

# MPS NEWS

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Editor: Heidi Bunes

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## In This Issue

|                                                 |       |
|-------------------------------------------------|-------|
| <a href="#">Vote in 2020 MPS Election</a>       | p. 2  |
| <a href="#">CME Activity April 15</a>           | p. 2  |
| <a href="#">February 11 Council Highlights</a>  | p. 3  |
| <a href="#">Lifetime of Service Winner</a>      | p. 4  |
| <a href="#">Call for MPS Volunteers</a>         | p. 4  |
| <a href="#">April 2 Annual Dinner Meeting</a>   | p. 5  |
| <a href="#">General Assembly Update</a>         | p. 6  |
| <a href="#">Legislative Action Alerts</a>       | p. 7  |
| <a href="#">Revised UTP Form</a>                | p. 8  |
| <a href="#">ASO Transition to Optum</a>         | p. 8  |
| <a href="#">Schuster Wins Anti-Stigma Award</a> | p. 9  |
| <a href="#">APA Information &amp; Updates</a>   | p. 10 |
| <a href="#">Medicare &amp; MIPS Updates</a>     | p. 11 |
| <b>In Every Issue</b>                           |       |
| <a href="#">Membership</a>                      | p. 4  |
| <a href="#">Classifieds</a>                     | p. 12 |

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, March 10th in  
the MPS office.  
All members welcome!**

## President's Column

### Perspectives Present and Future – Part 2

In this month's newsletter, I continue my conversation with two more luminaries in Maryland psychiatry, Dr. Steven Sharfstein (Former CEO of Sheppard Pratt Health System) and Dr. Harsh Trivedi (Sheppard Pratt's current CEO). As in the February edition (where I interviewed Drs. Potash and RachBeisel), I asked three questions:

- 1) You have a unique vantage point from which you see and can evaluate the trends and changes facing psychiatry, psychiatrists and patients - what in your opinion are the major trends, opportunities and threats facing the field?
- 2) Do you have any special advice for psychiatrists-in-training or those early in their careers?
- 3) How should organized psychiatry (e.g. the MPS) focus its energy to best support the advancement of psychiatry?

In response to the first question, two important trends identified by Dr. Sharfstein were specialization and differentiation. By specialization, he meant psychiatry's ongoing efforts to reorganize itself (e.g. into subspecialties, practice models, diagnosis related services, etc.) while differentiation refers to the evolving challenge of how best to define psychiatry as distinct from other branches of medicine (and psychiatrists from other provider disciplines). He noted that new opportunities are continuously arising (such as acquiring a DEA X-waiver to better treat opioid use disorders) and the influx of women into the psychiatric workforce has brought new perspectives and helped bolster our numbers. Dr. Trivedi emphasized the aging of today's psychiatric workforce and the need for recently trained practitioners to insure their future by staying clinically relevant (e.g. opioid, suicide prevention) and by advocacy

through taking on administrative and consultative roles that drive policy and resources to help those in greatest need. He also cited the importance, and unpredictability, of disruption to the status quo brought about by technological changes (e.g. apps) and the rapid evolution of consumer-centered care and warned that the effects of venture capital and non-governmental funding might have significant future consequences for the field.

Regarding the second question, Dr. Sharfstein opined that early exposure to health policy while in training is sorely needed for the next generation of psychiatrists to stand their ground and generate beneficial change. He also referenced organizations such as (but not limited to) the MPS as key sources for professional and social support and suggested that all young psychiatrists cultivate interests beyond their profession. Dr. Trivedi felt that trainees should push programs into the future by demanding exposure to technologies such as telepsychiatry and to promising (e.g. integrated) practice care models. He also stated that emerging psychiatrists need a fundamental understanding of the incentives that drive mental health care delivery and of the value that psychiatrists can bring to the health care equation.

Lastly, in response to the third question, Dr. Sharfstein noted that branding is an essential concept for advocacy organizations like MPS to understand and embrace, in alignment with values that clearly provide a path for practitioners to follow. He also emphasized key functions that these organizations can provide such as referral networks, sounding boards for new ideas, continuing education opportunities, and mentorship. Dr. Trivedi noted the challenge created by psychiatry's internal divisions and the limiting effect this has on effective advocacy at local, (Continued)

regional and national levels, and suggested that organizations like MPS are well-poised to foster greater alignment. He also emphasized the duty to inform and educate the field about what constitutes quality care and how to access needed resources (which may vary for different cohorts or specialties) through mechanisms that are provider-friendly such as decentralized meetings, links to other resources, TED style talks, etc.

I want to thank all four leaders for sharing their time and expertise with me over the last month and I am confident that you have found their perspectives to be invaluable. Next month, we will have input from a few other Maryland psychiatrists who are uniquely poised to reflect on the challenges ahead. Thank you.

*Marsden H. McGuire, M.D., M.B.A.*

## Time is Running Out! Renew Your 2020 Membership THIS MONTH!

If you haven't already, please pay your 2020 MPS dues now. Dues notices have been sent periodically since October. Members who do not pay MPS and APA dues or schedule a payment plan will be dropped as of **March 31**. We want to help members remain in good standing! Please [contact the MPS](#) with questions, or to discuss dues relief options or payment arrangements.

## REMEMBER TO VOTE!

### The 2020 MPS election is underway!!

After approval by Council, the MPS is using electronic voting this year for all members who have an email address on file. Others will receive and return a paper ballot to vote.

**Ballots were emailed February 28 and all votes must be cast or postmarked by 11:45 PM on March 31, 2020.**

Look for an email from Maryland Psychiatric Society with 2020 MPS Election in the Subject line.

Candidate biography information is included with the online ballot.

If you have questions, email Meagan Floyd at [mfloyd@mdpsych.org](mailto:mfloyd@mdpsych.org).



