

MPS NEWS

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Editor: Heidi Bunes

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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

The next MPS Council meeting will be held at 8 PM Tuesday, September 12th, in the MPS office

President's Column

Notes from the APA Annual Meeting

It was great to see so many of you in San Diego in May! I was also thrilled to meet the new Executive Director of the WPS, Joanne Dunne, who is committed to strengthening the relationships among our district branches and chapters. Between networking and administrative meetings, I was able to attend a few academic sessions, two of which were particularly thought-provoking.

One talk focused on Dissociative Identity Disorder (DID) and reviewed the case of a patient of David Spiegel, M.D., the session chair. I was trained that DID is a therapist-induced disorder, often based on the "recovery" of false memories. I left thinking about these patients in a more nuanced and hopeful way. This patient had been a victim of documented abuse at a young age. She experienced severe anxiety and periods of lost time, identified alternate personalities and engaged in self-mutilation. She was treated by hypnosis, demonstrated on video. Over time, she stopped the self-injury but continued to dissociate and counted up to 68 "alters." I suspected that the "alters" were reinforced by therapy and the progress made was not a result of the hypnosis per se, but the relationship formed between doctor and patient, as Jerome Frank taught us. Apparently, a key element of DID is self-blame for trauma, a coping device used to avoid feelings of helplessness. Dr. Spiegel was the first person to tell this patient he was sorry for her experience and that it shouldn't have happened. The consistent reinforcement of this message likely allowed her to change her most destructive behaviors.

I also questioned Dr. Spiegel's assertion that there can be no pharmacological treatment for DID, which he compared with the dissociative subtype of PTSD. He explained that neither condition responds well (with extinction) to exposure therapy, but exposure helps PTSD patients who do not dissociate. He presented brain imaging data that showed increased activity in regions connecting limbic and prefrontal cortical structures in dissociative PTSD patients, and decreased blood flow between the amygdala and prefrontal cortex in PTSD patients who responded to exposure therapy. These data were encouraging in that they demonstrated a possible neuroanatomical correlate of the symptom of dissociation and reminded me of studies of the relationship between PTSD and neuropeptide Y (NPY). NPY is widely distributed in cortical and subcortical areas of the human brain, with concentrations in limbic structures and the nucleus accumbens (Adrian et al. 1983). In studies of Special Forces units, NPY was positively correlated with behavioral performance under stress, and negatively related to dissociation (Morgan et al. 2000 and 2002). The mechanism underlying NPY's stress-resilience properties is thought to involve the extinction of conditioned fear (Gutman et al. 2008). In a study using a prolonged stress PTSD model, intranasal neuropeptide Y was shown to reverse anxiety and depressive-like behavior in rats (Serova et al. 2014). These findings, in light of what I learned from the DID patient case, gave me hope that NPY may be at least one key to therapeutic targeting.

The other presentation addressed genetic testing, used for prescribing by nearly 20% of psychiatrists according to a poll of attendees. I entered the room with the impression that the technology is not ready to support "individualized" prescribing

(Continued)

for psychiatric conditions, and have heard many of you say the same. I learned that genetic testing identifies extremes in liver metabolism of many psychotropics, but does not identify drugs likely to be beneficial. Unfortunately, many interpreters mistakenly believe that the profiles do identify drugs to use and avoid, and prematurely eliminate potential treatment options as a result. Approximately 85% of people are intermediate or extensive metabolizers. The testing is expensive (\$1000) and evidence for its clinical utility is scant. I left with the impression that, while there may be an argument for identifying extreme metabolism in some patients who have no or significantly adverse response to medications, the best approach is still the standard practice of slow titration with monitoring until we learn more about the biological basis of the diseases we treat.

I truly get more and more out of the annual meeting each year and hope to see you in New York in 2018.

Jennifer Teitelbaum Palmer, M.D.

Maryland Foundation for Psychiatry 2017 – 2018 Officers and Directors

At its June 13 meeting, the MPS Council voted unanimously to approve the following FY18 slate:

PRESIDENT: Neil E. Warres, M.D.

VICE PRESIDENT: Arthur M. Hildreth, M.D.

TREASURER: Thomas E. Allen, M.D.

BOARD OF DIRECTORS:

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Walter Weintraub, M.D.
William C. Wimmer, M.D.

Join the MPS Public Psychiatry Committee!

As we head into July, I would like to revitalize the Public Psychiatry Committee. There are a variety of challenging issues facing public psychiatry at the moment, and this committee has some unique opportunities through the MPS to partner with other committees to work on legislation, issues of substance use and challenges for people serviced in the public sector, including community violence and access to care. We have already engaged with the Diversity Committee in looking at some of the challenges for new immigrants to the U.S., particularly with regard to accessing mental health care.

Please [email me](#) if you have questions about the committee. If you are interested in joining the Public Psychiatry Committee, please [email Heidi Bunes](#) by **July 3**. We will be setting up a meeting in the near future.

