

# MPS NEWS

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Deadline for articles is the 15th of the month preceding publication. Please email [heidi@mdpsych.org](mailto:heidi@mdpsych.org).

MPS News Design & Layout  
Meagan Floyd

**The next MPS Council meeting will be held at 8 PM Tuesday, February 12 in the MPS office.**

## President's Column

### Advancing the MPS Mission

Despite the bitter cold of a "polar vortex" descending on the U.S., February is heating up. The legislative session has begun and the efforts of the MPS Legislative Committee are in full swing. There are a number of bills of interest being followed, including proposals related to assisted suicide, marijuana use and possible updates to the Extreme Risk Protective Order statute from last session. In addition to the Legislative Committee's vitally important work, in partnership with our lobbyist, Tommy Tompsett from Harris Jones & Malone, several of us will be heading to Annapolis next week for MPS Advocacy Days, to meet with state elected officials to make sure our voice is heard regarding the challenges facing psychiatry in Maryland.

As we were going to press, we learned of the passing of Lisa Beasley. Lisa was a former MPS president and, in addition to her outpatient practice, had connections to Sheppard Pratt, Hopkins, Loyola and the University of Maryland. She was a longstanding member and co-chair with Ginger Ashley of the MPS Book Club. At the time of the 50<sup>th</sup> anniversary of the MPS, Dr. Beasley gave an introductory speech that included the following:

*The MPS is an organization run by psychiatrists. It exists outside the boundaries of managed care, insurance companies, the legislature and the mental health network. It allows one to be a psychiatrist first, with an individual professional identity. Regardless of one's career path, this identity stays.*

These wise words are a great reminder of the values many of us bring to the MPS. Dr. Beasley will be missed, but her words and example as a physician, and a deeply admired individual, continue to inspire.

*Patrick T. Triplett, M.D.*

## MPS ADVOCACY DAYS IN ANNAPOLIS

**NEXT Thursday February 7<sup>th</sup>** from 8:30AM—1PM, we invite all MPS members to join us in Annapolis to meet with House and Senate leadership to discuss current and future legislation affecting psychiatry and mental health in Maryland. There are many new legislators this year! MPS lobbyists help with talking points and protocol. Contact Meagan Floyd (410-625-0232) or [email](#).

## 2019 Dues Drop Date Next Month!

Dues for calendar year 2019 were sent in October. **Dues are payable within 90 days, so they are now past due.** Members who do not either pay both MPS and APA dues in full or schedule a payment plan before the deadline will be dropped. Please [contact the MPS](#) with questions, or to discuss dues relief options or payment arrangements.

## Poster and Paper Contests Deadline Extended to February 15th!

The MPS Academic Psychiatry Committee recognizes outstanding scholarship by young psychiatrists in Maryland via nominations for three awards:

The **Poster Competition for Resident-Fellow Members** will be bigger and better this year, with all entries displayed at the annual meeting in April!

The Paper of the Year Award has also returned, with prizes in two categories:

- **Best Paper by an Early Career Psychiatrist Member**
- **Best Paper by a Resident-Fellow Member**

Thanks to generous funding from the Maryland Foundation for Psychiatry, winners will receive **cash prizes** as well as a complimentary ticket to the MPS annual meeting in Downtown Baltimore on April 25, 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 to the appropriate address below by **February 15**. Please include a brief explanation of why you believe the work is worthy of special recognition. For more information and submission details [please click here](#).

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## February Member Spotlight

**Todd Peters, M.D.** - I am a graduate of The Pennsylvania State University College of Medicine. I completed residency in General Psychiatry and fellowship in Child and Adolescent Psychiatry at Brown University. In July 2018, I joined Sheppard Pratt Health System as the Medical Director of Child and Adolescent Services and Chief Medical Information Officer (CMIO). Previously I worked at Vanderbilt University Medical Center from 2011-2018, where I was Inpatient Medical Director at Vanderbilt Psychiatric Hospital and Assistant CMIO for Vanderbilt University Medical Center.

Clinically, I work as a hospitalist on the Adolescent Inpatient Units at Sheppard Pratt Hospital in Towson, MD. I have also practiced as an electroconvulsive therapy (ECT) provider for >5 years. As an educator, I have been actively involved in teaching residents, fellows, and medical students since residency.

I am also actively involved in the American Academy of Child and Adolescent Psychiatry (AACAP) and as a Fellow of the American Psychiatric Association (APA). I have served as the Chair for AACAP's Committee for Health Information Technology and has been a representative for the AACAP's Committee on Healthcare Access and Economics since 2009. I have also been the Consulting Editor for the Child and Adolescent Psychiatric Clinics of North America since 2017. I am excited to be a member of MPS to advocate for both youth and adults in the state of Maryland.

I am very excited about the opportunity to work on making behavioral health care more accessible to all within the state. The most rewarding part of my job is to find ways to provide great care to patients while making the jobs of providers much easier through advancements in documentation and health information technology " [\[Click here for the photo.\]](#)

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.

## Follow the MPS on Instagram!

Search "maryland\_psychiatric\_society"

If you've won an award, published an article or have other news to share, we would love to recognize you on MPS social media accounts. Send photos and short blurbs to [mps@mdpsych.org](mailto:mps@mdpsych.org).

The MPS launched several **social media accounts** to help members stay connected with MPS and with each other. Join the new MPS members-only [Facebook group](#) to keep your colleagues in the loop. You can also follow us on [Facebook](#), [Twitter](#), and [LinkedIn](#) to learn about events and stay updated on Maryland news.