MPS & MedChi Present:

## The Impact of Gun Violence on Patients & Communities: What Can We Do About It?

**Wednesday April 15, 2020**

**5:45 - 9:30PM**

**MedChi's Osler Hall**

**3.25 CME Hours\***

5:45-6:00

Registration & Pick-up Box Dinner

6:00-7:45

Viewing of the film [Charm City](#)

8:00-8:30

Keynote Presentation: Carol Vidal, MD  
*Community Violence Prevention Interventions:  
What Works?*

8:30-9:30

Panel Presentation with  
Question & Answer Session

**Only \$30 for MPS/MedChi Members.**

[Click here](#) for more information  
or to register.

\*This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of MedChi, The Maryland State Medical Society and the Maryland Psychiatric Society (MPS). MedChi is accredited by the ACCME to provide continuing medical education for physicians.

MedChi designates this Online enduring educational activity for a maximum of 3.25 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



## February 11 Council Highlights

Support for MPS Strategic Priorities

Dr. McGuire reviewed steps taken to address MPS priorities:

- **Financial Enhancement – Vendor Opportunities**

The vendor info sheet will be reformatted as a self-mailer to be sent at the beginning of each year. Targeted categories include practice management, billing services, insurance providers, locum tenens firms, HR heads for hospitals and the state, and AMA. Dr. McGuire asked Council to review a draft list of contacts to receive the mailing. Several new suggestions are to be included and Council should review the list and email changes/additions to the MPS.

- **Financial Enhancement – Advocacy Fund Solicitation**

Following the suggestion at the last meeting, a postcard was sent to 777 non-member psychiatrists requesting support for MPS advocacy. A copy of the postcard was circulated.

- **Membership Growth – Recruitment**

Council received copies of a second recruitment postcard with the \$50 discount on dues that was sent to 197 targeted non-members at the end of January. Council did not have much feedback to share about responses from recruits whom they contacted personally, other than a preference for sub-specialty organization membership and a cost barrier to belonging to both MPS and C&A, for example. Instead of a third postcard, we will email a reminder to recruits.

Executive Committee Report

- Dr. Ehrenreich reported that MPS efforts to unify the voice of psychiatry in Maryland continue. He said APA Counsel Coyle suggested the MPS and WPS use her original MOU for this legislative session, but that it is not workable, so Dr. McGuire asked that APA and WPS respond to our MOU revisions. Several non-member and WPS-member psychiatrists have demanded MPS action regarding specific legislative topics. While MPS continues to advocate vigorously on MPS priorities, psychiatrists who are not members do not lead this effort. On a related note, the MPS met with Maryland Child & Adolescent Psychiatry President Sarah Edwards, M.D. to discuss ways the two groups can collaborate more closely on legislative advocacy and other activities.

- Leadership opportunities: (1) MPS Health Policy Advisory Group Chair and (2) Alternate Delegate to MedChi House of Delegates on April 26. If you are willing to serve, please [email Heidi Bunes](#).

- In the context of the Maryland Insurance Administration's review of provider network adequacy regulations, MPS sent a [letter](#) offering assistance to those (e.g. carriers) who want to connect with psychiatrists in Maryland. The vendor information shared with Council in January was attached.

- The MPS nominated **Mark Kvarta, M.D., Ph.D.**, a PGY-3 resident at University of Maryland-Sheppard Pratt, for the APA Area 3 RFM Merit Award.

Executive Director's Report

- Ms. Bunes and Robert Herman, M.D. attended a February 4 meeting organized by Delegates Kelly and Cullison to address obstacles to insurance network participation and what would encourage providers to join. The delegates requested

outreach opportunities (see [MPS letter to MIA](#)) and seem interested in relationship building between carriers and providers, as well as workforce issues.

- The MPS office has received calls from members concerned about not being paid for care provided for public behavioral health system patients. The ASO transition has been rough and Optum Maryland provider relations has sometimes been unsupportive. Council directed that an email request be sent to members who see Medicaid patients asking about their experience.

Membership Committee Report

Dr. Waddington said the committee serves as the lead on the MPS priority of member growth/retention. Now that recruiting postcards are sent, the committee will begin on the 2020 member retention effort. She referred Council to the preliminary list of members whose MPS dues are not yet paid. Since the March 31 drop deadline is near, she asked Council members to remind those they know that they need to pay. The list does not include members who owe 2020 APA dues only, but those will be included for the March 10 meeting when the final call list will be distributed for Council follow up.

Legislative Committee Report

Dr. Hanson said that the February 4 Advocacy Day in Annapolis was very successful with two teams each in the House and the Senate. The filing deadlines have now passed and there is a crush of new bills as a result. Many bills relate to behavioral health and access to care. To facilitate increased member awareness, she is posting bills of interest on the MPS listserv for comment and copying the comments received to the committee's discussion board. The committee will review at least 25 bills in detail during its meeting this week.

Nominations and Elections Committee Report

Dr. Palmer reported that 2/3 of members supported online voting on the 2018 survey and members approved the 2019 bylaws amendment allowing electronic voting. The committee recommends that [Election Buddy](#) be used in 2020 and paper ballots only for members without email. Council approved the recommendation by unanimous vote.

Assembly Representatives' Report

Dr. Zimnitzky reported on the Area 3 meeting in New Jersey. Area 3 funds have become tighter after the APA moved the surplus in Area 3 to Area 5. The overall APA budget is also tight. The RFM Merit Award winner is still TBD. Mary Jo Fitzgerald is the new Speaker-Elect and there are 3 candidates for Recorder. The [annual meeting](#) will be early this year – April instead of May – and will be held in Philadelphia.

