

MPS NEWS

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Editor: Meagan Floyd

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Deadline for articles is the 15th of the month preceding publication. Please email jhritz@mdpsych.org.
MPS News Design & Layout
Jora Hritz

President's Column

Gratitude

I love this time of Thanksgiving; the fall colors that remind us of nature's beauty, coming together with friends and family, reflecting on who and what is important to us, and explicitly speaking our gratitude. It can be difficult to remember the large and the small things we are grateful for during times of everyday stress as well as with the recent divisiveness and fear about the future for some after a contentious election. So, I am reminded that it is especially important to actively seek to find and to express gratitude during such times of social unease.

Throughout history, religious leaders and philosophers have spoken about the benefits of gratitude and it is universally recognized as a virtue. Cicero called it "the mother of all virtues," and Seneca described it as a fundamental motivational drive crucial for interpersonal relationships. Plato considered gratitude a moral duty, requiring individuals to acknowledge and appreciate the benefits they receive, even when personal desires must be set aside. These ancient views provide a foundation for understanding gratitude as a powerful, prosocial emotion that strengthens human connections and promotes emotional resilience.

Throughout the world, most people seem to have a clear understanding of what it means to be grateful and to be motivated to return kindness to others. But the human brain has also evolved a "negativity bias". This bias is an adaptive evolutionary tendency, which had an important function millennia ago when humans had to survive in an environment full of predators and competitors and thus the

human brain evolved to more readily recognize and process threatening stimuli. As a result, the human mind developed a bias that sees negative information as more important. However, the negativity bias often works against us in this modern world. Instead of helping us react to potentially deadly stimuli, it prioritizes negative information over positive information so it's easier for us to recall insults than praise.

Gratitude can help us counteract the negative bias. Gratitude has long been recognized as a tool that offers benefits for emotional well-being, particularly during periods of heightened stress or societal division.

In the wake of a highly polarized election, many individuals may feel disillusioned, anxious, or disconnected from others due to political differences. Gratitude might act as an antidote to these emotions. Research shows that the practice of giving thanks has been associated with strengthening social relationships (Algoe et al., 2008), improved mood regulation, fostering resilience to trauma (Kashdan et al., 2006), and greater overall well-being (Wood, 2008, Froh, 2006 and Emmons & McCullough, 2003). There have been reports of higher levels of happiness, greater empathy, and prosocial behaviors. This is particularly relevant after contentious political events, where emotions often run high and individuals may feel alienated, anxious, or disillusioned.

Recent research has also explored the neural mechanisms underlying gratitude, revealing that it is linked to brain activity in regions associated with moral cognition, activating the right anterior superior temporal cortex (Zahn et al., 2008). It is also related to reward

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**The MPS Council
will meet by
videoconference on
January 14 at 7:30 PM.
All members welcome!**

Presidents Column Continued

processing, including areas such as the nucleus accumbens, which is involved in processing the pleasure of receiving benefits from others (Harbaugh et al., 2007). Gratitude is also involved in social understanding found in the anterior cingulate cortex and medial prefrontal cortex, which plays a key role in perspective-taking and theory of mind. Early studies show that people who are more prone to gratitude show increased gray matter volume in the right inferior temporal gyrus and posteromedial cortices (Zahn et al., 2014).

Gratitude has been integrated into psychiatric practice in several ways: Gratitude Journaling, Mindfulness and Gratitude Meditation, Gratitude-Focused Group Therapy, and Gratitude in Building Therapeutic Alliances. Cultural differences in the expression and understanding of gratitude must be taken into account as well. Integrating gratitude-based interventions can reduce negative emotional responses, foster resilience, reducing negative emotional responses, and help patients affected by stressful life events.

While gratitude interventions have demonstrated benefits, certain challenges may arise in the context of a post-election environment. For individuals experiencing high levels of political distress or disillusionment, gratitude practices may initially seem difficult or disingenuous. Those who feel deeply impacted by political outcomes may struggle to find reasons for gratitude in the midst of perceived societal upheaval and gratitude exercises may feel irrelevant or overly simplistic. It is thus important for us to provide a safe, supportive space to process emotions in general.

Psychiatric organizations have an important opportunity to guide individuals through the emotional challenges that follow a divisive election, especially during this season that we often practice gratitude. Societal rifts can leave individuals feeling polarized and alienated. Gratitude may provide a tool for healing these divides by promoting empathy, respect, understanding, and shared values.

By encouraging individuals to express gratitude not only for personal blessings but also for positive attributes in others—regardless of political affiliation—psychiatric organizations can help facilitate emotional reconciliation. I believe it is our duty and the only way to find shared goals and move forward.

