

MPS NEWS

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Editor: Heidi Bunes

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

Design & Layout: Meagan Floyd

**The MPS Council
will meet by
videoconference on
January 10th at
7:30 PM.
All members welcome!**

President's Column

Bed Crisis: Doing Our Part

The bed situation of patients boarding in the ER has been on all our minds. There has been a flurry of press shining a spotlight on this ongoing topic. Our own MPS members, Dr. Bob Herman and Dr. Bruce Taylor, have been recently published in the *Baltimore Sun* on this issue. I had the pleasure of reviewing a draft of a letter to the editor written by Dr. Bruce Hershfield on the subject, forthcoming for *Southlands*, a publication of the Southern Psychiatric Association. At the very least, the problem of inadequate psychiatric beds and community resources has been identified in broader media channels. For a long time, this challenge was known to psychiatrists and their patients, but the issue got little attention. Our collective efforts and activism are changing this..

The executive committee had the pleasure of meeting with the Behavioral Health Administration (BHA) in October. We specifically discussed psychiatric bed shortages and how the expanded crisis plan fits into diversion of psychiatric admissions which, in theory, should lead to less demand for beds, per BHA's calculations. BHA shared that there are adequate beds overall, but not enough in specific categories such as child and adolescent and for those with developmental disabilities. To reduce wait time and boarding in ERs, BHA discussed how care navigators were being assigned to individual cases. BHA also identified a trend of reduced ER boarding on the weekend. From their data, they were unable to comment more specifically whether individuals were getting placed in psychiatric beds or if patients were no longer seeking a psychiatric admission. For those no longer seeking a psychiatric admission there is

no information currently being collected whether patients were triaged elsewhere or got frustrated and left the ER. The report was positive and was not entirely congruent with the collective experience of psychiatrists, however.

Any substantive solution will require continued collective effort but is seemingly in the distance. Meanwhile, we must navigate the current situation, as imperfect as it is. This leads me to reflect on two of my trips to Cuba while Fidel Castro was still alive, in 2012 and 2015. The utilization of material items – precious resources – at the expense of time and labor was immense, and creative. Nothing was wasted, and material possessions were used and repurposed in ways unseen by someone who has never lived under communism. I was fascinated with a fancy house in the high rent district that had a broken light on the exterior. The top of the lantern was replaced with the glass top of a domed candy dish that fit the diameter exactly. It was an elegant solution. I had to quickly avert my gaze and focus on the matter of walking down the sidewalk safely to avoid stepping into a hole of unpaved cement, with rebar spikes.

Psychiatric bed availability will remain constrained for the immediate future, as solutions are navigated. This does not change the here and now. Psychiatric beds are precious resources, and we all play a role in their allocation and throughput. When coordination of care is lacking, the process of effectively triaging the patient and initiating care is slowed down. We all make coordination of care phone calls that do not get returned. Inpatient units may send

(Continued on next page)

discharge patient instructions instead of the clinical discharge summary to the outpatient team. Patients frequently show up in the ER with no clinical briefer or records faxed from the outpatient team.

My practice consists of offering organizational consulting and providing both inpatient and outpatient psychiatry. From the perspective of an inpatient admitting doctor, I sometimes see frivolous admissions. How hard did the patient work with their outpatient team to use her coping skills before seeking an admission? When I review inpatient charts, I occasionally see inadequate record-keeping without collateral information. These are things psychiatrists can address in their own clinical practice to help the inpatient time move more efficiently. It is about dealing with what is as opposed to how we would like things to be.

As physician leaders on behavioral health and psychiatric care teams, we set an example by practicing high-quality medicine, reminding colleagues of the importance of professional courtesy, and thinking creatively. As we wait for state agencies to step up and political decision making to evolve, what we have the most control over is our own behavior. Perhaps with enough effort, in some cases it is possible to find the right diameter dish to replace our shattered lantern top.

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

2022 Baltimore Magazine Top Doctors

Every year *Baltimore Magazine* names top doctors in various specialties. This year's Top Docs issue featured MPS member Karen Swartz, M.D. on the cover as well as several other members, including:

Addiction Medicine

Gregory Hobelmann, M.D.

Pediatric Psychiatry

Carmen Lopez-Arvizu, M.D.

Arman Taghizadeh, M.D.

Psychiatry

Bernadette Cullen, MB, BCh, BAO

Marissa Flaherty, M.D.

Constance Lacap, D.O.

Richard Lewis, M.D.

Elias Shaya, M.D.

Arman Taghizadeh, M.D.

Congrats to all MPS members for this recognition!



MPS Best Paper Awards

To recognize outstanding scholarship by young psychiatrists in Maryland, the MPS established annual "best paper" awards in 2013. Previous winners are listed [here](#). The Academic Psychiatry Committee is currently soliciting nominations for the 2022 Paper of the Year Award in two categories:

Best Paper by an Early Career Psychiatrist Member (ECP):

Eligible psychiatrists are ECP members who are first authors of papers published or in press in 2022. Thanks to generous funding from the Maryland Foundation for Psychiatry, the winner will receive a **\$200 cash prize** as well as a complimentary ticket to the MPS annual dinner in April 2023.

Best Paper by a Resident-Fellow Member (RFM):

Eligible psychiatrists are Resident-Fellow members who are first authors of papers that were written, in press, and/or published in 2022. Thanks to generous funding from the Maryland Foundation for Psychiatry, the winner will receive a **\$200 cash prize** as well as a complimentary ticket to the MPS annual dinner in April 2023.

Best Paper by a Medical Student Member (MSM):

Eligible students are Medical Student Members who are first authors of papers that were written, in press, and/or published in 2022. Thanks to generous funding from the Maryland Foundation for Psychiatry, the winner will receive a **\$200 cash prize** as well as a complimentary ticket to the MPS annual dinner in April 2023.