Voting for 2020 MPS Lifetime of Service Award

Dr. McGuire noted that a nomination of Dr. Gary Nyman was added to the list distributed earlier. He asked Council to vote for their 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choice to receive the Lifetime of Service Award, with first place to decide the winner and other votes used for a tie. [Votes were tallied after the meeting and Jesse Hellman, M.D. will receive this year's award.]

# CONGRATULATIONS



After considering member input,  
the MPS Council voted to award

## Jesse Hellman, M.D. 2020 MPS Lifetime of Service Award

Thank you Dr. Hellman for your invaluable service!

Please join us at our Annual Dinner on April 2  
to honor Dr. Hellman for this achievement.

See [page 9](#) for more information.

### MPS Member Publication: Dr. Franklin

**Thomas N. Franklin, M.D.** co-authored a chapter on Organizational Advocacy in a new book, [A Psychiatrist's Guide to Advocacy](#), edited by Mary C. Vance, M.D., Katherine G. Kennedy, M.D., Ilse R. Wiechers, M.D., M.P.P., M.H.S., and Saul Levin, M.D., M.P.A. The chapter provides a roadmap for those who want to make changes within their organization, especially for those early in their careers or not currently in administration.

### 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.*

Christopher Cox, M.D.  
Daria Piacentino, M.D. PhD MSc

#### Transfer In

Aldorian Chaney, M.D., MPH  
Nancy DiazGranados, M.D.  
Alden Littlewood, MD

#### Reinstatement

David Chung, M.D.

### 2020-2021 MPS Member Opportunities

#### Engage, Network, and Make a Difference in How Psychiatry is Practiced in Maryland

The annual MPS leadership cycle begins again in April with the installation of Mark Ehrenreich, M.D. as President. The MPS offers multiple ways for members to be involved, including volunteering for [committees](#), joining an email "[interest group](#)" and other ways that we haven't imagined yet. This is your organization representing your profession. Here is your chance to help shape it!

Your energy and ideas can help the MPS effectively focus on issues that are important to you! Participation from members is essential to accomplishing MPS goals. To review the participation opportunities available to members and sign up for those of interest, please [click here](#).

### Member Spotlight Opportunity

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.

### Would You Like to Receive Printed MPS Newsletters?

The MPS offers members the option to receive printed black and white copies of *MPS News* (12 issues) and *The Maryland Psychiatrist* (3 issues). Newsletters are mailed to members upon request for an additional annual fee of \$50 and are sent in an envelope by first class mail.

Print subscriptions must be paid in advance, renewable annually and non-refundable. Members are responsible for notifying the MPS promptly of address changes.

To order, please send a check with a brief note to: MPS, 1101 St. Paul Street #305 Baltimore, MD 21202. Please call 410-625-0232 if you have questions.

**Instead of the usual May timing, the  
[APA Annual Meeting](#) is in April this year!**

**Philadelphia, PA  
April 25-29, 2020**

# Maryland Psychiatric Society

## 2020 Annual Dinner

**Thursday, April 2nd**

6:30 PM ~ 9:00 PM

Martin's West  
6817 Dogwood Road  
Baltimore, MD 21244

*See You  
There!*

Join us as we welcome Mark Ehrenreich, M.D. as 2020-2021 MPS President.  
Virginia Ashley, M.D. will become MPS President-Elect and  
Jessica Merkel-Keller, M.D. will become Secretary-Treasurer.

Best Paper Contest and Resident/Fellow Poster Competition Awards will be given.  
Janice Schuster will receive the 2020 Maryland Foundation for Psychiatry Anti-Stigma Advocacy Prize  
for her op-ed, "[People are not defined by their diseases](#)" in the *Baltimore Sun*.  
We'll recognize new lifer members, Fellows, Distinguished Fellows and more!

*Jesse Hellman, M.D. will be honored with the  
2020 MPS Lifetime of Service Award*

The evening will start with a cocktail hour complete with open bar, appetizers and more.  
Dinner buffet to follow.

## *2020 Annual Dinner Registration*

RSVP by March 25, 2020. Please make check payable to MPS,  
1101 Saint Paul Street, Suite 305, Baltimore, Maryland 21202- 6407.

**Cost:** \$75.00 per person for members & guests,  
\$30.00 per person for residents & guests

Name \_\_\_\_\_ Guest \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Enclosed is my payment of \$ \_\_\_\_\_ for \_\_\_\_\_ ticket(s) for MPS' Annual Dinner

I would like to donate \_\_\_\_\_ (number) of free Resident tickets at \$50 each.

***Reservations are non-refundable.***



# Maryland News

## 2020 General Assembly Update

The 2020 Maryland General Assembly is already half over – and the MPS Legislative Committee has been very busy screening bills, writing/providing testimony, sending letters and more on behalf of MPS members. So far, the Committee has reviewed close to 90 bills! We are supporting 19 bills, opposing 11 and supporting 6 with amendments. Some bills of note are listed below:

### SUPPORT:

**HB 1461: Outpatient Mental Health Centers – Medical and Clinical Directors** - Revises regulations for licensed outpatient mental health centers to require that the medical director be a licensed and appropriately trained physician; and alters the regulations so that they authorize a psychiatric nurse practitioner to serve as clinical director, rather than medical director. HB1461 does not rescind HB1122, which passed in 2019. It merely clarifies that a nurse practitioner may not hold the "medical director" title if he or she is not a licensed physician. Clinics may hire whomever they wish and current COMAR does not mandate one specialty over another, nor do the current regulations ensure that administrators have the requisite psychiatric training and experience. This bill would ensure that clinics have access to, and hire, individuals best qualified to serve seriously mentally ill people with complex medical conditions.

