

MPS NEWS

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Editor: Heidi Bunes

November 2018

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

MPS News Design & Layout
Meagan Floyd

President's Column

More Ways To Stay Connected

The MPS is expanding its digital domain. We have been lucky to hire a communications intern, Abby Berk, who with Heidi and Meagan's help has created four new social media accounts. This new presence will allow MPS to reach members where it's convenient for them, not just by email. We have revived a dormant members-only [Facebook group](#), and also established a [Facebook Page](#) and accounts on [Instagram](#), [Twitter](#) and [LinkedIn](#) that are open to the public. These are all great ways to stay connected with MPS and other psychiatrists and to more easily stay up to date on MPS events and other happenings of interest. These accounts will also allow us to share information on significant mental health news for Maryland and beyond. We will evaluate these communication channels after several months have passed, so if you're interested in seeing them continue, please remember to like or follow us!

The MPS website <https://mdpsych.org/> has gone through an evolution and is now a great resource to stay up to date on MPS and other professional events and topics, including meetings, news and legislative and advocacy updates. Finally, there is the MPS listserv, which allows members to post information and questions to other members via email.

For those of you (OK, for those of *us*) new to these forms of communication, the first step might seem daunting. Signing up is actually pretty easy and for anyone struggling to get up and running, the MPS office can help. Call 410-625-0232, or send an email to mps@mdpsych.org after office hours.

While Marshall McLuhan famously said, "the medium is the message," we hope these new ways of connecting with members will be more than the experience itself, but instead, useful tools to bring psychiatrists and the MPS together for the common good.

Patrick T. Triplett, M.D.

MPS Offers New Social Media Accounts

We are excited to announce the launch of **brand-new social media accounts** to help you stay connected with MPS and with each other. Look for new posts about MPS happenings and local news!

Join the new MPS members-only [Facebook group](#)! Learn about upcoming events, hear what other members are doing, and stay on top of psychiatry-related news and events. Use this group to keep your colleagues in the loop.

You can also follow us on [Facebook](#), [Instagram](#), [Twitter](#), and [LinkedIn](#) to learn about MPS events that are happening soon and stay updated on Maryland mental health news, as well as national news pertaining to mental health.



The next MPS Council meeting will be held at 8 PM Tuesday, November 13 in the MPS office.

Member Spotlight Series

We are thrilled to introduce our first ever Member Spotlight series! Have you recently worked on an exciting research project? Reached a milestone in your career and want to share it with other MPS members? Have some good advice for younger psychiatrists who are just starting their careers? Submit a short article and photo through this [Google Form](#) to showcase your experiences with the MPS community. We will share your responses on our brand-new Instagram and Facebook pages. We will also feature them in the newsletter. Follow our pages to find yourself and see what other psychiatrists in the area are up to! We're excited to hear about all the great things that you're doing. If you have any problems accessing the form please call the MPS office at 410-625-0232.

Have You Published Lately?

The MPS would like to highlight recent journal articles published by its members. If you have published within the past year, please email the title, publication, date and preferably a link to mps@mdpsych.org. Please also include a photo and a sentence or two summary, if possible.

Would You Prefer Printed MPS Newsletters?

Members now have the option to receive printed black and white copies of *MPS News* and *The Maryland Psychiatrist* for an additional annual fee of \$50. Members will continue to receive emailed copies, which they can use to access the links to online information. Print subscriptions must be paid in advance, renewable annually and non-refundable. Members must notify the MPS promptly of address changes. To order, please send a check and a brief note to: MPS, 1101 St. Paul Street #305 Baltimore, MD 21202. Please email mps@mdpsych.org or call 410-625-0232 with questions.

Thank You!

The following members paid additional MPS dues for 2019 even though they qualify for reduced dues because they have reached life status. We appreciate your financial support of the Maryland Psychiatric Society!

George Gallahorn, M.D.
Daniel Storch, M.D.

MPS Best Paper Awards Deadline January 31

To recognize outstanding scholarship by young psychiatrists in Maryland, the MPS established annual "best paper" awards in 2013. Previous winners are listed [here](#). The Academic Psychiatry Committee is currently soliciting nominations for the 2018 Paper of the Year Award in two categories:

- **Best Paper by an Early Career Psychiatrist Member (ECP):** Eligible psychiatrists are ECP members who are first authors of papers published or in press in 2018. Thanks to generous funding from the Maryland Foundation for Psychiatry, the winner will receive a **\$200 cash prize** as well as a complimentary ticket to the MPS annual dinner in April 2019.
- **Best Paper by a Resident-Fellow Member (RFM):** Eligible psychiatrists are Resident-Fellow members who are first authors of papers that were written, in press, and/or published in 2018. Thanks to generous funding from the Maryland Foundation for Psychiatry, the winner will receive a **\$200 cash prize** as well as a complimentary ticket to the MPS annual dinner in April 2019.

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

Robert P. Roca, MD, MPH, MBA
Academic Psychiatry Committee Chair
Sheppard Pratt Health System
6501 North Charles Street
Towson, MD 21204
rroca@sheppardpratt.org

Poster Contest for Residents & Fellows

The MPS poster competition for our Resident-Fellow Members will be bigger and better this year, with all entries displayed at our annual meeting in April 2019! Thanks to generous funding from the Maryland Foundation for Psychiatry, the winner will receive a **\$200 cash prize** as well as a complimentary ticket to the meeting. Two finalists will also be selected and will receive **\$100 each** in addition to complimentary tickets.

