstein, M.D. Moderator: Hinda Dubin, M.D.

The Maryland Psychiatric Society presents

Psychopharmacology Update: 2022

Saturday November 19th
8 AM - 1 PM

Martin's West
Baltimore

IN PERSON!

AGENDA

8:00-8:30AM
Registration & Continental Breakfast

8:30-8:35AM
Welcome: Joshua Chiappelli, M.D.

8:35-9:35AM
Impact of Social Determinants of Health on Adolescent Mental Health
Hal Kronsberg, M.D.

9:35-9:45AM
BREAK

9:45-10:45AM
Treating Opioid Use Disorders in Pregnancy
Alexis Hammond, M.D.

10:45-11:45AM
Pharmacological Approaches to Targeting the Sleep-pain Interaction
Traci Speed, M.D.

11:45-12:00PM
BREAK

12:00-1:00PM
The Enduring Effects of Psilocybin on Emotion, Brain Function, and Cognition
Manoj Doss, M.D.

Only $75 for MPS members!

Incudes 4 AMA PRA Category 1 Credits, breakfast and break.

CLICK HERE to register today!

Fees are non-refundable.

COVID Health & Safety:
An inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. According to the Centers for Disease Control and Prevention, senior citizens and guests with underlying medical conditions are especially vulnerable. Although The Maryland Psychiatric Society has instituted reasonable practices in an attempt to lessen or reduce the spread of COVID-19, we cannot guarantee that you will never get exposed to the virus or get sick from it. By attending a Maryland Psychiatric Society event, you voluntarily assume all risks related to exposure to COVID-19.

While we look forward to this event, the health and safety of our guests remains our top priority. Please do not attend the event if you are experiencing any of the following symptoms:

- Cough
- Shortness of breath
- Sore throat
- Muscle Aches
- Headache
- Chills/Shaking
- Lost sense of taste/smell

Individually packaged masks, as well as hand sanitizing stations will be available for participant use.

Medicare Updates

Proposed Changes to QPP

CMS recently proposed changes to policies for the 2023 Quality Payment Program (QPP), including:

Traditional MIPS

- Continue using the mean final score from 2017/2019 to establish the threshold for 2023/2025 (the performance threshold would be 75 points).
- Increase the data completeness threshold to 75% for 2024 and 2025.
- Update MIPS quality measures and improvement activities inventory by:
  - Expanding "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.
  - Modifying existing improvement activities, and adding and removing others.
- Update measure reporting requirements for "Promoting Interoperability," including:
- Make the Query of Prescription Drug Monitoring Program (PDMP) measure required beginning in 2023.
- Allow APM Entities to report Promoting Interoperability at the APM Entity level.
- Retroactively establish a maximum cost improvement score of 1 percentage point out of 100 for the cost performance category, starting in 2022.

MVPs

- Introduce 5 new MVPs, and revise 7 for reporting, starting in 2023.
- Calculate administrative claims measures at the affiliated group Taxpayer ID Number (TIN) level when reporting as a subgroup.

Public Reporting on Care Compare

- Include an indicator on individual clinician and group profile pages on Care Compare for those who provide covered telehealth services.
- Update individual clinician profile pages with information about commonly performed procedures to help patients find clinicians who may serve their needs.

Advanced APMs

Remove the 2024 expiration of the 8% minimum on the Generally Applicable Nominal Risk standard for Advanced APMs and make it permanent.

CMS also issued Requests for Information (RFIs) to solicit feedback on the future of the QPP.

The deadline to submit comments on the proposal rule is **September 6**.

Roadmap for the End of the PHE

CMS encourages health care providers to prepare for the end of the COVID-19 public health emergency (PHE) flexibilities as soon as possible and to begin moving forward to reestablishing previous health and safety standards and billing practices. CMS has developed a roadmap for the eventual end of the Medicare PHE waivers and flexibilities, and is sharing information on what health care facilities and providers can do to prepare. Similar to the guidance CMS has made available to states, CMS has fact sheets that will help the health care sector transition to operations once the PHE ends, whenever that may occur.

While the PHE remains in effect, CMS uses its Pandemic Plan as a guidebook for evaluating existing flexibilities, while developing a comprehensive long-term approach for the health care system based on recovery and resiliency. Some of the measures will remain in place even after the end of the PHE to promote innovation, maintain or improve quality, advance health equity, and expand access to care. Conversely, CMS announced the termination of some temporary waivers, for example to redirect efforts back to meeting the regulatory requirements aimed at ensuring LTC residents' physical, mental, and psycho-social needs are met.