Ann L. Hackman, M.D., Chair

Attention: Members Completing Psychiatric Training

Resident-Fellow Members must advance to General Member status upon completion of residency training. A member-friendly procedure allows automatic advancement to General Member based on the training completion date originally provided in the member's application. Members will be asked to verify that they meet the requirements for General Member status by signing a verification form/email. After Resident-Fellow Members advance, they become Early Career Psychiatrists (ECPs) - APA General Members who are within their first seven years after training. This group receives special support from the APA and the MPS. Visit the [APA website](#) for ECP networking and career development information., and see [page 9](#) for special ECP benefits.

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.

Abel Bumgarner, M.D.
Daniel S. Kim, M.D.
Tanveer A. Padder, M.D.

Become an APA Fellow— It's Easy to Apply!

Are you ready to take the next step in your professional career? Members who pursue Fellow status perceive it as one of the first steps to enhancement of their professional credentials. Members who apply and are approved this year will be invited to participate in the Convocation of Distinguished Fellows during APA's 2018 annual meeting in New York. **The deadline is September 1.** Visit the [APA website](#) for more details and a link to the application.



June 13 Council Highlights

Executive Committee Report

Dr. Palmer reported that following Mr. Hummel's departure, the Executive Committee and MPS staff have developed a new staff structure with 2 full time employees, down from 2.3 FTE. This will allow a reduction in the budget for salaries, even after adding \$16K to accommodate possible additional lobbyist expenses. Heidi Bunes will be Executive Director and Meagan Floyd will be Associate Director. They have split Mr. Hummel's duties in addition to their previous ones. Office hours will be 9-4 M-F.

Dr. Palmer reported on some items from the APA annual meeting in San Diego. She noted that she and Dr. Triplett attended the DB leadership orientation. She and Ms. Floyd met with the new WPS Executive Director Joanne Dunne, and they are optimistic about the developing relationship. APA General Counsel Colleen Coyle described some limitations on the APA D&O coverage that extends to DBs. Council directed Ms. Bunes to request a summary of what is covered by the APA policy so the MPS can consider getting coverage that will close the gaps in what we need.

Executive Director's Report

Ms. Bunes said the MPS completed its first drop cycle on the APA centralized billing program. Twenty-seven members were dropped for unpaid dues, of which 3 reinstated. Although this was an increase from the year before, it was one of the lowest percentages in the country. We will meet next month with the APA to address problems with accuracy and timeliness, as well as the MPS lifer dues policy.

Secretary-Treasurer's Report

Dr. McGuire presented the first quarter 2017 financial report. The Statement of Financial Position shows total assets of \$414K, with current assets of \$364K and property and equipment of \$50K. The emergency reserve fund balance is well over the minimum level. Liabilities of \$163K are mostly deferred membership dues. Net assets of \$251K include \$5K that is temporarily restricted for legal advocacy and resident dues waivers and events. Compared to budget, membership dues are \$3K higher than expected, but advertising is \$4K lower. Area 3 grant funds were anticipated for an MOC training, but have not been obtained. Meeting income was budgeted at \$14K; however, the spring symposium was not held. Total income is \$16K less than budget, total expenses are \$13K under budget and the \$12K loss is \$3K worse than budget. He noted that although we have had a bumpy start to the year, the MPS remains stable financially.

Next Dr. McGuire presented the proposed 2018 operating budget. The Executive Committee is recommending a 2.2% dues increase, the maximum allowed without a member vote, based on the CPI increase since the last dues increase. Full dues would go from \$431 to \$440. *MPS News* income is reduced based on recent experience. Two CME events are expected to almost break even. Total 2018 budgeted revenue is \$318,400, up \$6500 because of increased dues income. Salaries expense reflects the new staff configuration and possible additional lobbyist payment, at least an \$8K savings, depend-

ing on the outcome. There is a small amount for a possible contractor, depending on need. We are estimating a \$4200 reduction for hosting the MPS website and online member database. A 15% increase is budgeted for health premiums. Total 2018 budgeted expenses are \$332K. The projected 2018 deficit is \$14,427, about half of the \$29,195 deficit for 2017. Dr. Waddington made a motion to approve the 2018 operating budget, including the 2.2% dues increase, which Dr. Swartz seconded. Council voted unanimously in favor.

Finally, Dr. McGuire reported that the Executive Committee reviewed the performance of the investment reserve fund with the investment advisors. EC agreed to their request that an additional \$5K be invested in a S&P 500 fund in order to re-balance the fund in line with the percentages outlined in the MPS policy.

APA Assembly Representatives' Report

Dr. Hanson reported that Bob Roca finished his last stint as Assembly Rep and Steve Daviss was elected APA Recorder. She noted that Area 3 now has a program to review requests to fund educational programs. The Assembly passed Action Papers calling on the APA to develop a position statement on the use of civil commitment for substance abuse treatment, to oppose prescribing privileges for psychologists, and to work to simplify EMR and billing codes. Steve Daviss's paper encouraging the APA to use neuroscience-based nomenclature when referencing medication also passed. The Assembly voted unanimously for the APA to adopt a position opposing the use of maintenance of certification for licensure, hospital credentialing, or paneling with insurance companies.