**SB0324: Veterans - Mental Health First Aid** - Requires that the behavioral health services for which the Maryland Department of Health provides service coordination for veterans include mental health first aid consisting of training for veterans and their immediate family members on how to identify and respond to signs of mental illness and substance use disorders. This bill would increase awareness of mental illness and substance use disorders and get people attuned to the idea of early intervention. This training reduces stigma, increases connection to services and may reduce fatalities due to overdose and suicide (there are more veterans dying from suicide than by combat). Veterans have multiple co-morbid conditions and need complex supports.

**HB0611: Baltimore County - Behavioral Health - Hub and Spoke** - Establishes the Baltimore County Hub and Spoke Pilot Program to provide addiction treatment on demand through a model that is integrated with general health and wellness services and requires a report on the pilot's results by October 1, 2023. Hub and Spoke is an evidence-based model that has proven to increase access to MAT by expanding support and training to providers who may not feel equipped to manage OUD patients with complicated needs. The model has been shown to reduce overdose deaths and presents an opportunity to reach patients where they are. As Maryland continues to grapple with the opioid crisis, this pilot will ensure that more patients get the specialized care they need and provide valuable lessons for the entire state.

**SB0565/HB0736: Police Officers – Mental Health – Employee Assistance Programs** - Requires law enforcement agencies to implement employee assistance programs to protect the mental health of police officers and give them access to confidential low- or no-cost mental health services. Law enforcement professionals are under increased stress, have a higher risk of suicide, and patrol our streets in the most stressful situations while armed. When struggling police officers are willing to seek help, the State must ensure that they are able to receive it. In 2014, President Obama created the Task Force on 21st Century Policing to identify best practices and provide recommendations on effectively reducing crime and increasing public trust in police. One of six identified pillars emphasized that "the wellness and safety of law enforcement is critical not only to themselves, their colleagues, and their agencies, but also to public safety." The taskforce defined wellness as including not only physical health but also mental health and resilience and noted that the "culture" of law enforcement can be prohibitive in officers seeking mental health treatment that they need.

### OPPOSE:

**SB541/HB317: Mental Health - Involuntary Admissions – Procedures** - Authorizes a facility or Veterans' Administration hospital that takes an individual who is involuntarily admitted into confinement on observation status to have their examination within 24 hours be performed by a physician, psychologist, or psychiatric nurse practitioner, who would also be authorized to give expert testimony to the hearing officer. This bill would authorize a sole psychologist or a sole psychiatric nurse practitioner (PNP) **instead of a psychiatrist** to conduct the psychiatric examinations required for retaining an individual who has been involuntarily committed and to testify as an expert witness at the hearing before an Administrative Law Judge who decides the individual's continued admission. It creates a patient safety issue and can also infringe unnecessarily on the patient's civil liberty.

**SB0701/HB0643: End-of-Life Option Act** - Authorizes an individual to request aid in dying by making a request in a certain manner meeting specified requirements and prohibits someone else from requesting it on their behalf, etc. Since this bill was first introduced in 2015, the MPS has extensively deliberated the issue within the organization through several listserv discussions, a member survey, and a four-hour pro-con debate. The Maryland Psychiatric Society recognizes that assisted suicide is a divisive issue and that some of our members disagree with the organization's position. Those members are encouraged to [contact their elected officials](#) to contribute their thoughts. We welcome consideration of both sides of this serious policy.

**SB0296: Child Abuse or Neglect – Statute of Limitation:** Removes the statute of limitations for failing to report

(Continued on next page)

# Maryland News

## *(Legislative Update)*

suspected child abuse or neglect; etc. This bill creates an unlimited period of risk during which a physician could be criminally prosecuted for failure to report child abuse. The intent of a mandatory report is to open an investigation. The investigation may or may not eventually substantiate a report of abuse. Thus, in theory, a physician could be indefinitely at risk of prosecution when in fact no abuse took place. The bill also assigns to a misdemeanor a felony statute of limitations.

For more details on the bills MPS has taken a position on, please [click here](#). This page will be updated throughout the session, so please check back for additional updates.

## Nonphysician Scope of Practice Expansion

Every year across the country nonphysician health providers lobby state legislatures and regulatory agencies to expand their scope of practice. While some expansions may be appropriate, others definitely are not. For example, this year in Maryland there are four different bills that expand the scope of nonphysician practice in our health care system:

- [SB0541/HB0317 Involuntary Admissions - Procedures](#) (Oppose)
- [HB 1461 - Outpatient Mental Health Centers – Medical and Clinical Directors](#) (Support)
- [SB0576/HB0691 - Nurse Practitioners - Certifications of Competency/Incapacity](#) (Amendments Submitted)
- [HB1387: Certificates for Involuntary Admission - Licensed Certified Social Worker](#)

Each year, the MPS works actively on scope bills and others that affect psychiatrists and their patients. At times, we need individual psychiatrists to also weigh in with elected officials to echo the official MPS position and point out advantages or pitfalls. [See Legislative Alerts on this page.] We encourage members to build relationships with their representatives and offer to serve as a resource on health-related matters. Engage with them outside of the session and emphasize their impact on the well-being of patients.

Physicians need a sustained effort on this issue because non-physicians are relentless in working to expand their scope of practice. While some changes may be helpful to the health care team, we need to be forceful and clear when expansion jeopardizes patient safety. Please respond when MPS requests member action on legislation!

## 2020 Legislative Action Alerts

### **MPS Urgent Legislative Alert on NPs**

Please [contact your legislators](#) ASAP to **oppose** [HB0317/SB0541](#) that would authorize a sole psychologist or a sole psychiatric nurse practitioner (PNP) instead of a psychiatrist to conduct the psychiatric examinations required for retaining an individual who has been involuntarily committed and to testify as an expert witness at the hearing before an Administrative Law Judge who decides the individual's continued admission. We have an online system for you to do this easily. Please [click this link](#) to send letters to your Maryland representatives. A suggested message is pre-filled but you can revise it if you prefer. Just follow the prompts and you will be finished in a minute or less. If you have questions, please contact Meagan Floyd at [mfloyd@mdpsych.org](mailto:mfloyd@mdpsych.org).