Personally, I am deeply grateful for my children, the wisdom and compassion of my mentors, the teachings of the elders in my family, the potential for insight that psychiatry offers, the wonderful and hardworking MPS staff, the MPS leadership and members, and the hope I have to have some positive impact.

*Theodora Balis, M.D.
MPS President*

Third Extension of Pandemic Telehealth Prescribing Flexibilities Issued

In late November, the Drug Enforcement Administration (DEA) in concert with the U.S. Department of Health and Human Services (HHS) issued a [third extension](#) of COVID-19 telehealth flexibilities for the prescribing of controlled medications, to be effective through December 31, 2025.

These telemedicine flexibilities, originally granted in March 2020 as part of the COVID-19 Public Health Emergency, authorize qualified health professionals to prescribe Schedule II-V controlled medications via telemedicine, including Schedule III-V narcotic-controlled medications approved by the Food and Drug Administration for the treatment of opioid use disorder via audio-only telemedicine encounters.

"This additional time will allow DEA (and also HHS, for rules that must be issued jointly) to promulgate proposed and final regulations that are consistent with public health and safety, and that also effectively mitigate the risk of possible diversion," the extension states. "Furthermore, this Third Temporary Rule will allow adequate time for providers to come into compliance with any new standards or safeguards eventually adopted in a final set of regulations."

Early in 2023, the DEA proposed regulations that would curtail some telemedicine prescribing flexibilities extended to qualified health professionals during the COVID-19 Public Health Emergency. The proposals appeared as two separate rules in the *Federal Register*: "[Telemedicine Prescribing of Controlled Substances When the Practitioner and the Patient Have Not Had a Prior In-Person Medical Evaluation](#)" and "[Expansion of Induction of Buprenorphine Via Telemedicine Encounter](#)."

For related information visit "[DEA, HHS Extend Telemedicine Flexibilities Through 2024](#)."

Ikwunga Wonodi Award Application Now Open!

The [Ikwunga Wonodi Social Justice and Health Equity in Psychiatry Award](#) is now open for application submissions. Announced in March 2024, the Wonodi Award will honor a Resident, Fellow, or Early-Career Psychiatrist who has demonstrated distinction in advocating for human rights and equity in psychiatric care. For more information on the award and application guidelines, [click here](#) or [visit the MPS website](#). The deadline to apply is December 15, 2024. A winner will be announced prior to the Annual Meeting in April 2025. Any questions can be directed to jhrizt@mdpsych.org.

November 12 MPS Council Meeting Highlights

Support for Strategic Priorities

Dr. Vial provided an update on activities that support MPS Strategic Priorities. She reported that since September:

- Career & Practice fair, September CME
- Solicited support for November CME meeting
- Shared WPS meeting notices with MPS members
- Advertised MPS paper and poster contest to RFM and ECP members
- Distributed information on APA Fellowships to RFM members
- Began planning RFM trivia night for 2/25

Executive Committee Report

Dr. Balis presented the Executive Committee report. She reported that regarding member support, the MPS published information regarding license renewals, Optum transition updates, published member spotlights, shoutouts (new) and publication announcements in recent editions of the MPS News. The Executive Committee met with Behavioral Health Administration officials in October and in November they met with members from NAMI Maryland to discuss legislative priorities and opportunities for collaboration. She noted that Drs. Paul Nestadt and Brandon Newsome attended the September APA State Advocacy Conference and the annual October MPS Committee Chairs Meeting was held in person at the MPS office. The LAC 2025 kick off meeting has been scheduled for early December, and the MPS will be hosting Advocacy Day in Annapolis in early 2025. She was pleased to note that the MPS LAC Board upgrade and DNS change has been completed ahead of schedule and under budget. She also informed the Council that Jora celebrated her one-year anniversary with the MPS on November 1st! Meagan Floyd celebrated her 22-year anniversary with the MPS in early October.

Secretary-Treasurer's Report

Dr. Hightower gave highlights of the third quarter 9/30/2024 financial statements, which were accepted by Council:

- Total assets are \$447K, up \$12.5K from last year. Current assets of \$441K are up \$9K.
- Liabilities of \$74K are up \$6.8K since this time last year, reflecting more accounts payable.
- Total income of \$255K is \$10K better than budget.
- Total expenses of \$262K are \$550 under budget. Salaries and the database are more than budget, but they are offset by savings in health insurance and IT Support. The supplemental budget overage for networking events is partly offset by income from Orioles ticket sales.
- The MPS continues to be on strong financial footing; emergency and investment reserves will affect financial statements at the end of the year.

Dr. Hightower then presented the proposed 2025 Capital budget, which only includes the annual 5k recommendation for miscellaneous expenditures. Council voted unanimously for a motion to approve the budget as presented.