## Happy Hour & Networking Event for ECP Members!

Please Join us on **WEDNESDAY FEBRUARY 27th** at 6pm Birroteca Baltimore! Gather with fellow early career psychiatrists. We'll come together in a casual setting for good wine, delicious food and wonderful conversation. Admission is only \$5 per person, and you are welcome to bring a guest with you to this event. To register, or for more information please visit [click here!](#)

## January 8 Council Highlights

Executive Committee Report

Dr. Triplett reported that the Executive Committee met in November with the Behavioral Health Administration and discussed the rollout of ERPOs as well as Medicaid compliance with the parity act. The MPS requested another update on the longstanding psychiatric leadership vacancies at BHA. Dr. Triplett also noted that SMPS/WPS continues to retain a separate lobbyist. We will coordinate at the staff/lobbyist level on bills where the MPS takes a position. Also, the MPS:

- Signed on to a letter to Governor Hogan requesting Medicaid reimbursement on par with Medicare in the FY2020 budget.
- Selected our current CPA, Norman Feldman, for the 2018 annual accounting review and government filings after receiving bids from four accounting firms.
- Re-appointed MPPAC officers for 2019: Scott Hagaman, M.D. Chairman and Kim Jones-Fearing, M.D. Treasurer

Executive Director's Report

Ms. Bunes started this first meeting of the new year with a review of the MPS vision and mission statements as well as Council's role and duty of care to the organization. She reviewed the overall MPS communications plan, which includes [social media accounts](#) established in the fall. She noted that a psychiatrist data project is underway that will result in a target group of potential members as well as a complete list to be used for promoting MPS CME events, advocacy and fundraising.

Distinguished Fellowship Committee Report

In Dr. Ehrenreich's absence, Dr. McGuire announced that all six MPS nominees were awarded Distinguished Fellow status by the APA this year. The annual process will begin again in March. Members interested in being nominated should review eligibility criteria at <https://www.psychiatry.org/join-apa/become-a-fellow> and [email Heidi Bunes](#) if you'd like to proceed.

Editorial Advisory Board/Editors' Report

Dr. Hershfield reported that the next issue of *The Maryland Psychiatrist* should be out later in the month. He encouraged members to submit articles and noted that the member listserv has sparked ideas for some topics that will be featured.

Legislative Committee Report

Dr. Hanson noted that the 2019 Maryland General Assembly session will begin tomorrow. The MPS Legislative Committee's online communication board is up and a few bills have already been posted, including one to authorize psychologists and nurse practitioners to recommend medical marijuana. She encouraged members to attend [MPS Advocacy Day](#) in Annapolis on February 7.

Program & CME Committee Report

Drs. Nestadt and Addison reviewed the November Psychopharmacology Conference. A total of 135 tickets were sold, with 115 of those being psychiatrists/physicians. Although the event was budgeted to break even, due to the strong turnout and exhibitors, there was a surplus. On March 30, the MPS will present "The Ripple Effect" Movie & Dinner. A brochure will be mailed this month. In addition, a week-night Risk Management program is planned for April/May 2019 at MedChi and another psychopharm update is expected in the fall. Dr. Shaya suggested that the MPS explore programming aimed at other mental health professionals.

New Business

Dr. McGuire noted that the 2019 Lifetime of Service Award recipient will be decided at the March Council meeting and reviewed the eligibility criteria. Any nominees are due to the MPS by March 12—see below for details.

## Call for 2019 Lifetime of Service Award

In 2000, the MPS Council established the MPS Lifetime of Service Award, which is given annually to a senior MPS member who has shown a consistent, career-long pattern of unwavering dedication, commitment, and leadership to the organization. Other qualities to be considered include significant contributions to the mental health of our community through clinical work, teaching, administration, or research. Further criteria established that the nominees must have APA lifer status and must have made significant contributions to the MPS organization.

Nominations for the 2019 award will be accepted until **noon on March 12** or at the March Council Meeting, when voting will occur. Please email [Heidi Bunes](#) with suggestions or call the MPS office at 410-625-0232.

Past MPS Lifetime of Service Award Recipients:

2000 Lex Smith, M.D.	2009 Betty Robinson, M.D.
2001 Thomas Allen, M.D.	2010 Leonard Hertzberg, M.D.
2002 Jonas Rappeport, M.D.	2011 William Prescott, M.D.
2003 Bruce Hershfield, M.D.	2012 Chester Schmidt, M.D.
2004 Gerald Klee, M.D.	2013 Steve Sharfstein, M.D.
2005 John Urbaitis, M.D.	2014 Paul McClelland, M.D.
2006 Leon Levin, M.D.	2015 Thomas Lynch, M.D.
2007 Mayer Liebman, M.D.	2016 Irvin Cohen, M.D.
2008 Theodore Feldberg, M.D.	2017 Robert Roca, M.D.
	2018 Neil Warres, M.D.

## Maryland News

### Governor Hogan Announces FY2020 Budget

Governor Larry Hogan officially submitted the fiscal year 2020 budget on January 18. The \$19.5 billion proposal reflects Hogan's priority of ensuring that Maryland's most vulnerable citizens have access to critical healthcare services and other important programs, including the allocation of nearly a quarter billion dollars for substance use disorder services, an increase of 20 percent over FY 2019. MedChi CEO Gene M. Ransom III notes that nearly \$130 million is provided in FY 2020 to fund a 3.5 percent rate increase for behavioral health and developmental disabilities service providers and a 3 percent rate increase for most other healthcare providers. Included in this total is \$42.5 million for the Developmental Disabilities Administration to benefit direct-care workers serving some of Maryland's most vulnerable individuals. Ransom also states that MedChi's top priority for the budget is parity for Medicaid payments with Medicare, and that MedChi will lobby to increase Medicaid payments for all physicians for all evaluation and management codes. [Click here](#) for more budget details related to opioids and substance use disorder.