### **MHAMD Action Alert on Parity and Network Adequacy**

The Mental Health Association of Maryland issued an [Action Alert](#) related to parity and network adequacy. The **federal parity law** requires insurers to provide coverage for mental health and substance use treatment at the same level as medical and surgical care. But **Maryland insurers are not in compliance** with the law, and Marylanders cannot access the care they need and are paying for. Legislation in the General Assembly could help:

- [SB 334/HB 455](#) requires insurers to submit annual parity compliance reports, *and*
- [SB 484/HB 1165](#) guarantees consumers won't pay more for out-of-network behavioral health care.

If you haven't already, [please complete the Action Alert here](#). Feel free to forward the alerts to colleagues. We have a better chance of success with every additional contact!

## Maryland Census 2020 starts April 1

The U.S. Census Bureau counts every person living in the United States every 10 years. The data collected determine the number of seats Maryland has in the U.S. House of Representatives and are used to distribute billions in federal funds to local communities. They are also used for redrawing congressional, state, and local districts for purposes of political representation. The law requires the Census Bureau to keep all information confidential and use it only for producing statistics. For more information, [click here](#) or email [census@maryland.gov](mailto:census@maryland.gov).

## Maryland News

### Revised UTP Form Effective February 24

On February 14, the Maryland Insurance Administration (MIA) [finalized](#) the Uniform Treatment Plan Form that must be used whenever a Private Review Agent requires a health care provider to submit a treatment plan as part of its utilization review of mental health or substance use disorders. The changes, originally [proposed](#) in December for the Private Review Agents regulations under [COMAR 31.10.21](#), add the ASAM criteria to the form as required by [2019 legislation](#).

The MPS submitted [comments](#) aimed at improving the user experience and reducing the administrative burden. The MIA incorporated two of the three MPS suggestions into the final form. Although the MPS asserted a need to eliminate redundancy and reduce paperwork, MIA chose not to allow providers to skip the current symptoms and impairments section on page 1 when they are required to complete the new section on page 3 related to substance use. It has been suggested that if a good job is done documenting the six ASAM criteria on page 3 of the form, then it may be possible to enter something like "see Substance Use section below" in the section on page 1. This would avoid doing double work.

The revisions became effective on February 24.

### Member Input re Optum Maryland

MPS leadership is requesting input about member experience with the new ASO of the public behavioral health system, part of the state Medicaid program. As of January 1, Optum Maryland took over this role from Beacon. Please email information about any concerns you may have to [Heidi Bunes](#).

A [letter](#) from Deputy Secretary Aliya Jones, M.D. includes other ways to communicate any continuing problems. Please note that the correct email for the BHA Office of Planning contact, Cynthia Petion, is [cynthia.petion@maryland.gov](mailto:cynthia.petion@maryland.gov). Another phone number for her (from the BHA website) is 410-402-8473. If you want to see or sign up for Optum provider alerts, visit <https://maryland.optum.com/content/ops-maryland/maryland/en/bh-providers/alerts.html>.

### Maryland Health IT Survey

The Maryland Health Care Commission (MHCC) Center for Health Information Technology and Innovative Care Delivery is gathering data from physicians and nurse practitioners to help inform policy and future planning in Maryland. Topics on the questionnaire include Electronic Health Records, CRISP-Health Information Exchange, Telehealth, and Social Determinants of Health. It takes a few minutes to complete online at [www.surveymonkey.com/r/MHCCproviderHIT](http://www.surveymonkey.com/r/MHCCproviderHIT). For questions, contact Justine Springer, MHCC Program Manager, at [justine.springer@maryland.gov](mailto:justine.springer@maryland.gov) or 410-764-3574. **The MHCC requests responses by March 11.**

### Over a Million Gained Access to MDPCP

The Maryland Department of Health [announced](#) that more than one million Maryland residents recently gained access to more integrated health services from the Maryland Primary Care Program (MDPCP) as CareFirst BlueCross BlueShield joined the program. Primary care practices now have an aligned set of standards for Medicare and CareFirst patient care management and quality care measures. These measures are used to gauge practice success in improving patient health. MDPCP provides incentives for diabetes control, initiation and engagement in alcohol and substance use disorder treatment, and other measures.

MDPCP is one of three programs under the Maryland Health Model, the first in the country to hold a state accountable for the total cost of caring for Medicare participants. Under the MDPCP, Medicare and CareFirst members have access to advanced primary care with onsite care managers and behavioral health specialists, medication management, and integrated community and social support. Advanced primary care is a holistic approach to patient care.

Now in its second year, MDPCP has enrolled 476 primary care practices and 2,000 health care professionals. More than 350 practices have already integrated mental health and substance use services into their practices. Together the practices in MDPCP serve more than 2 million Marylanders. For more information, visit [health.maryland.gov/mdpcp](http://health.maryland.gov/mdpcp).

### March 29 This is my Brave Performance

On Sunday March 29 from 3 to 5 PM, This is my Brave presents its gala performance at Arena Stage in Washington DC. This organization shines a light on mental health issues through personal storytelling at events across the country. The Maryland Foundation for Psychiatry has supported their programs in our state. [Click here](#) for more info.

### New License Suspension Scam Alert

The Maryland Board of Physicians issued a new scam alert about a threatening phone call and letter on official-looking letterhead regarding the suspension of a practitioner's license. To view the letter [click here](#). For other scams targeting physicians, click [here](#) and scroll down to Latest News.