MedChi Delegate's Report

Dr. Daviss reported that several reports and resolutions were adopted at the April 30 House of Delegates meeting. The HOD passed two resolutions to promote that the State link the marijuana registry to the prescription drug monitoring program (PDMP). It also passed policy reaffirming MedChi's strong support of Medicaid funding, and other policies related to Medicaid administration. Resolution 6-17 was adopted to promote that scientific knowledge, data, and research continue to be protected and freely disseminated in accordance with the US First Amendment, and that the AMA work with Congress and the Trump Administration towards this goal. Resolution 9-17 addressed "Care of the Dying Patient" and had a resolution "that MedChi oppose legislation to legalize physician assisted suicide and euthanasia." After much debate on both sides, this language was rejected by the HOD, leaving only a neutral statement supporting education about end-of-life care.

New Business

Dr. McCann presented the proposed Maryland Foundation for Psychiatry slate for FY18 [see [page 2](#)]. Dr. Ashley moved with a second by Dr. McGuire that it be approved. Council voted unanimously in favor.

2017-2018 MPS Committee Chairs

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Paul Nestadt, M.D.

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On June 22, Senate Republicans released their version of the American Health Care Act (AHCA) passed in the House in May. The Senate bill entitled the "Better Care Reconciliation Act" was released after weeks of discussions held behind closed doors. It closely follows the House bill taking steps to repeal and replace the Affordable Care Act (ACA) and would make significant changes to the Medicaid program. The legislation has more moderate provisions in some respects and less moderate ones in others. The [APA Called on Senators to Reject this Deeply Flawed Health Care Proposal](#). Both of Maryland's Senators, Ben Cardin and Chris Van Hollen, have signaled their [opposition](#) to the bill.

The Senate bill includes a longer phase out of the Medicaid expansion but would lead to 11 million people losing coverage. It would effectively cut the Medicaid program more deeply through per-capita caps by setting a lower rate of growth for the newly capped payments than under the American Health Care Act (AHCA). The Senate would maintain guaranteed coverage for pre-existing conditions. However, it would give states an incentive to waive critical essential health benefits including mental health and substance use treatment coverage. APA's Government Relations team has created a [three-page fact sheet](#) summarizing how BCRA might affect access to and the delivery of mental health and substance use disorder treatment services.

The Senate discussion draft is expected to undergo changes before it comes up for a vote, which has been delayed until after the July 4 recess due to insufficient support. The Congressional Budget Office reported on June 26 that 22 million people would lose their health care coverage if the bill is enacted. It estimated that the bill would reduce the federal deficit by \$321 billion over 10 years, with the largest reductions coming from cuts in Medicaid spending. [Click here](#) for more details on key provisions of the Senate bill and how it compares to the AHCA and the ACA.

Maryland News

Bills Going Into Effect July 1

Below, please find a list of bills which will go into effect as of July 1.

[HB 331/SB 786](#) - Education - Behavior Intervention Plans - Physical Restraint and Seclusion- This bill prohibits the use of physical restraint and seclusion in disciplining a public or nonpublic school student except under specified conditions, including a new requirement for a risk assessment by a licensed professional prior to the use of seclusion. [Chapter 611]

[HB 775/SB 600](#) - Public Health - Maternal Mental Health - Requiring the Department of Health and Mental Hygiene, in consultation with stakeholders, to identify specified information about perinatal mood and anxiety disorders; requiring the Department to make available such information on the Department's Web site and to provide such information to specified health care facilities and health care providers; requiring the Department, in collaboration with specified health professional associations, to develop specified training programs to improve early identification of postpartum depression and perinatal mood and anxiety disorders. [Chapters 221 and 222—see article in right hand column on this page.]

[HB 786](#) - Education - Individualized Counseling Services – Requirements- Authorizing school-based personnel to recommend a student to a school guidance counselor or the school counseling program to determine whether the student needs a behavioral health assessment. [Chapter 583]

Fatal Overdoses in Maryland Last Year

On June 8, DHMH released the [Drug- and Alcohol-Related Intoxication Deaths in Maryland, 2016](#) report, which found that 2,089 people died from overdoses last year, a 66 percent increase from 2015. The largest surge was seen in residents 55 and older. The [press release](#) also describes collaboration with federal, state and local partners to reduce the number of overdoses and several major initiatives to combat the opioid overdose epidemic.

Marylanders who need help finding substance-use-disorder treatment resources should visit [MdDestinationRecovery.org](#), [BeforeItsTooLateMD.org](#), or call the Maryland Crisis Hotline, which provides 24/7 support, at 1-800-422-0009.

DHMH Employees Receive Award

Audrey Clark, director of the Office of Controlled Substances Administration, and Christine Farrelly, executive director of the Maryland Board of Physicians were honored with the Governor's Customer Service Heroes Award for June 2017. The Governor's Customer Service Initiative helps identify opportunities for departments to assess and improve their service to the public.

Recently, through the Governor's [Customer Service Survey](#), the Governor's Office informed DHMH of a dissatisfied constituent who had suggestions for improvement. The constituent, a physician's assistant, made suggestions to improve the efficiency of the Controlled Dangerous Substances application process. This process improvement would require that the Office of Controlled Substances Administration and the Board of Physicians, work together more closely.

