

MPS NEWS

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Deadline to submit articles to *MPS News* is the 15th of the month preceding publication. Please email heidi@mdpsych.org.

MPS News Design & Layout
Meagan Floyd

President's Column

Tis The Season For Action

I extend you warm wishes for a peaceful, healthy and happy holiday season from the staff and Council of Maryland Psychiatric Society. Especially after our nation's divisive presidential election, we all deserve downtime to contemplate 2016 and think of the challenges facing us in 2017.

Unfortunately, 2017 may prove to be business as usual for those affected by the growing opioid epidemic in Maryland. Families and friends who have lost loved ones to opioid overdoses in 2016 will not be celebrating the holidays this year. Maryland continues to face this major public health issue that menaces the lives of its citizens. According to data from our Department of Health and Mental Hygiene (DHMH), the number of drug- and alcohol-related deaths in our state from January-June, 2016 increased more than 50% from the same period last year (920 deaths vs. 601). The increase in deaths affects all age groups (although it has been most rapid among individuals 55 years of age and above), all races, men and women and people living in rural, as well as urban, areas.

Heroin accounted for the most deaths, rising 68% to 566 in the first half of 2016. But the biggest spike (rising 268% to 446) was from fentanyl. DEA officials have said that this is typically not the painkiller used in medical settings but is a synthetic version made in foreign labs and shipped illegally to the US. It is 50-100% more potent than morphine. Dealers are cutting heroin with such fentanyl because of its potency and to make their heroin more attractive to buyers. Sometimes, fentanyl is substituted for heroin or cocaine entirely. Users are dying.

DHMH Health Secretary Van Mitchell has starred in a recently-televised public service announcement (PSA) to help raise awareness of the fentanyl dilemma. Family testimony has also been incorporated in PSAs. You can view these on YouTube at <https://goo.gl/vQCyOY> and <https://goo.gl/3uokl1>. Of course, raising awareness is only part of the solution for this deadly problem. Governor Larry Hogan has supported other state efforts to expand access to the antidotal Naloxone, to increase data sharing, to increase clinical training for healthcare professionals, and to establish the Prescription Drug Monitoring Program (PDMP). Of note to us, prescribers will be required to [register with PDMP](#) by July 2017 to obtain a Controlled Dangerous Substance license. Ironically, the tightening constraint on prescribing opioid pain killers, resulting decrease in prescription numbers, and increased availability of Suboxone may have led to the surge in heroin and fentanyl use.

Increasing access to treatment and recovery services remains an unmet need. The cycle of addiction that fuels this public health crisis cannot resolve until an addicted person seeking help in an emergency room can receive immediate treatment. Being told of a 1-3 weeks' wait is dooming addicts to failure. All of us – state and local governments, families of addicts, those affected by addictions, their advocates, psychiatrists, and other healthcare professionals – most unite in this complicated battle.

We can still hope for better news in 2017.

Merle C. McCann, M.D.

Visit the [Maryland Overdose Response Program and Prevention](#) webpages for information, training and resources.

The next MPS Council meeting will be held at 8 PM Tuesday, January 10 in the MPS office

MPS Diversity Committee Update

The Diversity Committee met twice in November. We further discussed focusing our work on three main areas with separate sub-committees to spearhead work in each area:

1) Mentoring trainees - We discussed ways to engage residents in the discussion of cultural issues through movie nights, invited speakers, and mentorship. We will plan a movie night with pot luck dinner at a member's home after the December holidays. Topics considered include understanding prejudice. In addition, there are many APA fellowships/grants for residents, and medical students. Committee members are available to assist trainees in choosing and applying for the APA opportunities. We also want to encourage trainees to join the committee to contribute to our discussions and planning.

2) Engaging early career psychiatrists - We plan an event after the December holidays to promote how members can become involved with APA caucuses and fellowships. We also hope to provide a forum to address topics in diversity, specifically as it relates to work in community psychiatry.

3) Legislature/Community - We plan to work to make real changes in our field and are considering ways to impact the challenges our patients from minority groups face with accessing appropriate treatment. We welcome ideas for this.

Our next meeting is **December 8 at 7:00 PM** in the MPS offices. We will continue planning a movie night and our sub-committee work. We would like to invite any members interested in contributing, especially all trainees. We value your input!

*Theodora Balis, M.D.
Chair, Diversity Committee*

Membership

The following individuals have applied for membership with the MPS. 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.

Nicole Leistikow, M.D.
Gillian Schweitzer, M.D.
Christine Tran-Boynes, D.O.

Transfers Into Maryland From Another District Branch

Judith D. Gardner, M.D.
Pravesh Sharma, M.D.
Souraya Torbey, M.D.

Nominees for 2017 Anti-Stigma Advocacy Award

The annual Maryland Foundation for Psychiatry Anti-Stigma Advocacy Award recognizes 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 simply 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.
- A Maryland author and/or newspaper is preferred.

The award carries a \$500 prize. To nominate a piece for consideration for the 2017 award, email it to mfp@mdpsych.org no later than February 9, 2017. The article should be published during the period of February 1, 2016 to February 9, 2017. The 2016 winner was Amy Marlow, whose article "[My dad killed himself when I was 13. He hid his depression. I won't hide mine.](#)" was published February 9, 2016 in the *Washington Post*.