Scholarly work of all kinds (e.g., scientific reports, reviews, case reports) will be considered. If you would like to nominate a paper and author, please email the paper to either of the co-chairs below by **January 31**. Please include a brief explanation of why you believe the work is worthy of special recognition.

Matthew Peters, M.D. mpeter42@jhmi.edu

Traci Speed, M.D., Ph.D. speed@jhmi.edu

Academic Psychiatry Committee Co-Chairs

Poster Contest for Residents & Fellows

The MPS poster competition for our Resident-Fellow Members will be held again this year, with all entries displayed at our annual meeting in April 2023! Thanks to generous funding from the Maryland Foundation for Psychiatry, the winner will receive a **\$200 cash prize** as well as a complimentary ticket to the meeting. Two finalists will also be selected and will receive **\$100 each** in addition to complimentary tickets.

The winners in past years are listed [here](#). Please [click here](#) for complete details about the process and requirements. **The deadline to enter is January 31**. Electronic copies of posters are due **February 10**. For more information, or to apply [please click here](#).

November 8 Council Highlights

Dr. Ashley asked if there were any concerns; hearing none, the September 13, 2022 Council minutes were unanimously approved and the Program and CME Committee Report, Committee Chairs meeting notes, MOU with Washington Psychiatric Society, and Executive Director's report were noted. The \$10K surplus to MPS from the 3-day meeting with Southern Psychiatric Association was commended.

Support for MPS Strategic Priorities

Dr. Flaherty reported on continuing efforts to engage and build community among Early Career Psychiatrist members. The contract negotiation [virtual event on November 17](#) features Stephen Kaufman, J.D., which will be followed by another [contracts event from the physician perspective](#).

Dr. Merkel-Keller noted other actions aimed at MPS [strategic priorities](#). Copies of the September *MPS News* were emailed to about 400 non-members, who were also invited to the November CME. An introductory meeting about using the Collaborative Care Model will be followed by an effort with MedChi to coordinate and match psychiatrists and primary care providers. [See [page 4](#) for details.]

Executive Committee Report

Dr. Merkel-Keller reported that there was an informal, virtual meeting of both organizations following execution of the MPS-WPS MOU effective October 1. Dr. Hanson said this was an opportunity to meet the new leadership, review the 2022 session, and discuss the December 6 in-service meeting to kick off the effort with our joint lobbyist for another year.

Dr. Merkel-Keller said the October 11 meeting of MPS chairs explored ways to advance strategic priorities, respond to member input from the 2022 survey, and continue addressing structural racism and inclusion in the MPS. A Climate Change Perceptions survey was emailed to members. MPS EC met with Behavioral Health Administration representatives on October 19 and discussed the involuntary admission regs, the bed registry pilot and overstay coordination, and Optum Maryland payment recoupments and billing barriers.

Secretary Treasurer's Report

Dr. Balis reviewed the third quarter financial statements as of September 30, 2022. Assets are \$403K, up \$55K and liabilities are \$107K, up \$36K from this time last year, due to package offer purchases, prepaid ads, and a timing issue with SPA meeting fees. The actual 9/30/22 emergency reserve balance exceeds the required amount per the MPS investment policy, so there is no need to add funds. After considering the proposed capital budget, there are no additional funds for the investment reserve.

Compared to budget, total income of \$242K is \$4K more than expected, mainly because of more dues and advertising, plus package offer income that was not budgeted. Total expenses are \$227K, \$28K less than budget mainly due to no

legal fees and less meeting expenses. The \$15K surplus is \$32K better than budget. Compared to last year, total income is \$26K higher, total expenses are \$10K more, and the bottom line is \$16K better than last year's. There has been a \$50K net decrease in cash since the beginning of January, reflecting the annual dues cycle. New non-dues income and the September meeting surplus are positives and the MPS has ample funds on hand. Council agreed that this is a very favorable report.

Dr. Balis then presented the proposed 2023 MPS Capital Budget calling for a continuation of the \$15K database funding and a \$5K miscellaneous amount for small replacements approved by the Executive Committee (EC). She said the \$15K was approved by Council in March 2021, but EC deferred action due to cost concerns. For 2023, EC requested Council input about this outlay for revising the member profile to better accommodate demographic data that can help assess progress toward DEI goals and better assist those who look to MPS for help finding psychiatrists with a specific kind of background. Dr. Jayaram will ask APA to share the demographic information from their system with members' district branches.

Dr. Merkel-Keller stated that MPS may find members unwilling to provide the data and made a motion to withdraw the \$15K approved earlier. She also noted that the vendor quote has not been updated so the project may cost more in 2023. Council discussed the uncertainties of how members will respond and what will come from APA, as well as other ways of getting the information, and weighed those against aspirations for progress with diversification and being able to help with patient needs. Ultimately, Council voted for the motion to defund the database changes, with a couple of abstentions. Then Council voted unanimously for the remaining \$5K capital budget. Council requested that EC and the Community Psychiatry & Diversity Coalition address the questions and return with a detailed report.

Nominations & Elections

Dr. Hackman presented the Nominations & Elections Committee's proposed 2023 election slate and asked for any additional nominations. Hearing none, Council closed the nominations and voted in favor of the proposal with one abstention. Dr. Hackman then requested nominations from Council for the APA Assembly Rep and Nominations & Elections Committee vacancies, and noted some possibilities identified already. Council voted to approve the candidates, with one abstention. [See [page 4](#) for 2023 candidates.]

APA Assembly Representatives' Report

Dr. Hanson reported highlights of the virtual November 5-6 APA Assembly meeting. [See [page 9](#) for details.]

(Continued on next page)

MedChi Delegate's Report

Dr. Oviedo reported on selected resolutions from the November 5 MedChi House of Delegates meeting and shared links to further information. [See [page 6](#) for details.]