She next reviewed the MPS investment policy, which states that 6 months' worth of expenses (1/2 of the annual budget) be maintained in cash or savings in an emergency" reserve. The MPS has ample reserve funds, and thanks to the sale of the condo and high interest rates, and has an overage of approximately 69k in savings. Council discussed several options related to the funds and after a motion was made, they unanimously voted to keep the funds in their current high yielding money market but revisit the option of investing in other accounts in early 2025 once the marketing stabilize after the inauguration.

Nominations and Elections Report

Dr. Hackman presented the proposed 2025 election slate and asked for any additional nominations. Hearing none, Council closed the nominations and voted unanimously in favor of the proposal.

President-Elect (1-year term)

Tyler C. Hightower, M.D., M.P.H.

Secretary-Treasurer (1-year term)

Michael Young, M.D.

Council (2-year term, 4 vacancies)

Kim Bright, M.D.

Mary Cutler, M.D.

Traci Speed, M.D.

Taylor Scott, M.D.

M. Haroon Burhanullah, M.D.

Sushma Jani, M.D.

Adefolake Akinsanya, M.D.

Gulafsheen Quadri, M.D.

Resident-Fellow Member Councilor

Matthew Brandt, M.D.

ECP Councilor

Melissa Lavoie, M.D.

Nominations from Council: Dr. Hackman then requested nominations from Council for the APA Assembly Rep and Nominations & Elections Committee vacancies, and noted some possibilities identified already.

APA Assembly Representative (3-year term, 1 vacancy)

Due to an unexpected, last-minute candidate reconsideration the day of Council, the Nominations and Elections Committee did not identify a potential candidate to run for APA Assembly Representative. After extensive discussion, two MPS members received nominations from Council members:

- Mark Komrad, M.D.
- Adefolake Akinsanya, M.D.

Council agreed to postpone the vote on the approval of the slate until more information can

Continued on next page

November 12 MPS Council Meeting Highlights *Continued*

be gathered regarding changes that will need to be made to the Council nominees if Dr. Akinsanya runs for the Assembly Representative position rather than the Council seat. Ms. Floyd agreed to work with the Nominations and Election Committee to investigate this unique situation and provide a complete slate for January's meeting.

Nominations & Elections Committee (3-year term, 2 vacancies)

Dr. Hackman noted that one additional nominee is needed due to a last-minute candidate reconsideration and the final slate, and another call for nominations will be presented at the January Council meeting. The Nominations and Elections Committee will work to identify an additional candidate for Council's consideration. The three candidates who have agreed to run are:

- Mark Ehrenreich, M.D.
- Carol Vidal, M.D.
- Marsden McGuire, M.D.

APA Assembly Report

Dr. Hanson reported that the November Assembly meeting featured a detailed report of the APA's financial situation. For the past ten years the organization has been drawing on its financial reserve in order to meet the demands of the organization, to the tune of roughly five million dollars per year. Memberships account for only one-sixth of the APA income yet are the core revenue generator. Annual fixed costs amount to fifty-nine million dollars. If the APA stopped drawing from reserves, all meaningful activities would have to be cut including advocacy efforts and Assembly meetings. Regarding advocacy, the APA and AMA joined forces to mitigate cuts to Medicare funding and to create new billing codes for digital mental health treatment products (apps). At a state level, seven states had psychologist prescribing bills and three passed. The Assembly considered several action papers and passed fifteen papers. Two papers addressed ongoing efforts to expand access and limit discrimination by Medicare and Medicaid.

MedChi Delegate's Report

Dr. Oviedo reported that the MedChi annual meeting began with an information presentation titled "Artificial Intelligence & Medicine: A Seismic Shift." The MedChi President-elect, Padmini Ranasinghe, conveyed that education physicians about AI will be one of her priorities during her term. There were a few resolutions that were approved which are of interest to MPS members: Resolution 41-24 – Inappropriate Certification of Discriminatory Recovery Residences and Resolution 38-24 – Adolescent and Teen Use of Social Media.

New Business

Dr. Balis presented the idea of hosting an annual MPS Membership Meeting for active members that would take place congruent to a Council meeting (at the beginning or

end of the Council meeting). The meeting will be a way to enhance transparency, present Committee updates and share ideas for future meetings, initiatives, etc. It will also encourage feedback from the general membership about ways that the MPS can better serve its members. Council agreed to organize a general membership meeting for February. MPS staff will work with the Executive Committee to develop a meeting agenda for and publicize the meeting to the membership.

Dr. Balis shared an idea from the Early Career Psychiatrist (ECP) Committee – they would like to launch a WhatsApp group for MPS ECPs. She shared the rules of engagement and guidelines the Committee developed for Council review. Council was in full support of this initiative, and recommended that the ECP Committee move forward with their new initiative.