New Member Accounts on MPS Website

In September, the MPS launched new website features for members only that allow them to pay MPS membership dues and other charges, access an up-to-the-minute online membership directory, view/change their member profile, and more. To use these features, members need to register on the site and create an email ID and password. Please look for the email message entitled "**MPS Rolls Out Online Member Profile, Directory and Bill Pay – Register Today!**" that explains how to register and includes your MPS Member ID.

Once logged in, users can see their personal information, payments and contributions, and check the directory to find contact information for other MPS members.

- **Profile** includes tabs with biographic information, practice information and addresses. Click "Edit" to make changes.
- **Payments** displays payment history for dues, meetings, etc., current balance and a link to pay if there is an amount outstanding. To pay online, click the "Pay Now" button.
- **Contributions** to the Maryland Foundation for Psychiatry and/or the Maryland Psychiatric Political Action Committee are listed with the most recent shown first.
- **Membership Directory** includes **all** active MPS members, which is more than the [Find A Psychiatrist](#) search on the home page that is open to the public.

We hope this will become a highly valued benefit.

November 15 Council Highlights

Executive Committee Report

Dr. McCann reported that the leadership of the MPS and the Suburban Maryland Psychiatric Society met on November 10 with the Harris Jones and Malone lobbyist firm. Lisa Harris Jones and Phil Cronin provided a report of the 2016 Maryland General Assembly and the legislation that was important to psychiatry. A copy of this report can be obtained from [Kery Hummel](#). The upcoming General Assembly session was discussed and MPS Advocacy Days have been set for Wednesday, February 8th and Thursday, February 9th 2017.

He noted that the annual performance review with the MPS investment fund management firm was conducted by conference call. MPS funds have been invested for three years and have earned an average annual return of over 2%. This is more than the funds would have made in either CDs or a savings account. The MPS investment policy will be examined to determine whether to increase the percentage of equity holdings.

Dr. McCann continued by explaining that centralized billing with the APA for 2017 dues has begun. The transition period will require much more follow up with members to ensure they are not dropped for non-payment.

Finally, he reported that the Executive Committee is meeting with the Behavioral Health Administration on November 22 to discuss actions on the [Forensic Services Workgroup Final Report](#). Other updates will include actions for opioid addiction treatment and PDMP.

Executive Director's Report

Mr. Hummel stated that he attended the APA District Branch Execs meeting in Washington DC November 3rd and 4th. The MPS database/website project is almost complete, and enhancements to the database are being explored. All members are encouraged to log in to their MPS website accounts at www.mdpsych.org. [See New Member Accounts article on [page 2](#) for more info.]

Secretary-Treasurer's Report

Dr. Triplett reviewed the first quarter MPS financial statements ending September 30, 2016. The change in the dues year required a 6 month dues period and a "short" financial year (July 1 - December 31, 2016) so the MPS can begin participating in the APA centralized billing service for 2017 dues. This transition makes comparisons between the same period in 2015 difficult. Collecting one half of the annual dues resulted in 37% less in cash accounts compared to last year when a full year was collected. The loss to date is better than budgeted, but worse than last year's. Council asked the Executive Committee to continue to monitor and work with staff as we transition to APA billing.

It is anticipated that because of the shift in the financial cycle, expenses and assets are not out of line, but as we proceed over the next year we will have a clearer picture. Council unanimously approved the financial reports as presented.

Program and CME Committee Report

Dr. Addison talked about the November 19 CME with Dr. Richard Kogan's presentation on *Beethoven's Deafness: Psychological Crisis & Artistic Triumph*. Over 300 tickets have been purchased for this program, which is jointly sponsored with MedChi. The free APA [CME on December 3](#) is *Applying the Integrated Care Approach: Practical Skills for the Consulting Psychiatrist*. The committee is developing the Spring 2017 symposium on a pharmacology update.

Membership Committee Report

Dr. Lehmann reminded Council about the importance of paying the July - December dues by end of 2016. The MPS drop date for non-payment will coincide with the APA drop date: March 31, 2017. Because it allows only 6 months to pay MPS dues (vs. 9 previously) and includes both 6 month dues and 2017 dues, the drop list will likely be much longer than usual. She asked the Council for assistance with contacting members regarding dues payments beginning in January to minimize the large expense of sending certified notices that are required under MPS bylaws.

Nominations and Elections Committee Report

Dr. Lehmann chaired the committee, which met November 7 to decide on nominees for the 2017 MPS election. She presented the slate, which was unanimously approved by Council. [See 2017 election on [page 4](#).]

Nominations for Nominating Committee

Council voted to nominate the following members to run in 2017 for two positions on the Nominations and Elections Committee: Drs. Merle McCann, Susan Lehmann, Mark Ehrenreich and Ann Hackman.

Review of Executive Director's Compensation

In accordance with the MPS policy, the Executive Director's salary is to be reviewed and approved annually. Council asked the Executive Committee to perform this task and report back to the Council at its January meeting.