Clark and Farrelly quickly implemented measures to enhance intra-agency communications for the benefit of future applicants. In addition to these initial, successful collaborations, both divisions have long-term plans to communicate directly and share information in real time. This will hopefully reduce the administrative burden, increase reliability and make the process more seamless for applicants.

It's nice to see positive results come from constituent input.

Maternal Mental Health in Maryland

On the heels of a Maryland [Task Force to Study Maternal Mental Health report](#), the General Assembly passed legislation to provide better resources and more specialized treatment for women experiencing postpartum depression, anxiety and other mood disorders. The [new law](#) requires the Department of Health and Mental Hygiene to collect and share information about perinatal mood and anxiety disorders (PMADs), and increase training for healthcare providers to improve early identification of PMADs. Relating to these developments, the Mental Health Association of Maryland has started a [Healthy New Moms](#) campaign that provides information and resources about the mental health needs of moms and families.



Maryland News

Statewide Standing Order for Pharmacy Naloxone Dispensing

On June 1, Dr. Howard Haft, DHMH Deputy Secretary for Public Health Services, issued a new statewide [standing order](#) allowing Maryland-licensed pharmacists to dispense naloxone to anyone who may be at risk for opioid overdose or in a position to assist someone believed to be experiencing opioid overdose. A person-specific paper or electronic prescription is no longer required.

The new statewide standing order replaces Dr. Haft's original order issued December 14, 2015, which authorized pharmacists to dispense naloxone to individuals who had been trained and certified under the Maryland Overdose Response Program (ORP). On May 25, 2017, Governor Hogan signed into law the Heroin and Opioid Prevention Effort (HOPE) and Treatment Act of 2017, which simplifies the process for obtaining naloxone from a pharmacy. As authorized by this law, *the new standing order allows pharmacists to dispense naloxone to anyone regardless of whether the person has previously been certified under ORP or received any training in opioid overdose response.*

NOTE: The statewide standing order acts only as a prescription for naloxone and does not cover payment to a pharmacy for the medication or supplies needed for its use.

[Click here](#) for resources and more information. [A one-pager with information is attached to the July newsletter email.]

See the related article about fatal overdoses on [page 5](#).

Maryland Health Insurance Coverage Protection Commission

While Congress debates taking health care coverage away from millions of Americans, Maryland is working to continue progress on the health care front. The Maryland General Assembly created the [Health Insurance Coverage Protection Commission](#), which will monitor what happens in Washington and recommend how we can protect the health care of Marylanders. The [Commission](#) will be chaired by two public health leaders, Senator Brian Feldman from Montgomery County and Delegate Joseline Peña-Melnyk from Prince George's County. The first public hearing will be Tuesday, **August 1** at 1 PM at the House of Delegates Health and Government Operations Meeting Room in Annapolis.

Criminal History Checks Now Required for Physician License Renewals

[Chapter 34](#) (HB 574 / SB 449) from the 2015 session of the Maryland General Assembly requires Maryland Board of Physicians (MBP) applicants and licensees to submit to criminal history records checks (CHRCs) as a qualification for licensure. This requirement began October 1, 2016 for all reinstatements, renewal and initial license applications. Chapter 34 also created new grounds for disciplinary action if a licensee fails to submit to a required CHRC.

The private commercial fingerprinting services used must be authorized. To view a list of authorized services with their location and phone number, [click here](#). Some of these have "preregistration" which can significantly reduce wait time by filling out the Criminal Background Application form and paying the required fees in advance. There is also an option to request the Criminal Background Application from the [Department of Public Safety and Correctional Services](#).

Please visit the MBP [website](#) for the latest information. The Board recommends that applicants and licensees do not submit fingerprints earlier than 6 weeks before the application or renewal date. The Board is authorized to retain CHRC information for 90 days only.

Start planning now for this if your license renews in September!

Please click below for Statute Text:

[Criminal Justice Information System Central Repository report](#)

[CHRC for applicants](#)

[CHRC for license renewals](#)

[MBP considerations for licensure with criminal history](#)

[Disciplinary action for failure to submit to CHRC](#)

Maryland Crisis Hotline Operations Workgroup

The Crisis Hotline Workgroup was created to develop recommendations regarding the purpose of the crisis hotline, what services it should provide, how it should be structured, and how it should function. The [webpage](#) includes various materials, including suicide prevention and best practices, that the workgroup referenced as it developed its [final draft recommendations](#), which were issued on June 7. For more information, contact Laura Burns-Heffner at laura.burns-heffner@maryland.gov.

Maryland News

Maryland Medicaid PDL Changes

The Maryland Medicaid Pharmacy Program has updated its Preferred Drug List (PDL) **effective July 1, 2017**. Opioid dependence treatment drugs Bunavail film, Suboxone film and Vivitrol injection are now available without prior authorization. For the complete PDL, visit <https://mmcp.dhmh.maryland.gov/pap/Pages/druglist.aspx>.

Potash Begins as Chair of Hopkins Department of Psychiatry

James Potash, M.D., M.P.H., rejoins Johns Hopkins Medicine on July 1 as the Henry Phipps Professor and director of the Department of Psychiatry and Behavioral Sciences. He comes to Hopkins from the University of Iowa College of Medicine, where he was head of the Department of Psychiatry. Potash spent the early part of his career at Johns Hopkins, and is known for his research on the genetic basis of mood disorders. [Click here](#) for more information.