### Key Dates for 2019 Session

The 439th Session of the Maryland General Assembly commenced at noon on January 9th. This is a significant Session since it is the first in a four-year term. In addition, there is an unprecedented number of new legislators (approximately 40%), which results in an overwhelming change in the makeup of the committees, both in the House and the Senate. As is typical in the first year of a new term, it is anticipated that the first several weeks will focus on departmental briefings to assist the new legislators in understanding the subject matter of the bills that they will hear during Session.

Key dates for the remainder of this Session include:

- February 4th: Senate Bill Introduction date
- February 8th: House Bill Introduction date
- March 18th: Cross-over date.
- April 1st: Budget Bill to be passed by both Chambers
- April 8th: Sine Die/Last Day of Session

*MedChi's Monday Message 1/14/19*

### MPS Participates in Requirements for Prior Authorization Workgroup

During the 2018 Session, House Bill 1546: *Pharmacy Benefits Manager – Requirements for Prior Authorization* was introduced to modify prior authorization requirements for prescription drugs. Due to the complexity of the issues, the legislation did not pass. MedChi was asked to convene a broad-based stakeholder group, which included the MPS, to examine the issues included in the legislation and make recommendations that focus on ensuring greater efficiency and transparency of system protocols and reducing administrative burdens on health care providers at point of service (both prescribers and dispensers), payors and patients.

The concern raised by health care providers and consumer advocates was continuity of care for patients, i.e. prior authorizations should not unnecessarily delay a patient from obtaining medication. Several potential discussion points were put forth around the need and/or duration of a prior authorization. Specifically, whether certain clinical conditions and/or medications should not require a prior authorization; whether there should be a process after a prior authorization is obtained to allow the prescriber to attest that the patient has no change in condition and that the prior authorization should continue; and whether a prior authorization should remain valid for a set duration. This discussion also involved how previous prior authorization approvals should be handled when an individual changes health plans or when there is a change to the utilization review policies of the insurer.

Another issue of discussion was the ability of a pharmacy benefits manager to provide alternative medications to prescribers/dispensers at the time the denial is received due to a prior authorization requirement. While it appeared that, at times, alternatives were provided by pharmacy benefit managers, it did not appear to either be consistent across the board with all pharmacy benefit managers or for all medications requiring a prior authorization. However, it was recognized that trying to determine alternate medications at the point of prescribing/dispensing is time-consuming and administratively burdensome for prescribers/dispensers and can result in the delay of medication to the patient. As part of this discussion, a concern was also raised that the prescriber should not be administratively burdened with re-entering the same information into the system. Rather, forms should be pre-populated with the insured's information.

At the last meeting, the workgroup was unable to make specific recommendations for legislation. The workgroup members agreed to continue internal discussions with their respective organizations and for the group to reconvene with the objective of reaching consensus on legislation to be introduced for the 2019 Session.

♥ Happy Valentines Day ♥

## Maryland News

### Proposed Regulations

Last month various state agencies proposed new regulations within Maryland. Two of the proposed modifications that may be of interest to MPS members are noted below:

**[10.09.28 Applied Behavior Analysis Services](#)** - The purpose of this action is to update the definitions, service descriptions, and rates associated with Applied Behavioral Analysis (ABA) Services. The American Medical Association (AMA) published the code revisions effective January 1.

**[10.63.07 Outpatient Civil Commitment \(OCC\) Pilot Program](#)** - The purpose of this action is to expand eligibility criteria for the Outpatient Civil Commitment Pilot Program and expand the types of behavioral health providers who can sign an application for admission to the Program to include licensed clinical social workers, licensed masters social workers and licensed clinical professional counselors.

Comments may be sent to Jake Whitaker, Acting Director, Office of Regulation and Policy Coordination, Maryland Department of Health, 201 West Preston Street, Room 512, Baltimore, MD 21201, or call 410-767-6499 (TTY 800-735-2258), or email to [mdh.regs@maryland.gov](mailto:mdh.regs@maryland.gov), or fax to 410-767-6483. **Comments will be accepted through February 19.** Public hearings have not yet been scheduled.

### Keep the Door Open Update

One of the Behavioral Health Coalition's [Keep the Door Open 2019](#) priorities this year is **expansion of medication-assisted treatment (MAT)** and other substance use treatment options. MAT combines behavioral therapy and medications to treat opioid addiction and other substance use disorders. Although it is increasingly considered the gold standard for treatment of opioid use disorders, it is underutilized, particularly in settings where it can have the biggest impact. Legislation introduced to address this problem, [House Bill 116](#), requires that individuals entering state and local correctional facilities be assessed for opioid use disorders within 24 hours and that MAT be available as appropriate. The bill is modeled after a Rhode Island program that has resulted in a 60% reduction in overdose deaths for people leaving jails and prisons, which has translated to a 12% reduction in overdose deaths in their general population. The House Judiciary Committee will receive testimony on the bill on February 19.

### Commission to Study Mental and Behavioral Health in Maryland

In January, Lt. Governor Rutherford announced [Executive Order 01.01.2019.02](#), signed by Governor Hogan, establishing the [Commission to Study Mental and Behavioral Health in Maryland](#). The Commission has been tasked with studying mental health in Maryland, including access to mental health services and the link between mental health issues and substance use disorders. The Commission will advise and assist the Governor with improving access to a continuum of services, with an interim report due July 10 and a final report due December 31. The final report will recommend policy, regulations or legislation to improve the crisis response system and ensure parity of resources to meet mental health needs.