APA Assembly Representatives' Report

Dr. Hanson reported on Action Papers presented at the November APA Assembly meeting. [See [page 7](#) for the report.]

Slate For 2017 MPS Election

On behalf of the MPS Nominations and Elections Committee, Dr. Susan Lehmann presented the following nominees, which were approved unanimously at the November 15 Council meeting. These members will appear on the ballot for the 2017 MPS election:

President-Elect Patrick Triplett, M.D.

Secretary-Treasurer Marsden McGuire, M.D.

Councilor (4 positions)

Virginia Ashley, M.D.

Mark Ehrenreich, M.D.

Cynthia Fields, M.D.

Annette Hanson, M.D.

Jill Joyce, M.D.

Cynthia Major-Lewis, M.D.

Ronald Means, M.D.

Crystal Watkins, M.D.

Early Career Psychiatrist

Councilor

Jessica Merkel-Keller

Resident-Fellow Member Councilor

Paul Nestadt, M.D.

APA Assembly Representative

Brian Zimnitzky, M.D.

In addition, Council nominated the following members for two openings:

Nominations & Elections Committee:

Merle McCann, M.D.

Mark Ehrenreich, M.D.

Susan Lehmann, M.D.

Ann Hackman, M.D.

Thank You!

The following members have paid full MPS dues for 2017 even though they qualify for reduced dues because they have reached life status. We appreciate your financial support of the Maryland Psychiatric Society!

Louis Cohen, M.D.

George Gallahorn, M.D.

Jill Joyce, M.D.

David Neubauer, M.D.

Paul Ruskin, M.D.

Daniel Storch, M.D.

HIPAA and Cloud Computing

Protecting patients' health information is critical to the future of data collection that informs population health. But how can physicians make sure they follow Health Insurance Portability and Accountability Act (HIPAA) regulations when using cloud computing? The Department of Health and Human Services Office of Civil Rights (OCR) issued [guidance on HIPAA and cloud computing](#) that confirms cloud services providers (CSP) are business associates under HIPAA. The guidance offers detailed direction on the nature of cloud computing, business associate agreements (BAA) and how it all relates to HIPAA, including:

- **Physicians can use mobile devices to access ePHI in a cloud**, if physical, administrative and technical safeguards are in place to protect the confidentiality, integrity and availability of the ePHI on the device and the cloud. Read the [guidance on the use of mobile devices and tips](#) for securing ePHI on those devices.

- **A HIPAA-covered entity or business associate can use a cloud service to store or process ePHI**, but must first enter a HIPAA-compliant BAA with the CSP that will be creating, receiving, maintaining or transmitting ePHI on its behalf. The BAA establishes how ePHI can be disclosed and used. OCR offers [guidance on the elements of BAAs](#). To address more specific business expectations with your CSP, you can execute a Service Level Agreement (SLA) with provisions such as system availability and reliability, backup and data recovery, [how data will be returned to the customer after service use termination](#), security responsibility and use, retention and disclosure limitations. The AMA offers [a sample BAA for your reference](#).

- **Using a CSP to maintain ePHI without a BAA is a violation of HIPAA rules**. If you use or are thinking of using a CSP to create, receive, maintain or transmit ePHI on your behalf, you must have a BAA with the CSP or both you and the CSP will be in violation of HIPAA.

- **A CSP that stores encrypted ePHI and does not have a decryption key is still considered a HIPAA business associate**. Because the CSP receives and maintains ePHI for a covered entity or other business associate, lacking a decryption key for the data does not exempt a CSP from business associate status.

- **If a CSP experiences a security incident it must report the incident to the covered entity or business associate**. HIPAA requires business associates to identify and respond to suspected or known security incidents, mitigate harmful effects that are known and document security incidents and their outcomes. The [Breach Notification Rule](#) specifies the content, timing, etc. to report for incidents that rise to the level of a breach of unsecured patient information. For more info, see the [FAQ about reporting security incidents](#).

From [October 17 AMA Wire post](#)

Maryland News

CRISP

CRISP, the designated state Health Information Exchange (HIE) serving Maryland and the District of Columbia, is integrated with several provider organizations across the region, including all acute care hospitals in Maryland and most hospitals in DC. CRISP is focused on expanding integration with providers in care settings beyond hospitals to include both primary and specialty physician practices. This connectivity will facilitate electronic access to and exchange of patient information to improve outcomes, reduce costs, and improve care coordination by making clinical data across settings available at the point of care. Please [click here](#) for information on the FREE services offered by CRISP. For assistance with registering for CRISP, please contact Colleen George at cgeorge@medchi.org or 888-507-6024.

From [November 21 MedChi News](#)

Input Needed for Crisis Services Survey

The Maryland Behavioral Health Advisory Council (BHAC) is working to implement [Senate Bill 551](#), which was Maryland Behavioral Health Coalition priority legislation enacted earlier this year. It requires the development of a strategic plan for ensuring the statewide 24/7 availability of clinical crisis walk-in services and mobile crisis teams.