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

Maryland Psychiatric Society Psychopharmacology Symposium

Saturday November 17, 2018

The Conference Center at Sheppard Pratt

All of our dynamic sessions will be presented by a slate of distinguished faculty on a wide variety of topics tailored towards psychiatrists and mental health clinicians who need the most up-to-date information available. The course is meant for all clinicians who prescribe psychotropic medications, and will address indications, contraindications, management of adverse events and more. It includes a focus on complex and challenging conditions, atypical presentations and special populations throughout the life cycle.

AGENDA

- 8:30AM** Breakfast and Registration
- 9:00** *Hypnotics*
David Neubauer, M.D.
- 10:00** *Medical Cannabis and Cannabis Use Disorders*
George Kolodner, M.D. & Sunil Khushalani, M.D.
- 11:00** Break
- 11:15** *Optimizing Safe and Evidence-based Medication Treatment of Children & Adolescents*
Gloria Reeves, M.D.
- 12:15** Lunch
- 1:15** *Update on the Psychopharmacology of Opioid Use Disorders*
George Kolodner, M.D. & Sunil Khushalani, M.D.
- 2:15** *Pharmacogenomic Testing for Psychiatrists: An Introduction*
Francis Mondimore, M.D.
- 3:15** Break
- 3:30** *Update on the Psychopharmacology of Alcohol Use Disorders*
George Kolodner, M.D. & Sunil Khushalani, M.D.

GOALS/OBJECTIVES

At the end of this educational activity, the learner will be able to:

- Review key elements in evaluating insomnia
- Discuss broad approaches to treating insomnia
- List four major categories of substances people take to promote sleep
- Describe primary pharmacodynamic and pharmacokinetic properties of FDA-approved insomnia medications
- Increase familiarity with the medical benefits and potential dangers of cannabis
- Improve ability to use medications in the treatment of opioid use disorders
- Improve ability to use medications in the treatment of alcohol use disorder
- Become familiar with using pharmacogenomic testing to aid in selecting psychiatric medications
- Review current FDA approved indications for pediatric antipsychotic treatment and risk-to-benefit considerations in treatment with these medications in young patients.

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of American Psychiatric Association (APA) and Maryland Psychiatric Society (MPS). The APA is accredited by the ACCME to provide continuing medical education for physicians. The APA designates this live activity for a maximum of **6 AMA PRA Category 1 Credit(s)**[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity. **This will fulfill one hour of the new CDS requirement.**

This activity is approved for a maximum of 6 hours of Category I Continuing Education for Social Workers by the Maryland Board of Social Workers.

This activity is approved for a maximum of 6 hours of Continuing Education for Psychologists by the Maryland Board of Examiners for Psychologists.

More information [available here](#).
BUY MEMBER TICKETS NOW BY [CLICKING HERE!](#)

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.

Brian Benjamin M.D.
 Brendan H. Bui, M.D.
 Lisa N. Chen, M.D.
 James L. Comotto, M.D.
 Aronica M. Cotton, M.D.
 Lauren E. Evans, M.D.
 Eric L. Goldwaser, D.O., Ph.D.
 Joan J. Han, M.D.
 Jooyoung Lee, M.D.
 Michael A. Levy, M.D.
 Matthew T. Lotz, M.D.
 Tolulope Omojukun, M.D.
 Debra Petrover, D.O.
 Angeline Pham, M.D.
 Jennifer Reid, M.D.
 Shapir Rosenberg, M.D.
 Carolyn Rosinsky, M.D.
 Daniela Sampaio, M.D.
 Abdolazim Shahsaver, M.D.
 Onyinye N. Ugorji, M.D.
 Samantha Vanderslice, M.D.
 Steven R. Woods, M.D.

Transfer Into Maryland

Elia Acevedo, M.D.
 Adam J. Brown, M.D.

2019 Dues Renewals

You should have received information regarding your 2019 membership dues sent via email as well as USPS. As the largest source of income, member dues are critical to MPS viability. Please [email](#) or call MPS at 410-625-0232 with any questions. We can't do this without your support!

MPS Members Out & About

Mark Komrad, M.D. will be featured at NAMI Baltimore's "Ask the Doctor" [mental health forum](#) on November 14.

Help us spotlight news of MPS members in the community by sending info to mps@mdpsych.org.

Maryland News

Medicaid Fee Increase

The September 29 *Maryland Register* included a Maryland Department of Health proposal to update the Maryland Medical Assistance Program's Professional Services Manual and Physicians' Services Fee Schedule effective July 2018 in order to reflect an increase in the Evaluation and Management procedure code for physicians from 92% to 93% of the Medicare rate pursuant to the Governor's FY 2019 budget. This results in a \$800,000 change in fee for service payments. The comment period closed October 29.

Second Quarter 2018 Fatal Overdose Data

In October, the Maryland Department of Health [announced](#) that fentanyl and cocaine-related deaths continue to rise and heroin and prescription opioid-related deaths continue to decline. During the six-month period from January through June of 2018, there were 1,325 total unintentional intoxication deaths, a **12 percent increase over the same period in 2017**. Of these, 1,185 were opioid-related, including 1,038 fentanyl-related deaths. Data for unintentional drug and alcohol-related intoxication deaths through the second quarter of 2018 can be found [here](#).

Overdose deaths involving fentanyl continue to increase at an alarming pace. More than three-quarters of all overdose deaths in 2018 involved fentanyl, a trend that has continued since the first quarter of 2017, when the number of fentanyl-related deaths first exceeded the number of heroin-related deaths.