The Commission will be chaired by Lieutenant Governor Rutherford and will include representatives from each branch of state government, representatives from the state departments of Health, Public Safety and Correctional Services, and Human Services, as well as the Maryland State Police, the Maryland Insurance Administration, the Opioid Operational Command Center, and six members of the public with experience related to mental health. The Maryland Children's Behavioral Health Coalition (in which the MPS participates) has raised concern that this composition appears focused on the adult system and recommends that at least one of the commissioners appointed from the public have experience with the children's behavioral health system. The coalition's letter to Governor Hogan also suggests adding representatives from the state departments of Education and Juvenile Services.

### Maryland Behavioral Health Coalition Rally and March on Annapolis

On **February 20** at noon, the Maryland Behavioral Health Coalition will hold a rally and march on Annapolis. This has become an annual event that is a key component of the coalition's advocacy. This year's [Behavioral Health Coalition Legislative Agenda](#) includes several essential priorities. Come out and help show how importance of funding for behavioral health services! The event will start at the Maryland Fire-Rescue Services Memorial at the corner of Calvert and Bladen streets across from the Treasury Building. Stand up for the 1 in 5 Marylanders living with a mental health or substance use disorder and join the March to the State House!

## Maryland News

### New Funding for Opioid Crisis & Substance Use Disorders Services

In January Lt. Governor Boyd K. Rutherford announced new Hogan administration initiatives to expand substance use prevention and treatment efforts, as well as a new [commission to study mental and behavioral health in Maryland](#), with a special emphasis on the correlation between mental illness and substance use disorders. To date, the Hogan administration has invested over \$800 million to address substance use disorders and the ongoing opioid epidemic. Lt. Governor Rutherford announced an increase of \$500 million in new funding over Fiscal Year 2019. This includes **\$247.8 million** for the Governor's Allowance in general funds for substance use disorder services; a \$41.8 million, or 20%, increase over FY2019 levels.

Other funding includes:

- **\$172 million** of dedicated funding to existing non-Medicaid substance use disorder and addiction programs;
- **\$66 million** over two years in new federal grants to initiate and expand opioid prevention and treatment services;
- A third installment of **\$10 million** to fund the activities of the Opioid Operational Command Center -- now housed within the Maryland Emergency Management Agency -- in keeping with Governor Hogan's five-year, \$50 million commitment;
- **\$3 million** to establish new and expand existing behavioral health crisis response programs and services for local jurisdictions, in addition to funding for four new residential crisis beds in Somerset County;
- **\$378 million** over five years for the design and construction of a Therapeutic Treatment Center in Baltimore City, a specialized facility that will provide mental health and substance use treatment services and care to nonviolent offenders upon entry into the criminal justice system, with the goal of reducing recidivism;

Capital budget funding for recovery residences includes:

- o **\$1 million** for the Community Mental Health, Addiction, and Development Facilities Grant Program within the Maryland Department of Health; and
- o **\$1 million** for the Shelter and Transitional Housing Facilities Grant Program within the Department of Housing and Community Development;

Capital budget funding for local treatment and community organizations includes:

- o **\$1 million** for the Helping Up Mission women's and children's facility;
- o **\$500,000** for the Frederick County Detox Treatment facility; and
- o **\$750,000** for the Harford County Crisis Center.

Additionally, Department of Health Secretary Bobby Neall announced **\$66 million** over two years in State Opioid Response (SOR) grant funding from the SAMHSA to be administered through MDH for prevention, treatment, and recovery efforts. The SOR funding includes monies for naloxone distribution for local health departments and community agencies; expansion of recovery residences across the state; crisis services, including Crisis Walk-In Stabilization Centers, Crisis Beds, and Safe Stations across the state; expansion of screening services, intervention, referral, and treatment services in hospital emergency departments; peer support services; expansion of medically assisted treatment in the criminal justice population; and harm reduction efforts.

Secretary Neall also announced legislation that the administration will introduce this session to allow the state to provide additional funds for eligible capital costs for recovery residences. Currently, the state can only provide up to 50% of capital costs and up to 75% in qualified poverty areas. The legislation would increase the percentage the state may fund to 75% and 90%, respectively. Additionally, it would make identical statutory changes to the Federally Qualified Health Center program.

Finally, Opioid Operational Command Center Executive Director Schuh announced **\$2.5 million** in OOC funding that will be used for additional community and local government prevention and education, enforcement, and treatment and recovery programs across the state.

### 2019 Enrollment in Maryland Health Connection

Maryland Health Connection has published a full analysis of [enrollment](#) for the year. Over 150K enrolled in Qualified Health Plans (QHPs), with the largest age group being 55-64 years old, while over 1M enrolled in Medicaid. These levels are very similar to last year; however, the percentage of new QHP enrollees fell to 26% from 40% the year before. The Silver metal level had the most enrollees, followed by Gold and then Bronze. In terms of geographic distribution, Montgomery County had the highest number of QHP enrollees, followed by Prince Georges and Baltimore counties. Baltimore City had the highest number of Medicaid enrollees followed by Prince Georges, Baltimore and Montgomery counties. The Small Business Health Options Program (SHOP) enrollment numbers are very small, with a total of 831 covered lives.