PBCP's CHAI Program

CHAI (Counselors Helping South Asians), the newest [Pro Bono Counseling Project](#) program, is dedicated to the mental wellness of members of the South Asian community. CHAI was founded in 2001 as an independent organization and has since worked to reduce the stigma surrounding mental illness in the South Asian community. In 2017, CHAI merged with the PBCP and became one of its special programs. Please [click here](#) for more information.

Thank you to the following members who provided pro bono services through the PBCP from May 2016 to April 2017:

Helen Bellete, M.D., M.P.H.
Peter Kahn, M.D.
Dinah Miller, M.D.

Projected Insurer Participation in Exchanges

CMS released a [county-level map](#) of 2018 projected participation in the Health Insurance Exchanges based on the known issuer participation public announcements through June 9. The map shows that Maryland is projected to have 3 insurers; however, generally insurance options on the Exchanges continue to disappear. This picture could change as insurers continue to make announcements on exiting or entering specific states and counties.

Risk Management Tips on Practice Management

- Consider developing a contingency plan to assist others in closing your practice and finding care for patients in the event of your sudden death or incapacity. For our article discussing contingency planning, click [here](#).
- Consider implementing formal office policies on such topics as fees for missed appointments, prescription refills, and after hours coverage to better manage patient expectations and make your office run more smoothly. You can find sample office policies in [this article](#).
- For those patients who have seemingly dropped out of treatment, consider following up with them, and if they are no longer interested in treatment, formally terminate the treatment relationship by sending a letter. For more information on this, and model termination letters, click [here](#).

From [LinkedIn posts](#) by the PRMS Risk Management Team

Resource for Medical Marijuana

The Health Effects of Cannabis and Cannabinoids: THE CURRENT STATE OF EVIDENCE AND RECOMMENDATIONS FOR RESEARCH By the Committee on the Health Effects of Marijuana. National Academies Press 2017

To download a free PDF or purchase the book, [click here](#).

Medicare News

CMS Seeks Input on Reducing Regulatory Burdens of ACA

CMS issued a [Request for Information](#) on June 12 requesting input from the public on how to create a more flexible, streamlined approach to the regulatory structure of the individual and small group markets. The goal is to identify and eliminate or change regulations that:

- are outdated, unnecessary, or ineffective;
- impose costs that exceed benefits; or
- create inconsistencies that otherwise interfere with regulatory reform initiatives and policies.

Administrator Seema Verma explained that CMS wants to put patients first, promote greater consumer choice, enhance affordability and return more control over healthcare to the States. Public comments are being accepted at the link above until **July 12**.

Medicare News

One Patient, One Measure, No Penalty

Physicians only need to report at least one quality measure for one patient during 2017 to avoid a Medicare payment penalty in 2019 under the Merit-based Incentive Payment System (MIPS). A new, short AMA video, "[One patient, one measure, no penalty: How to Avoid a Medicare Payment Penalty with Basic Reporting.](#)" offers step-by-step instructions on how to report so physicians can avoid a negative 4-percent payment adjustment in 2019. On this website, there are also links to CMS' quality measure tools and an example of what a completed 1500 billing form looks like.

From [June 26 MedChi News](#)

A new AMA [survey](#) found over 75 percent of physicians feel unprepared to meet MACRA requirements in 2017 and about a third of them are unlikely to meet the basic standard of one patient, one measure, no penalty. The AMA has [resources](#) to help physicians avoid the payment penalty.

Psychiatrists should also check the [APA website](#) for useful resources.

Online CME – Quality Payment Program Overview

A new, self-paced overview course on the Quality Payment Program (QPP) is now available through the [MLN Learning Management System](#). This is the second in an evolving CME curriculum on the QPP. First time learners need to register. Once registered, additional courses can be accessed without re-registering. For more information, see the [FAQs](#). Search for Quality Payment Program training once you are logged in to the system.

The second module provides information on:

- Goals of the Quality Payment Program
- Four performance categories within the Merit-based Incentive Payment System (MIPS)
- Three criteria to be considered an Advanced Alternative Payment Model (Advanced APM)
- Resources to help you understand and actively participate in the Quality Payment Program

CMS designates this enduring material for a maximum of 0.5 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation. Credit for this course expires June 1, 2020. [Please click here for accreditation statements.](#)

Proposed Rule for QPP Year 2

On June 20, CMS [announced](#) a [proposed rule](#) that would make changes in the second year of the Quality Payment Program as required by MACRA. Its goal is to simplify the program, especially for small, independent, and rural practices, while ensuring fiscal sustainability and high-quality care within Medicare. For example, one proposal is to increase the low-volume threshold so that more small practices and eligible clinicians in rural and Health Professional Shortage Areas (HPSAs) are exempt from MIPS participation. If finalized, the proposed rule would further advance the goals of regulatory relief, program simplification, and state and local flexibility in the creation of innovative approaches to healthcare delivery. [Click here](#) for a fact sheet about the proposal. The comment period will end on **August 21** (see proposed rule link for instructions). When commenting, refer to file code CMS 5522-P.