New Business

Dr. Ashley noted the recent media attention on boarding in the emergency department due to lack of beds or other placements and crisis services. She said MPS heard updates on the bed registry pilot from health department representatives, but they seem optimistic based on anecdotes shared among MPS leaders. Dr. Hightower asserted that beds are not enough, and we also need to increase other services, including long term care and housing.

MPS Collaborative Care Model Interest Group to Launch

At the conclusion of an introductory meeting in October, participants agreed to form an MPS Interest Group that will assist members with adoption of the [Collaborative Care Model](#) (CoCM) in Maryland, enabling them to work together to focus on workflow, quality, and outcomes for integrated care. Steve Daviss, M.D. will facilitate the group, which will support members who use CoCM via collaboration with MedChi, connections with state regulators, and coordination with the APA. Members who indicated interest in learning about CoCM on the [2022 MPS Member Survey](#) were invited to the initial meeting, however this group is **open to all MPS members**.

The [Collaborative Care Model](#) (CoCM) is an integrated care approach that helps primary care practitioners (PCPs) better manage people with mild and moderate psychiatric problems. The initial challenge in getting started with CoCM is finding PCPs interested in using the model. And PCPs have trouble finding psychiatrists who want to do CoCM. MPS has added "Collaborative Care Model (CoCM) Consulting" to the areas of interest in the [Find-a-Psychiatrist](#) tool to make it easier for practices to find psychiatrists who are trained in and use the model. The Interest Group will focus on the matchmaker role as an early initiative.

Virtual MPS CoCM Interest Group meetings are held the **second Monday of the month from 7 to 8 PM beginning December 12**. To join, please email heidi@mdpsych.org.

Note: This group will not discuss fees or any other issues that could be considered anticompetitive.

2023 MPS Dues Notices

If you haven't already, please pay your 2023 MPS dues:

- Mail your check made payable to "MPS" to 1101 St Paul Street, Ste 305, Baltimore, MD 21202 **-OR-**
- Pay online using a debit or credit card or Paypal account at [this link](#) or via your MPS [member account](#).

If you have questions or concerns please call the MPS office at 410.625.0232 or email mpps@mdpsych.org. Thanks for your continued support of the Maryland Psychiatric Society!

Candidates for 2023 MPS Election

The following nominees were approved in November by the MPS Council.

President-Elect (1-year term)

Theodora G. Balis, M.D.

Secretary-Treasurer (1-year term)

Ronald F. Means, M.D.

Council (2-year term, 4 vacancies)

M. Haroon Burhanullah, M.D.	Rachna S. Raisinghani, M.D.
Mary Cutler, M.D.	Traci J. Speed, M.D., Ph.D.
Tyler C. Hightower, M.D., M.P.H.	Ikwunga Wonodi, M.D.
Sushma N. Jani, M.D.	Michael A. Young, M.D.

Early Career Psychiatrist Councilor (2-year term)

Jamie D. Spitzer, M.D.

Resident-Fellow Member Councilor (1-year term)

Hannah Paulding, M.D.

APA Assembly Representative (3-year term)

Brian Zimnitzky, M.D.

Nominations & Elections Committee

(3-year term, 2 vacancies)

Jason H. Addison, M.D.
Virginia L. Ashley, M.D.
Ann L. Hackman, M.D.
Susan B. Wait, M.D.

Black Psychiatrists of America Collaboration

The MPS Community Psychiatry and Diversity Coalition (CPD) has connected with the leadership of [Black Psychiatrists of America, Inc.](#) (BPA), which was created in 1969 to address issues affecting the mental health of African people and their descendants worldwide. Toward that end, BPA organizes continuing education experiences for those who provide psychiatric services to this underserved and underresourced population.

CPD and BPA plan to collaborate toward a mutual goal of expanding the supply of Black psychiatrists in Maryland. To get involved, please email heidi@mdpsych.org.

BPA Scientific Program Committee Chair Danielle Hairston, M.D. will be putting out a call for papers for the BPA spring conference in Nashville in March 2023. Please email Danielle.Hairston@Howard.edu for more information. For other BPA news, online CME programs, and membership information, please visit <https://www.blackpsychiatrists.org/>.

Maryland News

Telehealth Recommendations

As required by [Chapter 70](#) (House Bill 123) and [Chapter 71](#) (Senate Bill 3) of the 2021 Laws of Maryland, *Preserve Telehealth Access Act of 2021*, the Maryland Health Care Commission (MHCC) has studied the impact of telehealth as it relates to use of audio-only and audio-visual technologies in somatic and behavioral health interventions. The Maryland Psychiatric Society and several other stakeholder groups provided input via surveys and focus groups.

A telehealth study [technical findings report](#) and an MHCC [recommendations report](#) were approved during a November 17th Commission meeting. The recommendations call for a continuation of telehealth coverage, and future study of payment levels relative to in-person care. (A report addressing this area would be due December 1, 2024.)

The MHCC must submit its recommendations on telehealth coverage and payment levels relative to in-person care to the Senate Finance Committee and the House Health and Government Operations Committee by December 1, 2022. [Click here](#) for more information.

Outpatient Care Coordination Patient Referrals

211 Maryland is working with the Maryland Department of Health, the Behavioral Health Administration, and hospitals across the state to facilitate community-based behavioral health referrals by hospital staff. To refer now, use the button on their [website](#) or dial 2-1-1 and press 4 immediately. The Care Coordination program gives hospital emergency departments a single access point to 211's statewide database of community-based resources and other behavioral health services, which is used to connect discharge planners and patients to available, conveniently located resources to support them after discharge.