## Maryland News

### Children's Behavioral Health Coalition Letter on School Funding

Earlier this month the MPS [signed onto a letter](#), along with other members of the Children's Behavioral Health Coalition (CBHC), to the Maryland Commission on Innovation and Excellence in Education to urge the Commission to include dedicated funding for behavioral health in Maryland schools. The letter stated that student behavioral health needs were not adequately addressed fifteen years ago in the process that created the current school funding formulas, and students are being asked to attend classes and participate in classroom instruction after they experience life-changing traumas, yet do not have access to services that would help to reframe their mindset and manage their situation.

### MPS Supports STLD Plan Coverage for MH/SUD

The MPS submitted a letter of support for SB28, [short-term limited duration insurance plans](#), to the Maryland General Assembly. That bill requires short-term limited duration insurance (STLD) plans to cover mental health and substance use disorder (MH/SUD) benefits and meet the requirements of the Federal Parity Law. Currently these plans do not have to cover MH/SUD benefits, nor do they have to comply with the Federal Parity Law. Senate Bill 28 extends Maryland's mental health and substance use disorder insurance coverage law to STLD plans. Under current statute, STLD plans available for purchase are explicitly excluded from the definition of an "individual health benefit plan." Because of that exclusion, the section that requires individual health benefit plans to cover mental health and substance use disorder benefits does not apply to STLD plans. Additionally, STLD plans are not considered "individual health insurance coverage" under federal law and therefore are not required to provide MH/SUD benefits as an essential health benefit nor must they comply with the federal parity law.

SB 28 extends Maryland's MH/SUD coverage law to these STLD plans, and also requires all plans under its jurisdiction to comply with the federal parity law. This simple legislative fix is essential because the [Trump Administration issued a final rule](#) last year that expands STLD plans' maximum coverage period from three months to 12 months and allows these plans to be renewed for a period of up to 36 months. The harm of this rule is twofold: one, individuals may see these plans as appealing because they are much cheaper while not realizing that they do not cover MH/SUD services. Two, many who buy these plans are likely to be younger and healthier than average purchasers of individual plans.

The General Assembly took steps to combat this last session by passing [HB 1782](#), which specified that short-term limited duration plans could only run 90 days and could not be renewed.

### Behavioral Health and School Safety Report

The [Maryland Safe to Learn Act of 2018](#) required the Maryland Center for School Safety to perform a gaps-analysis on the availability of mental health services and practitioners for students, the mental health needs of students, and the plans for delivering behavioral health and wraparound services to students. Following is the Executive Summary.

Of the 1,063,206 school-age children and youth in Maryland in 2017, 1,021,054 were enrolled in school, 43,759 were suspended or expelled. A self-report survey assessing the risk behaviors of Maryland middle and high schoolers indicated 7.4% of high school students reported carrying a weapon on school property, 7.8% of high school students reported having been threatened or injured by a weapon while attending school, 18.2% of high school students reported being bullied, and 29.9% of high school students reported feeling sad or hopeless. It is estimated that approximately 22% of school-age children and youth in Maryland experience mental health or substance abuse challenges serious enough to require treatment.

Maryland serves the behavioral health needs of school-age children and youth through community-partnered school behavioral health programs and school-based health centers. Twenty out of 24 of the jurisdictions reported partnering with one or more community behavioral health provider to provide services.

The findings indicate an uneven distribution of service providers and service utilization across the State. Research has demonstrated that children and youth enrolled in Maryland Medical Assistance programs are disproportionately affected by behavioral health disorders and are more likely than their counterparts with private insurance to see a mental health professional for emotional and behavioral problems.

The majority of community-partnered school behavioral health programs are not providing the full continuum of comprehensive behavioral health services (i.e., behavioral health promotion, prevention, and intervention). Community-partnered school behavioral health programs are not consistently collecting, analyzing, and reporting student- and school-level data to document impact of service provision. Funding sources have significant impact on whether a full continuum of care is provided through community-partnered school behavioral health versus only a focus on youth already identified and displaying behavioral health concerns.

This report makes recommendations such as offer training, collect data, and promote Maryland's comprehensive array of behavioral health services to address gaps. Please [click here](#) for the complete report. [This presentation](#) gives more details about the Act.

## APA News & Information

### Suggest Ideas for APA Action!

Are there problems you think the APA should address? With a little effort, you can put your idea before the APA Assembly for consideration and possibly point the APA in that direction. An Action Paper is the product of an idea about how the APA can work on behalf of its members.

Members of the Assembly, representing and informed by the members of their district branch (i.e. MPS members), formulate ideas into actionable tasks that the Assembly can review, debate, and vote on. The process for developing an Action Paper may first require determining what activities or policies are already underway at APA or have been in the past. As the idea is developed, the Action Paper is honed and parsed into a subject, intent, problem, alternatives, recommendation, and implementation.

Once an Action Paper is submitted to the Rules Committee, it may be assigned to a Reference Committee or Area Council. The Reference Committee hears testimony about the paper and discusses it, potentially making changes. The paper is then brought to the floor of the Assembly at which time the Assembly may make additional changes. The Assembly then votes on it.

If the Action Paper is approved, it is then typically referred to the Joint Reference Committee. The Joint Reference Committee may then refer it to the Board of Trustees for consideration, or to the appropriate component for additional information and work, or for implementation.

To review the complete details on the APA website, please click [HERE](#). You need your member login to access the information.