Dr. Hanson asked to address Council regarding the current state of affairs at Perkins. Several articles have been published in area newspapers, which has resulted in an investigation by the state and the dismissal of the Medical Director. She asked if the MPS would be willing to serve as an intermediary between MPS members who are currently employed at Perkins and Senator Lam – who is interested in obtaining more information to potentially scheduling a hearing, etc. The MPS Executive Committee agreed to meet with Dr. Hanson to discuss this issue further.

MPS ADVOCACY DAY IN ANNAPOLIS

On February 2nd 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](#).

MPS Membership

Transfer Into Maryland

Samira Khan, M.D.
Faisal Akram, M.D.
Dasylia C Willoughby, D.O.
Zachary Selke, M.D.

NEW ECP WhatsApp Group

MPS has created a WhatsApp group, just for our Early-Career Psychiatry members! [Fill out this form to join](#) and, once approved, we will send an invite link for access to the group.

Purpose of the Group

- Peer Support: Provide a safe space for members to share experiences, challenges, and successes, and fostering camaraderie.
- Resource Sharing: Facilitate the exchange of valuable resources, including articles, tools, and strategies for clinical practice and professional development.
- Case Discussions: Create a platform for discussing clinical cases, ethical dilemmas, and treatment approaches, encouraging collaborative problem-solving and learning.
- Networking Opportunities: Build connections that may lead to collaborations, referrals, and job opportunities within the psychiatric community.

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 or on public media 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 or produced during the period from January 15, 2024 to January 9, 2025. A Maryland author and/or newspaper or major media outlet 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 10, 2025**.

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

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

MPS Best Paper Awards

The MPS established annual "best paper" awards to recognize outstanding scholarship by young psychiatrists in Maryland. Previous winners are listed [here](#). The Academic Psychiatry Committee is currently soliciting nominations for the 2024 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 2024. 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 2025.

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 2024. 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 2025.

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 2024. 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 2025.

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, including your own, 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 2024! 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.

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](#).

Maryland News

October 26, 2024, MedChi House of Delegates Highlights

The MedChi annual meeting began with an information presentation titled "Artificial Intelligence & Medicine: A Seismic Shift." An expert panel discussed the ways in which AI has already been incorporated into the practice of medicine, and the importance of physician being involved in the development and application of AI. The MedChi President-elect, Padmini Ranasinghe, conveyed that education physicians about AI will be one of her priorities during her term. AI has the potential to improve diagnostic accuracy, analyze data faster, and automate many routine tasks to assist physicians. However, there are also some pitfalls including data privacy and security concerns, possible biases in the algorithms used by AI. There are also many questions to be answered in terms of liability when AI is (or isn't) used and there are errors or adverse outcomes.

There were a few resolutions that were approved which are of interest to MPS members:

Resolution 41-24 – Inappropriate Certification of Discriminatory Recovery Residences – This resolution requested that MedChi advocate either directly or through legislative means for a policy within the Maryland Department of Health to not grant or renew certification by the Maryland Certification of Recovery Residences program for recovery residences which limit or restrict access to medication for opioid use disorder (MOUD) (including buprenorphine and methadone). At the reference committee earlier in the week there was discussion about how recovery programs who do not utilize MOUD unnecessarily make patient go through opioid withdrawal by not continuing their MOUD, and put them at higher risk for fatal overdose by discharging them without continuing their MOUD.

Resolution 38-24 – Adolescent and Teen Use of Social Media – This resolution recommended that MedChi adopt the AMA policy D-478.965 "Addressing Social Media and Social Networking Usage and its Impacts on Mental Health." This policy supports the development of clinical tools and protocols for the identification, treatment, and referral of children and adolescents at risk for and experiencing health sequelae of social media usage.

*Enrique Oviedo, M.D.
MedChi Delegate*

Youth Behavioral Health Support for Providers

The Maryland Department of Health's Behavioral Health Administration has new resources for providers and health care workers supporting mental health and substance use programs and services. To learn about behavioral health resources and services for children and adolescents, visit health.maryland.gov/youthbehavioralhealth.

Behavioral Health ASO Transition Information

The Maryland Medicaid Behavioral Health Administrative Services Organization will transition to Carelon on January 1, 2025. Information regarding the transition is posted to [this webpage](#) and updates will also be posted here on the Provider Bulletin.

- A document of [key transition dates and information](#) for providers is posted on the [ASO Transition webpage](#) on the Optum Maryland website.
- An updated [Provider Frequently Asked Questions](#) document was posted on October 17, 2024.
- View the [Carelon Provider Training Calendar](#) for December.