CareFirst Provider Score

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) have developed a [Provider Profile Score](#), which is a composite of the practice's quality, patient experience, cost efficiency and relationship health scores. Eligible practices can request their profile score report via email to ProfileScore@carefirst.com. The email must contain the names of the providers, National Provider Identifier, Tax ID and Practice ID. Please note that the **deadline for practices to appeal their score is December 13.**

From [November 14 MedChi News](#)

Optum Maryland Provider Updates

Optum Maryland released a clarifying provider alert on November 7 regarding Emergency Room Billing reported in the November issue. Please view the full alert [here](#).

Optum also published updated [Mental Health, Substance Use Disorder, and Poison Diagnosis Lists](#) reflecting updated Medicaid coverage for behavioral health services. The lists include termination dates and effective dates for the codes to assist with accurate claims processing. These diagnosis codes are effective October 1, 2022. Optum Maryland is re-processing claims for dates of service that were denied for these codes, since this date.

CDS eRx Reminder

Some MPS members obtained a [waiver](#) from electronic prescribing (eRx) of controlled dangerous substances (CDS) early this year ([see list prescribers here](#)). The waiver is limited to one year, so it is time for those prescribers to begin the transition if they haven't already.

The Maryland exception from mandated eRx of CDS for 2022 was based on CMS action. The latest CMS requirements are [available here](#). Prescribers are exempt from the Maryland law if they prescribe a "low volume" of CDS.

If you need to select a platform for e prescribing, the MPS listserv is a good place to check in with colleagues to find out which ones they like.

NAMI Metropolitan Baltimore Education Programs

[NAMI Peer-to-Peer](#) is an 8-week course for individuals with mental health conditions. Classes begin **Monday, December 5th** from 7 to 9 PM.

[NAMI Family-to-Family](#) is an 8-week course for family members and loved ones of an adult living with a mental health condition. Classes begin **Wednesday, December 7th** from 7 to 9 PM.

General Assembly to Convene January 11

The Maryland General Assembly, including several newly elected legislators, will start the 90-day session next month. The coming year is expected to be busier than usual and the MPS Legislative Committee has already been working on bill drafts. As a member of the Behavioral Health Coalition, MPS is also involved with the Coalition's 2023 [Behavioral Health Crisis Prevention Platform](#). More to follow in the coming months.

Maryland News

November MedChi HOD Highlights

The MPS closely followed five of the resolutions that were presented at the recent MedChi House of Delegates (HOD) meeting. The Informational Report ME Report 1-22 'Prior Authorization' was approved. This report recommends adopting the Texas "Gold Card Standard" whereas if a physician reaches a certain prior authorization approval percentage, that physician would be exempt from prior authorization requirements. Resolution 13-22 'Reform Utilization Laws' was approved. This resolution recommends amending the current 'step therapy', or the "fail first" process, which places a third party with limited knowledge of the patient's history in an inappropriate decision-making role, be changed. Prior authorization requirements are increasing in number yearly, and this burden continues to drive up administrative costs for practices. A recent AMA survey found that 91% of physicians said prior authorization had a significant or somewhat negative impact on their patients' clinical outcome, and 28% said prior authorization intrusion led to a serious adverse event for a patient under their care. Improving the prior authorization process has been a priority for the MPS Legislative Committee.

Resolution 16-22 Healthcare Transparency was approved with amendments. This resolution outlines a process where MedChi will work with the Maryland Board of Physicians to ensure that the use of medically recognized terms (e.g., using the term psychiatrist, pediatrician etc.) by a non-physician would be a violation of Maryland Health Occupations Code 14-602(a).

Resolution 15-22 Modernization of the Maryland Impairment Guidelines was approved. This resolution recommends the adoption of the new AMA Guides to the Evaluation of Permanent Impairment. Of note, Resolution 18-22 'Emergency Medical Services Requirement for Individuals Experiencing Emergency Medical Conditions While in Custody or in Contact with a Police/Peace Officer' was withdrawn by its author.

- The MedChi Operations report can be found [here](#).
- The MedChi President's report can be found [here](#).
- The Final Reports and Resolutions can be found [here](#).

*Enrique Oviedo, M.D.
MedChi Delegate*

The MPS office will be closed on most days December 26-January 2. Please remember that you can pay your dues, update your profile or find a referral for a patient on our [website](#)!

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 provider self-care and the care they provide by addressing the pandemic, social justice issues, and other stressors. **CME credits are free.** Recordings are archived on the BHA/MedChi [webinar page](#). The programs run from **5 to 6 PM**:

December 8: [Finding Antidotes to Burnout Through Contradictory Truths](#)

Alana Iglewicz, M.D.

December 22: No webinar

New BHA Resource Guides

Maryland Crisis Hotlines Resource Guide

BHA posted a [guide](#) listing the hotline numbers statewide and by county.

Behavioral Health Walk-In & Urgent Care Centers Resource Guide

BHA posted a [guide](#) listing the address, hours and phone number of urgent care and walk-in centers by county.

CHAP Update

The Maryland Insurance Administration [Workgroup](#) on Consumer Health Access Program "CHAP" for Mental Health and Addiction Care has posted the agenda and recording of five meetings so far. Upcoming meetings include:

- Tuesday, 11/22/22 from 10:30AM - 12PM
- Thursday, 12/8/22 from 10:30AM - 12PM

This past summer the Maryland Insurance Administration formed a workgroup to address the establishment of the Consumer Health Access Program for Mental Health and Addiction Care ("CHAP") as passed by the Senate in 2022.

A core purpose of CHAP is assisting people to navigate the complex and difficult task of accessing mental health and substance abuse disorder treatment services and securing payment for those services from their health care plans or programs. The task of the CHAP Workgroup is to identify concerns or objections to CHAP as proposed, attempt to resolve issues and find common ground, and revise the CHAP Bill accordingly.

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.

Oscar G. Morales, M.D.

Transfer Into Maryland

Sahar A. Koloukani, M.D.

Medical Student Member

Michael I. Karanja

Thank You!