Medicare Resources

A new [Behavioral Health Integration Services](#) fact sheet explains psychiatric collaborative care services and how to bill for this model of care.

A new E&M Services Web-Based Training course with continuing education credit is available through the [MLN LMS](#). Learn about medical record documentation, billing and coding considerations, and documentation guidelines.

An [audio recording](#) and [transcript](#) of the [June 15](#) call on the National Partnership to Improve Dementia Care in Nursing Homes covers appropriate assessment and evaluation for the accurate diagnosis of schizophrenia and other mental disorders.

A revised [Medical Privacy of Protected Health Information](#) Fact Sheet addresses how the privacy rule applies to customary health care practices, tips for securing health information on a mobile device, and HIPAA resources.



APA News & Information

Attention ECPs

As an Early Career Psychiatrist member, you are entitled to a complimentary subscription to *FOCUS: The Journal of Lifelong Learning in Psychiatry*. Remember, you must call APA Member Services at **888.357.7924** each year to renew your subscription.

To help patients find you, be sure you are listed in the [online MPS Find a Psychiatrist](#) search tool. To check, click the link, enter your last name and click Search. You can change whether you are included in this public database by logging in to your MPS member account. You can also send an [email request](#) or call the MPS office at 410-625-0232. Colleagues can also find you with this tool, or using the online membership directory that lists all members, but requires a member login to access.

The APA also maintains a *Find a Psychiatrist* public database. Opt in at [my.psychiatry.org](#).

Lima Award in Disaster Psychiatry

The APA's deadline for nominations for the 2018 [Bruno Lima Award in Disaster Psychiatry](#) has been extended to Monday, July 17. The award recognizes outstanding contributions of APA members in the care and understanding of the victims of disaster. This includes members who epitomize the APA's highest ethical, clinical, and professional standards, while engaged in one or more of the following activities:

- (1) providing consultation, education, training and awareness on mental health and disaster issues,
- (2) providing direct service delivery as part of a disaster response team, and/or
- (3) designing disaster response plans

To nominate an MPS member, please submit a draft letter of recommendation summarizing the nominee's relevant contributions and activities, along with a condensed CV, to heidi@mdpsych.org by Sunday **July 16** to allow time for the MPS to send it to the APA for consideration.

APA's Integrated Care Guide

Psychiatrists are uniquely positioned to improve access to mental health care and improve the whole health of patients by using effective integrated care models. The updated APA [GUIDE](#) provides information on effective models of integrated care, as well as APA's free training opportunities and additional resources.

Choose the APA Email You Receive

You can select the types of emails the APA sends you, subscribe to APA's daily Headlines, and choose from topics like annual meetings, job postings, etc. To manage your email subscriptions, sign in to your account at [my.psychiatry.org](#), then click on your account name and select "My Profile." Click on "Communication Preferences" in the menu on the left to see all your email options. Call (888) 35-PSYCH if you need help.

Mental Health Associations Raise Objections to AHCA

On June 6, the APA and the American Psychological Association [called](#) on the Senate to "avoid major flaws" in the American Health Care Act (AHCA) and craft a bill that would result in more people having coverage for mental health and substance use treatment. In a [letter](#) to Senate Majority Leader Mitch McConnell (R-Ky.) and Senate Minority Leader Charles Schumer (D-N.Y.), the two mental health associations joined together to express their reservations with the House bill that passed on May 4.

Free Members Course Of The Month

Try the APA's **free** online CME. Each month, members have access to an on-demand course on a popular topic. Less than 30 minutes in length, this course can help you brush up on a trending topic over lunch. July's [course of the month](#) is **Identifying and Managing Cardiac Safety Risks of Psychotropic Drugs** with Carrie L. Ernst, M.D. of the Icahn School of Medicine. The course will be available for a fee after the month expires.

Special Member Rate for 2017 MPS Directory Ad

MPS members can advertise their practice, change in location, specialty, new book, etc. for a special rate of only \$100 for 1/3 page in the directory. Contact Meagan Floyd at the MPS office 410-625-0232 or mfloyd@mdpsych.org.



2017 AMA Meeting News - Immigrants

The AMA House of Delegates adopted a series of resolutions that affirmed the organization's commitment to patients' health and well-being, irrespective of their immigration status. They also voted to support a ban on immigration or other law-enforcement officials' use of information contained in patient medical records as part of immigration enforcement actions against people living in the U.S. illegally.

From a [June 13 AMA Wire post](#)

2017 AMA Meeting News - Networks

At its June meeting, the AMA House of Delegates (HOD) adopted policy that seeks to prevent disruptions in care after patients switch health plans while a course of treatment is in progress. Long-standing AMA policy already supports giving patients the opportunity for continued transitional care from physicians who leave their health plan networks or whose health plan contracts are terminated without cause.

