MARYLAND PSYCHIATRIC SOCIETY

March 11, 2024

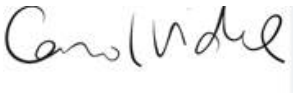
Jourdan Green
Director, Office of Regulation and Policy Coordination
Maryland Department of Health
201 West Preston Street, Room 512
Baltimore, MD 21201

To Whom It May Concern:

As a state medical organization with nearly 800 physician members who specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders, the Maryland Psychiatric Society (MPS) appreciates this opportunity to provide feedback on Comar 10.09.64, Collaborative Care Model.

As you are aware, the model of collaborative care has been implemented in a variety of settings, including primary care clinics, community health centers, and mental health clinics. Studies have shown that it is effective in improving the quality of care for patients with mental health conditions, reducing symptoms, and reducing healthcare costs. It also helps in reducing the burden on primary care physicians who may not have the expertise to manage complex mental health cases. We support the ccollaborative care model concept.

Below please find our comments relating to Comar 10.09.64 for your review and consideration. We are available to further assist you with the development of these regulations; please contact MPS Executive Director, Meagan Floyd at 410.625.0232 or mfloyd@mdpsych.org for more information.



Carol Vidal, M.D., Ph.D. President

Section .01 Definitions:

B(1) states: (1) "*Behavioral health care manager" (BHCM) means a nurse, clinical social worker, or psychologist working under the oversight and direction of the physician or other primary care provider* ***with formal education or specialized training to provide coordination and intervention in behavioral health***.

- This text is confusing as written, as it appears that the bolded section above applies to the "physician or other primary care provider", rather than to the behavioral health care manager or BHCM. However, it is our belief that wording is intended to require the BHCM to have formal education or specialized training.
- Our recommendation for this section would include moving the bolded section above to after the word "psychologist" and putting a comma before "working".

B(2) This language defines the "Collaborative Care Model"

- This section attempts to define the Collaborative Care Model, but it appears inadequate. The MPS feels strongly that the proposed terminology could be improved by adding wording consistent with CMS language, which is currently in use for Medicare.
- Our recommendation is to include the use of a "dedicated BHCM" and adding "measurement-based care" using an "APPROPRIATE" validated instrument. For instance, you wouldn't use a PHQ-9 to monitor improvements in OCD.

B(7) Language in this section uses the phrase "*psychiatric consultant*" to include an addiction medicine specialist or psychiatric nurse practitioner or "*other behavioral health medicine specialist... who is trained in psychiatry*..."

- This language is problematic. It is our opinion that many addiction medicine specialists are not properly trained in psychiatry and therefore should not be called a "psychiatric consultant." They should be called an "addiction medicine consultant." Also, a psychiatric nurse practitioner is not "trained in psychiatry" but rather they are trained in mental health advanced practice nursing. It is not accurate to call a psychiatric nurse practitioner a "psychiatric consultant"; as psychiatry is a medical specialty.
- Our recommendation is to use the terminology "collaborative care consultant" rather than psychiatric consultant. We would also emphasize the need to change the wording in this section to "trained in behavioral health" (which would cover either psychiatry or addiction medicine) rather than "trained in psychiatry."

Section .04 Eligibility for Services:

- It is our opinion that this section is highly problematic as it only limits "depression" or "anxiety" or a "mild to moderate" level. This is not consistent with CMS' guidance for collaborative care and is not even consistent with **MDH Provider Transmittal PT 47-24**, which uses the language: "*Eligibility is limited to those with a diagnosis of mild to moderate anxiety, depression, substance use disorder,* ***or any behavioral health diagnosis that is clinically appropriate for the primary care setting***."

Our recommendation is to use the above referenced language from PT 47-24, which is consistent with CMS guidance.