General Assembly to Convene

The Maryland General Assembly, including several newly elected legislators, will start the 90-day session next month on January 8, 2025. 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 Behavioral Health Crisis Prevention Platform. More to follow in the coming months.

December is Season Affective Disorder Awareness Month

Visit [NAMI](#) for a Season Affective Disorder [Fact Sheet](#) and additional resources to access and share with others.

Happy Holidays

2025 MPS Dues Notices

The 2025 MPS dues invoices were emailed the first week of October and were sent via USPS at the end of October.

To pay your MPS dues:

- Send your check to the MPS office (1211 Cathedral Street, Baltimore, MD 21201), which reduces our credit card processing costs.
- Pay via Zelle: 410-625-0232 which also helps to reduce credit card processing costs. (See QR code on this page.)
- You can also pay dues via credit or debit card or PayPal at www.mdpsych.org (Select "Contact" and scroll to the "Pay Now" button).

Please email mps@mdpsych.org with questions or call the office at 410.625.0232. Thanks for your continued support of the Maryland Psychiatric Society!

PRMS Case of the Quarter & Blog

2024 Q3 Case of the Quarter

Attached please find PRMS' latest "Case of the Quarter" column, a sample case study highlighting best practices in actual scenarios encountered through PRMS' extensive experience in litigation and claims management, on the topic of knowing your insurance policy. Current and past cases can also be found on our website [here](#).

PRMS Blogs

PRMS' most recent blogs include guest posts from the South Asian Mental Health Initiative and Network (SAMHIN) and the Indo-American Psychiatric Association (IAPA), covering topics of suicide and lifestyle psychiatry. PRMS.com/blog.

Expand Your MPS Engagement

MPS Interest Groups: Interest Groups are a way to connect with other psychiatrists around areas of mutual interest. Most communication occurs over email, but other options are possible. MPS members can opt in indefinitely to receive information and the opportunity to share news, ideas and concerns with participating members. Be sure to check out our new Collaborative Care Model interest group!

Engage with Digital Options

To stay informed, visit the [MPS website](#) regularly and follow us on [Facebook](#), [Instagram](#), [X](#), formerly [Twitter](#), and [LinkedIn](#).

Attention Sheppard Pratt Employees

If you are a Sheppard Pratt employee who is eligible to have your MPS and APA dues paid by your employer, please note the change in processing payment of your 2025 MPS and APA invoices. For 2025 employees must now submit dues payments to MPS directly and you will then be reimbursed by SHPS. Once you submit your payment for MPS dues please submit proof of payment receipt to [Lauren Hopper at SPHS via email](#) and she will process your request.

SAMHSA Launches Behavioral Health Workforce Career Navigator

Last month SAMHSA announced the launch of the [Behavioral Health Workforce Career Navigator](#), designed to help current and aspiring behavioral health professionals identify state requirements for a range of behavioral health careers. The [navigator](#) supports President Biden and Vice President Harris' commitment to expanding America's behavioral health workforce, a key element of the Administration's Unity Agenda for the Nation.

Psychiatrists with Immediate Patient Openings Available

The MPS maintains a list of members who can see new patients quickly. An *updated* "[MPS Members Actively Taking New Patients: Appointments Within 1-2 Weeks](#)" will appear on <https://mdpsych.org/> later this month. Please email mfloyd@mdpsych.org to be included (include name, patient types, insurances accepted, phone number/email, etc.) and/or consider referring patients to this resource. Patients can also try [Find a Psychiatrist](#), but the wait time may be longer.

Are You Interested in Becoming Chair of the MPPAC?

The Maryland Psychiatric Political Action Committee (MPPAC) is looking for new members and a new Chair in 2025! If you're interested in attending political fundraisers, working to solicit contributions from Maryland psychiatrists and help advocate for the practice of psychiatry within our state, we want to hear from you! Please email mppac@mdpsych.org for more information.

Join the MPS Listserv

MPS members are encouraged to join the listserv to easily share information with colleagues. An email message sent to the listserv goes to all members who have joined. Posts can be questions, information, thought-provoking articles and more. To join the listserv, please go to: <http://groups.google.com/group/mpslist> or email mps@mdpsych.org. The listserv is open to members only so you will have to wait for membership approval and will be notified by email. If you have any trouble, please call or text the MPS office at 410-625-0232.

Maryland Psychiatric Society

TRIVIA NIGHT

JANUARY 28, 2025

6:00PM TO 9:00PM

@HOMESLYCE PIZZA BAR-MT VERNON

Free for all Maryland Psychiatric Residents and Fellows



\$200

First Place Team



\$100

Second Place Team



\$50

Third Place Team



Register
Here

You may reserve up to 2 tickets

Member Shoutouts

Marissa Flaherty, MD, Constance Lacap, DO, and Hinda Dubin, MD were named among [Baltimore Magazine's Top Doctors for 2024](#). The list covers 130 specialties and subspecialties and more than 638 physicians who received the highest number of recommendations by peers are included. Congratulations!