As an initial step in the process, the BHAC Executive Committee developed a [survey](#) to gather certain information from interested stakeholders and the public at-large. The survey will inform an environmental scan being performed by a consultant to the project. The questions have been designed to generate feedback related to the availability of clinical crisis walk-in services and mobile crisis teams and to help identify priorities that will be used to guide decision-making as we work to expand these services.

MPS Announces 2017 General Assembly Advocacy Days

The MPS Legislative Committee invites all MPS and Suburban Maryland Psychiatric Society members to participate in our annual Advocacy Days in Annapolis. This year we meet with legislators on **Wednesday February 8th and Thursday February 9th**. Advocacy Days help MPS members to interact directly with our state delegates and senators and to educate them about the clinical relevance of proposed bills and the impact of legislation on the practice of psychiatry. Face-to-face contact is the most effective form of political action and past meetings have positively influenced past legislation. No experience is required! You can choose to spend as little as half of one day and as much as both whole days. We always have a good time. Please contact Kery Hummel at khummel@mdpsych.org if you would like to attend. We hope to see you there!

NAMI Releases New Parity Report

A National Alliance on Mental Illness (NAMI) report reveals new information about the gap between health insurance coverage of mental health and substance abuse conditions and that of other medical conditions. [Out-of-Network, Out-of-Pocket, Out-of-Options: The Unfulfilled Promise of Parity](#) focuses specifically on the limits of in-network mental health care providers and excessive out-of-pocket costs for people seeking mental health care. NAMI CEO Mary Gilberti said, "When you have cancer or heart disease, you expect to find specialists in your insurance network. Mental illness should be no different." The report is based on a survey of 3,081 individuals with mental health conditions and mental health caregivers conducted in winter 2015. More findings and recommendations related to insurance networks can be found at www.nami.org/parityreport.

From November 2016 *NAMI Maryland News and Events*

2017 Health Insurance

Check out health coverage available at MarylandHealthConnection.gov. **December 15 is the last day to buy a plan and qualify for financial help that starts January 1.** Last year, 9 out of 10 people who enrolled qualified for savings to lower their costs. These 3 types of financial help are available only through Maryland Health Connection:

- Tax credits (discounts on premiums, for now or at tax time)
- Lower out-of-pocket costs on deductibles, copays, etc.
- Medicaid/MCHP (free or low-cost coverage)

MedChi) and NAMI released a public service announcement (PSA) urging Maryland citizens to ask the right questions during open enrollment. [Read more on PSA.](#)

Board of Physicians Annual Report

The Maryland Board of Physicians' [report](#) shows 186 physicians were subject to disciplinary actions in FY16 and fined over \$108K. It lists the number of allegations investigated under each of the various disciplinary grounds (total of 1348 allegations), as well as the average number of days to resolve (overall 179). Unprofessional conduct and failure to meet the standard of care were by far the most frequent allegations. There were 1073 new complaints in FY16 and 1099 resolved, so some of the backlog from FY15 is reduced. The Board continues to be understaffed. The report also includes progress on implementing the sunset evaluation recommendations, as well as the new laws that will affect the Board.

Maryland News

Medical Marijuana Update

According to the [Baltimore Sun](#), only 172 of 16000 doctors in Maryland have registered to be able to recommend patients for medical marijuana, and two of the state's largest hospital systems, LifeBridge and MedStar, have banned their physicians from participating. Other medical providers, including Johns Hopkins and Kaiser Permanente, are still devising policies on medical marijuana.

The Maryland program is limited to patients with chronic diseases such as post traumatic stress disorder and glaucoma, debilitating medical conditions that require hospice or palliative care, and severe conditions that cause symptoms such as nausea, pain, seizures or wasting. It is expected to roll out next year. For more information, visit the Maryland Medical Cannabis Commission [website](#).

Kogan Interview on WYPR

Richard Kogan, M.D. discussed "Psychoanalyzing the Great Composers" with Sheilah Kast and Andrea Appleton on WYPR the day before his performance for the [MPS/MedChi joint program](#) on Beethoven at Goucher. [Click here](#) to listen if you missed it.

Support the Foundation

Shop AmazonSmile at <http://smile.amazon.com/ch/52-1701356> and the AmazonSmile Foundation will donate 0.5% of the price of eligible purchases to the **Maryland Foundation for Psychiatry**. Once you set this up by pasting this url into your browser, the donation happens automatically when you shop at Amazon. Certain items are not eligible, and the amount excludes shipping, taxes, etc. Eligible products are marked "Eligible for AmazonSmile donation" on their product detail pages.

You can also donate directly to the Foundation [here](#).



APA News & Information

October APA Board of Trustees Highlights

The APA Board of Trustees met for just one day in October, as the Assembly, which has the primary role in identifying topics for the APA to address, had not met since the last Board meeting. Keep in mind that these are unofficial highlights.

The APA will begin publishing an open access journal in 2017.

The treasurer reported net income was \$11.5 million through the eight months ended August 31, 2016, compared to \$8.3 million through August 2015, a difference of \$3.2 million. Most of the variance is attributable to higher investment income in 2016.

Total membership on July 31 was 36,696, up a little.

APA dues will increase \$2.00 in 2018. Course fees at the annual meeting will increase \$5.