The following members paid additional MPS dues for 2023 even though they qualify for reduced dues because of their Rule of 95 life status. **We appreciate your support of the Maryland Psychiatric Society!**

Virginia L. Ashley, M.D.

Joanna D. Brandt, M.D.

Lawrence P. Costello, M.D.

David Gonzalez-Cawley, M.D.

David Goodman, M.D.

Jesse M. Hellman, M.D.

Lisa S. Hovermale, M.D.

Mercedes Rizo, M.D.

Elias K. Shaya, M.D.

Daniel D. Storch, M.D.

Robin Weiss, M.D.

MPS ADVOCACY DAYS IN ANNAPOLIS

On February 9th from 8:30AM—1PM, we invite all MPS members to [join us in Annapolis](#) to meet with House and Senate leadership to discuss current and future legislation affecting psychiatry and mental health in Maryland. There are many new legislators this year! MPS lobbyists help with talking points and protocol.

Contact Meagan Floyd (410-625-0232) or [email](#).



Proposed Changes to Confidentiality of SUD Patient Records under 42 CFR part 2

U.S. Health and Human Services Department, through the Office for Civil Rights and the Substance Abuse and Mental Health Services Administration (SAMHSA), announced proposed changes to the Confidentiality of Substance Use Disorder (SUD) Patient Records under 42 CFR part 2, which protects patient privacy and records concerning treatment related to substance use challenges from unauthorized disclosures. Specifically, the proposed rule increases coordination among providers in treatment for substance use challenges and increases protections for patients concerning records disclosure to avoid discrimination in treatment.

Please [click here](#) for the press release, including links to the proposal and a fact sheet. **Public comments will be accepted for 60 days.**

Patients Deserve Greater Clarity on Credentials

It's increasingly common for patients to encounter nonphysician practitioners as members of their health care teams. Meanwhile, more nonphysician practitioners have received advanced training resulting in a doctorate degree. Many patients are confused about the levels of education and training—and the confusion isn't limited to nonphysician practitioners who hold doctorates. For example, roughly one-fifth of respondents think psychiatrists are not physicians, and a similar number think nurse practitioners are physicians.

To help patients keep pace with these changes, an [AMA Council on Ethical and Judicial Affairs](#) report approved at the [AMA Interim Meeting](#) calls on physicians to make new strides to clarify their roles and credentials vis-a-vis other members of the health care team and also promote collaboration among all health professionals. Read more from the [November 17 AMA news post](#).

MPS Members Out & About

Bruce Taylor, M.D. and Robert Herman, M.D. both had letters to the Baltimore Sun published on November 11. They responded to the earlier "Field of Screams" letter from Ann Bracken, which asserted that psychiatry has more than an image problem.

Joyce Harrison, M.D. was featured on the [WYPR podcast Your Child's Brain](#) discussing Kennedy Krieger's [Project ECHO](#), which aims to reduce health disparities in underserved and remote areas through telementoring.



CONTRACT NEGOTIATION

FROM THE PHYSICIAN
PERSPECTIVE



**AFIFA
ADIBA, MD**

DISCUSSION AND INSIGHT

**DECEMBER 8, 2022
7:30-8:30PM**

**ZOOM:
MEETING ID: 419 237 9446
PASSCODE: MDPSYCH**

WE HEARD FROM STEPHEN KAUFMAN, JD ON 11/17 - NOW HEAR FROM AND HAVE YOUR QUESTIONS ANSWERED ABOUT PHYSICIAN CONTRACT NEGOTIATION FROM TWO EARLY CAREER PSYCHIATRISTS - DRs ADIBA & DELUCIA

PRESENTED BY MPS EARLY CAREER
PSYCHIATRISTS

FREE FOR MPS MEMBERS



**TORI
DELUCIA, MD**

APA News & Information

November APA Assembly Highlights

Mark Komrad, M.D. talked about developments in Benelux and Canada regarding euthanasia and Anne Hanson, M.D. gave an update on American developments regarding assisted suicide. These relate to action paper 12.F "Assisted suicide and inability to determine mental illness irremediability."

Speaker-elect Vasilis Pozios, M.D. reported that APA has established three new workgroups. He chairs a communications workgroup to improve communication between APA and DBs and components. Others are restructuring of the Assembly, and social determinants of mental health, which is chaired by Constance Dunlap, M.D.

APA President Rebecca Brendel, M.D., J.D. reported the completion of 13 of 18 taskforce action items by the Structural Racism Accountability Committee (www.psychiatry.org/srac). The APA BOT voted to reconstitute the SRAC under the auspices of the membership committee, with direct report to BOT. The Minority and Underrepresented (MUR) definition workgroup continues with a vote expected by March 2023. APA is reaching out to district branches around DEI issues.

APA advocacy efforts include:

- Work with Congress on collaborative care legislation, parity enforcement grants, extension of Telehealth x 2 years, and appropriations for public mental health.
- 100 members attended the APA state advocacy conference.
- APA hired an agency to create a public awareness campaign about NPs.

A total of 9 Action Papers were introduced, of those the following passed:

- 12.C Minimum age for firearm purchase
- 12.G Assisted suicide and inability to determine which mental disorders are futile
- 12.H Patient observers of encounters
- 12.A Quality of care in large retail organizations
- 12.B Reproductive rights and APA meetings, which passed with amendment to apply only to national meetings and to enable APA staff to attend meetings in states representing 1/3 of DBs that have some current form of abortion limitation
- 12.I Reinstate in person meetings of the Assembly

The APA treasurer's report shows 2022 outperforming budget expectations for total revenue, net income, and investment income. Publications and conferences revenue are up by 50% and 93% respectively (DSM V-TR sales exceed \$12M). 2022 loss of \$136,800 is expected. By the end of 2023 net operating income of \$3.8M is expected. The \$2M annual meeting and registry grants from ABPN require APA to do one study using the registry. APA is slowly paying down the

mortgage for the headquarters building, which is now below market interest rates.