Cocaine-related deaths also continue to rise. Comparing the period January through June for 2016 and 2017, the number of cocaine-related deaths increased 47 percent. Data for the same period of 2018 shows a 54 percent increase over 2017. The increase in cocaine-related deaths can be attributed to cocaine combined with opioids, which were found in 90 percent of cocaine-related deaths so far in 2018. **Cocaine-related deaths now outpace heroin-related deaths, making cocaine the second most prevalent drug among overdose deaths.**

Heroin-related deaths decreased 20 percent in 2018 compared with the same January through June period in 2017. Prescription opioid-related deaths declined by seven percent in the first two quarters of 2018 compared to the same period in 2017. Carfentanil-related deaths dropped from 46 to one during this period.

Maryland News

2018 Physician Compensation Survey

[Last month's issue](#) included highlights of the September MedChi House of Delegates meeting where the results of this year's physician compensation survey were presented by a Merritt Hawkins representative. The [survey](#) shows unfavorable discrepancies in Maryland physicians' salaries compared to physicians in other states. Maryland pays much lower than the rest of the country. Further, there is a startling gender pay gap for doctors in Maryland. Women make substantially less than men, by up to 50%, even when controlling for hours worked.

MedChi partnered in this effort with Merritt Hawkins, a leading U.S. physician search and consulting firm. Merritt Hawkins emailed the survey to approximately 10,000 physicians who are MedChi members or Maryland physicians from Merritt Hawkins' internal database. The survey was emailed several times over a 44-day period spanning January 10 to February 23, 2018. A total of 508 responses were received for a response rate of five percent. Psychiatrists comprised 6.3% (or about 32) of the respondents, the fourth largest of the specialties identified by the survey. The margin of error is ($\mu \pm 4.4\%$)

Key findings of the 2018 Survey of Maryland Physician Compensation include:

- Maryland physicians earn less on average than physicians nationally, in many cases less than what physicians typically are paid in starting salaries as tracked by Merritt Hawkins. (Total, pretax 2016 Psychiatry income is listed at \$230,000, which is the third lowest listed after Pediatrics and Family Medicine.)
- Wide pay gaps exist between male and female physicians in Maryland, with female physicians earning approximately 50% less on average than males. The average annual income for male physicians in Maryland is \$335,000 compared to \$224,000 for female physicians.
- Female physicians in Maryland earn less than male physicians in the same specialty. (Male psychiatrists earn an average of 35% more than female psychiatrists, with an average annual income of \$270K for male psychiatrists and \$200K for female. For those working 41 hours or more per week, average income is \$276K vs. \$210K.)
- Maryland's female physicians earn less than male physicians when hours worked are accounted for.
- Maryland physicians who are employed earn 7.9% less than physicians who own their practices. (For psychiatrists, the income difference in the survey results is even more significant, with those who are independent earning \$284K vs. \$199K for employed psychiatrists.)

- Quality-based payments account for 20% or less of income earned by 78% of Maryland physicians who report that at least some of their income is tied to quality.

- Only 41% of Maryland physicians indicated they participate in Medicare's new physician reimbursement formula, known as MACRA.

The survey report includes a detailed analysis of the respondents' demographics, work patterns and income. It also describes compensation by status, gender and age. The report concludes, "Maryland physicians are split over whether their compensation is fair given their level of effort."

Nominations for Anti-Stigma Advocacy Award

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

- Shares with the public their experience with mental illness in themselves, a family member, or 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. [Click here](#) for past winners and published articles.

The award carries a \$500 prize, which is given at the Maryland Psychiatric Society annual meeting in April. Please send nominations to mfp@mdpsych.org by **January 15, 2019**.

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

Art, Mood Disorders, and Life

The next event in the Johns Hopkins [Psychiatry and the Arts Series](#) will be a conversation with Kay Jamison, Ph.D. and with filmmaker Paul Dalio inspired by the film *Touched With Fire*. Free and open to the public, it will be held Wednesday, **November 7** at 5:30 PM in Hurd Hall at The Johns Hopkins Hospital. Since some aspects of the film could be distressing to patients and families, only selected excerpts from the film will be screened.

Maryland News

Some CDS Data Not Included in PDMP

Please remember that not all CDS that a patient obtains will necessarily be listed in PDMP. The [PDMP website](#) notes that certain types of pharmacies, clinics and practitioners are **EX-EMPT** from reporting CDS that are dispensed to patients, including:

Licensed hospital pharmacies that only distribute CDS for direct administration to an inpatient of the hospital. Please note that hospital-based pharmacies that dispense any CDS on an outpatient basis are not exempt from reporting. These pharmacies must report all outpatient dispensing to the PDMP. However, distribution of CDS drugs to licensed healthcare practitioners for direct administration to hospital inpatients should not be reported. Also, hospital-based outpatient dispensing of CDS drugs by healthcare practitioners (e.g., dispensing of "starter doses" to patients treated and released from an emergency department) must be reported to the PDMP. This is considered practitioner dispensing and should be reported under the practitioner's DEA number.

Pharmacies issued a waiver permit under COMAR 10.34.17.03 by the Maryland Board of Pharmacy ("waiver pharmacies") that provide pharmaceutical specialty services exclusively to persons living in assisted living facilities, comprehensive care facilities, and developmental disabilities facilities.