This slim report is a reminder that the Assembly has become the deliberative body of the APA, a goal of some Area 3 leaders over the past four decades.

*Roger Peele, MD, DLFAPA
Area 3 Trustee*

APA Launches PsychPRO

The APA has launched Psychiatric Patient Registry Online, or PsychPRO, a national mental health [registry](#) to help psychiatrists provide quality care and meet new MACRA requirements. APA CEO and Medical Director Saul Levin, MD, MPA said that this tool will help psychiatrists meet new quality reporting requirements and maintain professional recertification. It also has research potential. Sheppard Pratt has agreed to be the first large health system to participate, and Sheppard Pratt CEO Harsh Trivedi, M.D. will initially chair the PsychPRO Advisory Group..

Vote in APA Election!

Voting in this year's APA election begins January 3 and closes January 31. Past MPS President and current APA Assembly Representative **Robert Roca, M.D., M.P.H., M.B.A.** is running for the position of APA Secretary. His opponents are MPS Affiliate Member Brian Crowley, M.D. of Washington, D.C. (a petition candidate), Philip Muskin, M.D., M.A., and Gail Erlick Robinson, M.D. Information on all the candidates in the 2017 election will appear in the December 16 issue of *Psychiatric News*.

APA News & Information

November APA Assembly Highlights

The APA Assembly met in Washington DC the first weekend in November to consider 22 Action Papers. There were somewhat fewer papers than usual, and many were uncontested. The most controversial issue was a motion to abandon the "vote by strength" procedure which has historically given more electoral power to large district branches. Ultimately this voting procedure was retained.

President Maria Oquendo reported that the FDA is seeking to rely on the revised APA practice guidelines to inform indications for prescribing. The APA Steering Committee on Practice Guidelines will distribute the new guideline for treatment of alcoholism this spring, with guidelines for schizophrenia and eating disorders to follow in the fall. Area chairs will be encouraged to distribute the draft guidelines to members for review and comment.

Medical Director Saul Levin discussed the APA-White House task force to investigate parity violations by health plans and to produce a guide to consumer rights. He noted that the APA worked to liberalize MACRA reporting exemptions; as a result, 49% of psychiatrists will be exempt. The Mental Health Reform Act (S.2680, otherwise known as the "Murphy Bill") passed the House with only two abstentions. Dr. Levin urged APA members to lobby their senators to support the bill. Finally, the new APA headquarters are expected to open for business in January 2018.

Steve Daviss has been selected by the nominating committee to run for Assembly recorder. (The recorder tracks and reports the status of the Assembly's action papers.) He will run against Paul O'Leary of Area 5.

President-elect Anita Everett presented the APA Joint Reference Committee results. The JRC accepted an Action Paper co-authored by Drs. Annette Hanson and Mark Komrad, a position statement in opposition to psychiatrist involvement in euthanasia and assisted suicide of the non-terminally ill. This paper was approved by the Assembly and is scheduled for consideration by the Board of Trustees in December.

Another MPS Action Paper by Dr. Steve Daviss calls on the APA or the APA Foundation to provide scholarships to cover travel expenses for consumer/patient presenters at the APA conference. This funding would come from voluntary contributions from exhibitors. The paper passed.

Other papers that passed called upon the APA to work in collaboration with other professional organizations to reduce childhood poverty, to increase psychiatric coverage in jails and prisons, to advocate for the use of "smart gun" technology, and to enhance the privacy of patient information in PDMP programs. Another would require the ABPN to reimburse members the amount of interest earned

by the annual fees members pay to the ABPN for participation in MOC. Alternatively, the ABPN could deduct that interest from the fee paid to take the recertification exam.

Finally, in the Area 3 meeting it was announced that SAM-SHA has funded online training for buprenorphine prescribing, free for one CME credit, at pccsamat.org.

For more details on the November Assembly meeting, please [click here](#). The next Action Paper deadline to be considered at the May 2017 Assembly is March 30th. Members should contact the MPS Assembly Reps below for help submitting or writing papers.

*Annette Hanson, M.D.
Robert Roca, M.D.
Steven Daviss, M.D.
APA Assembly Representatives*

APA Offers Help to Navigate MACRA Payment Reforms

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) changes the way psychiatrists and other physicians working with Medicare patients will be paid. To help you understand the new regulations, APA has relaunched its [Payment Reform webpage](#) and prepared free educational materials and a webinar series. Download the [MACRA 101 Primer For Psychiatrists](#). The recorded presentation "[Quality Reporting 101: A How-to Guide for Psychiatrists](#)" is available through the APA Learning Center.

APA's live webinars for this month are:

[December 7: MIPS Advancing Care Information Category](#)
[December 14: MIPS Improvement Activities Category](#)

Each webinar offers 1 AMA PRA Category 1 credit. The APA designates this enduring CME activity for a maximum of 1 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

APA Mental Health App Resource

Use of mobile health (mHealth) technologies, including smartphone mobile applications ("apps"), has grown considerably. Mobile apps designed for mental health and psychiatry are particularly popular. The APA and its "Apps Work Group" has developed a new resource to help members evaluate mobile health apps for potential use in practice. [Click here](#) for more information.