APAF secured a \$560,000 SAMSHA grant to address mental health in schools. MPS member **Vedrana Hodzic, M.D.** will be director of fellowships and education.

Please use the links below to contact your Assembly Reps for more details, including the Action Papers.

[Annette Hanson, M.D.](#), [Elias Shaya, M.D.](#), and [Brian Zimnitzky, M.D.](#)

APA Signs On to AMA Letter Opposing Scope Creep

The AMA and nearly 90 physician organizations including the APA weighed in on a bill to expand nonphysicians' scope of practice in Medicare and Medicaid. The [letter](#) voiced strong opposition to H.R. 8812, the "Improving Care and Access to Nurses Act." This legislation would endanger the quality of care that Medicare and Medicaid patients receive by expanding the scope of practice for nonphysician practitioners, including nurse practitioners, certified nurse midwives, certified registered nurse anesthetists, clinical nurse specialists, and physician assistants, without physician involvement. Patients want and expect physicians to lead their health care team and participate in their health care determinations.

APA Signs On to Letter on ED Boarding

A letter to the White House from the American College of Emergency Physicians and 30 other national groups, including the APA, calls for the Administration to prioritize the boarding crisis and identify solutions. It notes that "hospital emergency departments (EDs) have been brought to a breaking point. ... While the causes of ED boarding are multifactorial, unprecedented and rising staffing shortages throughout the health care system have recently brought this issue to a crisis point, further spiraling the stress and burnout driving the current exodus of excellent physicians, nurses and other health care professionals." [Click here](#) to read the letter.

APA Looking Ahead Series – Climate Change

The **December 13** webinar at 7 PM, [Climate Change-Driven Mental Health Inequities](#), is free for members. 1.5 CME credits. [Click here](#) for details or to register.

APA News & Information

Dr. Brendel Joins Briefing on Psychology Prescribing

On October 27, APA President Rebecca Brendel, MD, JD, joined a panel hosted by the CATO Institute entitled, "Can Prescribing Psychologists Help Solve the National Mental Health Crisis?" The panel discussed whether lawmakers should expand psychologists' scope of practice to allow them to prescribe medication. The panel included two psychologists and a psychiatrist who supervises prescribing psychologist students in Illinois. Dr. Brendel discussed the lack of data on safety and efficacy of psychologists prescribing and encouraged support for access improvements like telemedicine and the collaborative care model. The briefing can be watched in full [here](#).

Evaluation, Management Coding, and Documentation

On **December 8 at 3:30 PM**, the APA will host a webinar on upcoming changes to how physicians select, and document evaluation and management services. **Beginning in January 2023, all evaluation and management (E/M) services in all settings (including hospital, and nursing facility settings) will use the same billing rules in place currently for outpatient services** -- all E/M's will be billed based on medical decision making, rather than history or exam OR by time, when psychotherapy is not being provided. The webinar, presented by Jeremy Musher, M.D., chair of APA's Committee on RBRVS, Codes, and Reimbursement and Chief Medical Officer and Chief Clinical Officer of US Behavioral Partners, will review the medical decision table, and rules around time. The discussion includes how to select the appropriate level of E/M service and how to document care for billing purposes. While the changes for 2023 are focused on facility-based care, there will be a review of proper coding and documentation for outpatient services as well. If interested, please [register here](#).

Student Loan Refinancing with Earnest

Join APA and Earnest Student Loan Refinancing on **December 7 at 7 PM** for a webinar on the benefits of refinancing student loans, including information about the Cares Act Expiration and Federal Student Loan Forgiveness, and an Earnest Refinance Product overview and demo. Refinancing can help individuals with existing federal or private loans consolidate under a single lender, lower their interest rate, change their original loan terms, and save money. [Register for the webinar](#).

APA Statement on Shooting in Colorado Springs

Following the shooting at Club Q Nightclub in Colorado Springs, the APA [released a statement](#), which reads in part, "...Violence based in hate is abhorrent. Bias toward LGBTQI people, whatever form it takes, hurts mental health. We stand opposed to laws and rhetoric that discriminate against this community... Gun violence is a public health crisis..."

Meet-the-Candidates Virtual Town Halls

APA members can virtually meet the [2023 candidates](#) during a series of 4 town hall sessions from **December 5 to 8**. These APA-sponsored events will be Q&A format and hosted by the APA Elections Committee. [Click here](#) to register and [click here](#) to submit questions for candidates.

Stimulant Rx Problems?

Are your patients having trouble getting their stimulant prescriptions filled? APA is working to better understand why this may be happening. If you hear concerns from patients or have concerns of your own, [please fill out this 30-second survey](#) and contact APA's Practice Management HelpLine at practicemanagement@psych.org or 800-343-4671.

AACAP Guidelines on C&A Depression

New [practice guidelines](#) published in the *Journal of the American Academy of Child and Adolescent Psychiatry*, are based on a comprehensive review of the evidence conducted by members of the American Academy of Child & Adolescent Psychiatry (AACAP) Committee on Quality Issues. The 55 page guideline is broken down into four sections:

- Overview of the guideline development process
- Assessment of depression
- Treatment of depression
- Limitations of the guideline

From [October 24 Psychiatric News Alert](#)

FREE December APA Course of the Month

Comparative Effectiveness of Medication Strategies for Treatment Resistant Depression in Late-Life: Results from the Optimum Study will provide knowledge and improve skills for treating older adults with difficult-to-treat depression by presenting the results from the OPTIMUM study, the largest-ever clinical trial of TRD in older adults. [Click here to access the Course of the Month and sign up for updates about this free member benefit.](#)

Medicare Updates

Medicare Participation for 2023

A [CMS announcement](#) provides information to help clinicians determine whether to become a Medicare participating provider, or to continue Medicare participation. All physicians – regardless of current status – must make their 2023 Medicare participation decision **by December 31**. The [announcement](#) includes instructions for what to do under various participation scenarios, as well as various updates and reminders.