The existing COVID-19 PHE has been extended through October 15, 2022. States, health care providers, and other stakeholders will have at least a 60-day notice before the PHE ends.

Click here for CMS resources related to the COVID-19 PHE.

988 Has Arrived

The rollout of 988 in July as a behavioral crisis hotline is an opportunity for improving crisis care. The 988 vision is to offer individuals experiencing a mental health crisis a rapid entry into a coordinated crisis system and reduce reliance on 911 (and prevent a police response when it is not warranted). As we gain experience with the early implementation, psychiatrists can consider educating their patients about when to use 988 and potentially instruct them to use 988 instead of 911. However, for medical emergencies, such as possible injury from a suicide attempt, 911 remains the correct number. Voice messages and email signatures might be updated to read, "Call 911 for medical emergencies and 988 for mental health and suicide crises."

Updated PRMS Telepsychiatry Checklist

The PRMS Telepsychiatry Checklist has been recently updated to include additional pandemic-related annotations.

APA News & Information

Historic State Hospital Exhibit at APA Headquarters

You are invited to an illuminative reception at APA's Melvin S. Library and Archives, hosted by the APA Foundation and the Friends of Virginia's Central State Hospital, on **Tuesday, September 13**, at 4 p.m. to review documents and artifacts from Central State Hospital's extensive archives. Central State Hospital was the first state mental hospital created in the United States in 1870 exclusively for Black Virginians. It remained segregated by race until passage of the Civil Rights Act of 1964. The 100 years of segregation resulted in the creation of thousands of documents, photographs, and public policies maintained by the hospital. Attendees will have an opportunity to see and hear details about the Hospital's historical origins and its 100 years of segregated psychiatric services. The program will include a gallery tour, a documentary film, and a Q&A panel with the Friends of Virginia's Central State Hospital. Light refreshments will be available. Please RSVP here.

APA Report on the Psychiatric Bed Crisis

A new report from the APA, Psychiatric Bed Crisis in the U.S.: Understanding the Problem and Moving Toward Solutions, provides an assessment of the current problem of the lack of access to psychiatric beds and proposes a new model for estimating the needs within a community. The report is the work of the APA Presidential Task Force on Assessment of Psychiatric Bed Needs in the United States, created in 2020 by APA's then-President Jeffrey Geller, M.D., M.P.H., and led by APA Past President Anita Everett, M.D. It is divided into seven sections, including historical context, definitions, financing, population factors and special populations, community factors, children and adolescents, and the development of the model concept.

APA Wants to Know More About You

The APA is committed to anti-racism and ensuring diversity, equity, and inclusion across the Association. Sharing demographic data helps APA meet these goals. In addition to that information, let APA know about your interests and practice profile to help us better serve you with resources and benefits relevant to you! Click here to update your profile.

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.

FREE APA Course of the Month

The September Course of the Month is **Ethnopsychopharmacology**, which discusses the factors in which ethnicity plays a role in psychiatric pharmacological treatment, focusing on the biological considerations as they relate to the pharmacokinetics and pharmacodynamics of various medications. 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.

Mental Health in the Criminal Justice System

A new guide from SMI Advisor helps mental health clinicians better understand the criminal justice system process as it relates to individuals who have a serious mental illness. Learn what happens after an individual in your care is arrested or incarcerated and gain insight on how to best support and advocate for them. Download the guide.

Strengthening Medicaid and CHIP

With the nation facing an unprecedented mental health crisis, particularly among children, CMS announced three actions to strengthen and expand access to high-quality, comprehensive behavioral health care:

- A new guidance document, Leveraging Medicaid, CHIP, and Other Federal Programs in the Delivery of Behavioral Health Services for Children and Youth, reminds states of their mandate to cover behavioral health services for children in Medicaid. The guidance includes strategies to improve prevention, early identification, and treatment; expand provider capacity; and increase the integration of behavioral health and primary care.
- A second guidance document, School-based Health Services in Medicaid: Funding, Documentation, and Expanding Services, urges states to expand school-based health care for children, including mental health care, covering nine policy areas related to benefits and payment.
- A third action, a proposed rule, would for the first time require states to report certain quality measures to strengthen Medicaid and CHIP. Annual state reporting would include Core Health Care Quality Measure Sets for Children and for Adults to determine how well Medicaid and CHIP meet their mission of providing affordable, high-quality, person-centered health care coverage to low-income people. It would also mandate reporting of Medicaid Health Home Quality Metrics.