APA News & Information

APA Early Career Resources

Early career is an exhilarating time as you continue to develop your identity as a physician and explore new opportunities. It can also be challenging as you tackle the business side of medicine and manage your career. The APA can help with business of medicine resources, professional development, and career management. These resources are now conveniently available on one [APA webpage](#).

Now Accepting Applications for Fellowships

APA/APAF Fellowships allow residents and fellows to expand their skills and explore interests while completing their regular training program. Many come with funding for projects or research and provide an excellent opportunity to connect with colleagues from across the country. **Applications are due January 30, 2017.** [Explore all eight fellowships today.](#)

ECPs Receive Complimentary FOCUS

Early career psychiatrist members are eligible for a complimentary online subscription to "[Focus: The Journal Of Lifelong Learning](#)" (a value of \$569) as a benefit of APA membership. Current ECP subscribers must renew their subscriptions each year. To subscribe or renew, please call APA Customer Service at (800) 368-5777 or (703) 907-7322.

Free Member Course of the Month

Each month, the APA gives members access to an online course on a trending topic at no charge. The December course is *Early Detection and Intervention for Adolescents with Early Psychosis*, Steven Adelsheim, M.D., Stanford University School of Medicine. This course discusses U.S. and international efforts in early intervention for young people with early psychosis and focuses on some of the critical components necessary to build on the existing models of early psychosis. [Access the course here.](#)



Medicare News

2017 Medicare Fee Schedule

Novitas has posted the 2017 Medicare Part B Physician's Fee Schedules (available in Adobe PDF, Microsoft Excel, and Plain Text formats). The **single code search feature will not include 2017 fees until the first week of January 2017.** Visit the [Fee Schedule Tool](#) for copies.

2017 Medicare Participation Decision

Enrollment ends December 31 for physicians participating in Medicare beginning January 1, 2017. Please review [2017 Medicare Participation Enrollment](#) details, including participating and non-participating, where to send your agreement, etc. Novitas sent a 2017 participation post-card that includes a number to call for a hard copy of the enrollment package, 1-877-235-8073.

Coming In 2018

MACRA requires CMS to remove Social Security Numbers (SSNs) from all Medicare cards by April 2019. A new randomly generated Medicare Beneficiary Identifier (MBI) will replace the SSN-based Health Insurance Claim Number (HICN) for transactions like billing, eligibility status, and claim status. In April 2018, Medicare patients will receive new cards with MBIs. Thereafter, it will be important to ask Medicare patients at the time of service if they have a new card with an MBI. Also, beginning in October 2018, through December 31, 2019, CMS will return the MBI on the remittance advice for claims submitted using a patient's HICN. Physicians should check practice management systems and business processes to determine what changes are needed for the new MBI and test them by April 2018. Visit the [SSNRI Provider](#) webpage to learn more.

New Online Tool to Simplify Quality Payment Program

On November 17, CMS [announced](#) a tool to automatically share electronic data for the Medicare Quality Payment Program. The [Application Program Interface](#) (API) builds on the [Quality Payment Program](#) website by making it easier for other organizations to retrieve and maintain the Quality Payment Program's measures and enable them to build applications for clinicians and their practices. The API will allow developers to write software using the information described on the Explore Measures section of the Quality Payment Program website. The [Explores Measures](#) tool helps clinicians and practice managers select measures that likely fit their practice, assemble them into a group, and print or save them for reference.

Medicare News

Update on Prescribing Medicare Part D

CMS rules require virtually all physicians who write prescriptions for Part D drugs to be enrolled in an approved status or to have a valid opt-out affidavit on file for their prescriptions to be coverable under Part D. To allow sufficient time for enrollment and complex system enhancements, CMS will delay enforcement of this rule until **February 1, 2017**. To minimize the impact on beneficiaries and ensure access to the care they need, CMS will implement a phased approach to enforcement that will begin in the second calendar quarter of 2017 and end with full implementation and enforcement of the Part D prescriber enforcement requirement on January 1, 2019. Please [click here](#) for more details. CMS encourages all providers who prescribe Part D drugs, but are not yet enrolled or validly opted out of Medicare, to enroll in the Medicare Program. [Click here](#) for enrollment information.

Payment for Collaborative Care

CMS recently announced that coverage and reimbursement for "specific behavioral health services furnished using the Collaborative Care Model, which has demonstrated benefits in a variety of settings" will be part of its Medicare Physician Fee Schedule rule **starting in 2017**. Read [MORE](#) about these changes and their impact on improving men-

Informal Review Deadline for 2017 Value Modifier Extended to December 7

In 2017, CMS will apply a payment reduction to providers who did not satisfactorily report PQRS in 2015. The 2015 Annual Quality and Resource Use Reports (QRURs) show how physician groups and physician solo practitioners performed in 2015 on the quality and cost measures used to calculate the 2017 Value Modifier, as well as their 2017 Value Modifier payment adjustment. **Access and review your 2015 Annual QRUR now to determine whether you are subject to the 2017 Value Modifier payment adjustment.** If you believe you have been incorrectly assessed the 2017 PQRS payment adjustment, submit an informal review request by **December 7**. Information about the 2015 Annual QRURs and how to request an informal review is on the [2015 QRUR and 2017 Value Modifier webpage](#).