2023 Medicare Physician Fees and Other Part B Changes

CMS announced the 2023 conversion factor is \$33.06, a decrease of \$1.55 from the 2022 PFS conversion factor of \$34.61, which reflects the statutorily required update of 0% for 2023 and expiration of the temporary 3% supplemental increase in payments for 2022. **As of press time, legislation is pending in Congress to stop the cut.** Please stay tuned or reach out to mps@mdpsych.org for an update. [Click here](#) to access a Novitas lookup tool for the 2023 rates.

In 2023, CMS will implement several changes to expand access to care. It will allow behavioral health clinicians like licensed professional counselors and marriage and family therapists to offer services under general (rather than direct) supervision of the Medicare practitioner. Medicare will pay Opioid Treatment Programs (OTPs) that use telecommunications with patients to initiate treatment with buprenorphine. OTPs can also bill for opioid use disorder treatment services provided through mobile units, such as vans, in accordance with SAMHSA and DEA guidance. CMS will pay for clinical psychologists and licensed clinical social workers to provide integrated behavioral health care as part of a primary care team. Finally, Medicare will establish a new monthly payment for comprehensive treatment and management services for patients with chronic pain. [Click here](#) for APA highlights of the 2023 changes.

In addition, CMS will change the Medicare Shared Savings Program, the largest Accountable Care Organization (ACO) program. ACOs are groups of health care providers who give coordinated, high-quality care to people with Medicare. These changes are central to the [Medicare Value-Based Care Strategy](#) and represent steps toward the 2030 CMS goal of having 100% of Traditional Medicare beneficiaries in an accountable care relationship with their healthcare provider.

For details, see the [fee schedule fact sheet](#), changes for [E/M visits and telehealth](#), and the [2023 final rule](#) and [summary](#).

2023 Medicare Bonus Payments for HPSAs

Zip codes designated as Health Professional Shortage Areas (HPSAs) in 2023 are eligible for a Medicare Physician Bonus.

- Review [Physician Bonus Details](#)
- Use the [Medicare Physician Bonus Payment Eligibility Analyzer](#)
- See the [instruction to Medicare Administrative Contractors](#)

QPP Changes for 2023

CMS [announced](#) updates to the Quality Payment Program (QPP) effective in 2023, including these MIPS changes:

- Continuing to use the mean final score from the 2017 performance year/2019 payment year to establish the performance threshold for the 2023 performance year/2025 payment year (75 points). The exceptional performance threshold is 89 points.
- Increasing the data completeness threshold to 75% for the 2024 and 2025 performance years.
- 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 198, with the addition of 9 quality measures and the removal of 11.
 - *Making substantive changes to 76 existing quality measures, adding and removing measures for specific specialty sets, and partially removing 2 measures from the inventory (2 measures finalized for removal in traditional MIPS and finalized for retention in MVPs).
 - *Adding 4 new improvement activities, modifying 5 existing improvement activities, and removing 6 existing improvement activities.
- Updating the measure reporting requirements for the Promoting Interoperability performance category, including making the Query of Prescription Drug Monitoring Program measure required, beginning with the 2023 performance period; adding a third option, Participation in the Trusted Exchange Framework and Common Agreement, for satisfying the Health Information Exchange objective; and allowing APM Entities to report Promoting Interoperability at the APM Entity level.
- Establishing a maximum cost improvement score of 1 percentage point out of 100 percentage points for the cost performance category.

Please [click here](#) for the CMS fact sheet and [click here](#) for QPP resources.

Medicare Updates

eRx Required for CDS under Medicare Part D as of January 1

Beginning January 1, 2023, providers must transmit prescriptions for controlled dangerous substances (CDS) electronically for Medicare Part D beneficiaries. Any prescriber who issues 100 or fewer qualifying Part D CDS prescriptions in a calendar year is exempt. Section 2003 of the SUPPORT Act mandates that a health care practitioner transmit a prescription for a Part D drug under a prescription drug plan (or under an MA-PD plan) for a Schedule II, III, IV, or V controlled substance electronically in accordance with an electronic prescription drug program.

To promote compliance, apply penalties, and support a waiver process, CMS has established the Electronic Prescribing for Controlled Substances (EPCS) Program. This CMS program is separate from any state EPCS program. CMS will analyze Medicare Part D claims and use the prescriber's National Provider Number (NPI) to measure compliance annually. After the EPCS compliance analysis is complete for 2023, CMS will send a notice of non-compliance via email to prescribers violating the EPCS mandate. (Be sure your e-mail addresses in the Medicare Provider Enrollment, Chain, and Ownership System (PECOS) and the National Plan and Provider Enumeration System (NPPES) are up to date.)

Check the [EPCS website](#) for resources and updates.

QPP Preview Period is Open

The Doctors and Clinicians Preview Period is now open for participants to preview their 2021 Quality Payment Program (QPP) performance information before it appears on clinician and group profile pages on [Medicare Care Compare](#) and in the [Provider Data Catalog \(PDC\)](#). Access the secure Preview through the [QPP website](#). [Click here](#) for slides regarding performance information for doctors, including detailed steps. Resources are available on the [Care Compare: Doctors and Clinicians Initiative page](#) for 2021 QPP performance information as well as 2020 clinician utilization data to be added to the PDC.

The Preview Period will close on December 20, 2022 at 8 PM. Please note the 2021 QPP performance information is planned for public reporting in 2023 and will be added to Care Compare and/or the PDC after all targeted reviews are completed. Call the QPP Service Center at 1-866-288-8292 or email QPP@cms.hhs.gov with questions about public reporting on Care Compare.