**The Action Paper deadline for the May 2019 Assembly is March 28.**

**If you want to suggest an idea for APA action, please contact one or all of the MPS Assembly Representatives, [Anne Hanson, M.D.](#), [Elias Shaya, M.D.](#) and [Brian Zimnitzky, M.D.](#) by **March 1** so that hopefully an Action Paper can be drafted for the May meeting. The Assembly meets again in November if you need more time.**

### Early-Bird Registration for APA Annual Meeting Ends February 12

Early-bird registration for APA's 2019 Annual Meeting in San Francisco is available until Feb. 12. Advanced registration rates take effect on Feb. 13 and run until April 9. Your 2019 APA membership dues must be paid to qualify for member registration rates. Register and find out more about the 2019 Annual Meeting, including the APA's 175<sup>th</sup> Anniversary Celebration, by visiting [Psychiatry.org/annualmeeting](http://Psychiatry.org/annualmeeting).

### APA Comments for MOC Study

The American Board of Medical Specialties (ABMS) Vision Initiative Commission released a [draft report](#) from their two-year study of the future of Maintenance of Certification (MOC) and requested comments from the public by January 15. The draft outlines a vision for maintenance of certification (MOC) programs that is intended to be responsive to needs of users and relevant to physicians.

With input from the APA BOT Executive Committee, Assembly Committee on MOC, Council on Medical Education and Lifelong Learning, and the MOC-caucus listserv, the APA drafted and submitted [comments](#). We think these comments align with our member's current thoughts and experiences with MOC, and we will continue to work on MOC issues on behalf of our members. Following a meeting to review and discuss the comments and make revisions before the final report is expected to be submitted to the ABMS Board of Directors in February 2019.

*Saul Levin, MD, MPA, FRCP-E  
APA CEO and Medical Director*

### Residents: Pitch an Idea. Build a Team. Design a Venture.

Submissions are open for the 2019 APA Psychiatry Innovation Lab. Pitch your idea for improving mental health care delivery through entrepreneurship, policy, systems redesign, education, collaboration, technology, and more. The Grand Prize is \$10,000. Submit your idea at <http://apapsy.ch/PIL19>. Official [Terms & Conditions](#) are on the submission site. All entries must be in the form of a three-minute public YouTube video. The top 7 entries will be invited to pitch their idea to a live audience and panel of judges at the 2019 APA Annual Meeting on Sunday, May 19, 2019 from noon to 5:00 p.m. At the live event, one finalist will be awarded the grand prize of \$10,000. **Submission Deadline: Sunday, March 17, 2019 at 11:59 p.m. ET.** [Learn More & Submit](#)

### Free Members' Course of the Month

*Psychiatrists and the Treatment of Pain* - Concerns about undertreatment of pain have led to rapid growth in opioid prescriptions and a dramatic increase in the prevalence of prescription opioid use disorders. Psychiatrists often see patients with pain, yet most psychiatrists feel uncertain about their role in the treatment of pain. This presentation assists in the recognition, assessment and treatment of pain. Presented by Eric D. Collins, M.D. of Columbia University. [Click here to access the Course of the Month and sign up for updates about this free member benefit.](#)



## Medicare Updates

### MPS Weighs in on Part D Proposal

In partnership with the APA, the MPS submitted [comments](#) in response to a CMS proposed rule – [Modernizing Part D and Medicare Advantage to Lower Drug Prices and Reduce Out-of-Pocket Expenses](#). This proposal would weaken the six protected classes (anticonvulsants, antidepressants, antineoplastic, antipsychotics, antiretrovirals, and immunosuppressants) under Medicare Part D by allowing additional utilization management tools to be applied, specifically [indication-based formulary design](#) and [indication-based utilization management](#). It also codifies an earlier proposal by CMS to allow for Medicare Advantage plans to apply step therapy to Part B drugs.

The [MPS letter](#) outlines several points, including:

- *We strongly oppose CMS authorizing additional utilization management tools. We are also very concerned about applying the Part D proposal to existing therapy.*
- *No two psychotropic medications have the same therapeutic effect or identical duration and intensity characteristics.*
- *Having to clear the numerous administrative hurdles to deliver quality care takes valuable time away from patients. The proposal is counter to the Administration's "Patients over Paperwork Initiative" and interferes with the patient/doctor relationship.*

### New Medicare Coverage App

CMS has launched a new "What's Covered" app to help people quickly see whether Original Medicare covers a specific medical item or service. The What's Covered app is available for free in both [Google Play](#) and the [Apple App Store](#). This app is part of the [eMedicare initiative](#), which began last year, to empower beneficiaries with cost and quality information. Other tools in the eMedicare suite include:

- Enhanced interactive online decision support to help people better understand and evaluate their Medicare coverage options and costs between Medicare and Medicare Advantage.
- A new online service that lets people quickly see how different coverage choices will affect their estimated out-of-pocket costs.
- New price transparency tools that let consumers compare the national average costs of certain procedures between settings, so people can see what they'll pay for procedures done in a hospital outpatient department versus an ambulatory surgical center.
- A new webchat option in the Medicare Plan Finder.
- New surveys across Medicare.gov for consumers to give input about what they want.

## [BUY YOUR TICKETS TODAY!](#)

### MPS Dinner & Movie

March 30, 2019

5:30-9:30PM

Conference Center at Sheppard Pratt

"**Suicide: The Ripple Effect**" is a feature length documentary film focusing on the devastating effects of suicide. The film highlights the journey of Kevin Hines who, at age 19, attempted to take his life by jumping from the Golden Gate Bridge. The film chronicles Kevin's personal journey and the ripple effect it has had on those who have been impacted by his suicide attempt and his life's work since.

Following a screening of the film, Janel Cubbage, Director of Suicide Prevention at the Behavioral Health Administration, will give a presentation entitled, "Suicide Prevention is Everybody's Business: The Role We Play as Providers."