Opioid maintenance programs that are licensed under Health-General Article § 8-404, Annotated Code of Maryland and comply with Code of Federal Regulations 42, Part 8 and COMAR 10.47.02.11.

Veterinarians licensed under Agriculture Article, Title 2, Subtitle 3, Annotated Code of Maryland when dispensing controlled substances for animals in the usual course of providing professional services.

Due to certain federal restrictions, **Department of Defense (DoD) pharmacies do not report data** to the Maryland PDMP, although reporting from DoD pharmacies isn't necessarily exempt. (This will be added to the PDMP website.)

Additionally, the site states that certain types of drug delivery are not required to be reported, including:

Direct administration of CDS to a patient.

Provision of patient drug samples (in accordance with Health Occupations Article, Section 12-102(d), Annotated Code of Maryland). Please note that samples must be packaged and distributed in compliance with federal requirements to meet the reporting exception. "Drug sample" means a unit of a prescription drug that is not intended to be sold and is intended to promote the sale of the drug (21

CFR 203.3). Drug samples are usually pre-packaged by the manufacturer, and distributed to prescribers by the manufacturer's representatives.

Inpatient Hospice Dispensing: Pharmacies that dispense CDS to patients in an inpatient hospice facility and have obtained a waiver do not need to report PDMP data on dispensing to hospice inpatients. This waiver only applies to dispensing to inpatients in facilities that are currently licensed as a "general license hospice" by the MDH Office of Health Care Quality (OHCQ) AND have a valid "Certificate of Need" issued by the Maryland Health Care Commission (MHCC). Pharmacies issued an inpatient hospice waiver still have to report all other CDS dispensing (i.e., outpatient dispensing). Waivers are effective for 2-year periods and may be renewed.

MIA Bulletin on Medical Stop-Loss Insurance and Utilization Review

New information may be useful for patients covered under self-insured employer plans. In October, the Maryland Insurance Administration issued a clarification in response to increasingly frequent activities of medical stop-loss carriers that meet the definition of "utilization review" under Maryland law. The "insured" under a stop-loss policy is typically an employer who provides a self-funded health benefit to its employees. If claims reach catastrophic levels, stop-loss coverage kicks in. Although they are not regulated as insured health benefit plans, they are still considered a type of "health insurance." Therefore, if there is any consideration of the medical appropriateness of the health care services that gave rise to the stop-loss claim, utilization review is being performed and the medical stop-loss carrier is required to obtain a private review agent certificate. Please refer to the [bulletin](#) for more details.

Health Care Practitioners - Use of Teletherapy

As of October 1st the Health Care Practitioners - Use of Teletherapy law went into effect. The law authorizes specified health care practitioners to use teletherapy for a patient; establishing requirements for the technology a health care practitioner uses for teletherapy; requiring a health care practitioner to make a specified identification and establish a safety protocol that includes specified information before the first teletherapy session; defining teletherapy as the use of specified telecommunications or electronic technology to deliver behavioral health services under specified circumstances. To read the bill [click here](#).

Maryland News

2019 Board of Physicians License Fee Cut

In October, the Hogan Administration announced additional health professional fee cuts, including reducing physician license fees for the 2019/2020 renewal year. MedChi, The Maryland State Medical Society, thanks the Hogan Administration for these welcome fee reductions. The lower fees are the direct result of bipartisan legislation that stopped fund diversions and fiscally responsible operational changes made within the Department of Health.

Starting next year, physicians will see an approximately five percent reduction in licensing fees. These new fee cuts are on top of nearly two hundred and fifty fees and commissions already reduced by Governor Larry Hogan during his first four-year term.

October 22 MedChi News

More on Bell v. Chance

[AMA Wire](#) covered the recent ruling by Maryland's highest court in *Bell v. Chance*. The court determined that psychiatrists acting in good faith in their decision-making about discharge from involuntary commitment have immunity from medical liability in the event of adverse outcomes. The opinion not only allows physicians to make good-faith clinical decisions but also protects patients' civil liberties because physicians will not have as much incentive to err on the side of involuntary confinement for fear of being sued. "All that is required for immunity is that the assessment [for release] be done in good faith following the process and applying the criteria in the statute," the Court of Appeals of Maryland said. The justices' opinion echoed many of the arguments that the Litigation Center of the AMA and State Medical Societies and MedChi made in an [amicus brief](#) that they filed in support of the physician in the case, Leroy C. Bell Jr., MD, and his employer, Bon Secours Hospital Baltimore Inc. [Click here](#) for more details.

Population Health Summit

An all-day event, "Innovation under the Maryland Model," will be held 9 AM to 4 PM Tuesday **December 4**. Sponsored by the Maryland Office of Population Health Improvement, the summit will be held at the Hilton BWI. This will be an excellent opportunity to discuss population health in the context of the All-Payer Model. Registration is recommended. For information contact Sonia Pandit at spandit@princeton.edu.

MPS Signs Onto Transition Age Youth Letter To Governor Hogan

In October, the MPS, along with several other mental health advocacy groups, signed onto the Children's Behavioral Health Coalition's letter to Governor Hogan asking for the expansion of services for transition age youth (TAY).

TAYs are individuals between the ages of 18-26 who mature into the adult system but may need to continue within the rehabilitative framework of a children's behavioral health model. TAY-specific programs prepare them for independent living by providing supervised housing and wraparound services, including medication management, counseling, coordination of services, and training in life skills. However, unless TAY meet limited, adult-oriented diagnostic criteria, they are ineligible for these programs.