2021 Open Payments Dispute Period Ending

CMS has published 2021 data on financial relationships between applicable manufacturers and group purchasing organizations and certain health care providers. Visit <https://openpaymentsdata.cms.gov/> for details or to search by provider name, hospital, or company. **The period for review and dispute ends December 31.** Review of the 2021 data is voluntary, but strongly encouraged. If any records attributed to you are inaccurate or incomplete, you may initiate a dispute and work with the reporting entity to reach a resolution. [Click here](#) for more info.

2022 MIPS SAFER Guide Requirements

To increase safety and use of electronic health records, the Quality Payment Program added a new [Promoting Interoperability measure](#) to the Protect Patient Health Information objective starting in 2022. This new required, but unscored measure helps identify and prioritize potential risks. MIPS eligible clinicians are required to attest "yes" or "no" to completing an annual self-assessment using **only** the [High Priority Practices](#) guide to satisfy the requirement.

- Attesting "yes" signifies a participant has completed the annual self-assessment.
- Attesting "no" signifies a participant has not completed the annual self-assessment.
- For the 2022 and 2023 performance years, either answer is acceptable. However, leaving the SAFER Guides measure submission blank (e.g., N/A) will result in a score of 0.

MIPS Extreme and Uncontrollable Circumstances Exceptions

Apply by January 3 for Merit-based Incentive Payment System (MIPS) **Extreme and Uncontrollable Circumstances (EUC) Exceptions for 2022.** Eligible clinicians may apply to reweight any or all MIPS performance categories if they've been affected by EUC, which are defined as rare events entirely outside of your control and the control of the facility in which you practice. These circumstances must:

- Cause you to be unable to collect information necessary to submit for a MIPS performance category;
- Cause you to be unable to submit information that would be used to score a MIPS performance category for an extended period of time (for example, if you were unable to collect data for the quality performance category for 3 months), and/or;
- Impact your normal process, affecting your performance on cost measures and other administrative claims measures.

Please [click here](#) for EUC exception details.

Medicare Updates

Telehealth Updates Improve Access in Rural Areas

On November 1, CMS finalized Medicare payment rates for hospital outpatient and ambulatory surgical center services for 2023. It also *permanently* established a policy that clinical staff of hospital outpatient departments can provide behavioral health services remotely to patients in their homes. CMS first implemented this policy on an emergency basis in response to COVID-19. Making this policy permanent ensures access to behavioral health services particularly for rural and other underserved communities. CMS also clarified that in instances where there is an ongoing clinical relationship between practitioner and beneficiary at the time the PHE ends, the in-person requirement for ongoing, not newly initiated, treatment will apply. CMS will also permanently allow audio-only interactive telecommunications systems to be used to furnish these services when the beneficiary is unable to use, does not wish to use, or does not have access to two-way, audio/video technology. Please see the [fact sheet](#) for more details.

Nominations for Anti-Stigma Advocacy Award

The [Maryland Foundation for Psychiatry](#) presents an annual award to recognize a worthy piece published in a major newspaper that accomplishes one or more of the following:

- Shares with the public their experience with mental illness in themselves, a family member, or in the community.
- Helps others to overcome their inability to talk about mental illness or their own mental illness.
- Imparts particularly insightful observations on the general subject of mental illness.

The article should be published during the period from January 15, 2022 to January 15, 2023. A Maryland author and/or newspaper is preferred. [Click here](#) for past winners and published articles.

The award carries a \$500 prize, which is given at the Maryland Psychiatric Society annual meeting in April. Please send nominations to mfp@mdpsych.org by **January 16, 2023**.

The MFP is organized for educational and charitable purposes. For more information, please visit the [website](#).

PRMS Fact vs. Fiction Resource

I will be retiring from practice soon and have decided to give my paper charts to the patients. I've researched record storage options; when I mentioned to a colleague the outrageous cost, they shared their plan to eliminate that cost by giving the record to the patient. I really like this solution because in addition to saving money, I will not have to deal with requests for records. Upon researching further, quite a few retiring psychiatrists are doing this, so I feel this is an appropriate plan. What do you think - fact or fiction?

ANSWER: Fiction! Regardless of how many of your colleagues are doing this, it is inappropriate for at least the following reasons:

- Failure to retain records for at least 5 years (longer for minors) violates [Maryland law](#).
- Failure to retain records may constitute [unprofessional conduct](#).
- Failure to retain records may violate your professional liability insurance policy. Even if coverage is intact, by giving up control of the original records to the person who is most likely to make a claim regarding the care documented in them, a physician could be very severely jeopardizing their defense. The record could be altered, or there could be chain of custody issues resulting in the record being inadmissible.

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Thank You!

Idorsia Pharmaceuticals US Inc. provided financial support for the MPS Psychopharmacology Update on November 19, which offered up to 4 CME credits.

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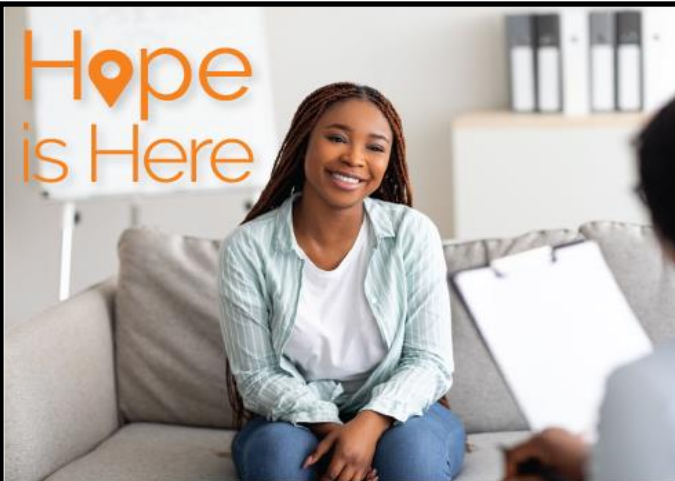
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