Please watch your mailbox and email for registration materials later this month.

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 **2.5 AMA PRA Category 1 Credit(s)**<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

### SAMHSA Resources

#### [Federal Commission on School Safety](#)

After months of research, visiting successful programs around the nation, and receiving testimony, the Federal Commission on School Safety released a 177-page [report](#) detailing 93 best practices and policy recommendations for improving safety at schools across the country. Among the topics covered are: Healthier and Safer Approach to Mental Health and Counseling for Our Young, Integrating Mental Health, Primary Care, Family Services, and Court-Ordered Treatment, the Effectiveness and Appropriateness of Psychotropic Medication for Treatment of Troubled Youth and Extreme Risk Protection Order Laws.

#### [Medicaid Coverage of Medication-Assisted Treatment](#)

The report discusses Medicaid coverage of FDA-approved medications for treatment of alcohol and opioid use disorders, limitations on coverage (such as prior authorization requirements), background on federal laws, policies, innovative practices, and policies at the state level.

## Survey on Physician Burnout

The AMA [reported](#) on an online survey of doctors that found an overall physician burnout rate of 44%, with 15% saying they experienced colloquial or clinical forms of depression. More than 15,000 physicians (over 1,000 of them psychiatrists) from 29 specialties responded to the survey conducted by the Medscape news website. The "[National Physician Burnout, Depression & Suicide Report 2019](#)" indicates that psychiatry falls in the middle third of specialties [ranked](#) for burnout last year. In general female (50%) physicians are significantly more burned out than male (39%), and the top contributing factor by far is having too many bureaucratic tasks like charting and paperwork (59%). Psychiatrists are the most likely (45%) among specialists to seek professional help when burned out or depressed.

### Physician Wellness Resources

APA has excellent information on [physician well-being](#) on its website.

[Ohio Physician Wellness Coalition](#) has many resources on physician burnout and suicide.

## New Cybersecurity Resources

The Department of Health and Human Services (HHS) recently issued [new cybersecurity resources](#) to manage threats and protect patients, including resources for small healthcare organizations. The resources include:

- [Health Industry Cybersecurity Practices: Managing Threats and Protecting Patients](#) - Reviews five current threats (phishing attacks, ransomware attacks, loss/theft of equipment/data, insider, accidental or intentional data loss, and attacks against medical devices) and presents practices to mitigate those threats.
- [Technical Volume 1: Cybersecurity Practices for Small Health Care Organizations](#)
- [Technical Volume 2: Cybersecurity Practices for Medium and Large Health Care Organizations](#)
- [Resources and Templates](#)

We hope you find this information useful!

*Courtesy of PRMS*

**2019 MPS Annual Meeting  
Thursday, April 25th**

**Hotel Monaco  
Baltimore, MD**

## Eating Disorders Awareness Week February 25 – March 3

The 2019 theme, *Come as You Are*, highlights the movement toward inclusivity in the greater eating disorder community and the goal of unifying the field of eating disorders. In particular, *Come as You Are* sends a message to individuals at all stages of body acceptance and eating disorders recovery that their stories are valid. Everyone, especially those whose stories have not been widely recognized, is encouraged to speak out, share their experiences, and connect with others. Conversations will take place with a variety of communities. [Click here](#) for more details.

## 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.*

Julie Fields, M.D., Ph.D.

### ***Transfers Into Maryland***

Jemima Kankam, M.D.

Samantha A. Latorre, M.D.

Mohamed A. Kamel Elsayed, M.D., MS

Surbhi Khanna, M.D., MBBS

Amanda Yuan Sun, M.D.

The MPS Presents:

## **Working With Dangerous Patients**

May 1, 2019  
MedChi's Osler Hall

### **6:30-7:00PM**

Registration, Coffee/Dessert

### **7:00-8:00**

*Working With Dangerous Patients*

Donna Vanderpool, MBA, JD, Vice President, Risk Management, Professional Risk Management Services, Inc. (PRMS)

### **8:00-8:30**

*Maryland's Extreme Risk Protective Order*

Erik Roskes, MD

### **8:30-9:30**

*Risk Assessment*

Donna Vanderpool, MBA, JD.

*Registration materials coming soon!*

# CLASSIFIEDS

## EMPLOYMENT OPPORTUNITIES

Medical Director - Aspire Wellness Center in Nottingham. Partner with a growing outpatient mental health center while working with a multidisciplinary team. Contractual position, 20 hours per week, flexible schedule, competitive reimbursement. Email: [aspirewellness@yahoo.com](mailto:aspirewellness@yahoo.com).

**Gladstone Psychiatry and Wellness** is expanding with new offices in Hunt Valley, MD and Bethesda, 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. Also, the administrative load is lighter because a nurse case-manager handles pre-authorizations, and staff manage billing. Full and part-time opportunities (including independent contractor) are available. Email [staff.director@gladstonepsych.com](mailto:staff.director@gladstonepsych.com) or call Dr. Anthony Massey at 443-708-5856.

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](http://www.spectrum-behavioral.com) or call Scott E. Smith, Ph.D. at 410-757-2077 X 7102 or email to [director@spectrum-behavioral.com](mailto:director@spectrum-behavioral.com).

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 [recruitment@jcsbaltimore.org](mailto:recruitment@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](http://www.jcsbaltimore.org).