The letter stated that an increase in funding focused on the needs of this population would do much to address a major component of the [2017 Maryland Children's Cabinet Three-Year Plan](#) – reducing youth homelessness – which is recognized in the plan as a "historically unfunded or underfunded" population. The plan calls for targeting "vulnerable homeless youth who are not in the physical custody of a parent or guardian and who are under the age of 25," and clearly states that these "unaccompanied homeless youth have unique needs that cannot be addressed by the same housing and supportive services offered to adults."

The Coalition urges an expansion of the diagnostic criteria and an increase in funding targeted specifically to TAY to ensure these young adults with behavioral health needs have access to the services necessary to facilitate an early intervention and recovery.

15th Annual MHHD Health Equity Conference

On Thursday December 6, the Maryland Office of Minority Health and Health Disparities will present *Achieving Health Equity and Disparity Reduction: Prevention and Cost Savings Initiatives*. The conference will be held at Martin's West, 6817 Dogwood Road in Baltimore, 21244 from 9 AM to 4 PM. Click for [more information & how to register](#).

Maryland News

Maryland Parity at 10 Policy Brief

The MPS participates in the Maryland Parity at 10 Coalition, which issued an important brief last month calling for an end to discriminatory insurance coverage. [The brief](#) outlines five action steps that elected officials should implement:

- Vigorously enforce state and federal parity laws through consumer and provider education, insurance department and Medicaid compliance reviews, and Attorney General Investigations.
- Verify that plans are in full compliance prior to plans being offered by collecting and approving health plans' parity compliance analyses.
- Conduct regular parity market conduct examinations and data audits to check for plan compliance.
- Create consumer assistance services to help consumers navigate insurance denials.
- Create a consumer-friendly complaints process and investigate all MH/SUD complaints for potential parity violations.

Even though we have groundbreaking laws on the books at both the state and federal levels, their promise has not been achieved due to inadequate enforcement. "Despite clear rules from the federal government on health plans' obligations under the Federal Parity Act, Maryland regulators do not thoroughly reviewed plans' written policies and actual practices to ensure parity compliance." The brief supports these arguments with Maryland data from the Milliman study as well as Insurance Administration correspondence.

Health Workforce Mapping Tool

Whether they are deciding where to practice after residency or considering a different office location, psychiatrists should check a useful AMA [Health Workforce Mapper](#) tool as part of the process. In addition to the concentration of each medical specialty in a geographic area, it includes population health data and other indicators like the prevalence of uninsured patients. By facilitating a view into workforce shortages, the tool may help close gaps in access to care.

To get started, click on the link above and scroll down to the "Welcome to the AMA Health Workforce Mapper" window. Click the headshot icon in the upper left corner, select Maryland as the State, and choose Psychiatry from the list of Physician Specialties.

From [October 26 AMA Wire post](#)

Preliminary Maryland Medicaid Parity Analysis

As noted in the October issue, the Maryland Department of Health's (MDH) preliminary compliance report required by the federal parity act overlooks a key aspect of parity: provider rates. Last month, the Maryland Parity at 10 Coalition, which includes the MPS, sent a [letter to Secretary Neall](#) noting key priorities, including the need for review of prior authorization and other utilization management requirements and the setting of reimbursement rates to ensure non-discriminatory standards. Pending the submission of MDH's final compliance report, the coalition explained its concern regarding MDH's assertion "that 'the setting of provider rates falls outside the scope of MHPAEA parity requirements.' In fact, federal regulations and guidance make crystal clear that the Parity Act governs the setting of reimbursement rates as a non-quantitative treatment limitation. 42 C.F.R. § 440.395(b)(4)(ii). We request that this compliance information be included in the final Parity compliance report." The letter goes on to express interest in the MDH's proposed rate-setting study while stating, "*that study differs from a Parity Act analysis, which requires an assessment of the 'processes, strategies, evidentiary standards, or other factors,' as written and in operation, to ensure that they are comparable to and applied no more stringently to MH and SUD benefits than to medical/surgical benefits.*"

The Maryland Parity at 10 Coalition will continue to work with MDH to ensure that the full potential of the law is realized in our state's Medicaid and Children's Health Insurance programs.

2018 Candidate Responses

In September the Maryland Behavioral Health Coalition (which the MPS actively participates in) sent a brief questionnaire to candidates running for office in Maryland regarding their views on various mental health issues. The answers from those who responded can be found [HERE](#).

We're happy that so many candidates took the time to share their views about behavioral health policy. The opinions offered give some good insight into how these candidates would approach these issues.

Be sure to vote in this year's election. Early voting is underway, and now is the time to make your plans to vote. Turn out is already at record levels. **Election Day is on Tuesday, November 6th.** You can find your Election Day polling place [here](#).

Medicare Updates

MIPS Eligible Clinicians Submitting Quality Data via Claims Can Now View Performance Feedback for 2018

The Centers for Medicare and Medicaid Services (CMS) has updated the Quality Payment Program website so individual eligible clinicians who choose to submit their Quality performance category data via claims can access performance feedback for the 2018 performance year on an ongoing basis.

If you are participating in MIPS as an individual clinician and you have chosen to use claims to submit Quality performance category data, you attach quality data codes (G-codes) to your claims throughout the 2018 performance year. Those who have been doing so can now login to the Quality Payment Program website and review their performance feedback, which will be updated on a monthly basis.