## Maryland News

### Jesse Hellman, M.D. to Receive 2020 Lifetime of Service Award

The Maryland Psychiatric Society Council voted to give the 2020 Lifetime of Service Award to Jesse Hellman, M.D. for decades of devoted service to the organization and related groups. The award will be presented at the [April 2 annual meeting](#). Dr. Hellman joined the MPS in 1976 and served as 1990-1991 MPS President. His MPS committee service includes Peer Review Chair 1983-1988 and also Peer Review member, Managed Care Chair 1995-1996 and member, and Editorial Advisory Board member 2008-present. In addition, he has served on the Maryland Psychiatric Political Action Committee board.

### Schuster to Receive MFP Anti-Stigma Advocacy Award

Janice Lynch Schuster will be awarded the 2020 Maryland Foundation for Psychiatry (MFP) Anti-Stigma Advocacy Prize for her op-ed, "[People are not defined by their diseases](#)" in the October 14, 2019 *Baltimore Sun*. The MFP Board unanimously felt that her article very effectively portrayed not only how hurtful stigma can be, but that health care providers themselves may be the culprits thoughtlessly participating in stigmatizing people – particularly when people are abusing drugs. Her statement inspires others to seek and give help, and to reframe substance abuse as a disease that must be treated scientifically and empathically.

The Anti-Stigma Advocacy Award carries a \$500 prize, which will be formally presented at the Maryland Psychiatric Society annual meeting on April 2.

The Foundation established this annual prize for a worthy piece published in a major newspaper (preferably local or regional) 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.

[Click here](#) for information about past winners.

### 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](mailto:mps@mdpsych.org). Please also include a photo and a sentence or two summary, if possible.

### MBP FY19 Annual Report Highlights

The Maryland Board of Physicians' (MBP) [annual report](#) for FY19 includes yearly statistics as well as updates. In FY19, it regulated about 45,000 licensees including over 31,000 physicians. Its licensure unit implemented the [Interstate Medical Licensure Compact](#), which began on July 1, 2019. MBP maintains an online [practitioner profile](#) system with 112,800 current and former licensees that informs the public about health care providers.

The most frequent grounds for investigating physicians during the period were criminal history records checks, unprofessional conduct, failure to meet the standard of care and inadequate recordkeeping. A total of 82 physicians experienced loss of license via surrender revocation, suspension, etc. Other actions included fines (\$268,050 in total), reprimands, and license restrictions, etc. for a grand total of 254 disciplinary actions involving physicians. MBP revised its [sexual misconduct regulations](#), which became effective May 20, 2019.

To read the entire report, [click here](#).

### Governor Hogan Receives AMA Award

MedChi and the American Medical Association honored Governor Larry Hogan on February 11 with the AMA's 2020 Nathan Davis Award for Outstanding Government Service. Governor Hogan was nominated for this prestigious award by MedChi, The Maryland State Medical Society, in recognition of his bold, bipartisan leadership in response to the opioid crisis as the first governor to declare a state of emergency and for committing more than \$800 million toward education, prevention, treatment, and enforcement efforts. He was further recognized for enacting an expansion of Maryland's unique all-payer model and for his investment in the state health information exchange. [Click here](#) to read more.

From February 17 *MedChi News*

### Vote in 2020 MPS Election!

The Maryland Psychiatric Society election is now underway. Voting MPS members have received an email with a link to the online ballot (or a paper ballot if we have no email on file). Help make this first year of electronic voting a success! No stamps required. By making it easy, we hope to see more voter participation this year. With just a few clicks you have a say in who will make decisions on your behalf at the MPS. Vote today!!!

## APA News & Information

### APA Condemns Unethical Sharing of Therapy Records

In February, the APA [condemned](#) the unethical use of immigrant children's confidential therapy records in courtroom settings and called on the government to immediately end this harmful practice. This was in response to news reports that the therapy records of children detained by immigration officials have been used against them by Immigration and Customs Enforcement in deportation cases.

"Confidentiality between a clinician and a patient is a sacred trust and is essential to successful mental health treatment," said APA President Bruce Schwartz, M.D.

### APA Supports Making Treatment More Affordable

The APA worked with Rep. Lauren Underwood (D-IL) on legislation to make behavioral health visits more affordable. H.R. 5575, The Primary and Behavioral Health Care Access Act, would require private insurance plans to cover three annual behavioral health visits without charging a copayment, coinsurance, or deductible-related fee. APA worked with Rep. Underwood to ensure that psychiatrists would not receive lower reimbursement for treatment covered by the bill and that insurers wouldn't implement other cost-cutting barriers to care for patients who receive treatment under this bill. In January, five other physician organizations joined with APA in [announcing support of H.R. 5575](#).

### APA Resources for New Codes in 2020

[Online Digital Evaluation and Management Services Codes and Instructions](#) – three new codes for providing online E/M services to established patients who have not been seen in the past seven days for an E/M visit, and will not be seen in the next seven days for an in-person visit.

[Interprofessional Telephone/Internet/Electronic Health Record Consultations](#) – non-face-to-face consultation codes introduced in 2019 are now being reimbursed by Medicare. The codes are to be used when the patient's treating physician requests an opinion and/or treatment advice from a specialist to assist without the consultant having any face-to-face contact with the patient.

The APA has other **procedure coding resources for members on its [website](#)**.

### Occupational Advance Directives

Claire Zilber, M.D. wrote in the January 28 *Psychiatric News* about the idea of an advance directive for occupational fitness. She created one for herself and outlined the key elements in her article. Dr. Zilber asserts that an occupational advance directive is a logical extension of medical ethics principles that "protects the physician's autonomy by voluntarily setting up parameters for seeking evaluation and/or stepping out of practice, rather than waiting for a bad patient outcome or a licensing board complaint." [Click here](#) to read the article.