New Tool for Network Directories

Last month, the [AMA said](#) it will partner with the healthcare division of data company Lexis Nexis on a new tool for physician network directories. The database, Lexis Nexis [VerifyHCP](#), will ensure the best network data quality by monitoring, cleaning or updating clinician information automatically to give insurers, providers and especially patients access to the most up-to-date data. Rising healthcare costs have necessitated that consumers research providers before receiving care. The AMA says the new tool will make sure they are making decisions based on updated provider directories.

New AMA Policy on Leadership and Ethics in Collaborative Care

The AMA adopted [new policy](#) describing physicians' ethical obligations to lead and participate in the team-based care model that research shows can improve health care quality and patient outcomes, enhance care access and slow the rate of medical spending while reducing burnout among health professionals. "Such teams are defined by their dedication to providing patient-centered care, protecting the integrity of the patient-physician relationship, sharing mutual respect and trust, communicating effectively, sharing accountability and responsibility, and upholding common ethical values as team members," says an AMA [Council on Ethical and Judicial Affairs report](#) adopted by the House of Delegates at the 2016 Interim Meeting last month. The report further describes how doctors should lead within the team and within an institution.

From a [November 15 AMA Wire post](#)

Confidential Access to Services for Trainees

In response to the mental and physical toll that medical education and training can exact on medical students, residents, fellows and physicians, delegates at the 2016 AMA Interim Meeting developed and revised existing AMA policy on medical student and physician health. The new policy addresses burnout by supporting access to confidential health services to tackle not only physical health but mental health as well. A [report of the AMA Council on Medical Education](#), which delegates adopted as AMA policy, include revisions to existing policy on medical student and physician health to streamline and consolidate this policy into a more cohesive, coherent body. It specifies guidelines and safeguards for trainee access to health services.

From [November 16 AMA Wire post](#)



Review Open Payments Data by December 31

Physicians should check [Open Payments](#) data every year — even if you don't think there is data reported on you — because drug or device companies can submit older data from previous years. If it is the first time data has been published, you have until the end of the year to review and dispute. 2015 Open Payments public data can be disputed until the end of 2016.

- [Learn more](#) about reviewing and disputing public Open Payments data
- [Review](#) your data

By June 30 each year, CMS publishes financial data from the year before, as well as updates from previous program periods. For questions, email the [Help Desk](#) or call 855-326-8366.

Report Parity Violations

The Parity Track website has a place to register complaints about health plans' denial or restriction of care. [Parity Track](#) partners include the Kennedy Forum and the Scattergood Foundation; its coalition also includes Mental Health America, NAMI and others. The website has reports on parity implementation at the national and state levels, outlines patient rights and gives resources and groups that provide support.

Refer a Colleague and Support the Foundation

The Professional Risk Management Services (PRMS) referral program has generated a \$25 donation to the **Maryland Foundation for Psychiatry**. When a PRMS client refers a psychiatrist or group practice to PRMS for liability insurance, they donate \$25 to the doctor's district branch (regardless of whether insurance is purchased or not). To learn more about this program, please contact Melanie Smith at smith@prms.com.

Bonus Offered! Chief Psychiatrist Positions – Baltimore and Hagerstown – Staff Psychiatrist Opportunities Also Available

Why explore a career in correctional healthcare?

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For details and a list of all our openings please check out our website:

<http://www.mhm-services.com/careers/index.html> EOE

Psychiatrist, University of Maryland Health Center College Park, MD

The UHC is seeking an additional half time psychiatrist to join our team. We are a Health Center providing comprehensive primary care and immediate care to students, faculty and staff. Mental Health services are available to students only. Our Mental Health team includes psychiatrists, a psychiatric nurse practitioner, counselors, drug and alcohol counselors, and a sexual assault response and prevention service. The UHC has a strong and active trans-health program and we have been recognized by the Human Rights Campaign as a Leader in LGBT Health. There are regular opportunities to interact with learners in a variety of mental health disciplines.

The University Health Center is proud to be nationally accredited for over 30 years by the Accreditation Association for Ambulatory Health Care, an independent organization that only places its seal of approval on medical facilities that meet the highest standards of quality. Less than 15% of all college health centers in the U.S. are accredited!

The University Health Center provides high quality, cost-effective health care and wellness programs to promote health and support academic success.

The University of Maryland is a vibrant community recognized for its diversity, with underrepresented students comprising one-fourth of the student population. The UHC sits within a strong and supportive Division of Student Affairs. College Park is a growing community close to Baltimore and Washington, DC. We hope that you'll consider joining us!