In addition, the HOD adopted a combined measure addressing out-of-network payment and billing issues, which states:

- Patients must not be financially penalized for receiving unanticipated care from an out-of-network provider.
- Insurers must be transparent and proactive in informing enrollees about all deductibles, co-payments and other out-of-pocket costs that enrollees may incur.
- The AMA should develop model state legislation to address coverage and payment for out-of-network care.
- Out of network coverage should be established using geographic data from a benchmarking database that is independently recognized, transparent, verifiable and maintained by a nonprofit organization that is not affiliated with an insurer, municipal cooperative health benefit plan or health management organization.

From a [June 13 AMA Wire post](#)

2017 AMA Meeting News - Veterans

At its June meeting, the AMA House of Delegates (HOD) adopted policy that seeks to provide quality of care to veterans and advocate new funding for the Veterans Choice Program (VCP), as well as encourage the VA to continue developing and enhancing alternative pathways for veterans to seek care outside the VA system if it cannot provide them with adequate or timely care, support the consolidation of VA community care programs, and make the VCP permanent. Several other new policy initiatives from the meeting are described at the link below.

From a [June 13 AMA Wire post](#)

AMA Addresses Spiking Drug Prices

New policies adopted by the AMA House of Delegates at the [2017 AMA Annual Meeting](#) last month call for drugmakers to give public notice and justification if they plan to increase the wholesale price of their products by more than 10 percent a year, allow the Centers for Medicare and Medicaid Services (CMS) to negotiate pharmaceutical pricing for the medications they cover, and to disclose manufacturer's suggested retail prices in direct-to-consumer drug advertising. An existing policy relating to the accessibility of naloxone was modified to emphasize the need for the opioid-overdose antidote to be affordable. The AMA created the interactive website, [TruthInRx.org](#), where patients can share their personal stories of how rising drug prices affect their personal and financial health.

From [June 19 AMA Wire post](#)

Managing Your Online presence

An educational program at the AMA annual meeting outlined ways physicians can manage their online presence. This [article from AMA Wire](#) describes the considerations and recommendations from the session.

SAMHSA Data Available

SAMHSA's Data Archive (SAMHDA) has developed key resources and tools for behavioral health researchers. The recently enhanced [Public-use Data Analysis System](#) (PDAS) allows users to perform online analyses to create crosstabs and perform logistic regression from a web browser, and users can download their results. SAMHDA also offers [public-use data files](#) for public health researchers. [Behavioral health data](#) are available in five data collections and a variety of formats.

CLASSIFIEDS

AVAILABLE OFFICE SPACE

Station North District of Baltimore City: Fully furnished sublet suite available full-time, suitable for mental health professionals. The 1,125-sq. ft.-suite comprises of a security window and door boarding the waiting area, three offices, a receptionist area, kitchenette and fourth open room that can be used as a medical records area, breakroom or additional office. If interested, call Donna at 443-226-8281.

CLASSIFIEDS

EMPLOYMENT OPPORTUNITIES

PSYCHIATRIST---Outpatient Psychiatry Services at MedStar Franklin Square Medical Center is looking for an adult psychiatrist to work 24-36 hours per week. Evaluations are scheduled for 75 minutes, with 25 minutes for med checks. We offer flexible hours, CME reimbursement, 7 weeks paid time off, 403 B match, medical benefits and paid malpractice ins. Please email CV to stephen.pasko@medstar.net or call 443-777-7925 for details.

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.

Gladstone Psychiatry and Wellness of Baltimore is expanding with new offices in White Marsh and Annapolis, MD. Practice psychiatry like it should be: an hour or longer for initial intakes, and thirty minutes or longer for follow-up visits. Gladstone offers a warm collegial environment, generous benefits, and a holistic approach. Generous compensation is based on ethical medicine, not numbers. Your administrative load is lighter because a nurse case-manager handles pre-authorizations, and staff manage billing. Gladstone accepts BC/BS, Aetna and Cigna only. A limited number of full and part-time opportunities (including independent contractor) are available. For more, contact staff.director@gladstonepsych.com or call Anthony Massey, M.D. at 443-708-5856.

Full time Psychiatrist needed to join a unique community health center serving homeless individuals. Candidate should be interested in providing comprehensive outpatient mental health care in a multidisciplinary setting. Experience with dual diagnosis, strong interdisciplinary collaboration skills, and familiarity with harm reduction approach required. Buprenorphine waiver preferred. Health Care for the Homeless (HCH) is a non-profit Federally Qualified Health Center (FQHC) dedicated to preventing and ending homelessness for vulnerable individuals and families by providing quality, integrated health care and promoting access to affordable housing and sustainable incomes through direct service, advocacy, and community engagement. For additional information, we welcome you to visit our website www.hchmd.org. Comprehensive benefits offered include: malpractice coverage, health insurance, disability, life insurance, paid time off, CME allowance, retirement plans and dental insurance. One hour initial evaluations and half-hour follow-ups. No call or weekends. Eligible for loan repayment programs. Apply for Psychiatrist [using this link](#).

PSYCHIATRIST- Part time psychiatrist needed at OMHC. King Health Systems is looking for a psychiatrist to work 20-25 hours a week in the office seeing adult and minor clients. Would serve as Medical Director as well. You can decide the days and hours that you want to work. Psychiatrist would perform evaluations and follow up medication management. Please send resumes to Jody Grodnitzky, LCPC (Program Director) at jgrodnitzky@kinghealthsystems.org or call 410-578-4340 for details.