Medicaid and CHIP are a lifeline for families, covering 51% of children and youth nationally.

PRMS Fact vs Fiction Resource

I understand that I should never try to respond on my own to a lawsuit, but isn't it true that it's not really necessary to have an attorney represent you when responding to a medical board complaint? They are all medical professionals and can appreciate the frivolousness of most patient complaints. I don't think my malpractice carrier covers that sort of thing. Even if they do, I wouldn't want to report something and have my rates increased.

ANSWER: Fiction! You should never respond to a licensing board complaint on your own. While all physicians appreciate the seriousness of receiving notice of a lawsuit, physicians receiving notice of a board complaint do not always recognize the need for the same level of concern and the potential impact upon their professional license. In fact, a board complaint may be far more serious, as penalties may include the loss of one's license. Unlike lawsuits, there is often no need to prove that damage has actually occurred (i.e., that a patient has been harmed) before a licensing board can discipline a physician. And licensing boards are not required to limit their inquiry to what's contained in the complaint. It is not unheard of for a board to find that a patient's complaint was completely without merit but then take action against the physician due to other things that were discovered in the investigation (for example records provided in response to the complaint did not meet regulatory requirements). Discipline imposed may include fines, public reprimands, suspension or revocation of a license. Physicians may also be required to receive special training or complete programs before returning to practice. Also, many plaintiff attorneys will encourage patients to file board complaints prior to the filing of a lawsuit. Negative findings by a licensing board may typically be used as evidence in a related malpractice lawsuit or even as leverage to persuade you to settle.

Many professional liability insurance carriers (such as PRMS) do provide administrative coverage and will hire an attorney to represent you in the event of a licensing board investigation. Insurers typically do not raise rates when they are called upon to defend physicians for frivolous actions. If your carrier does not have such coverage, it's prudent to seek legal representation on your own.

OIG Telefraud Alert

The Department of Health and Human Services Office of Inspector General (OIG) issued an alert to healthcare professionals regarding risky arrangements with purported telemedicine companies. OIG urges caution and heightened scrutiny to avoid arrangements that present a risk of fraud and abuse. The alert includes a list of suspect characteristics of practitioner arrangements, and describes how providers can avoid criminal, civil and administrative fraud investigations for telehealth company kickbacks that involve inappropriately ordered or prescribed items or services reimbursable by Federal health care programs in exchange for remuneration.

CLASSIFIEDS

POSITIONS AVAILABLE

PRACTICE OPPORTUNITY : Established, busy multi-disciplinary outpatient psychiatric practice in White Marsh is seeking an Adult Psychiatrist and a Child/Adolescent Psychiatrist to provide psychiatric evaluations and medication management for patients. Join our practice of fifteen clinicians as a Limited Partner. Begin with an established case load and a potential for profit sharing. Medical/dental benefits are available. We participate with most major insurances and provide assistance with credentialing Full-time and part-time hours are available. Collegial environment and pleasant staff. See our website www.whitemarshpsych.com. Please send your resume and cover letter to dianne@whitemarshpsych.com and/or call Travis Frank, Psy.D., President at 410-931-9280.

The MdEIP, First Episode Clinic is seeking a **full or part time psychiatrist** to provide clinical care in early psychosis and graduate level supervision. Candidates must be **ABPN** certified or eligible. Child Adolescent Fellowship specialization is preferred, but not required. Academic rank at the School of Medicine, Department of Psychiatry and salary are commensurate with experience. Those with interest can find more information and submit an application through the UMB Taleo system job #2200013P.

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.

MPS Members Out & About

David Goodman, M.D. was quoted in the August 19 *Wall Street Journal* article, "Harlan Band's Descent Started With an Easy Online Adderall Prescription," which discusses telemedicine risks and Done Global, Inc.

Dinah Miller, M.D. had an Op-Ed in the August 24 Baltimore Sun, "Prior authorization requirements harm patients and physicians; FTC must look into drug delaying practice."

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:

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

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- Physician-led organization
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BEST HOSPITALS U.S.NEWS PSYCHIATRY 2022-23

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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.

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For more info or to apply, please visit: **KennedyKrieger.org/Psychiatry**

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

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HEALTH SERVICES

Harford County/ Aberdeen OMHC

We are currently looking for a part-time Psychiatrist to join our Aberdeen team. Key Point Health Services is a leading nonprofit agency serving people with behavioral healthcare needs in the Greater Baltimore area. Our doctors have been long-term and happy to stay!
Harford County is an HPSA Shortage Area for Mental Health and eligible for loan repayment support.

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