Samantha Miller, M.D. won the 2nd Place Award in the Adult Category at the 12th annual University of Maryland Medical Center Healing Arts Exhibit. UMMC staff can submit original art in the form of paintings, drawings, photography and sculpture. View the exhibit at the downtown campus at 22 South Greene Street on the First Floor Atrium hallway until November 14, 2024.

Recently, two FDA advisory committees met to consider changes in the REMS system in regard to clozapine. One of the experts testifying cited [a recent paper](#) written by **Allison Brant, M.D.** and **Russ Margolis, M.D.** Kudos to them both!

Members Out & About

Mark Komrad, M.D. was the inaugural guest on the new podcast series *Equal Dose*. The podcast discusses a wide variety of contemporary topics in psychiatry and mental healthcare. Dr. Komrad's episode can be watched/listened to here: [The Mental Health Access Crisis — Can We Fix It? | Equal Dose](#)

Michael Young, M.D. was featured on [CBS News Baltimore discussing the feeling of political anxiety](#). He recommends setting boundaries on how much political news you consume, thinking about the things you can control, and reaching out for help if you become too overwhelmed.

Member Publications

Erin Wang, a Hopkins medical student, first-authored "Knowledge, attitudes, and concerns about psilocybin and MDMA as novel therapies among U.S. healthcare professionals" in *Scientific Reports* with co-author **Sandeep Nayak, M.D.** They surveyed healthcare professionals anonymously for their perceptions on the therapeutic usage for psilocybin and MDMA.

Member Spotlight Submissions

Recently worked on an exciting research project, reached a milestone in your career, or have advice for younger psychiatrists? Submit a short article and photo [here](#) to showcase your experiences. We will share your responses on social media and in our newsletter. If you have any questions please call or text 410-625-0232.

CLIMATE CORNER

I will be presenting grand rounds at Sheppard Pratt on December 10 at 12pm on the Neuropsychiatric Implications of Plastics Pollution. The [event](#) is available in person and online. The grand rounds is an expansion of what I previously wrote in the [April](#) and [May](#) columns and in [Psychiatric Times](#).

Last month, *The Lancet Planetary Health* published their results of a nation-wide [survey](#) of youths aged 16-25. The final report provides aggregate data from across the entire country, but the supplementary appendix includes data specific to our region, with 397 respondents from Maryland, Delaware, and DC:

- Lived experience: nearly all (92.4%) experienced at least one severe weather event in the previous year, primarily smoke or air pollution (77.1%), extreme heat (66.7%), and flooding (41.7%).
- Climate emotions: 86.6% experienced moderate, a lot, or extreme worry about climate change and its impacts on people and the planet, with 45% reporting it has impacted their mental health at least moderately. Climate change induced negative emotions in two-thirds of respondents to a moderate, notable, or extreme degree: sadness (68%), anxiety (68%), fear (68%), powerlessness (66%), and anger (60%).
- Beliefs about the future: Climate change impacted their beliefs about the future, as expressed by at least moderate hesitancy to have children (54%) or to participate in a social or economic system that harms the planet (78%).
- Political views: 68% believe the US government is betraying them and future generations, 73% believe that the United States government is not taking their concerns seriously, 77% believe that the United States is not doing enough to avoid a climate catastrophe, and 70% of respondents believe the US government is not acting in line with climate science and is lying about the effectiveness of the actions they are taking.

As highlighted in [September's](#) column, we know that climate change disproportionately affects the mental health and future livelihood of children and youth, and this study shows that youth are acutely aware of this, with resulting anxiety amid the sense that the government has failed them.

There are always ways we can combat climate change and plastics pollution on an individual level. With the upcoming holidays, consider how to make your meals and gifts plastic-free. For [meals](#), this includes cooking from scratch and shopping local whenever possible, using reusable dishware and utensils and natural decorations, and providing reusable containers or asking guests to bring their own. For [gifts](#), consider buying items that can help reduce plastics waste (like Swedish dish cloths, tea strainers, and travel mugs), experiences instead of material goods, and plastic-free clothing.

Elizabeth Ryznar MD MSC

APA News & Information

APA Assembly Highlights

The November Assembly meeting featured a detailed report of the APA's financial situation. For the past ten years the organization had been drawing on its financial reserve in order to meet the demands of the organization, to the tune of roughly five million dollars per year. Memberships account for only one-sixth of the APA income yet are the core revenue generator. Annual fixed costs amount to fifty-nine million dollars. If the APA stopped drawing from reserves, all meaningful activities would have to be cut including advocacy efforts and Assembly meetings. Fortunately, the budget is balanced this year due to massive reorganization, and there is a five-year plan in place to maintain viability. Our own Area 3 will receive funding to continue semiannual meetings in 2025.