### Fact Sheet on Treating Bisexual Patients

A new APA fact sheet is available for "[Mental Health Facts on Bisexual Populations](#)." Research shows that bisexual individuals are at increased risk of adverse health and mental health outcomes compared with heterosexual and gay/lesbian individuals. Stress that is related to stigma and discrimination is a significant contributor to these disparities.

### 2019 APA Resource Documents

- [Responding to Negative Online Reviews](#)
- [Stalking Intrusive Behaviors and Related Phenomena by Patients](#)
- [Across State Line Psychiatric Consultation Considerations Addendum to Risk](#)
- [Decisional Capacity Determinations in Consultation-Liaison Psychiatry: A Guide for the General Psychiatrist](#)
- [Reclassification of ECT Devices](#)
- [Psychiatric Aspects of Infertility](#)
- [Opposition to the Use of Cannabis for PTSD](#)

### Free Members' Course of the Month

The March course, [Highs and Lows: Clinical Pearls and Lessons Learned in the Outpatient Management of Geriatric Bipolar Disorder](#), reviews guidelines for treating aging patients with bipolar disorder. It covers challenging cases from an interdisciplinary outpatient clinic, including management of traditional mood stabilizers and associated symptoms of subtle toxicity in the context of medical co-morbidity and aging.

### Free Risk Management CME

APA and APA Inc. offer several one-hour credit courses free to members. [Click here](#) to review the list of courses available.

## Medicare Updates

### 2019 MIPS Data Submission Ending

Data submissions from Merit-based Incentive Payment System (MIPS) eligible clinicians who participated in the 2019 performance period of the Quality Payment Program (QPP) must be completed **by March 31**. Sign in to the [QPP web-site](#) to get started. Check the [QPP Resource Library](#) to learn more or call 1-866-288-8292, M-F, 8 AM-8 PM or email [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov).

### Medicare News

- A new [Medicare Mental Health Booklet](#) includes topics such as covered services, eligible professionals and coding and billing. It is also posted on the Novitas [Behavioral Health specialty page](#).
- A new [Medicare Provider Enrollment Educational Tool](#) covers eligibility and process, revalidation and Provider Enrollment, Chain and Ownership System (PECOS).

### AMA Judicial Update

[According to the AMA](#), if a Maryland Court of Special Appeals decision isn't overturned, it will be more burdensome and expensive for physicians to defend themselves against medical negligence claims if they want to present potential alternative reasons for a plaintiff's injuries. The court created a higher standard for defendants by ruling that physicians who want to present the idea that other physicians not named in the lawsuit could have been responsible for the injury at issue must meet certain evidentiary standards to establish liability against those physicians. Those would include breach of a standard of care, causation and expert testimony.

The AMA Litigation Center and MedChi jointly filed an amicus brief in American Radiology Service LLC et al. v. Martin Reiss. It argues that the ruling needs to be reversed because "a physician must be able to point to evidence at trial of potential alternative causes to an injury ...without engaging in the burden and expense of mini-trials with respect to each potential alternative cause,"

"The goal of Maryland's civil justice system in these cases is to subject the physicians at trial to liability only when they have wrongfully caused the plaintiff's injuries. Here, only two of the potential five physician defendants were at trial. For the trial to be fair, these physicians must be able to present the jury with a full-throated defense that includes other explanations for the alleged misdiagnosis," the brief states. [Read more about the case here.](#)

### SAMHSA Guidelines for Crisis Care

SAMHSA has posted its National Guidelines for Mental Health Crisis Care: A Best Practice Toolkit. These guidelines are intended to help states and communities develop and implement effective crisis services and systems, which are an integral component of addressing mental illness in communities across the nation.

Download the [Executive Summary \(PDF | 1 MB\)](#)

Download the [Toolkit \(PDF | 2 MB\)](#)

### SAMHSA Webinars

[Suicide Prevention and Substance Use: Justice-Involved Clients](#)

**Tuesday, March 3 12:00 to 1:00 p.m. EST**

This webinar will present lessons learned from a research study that evaluates the effectiveness of the Safety Planning Intervention, a strategy for reducing suicide events among people transitioning from jail to the community.

[Dying To Ask For Help: Suicide Trends and Treatment Disparities among U.S. Adolescents: Third in a Series](#)

**Tuesday, March 3 2:00 to 3:00 p.m. EST**

This webinar will review signs and symptoms of depression, suicide, and anxiety in Black children. It will also explore the importance of access to care, particularly school mental health services, and preventive measures.

[Grow Your Knowledge: Cannabis Prevention, Policy, and Pharmacology \(3-Part Series\): Cannabis Prevention Campaign: Planning and Implementation](#)

**Wednesday, March 4 1:00 p.m. EST**

Learn how the city of Denver, CO planned for and implemented its "High Cost" Marijuana Prevention Campaign, including: How Denver determined a campaign was needed; How the campaign is funded; Process for creating and implementing the campaign; Lessons learned; and Overview of the "High Costs" website and social media.

### Tax Reminder—Health Insurance

This tax season, Marylanders can request free or low-cost health insurance when filing the income tax form. Check a box on tax form 502 or 502B to authorize the Comptroller of Maryland to share information from the tax return with the Maryland Health Benefit Exchange. Maryland Health Connection will determine eligibility and send a letter explaining the options available. Those who check the box can sign up for a new health plan during a special enrollment period. From the date of the letter, there are only 35 days to enroll. Visit [MarylandHealth-Connection.gov/easyenrollment](https://MarylandHealth-Connection.gov/easyenrollment).



## Use of Digital Health Technology

A [February 6 AMA news item](#) focuses on Increased adoption of digital health technology among physicians. An AMA survey explored the reasons behind increased use and found nearly 90% of doctors see at least some advantage in digital health tools. The article has a link to the AMA Digital Health Implementation Playbook. - [click here](#).