As a reminder: claims-based quality measures are calculated automatically by CMS based on the quality data codes submitted on your 2018 claims. Claims data submission is only an option for Year 2 (2018) if you're participating in MIPS as an individual (not as part of a group).

For more information about submitting your Quality performance category data via claims, review the 2018 Claims data submission fact sheet. For questions, contact the Quality Payment Program Service Center by

- Email: QPP@cms.hhs.gov
- Phone: (866) 288-8292; TTY: (877) 715-6222

October 17 APA News

MIPS Virtual Groups Open Until December 31

If you are interested in forming a virtual group for the 2019 Merit-based Incentive Payment System (MIPS) performance year, the election period is now open. To form a virtual group, you must follow an election process and submit your election to CMS via e-mail by **December 31**.

For More Information:

[2019 Virtual Groups Toolkit](#)
[Request technical assistance](#)

Or contact the Quality Payment Program at QPP@cms.hhs.gov or (866) 288-8292; TTY: (877) 715-6222.

Physician Compare Webinar

Over the summer, "Public Reporting on Physician Compare: What you need to know" webinars were held describing what's in the pipeline for possibly going on the website in late 2018, including Year 1 Quality Payment Program performance information. [Physician Compare](#) is a website designed to help consumers make informed choices about the health care they receive through Medicare. A recording and transcript are now available. Please visit the [Physician Compare Initiative page](#) to find the presentation slides and public reporting resources.

Expanded Telehealth Access Proposed for Medicare Advantage

CMS [announced](#) proposed changes for plan year 2020 that would allow Medicare Advantage (MA) plans to offer "additional telehealth benefits" not otherwise available in Medicare to enrollees as part of the government-funded "basic benefits." The proposed rule would give MA plans more flexibility to offer telehealth benefits to all enrollees, whether they live in rural or urban areas. It would also allow greater ability for MA enrollees to receive telehealth from places like their homes, rather than requiring them to go to a health care facility. Plans would also have greater flexibility to offer clinically-appropriate telehealth benefits that are not otherwise available to Medicare beneficiaries.

Additional proposed changes include:

- Unified appeals processes across Medicare and Medicaid to make it easier for dually-enrolled beneficiaries in Medicare and Medicaid who participate in "Dual Eligible Special Needs Plans" or D-SNPs to navigate the system. In addition, plans would be required to more seamlessly integrate benefits across the two programs to promote coordination.
- Updated methodology for calculating Star Ratings, which provide information to consumers on plan quality. The new methodology would improve stability and predictability for plans and would adjust how the ratings are set in the event of extreme and uncontrollable events such as hurricanes.

For more information about the proposals, review the [fact sheet](#) or [download](#) from the Federal Register. Comments will be accepted until **December 31** through the [website](#).

APA News & Information

October APA Board of Trustees Highlights (This information is unofficial.)

CMS Quality Measures Development Grant - The APA was one of three medical specialties to receive CMS funding to develop and test new quality measures for use in CMS' Quality Payment Program. The award, totaling \$5.38 million over three years, will allow APA to develop new measures in the following areas: measurement-based care; closing performance gaps in the management of early psychosis, opiate use disorder, as well as suicide risk; and patient care experiences.

IPS: Mental Health Services Conference was held October 4 to 7 in Chicago with 1,089 professionals in attendance. Dr. Altha Stewart's theme was "Reimagining Psychiatry's Impact on Health Equity."

Diversity - Following Dr. Stewart's Executive Committee summer retreat focused on diversity, equity, and inclusion, Dr. Stewart announced that Drs. Ayana Jordan and Paul Summergrad will co-lead a new work group to discuss furthering DEI initiatives at APA, to be completed by the March 2019 BOT meeting.

Legislative Update - Congress passed the final Labor-HHS appropriations bill before the end of the fiscal year for the first time in 22 years. Unlike most recent years, the bill also had an overall increase, which helped boost NIH funding by \$2 billion and SAMHSA by \$584 million. The SAMHSA funds included retention of the Minority Fellowship Program and additional funding for Opioid State Response Grants.

Ad Hoc Work Group on Women's Mental Health - Dr. Maria Oquendo reviewed data regarding the work on women's mental health being conducted across APA components and within the administration. She also provided a summary of the viewpoints of the members regarding how to make women's mental health issues more prominent in the APA. Dr. Oquendo reported that work group members did not reach consensus on how to best address the issue of women's mental health at APA. The BOT was also provided with letters, summaries and FAQs that were shared among the workgroup, as well as information on the issues they discussed and five potential outcomes that the work group discussed. The BOT considered each and voted to accept the Work Group on Women's Mental Health report and implement the following recommendations:

- Ask that the JRC and APA leadership encourage Council and committee chairs to consider activities relevant to their components' charge on women's mental health through a standing item in leadership meetings, and as appropriate, work across Councils.
- Dedicate a section of the APA website components responsible for addressing women's mental health.

- Request that a work group continues exploring the issue of women's mental health with additional instruction.

Treasurer's Report - For the eight months ended August 31, net income was \$9.2 million, compared to \$11.8 million through August 2017, a difference of \$2.6 million. The lower net income is largely attributable to lower investment income.

APA Headquarters Purchase - APA took another step toward purchasing the headquarters by locking in the interest rate on financing for the purchase.