Within the APA administration efforts continue to improve communication between the components and the Assembly. An Assembly liaison has been assigned to each Council. Also, the APA has extended its contract with the Synergy company to continue DEI efforts.

With regard to advocacy, the APA and AMA joined forces to mitigate cuts to Medicare funding and to create new billing codes for digital mental health treatment products (apps). They are trying to keep the six-month waiver for telehealth in place. Other advocacy topics include increased funding to train workforce, loan repayment, and maternal mental health. At a state level, seven states had psychologist prescribing bills and three passed.

The Assembly considered several action papers and passed fifteen papers. The APA will now create a standardized safety curriculum for residents and a psychiatric training experience for emergency department residents. It will create a resource document related to the use of ketamine to treat mental health conditions and make recommendations regarding social media use by children and adolescents. It will create a resource document regarding the care of transgendered prisoners. Two papers addressed ongoing efforts to expand access and limit discrimination by Medicare and Medicaid.

Finally, this Assembly meeting marked the end of one representative's term and the Maryland Psychiatric Society is considering a replacement for the Spring election.

*Anne Hanson, MD
Elias Shaya, MD
Brian Zimnitzky, MD*

Submit Your New Research for the Annual Meetings

The 2025 Annual Meeting submission site is now open for posters involving new, late-breaking research results. Posters involving case reports or literature reviews will not be considered. The submission site will be open until Jan. 9, 2025, 5 p.m. ET. The theme for the 2025 APA Annual Meeting is "**Lifestyle for Positive Mental and Physical Health.**" The Scientific Program Committee encourages all submitters to keep this theme in mind while crafting their submissions.

[Learn more and submit a poster](#)

Apply for 2024-25 Fellowships

The [APA/APAF Fellowships](#) application cycle begins **November 1st**. Fellowships provide psychiatry residents experiential learning, training and professional development to become leaders in the field. Fellows receive mentorship from APA member experts, get exclusive opportunities to be a part of APA leadership councils, and network with APA members from around the country. Fellowships include:

- APA/APAF Leadership
- Child and Adolescent Psychiatry
- Community Diversity
- Diversity Leadership
- Edwin Valdiserri Correctional Psychiatry
- Jeanne Spurlock Congressional
- Public Psychiatry
- Psychiatric Research
- SAMHSA Minority

apafdn.org/futureleaders

Medical Minds Podcast Returns

After a brief hiatus, APA's "[Medical Mind Podcast](#)" returns with two new episodes. The first features a conversation with APA President Ramaswamy Viswanathan, M.D., Dr.Med.Sc., about his journey to psychiatric leadership and his commitment to lifestyle medicine. The second episode welcomes the co-chairs of APA's Spanish Language Working Group, Amalia Londoño Tobón, M.D., and Hector Colón-Rivera, M.D., to discuss LaSaludMental.org, APA's online Spanish-language resource.

Registration for APA's 2025 Annual Meeting Now Open

APA is returning to Los Angeles for the first time in 40 years! Join your colleagues May 17-21, 2025, for five days of in-person learning, engagement and networking at the [APA Annual Meeting](#). [Register now for the lowest rates.](#)

FREE APA Course of the Month

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

Medicare Updates

MPS Members Needed for Listening Session with CMS

The Division of Customer Experience Engagement (DCXE) within the Office of Healthcare Experience and Interoperability (OHEI) at the Centers for Medicare & Medicaid Services (CMS) is currently conducting a clinician qualitative research engagement focused on understanding factors influencing a clinician's decision to participate or not participate in Medicare, Medicare Advantage, Medicaid, and/or the Marketplace, including but not limited to financial aspects. DCXE uses Human-Centered Design methodology to understand the experience of CMS customers (i.e. People with Medicare or Medicaid, clinicians, providers, etc.) and potential ways CMS can improve our programs and policies.

In this engagement, the intent is to gain perspectives and insights by speaking directly with clinicians who:

- Have opted out of Medicare, Medicaid, and/or the Marketplace (both those who never enrolled and those who enrolled and then opted out)
- Are enrolled in Medicare and/or Medicaid and not currently accepting new patients
- Previously opted out and have decided to re-enroll or terminate their decision to opt out
- Have transitioned to a direct primary care or concierge model

They would like to speak with 5 – 7 individuals from your membership who represent the categories above and would be interested in voluntarily participating in a discussion about their participation or non-participation with Medicare, Medicaid, and/or the Marketplace. Conversations with individuals typically last about 30 minutes – 1 hour and would take place via Zoom. There is no need to prepare anything in advance. All participation in the DCXE engagement would be anonymized and aggregated with the learnings from other participants. Please reach out to Morgan Taylor (morgan.taylor@cms.hhs.gov) and Christina Beach-Baumgartner (christina.beachbaumgartner@cms.hhs.gov) for more information.