**SEEKING RESEARCH PHYSICIANS - Pharmasite Research, Inc.**, a leading clinical trials facility in suburban northwest Baltimore seeks qualified, licensed physicians for employment in clinical research. Qualified candidates may be trained in psychiatry, neurology or internal medicine, and must be licensed to practice in Maryland. Prior experience as a Principal Investigator and/or Sub-investigator on Phase II-III clinical trials is highly desirable. Independent contractor positions are available with flexible, part-time hours. Additionally, opportunity and space are available for a physician seeking both a research position and private psychiatric practice. To discuss these opportunities, please call Surya Korn, Director of Operations at 410.602.1440, or e-mail [surya@pharmasiteresearch.com](mailto:surya@pharmasiteresearch.com).

## AVAILABLE OFFICE SPACE

**Ellicott City/Waverly Woods/Columbia:** Near Rt. 70, Rt. 32 and Rt. 29. Office and Group Room are in a beautiful suite ready for immediate occupancy. Includes large fully furnished office with 2 windows, large beautifully decorated waiting room, receptionist/file room, 2 bathrooms, Kitchen and a warm community of other therapists who cross refer. WiFi and fax available. Free ample parking. Contact: [Jenniferplassnig@gmail.com](mailto:Jenniferplassnig@gmail.com) or 410-203-2411.

**Ellicott City:** Furnished and unfurnished offices available in mental health suite. Part time/full time. Ample parking. Handicapped accessible. Private staff bathrooms. Kitchen area and workroom with copier and fax. Opportunities for networking and referrals. Located close to Route #40, #29, #70 and 1-695. Contact Dr. Michael Boyle (410)-465-2500.

## Take Advantage of MPS Member Benefits - Join the MPS Listserv!

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

# New Year, New Career!

## 2018



## 2019

Join MHM and experience the benefits of a career in Correctional Mental Health.

MHM Services is currently seeking Psychiatrists for Full-Time, Part-Time, and Per Diem positions in Baltimore and Jessup!

#### WHY EXPLORE A CAREER IN CORRECTIONAL PSYCHIATRY?

- ✓ Regular hours
- ✓ No insurance paperwork or managed care hassles
- ✓ Reasonable caseloads and a diverse patient population
- ✓ Secure and supportive work environment
- ✓ The opportunity to make a real difference in the lives of those who need it most!

In addition to rewarding work and highly competitive salaries, we offer a comprehensive benefits package for employees working 30 hours per week or more:  
28 Paid Days Off + 7 Paid Holidays • Health, Dental, Vision Insurance • 401(K) + Profit Sharing  
Long & Short Term Disability • Paid Malpractice • Flexible Spending Account  
Critical Illness & Cancer Protection • CME Allowance + Additional Days Off • Health Savings Account  
Adoption Assistance Program • Pet Insurance • Accident Insurance • Life Insurance

*\*Part-time benefits also available\**



Contact Jane Dierberger, In-House Physician Recruiter at 844.477.6420 or [jane@mhmcareers.com](mailto:jane@mhmcareers.com) for more information!



**MHM Services, Inc.**

[www.mhm-services.com](http://www.mhm-services.com) | Equal Opportunity Employer

# ROBUST RISK MANAGEMENT EDUCATION



Malpractice insurance coverage through PRMS is so much more than a policy – we offer psychiatry-specific risk management support you can count on. Some important benefits included with every policy are:



LIBRARY OF  
360 RESOURCES



ERISKHUB® CYBER  
SECURITY PORTAL



RISK ALERTS AND  
NEWSLETTERS



RISK MANAGEMENT  
CONSULTATION SERVICE  
HELPLINE



ONLINE AND IN-PERSON  
CME COURSES\*



ON OUR MINDS MONTHLY  
ON-DEMAND RISK UPDATE



DONNA VANDERPOOL, MBA, JD  
VICE PRESIDENT, RISK MANAGEMENT



\* EXPERIENCE THESE BENEFITS IN-PERSON BY ATTENDING ONE OF OUR ACCLAIMED CME SEMINARS.  
VISIT [PSYCHPROGRAM.COM/SEMINARS](http://PSYCHPROGRAM.COM/SEMINARS) TO FIND A LOCATION NEAR YOU.

Robust risk management is just one component of  
our comprehensive professional liability program.



**PRMS**<sup>®</sup>  
Professional Risk Management Services, Inc.

More than an insurance policy

(800) 245-3333 | [PsychProgram.com/Dedicated](http://PsychProgram.com/Dedicated) | [TheProgram@prms.com](mailto:TheProgram@prms.com)

Actual terms, coverages, conditions and exclusions may vary by state.  
Unlimited consent to settle does not extend to sexual misconduct.

Insurance coverage provided by Fair American Insurance and Reinsurance Company (NAIC  
39157). FAIRC is an authorized carrier in California, ID number 3175-T. [www.fairco.com](http://www.fairco.com)

In California, d/b/a Transatlantic Professional  
Risk Management and Insurance Services.

# 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:

### Medical director

Outpatient Mental Health Center  
Montgomery County

### Trauma disorders psychiatrist

Sheppard Pratt-Towson Campus  
Baltimore County

### School psychiatrist - autism focus

Position serves multiple locations

### Child & adolescent psychiatrist

Sheppard Pratt-Towson Campus  
Baltimore County

### Adult psychiatrist

Sheppard Pratt-Towson Campus  
Baltimore County

### Outpatient adult psychiatrist

Behavioral Health Partners of Frederick  
Frederick County

### Outpatient child & adolescent psychiatrists

Behavioral Health Partners of Frederick  
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
- 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](http://sheppardpratt.org). EOE.

For more information, please contact Kathleen Hilzendeger,  
Director of Professional Services, at 410.938.3460 or  
[khilzendeger@sheppardpratt.org](mailto:khilzendeger@sheppardpratt.org).