Kolmac Outpatient Recovery Centers seek an adult psychiatrist for part-time evening work at our Baltimore office with possibility of expansion to other locations. We are the largest provider of Intensive Outpatient Program addiction services in Maryland. Please, contact Paulo Negro MD 410-262-5621 or pnegro@kolmac.com. Visit our website at www.kolmac.com

CHILD PSYCHIATRIST—The Outpatient Psychiatry Clinic at MedStar Franklin Square Medical Center seeks a 10 hour per week child psychiatrist to work in our School Based Mental Health Program. We allow 75 minutes for evaluations and 25 minutes for medication management. We offer very flexible hours, CME reimbursement, 6 weeks paid time off, 403B match, and fully paid malpractice insurance. Please send CV to stephen.pasko@medstar.net or call 443-777-7925 for details.

Psych Associates of Maryland, LLC seeks Adult and Child and/or Adult psychiatrist to join its thriving practice in Towson. NEVER SPEAK TO INSURANCE COMPANY FOR PREAUTHS! Very flexible scheduling. Unlimited vacation time. Partnership available. Email Drmalik.baltimore@gmail.com or call 410-823-6408 x13. Visit our website at www.pamllc.us.

The Johns Hopkins University Counseling Center is seeking a part-time psychiatrist for up to 20-25 hours per week (more hours during the semesters and less during the summer). Our Consulting Psychiatrists provide psychiatric services to students including: evaluations, medication monitoring, and consultation with clinic staff. To apply, send a letter of interest with resume to Matthew Torres, PhD (Counseling Center Executive Director) via email (mtorres5@jhu.edu) or fax (410-516-4286). Alternatively, contact Dr. Torres via email or phone (410-516-8278) for more information.



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Jane Dierberger 844-477-6420 jane@mhmcareers.com

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The MPS is planning some excellent CME activities for this fall so be sure to save the date!

Death With Dignity:

Examining The Physician Assisted Suicide Issue

MedChi's Osler Hall

Saturday September 16, 2017

MedChi is a joint provider for this activity.

Featuring Presentations & Participation by:

G. Kevin Donovan M.D., Matthew Whitaker, Annette Hanson, M.D., Mark Komrad, M.D., Elizabeth Morrison, M.D., Robert Roca, M.D. and more.

Registration information will be sent Summer 2017.

Psychopharmacology Update

Saturday, November 11, 2017

The Conference Center at Sheppard Pratt, Towson

Featuring Presentations by:

Scott Aaronson, M.D., Robert Post, M.D., Lauren Osborne, M.D. & David Pickar, M.D.

SAVE THE DATE EVENTS



Sheppard Pratt HEALTH SYSTEM

Rewarding Opportunities for Child & Adolescent and Adult Psychiatrists Across Maryland

Sheppard Pratt Health System (SPHS) is seeking child & adolescent (C&A) and adult psychiatrists to work in multiple SPHS programs across Maryland.

Child & Adolescent Opportunities Include:

Inpatient, PHP, outpatient, telepsychiatry and crisis services psychiatrists
Sheppard Pratt-Towson Campus
Baltimore County

Inpatient and PHP psychiatrists
Sheppard Pratt-Ellicott City Campus
Howard County

Outpatient psychiatrists
Behavioral Health Partners of Frederick
Frederick County

Part-time school psychiatrist
The Jefferson School & RTC
Frederick County

Requirements:

- Must be board-certified or board-eligible
- Must have a current license to practice in Maryland at the time of hire
- Individuals hired for inpatient, PHP, and residential school services participate in a call schedule

Why Sheppard Pratt Health System?

- Physician-led organization
- Generous compensation package with comprehensive benefits, including medical, dental, vision, and life insurance, an extensive wellness program, and ample leave
- Relocation assistance

About Sheppard Pratt Health System

Consistently ranked as one of the top ten psychiatric hospitals by *U.S. News & World Report*, SPHS is the nation's largest private, non-profit provider of mental health, substance use, special education, and social services. We employ more than 95 doctors who all share a passion for providing the best care to those we serve. To learn more about our services, visit sheppardpratt.org. *EOE and smoke-free campus.*

Adult Opportunities Include:

Addiction psychiatrist for observational service
Sheppard Pratt-Towson Campus
Baltimore County

Inpatient and PHP psychotic disorders psychiatrist
Sheppard Pratt-Towson Campus
Baltimore County

Service chief for general adult inpatient unit
Sheppard Pratt-Ellicott City Campus
Howard County

Inpatient and PHP psychiatrist
Sheppard Pratt-Ellicott City Campus
Howard County

Outpatient psychiatrist
Behavioral Health Partners of Frederick
Frederick County

- Sign-on bonus
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For more information, please contact Kathleen Hilzendeger,
Director of Professional Services, at **410.938.3460** or
khilzendeger@sheppardpratt.org.



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DATA BREACH

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Separate limits up to \$30,000



ASSAULT BY A PATIENT

Violence by patients against psychiatrists is more common than against other physicians.

Separate limits up to \$30,000

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