175th Anniversary - Several activities celebrating the 175th Anniversary of the APA are planned for the 2019 Annual Meeting in San Francisco, including the APA/APAF gala reception (black-tie optional) and silent fundraising auction at City Hall on Monday evening, a Historical Scientific Program Track comprised of four sessions on the history and shaping the future of psychiatry, and eight sessions on the history of psychiatry as related to M/UR member groups. Other 175th Anniversary activities include a Mind Games Competition, a new website to access APA historical information and Sabshin Library & Archives, and *Psychiatric News* articles. Please encourage your colleagues, friends, and family to attend these special events.

*Roger A. Peele, M.D.
Area 3 Trustee*

Candidates for 2019 APA Election

Fifteen APA members are vying for national office in APA's 2019 election. [This slate](#) is considered public, but not official, until the Board of Trustees approves it at their December meeting. **The deadline for petition candidates is November 15.** Voting begins January 2, 2019.

Free Members' Course of the Month

Accumulating evidence from psychiatry implicates marijuana use, especially in adolescence, as a risk factor for poor educational achievement, cannabis and other substance use disorders, and psychotic disorders. This presentation provides a comprehensive overview of the **comorbidities of marijuana use and mental disorders** through the review and discussion of current research, statistics and theories associated with marijuana use and mental illness. Click the link to access the [Course of the Month](#).

APA News & Information

Help Expand Addiction Treatment Options in Your Community

The APA State Targeted Response (STR) Technical Assistance (TA) project will launch 32 12-week virtual learning collaboratives on a variety of topics focused on using medication for addiction treatment (MAT) to treat patients with opioid use disorders.

Each collaborative will be led by a faculty expert who will support your efforts during the project. Participants will earn up to 12 CMEs by completing various activities such as watching pre-recorded webinars, calling into office hours, participating in group discussions and completing an individual project.

[LEARN MORE AND PARTICIPATE](#)

Join an APA M/UR Caucus

APA members can join Minority and Underrepresented (M/UR) Caucuses by [updating caucus memberships in the member dashboard](#) (APA login required). These caucuses provide networking opportunities, advance treatment of minority patient populations, advocate for minority mental health issues, provide representation in APA governance, and foster communication among members who share interests. Membership in caucuses is free and reserved for APA members. Members may choose to enroll in more than one M/UR caucus, if desired.

APA caucuses are in place for the following groups:

- American Indian/Alaska Native/Native Hawaiian
- Asian-American
- Black
- Hispanic
- International Medical Graduates
- LGBTQ
- Women

Comment Period Now Open on Proposed Changes to DSM-5

The *DSM* Steering Committee has received a proposal requesting that changes be made to *DSM-5* Criterion A and the "Diagnostic Features" text for avoidant/restrictive food intake disorder. The comment period ends **November 29**. [Click here](#) for more information.

November Assembly Preview

The APA Assembly will meet November 2 – 4 in Washington DC to receive reports and vote on Position Statements and Action Papers. The APA Joint Reference Committee is recommending retiring, revising or establishing positions on 20 different issues ranging from psychiatric disorders to problems like police brutality, human trafficking and elder abuse. Reports from 11 Assembly committees and 13 APA Councils as well as the 7 APA Area Councils are also on the agenda. A total of 19 Action Papers have been submitted for consideration:

- Institute Biannual Review of the Medications for the Treatment of Psychiatric and Substance Use Disorders on the WHO Essential Medicines List
- Providing Support to Forcibly Separated Immigrant Children and Families
- Simplification of Electronic Health Record Required Documentation by Physicians
- Protecting Public Mental Health from the Adverse Effects of Climate Change by Ending APA Investments in Fossil Fuel Companies (Divestment)
- Peer Support Services for Families
- Unbiased Expert Consensus Panels for Developing Treatment Guidelines Support Access to Quality Psychiatric Care
- Addressing Racial Discrimination Against Psychiatry Trainees & Practicing Psychiatrists
- Psychiatric Oversight of Mental Health Treatment in Child Welfare and Juvenile Justice Programs
- Efficient Communication at the Assembly
- Psychiatric Facility Construction
- Reducing the Burden of Treatment Plan Documentation
- Removing Barriers to Improve Healthcare Access in Puerto Rico
- Suicide Prevention Work Group
- Position Statement on Immigrant Children Detained at US/Mexico Border
- Request for APA President to Write a Letter to DirecTV and other Broadcasters Concerning the Scientology Channel
- APA Advocates to the AMA CPT Editorial Panel for Add-on Billing Codes for Suicide Risk Assessments
- APA Elections
- Access to Care Challenges and the Role of Residents
- Medicaid Reform and Access to Quality Mental Health Care

For a copy of any of the proposals, [email Heidi Bunes](#). MPS Assembly Representatives Anne Hanson, M.D., Elias Shaya, M.D. and Brian Zimnitzky, M.D. will share news about actions taken at the meeting in the next issue.

CLASSIFIEDS

EMPLOYMENT OPPORTUNITIES

PSYCHIATRIST/MEDICAL DIRECTOR - Jewish Community Services is seeking a Part-Time (20 hour/week) Psychiatrist for our outpatient mental health center. Skills/Qualifications: Conduct psychiatric evaluations and medication management, Familiarity with and/or sensitivity to Jewish identity (including its religious, ethical, cultural and social values). Experience: Psychiatrist, Psychiatric Resident or Fellow, Child and adolescent experience a plus. Education: MD; Licensed in Maryland, DEA certification, liability insurance. Qualified Applicants should apply via: <http://bit.ly/PsychiatristJCS> (preferably) or send to: Human Resources, Jewish Community Services, 5750 Park Heights Avenue Baltimore, MD 21215. Or fax resume to 443.200.6108. Cover letters can be sent to mailtorecruitment@jcsbaltimore.org Equal Opportunity Employer Jewish Community Services (JCS) is a non-profit human service agency that provides programs and services to support meeting basic needs for economic sufficiency; living independently; achieving mental health and competence; and feeling supported by and connected to the Jewish community in ways that are meaningful. To learn more about Jewish Community Services, visit www.jcsbaltimore.org.