## AMA Focus on Precision Medicine

Over 75,000 genetic tests are being marketed, leading to a host of issues with regulation, prior authorization and health equity. The AMA [posted](#) tools and resources related to ethical, clinical implementation of precision medicine. Over 40 AMA [policies](#) promote sustainable precision medicine delivery, and AMA [guiding principles](#) help direct its efforts. AMA provides educational resources, including CME, to help physicians ethically apply genomic information at the point of care. It also highlights news and initiatives on this topic. Access the information on the [AMA website](#).

## March is Brain Injury Awareness Month

The Brain Injury Association of America (BIAA) leads a public awareness campaign in March of each year. Its #ChangeYourMind public awareness campaign provides a platform for education about the incidence of brain injury, the needs of people with brain injuries and their families, and the types of support that are available to people living with brain injury. [Click here](#) for more information and campaign resources.



## Webinar: Addressing Social Determinates of Health - How Non-Medical Factors Impact Integrated Care

On Wednesday **March 18** from 2 to 3 PM, the Center of Excellence for Integrated Health Solutions will host a deep dive into the multiple components that influence health but do not quite fit under the healthcare umbrella. Social determinants like where we live, grow, work, and play have a large impact on health outcomes. [Register here](#).

## CLASSIFIEDS

### AVAILABLE OFFICE SPACE

Spectrum Behavioral Health in Annapolis, Arnold and Crofton MD is seeking a psychiatrist for its growing private practice. Position includes attractive compensation, collegial multi-disciplinary staff, full administrative support, professional autonomy and premium windowed office space! This exciting opportunity offers a great income, stimulating teamwork, desirable location, and meaningful community impact. If interested please visit [www.spectrum-behavioral.com](http://www.spectrum-behavioral.com) or email Scott E. Smith, Ph.D. at [sbhmgmt18@gmail.com](mailto:sbhmgmt18@gmail.com).

Grace Medical Center is the newest member of the Life-Bridge Health network. In addition to the Outpatient Behavioral Health Center, Grace also operates a growing primary care practice, two substance abuse programs, residential beds for behavioral health patients, a Partial Hospitalization Program, an Assertive Community Treatment Team, and a community-based behavioral health facility. We are recruiting for Psychiatrists to work as part of our outpatient team. No call required. Highly competitive compensation and benefits including medical, dental, vision, life and disability insurance, 403b plan with match, 7 weeks paid annual leave, 5 days of CME time and a stipend for CME and licensure expenses. Required qualifications: Medical degree from an accredited medical school, board certification (or eligibility) in psychiatry (residents/fellows graduating in 2020 are encouraged to apply), unrestricted Maryland medical license. Please send your CV to: Devyn Kern, Director of Physician Recruiting; email: [dekern@lifebridgehealth.org](mailto:dekern@lifebridgehealth.org) or cell phone 410-274-4403.

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## DID YOU KNOW?

**Position openings and office space available are also posted on the MPS website!** Listings from each newsletter issue are displayed online for the month of the publication. If you can't find your newsletter in your email inbox, visit the [Classifieds page](#) to view employment and office space ads.

## **Not Just a Job ...**

*Adult Psychiatry Providers are now needed in the Baltimore and Western Maryland regions – salaried, part/full time positions available – competitive salary & benefits package. Must have comfort working with SUD/MAT and clients with Medicare.*

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Sue Franklin,  
Manager of Psychiatry Services  
667-600-3024  
[sfranklin@cc-md.org](mailto:sfranklin@cc-md.org)

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**Telepsychiatry**

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**Special Education Schools**

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- 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

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- 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
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- State-of-the-art research and technology
- Cross-discipline collaboration

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

## About Sheppard Pratt

Consistently ranked as one of the top ten psychiatric hospitals by *U.S. News & World Report*, Sheppard Pratt is the nation's largest private, nonprofit provider of mental health, substance use, special education, developmental disability, and social services. We employ more than 95 doctors who all share a passion for providing the best care to those we serve. Visit [sheppardpratt.org](http://sheppardpratt.org) to learn more about our services. EOE.



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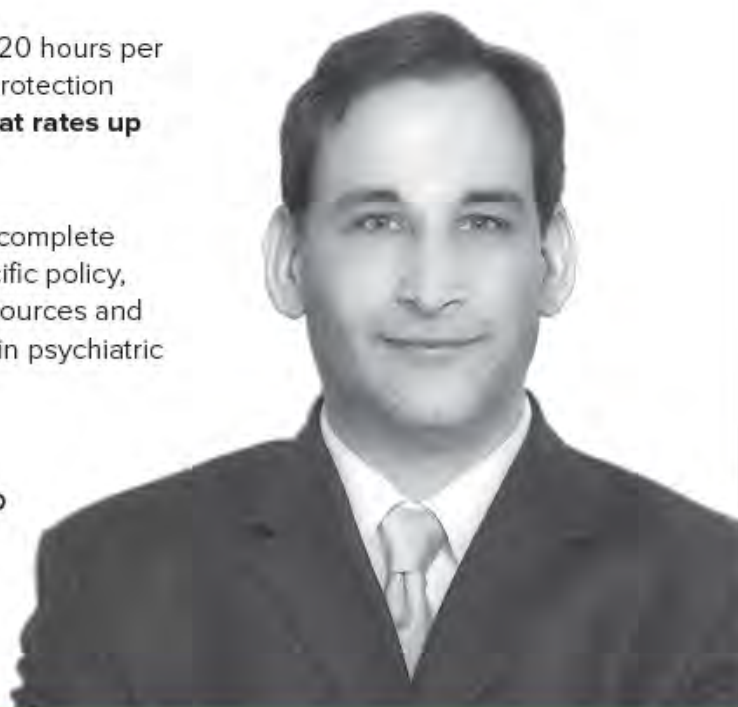


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