Please apply at <https://ejobs.umd.edu/postings/46027>



TWO OPENINGS FOR ADULT & CHILD PSYCHIATRISTS

Family Services, Inc. has two immediate openings for a part time contract Psychiatrists working 20 hours per week. We are seeking both an adult psychiatrist and a child/adolescent psychiatrist. We are a well-established Outpatient Mental Health Center serving a highly diverse client population including children, adults and families from a client centered, trauma informed and recovery oriented model of care. Psychiatrist will be responsible for direct psychiatric care including evaluations and medication management. Our Outpatient Mental Health Center (OMHC) offers mental health services to 1,200 clients annually and has offers opportunities to work in a wide spectrum of community psychiatry settings.

The OMHC is co-located with a Federally Qualified Health Center (FQHC), Community Clinic Inc. which creates opportunities for integration of behavioral health and primary care.

The OMHC has also developed a partnership with Neighborhood Opportunity Network to provide a social service component which offers social services located in the shared space.

This position also includes opportunity to work with an Early Intervention Program Coordinated Specialty Care team for adolescents and young adults following an initial episode of psychosis. Training and support from University of Maryland researchers is available for all team members.

Family Service Inc. operates a psychiatric rehabilitation program, Montgomery Station, which provides housing, outreach and day program for seriously mentally ill adults and adolescents with a focus on recovery. Experience with this population and interest in working alongside Montgomery Station staff is highly desired.

Candidates must be board certified or board eligible in psychiatry. Position is offered as a part-time contracted position and contract physician must have independent malpractice insurance. If you are interested in being considered for this opportunity or would like more information, please send your resume to jen.carberry@fsi-inc.org. Visit www.fs-inc.org for more information about Family Services.

CLASSIFIEDS

EMPLOYMENT OPPORTUNITIES

ATC Clinic is seeking to hire a BE/BC psychiatrist to provide psychoeducation, med management, and coordination of care to a small number of existing therapy patients. We are a person-centered agency looking for a psychiatrist to join our dedicated team. Flexible hours, competitive compensation and potential Student Loan Repayment. Please contact Medical Director, Paola Sansur, MD at psansur@tsiconnect.com or 443-869-6512.

Outpatient Only! Full and Part Time Psychiatry in Baltimore Suburb - Outpatient psychiatry clinic operating on best-practice principles: initial appts last one hour, with 30-minute follow-ups. Nurse case-manager handles coordination between your patient's other physicians and pharmacy, including medication pre-authorizations. Located in a green North Baltimore neighborhood known for its fine schools, historic houses and walkable retail district. Extremely competitive salary and benefit packages. Inquiries: staff.director@gladstonepsych.com

Psych Associates of Maryland, LLC seeks Child and/or Adult psychiatrist to join its thriving practice in Towson. We offer a collaborative care model with both therapists and psychiatrists. Full administrative support daily. NEVER SPEAK TO INSURANCE COMPANY FOR PREAUTHS! Very flexible scheduling. Unlimited vacation time. Ability to be an Employee or Independent contractor. Potential partnership available. Email Drmalik.baltimore@gmail.com or call 410-823-6408 x13. Visit our website at www.pamllc.us

PSYCHIATRIST - full or half time, independent contractor position with well-established & growing multidisciplinary practice. Spectrum Behavioral Health is an Annapolis area private practice with three desirable locations, congenial colleagues and comprehensive administrative support. For more information about SBH, visit our website: www.spectrum-behavioral.com. To discuss this opportunity, please call Barbara Usher, Operations Administrator, at 410-757-2077 x7121 or email barbara.usher@spectrum-behavioral.com.

Frederick County Behavioral Health Services is seeking a part time, contractual adult psychiatrist for outpatient mental health clinic, to provide medication evaluation and management services. Flexible hours, full admin support, multidisciplinary team, no on call required. Must be board certified or board eligible and possess current Maryland license. Free parking available. Please forward resumes to Sangwoon Han, MD, Medical Director by email at Shan@frederickcountymd.gov.

Board Certified Adult Psychiatrist: Join a dynamic outpatient practice with offices in Annapolis, Columbia and Glen Burnie. Work with another psychiatrist, physician assistants, and psychotherapists. Office staff provides credentialing, billing, scheduling and all administrative needs. Please email hanitaks@hotmail.com.

New MPS Billing Practices for 2017

With some exceptions, members have begun being billed by the APA for both APA and MPS membership dues. Paper invoices for 2017 dues were mailed in October. The APA will send two reminders in December. The combined dues must be paid by March to avoid being dropped by both organizations. Dues can be paid by check, credit card or other arrangement with the APA.

The **exceptions** are members who have reached life status and Affiliate Members. These groups will both continue to be billed directly by the MPS for MPS dues only. Look for an emailed invoice this month.

*** All 2016 dues must be paid to the MPS. ***

Please call the MPS office at 410-625-0232 with questions.

Holiday Office Hours

The MPS office will be closed December 23rd - January 2nd. Don't forget you can pay your dues, update your profile or find a referral for a patient on our website! Happy Holidays!

[This is my Brave – Baltimore](#) event will be held Wednesday, December 7. Doors Open at 5 PM – Show starts at 6 PM at Towson University's West Village Commons, Towson, MD 21252. The **Maryland Foundation for Psychiatry** is supporting this inspiring, monologue-based production featuring people sharing their stories of living with and recovering from mental illness through original essay, poetry, dance and music.



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