Psychiatrist Needed: General Psychiatrist and Child/Adolescent Psychiatrist needed to join our outpatient multi-disciplinary practice, no calls, 9-5 work schedule and weekends off. Spend time with family and friends rather than navigating hospital schedules and finding cross coverage. Competitive salary, student loan assistance, and benefits package or contractual position. Our practice has more than 16 therapist, psychological testing and TMS. We serve upper middle-class community, mostly private insurance and some Medicare. We will work with J1 Visa Waiver candidates. If interested in this rewarding professional opportunity, please email letter of interest with your CV to bluestoneclin@aol.com.

P/T Psychiatrist for busy practice in Severna Park, Maryland. Providers are 4 Psychiatrists and 10 therapists. We provide all services in this friendly work atmosphere. Please send resume to babh1@verizon.net or fax to 410 421-9135.

Psychiatrist – Full or part-time psychiatrist wanted for a well-established, reputable, growing private practice in Anne Arundel County, MD. Position includes premium office space, attractive compensation, comprehensive administrative support, professional freedom, and collegial interaction with a multi-disciplinary staff in a desirable location. Opportunity to become involved in the TMS program (Transcranial Magnetic Stimulation) if desired. For more information please visit www.spectrum-behavioral.com or call Scott E. Smith, Ph.D. at 410-757-2077 X 7102 or email to director@spectrum-behavioral.com.

AVAILABLE OFFICE SPACE

BETHESDA: Offices for rent in psychotherapy suite. Furnished space available for flexible blocks of time. Lots of amenities: free WiFi, beverages, color copier. Very friendly and professional clinicians. Contact Keith Miller: 202-360-9996 or keith@keithmillercounseling.com.

Ellicott City - Sound proofed, furnished and unfurnished offices available in established, multi-disciplinary mental health suite. Some offices are attractively furnished and are available on a Daily / Part-Time basis. Other offices are unfurnished (Fresh paint and New Carpeting) and are available on a Full-Time basis. We have expansive and welcoming waiting rooms that are warmly decorated and include pleasant music throughout. There is ample parking and handicap access available on site. We have private patient and staff bathrooms, as well as a full-sized Therapists kitchen with: Refrigerator, Microwave, Dishwasher, Keurig Coffee and a variety of teas and snacks. Our Therapist Workroom has a Mailbox System, Xerox Copier and Fax Machine. Opportunities for networking and referrals are facilitated through periodic, informal wine and cheese gatherings with staff. This multi-disciplinary community is a culture of congenial professionals. Suites are conveniently located close to Route #40, #29, #70 and 1-695. To inquire, please contact Dr. Michael Boyle at (410)-465-2500.

Dealing with Service Animals

Service animals are now more commonly seen in public places. Some psychiatrists may have patients who bring them into the medical practice. How do you know whether the dog in your office is truly a service dog? The ADA permits you to ask just two questions:

- Is the animal a service animal required for a disability?
- What work or task related to the individual's disability has the animal been trained to perform?

If the handler can answer these two questions, you must give them the benefit of the doubt and allow the dog into the office. For more information, see the [Linked In post](#) by Ann McNary, J.D., Senior Risk Manager at PRMS.

Holiday Office Hours

The MPS office will be closed **November 22nd and 23rd** for Thanksgiving.

Don't forget you can pay your dues, update your profile or find a referral for a patient on our [website!](#)



Psychiatrists... **NOW** is the time to hop on board with MHM Services.

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-Steven Bonner, MD
Chief Psychiatrist, MHM Services/Centurion

DID YOU KNOW?

- In Maryland, over 398,000 adults struggle with dependence or abuse of illicit drugs or alcohol
- 157,000 people in Maryland have reported having serious thoughts about suicide
- Over 735,000 people in Maryland suffer from some form of adult mental illness

*Source: Mental Health America "2017 State of Mental Health in America"

We want you to join our team dedicated to making Maryland a happier, safer and healthier place to live.

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Rewarding Opportunities for Psychiatrists Across Maryland



Sheppard Pratt
HEALTH SYSTEM

Sheppard Pratt Health System is seeking psychiatrists to work in multiple Sheppard Pratt programs across Maryland.

Opportunities Include:

Child & adolescent psychiatrists

Inpatient and outpatient

Multiple locations

Adult psychiatrist

The Retreat at Sheppard Pratt

Baltimore County

Crisis services psychiatrist

Sheppard Pratt-Towson Campus

Baltimore County

Trauma psychiatrist

Sheppard Pratt-Towson Campus

Baltimore County

Adult psychiatrist

Sheppard Pratt-Ellicott City Campus

Howard County

School psychiatrist - autism focus

Position serves multiple locations

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
- Sign-on bonus
- A network of the brightest minds in psychiatry
- Grand rounds, CME opportunities, on-site lectures
- State-of-the-art research and technology
- Cross-discipline collaboration

About Sheppard Pratt Health System

Consistently ranked as one of the top ten psychiatric hospitals by *U.S. News & World Report*, Sheppard Pratt 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.

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



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