Prior Authorization Timeframe Change

Effective January 1, 2025, CMS will reduce the timeframe for Medicare Administrative Contractors to review Medicare Fee -for-Service standard prior authorization requests to no more than 7 calendar days.

More Information:

- [Prior Authorization for Certain Hospital Outpatient Department Services](#)
- [Prior Authorization Process for Certain DMEPOS Items](#)
- [Prior Authorization of Repetitive, Scheduled Non-Emergent Ambulance Transport](#)

Novitasphere Redesign

Novitasphere is being [redesigned](#) to a more modern look and feel. The new format will be available for all existing users on December 9. The redesigned Novitasphere will include the same current [features and functionalities](#) as well as some new enhancements. If you are not familiar with Novitasphere, please visit the Novitasphere [enrollment web page](#) to learn more about the requirements. All eligible offices are encouraged to enroll and experience the many benefits today.

Bill Introduced to Provide Medicare Payment Increase

The [Medicare Patient Access and Practice Stabilization Act of 2024](#) would entirely stop the proposed 2025 Medicare physician payment cut and provide an update equal to half of the Medicare Economic Index. "The introduction of a bill to stop the ruinous Medicare payment cut that is scheduled to go into effect Jan. 1 is a vital sign that Congress is poised to act. Lawmakers must take action during the lame duck session," says a statement from AMA President Bruce A. Scott, MD. Watch the latest episode of [AMA Update](#) for more information on the new legislation.

CMS Proposes Medicare Physician Reimbursements Cuts for 2025

CMS moved forward with a 2.9% cut to Medicare physician reimbursements for 2025. The federal agency published the Medicare Physician Fee Schedule final rule in November, which retains the payment reduction the agency proposed in July. The AMA and other physician societies are urging Congress to stop the cut from taking effect or blunt its impact – as they did for 2024 and prior years. In a [statement](#), AMA President Bruce Scott, MD, said, "To put it bluntly, Medicare plans to pay us less while costs go up. You don't have to be an economist to know that is an unsustainable trend, though one that has been going on for decades."

2025 Physician Fee Schedule

The 2025 fee schedule is now available for download in PDF, Excel and TXT formats in an [online tool](#). Individual code lookups will be available beginning January 1, 2025.

Medicare Updates

Rural-Urban Health Disparities in Medicare

Last month, CMS released [a report](#), *Rural-Urban Disparities in Health Care in Medicare*, in recognition of National Rural Health Month. The report presents information on the quality of health care received by people with Medicare nationwide, highlighting (1) rural-urban differences in health care experiences and clinical care, (2) how rural-urban differences in health care experiences and clinical care vary by race and ethnicity, and (3) historical trends in quality of care for rural and urban residents.

Provider Enrollment Status Tools Available

Checking the status of an application? Instead of calling the Provider Enrollment Help Line, use their self-service resources to obtain application status, such as [Provider Enrollment Status Inquiry Tool](#), [Provider Enrollment Gateway](#) or [PECOS](#) resources for assistance.

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HOW DOES KETAMINE WORK IN DEPRESSION?

JOIN A STUDY 1-877-646-3644

(1-877-MIND-NIH) TTY: 711

email: moodresearch@mail.nih.gov

This NIH research study is trying to better understand how ketamine (an FDA-approved anesthetic) works to provide rapid antidepressant effects and if taking perampanel (an FDA-approved epilepsy medication) with ketamine weakens or eliminates its antidepressant response.

The study is enrolling ages 18-70 with major depression who are free of serious medical conditions for up to 5 weeks as an inpatient and/or outpatient. Participants will be tapered off their psychiatric medications. Research procedures include:

- Blood draws, medical and psychological evaluations
- Brain scans (MRI & MEG), sleep studies, and/or TMS (transcranial magnetic stimulation)
- One low-dose ketamine infusion and perampanel and/or placebo
- Optional ketamine treatment at the end of the study



The study is conducted at the NIH Clinical Center in Bethesda, Maryland and enrolls eligible participants from across all 50 states. Participation is free. Compensation up to \$1,475 is provided. Travel arrangements are provided and costs are covered by NIMH (arrangements vary by distance).



National Institute
of Mental Health

Protocol #19-M-0107; Carlos A. Zarate, M.D., Principal Investigator





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